



Differential Response System Overview

Calendar Year 2014

Executive Summary

The Iowa Department of Human Services 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 new FA, pathway responds to less serious allegations of child neglect.

Differential Response 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 CA pathway. These decisions were based on the premise that safety of a child is first and foremost in a FA and CA.

The Department 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.

DR findings following one year of implementation are promising. Process and outcome measures indicate that the system is working as designed and the outcomes for children and families are positive.

Highlights of report findings include:

- Children who receive a FA are as safe as children who receive a CA
- 97.8% of families who engage in Community Care services do not experience a CINA within six months of service
- 94.3% of families who engage in Community Care services do not experience a substantiated abuse report within six months of service.
- The Community Care performance measure related to child safety improved with the implementation of the differential response model.
- The Community Care performance measure related to entry into the formal child welfare system improved with the implementation of the differential response model.
- A significantly higher number of families than projected have voluntarily accepted services since the implementation of the differential response model.

- Re-assignment from the FA pathway to the CA pathway is within the projected parameters.
- Founding rates on the CA pathway have increased as projected.

Introduction

The Iowa Department of Human Services (DHS) began its (DR) System in January 2014. The new system consists of two pathways, FA and CA, 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.

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I. Intake Decisions (Figure 1.1)

A. Background

Differential Response 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 CA pathway. These decisions were based on the premise that safety of a child is first and foremost in a FA and CA.

B. Analysis of Intake Decisions

The total number of intakes has not varied substantially when comparing calendar year 2013 (CY13) to calendar year 2014 (CY14). There is a difference of 393 total intakes received. In CY13 the acceptance percentage was 52% and in CY14 it was 48%. The number of intakes and the percent of accepted intakes vary year to year. The change is believed to be a normal variation.

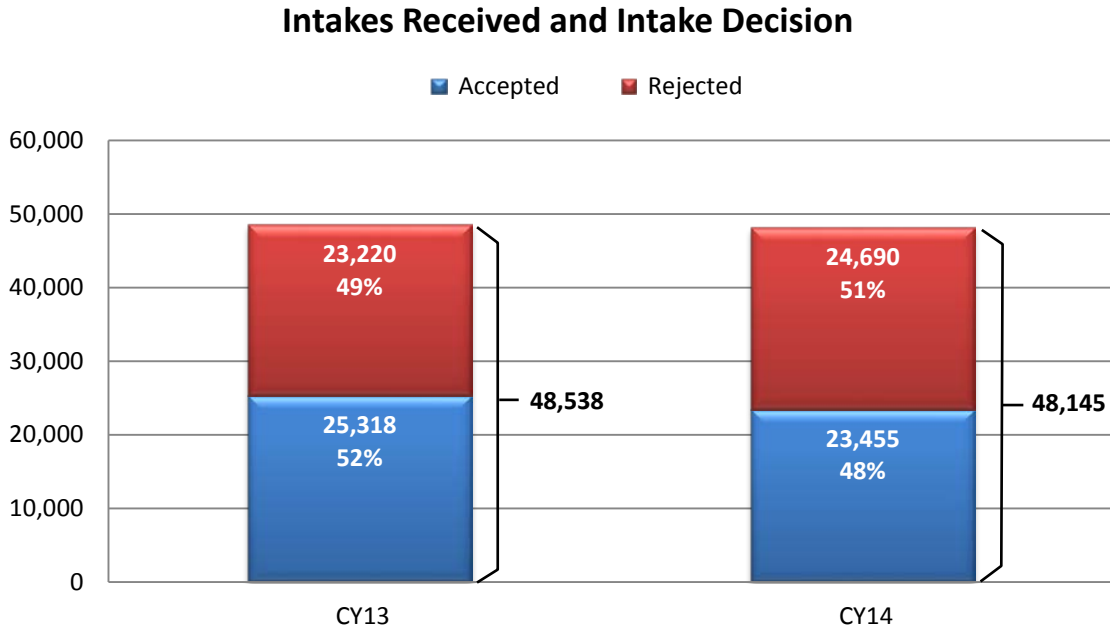
Iowa's rate of screened out (rejected) intakes has increased from CY13 to CY14. In fact, the rate has been slowly increasing since 2011 however the implementation of DR did not affect this trend.

