

Office of the Auditor General
Performance Audit Report

Protective Services Centralized Intake Unit
Michigan Department of Health and Human Services

June 2015

State of Michigan Auditor General
Doug A. Ringler, CPA, CIA

The auditor general shall conduct post audits of financial transactions and accounts of the state and of all branches, departments, offices, boards, commissions, agencies, authorities and institutions of the state established by this constitution or by law, and performance post audits thereof.

Article IV, Section 53 of the Michigan Constitution



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Office of the Auditor General

Report Summary

Performance Audit

Protective Services Centralized Intake Unit (CIU)

Michigan Department of Health and Human Services (MDHHS)

Report Number:
431-1287-14

Released:
June 2015

Beginning in March 2012, MDHHS established the Protective Services CIU as a result of a lawsuit settlement agreement in 2008 between the State of Michigan and Children's Rights Inc. MDHHS centralized its protective services intake processes to ensure the consistent evaluation and assignment of complaints alleging abuse, neglect, and/or exploitation of a child or vulnerable adult. Prior to March 2012, MDHHS's county/district offices received, evaluated, and assigned complaints. CIU had 145 employees as of April 12, 2014.

Audit Objective			Conclusion
Objective #1: To assess the effectiveness of the Protective Services CIU's efforts to document all incoming telephone calls, mail, e-mails, and facsimiles.			Effective
Findings Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
CIU needs to enhance its screening process of incoming communications to help ensure that it addresses all complaints received alleging abuse, neglect, and/or exploitation of a child or vulnerable adult. Screening was not documented in 5% of sampled incoming calls (<u>Finding #1</u>).		X	Agrees
CIU should continue to improve its complaint documentation to help ensure that supervisors and complaint coordinators make the most informed decision possible when deciding to accept or reject complaints alleging abuse, neglect, and/or exploitation of children or vulnerable adults. One or more required items of information were not included in 34 (17%) of 199 sampled complaints. Fortunately, the missing information did not affect the decision in these instances (<u>Finding #2</u>).		X	Agrees

Audit Objective			Conclusion
Objective #2: To assess the effectiveness of the Protective Services CIU's efforts to ensure that complaints of abuse, neglect, and/or exploitation were appropriately accepted for investigation, rejected, forwarded to the prosecutor and law enforcement, or referred to MDHHS's Adult Protective Services coordinators at the county/district offices.			Effective
Findings Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
CIU needs to strengthen its monitoring processes to help ensure that CIU meets its quality of services goals and enhances its ability to improve protective services. CIU supervisors met only 11% of their goal to remotely monitor incoming calls (<u>Finding #3</u>).		X	Agrees
Observations Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
MDHHS should consider instituting minimum continuing education training requirements for CIU supervisors to help ensure that supervisors maintain and enhance the skills necessary to make appropriate decisions regarding complaints alleging abuse, neglect, and/or exploitation of children and vulnerable adults (<u>Observation #1</u>).	Not applicable	Not applicable	Not applicable

Audit Objective			Conclusion
Objective #3: To assess the effectiveness of the Protective Services CIU's efforts to timely respond to complaints it received of abuse, neglect, and/or exploitation.			Effective
Findings Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
None reported.	Not applicable	Not applicable	Not applicable

A copy of the full report can be obtained by calling 517.334.8050 or by visiting our Web site at: <http://audgen.michigan.gov>

Office of the Auditor General
201 N. Washington Square, Sixth Floor
Lansing, Michigan 48913

Doug A. Ringler, CPA, CIA
Auditor General

Laura J. Hirst, CPA
Deputy Auditor General



OAG

Office of the Auditor General

201 N. Washington Square, Sixth Floor • Lansing, Michigan 48913 • Phone: (517) 334-8050 • <http://audgen.michigan.gov>

Doug A. Ringler, CPA, CIA
Auditor General

June 25, 2015

Mr. Nick Lyon, Director
Michigan Department of Health and Human Services
Grand Tower
Lansing, Michigan

Dear Mr. Lyon:

I am pleased to provide this performance audit report on the Protective Services Centralized Intake Unit, Michigan Department of Health and Human Services.

We organize our findings and observations by audit objective. Your agency provided preliminary responses to the recommendations at the end of our fieldwork. The *Michigan Compiled Laws* and administrative procedures require an audited agency to develop a plan to comply with the recommendations and submit it within 60 days of the date above to the Office of Internal Audit Services, State Budget Office. Within 30 days of receipt, the Office of Internal Audit Services is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.

We appreciate the courtesy and cooperation extended to us during this audit.

