

Ohio SACWIS Project

Implementation Starter Kit

Topic – Intake

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Prepared for:



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Table of Contents

1	County Identifying Information.....	3
2	Intake Comparison of Current Practice to SACWIS Functionality.....	4
3	Intake Flow Chart.....	7
4	Intake Questions.....	8
5	Working Through Your Current Intake Work Process.....	14
6	Working through the SACWIS Intake Process.....	15

1 County Identifying Information

County: _____

Date Distributed: _____

of Workers: _____

Implementation Liaison: _____ Phone: _____

Organizational Readiness Contact: _____ Phone: _____

There are many fields throughout the Intake module that are optional. Your agency will need to decide which non-required fields within SACWIS to collect (required fields are indicated by an * in the system). There are several advantages in gathering additional information, such as it will allow your agency to enhance its reporting capabilities, refine its statistical reports, and better track the services provided to clients. Your agency will also have a more comprehensive electronic case record.

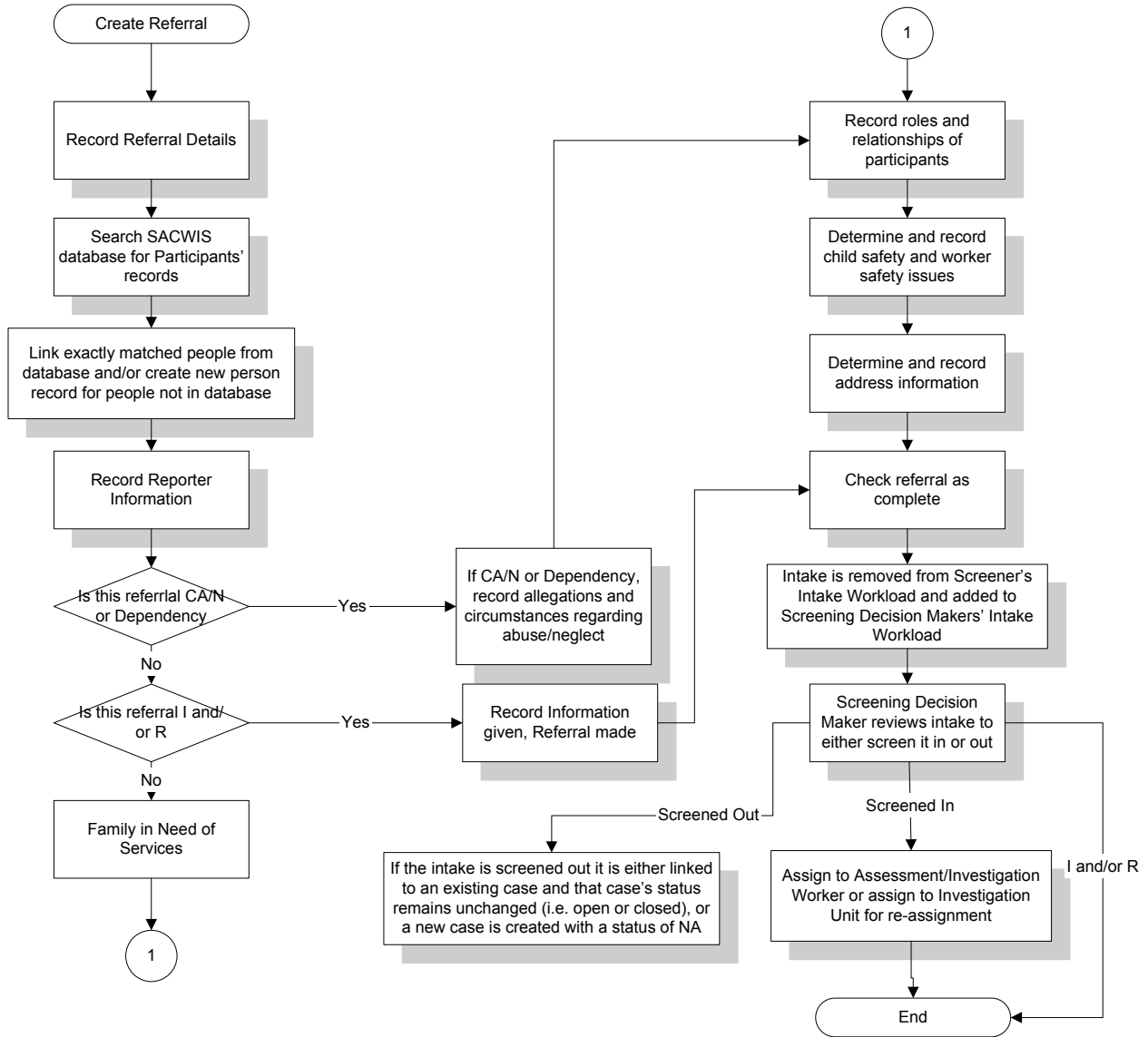
2 Intake Comparison of Current Practice to SACWIS Functionality

