

A COST ANALYSIS OF CHILD PROTECTIVE SERVICES IN IOWA

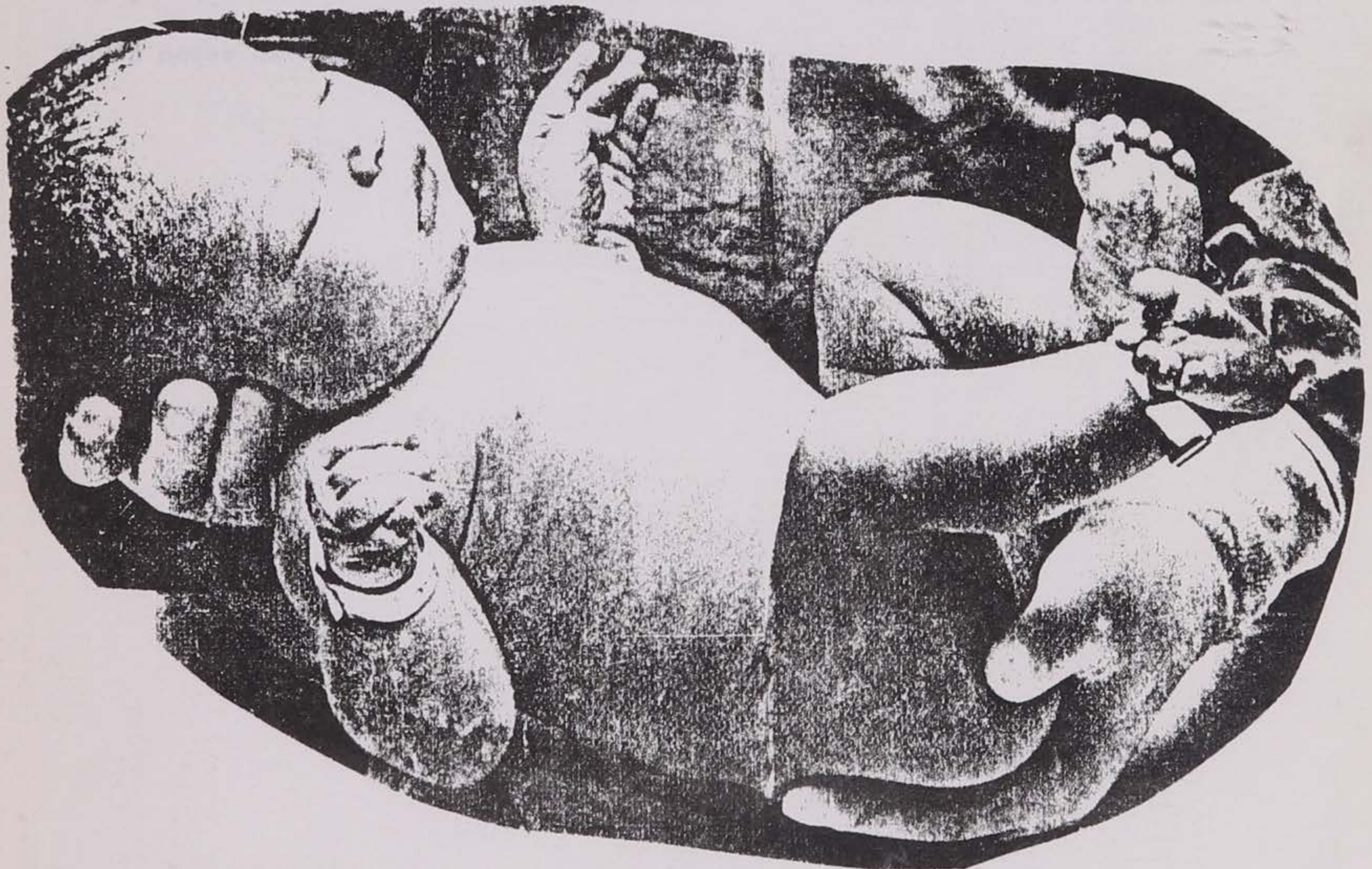
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ACKNOWLEDGEMENT

I would like to extend my appreciation to the social workers around Iowa who participated in this study and a special thanks to Jeanne Nesbit, Pat Fennelly and Chris Blau for their help and guidance in the gathering and analysis of this information of child abuse. Without their help this project could never have been completed.

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INTRODUCTION

The federal expenditure ceiling on Social Services has had a very definite impact on service delivery throughout the nation. This ceiling on federal Social Service dollars was adopted in 1972 with the passage of a State and Local Assistance Act '72, general revenue sharing. The ceiling, which was to prevent uncontrolled expansion, has not served as an effective cost containment mechanism. In effect, states below their ceiling have used this as a goal and have stimulated program growth while states at or above their ceiling have sought state and local monies to supplement the federal dollars. Through a combination of state mandated services and reduced Title XX funding, the ceiling has prevented Title XX from becoming the national Social Services legislation it was intended to be.

Iowa reached the ceiling in fiscal year 1976 and has been forced to be more selective in its funding of individual service programs. In the 67th General Assembly a bill (H.F. 2301 (see Appendix 1)) was introduced to amend the current child abuse law. That amendment added sexual abuse and denial of critical care to the list of mandatory abuses that must be reported to (and thus treated by) the Iowa Department of Social Services. As cost impact information was not available in sufficient detail to allow knowledgeable action, the Department elected to undertake a comprehensive study of the costs related to providing child protective services.^{1/}

^{1/} Child protective services.....is a program which seeks to prevent neglect, abuse and exploitation of children by "reaching out" with Social Services to stabilize family life. It seeks to preserve the family unit by strengthening parental capacity and ability to provide good child care. Its special attention is focused on families where unresolved problems have produced visible signs of neglect or abuse and the home situation presents actual and potentially greater hazard to the physical or emotional well-being of the children. The Status of Child Protection, page 7, The American Humane Association, 1971.