Sincerely,

Doug Ringler
Auditor General

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AUDIT OBJECTIVES, CONCLUSIONS, FINDINGS, AND OBSERVATIONS

DOCUMENTING INCOMING TELEPHONE CALLS, MAIL, E-MAILS, AND FACSIMILES

BACKGROUND

Complaints are usually made in the form of a telephone call by the reporting person, but they may also occur as an in-person or written contact (mail, e-mail, or facsimile). During the audit period (March 5, 2012 through April 24, 2014), the Protective Services Centralized Intake Unit (CIU) received approximately 310,000 Children's Protective Services (CPS) complaint calls and 70,000 Adult Protective Services (APS) complaint calls (see Exhibit 2, presented as supplemental information).

The complaint intake process focuses on initial fact gathering and screening of information to determine whether to accept or reject a complaint alleging abuse*, neglect*, and/or exploitation* of children or vulnerable* adults. Screening of the complaint information determines the level of risk to the child and vulnerable adult and the nature and priority of the initial response required by the Michigan Department of Health and Human Services (MDHHS). CIU intake specialists and supervisors are available to take CPS and APS complaints 24 hours a day, 7 days a week.

AUDIT OBJECTIVE

To assess the effectiveness* of the Protective Services CIU's efforts to document all incoming telephone calls, mail, e-mails, and facsimiles.

CONCLUSION

Effective.

FACTORS IMPACTING CONCLUSION

- Our testing of CPS complaints did not identify instances in which CIU made an incorrect determination to accept the complaint for investigation, reject the complaint, or forward it to the appropriate jurisdiction because of incomplete documentation of a complaint.
- The CPS Manual, APS Manual, and CIU Procedure Manual provide the framework for documenting the required information by CIU intake specialist.
- CIU implemented a process requiring CIU intake specialists to document all incoming telephone calls.
- CIU supervisors are required to review all complaints, ensure the documentation of required information to make a screening decision, and determine the priority response level.

* See glossary at end of report for definition.

- Reportable conditions* related to:
 - Documenting the screening of all incoming telephone calls, mail, e-mails, and facsimiles received.
 - Incomplete documentation of required complaint information by CIU intake specialists.

** See glossary at end of report for definition.*

FINDING #1

Reconciliation processes needed to verify CIU documented the screening of all incoming communications.

CIU needs to enhance its screening process of incoming communications to help ensure that it addresses all complaints received alleging abuse, neglect, and/or exploitation of a child or vulnerable adult.

On March 5, 2012, MDHHS designated CIU as responsible to take, document, and screen all complaints alleging abuse, neglect, and/or exploitation of children or vulnerable adults.

CIU receives most incoming communications via telephone; however, CIU also receives mail, e-mails, and facsimiles. CIU must screen each incoming communication to determine if it is a complaint alleging abuse, neglect, and/or exploitation.

We compared CIU's incoming telephone call records with CIU's screening information for 2,836 randomly selected incoming telephone calls. Our review disclosed:

- a. CIU should develop a process to compare records of incoming telephone calls to CIU's screening documentation. Performing such a reconciliation would help CIU verify that it addressed all incoming calls. Our comparison of CIU's incoming call records and screening documentation disclosed that CIU could not document its screening of 139 (5%) of the 2,836 incoming calls. The average duration for these 139 calls was approximately 4 minutes, and 105 (76%) of the calls exceeded 1 minute. This is an indicator that there was an exchange of information between the caller and CIU intake specialist that likely required the specialist to document CIU's action related to the call; however, the specialists did not document the nature of the call.
- b. CIU had not developed a reconciliation process to track the receipt and screening of all mail, e-mails, and facsimiles it received. As a result, CIU could not determine the number received or if they were screened.

CIU informed us that it believed its complaint receipt procedures sufficiently ensured that CIU screened and documented incoming communications. However, without further tracking and reconciliation processes, a risk existed that not all complaints were addressed.

RECOMMENDATION

We recommend that CIU enhance its screening process of incoming communications to help ensure that it addresses all complaints received alleging abuse, neglect, and/or exploitation of a child or vulnerable adult.

**AGENCY
PRELIMINARY
RESPONSE**

MDHHS provided us with the following response:

MDHHS agrees.

- a. *Effective September 20, 2014, CIU specialists are required to document informational calls over 90 seconds on the database. This change in practice was to address concerns identified in the finding. All calls, which generate a complaint, will continue to be documented in the database.*

CIU has been unable to reconcile records of incoming telephone calls to screening decisions due to technology and resource constraints.

Children's Services Agency (CSA) is evaluating technology upgrades and performing a cost analysis to facilitate an improved reconciliation process. When the evaluation process is complete, CSA will determine what technological improvements can be made with available resources.

- b. *CIU implemented a FEDx* database on May 8, 2014, to assist in the tracking and reconciliation of FEDx assignments. On September 16, 2014, a tracking spreadsheet was implemented to track documents received via fax. On November 12, 2014, an updated FEDx protocol was implemented to include a tracking spreadsheet for incoming mail and a reconciliation process for items that are received through fax and mail. CIU continues to utilize the FEDx process and the FEDx database for the reconciliation of emails received.*

* See glossary at end of report for definition.

