

FEB 19 2002
HUMAN RESOURCES

2/21/02 Do Pass
3/20/02 Rereferred To: Human Res.

HOUSE FILE 2439
BY HEATON

Passed House, Date _____ Passed Senate, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act requiring physical and mental health assessment and
2 screening information to be developed for children involved
3 with juvenile justice, child in need of assistance, and
4 voluntary foster care placement proceedings.

5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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HF 2439

1 Section 1. Section 232.2, subsection 4, paragraph e, Code
2 Supplement 2001, is amended to read as follows:

3 e. To the extent the records are available and accessible,
4 a summary of the child's health and education records,
5 including the date the records were supplied to the agency or
6 individual who is the child's foster care provider. Within
7 thirty days of a child's initial placement, based upon any
8 initial assessment or screening of the child's physical and
9 mental health, the child's guardian shall cause a
10 comprehensive assessment of the child's physical and mental
11 health to be performed and this assessment shall be included
12 in the child's case permanency plan. The comprehensive
13 assessment shall include but is not limited to a record of
14 identified health problems, any supporting data and
15 assessments prepared by a health professional relative to any
16 health problem, a description of any intervention or
17 continuing care provided by a health professional as
18 substantiated with a written report, and an evaluation of the
19 results of any health care intervention along with anticipated
20 outcomes and target dates.

21 Sec. 2. Section 232.48, subsection 2, Code 2001, is
22 amended by adding the following new paragraph:

23 NEW PARAGRAPH. aa. A written initial assessment or
24 screening of the physical and mental health of the child.
25 Unless otherwise ordered by the court, the written assessment
26 or screening shall be provided to each person providing the
27 child with foster care.

28 Sec. 3. Section 232.98, subsection 1, unnumbered paragraph
29 1, Code 2001, is amended to read as follows:

30 Except as provided in section 232.78, subsection 5, a
31 physical or mental examination of the child may be ordered
32 only after the filing of a petition pursuant to section 232.87
33 and after a hearing to determine whether an examination is
34 necessary to determine the child's physical or mental
35 condition. Prior to the hearing to determine whether such an

1 examination is necessary, the department or other person
2 ordered to do so by the court shall complete and submit at the
3 hearing a written initial assessment or screening of the
4 physical and mental health of the child. Unless otherwise
5 ordered by the court, the written assessment or screening
6 shall be provided to each person providing the child with
7 foster care. The court may consider chemical dependency as
8 either a physical or mental condition and may consider a
9 chemical dependency evaluation as either a physical or mental
10 examination.

11 Sec. 4. Section 232.181, Code 2001, is amended to read as
12 follows:

13 232.181 SOCIAL HISTORY REPORT.

14 Upon the filing of a petition, the department shall submit
15 a social history report regarding the child and the child's
16 family. The report shall include a description of the child's
17 disability and resultant functional limitations, the case
18 permanency plan, a description of the proposed foster care
19 placement, and a description of family participation in
20 developing the child's case permanency plan and the commitment
21 of the parent, guardian, or custodian in fulfilling the
22 responsibilities defined in the plan. The department shall
23 complete a written initial assessment or screening of the
24 physical and mental health of the child which shall be
25 submitted with the social history report. Unless otherwise
26 ordered by the court, the written assessment or screening
27 shall be provided to each person providing the child with
28 foster care.

29 Sec. 5. Section 237.7, Code 2001, is amended to read as
30 follows:

31 237.7 REPORTS AND INSPECTIONS -- CARE COORDINATION.

32 1. The administrator may require submission of reports by
33 a licensee, and shall cause at least one annual unannounced
34 inspection of each facility to assess the quality of the
35 living situation and to determine compliance with applicable

1 requirements and standards. The inspections shall be
2 conducted by the department of inspections and appeals. The
3 director of the department of inspections and appeals may
4 examine records of a licensee, including but not limited to
5 corporate records and board minutes, and may inquire into
6 matters concerning a licensee and its employees relating to
7 requirements and standards for child foster care under this
8 chapter.

9 2. The department may contract with an authorized child
10 health specialty clinic for coordination of health services
11 for children in foster care. The care coordination activities
12 shall be documented in the child's case permanency plan as
13 defined in section 232.2.

14 EXPLANATION

15 This bill requires health and mental health assessment and
16 screening information to be developed for children involved
17 with juvenile justice and child in need of assistance
18 proceedings.