To determine the fiscal impact of this amendment we looked at what it costs to provide current protective services. We studied the abuse investigations and the amount of time (and staff) it took to do each one. Also we had to establish the average cost for a protective treatment case including the Department's professional staff, clerical staff and the time each spent on a case in a calendar month. Another variable studied was the cost of those services we purchased from other organizations that are provided to the protective service cases. Looking at the time spent doing protective investigations, time spent providing treatment and then the related purchased services cost gave us better information on the total costs of currently providing protective services and also enables us to project future costs of the program. In addition we feel that the development of an average time for an investigation, an average amount of direct time for treatment for a month and then the related costs for each will be some of the best management information currently available.

Normally a review of the literature is very pertinent and helpful but in this situation there is so little, and what is available is out-of-date. The publication Cost Analysis in Child Welfare Services by HEW was printed in 1958 and covered a period in the early 1950's. Though some theoretical information was comparable within the service programs the cost analysis that resulted was so out-of-date that it became another reason to conduct the study rather than providing any type of foundation for our study. Further review of more current publications did not uncover any newer cost analyses but did provide a better understanding of the protective services and what their goals are on a national level. Child protective services are not new, but they are different. They impose obligations and require approaches which challenge the status quo. A most disturbing fact identified by the Children's Division of the American Humane Association was that no state and no community has developed a child protective service program adequate in size to meet the service needs of all reported cases of child neglect or abuse. In Iowa we are hoping that this amendment and the additional staff we hire will allow us to better meet service needs in the area of child protection.

If you have not already surmised, certain assumptions had to be made to make the study possible. To avoid later confusion the following are assumptions we made in conducting this study:

1. Those investigations that we will do involving the expanded definition of abuse will be no different in time and cost from that involving the current investigations.
2. The treatment cases that will be added due to the expanded definition of abuse will be no different in direct time, direct cost and purchased service costs than the current treatment cases.
3. The hourly direct service cost derived from Iowa's current activity reporting system uses all service workers, not just protective, but it is assumed to be a valid cost figure in computations involving time of protective service staff.
4. Rather than assessing time and cost as it relates to the abused child alone, we look at the time and cost involving all related individuals including, but not limited to, the perpetrator, the parents, brothers, sisters, uncles, aunts, grandparents, etc.
5. The universe for drawing our investigative or treatment sample included all cases mandated by the law.

6. The projection for the number of new abuse reports we will receive will be proportionally equal to the increase that occurred in Colorado after their passage of a similar statute. (Colorado is one of the few states that has this legislation and has a make-up comparable to Iowa. See Appendix II for details.)

The primary objective of this study was to provide a basis for projecting the total costs of direct and purchased services in providing for the investigation and treatment of physical abuse, sexual abuse, denial of critical care and other child protective service referrals as are the responsibility of the Iowa Department of Social Services. To assist us in reaching the primary objective we have set many sub-objectives which you may think of as steps, as reaching each of the sub-objectives brings us closer to the primary objective. The first was a determination of the average length of time it takes to complete an abuse investigation and also the average cost to do this investigation. Both the time and cost cover activities ranging from the top supervisor down to the lowest clerical. In addition to the time and cost, we also made a determination of the percentage of abuse investigations that, after the investigation is completed, moved into the treatment phase of protective services. A third sub-objective was to ascertain the average amount of time (and money) spent on a treatment case in one month. Again both the time and cost determinations would range from the supervisor to the clerical. Along the same line, we also determined the average amount of cash assistance spent on a treatment case in a month. And finally the last cost item collected was the average amount paid for purchased services for a treatment case in a month. Some secondary objectives that we hoped to satisfy were to gather general information on what is done when a service worker does an abuse investigation and what is done when we provide protective treatment services and what services do we provide and with what frequency. From these we hope to determine future needs, as knowing only cost data without the required service information will leave a gap in our predictive calculations.

METHODOLOGY

It was decided to separately study (sample) both the investigation phase and the treatment phase of the Protective Service Program since investigations were considered to be short-term (30 days or less) and somewhat uniform (in regard to our staff's work) while treatments are more long-term and can involve a wide variety of services. As the object in obtaining a sample is to make possible an estimate of some characteristic of the universe from which the sample was drawn, probability sampling was used as it eliminated personal bias and judgements in sample selection as well as providing an estimate of possible sampling errors.^{2/} Before calculating the sample size the following three factors were determined:

Universe Size
Confidence Level
Standard Deviation

^{2/} Sampling error comprises the differences between the sample and the population that are due solely to the particular elementary units that happen to have been selected. Lawrence L. Lapin, Statistics - Meaning and Method, Harcourt Brace Jovanovich Inc., 1975, page 75.

To actually select the sample we employed a systematic sampling method where every n^{th} element in the universe was chosen (systematically) for inclusion in the sample.^{3/} The n^{th} factor was determined by dividing the universe by the sample size but randomly selecting the first element to insure against bias. In the investigation sample once the random start was generated every n^{th} abuse report received was selected as part of the sample. In the treatment sample a sampling frame was generated each month. The first month a random start was generated and then every n^{th} case selected and this carried over from one sampling frame to the next. It should be emphasized here that our sampling unit was an abuse case while our observation unit in some instances was state staff. (Operational definitions used in this study are shown in Appendix III.)