Current Practice	SACWIS Functionality
Hand written log is used for intakes.	Intakes are keyed into the system at the time of the call.
Intake of CA/N (only tracked intake in SIS)	<p>Each intake is categorized based on the intake category. Tabs and fields are enabled in the intake module based upon the selected category.</p> <p>The categories are:</p> <ul style="list-style-type: none"> ▪ CA/N (Child Abuse/Neglect) ▪ FINS (Family in Need of Services) ▪ Dependency ▪ I &/or R (Information and/or Referral)
Again, only CA/N is tracked in SIS .	<p>Depending upon which intake category is selected, various intake 'types' are available. You can select multiple intake types for the selected intake category. Each intake must have at least one intake type selected before the screening decision can be made by the Screening Decision Maker (SDM).</p> <p>Each intake category's types are listed below:</p> <p>CA/N</p> <ul style="list-style-type: none"> ▪ Physical Abuse ▪ Sexual Abuse ▪ Emotional Maltreatment/Mental Injury ▪ Neglect ▪ Medical Neglect ▪ Baby Doe/Disabled Infant <p>Dependency</p> <ul style="list-style-type: none"> ▪ Dependent Child <p>FINS</p> <ul style="list-style-type: none"> ▪ Emancipated Youth ▪ Permanent Surrender ▪ Safe Haven/Deserted Child ▪ Stranger Danger ▪ Post-Finalization Adoption Services ▪ Preventive Services ▪ Unruly/Delinquent

Current Practice	SACWIS Functionality
	<ul style="list-style-type: none"> ▪ Child Fatality (non-child abuse/neglect) ▪ ICPC
	<ul style="list-style-type: none"> ▪ Required Non-lead PCSA Interviews ▪ Courtesy Supervision ▪ Home Evaluation/Visitation Assessment ▪ Postnatal Placement Services to Infant of Incarcerated Mother ▪ ICAMA ▪ Adoption Subsidy Only <p>I and/or R</p> <ul style="list-style-type: none"> ▪ Directed/Advised to contact non-PCSA service provider within the county ▪ Directed/advised to contact non-PCSA service provider out of the county ▪ Information only provided/No referral made ▪ Licensing Rule Violation ▪ Additional Non-CA/N information on an Opens CPS Case
Secondary Findings	No Secondary Findings. You can add additional ACVs, APs, and/or allegations to a screened in intake up to four working days from the date/time of the screening decision or prior to the safety assessment being approved, whichever comes first. This alleviates the need for secondary findings. After the four days or assessment approval, you will need to enter and link another intake to the ongoing case.
Third Party is not recorded consistently throughout all 88 counties.	Third party intakes will require multiple intakes if all ACVs are not from the same home/family. Example: An intake came in from a daycare. Three children were allegedly abused. Two of the children are siblings so they will be on one intake together; the third child is from a different home, so the agency will need to create an intake for the third ACV. You will be able to utilize the convenient 'Copy Forward' feature in order to reduce data entry since the two intakes will be very similar.
Search for prior agency involvement included local information only.	Search for prior involvement will include searching the entire state, thus limiting duplicative information as well as being able to see prior involvement and outcomes from other agencies.
Agency's intake log is currently a paper log.	The Intake log in SACWIS is electronic and searches can be refined to specific criteria. Intake log search result sets can be generated into reports.

