Tennessee Technical Assistance Summary Report

Introduction

This summary covers consultant and technical assistance activities for the Central Intake Unit from April – July 2005. Supporting documents are attached and include the logic model, the Training of Trainers manual materials, and a summary of the seminar/training evaluation for the July 21-22 TOT.

Technical Assistance Request

The Tennessee Department of Children's Services originally requested assistance to address issues related to CPS response time. Specifically, the request asked:

- Develop policy for prioritizing of CPS response time; Interfacing components of CPS divisions-intake, investigation, functional assessment, and prevention.
- Response times must be revised and defined including what constitutes an immediate response. Revision and training on revisions was due November 2004 in PIP.
- Deputy Commission not comfortable with policy revisions; language for Priority I's still set Investigator up to go out on everything or not quickly enough on things they should be going on. Not discriminating enough.

The reason for the request was primarily centered on the Program Improvement Plan (PIP) resulting from the federal Children and Family Service Review. Other contributing reasons were centralized intake being piloted with plans to move toward statewide implementation and the original CRC decision trees were not satisfactory.

Technical Assistance Process

On April 25, 2005, a site visit was made to Central Intake. National Resource Center (NRCCPS) staff, Theresa Costello and Pam Bond, met with Beth Kasch, Child Protection state office program staff, and Diane Mangrum, the program manager for Central Intake. Our discussion was focused on the intake process and the upcoming difficulties and anticipated completion of the fully implemented centralized intake statewide system for receiving reports of abuse and neglect. Issues presented during the discussion included:

- Management completed a review of the screened out reports to determine the appropriateness of the response assignment. At the time of the site visit, 100 Priority Response 1's and 3's were part of a sample of reviewing the cases.
- Staffing was a primary concern for the program manager. At the time, there were 39 phone agents and 13 supervisory or lead staff to review and screen reports. Many of the staff was inexperienced in child protection, especially taking intake information.
- Concern had been expressed by the Central Office administration that the process of taking the referral information over the telephone was taking too long.
- Training specifically on the intake process is very minimal. There is no basic training for the intake staff and no certification process. The unit has one trainer assigned to do training and the training is not conducted on a routine basis. There is a need to do continuous training and specifically, a training curriculum.

- Complaints from the field have surfaced about being able to call back to the unit to gather more information about the report. Complaints regarding the same issue have come from mandated reporters. As a result there are too many referrals at the field level being overridden on the response priority. Generally, the assigned priority becomes a Priority 1.
- The process of how referrals are sent to the field has presented a problem. Quicker response and submission needs to occur from the phone agent to the supervisor who will review and make decisions about acceptance and response priority. Notification to the field happens in different ways. During normal business hours, staff may send the accepted reports to the field through a telephone call, a fax, or an e-mail notification. After business hours and week-ends, the intake staff will call the appropriate field location and read the report over the telephone.
- The Central Intake receives a variety of callers who are not reporting child abuse. The nature of the calls is often requesting referral information or case related calls such as foster parents trying to reach caseworkers. Approximately 55% of the Central Intake calls become referrals and approximately 32% of those are priority response1's.

The NRCCPS consultants had an opportunity to observe the technical system for monitoring the timing and telephone calls coming into the system. Also, consultants were able to observe intake staff taking calls and completing the intake process. The observations were helpful since the process could be viewed in action-the nature of the call, the intake staff's interviewing of the reporter, and the use of the technical tools to locate past records.

On the same day, the NRCCPS consultants and Tennessee staff attended a retreat where central office administrators and local supervisors and program managers were discussing issues of safety and risk and proposed practice and policy changes that would impact intake.

At the end of the site visit, the NRCCPS consultants and state program staff discussed the needs that technical assistance would address. Training was an immediate need for intake staff. The second need was an approach for educating mandated reporters. The final need was to address some means of quality assurance process for supervisors to follow. Since Tennessee must ensure that the Central Intake system is fully operational across the state by early May, it was agreed that the NRCCPS consultants would consider the issues discussed during the site visit and communicate with the state staff to determine what assistance could be provided.