Before advancing into the design and collection phase a more precise definition of the two universes seems to be in order. Our first universe, investigation, consisted of all abuse reports received by the Department. These reports came by mail or toll-free telephone and each report necessitated an investigation. Our second universe, treatment, consisted of all service cases which were coded into the Service Reporting System, an automated data collection system maintained by the Department of Social Service, with an objective code indicating^{4/} treatment for children who have been abused, neglected or exploited^{4/}, and which were an active case in the system on the first day of the month.

In addition to having two separate universes we also utilized two different modes of data collection. The time and staff information was gathered from the field by the use of an activity report while purchased service and cash assistance costs were gathered by secondary data analysis. As the form used by the field was more complicated in its development we will first discuss the procedures of the secondary data analysis. When a sample unit was selected we used that name and case number to review Case Data (a cash assistance history of payments file) and record any payment that case received during that particular sample month. Utilizing the Purchase of Service Payment File we were able to do the same for any purchased service for a case for a sample month.

^{3/} Earl R. Babbie, The Practice of Social Research, Wadsworth Publishing Company Inc., 1975, Page 154.

^{4/} Treatment for Children Who Have Been Abused, Neglected or Exploited - To provide treatment to children who have been, or are neglected, abused or exploited. Services will also be provided to the child's parents. This treatment may include psychiatric care, counseling, placement of the child outside the home, and/or securing emergency and rehabilitative medical care to treat the physical trauma resulting from abuse.

In designing the form to be used by the field, the following items were included on the form:

Sample
Identification

Employee Name
County Number
Case Name
SRS Number
Month-Year
Investigative/Treatment
Sample Number

Data
Collection

Staff Name
Staff Classification
Direct Service:
 Service Code and Time
Case Management:
 Service Code and Time
Paperwork Time
Travel Time
Supervisory Time
Clerical Time
Other Family Members Names
 and SRS Numbers

Those items under Sample Identification were basically identifiers and controls and were completed when the sample was pulled so the field worker did not have to worry about them. Those items under Data Collection were the responsibility of the field worker and provided us with the necessary time information to reach our objectives. We decided to collect more detail than gross time as this additional data allowed us to do further analysis plus supply us with support information for our assumptions. The actual form was designed along the lines of the current activity reporting form as most staff were familiar with the format because they are frequently required to fill it out. Next we wrote the instructions for completing the form with definitions for each data item. We conducted a formal pretest, a review by various field personnel, and found both the form and instructions adequate. To inform each worker that one of their cases was selected we drafted a memo to accompany the data form. (Actual copies of all three items can be found in Appendix IV.) This memo with the instructions and form (with sample identification information completed) was then sent to the appropriate field worker for his/her completion for the sample month or the duration of the investigation. When completed, the form was returned to the person and address shown on the lower left corner of the form.

ANALYSIS

The analysis of the information gathered from the six-month study involved a number of independent and dependent steps. One of the first steps was the development of an hourly rate to be used in assigning a dollar value to the worker and clerical time collected. For the worker cost it was decided to separate their work time into two classifications, productive time and nonproductive time, and then use data gathered through a state activity reporting system to calculate an hourly cost of \$19.20. (For a detailed explanation see Appendix V.) For clerical cost a midpoint was selected from the Merit System Pay Plan (1-15-78) which was range 13 or \$3.50 per hour. These rates were applied to the time totals from the Child Protective

Activity Reports (for both Investigation and Treatment) received according to the following formula:

$$\left\{ \frac{\text{Reported Minutes}}{\text{Minutes/Hour}} \times \text{Cost/Hour} \right\} \div \text{Sample Cases} = \text{Service Cost/Month/Case}$$

Similar calculations were also made for clerical, maintenance and purchase of service to arrive at an average cost per month per case. (Actual figures for each item will be shown in the findings section while the detailed calculations are shown in Appendix VI.) Calculations similar to the example above were also used to give an average time per case per month for investigations and treatments. In addition, frequency distributions were made of the individual services provided to each case.

FINDINGS

It came as a surprise that the cost of Investigation and the cost of Treatment vary so little on a per case basis. The cost for performing an investigation was \$260.71/case with worker time spent doing the investigations and reporting the findings. In providing Treatment the cost is about the same, \$288.56/case, but the composition of this cost is quite different. While in Investigation the cost is based solely upon our staff's cost, either clerical or social worker, in Treatment the cost includes maintenance and purchase of service expenditures in addition to our staff's cost. With this difference it is noted that there is a significant variance in staff time spent with or on a protective case. To do an investigation the average case will take 13.3 hours of social worker time and 1.4 hours of clerical time. In contrast a treatment case will receive (on average for a month) only 5.4 hours of social worker time and .3 hours of clerical time. The high and low amounts of social worker time for each type of case are shown below:

	<u>Low</u>	<u>High</u>
Investigation	.83 Hrs.	88.5 Hrs.
Treatment	0.0 Hrs.	71.2 Hrs.

As investigation involves only our staff time, let's take a little closer look at just how that 13.3 hrs. of social worker time is spent. First, we know that they do a specific protective investigation and this accounts for 60% (8.1 hrs.) of worker time. The second largest time consuming activity involved the completion of so-called "paperwork", e.g. abuse reports, service reports, court petitions, etc. Completing this "paperwork" took, on the average, 2.3 hrs. for each abuse investigation or 17% of the average of 13.3 hrs. Travel was next, accounting for 1.7 hours while time spent with a supervisor was, surprisingly, last in the amount of worker involvement taking only 9% or 1.2 hours for an average investigation. The times shown above are not what it takes to do each investigation but rather an average. Any particular case could take more or less time than the average indicates.

