CHILD WELFARE CENTRALIZED INTAKE
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

PERFORMANCE AUDIT SERVICES

Issued September 6, 2023

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MICHAEL J. "MIKE" WAGUESPACK, CPA
LOUISIANA LEGISLATIVE AUDITOR

September 6, 2023

The Honorable Patrick Page Cortez,
  President of the Senate
The Honorable Clay Schexnayder,
  Speaker of the House of Representatives

Dear Senator Cortez and Representative Schexnayder:

The purpose of this audit was to evaluate the Department of Children and Family Services' (DCFS) Centralized Intake (CI) processes for receiving and processing reports of potential child abuse/neglect during fiscal years 2018 through 2022.

We found the majority of reports received by CI during fiscal years 2018 through 2022 came from mandatory reporters such as school personnel and medical professionals. Since the online Mandated Reporter Portal (MRP) was established in August 2018, 57,164 (29.0%) of the 197,302 reports received by CI came through the portal. In addition, emergency reports submitted through the MRP increased 47.3%, from 239 reports in fiscal year 2019 to 352 reports in fiscal year 2022, even though mandatory reporters have been instructed to make emergency reports through the hotline. While state law permits mandatory reporters to file reports through the portal, DCFS' mandatory reporter training and the MRP advise them to use the portal for non-emergency reports of potential child abuse/neglect and to call the hotline for emergency reports.

We also found DCFS has not developed performance targets for the hotline, including wait time, callbacks, and the number of calls abandoned, that would help it evaluate CI performance. Our analysis of fiscal year 2022 call data found the average time to answer calls was 6.9 minutes, the average number of abandoned calls each month was 1,183, and the average number of reporters requesting callbacks each month was 1,111. Without performance targets or goals for each of these metrics, it is difficult for management to determine if CI is answering calls and processing abuse and neglect reports in a timely manner.

In addition, we found DCFS should use hotline data on call volume and other metrics to determine appropriate staffing levels. Our analysis of call volume data from calendar year 2022 found CI may be overstaffed from approximately 5 p.m. to 2 a.m. on any given weekday, while peak call period is between 9 a.m. and 5 p.m.

We found as well that DCFS reduced the risk of incorrectly accepting or not accepting reports of child abuse and neglect by requiring two levels of review for each intake decision. DCFS also has strengthened its quality assurance processes to evaluate the work of CI staff.

The report contains our findings, conclusions, and recommendations. I hope this report will benefit you in your legislative decision-making process.

We would like to express our appreciation to DCFS for its assistance during this audit.

Respectfully submitted,

Michael J. "Mike" Waguespack, CPA
Legislative Auditor

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DCFS CI

Louisiana Legislative Auditor
Michael J. "Mike" Waguespack, CPA

Child Welfare Centralized Intake
Department of Children and Family Services

Introduction

We evaluated the Department of Children and Family Services' (DCFS) processes for receiving and processing reports of potential child abuse/neglect during fiscal years 2018 through 2022. In Louisiana, reports of alleged child abuse and/or neglect are received through a toll-free, statewide hotline operated by Centralized Intake (CI) staff within DCFS' Child Welfare Division or through the online Mandated Reporter Portal (MRP).[1] Intake staff work shifts to provide coverage 24 hours a day, seven days a week, 365 days a year to screen and refer reports of potential child abuse/neglect for investigation. We conducted this audit in response to legislative interest. In July 2022, after several reports of child abuse and fatalities involving a parent or caretaker, the Senate Health and Welfare Committee began a review of DCFS's child welfare system through periodic public meetings.

> **Centralized Intake's mission** is to respond to incoming reports of child abuse and neglect effectively and efficiently by conducting timely assessment and prioritization of reported circumstances.

Budget and Staffing. In fiscal year 2022, the Child Welfare Division's budget was approximately $280.7 million, or 34.8% of DCFS's total budget of $807.1 million. The majority of Child Welfare's budget came from federal funds (approximately $176.9 million, or 63.0%) and state general funds (approximately $87.3 million, or 31.1%). The Child Welfare Division's total budget decreased by 13.1%, from $323.0 million in fiscal year 2018 to $280.7 million in fiscal year 2022, mainly due to a decrease in federal revenues. CI was staffed by 64 employees during fiscal year 2022.

Responsibilities. CI provides intake services in response to reports of child abuse and neglect in families, foster homes, day care centers, registered family day care homes, and restrictive childcare facilities. Exhibit 1 describes CI's process for receiving and processing reports.

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[1] DCFS advises mandatory reporters that they can submit non-emergency reports online through the MRP.

Exhibit 1
Centralized Intake Process

Create intake case

- CI receives reports of alleged child abuse/neglect from the hotline, local parish offices, the mandated reporter portal, or physicians reporting substance exposed newborns.

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Receive Report

- CI staff obtain information from the reporter, complete the required data clearance checks and background research, and document the case in ACESS.

- Based on the information gathered, CI workers determine whether a report will be accepted and investigated by DCFS or not accepted and referred to law enforcement, other agencies or services such as foster care, family services, or Families In Need of Services (FINS).

- If a report is accepted, a risk assessment is performed and the appropriate response priority is assigned.

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Supervisor Review

- Newly created intake cases are added to queues for supervisory review.

- CI supervisors review and approve cases in the queue and then forward both accepted and not accepted reports to the appropriate local office.

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Send to DCFS local office

- The local office supervisor or regional designee reviews all accepted and not accepted reports and takes the appropriate follow up actions.

- The local office manager or regional designee may make a written request to dispute an intake disposition if they have reasonable concerns or can provide additional information that may change case decision.

Note: DCFS' ACESS system includes information on all intake and investigation cases.
Source: Prepared by legislative auditor's staff using information from DCFS CI policies and procedures.

Number and Type of Cases. During fiscal years 2018 through 2022, CI received approximately 249,304 reports of potential child abuse/neglect and accepted 93,145 (37.4%) reports for investigation by Child Protective Services (CPS).[2] These 93,145 accepted reports contained 101,416 allegations of abuse/neglect. The majority of reports involved allegations of neglect (65,706, or 64.8%), physical abuse (27,257, or 26.9%), and sexual abuse (6,829, or 6.7%), as shown in Exhibit 2.

Exhibit 2 Allegations Contained in Accepted Reports Fiscal Years 2018 through 2022							
Allegation Category	**2018**	**2019**	**2020**	**2021**	**2022**	**Total**	**Percentage of Total**
Neglect	14,824	14,413	12,121	11,652	12,696	**65,706**	64.8%
Physical Abuse	6,063	6,265	4,936	4,705	5,288	**27,257**	26.9%
Sexual Abuse	1,487	1,479	1,245	1,248	1,370	**6,829**	6.7%
Maltreatment	236	285	204	206	296	**1,227**	1.2%
Death	38	38	29	39	41	**185**	0.2%
Life Threatening Injury/Near Fatality	20	15	8	21	30	**94**	0.1%
Sexual Trafficking		30	11	10	22	**73**	0.1%
Safe Haven*	6	9	6	9	7	**37**	0.0%
Labor Trafficking			2	1	5	**8**	0.0%
Total	**22,674**	**22,534**	**18,562**	**17,891**	**19,755**	**101,416**	100.0%

*Louisiana's Safe Haven Law provides a safe, legal, last resort to abandonment, allowing a parent to give up custody of a newborn up to 60 days old by bringing the baby to an emergency designated facility, or Safe Haven site. (Children's Code Ch. 13 Art. 1149 – 1160)
Source: Prepared by legislative auditor's staff using data received from DCFS' ACESS system.

Accepted reports are assigned one of four response priorities by CI based on a risk assessment that determines how quickly a caseworker must make face-to-face contact with a parent/caretaker and the alleged child victim(s):[3]

- **Priority 1 (P1)** (contact within 24 hours) – e.g. child fatalities, substance exposed newborns, etc.

- **Priority 2 (P2)** (contact within 48 hours) – e.g. threatening harm, lack of adequate supervision, etc.

- **Priority 3 (P3)** (contact within three calendar days) – e.g. inadequate shelter, bruises, etc.

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[2] Reports that are not accepted for investigation by DCFS either do not meet the legal criteria for a report and require no action, provide additional information for existing investigations, are referred to law enforcement or other services, or are Protective Service Alerts from other states.
[3] Allegations are assigned a response priority based on the risk assessment and the severity of the allegations. Therefore, the same allegation may be assigned different response priorities based on the specific circumstances of a case.

- **Priority 4 (P4)** (contact within five calendar days) – e.g. emotional maltreatment, inadequate food, etc.

Exhibit 3 summarizes total accepted reports during fiscal years 2018 through 2022 by the assigned response priority levels, and Appendix C details the number of accepted reports by the assigned response priority level and fiscal year.

Exhibit 3
Accepted Reports by Response Priority Level
Fiscal Years 2018 through 2022

- Priority 1   - Priority 2   - Priority 3   - Priority 4
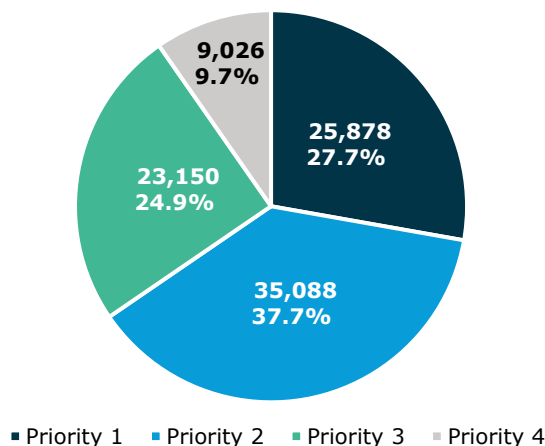
Note: Total does not include three reports from fiscal year 2018 that were assigned priorities 8 and 9, which DCFS no longer uses.
Source: Prepared by legislative auditor's staff using data received from DCFS' ACESS system.

To conduct this audit, we researched relevant legal criteria, DCFS child welfare policies, and other state audits of child abuse/neglect hotlines, and conducted interviews of DCFS CI and CPS staff. We also reviewed relevant best practices regarding effective child welfare hotline systems and mandatory reporting, and analyzed call center data from DCFS' hotline vendors and intake data from DCFS' ACESS[4] system. The objective of this audit was:

To evaluate DCFS' Centralized Intake process.