FINDING #2

Improved complaint documentation needed to ensure informed decisions are made to accept or reject complaints.

Complaint documentation for 15% of the sampled child abuse and/or neglect complaints and 22% of the sampled complaints involving a vulnerable adult did not contain one or more items of required information.

CIU should continue to improve its complaint documentation to help ensure that supervisors and complaint coordinators make the most informed decision possible when deciding to accept or reject complaints alleging abuse, neglect, and/or exploitation of children or vulnerable adults.

During the period March 5, 2012 through April 24, 2014, CIU received 315,635 complaints alleging child abuse and/or neglect (CA/N). During the period August 1, 2012 through April 24, 2014, CIU received 59,300 complaints alleging abuse, neglect, or exploitation of vulnerable adults. We reviewed CIU's complaint documentation for 149 randomly selected CA/N complaints and 50 randomly selected complaints involving a vulnerable adult. Our review disclosed:

- a. Complaint documentation for 23 (15%) of 149 CA/N complaints did not include one or more items of information that MDHHS instructed specialists to document or to indicate that the information was unknown. For example:
 - Contact information for individuals that could provide additional details regarding the complaint.
 - Whether the reporting source was aware of any other CPS complaints involving the child or family.
 - Whether anyone affiliated with the complaint was a licensed foster care provider, licensed day-care provider, or relative provider.

CIU accepted 17 of the 23 complaints for a CPS investigation, and we did not identify any instances in the 6 sampled rejected complaints in which it appeared that CIU's determination to reject the complaint would have differed based solely on the missing information. However, incomplete complaint documentation increases the risk that an incorrect decision could occur.

The CIU Procedure Manual instructs intake specialists to document complaint information for numerous specified questions and/or areas of inquiry. Beginning March 13, 2013, the Procedure Manual instructs intake specialists to indicate "unknown" when information for CA/N complaints is not known, such as the examples provided above.

- b. Complaint documentation for 11 (22%) of 50 complaints involving a vulnerable adult did not contain one or more

items of information included within the template that CIU required specialists to use. For example:

- Whether or not the reporting source was aware if the alleged victim had any health conditions.
- Contact information for other individuals that could provide additional details regarding the complaint.
- Information related to previous or ongoing APS complaints involving the vulnerable adult.

MDHHS's APS Manual and CIU Procedure Manual require the intake specialists to gather specific information from the reporting source, to obtain as much information as possible to help determine if the adult is vulnerable and in need of protective services, and to utilize a pre-defined template for documentation of the complaint.

MDHHS informed us that it did not believe that intake specialists were required to document responses to the questions we reviewed. However, the CIU Procedure Manual specifically instructs intake specialists to complete all of the questions we reviewed and to indicate "unknown" whenever the reporting sources indicated they did not know the answer to the question(s) for CA/N complaints. In addition, the Procedure Manual stipulated that intake specialists use a designated template to document complaints involving a vulnerable adult; however, MDHHS informed us that although its manual required specialists to utilize the template, MDHHS did not specifically require the specialist to provide information for all of the questions in all instances.

MDHHS's Division of Continuous Quality Improvement (DCQI) conducted two reviews of CIU's overall CA/N complaint intake process for the periods January through April 2013 and May through August 2013 and noted opportunities for improvement in CIU's documentation of CA/N complaint information in both reports. DCQI noted in the second report that it appeared CIU had continued to work in this area and had made improvements. DCQI also noted in its second report that more information would be helpful to CIU supervisors in making complaint decisions.

RECOMMENDATION

We recommend that CIU continue to improve its complaint documentation to help ensure that supervisors and complaint coordinators make the most informed decision possible when deciding to accept or reject complaints.

**AGENCY
PRELIMINARY
RESPONSE**

MDHHS provided us with the following response:

MDHHS agrees.

CIU updated the CPS and APS job aids to instruct the intake specialist to document an answer for all questions in the complaint intake template, including an appropriate notation when reporting sources indicate they do not know an answer to a required question.

ENSURING COMPLAINTS RECEIVED WERE APPROPRIATELY ACCEPTED FOR INVESTIGATION, REJECTED, FORWARDED, OR REFERRED TO THE APPROPRIATE JURISDICTION

BACKGROUND

When CIU receives a complaint alleging abuse, neglect, or exploitation, an intake specialist obtains and documents information from the reporting source. The specialist then provides the information to a supervisor to make the determination to accept, reject, or refer the complaint to the appropriate jurisdiction for complaints involving a child. For complaints involving an adult, the supervisor forwards the complaint information to the applicable MDHHS county/district office APS complaint coordinator to make the determination to accept, reject, or refer the complaint to the appropriate jurisdiction.

