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MEMORANDUM

TO: Government Oversight Committee
FROM: Department of Health and Human Services, Office of Child and Family Services
DATE: September 19, 2023
RE: Request Regarding OCFS Call Wait Times and Intake Hotline

Senator Hickman, Representative Fay, and honorable members of the Government Oversight Committee,

This memorandum responds to your questions related to call times for constituents reaching out to the Office of Child and Family Services (OCFS) as well as your questions about how the OCFS Child Protective Intake Hotline operates.

OCFS upgraded the phone system and call center software for the Child Protective Intake Hotline in June 2019, in partnership with the Maine Office of Information Technology (OIT), Carousel Industries, Avaya, and SwampFox. These updates were completed to enhance call response times and call center technology. During the upgrade, OCFS differentiated two separate queues for child welfare calls. One queue is dedicated to law enforcement, medical, and judiciary staff: all calls from these reporters are triaged at a higher priority and answered prior to other calls. The other queue handles reports from all other callers regarding child welfare.

After the implementation of the new Comprehensive Child Welfare Information System (CCWIS) in early 2022, the Child Protective Intake Hotline also began taking referrals from specific mandated reporters through an electronic Mandated Reporter Portal (MRP) tied directly to the CCWIS system (Katahdin). This was authorized by PL 2021, Ch. 116. The MRP went live for use in March 2022 and allows specific mandated reporters authorized by statute to report electronically. This includes school, medical, and law enforcement personnel. Between March 2022 and August 2023, Intake Unit staff have received and processed a total of 3,375 child welfare referrals electronically through the MRP.

The Child Protective Intake Hotline is staffed and operational 24 hours a day, 7 days a week – including all weekends, holidays, and other non-traditional hours. Afterhours, the Intake Unit is responsible for handling all requests for consent to treat both children in OCFS' care and adults who are in guardianship through Adult Protective Services. The Intake Unit also receives all afterhours reports of suspected abuse/neglect or exploitation to adults.

What is your best available data or understandings about how long current customer wait times may be at present, when calling DHHS for assistance?

In August 2023, the overall average wait time to speak with Child Protective Intake Hotline staff to report suspected abuse or neglect was 2 minutes, 25 seconds (2:25). The average wait time to reach a Child Protective Intake Hotline Staff member on our Law Enforcement/Medical/Judicial queue was 2 minutes,

14 seconds (2:14) and the average wait time in the “all other” Child Welfare queue was 2 minutes, 37 seconds (2:37).

How are you measuring any such wait times?

OCFS has a Call Monitoring System (CMS), which is our call center system, maintained by the OIT. The CMS tracks incoming calls, time waiting in queue, schedule adherence, hold time, and after call work. This tool is monitored throughout each shift in real time by Intake Unit Supervisors who oversee the work completed by Intake Unit Caseworkers. The CMS also furnishes historical reports that provide weekly and monthly Child Protective Intake Hotline data used to measure both individual caseworker performance as well as the overall performance of the Intake Unit Staff. These reports are reviewed and monitored by the Intake Unit Program Administrator and supervisory staff.

How have customer call wait times changed, if at all, since April 2019?

In April 2019, the average wait time to report suspected child abuse/neglect to our Child Protective Intake Hotline was 3 minutes, 16 seconds (3:16). After upgrading the hotline technology in June 2019, the overall average wait time for callers to report abuse/neglect was 1 minute, 36 seconds (1:36). In June 2023, the average caller wait time was 3 minutes, 31 seconds (3:31) and in July 2023, the average caller wait time was 2 minutes, 39 seconds (2:39).

Please provide any available data on how many callers have encountered a “no one is available to take your call”-type message, or otherwise “given up” and ended the call.

When callers are unable to reach an Intake Caseworker immediately upon placing a call to the hotline, there are three potential options available for them to choose from. First, callers will hear an automated message indicating the parameters of the current wait time which can assist the caller in deciding how to proceed. After hearing the wait time, callers are informed that they may choose to: (1) wait in queue for the next available staff person; (2) have a staff person call them back automatically without losing their place in line; or (3) if/when the caller decides to wait on hold, they subsequently receive an additional option to leave a voicemail for the Intake Unit.