Our results are summarized on the next page and discussed in detail throughout the remainder of the report. Appendix A contains DCFS' response to this report, and Appendix B contains our scope and methodology. Appendix C contains the number of accepted reports by the assigned response priority level during fiscal years 2018 through 2022. Appendix D contains the number of accepted reports by type of reporter during the same time period, and Appendix E contains statistics pertaining to the hotline data we obtained from DCFS, by month, during the same time period.

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[4] A Comprehensive Enterprise Social Services System (ACESS) includes information on all intake and investigation cases.

Objective: To evaluate DCFS' Centralized Intake process.

Overall, we found the following:

- **The majority of reports received by CI during fiscal years 2018 through 2022 were from mandatory reporters such as school personnel and medical professionals. Since the online Mandated Reporter Portal (MRP) was established in August 2018, 57,164 (29.0%) of the 197,302 reports received by CI came in through the portal. In addition, emergency reports submitted through the MRP increased by 47.3%, from 239 reports in fiscal year 2019 to 352 reports in fiscal year 2022, despite the MRP informing mandatory reporters to report emergency reports through the hotline.** While state law authorizes mandatory reporters to file reports through the MRP, DCFS' mandatory reporter training and the MRP advise mandatory reporters to only use the MRP for non-emergency reports of potential child abuse/neglect and to call in emergency reports to the hotline.

- **DCFS has not developed performance targets for all important hotline metrics including wait time, callbacks, and the number of calls abandoned that would help it evaluate CI performance.** Our analysis of fiscal year 2022 call data found that the average speed to answer calls was 6.9 minutes, the average number of abandoned calls each month was 1,183, and the average number of reporters requesting callbacks each month was 1,111. Without performance targets or goals for each of these metrics, it is difficult for management to determine if CI is answering calls and processing reports of abuse and neglect timely.

- **DCFS should use hotline data on call volume and other metrics to determine appropriate staffing levels. Since 2011, CI has used nine overlapping shifts but these shifts are not based on an analysis of call volume.** Our analysis of call volume data from calendar year 2022 found that intake may be overstaffed from approximately 5:00 p.m. until 2:00 a.m. on a given weekday and CI staff could be reallocated to shifts during the peak call period between 9:00 a.m. to 5:00 p.m. In addition, we found that Thursdays and Fridays had the highest daily average speed to answer calls and the most calls abandoned during calendar year 2022.

- **DCFS reduces the risk of incorrectly accepting or not accepting reports of child abuse/neglect by requiring two levels of review for each intake decision. In addition, DCFS has strengthened its quality assurance processes to evaluate the work of CI staff.** Establishing a continuous quality improvement (CQI) process could

help DCFS better understand the outcomes of CI's decisions and identify necessary improvements to CI decision-making and processes.

Our findings and recommendations are discussed in more detail in the following sections.

The majority of reports received by CI during fiscal years 2018 through 2022 were from mandatory reporters such as school personnel and medical professionals. Since the online Mandated Reporter Portal (MRP) was established in August 2018, 57,164 (29.0%) of the 197,302 reports received by CI came in through the portal. In addition, emergency reports submitted through the MRP increased by 47.3%, from 239 reports in fiscal year 2019 to 352 reports in fiscal year 2022, despite the MRP informing mandatory reporters to report emergency reports through the hotline.

In accordance with state law, individuals can make reports of child abuse and neglect through the toll-free hotline or in person at any child welfare office. In addition, as of August 1, 2018, mandatory reporters can submit non-emergency reports of child abuse and neglect in written form through the MRP on the DCFS website[5] but are advised to call in emergency reports to the hotline.[6]

> **Mandatory reporters** are individuals required by law to report suspected or known instances of abuse and neglect and include professionals such as health, mental health, and social service practitioners; law enforcement officers; teachers and child care providers; and clergy members.

During fiscal years 2018 to 2022, 166,140 (66.6%) of the 249,304 reports that CI received were from mandatory reporters through the hotline or the MRP. CI received the most reports from mandatory reporters such as school professionals (50,789, or 30.6%), medical professionals (42,558, or 25.6%), and law enforcement officers (26,821, or 16.1%). Exhibit 4 summarizes the total number of reports received from mandatory reporters between fiscal years 2018 and 2022, and Appendix D details the total number of accepted and not accepted reports by type of reporter and fiscal year.

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[5] Louisiana Children's Code Art. 610 also permits reporters to make reports in person at any local child welfare office. The local office staff create these intake cases and forward them to the CI queue for intake decisions.
[6] Emergency reports containing allegations such as child fatalities, life threatening injuries, coerced abortion, drug affected newborns, and safe haven relinquishments are assigned Priority 1 if the report is accepted for investigation.

Exhibit 4 Reports Received from Mandatory Reporters Fiscal Years 2018 through 2022				
Type of Mandatory Reporter	**Accepted Reports**	**Not Accepted Reports**	**Total Reports**	**Percentage of Total**
School Professionals	19,122	31,667	50,789	30.6%
Medical Professionals	21,673	20,885	42,558	25.6%
Law Enforcement Officers	14,020	12,801	26,821	16.1%
Mental Health Professionals	4,005	13,717	17,722	10.7%
Social Service Professionals	4,436	13,008	17,444	10.5%
DCFS Agency Staff	2,378	2,728	5,106	3.1%
Day Care Professionals	623	2,168	2,791	1.7%
Substitute Care Providers*	386	1,384	1,770	1.1%
DCFS Licensing Staff	114	477	591	0.4%
Court Appointed Special Advocate (CASA) Volunteers	96	275	371	0.2%
Parenting Coordinators**	21	60	81	0.0%
Dental Professionals	37	34	71	0.0%
DCFS Office of Family Support (OFS) Child Care Assistance	8	17	25	0.0%
Total Reports from Mandatory Reporters	**66,919**	**99,221**	**166,140**	**66.6%**
Total Reports from Non-Mandatory Reporters	**26,226**	**56,938**	**83,164**	**33.4%**
Total Reports Received by DCFS	**93,145**	**156,159**	**249,304**	**100.0%**
*Includes foster parents, residential care facility staff, etc. **Assist in resolving child custody disputes **Source**: Prepared by legislative auditor's staff using data received from DCFS' ACESS system.				

Since the MRP was established in August 2018, 57,164 (29.0%) of the 197,302 reports received by CI came in through the portal. Although CI received more reports through the hotline each year, reports through the MRP have increased gradually each year, for a total increase of 40.5% from 12,384 reports in fiscal year 2019 to 17,395 reports in fiscal year 2022.[7] Exhibit 5 shows the number of reports received via the hotline and the MRP during fiscal years 2019 through 2022.

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[7] In accordance with Children's Code Art. 610, CI also receives follow-up reports from mandated reporters as required by law. These do not result in the creation of new intake cases but require other actions by intake workers.

Exhibit 5
Reports of Child Abuse/Neglect Received, By Method
Fiscal years 2019 through 2022
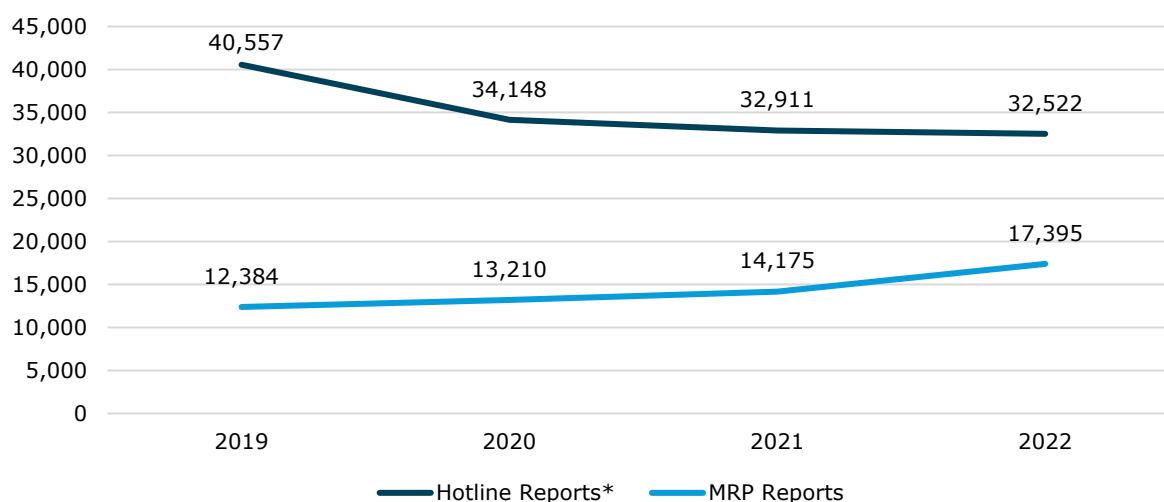
*Includes reports made in person at DCFS local offices.
Source: Prepared by legislative auditor's staff using data received from DCFS' ACESS system

As of May 2023, DCFS had 51 CI staff that answer hotline calls. According to DCFS, CI did not receive additional staff to process reports received through the MRP when it was implemented. Rather, additional CI staff are assigned to late evening and early morning shifts to help process reports received through the MRP during the day. In addition, five juvenile human trafficking intake staff were allocated to CI due to the passage of Act 662 of the 2022 Regular Legislative Session.[8] The new intake staff only answer trafficking hotline calls but assist with processing reports received through the MRP when the trafficking call volume is low. According to DCFS, CI needs 13 additional staff to operate the hotline effectively, including one manager, two supervisors, and 10 staff.

CI should develop a strategy to manage increased reporting through the MRP because emergency reports submitted through the MRP increased by 47.3%, from 239 reports in fiscal year 2019 to 352 reports in fiscal year 2022, despite the MRP informing mandatory reporters to report emergency reports through the hotline. While state law[9] authorizes mandatory reporters to file reports through the MRP, DCFS' mandatory reporter training and the MRP advise mandatory reporters to only use the MRP for non-emergency reports of potential child abuse/neglect and to call in emergency reports to the hotline. Accordingly, CI staff stated that they prioritize answering hotline calls over checking the reports received through the MRP because they expect emergency reports to be called in through the hotline. The portal requires mandatory reporters to acknowledge that they are not submitting an initial report on emergency situations such as a child fatality, drug exposed newborn, human trafficking, life threatening

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[8] Effective January 1, 2023, if a report involves alleged sex trafficking, all mandatory reporters are required to report to DCFS regardless of whether there is alleged parental or caretaker culpability.
[9] Children's Code Art. 610

injury, or others that require immediate assistance, and that the children in the report are not in immediate risk of serious harm. Exhibit 6 is a screenshot of what mandatory reporters see first when submitting a report through the portal.