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



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.

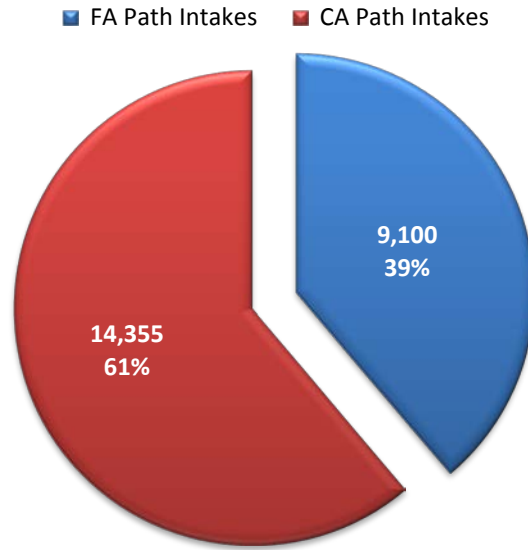
B. Analysis of Pathway Assignment

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 section IV-Pathway re-assignment). During the first year of DR implementation, the FA pathway assignment rate is 39%. Thus far, the data indicates that the actual assignment of cases is in line with the projected assumptions.

Figure 2.1

Intakes Received by Initial Pathway Assignment

Calendar Year 2014



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 CA pathway. Consequently, the total reason count exceeds the total unique assessments (14,355) 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	8329
The allegation requires a 1-hour response or alleges imminent danger, death, or injury to a child.	3859
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.	2089
The allegation is meth and at least one child victim is under six years old.	1832
The alleged person responsible is not a parent (birth or adoptive), legal guardian, or a member of the child's household.	1768

<p>Combined - categories less than 5% individually</p> <ul style="list-style-type: none"> • It is alleged that illegal drugs are being manufactured or sold from the family home. • There is a separate incident open on the household that requires a child abuse assessment. • 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. • The child has been taken into protective custody as a result of the allegation • There has been TPR (in juvenile court) on the alleged person responsible or any caretaker who resides in the home. • 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. 	<p>3202</p>
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IV. Pathway Re-assignment (Figure 4.1)

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 5% re-assignment rate is directly in line with National rates and within DHS projected parameters. Estimated projections identified that 37% of the assessments would be family assessments. The projection of 37% included cases initially assigned as FA and cases re- assigned as CA after a family assessment had begun.

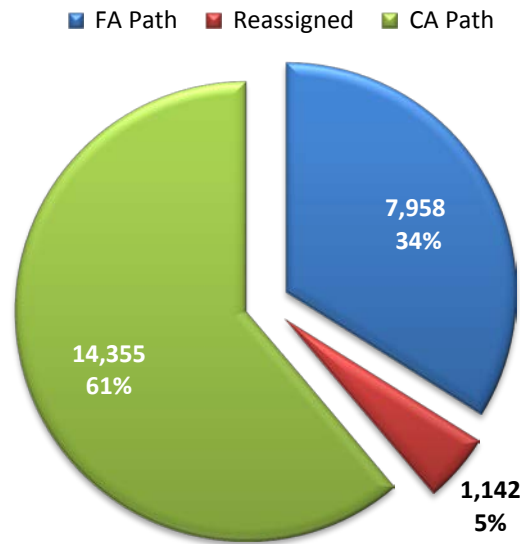
During the first year of Differential Response implementation, 9,100 cases (39%) were originally assigned to the FA pathway. After initiating a family assessment, 1,142 (5%) were then re-

assigned to the CA pathway. Factoring in both elements 7,958 (34%) of cases were assessed on the FA pathway. This is 3% below the projection which demonstrates our continued thoughtful and cautious approach.

