The New Jersey State Central Registry: An Assessment

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ACKNOWLEDGEMENTS

THE NEW JERSEY CENTRAL STATE REGISTRY:
AN ASSESSMENT

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I.   Introduction and Purpose of the Assessment

One of the most important child protective services functions of a public child welfare agency is to receive and to promptly and appropriately respond to reports of suspected child abuse or neglect. Commonly referred to as a State's *child abuse and neglect hotline*, the unit responsible for receiving and responding to reports of child abuse and neglect is often the most visible face of public child protection. With every call, decisions are made which could potentially affect the safety, well-being and chance for a stable, permanent future of a child and his or her family. The manner, speed and clarity with which a public child welfare system receives, screens and acts on calls to its hotline greatly influences how the community interacts with and perceives a State's overall child protection performance.

As part of statewide reforms designed to more effectively protect children from abuse or neglect, New Jersey created the State Central Registry (SCR) in July 2004. The SCR , now part of the Department of children and Families (DCF) replaced a system of locally operated child abuse hotlines in the counties and was intended to provide statewide consistency in receiving, classifying, and dispatching reports of suspected child abuse or neglect and assessments for child welfare services.

Since its inception, the SCR has received a growing number of calls necessitating increased staff and support. The SCR start-up and early implementation were not without problems as the State developed the staff capacity, the policy, and the training and technology supports for the SCR. The SCR Administrator changed five times in nearly four years, with the current leader in place now for the past one and a half years.

As with any such operation that controls the "front door" to the receipt of child welfare services, the public has little tolerance for error. There have been periodic reports that too few calls are accepted for follow-up, thus leaving some children at risk. Conversely, the DYFS case managers responsible for investigating allegations or assessing families needs often express concern that SCR decisions send too many reports and referrals to the field, with limited distinction between those children that are at true risk of maltreatment from those situations that do not rise to a level requiring an investigation or referral. In addition, over the past year and a half, DYFS case managers frequently have reported to the Monitor that the documentation they receive from the SCR is inadequate or inaccurate and sometimes both. This in turn, they believe, impedes their timely initiation of investigations.

This report is the result of an independent assessment of the SCR conducted by the federal court-appointed Monitor of New Jersey's child welfare reforms under the *Charlie and Nadine v. Corzine* Modified Settlement Agreement (MSA). In order to determine the functioning and quality of the SCR's practice, the Monitor undertook a special study of its operation using a variety of methods as described in Appendix A. The Monitor was joined in the assessment by

representatives of the New Jersey Office of the Child Advocate (OCA) and the Department of Children and Families (DCF) Quality Analysis and Information unit.

This in-depth assessment of the SCR was conducted as part of the Monitor's responsibility to assess how the State is making progress in its overall operations and delivery of services to the children and families of New Jersey. The goal is to provide an objective assessment and to make recommendations to DCF for ongoing improvement of the functioning of the SCR. Specifically, the assessment was designed to answer the following three questions:

1. Are SCR screening decisions appropriate?

2. Is SCR screening documentation accurate and sufficiently complete to enable the DYFS field office case managers to respond appropriately?

3. Is complete and accurate information reaching the DYFS field office case managers in a timely manner?

This assessment is the second formal assessment completed on the New Jersey's SCR. In 2005, shortly after the SCR was created, the independent Child Welfare Panel created by the original _Charlie and Nadine H. v. McGreevey_ Settlement Agreement reviewed SCR operations.[1] In contrast to the 2005 review, which found multiple policy, management and operational problems with the SCR, *this review found the SCR operations to be well managed, professional and appropriately focused on the timeliness and the quality of the response to the public's reports of child maltreatment.* Much has been accomplished in the past three years. Overall, the assessment found that:

- *SCR decision-making is sound and the vast majority of screening decisions are appropriate.* The Study Team concurred with the SCR call classification in 92 percent of the calls reviewed and with the assigned response priority for 93 percent of the calls. After listening to tape recordings of calls and reviewing written documentation, the number of cases in which the Study Team came to a different conclusion than the SCR was small.   The findings however suggest several areas in which additional policy guidance and clarification is needed, particularly with respect to handling calls alleging maltreatment in institutions which require a referral to the Institutional Abuse Investigations Unit (IAIU) and for those reports that need a child welfare assessment, not an investigation, but in a urgent time frame.

- *For the vast majority of calls, screeners collect the information that DYFS case managers need in order to appropriately investigate complaints and assess families in need of services, although in some cases the documentation forwarded to the field offices needs to be more accurate and complete.* Over 80 percent of the NJ SPIRIT Screening Summaries contained sufficient information to support the screening and priority decisions.

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[1] New Jersey Child Welfare Panel, *Period I Monitoring Report,* March 2005 and *Period II Monitoring Report*, October 2005.

- ***The SCR completes its work in a timely fashion and the vast majority of reports or referrals reach the field within three hours of a call to the SCR.*** Eighty (80) percent of the Child Protective Services (CPS) reports and Child Welfare Services (CWS) referrals were sent to the field offices within 3 hours of the conclusion of the call.

- ***The majority of calls were handled thoroughly and professionally by SCR screeners.*** The SCR has established protocols for training and supervising its workers and has developed processes for continuous quality assurance. These are far more developed and effective than were evident in 2005, although there is still room for continued improvement.

- ***In addition to using the SCR to receive and process reports of maltreatment and requests for child welfare services, the SCR call and data tracking system is currently used to keep track of after hours employees (SPRU workers) and their schedules.*** This use of SCR staff time and resources for administrative purposes that are not integral to the functions of the SCR should be reconsidered.

In addition to the findings, the report includes recommendations for change.

The report is organized into five sections as follows:

Section II. Methodology provides an overview of the Study Team, the types of information collected and how the information was analyzed as part of the assessment. A more detailed description of the Methodology is in Appendix A.

Section III. Current Hotline Functioning describes the SCR operations as context for the assessment.

Section IV. Findings provides key findings related to decision-making, documentation, timeliness and Screener professionalism

Section V. Factors Affecting Performance provides additional discussion of supervision, training and other issues affecting SCR performance.

Section IV. Recommendations enumerate the Study Team's recommendations for how the SCR can build on its strengths to make the needed improvements.

Appendix A provides more detail on the methodology.

Appendix B contains copies of the data collection instrument and focus group questions.

II.   Methodology

The SCR assessment was conducted in January 2008. The Study Team consisted of staff of the *Charlie and Nadine H.* federal court-appointed Monitor (The Center for the Study of Social Policy), three representatives from New Jersey's Office of the Child Advocate (OCA), and a representative of the DYFS Quality Analysis and Information Unit. A total of nine professionals were involved in the intensive review.

The assessment had multiple components. The primary component involved using a structured data collection instrument to listen to approximately 300 phone calls to the SCR from October and November 2007. The sample of 300 was randomly selected from the 34,114 NJ SPIRIT Screening Summaries generated during those months. The SCR maintains a call recording system of all calls which permitted this kind of review. The sample size was designed to produce no more than a 6 percent margin of error with 95 percent confidence in its results. The Study Team ultimately listened to 294 calls because six of the randomly selected NJ SPIRIT Screening Summaries were generated from correspondence rather than phone calls. The calls associated with an additional 28 NJ SPIRIT Screening Summaries were excluded from all of the analysis because call quality was poor, it was an internal administrative call, or it was an outgoing call. The reduction from 300 to 266 was not great enough to affect the statistical margin of error.

For each of the remaining 266 NJ SPIRIT Screening Summaries, the Study Team listened to the taped call and reviewed the documentation in NJ SPIRIT, the State's automated case processing system. The data collection instrument allowed reviewers to compare what they heard to written documentation, to assess whether decisions were made in accordance with law and policy and to evaluate the competency and professionalism of the SCR Screener. Appendix B is a copy of the data collection instrument. The data were analyzed using Excel and SPSS[2].

In addition, the Study Team reviewed SCR policy, training materials, Screener job aides and other material designed to support the effective operation of the SCR; interviewed senior management; conducted focus groups of SCR Supervisors and Screeners; and observed daily peer review efforts and supervisory interactions. A more detailed description of the methodology is in Appendix A.

Decision-making at the SCR involves an element of judgment and these judgments are sometimes made with incomplete information. A limitation of the methodology is that individual judgment could vary and people could come to different conclusions for the cases with which the Study Team disagreed. The quality assurance mechanisms applied to the review as outlined in Appendix A should resolve concerns about variance in judgment.

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[2] SPSS was formerly known as the Statistical Package for Social Science

III. Current Hotline Functioning

New Jersey's State Central Registry (SCR) is a unit of the DCF Division of Central Operations. The SCR is charged with receiving calls of both suspected child abuse and neglect as well as calls where reporters believe the well-being of families is at risk and needs an assessment, support, and/or information and referral. To effectively execute this responsibility, the SCR has established a 24 hour per day, 7 days per week operation that requires multiple shifts of staff and Supervisors and a sophisticated call management and recording system. "Call agents" or "Screeners"[3] determine the nature of each caller's concerns and initiate the appropriate response. Quality assurance protocols are in place to evaluate the performance of individual Screeners and the decisions made in response to calls.

A. Volume and Sources of Calls to the SCR

The calls received by the SCR cover a wide range of issues. Specifically, individual calls may relay information about the possibility of a child being abused or neglected and/or that a family is in need of services. Allegations can be received via the toll-free hotline number of 877-NJ-Abuse or in writing. The SCR is also contacted by the general public, family members, DYFS field office staff, and others to request information and service referrals. DCF data indicate that the monthly volume of calls ranged from 15,121 to 18,267 in state fiscal year 2007. Figure 1 illustrates the monthly pattern of calls received in that year (from July 2006 through July 2007.)

**Figure 1: Number of Calls to the SCR by Month
July 2006-July 2007**
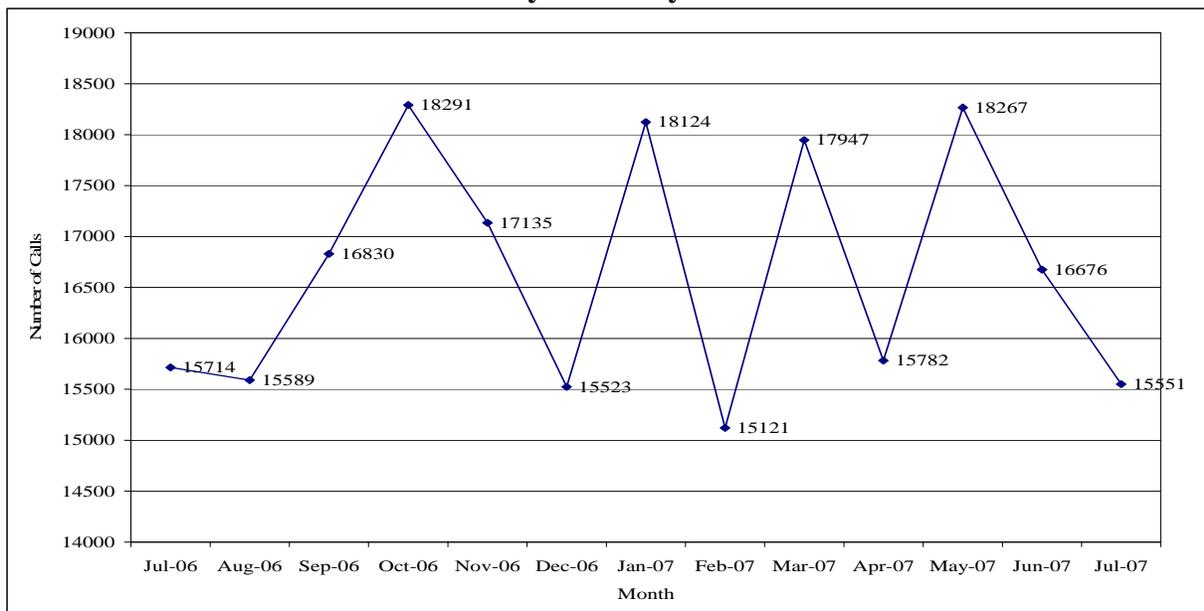
Source: DCF Administrative Data

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[3] Through out the remainder of this report, the term "Screener" will be used to refer to the staff who answer the incoming calls to SCR and make a determination about the action to be taken.

Figure 2 illustrates the referral sources for all child protective services and child welfare services calls received in calendar year 2007. The principal referral sources are schools (22%), the police (13%) and health professionals (12%), all mandated reporters of alleged child abuse or neglect. Sixteen percent of calls are made anonymously as is permitted by law.

Figure 2: Referral Sources for All Child Protective Services Reports and Child Welfare Services Requests for Calendar Year 2007
n = 59,228
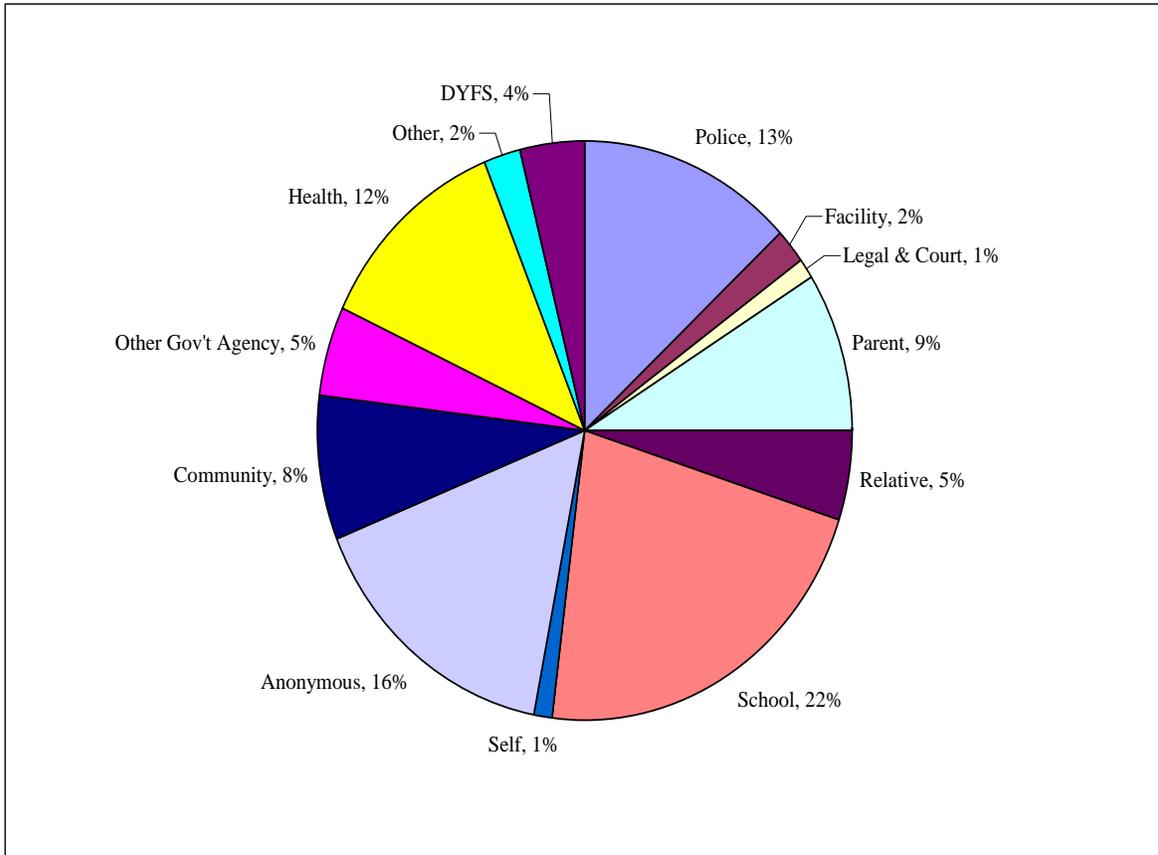
Source: DCF Administrative Data

B.   SCR Call Flow

Screeners are responsible for accurately obtaining information necessary to decide what action(s), if any, should be taken in response to the caller's information and/or concern. Screeners are not required to obtain information sufficient to determine veracity or to conduct an investigation; that responsibility is assigned to investigators at the field level in the DYFS field offices.

After the Screeners listen to a call and makes a determination as to the appropriate coding to classify the call, they are required to complete a Screening Summary in NJ SPIRIT. The Screening Summary is to include information sufficient for an investigator to know the type and extent of maltreatment to investigate, information to transmit, or services or concerns with which a family requires assistance and/or a referral.

As shown in Figure 3, depending on the information or request the caller presents, SCR Screeners must determine which classification best reflects the following circumstances conveyed in the call:

- a report of abuse or neglect in a family that should be accepted for investigation (CPS- Family)[4] and sent to the appropriate DYFS field office; or
- a report of abuse or neglect in an institutional setting that should be accepted for investigation (CPS- IAIU) and sent to the appropriate regional office of the Institutional Abuse Investigation Unit (IAIU); or
- a referral for child welfare services that should be accepted for assessment for requested services and sent to the DYFS field office (CWS)[5]; or
- a report about an existing DYFS case that should be referred to the case manager(s) already staffing the case (RI); or
- a person seeking a referral to one or more service providers (I&R) or a Screener determines that a referral is the appropriate response to the concern raised by the caller, or the matter is referred back to the caller for handling (i.e. police calling about non abuse, school calling about educational neglect but have yet failed to take appropriate action themselves to address the issue); or
- individuals seeking information only (IO); or
- a person contacting DYFS who needs information about DYFS operations; or
- a report that requires no further action by the SCR coded as No Action Required (NAR).[6]

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[4] These calls are broken down even further based on against whom the allegation is made and where the alleged abuse or neglect may have taken place.

[5] A call considered to be a CWS referral that is to be transmitted to one of three counties –Mercer, Passaic, and Middlesex—is sent to those counties as "CWS pending" as part of a pilot program to look at the efficacy of having a community agency, rather than DYFS, conduct the assessment of family needs. In these three counties, the counties have the option of making some additional collateral phone calls within 72 hours before deciding to assign it to one of its own Intake staff or refer the family to a community agency. These CWS referrals, therefore, are considered "pending" and the screening is not considered complete until the field office in these counties makes the decision about referral assignment.

[6] Four counties (Cumberland, Gloucester, Camden and Salem) were chosen to participate in a pilot called "Differential Response" (DR). The pilot is intended to provide supportive prevention services and promote healthy family functioning. For those counties, persons calling for Information and Referral and information about family

General criteria for accepting a report of child abuse or neglect include the following[7]:

- the alleged child(ren) victim is less than 18 years of age;
- the alleged perpetrator is the child's parent or guardian, or other person in a care giving role who had custody or control of the child(ren);
- there is a specific incident or set of circumstances that suggest the harm or substantial risk of harm to the child(ren) was caused by the child's parent, guardian or other person in a care giving role who had custody or control of the child(ren);
- the alleged child victim(s) has been harmed or is at substantial risk of harm.

Reports of child abuse and/or neglect are investigated by DYFS case managers in the field offices to determine if further protective action is required. If DYFS believes abuse or neglect is determined to have occurred, subsequent decisions are made about the kinds of services that need to be put in place to ensure a child's safety, including the possibility of legal action to remove a child from his or her home. Field offices respond to child welfare service (CWS) referrals with an assessment of the family's strengths and needs and an offer of services which the family may accept or refuse.