When callers choose to leave a voicemail, Intake Hotline staff make at least two attempts to contact the caller. Each voicemail received within the Child Protective Intake Hotline is triaged by daily assigned staff and called back primarily in order of receipt of the voicemail, although priority is given to the urgent nature of the message (i.e., voicemail regarding a child with reported serious injuries would be prioritized over a message regarding a neighbor dispute and conflict). Since voicemails are manually called back by staff assigned on each shift around the clock, there is no automated process to quantify the total number of voicemails successfully returned to the caller.

Prior to June 2019, of these three options, the Child Protective Intake Hotline had only the voicemail option. With the upgrade implemented in June 2019, using the SwampFox application and Agent Desktop software, Intake began offering First-in-Line callback as an option for callers to keep their place in line, without needing to wait on hold. First-in-Line callback features are offered to callers 8 a.m.-8 p.m. daily, whenever there is a 5-minute or greater wait time. Between June 10, 2021, and August 31, 2023, 4,726 callers have opted to utilize the First-in-Line callback feature as opposed to waiting on hold or leaving a traditional voicemail. Of those callers, 4,371 (92%) were able to be automatically called back to complete their report successfully.

At times, callers will opt to end their call prior to connecting live and choose not to leave a voicemail or receive a First-in-Line callback. When considering this abandoned call data, there is no way to easily discern which callers may have decided to subsequently call back and receive assistance, to hang up and use the mandated reporter portal, or otherwise ensure their concerns were reported. Reviewing a raw number of abandoned calls does not equate to the number of child welfare reports not received or callers not served, as many of the calls may be duplicative and/or callers may have been served in another way.

The following summarizes annual “abandonment call rates” for Child Protective Intake Hotline calls for calendar years (CY) 2019 through August 2023:

CY 2019: 11%

CY 2020: 6%

CY 2021: 8%

CY 2022: 12%

CY 2023 (through 8/31/23): 10%

What, if any, DHHS performance metrics or standards govern the acceptable call waiting times for customers seeking any or all types of agency assistance, and are there any differing service levels offered for urgent or emergency matters?

For individual call handling and receipt of both Child Protective and afterhours Adult Protective referrals, OCFS has detailed call monitoring expectations, measures, and procedures. Our goal is to answer 90% of incoming calls live. That said, our ability to meet this goal is in part dependent on whether callers choose to remain on hold, receive an automatic call back, or leave a voicemail requesting a return call if their call is not immediately answered.

As noted above, in June 2019, the Child Protective Intake Hotline was upgraded to include a specific queue for medical providers, law enforcement, and judicial staff. As these reporters are likely to have emergency child welfare concerns to report, their calls are queued at a higher level than other child welfare calls, and they are answered prior to other call queues.

Voicemail messages received through the Child Protective Intake Hotline are reviewed, transcribed, and generally called back in the order they were received unless prioritized due to the level of urgency described in the message. The expectation is for all voicemails to be returned as soon as possible throughout each shift, while also following the DHHS expectation for voicemail to be returned no later than the end of the next business day.

Finally, as is best practice to ensure that emergency medical and safety matters are handled expeditiously and with the appropriate professionals present, callers to the Child Protective Intake Hotline are encouraged to hang up and dial 9-1-1 in the event of a medical emergency.

Please describe when, if at all, these concerns were first identified by DHHS itself, in 2023, or 2022, or earlier, and what if any actions are planned or underway to address them?

In 2018, OCFS began planning work with Maine OIT and contracted with Carousel Industries and SwampFox towards the implementation of upgraded call center software. In June 2019, Maine OCFS went live with upgraded hotline technology, with goals of efficiency of call processing, increased ability to answer calls live, and reduction of lost time for both the caller and Child Protective Intake Hotline.