Let's develop a similar picture for treatment. Of the 5.4 hours of productive social work time, 3.4 hours (63%) is utilized in providing specific services to individuals. Paperwork & travel account for 13% and 15% respectively while, again surprisingly, consultation with a supervisor brings up a distant last.

Using only 9% (.5 hours) of the productive social workers time seems to raise questions on the proper utilization of social worker supervisor in the field. Let us not spend time analyzing the "rightness" or "wrongness" of this fact but rather choose to look closer at the 3.4 hours of specific service delivery.

The service "Child Protective Services-Treatment" accounts for most of the activity with 36% of the services while Foster Family Home services ran a close second. There is a significant drop to the remaining services as can be seen in the table to the left. In addition to receiving the services shown, many of our treatment cases are also recipients of either Foster Care Maintenance payments (27.4% of the cases) or Purchase of Service Payments (5.3% of the cases) or in some instances both (10% of the cases).

Child Protective Service-Treatment	36%
Foster Family Home	26%
In-Home Treatment/ Mental Health	8%
Home Management/ Functional Education	6%
Residential Treatment- Children	5%
Group Home	5%
Homemaker	4%
Day Care	2%
All Other	8%

Services as a percentage of the total number of services provided.

The average foster care maintenance payment was \$277.41 per maintenance case. When these payments are distributed to the entire sample (rather than just the maintenance cases) this average is reduced to \$103.11 per case. A similar effect is noticed when reviewing purchase of service payments. The average payment for those who received this type of service was \$543.02 but when viewed as a cost relating to the total sample the cost becomes only \$81.69 per case.

In conclusion we can say that it takes the Department the equivalent of 2 work days to do a protective investigation and will cost approximately \$260.71 to complete. A treatment case will require less than one day of the Departments time (or \$103.76 directly) but there will be additional support provided the child through the use of maintenance and purchase of service payments (these total \$184.80) for a cost of approximately \$288.56. In addition, it might be appropriate for the Department to review the role of supervisors in relation to their involvement with all protective service cases.

IMPACT

The Department has now prepared a fiscal estimate for the proposed amendment to the child abuse law. Investigations are expected to increase by 3,000 and cost approximately \$800,000. Treatment cases are expected to increase 1,500 to 2,250 with a cost increase of between \$2,800,000 and \$4,200,000 (see page 23 of Appendix VI). The total cost increase is anticipated to range between \$3,600,000 and \$5,000,000 for the first year of the amended law and up to \$6,000,000 for the second year. No new state appropriation will be sought as current state funds will be coupled with new Title IV-B funds to cover the increased expenditures in the Protective Service Programs.

A BILL FOR

AN ACT RELATING TO CHILD ABUSE

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

Section 1. Chapter two hundred thirty-five A point two subsection two (235A.2) (2), Code 1977, is amended by striking the subsection and inserting the following:

235A.2(2) "Child abuse" or "abuse" means harm or threatened harm occurring through:

- a. Any non-accidental physical injury suffered by child as the result of the acts or omissions of the persons responsible for the care of a child.
- b. Or, the commission of any sexual offense with or to a child as defined by the penal law, as a result of the acts or omissions of the persons responsible for the care of the child.
- c. Or, the failure on the part of the persons responsible for the care of the child to provide adequate care for the child including adequate food, shelter, clothing or minimum health care to the child when financially able to do so or offered financial or other reasonable means to do so. Provided, however, that a parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered abusing the child; this provision shall not preclude a court from ordering that medical services be provided to the child, where his health requires it.

Persons responsible for the child means:

- a. Parent
- b. Guardian
- c. Foster Parent
- d. A relative or any other person, with whom the child resides without reference to the length of time or continuity of such residence.
- e. An employee or agent or any public or private facility providing care for a child including an institution, group home, mental health center.
- f. Any other person temporarily responsible for the child's welfare.

Sec. 2. Chapter two hundred thirty-five A point three subsection one (234A.3) (1), Code 1977, is amended as follows:

235A.3 Mandatory and permissive reporters.

1. The following classes of persons shall make a report, as provided in section 235A.4 of cases of child abuse and child abuse suffered by a child during the care or custody of persons listed in section 235A.2 subsection 2.
 - a. Every health practitioner who examines, attends, or treats a child and suspects the child has been abused. If, however, the health practitioner examines, attends, or treats the child as a member of the staff of a hospital or similar institution, the examining health practitioner shall immediately notify and give complete information to the person in charge of the institution or the health practitioner's designated agent and the person in charge of the institution or designated agent shall make the report.
 - b. Every social worker under the jurisdiction of the Department of Social Services, or any social worker employed by a public or private agency or institution, or public or private health care facility as defined in section 235C.1, certified psychologist, certificated school employee, employee of a licensed day care facility, member of the staff of a mental health center, or peace officer, who, in the course of employment, examines, attends, counsels or treats a child and suspects a child suffered abuse. Whenever such person is required to report under this section as a member of the staff of a public or private institution, agency or facility, that person shall immediately notify the person in charge of such institution, agency or facility, or the designated agent shall make the report.

Sec. 3. Chapter two hundred thirty-five A point five (235A.5), Code 1977, is amended by adding the following new subsection:

NEW SUBSECTION:

12. In every case involving child abuse which results in a judicial proceeding, a guardian ad litem shall be appointed to represent the child in such proceedings.