If the call is classified as a *Child Protective Services (CPS)* report or *Child Welfare Services (CWS)* referral, the Screener must also determine the urgency of the situation and assign a "response priority." The response priority establishes the time frame in which DYFS case manager in the field offices are expected to respond. In either case, DYFS field offices may determine a more urgent response is needed and act accordingly.

Reports of allegations with the greatest urgency are coded as *CPS Immediate.* If a report requiring an *immediate* response time is taken during normal business hours, DYFS case managers in the field offices are required to respond by the close of the business day. If the report is created after normal business hours or on weekends, the assigned Special Response Unit (SPRU) worker in the receiving DYFS field office will respond and, according to written materials provided to the Study Team, the expectation is that SPRU workers initiate an investigation within an hour of receiving the assignment from SCR. Calls alleging abuse or neglect that appear to have a lesser degree of urgency are assigned as *CPS 24 hours* and are required to be investigated by field investigative staff within 24 hours.

Calls that a Screener determines require assistance and services for families, termed "assessments", are coded as *"CWS"* referrals. *CWS* referrals are assigned either a 72 hour or 5 day response time, depending on their urgency. However, DYFS policy states that the SCR Screener "after hours, on weekends, or during State holidays, may dictate a quicker field response" and "an 'immediate' response (within two hours) may be appropriate, often in matters assigned after hours to SPRU."[8] This enables the family to access services as soon as possible without needing to wait until the next business day.

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supports or calls that would otherwise be coded as CWS are directly referred (sometimes through a warm-line transfer) to the DR pilot programs.
[7] See Section 2.I.E. of SCR Revised Operations Manual.
[8] See Section II.209.1, Field Operations Casework Policy and Procedures Manual.

At the time of the review, there were two pilot projects underway that modified SCR decision-making and coding for a subset of counties. Calls referred to the participating counties in the *Differential Response (DR)* pilot were coded as *No Action Required,* with another NJ SPIRIT field used for indicating it was actually a Differential Response referral. For all calls involving families in the designated counties, the Screener connects the Caller directly with designated personnel in the pilot sites through a telephone transfer. The counties then proceed to make decisions about the appropriate response to the call. In the other pilot project, SCR Screeners takes the information from the call about a family or circumstance in one of the counties participating in the *CWS Pending* pilot, but if the Screener considers the circumstances meet the criteria for a Child Welfare Services referral, the referral is sent to the appropriate county as a *CWS Pending* referral and the DYFS field office makes the determination as to whether to send Intake staff to the home or refer the family to a community agency.

Figure 3 below depicts the classifications of and subsequent expected response times to calls that are received by the Screeners.

Figure 3:
SCR Call Classification and Flow

DETERMINATION	RESPONSE PRIORITY	RESPONDER

1-877-NJ-Abuse

Determination	Response Priority	Responder
CPS - FAMILY	▪ Immediate ▪ 24 hour	Field Office
CPS - IAIU	▪ Immediate ▪ 24 hour	Regional IAIU
CWS	▪ Immediate ▪ 72 hour ▪ 5 day	Field Office
CWS	72 hour Pending Status	Field Office in: ▪ Mercer ▪ Passaic ▪ Middlesex
No Action	For Differential Response, 72 hours by responding agency	Differential Response in: ▪ Camden ▪ Cumberland ▪ Gloucester ▪ Salem
Related Information	None	Field Office
Information & Referral		Direct Response by the Screener
Information Only		Direct Response by the Screener

C.   *Operations*

There are various levels of staff responsible for the efficient operation of the SCR. The SCR Administrator has the overall responsibility for SCR performance and reports directly to the DCF Director of Central Operations. The lead Casework Supervisor oversees day-to-day screening operations, which includes managing staff schedules and supervising screening Supervisors. Screeners are organized into units consisting of four to six full time Screeners for every one full time Supervisor.

- *Technology*
  The SCR employs a sophisticated telephone system that supports operations management. The call system automatically directs calls to the first available Screener. It also notifies Supervisors of the length of time a call is waiting to be answered and it allows the Supervisors to track the availability of Screeners to take calls. Supervisors have the ability to listen in on calls. All calls, both incoming and outgoing, are recorded.

- *Multiple shifts*
  Multiple shifts of Screeners are necessary to provide coverage 24 hours per day, 7 days per week. There are approximately nine distinct shifts each day. During the time period under review (October and November 2007), there were 188 designated Screeners, 70 percent were full-time employees of the SCR and the remaining 30 percent were part-time staff members primarily working on the evening and weekend shifts.[9] At any given time during regular working hours there are typically 35 - 45 Screeners on the call floor who are available to answer phone calls and take reports.

- *Supervision*
  The SCR is organized into multiple supervisory units. Each Screener reports to a designated Supervisor (SFSS2) for general supervision on day-to-day activities and evaluation. Supervisors report to Casework Supervisors (SFSS1).

  During each shift, at least one Supervisor (SFSS2) is designated as the Call Floor Supervisor (CFS) to provide direction to staff on the call floor; review any reports or referrals as a back up to unavailable Supervisors; ensure sufficient staffing patterns; and generally monitor staff on the call floor.

- *Screener training*
  In addition to new worker training for all DYFS staff, Screeners receive classroom training by SCR trainers about SCR policies and protocols for 8 weeks prior to taking any SCR calls. On-the-job training involves listening in on Supervisors' or more experienced staff's calls to become familiar with expectations. Supervisors evaluate when Screeners are ready to take calls on their own, and provide on-going supervision and support as discussed herein.

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[9] Part-time staff are DCF employees who work in other operations during the day

D. *Quality Assurance*

As of the review period (October and November 2007), the SCR had established measures to ensure consistent decision-making among staff and to ensure that calls that did not appear to need field follow-up (coded variously as "No Action Required (NAR)," or Information and Referral (I&R)) were correctly classified. These measures included the following:

- Two Screener "levels" have been created -- certified and uncertified. Certified Screeners are able to transmit reports or referrals to the field without obtaining prior supervisory approval. Screeners are certified through a three-step review process. First, Supervisors are continually assessing who may be considered for certification through weekly assessment of general screening abilities. If a Supervisor determines that a Screener is ready, the certification process continues with two more activities. Supervisors listen to minimally ten randomly selected calls and employ a worker evaluation tool that is part or the NICE call recording system to "score" the calls. If a Screener receives an average score of 85 from the selected calls, and there are no serious errors or omissions, his/her Supervisor may recommend certification. As a final step, the Casework Supervisor then reviews the Supervisor's recommendation and listens to the same calls selected by the Supervisor and five additional randomly selected calls of the recommended Screener. If the Casework Supervisor agrees with the Supervisor, the Screener is certified and NJ SPIRIT is modified to allow the Screener to transmit reports and referrals to the field without obtaining prior supervisory approval. Uncertified Screeners are required to get approval from a Supervisor regarding each report or referral before it is sent to the field for investigation or a child welfare assessment. All Screeners are directed to consult a Supervisor any time they are uncertain about (1) whether the information obtained on the call meets the criteria for an abuse or neglect report, or (2) whether DCF should be offering services, and (3) response priority.

- According to SCR quality assurance protocol, Supervisors are required to listen to at least two randomly selected recorded calls per week for each certified Screener and at least three randomly selected recorded calls per week for each uncertified Screener to evaluate each Screener on several dimensions, including thoroughness and sequencing of questions, telephone demeanor, and clarity of communication.

- Protocol exists to review the NJ SPIRIT Screening Summaries of calls coded as not requiring SCR response or field intervention ("NAR" calls -- No Action Required) and calls seeking information but not intervention ("I&R" calls – Information and Referral) to ensure that all reports have been coded and responded to appropriately.[10] The protocol requires that documentation of all NAR and I&R reports received by the SCR are reviewed daily by a rotation of SCR Supervisors and their screening units. Each morning, reports of calls from the previous day that were coded as not requiring DYFS field office intervention are reviewed a second time by a rotating unit of

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[10] See Section 7, SCR Operations Manual

Screeners and Supervisors. Sometimes the coding of calls changes as a result of this second look, but more often the process confirms the original coding.[11]

E.   *SCR workload: call type and duration*

The SCR received between 15,000 to 19,000 calls per month in the first half of 2007 and the combined total number of calls for October and November 2007 (the study period) was approximately 34,000. Figure 4 illustrates the distribution of call types for the 266 NJ SPIRIT Screening Summaries in the review sample. Approximately 40% of calls which the Study Team reviewed were reporting *child abuse or neglect allegations* or requesting *child welfare services* and thus were sent to DYFS field offices or to a regional office of the Institutional Abuse Investigations Unit (IAIU) for a response. Thirteen percent of the calls were categorized as SPRU calls. These calls were from field office workers in the Special Response Unit (SPRU)[12] who were calling to check in for their shifts.[13] The other 46 percent of calls were Information Only (IO), Information and Referral (I&R), No Action Required (NAR) or Related Information calls which required no action by DYFS field offices.[14]

Figure 4: Percent of Calls by Type
n = 266 NJ SPIRIT Screening Summaries
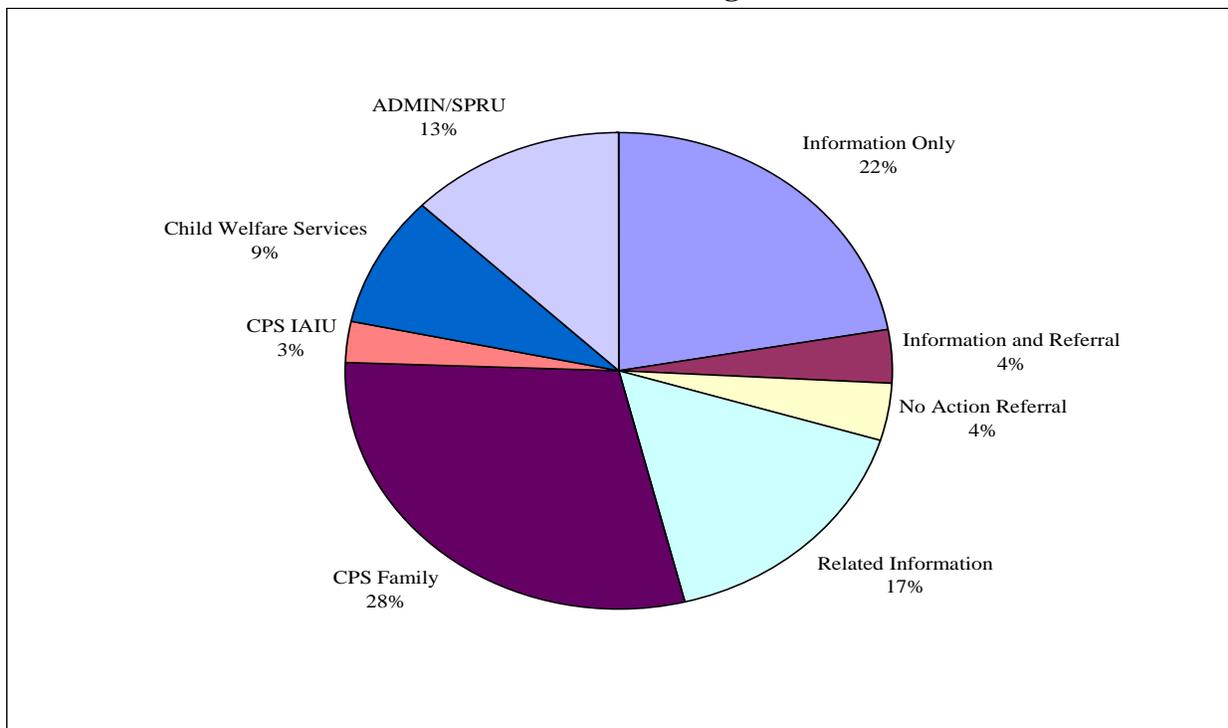
Source: SCR Assessment, January 2008.

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[11] During the review period, the Study Team was able to observe five morning review sessions. All five were conducted by one Supervisor with her screening unit. Given this, the Study Team is unable to comment on consistency among units.

[12] The unit which investigates allegations of abuse and neglect after hours and on weekends.

[13] SPRU staff are to report into SCR when they start their shift. This can be done by calling a dedicated number and using answering machine or by calling the SCR directly.

[14] While the SPRU calls represented 13% of the calls, it should be noted that they were of short duration.

Depending on the nature of the allegation or inquiry, the length of the recorded calls varied from less than one minute to 30 minutes or more to gather the necessary facts. Figure 5 provides the range of call duration for the 266 calls in the sample. Table 1 provides a summary of the average call duration by type of call in the same 266 calls reviewed. The call duration is longest for CWS calls which last a median of fifteen minutes. Comparatively, administrative or SPRU calls end within one minute. The median length of an I&R or IO call duration is about three minutes.

Figure 5: Distribution of Call Duration
n = 266
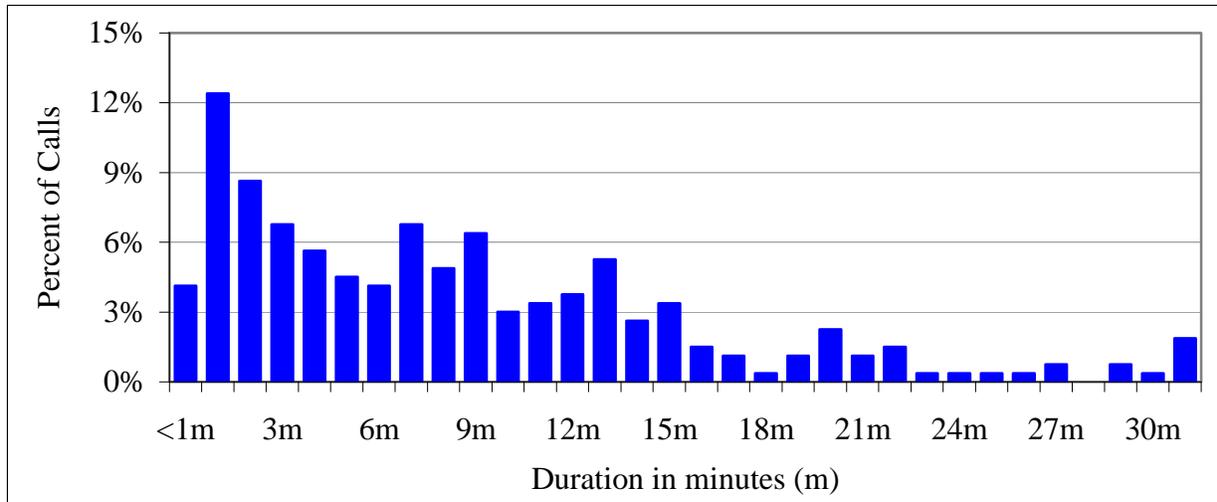
Source: SCR Assessment, January 2008.

Table 1: Average and Median Call Duration by Call Type
n = 266

Call Type	Number of Applicable Calls	Average Duration	Median Duration
CPS	85	12 minutes	11 minutes
Child Welfare	23	14 minutes	15 minutes
I & R and IO[15]	70	4 minutes	3 minutes
Related Information	44	9 minutes	7 minutes
No Action Required	10	12 minutes	10 minutes
Admin/SPRU	34	1 minute	1 minute
Total	266	9 minutes	7 minutes

Source: SCR Assessment, January 2008.

Figures 6 and 7 below show the distribution of CWS and CPS calls by response priority times. In both types of calls, Screeners considered about one-third of calls to be very urgent, requiring the highest priority response time.

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[15] I&R is Information and Referral and IO is Information Only.

Figure 6: Distribution of CWS Calls in Study Sample by Response Priority[16]
n=23

Immediate
35%

72-Hour
65%
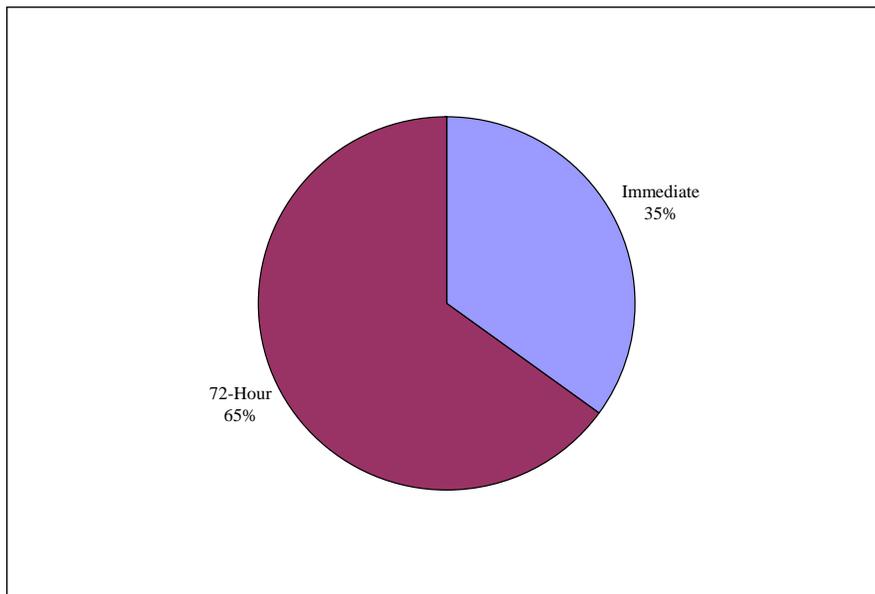
Source: SCR Assessment, January 2008.

Figure 7: Distribution of CPS Calls in Study Sample by Response Priority
n=85

Immediate, 33%

24 Hour, 67%
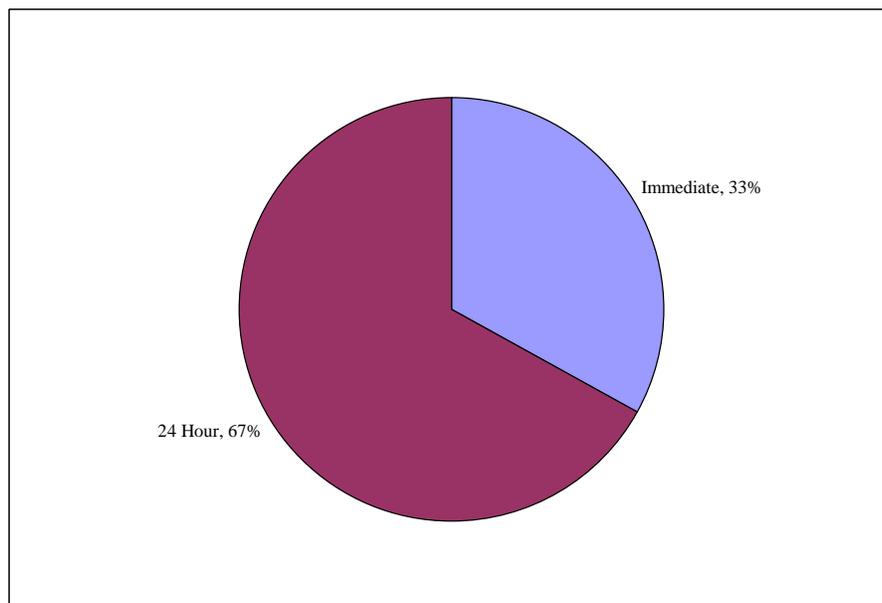
Source: SCR Assessment, January 2008.

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[16] SCR policy does not dictate an immediate response priority or criteria for such urgency for CWS calls. It does allow SCR Screeners to dictate a "quicker field response" if the referral is taken after hours, weekends, and State holidays. An "immediate" response is framed as "within 2 hours". The CWS immediate response referrals indicated in Figure 6 were taken after hours or on weekends and all were assigned to SPRU workers either by SCR or at the request of the field.

