What is Centralized Intake?

The Centralized Intake Unit is a specialized unit of Social Workers and Supervisors who are responsible for receiving and screening Child Protective Services and Adult Protective Services abuse and neglect referrals.
Benefits of Centralized Intake

- Centralized Intake is a community service
- One point of entry for all referrals
- Consistent community message/education

Ensures consistency across the state in how abuse and neglect complaints to Child Protective Services (CPS) Intake and Adult Protective Services (APS) are received and documented

- The centralization of the intake process consolidated all of the individual CPS and APS intake functions into one operation that is staffed and managed by BCF employees.
- Provided consistency in evaluation and decisions related to assignment.
Benefits of Centralized Intake

- Centralized Intake staff are trained to focus on accurate and thorough intake assessments and referrals.

- Centralized Intake supervisors are trained to focus on accurate screening decisions based on structured decision making criteria.

- Training and Quality Assurance is built into the unit and provides ongoing support and continuous program improvement.

Centralized Intake Staffing

STAFFING

- Director
- Supervisors
- Intake Specialists
- DPQI Staff
- Trainer
- Operations/Support Staff
How Will Centralized Intake Be Implemented?

- Began taking calls on July 1, 2014
- Districts began phasing in for regular business hour calls on August 1, 2014
- Full implementation on January 15, 2015

### July 2014-June 2015

<table>
<thead>
<tr>
<th>Call Type</th>
<th># Of Calls</th>
<th>Average Time in Queue</th>
<th>Average Length of Call</th>
<th># Of Referrals</th>
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</thead>
<tbody>
<tr>
<td>CPS</td>
<td>35,506</td>
<td>3:31</td>
<td>30:51</td>
<td>28,897</td>
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<tr>
<td>APS</td>
<td>9,229</td>
<td>3:34</td>
<td>23:38</td>
<td>10,059</td>
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<tr>
<td>LE</td>
<td>8,414</td>
<td>1:09</td>
<td>17:30</td>
<td>N/A</td>
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<tr>
<td>Other</td>
<td>15,228</td>
<td>2:28</td>
<td>13:24</td>
<td>7,656</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>68,377</strong></td>
<td><strong>2:50</strong></td>
<td><strong>21:11</strong></td>
<td><strong>46,612</strong></td>
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</table>
CPS Acceptance Rate and Accuracy

<table>
<thead>
<tr>
<th>Accepted Rate</th>
<th>Screen Out Rate</th>
<th>Accuracy Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>58%</td>
<td>42%</td>
<td>98%</td>
</tr>
</tbody>
</table>

Quality Assurance

- DAILY REPORTS TO THE DEPUTY COMMISSIONER
- WEEKLY REVIEWS BY THE PROGRAM QUALITY IMPROVEMENT TEAM
- COORDINATED TRAINING BASED ON RESULTS/FINDINGS
- MONTHLY CENTRALIZED INTAKE OVERSIGHT TEAM MEETINGS
What Information Do I Need to Report

- IDENTIFYING DEMOGRAPHICS
- WHAT ABUSE/NEGLECT IS SUSPECTED
- IS THE CHILD/ADULT IN IMMINENT DANGER
- LOCATION OF THE CHILD/ADULT AND CAREGIVERS

What Information Do I Need to Report

- IS THERE A PROTECTING CAREGIVER
- DOES THE PERPETRATOR HAVE ACCESS TO THE CHILD/ADULT
- INFORMATION REGARDING THE CAREGIVERS/CHILD OR ADULT’S FUNCTIONING
- ANY KNOWN SAFETY THREATS TO FIRST RESPONDERS
What If I Don’t Have All That Information?

- Make the call anyway and provide as much information as you have
- The Intake Specialist will conduct a guided interview assisting you to bring to mind information you may not realize is important
- Our database may have information you do not

What Happens After I Make the Report

- INTAKE SPECIALIST CONDUCTS INTERVIEW
  - Information is documented
- REPORT IS SENT TO SUPERVISOR
  - Supervisor reviews the report
- SCREENING DECISION IS MADE
  - Mandated reporter letter is sent
How Does the Supervisor Make the Decision

- Does the report identify a child who is under 18 years old?

