

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

February 15, 2024

SENT VIA ELECTRONIC MAIL

The Honorable Donny Lambeth, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 620, Legislative Office Building
Raleigh, NC 27603

The Honorable Joyce Krawiec, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 308, Legislative Office Building
Raleigh, NC 27603


The Honorable Larry Potts, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 307B1, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

Session Law 2021-180, Section 9I.13.(c), requires the Department of Health and Human Services to submit a progress report to the Joint Legislative Oversight Committee on Health and Human Services on its development and implementation of the required statewide CPS hotline. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

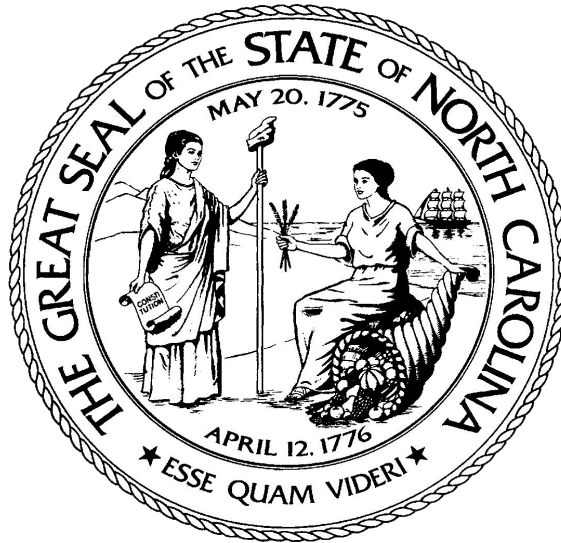
Should you have any questions regarding this report, please contact Karen Wade, Director of Policy, at Karen.Wade@dhhs.nc.gov.

Sincerely,

DocuSigned by:

45A8654FA28C41F... on behalf of Kody H. Kinsley
Kody H. Kinsley
Secretary

Progress Report on the Development and Implementation of Statewide Child Protective Services Hotline

Session Law 2021-180, Section 9I.13.(c)



Report to the

**Joint Legislative Oversight Committee on
Health and Human Services**

by

North Carolina Department of Health and Human Services

February 15, 2024

BACKGROUND

SL 2021-180, Section 9I.13.(c) amended S.L. 2021-132, Section 3 to require:

"Section 3.(a) The Department of Health and Human Services shall develop and implement a statewide child protective services (CPS) hotline. The Department shall establish a planning and evaluation team consisting of three child welfare staff representing at least three county departments of social services that will provide input on the hotline to include, at a minimum, all of the following:

- (1) A fiscal analysis on the creation and implementation of a statewide CPS hotline.*
- (2) Quantify the total up-front, one-time costs to implement the statewide CPS hotline, including any State or county savings that would be incurred through the full implementation of and transition to a statewide CPS hotline.*
- (3) Recommendations on the operational needs for the statewide CPS hotline, including adequate staffing levels to ensure a responsive and timely system.*
- (4) Evaluation of whether a county may opt out of the statewide CPS hotline.*
- (5) Recommendations of defined measures, goals, and service level agreements to evaluate the performance of the hotline.*
- (6) A timeline for implementation of the statewide CPS hotline that is aligned and coordinated with the Department of Health and Human Services, Division of Social Services, and local county departments of social services, including the implementation of intake and assessment technology as a precondition to the operation of a statewide CPS hotline.*
- (7) An assessment of the feasibility of an integrated statewide CPS hotline for both child protective services and adult protective services.*

"SECTION 3.(b) The Department shall submit a progress report on its development and implementation of the statewide CPS hotline required by this section to the Joint Legislative Oversight Committee on Health and Human Services no later than September 1, 2022."

This report reflects the progress on the development and implementation of the statewide Child Protective Services (CPS) hotline as required by S.L. 2021-180, Section 9I.13.(c).

Pursuant to Section 3.(a), the Department of Health and Human Services (DHHS) established a planning and evaluation team and engaged Public Knowledge to conduct a study and develop an operational plan for creating and implementing a statewide CPS hotline. Please find below information in response to the operational questions outlined in the legislation referenced above:

1) A fiscal analysis on the creation and implementation of a statewide CPS hotline.

DHHS estimates that the creation and implementation of a statewide CPS hotline, with sufficient staffing for trained professionals to receive and screen calls 24 hours a day, 7 days a week, would incur one-time costs of \$1,506,000, and recurring annual costs of \$11,925,480 per year.