IV. Findings

This assessment was designed to determine whether:

1. SCR screening decisions are appropriate;
2. SCR screening documentation is accurate and sufficiently complete to enable the field to respond appropriately; and
3. Accurate and complete information is reaching the DYFS field office staff in a timely manner.

After listening to 266 calls[17] and comparing them to the NJ SPIRIT documentation, the Study Team found the following with regard to decision-making, documentation, timeliness, and professionalism of the SCR.

A. Decision-Making

- ***The Study Team Reviewers concurred with the SCR call classification in 92 percent of the calls reviewed.***

The Study Team rated their agreement with the decisions made by the Screener regarding the classification of each call based on what was heard on the recorded call and what was written in the NJ SPIRIT Screening Summary. To ensure consistency among the Study Team Reviewers, a second Reviewer evaluated every call in which a Study Team Reviewer disagreed with the SCR Screeners' original coding or response priority decision.[18] If there was disagreement among the team, a third member listened to the call.

The Study Team agreed with the Screener's determinations in 92 percent of the calls that required a determination (213 of 232).[19] The Study Team disagreed with the SCR call classification or believed there was insufficient information to assess the determination in 19 calls.

Table 2 below provides a summary by call of the original coding decision and the Study Team's determination for the 19 calls in which there was a disagreement. In the Study Team's judgment, two calls would be downgraded from CPS to CWS and one would be downgraded from CWS to Related Information. More calls would be upgraded: three from CWS to CPS; two from Related Information to CPS-IAIU; and one from No Action Required to CPS-IAIU. In addition, as shown in Table 2, the Study Team identified several calls where no additional or different field action may have been required but they disagreed with how the call was classified based on SCR

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[17] The analysis for these findings excluded 34 calls from the 266 calls listened to that were primarily administrative calls related to SPRU staff calling the SCR to report in for work shifts, indicate that they were unable to reach a family during their shift, or request some other information. This left a total of 232 calls where the Screener had to decide about the nature of the call, its classification and appropriate follow-up action(s).

[18] In addition to the quality assurance check on calls which a Study Team Reviewer disagreed with the SCR Screeners' original coding or response priority decision, ten percent of the completed instruments received a second review by the Monitor to ensure consistency and inter-rater reliability among the reviewers.

[19] The sample of 232 still had a margin of error of ±6%.

criteria.   Finally, there were four calls where the Study Team could not assess Screener judgment because of insufficient information for decision-making.

Table 2: Nature of Study Team Disagreement
with the SCR Screeners' Coding Decision
n = 19

Case	SCR Code	Study Team Code	Study Team Justification
Downgrade Calls (3)			
1	CPS Family	CWS	No indication of safety concerns for child in question. Caller stated that teen mother had asked a girlfriend to babysit at school. Baby was released to grandfather with whom mother and infant live. Caller stated baby was fine but there were concerns that mother might be using drugs but reporter had not witnessed drug use. No indication baby was in danger or at risk.
2	CPS Family	CWS	No indication of risk or safety concerns for child in question. No new allegation on a family with an open case. Mother had just given birth to a 23-week old baby who died shortly after birth due to medical complications unrelated to substance abuse or neglect of the mother. However, mother did test positive for marijuana and mother said it was from "contact" with her friends who smoke. Mother has a child age 3 and half who was with her father while she was in the hospital. Mother had a restraining order against the father of the deceased child. Reporter stated that field office intake worker was aware of the situation, however the NJ SPIRIT Screening Summary did not reference any previous or current open investigations.
3	CWS	RI	There did not appear to be a new allegation; call was related to an open investigation. County case manager asked for a CWS referral to enable case manager to interview other children living in the same household with a family who had been reported two weeks earlier regarding sexual abuse by a family member.
Upgrade Calls (6)			
4	CWS-Pending	CPS	Educational neglect. Seven year old child who had not been in school for a month, after being sent home with head lice. Mother would not allow school personnel to see child but reported child broke her hand when it was slammed in a door. Mother could not specify when child would return to school and had not contacted school about child's missed school work. At least one younger child is in the home.
5	CWS	CPS	Inadequate Shelter. At 4:30 in the afternoon, police reported youth in station who had been a runaway for two weeks and could not return to the shelter from which she had run. SCR appears to have coded CWS but given to local SPRU for immediate follow-up. The child is homeless and in need of services. In the absence of a policy for CWS immediate code, assigning this to SPRU is a work-around that provided an immediate response, but Study Team judged this CPS.
6	CWS	CPS	Inadequate Supervision. Abandonment. Lockout. Custodial care-taker told teen mother to leave her house without helping her to make other living arrangements and was unaware of teen's location at time of call. Teen's infant remained with care taker. Care taker wants to relinquish legal rights of teen. Custodial care-taker leveled several allegations of neglect against teen mother.

Case	SCR Code	Study Team Code	Study Team Justification
7	NAR	CPS-IAIU	Environmental Neglect or "placing a child in an environment that is injurious to the health and welfare of the child." Parent and Grandparent calling to complain about a facility where child lived Monday through Friday. Callers believed facility had bed bug infestation. SCR consulted with internal IAIU unit supervisor who advised routing call to licensing. Screener sent report to licensing.
8	RI	CPS-IAIU	No indication that this case was already open but indication of intimidation. Caller reported concern about day care program's staff intimidation of the children by screaming at them and children are fearful. Appears to be coded Related Information because the reporter's sister has as an open CWS case and reporter's nephew is in the day care program.
9	RI	CPS-IAIU	Inadequate Supervision. AWOL youth returned to group home and almost immediately started a fight with another resident. Reporter did not know what started fight. Reporter indicated that she was on the phone when youth returned to facility and came to see reporter but reporter did not put call on hold or end in order to immediately address youth and her absence so youth went outside and the altercation with another youth began.
Other Reclassification (4)			
10	I&R	IO	Reporter accused her daughter's cheerleading coaches of being verbally abusive with offensive language and demeaning attitude toward the teenagers. Screener advised caller to address concerns with coaches or program that employs them, did not refer the caller to any resource.
11	IO	I&R	Caller was specifically concerned with scheduling someone to come speak with staff on how to report. Screener could have referred caller to area office in her locale. Caller put on hold quickly while Screener tried to connect all. If coded I and R caller could be referred directly to field office for response.
12	IO	RI	Caller identified herself as sister of mother in open case. Caller indicated she's acting per her conversation with the caseworker on her sister's case and identifies the case worker. Caller specifically wanted to verify the correct number to contact when she located her sister and the child. Screener confirmed that caller should call SCR number when she locates sister and the child. Screener did not get specifics on case asserted to be open and coding as Information Only perhaps created a potential gap.
13	IO	RI	Reporter calling for second time in four hours because no one had yet responded to her earlier call in the evening about a foster youth. The Foster Parent had "put the youth in the ambulance with a note that she wanted nothing more to do with the youth." Without a DYFS staff member being there, the reporter said they could not interview, treat, or medicate the youth. This was not a call with a new allegation, but a follow-up to an earlier report.
14	IO	RI	Caller had called previously and was giving more information on an open investigation.
15	RI	IO	No indication of open case or ongoing investigation. Caller was calling about school truancy issue but reported that the parents had decided to home school child.

Case	SCR Code	Study Team Code	Study Team Justification
Insufficient Information To Assess SCR Decision-Making (4)			
16	CPS Family		Police reported that two children, ages 10 and 5 were left alone by father for reportedly 20 minutes during which time there was an attempted burglary. Children were not harmed. Father had left them to drive the baby sitter to her home. Screener did not ask pertinent questions to determine risk or frequency of harm to children to know whether services or an investigation should be initiated.
17	RI		Youth in a facility punched the wall with his fist several times and was taken to the Emergency Room where she was found to have contusions. She then returned to the facility. Screener did not obtain the circumstances surrounding the youth's behavior to know if the youth had been inadequately supervised or to know if youth was returning to a potentially risky situation. This call does not appear to have been referred to IAIU or any investigative staff to collect more information about the incident.
18	RI		Youth calling and asking for someone to "come and get me" at her mother's home. Screener was unable to gather more information because of poor phone connection and youth hung-up. However, it was known that there were 2 prior CPS intakes for this family. Study team believed this call should have been addressed immediately because it is an open case and the child's request sounded urgent.
19	NAR		Anonymous Caller could provide little information. Alleged that infant was not being fed and clothed properly. Provided father's name and indicated that the family was getting TANF and disability and had been involved with DYFS with two other children. Father has a criminal record. Believed the family lived in Newton but reporter said they moved "a lot." However, the Screener indicated that they were unable to search in SPIRIT or other data bases because reporter was not aware of correct names. Caller did not provide any location information.

Source: SCR Assessment, January 2008.

For the first three calls listed in Table 2, Study Team Reviewers would have downgraded the coding of the call from CPS-Family or Child Welfare Services (CWS) to a (CWS) referral or Related Information code. While all three of these cases require DCF attention, child welfare assessments or intervention by another DYFS case manager were appropriate. CPS investigations did not appear warranted based on the information in the calls. For example, one caller was concerned about a mother leaving her baby with a girl friend at school and that the mother might be using drugs. However, at the time of the call, the baby was with his grandparents who said they would care for the child and there was no indication offered by the caller that the baby was in immediate danger or at risk. The Screener selected allegations of "substantial risk of physical injury or environment injurious to health and welfare" and "inadequate supervision" as the CPS allegations to be investigated. An assessment for child welfare services appeared to be more appropriate to the Study Team given that there was no indication that the child was at risk.

The second call that the Study Team believed could be downgraded from a CPS report to a Related Information call was the situation of a mother of a 3 year old with an open DYFS case. The mother had a child who died at birth, and while she was known to use marijuana, the death

of the child was not attributed to the marijuana use. There was no information provided by the caller to suggest the 3 year old was at risk of harm, and, in fact, the caller reported that the family watches the child when the mother is with her friends who smoke marijuana.

The third call was a DYFS field office case manager asking for a CWS referral to be made back to his office to enable him to interview other children in the household of an accused sexual perpetrator. This was not a new allegation, nor was it a request for services by the family. In addition, DYFS was already involved.

For the next six of the 19 calls listed in Table 2, Study Team Reviewers would have upgraded the coding of the call from CWS, NAR or RI to CPS or CWS. A pattern among these disagreements raises concerns about what circumstances require a response from the Institutional Abuse Investigation Unit (IAIU). The Study Team determined that three calls should be upgraded to CPS- IAIU as the reporters raised questions about the safety and well-being of youth in group homes, other foster care settings, or other institutional programs. The circumstances of these three calls are as follows:

- Caller with concern that staff "conduct/discipline" at a public school in a YMCA-sponsored after school K-3 program was making children fearful was coded as "Related Information" because the reporter, who wished to remain anonymous, appeared to be the aunt of a child in a family with an open Child Welfare Services assessment. However, this call was not an allegation regarding the family, it was an allegation regarding the institution/after school program. The information indicated the children were being "screamed at" and "pointed at" which could have supported an allegation of intimidation as encompassed by "Substantial Risk of Physical Injury or Environment Injurious to Health." No information appeared to have been sent to IAIU.

- Call from a group home administrator reporting a fight between two youths that sent one youth to the hospital for evaluation of injuries was coded as "Related Information" because both youth were in DYFS's custody. The Screener asked some relevant questions which may have supported an allegation of "inadequate supervision" and attempted to create the scenario (by asking leading questions and stating assumptions about what had occurred) that prompted the attack of one youth on the other. Caller disagreed with Screener's assumptions and said that the attack appeared to be unprovoked. However, the caller said she was talking on the telephone at the time of the attack and did not witness it.

- In a call that was coded "No Action Required", the caller described a program that was infested with bed bugs. The caller was not satisfied that the program's response was sufficient because it did not include supplying new mattresses. The caller was told to raise this concern with the program administrator. The child in question was not in DFYS custody and the family did not appear to have any prior involvement with DFYS. The call was discussed with the IAIU Supervisor who suggested that the NJ SPIRIT Screening Summary be routed to the Office of Licensing although it was not referred to IAIU for investigation.

Among the remaining three calls that the Study Team determined should be upgraded, all were CWS referrals that were judged to be CPS reports. Finally, there were four calls in which there was insufficient information provided or gathered to enable the Study Review Team to assess the SCR decision-making.

In summary, these findings document that the SCR decision-making regarding the classification of calls based on the information received is *substantially sound*. However, there remain some areas of possible confusion and inconsistency. In each of the staff focus groups conducted by the Study Team, some staff expressed concern that SCR decision-making, especially in some of the more difficult areas, was inconsistent and, to a degree, arbitrary, particularly among Supervisors. For example, Screeners report that some Supervisors interpret policy as requiring an immediate investigation more often than other Supervisors. In more than one focus group, Screeners reported that they felt that perhaps 20 percent of cases are arbitrarily coded. It is important to note however that the prevalence of this staff perception is not fully supported by the Study Team findings based on the call review.

- *Identifying which calls require IAIU action appears to be particularly challenging to Screeners.*

The Study Team judged that calls should be coded as "CPS-IAIU" and referred to IAIU for investigation more often than the SCR Screeners. Three of the six calls that were judged to require an upgrade should have, in the Study Team's judgment, been routed to IAIU. This pattern actually matched what was seen in the seven calls in the sample that appeared to be correctly classified as CPS-IAIU. Four of the seven had initially been coded differently by the Screener and were upgraded by a Supervisor. Two of the four were initially coded by Screeners as No Action Required; one was coded Child Welfare Services; and it is unclear how the fourth call was initially coded. All four of these calls were upgraded to CPS-IAIU as a result of supervisory review several hours after the initial call and screening decision.

The summaries below provide information on the four calls that were initially coded as CWS or NAR and eventually changed to an IAIU referral as a result of SCR supervisory review:

- One call initially coded Child Welfare Services involved sexual contact between 5 different children who were placed at a congregate care facility. Three of the five children were in the custody of DYFS. During the call and through the initial coding, the SCR Screener focused on the child-on-child sexual activity as opposed to the location in which this activity occurred. This focus resulted in the call initially being coded as a CWS with a 72 hour response instead of a CPS-IAIU.

- Two calls were initially coded No Action Required. One of the two calls reported that a child had sex with a counselor while living at a residential facility. The other call involved a teacher inappropriately touching a 13 year old child. Both were upgraded to CPS-IAIU as a result of further supervisory review.

- The fourth call involved a physical altercation between an 11 year old child and a teacher. The documentation does not indicate how this call was originally coded, but after supervisory review, a new report was generated with a CPS-IAIU coding.

These findings, coupled with staff comments in the focus groups and the Study Team's own judgments of the calls cited previously, raise questions about criteria for referrals to IAIU in particular. In the focus groups, Screeners reported a lack of clarity as to the coding of a report of abuse or neglect in an institutional setting. A certified Screener summarized the concern by saying that sometimes a report comes in that would be considered in need of immediate action (CPS) if the parent was the perpetrator, but is not coded as an abuse or neglect call (CPS-IAIU) if the call comes from a facility or is about a foster parent. In fact, some focus group participants said it was their impression that IAIU consultant staff may be contacted first before a coding decision is made and sometimes "challenges" the decision to code a report "CPS-IAIU," requesting the report to be downgraded.

- *Criteria for classifying calls as Child Welfare Services referrals versus "Related Information" are not clear.*

Since its inception, the SCR has struggled with what constitutes a CWS referral.[20] The analysis of the 23 CWS-designated calls in the sample indicate a pattern of either 1) confusion for SCR and the field; or 2) concern that assigned DYFS field office case managers would be unable to respond quickly enough to address the emerging urgent child/family circumstances; or 3) both. In addition to the four Child Welfare Services referrals described in Table 2 that the Study Team thought should be coded differently, there were seven CWS referrals that appeared to relate to open permanency cases and could possibly have been coded "Related Information" instead. Although the Study Team did not disagree with the decision-making during the process of listening to the taped calls, this later analysis does raise questions for further follow-up.

In five of the seven calls that could have been coded "Related Information," the SCR assigned an "immediate" response time by sending it to a designated SPRU worker. In one instance, it was the field office who asked that referral be "upgraded to SPRU." The circumstances involved a mother with an open permanency case who had just given birth to another child. Because DYFS had previously requested the mother's prenatal care records, the hospital called to report the birth but reported that the baby was healthy and they had no concerns. This call was on a Saturday. The field office with the open case reported that it actually was on the verge of closing the family's case, but wanted a SPRU worker assigned to conduct an assessment that day to ensure that the baby was safe. SCR leadership report that field staff sometimes leave "special instructions" at SCR in case a call comes in on an open case after hours. The practice is that the field office case manager and Supervisor conference and make a joint decision to leave such special instructions prior to calling them into SCR.

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[20] New Jersey Child Welfare Panel, *Period I Monitoring Report,* March 2005, p 30. and *Period II Monitoring Report*, October 2005, p36.

Other instances of CWS "immediate" referrals included:

- o A 17-year old youth who had runaway from her placement the previous month was about to be discharged from a hospital emergency room at midnight.
- o Two foster children being transported at midnight to the hospital for treatment of bronchitis and needed someone to "sign them in." Foster mother was with them.
- o A 16-year old youth who had run away from placement two weeks previously and was at a police station at 4:30 p.m. The reporting police wanted someone to come immediately.
- o A group home director calling at 10:30 p.m. asking for the immediate removal of a 17-year old placed in home. The Director believed the youth was a risk to himself and others thus he did not want to wait until the next day to call DYFS.

- *For calls not requiring a field response, multiple classification choices are confusing*

The final set of six coding disagreements listed in Table 2 focused on calls that do not require a field response. Although the Study Team did not agree with the specific coding of these six calls, they were in agreement that none of them required a field office response. For example, in some cases "Information Only" calls were judged to more appropriately be "Related Information" to existing cases or investigations because they provided information relevant to open cases or investigations. The importance of these coding differences may not be that significant although it is possible that with incorrect coding, the timely transfer of important information to the appropriate parties is compromised.

The Study Team Reviewers documented confusion over the difference between Information Only (IO) calls and Information and Referral (I&R) calls. Minutes of the SCR Supervisor Meetings reflect a rapid change of policy on this issue. The November 7, 2007 minutes instruct Supervisors not to code calls made from SPRU workers (field staff working as first responders outside of regular working hours) calling in to schedule shifts as "Related Information" or "Information and Referral" calls. Instead, Screeners are instructed to code such calls as "Information Only" calls. Less than two weeks later, Supervisor Meeting Minutes dated November 20, 2007 appear to instruct Screeners not to code calls taken from SPRU workers as "Information Only" calls.

- *The Study Team agreed with the assigned response priority for 93 percent of the calls.*

In addition to assessing the appropriateness of the call classification, the Study Team judged whether the assigned response priority appropriately reflected the urgency of the circumstances conveyed in the call (e.g. immediate or 24 hours for CPS calls or immediate or 72 hours for CWS calls[21]). The Study Team agreed with the Screener's assigned response priority in 93 percent of the calls (215 of 232). The Study Team disagreed with the SCR response priority for 17 calls.

