

## Centralization Workgroup Notes September 16, 2013

**Members Present:** Polly Johnston, Laura Larkin, Jone Staley (facilitator) and Linda Hildreth (note taker)

**Members Absent:** Diana Nicholls-Blomme, Sara Sanders, and Cecilia Johnson

**Focus:** It's All About Bob....and Mary

### Tasks

- 1) Review Centralization Workgroup handout
- 2) Draft implementation plan for each 2012 recommendation assigned to the workgroup; and
- 3) Draft suggested legislation for each 2012 recommendation assigned to the workgroup.

### Centralized Intake

- How many staff/FTEs are connected to the ADRCs?
- Need to have a screening function
- Staff dealing with adult abuse need to be very knowledgeable and specialized
- Need a system to enter all the referral information and have the capability to share it with the appropriate entity.
- Referral tracking system needs to be identified so individuals are not lost in the system.
- Referral tracking system also needs to be accessible so progress reviews can take place as to who is addressing what need.
- Determination needs to be made regarding the hours and days the system is in place – ideally 24/7
- One 800 number
- DHS centralized intake receives about 320 accepted and rejected referrals of dependent adult abuse a month.
- Need to determine how far the ADRC will go with assistance and what is their role
- Would ADRC make referral to DHS, DIA, etc?
- How is ADRC funded and how much funding does it receive? **RESPONSE: There is no current line item funding**
- What happens to a person who calls DHS, DIA, IDA, etc. directly?
- System needs to include timeframes and prioritization of referrals, review progress and follow ups
- If there are 6 ADRC's how does one 800 get answered?
- Central Intake Unit - DHS Information  
CSIU (when fully staffed) 8am-4:30pm  
4 - Supervisors  
23 - intake workers (SW3s)

2 - SW4's (lead worker)- they help with decisions/staffing intakes as well as take phone calls

5 - Clerk Advanced- 3 is our current staffing level, we are supposed to have 5. Also, in reality, one is more RCE than intake. Probably 25% intake and 75% RCE. So in reality, right now we have 2.25 clerical.

After hours/on call for each service area

Service Area	# of SW3s	# of Supervisors
WISA	6	2
NISA	6	2
EISA	5	3
CRSA	5	1
DMSA	5 (only 3 take calls)	1

The calls are routed to Eldora after CSIU hours. Eldora has 2 staff that take the phone calls and contact the workers for each service area. Each worker that is on call in each service area completes intakes (which involves calling back the reporter on most all cases). DMSA is the exception in Polk County. They have a "coordinator that takes the calls and 2 workers that just take the case assignments. Then there are 2 more on call for the service area. They have a "North" worker and a "South" worker.

### Homework

- Need information from DHS, DIA, IDA, and AGO on how much funding is received for adult abuse
- Review EAI stat on pages 11 – 13

### Training and Education

- Have the 4 sponsoring agencies (IDA, DHS, DIA & DPH) review the current curriculum, develop minimum requirements
- Change Code to require trainers be certified
- Change Code to establish only one training curriculum authored by the 4 state departments (already in existence)
  - Core mandatory reporter requirements
  - Specialized training by discipline
    - Financial Institution Employees
    - Health Care Providers
    - Home and Community Based Service Providers
    - Direct Care Workers
    - Facility employees
    - EMTs
- Keep oversight at the Iowa Department of Public Health for consistency.
- Explore possibility of having the curriculum approved for CEUs