<p>Mandated reporter's information is not currently maintained in an automated system.</p>	<p>In SACWIS mandated reporters, such as teachers and medical staff, need to have their organization's information in the system. Worker's can enter non-ODJFS organizations into the system so that their contact information pre-fills upon a search. This will reduce the amount of time it takes to key in the data. This is especially helpful when an agency receives intakes on a fairly consistent basis from an organization.</p>
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3 Intake Flow Chart



4 Intake Questions

Decisions will need to be made regarding which staff members will perform which tasks. SACWIS is setup based on security profiles. Determining which staff members will perform which tasks will aid in developing the matrix needed for determining security profiles.

The majority of counties perform their intake process using paper and pen. In SACWIS the intake process is automated. Many counties are familiar with SIS and how it is incident based. SACWIS is not incident based; however, if you equate an incident to an intake, those would be similar.

Question	Decision	Consequences
1. Does your county have a designated department who handles all incoming calls for intake?	Yes or No	If yes , then only a certain number of workers will need the Screener security profile. If no , then you will need to make sure everyone who needs the Screener security profile gets set up properly.
2. Does your agency have a round-robin approach to intakes?	Yes or No	You will need to make sure everyone who needs the Screener security profile gets set up properly .
3. Will the staff members who currently take the intake calls have the authority to determine the intake category ? (i.e., CA/N, Family in Need of Services, Dependency, I and/or R)	Yes or No	When an intake worker is NOT given the authority to select the intake category, then all of the tabs and fields in the Intake module are accessible. The difference is that when the intake category is selected, then only the fields and tabs for the selected intake category are present for data entry. This helps in reducing the amount of data entry that could potentially be entered that will not be of value. For example, an intake comes in and the intake worker fills out information on the ACV page because they determine there is an allegation. The intake worker enters all this information, and then the person who does have the authority to select the intake category decides it is a Family in need of Services and selects that category. As a result, the ACV pages and allegation information that the intake worker entered are deleted from the system. The SACWIS team recommends having the intake

Question	Decision	Consequences
		worker select the intake category. This does not mean that it cannot be changed if the screening decision maker determines the screener selected the incorrect category.
<p>4. Will the staff members who currently take the intake calls have the authority to determine the intake type? The intake type varies based on the category of intake. For example, if the Intake Category is CA/N, some of the types available are Physical Abuse, Medical Neglect, Sexual Abuse, etc. If the intake Category is Family in Need of Services (FINS), some of the available types are Permanent Surrender, Courtesy Supervision, Preventive Services, etc.</p>	Yes or No	<p>The same holds true for the intake type selection as the intake category selection mentioned above. Once an intake category is selected, then only specific intake types are available for selection based on the specific category. If a type is not selected, then all types are available.</p> <p>The SACWIS team recommends having the intake worker select the intake type. This does not mean that it cannot be changed if the screening decision maker determines the screener selected the incorrect type.</p>
<p>5. When a reporter is a mandated reporter, their organization information is required. The worker can perform a provider search to determine if the reporter is in the system, and if they are not, then add them as a non-ODJFS provider. Or, the worker can simply key in the information.</p> <p>Your agency will need to determine if you will enter all non-ODJFS providers (such as hospitals, schools, etc.), or if you will just have your intake workers key in the information, which includes the name of the organization, address, and contact information.</p>		<p>The system provides the functionality for both ways.</p> <p>There are many benefits to having the organizations in the system. Up front, this will cause a little extra work but in the long run it will pay off.</p> <ul style="list-style-type: none"> • For example, if you have a particular hospital that you receive calls from on a routine basis, once the hospital is entered as a non-ODJFS provider, their address and contact information is there and does not have to be keyed in each time. • If the organization is entered in the system, your agency will be able to pull statistical reports to get accurate counts as to how often you receive reports from select agencies. If your county simply has the organization's information keyed in each time on each specific intake, you will not be able to get statistical reports from the information. • Reduction of duplicate data entry • Reduction of conflicting erroneous data due to potential errors when keying in the data manually

