Iowa Department of Human Services

Differential Response System Overview

Introduction

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 Assessment (CA), to respond to allegations of neglect and abuse. The following information is an initial review of how the system is functioning after the January 1, 2014 implementation date.

Data included in this report represents historical information for purposes of comparison. The three quarters selected are thought to account for both a seasonal comparison and comparison of the months just prior to the implementation of DR.

I. Intake Decisions (Figure 1.1)

A. Background

The changes in law and procedures did not change the criteria for accepting a report for assessment. No changes in the rates or ratio of intake outcomes were expected related to implementation of DR.

B. Analysis of Intake Decisions

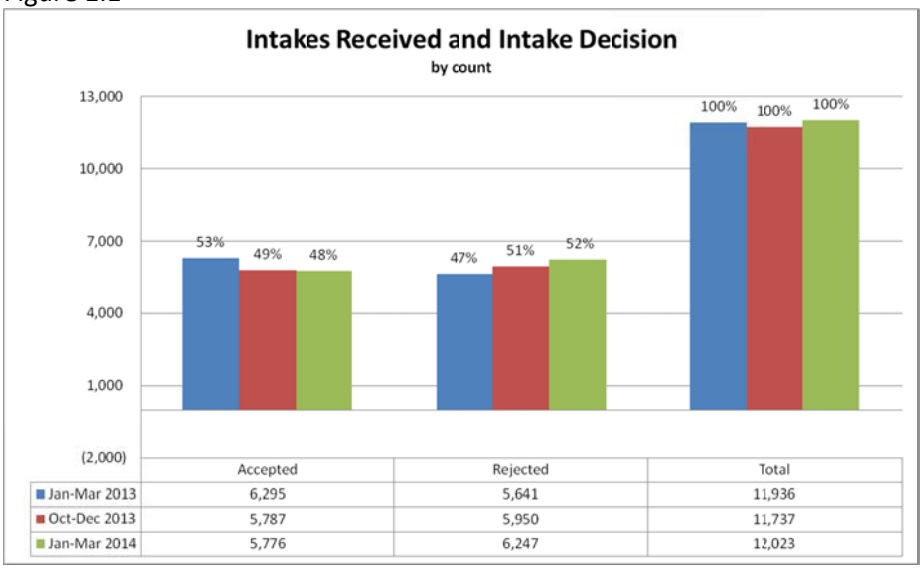
The total number of intakes has varied little over the three comparison quarters. There is a difference of 286 (2%) between the highest and lowest total number of reports for the three periods. The number of intakes varies every month and this small change is believed to be normal variation.

Iowa's rate of screened out (rejected) intakes has slowly increased over the three comparison quarters. In fact, the rate has been slowly increasing since 2011 however the implementation of DR did not affect this trend.

The Department implemented the Centralized Statewide Intake Unit (CSIU) in 2010 and facilitated a more consistent structured intake process and use of standardized tools for uniform decision making. In addition, continued quality assurance activities monitor process, performance, and outcomes. Consequently, the changes identified in the data are expected and considered an appropriate positive change in practice.

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



	Accepted	Rejected	Total
Jan-Mar 2013	6,295	5,641	11,936
Oct-Dec 2013	5,787	5,950	11,737
Jan-Mar 2014	5,776	6,247	12,023