Exhibit 6
Screenshot of the Mandatory Reporter Portal

Source: DCFS Mandatory Reporter Portal

Despite instructions provided, accepted emergency, or P1, reports received from mandatory reporters through the MRP increased by 47.3%, from 239 reports in fiscal year 2019 to 352 reports in fiscal year 2022, for a total of 1,110 accepted P1 reports in the four years. In addition, according to CI staff, portal reports often do not contain sufficient information to make intake decisions and staff have to call reporters back to request additional information before the reports can be processed. Since DCFS prioritizes answering hotline calls over checking the portal during the day, any emergency reports submitted via the portal may not be reviewed and processed until the late evening and early morning intake shifts.

Research shows that mandatory reporters who have good education and training about their role and about child maltreatment are more effective reporters, especially if education occurs at both pre-service and in-service levels.[10] While state law requires teachers, child care providers, and law enforcement officers to complete DCFS' mandatory reporter training annually, other mandatory reporters

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[10] "Training for mandated reporters of child abuse and neglect: Content analysis of state-sponsored curricula," Child Abuse & Neglect, January 2021.

such as medical professionals are not required to complete the training.[11] All mandatory reporters may benefit from completing the training provided on DCFS' website on a regular basis to make reporting through the MRP more effective and to reduce the number of emergency reports submitted through the MRP rather than the hotline so that DCFS can respond quicker to emergency reports of child abuse. However, CI should also ensure that it monitors the portal more often so that it can ensure that it processes emergency reports timely.

Recommendation 1: DCFS should communicate the importance of all mandatory reporters completing the training on a regular basis to stay informed about their responsibilities and using the MRP for only non-emergency reports.

Summary of Management's Response: DCFS agreed with this recommendation and stated that it is currently working with Franklin Associates to further enhance messaging around the appropriate use of the portal. DCFS and Franklin Associates will continue to focus on educating reporters about what, where, and when to report. DCFS will also implement a process to annually remind mandatory reporters via communication to certain professional associations of reporting expectations and methods. See Appendix A for DCFS' full response.

Recommendation 2: DCFS should develop a strategy to manage increased reporting of emergency reports submitted through the MRP, which often contain insufficient information to make intake decisions and should have been called in to the hotline.

Summary of Management's Response: DCFS agreed with this recommendation and stated that it will continue to monitor the portal and intakes will be assigned as completed. If additional staff are allocated to CI, DCFS will explore the option of establishing a full-time daily portal team dedicated to assessing portal intakes. DCFS stated that it needs 14 additional staff in CI. See Appendix A for DCFS' full response.

Matter for Legislative Consideration: The legislature may wish to consider amending state law to require all mandated reporters to complete DCFS' mandatory reporter training annually, and to require monitoring of this annual training by the oversight/licensing entities of the various mandatory reporters.

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[11] Louisiana Children's Code Art. 603.1 and 609 requires the record of completion of annual mandatory reporter training to be retained by the entity at which the teaching or child care provider is employed. R.S. 40:2405.9 requires the Council on Peace Officer Standards and Training to develop guidelines and provide annual mandatory reporter training for law enforcement officers.

DCFS has not developed performance targets for all important hotline metrics including wait time, callbacks, and the number of calls abandoned that would help it evaluate CI performance. Without performance targets or goals for each of these metrics, it is difficult for management to determine if CI is answering calls and processing reports of abuse and neglect timely.

DCFS has developed one performance indicator to monitor call volume. This performance indicator requires that CI staff answer 66% of calls directly (no voicemail or message). However, we found that CI staff answered 45,841 (60.3%) of 75,971 calls live in fiscal year 2022, which did not meet its goal of 66% of calls answered directly.[12] However, since DCFS has not developed performance targets for other metrics such as average speed to answer, callbacks, and number of calls abandoned, it cannot fully evaluate CI's performance in operating the hotline. Exhibit 7 summarizes our analysis of hotline data from fiscal year 2022 regarding different metrics.

Exhibit 7 Hotline Call Metrics Fiscal Year 2022					
Metric	**Description**	**Total Number**	**Percent**	**Average Per Month**	**Target**
Calls Answered Live	Number of calls answered directly by CI staff (caller did not request a callback)	45,841	60.3%	3,820	66.0%
Average Speed to Answer	Average number of minutes it takes for the call to be answered by CI staff	N/A	N/A	6.9 mins	not developed
Callbacks	Number of callers waiting in the queue that opted to receive a callback if all CI staff were busy	13,326	17.5%	1,111	not developed
Calls Abandoned	Number of calls abandoned while waiting to be answered (caller hung up before CI could answer)	14,192	18.7%	1,183	not developed
Caller Disconnect	Number of calls answered by CI where the caller hung up before finishing the report	2,612	3.4%	218	N/A
Total Calls		**75,971**	**100.0%**	**6,331**	**N/A**
Source: Prepared by legislative auditor's staff using data from DCFS.					

[12] According to the Louisiana Performance Accountability System Fiscal Year 2022 report, CI staff directly answered (no voicemail or message) 83% and 81% of calls in quarters 2 and 4 respectively. While DCFS includes callbacks as calls answered directly/live, we did not because it was not clear from the data how many of the callbacks resulted in contact with a reporter.

Recommendation 3: DCFS should develop and monitor additional performance targets for CI such as average speed to answer, callbacks, and number of calls abandoned so it can fully evaluate CI's performance in operating the hotline.

Summary of Management's Response: DCFS agreed with this recommendation and stated that it will research industry standards and best practices for CI to develop performance targets for key data points which impact the effectiveness of the call center's operation. This will include live calls, callbacks, speed to answer, abandoned calls, and other pertinent measures that impact effective and efficient performance. Once the performance targets are set, DCFS will monitor data on a weekly, monthly, and quarterly basis to evaluate CI's performance in operating the hotline. See Appendix A for DCFS' full response.

DCFS should use hotline data on call volume and other metrics to determine appropriate staffing levels. Since 2011, CI has used nine overlapping shifts but these shifts are not based on an analysis of call volume.

DCFS contracts with a vendor[13] that is responsible for the technology/ software that routes incoming hotline calls to available Cl workers and automatically responds to overflow calls when all staff are busy by using a priority queuing process.[14] This queuing process routes calls based on predefined thresholds, and monitors real-time hotline statistics such as longest available intake worker and wait time.

DCFS' vendor has not consistently met its contractual obligations to retain call data or provide relevant and useful monthly call volume reports. The contract requires the vendor to retain all hotline call recordings and records for at least five years. We requested DCFS' call center data from its current vendor and found that data was missing for 15 months, and data was incomplete for three months between March 2019 and September 2022. The contract also states that the vendor is required to submit reports to DCFS regarding hotline metrics, typically on a monthly basis. We requested these reports from DCFS; however, DCFS could not provide complete reports for seven months between January 2018 and December 2022. In addition, the monthly reports received from the vendor are formatted to provide call volume details in 30-minute intervals for each day as well

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[13] During our audit scope, DCFS contracted with one vendor from January 1, 2018, through March 21, 2019, and the current vendor started hotline operations on March 22, 2019.

[14] The vendor also provides call center services for other DCFS programs in Child Welfare, Economic Stability, and Child Support. The performance of the vendor for DCFS's Supplemental Nutrition Assistance Program's call center was discussed in a March 2023 LLA report. See pages 13-15 of https://app.lla.state.la.us/publicreports.nsf/0/81a8cf9a2ac671bb86258965005b5181/$file/00000d26a.pdf?openelement&.7773098

as a daily summary of these 30-minute intervals. However, our analysis showed that the reports do not accurately calculate the total call summaries, which the CI manager uses to make hotline staffing decisions. DCFS should work with the vendor to adjust the format of these reports to include more relevant and useful monthly call volume data that will enable DCFS management to make appropriate staffing decisions.

Since CI was implemented in 2011, DCFS uses nine shifts to staff the hotline. The nine shifts are burdensome for intake managers to schedule and may be disruptive to hotline operations because multiple shifts change during peak call times. According to Casey Family Programs,[15] a national operating foundation focused on foster care and child welfare, the work of a child abuse and neglect intake line is part child welfare and part call center, and both of these parts must be attended to for the intake line to be responsive and effective.[16]

The questions intake workers ask lay the groundwork for the critical decisions that the agency may have to make to fulfill its mandate, not just regarding child protection, but also for permanency and family connections. Since many call centers operate 24 hours a day, seven days a week, research suggests that the unique demands of rotational shift work have the potential to negatively impact decision making ability.[17] To combat this problem, Casey Family Programs recommends creating a well-defined shift schedule to staff a hotline appropriately.

> According to Casey Family Programs, one of the elements of an effective hotline is providing a consistent and timely response. Therefore, it is vital that the system is sufficiently staffed so that reports of child maltreatment are answered quickly and processed efficiently. In addition, agencies should monitor workload levels in real time and adjust hotline staffing levels whenever necessary to ensure sufficient staffing and oversight.

Currently, DCFS utilizes nine different shift options, seven of which change during peak hotline call times of 9:00 a.m. to 5:00 p.m. *(see text box at right).* According to DCFS, it started using the nine tier shifts when CI was implemented in July 2011 and has not reevaluated the schedule since that time. According to DCFS, tier shifts help with the continuity of intake staff available for calls with minimal disruptions during breaks, lunches, shift transitions, and an allowance of 30 minutes at the end of a shift for administrative time. However, CI managers stated that scheduling nine shifts to ensure hotline coverage every day is burdensome.

> **Centralized Intake's Current Shift Schedule:**
>
> 1. 6:00 a.m. - 2:30 p.m.
> 2. 7:30 a.m. - 4:00 p.m.
> 3. 8:00 a.m. - 4:30 p.m.
> 4. 9:00 a.m. - 5:30 p.m.
> 5. 10:30 a.m. - 7:00 p.m.
> 6. 1:30 p.m. - 10:00 p.m.
> 7. 3:30 p.m. - 12:00 a.m.
> 8. 5:00 p.m. - 1:30 a.m.
> 9. 11:30 p.m. - 8:00 a.m.