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[21] SCR policy does not dictate an immediate response priority or criteria for such urgency for CWS calls. However, it does indicate that an "immediate response (within 2 hours) may be appropriate, often when assigned to SPRU.

For 9 of the 17 calls in which there was disagreement, the Study Team's previously described disagreement with the coding decision also affected the response time priority assignment. For example, a case coded a CWS referral with a 72 hour response time by the Screener was judged a CPS report with a 24 hour response time by the Study team. This case was a report of a seven-year old child who had attended school one day in September and the first part of October. The school social worker had visited the child's home on the day of the report, but the mother had not allowed the social worker to see the child. The mother said that the child had a broken right hand which was the reason for missing so much school. The case was coded "CWS," but it was actually passed along to the field office as a "Pending Status" as part of a DCF pilot project. As previously noted, this pilot project allows the field office 72 hours to determine if the referral should be assigned to a field office first responder or to a community agency.

Another example involved a child who had run away from a shelter two weeks previously and was in a police station at the time of the call. This incident was determined to be a CWS referral and, by policy, the most urgent response would be 72 hours, but since the call came late in the day (nearly 5 PM) SCR was able to refer it to a "SPRU" worker who would likely make an immediate response. The Study Team believed this type of situation should have a definitive urgent response, and therefore believed it should be a CPS immediate response.

In four of the 17 calls, Study Team Reviewers agreed with the Screener's decision regarding its status as a Child Protective Services report or a Child Welfare Services referral, but believed the information communicated by the caller suggested a more urgent response than was assigned.

As previously described there were four calls where there was insufficient information obtained for the Review Team to confirm Screener classification of the call. Therefore, the Review Team could not assess the assigned response priorities for these calls.

Table 3 below shows the change in the level of urgency evaluated to be appropriate by the Study Team.

**Table 3: Nature of Study Team Disagreement with
The SCR Screeners' Response Priority Decision
n = 17**

Case	SCR Response Priority	Study Team Response Priority	Study Team Justification
Less Urgent as a Result of Coding Downgrade (3)			
1	24 hours	72 hours	No indication of risk to the child, no need for heightened response time.
2	24 hours	Response priority not applicable	Additional information on an open investigation/ case does not require a response time.
3	72 hours	Response priority not applicable	Additional information on an open investigation/ case does not require a response time.
More Urgent as a Result of Coding Upgrade (6)			
4	72 hours	24 hours	Caller reporting that no one has seen the child in a month, requiring a more immediate response
5	72 hours	Immediate	Child in need of shelter, caller expressed an urgency requiring a more immediate response

Case	SCR Response Priority	Study Team Response Priority	Study Team Justification
6	72 hours	24 hours	Allegation of teenage mother abandoning newborn, but both teenager and newborn in the legal custody of the reporter and reporter requested a response as soon as possible
7	Response priority not applicable	24 hours	Environmental health issues in a facility needed a time certain for follow-up which would require a response by a regional IAIU office.
8	Response priority not applicable	24 hours	Report of potential abuse in a facility which would require a response by a regional IAIU office. Tangentially related to an open case/investigation
9	Response priority not applicable	24 hour	Potential child abuse or neglect which would require a response by a regional IAIU office
More Urgent Response for Code assigned (4)			
10	24 hours	Immediate	Caller reporting a 9 year old child without supervision, should have required an immediate response
11	24 hours	Immediate	The NJ SPIRIT Screening Summary did not communicate any of the sense of reporter's urgency in narrative nor was the school social worker's concern that child would not go home communicated. Summary does say child reports not feeling safe at home.
12	24 hours	Immediate	Child at school with bruise on face from temple to upper cheek, mother and child have different stories, mother going to school to take child home. NJ SPIRIT Screening Summary does not convey school's concern about sending child home with mother at 950 am. Insufficient information gathered to know if child needed medical attention and if evidence would be lost by releasing child to mother before an investigative interview.
13	24 hours	Immediate	NJ SPIRIT Screening summary did not contain all the details provided by caller as to how long children had not eaten so 24 hour response seems to match. But, the allegation was that children had not eaten in 2 days, therefore an immediate response was more appropriate.
Insufficient Information to Assess Response Priority (4)			
14	24 hours		Insufficient information to confirm response priority.
15	Response priority not applicable		Screener needed to obtain much more information as to context of client's actions (punching the wall several times so severely as to cause bruising.)
16	Response priority not applicable		Poor phone connection prevented gathering sufficient information to determine circumstances, but child's plea sounded urgent.
17	Response priority not applicable		Anonymous caller was unable to supply sufficient information about the location of an infant allegedly being neglected.

Source: SCR Assessment, January 2008.

B. Information Collection and Documentation

- *Most of the information necessary for decision-making on whether to code the call a CPS report or a CWS referral was routinely collected by Screeners.*

As noted in the previous discussions, there were a few calls where the Study Review Team believed the information was insufficient to assess SCR decision-making. However, in general, Study Team Reviewers found that in 92 percent or more of the calls alleging abuse or neglect[22], the SCR Screeners obtained or at least asked for key information critical to supporting decision-making for coding the call correctly as a CPS report. These key items related to the age of the children involved (96%); the perpetrator's identity (96%) and relationship to the child (99%); the harm or risk of harm the child suffered (98%); how (95%) and when harm occurred (96%); and the need for immediate medical attention (92%) when circumstances indicated a serious injury. In 5 percent or fewer of the calls, the callers were unable to provide the information requested by the Screener. Figure 8 below displays this information for the calls in the CPS-designated calls in the sample.

Figure 8: Information Collected by SCR Screeners in Calls coded CPS Reports
Related to Call Classification
n=85 except where noted[23]

	Collected or Asked For	Not Asked For
Perpetrator's Relationship to Child	99%	1%
Harm or Risk of Harm Child Suffered	98%	2%
Perpetrator's Identity	96%	4%
Age of All or Some Children (n=82)	96%	4%
When the Harm Occurred	96%	4%
How the Harm Occurred	95%	5%
Immediate Medical Attention (n=12)	92%	8%
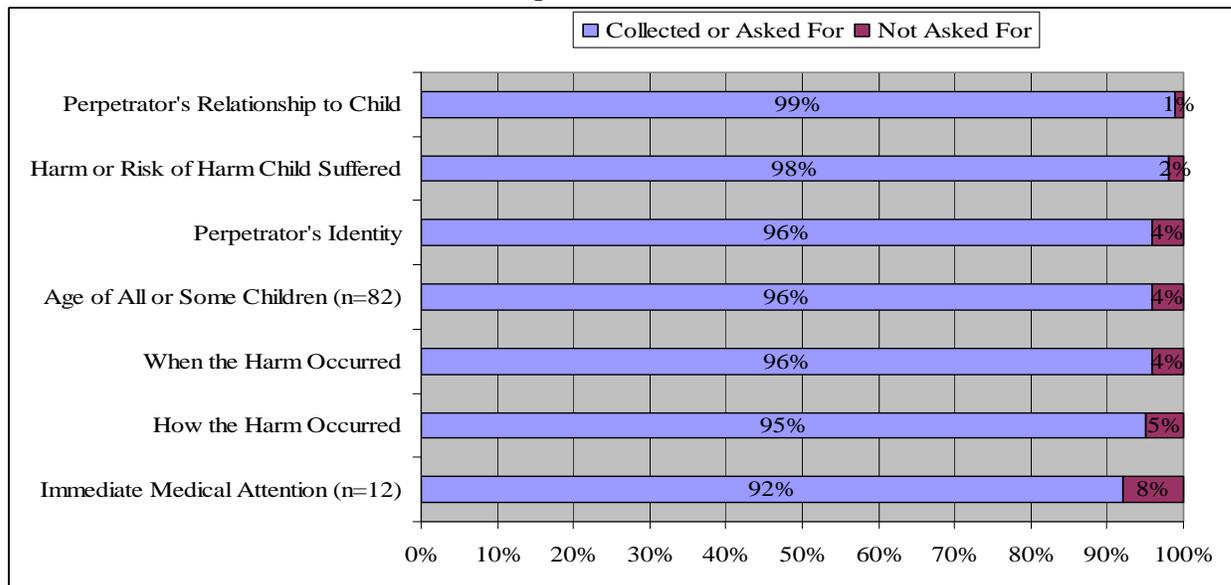
Source: SCR Assessment, January 2008

For CWS calls, the SCR Screeners collected information on the age of the child (96%) and the urgency of intervention (96%) in an overwhelming majority of the calls. Figure 9 below displays the information collected by the SCR Screeners for CWS calls. There were no instances when the caller was unable to or did not provide the requested information.

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[22] Conclusions drawn from the subgroup of 85 CPS reports are subject to a larger margin of error than the +/- 6% for the entire sample because the subgroup was not randomly selected from the universe of all CPS reports during the period and the subgroup is very small. The margin of error is at least +/- 10 percent.

[23] The n varies because the information was determined to be not applicable in some instances.

Figure 9: Information Collected by SCR Screeners in Calls coded CWS Referrals
Related to Call Classification
n=23
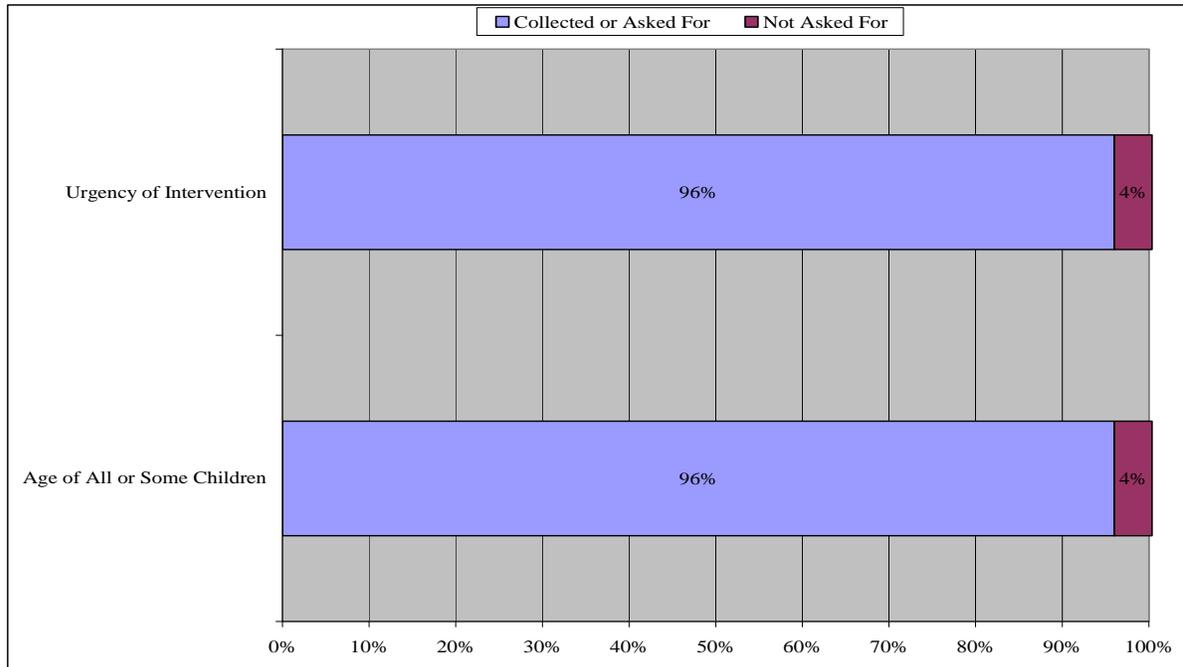
Source: SCR Assessment, January 2008

- ***Information critical to determining the response priority for CPS calls was collected by Screeners less frequently than was needed for call coding.***

Information that could contribute to determining the appropriate response priority to assign to a report was obtained or at least asked for in 62 percent to 91 percent of the calls. As displayed in Figure 10, these pieces of information include perpetrator's access to the child (91%); urgency of intervention (77%); frequency of harm or risk of alleged action (73%), how dangerous the current situation was (71%); location of child at time of call (71%) and knowledge of domestic violence (61%). In addition to a larger proportion of calls where Screeners did not attempt to collect the information, there was a slightly larger gap between what Screeners asked for and what callers were able to provide for some elements when compared to the thoroughness of information collected for classification. For example, callers did not provide the current location of the child in 12 percent of the cases where Screeners asked for it and they did not provide any response to the possibility of domestic violence in 10 percent of the calls when asked by Screeners.

Figure 10: Information Collected by SCR Screeners in Calls coded CPS Reports
Related to Response Priority
n=85 except where noted
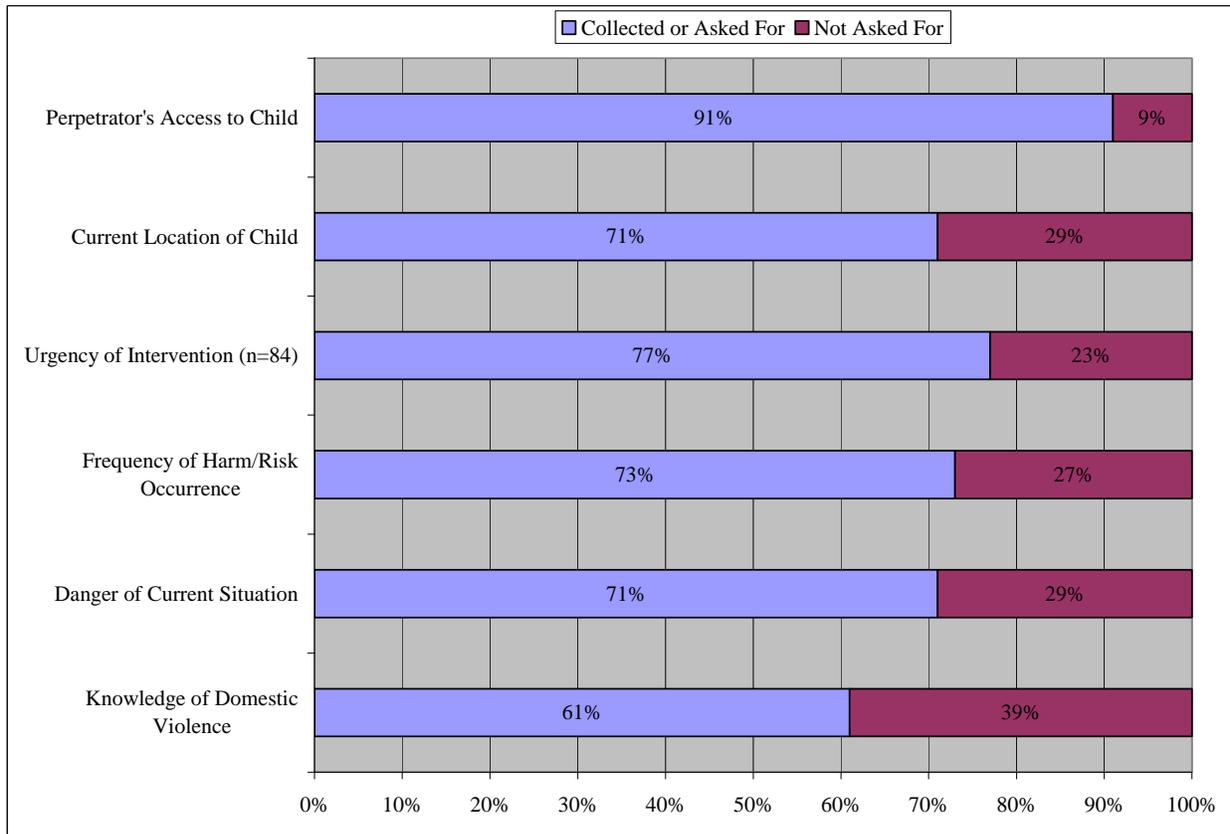
Source: SCR Assessment, January 2008

- ***All of the information needed by DYFS field office case managers to follow up on reports and referrals was not captured routinely.***

As seen in Figure 11 for CPS calls, there were categories of information that the SCR Screeners did not routinely collect which would be helpful for the field to effectively respond to the report, although perhaps less critical to basic decision-making on classification and response priority. Less frequently collected information included the contact information (65%) for the child at the time of the call; whether or not the child had a disability (62%), and the primary language spoken by the family (21%).[24] Callers were most likely not able to provide a contact number for the child – 16 percent were asked but did not have the information. Likewise callers were not able to provide the number of children in 10 percent of the calls. Soliciting information about the family's primary language is not currently required of Screeners although this could prove to be important information for the investigator. Screeners have the ability to link into a language translation service if a caller's primary language is something other than English, but DYFS field office case manager may not have any indication that the family of the alleged victim is not English-speaking until they initiate the investigation.

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[24] This is not currently required by SCR policy.

Figure 11: Information Collected by SCR Screeners in Calls coded CPS Reports
Related to Providing Additional Information to the Field
n=85 except where noted
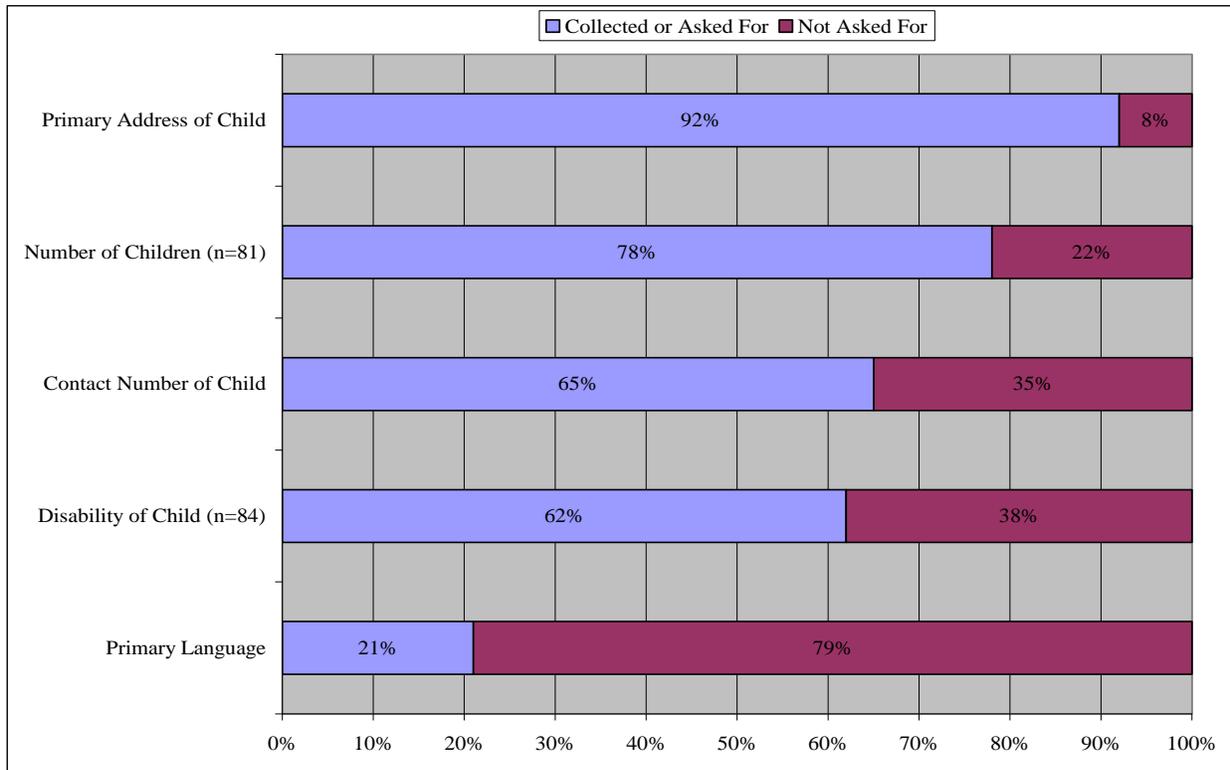
Source: SCR Assessment, January 2008

Similar to the finding for CPS reports, important location and contact information helpful to the field was collected less often for CWS referrals.[25] The SCR Screeners collected the family's address in 87 percent of the calls; in fewer calls information was collected on the current location (78%) and contact information (78%) of the family. There was a gap in ability of the callers to provide current location and current contact information, however. In both circumstances 13 percent of the callers could not provide the information. The family's primary language was collected in 26 percent of the calls. Figure 12 depicts this information.

