

14.3 Child Protective Services Intake Analyst Responsibilities	
Application: All Department of Children's Services Child Abuse Hotline Intake Analyst Staff	
Authority: TCA: 37-5-105, 37-5-106	Standards: None
Commissioner:	Date:
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Glossary: None	

Policy Statement:

The Child Abuse Hotline (CAH) Intake Analyst staff facilitate the assignment of reports of alleged child abuse and neglect from the CAH by reviewing screening decisions and assigning to the appropriate CPS staff.

Purpose:

To provide direction and guidelines to Intake Analyst staff who ensure that the Multiple Response System is supported through screening and proper assignment of reports of child abuse and neglect.

Procedures:

A. DCS Screening Policy Assessment

1. The Intake Analyst reviews intakes submitted by the Child Abuse Hotline (CAH) to determine quality case assignments or if a reconsideration request is warranted.
2. The Intake Analyst assesses this decision based on screening criteria found in the Structured Decision Making Tool (SDM) along with the designated screening DCS Policies ([14.1, Child Abuse Hotline](#) and [Work Aid 1: CPS Categories and Definitions of Abuse/Neglect, 14.2, Screening, Priority Response and Assignment of Child Protective Services Cases, 14.9, DCS Response to Allegations Involving Drug Exposed Children, 14.10, Special Investigations Unit Child Protective Services Investigations](#), and [14.17, Resource Linkage](#)).
3. The Intake Analyst will utilize any other designated screening tool protocols and procedures that aid in the determination of child safety case assignments.

B. History Searches

1. The Intake Analyst conducts a historical search in both the Intake and Person Search tabs in TFACTS to find any open cases, duplicate intakes, and previously investigated cases to ensure that a comprehensive decision can be made regarding child safety and priority response. This is for the purpose of quality case assignment determinations. Research activities include querying TFACTS for the following:
 - ◆ All alleged child victims (ACV);
 - ◆ All siblings identified in the report;
 - ◆ All parents/caregivers identified in the report;
 - ◆ All alleged perpetrators (AP); and
 - ◆ All other relevant participants listed in the report that can provide historical information pertaining to quality case assignment.
2. Based on the results of the history search, the Intake Analyst can assign the intake or request a reconsideration.
3. The Intake Analyst provides email notifications to Case Managers and their supervisors regarding new intakes relevant to their open cases. This includes Child Protective Services (CPS), Special Investigations Unit (SIU), Custodial, and Non-Custodial open cases.
4. It is the responsibility of the Intake Analyst to facilitate discussions between Field Supervision within CPS, Custodial, and Non-Custodial units in an effort to reduce recidivism, provide continuity of care to families and to ensure that there are not multiple Case Managers in one home/case unless mandated by policy.

C. Reconsiderations

1. If the Intake Analyst is to reconsider a new intake screening decision based on DCS screening policies, work aids or tools, the Intake Analyst is responsible for thoroughly documenting the specific policies or criteria used to make the determination. These reconsiderations are based on the following criteria:
 - a) The information provided does not meet criteria per DCS Policy [14.1, Child Abuse Hotline](#) for case assignment. This is based on the age of ACV, relationship of AP, location, and/or an allegation of harm per [Work Aid 1: CPS Categories and Definitions of Abuse/Neglect](#). This can be based on the original concerns in the intake, or through additional information obtained by the Intake Analyst/Field Staff.
 - b) The information provided meets criteria for case assignment, but the assigned track is incorrect per the Structured Decision Making (SDM) Tool.