II. Initial Pathway Assignment (Figure 2.1)

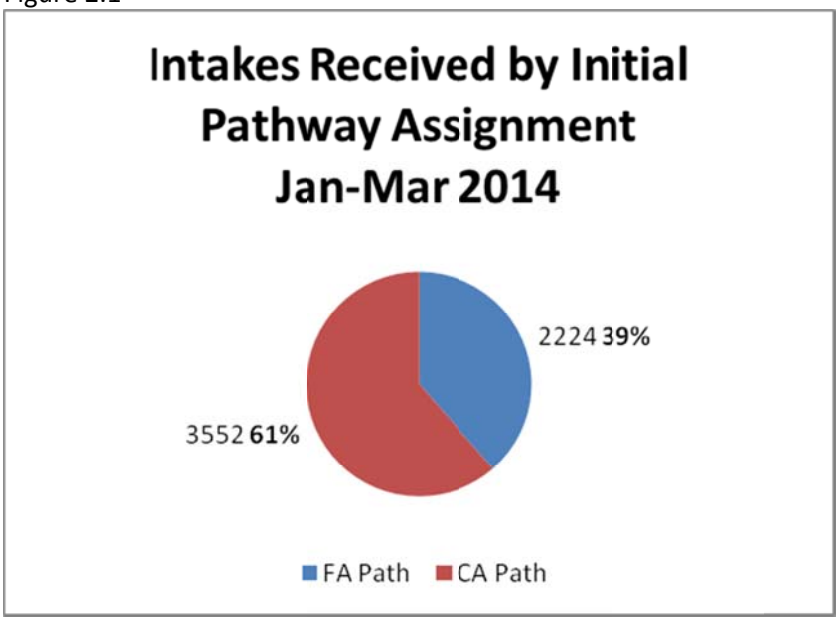
A. Background

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 CA and the new FA pathway.

B. Analysis of Pathway Assignment

During the DR planning process, the Department of Human Services and stakeholders discussed various models and recommended the model which eventually became law. At the time, the Department 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 CA pathway (refer to IV-Pathway re-assignment). During the first three quarters of DR implementation, the FA pathway assignment rate was initially 39%. 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 (Figure 3.1)

A. Background

Iowa law defines a set of criteria for pathway assignment. Because each report may have met one or more criteria for assignment to the CA pathway; therefore the total reason count exceeds the total unique assessments (3,552) for the period.

B. Analysis of Initial Pathway Assignment Criteria

The data confirms that assignments to the CA pathway are for the more serious cases.

Table 3.1

CA Initial Pathway Assignment Criteria	Count by Reason
The alleged abuse type includes a category other than Denial of Critical Care	2127
The allegation requires a 1-hour response or alleges imminent danger, death, or injury to a child.	1207
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 home of the non-custodial parent if they are the alleged person responsible.	530
The alleged person responsible is not a parent (birth or adoptive), legal guardian, or a member of the child's household.	419
It is alleged that illegal drugs are being manufactured or sold from the family home.	229
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.	219
Combined categories less than 5% each	321
• There is a separate incident open on the household that requires a child abuse assessment. • There has been TPR (in juvenile court) on the alleged person responsible or any caretaker who resides in the home. • The child has been taken into protective custody as a result of the allegation • 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). • The allegation is failure to thrive or that the caregiver has failed to respond to an infant's life-threatening condition. • The child does not live in the home with a parent (birth or adoptive) or legal guardian.	

IV. Pathway Re-assignment (Figure 3.1)

A. Background

In the design of the Differential Response 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 CA pathway at any point in the family assessment if the case was determined to fit one of several criteria. There are times when assessors make home visit(s) and new information is uncovered and DHS wanted to ensure that when this information came to light, there was a clear path back to the CA pathway. It

should be noted that Iowa law does not allow the ability for cases to move from the CA to the FA pathway.

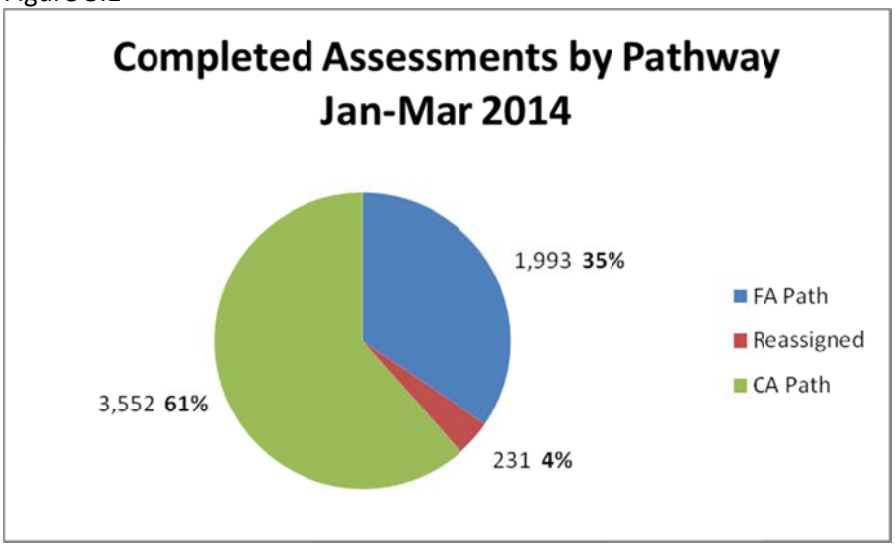
B. Analysis of Pathway Re-assignment

As stated earlier, the Department 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 4% re-assignment rate is directly in line with National rates. Estimated projections identified that 37% of the assessments would be family assessments.