In CWS referrals, a key piece of information for the field's response is to know whether the family in need of services is aware of the referral. Screeners obtained this information in less than half of the calls. They did not ask for it in 52 percent of the calls. However, as described earlier under decision-making, approximately one-third of the CWS referrals were related to open cases.

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[25] The same caveats regarding conclusions from the CPS report subgroup apply to CWS as well but the margin of error will be even greater.

Figure 12: Information Collected by SCR Screeners in Calls coded CWS Referrals
Related to Call Classification
n=23
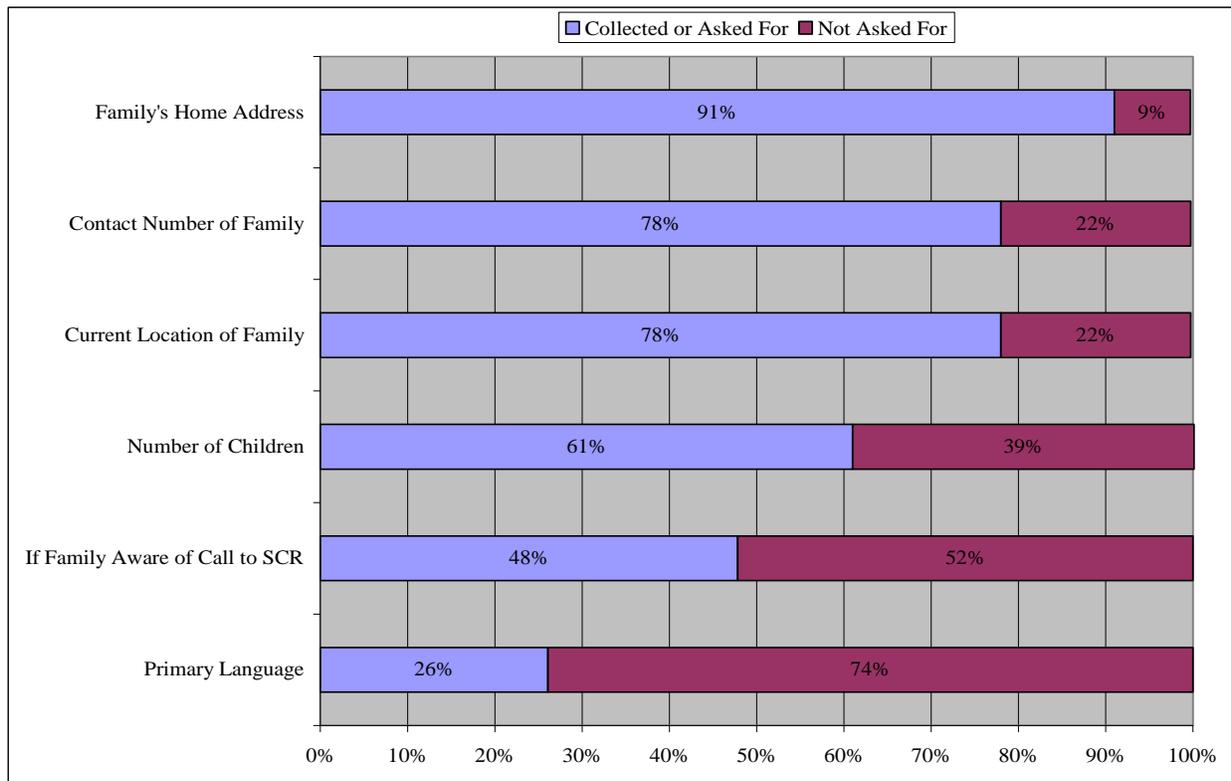
Source: SCR Assessment, January 2008

- ***NJ SPIRIT Screening Summaries substantially reflected what was heard on the calls in 72 percent of the calls but the accuracy and completeness of documentation remains a problem.***

In general, the SCR Screeners collect the information required to make decisions as to how to code a call and in the majority of cases provide the field sufficient information on which to act. However, in comparing what was heard on the calls to the written information that was transferred to the field through NJ SPIRIT Screening Summaries, the information obtained from the caller was not completely documented for more than one-quarter (28%) of the calls. Thus, the documentation of the call did not always contain complete information used by the Screeners for decision-making

When the family's primary language was identified as something other than English, it was reflected in the Screener's narrative of the problem or request from the caller. However, in a separate section of the Screening Summary that allows Screeners to record the family's primary language and indicate if an interpreter is needed, it appears that NJ SPIRIT defaults to "English" as the primary language and "no interpreter needed" if the Screener does not actively change it. Documentation of the language issue was highlighted in one CWS example: the reporter spoke Spanish and the Screener used the language line to obtain information from the reporter. The

reporter was requesting services for her 15 year old daughter. The Screener ascertained that the reporter's husband, the youth's father, spoke Spanish and English and this was reflected in the narrative of the NJ SPIRIT Screening Summary. However, the Screening Summary also indicates that the family's primary language is English and no interpreter is needed. Further interviews of the mother may be hampered if the responding case manager is not prepared to speak Spanish.

Likewise, in a CPS-Family report, the narrative indicated that the child had disclosed the allegation of physical abuse to his English as a Second Language (ESL) teacher. The narrative also states very clearly "SPANISH SPEAKING." Again, however, the NJ SPIRIT Screening Summary indicates that the family's primary language is English and no interpreter is needed.

Other examples of documentation lapse and errors that may be problematic for the field:
- *Incomplete or inaccurate contact information for Caller or child's current location.*
- *Incomplete contact information to coordinate investigation with school or law enforcement.*
- *Discrepancy in current location of child or family.*
- *Misspelled street name.*

In both the CPS and CWS calls, the documentation shortcomings may be a result of workload issues and the "time crunch" Screeners report feeling they are often under. Screeners—certified and uncertified alike –- strongly indicated that they need more time to complete their written reports. Focus group participants articulated different opinions as to how much time Screeners believe they have to write reports. Some Screeners understand policy to be that once they complete three CPS phone calls, they are permitted to take an hour to write them all up. Others disagreed that this was the SCR policy. Uncertified Screeners said that new calls were too often waiting "in queue" while Screeners complete reports, and that, despite policy, some Supervisors do not permit Screeners to take time to write and transmit reports after completing three calls. Focus group participants told the Study Team that they felt this compromises the accuracy and thoroughness of their reports, although they understand the priority of promptly answering all calls.

- *Over 80 percent of the NJ SPIRIT Screening Summaries contained sufficient information supporting the coding and/or the response priority.*

Even though there was important information missing from the documentation or incorrect documentation in NJ SPIRIT Screening Summaries, the Study Team found that the NJ SPIRIT Screening Summary supported the coding of the call in 84% of the calls and supported the response time priority in 85% of the calls. However, the purpose of the documentation is not only to support decision-making, it is also intended to give the DYFS field office case manager knowledge about the circumstances of the incident or phone call in order to facilitate the appropriate action.

C.   Timeliness

- *A majority (80%) of the CPS reports and CWS referrals were sent to the field office within 3 hours from the ending time of the call.*

According to SCR staff, the one hour policy with regard to how long an SCR report or referral should take to be sent to the field after a call has been completed is unrealistic and has either been suspended or is not enforced. The Study Team was told that when a response time of "immediate" is given to a CPS report, a phone call is immediately made to the DYFS field office and the formal written report follows shortly thereafter. The Study Team did not have a means for assessing or verifying this practice.

As illustrated in Table 4, the Study Team found that 23 percent of calls that were classified as reports or referrals reached the field offices within 60 minutes of the Screener completing the call. Another 56 percent reached the field offices within 3 hours of the call ending, for a total of approximately 80 percent of calls reaching the field offices within three hours from the time the call ended.

There were three calls which appear to have taken between 6 and 24 hours to reach the field office. Among these three calls, two appeared to be delayed as a result of supervisory review and upgrade to CPS-IAIU, one alleged sexual activity between a youth and a counselor in a residential facility and the other alleged child-on-child sex in a facility. For the third call, a CPS report with a 24 hour response priority, there was no apparent reason for a 6 hour time elapse between the call coming to SCR and the report arriving in the field.

Five reports or referrals appear to have arrived in the field office more than 24 hours after the call to the SCR. In two situations, the delay appears to be the result of supervisory review and decision to change the initial coding to CPS-IAIU, arriving in the regional IAIU office approximately 34 and 52 hours after the phone calls. One call arrived in the field office 28 hours after the SCR call because, according to supervisory review, a new report had to be generated because the initial report was "linked" incorrectly. The other two cases reflect supervisory consultation, but no clear reasons for delays of 71 and almost 76 hours, respectively.[26]

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[26] The call that appears to have taken 71 hours to reach the field was a CPS Family Report with a 24 hour response assigned that was called into SCR on a Thursday at 1:12 PM. Time of Intake was 2:39 that afternoon. It was assigned to the receiving local office on the following Sunday at 12:30 PM. The call that appears to have taken almost 76 hours to reach the field was a CWS Referral with a 72 hour response that was called into SCR on a Friday at 12:47 PM. Time of Intake was 2:16 that afternoon. It was assigned the following Monday afternoon at almost 5:00 PM and a case conference appears to have been held in the local office that resolved that the case would remain a CWS referral with a 72 hour response.

Table 4: Time between End of Call and Transmittal to Field Office*
For Calls Coded CPS Reports or CWS Referrals - n = 108[27]

Time Screening Summary was Sent to Field Office[28]	Number	Percent	Cumulative Percent
Within 1 hour after call ending	25	23%	
Between 1 hour and 3 hours after call ending	61	56%	80%
Between 3 hours and 6 hours after call ending	13	12%	92%
Between 6 hours and 12 hours after call ending	2	2%	94%
Between 12 hours and 24 hours after call ending	1	1%	94%
Between 24 hours and 76 hours after call ending	5	5%	99%
Missing data[29]	1	1%	100%
Total	108	100%	

Source: SCR Assessment, January 2008.

Table 5 provides the transmittal times for CPS reports alone. As indicated, a slightly higher proportion of CPS calls are transmitted to the field within 60 minutes (26%). Including those transmitted to the field within an hour, 84 percent of calls were transmitted within 3 hours of the call being completed. However, there were 3 calls for which it took more than 24 hours for the report to be transmitted to the field office after the call was completed.

Table 5: Time between End of Call and Transmittal to Field Office*
For Calls Coded CPS Reports - n = 85[30]

Time Screening Summary was Sent to Field Office[31]	Number	Percent	Cumulative Percent
Within 1 hour after call ending	22	26%	
Between 1 hour and 3 hours after call ending	49	58%	84%
Between 3 hours and 6 hours after call ending	8	9%	92%
Between 6 hours and 12 hours after call ending	2	2%	95%
Between 12 hours and 24 hours after call ending	1	1%	96%
Between 24 hours and 76 hours after call ending	3	4%	100%
Total	85	100%	

Source: SCR Assessment, January 2008.

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[27] This is the number of calls that were coded CPS reports or CWS referrals. All other calls were excluded because they were calls that do not get passed onto the field: "Information and Referral" and "Information Only" or "No Action Required."

[28] Field Office refers to either a field office in a county or a regional IAIU office.

[29] According to SCR, one report created on October 5, 2007 did not get assigned in the field office until October 31, 2007 due an error in NJ SPIRIT

[30] This is the number of calls that were coded CPS reports.

[31] Field Office refers to either a field office in a county or a regional IAIU office

D. Professionalism and Competence of SCR Screeners

The Study Team evaluated the Screeners' professional demeanor on a number of dimensions including:

1) relevancy and logical sequence of questions to caller,

> *This dimension measured how well the Screener's questions followed the flow of the caller's narrative. Economy and effectiveness of the questions were considered more important than the quantity of questions. Reviewers listened for Screener questions that pertained directly to the reason or circumstance that prompted the call and what was needed to form an adequate basis for decision-making about the call. Reviewers also listened for how the Screener may have had to re-direct the caller to keep him/her focused on the pertinent issues.*

2) calmness and objectivity during call,

> *This dimension focused on the Screener's tone of voice and exhibition of emotion. Reviewers listened for such qualities as a conversational tone, Screener speaking pace, and fluctuation that indicated excitement.*

3) empathy, care and concern demonstrated to caller,

> *This dimension focused on the Screener's efforts to engage the caller in order to obtain the maximum amount of pertinent information. Reviewers listened for the use of reflective listening skills, appropriately but not excessively repeating caller concerns to indicate that they had heard what caller had to say, and a calm, engaging voice.*

4) direct and clear communication with caller,

> *This dimension focused on the Screener's speech pattern. Reviewers listened for whether the Screeners mumbled, spoke too fast, spoke to be clearly heard, and used respectful conventions such as "pardon me" to interrupt the caller when necessary.*

5) effort to ensure accuracy of information,

> *This dimension focused on how the Screener attempted to make sure he/she had received the information as the caller had provided. Reviewers listened for Screener efforts to repeat back information to the caller or asked for spelling or names.*

6) respectful call conclusion

> *This dimension focused on how the Screener ended the call. Was it courteous? Did the Screener say "thank you," at a minimum?*

A three point scale was applied to "rate" Screeners on each of the first five dimensions. A rating of "1" was used to indicate that the dimension was completely satisfied; a rating of "2" meant it was partially satisfied; and a rating of "3" meant it was not satisfied. The sixth dimension used a "yes"/"no" criteria.

- *The majority of calls were handled thoroughly and professionally, but performance on some dimensions needs strengthening.*

As shown in Table 6 below, 72 percent or more of the calls completely met the criteria along all dimensions. In nearly all calls Screeners demonstrated calmness and objectivity (91%) and in 93 percent of calls, Screeners ended the call respectfully.

The Screeners appear to need improvement in asking relevant questions in a sequence which follows the flow of the call (72% met criteria) and in summarizing pertinent information back to the caller (72% met criteria). Screeners could also improve their efforts to listen and communicate with callers with empathy, care, and concern.

Table 6: Screener Response to Calls
n=232

Screeners demonstrated	Number				Percent			
	Completely	Partially	No	Total	Completely	Partially	No	Total
Relevancy and logical sequence of questions of caller	168	54	11	232	72%	23%	5%	100%
Calmness and objectivity during call	211	16	5	232	91%	7%	2%	100%
Empathy, care and concern to caller	181	42	9	232	78%	18%	4%	100%
Direct and clear Communication with caller Parties	208	19	65	232	89%	8%	3%	100%
Efforts to ensure accuracy	162		64	226[32]	72%		28%	100%
Respectful end to call	213		15	228[33]	93%		7%	100%

Source: SCR Assessment, January 2008.

Examples of both solid professional performance and those where professionalism was lacking were cited by the Study Team.

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[32] 6 calls were considered not applicable because they were internal calls or, in one case, the caller hung-up before Screener could repeat information.

[33] 4 calls were considered not applicable because they were internal requests for information.

Study Team comments about strong performance include:

- *Screener was very thorough and documentation was very accurate.*

- *This Screener is excellent. Assured, firm, engaging and very successful in getting a lot of specific information from a caller who preferred to be much vaguer than Screener needed her to be. Model Screener.*

- *Screener was very pleasant and helpful. Screener gave caller good direction and asked questions to focus on getting the information that the caller was struggling to provide.*

- *Very efficient, courteous handling of call. However, overall quality is compromised by documentation.*

- *Screener was logical, respectful and supportive. She asked very good questions and supported the caller during difficult moment when discussing specifics of sexual abuse her child has experienced.*

- *Screener politely and clearly obtained needed information but rarely used reflective listing skills.*

- *Screener was great. Found out information from Supervisor to do a warm transfer to Differential Response pilot. When she was given wrong number, she persevered and eventually connected caller to Differential Response worker in county.*

- *This Screener was excellent in steering caller to salient facts in a clear but empathetic and respectful way.*

- *Screener did excellent job; asked good, clarifying questions of caller. Screener was very empathetic of caller who sounded very concerned for child.*

- *Caller was excitable, sometime rambling, almost always vague. Screener did good job in focusing the caller to specific facts and/or allegations.*

Study Team comments about weaker performance include:

- *Twice the Screener exceeded professional boundaries commiserating with police about difficult teens (alleged victim was a 15 yr old girl who allegedly had been slapped by brother-in-law as a " wake up call"), noting how glad she was not to have teenagers anymore.*

- *Screener exhibited impatience and cut off caller.*

- *Caller was a boy, age 15, who had been kicked out of his adoptive house. The Screener displayed no patience; inappropriately hurrying and interrupting.*

- *Screener could have used more empathetic language. Caller's daughter, son-in-law and grandchildren were losing their home and Screener spoke matter-of-factly about separating the family. Screener confused caller with advice about having parents call for help and whether children would be removed from parents due to homelessness. Caller was surprised to learn that if you call and ask for help, a possible result would be the separation of children from parents. The Screener was not sympathetic to the Catch-22 caller was pointing out.*

- *Caller was from a group home reporting a fight between two teenage residents. The Screener did not ask some relevant questions and attempted to create the scenario in a way that prompted the attack of one girl on the other. The Caller stated that was not the case and that the attack appeared to be unprovoked. The Screener mumbled, as if talking to himself, and was not clear on what he was doing so that caller apologized for her misunderstanding.*

- *Although pertinent information was gathered, the Screener often interrupted caller with questions, and was restating bits and pieces while caller attempted to continue with story as though the Screener was talking to herself out loud as she recorded information. Care and concern were apparent, as was the interest to get the story straight, although there was more repeating for the sake of recording than reflective listening.*

- *Callers were trying to explain that child will be homeless in 2 days and the Screener was saying there was nothing she could do. Screener took awhile to grasp what caller's concern was about.*

- *Screener sounded impatient and asked questions designed to elicit more specific information in a challenging way to caller.*

E.   The Effect of Screener Certification

As previously described, the SCR has established two Screener levels – *certified* and *uncertified*. Within the study sample, 98 calls were handled by certified Screeners and 134 were handled by uncertified Screeners. Focus groups of Screeners expressed frustration that bifurcating the role of Screener by skill level was not helpful to morale and did not serve any meaningful purpose. In addition, there was a lack of clarity about how Screeners become certified. Those who knew that it was the responsibility of Supervisors to rate Screeners and make recommendations noted that some people had not achieved certification status solely because their Supervisors had not had the time to do the rating and prepare the packet for review and approval by the designated case work Supervisor. Therefore the analysis in this section is intended to provide information on the effect that Screener certification has on operations.