- Does the report identify a vulnerable child in the family? What makes them vulnerable?

- Does the report identify the location of the caregivers, the child, and the child’s residence? Is there a caregiver capable of protecting the child?

How Does the Supervisor Make the Decision

- Does the report identify circumstances indicative of child abuse and child neglect as defined by the WV Code Chapter 49?

- If information within the report is accurate, is it reasonable to believe that a child has suffered, is suffering or could suffer severe harm?
**WV Code Definition of Abused Child**

**ABUSED CHILD:**
a child whose health or welfare is harmed or threatened by a parent, guardian, or custodian who knowingly or intentionally inflicts...or knowingly allows another person to inflict physical, mental, or emotional injury to a child; sexual abuse or exploitation or sale or attempted sale of a child. Physical injury may include an injury as a result of excessive corporal punishment.

**WV Code Definition of Neglected Child**

**NEGLECTED CHILD:**
a child who physical or mental health is harmed or threatened by a present refusal, failure or inability of the child’s parent, guardian or custodian to supply the child with necessary food, clothing, shelter, supervision, medical care or education, when such failure or inability is not due primarily to a lack of financial means...or who is presently without necessary food, clothing, etc. because of the absence of the child’s parent or guardian.
What Happens Once the Report is Accepted

- A WORKER IS DISPATCHED TO MEET FACE TO FACE WITH THE CHILD/FAMILY
- A FAMILY FUNCTIONING ASSESSMENT IS CONDUCTED TO DETERMINE SAFETY OF CHILD

YOU MAKE A DIFFERENCE!

THANK YOU FOR CARING ABOUT THE SAFETY OF WV CHILDREN!
Questions?

Jondrea.L.Nicholson@wv.gov

Jondrea Nicholson
(304) 368-4260
It takes teamwork to keep children and vulnerable adults free from abuse and neglect.

Call us:
1-800-352-6513

What is Centralized Intake?

- One point of entry for all reports of suspected abuse and neglect for all children and vulnerable adults.
- Operational 24 hours a day, 7 days a week, 365 days a year.
- Staffed by professional intake specialists in the area of abuse and neglect of children and vulnerable adults.
Why Centralized Intake?

The Centralized Intake Unit will ensure consistency in receipt and documentation of abuse and neglect complaints for Child Protective Services (CPS) intake and Adult Protective Services (APS) intake across West Virginia. Centralized Intake will also provide consistency in evaluation and decision making for CPS assignments.

Each county currently has a separate intake unit or person that handles abuse and neglect cases daily. The West Virginia Bureau for Children and Families (BCF) has also utilized the services of a contract agency for coverage after regular business hours. Centralizing the intake process will consolidate the individual CPS and APS intake functions into one operation that will be staffed and managed by BCF employees.

How will Centralized Intake work?

- The Centralized Intake Unit will be operational by July 1, 2014.
- Counties will be phased in for regular business hours calls beginning on August 1, 2014.
- Full implementation will occur by January 31, 2015.
- The Centralized Intake Unit will operate 24 hours a day, 7 days a week, 365 days a year.
- The Centralized Intake Unit will allow for priority response to emergency personnel.
- Professional, trained intake specialists will conduct guided interviews to assist the caller in providing critical information.
- Centralized Intake supervisors will be trained to make accurate screening decisions.
- Training and quality assurance will be built into the unit to provide ongoing support and continuous program improvement.

The Centralized Intake Unit will be instrumental in keeping West Virginia children and vulnerable adults safe.

What information do I need to provide when calling Centralized Intake?

- Demographic information
- Type of abuse or neglect suspected
- Is the child/adult in imminent danger?
- Location of the child/adult and caregivers
- Is there a protective caregiver present?
- Does the alleged perpetrator have access to the child/adult?
- General functioning of child/adult and caregivers
- Any safety threats for first responders

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