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[15] http://www.casey.org

[16] "How do some states hire, train, and retain their hotline intake screeners?", Casey Family Programs, March 2018

[17] "Optimal Shift Duration and Sequence: Recommended Approach for Short Term Emergency Response Activation for Public Health and Emergency Management", American Journal of Public Health, April 2007.

We analyzed hotline data provided by DCFS for calendar year 2022 to determine average call volume for every 30 minutes during a 24-hour day and found that CI receives 76.3% of calls between 9:00 a.m. and 5:00 p.m. DCFS may be able to simplify the current shift schedule to reduce the number of shift changes during this peak call time and minimize disruption. Our analysis suggests that intake may be overstaffed from approximately 5:00 p.m. until 2:00 a.m. on any given weekday, and CI staff could be reallocated to shifts during the peak call period between 9:00 a.m. to 5:00 p.m. According to DCFS, intake is overstaffed during this period so that staff can process reports received through the MRP during the day. Exhibit 8 shows CI's current staffing level and call volume on weekdays in calendar year 2022.

Exhibit 8
Weekday Staffing Level and Call Volume
Calendar Year 2022
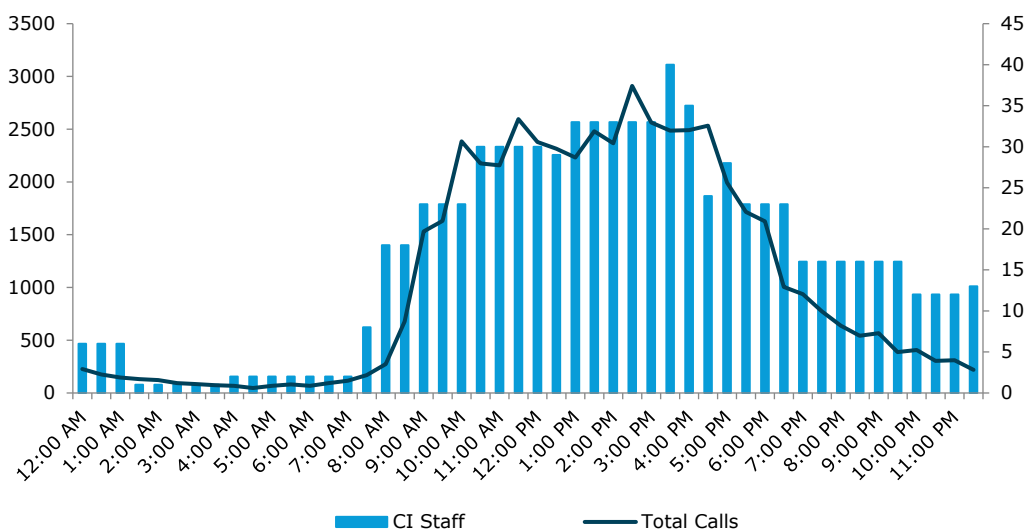
Source: Prepared by legislative auditor's staff using data from DCFS.

We contacted other states with state-administered centralized intake hotlines that operate 24 hours a day, seven days a week, 365 days a year[18] to determine how they schedule intake staff shifts to provide coverage 24 hours a day, seven days a week, 365 days a year. We found that some other states use fewer shifts than Louisiana to provide hotline coverage. For example, intake staff in Georgia operate their hotline using two day shifts and two night shifts, with minimal shift changes during busy hours. During weekends, the normal 3:00 p.m. to 1:30 a.m. night shift teams are divided into smaller teams to also provide day coverage. Similarly, in Mississippi, intake specialists work one of three shifts during a given weekday or weekend, again with minimal disruptions.

Our analysis of calendar year 2022 hotline data provides examples of how DCFS could analyze hotline data to identify call volume trends and

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[18] We requested information from Arkansas, Florida, Georgia, Kentucky, Mississippi, South Carolina, Tennessee, and Texas and received responses from Arkansas, Georgia, Mississippi, and Texas.

adjust staffing levels accordingly. According to DCFS, call volumes increase when schools return from breaks so it ensures that more intake staff are available to answer hotline calls in April and August. In addition, it limits the amount of leave CI staff can take on Mondays to address higher call volumes on this day. However, regularly analyzing hotline trends could help DCFS ensure that its staffing decisions correspond to call trends. We obtained hotline data from DCFS for the most recent complete calendar year and analyzed it to identify metrics such as total calls, average speed to answer (ASA), callbacks, and number of calls abandoned to find opportunities for DCFS to adjust staffing to potentially improve these metrics.[19] See Appendix E for monthly hotline call statistics based on data received from DCFS during calendar years 2018 through 2022.

Our analysis of hotline data from calendar year 2022 showed the following trends:

- ***The highest monthly average speed to answer (ASA) was in February and November.*** During this time, the monthly ASA increased above the average of 8.9 minutes to as high as 12.0 minutes in February and 12.2 minutes in November. Maintaining a lower ASA is important because when wait times for child protection hotline calls grow too long, callers trying to report potential incidents of abuse or neglect may hang up and not try to call again, potentially leaving children at risk of further harm. Exhibit 9 compares the monthly ASAs to the average monthly ASA of 8.9 minutes during calendar year 2022.

Exhibit 9
ASA by Month, in Minutes
Calendar Year 2022

Source: Prepared by legislative auditor's staff using information from DCFS.

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[19] As noted previously, hotline call data was missing or incomplete during our scope so we limited our analysis to calendar year 2022. However, analysis of a single year's data may not be sufficient to identify long-term call volume trends. DCFS should analyze hotline data over longer periods to identify trends in hotline metrics.

- ***Similarly, the daily ASA for a call increased above the average of 8.8 minutes to as high as 14.6 minutes on Thursdays and 16.2 minutes on Fridays***, as shown in Exhibit 10. This occurred despite Mondays having higher total call volume than Thursday or Fridays; therefore, the ASA did not always correspond with high call volume during a week.

Exhibit 10
ASA by Day of the Week, in Minutes
Calendar Year 2022

8.8 Minute Average Daily ASA

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Daily ASA	7.6	5.6	7.5	14.6	16.2	5.2	4.8

Daily ASA   Average Daily ASA
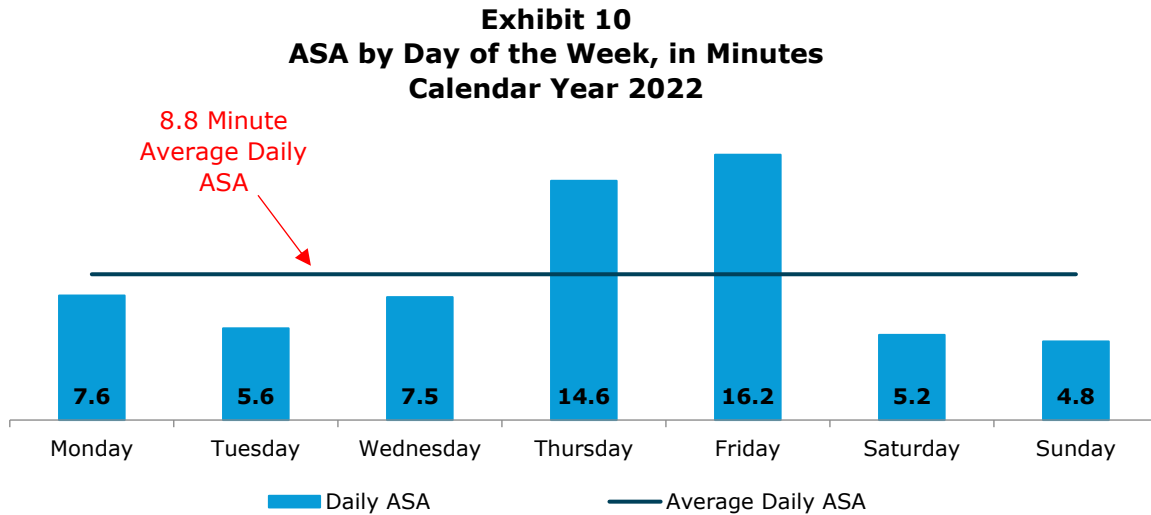
Source: Prepared by legislative auditor's staff using information from DCFS.

- ***Although Mondays had the highest call volumes, Thursdays and Fridays had the most calls abandoned.*** The average total number of calls abandoned during the week was 2,107; however, the total number of calls abandoned was 3,257 on Thursdays and 3,182 on Fridays, as shown in Exhibit 11.
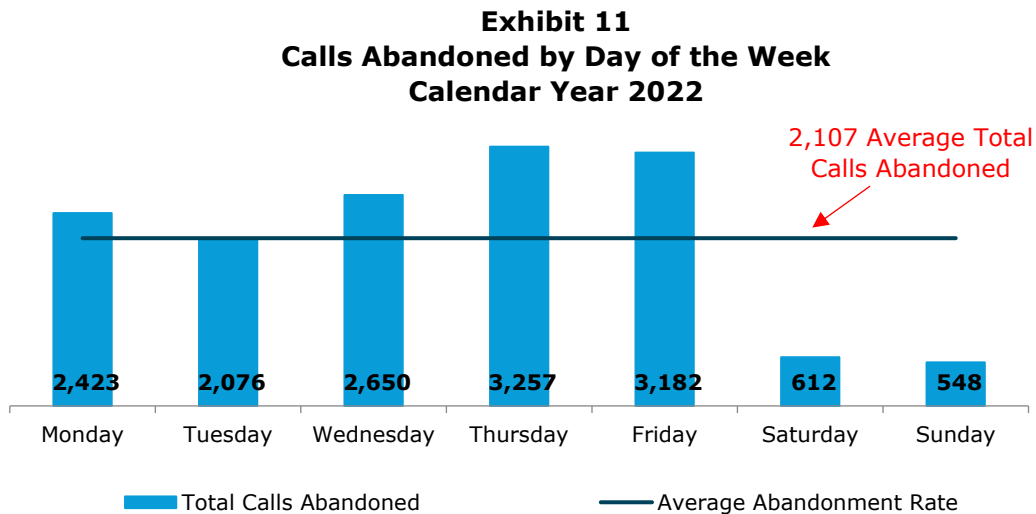
Exhibit 11
Calls Abandoned by Day of the Week
Calendar Year 2022

2,107 Average Total Calls Abandoned

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Total Calls Abandoned	2,423	2,076	2,650	3,257	3,182	612	548

Total Calls Abandoned   Average Abandonment Rate

Source: Prepared by legislative auditor's staff using information from DCFS.