Question	Decision	Consequences
		<p>each time.</p> <p>The SACWIS team recommends having the intake workers search for the organization. If the organization is not in the system, then the worker should add a non-ODJFS provider.</p>
<p>6. Do all supervisors in the agency need to have the ability to create intakes and make screening decisions or only a select few?</p>	<p>Yes or No</p>	<p>If yes, this will allow for any supervisor in the agency to have access to the intake workload and make screening decisions on any intakes for your agency as well as being able to create and assign cases.</p> <p>If no, only the selected individuals will have access to the intake workload for your county and be able to make the screening decisions.</p> <p>This also impacts the ability to assign newly created cases or reopened cases due to an intake being screened in. When a case is created from a newly screened in intake, the screening decision maker can only assign the case to one of their direct reports or to another supervisor. If all of the supervisors have access to the intake workload, then any of them will be able to create and assign cases. Your SACWIS liaison can help you through the different assignment scenarios.</p>
<p>7. Once an intake has been recorded, who currently makes the decision as to whether or not the intake will be assessed/investigated or closed and no further action taken?</p> <p>In SACWIS, the decision is made by the Screening Decision Maker (SDM). If in your county the intake worker also authorizes and finalizes the decision for the intake, it is important that you make sure that your intake workers have both the Screener and the SDM security profiles.</p>	<p>Currently</p>	<p>If your county has an intake worker who does not make the final screening decision, make sure you do not give them the security profile for Screening Decision Maker (SDM). In these instances, once a worker marks an intake as complete, the system removes the intake from the worker's view of the intake workload. The intake can only be accessed from the SDM's view of the intake workload at this point.</p> <p>If in your county the Screener is also the SDM (make sure they have both security profiles), they will still have to mark the intake as complete and go back to the intake workload to open the intake to make the screening decision. The Decision tab within the intake is visible only after the intake has been marked as complete.</p>

Question	Decision	Consequences
<p>8. What will be the mechanism to ensure that the intakes are screened in or screened out in a timely fashion? Policy states that an intake must have the screening decision made within four hours of receipt of the intake.</p>		<p>SACWIS attempts to make this as easy as possible; however, it does not include any type of notification because it is such a limited time frame.</p>
<p>9. What currently happens when an intake comes in on an existing client/case? Does an intake worker still take the call, or does the ongoing worker enter the intake information?</p>		<p>If your county's ongoing workers record intakes on their existing cases, you will need to make sure that your ongoing workers also have the Screener security profile.</p> <p>If your intake unit takes all incoming calls regardless of whether or not the person(s) is involved in an ongoing case, that's fine, too. Your ongoing workers would not need to have the Screener profile. When an intake comes in on an existing, ongoing case, the system sends an email notification alerting all currently assigned workers that a new intake has come in on one of their cases. The email lists the case and type of intake.</p>
<p>10. Does your county handle third party investigations any differently than interfamilial as far as who takes the call and follows up?</p>		<p>Some counties have a different department that handles third party investigations. If that is the case for your county, make sure to give the workers who deal with third party the Screener security profile.</p>
<p>11. Does your county currently use the priority system 1,2,3 for determining response time?</p> <p>If so, you can still use that feature as long as it is stricter than the state policy. In SACWIS, if the question "Is this an emergency?" on the Decision tab is answered "yes," then by default the system flags that intake with a response time of one hour. If the question is answered "no," then the response time is 24 hours.</p>		<p>If no, the Decision tab of the intake has a field that will basically be ignored by your county. It is not a mandatory field.</p> <p>If yes, the SDM will need to select the correct priority code on the Decision tab prior to saving the intake with the screening decision. The field for county priority does not have any business rules coded around it, meaning there will be no visual reminder to access this field upon a save of final decision. Once the intake decision has been made and saved, the county priority field will become frozen. If your county uses this field, you will be able to pull statistical reports based on this field.</p> <p>If your county continues to use the County Priority field after the decision has been made and saved, the county</p>

