Iowa Department of Human Services

Differential Response System Overview

Calendar Year 2015

Executive Summary

The Iowa Department of Human Services (DHS) began its Differential Response (DR) System in January 2014. The new system consists of two pathways, Family Assessment (FA) and Child Abuse Assessments (CAA) to respond to allegations of neglect and abuse. The new FA pathway responds to less serious allegations of child neglect.

DR did not impact the criteria for accepting a report for assessment. Changes made in the Iowa Administrative Code impacted worker response times, the labeling of perpetrators and victims, and report conclusion categories for less serious neglect cases following the acceptance of a report for assessment. In addition, Code changes established a firm path for cases to be re-assigned from the FA pathway to CAA pathway. These decisions were based on the premise that safety of a child is first and foremost in a FA and CAA.

The DHS and stakeholders developed process and outcome measures to monitor implementation. Process and outcome measures were developed to indicate how the system is working and to track families' increased ability to protect and parent their children.

DR findings following two years of implementation remain promising. Process and outcome measures continue to indicate that the system is working as designed and the outcomes for children and families are positive. Children who receive a FA are as safe as children who receive a CAA.

Highlights of report findings include:

- 95% of children who receive a FA did not experience a substantiated abuse report within six months.
- 97.5% of families who are referred to Community Care services do not experience a Child in Need of Assistance (CINA) adjudication within six months of service.
- 92.4% of families who are referred to Community Care services do not experience a substantiated abuse report within six months of service.
- 43.6% more families were referred to state purchased services in CY15 than in CY13, which was the year just prior to implementation of the DR model.
- 1,508 of the 24,355 families were re-assigned from the FA pathway to the CAA pathway, which is only 1% higher than the original projected parameters.
- 57% of the cases reassigned resulted in a substantiated finding, which indicates pathway reassignment is being utilized as designed.

Introduction

The DHS began its DR System in January 2014. The new system consists of two pathways, FA and CAA, to respond to allegations of neglect and abuse. The following information is a year review of how the system is functioning.

Data included in this report represents historical information for purposes of comparison.

The DHS and stakeholders developed process and outcome measures to monitor implementation. Process measures were developed to indicate how the system is working and outcome measures were developed to measure a families' increased ability to protect and parent their children.

I. Intake Decisions (Figure 1.1)

A. Background

DR did not impact the criteria for accepting a report for assessment. Code changes did impact worker response times, the labeling of perpetrators and victims, and report conclusion categories for less serious neglect cases following the acceptance of a report for assessment. In addition, Code changes established a firm path for cases to be re-assigned from the FA pathway to CAA pathway. These decisions were based on the premise that safety of a child is first and foremost in a FA and CAA.