AUDIT OBJECTIVE

To assess the effectiveness of the Protective Services CIU's efforts to ensure that complaints of abuse, neglect, and/or exploitation were appropriately accepted for investigation, rejected, forwarded to the prosecutor and law enforcement, or referred to MDHHS's APS coordinators at the county/district offices.

CONCLUSION

Effective.

FACTORS IMPACTING CONCLUSION

- The CPS Manual, APS Manual, and CIU Procedure Manual provided a suitable framework for making a complaint screening decision and established procedures for monitoring the effectiveness of CIU's intake process.
- Our testing of CPS complaints did not identify instances in which CIU made an incorrect determination to accept the complaint for investigation, reject the complaint, or forward it to the appropriate jurisdiction.
- MDHHS instituted annual continuing education training requirements for its CIU intake specialists.
- CIU supervisors are required to review all complaints and make a screening decision.
- Reportable condition related to:
 - The completion of the required monitoring of incoming calls.

- The survey of mandated* and non-mandated reporters.
 - The tracking of complaint review results.
- Observation* related to continuing education training requirements for CIU supervisors.

** See glossary at end of report for definition.*

FINDING #3

Monitoring processes need to be strengthened to help ensure quality of service.

CIU remotely monitored only 11% of the required incoming calls.

CIU needs to strengthen its monitoring processes to help ensure that CIU meets its quality of services goals and enhances its ability to improve protective services.

The Child Welfare League of America* - Standards of Excellence for Services for Abused or Neglected Children and Their Families (CWLA-ANCTF) recommends that a child protection agency should regularly evaluate the effectiveness of its services from a quality assurance as well as from a client-outcome perspective. In addition, the CWLA-ANCTF recommends that a child protection agency should regularly evaluate its performance and achievements, including the support it provides to its staff and its communication with the community, to ensure the quality of its services.

Our review of CIU's call monitoring, complainant surveys, and management reviews disclosed:

- a. CIU did not consistently conduct remote monitoring of intake specialist calls. CIU supervisors monitored only 380 (11%) of approximately 3,450 calls required to be monitored from October 1, 2012 through April 15, 2014. The CIU Procedure Manual states that supervisors will remotely monitor 2 to 3 complaint calls monthly for each intake specialist to evaluate the quality of the interaction between the caller and the intake specialist.

CIU established a goal that 90% of intake specialists would meet expectations based on the results of CIU supervisors' remote monitoring.

The MDHHS DCQI's May through August 2013 review noted opportunities for improvement in CIU intake specialists' quality of interaction with callers. DCQI noted instances in which the intake specialists did not ask the caller for required information and instances in which the specialists did not accurately document information obtained from callers.

- b. CIU had not completed a survey of individuals reporting abuse, neglect, and/or exploitation of children or vulnerable adults to identify areas for improvement in the complaint intake process.

The CIU Procedure Manual indicates that CIU will periodically complete surveys with both mandated and non-mandated reporters and meet expectations of quality in 80% of the surveys. CIU's surveys help identify areas in which CIU could better serve complainants and CIU staff might need additional training.

* See glossary at end of report for definition.

- c. CIU did not track and utilize the results from second line reviews to evaluate if CIU was meeting its 95% screening decision accuracy goal.

The CIU Procedure Manual states that CIU managers are to complete random, targeted, and county/district MDHHS office requested reviews of complaints to determine the accuracy of CIU screening decisions (second line reviews). Our review determined that CIU managers completed the required second line reviews; however, CIU did not compile the results to determine if CIU met its goal of 95% screening decision accuracy.

MDHHS informed us that other higher competing priorities sometimes prevented CIU from completing the goals established in the CIU Procedure Manual for call monitoring and surveys and evaluating CIU's progress toward all goals.

RECOMMENDATION

We recommend that CIU strengthen its monitoring processes to help ensure that CIU meets its quality of services goals and enhances its ability to improve protective services.

AGENCY PRELIMINARY RESPONSE

MDHHS provided us with the following response:

MDHHS agrees.

- a. *Effective September 10, 2014, the following actions were implemented by CIU:*
 - 1. *The monitoring process was updated to ensure that each specialist is monitored by a CIU manager at least once per quarter for quality assurance purposes. Each monitoring session is recorded when possible. A specialist may not be monitored during a quarter for the following reasons: the specialist is newly hired and in training during the quarter; the specialist is on extended leave; the specialist is no longer employed at CIU; or a circumstance that prevents monitoring of a specialist and an exemption is approved by the CIU director. If a specialist is not monitored, an explanation is documented in the Remote Monitoring Log.*
 - 2. *New monitoring criteria were established. A detailed production monitoring tool was developed at CIU for use in assessing and scoring the intake adherence to policy requirements and CIU procedures. If a monitoring session identifies performance or quality concerns that may require informal or formal counseling or an investigatory conference, the monitoring form and recording will*

be reviewed by CIU administration and a course of action will be discussed with the monitor and the specialist's supervisor. The need for additional monitoring sessions will occur in consultation with CIU administration.