Question	Decision	Consequences
		priority displays on the intake workload along with the other intake information. The priority displays in red capitals.
12. What is your current policy for “restricted/sensitive” intakes?		In SACWIS, intakes and cases can be restricted. For workers to be able to access restricted intakes or cases, they must either have the security rights or be assigned to the case.
13. Do clerical staff assist in recording intake calls? This typically would be for intakes that come in after hours that need to be entered.	Yes or No	If they do, you will need to make sure to include the Screener security profile for each of them along with the worker profile. Generally, clerical staff have view/read only access to they system. Giving them the Screener profile can easily be missed.
14. Who will be responsible for entering the after-hours intakes? Clerical staff, the next day’s intake worker, or the on call worker who took the call?		There is no real impact either way. This is just something the county needs to take note of. If clerical staff will be entering data for after-hours intakes, make sure to include the Screener security profile in their worker profile. Generally clerical staff have view/read only access to the system. Giving them the Screener profile can easily be missed.
15. Who will be responsible for linking the intake to an existing case or creating a new case? Who in your agency currently assigns cases that stem from screened in intakes? Who will be doing it in SACWIS? In SACWIS case assignments can be made one of two ways: 1. The Screening Decision Maker (SDM) who creates the case can assign the case to one of their workers. 2. If the case needs to be assigned to a worker in another unit, then the SDM can assign the case to another supervisor. That supervisor can then assign the case to one of their workers.		Currently in some counties cases are created by one worker/unit and assigned by another. In SACWIS, the person who links the intake to an existing case or creates a new case automatically has implicit assignment to the case and is taken to the assignment page automatically by the system. This means that if your county is one that currently has multiple units involved in the case creation/assignment function, you will need to decide what the new flow will be. For example, if the Screening Decision Maker (SDM) creates a new case by linking an intake to a new case, then it is the SDM who currently has assignment to the case. In this instance, the SDM needs to assign the case to the unit supervisor of the unit where the case assignment is supposed to take place. The SDM cannot assign cases to workers who are not under their direct

Question	Decision	Consequences
<p>16. Do your county's intake workers also perform the assessment/investigation function for the intake?</p>		<p>report. There is no real impact either way. Just remember to give the intake workers (Screeners) the Assessment/Investigation (A/I) security profile in order for them to perform the safety assessment and/or safety plan in SACWIS.</p>
<p>17. There are no "secondary findings" in SACWIS. Instead you will be able to add ACVs, APs, and allegations for four days from the time of the screening decision, or until the Safety Assessment is approved, which by policy is due within four working days of the date of the screening decision. What will the flow be for additional information obtained during home visit that can be added to the intake? Is this done by the intake worker or an assessment/investigation worker?</p>		<p>To add information to a screened in intake, you must access the intake from the Intakes list page from within the case. If your Screeners will be entering additional information, they will need to be assigned to the case in order to make those modifications to the intake.</p>

5 Working Through Your Current Intake Work Process

Below is an easy to follow, high level flow of how your agency currently processes an incoming call/intake.