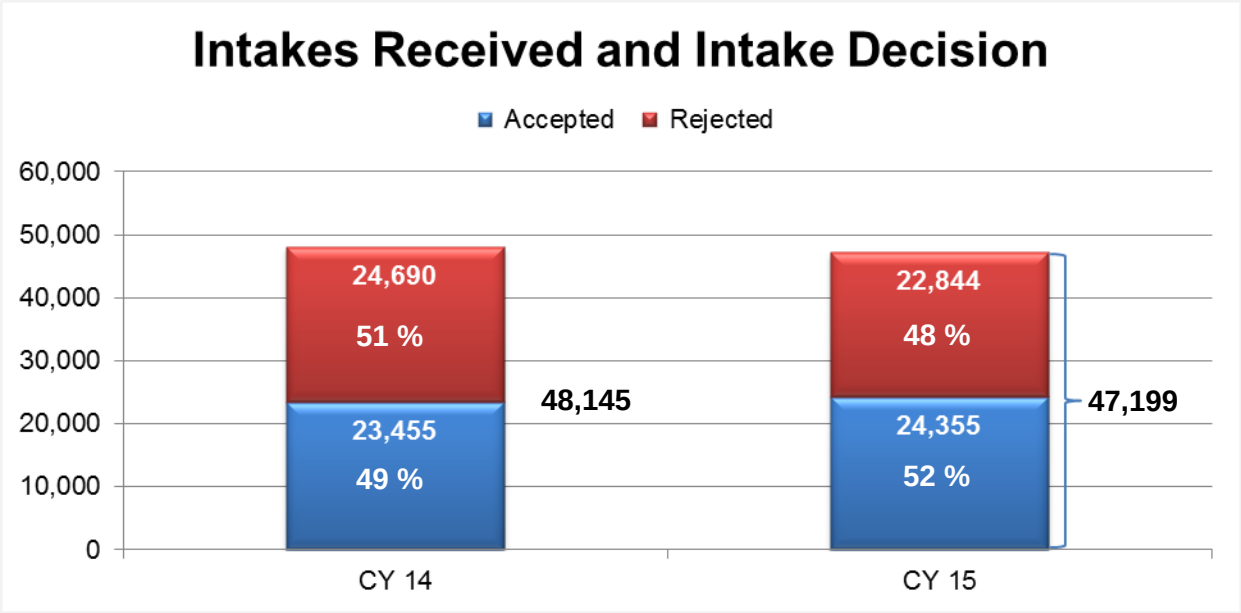
B. Analysis of Intake Decisions

The total number of intakes has had a small decrease when comparing calendar year 2014 (CY14) to calendar year 2015 (CY15). There is a difference of 946 total intakes received. In CY14 the acceptance percentage was 49% and increased in CY15 to 52%. Although some variation in the number of referrals and acceptance percentage is expected from year-to-year, only the number of intakes had a small decrease (around 2%) and a small increase in the acceptance percentage (3%).

Iowa's rate of screened out (rejected) intakes did not increase from CY14 to CY15. In CY14 the rejection rate was 51% and was reduced to 48% in CY15. The actual number of rejected intakes fell from 24,690 in CY14 to 22,844 in CY15. The DHS implemented the Centralized Statewide Intake Unit (CSIU) in 2010 and facilitated a more consistent structured intake process and uses standardized tools for uniform-decision making. In addition, continued quality assurance activities monitor process, performance, and outcomes. The implementation of DR would not be expected to impact the rates of accepted and rejected intakes as the criteria for accepting cases was not altered by DR.

Iowa will continue to monitor the number and quality of intakes, as well as accept/reject rates, as part of the on-going intake process analysis to improve decision-making and narrow practice variation around clinical judgments applied to intake criteria.

Figure 1.1



II. Initial Pathway Assignment (Figure 2.1)

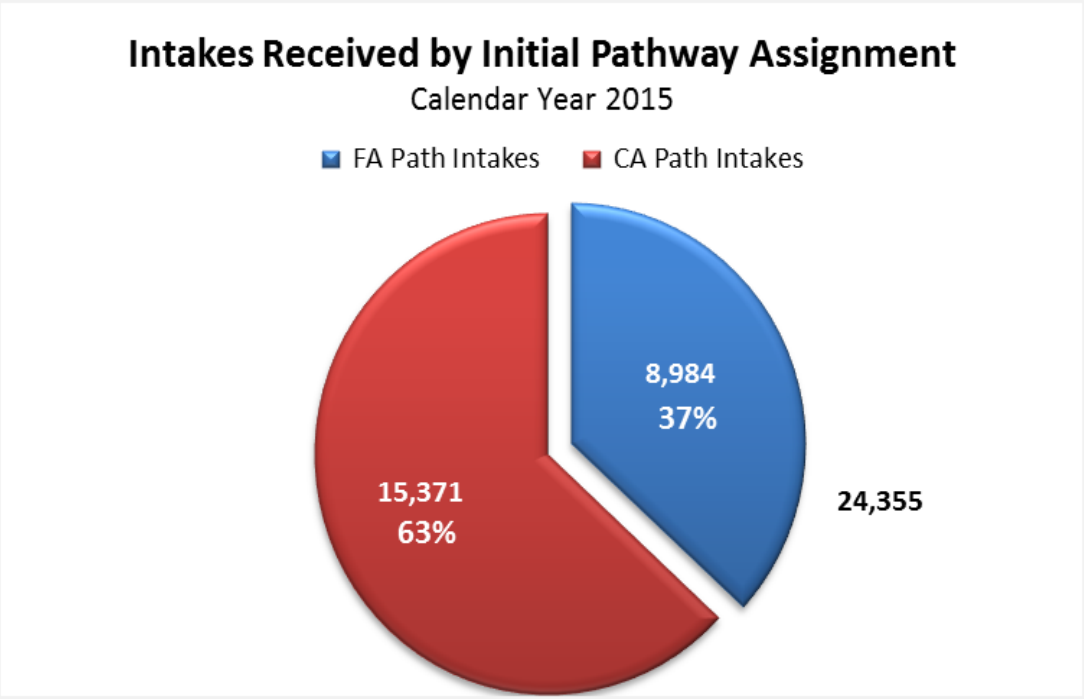
A. Background

There was no change in criteria to accept or reject a report of suspected abuse. However since January 1, 2014 accepted intakes are assigned to one of two possible assessment pathways, the traditional CAA and the new FA pathway.

B. Analysis of Pathway Assignment

During the DR planning process, the DHS and stakeholders discussed various models and recommended the model which eventually became law. At the time, the DHS forecast that 37% of accepted intakes would be assigned to the FA pathway. This projection included cases assigned to FA at intake as well as cases re-assigned from the FA pathway to the CAA pathway (refer to section IV-Pathway re-assignment). During the second year of DR implementation, the FA pathway assignment rate is 37%. Thus far, the data indicates that the actual assignment of cases is in line with the projected assumptions.