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Recommendation 4: DCFS should ensure that its contractor continues to retain its child abuse/neglect hotline call data as required in the contract.

Summary of Management's Response: DCFS agreed with this recommendation and stated that it will meet with the contractor to reiterate data and call recording retention requirements and clearly define a format for accurately calculating, reporting, and submitting call data. In addition, DCFS will monitor the contractor's compliance with record retention requirements on a regular basis and provide a monthly report to the CI Manager. See Appendix A for DCFS' full response.

Recommendation 5: DCFS should work with the contractor to adjust the report formats to include more relevant and useful monthly call volume data so that it can analyze trends and make appropriate staffing decisions.

Summary of Management's Response: DCFS agreed with this recommendation and stated that it will work with the contractor to develop a report with relevant and useful data for trend analysis. The report will be submitted by the contractor on a daily basis and rolled up into a monthly report that is submitted to the CI Manager. See Appendix A for DCFS' full response.

Recommendation 6: DCFS should analyze its hotline call data to determine if simplifying its shift schedule to minimize shift changes during peak call times could result in fewer abandoned calls and shorter wait times.

Summary of Management's Response: DCFS agreed with this recommendation and stated that it will research shift schedules of other Child Welfare agencies and review call center data to determine if fewer shifts or different shift times would be advantageous. See Appendix A for DCFS' full response.

Recommendation 7: DCFS should analyze trends in monthly and daily hotline call volume to adjust or increase staffing and reduce the average speed to answer and number of abandoned calls during peak call periods.

Summary of Management's Response: DCFS agreed with this recommendation and stated that it will monitor call trends and utilize data to help identify ways to balance the workload and distribution of staff assignments proportionate to call volume. In addition, DCFS will work with the contractor to explore additional data reporting formats to expand data captured for trends analyses of different timeframes (i.e., monthly, quarterly, etc.) to help provide systemic view for evaluating the performance of the hotline. See Appendix A for DCFS' full response.

DCFS reduces the risk of incorrectly accepting or not accepting reports of child abuse/neglect by requiring two levels of review for each intake decision. In addition, DCFS has strengthened its quality assurance processes to evaluate the work of CI staff. Establishing a continuous quality improvement (CQI) process could help DCFS better understand the outcomes of CI's decisions and identify necessary improvements to CI decision-making and processes.

When DCFS receives a report of abuse or neglect, CI staff obtain as much pertinent information as possible from the reporter, including the alleged child victim, the child's condition, the parent/caretaker, the child's location, when the incident occurred, any immediate safety concerns, and the reporter's reason to believe the child is being abused and/or neglected. CI staff use this information to create an intake case and use the Structured Decision Making (SDM) tool integrated within the ACESS system to determine whether the information received meets the criteria for accepting a report. CI staff also use the SDM tool to recommend a response priority level based on an assessment of the risk of continuing or future harm to the alleged child victim from abuse/neglect. The shortest time limit/highest priority is selected for those reported situations that appear to pose the greatest threat to a child's safety.

> The **SDM** tool was developed by the Children's Research Center and uses clearly-defined and consistently-applied decision-making criteria for screening reports of alleged child abuse/neglect for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future abuse and neglect.
>
> However, research shows that decisions at the intake level are made under conditions of uncertainty and with incomplete information.
>
> Therefore, screening decisions are only as good as the information provided by the reporter and the interpretation of this information by CI staff based on their professional judgment and training.
>
> **Source:** Child Welfare Information Gateway: Structured Decision Making and Child Welfare Triage: Use of screening threshold analysis to evaluate intake decision-making, January 2023

The completed intake case, whether accepted or not, is sent to a CI supervisor to review, approve the intake decision, and transmit the case to CPS staff at a DCFS local office as soon as possible. Local supervisors also review all cases they receive from intake, including accepted and not accepted reports, to ensure intake decisions are appropriate.[20] As a result, the risk of CI accepting or not accepting reports of child abuse/neglect incorrectly is reduced because each intake decision is reviewed at least twice. Exhibit 12 shows the number of reports received by DCFS from fiscal year 2018 through fiscal year 2022, by disposition.

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[20] If intake rejects a third report within a 12-month period on the same child, the intake manager will also review the decision.

Exhibit 12 Intake Cases by Disposition Fiscal Years 2018 through 2022						
CI Disposition	**FY2018**	**FY2019**	**FY2020**	**FY2021**	**FY2022**	**Total**
Accepted for Investigation						
Total Accepted	**20,843**	**20,687**	**17,064**	**16,441**	**18,110**	**93,145**
Percent Accepted	**40.1%**	**39.1%**	**36.0%**	**34.9%**	**36.3%**	**37.4%**
Not Accepted for Investigation						
No Action Required (Does not Meet Legal Criteria)	20,698	21,160	19,224	18,872	18,265	98,219
Other Dispositions*	10,461	11,094	11,070	11,773	13,542	57,940
Total Not Accepted	**31,159**	**32,254**	**30,294**	**30,645**	**31,807**	**156,159**
Percent Not Accepted	**59.9%**	**60.9%**	**64.0%**	**65.1%**	**63.7%**	**62.6%**
Total Dispositions	**52,002**	**52,941**	**47,358**	**47,086**	**49,917**	**249,304**
*Other dispositions include referrals to law enforcement, foster care, other agencies, family services, and Families in Need of Services; Protective Service Alerts; reports where information was provided to the reporter; or additional information reports for existing investigations. **Source**: Prepared by legislative auditor's staff using data received from DCFS' ACESS system.						

During fiscal years 2018 through 2022, 99.9% of cases accepted for investigation by DCFS met the required criteria for acceptance. According to CPS staff and our 2022 Child Welfare Survey,[21] there is a perception that CI accepts cases that it should not, which places an additional burden on the CPS resources for investigations. To test this, we obtained and analyzed ACESS data to determine whether the 93,145 reports that CI accepted during fiscal year 2018 through fiscal year 2022 complied with DCFS's criteria for acceptance.[22] Exhibit 13 shows the number of accepted cases that met each of DCFS's criteria for accepting reports.

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[21] The report can be found here:
https://app.lla.state.la.us/publicreports.nsf/0/d30ce8b327892bb38625890b007621e0/$file/0000039eb.pdf?openelement&.7773098
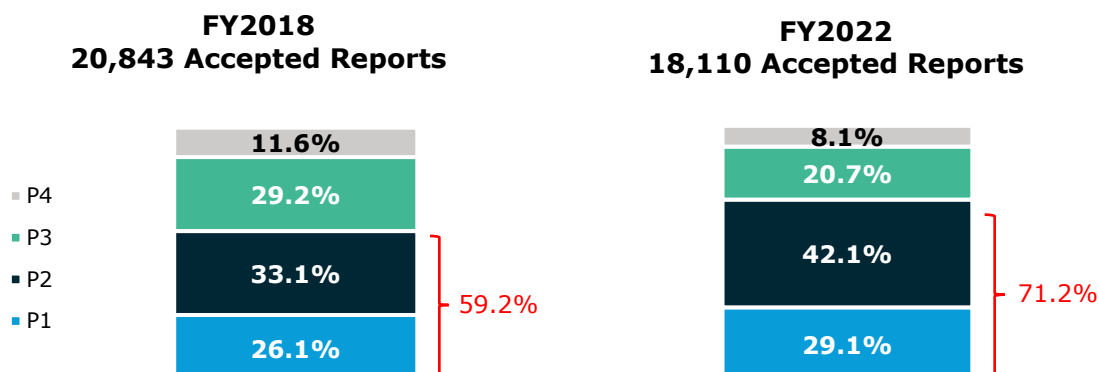[22] Allegation data is not saved in ACESS for not accepted reports after the intake decisions are reviewed by both intake and local offices. Therefore, we could not test these reports to determine whether they were appropriately rejected by intake.

Exhibit 13 Accepted Reports that Met Criteria for Acceptance Fiscal Years 2018 through 2022				
	Accepted Reports that Met Criteria		Accepted Reports that Did Not Meet Criteria	
Criteria for Acceptance	Number of Cases	Percent of Total	Number of Cases	Percent of Total
The alleged victim is under the age of 18	93,144	100.0%	1	0.0%
A parent or caretaker is the alleged perpetrator or has alleged or unknown culpability in the abuse/neglect	93,144	100.0%	1	0.0%
The allegations fall within the required timeframes*	93,068	99.9%	77	0.1%
*LA Administrative Code T.67, Pt. V, §1303 states that the allegation must fall within the following timeframes: severe physical abuse must have occurred within 12 months; less severe physical abuse must have occurred within three months; neglect must have occurred within one month unless the report indicates a continuing pattern of neglect; sexual abuse has no time limit if the perpetrator has access to the victim, and within 12 months if there is no access. **Source**: Prepared by legislative auditor's staff using data from DCFS' ACESS system.				

We reviewed the 77 accepted cases that did not meet the allegation timeframe criteria and found that most of these cases were correctly accepted for investigation but were not documented correctly in ACESS to show that they met the timeframe criteria. However, DCFS has improved the documentation of criteria for accepted cases as the number of accepted cases that did not contain sufficient documentation of timeframe criteria decreased by 93.0%, from 43 cases in fiscal year 2018 to three cases in fiscal year 2022.

While the number of accepted reports decreased from fiscal year 2018 to fiscal year 2022, the percentage of high priority cases that required a quicker response by CPS caseworkers increased. Specifically, the number of reports requiring an investigation decreased by 13.1%, from 20,843 to 18,110, but the percentage of Priority 1 and 2 cases requiring caseworkers to initiate contact within 48 hours increased from 59.2% to 71.2%. Exhibit 14 compares the response priority distribution of the caseloads in fiscal years 2018 and 2022. Appendix C provides the number of accepted reports by the assigned response priority level and Appendix D provides the number of accepted and not accepted reports by type of reporter for fiscal years 2018 to 2022.

Exhibit 14
Distribution of Response Priorities in Accepted Reports
Fiscal years 2018 and Fiscal Year 2022

FY2018
20,843 Accepted Reports

FY2022
18,110 Accepted Reports

- P4
- P3
- P2
- P1

FY2018	FY2022
11.6%	8.1%
29.2%	20.7%
33.1%	42.1%
26.1%	29.1%

FY2018: 59.2% (P2 + P1)
FY2022: 71.2% (P2 + P1)

Source: Prepared by legislative auditor's staff using data received from DCFS' ACESS system.