The phone rings ☎. Who answers it? _____

A report is made 📄. Is it currently hand written ✍ while the reporter is on the phone? _____ Is the intake keyed into a system 🖨 while the reporter is on the phone? _____ Or, is the intake information hand written by someone and keyed into a computer system by someone else at a later time?

Once the intake information has been documented, who at your agency makes the decision as to whether or not there is enough information to move forward 📁 with the agency or to screen the intake out with no further action taken? _____

When the decision is made to move forward on an intake with the assessment/investigation phase (the intake was screened in), who in your agency makes the initial contact with the household? _____ Is the person who took the intake the same person who will investigate further? _____ If not, who or what department conducts the assessment/investigation phase? _____

6 Working through the SACWIS Intake Process

The phone rings 📞. Who answers it? _____ (a Screener)

The Screener keys the information into SACWIS 🖨 while the reporter is on the phone. The Intake module in SACWIS is flexible enough to accommodate either entering all the intake information while the reporter is on the phone, including things like searching for participants and entering allegation information, or allowing the Screener to record only key data fields and utilize the narrative section. The Screener can then enter additional information, search for participants, and finish up narrative information after the phone call has been completed.

Whether or not your county allows the Screener to select the intake category and type will dictate the order in which the next steps occur. This flow is written for a county who permits their Screeners to record the intake category and type.

The Screener creates a new intake and selects the intake category and type. The Screener then proceeds through the Intake tabs entering all required fields for the specific category and type of intake. Once the Screener has completed the intake and feels it is ready for a screening decision to be made, he or she will check the Intake Complete checkbox on the Basic tab of the Intake module and then save.

OHIO SACWIS @SYS_TYPE@ home search help & training log off
Logged In: Bendert, Terri01 [Adams County Children Services Board]

Home Intake Case Provider Financial Administration
Workload help

Basic Reporter Participants Additional Allegations

Screener Name: Date & Time Created:
Intake ID: Intake Status:

Basic Information

Received: * 02/10/2006 02:10 PM Intake Method: * Phone

Intake Category: CA/N Report

Intake Types: Add > Add All >> < Remove << Remove All

Selected Types: Physical Abuse

Intake Narrative:
reporter stated that he saw Mike Door hit his 11 year old son with a 2x4 wood board.

Spell Check Clear

Living Arrangement at Time of Intake:

Intake Completed by Screener

Upon saving the intake with the Intake Completed by Screener checkbox selected , the system removes the intake from the Screener's intake workload. Now the intake appears on the Screening Decision Maker's (SDM) view of the intake workload along with a decision hyperlink alerting the SDM that the intake is ready for a decision.

Intake Workload

Status: Completed Filter

	Intake ID	Intake Category	Date/Time Received	Screener Name SDM Name	Intake Status	Status Date/Time
decision	17531		01/31/2006 10:36 AM	Terri01, Bendert	Complete	01/31/2006 10:50 AM
decision	17354		01/27/2006 11:05 AM	Terri01, Bendert	Complete	01/27/2006 11:18 AM
decision report	17337	Information and/or Referral	01/27/2006 9:38 AM	Rajasekhar01, Munaga	Complete	01/27/2006 9:38 AM
decision report	17336	CA/N Report	01/27/2006 9:31 AM	Rajasekhar01, Munaga	Complete	01/27/2006 9:34 AM
decision report	17174	Family in Need of Services	01/24/2006 1:09 PM	Miquel02, Stubbs	Complete	01/24/2006 1:11 PM
decision report	17189	CA/N Report	01/24/2006 11:21 AM	Miquel02, Stubbs	Complete	01/24/2006 12:10 PM

The SDM clicks the decision hyperlink and reviews the intake. In some counties, the SDM might prefer to see the 1441 form version first. This eliminates the need for the SDM to have to click through each tab and sub-page of the intake to view the information. To view the 1441 for the selected intake, the SDM can click

the report hyperlink for the selected intake instead of the decision hyperlink. The SDM will still have to click the decision link in order to make the decision after viewing the intake information.