Figure 2.1



III. Initial Pathway Assignment Criteria (Table 3.1)

A. Background

Iowa law defines a set of criteria for pathway assignment. Each report may have met one or more criteria for assignment to the CAA pathway. Consequently, the total reason count exceeds the total unique assessments (15,371) for the period.

B. Analysis of Initial Pathway Assignment Criteria

The data confirms that assignment to the CAA pathway is for the more serious cases.

Table 3.1

CA Initial Pathway Assignment	Count by Reason
The alleged abuse type includes a category other than Denial of Critical Care	8,738
The allegation requires a 1-hour response or alleges imminent danger, death, or injury to a child	5,297
There is an open DHS service case on the alleged child victim or any sibling or any child who resides in the home or in the home of the non custodial parent if they are the alleged person responsible.	2,071
The allegation is meth and at least one child victim is under six years old.	2,064
The alleged person responsible is not a parent (birth or adoptive), legal guardian, or member of the child's household.	1,719
There is a separate incident open on the household that requires a child abuse assessment.	1,334
It is alleged that illegal drugs are being manufactured or sold from the family home.	787
There has been prior Confirmed or Founded abuse within the past 5 months which lists any caretaker who resides in the home as the person responsible.	651
There has been TPR (in juvenile court) on the alleged person responsible or any caretaker who resides in the home.	264
The has bee taken into protective custody as a result of the allegation	231
The allegation involves an incident for which the caretaker has been charged with a felony under chapter 726 of the Iowa Code (including neglect or abandonment of a dependent person; child endangerment resulting in the death, serious injury, or bodily injury of a child or minor; multiple acts of child endangerment; or wanton neglect of a resident of a health care facility resulting in serious injury).	80
The allegation is failure to thrive or that the caregiver has failed to respond to the infant's life threatening condition.	37

*Note: Counts may contain duplicates as multiple reasons may be selected for a single intake.

IV. Pathway Re-assignment (Figure 4.1)

A. Background

In the design of the DR system it has been critically important to ensure the safety of the alleged victim(s) through the entire assessment process. Consequently, Iowa law established a firm path for cases to be reassigned from the FA pathway to the CAA pathway at any point in the family assessment if the case was determined to fit one of the several criteria. There are times when child protective workers initiate their assessment and new information is uncovered which would increase concerns pertaining to the safety and risk to a child. In such instances, the case is reassigned to ensure more serious allegations are addressed as a CAA. It should be noted that Iowa law does not allow the ability for a cases to move from the CAA to the FA pathway.