19 The bill amends the definition of the term "case permanency
20 plan" in Code section 232.2 to require that a comprehensive
21 physical and mental health assessment must be performed within
22 30 days of a child's initial out-of-home placement. The bill
23 specifies information that must be addressed in the
24 assessment.

25 Code section 232.48, relating to the predisposition
26 investigation and report that is prepared for a child who is
27 subject to a delinquency petition, is amended. The bill
28 requires completion of a written initial assessment or
29 screening of the physical and mental health of the child.
30 Unless otherwise ordered by the court, the written assessment
31 or screening shall be provided to each person providing the
32 child with foster care. The bill includes this requirement in
33 Code section 232.98, relating to physical and mental
34 examinations of a child performed following filing of a child
35 in need of assistance petition, and in Code section 232.181,

1 relating to a social history report prepared following filing
2 of a petition for a voluntary foster care placement.

3 The bill amends Code section 237.7, relating to reports and
4 inspections of child foster care licensees. The bill
5 authorizes the department of human services to contract with
6 an authorized child health specialty clinic to provide
7 coordination of health services for children in foster care.
8 The care coordination is required to be documented in the
9 child's case permanency plan as defined in section 232.2.

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Legislative Fiscal Bureau

Fiscal Note

HF 2439 - Juvenile Justice/CHINA Items (LSB 6066 YH)

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Fiscal Note Version - New

Description

The Bill relates to assessments of children placed within the Iowa foster care system, and use of the completed assessments within the legal process undertaken on behalf of the child.

Assumptions

The following assumptions are made regarding the number of children who are placed in foster care on an annual basis, the costs of the assessment, and the utilization of the completed assessment:

1. The number of children placed in foster care annually is 9,100.
2. The court will require the assessment of the physical and mental health of 85.0% of the children placed in foster care annually.
3. The court will require the Department of Human Services to conduct the examinations in lieu of court staff.
4. A physical examination is currently provided when a child is placed in foster care and no additional costs are assumed as a result of this Bill for the physical examination.
5. The cost of each mental health examination is \$1,100 with no inflationary increase in future years.
6. Each case would require eight hours of staffing time, for 61,880 hours (9,100 cases x 85.0% x 8 hours per case).
7. Each FTE position would have approximately 1,600 hours annually that would be utilized for the additional caseload. The Bill would require 39.0 additional FTE positions.
8. A supervisor ratio of 1:12 would require three supervisor FTE positions for the additional caseload.
9. A support staff ratio of 1:3 for direct caseload activities would require 14.0 support staff FTE positions.
10. The Bill permits the Department of Human Services to contract with the University of Iowa Child Health Specialty Clinics for coordination of health services for children placed in foster care. Initial contracting with the University of Iowa Hospitals and Clinics is estimated at \$50,000 annually for coordination of health care services for children in foster care. Transportation costs and logistics necessary to meet the 30-day requirement within the Bill between the placement into foster care and the time of the examination are not included in the estimate.

Fiscal Impact

House File 2439 would result in increased General Fund expenditures of \$7.6 million in FY 2003, and \$8.4 million in FY 2004. A detailed breakdown of the expenditures is as follows:

(\$ in millions)

	FY 2003			FY 2004		
	State	Federal	Total	State	Federal	Total
DHS Staffing – 56 FTEs	\$1.1 M	\$0.4 M	\$ 1.5 M	\$1.9 M	\$0.6 M	\$ 2.5 M
Mental Health Exams	6.4 M	2.1 M	8.5 M	6.4 M	2.1 M	8.5 M
University of Iowa-Contract	0.05 M	0.0 M	0.05 M	0.05 M	0.0 M	0.05 M
Total Expenditures	<u>\$7.6 M</u>	<u>\$2.5 M</u>	<u>\$10.0 M</u>	<u>\$8.4 M</u>	<u>\$2.7 M</u>	<u>\$11.0 M</u>

Sources

Department of Human Services
 Judicial Branch
 University of Iowa Hospitals and Clinics

/s/ Dennis C Prouty

March 12, 2002

The fiscal note and correctional impact statement for this bill was prepared pursuant to Joint Rule 17 and pursuant to Section 2.56, Code of Iowa. Data used in developing this fiscal note and correctional impact statement are available from the Legislative Fiscal Bureau to members of the Legislature upon request.