Once the decision has been made for an intake, the intake is still on the SDM's view of the intake workload; however, the intake now has a link hyperlink next to it. The SDM will link the intake to an existing case or create a new case by clicking the link hyperlink.

report	link	16469	CA/N Report	12/22/2005 9:17 AM	Justin02, Rosenberg Rosenberg Justin01	Screened In	12/22/2005 9:21 AM	
decision report		16488	CA/N Report	12/22/2005 8:41 AM	Justin02, Rosenberg Bendert Terri01	Complete	12/28/2005 2:13 PM	
report	link	16487	CA/N Report	12/21/2005 8:25 PM	Lalbahadur03, Bandaru Bandaru Lalbahadur03	Screened In	12/21/2005 8:35 PM	
decision report		16643	CA/N Report	12/20/2005 2:15 PM	Tim, Smith	Complete	01/10/2006 6:01 PM	
edit report		16654	CA/N Report	12/20/2005 2:15 PM	Tim, Smith	Pending	01/12/2006 1:21 PM	delete
edit report		16655	CA/N Report	12/20/2005 2:15 PM	Tim, Smith	Pending	01/12/2006 1:18 PM	delete
report	link	16448	CA/N Report	12/20/2005 1:33 PM	Lalbahadur01, Bandaru Bandaru Lalbahadur01	Screened In	12/20/2005 1:38 PM	
report	link	16429	CA/N Report	12/20/2005 1:18 PM	Lalbahadur01, Bandaru Bandaru Lalbahadur01	Screened In	12/20/2005 1:27 PM	
report	link	16450	CA/N Report	12/19/2005 6:12 PM	Miquel01, Stubbs Stubbs Miquel01	Screened In	12/21/2005 6:18 PM	
report	link	16411	Dependency Report	12/19/2005 7:52 AM	Justin02, Rosenberg Rosenberg Justin01	Screened In	12/22/2005 9:11 AM	

Below is the page that displays when the link hyperlink has been clicked. If any of the intake participants are involved in one or more cases in SACWIS, the cases will display, allowing the SDM to link to the existing case if appropriate. If none of the cases displayed are correct, then a new case can be created by clicking the Create Case button.

@SYS_TYPE@

[home](#) | [search](#) | [help & training](#) | [log off](#)

Logged In: Bendert, Terri01 [Adams County Children Services Board]

Home
Intake
Case
Provider
Financial
Administration

Workload

Link Case

	Case ID	Case Name	Case Status	Status Date	Agency
link	15442	Carson, Bill	OPEN	12/20/2005	Adams County Children Services Board

[Create Case](#)
[Cancel](#)

If the Create Case button is clicked, the page below is displayed.

OHIO SACWIS @SYS_TYPE@ home search help & training log off
Logged In: Bendert, Terril [Adams County Children Services Board] help

Create Case

Select	Person ID	Person Name	DOB	Role
<input checked="" type="checkbox"/>	16972	Carson, Bill	11/28/1951	Alleged Perpetrator (AP)
<input checked="" type="checkbox"/>	16973	Carson, Andy	11/30/2001	Alleged Child Victim (ACV)

Case Reference Person: * Carson, Bill

Save Cancel

Once a case has been created, it needs to be assigned to a worker. The SDM who created the case has the ability to either assign the case to one of their workers or to assign it to another supervisor within the agency, who can in turn assign the case to one of their workers.

When the decision is made to move forward on an intake through the assessment/investigation phase (meaning the intake was screened in and a case created or the intake was linked to an existing case), who is the person in your agency that will investigate further by conducting a Safety Assessment (SA)

_____ ? Is the person who actually recorded the intake the one who conducts the SA or is it someone from another unit? If not, who or what department conducts the assessment/investigation phase?

_____.

The next phase is the Safety Assessment from the CAPMIS tools. See the CAPMIS Starter Kit.