Sec. 4. Chapter two hundred thirty-five A point fifteen subsection two, numbered paragraph a, (235A.15)(2)(a), Code 1977, is amended by striking the section and inserting the following:

NEW SUBSECTION:

To a physician who is examining, attending, or treating a child whom the physician believes or suspects has been the victim of abuse.

A P P E N D I X I I

A PROJECTION BASIS - REPORTS

RAW DATA

(1) Population (1970 Census)

	<u>Colorado:</u>	<u>Iowa:</u>
Total	2,207,259	2,824,376
Child	1,774,011	974,409
Income	9,555	9,018

(2) Protective Reports

	<u>1976 (Colorado)</u>	<u>1976 (Iowa)</u>
Abuse	1,051	1,926
Total	3,088	?

B. Ia's Physical Abuse = Colorado's Physical Abuse
Ia.'s Total Protective = Colorado's total Protective

1926 = 1051 = 5,658.88
 ITP = 3088 1 or 5658 total Iowa P.P.

5,658 = total projected protective referrals
1,926 abuse
 3,722 total projection of other cases (sexual and neglect)
700 estimated current investigations of sexual and neglect
 3,000 approximate total increase

Department of Health, Education and Welfare

Section 101 - Federal Employees' Retirement System, Title 5, U.S.C. 8331-8345

Section 102 - Federal Employees' Retirement System, Title 5, U.S.C. 8331-8345

Section 103 - Federal Employees' Retirement System, Title 5, U.S.C. 8331-8345

Section 104 - Federal Employees' Retirement System, Title 5, U.S.C. 8331-8345

Section 105 - Federal Employees' Retirement System, Title 5, U.S.C. 8331-8345

A P P E N D I X III

Section 106 - Federal Employees' Retirement System, Title 5, U.S.C. 8331-8345

Section 107 - Federal Employees' Retirement System, Title 5, U.S.C. 8331-8345

Section 108 - Federal Employees' Retirement System, Title 5, U.S.C. 8331-8345

Section 109 - Federal Employees' Retirement System, Title 5, U.S.C. 8331-8345

Section 110 - Federal Employees' Retirement System, Title 5, U.S.C. 8331-8345

Operational Definitions Used In Conducting Study

Report - A referral indicating physical abuse, sexual abuse, and/or denial of critical care, and other protective service referrals received by the Department.

Child - A person of less than 18 years of age.

Physical Abuse - The non-accidental physical injury caused to a child as a result of the acts or omissions of the parent, guardian, or person otherwise responsible for the care of the child.

Sexual Abuse - Sexual suggestions or threats, fondling of pubes or genitals, or oral intercourse, anal intercourse, vaginal intercourse, or any other intercourse perpetrated or allowed to be perpetrated by the parent, guardian, or other person responsible for the child.

Denial of or Failure to Provide Critical Care - A pattern or incidence of parental care in which a child's very basic needs for food, physical protection, clothing, and physical and emotional health care are denied or ignored to such an extent that the following appear to have occurred or will imminently occur.

1. Denial of or failure to provide food adequate to sustain age appropriate development.

Examples are child allergic to milk but yet parent feeds him milk; child is diabetic yet parent is not responsible in providing correct diet for child; child has PKU, yet parent provides inappropriate diet. The result of this type of denial of critical care may be hospitalization or chronic physical maladjustment or disability.

2. Denial of or failure to provide protection from imminent danger. Examples are child abandoned or denied any adult protection at an age at which a child is unlikely to be able to care for herself. This may include a child left home alone, left in another building, left somewhere without making proper arrangements for child's protection, or left unattended in a dangerous environment like a child playing on a busy street. If the physical environment provided for the child by the parent is physically dangerous to the child and if that parent consciously rejects attempts to provide a safer environment, place in this category. Examples are broken glass where child walks barefooted, lead paint on walls that child is eating, diseases from unsanitary condition, etc. The result of a critical care case like this may be imminent physical danger or injury.

3. Denial of or failure to provide clothing necessary for minimum protection of child.

Clothing does not refer to condition of clothing but rather provision of enough to provide some protection from the elements. An example is no shoes or boots available to a child in weather requiring them. Result may be exposure, frostbite, etc.

4. Denial of or failure to provide physical health care to prevent serious illness or death.
 - a. Religious note: Some persons' ethical background precludes them from seeking health care for themselves and their children. This will not necessarily be construed as a denial of critical care, although sometimes courts will order medical care for such children when the need is clearly demonstrated.
 - b. The absence of preventive health care like immunizations, regular dental checks, and regular physicals, is not to be construed as denial of health care to prevent serious illness or death. Examples are denial of required medication like insulin, penicillin, etc., untreated infected cut; denial of treatment when symptoms of pneumonia, bronchitis, etc. are present. The result may be hospitalization, serious illness or death.
5. Denial or failure to provide emotional health care necessary to adequately treat social maladjustment.

Social maladjustment is defined as chronic emotional disturbance or mental illness, such as "firesetters", extremely aggressive child, etc. The parents choose to deny the problem or to participate minimally in that treatment. When such denial will impair the child's normal social development, it is to be coded in this category.

Other Protective Service Referrals - Those parental acts or omissions, which potentially threaten the child with physical abuse, sexual abuse, and/or denial of critical care.

