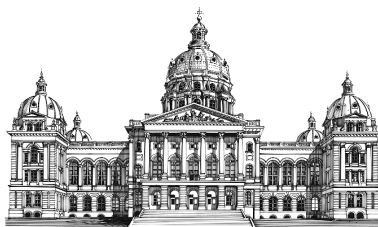

Iowa Legislative Fiscal Bureau

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State Capitol
Des Moines, IA 50319
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Child Protection Centralized Intake Unit

ISSUE

Review the issues involved in modifying the existing child abuse reporting system or creating a child protection centralized intake unit within the Department of Human Services for notification of, and review of possible child abuse situations.

AFFECTED AGENCIES

Department of Human Services

BACKGROUND

Within Iowa

With recent tragedies regarding child abuse, two groups have reviewed the organization and response mechanisms within the Department of Human Services. These include:

- American Humane Association, contracted by the Department of Human Services.
- Iowa Ombudsman's Office.

These reports have varied in the amount of review and detail undertaken, but in general have recommended changes to the child abuse reporting and response mechanisms.

Recommendations include:

- Providing a single point of contact for reporters of possible child abuse.
- Reviewing qualifications of, and increasing training for those employees receiving reports of possible abuse.
- Improving documentation, evaluation, and response to the reporting of possible abuse.
- Providing additional supervision of employees receiving and responding to reports of possible abuse.

Other States

The following are frequently referred to States which have a more centralized statewide system of child abuse reporting: Arizona, Florida, Texas, Illinois, and Missouri.

Attachment A is a chart that illustrates a number of common elements between these States. This was compiled using information from the Iowa Department of Human Services (DHS), the National Conference of State Legislatures, and responses to a survey submitted to these States by the Legislative Fiscal Bureau. The issues most common to the centralized intake process include:

- Number of calls received and minutes per call. This issue also includes the time frame when calls are received (i.e. Monday through Friday 8:00 a.m. to 5:00 p.m. compared to nights or weekends). **Attachment B** provides a report from the DHS data regarding actual calls received between April 2000 and December 2000. These numbers refer to only child abuse calls and does not include calls related to dependent adult abuse which are also received.

Attachment A shows phone call data for other states. The Iowa DHS notes that initially it used 1.0 hour for each call including 0.5 hour for the call itself and 0.5 hour of decision-making and data entry for the fiscal estimate. Ten minutes were estimated for calls not related to child abuse. Since the DHS did not have the information available, an estimate of 27,000 calls derived from other states' information was used as nonrelated phone call rates.

- Staff to supervisor ratio.
- Actual responsibility of the staff once the call is received and the role of the locally located staff persons.
- Communication detail between staff receiving the initial call and staff acting upon the report.
- Consistency of response to "accepted" reports.

CURRENT SITUATION

In Iowa, between 8:00 a.m. and 4:30 p.m. Monday through Friday, county office staff receive the intake calls and make decisions regarding acceptance and rejection of child abuse reports. Decisions regarding staffing levels are made at the local office. Three FTE positions located at the Central State Office staff the toll-free hotline number during these hours, usually transferring the call to the county of origin, unless requested not to by the caller. After business hours, the hotline is answered by service staff located at the State Training School at Eldora. The on-call worker in the county of origin of the call is paged and the local worker then responds to the child abuse report. Department of Human Services personnel indicate that approximately 97.0% of the child abuse reports are derived through the phone system, although not all are received via the toll-free number. The DHS does not track the number of calls received via phone that are not directly related to child abuse (i.e. looking for the Department of Transportation snow removal vehicle or the location to apply for food stamps). The DHS was unable to separate the cost of the existing toll-free telephone system, with 1.5 FTE positions utilized for night and weekend coverage from the child abuse physical examinations which are also reimbursed from the same budget allocation.

During the 2001 General Assembly, several bills were filed regarding a possible centralized intake unit for child protection purposes within the Department of Human Services. Besides the common

issues delineated previously, other issues financially impacting the proposal were brought to light, including:

- Physical location of any new staff that may result from the proposal.
- Modification to the existing toll-free number for child abuse reporting and changes in responsibilities once the call is received.
- Changes in existing duties of employees that may occur from the change in duties of the reporting process. This may result in decreasing the cost overall or no less than reassignment of duties in the local offices by decreasing current caseloads or improving efforts in child protection.
- Availability of existing or new federal funding. **Attachment A** indicates that several of the states with intake units utilized federal funding (Temporary Assistance for Needy Families (TANF) is not included) for purposes of the intake system. The funds are not necessarily additional federal funds generated based upon expenditure of State funds for the intake system, but rather may be existing block grant funds that a State may have allocated internally for a portion of the cost of the intake system.

House File 732 (FY 2002 Human Services Appropriations Act) provides a contingent appropriation of \$250,000 for a child protection intake unit, if enacted by the 2002 General Assembly.

ALTERNATIVES

The alternatives to the existing toll-free number and reporting process include:

- Maintaining the existing system.
- Improving the existing system, by altering responsibilities of the staff receiving the reports and relaying the information to the local staff person responsible for possible investigation. This could also replace the night and weekend answering service with staff trained for the intake process.
- Adding staff to the existing system to decrease the staff to supervisor ratio, providing a designated intake staff person in each county that does not have one currently, improving response time, and increasing the amount of information received from the initial report of abuse. This may decrease the amount of reaction time of the local staff person responsible for possible investigation.
- Creating a separate child abuse intake unit by adding a completely new staff, telephone system, and separate offices in Des Moines.

