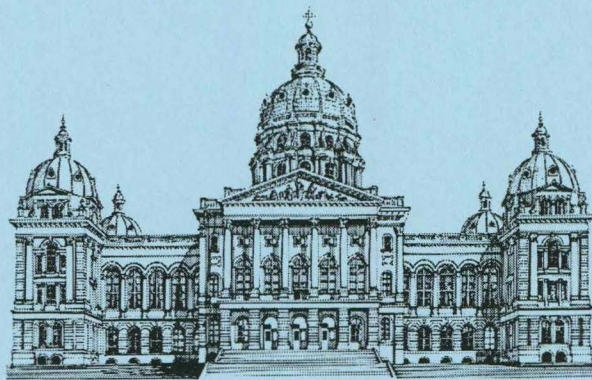


**FINAL REPORT**

**CHILD ABUSE REPORTING  
STUDY COMMITTEE**



Presented to the  
**LEGISLATIVE COUNCIL**  
and the  
**IOWA GENERAL ASSEMBLY**  
January 2002

Prepared by the  
**LEGISLATIVE SERVICE BUREAU**



Legislative  
Service Bureau

# FINAL REPORT

Child Abuse Reporting Study Committee

January 2002

## MEMBERS:

Senator Kenneth Veenstra,  
Cochairperson  
Senator Johnie Hammond  
Senator Maggie Tinsman

Representative Dan Boddicker,  
Cochairperson  
Representative Betty De Boef  
Representative Mark Smith

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### Staff Contacts:

John Pollak, Committee  
Services Administrator,  
(515) 281-3818

Rick Nelson, Legal Counsel,  
(515) 242-5822

Patty Funaro, Senior Legal  
Counsel,  
(515) 281-3040

## AUTHORIZATION AND APPOINTMENT

On June 20, 2001, the Legislative Council authorized the formation of the Child Abuse Reporting Study Committee and provided the following charge: The study committee shall consider creation of a statewide central intake unit by the Department of Human Services for receiving child abuse reports and address other issues associated with the state's child protection system. The study committee may utilize national experts to the extent possible, and include in deliberations individuals who are knowledgeable about child protection and prevention of child abuse, and other interested persons, such as representatives of the Department of Human Services, the juvenile court and juvenile court services, the Department of Justice, the Citizens' Aide, county attorneys, guardians ad litem, child advocates, and critics of the child protection system.

**Meetings.** The Study Committee was authorized to hold two meetings. The meetings were held at the Statehouse on October 24, 2001, and November 28, 2001.



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### I. October 24, 2001, Meeting.

**Meeting Overview.** The Committee heard testimony describing how the current child abuse reporting system operates, a description of a statewide call system for poison control, fiscal estimates for implementing a centralized intake system, and how other states provide similar services.

**Overview of Current System.** The Committee heard testimony describing the overall child abuse reporting system from Mr. Vern Armstrong, Child Protection Program Manager, Department of Human Services (DHS), and Mr. Steve Scott, Executive Director, Prevent Child Abuse Iowa. Mr. Armstrong noted that in the two-year period, 1999 to 2001, there has been a 33 percent increase in the number of reports that are accepted for child abuse assessment and approximately 68 percent of all reports are accepted for assessment. Intake decisions are made by field child protection staff, often in consultation with a supervisor, with the following general classifications: rejected intakes, cases requiring a DHS response within one hour of receiving the report, cases requiring a DHS response within 24 hours of receiving the report (the majority of cases), and cases requiring a DHS response within 96 hours of receiving the report. The different response times are contingent upon the potential risk to the child. Members also discussed the types of cases in which law enforcement is contacted, reporting information available at intake, and citizen review panels. Mr. Armstrong noted that meeting the response time frames is often very difficult and that other states have different standards. Recently, there have been meetings with field child protection staff to make changes that would reduce staff workload without compromising the safety of children. He stressed the importance of having sufficient funding to ensure that caseworkers can meet with the families.