Investigation - That service provided by the Department of Social Services in determining the nature and extent of protective symptoms reported, assessment of family functioning, provision for future protection of the child, determining the available services to assist the family in protecting the child, engaging the family in the treatment process and determining the needs for further departmental involvement. Possible indicators of a complete investigation in the service record is a narrative describing such action, a financial eligibility form signed by the head of the household, correspondence requesting a petition for

CHINA (Child In Need of Assistance), a voluntary placement agreement, a service contract provided for services, a service reporting document with a service code of 10 (Child Protective Service Treatment), an action indicating family acceptance of service provided by an agency other than the Department of Social Services, or a case closed.

Treatment - Those services provided as a result of the child protective investigation excluding those services provided during the investigation. Indicators of treatment services in the case record are service plan, a service reporting document with a service code of 10 (Child Protective Service Treatment), an objective in the service reporting system indicating treatment for children who have been abused, neglected or exploited, progress report from Purchase of Service providers, service contract, narratives reflecting progress towards alleviating family dysfunctioning, court report, case data, foster care placement agreements, homemaker forms, treatment center and group home placement agreements, referral letters to private agencies, releases of information, reports to Central Child Abuse Registry, etc.

Direct Services - Those services provided to families as a result of a child protection report by the Department of Social Services protective service social workers, family therapists, foster care workers, purchase of services staff, etc. Other direct service costs include the Department of Social Services foster care, homemaker service, etc.

Purchase of Services - Those services provided to a child and/or his/her family purchased outside the Department of Social Services and paid for by the Department of Social Services as a result of a physical abuse, sexual abuse, critical care report, and other protective investigation. These would include purchase homemaker service, foster care, which includes private agency supervised foster home, group homes, and treatment centers, and any other service, which is provided by Purchase of Services to protective service clients, such as transportation, day care, etc.

Time - All time spent by a Department of Social Services protective service worker on case-related functions, including direct face-to-face service, travel, collateral case management duties, case supervision, court involvement, service and resource arrangement and record keeping. Other Department of Social Service personnel time, such as clerical and supervisory related to a specific protective service case, will also be included.

Costs - All Department of Social Services costs for investigation and treatment of a physical abuse, sexual abuse, critical care and all other protective service cases. Average salaries of Department of Social Service workers assigned to direct service work with protective service children and their families such as social workers and family therapists will be determined. Extra costs of a salaried person have to be considered such as employer's share of FDIC and medical insurance, life insurance benefits, workmen's compensation, etc. Costs associated with key punchers, Central Office staff, paper supplies, etc. are excluded. All purchase of service costs for treatment of a protective case will be included.

Current Level - Costs will be tabulated including both direct service and purchase of service costs for investigation and treatment of sampled cases from July 1, 1977 to January 1, 1978. Total time involved in investigation and treatment in case related activities will be determined to arrive at an average monthly investigation and treatment time of physical abuse cases, sexual abuse cases, critical care cases, and other protective service cases.

Projected Level - The average service time for physical abuse, sexual abuse, critical care cases, and other protective service cases will be multiplied times protective service reports expected in the next year as a result of the new law and then divided by the average amount of time a case load of physical abuse, sexual abuse, critical care, and other protective service cases a protective service worker could investigate and treat. This would provide an estimate of new service workers needed. Purchase of Service costs would be projected based upon average cost of a protective service case times the anticipated unit cost.

Cash Assistance - Any cash award received by a client that would not have been received had not the abuse occurred. Cash award must be for the month in which the client was sampled.

DEPARTMENT OF SOCIAL SERVICES

INTEROFFICE MEMORANDUM

To:

From:

Patricia PP

Subject:

Procedure concerning all Treatment People

111

The following has

APPENDIX IV

has been selected for... APPENDIX IV... If you have any questions about the form of the questionnaire, call Pat Franklin at (515) 281-5334, Top Executive or Administrator at 11117, 201-700 (on Monday, Thursday or Friday). The form is to be returned to the address which is the address of the office.

Thank you for your help.

200/777/c

State of Iowa

DEPARTMENT OF SOCIAL SERVICES

INTEROFFICE MEMORANDUM

Date: _____

To:

From:

Pat Fennelly **PF**

Subject:

Protective Investigation and Treatment Sample

The following case

has been selected for the protective treatment activity reporting sample. Please ask all agency staff members involved with this case to record their time for the month of . Attached is the reporting form and instructions. If you have any questions about the form or the instructions, call Pat Fennelly at (515) 281-5581 (on Tuesday or Wednesday) or at (319) 326-8680 (on Monday, Thursday or Friday). The form is to be returned to the address shown on the bottom of the form.

Thank you for your help.

JDO/PF/bj

CHILD PROTECTIVE ACTIVITY REPORT INSTRUCTIONS

GENERAL PURPOSE

The proposed amendments to Chapter 235A (Child Abuse Reporting Law) would require the reporting, investigation, and treatment of sexual abuse and parental denial of critical care in addition to physical abuse. In order to determine the costs of providing for these services, it will be necessary to gather cost data on those cases currently serviced.

Cost data will be gathered on a sample basis for both investigative and treatment activity from July 1, 1977 through December 31, 1977.

GENERAL DEFINITIONS

Case - all persons receiving service as a result of the protective service referral and coded under objective K or L. For example, family members receiving different services, such as residential treatment, foster care, day care, counselling, homemaker, etc.

Investigation - that all services provided by the Department of Social Services which begin with the receipt of the referral at the county level and end with determining the need for further services or closing the case.

Treatment - those services and activities completed in carrying out the case plan.

Staff - includes all direct service staff, such as service workers, and DSS homemakers, supervisory staff, social work associates, case aids, and clerical staff, who spent time on the specific case sampled.