While DCFS has strengthened its quality assurance processes to evaluate the work of CI staff, it does not have a CQI process to better understand the outcomes of CI's decisions and identify necessary improvements to CI decision-making and processes. Casey Family Programs recommends that effective hotlines establish a CQI process that identifies problems, hypothesizes causes, develops and tests solutions, and then makes decisions about future investments based on the results of those tests.[23] According to DCFS, supervisors are required to complete monthly quality assurance reviews for each intake worker by listening to one recorded call, reviewing the intake case in full, and completing the Call Review Instrument to provide feedback to the intake worker. In addition, starting in fiscal year 2022, Child Welfare Consultants within CI conduct monthly quality assurance reviews by reviewing three calls per intake staff. The reviews evaluate each CI staff's performance with regard to customer service, quality of information gathered from the reporter, the consistency between the intake narrative and the information gathered from the reporter, and the quality of the intake staff's decision making. DCFS states that these reviews helped CI to identify the need for additional training that is focused on DCFS child welfare policies and basic intake practices.

As both a first point of contact and gatekeeper to services and supports, an effective intake system is crucial for any child protection agency.

Source: *How do some states hire, train, and retain their hotline intake screeners?* Casey Family Programs, March 2018

DCFS however, has not established a CQI process that assesses CI's decision making by incorporating the findings of subsequent CPS investigations to identify any necessary improvements to the intake process. For example, Casey Family Programs recommends that child welfare agencies regularly examine data on the number of reports that were accepted for investigation but not substantiated and

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[23] "What are the elements of an effective hotline system?," Casey Family Programs, January 2018

determine which types of reports are most likely to be unsubstantiated. In addition, child welfare agencies could analyze data on accepted and substantiated reports from mandatory reporters to improve mandatory reporter training and analyze geographic data to identify communities from which a disproportionately high number of reports are received to target the development and placement of prevention services.

The federal Children's Bureau monitors state child welfare programs by periodically conducting Child and Family Service Reviews (CFSRs) *(see text box at right)*. One of the seven outcome measures assessed in the CFSR is whether states initiated responses to all accepted child abuse/neglect reports and made face-to-face contact with the child(ren) within the timeframes established by agency policies or state statutes. The CFSR Round 3 Review in 2018 found that DCFS substantially achieved this outcome in 69% of the 29 cases reviewed.[24] Since intake activities are included in the timeframes established for initiating investigations and making face-to-face contact with child(ren), DCFS should monitor the timeliness of intake activities as part of the CQI process to identify necessary improvements to the intake process.

> The Children's Bureau conducts CFSRs to achieve three goals:
>
> - Ensure conformity with federal child welfare requirements
>
> - Determine what is actually happening to children and families as they are engaged in child welfare services
>
> - Assist states in helping children and families achieve positive outcomes
>
> After a CFSR is completed, states develop a Program Improvement Plan to address areas in their child welfare services that need improvement.
>
> **Source**: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau

Recommendation 8: DCFS management should establish a CQI process that analyzes intake and investigations data, including the timeliness of intake activities, and recommends improvements to the intake process.

Summary of Management's Response: DCFS agreed with this recommendation. See Appendix A for DCFS' full response.

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[24] https://www.cfsrportal.acf.hhs.gov/cfsr-reports?field_rpt_type_value=All&title%5B%5D=Louisiana

APPENDIX A: MANAGEMENT'S RESPONSE

Department of Children & Family Services
Building a Stronger Louisiana

Executive Division
627 North 4th Street
Baton Rouge, LA 70802

(O) 225.342.0286
(F) 225.342.8636
www.dcfs.la.gov

John Bel Edwards, Governor
Terri Porche Ricks, Secretary

Date: August 31, 2023

Michael J. "Mike" Waguespack
Louisiana Legislative Auditor
P.O. Box 94397
Baton Rouge, LA 70804

Dear Mr. Waguespack:

The Department of Children and Family Services (DCFS) has reviewed the Child Welfare Centralized Intake Performance Audit Report. We appreciate your team's work on this audit and the feedback provided to the Department. Thank you for the opportunity to respond and provide information about our efforts in the Child Welfare Centralized Intake program.

Conclusion #1: The majority of reports received by CI during fiscal years 2018 through 2022 were from mandatory reporters such as school personnel and medical professionals. Since the online Mandated Reporter Portal (MRP) was established in August 2018, 57,164 (29.0%) of the 197,302 reports received by CI came in through the portal. In addition, emergency reports submitted through the MRP increased by 47.3%, from 239 reports in fiscal year 2019 to 352 reports in fiscal year 2022, despite the MRP informing mandatory reporters to report emergency reports through the hotline. While state law authorizes mandatory reporters to file reports through the MRP, DCFS' mandatory reporter training and the MRP advise mandatory reporters to only use the MRP for non-emergency reports of potential child abuse/neglect and to call in emergency reports to the hotline.

Recommendation 1: DCFS should communicate the importance of all mandatory reporters completing the training on a regular basis to stay informed about their responsibilities and use the MRP for only non-emergency reports.

Recommendation 2: DCFS should develop a strategy to manage increased reporting of emergency reports submitted through the MRP, which often contain insufficient information to make intake decisions and should have been called in to the hotline.

DCFS Response: DCFS clearly communicates expectations that the portal is not to be used for emergencies. These expectations are outlined in the Mandated Reporter training that is required for all mandated reporters and on the Mandated Reporter Portal (MRP) itself, which includes specific guidance and directions. The MRP requires reporters to respond to two acknowledgment statements to indicate the report is not emergent. The first acknowledgement requires the reporter to affirm whether the reported information does not involve a child fatality, drug-exposed newborn, human

trafficking, etc., and the second statement requires acknowledgement that there are no children in the report at immediate risk of harm. A positive response facilitates completion of the report in the portal. A negative response indicates the report is an emergency and the reporter is directed to the hotline.

DCFS is currently working with Franklin Associates to further enhance messaging around the appropriate use of the portal. The engagement is aimed at developing communication strategies and materials for the department in focused areas, including the MRP. DCFS and Franklin Associates will continue to focus on educating reporters about what to report, where to report, and when to report. DCFS will also implement a process to annually remind mandatory reporters via communication to certain professional associations of reporting expectations and methods.

As we work to educate mandatory reporters, the DCFS hotline will remain the primary intended method of communicating emergency reports. Through the hotline, staff can dialogue with the reporter and have a dynamic conversation relative to the issues surrounding their concerns. Because the hotline is the designated reporting mechanism for emergency reports, the majority of staff are scheduled to work the hotline throughout the day and night so that the call wait time remains manageable and true emergencies can be received timely. Centralized Intake staff monitor and assign reports received via the portal throughout the shifts. However, many intakes submitted through the portal are incomplete and often require a call back to the reporter for additional information. If upon initial review, reports in the portal are identified as an emergency, it is elevated to the field staff for immediate assistance to avoid delays.

DCFS will continue to monitor the portal and intakes will be assigned as completed. If additional staff are allocated to CI, DCFS will explore the option of establishing a full time daily portal team dedicated to assessing portal intakes. DCFS needs 14 additional staff in Centralized Intake.

Conclusion #2: DCFS has not developed performance targets for all important hotline metrics including wait time, callbacks, and the number of calls abandoned that would help it evaluate CI performance. Without performance targets or goals for these metrics, it is difficult for management to determine if CI is answering calls and processing reports of abuse and neglect timely.

Recommendation 3: DCFS should develop and monitor additional performance targets for CI such as average speed to answer, callbacks, and number of calls abandoned so it can fully evaluate CI's performance in operating the hotline.

DCFS Response: DCFS Centralized Intake management receives daily hotline data and utilizes it to monitor trends for staffing purposes. The focus of monitoring the hotline data is to assess the need for additional staff or an adjustment of staff on shifts daily. The data is also used to assess overtime needs so the case queue is cleared by the end of each day. The CI manager focuses on abandoned calls and wait times to determine the staffing of shifts.

Earlier this year, DCFS began work with Casey Family Programs to address the increase in intakes and accepted reports with current staffing levels. This work involves analyzing data from accepted

reports and validated investigations to determine where policy and procedure changes can be considered. This work will potentially lead to a better distribution of staffing resources in CI and will assist the program in setting realistic target goals for key tasks in CI.

DCFS will research industry standards and best practice for CI to develop performance targets for key data points which impact the effectiveness of the call center's operation. This will include live calls, callbacks, speed to answer, abandoned calls, and other pertinent measures that impact effective and efficient performance. Once the performance targets are set, DCFS will monitor data on a weekly, monthly, and quarterly basis to evaluate CI's performance in operating the hotline.

Conclusion #3:
DCFS should use hotline data on call volume and other metrics to determine appropriate staffing levels. Since 2011, CI has used nine overlapping shifts but these shifts are not based on an analysis of call volume.

Recommendation 4: DCFS should ensure that its contractor continues to retain its child abuse/neglect hotline call data as required in the contract.

Recommendation 5: DCFS should work with the contractor to adjust the report formats to include more relevant and useful monthly call volume data so that it can analyze trends and make appropriate staffing decisions.

DCFS Response: DCFS requires the contractor retain all hotline call recordings and records for at least 5 years. DCFS will meet with the contractor to reiterate data and call recording retention requirements and clearly define a format for accurately calculating, reporting, and submitting call data. DCFS will monitor the contractor's compliance with record retention requirements on a regular basis and provide a monthly report to the CI Manager.

DCFS Response: The contractor is required to submit reports regarding hotline metrics. DCFS will work with the contractor to develop a report with relevant and useful data for trend analysis. The report will be submitted by the contractor on a daily basis and rolled up into a monthly report that is submitted to the CI Manager.

Recommendation 6: DCFS should analyze its hotline call data to determine if simplifying its shift schedule to minimize shift changes during peak call times results in fewer abandoned calls and shorter wait times.

Recommendation 7: DCFS should analyze trends in monthly and daily hotline call volume to adjust or increase staffing and reduce the average speed to answer and number of abandoned calls during peak call periods.

DCFS Response: DCFS will research shift schedules of other Child Welfare agencies and review call center data to determine if fewer shifts or different shift times would be advantageous. DCFS will also monitor call trends and utilize data to help identify ways to balance the workload and distribution of staff assignments proportionate to call volume.