OCFS has pursued a series of initiatives and strategies to improve our responsiveness to the public, and to the children and families served. These include the following:

- Since 2018 the Intake Unit has expanded with the assignment of 3 additional supervisor positions and 13 additional caseworker positions.
- Creation of fax-to-email and phone-(voicemail) to-email capabilities.
- Regular scheduled monitoring to ensure that shifts are appropriately staffed to cover volume and need.
- Requirement that Child Protective Intake Hotline caseworkers are licensed as social workers and maintain continuing education of the position/role.
- Child Protective Intake Hotline upgrades and development enhancements, allowing the opportunity to provide better customer service.
- First-in-Line callbacks to providers attempting to make reports when caseworker staff may not be immediately available.
- The Mandated Reporter Portal, which supports professionals using the portal on a routine basis.

To the extent these concerns have been known to DHHS, what if any factors have DHHS identified to date as to potential causation?

OCFS is not aware of any significant concerns with the Child Welfare Intake Hotline in the last year, although OCFS is consistently working to improve performance.

Are there service areas or topics that are experiencing higher call volumes than others, and if so, please identify them?

The Child Welfare Intake Hotline does not address different service areas beyond child welfare. The hotline does respond to out of home and afterhours adult complaints, but all are related to abuse and neglect concerns.

To what extent are calls fielded by remote workers, including agency employees or contractors working from home?

OCFS staff have the option to telework up to three days a week and must report to work in the office at least two days per week. Child Welfare Intake Hotline staff who work overnights (3rd shift) are able to work fully remote. Intake staff are able to perform the essential functions of their job both at home and in the office. Through technology, intake supervisory staff are able to monitor the work of staff while they are working remotely or in the office.

While working in the office during business hours, Intake staff are expected to be available to receive reports from people who choose to make a report in person at OCFS Central Office.

To what extent, if at all, has remote work been identified as a factor in call response time efficacy?

OCFS has successfully operated under a telework and in-office model (hybrid) since the start of the pandemic. There has not been a noticeable impact on call response time or work in general. OCFS has continued to review productivity for in office and remote work. Overall, productivity is consistent for staff regardless of location. Prior upgrades to the call center in June 2019 served to ensure that OCFS was amply prepared for remote work at the start of the pandemic. OCFS Child Welfare Intake Hotline

staff were already trained in the use of Avaya One X communicator (a “soft phone”) as well as other remote access tools which were previously not in use when working fully in the office.

Has the staffing or work location(s) of call response workers changed at all since April 2019, and if so, please describe any such changes.

There have been no major staffing changes beyond pandemic-related telework adjustments and transitioning to the hybrid model of telework.

To the extent not already addressed in response to 2., has the call volume changed since April 2019, and if so, how?

OCFS has seen some fluctuations in our average incoming calls, which have remained consistent in the last few years. The following data reflects the call volume* in the past five calendar years:

2019: 81,328

2020: 72,386

2021: 60,324

2022: 64,898

2023: 40,052 (through 8.31.23)

**call volume should not be conflated with the number of reports received by OCFS or the number of investigations opened.*

What measures (e.g., training, staffing, monitoring, statistical summaries of metrics, other quality assurance) are in place to ensure that agency employees or contractors are performing their call response obligations timely, and consistent with best practices for customer service?

Upon hire with OCFS, Child Welfare Intake Hotline Caseworkers receive core training on the practice and policies associated with Maine Child Welfare Services. This Foundations training is provided in partnership with the Catherine Cutler Institute at USM and involves several weeks of centralized classroom instruction, as well as field training at assigned office locations. Intake Caseworkers additionally complete several weeks of on-site training within the Intake Unit, including direct mentoring and job shadowing other Intake Caseworkers, as well as training and supervision by Intake Supervisory staff. As Intake Caseworkers also handle Adult Protective calls and referrals afterhours, they are trained in using the Evergreen computer database and provided instruction on Adult Protective Services policy and intake practices by designated Office of Aging and Disability Services (OADS) training staff. After training is completed, Intake Caseworkers receive ongoing individual and unit supervision each month regarding performance goals and training needs. During supervision, Intake Caseworkers are provided with monthly data regarding their call and report metrics, to establish goals and develop plans for performance management reviews. Intake Supervisors and OCFS Quality Assurance staff regularly monitor Intake Caseworker calls in real-time, to provide feedback on the content of interviews, the provision of customer service, and completion of reports in the Katahdin database.