GENERAL INSTRUCTIONS

Staff will be asked to complete the form for selected investigative and treatment cases. All staff time associated with investigation and treatment on the cases sampled are to be reported on this form.

The reporting form is a summary form to summarize all activity spent on the investigation or treatment for the period sampled. The employee responsible for the investigation or treatment case selected will be responsible for securing the activity report information from other staff involved in that case. Advise clerical, supervisory and all other staff involved with the case to also record their activity time. Please use whatever system is workable in your local office.

The investigative sample will be drawn from those physical abuse, sexual abuse, and denial of critical care referrals reported to Public Safety. If the activity form is to be completed for the case reported, the county office will be notified by the Bureau of Community Services the next working day and will also be notified of the assigned sample number to be added to the form.

The treatment sample will be drawn from the Service Reporting file as of the first of the month. Staff will receive the form for the selected cases by the third working day of the month. All treatment case activity for that calendar month selected is to be recorded on this report.

DISPOSITION OF REPORT

The investigation activity report is to be returned at the end of the investigation or at the end of 30 days after the original referral to Public Safety. If the investigation takes longer than 30 days, a supplementary report of additional investigative time will be requested. The treatment activity report is to be returned on the third working day of the following month in which the treatment activity has been reported. The activity report is to be returned to the Central Office address listed on the form.

State of Iowa
Department of Social Services

CHILD PROTECTIVE ACTIVITY REPORT

Employee Name _____

Case Name _____

County Number _____

For _____ SRS Number _____
Month Year

DSS Staff Involved		Investigation and Treatment Time Functions							
Staff Name (Last name only)	Staff Classification	Direct Service		Case Management		Paper- Work Time	Travel Time	Super- visory Time	Clerical Time
		Serv. Code	Time	Serv. Code	Time				

-17-

Family Members' Names	SRS Number	COMMENTS:
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Investigative Sample Number _____

Treatment Sample Number _____

Return: Diane Casady
3619½ Douglas
Des Moines, IA 50310

A P P E N D I X V

COMPUTATION FOR
PROTECTIVE SERVICE STUDY

HOURLY RATES

Hourly Rates for Service Workers:

Case Management	239,661 minutes
Direct Service	<u>279,581 minutes</u>
SUBTOTAL	519,242 minutes
Information and Referral	88,480 minutes
Resource Mobilization	76,317 minutes
Giving Supervision	18,313 minutes
Receiving Supervision	63,379 minutes
Travel	<u>110,062 minutes</u>
SUBTOTAL	356,551 minutes
Productive Time - TOTAL (Sample)	875,793 minutes ^{2/}

Items Not Included:

Vacation
Other Leave
Management
Staff Development
Other

$$\frac{\text{(Related Costs)}}{\text{(Minutes/Hour)}} = \frac{\text{Cost}}{\text{Hour}} \div \left[\text{(Productive Time)} \times \text{(Expansion Factor)} \right] \times$$

$$\left[\$17,609,532 \div (875,793 \text{ minutes} \times 62.75) \times 60 \text{ minutes/hour} = \$19.20/\text{hour} \right]$$

Hourly Rate for Service Workers is \$19.20

1/ Activities included as Productive Time decided arbitrarily

2/ Time from Activity Reporting System, Job No. 472P347, DTD. 8-19-77 for
FY ending 06/30/77

January 25, 1978

COMPUTATION FOR
PROTECTIVE SERVICE STUDY

EXPANSION FACTOR

Average Sample Frame:

643.33 Workers (average number workers in universe)

Average Sample Size:

10.252 Workers (average number workers in sample)

Expansion Factor (expand sample data to equal universe data):

643.33	(workers in universe)
÷ 10.252	(workers in sample)
= 62.75	Expansion Factor

COMPUTATION FOR
PROTECTIVE SERVICE STUDY

FY 1977 Service Costs
(from accounting)

County Service and Support	\$ 11,939,328
District Service and Support	3,036,919
Local Administration	1,025,818
County and District - Indirect	1,607,467
Total Costs (related)	17,609,532

Costs Not Included Were:

- County Homemaker
- County Homemaker Support
- District Homemaker
- District Homemaker Support
- Peck and Sanford Day Care Center
- Mental Retardation
- All State Office Costs
- WIN Costs
- Staff Development

Provisional Service Study

Investigation - July - December, 1977

Sample Cases:

Start 304
Not in 23
Ending 281

Total Service Time 3,743.53 Hours
Total Clerical Time Reported 395.18 Hours

Service Costs Per Month Per Case:

$$\frac{[(3,743.53 \text{ Hours}) \times (\$17.50/\text{hour})] + (281 \text{ Cases})}{12 \text{ Months}} =$$

\$55.71/Month/Case

Clerical Costs Per Month Per Case:

$$\frac{[(395.18 \text{ Hours}) \times (\$17.50/\text{hour})] + (281 \text{ Cases})}{12 \text{ Months}} =$$

\$4.91/Month/Case

Unit Cost is for a Month Service

Investigation Unit APPENDIX VI

Service Cost
Clerical Cost

\$55.71/Month/Case
\$4.91/Month/Case
\$60.62/Month/Case

Notes:

Average amount of Service Time per Month Per Case 17.1 Hours
Average amount of Clerical Time per Month Per Case 1.1 Hours

James D. Overland
241-4034
2/10/78

Protective Service Study

Investigation - July - December, 1977

Sample Cases:

Start	304
Not In	23
Ending	281

Total Service Time	3,743.53 Hours
Total Clerical Time Reported	395.10 Hours

Service Costs Per Month Per Case:

$$\frac{[(\text{Service Time}) \times (\text{Cost/Hour})]}{(\text{Ending Sample})} = \text{Service Cost/Month/Case}$$

$$\frac{[(3,743.53 \text{ Hours}) \times (\$19.20/\text{Hour})]}{(281 \text{ Cases})} = \$255.79/\text{Month/Case}$$

Clerical Costs Per Month Per Case:

$$\frac{[(\text{Clerical Time}) \times (\text{Cost/Hour})]}{(\text{Ending Sample})} = \text{Clerical Cost/Month/Case}$$

$$\frac{[(395.10 \text{ Hours}) \times (\$3.50/\text{Hour})]}{(281 \text{ Cases})} = \$4.92/\text{Month/Case}$$

Unit Cost is for a Month Service

Investigation Unit Cost is:

Service Cost	\$255.79/Month/Case
Clerical Cost	4.92/Month/Case
	<u>\$260.71/Month/Case</u>

Note:

Average Amount of Service Time Per Month Per Case	13.3 Hours
Average Amount of Clerical Time Per Month Per Case	1.4 Hours

James D. Overland
281-4694
3/10/78

Protective Service Study

Treatment - July - December, 1977

Sample Cases:

Selected	348
Dropped	9
Ending	339

Total Service Time Reported	1,814.39 Hours
Total Clerical Time Reported	97.12 Hours
Total POS Costs	\$27,693.95
Total Maintenance Costs	\$34,953.89

Service Cost Per Month Per Case:

$$\left[(\text{Service Time}) \times (\text{Cost/Hour}) \right] \div (\text{Sample Cases}) \\ = \text{Service Cost/Month/Case}$$

$$\left[(1,814.39 \text{ Hours}) \times (\$19.20 \text{ Hour}) \right] \div (339 \text{ Cases}) = \\ \$102.76/\text{Month/Case}$$

Clerical Cost Per Month Per Case:

$$\left[(\text{Clerical Time}) \times (\text{Cost/Hour}) \right] \div (\text{Sample Cases}) \\ = \text{Clerical Cost/Month/Case}$$

$$\left[(97.12 \text{ Hours}) \times (\$3.50/\text{Hour}) \right] \div (339 \text{ Cases}) = \\ \$1.00/\text{Month/Case}$$

Purchase of Service Cost Per Month Per Case:

$$(\text{Reported POS Costs}) \div (\text{Sample Cases}) = \text{POS Cost/Month/Case} \\ (\$27,693.95) \div (339 \text{ cases}) = \$81.69/\text{Month/Case}$$

Maintenance Cost Per Month Per Case:

$$(\text{Maintenance Cost}) \div (\text{Sample Cases}) = \text{Maintenance Cost/Month/Case} \\ (\$34,953.89) \div (339 \text{ Cases}) = \$103.11/\text{Month/Case}$$

Unit. Cost is for a Month of Service

Treatment Unit Cost is:

Service Cost	\$102.76/Month/Case
Clerical Cost	1.00/Month/Case
POS Cost	81.69/Month/Case
Maintenance Cost	103.11/Month/Case
	<u>\$288.56/Month/Case</u>

Note:

Average Amount of Service Time Per Month Per Case	5.4 Hours
Average Amount of Clerical Time Per Month Per Case	.3 Hours

Investigation

Caseload Projection:

Colorado	<u>Physical Abuse</u>	<u>Total</u>
Iowa	1,051	3,088
	1,926	?

$$\frac{\text{Colorado's Abuse}}{\text{Colorado's Total}} = \frac{\text{Iowa's Abuse}}{\text{Iowa's Total}}$$

$$\frac{1,051}{3,088} = \frac{1,926}{X}$$

$$X = 5,658$$

Projected Protective Investigations Total Abuse	5,658
Estimated Number Already in Caseload	-1,926
	- 700
Projected Increase in Investigations	3,000

Cost Projection:

(Projected Investigations) x (Unit Cost) = Projected Cost for Investigations

$$(3,000 \text{ Cases}) \times (\$260.71/\text{Case}) \approx \$800,000.00$$

Treatment

Caseload Projection

- ① If half of investigations go into treatment we will have 1,500 new treatment cases per year or 125 per month at a cost of \$2,800,000 (see next page).
- ② If 3/4 of investigations go into treatment we will have 2,250 new treatment cases per year or 187.5 per month at a cost of \$4,200,000 (see next page).

Total Protective Caseload Cost Projection

①		②
\$2,800,000	Treatment	\$4,200,000
800,000	Investigation	800,000
\$3,600,000	Total	\$5,000,000

TREATMENT PROJECTIONS

Month	2,250 Per Year (187.5 Per Month)		1,500 Per Year (@ 125 Per Month)	
	Monthly Total	Total Per Year	Monthly Total	Total Per Year
1	\$54,105	\$54,105	\$36,070	
2	108,210	162,315	72,140	108,210
3	162,315	324,630	108,210	216,420
4	216,420	541,050	144,280	360,700
5	270,525	811,575	180,350	541,050
6	324,630	1,136,205	216,420	757,470
7	378,735	1,514,940	252,490	1,009,960
8	432,840	1,947,780	288,560	1,298,520
9	486,945	2,434,725	324,630	1,623,150
10	541,050	2,975,775	360,700	1,983,850
11	595,155	3,570,930	396,770	2,380,620
12	649,260	4,220,190	432,840	2,813,460

Total Per Year

\$4,220,190

\$2,813,460

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