DCFS currently uses hotline and portal data to assess needs and determine staffing levels for existing staff and to determine additional staffing needs to minimize call wait time and abandoned calls.

On a daily basis, DCFS Centralized Intake management assesses call volume and adjusts staffing accordingly to address fluctuations. Depending on the call volume, staff may be pulled in for overtime work and shift assignment adjustments may be imposed during the workday to clear the supervisor queue and portal entries.

DCFS will work with the contractor to explore additional data reporting formats to expand data captured for trends analyses of different timeframes (i.e. Monthly, Quarterly, etc.); to help and provide a systemic view for evaluating the performance of the hotline.

Conclusion #4:
DCFS reduces the risk of incorrectly accepting or not accepting reports of child abuse/neglect by requiring two levels of review for each intake decision. In addition, DCFS has strengthened its quality assurance processes to evaluate the work of CI staff. Establishing a continuous quality improvement (CQI) process could help DCFS better understand the outcomes of CI's decisions and identify necessary improvements to CI decision-making and processes.

Recommendation 8: DCFS management should establish a CQI process that analyzes intake and investigations data, including the timeliness of intake activities, and recommends improvements to the intake process.

DCFS Response: DCFS CI has a robust QA/CQI process that requires a 2-level approval at the time of intake and acceptance; a 100% review of non-accepted reports with no action required; random review of other dispositions such as accepted for investigation, refer to another agency, information to a reporter, and refer to Law Enforcement/Foster Care. These QA/CQI activities are all designed to enhance consistent decision-making at the worker, supervisor, and manager levels. The QA/CQI review findings are used for training purposes with CI staff and for making policy revisions as needed.
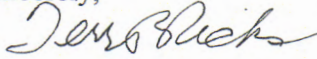
DCFS also performs a CQI case review and reporting process which is mandated by the Administration for Children and Family Services. This federal CQI process has defined outcomes from the point of initiating an investigation through case closure but does not assess intake activities. DCFS has an internal team of CQI reviewers and a contracted CQI vendor that conducts case reviews in the Department for compliance with federal outcomes.

DCFS will research and implement performance targets and include data analysis as part of the overall CQI process to identify improvements in the intake process.

If you have additional questions about the Child Welfare Centralized Intake program, please contact Deputy Assistant Secretary Karla Venkataraman at Karla.Venkataraman.DCFS@LA.GOV.

Sincerely,

Terri Porche Ricks
Secretary

Cc: Amanda Brunson, Assistant Secretary
    Karla Venkataraman, Deputy Assistant Secretary

LOUISIANA LEGISLATIVE AUDITOR

Agency: Department of Children and Family Services

Audit Title: Child Welfare Centralized Intake

Audit Report Number: 40220022

Instructions to Audited Agency: Please fill in the information below for each recommendation. A summary of your response for each recommendation will be included in the body of the report. The entire text of your response will be included as an appendix to the audit report.

Finding 1: The majority of reports received by CI during fiscal years 2018 through 2022 were from mandatory reporters such as school personnel and medical professionals. Since the online Mandated Reporter Portal (MRP) was established in August 2018, 57,164 (29.0%) of the 197,302 reports received by CI came in through the portal. In addition, emergency reports submitted through the MRP increased by 47.3%, from 239 reports in fiscal year 2019 to 352 reports in fiscal year 2022, despite the MRP informing mandatory reporters to report emergency reports through the hotline.
Recommendation 1: DCFS should communicate the importance of all mandatory reporters completing the training on a regular basis to stay informed about their responsibilities and using the MRP for only non-emergency reports.
Does Agency Agree with Recommendation? [x] Agree [ ] Disagree
Agency Contact Responsible for Recommendation: Denise Evans
Name/Title: Denise Evans/Child Welfare Manager 2
Address: 627 N. Fourth Street, 3rd Floor
City, State, Zip: Baton Rouge, LA 70802
Phone Number: 225-229-8904
Email: Denise.Evans.DCFS@LA.GOV
Recommendation 2: DCFS should develop a strategy to manage increased reporting of emergency reports submitted through the MRP, which often contain insufficient information to make intake decisions and should have been called in to the hotline.
Does Agency Agree with Recommendation? [x] Agree [ ] Disagree
Agency Contact Responsible for Recommendation:
Name/Title: Denise Evans/Child Welfare Manager 2
Address: 627 N. Fourth Street, 3rd Floor
City, State, Zip: Baton Rouge, LA 70802
Phone Number: 225-229-8904
Email: Denise.Evans.DCFS@LA.GOV

Finding 2: DCFS has not developed performance targets for all important hotline metrics including wait time, callbacks, and the number of calls abandoned that would help it evaluate CI performance. Without performance targets or goals for these metrics, it is difficult for management to determine if CI is answering calls and processing reports of abuse and neglect timely.
Recommendation 3: DCFS should develop and monitor additional performance targets for CI such as average speed to answer, callbacks, and number of calls abandoned so it can fully evaluate CI's performance in operating the hotline.
Does Agency Agree with Recommendation? [x] Agree [ ] Disagree
Agency Contact Responsible for Recommendation:
Name/Title: Denise Evans/Child Welfare Manager 2
Address: 627 N. Fourth Street, 3rd Floor
City, State, Zip: Baton Rouge, LA 70802
Phone Number: 225-229-8904
Email: Denise.Evans.DCFS@LA.GOV

Finding 3: DCFS should use hotline data on call volume and other metrics to determine appropriate staffing levels. Since 2011, CI has used nine overlapping shifts but these shifts are not based on an analysis of call volume.
Recommendation 4: DCFS should ensure that its contractor continues to retain its child abuse/neglect hotline call data as required in the contract.
Does Agency Agree with Recommendation?   [X] Agree [ ] Disagree
Agency Contact Responsible for Recommendation:
Name/Title: Denise Evans/Child Welfare Manager 2
Address: 627 N.Fourth Street, 3rd Floor
City, State, Zip: Baton Rouge, LA 70802
Phone Number: 225-229-8904
Email: Denise.Evans.DCFS@LA.GOV
Recommendation 5: DCFS should work with the contractor to adjust the report formats to include more relevant and useful monthly call volume data so that it can analyze trends and make appropriate staffing decisions.
Does Agency Agree with Recommendation?   [x] Agree [ ] Disagree
Agency Contact Responsible for Recommendation:
Name/Title: Denise Evans/Child Welfare Manager 2
Address: 627 N. Fourth Street, 3rd Floor
City, State, Zip: Baton Rouge, LA 70802
Phone Number: 225-229-8904
Email: Denise.Evans.DCFS@LA.GOV
Recommendation 6: DCFS should analyze its hotline call data to determine if simplifying its shift schedule to minimize shift changes during peak call times results in fewer abandoned calls and shorter wait times.
Does Agency Agree with Recommendation?   [x] Agree [ ] Disagree
Agency Contact Responsible for Recommendation:

Name/Title: Denise Evans/Child Welfare Manager 2	
Address: 627 N. Fourth Street, 3rd Floor	
City, State, Zip: Baton Rouge, LA 70802	
Phone Number: 225-229-8904	
Email: Denise.Evans.DCFS@LA.GOV	

Recommendation 7: DCFS should analyze trends in monthly and daily hotline call volume to adjust or increase staffing and reduce the average speed to answer and number of abandoned calls during peak call periods.

Does Agency Agree with Recommendation? [x] Agree [ ] Disagree

Agency Contact Responsible for Recommendation:

Name/Title: Denise Evans/Child Welfare Manager 2

Address: 627 N. Fourth Street, 3rd Floor

City, State, Zip: Baton Rouge, LA 70802

Phone Number: 225-229-8904

Email: Denise.Evans.DCFS@LA.GOV

Finding 4: DCFS reduces the risk of incorrectly accepting or not accepting reports of child abuse/neglect by requiring two levels of review for each intake decision. In addition, DCFS has strengthened its quality assurance processes to evaluate the work of CI staff. Establishing a continuous quality improvement (CQI) process could help DCFS better understand the outcomes of CI's decisions and identify necessary improvements to CI decision-making and processes.

Recommendation 8: DCFS management should establish a CQI process that analyzes intake and investigations data, including the timeliness of intake activities, and recommends improvements to the intake process.

Does Agency Agree with Recommendation? [x] Agree [ ] Disagree

Agency Contact Responsible for Recommendation:

Name/Title: Denise Evans/Child Welfare Manager 2

Address: 627 N. Fourth Street, 3rd Floor

City, State, Zip: Baton Rouge, LA 70802

Phone Number: 225-229-8904

Email: Denise.Evans.DCFS@LA.GOV

APPENDIX B: SCOPE AND METHODOLOGY

This report provides the results of our performance audit of the Department of Children and Family Services' (DCFS) process for receiving and processing reports of potential child abuse/neglect statewide. We conducted this performance audit under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. This audit covered fiscal years 2018 through 2022. Our audit objective was:

To evaluate DCFS' Centralized Intake process.

We conducted this performance audit in accordance with generally-accepted *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

We obtained an understanding of internal control that is significant to the audit objective and assessed the design and implementation of such internal control to the extent necessary to address our audit objective. We also obtained an understanding of legal provisions that are significant within the context of the audit objective, and we assessed the risk that illegal acts, including fraud, and violations of applicable contract, grant agreement, or other legal provisions could occur. Based on that risk assessment, we designed and performed procedures to provide reasonable assurance of detecting instances of noncompliance significant to those provisions.

To answer our objective, we performed the following audit steps:

- Researched relevant federal and state laws, regulations, and policies related to Centralized Intake (CI).

- Reviewed other state audits of centralized intake and child abuse/neglect hotlines.

- Reviewed previous audits of DCFS' Division of Child Welfare.

- Researched relevant best practices for intake and screening of child abuse/neglect reports and child welfare agencies.

- Interviewed DCFS management and staff to obtain an understanding of the CI unit.

- Obtained and analyzed hotline call center data from DCFS' vendors and DCFS during calendar years 2018 through 2022 to determine

patterns and trends in call volume, number of calls answered live, number of callbacks, number of calls abandoned, number of calls disconnected, and average speed to answer.

- Obtained and reviewed the contract between DCFS and its current call center vendor.