The projection, 37%, included cases initially assigned to a family assessment and cases re-assigned to a child abuse assessment once a family assessment began.

During the first three months of Differential Response implementation, 2, 224 cases (39%) were originally assigned to the FA pathway. As a result of the initial assessment of those cases, 231 (4%) were then re-assigned to the CA pathway. Factoring in both elements 1,993 (35%) of cases were assessed on the FA pathway. This is 2% below the projection which demonstrates our continued thoughtful and cautious approach.

Figure 3.1



V. Pathway Re-assignment Criteria (3.2)

A. Background

As stated earlier, Iowa law established a firm path for cases to be re-assigned from the FA pathway to the CA pathway at any point in the family assessment 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 CA pathway; therefore the total reason count exceeds the total unique re-assignments (231) for the period.

B. Analysis of Pathway Re-assignment Criteria

The data confirms that re-assignment to the CA pathway is for the more serious cases.

Table 3.2

Pathway Re-Assignment Criteria	Reason Count
Child safety concerns	68
The alleged abuse type includes a category other than Denial of Critical Care	35
Family chose CAA	32
The allegation requires a 1-hour response or alleges imminent danger, death, or injury to a child.	38
The child has been taken into protective custody as a result of the allegation	19
It is alleged that illegal drugs are being manufactured or sold from the family home.	14
Combined - categories less than 5% individually • There has been TPR (in juvenile court) on the alleged person responsible or any caretaker who resides in the home. • There is a separate incident open on the household that requires a child abuse assessment. • 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 home of the non-custodial parent if they are the alleged person responsible. • The alleged person responsible is not a parent (birth or adoptive), legal guardian, or a member of the child's household. • 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). • 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.	48

VI. Founding Rates (Figure 4.1)

A. Background

Throughout the design of the new system it was anticipated that the “founding rate”, the percentage of accepted CA pathway intakes that result in a founded case, would increase. This

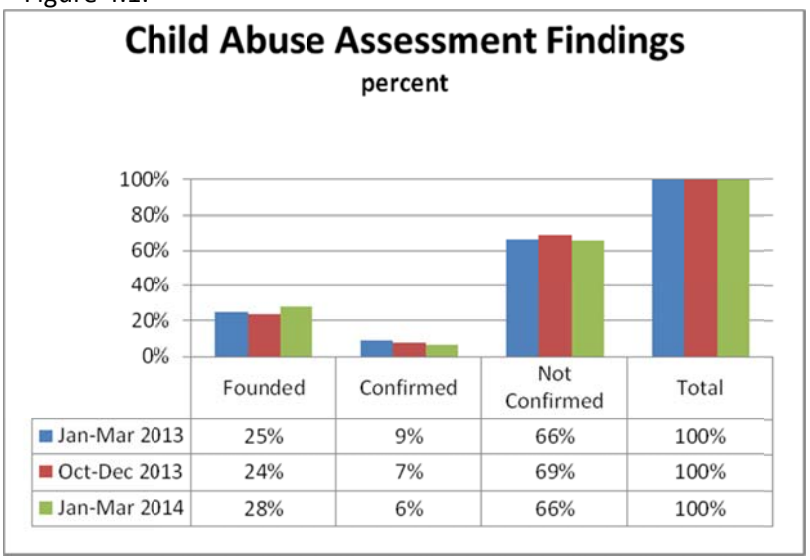
projection was based on the notion that, as lower risk cases were assigned to the family assessment pathway, the remaining cases on the CA pathway would be the more serious cases.

B. Analysis of Founding Rates

Based on the first quarter of Differential Response Findings the child abuse founding rate demonstrates that the more serious cases are being assigned to the CA pathway. The smaller total number of cases on the child abuse side and the fact that they are by design the more serious cases combine to result in a higher percentage of those cases being founded. Even though the founding rate increased the smaller total number of cases on the child abuse side resulting in a founded assessment has resulted in fewer names being placed 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 4.1.