- *Calls handled by uncertified Screeners generally were longer.*

As indicated in Table 7 below, calls handled by uncertified Screeners generally lasted longer. The one exception to this pattern was duration of the calls that were eventually coded "No Action Required." Certified workers spent longer on this type of call. This finding is not surprising given the required supervisory consultation for uncertified Screener decision-making.

Table 7:
Call Duration by Type of Call Resolution and Screener Certification Status

Call Type	Applicable Calls (#)	Median	Average	
			Certified	Uncertified
CPS	85	11 m	11 m	14 m
Child Welfare	23	15 m	12 m	15 m
I & R	70	3 m	4 m	4 m
Related Information	44	7 m	8 m	9 m
No Action Required	10	10 m	17 m	10 m
Grand Total	232	7 m	8 m	9 m

Source: SCR Assessment, January 2008.

- *Certified Screeners appear to make more accurate coding and response priority determinations*

The proportion of calls in the sample handled by uncertified Screeners was 58 percent. However, the uncertified Screeners represented a larger proportion of the 23 calls that Study Team disagreed with or could not assess either the coding or the response priority designation. Among the 23 calls, 15 (65%) were calls handled by uncertified Screeners. This is a particularly interesting finding given that all uncertified decisions must be reviewed by Supervisors. This may be reflective of what focus groups suggested were inconsistencies among Supervisors.

- *Uncertified Screeners are as thorough as certified Screeners in collecting key pieces of information for CPS reports*

Among the 85 calls in the sample that were coded as CPS reports, 44 were handled by certified Screeners and 41 were handled by uncertified Screeners. Figures 13 and 14 summarize the frequency of information collection by each subgroup of Screeners for the CPS-designated calls in the sample. As indicated, neither subgroup was universally better than the other. For example, certified Screeners collected information more often about the child's current location (80% compared to 61%) while the uncertified Screeners collected information about whether or not a child had a disability (69% compared to 52%). Overall, uncertified Screeners did as well or better than certified Screeners on 14 of the 18 items listed. In addition to the child's current location, certified Screeners more often collected information about when the harm occurred, danger of the current situation, and the family's primary language.

**Figure 13: Information Collected by SCR Screeners on CPS Calls
by Certified Screeners
n=44**

Category	Collected or Asked For	Not Asked For
Primary Language	27%	73%
Knowledge of Domestic Violence	52%	48%
Perpetrator's Access to Child	86%	14%
Disability of Child (n=42)	52%	48%
Immediate Medical Attention (n=11)	64%	36%
Urgency of Intervention	75%	25%
Danger of Current Situation	70%	30%
How the Harm Occurred	95%	5%
Frequency of Harm/Risk Occurrence	70%	30%
When the Harm Occurred	100%	0%
Harm or Risk of Harm Child Suffered	97%	2%
Perpetrator's Relationship to Child	98%	2%
Perpetrator's Identity	95%	5%
Primary Address of Child	91%	9%
Contact Number of Child	66%	34%
Current Location of Child	80%	20%
Age of All or Some Children (n=41)	92%	7%
Number of Children (n=42)	71%	29%

Source: SCR Assessment, January 2008.

Figure 14: Information Collected by SCR Screeners on CPS Calls by Uncertified Screeners
n= 41

Legend: ■ Collected or Asked For ■ Not Asked For

Category	Collected or Asked For	Not Asked For
Primary Language	15%	85%
Knowledge of Domestic Violence	53%	46%
Perpetrator's Access to Child	95%	5%
Disability of Child (n=39)	69%	31%
Immediate Medical Attention (n=4)	100%	0%
Urgency of Intervention (40)	80%	20%
Danger of Current Situation	70%	29%
How the Harm Occurred	95%	5%
Frequency of Harm/Risk Occurrence	75%	24%
When the Harm Occurred	93%	7%
Harm or Risk of Harm Child Suffered	98%	2%
Perpetrator's Relationship to Child	100%	0%
Perpetrator's Identity	98%	2%
Primary Address of Child	92%	7%
Contact Number of Child	63%	37%
Current Location of Child	61%	39%
Age of All or Some Children (n=40)	100%	0%
Number of Children (n=39)	85%	15%

Source: SCR Assessment, January 2008.

- *CPS reports generated by certified Screeners reach the field offices more quickly than those generated by uncertified Screeners.*

As shown in Table 8, of the 44 calls handled by certified Screeners, 16 (37%) were received by the field office within an hour compared to 6 (15%) of the 41 calls handled by uncertified Screeners. This performance is not unexpected because uncertified Screeners must have their decisions reviewed by Supervisors before they are transmitted to the field. The proportion of reports that reached the field within 3 hours is also greater for certified Screeners: 89 percent of the reports from certified Screeners and 78 percent of the reports by uncertified Screeners reached the field within 3 hours.

Of the 3 CPS calls which took the longest to be received by the field office, 2 were handled by uncertified Screeners. Both of these were calls that SCR Supervisors upgraded to CPS-IAIU calls.

Table 8: Time between End of Call and Transmittal to Field Office[34]
For Calls Coded CPS Reports
Comparison of Certified and Uncertified the Screeners
n = 85[35]

Time Screening Summary was Sent to Field Office	Certified		Uncertified	
	Number	Percent	Number	Percent
Within 1 hour after call ending	16	37%	6	15%
Between 1 hour and 3 hours after call ending	23	52%	26	63%
Between 3 hours and 6 hours after call ending	4	9%	4	10%
Between 6 hours and 12 hours after call ending			2	5%
Between 12 hours and 24 hours after call ending			1	2%
Between 24 hours and 76 hours after call ending	1[36]	2%	2	5%
Total	44	100%	41	100%

Source: SCR Assessment, January 2008.

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[34] Field Office refers to either a field office in a county or a regional IAIU office.

[35] This is the number of calls that were coded CPS reports.

[36] According to SCR, one report created on October 5, 2007 did not get assigned in the field office until October 31, 2007 due an error in NJ SPIRIT.

- *There appears to be little difference in professional demeanor between calls handled by certified and uncertified SCR Screeners*

With regard to the professionalism of the SCR Screeners and the thoroughness and quality of a call, there was little apparent difference and in some cases, calls handled by uncertified Screeners were more likely to be more thorough. For example, nearly the same proportion of each subgroup demonstrated calmness, objectivity, and direct and clear communication. Uncertified Screeners, however, appeared to demonstrate more relevancy in their line of inquiry; more empathy care and concern; and greater efforts to ensure accuracy.

Table 9: Screener Response to Calls

Source: SCR Assessment, January 2008.

Screeners demonstrated	Certified (n=98)				Uncertified (n=134)			
	Completely	Partially	No	Total	Completely	Partially	No	Total
Relevancy and logical sequence of questions of caller	67%	30%	3%	100%	76%	19%	5%	100%
Calmness and objectivity during call	91%	6%	3%	100%	91%	7%	1%	100%
Empathy, care and concern to caller	76%	20%	4%	100%	80%	16%	4%	100%
Direct and clear Communication with caller Parties	91%	7%	2%	100%	89%	9%	2%	100%
Efforts to ensure accuracy	69%		31%	100%[37]	74%		26%	100%[38]
Respectful end to call	93%		7%	100%[39]	94%		6%	100%

[37] Valid calls for calculation is 96 because two calls were considered not applicable since they were internal calls, or were hang-ups

[38] Valid calls for calculation is 130 because 4 calls were not considered applicable.

[39] Valid call for calculation is 94 since 4 calls were not applicable because they were internal requests.

V.   Factors Affecting Performance

A.   *Strengths of the SCR*

The operations, daily functioning and decision-making of the SCR was found to be competent and professional. It was vastly improved since it was last evaluated by the Child Welfare Reform Panel in 2005. The Study Team noted many strengths including:

- Strong and competent leadership as demonstrated by:
    - Systematic methods of quality assurance, including:
        - daily peer reviews of calls that are not initially sent to the field; and
        - supervisory review and evaluation of calls;
    - Effective use of the available technology;
    - Improved real time supervision through additional call floor Supervisors and assignment of a dedicated Casework Supervisor to training and supervision of part-time staff; and
    - Improved guidance to Screeners on how to apply the Allegation Based System of evaluating and determining reports of child abuse or neglect and child welfare services.
- Overall, a high degree of professionalism of administrators and screening staff;
- Available technology
    - A sophisticated telephone system that appears to effectively route calls as well as assist with staff supervision and management;
    - An effective recording system that permits recall and evaluation of any incoming call to the SCR; and
    - A state of the art management information system that, despite its need for regular modifications, is reliable and performs well.

B.   *Opportunities for Improvement*

Despite the Study Team's finding that the SCR decision-making in 92 percent of calls reviewed was generally sound and consistent, the Study Team identified several important areas where there are opportunities for improvement. These opportunities include:

- ***The SCR written policies, definitions, and expectations.*** Although staff have received training and guidance on applying the Allegation Based system and many focus group participants acknowledge improved consistency around CPS reports, there are still inconsistent and ill defined standards and criteria. For example, the standard for accepting a call to the hotline is defined in more than one way.[40] There is also no longer an established policy for expected timeliness in transmitting reports to the field. Some focus group participants reported that there is an informal expectation among the SCR staff that calls are transferred to investigative staff in the field within two hours. Others said it was shorter and still others were unaware of any expectation.

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[40] E.g. N.J.S.A. 9:6-8.10 cited in the introduction to the Field Operations Casework Policy and Procedures Manual at tab 2 Section 203.1 of the Manual, where the "reasonable cause to believe" standard is found is in conflict with the "circumstances that suggest harm" language in tab 2 Section 208 of the same Field Operations Manual.

Some of the confusion over policy indentified in the focus groups may be tied to the inconsistency in written policy and other reference material.

Finally, although DYFS policy at the time of the review allows the field office to respond to a CWS referral sooner than 72 hours, SCR does not appear to have a clear set of written criteria for when it should assign a more immediate response time than 72 hours. The options Screeners have when they believe that the appropriate coding is CWS but that a more urgent response time is indicated are to document the request in the narrative, call the DYFS field office to indicate the urgency, and/or send it to the SPRU worker assigned which typically generates a more urgent response. Another informal "work around" used by Screeners is to code the call a CPS report and assign a more urgent response time priority. As indicated in Figure 5, one third of the CWS referrals in the sample were designated as "immediate" by Screeners and sent to SPRU staff. Likewise, as indicated by the analysis, Screeners appear to use CWS referrals for open cases when circumstances suggest a more immediate response than the assigned case manager may be able to provide, even though there is nothing in policy to support this use.

- ***The SCR Operations Manual***. The Study Team found the manual to be outdated, disorganized, hard to use and in need of significant editing, restructuring and clarification. Even the updated version provided to the Study Team was not current; it makes reference to the old DYFS adoption units called "ARCS" as if they still existed and lists a previous Director, Jim Davy, on the cover as the current DYFS Director.

- ***Training.*** The DYFS workforce and others statewide are being intensively trained on DCF's new Case Practice Model. The SCR should be part of that larger training process. SCR Screeners and staff who are new DCF employees will receive initial Case Practice Model training in the Pre-Service new worker training curriculum. However, other Screeners and staff with more tenure who joined the SCR prior to the current Pre-Service training curriculum or transferred in from another unit will not have received Case Practice Model training unless they are included in broader In-service training.

   Within the SCR, a training unit has been designated to provide new Screeners with basic job training and information on the policies current at the time of the training. However, Screeners report that the primary means of training on new SCR policy or DCF initiatives is supervisory action; Supervisors typically conduct supervisory meetings and distribute minutes to ensure new directives are disseminated. Uncertified Screeners report that they often receive changes to policy or updates by email or through paper correspondence, which they experience as haphazard. For example, Screeners reported that they had no formal training when DYFS's new Differential Response initiative was introduced although according to SCR Administrators, training was provided. Certified and uncertified Screeners were uncertain as to which calls to code as CWS and whether Supervisors were able to upgrade a CWS report to one requiring an immediate response. Certified Screeners report that because of this kind of confusion they would sometimes code reports as

NARs to ensure that they would be evaluated a second time. Finally, some focus group participants reported that they were never formally trained on NJ SPIRIT and that they had to learn "while doing." They felt whatever training they had was not given the priority it should have had, and was "squeezed" in between other priorities.

- *NJ SPIRIT functionality.* Although it appears to be operating well, Screeners, especially certified Screeners and Supervisors who have been at the SCR since before introduction of NJ SPIRIT, reported some loss of critical functionality in searching for information and linkages with other data systems. For example, a childcare service provider with offices statewide was coded in NJ SPIRIT as having offices only in Camden, necessitating Screeners to hunt through many addresses to find the correct location to provide a caller seeking a referral. Until this is corrected, they have to "work around" an otherwise simple operation, spending valuable time they could have devoted to calls or reports. SCR leadership reports that these issues are being addressed and they expect an early fall 2008 deployment of an enhanced search function in NJ SPIRIT that will not return multiple instances of the same provider. This should eliminate the need for Screeners to scroll through each record

  In addition, new programmatic initiatives designed primarily to be implemented in DYFS field offices have had implications for NJ SPIRIT functionality at the SCR and it takes time for NJ SPIRIT to catch up to the innovations. Two examples of this are the Differential Response (DR) Pilot and the "CWS Pending" pilot. Both initiatives are designed to give the DYFS field offices more autonomy in responding to reports and referrals from the SCR. However, NJ SPIRIT was not designed with these initiatives in mind. Therefore, the SCR had to use a code within the "No Action Required" classifications to be able to transmit the NJ SPIRIT Screening Summary to the DR pilot counties after the "warm transfer" of the callers to the counties. Likewise, there was no designated code for "CWS Pending" except to indicate when a summary was awaiting a supervisory approval. When the pilot was initiated SCR Supervisors found themselves with electronic "in-boxes" full of "pending" summaries, which in fact had been transmitted to the appropriate field offices to assess or refer within 72 hours.

- *Use of the SCR for administrative functions.* In its role as DCF's only 24-hour per day, 7-day per week operation, the Study Team observed an overuse of the hotline for administrative functions. Every call taken by a Screener from a SPRU worker registering for a shift or responding to a request for another DCF phone number takes time away from other SCR calls in queue. In addition, Screeners are required to complete a NJ SPIRIT Screening Summary for each of these calls, which is an unnecessary diversion from more urgent calls and screening summaries that need to be written. This is especially important given the issues noted previously about incomplete documentation and the Screener's view that some of this is caused by excessive workload demands.

VI.   Recommendations

The Study Team's recommendations fall into three broad areas: Policy, Operations, and Staff Development.

A.   *Policy*

- **Establish realistic and consistent timeframe expectations for transmittal of reports and referrals to the DYFS field offices and review staffing to ensure adequate resources are in place to meet expectations.**

The current expectation for SCR "call turn around" is not clear. The data show that the majority of calls take up to three hours from the time the call ends to the time the report reaches the field. However, the Study Team was consistently told that Screeners call the field immediately when they are about to send a report that requires immediate attention. It is recommended that a clear expectation be set in written policy on the expected timeframes for reports to be transmitted to field staff by report type and response priority time. Along with the expectation should come a means of measuring how successful SCR is in both meeting the response time and in answering calls promptly. In setting a clear timeframe, steps must be taken to ensure that Screeners have sufficient time to accurately document the information they have gleaned from the calls so that accurate information can be conveyed to the field in a timely manner. The SCR may want to clarify its policy as to how many calls Screeners are expected to take before beginning documentation responsibilities. It may want to consider a policy of Screeners documenting each call immediately after it is received. The SCR may also want to do its own analysis of this issue, involving Screeners and Supervisors alike to examine how other states manage this issue. Illinois, for example, employs the same Allegation Based system as New Jersey and has chosen to set different time frames for reports to reach the field depending on the nature of the call, but there are certainly many ways to establish a set policy on this critical hotline function.[41]

- **Continue to clarify CWS referral criteria including formally designating a response time for those CWS referrals that require a more urgent response than 72 hours.**

Although Child Welfare Services referrals are typically less urgent than allegations of abuse or neglect, they are not always. And, there can be a fine line between a family's need for services and an appropriate allegation of child neglect. The difference can be the timing of the response. SCR management and Supervisors recognize this challenge and have developed work-around methods to generate faster responses. This should not be dependent on individual Supervisors, however and it is recommended that the Department consider developing policy and criteria for designating urgent CWS reports with a shorter response time and effect the change. In addition, Field Operations and SCR together should clarify whether an "immediate" CWS referral is the appropriate mechanism for responding to an urgent need in an open case.

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[41] Pp.39 – 42 of Illinois Hotline Manual.

- **Clarify policies and criteria for reports of alleged abuse or neglect involving resource parents and other institutional providers which by policy are to be directed to the specialized Institutional Abuse Investigation Unit (IAIU) for investigation.**

As indicated by the data, coding reports for IAIU requires greater SCR attention. The reports in the sample that were appropriately upgraded for an IAIU response by SCR Supervisors demonstrate a strength of SCR's internal quality assurance efforts. However, valuable time was used to arrive at the final coding. Reports of youth fighting within a group home must be shared with their respective case managers, but the facilities' actions or lack of action must also be reviewed. The allegation should be the primary criteria for decision-making, not the location of the allegation. It is recommended that the Department further review the types of calls that are being coded Related Information and compare them to those coded CPS-IAIU to begin formulating clearer policies and criteria for screening calls as CPS-IAIU.

- **Streamline classification categories.**

The Study Team experienced confusion in deciding how to categorize Information and Referral (I&R), Information Only (IO) and Related Information phone calls. Screeners do not consistently code calls within these three categories. Some calls coded as IO were really I&R or Related Information calls. Additionally, the data show that around 20 percent or more of the Information Only calls were from DYFS field offices and were made for administrative purposes. As the purpose of the SCR is to respond to allegations of abuse or neglect or requests for services or referrals, DCF may want to consider a different mechanism for DYFS field offices to perform some of these administrative tasks. The Study Team recommends at a minimum to eliminate the Information Only (IO) classification.

B. SCR Operations

- **Reorganize and update operations manual**

Editing the Operations Manual should include a wholesale updating of the information it contains so that outdated information is deleted and new information regarding the Differential Response and other pilot programs and information reflecting current policy and practice are included. We recommend researching other states' manuals for models, and suggests a close examination of the Illinois hotline manual for its clarity and organization. In addition, this report highlights areas that should also be a primary focus in updating the Operations Manual.

- **Continue to enhance NJ SPIRIT functionality for SCR**

As discussed in detail above, Screeners have legitimate concerns about how NJ SPIRIT affects their work. Although staff have been creative in developing "work arounds" to the current functionality challenges and enhancements are planned, the timetable for the enhancements should not be allowed to slip. NJ SPIRIT limitations for SCR need to be addressed by the Department in a timely manner.