BUDGET IMPACT

The cost estimates for the alternatives vary based upon:

- Amount of staff deemed necessary to provide the alternative.
- Technology.
- Equipment and space provided for the varying shifts of employees.
- Amount of available federal funds.

New System:

During the 2001 Legislative Session, the Department of Human Services estimated a \$4.0 million cost for the creation of a separate child abuse intake unit. This included: state of the art equipment, individual space and equipment for 57 new employees, and rental space for the new employees outside the Capitol Complex. This estimate appears greater than data gathered from other states for costs in **Attachment B**. The staffing pattern utilized by the DHS for Monday through Friday (8:00 a.m. to 4:30 p.m.) indicates 17,897 calls received in 120 working days at seven hours per day, which is 21 calls per hour. Distributing this caseload to the 32 workers included in the DHS estimate (not including administrative or supervisors) would result in 0.67 calls per hour for each employee. All other times there were 3,893 calls received during the 120 days at 17 hours per day which would be 0.95 call per hour for the number of employees designated for those time periods.

A fiscal note written by the Legislative Fiscal Bureau estimated a cost of \$600,000 for 18 employees, state of the art equipment, shared space and equipment for employees on separate shifts, and utilizing existing space in the Hoover building. This also included utilizing possible federal funding.

Changes to Existing System:

Improving the existing system by altering responsibilities of staff receiving the reports would require additional training and possible limited additional FTE positions.

Retaining Existing System:

Maintaining the existing system should result in no change in the cost.

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CHILD ABUSE INTAKE UNIT INFORMATION

State	Date Initiated	FY 2000 Number of calls	April 2000, census population	Number of FTEs	FY 2001 Budget	Duties	Phone Taping	Avg. Minutes/call Space/Equipment
Illinois	1980, gradual statewide	350,000 total; 210,000 child abuse; 10% not related; 65% minutes between M- F/8-5	12,419,293	69 (7 shifts overlap); 7 supervisors; Superv/staff ratio of 1:10; 23% of staff work M/F 8/5	\$6.7 million; 75% State, 25% Federal; 81% salaries; 9% communication Utilized Title IV-E	Decision making of acceptance/rejection, system entry and notification, fax to local staff	Yes	5 minutes; Share space and equipment of overlapping shifts
Texas	1993, pilot; 1999 statewide	567,763 total; 230,622 child abuse related	20,851,820	276 FTE positions	\$8,000,000	Decision making, system check, system entry	Yes	Not provided
Arizona	1994, pilot; 1999 statewide	108,741 total; 32,377 child abuse related;	5,130,632	61 hotline specialists; 8 supervisors; 1 trainer; 5 admin.; Superv/staff ratio of 1:8; 65% of staff work M/F 8/5	\$3,455,250; 42% State 58% federal; 83% salaries; 7% communication	Decision making, system check, local electronic notification; local office called when emergency	Yes	10 minutes; Share space and equipment of overlapping shifts
Missouri	1976	115,000; 45% not related to child protection; 75% minutes M/F 8/5	5,595,211	32; Superv/staff ratio of 1:8; 65% of staff work M/F 8/5	\$1,432,172; 75% State 25% federal; 98% salaries 1% communication	Decision making, system entry, local electronic notification	Yes	15 minutes; Share space and equipment of overlapping shifts
Florida	1988 pilot in larger areas initially; then statewide	540,397 total; 221,461 child abuse accepted	15,982,378	150 FTEs; 17 supervisors; 50 administration	Not provided from survey	Decision making; system entry; local electronic notification	Yes	Not provided
Iowa	Proposed	32,105 total; 20,042 accepted	2,926,324	Planned 57; Superv/staff ratio of 1:8 M/F 8/5; 72% of staff work M/F 8/5;	Planned after one time moving and equipment costs \$3,100,000; 85% salaries; 2% communication	Planned: Decision making; system entry; local notification	Planned Yes	Planned: 30 minutes; Separate space and equipment for each FTE.

Abuse intake times

STAR system

Excluding rejected intakes more than 6 months old

Run date 12/7/00

Day of week pivot table

Count of Incident number	Intake hour																					Grand Total			
Weekday	12A	1A	2A	3A	4A	5A	6A	7A	8A	9A	10A	11A	12P	1P	2P	3P	4P	5P	6P	7P	8P	9P	10P	11P	Grand Total
Sun	12	16	4	11	3	6	3	13	32	46	37	29	43	55	47	43	54	49	50	55	67	48	32	28	783
Mon	14	10	4	10	3	2	8	10	391	526	513	534	319	435	462	493	337	102	93	67	49	63	37	21	4503
Tue	20	15	9	5	5	1	7	14	319	438	454	408	290	377	505	500	352	87	92	63	51	48	28	23	4111
Wed	15	10	10	11	5	2	6	12	311	420	454	477	327	384	466	425	307	93	80	69	59	58	39	26	4066
Thu	19	10	6	5	3	1	8	13	346	449	440	452	278	375	415	456	352	90	66	60	55	60	43	18	4020
Fri	29	8	5	3	6	5	6	9	301	377	454	371	267	324	381	371	264	87	73	67	55	47	40	22	3572
Sat	21	11	12	6	8	5	5	17	28	42	52	50	41	61	49	39	40	49	45	38	45	21	31	19	735
Grand Total	130	80	50	51	33	22	43	88	1728	2298	2404	2321	1565	2011	2325	2327	1706	557	499	419	381	345	250	157	21790

Mean 12.6 (12:36 PM)

StDev 3.73 (3 hours 44 minutes)

Median 13 (1:00 PM)

Source: Iowa Department of Human Services, June 2001