- Obtained and analyzed intake cases from DCFS' ACESS system for fiscal years 2018 through 2022 to determine changes in the number of reports received and accepted for investigation, number of reports received from mandatory and non-mandatory reporters, compliance with criteria for accepting cases for investigation, and changes in response priority levels.

- Analyzed LaGov reports of the Division of Child Welfare's revenues and expenditures during fiscal years 2018 through 2022.

- Analyzed LaGov reports to determine changes in CI's staffing.

- Requested information on hotline staffing from neighboring states' child welfare agencies that have centralized intake like DCFS including Florida, Georgia, Kentucky, Mississippi, South Carolina, Texas, Tennessee, and Arkansas.

- Provided preliminary results of our analyses to DCFS to obtain feedback on our methodology, as well as confirm results.

APPENDIX C: NUMBER OF ACCEPTED REPORTS BY RESPONSE PRIORITY LEVEL
FISCAL YEARS 2018 TO 2022

Fiscal Year	Priority 1	Priority 2	Priority 3	Priority 4	Other*	Total
2018	5,430	6,898	6,096	2,416	3	20,843
2019	5,541	7,156	5,638	2,352	-	20,687
2020	4,720	6,645	4,245	1,454	-	17,064
2021	4,911	6,760	3,431	1,339	-	16,441
2022	5,276	7,629	3,740	1,465	-	18,110
Total	**25,878**	**35,088**	**23,150**	**9,026**	**3**	**93,145**

*These reports were assigned priority 8 and 9, which DCFS no longer uses.
Source: Prepared by legislative auditor's staff using information received from DCFS.

APPENDIX D: NUMBER OF ACCEPTED REPORTS BY TYPE OF REPORTER FISCAL YEARS 2018 TO 2022

Type of Reporter	FY2018 Accepted Reports	FY2018 Not Accepted Reports	FY2019 Accepted Reports	FY2019 Not Accepted Reports	FY2020 Accepted Reports	FY2020 Not Accepted Reports	FY2021 Accepted Reports	FY2021 Not Accepted Reports	FY2022 Accepted Reports	FY2022 Not Accepted Reports
Mandatory Reporters										
Agency Staff	621	728	587	679	446	591	334	420	390	310
CASA Volunteer	28	56	22	76	19	57	12	45	15	41
Day Care	137	304	155	440	101	394	105	420	125	610
DCFS Licensing	15	35	32	84	19	81	28	128	20	149
Dental Professionals	12	9	13	6	2	5	4	7	6	7
Law Enforcement	2,936	2,452	2,997	2,438	2,540	2,453	2,813	2,818	2,734	2,640
Medical Professionals	4,312	4,169	4,555	4,223	4,081	4,058	4,388	4,364	4,337	4,071
Mental Health Professionals	814	2,186	902	2,760	747	2,736	677	2,950	865	3,085
OFS Child Care Assistance	3	4	2	2	2	6	1	3	-	2
Parenting Coordinator	1	3	3	20	5	12	6	15	6	10
School Personnel	4,444	6,113	4,428	6,763	3,344	5,793	2,811	5,723	4,095	7,275
Social Service Professionals	1,053	2,570	896	2,394	787	2,311	743	2,692	957	3,041
Substitute Care	81	446	96	347	91	247	50	161	68	183
Non-Mandatory Reporters										
Anonymous	1,762	3,182	1,820	3,298	1,316	3,025	1,160	2,997	1,257	2,811
Neighbor/Friend	809	1,012	739	1,017	650	1,070	614	1,011	574	858
Other	654	1,428	548	1,472	536	1,524	410	1,230	453	1,229
Parent	1,252	3,194	1,241	3,242	950	2,989	932	2,865	896	2,798

Type of Reporter	FY2018		FY2019		FY2020		FY2021		FY2022	
	Accepted Reports	Not Accepted Reports	Accepted Reports	Not Accepted Reports	Accepted Reports	Not Accepted Reports	Accepted Reports	Not Accepted Reports	Accepted Reports	Not Accepted Reports
Perpetrator	50	27	29	28	19	12	15	12	24	26
Relative	1,765	3,105	1,545	2,871	1,345	2,824	1,255	2,640	1,197	2,502
Sibling	45	58	19	25	23	34	23	38	31	63
Victim	49	66	58	69	41	72	60	106	60	96
(blank)	-	12	-	-	-	-	-	-	-	-
Total	**20,843**	**31,159**	**20,687**	**32,254**	**17,064**	**30,294**	**16,441**	**30,645**	**18,110**	**31,807**

Source: Prepared by legislative auditor's staff using information received from DCFS.

APPENDIX E: DCFS HOTLINE CALL STATISTICS CALENDAR YEARS 2018 THROUGH 2022

Report Month and Year	Total Calls	Calls Answered Live	Callbacks*	Calls Abandoned	Caller Disconnects	Average ASA (minutes)	Vendor
January 2018	6,389	4,254	N/A	2,135	N/A	4.0	Vendor 1
February 2018	5,695	4,238	N/A	1,457	N/A	3.3	Vendor 1
March 2018	6,492	3,488	N/A	3,004	N/A	7.7	Vendor 1
April 2018	6,169	4,135	N/A	2,034	N/A	5.0	Vendor 1
May 2018	6,150	4,498	N/A	1,652	N/A	3.5	Vendor 1
June 2018	5,203	4,318	N/A	885	N/A	2.2	Vendor 1
July 2018	5,700	4,641	N/A	1,059	N/A	2.2	Vendor 1
August 2018	7,350	2,804	N/A	4,546	N/A	11.9	Vendor 1
September 2018	6,606	2,953	N/A	3,653	N/A	9.4	Vendor 1
October 2018	7,006	5,189	N/A	1,817	N/A	3.4	Vendor 1
November 2018	5,499	4,603	N/A	896	N/A	1.7	Vendor 1
December 2018**	No Data Provided						Vendor 1
January 2019	5,741	4,817	N/A	924	N/A	0.7	Vendor 1
February 2019	5,300	4,664	N/A	636	N/A	1.4	Vendor 1
March 2019***	2,030	1,112	479	369	70	4.6	Vendor 1 and 2
April 2019	7,384	4,688	1,376	1,048	272	3.4	Vendor 2
May 2019	7,523	4,943	1,224	1,034	322	3.0	Vendor 2
June 2019	6,245	4,589	678	692	286	2.3	Vendor 2
July 2019	6,633	4,678	827	786	342	2.7	Vendor 2
August 2019****	4,767	3,265	654	621	227	2.6	Vendor 2
September 2019	No Data Provided						Vendor 2
October 2019	No Data Provided						Vendor 2
November 2019	No Data Provided						Vendor 2
December 2019	No Data Provided						Vendor 2

Report Month and Year	Total Calls	Calls Answered Live	Callbacks*	Calls Abandoned	Caller Disconnects	Average ASA (minutes)	Vendor
January 2020*****	1,735	897	480	314	44	4.4	Vendor 2
February 2020	6,323	3,898	1,229	966	230	2.8	Vendor 2
March 2020	6,187	3,965	859	1,008	355	2.5	Vendor 2
April 2020	5,675	4,084	160	892	539	1.4	Vendor 2
May 2020	4,967	4,049	120	444	354	1.7	Vendor 2
June 2020	5,342	4,498	157	400	287	1.5	Vendor 2
July 2020	5,666	4,659	198	497	312	1.7	Vendor 2
August 2020	6,002	4,840	260	575	327	2.8	Vendor 2
September 2020	6,731	5,091	447	838	355	2.9	Vendor 2
October 2020	6,195	4,913	378	636	268	2.0	Vendor 2
November 2020	5,331	4,297	288	511	235	1.6	Vendor 2
December 2020	5,167	4,151	248	506	262	1.4	Vendor 2
January 2021	5,567	4,442	320	538	267	2.4	Vendor 2
February 2021	5,554	3,831	614	833	276	2.7	Vendor 2
March 2021	6,931	4,570	991	1,123	247	4.6	Vendor 2
April 2021	6,513	4,132	979	1,154	248	5.4	Vendor 2
May 2021	5,540	4,431	304	568	237	2.2	Vendor 2
June 2021	5,541	4,251	376	653	261	2.5	Vendor 2
July 2021	5,827	4,676	324	562	265	2.1	Vendor 2
August 2021	6,381	4,693	632	782	274	2.7	Vendor 2
September 2021	6,220	4,443	559	918	300	3.0	Vendor 2
October 2021	7,192	4,357	1,237	1,359	239	5.8	Vendor 2
November 2021	6,242	3,320	1,359	1,399	164	8.5	Vendor 2
December 2021	5,849	2,966	1,366	1,332	185	9.9	Vendor 2
January 2022	5,919	3,336	1,176	1,187	220	7.4	Vendor 2
February 2022	6,498	3,036	1,704	1,621	137	12.0	Vendor 2
March 2022	6,892	3,521	1,674	1,531	166	11.1	Vendor 2

Report Month and Year	Total Calls	Calls Answered Live	Callbacks*	Calls Abandoned	Caller Disconnects	Average ASA (minutes)	Vendor
April 2022	6,313	3,509	1,313	1,309	182	8.5	Vendor 2
May 2022	6,716	3,658	1,420	1,421	217	8.2	Vendor 2
June 2022	5,922	4,326	562	771	263	3.6	Vendor 2
July 2022	5,474	3,676	749	873	176	4.2	Vendor 2
August 2022	6,698	3,744	1,483	1,322	149	9.9	Vendor 2
September 2022	6,331	3,049	1,722	1,447	113	11.9	Vendor 2
October 2022	5,644	3,376	1,102	1,031	135	9.1	Vendor 2
November 2022	5,753	2,922	1,385	1,309	137	12.2	Vendor 2
December 2022	4,703	2,686	975	926	116	8.6	Vendor 2

*Callbacks were not tracked under DCFS' previous vendor (Vendor 1).
**Data could not be provided by DCFS or Vendor 1.
***We only received partial hotline data for the month of March 2019. Vendor 1 did not provide hotline data for March 1, 2019 to March 21, 2019. Hotline data for March 22, 2019 to March 31, 2019 was obtained from DCFS.
****We only received partial hotline data for the month of August 2019 from DCFS. The current vendor (Vendor 2) could not provide any hotline data for the month of August 2019.
*****We received only five days of hotline data for January 2020 from both DCFS and Vendor 2.
Source: Prepared by legislative auditor's staff using data from DCFS.