CIU was unable to remotely monitor some specialists because of technology issues during the audit period. CIU had a software upgrade on December 9, 2014 and is able to monitor all specialists.

CSA is evaluating technology upgrades that could increase the efficiency and quality of the monitoring process and improve the overall quality assurance process. When the evaluation process is complete, CSA will determine what technological improvements can be made with available resources.

- b. A customer experience survey was created and administered through Survey Monkey for a ten-day period from January 22 through February 1, 2015. The survey was designed to capture self-reported information pertaining to wait time and various measures of satisfaction related to the caller's recent experience with CIU. Survey results showed that 97% of the respondents expressed an overall satisfaction with their recent experience with CIU.*
- c. Effective February 25, 2015, CIU implemented the following:*
 - 1. A reconsideration tracking process was put into place to facilitate full utilization of the reconsideration process in quality improvement and as a resource for tracking policy compliance in managerial decision making.*
 - 2. The inclusion of a summary review and discussion of second line complaint reviews and reconsiderations became a standing item on the agenda for each supervisor staff meeting at CIU. This additional measure is intended to further facilitate full utilization of the results of the second line reviews and reconsiderations at CIU.*

OBSERVATION #1

Minimum level of continuing education training not required for CIU supervisors.

MDHHS should consider instituting minimum continuing education training requirements for CIU supervisors to help ensure that supervisors maintain and enhance the skills necessary to make appropriate decisions regarding complaints alleging abuse, neglect, and/or exploitation of children and vulnerable adults.

MDHHS required its CIU intake specialists to meet a minimum of 32 hours of continuing education training each year; however, MDHHS only made continuing education opportunities available to CIU supervisors and did not extend a minimum continuing education requirement to its CIU supervisors even though the supervisors were responsible for making the decision to accept, reject, or forward the complaint.

Section 722.629 of the *Michigan Compiled Laws* requires that MDHHS ensure a continuing education program for MDHHS personnel but does not require a minimum level of continuing education hours. In addition, the CWLA-ANCTF recommends that child protection agencies routinely provide continuing education opportunities to ensure that staff have the specialized skills and knowledge necessary to provide quality services, but it does not discuss a national minimum level.

TIMELY RESPONDING TO COMPLAINTS RECEIVED

BACKGROUND

For all CPS complaints alleging CA/N assigned for investigation, CIU is responsible for assigning 1 of 3 priority response levels based on the complaint information received:

1. Immediate response, which requires CPS to commence the investigation immediately to ensure the safety of the alleged child victim and face-to-face contact must take place with each alleged child victim within 24 hours.
2. A 24-hour response, which requires CPS to commence the investigation within 24 hours and face-to-face contact must take place with each alleged child victim within 24 hours.
3. A 24-hour response and a 72-hour face-to-face contact, which requires CPS to commence the investigation within 24 hours and face-to-face contact must take place with each alleged child victim within 72 hours.

AUDIT OBJECTIVE

To assess the effectiveness of the Protective Services CIU's efforts to timely respond to complaints it received of abuse, neglect, and/or exploitation.

CONCLUSION

Effective.

FACTORS IMPACTING CONCLUSION

- CIU timely processed complaints received.
- CIU established goals regarding average caller wait times, abandoned call rates, and the length of time to screen a complaint.
- CIU maintained records to document the complaint receipt time and when the CIU intake specialist and the CIU supervisor completed the intake screening.
- The CPS Manual and MDHHS's Services Worker Support System* (SWSS) provide the framework for determining a complaints priority response level.
- CIU supervisors are required to review all complaints and determine a complaints priority response level.
- Our review did not identify errors in CIU determining a CPS complaints priority response level.

* See glossary at end of report for definition.

- CIU periodically evaluates complaint call volumes and adjusts staffing levels.
- CIU timely issued complaint rejection letters when appropriate.
- When required, CIU timely commenced investigations of CPS complaints.
- No findings related to this audit objective.