- c) The information provided can be screened out and referred to the current open CPS, Custodial, or Non-Custodial case for follow up per DCS Policy [14.2, Screening, Priority Response and Assignment of Child Protective Services Cases.](#)
 - d) The information provided meets criteria for case assignment, but the jurisdiction is incorrect per DCS Policy [14.2, Screening, Priority Response and Assignment of Child Protective Services Cases.](#) This can be based on the original county assignment, or through additional information obtained by the Intake Analyst/Field Staff.
 - e) The information provided meets criteria for case assignment, but the priority response needs to be changed due to the current safety or risk of harm to the child. This can be based on the original priority response assignment, or through additional information obtained by the Intake Analyst/Field Staff.
2. If the Intake Analyst is to reconsider an intake based on the results of the designated history search, the Intake Analyst is responsible for thoroughly documenting the historical information used to make the determination to support a request for change in the screening decision for the intake. Historical information used for reconsideration purposes includes the following:
- ◆ Case ID numbers and the date of assignment and/or closure; and
 - ◆ Specifics on how the open, duplicate, or prior case is the reason for the screening decision change.
3. A request for reconsideration can be made based on an agreement by supervisory staff from CPS, Custodial, and Non-Custodial programs. The Intake Analyst initiates the discussions between programs, if necessary, to make a quality case assignment decision for the new intake. The Intake Analyst documents in the reconsideration tab within the intake the names and positions of the supervisory staff involved in the agreement, along with the agreement decision for the new intake. These reconsiderations are based on the following criteria:
- a) Request for Track Changes - When the CAH screens a referral as an Investigation (to include Special Investigation Unit Investigations) or Assessment and the Intake Analyst or Field Supervisors disagree with the track assignment per the SDM tool.
 - b) Request for Screen-Out and Refer to Open CPS – When a CPS case has been opened for less than thirty (30) calendar days and does not have an approved classification and new allegations assigned to a different track are received, the Intake Analyst can refer to the CPS Field Supervisors to discuss the allegations and jointly decide if two (2) separate cases should remain open or if the open case can absorb the new allegations.
 - c) Request for Screen out and Refer to Open Custodial/Non-Custodial Case. When there is an open Custodial/Non-Custodial Case and additional allegations are reported to the CAH, the Intake Analyst can refer to the CPS and Custodial/Non-

- Custodial Case Field Supervisors to discuss the allegations and jointly decide if two (2) separate cases (CPS and Custodial/Non-Custodial) can remain open or if the open Custodial/Non-Custodial case can absorb the new allegations. This process is only for non-severe allegations. Severe abuse allegations will not be combined with any open Custodial/Non-Custodial Case.
- d) Request for Jurisdiction Change – When the CAH submits to a specific county of jurisdiction and the Intake Analyst and/or Field Supervisors do not agree with the assignment per DCS screening policy [14.2](#) for jurisdiction and requests a change in jurisdiction.
4. If an agreement cannot be reached among Field Supervisors involved in any of the designated reasons for reconsideration of an intake, the Intake Analyst can reconsider the intake back to CAH for reconsideration with the notation of a disagreement from Field Supervisors on the intake decision. CAH Supervisors then make a decision based on the reconsideration reason provided by the Intake Analyst and based on DCS screening policies.
- a) CAH makes a decision for the reconsidered intake that could include a screen out or return back to the Intake Analyst for assignment.
 - b) If the Intake Analyst or Field Supervisors disagree again with the returned decision made by the CAH, the Intake Analyst or Field Supervisor can reconsider the intake to CAH via a Second Tier Review process. The Second Tier Review process is an escalation to CAH Core Leadership for review and final decision on the intake. These review requests are sent via email to the CAH Director and Team Coordinators.
5. Request for reconsideration for Child Death or Preliminary Near Death (PND) intakes can only be initiated by Regional Directors and/or Office of Child Safety Executive Leadership. These requests are made via email or phone call to the CAH Director. The CAH Director then discusses the reconsideration change requests with the Office of Child Safety Deputy Commissioner (or designee). The CAH Director notifies the appropriate Intake Analyst/Field Staff/ Regional Director regarding the approved reconsideration.

D. Assignment

1. The Intake Analyst is responsible for making the case assignment decisions. Intake Analysts consults with field supervision as needed to ensure best practice with case assignments.
2. The Intake Analyst performs an internet search of the provided address in the intake to confirm jurisdiction and validity of the address prior to assignment.
3. When assigning cases, the Intake Analyst uses a staffing rotation and case assignment process provided by the Regional Director or Team Coordinators.

Intake Analyst maintains communication with field supervision regarding case assignment rotations based on staff leave and attendance availability. The Intake Analyst partners with field supervision to ensure assignments are rotated in an equitable manner.