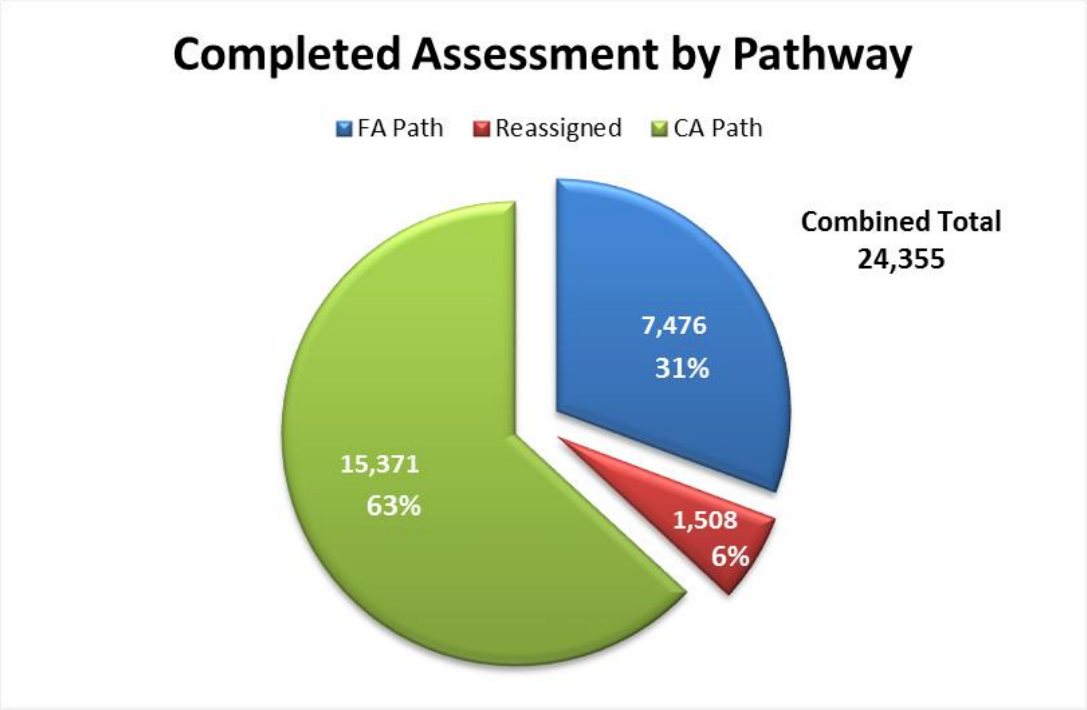
B. Analysis of Pathway Re-assignment

As stated earlier, the DHS forecast the total percentage of FA pathway assignment which was inclusive of re-assignment. The forecast for re-assignment of pathways was based on National trends ranging from 2-5%. Iowa's 6% re-assignment rate is slightly

above the National rates and close to DHS projections. Estimated projections identified that 37% of the assessments would be FA. The projection of 37% included cases initially assigned as FA and cases re-assigned as CAA after a family assessment had begun.

During the second year of DR implementation, 8,984 cases (37%) were originally assigned to the FA pathway. After initiating a FA, 1,508 (6%) were then reassigned to the CAA pathway. Factoring in both elements 7,476 (31%) of cases were assessed on the FA pathway. The 6% reassignment rate demonstrates two successful functions of the DR system: cases are being appropriately assigned at the time of intake and the child protective workers are reassigning cases when the assessments point to more serious concerns of safety and risk.

Figure 4.1



V. Pathway Re-assignment Criteria (Table 5.1)

A. Background

As stated earlier, Iowa law established a firm path for cases to be re-assigned from the FA pathway to the CAA pathway at any point in the FA if the case was determined to fit one of several criteria. Each case may involve one or more reasons for being re-assigned to the CAA pathway; therefore the total reason count exceeds the total unique re-assignments (1,508) for the period.

B. Analysis of Pathway Re-assignment Criteria

The data confirms that re-assignment to the CAA pathway is for the more serious cases and is a cautious approach used by the department to assist in assessing high risk or safety concerns. There are a variety of reasons why a child protective worker, in consultation with their supervisor, would reassign pathways due to a child safety concern. Case readings indicates that reassignment due to a child safety concern includes situations in which the child protective worker is unable to locate a family and/or there is a need for additional time to perform a comprehensive assessment, inclusive of contacting all individuals who may have information regarding the family and situation. Of the 8,984 family assessments, 932 cases were reassigned for a child safety concern. Of the 932 cases reassigned for a safety concern, a total of 531 (57%) cases resulted in a substantiated finding which indicates pathway reassignment is being utilized as designed; specifically, a reassignment pathway is being utilized for cases in which the child protection worker discovers additional information while performing a comprehensive assessment. Safety of children continues to be first and foremost.

Table 5.1

Pathway Re-Assignment Criteria	Count by Reason
Child Safety Concern	932
The alleged abuse type includes a category other than Denial of Critical Care.	150
The allegation requires a 1-hour response or alleges imminent danger, death, or injury to a child.	117
The allegation is meth and at least one child victims is under six years old.	79
Family chose CAA	62
There is an open DHS service case on the alleged child victim or any sibling or any other child who resides in the home or in the one of the non-custodial parent if they are the alleged person responsible.	61
There has been TPR (in juvenile court) on the alleged person responsible or any caretaker who resides in the home.	60
The alleged person responsible is not a parent (birth or adoptive), legal guardian, or a member of the child's household.	49
The child has been taken into protective custody as a result of the allegation.	47
There is a separate incident open on the household that requires a child abuse assessment.	41
It is alleged that illegal drugs are being manufactured or sold from the family home.	35
The allegation involves an incident for which the caretaker has been charged with a felony under chapter 726 of the Iowa Code (including neglect or abandonment of a dependent person; child endangerment resulting in the death, serious injury, or bodily injury of a child or minor; multiple acts of child endangerment; or wanton neglect of a resident of a health care faculty resulting in serious injury).	21
There has been prior Confirmed or Founded abuse within the past 6 months which lists any caretaker who resides in the home as the person responsible.	13
The allegation is failure to thrive or that the caregiver has failed to respond to an infant's life-threatening condition.	3

*Note: Counts may contain duplicates as multiple reasons may be selected for a single intake.