SUPPLEMENTAL INFORMATION

UNAUDITED
Exhibit 1

PROTECTIVE SERVICES CENTRALIZED INTAKE UNIT

Michigan Department of Health and Human Services

Schedule of CPS Complaints by Reporting Source

From March 5, 2012 Through April 24, 2014

Mandated Reporters	Total	Non-Mandated Reporters	Total
Law Enforcement	25,190	Anonymous	16,934
Hospital/Clinic Social Worker	16,428	Relative	14,389
Teacher	11,829	Parent/Sub Out of Home	13,427
School Counselor	11,220	Friend/Neighbor	11,406
Social Services Specialist/Manager	9,671	Other	9,436
Nurse (Not School)	6,631	Parent/Sub in Home	6,309
School Administrator	5,690	Court Personnel	2,398
Other Public Social Worker	4,459	New Birth Match	1,501
Other Social Worker	4,243	Other School Personnel	1,071
Licensed Counselor	4,085	Other Public Social Agency Personnel	927
Private Agency Social Worker	3,908	Hospital/Clinic Personnel	610
Marriage/Family Therapist	2,983	Victim	597
Hospital/Clinic Physician	2,717	Sibling	400
FIS/ES* Worker/Supervisor	1,840	Total Non-Mandated Reporters	79,405
MDHHS Facility Social Worker	1,755		
Psychologist	1,379		
Private Physician	1,360		
Child Care Provider	972		
Private Social Agency Personnel	790		
Mental Health Facility Social Worker	697		
Friend of Court	602		
Court Social Worker	594		
Domestic Violence Providers	567		
School Nurse	558		
MDHHS Facility Personnel	381		
Clergy	301		
Paramedic/EMT	212		
Dentist	143		
Mental Health Facility Personnel	95		
Coroner/Medical Examiner	57		
Audiologist	38		
Total Mandated Reporters	121,395		

Source: The Office of the Auditor General prepared this exhibit based on unaudited data obtained from MDHHS.

* See glossary at end of report for definition.

PROTECTIVE SERVICES CENTRALIZED INTAKE UNIT
Michigan Department of Health and Human Services

Schedule of CIU Telephone Call Statistics
From March 5, 2012 Through April 24, 2014

	Calendar Year			Total
	2012 (1)	2013	2014 (2)	
CPS Complaints	117,902	145,286	46,427	309,615
APS Complaints	24,246	34,414	11,424	70,084
Information Telephone Calls (3)	74,982	73,556	20,145	168,683
Abandoned Telephone Calls	26,685	24,349	8,229	59,263
Total Telephone Calls Received	<u>243,815</u>	<u>277,605</u>	<u>86,225</u>	<u>607,645</u>

Breakdown of CPS Complaints by Disposition
From March 5, 2012 Through April 24, 2014

	Calendar Year			Total
	2012 (1)	2013	2014 (2)	
Assigned CPS Complaints	72,502	85,045	25,708	183,255
Rejected CPS Complaints	38,336	50,219	17,764	106,319
Transferred CPS Complaints	6,763	9,681	2,823	19,267
Other CPS Complaints	301	341	132	774
Total CPS Complaints	<u>117,902</u>	<u>145,286</u>	<u>46,427</u>	<u>309,615</u>
CPS Assignment Rate	61.5%	58.5%	55.4%	59.2%

Notes:

- (1) Call statistics from March 5, 2012 through December 31, 2012.
- (2) Call statistics from January 1, 2014 through April 24, 2014.
- (3) Calls regarding MDHHS services, persons looking for a CPS worker, or other topics not related to a complaint of alleged abuse, neglect, and/or exploitation of a child or vulnerable adult.

Source: The Office of the Auditor General prepared this exhibit based on unaudited data obtained from MDHHS.

AGENCY DESCRIPTION

The Protective Services CIU, within MDHHS's Children's Services Administration, is responsible for screening and making an assignment decision for all reported CPS complaints of CA/N and for screening all APS complaints of adult abuse, neglect, and/or exploitation received from mandated reporters and the general public.

Beginning in March 2012, MDHHS established CIU as a result of a lawsuit settlement agreement in 2008 between the State of Michigan and Children's Rights Inc. MDHHS's purpose for centralizing complaint intake was to ensure that the evaluation of CPS complaints included a consistent interpretation of policy and law and that decisions for assignment were consistent across counties. Prior to the creation of CIU, all complaints would go to individual MDHHS county/district offices.

MDHHS established one toll-free number for all mandated reporters and the general public to report CPS and APS complaints. CIU intake specialists and supervisors are available to take CPS and APS complaints 24 hours a day, 7 days a week. Complaints alleging abuse, neglect, and/or exploitation of a child or vulnerable adult originate from various sources, including professionals mandated by State law to report, MDHHS employees, and the general public. See Exhibit 1, presented as supplemental information, for a summary of CPS complaints reported by various reporting sources during the audit period (March 5, 2012 through April 24, 2014).

As of April 12, 2014, CIU had 145 employees.

Executive Order No. 2015-4 created MDHHS by combining the former Department of Human Services and the Department of Community Health into one principal department, effective April 10, 2015.