On May 18, 2005, a conference call was held between the Tennessee program managers, Beth Kasch and Dianne Mangrum, and NRCCPS consultants, Theresa Costello and Pam Bond. The discussion focused on how the Hotline system was working since central intake had been implemented statewide. The volume of daily calls had reached approximately 800 with the heaviest time between 9 a.m.-3 p.m. The policy revisions for intake and priority response time had been completed and intake staff had begun to receive training on the new policy. The conference call discussion resulted in refining the original needs identified for technical assistance.

- The need to address how quality information can be obtained at Intake in the most efficient manner
- The need for a standard curriculum to use for training new staff.

To address the most immediate training needs for quality and efficiency, it was proposed that a training of trainers be conducted for intake supervisory staff. This would be a beginning toward improving the quality of reports and more accurate determination of priority response time.

Tennessee supplied a number of different sources to NRCCPS consultants to review and to help in the decision about the specificity of the training. Consultants reviewed policy and procedures related to intake, risk and safety, and priority response, and the Hotline Training Manual Outline.

A second conference call was held on June 15, 2005, between NRCCPS consultant, Pam Bond, and Central Intake manager, Dianne Mangrum. We discussed the specifics of the TOT. The manager expressed the need for intake staff to conduct better interviews and adhere to a series of cue questions that are included in the training materials. The consultant's review of intake policies and training materials revealed some good training materials and realistic case example but the absence of application and practice. The current training approach is for an assigned trainer or supervisor to review the training manual materials with the new staff. There is no traditional training session that uses adult learning principle or classroom style of training. To compound the problem, the assigned trainer had plans to resign. It was mutually decided that the TOT session would be directed toward supervisors and the purpose would be to provide materials that could be used by a new trainer or supervisors with new workers or as in-service training with existing staff.

As an example of the training materials and practice application for local staff use, a sample template was developed and sent to the Intake Manager. She was agreeable to having the TOT materials developed using this format.

A logic model was developed by the NRCCPS consultant based on all the contacts and review of materials. The overall purpose of the technical assistance was to improve the quality and sufficiency of intake information for better decisions about CPS response time. A copy of the logic model is attached.

Products

A training manual for the Training of Trainers session was developed for use during the sessions that took place July 21-22, 2005. The training had three overall objectives:

1. Improve the interviewing practice of Hotline staff
2. Improve the ability to gather more complete information to make decisions for CPS acceptance.

3. Improve the ability to make better decisions about response times for reports accepted for CPS investigation.

The design of the TOT was to engage supervisors in the materials through review of the content and to participate in some of the application exercise. A copy of the materials used for the TOT is included as an attachment. We decided that the most helpful approach would be to deliver the sessions to small groups of supervisors in half day blocks of time. The TOT would be conducted as a seminar so that the participants would freely discussed issues and integrate the real experiences with the training content.

Outcome of the Technical Assistance

The original approach of the technical assistance session conducted July 21-22, 2005, was modified as discussions were conducted during the on-site days. It quickly became apparent as the first session began that supervisory and management issues were of paramount concern for the supervisors attending the training. Because of the extent of concern among the supervisors about their role, managing the quantity and quality of the intakes, and the need to bring staff to an acceptable level of knowledge and skill about job performance, the session evolved into more consultation on supervisory issues. The results of the three sessions conducted over a two-day period yielded a supervisors generated list of staff and supervisory need. The training materials were used as a catalyst for discussion topics and suggestions for ways to provide more educational supervision with staff and more efficient and sufficient administrative and management supervision.

The list of needs included the following:

Staff Needs

- Writing training to address poorly written referrals-both grammatical and content errors
- Requiring continuous on-going training and the assignment of a full time trainer
- Addressing burn out of staff-supervisory and intake staff
- Develop visual aids that can be used as a guide to complete sufficient intake documentation
- Develop a flow chart of the intake process and the connection with other areas of the agency as a way for intake staff to view the professional nature of the job and its impact on all parts of the agency
- Offer shadowing experiences in the field with CPS investigations for intake staff
- Address TNKids technical issues that create inefficient use of time and delays in completing required record searches
- Seek methods to be used during interviewing and the hiring process that will identify important traits and abilities to satisfactorily perform intake tasks; for example, the use of psychological or personality testing.