VI. Founding Rates (Figure 6.1)

A. Background

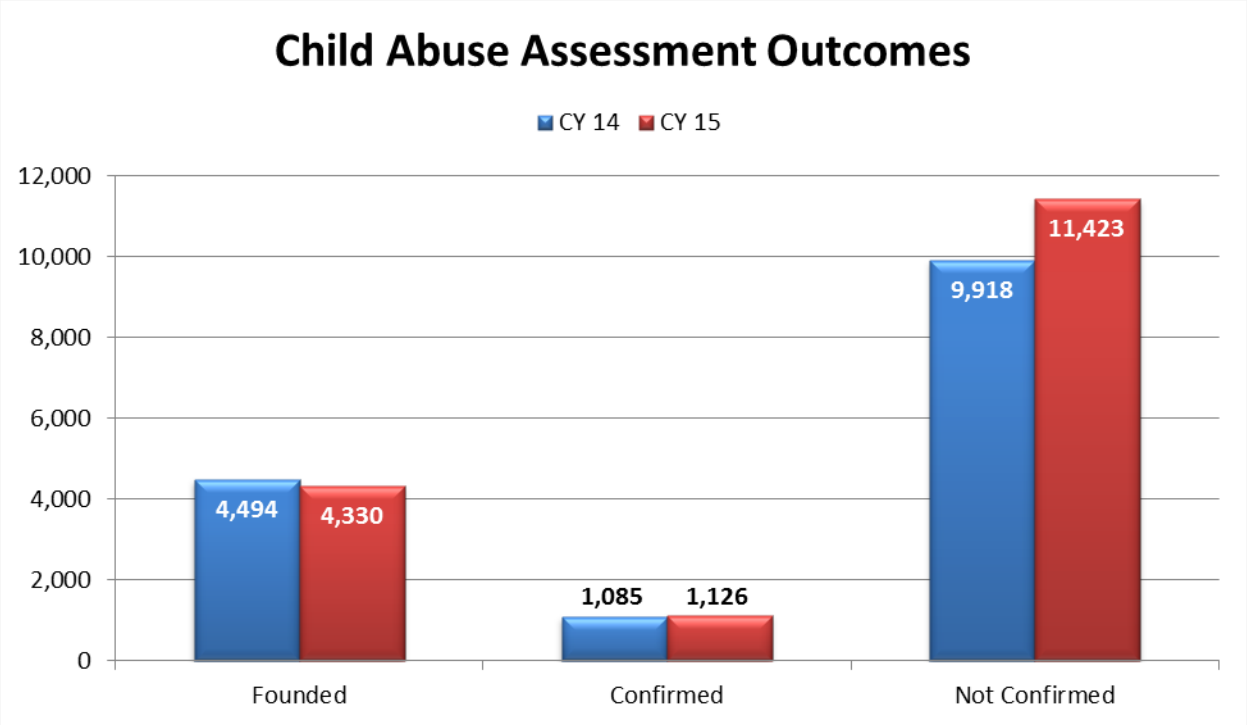
Throughout the design of DR it was anticipated that the "founding rate", the percentage of accepted CAA pathway intakes that result in a founded case, would increase. This projection was based on the notion that, as lower risk cases were assigned to the FA pathway, the remaining cases on the CAA pathway would be more serious cases.

B. Analysis of Founding Rates

Based on the first and second year of Differential Response, the child abuse founding rate demonstrates that the more serious cases are being assigned to the CAA pathway. The smaller total number of cases on the CAA pathway, and the fact that they are, by design, the more serious cases, has resulted in a higher percentage of those cases being founded. Consequently, while the percentage of founded reports has increased, the smaller total number of cases result in founded reports means fewer names on the Central Abuse Registry.

Iowa's focus on a comprehensive assessment, use of research and evidence-based tools to assess risk and safety, ongoing training, and clinical oversight, will continue to evolve and it is anticipated fewer children and families over time will enter the formal child welfare system.

Figure 6.1



VII. Ongoing Service Provision (Figure 7.1)

A. Background

By design, it was anticipated that the DR system would increase the number of families voluntarily engaging in protective services. Iowa Administrative Code (IAC) defines what type of state purchased services a family may receive at conclusion of an assessment. IAC 441 – 172.22(1) defines service eligibility for FSRP Services and IAC 441 – 186.2(1) defines service eligibility for Community Care.

- Community Care services are available to families at the conclusion of a CAA when the assessment is not confirmed (moderate and high risk) and confirmed (moderate risk) and at the conclusion of a FA when there is moderate or high risk.
- Family Safety, Risk and Permanency (FSRP) services are available to families when a child is adjudicated CINA and/or when there is a founded abuse assessment (low, moderate and high risk) and confirmed (high risk). The service can be opened at any point during the life of a DHS service case as long as eligibility criteria are met.

The data is organized based on the service referral date and may or may not be related to the presence or date of a child protective intake. Because of the time needed to conduct an assessment and to complete initial case management activities that result in a service referral and service case opening some of the November and December intakes (CY14) that eventually were opened for FSRP would be counted in CY15 and November and December intakes (CY15) would be potentially opened in January or February 2016.