AUDIT SCOPE, METHODOLOGY, AND OTHER INFORMATION

AUDIT SCOPE

To examine the records and processes related to the Michigan Department of Health and Human Services' administration of the Protective Services Central Intake Unit's complaint intake process. We conducted this performance audit* in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

PERIOD

Our audit procedures, which included a preliminary survey, audit fieldwork, report preparation, analysis of agency responses, and quality assurance, generally covered the period March 5, 2012 through April 24, 2014.

METHODOLOGY

We conducted a preliminary survey of the Protective Services CIU to formulate a basis for defining our audit objectives and methodology. To obtain an understanding of CIU's operations, activities, and internal control*, we:

- Interviewed CIU management and staff.
- Performed on-site observations and reviews of CIU's processes and procedures related to the complaint intake process.
- Obtained an understanding of the requirements set forth in the modified settlement agreement and consent order.
- Obtained an understanding of applicable sections of the *Michigan Compiled Laws* and MDHHS and CIU's policies and procedures.
- Examined the CWLA - ANCTF for recommendations and best practices for child welfare agencies in protecting every child from harm.
- Reviewed MDHHS's DCQI reports, legislative reports, and CIU statistical reports.
- Examined a sample of CPS complaints for proper documentation and verified the proper screening by CIU.

* See glossary at end of report for definition.

OBJECTIVE #1

To assess the effectiveness of the Protective Services CIU's efforts to document all incoming telephone calls, mail, e-mails, and facsimiles.

To accomplish our first audit objective, we:

- Reconciled telephone call reports, CIU's intake database, and MDHHS's SWSS and Adult Services Comprehensive Assessment Program* (ASCAP) data to ensure that CIU documented all incoming telephone calls.
- Obtained an understanding of CIU's process for documenting and screening all complaints and other documentation received from mail, e-mails, and facsimiles.
- Tested a random sample of 149 of 315,635 CPS complaints and 50 of 59,300 APS complaints to ensure that CIU intake specialists documented all required information for CPS and APS complaints in SWSS and ASCAP.

OBJECTIVE #2

To assess the effectiveness of the Protective Services CIU's efforts to ensure that complaints of abuse, neglect, and/or exploitation were appropriately accepted for investigation, rejected, forwarded to the prosecutor and law enforcement, or referred to MDHHS's APS coordinators at the county/district offices.

To accomplish our second audit objective, we:

- Tested a random sample of 149 of 315,635 CPS complaints to ensure that CIU made the proper determination to accept, reject, or transfer the complaint to another jurisdiction.
- Reviewed CIU's training schedules to determine if CIU intake specialists and supervisors are meeting training needs.
- Selected a random sample of 17 of 4,526 complaints reversed by CIU managers to determine the reason for the reversal of the screening decision.
- Analyzed CIU supervisors' remote monitoring of intake specialists' telephone calls to ensure the completeness of the required monitoring.
- Obtained an understanding of the purpose for CIU's survey of mandated and non-mandated reporters.

* See glossary at end of report for definition.

- Tested a random sample of 35 of 31,704 CPS complaints transferred to the prosecuting attorney and law enforcement to ensure that CIU made the required notifications.
- Tested a random sample of 25 of 6,054 CPS complaints received on the weekend to ensure that CIU timely commenced the investigation.

OBJECTIVE #3

To assess the effectiveness of the Protective Services CIU's efforts to timely respond to complaints it received of abuse, neglect, and/or exploitation.

To accomplish our third audit objective, we:

- Analyzed CPS and APS complaint data to identify complaints that CIU potentially did not process within required timeliness standards and selected a random sample of 48 of the 38,951 CPS complaints and 50 of the 1,398 APS complaints for further analysis.
- Analyzed CIU's telephone call volume, call wait times, and abandoned call rates in comparison with staffing levels to determine if staffing levels are appropriate to ensure the timely processing of complaints.
- Tested a random sample of 149 of 315,635 CPS complaints to ensure that CIU made the appropriate priority response level designations.
- Reviewed CIU's process for issuing rejection letters for rejected CPS complaints and analyzed rejected CPS complaints to ensure the timely issuance of rejection letters.

CONCLUSIONS

We base our conclusions on our audit efforts and the resulting material conditions* and reportable conditions.

When selecting activities or programs for audit, we direct our efforts based on risk and opportunities to improve State government operations. Consequently, we prepare our performance audit reports on an exception basis.

AGENCY RESPONSES

Our audit report contains 3 findings and 3 corresponding recommendations and an observation. MDHHS's preliminary response indicates that it agrees with all 3 recommendations.

* See glossary at end of report for definition.

The agency preliminary response that follows each recommendation in our report was taken from the agency's written comments and oral discussion at the end of our audit fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and the State of Michigan Financial Management Guide (Part VII, Chapter 4, Section 100) require an audited agency to develop a plan to comply with the recommendations and submit it within 60 days after release of the audit report to the Office of Internal Audit Services, State Budget Office. Within 30 days of receipt, the Office of Internal Audit Services is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.