Mr. Scott provided statistical information as to the numbers of child abuse reports accepted for assessment in Iowa over the three-year period of 1998-2000, county-specific breakdowns, child poverty breakdowns, and rates of confirmed child abuse for each county. He proffered a set of six goals for a centralized intake system, noted the changes in the number of child abuse reports made during the last decade, pointed out distinct differences between counties in the rates of child abuse reported, and identified a primary reason for moving to a centralized intake system. He noted that while a higher rate of poverty can explain some of the differences between counties, it also appears that the lower reporting rates occur in the counties with lower populations. Mr. Scott suggested that community standards or other subjective reason may explain differences in reporting rates between counties. He noted that a centralized intake system could increase the objectivity of the system by providing for more consistency as to reporting and acceptance of abuse cases for assessment.

**Poison Control Hotline.** Ms. Linda Kalin, Managing Director, Statewide Poison Control Hotline, described the workings of this around-the-clock service housed at St. Luke's Regional Medical Center in Sioux City. During the 2001 Legislative Session, there were a number of discussions that used this center as an example for proposals for a centralized intake system for child abuse reporting. Ms. Kalin explained that the statewide center



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replaced 8-10 regional centers scattered around the state. All of the staff on the telephones are registered nurses, primarily with critical care unit experience, and the base hourly wage rate is around \$18 per hour. The calls come from parents as well as health care practitioners who need information concerning poisons. Approximately 60 percent of the calls involve children under age six.

**Fiscal Estimate.** Pursuant to a request from the Legislative Oversight Committee (Oversight), a fiscal estimate was developed for the costs of implementing a centralized intake system and sent to both the Oversight and the Study Committees. Ms. Sue Lerdal of the Legislative Fiscal Bureau, Ms. Ruth Cooperrider of the Office of the Citizens' Aide/Ombudsman, and Mr. Vern Armstrong of DHS discussed the estimate. The estimate has three primary variable costs: technology changes, physical location of employees, and potential savings from current expenditures. Because there was not consensus on the impacts of options for the three variables, a range of costs was included in the estimate. Assuming funding of approximately \$362,000 is provided for one-time technology enhancements and office expenditures, the ongoing cost is projected to be in a range of approximately \$800,000 to \$2.3 million, depending upon the actual impact of the variable costs.

**Child Protection Field Staff.** Ms. Ellen Picray of the Palo Alto County DHS office, Ms. Diane Wyckoff, Linn County DHS office, and Mr. Steve Huston, Superintendent of the State Training School at Eldora, discussed their experiences with how child abuse reports are received and addressed. It was suggested that reports are often received informally by workers while not on the job, are left on the office answering machine, are made during intake for other services, and are provided in other ways outside the formal reporting process. Both Ms. Picray and Ms. Wyckoff expressed concern about the burden on caseworkers. Mr. Huston explained that the training school switchboard staff and some designated staff provide an after-hours and weekend answering service for the Statewide Child Abuse Hotline telephone and for many local DHS offices. Approximately 425 calls were received during the last month. The three panelists responded to many detailed questions.

**National Expert.** Mr. Wayne Holder of New Mexico appeared on behalf of the National Resource Center on Child Maltreatment. He provided an overview of state approaches relating to many of the items presented to and discussed by the Committee. He noted that most states seem to be transitioning toward an emphasis on child safety and safety management in place of responding only to the specific type of abuse reported. He addressed a number of specific questions about state practices.

**Committee Discussion.** While several members were generally supportive of implementing some form of centralized intake, there was concern about the state's shrinking fiscal resources and implementing centralized intake in a manner that does not eliminate the advantages of dealing with reports at the local level. Several members were interested in learning more about options utilizing a 2-1-1 telephone number that is to be implemented as a universal number for information and referral calls. Some members were concerned that the use of community standards in determining what constitutes child abuse is



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important and should not be eliminated with a centralized approach. Members asked for more information as to technology costs to enhance the current reporting system and about how the 2-1-1 system may be utilized.