B. Analysis of Ongoing Service Provision

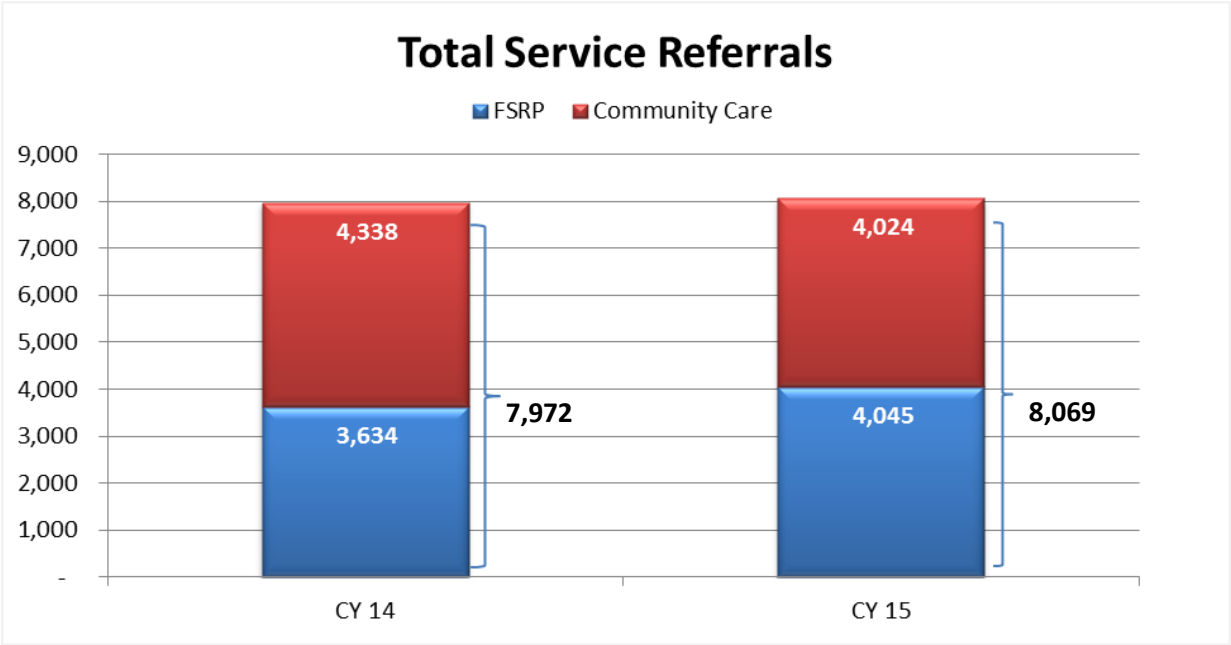
The data indicates that 8,069 families referred to state purchased services in CY15. In CY13, which was the last year before the implementation of DR, 5,619 referrals were made to state purchased services. The impact of implementing DR is families who previously did not accept services are now taking advantage of the opportunity to engage in activities designed to enhance the safety and stability of their families.

There has been a small increase in the number of FSRP referrals when comparing CY14 to CY15. Projections for referrals to state purchased services was built on the premise that families would voluntarily agree to protective services and build a family's ability to protect and parent their children, therefore reducing the likelihood they would enter more deeply into the formal child welfare system. DHS and the contractors who provide the service are continuing to assess the impact of the decrease on individual agencies, as well as on the system as a whole.

The increase in Community Care referrals from CY13 (pre-DR) to now (post-DR) was anticipated due to the projected assumption based on National data which indicates families are more willing to accept services when the child protection agency is less

non-adversarial in their approach. The FA cases are less adversarial by design as they do not result in "finding" of abuse. As the data reflects, there has been an increase in Community Care referrals from before the implementation of DR to CY15. Currently, analysis suggests the service provision system is strong with no wait times and a reliably quick response to engage families appropriately.