**SUPPLEMENTAL
INFORMATION**

Our audit report includes supplemental information presented as Exhibits 1 and 2. Our audit was not directed toward expressing a conclusion on Exhibits 1 and 2.

GLOSSARY OF ABBREVIATIONS AND TERMS

abuse	Harm or threatened harm to an adult's health or welfare caused by another person or harm or threatened harm to a child's health or welfare caused by a parent, a legal guardian, or any other person responsible for the child's health or welfare or by a teacher, a teacher's aide, or a member of the clergy. Abuse includes, but is not limited to, nonaccidental physical or mental injury, sexual abuse, or maltreatment (Sections 400.11(a) and 722.622(f) of the <i>Michigan Compiled Laws</i>).
Adult Services Comprehensive Assessment Program (ASCAP)	The automated workload management tool for APS. Documentation for all the APS functions must be completed on ASCAP, including documentation of alleged abuse, neglect, and/or exploitation of an adult.
APS	Adult Protective Services.
CA/N	child abuse and/or neglect.
Child Welfare League of America (CWLA)	A coalition of hundreds of private and public agencies serving vulnerable children and families whose expertise, leadership, and innovation on policies, programs, and practices help improve the lives of millions of children in all 50 states.
CIU	Centralized Intake Unit.
CPS	Children's Protective Services.
CSA	Children's Services Agency.
CWLA-ANCTF	Child Welfare League of America - Standards of Excellence for Services for Abused or Neglected Children and Their Families.
DCQI	Division of Continuous Quality Improvement.
effectiveness	Success in achieving mission and goals.
exploitation	An action that involves the misuse of an adult's funds, property, or personal dignity by another person (Section 400.11(c) of the <i>Michigan Compiled Laws</i>).

FEDx	Fax, Email, and Documents Express. The process for screening and tracking information received at CIU that does not come as the result of a telephone call.
FIS/ES	family independence specialist/eligibility specialist.
internal control	The plan, policies, methods, and procedures adopted by management to meet its mission, goals, and objectives. Internal control includes the processes for planning, organizing, directing, and controlling program operations. It also includes the systems for measuring, reporting, and monitoring program performance. Internal control serves as a defense in safeguarding assets and in preventing and detecting errors; fraud; violations of laws, regulations, and provisions of contracts and grant agreements; or abuse.
mandated reporter	An individual required to report to MDHHS, which includes physicians, nurses, social workers, teachers, and law enforcement officers, who suspects or has reasonable cause to believe a child or vulnerable adult has been abused, neglected, and/or exploited (Sections 400.11a(1) and 722.623(1)(a) of the <i>Michigan Compiled Laws</i>).
material condition	A matter that, in the auditor's judgment, is more severe than a reportable condition and could impair the ability of management to operate a program in an effective and efficient manner and/or could adversely affect the judgment of an interested person concerning the effectiveness and efficiency of the program.
MDHHS	Michigan Department of Health and Human Services.
neglect	Harm to an adult's health or welfare caused by the inability of the adult to respond to a harmful situation or by the conduct of a person who assumes responsibility for a significant aspect of the adult's health or welfare or harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare. Neglect includes the failure to provide adequate food, clothing, shelter, or medical care (Sections 400.11(d) and 722.622(j) of the <i>Michigan Compiled Laws</i>).
observation	A commentary that highlights certain details or events that may be of interest to users of the report. An observation differs from an audit finding in that it may not include the attributes (condition, effect, criteria, cause, and recommendation) that are presented in an audit finding.

performance audit	An audit that provides findings or conclusions based on an evaluation of sufficient, appropriate evidence against criteria. Performance audits provide objective analysis to assist management and those charged with governance and oversight in using the information to improve program performance and operations, reduce costs, facilitate decision making by parties with responsibility to oversee or initiate corrective action, and contribute to public accountability.
reportable condition	A matter that, in the auditor's judgment, is less severe than a material condition and falls within any of the following categories: an opportunity for improvement within the context of the audit objectives; a deficiency in internal control that is significant within the context of the audit objectives; all instances of fraud; illegal acts unless they are inconsequential within the context of the audit objectives; significant violations of provisions of contracts or grant agreements; and significant abuse that has occurred or is likely to have occurred.
Services Worker Support System (SWSS)	The automated management information system for CPS. Documentation for all the CPS functions must be completed on SWSS, including documentation of alleged abuse and/or neglect of a child.
vulnerable	A condition in which an adult is unable to protect himself or herself from abuse, neglect, or exploitation because of a mental or physical impairment or because of advanced age (Section 400.11(f) of the <i>Michigan Compiled Laws</i>).