Supervisory Staff Needs

- Carve out specified time for training staff
- Address burn out and self-care needs of staff
- The use of professional development plans for individual supervisors to maintain quality supervision and on-going learning opportunities.

- Require supervisors to meet regularly with staff
- Find ways to track calls that are non-CPS related to determine the volume and understanding the nature of the calls to support recommendations for change
- Find time for administrative duties and time for staff to have some respite from the intense work during the work day.
- Find ways to improve the programming to TNKids for better efficiency

Ideas for Training
- All staff, especially new staff, need access to basic training that will expand program and agency specific knowledge.
- Do more role play with practice exercises
- Use taped intakes as ways to critique practice and provide feedback to individual intake staff.
- Supervisors need to find ways to critique work and provide closer oversight of the intake staff's work

Ideas to Consider
As a result of decisions at the TOT, it was noted that supervisory staff and intake program manager are very committed to improving the intake practice in a supportive manner. The support needs to be conveyed in different ways, both in terms of offering essential training and consistent oversight of the quality and sufficiency of the reports.

One of the positive steps that supervisors have already taken is to hold regular meetings for supervisors to discuss issues related to policy, operations, and training. This type of administrative meeting should continue and be offered at times that all supervisors including late shift and week-end supervisors have an opportunity to attend.

Another step is the beginning of educating groups of mandated reporters. The program manager had already initiated working with the education system to present to educators about child abuse reporting responsibilities and what to report. The more educated and aware professional and non-professional reporters become about what and how to report, the better the information will be in the referral and community relationships will strengthened. The Central Intake unit and Central Office should continue finding ways to reach the public.

Other ideas include:
New staff should attend a basic training course to become familiar with content that includes basic understanding of human behavior, child functioning, child abuse and neglect, other relevant child welfare programs, and any other knowledge and skills that all new agency hires must acquire by participating in a basic training course.

Specific training on the intake process should be required as another level of special training for new intake staff. The training content and application should be rigorous enough to ensure an acceptable level of competence prior to assigned intake duty in gathering information, applying appropriate policy and practice, using appropriate supervisory feedback, writing documentation, and reasonable decision-making.

Supervisors should find a regular means of providing feedback to intake staff on work performance. The feedback should be constructive and handled in a way that intake staff understands the personal responsibility to correct and improve individual job performance.

If possible, assign training duties to one supervisor with the primary responsibility of training new staff and re-training staff with identified weaknesses in performance. This could provide a consistent method of training and agency expectations for gathering sufficient information and decision-making. Materials presented at the TOT could be adapted and refreshed with real case examples and opportunities to practice concepts.

In-service opportunities should be offered to experienced staff as well as new, less experienced staff. This would help with ensuring that quality of intake practice and policy interpretation is consistent across all staff and meets program expectation. Materials included in the training curriculum for the TOT can be adapted for short, in-service training during supervisory meetings.

Quality assurance reviews of intakes both accepted and rejected can provide a wealth of information useful in operational and program change. Findings can be used to guide and support recommendations made as the state continues full implementation of the central intake system.

Conclusion

The ideas that were generated from the TOT are reasonable to consider as the Central Intake unit evaluates its operations and the supervisors and staff become more experienced. Each day provides them with more insight and opportunity to review and evaluate the staffing, policy, practice, and technical challenges which present themselves with the changes in how child abuse is reported and how and when to respond. Addressing supervisory issues can make a difference in how much improvement can be made with individual performance and subsequent program improvement. Learning can be reinforced in a real way as supervisors guide workers and conduct the business of intake. The depth of prior experience that most supervisors brought to his or her intake job assignment will be helpful in testing some of the ideas and determining the best solution for implementation.