Figure 7.1



VIII. Community Care Outcomes (Figure 8.1)

A. Background

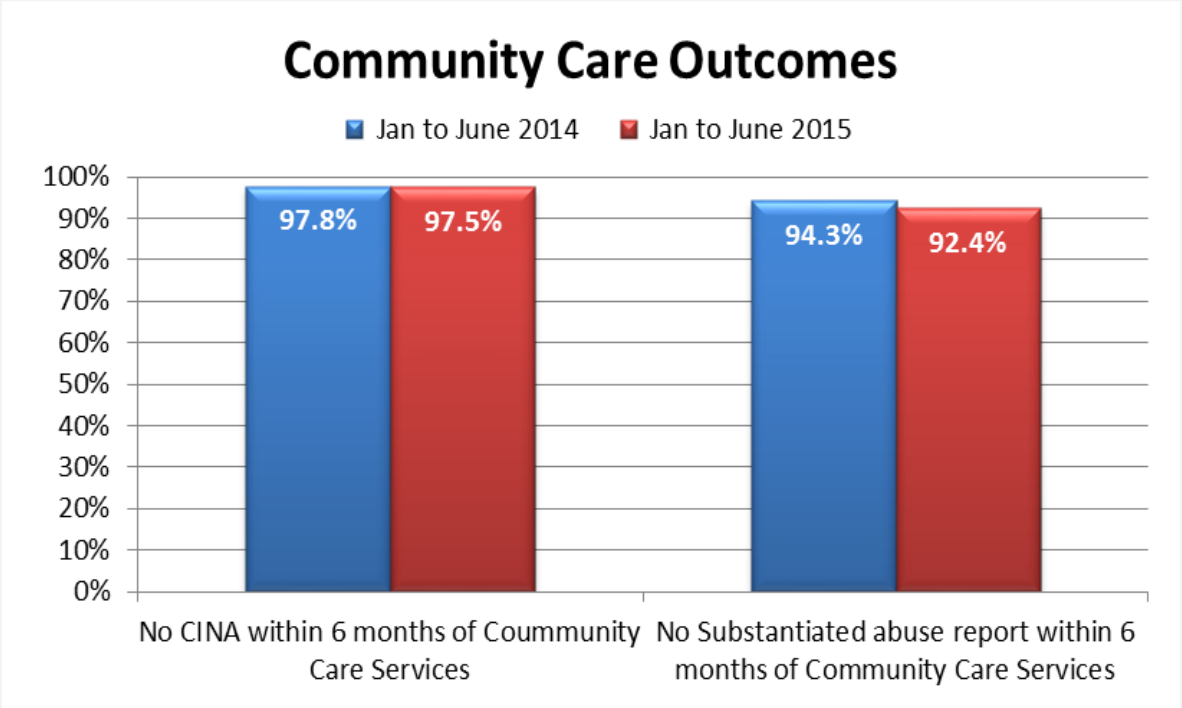
Community Care is provided through a single statewide performance-based contract. Community Care was available pre-DR (CY13) and post-DR (CY15). Referrals to Community Care are made at the completion of both CAA and FA. The intent of this service is for families to learn new skills or establish supportive relationships in order to better protect their children. The outcome measures below were established to measure the service success.

B. Analysis of Community Care Outcomes

The percent of families who do not experience a CINA within six months of being referred to Community Care was consistent from CY14 (97.8%) to CY15 (97.5%). The percent of families who do not experience a substantiated abuse report within six months of a referral to Community Care had a small decrease from CY14 (94.3%) to CY15 (92.4%). The number of statewide referrals to Community Care more than tripled after implementation of DR and performance targets continue to be met. Community Care is voluntary with no open DHS service case so families referred are more open to

addressing the needs and issues identified during the assessment through family-focused services and supports and linkages to community-based resources.

Figure 8.1



IX. Safe from Abuse or Neglect (Figure 9.1)

A. Background

The child protection system places the safety and well-being of children at the forefront of all decision making. Traditionally, child safety is measured by some common sense thinking. Specifically, once the child protection system intervenes in the life a family, their ability to protect their children should improve and they should not re-enter the system through a substantiated child abuse report or the adjudication of a CINA petition in Juvenile Court to protect the child.