	Founded	Confirmed	Not Confirmed	Total
Jan-Mar 2013	25%	9%	66%	100%
Oct-Dec 2013	24%	7%	69%	100%
Jan-Mar 2014	28%	6%	66%	100%

VII. Ongoing Service Provision (Figure 5.1)

A. Background

By design, it was anticipated that the Differential Response System would increase service provision. Iowa law defines what type of state purchased services a family may receive.

- Community Care services are available to families at the conclusion of a child abuse assessment when the assessment is not confirmed (moderate and high risk) and confirmed (moderate risk)and at the conclusion of a family assessment when there is moderate or high risk.
- FSRP services are available to families when a child is adjudicated child in need of assistance 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 case.

The data is organized by quarter 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 to conduct an assessment and to complete initial case management activities that result in a service referral and service case opening some of the January intakes that eventually were opened for FSRP did not open until February, or even March.

B. Analysis of Ongoing Service Provision

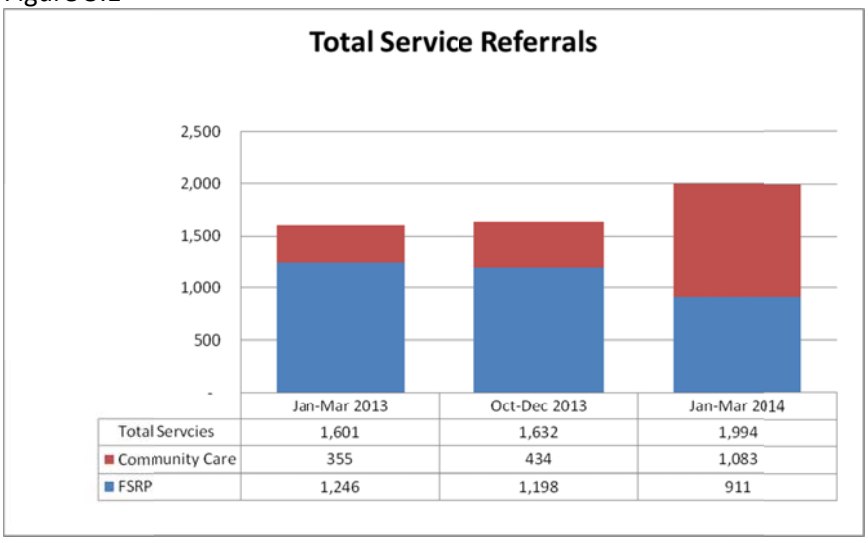
The data indicates that almost 400 more families are being referred to state purchased services when comparing January-March 2014 than in the previous quarters (January-March 2013 compared to January-March 2014 shows an increase of 393 referrals and October-December 2013 compared to January-March 2014 shows an increase of 363 referrals). The increase in these services was a goal of the Differential Response design. 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 an increase in Community Care referrals in the periods shown. The projected assumption, an increased number of referrals resulting in Community Care, was 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 family assessment cases are less adversarial by default as they do not result in a "finding" of abuse. As the data reflects there has been an increase in Community Care referrals.

There has been gradual decrease in the number of FSRP referrals in the periods shown. DHS and the providers contracted to provide the service are currently assessing the impact of this decrease on individual agencies as well as on the system as a whole.

Currently, analysis suggests the service provision system is strong with no wait times and a reliably quick response to engage families appropriately.

Figure 5.1



Conclusion

Child protection remains the primary goal of DHS. The Differential Response system, by design, supports child protection by assessing safety at intake, CA and FA pathway and increasing service provision to children and families. The ultimate goal of a child welfare agency is to build on a family's resources and develop supports for 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.

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

The first step in assessing DR implementation is to assess the projected forecast of process measures with actual performance. Iowa's DR system was designed so low risk cases receive a family assessment. Criteria for pathway assignment was carefully chosen with the assistance of national experts, representatives from diverse disciplines and lawmakers. The projected forecast for FA pathway assignment was 37% and during the first three quarters of implementation 35% of cases are receiving a family assessment. Forecast projections for percentage of founded cases was also expected to increase and during the first three quarters did increase by 4%. Lastly, the projected forecast for total service referrals was less than the January-March 2014 results. We anticipated a slower, more gradual, shift in family's trust of Department service provision and are pleased that families are engaging in services.

In addition to assessing process measures, the Department 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
- Local implementation teams.

Overall, the implementation of DR is performing as expected. We will continue to monitor current process measures and add additional outcome measurements as the system evolves and matures.