In addition, it is recommended that when the Department is in the planning stages of new pilot projects or their expansion, it incorporates what has been learned from the SCR experience with Differential Response (DR) and the CWS Pending pilot. Both experiences, as reported by SCR leadership, offer some useful reflections. For the DR pilot, SCR leadership reports that staff jointly developed a methodology to track DR calls using existing functionality that would not require changes to NJ SPIRIT, and did so before the implementation of DR. With regard to the CWS pilot, SCR reported raising issues with NJ SPIRIT staff only after the initial deployment to four pilot offices and after the "pending" designation had caused the total pending referrals attached to supervisory groups to spike. As a result, teams from SCR and NJ SPIRIT met to discuss how to address the situation and jointly agreed that the necessary changes to the application could be delayed until the expansion of the CWS pilot to additional areas caused the volume of "pending" referrals to become unmanageable. According to SCR, this work is slated for design, development, and implementation, and the time frame will be determined by the timing of the expansion of the CWS pilot.

Without sacrificing innovation and experimentation to identify best practice for New Jersey, it is clear that the complexity of interactions requires joint planning and communication when considering a pilot effort. This will minimize unintended consequences and help to create realistic expectations for both SCR and the field.

- **Consider developing and using alternative mechanisms for non-urgent business, such as SPRU registration or internal DCF queries.**

Coupled with the elimination of IO calls, the Department needs to develop a new mechanism for SPRU communications. Of the sample NJ SPIRIT Screening Summaries reviewed by the Study Team, 34 (13%) were calls relating to after hour investigators (Special Response Unit – SPRU) registering for shifts or indicating that they had been unable to reach family and "re-referring" the report or referral. The SCR Unit has a designated phone number for SPRU staff to call to register, but it appears that calls are also received on the same hotline the public uses. Although these calls are brief, they can be a distraction to Screeners trying to get their own work completed. In addition, the number of SPRU calls may affect accurate reporting of the volume of calls SCR receives.

C. Staff Development

- **All SCR staff need regular and on-going training opportunities to ensure application of SCR polices and practices consistent with the DCF's Case Practice Model.**

Creative, real time teaching needs to be a regular part of each work week. In an agency undergoing significant cultural and operational changes, policies often change. It is, therefore, recommended that the SCR institute regular unit based training opportunities to ensure that all Screeners and staff are trained in new policies and practice. Additionally, there needs to be more systematic ongoing in-service training opportunities developed for continued on the job training at the SCR for both full time and part time Screeners and Supervisors, particularly when there is a change in SCR policy or practice.

It is also recommended that SCR leadership respond to staff requests for more in-service training on New Jersey SPIRIT. Lastly, DYFS is engaged in a statewide intensive effort to train its workforce on DCF's new Case Practice Model. The Study Team is not aware of any efforts to include SCR Screeners and staff in that process and it is recommended that all Screeners, their Supervisors and other staff have opportunities to be trained on the new Case Practice Model.

- **Strengthen internal methods to support quality of work and staff competency: expanded peer review and Screener and Supervisor evaluation.**

The SCR currently has three vehicles for ensuring the quality of work: regular supervisory review of NJ Screening Summaries written by uncertified Screeners; systematic worker evaluations using the mechanism that is part of the call recording system; and peer review of summaries that are coded as I&R and I&O. In addition, the Supervisors occasionally engage in case practice reviews of challenging cases. All of these are excellent mechanisms for not only quality assurance but also for staff development, but they can be strengthened.

Worker evaluations and peer review of the "no action" calls could be strengthened in two ways. First, given the degree of discrepancy that the Study Review Team identified between what was heard on the call and what was documented, more attention is needed to improving documentation. Reviews of decision-making should not rely on taped calls only or the documentation only. The daily peer review should consider listening to a sample of the calls in addition to reviewing the documentation and should be expanded to involve all levels of screening staff, and using select calls to model desired practice.

With some additional steps, the daily peer review can also become a useful mechanism for gathering data on the consistency among staff and supervisory decision-making and the consistency of supervisory units doing the peer review. The SCR should consider the following steps:

1. Aggregate the data from daily peer reviews by supervisory unit.
   - This could include how often a particular Screener's and supervisory unit's work is reviewed. On its own, this information may not be sufficient to draw definitive conclusions, but patterns may help to indicate areas for inquiry and development
   - It could also include how often a particular's Screener's decision-making is questioned by the peer reviewers. Again, aggregating this information by supervisory units may reflect some patterns worth investigating further for developmental purposes.
2. Aggregating the decision-making results of the peer review units, by unit.
   This could include aggregating all decisions-reviewed by units doing the review for patterns. For example, does a particular unit tend to question its peers more often than others? Again, such information should not lead to definitive conclusions but rather patterns that trigger further investigation.

Furthermore, SCR should consider investigating how the worker evaluation protocol that is a feature of the call recording system could be modified to be more tailored to the work of SCR rather than a generic telemarketing type of operation.

- **Evaluate the criteria and process for Screener certification and Supervisor qualification.**

The decision to certify Screeners to recognize skills and to support more timely transmission of reports and referrals to the field is appropriate. Furthermore, it appears that certified Screeners make appropriate decisions more often than uncertified Screeners. However, the Study Team found little measurable difference between certified and uncertified Screener in terms of thoroughness and professionalism in conducting calls. In addition, the Study Team heard some concerns from staff about the certification process and status. Therefore, it is important for the SCR to review its current process and establish clear criteria for certification, perhaps through a committee of Supervisors and Screeners, including both certified and uncertified. Further, if the Department continues to allow less frequent supervisory review of decisions by certified Screeners, it will need to establish procedures for periodic re-certification.

Additionally, it is important for the SCR to review the qualifications for Supervisors and evaluate their performance. The Study Team found that uncertified Screeners represented a larger proportion of the 23 calls that the Study Team disagreed with or could not assess either the coding or the response priority designation. Given that uncertified decisions must be reviewed by Supervisors, this finding may indicate inconsistencies among Supervisors which might pertain to both their qualifications and their performance. Attention must be paid to the process of how Supervisors are evaluating their workers, but also to their own decision-making.

<u>**Appendix A: Methodology**</u>

The assessment involved several components. This appendix provides a detailed description of each component.

A. *Call and Documentation Review*

The core component of the assessment was a structured review of a sample of calls and the documentation produced as a result of the calls. To accomplish this task, the Study Review Team designed a sampling plan, developed a structured data collection instrument, employed a quality assurance approach to ensure inter-rater reliability, and developed a data base for analysis. These activities were accomplished as follows:

1. <u>*Sample Plan and Implementation.*</u>

Every call received or made on an SCR phone is automatically recorded using the NICE system. Screeners then classify and document in a Screening Summary in NJ SPIRIT (the State's automated case processing system) all incoming calls. In designing the sample, the Study Team chose to draw the sample from among the NJ SPIRIT Screening Summaries rather than the from among the taped calls to better ensure the sample would have a sufficient number of useable calls on which to base analysis and conclusions. Drawing the sample from among the taped calls would have produced a sample with a percentage of outgoing calls that would not be useful to the purposes of this assessment. However, drawing a sample from the NJ SPIRT Screening Summary data base had limitations as well because these summaries can be generated as the result of correspondence such as a court ordered home evaluation. Never the less, a sample of 300 NJ SPIRIT Screening Summaries was randomly selected from 34,114 Screening Summaries generated between October 1 and November 30, 2007.

The sample size was designed to have no more than a 6 percent margin of error with 95 percent confidence.

Before beginning data collection, each call that was associated with each of the selected NJ SPIRIT Screening Summaries and copied over the calls into a separate file of calls designed for use by the Study Review Team. Data collection was not completed for 32 Screening Summaries in the sample primarily because call quality was poor, it was an internal administrative call, it was an outgoing call, or the Screening Summary selected for the sample was generated by correspondence rather than a telephone call. This reduction was not great enough to affect the margin of error.

2. <u>*Data Collection*</u>

A structured data collection instrument was designed in collaboration with senior SCR management, the Office of Child Advocate, and a member of the DCF Quality Analysis and Information unit. The data collection instrument allowed reviewers to compare what they heard to written documentation, to assess whether decisions were made in accordance with law and policy and to evaluate the competency and professionalism of the SCR Screener. In addition, the

team used the instrument to compare the information provided by the caller to what was documented in the associated NJ SPIRT Screening Summary. On-site data collection took place January 28-February 4, 2008. A copy of this structured instrument is in Appendix B.

3.   *Quality Assurance*

The Study Team trained for the review by discussing each question and its meaning and listening to parts or all of several taped calls. In particular, the Study Team spent time reviewing the dimensions to be used to assess Screener professionalism. Through this process, behavioral criteria for each rating were thoroughly discussed among Study Team members. This helped ensure consistency of interpretation among the Study Team.

All completed data collection instruments were reviewed for completeness and internal consistency prior to data entry and analysis. Ten percent of the completed instruments received a second review by the Monitor to ensure consistency and inter-rater reliability among the reviewers.   Reviewers also often consulted with one-another about the circumstances of a call and sought clarification from SCR leadership when questions arose.

Additionally for all instruments in which a Study Team member disagreed with the original the SCR determination, a second, and in some cases a third, independent review was completed by the Monitor's staff.

4.   *Data Analysis*

The data collection instruments were keyed into a format that allowed electronic analysis using both Excel and SPSS[42]. These tools allowed the Study Review Team to generate frequencies of answers for pertinent questions. Team comments were also captured and reviewed to gain greater understanding of the circumstances.

B.   Focus Groups

Five focus groups were held with the assistance of SCR leadership. These focus groups were designed to elicit general themes about the SCR operations and polices. A standard set of topics and questions were created for the focus groups. These questions are in the back of Appendix B, following the Call review instrument. The focus groups had different compositions, two groups consisted of Supervisors, two other groups were mostly certified Screeners, and one group was conducted with all uncertified Screeners.

C.   Review of Peer-Review and Supervisor Consultation

Study team members observed the daily peer review of calls that had been screened-out the previous day. During these peer-reviews, the unit on duty for the week reviews the NJ SPIRIT Screening Summaries for calls which were classified as No Action Required (NAR) to confirm or revise the original Screener's decision.

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[42] SPSS was formerly known as the Statistical Package for Social Science

Study Review Team members also spent some time on "the call floor" observing SCR activity in general and, more specifically, Screener consultation with call floor supervisors.

D.   *Review of Policies, Procedures and Staffing*

DCF updated its policies and procedures for the SCR in 2007. The new policies are part of the broad effort to revise many of the State's policies to implement overall reforms. Study Team members reviewed the SCR policies, organization charts, staff credentials, position descriptions, staffing schedules, NJ SPIRIT screens and training materials.

Appendix B-1: SCR Call Review Data Collection Instrument

Observer Name:_____ Observation ID:_____

2008 Assessment of the Department of Child and Family Services
State Central Registry (SCR)

Hotline Review Tool

**Conducted by the Center for the Study of Social Policy (court-appointed Monitor for _Charlie and Nadine H._ v. _Corzine_)
with the assistance of the New Jersey Office of the Child Advocate, and the Department of Children and Families.**

SECTION ONE: REFERRAL BASICS AND TIMING

1.1   NJ SPIRIT Intake ID:_____ **[Source: SPIRIT Screening Summary]**

1.2   CLS ID #:_____**[Source: NICE]**

1.3   Name of SCR Screener:_____**[Source: NICE]**

5.5   Certification Status: **[Source: List of Certified Screeners]**
    ☐ 1. Certified
    ☐ 2. Uncertified

	Date (MM/DD)	Time Circle AM or PM	NA
1.5 Date and Time of Intake **[Source: SPIRIT Screening Summary]**	____/_____	Am/Pm	
1.6 Starting Date and Time of Call **[Source: NICE]**	____/_____	Am/Pm	
1.7 Ending Date and Time of Call **[Source: NICE]**	____/_____	Am/Pm	
1.8 Date and Time Intake sent to Local Office: **[Source: SPIRIT Assignment Sheet Time Listed Under Assignment Designee]**	____/_____	Am/Pm	

		FOR ALL CALLS	Answer from Listening to Call [Source: NICE Tape]				Does Screening Summary Reflect What Caller Provided? [Source: SPIRIT Screening Summary]			
			Yes	No	Screener asked for but Caller did or could not provide	NA	MATCHES information as caller provided	INFORMATION IS DIFFERENT MORE = Additional information – use 4.3 and/or Section 6 to explain LESS = Information is missing – use Section 6 to explain DIFFERENT = Information is different – use Section 6 to explain		
								MORE	LESS	DIFFERENT
Did the Screener collect the following information?										
	2.1	Caller's identity					[Source:	Reporter	Info	Box]
	2.2	Caller's contact information					[Source:	Reporter	Info	Box]
	2.3	Circumstances prompting Caller's call								
2.4		Did the Screener contact the Language Line/in-house interpretation assistance in order to communicate with Caller?								

5.5 How was the call coded? (*Check one*) **[Source: SPIRIT Screening Summary Intake Type Box]**

☐ 1. Information Only: handled by Hotline *(Skip to 2.7)*

☐ 2. Information & Referral: referred to other agency or other DCF division *(Skip to 2.7)*

☐ 3. No Action Required *(Skip to Section 3)*

☐ 4. Related Information *(Go to 2.6)*

☐ 5. CPS Family – Abuse/Neglect *(Skip to 2.10)*

☐ 6. CPS Other – Conflict Case *(Skip to 2.10)*

☐ 7. CPS IAIU – Institutional Abuse *(Skip to 2.10)*

□ 8. Child Welfare Service (*Skip to 2.32*)

□ 9. Child Welfare Service Pending (*Skip to 2.32*) **[Source: SPIRIT Screening Summary Stated Problem/Request Box]**

5.5 For **Related Information** Calls, did the Caller reference one of the following?

□ 1. Making a previous call with a report or request and current call is to provide additional information **[same Caller calling again]** (*Skip to Section 3*)

□ 2. A current investigation/assessment **[Different Caller calling on same matter]** (*Skip to Section 3*)

□ 3. An open services case with no reference to an allegation **[e.g. foster parent leaving a message for child's caseworker]** (*Skip to Section 3*)

□ 4. Other _____ (*Conference with Lead Reviewer*)

□ 5. N/A sounded as though it was a new allegation/assessment request (*Go to Questions for CPS **2.10** or CWS **2.32** depending on what prompted the call*)

	Questions 2.7 – 2.9 For: Information & Referral Information Only	Listening to Call (Source: NICE Tape)				Does Screening Summary Reflect What Caller Provided? (Source: SPIRIT Screening Summary)			
		Yes	No	Screener asked for but Caller did not provide	NA	MATCHES information as caller provided	INFORMATION IS DIFFERENT **MORE** = Additional information – use 4.3 and/or Section 6 to explain **LESS** = Information is missing – use Section 6 to explain **DIFFERENT** = Information is different – use Section 6 to explain		
							MORE	LESS	DIFFERENT
2.7	Did the Screener get the location where the services were needed?								
2.8	Did the Caller request specific information from the Screener?			░	░				
2.9	Did Screener provide Caller with a referral/requested information?			░					

[For any answer in 2.9, SKIP to SECTION 3]

	Questions 2.10-2.31 For: CPS Family CPS IAIU CPS Other – Conflict Case	Listening to Call (Source: NICE Tape)				Does Screening Summary Reflect What Caller Provided? (Source: SPIRIT Screening Summary)			
		Yes	No	Screener asked for but Caller did not provide	NA	MATCHES information as caller provided	INFORMATION IS DIFFERENT **MORE** = Additional information – use 4.3 and/or Section 6 to explain **LESS** = Information is missing – use Section 6 to explain **DIFFERENT** = Information is different – use Section 6 to explain		
							MORE	LESS	DIFFERENT
Did Screener collect the following information?									
2.10	Number of children in household								
2.11	Information (i.e. DOB, age, grade) to determine ages **ALL** children in the household (If Yes, Skip to 2.13)								
2.12	Information (i.e. DOB, age, grade) to determine age of **SOME** children in the household								
2.13	Complete address of current location of the alleged victim child(ren)								
2.14	Phone number of the current location of the alleged victim child(ren)								
2.15	Alleged victim child(ren)'s primary address								
2.16	Alleged perpetrator's identity								
2.17	Alleged perpetrator's relationship to alleged victim(s)								

	Questions 2.10-2.31 For: CPS Family CPS IAIU CPS Other – Conflict Case	Listening to Call (Source: NICE Tape)				Does Screening Summary Reflect What Caller Provided? (Source: SPIRIT Screening Summary)			
		Yes	No	Screener asked for but Caller did not provide	NA	MATCHES information as caller provided	INFORMATION IS DIFFERENT MORE = Additional information – use 4.3 and/or Section 6 to explain LESS = Information is missing – use Section 6 to explain DIFFERENT = Information is different – use Section 6 to explain		
							MORE	LESS	DIFFERENT
2.18	What harm or substantial risk of harm has the child(ren) suffered								
2.19	That the alleged perpetrator was a parent or guardian, a parent's paramour, a relative, or an older sibling/half sibling or step sibling								
2.20	When the harm or substantial risk of harm occurred								
2.21	With what frequency has the harm or substantial risk of harm occurred								
2.22	How the harm or substantial risk of harm occurred								
2.23	How dangerous is the child(ren)'s current situation								
2.24	Urgency for intervention to ensure safety of child(ren)								
2.25	Location of the alleged harm or substantial risk of harm to indicate IAIU involvement is appropriate								

	Questions 2.10-2.31 For: CPS Family CPS IAIU CPS Other – Conflict Case	Listening to Call (Source: NICE Tape)				Does Screening Summary Reflect What Caller Provided? (Source: SPIRIT Screening Summary)			
		Yes	No	Screener asked for but Caller did not provide	NA	MATCHES information as caller provided	INFORMATION IS DIFFERENT MORE = Additional information – use 4.3 and/or Section 6 to explain LESS = Information is missing – use Section 6 to explain DIFFERENT = Information is different – use Section 6 to explain		
							MORE	LESS	DIFFERENT
2.26	Where appropriate, a child required **immediate** medical attention								
2.27	Information about victim child(ren)'s disability								
2.28	Alleged perpetrator's access to the alleged victim(s)								
2.29	Knowledge of domestic violence in the household								
2.30	Was there information provided by the Caller about the family's primary language?								
2.31	Was there any information provided by the Caller to indicate potential danger to caseworker who will intervene in the situation?								

[For any answer in 2.31, SKIP to SECTION 3]

	Questions 2.32-2.41 **For Child Welfare Service/Child Welfare Service Pending**	Listening to Call (Source: NICE Tape)				Does Screening Summary Reflect What Caller Provided? (Source: SPIRIT Screening Summary)			
		Yes	No	**Screener asked for but Caller did not provide**	NA	**MATCHES information as caller provided**	**INFORMATION IS DIFFERENT** **MORE** = Additional information – use 4.4 and/or Section 6 to explain **LESS** = Information is missing – use Section 6 to explain **DIFFERENT** = Information is different – use Section 6 to explain		
							MORE	LESS	DIFFERENT
	Did Screener collect the following information?								
2.32	Number of children in the household								
2.33	Information (i.e. DOB, age, grade) to determine ages **ALL** minor child(ren) in the household (Skip to 2.35)								
2.34	Information (i.e. DOB, age, grade) to determine age of **SOME** minor children in household								
2.35	Complete address of current location of the family								
2.36	Phone number of the current location of the family								
2.37	Family's home address								
2.38	Urgency for intervention								
2.39	Was there information provided by the Caller about the family's primary language?								