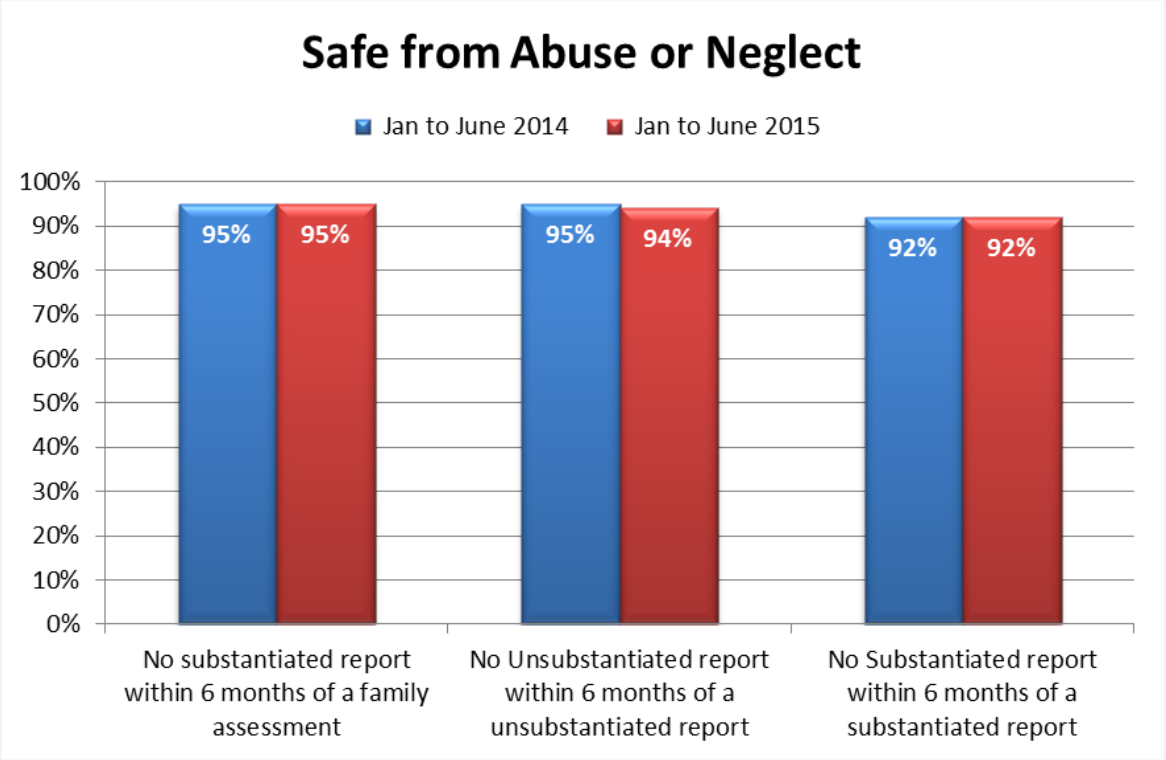
DR established a new FA pathway to respond to less serious allegation of child neglect. The traditional child abuse pathway remained unchanged in the new system. This new system was built on the premise that children would be as safe or safer because the response to allegations of neglect would be tailored (differentiated) to the seriousness of the situation and to the families' particular needs.

B. Analysis of Safe from Abuse and Neglect

The data confirms that children who receive a FA are as safe as those who receive a CAA. 95% of children who receive a FA did not experience a substantiated report within six months, 94% of children who had an unsubstantiated CAA did not experience a substantiated report within six months, and 92% of children who had a substantiated abuse CAA did not experience a substantiated report within six months.

The data confirms that the most serious cases are receiving a child abuse assessment.

Figure 9.1



Conclusion

Child safety remains the primary goal of the State child protection system. The DR system, by design, supports child protection by assessing safety at intake, during both CAA and FA, and by increasing the numbers of families who voluntarily access protective services. The ultimate goal of a child welfare agency is to build on a family's resources and develop support with the family in their community while reducing the need for higher service intervention. National research indicates that families who engage with services are more apt to sustain change and reduce the potential risk of abuse or neglect.

DR results across the country have demonstrated that children are no less safe in a DR system and engagement/shared partnership with families increases their interest and

involvement in services. Following two years of implementation, the data confirms that children are as safe in Iowa's DR system as when a traditional child assessment system was implemented.

The first step in assessing DR implementation was to compare the projected forecast of process measures with actual performance. Iowa's DR system was designed so low risk cases receive a FA. Criteria for pathway assignment were carefully chosen with the assistance of national experts, representative from diverse disciplines and lawmakers. The projected forecasts for FA pathway assignment were 37% and during the second year of DR 37% of cases were assigned to the FA pathway at intake. Forecast projections for percentage of founded cases were also expected to increase after implementation of DR, which they did – from 25% in CY13 to 26% in CY15.

The projected forecast for total service referrals was less than the CY14 results. During the first year of DR service referrals increased more than expected. Initially, we had anticipated a slower, more gradual shift in family's trust of Department service provision and are pleased that families are engaging in services. Families referred for Community Care and FSRP work together with the assigned service contractor in the development of service plans which document goals and objectives to address needs and issues identified within the DHS assessment. Family's participation in the development of plans promotes shared responsibility to the safety and well-being of children and families.

The second step in assessing DR implementation will be to continue to measure outcomes for the families the system comes in contact with. Outcome measures focus on child safety and future involvement with the formal child welfare system. Performance after two years indicates that children are as safe in a DR system and are not experiencing re-entry into the formal child welfare system at a deeper level.

In addition to assessing process and outcome measures the DHS has and will continue quality assurance activities to monitor implementation.

Quality assurance activities include:

- Case reading
- Structured state and local community meetings
- External and Internal communication feedback structure

It is by using these valuable tools that the system will continue to evolve and become even stronger in its protection of the children of Iowa and DHS very much looks forward to the work ahead.