4. If a new referral is received within thirty (30) days of closure of the previous case and it meets the same screening/assignment criteria, it is assigned to the previously assigned CPS Worker unless CPS supervisor directs assignment to a new CPS worker.
5. CPS Intake Analyst assign cases to CPS staff by the following guidelines:
 - a) Track
 - ◆ The following cases are tracked as an Investigation:
 - All Severe Abuse cases;
 - All cases with at least one child who is between the ages of 0 through 3 months with an allegation of Drug Exposed Child.
 - ◆ All non-severe cases, except those meeting a requirement in subpart a will be tracked as an Assessment.
 - b) Team Jurisdiction
 - ◆ The CPIT team accepts all Severe Abuse cases that are screened in by all areas of the Structured Decision Making (SDM) Tool.
 - ◆ In regions where there are Drug Teams, that team accepts all cases with at least one child who is between the ages of 0 through 3 months with an allegation of Drug Exposed Child. In regions where there are no Drug Teams, these cases are assigned to the CPIT Team.
 - ◆ In regions where there are Rapid Response teams, that team accepts all non-severe cases; otherwise the FPP team accepts these cases.
6. When an additional Severe Abuse allegation is received it will be assigned to the CPIT team if it would otherwise have been assigned to any other team except the Drug Team.
7. When an additional report with an infant 0 through 3 months with an allegation of Drug Exposed Child is received, it is assigned to the Drug Team.
8. When an additional report with any other non-severe allegations is received, it is assigned to the current Case Manager with the open case.
 - ◆ If a new case is assigned to a team that does not already have the open case (i.e. Severe Abuse case is assigned to CPIT when CPS has a Non-Severe case), then the Team Leaders will communicate to determine whether the Non-Severe case is transferred or closed with the allegations incorporated into the new case. At no point will a case be closed absent this communication occurring and being documented in Administrative Reviews in both cases.

Note: When there is a case that overlaps with the CPIT and Drug Team jurisdictions, the Drug Team is assigned the case.

Note: The Intake Analyst provides an email notification on all new open case assignments to the assigned CM and supervisor. The notification email provided details regarding the assigned intake.

E. Transfers, Out of State Courtesy Requests and Orders of Reference

1. Transfers from other Regions (with Team Coordinator approval)
 - a) Transfers of Severe cases are assigned to the CPIT team.
 - b) Transfers of Non-Severe cases are assigned to the Rapid Response or FPP team.
 - c) Cases with an allegation of Drug Exposed Child involving a child 0 through 3 months old: Drug Team in those regions that have one. Otherwise, the cases are assigned based on their severity.
2. Out of State Courtesy Requests
 - a) Severe Out of State Courtesy Requests are assigned to the CPIT team.
 - b) Non-Severe Out of State Courtesy Requests are assigned to the FPP team.
3. When the court issues an order of reference alleging abuse or neglect, the request is referred to the Child Abuse Hotline (CAH).
 - ◆ The court liaison can refer the OR to CAH directly or provide to the Regional Intake Analyst via email.
 - ◆ The Intake Analyst will perform a TFACTS historical search. If an open CPS case is found, the OR will not be referred for a new intake to the CAH. The OR will be assigned via email to the open case worker and supervisor to include in open case.
 - ◆ If no open case is found, the Intake Analyst will refer the OR to CAH to be entered into TFACTS for a new intake.

F. Additional Intake Analyst Tasks and Responsibilities

1. Intake Analyst may be assigned additional tasks or responsibilities as necessary for the needs of the region as approved by the CAH Director or CAH Intake Analyst Team Coordinators.
2. Field Supervision must obtain approval from the CAH Director and Team Coordinators prior to any additional tasks or requests added to the Intake Analyst expectations for the Region.
3. Intake Analyst will participate in designated mandatory and voluntary overtime shifts as approved by the CAH Director that may include completing daily workload case assignment tasks, availability afterhours to field calls and respond to emails

regarding case assignment tasks, back up assistance for the Hotline with completing non-phone referrals, on call assistance during Hotline Business Resumption events, and other such teaming tasks that assist with serving the CAH or the Intake Analyst's assigned region.

4. Additional tasks are secondary to Intake Analyst intake and case assignment responsibilities.

Forms:

None

Collateral Documents:

[14.1, Child Abuse Hotline](#)

[14.2, Screening, Priority Response and Assignment of Child Protective Services Cases](#)

[14.9, DCS Response to Allegations Involving Drug Exposed Children](#)

[14.10, Special Investigations Unit Child Protective Services Investigations](#)

[14.17, Resource Linkage](#)

[14.20, Orders of Reference](#)

[Work Aid 1: CPS Categories and Definitions of Abuse/Neglect](#)