	Questions 2.32-2.41 For Child Welfare Service/Child Welfare Service Pending	Listening to Call (Source: NICE Tape)				Does Screening Summary Reflect What Caller Provided? (Source: SPIRIT Screening Summary)			
		Yes	**No**	**Screener asked for but Caller did not provide**	**NA**	**MATCHES information as caller provided**	**INFORMATION IS DIFFERENT** **MORE** = Additional information – use 4.4 and/or Section 6 to explain **LESS** = Information is missing – use Section 6 to explain **DIFFERENT** = Information is different – use Section 6 to explain		
							MORE	**LESS**	**DIFFERENT**
2.40	If appropriate, was there any information provided by the Caller to indicate potential danger to caseworker who will intervene in the situation?								
2.41	Was there information provided by the Caller to suggest that the family was aware of this call to SCR?								

SECTION THREE: QUALITY OF CALL
[Source: NICE call tape only]

3.1 Did the Screener ask relevant questions in a logical sequence to obtain information from the Caller regarding the reason/circumstances that prompted the call? *[Guidance: "logical sequence" may not be the same in each call, it is important that the Screener not interrupt the caller in mid-sentence but ask questions that follow the flow of the caller's narrative. Economy and effectiveness of the questions are more important than quantity of questions]*

☐ **1. Yes, completely** *[Standard: Screener's questions pertained directly to the reason/circumstances that prompted the call and were at least the **minimum** questions necessary to get the information needed to form an adequate basis for a decision about the action to be taken. Questions that may have interrupted the flow of the Caller's narrative were used to re-direct the caller and keep the caller focused on the issue pertinent to the SCR: CPS; Family needs, Information needs, Referral needs; Screener asked clarifying questions]*

☐ **2. Yes, partially**, *[Standard: Screener's questions did not always pertain to the reason/circumstances that prompted the call or seemed to flow with the Caller's narrative, but a sufficient amount of information was obtained to form an adequate basis for a decision about the action to be taken.]* **Briefly provide an example(s) of questions you believe should have been asked but were not and/or what was the problem with the sequence of the Screener's questions**

_____

_____

_____

☐ **3. No**, *[Standard: Screener did not ask sufficient questions to obtain all relevant information necessary to form an adequate basis for a decision about the action to be taken; and/or Screener continued to repeat questions more than twice after the Caller had provided the answer; Screener asked too many questions that were not relevant; Screener 's sequence did not fit the context of the caller's narrative]* **Briefly provide an example(s) of questions ns you believe should have been asked but were not and/or what was the problem with the sequence of the Screener's questions**

_____

3.2   Did the Screener appear to remain calm and objective?

☐   **1. Yes, completely** *[Standard: Screener's tone remained moderate and conversational through out call and did not exhibit any excitement, such as a raised voice; or spoke too fast*]

☐   **2. Yes, partially**, *[Standard: Screener occasionally exhibited an excited tone of voice]* **briefly explain**

_____

_____

_____

☐   **3. No**, *[Standard: Screener became very excited and expressed a strong emotion – out rage, frustration, etc.]* **briefly explain**

_____

_____

_____

3.3 **Did the Screener demonstrate empathy, care and concern?**

☐ **1. Yes, completely** *[Standard: Screener throughout the call used reflective listening skills, appropriately, but not excessively, repeating Caller concerns to indicate they heard what Caller had to say, and used a calm, engaging voice]*

☐ **2. Yes, partially**, *[Standard: Screener <u>generally</u> used reflective listening skills and a calm, engaging voice, not a "monotone" voice"]* **Briefly explain how this call fell short of the "Completely" standard**.

_____

_____

_____

☐ **3. No**, *[Standard: Screener inappropriately hurried the Caller's narrative and/or exhibited impatience with the Caller – complete monotone]* **briefly explain**

_____

_____

_____

3.4   **Was the Screener direct and clear in communicating with parties?** [explain things where necessary]

☐   **1. Yes, completely** *[Standard: Screener did not mumble, did not speak too fast and spoke clearly and at a voice level that appeared to be clearly heard by the Caller and if Screener did not hear or understand Caller, Screener used conventions such as "pardon me" to interrupt the Caller]*

☐   **2. Yes, partially**, *[Standard: Screener occasionally spoke too fast or at a voice level where the Caller had to ask the Screener to repeat him/herself or said they did not understand Screener's question]* **Briefly explain**

_____

_____

_____

☐   **3. No, briefly explain**

_____

_____

_____

3.**5**   **Did the Screener seek to summarize pertinent information to Caller?**

☐   1. Yes, completely
☐   2. No

3.6   **Did the Screener provide information about the next steps in the investigation and service process?**
☐   1. Yes
☐   2. No
☐   3. N/A, caller did not ask about next steps or it was an Information and Referral, Information Only or No Action Required Call

3.**7**   **Did the Screener acknowledge/respectfully end the Caller?**
☐   1. Yes
☐   2. No

3.8   **Did Caller express dissatisfaction with the Screener's response?**
☐   1. Yes, explain

_____

_____

_____

☐   2. No, skip to *Question 3.10*

3.9   **Did Screener make all reasonable efforts to resolve the Caller's concern?**
☐   1. Yes
☐   2. No, explain

_____

_____

3.10   **Was Caller at any point put on hold?**
☐   1. Yes
☐   2. No (*Skip to3.14*)

3.11   **Was Caller put on hold more than once?**
☐ 1. Yes
☐ 2. No

3.12   **How long was the longest "hold period"?**
☐ 1. Less than 5 minutes
☐ 2. 6-10 minutes
☐ 3. 11-20 minutes
☐ 4. More than 20 minutes

3.13   **Did the Screener indicate that s/he had conferred with his or her supervisor while the Caller was put on hold?**
☐ 1. Yes
☐ 2. No

3.14   **For Information Only or I&R** calls what type of information was requested in call?

[This question is being included here because a "glitch" in NJ SPIRIT does not allow this to be included in the Screening Summary]

□ 1. Adoption
□ 2. Adult Services
□ 3. Bomb Threat
□ 4. Camp
□ 5. Child Care/Services
□ 6. Child Support
□ 7. Complaints
□ 8. Court
□ 9. DHS Services
□ 10. Disabilities
□ 11. Domestic Violence
□ 12. DYFS Administrative
□ 13. DYFS Services
□ 14. Education
□ 15. Employment
□ 16. Family Support
□ 17. Financial Assistance

□ 18. Food
□ 19. Hang-ups/wrong numbers
□ 20. Harassment/Threat
□ 21. Health Services
□ 22. Housing
□ 23. Interstate Compact
□ 24. Juvenile Matters
□ 25. Law Enforcement
□ 26. Legal Services
□ 27. Mental Health
□ 28. Other _____
□ 29. Resource Family Information
□ 30. SPRU
□ 31. State Government
□ 32. Substance Abuse
□ 33. Utilities
□ 34. N/A

SECTION FOUR: DOCUMENTATION
[Primary Source: SPIRIT Screening Summary only]

4.1 Was there evidence in the **narrative section** that the family was known to DCF?
[Source: SPIRIT Screening Summary Other Intake Narrative Box]
☐ 1. Yes, there is evidence the family is known
☐ 2. No, there is n o evidence that the family is known
☐ 3. No indication in narrative
☐ 4. N/A

4.2 Was there evidence in the documentation narrative of the Screener's conference with a Supervisor
(FSSI or Super FSSII or Administrator)?
☐ 1. Yes, but content of conference was not documented [Narrative simply says *"conferenced with supervisor/administrator"* with no detail]
☐ 2. Yes, conferenced about (briefly explain

_____

_____
☐ 3. No evidence of a conference

4.3 Was there evidence in the documentation that the Screener consulted with other sources to include information not obtained through the initial call? *(e.g. the Screener may have made some follow-up calls, or the Caller may have called again with additional information)*
☐ 1. Yes
☐ 2. No

4.4   How was the call coded? (*Check one*) **[Source: SPIRIT Screening Summary]** *(should match response in 2.5)*
  ☐ 1. Information Only: handled by Hotline (*Go to 4.5*)
  ☐ 2. Information & Referral: referred to other agency or other DCF division (*Go to 4.5*)
  ☐ 3. No Action Required (*Skip to Section 5*)
  ☐ 5. Related Information (*Skip to Section 5*)
  ☐ 6. CPS Family – Abuse/Neglect *(Skip to 4.6)*
  ☐ 7. CPS Other – Conflict Case *(Skip to 4.6)*
  ☐ 8. CPS IAIU – Institutional Abuse *(Skip to 4.6)*
  ☐ 9. Child Welfare Service (*Skip to 4.9*)
  ☐ 10. Child Welfare Service Pending (*Skip to 4.9*)

4.5   **For Information Only or Information & Referral,** to who was the Caller referred?
       [Source: SPIRIT Screening Summary Referred To Box]

  ☐ 1. Adoption Services
  ☐ 2. Community Agency
  ☐ 3. County (Other Agencies)
  ☐ 4. County Welfare Services
  ☐ 5. Court/Legal Services
  ☐ 6. Crisis Intervention Unit (Mental Health)
  ☐ 7. Division of Child Behavioral Health Services
  ☐ 8. Division of Prev. & Com. Partnership
  ☐ 9. Domestic Violence Services
  ☐ 10. DYFS Office
  ☐ 11. Emergency Services
  ☐ 12. FAFS (For Foster and Adoption Inquiries)
  ☐ 13. Family Crisis Intervention Unit
  ☐ 14. Hotline/800#/211
  ☐ 15. IAIU

  ☐ 16. Interstate Services
  ☐ 17. Law Enforcement
  ☐ 18. Licensing
  ☐ 19. Medical Services
  ☐ 20. Mental Health Services
  ☐ 21. Mobile Response
  ☐ 22. No Action Required
  ☐ 23. Other DHS Services
  ☐ 24. Other NJ State Agency
  ☐ 25. School District
  ☐ 26. Shelter
  ☐ 27. Substance Abuse Services
  ☐ 28. Value Options
  ☐ 29. No Action Required/Differential Response
  ☐ 30. Other _____

[For any answer in 4.5, SKIP to SECTION 5]

4.6   For **CPS calls**, what allegation(s) was indicated in the documentation? (*Check all that apply*)
        [Source: SPIRIT Screening Summary Description Box]

☐ 1. Child death 1/51
☐ 2. Head injuries 2/52
☐ 3. Internal injuries   4/54
☐ 4. Burns   5/55
☐ 5. Poison or noxious substances 6/56
☐ 6. Wounds 7/57
☐ 7. Bone fractures   9/59
☐ 8. Substantial risk of physical injury or environment injurious to health and welfare 10/60
☐ 9. Cuts, bruises, abrasions, welts or oral injuries 11/61
☐ 10. Human bites 12/62
☐ 11. Sprains or dislocations 13/63
☐ 12. Tying/Close Confinement 14
☐ 13. Risk of harm due to substance abuse by the parent, caregiver or the child 15/65
☐ 14. Torture 16/99
☐ 15. Mental and Emotional Impairment 17/67/98
☐ 16. Sexually transmitted diseases 18
☐ 17. Sexual penetration 19
☐ 18. Sexual exploitation 20
☐ 19. Sexual molestation 21
☐ 20. Substantial risk of sexual injury 22
☐ 21. Inadequate supervision 74
☐ 22. Abandonment or desertion 75
☐ 23. Inadequate food 76
☐ 24. Inadequate shelter 77
☐ 25. Inadequate clothing 78

☐ 26. Medical neglect 79
☐ 27. Failure to thrive 81
☐ 28. Environmental neglect 82
☐ 29. Malnutrition 83
☐ 30. Lock-out 84
☐ 31. Medical neglect of a disabled infant 85
☐ 32. Educational neglect 86
☐ 33. No Allegations indicated
☐ 34. Unable to determine allegations

4.7   Were any of the following circumstances documented? *(Check all that apply)*
       [Source: SPIRIT Screening Stated Problem/Request Box]
☐   1. Law enforcement requested an immediate response
☐   2. A child died due to abuse/neglect and a sibling remained in the home/under the care of parent/caregiver.
☐   3. The child is a hospital "boarder child" or a drug exposed newborn
☐   4. A child, under the age of six was being left alone
☐   5. A child required immediate medical attention
☐   6. A child was being seriously physically abused
☐   7. A child suffered serious physical harm or sexual trauma and there is reason to believe that a parent, guardian, or caregiver may have been responsible and the child's immediate safety needed to be assured.
☐   8. A child suffered serious physical harm or sexual trauma and physical evidence may be lost if not immediately and properly documented.
☐   9. None of these circumstances were documented

4.8   What response time was coded for the allegation of abuse and neglect?
       [Source: SPIRIT Screening Summary Response Time Box]
☐   1. Immediate *(Skip to Section 5)*
☐   2. 24 hours *(Skip to Section 5)*

4.9   For **Child Welfare Services** calls what type of service was requested?
       [Source: SPIRIT Screening Summary Other Information Box]
☐   1. Adoption Services
☐   2. Child Services
☐   3. Court/Prosecutor Requests
☐   4. ICPC
☐   5. Juvenile Services
☐   6. Parent/Caregiver Services
☐   7. Other Services/Requests
☐   8. No service request documented

4.10   Were any of the following circumstances documented? **[Source: SPIRIT Screening Stated Problem/Request Box]**
  ☐ 1. Request for a home study under the Parole Exchange Program
  ☐ 2. Request for home study under the OCS/DYFS/Juvenile Justice Commission Affiliation Agreement
  ☐ 3. Request for a home study from another state's CPS agency
  ☐ 4. ICPC request
  ☐ 5. Call came in and referral was directed to SPRU worker because it was after 5 pm, a weekend day, holiday, etc.
  ☐ 6. None of these circumstances were documented

4.11   What response time was coded for Child Welfare Services referral?
        [Source: SPIRIT Screening Summary Response Time Box]
  ☐ 1. Immediate (*Skip to Section 5*)
  ☐ 2. 72 hours (*Skip to Section 5*)
  ☐ 3. 5 days (*Skip to Section 5*)

SECTION FIVE: REVIEWER JUDGMENT

5.1   In the Reviewer's judgment was what was heard on the call transferred to the SPIRIT Screening Summary?
- ☐ 1. Yes
- ☐ 2. No

Please briefly explain/support judgment

_____
_____
_____
_____

5.2   In the Reviewer's judgment does the SPIRIT Screening Summary documentation support the coding of the call?
- ☐ 1. Yes
- ☐ 2. No

Please briefly explain/support judgment

_____
_____
_____
_____

5.3   In the Reviewer's judgment was the call appropriately coded?
- ☐ 1. Yes
- ☐ 2. No

Please briefly explain/support judgment

_____
_____
_____
_____

5.4   In the Reviewer's judgment does the SPIRIT Screening Summary documentation support the response priority of the call?

☐   1. Yes
☐   2. No
☐   3. N/A because case was IO, I&R, NAR, or Related Information

Please briefly explain/support judgment
_____
_____
_____
_____

5.5   In the Reviewer's judgment was the response priority appropriately assigned?

☐   1. Yes
☐   2. No
☐   3. N/A because case was IO, I&R, NAR, or Related Information

Please briefly explain/support judgment
_____
_____
_____
_____

SECTION SIX: OTHER COMMENTS

Briefly provide any additional comments you believe provide important insights to the review of this call. If the comments are in reference to a previous answer, please include the question number

<u>**Appendix B-2 SCR Focus Group Questions**</u>

SCR PROJECT
FOCUS GROUP QUESTIONS
SCREENERS
When started at SCR
Prior experience
If Part time what is Fulltime job
Specific training/certification

1. What do you think is working well at SCR? (e.g. supervision, technical support -- SPIRIT, management, training, etc);
    - Probe about
        i.   SPIRIT system
        ii. Guidelines for defining abuse/neglect, child welfare services and other call classifications are clear and consistent
        iii. Adequate time to devote to each call
        iv. Sufficient time to adequately complete screening summary

2. What aspect of your job do you find most time consuming? Do you feel this is time well spent? How can this be streamlined or improved?

3. What barriers, if any, do you experience that hinder your ability to do any part of your job effectively? (e.g. supervision, technical support -- SPIRIT, management, training, etc)
    - make accurate and timely screening decisions?
    - gather information about each case?
    - relay referrals to the field in a timely manner? What ideas do you have about overcoming those barriers?

    - Probe about
        i.   SPIRIT system
        ii. Guidelines for defining abuse/neglect, child welfare services and other call classifications are clear and consistent
        iii. Adequate time to devote to each call
        iv. Sufficient time to adequately complete screening summary

    What ideas do you have about overcoming those barriers?

4. How often do you rely on your supervisor for support or guidance? How helpful are they and are they easily available? Can you think of any improvements that would help this relationship? If you disagree with a supervisor's decision, how are those disagreements resolved?

5. How able are you to provide appropriate information and/or referrals to meet the specific needs of the caller? If you do not know the information a caller is requesting, how do you ensure they receive it?

6. Do you feel the training you receive is adequate to enable you to perform your job to the best of your ability? Why or why not? Are there any areas that you feel you need additional training?

7. What would be two changes that can improve your work or enable you to better perform your job?

8. Is there anything about the SCR that we haven't asked about that you want to share?

SUPERVISORS
When started at SCR
Prior experience

1. Please explain the supervisory responsibilities. Probe for:
    - relationship you have with your screeners.
    - most common issues that arise in your interactions with screeners (do they mean what questions are they most frequently asked?)
    - How issues/differences are resolved

2. What do you think is working well at SCR? (e.g. supervision, technical support -- SPIRIT, management, training, etc);
    - Probe about
        i. SPIRIT system
        ii. Guidelines for defining abuse/neglect, child welfare services and other call classifications are clear and consistent
        iii. Adequate time to devote to assisting screeners
        iv. Training provided to them and the screeners
        v. Management oversight and support

3. What aspect of your job do you find the most time consuming? Do you feel this is time well spent? How can this be streamlined or improved?

4. What barriers, if any, do you experience that hinder your ability to do any part of your job effectively? (e.g. supervision, technical support -- SPIRIT, management, training, etc)

    - Probe about
        i. SPIRIT system
        ii. Guiding screeners in making accurate decisions
        iii. Guiding screeners in gathering the most thorough information possible
        iv. Adequate time to devote to assisting screeners
        v. Relay referrals to the field in a timely manner
        vi. Training provided to them and the screeners
        vii. Management issues

    What ideas do you have about overcoming those barriers?

5. Are there additional resources/tools that would improve your ability to perform the duties of your job?

6. How difficult do you find it to ensure that referrals are provided to the field in a timely manner? How could this be improved?

7. How would you describe the differences in performance between certified and non-certified screeners? Does the high percentage of non-certified screeners present in a challenge? Do you feel confident that, once certified, a screener can appropriately code a call?

8. What role does QA play in your work? How does that help your job as a supervisor?

9. Whom do you go to and how do you get answers to policy questions? If management makes a new policy, how does it get to you and to the screeners?

10. What would be two changes that can improve your work or enable you to better perform your job?

11. Is there anything about the SCR that we haven't asked about that you want to share?