### II. November 28, 2001, Meeting.

**Meeting Overview.** This final meeting of the Committee focused wholly on potential recommendations. Members decided, in light of the state's tight budget situation, to distinguish between recommendations that could be accomplished in the long term and in the near term. In follow-up to the previous meeting, the members received information from the Department of Human Services concerning qualifications used by other states for intake staff and a breakdown of a total of approximately \$230,000 in technology improvements that may be made to enhance the intake process. A staff member of the American Red Cross Central Iowa Chapter, representing the Iowa Alliance of Information and Referral Services, discussed plans to nationally implement the 2-1-1 telephone number for accessing information and referral services and options for potential utilization as part of Iowa's child abuse reporting system.

### III. Recommendations.

The Committee made the following recommendations to the Legislative Council and the General Assembly:

**A.** Over the next few years as funding is made available, the State of Iowa should move into implementation of a centralized intake system for child abuse reporting that involves a highly trained, professional staff to receive calls seven days per week, 24 hours per day.

**B.** In the near term, the state should provide the necessary resources for the Department of Human Services to develop, review, and implement standards of training for the staff who receive child abuse reports or who perform other intake functions, and the training should include on-the-job training activities.

**C.** In the near term, a full-time person should be made available to serve as a resource to the staff who receive child abuse reports during evenings and weekends or who perform other intake functions during those times.

**D.** In the near term, the Department of Human Services should act as soon as possible to coordinate centralization of reporting and intake changes with implementation of the 2-1-1 telephone number system under development by the Iowa Association of Information and Referral Services (Iowa AIRS) in order to allow for the public to make child abuse reports by dialing the 2-1-1 telephone number, subject to the availability of public and private funding.

**E.** The centralized intake system should be implemented in a manner so that child abuse reporters may continue to make reports directly to staff based in the department's local



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offices and the local staff may consult with the centralized intake staff while making the intake decisions at the local level.

### IV. Written Materials on File With the Legislative Service Bureau.

#### A. October 24, 2001, Meeting.

1. Child Abuse Reporting Study Committee background memorandum from John Pollak, Legislative Service Bureau.
2. Committee Rules.
3. Department of Human Services' Reporting Child Abuse Information from Internet site (<http://www.dhs.state.ia.us/reportingchildabuse.asp>), distributed by Legislative Service Bureau.
4. A Comprehensive Review of the Child Protective Service System for the State of Iowa Department of Human Services – final report executive summary – American Humane Association, distributed by Legislative Service Bureau.
5. Citizens' Aide/Ombudsman Review of Shelby Duis Case – executive summary, distributed by Legislative Service Bureau.
6. Cost estimate memorandum jointly determined by the Legislative Fiscal Bureau, Office of Citizens' Aide/Ombudsman, and Department of Human Services.
7. "Together for Prevention" article regarding child abuse reports in Iowa from Prevent Child Abuse Iowa.
8. Iowa Statewide Poison Control Center handout.
9. Child abuse reports in Iowa – data chart series from Prevent Child Abuse Iowa.
10. Child-Dependent Adult Protective Investigations Contact sample report form from the State Training School at Eldora.
11. National Conference of State Legislatures article regarding states with centralized child abuse and neglect intake units, distributed by Legislative Service Bureau.
12. Memorandum on child abuse reporting from Ms. Ruth Cooperrider, Deputy Citizens' Aide/Ombudsman and Legal Counsel.

#### B. November 28, 2001, Meeting.

1. Qualification Requirements for Hotline Staff – other states' requirements distributed by Mr. Vern Armstrong, Department of Human Services.



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- 2. Proposed Technology Improvements for Intake – breakdown of funding distribution distributed by Mr. Vern Armstrong, Department of Human Services.
- 3. 2-1-1 system summary and cover letter from Ms. Karen Hyatt Smith, American Red Cross Central Iowa Chapter.
- 4. Intake questions and risk classification scoring used in Arizona, provided by Mr. Wayne Holden, National Resource Center on Child Maltreatment, distributed at the request of Cochairperson Boddicker.

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