2) Quantify the total up-front, one-time costs to implement the statewide CPS hotline, including any State or county savings that would be incurred through the full implementation of and transition to a statewide CPS hotline.

The estimate of one-time costs for the recommended approach of operating a hybrid call center (with some staff working in a leased physical facility and others working remotely) is \$1,506,000. Direct savings from the implementation of a statewide hotline would be experienced by counties, which are currently operating and largely funding CPS intake. The state would incur the new cost of operating the hotline. DHHS would not attempt to recover savings from the counties, but rather encourage counties to invest their savings to improve their capacity to provide high quality CPS assessments.

3) Recommendations on the operational needs for the statewide CPS hotline, including adequate staffing levels to ensure a responsive and timely system.

Based on an analysis of county intake data from 2019 to 2021 (adjusted upward to account for the impact of the pandemic on call volume and an expected increase in calls consistent with the experience of other states that have implemented a statewide CPS hotline), DHHS estimates that the hotline will receive 157,000 calls annually. Accordingly, DHHS projects that total hotline staffing of 126 full time workers will be needed to meet industry standards.

4) Evaluation of whether a county may opt out of the statewide CPS hotline.

Permitting counties to opt out of the statewide CPS hotline would negate many of the benefits of implementing a statewide hotline:

- The process of making a report would be simplified for the public by creating a single, easy-to-remember telephone number, for making reports anywhere in the state.
- A live, intake professional would answer calls of suspected maltreatment to assure that calls are received and responded to promptly, that calls are not lost, and that the process of making a report is more user friendly.
- A centralized hotline would assure that information is gathered and screened according to state law and policy, children requiring a CPS assessment are accurately identified, intake is conducted consistently across the state, and data is gathered and used to improve system functioning.

5) Recommendations of defined measures, goals, and service level agreements to evaluate the performance of the hotline.

Recommended metrics and system reporting for evaluation and continuous quality improvement include:

- Hotline utilization by reporters
- Efficiency of hotline operations
- Monthly, weekly, daily, hourly call volume
- Rate of dropped or abandoned calls
- Hold time standards and call-back capabilities
- Call duration by screener
- Number of calls answered by screener by shift
- Consistency and accuracy of screening decisions
- Successful handoff of accepted CPS reports to counties

- User satisfaction
- Hiring, retention, and employee satisfaction

DHHS also recommends development of recruitment and hiring procedures to ensure adequate staffing levels and minimum education and experience standards, as well as training for hotline screeners consistent with state statutes and policies for acceptance of reports, intake, screening decisions, and successful hand off to counties.

Additional considerations include:

- Continuity of service through power outages, equipment failure, and emergencies
- System and process for assigning accepted reports to counties
- Reporting, monitoring, and quality assurance
- Required notifications to law enforcement and persons making CPS reports
- Translation services
- Referrals to services and other community resources when reports are screened out

6) A timeline for implementation of the statewide CPS hotline that is aligned and coordinated with the Department of Health and Human Services, Division of Social Services, and local county departments of social services, including the implementation of intake and assessment technology as a precondition to the operation of a statewide CPS hotline.

DHHS is currently developing a statewide child welfare information system (CWIS), including a new structured intake tool. Implementation of a statewide CPS hotline would have to be coordinated with rollout of the intake module of the CWIS to all 100 counties, allowing hotline screeners adequate access to county child welfare records and history.

A tentative timeline for phased implementation of the statewide CPS hotline projects that the hotline would be operational with a first wave of counties 30 months after passage of enabling legislation and would be operational in all 100 counties 12 months later.

7) An assessment of the feasibility of an integrated statewide CPS hotline for both child protective services and adult protective services (APS).

An integrated CPS/APS hotline has potential to bring similar benefits to CPS and APS with somewhat increased costs, risks, and challenges. An integrated CPS/APS hotline would result in an estimated call volume increase of 27%. Accordingly, one-time costs are estimated to be \$1,912,000 and annual recurring costs \$14,340,960.

Challenges or risks in an integrated hotline include:

- The need to coordinate management of the hotline across divisions
- The need for screeners to receive training and develop skills in CPS and APS intake
- Potential challenges accessing county APS history and records

CONCLUSION

DHHS has taken the operational plan under advisement and is exploring what, if any, of the recommendations should be adopted and implemented. Full implementation of a statewide CPS hotline would require multiple rounds of legislation, allocation of at least \$1.5 million in non-recurring funds and \$12 million in recurring funds per year, hiring of 126 new staff, and acquisition of a physical site for the call center, and is expected to take at least 3-5 years from passage of enabling legislation.