Figure 4.1

Completed Assessments by Pathway

Calendar Year 2014



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 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 (1,142) 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 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 protection 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 9,100 family assessments 511 cases were reassigned

from January-June 2014 for a child safety concern. Of the 511 cases reassigned for a safety concern a total of 315 (62%) cases resulted in a substantiated finding which indicates pathway reassignment is being utilized as designed; specifically a reassignment pathway to be 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	Reason Count
Child Safety Concern	511
The alleged abuse type includes a category other than Denial of Critical Care	137
Family chose CAA	128
The allegation requires a 1-hour response or alleges imminent danger, death, or injury to a child.	90
The allegation is meth and at least one child victim is under six years old.	66
Combined - categories less than 5% individually <ul style="list-style-type: none"> • 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 child has been taken into protective custody as a result of the allegation • 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. • It is alleged that illegal drugs are being manufactured or sold from the family home. • 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. • The allegation is failure to thrive or that the caregiver has failed to respond to an infant's life-threatening condition. 	322

VI. Founding Rates (Figure 6.1)

A. Background

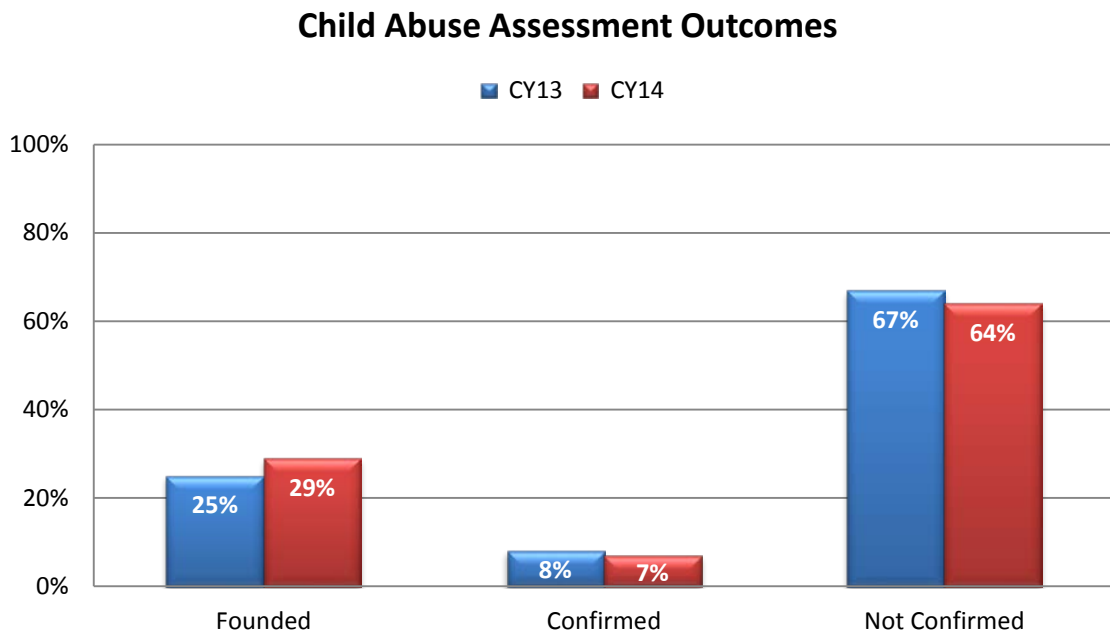
Throughout the design of the new system it was anticipated that the “founding rate”, the percentage of accepted CA pathway intakes that result in a founded case, would increase. This projection was based on the notion that, as lower risk cases were assigned to the family assessment pathway, the remaining cases on the CA pathway would be more serious cases.

B. Analysis of Founding Rates

Based on the first year of Differential Response, 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 pathway and the fact that they are, by design, the more serious cases combine leading to a higher percentage of those cases being founded. So, while the founding rate increased, the smaller total number of cases on the child abuse side resulting in a founded assessment means 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 6.1



VII. Ongoing Service Provision (Figure 7.1)

A. Background

By design, it was anticipated that the Differential Response System would increase the number of families voluntarily engaging in protective services. 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 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 (CY13) that eventually were opened for FSRP would be counted in CY14 and November and December intakes (CY14) would be potentially opened in January or February 2015.

B. Analysis of Ongoing Service Provision

The data indicates that almost 2,353 more families are being referred to state purchased services when comparing CY13 to CY14. 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.

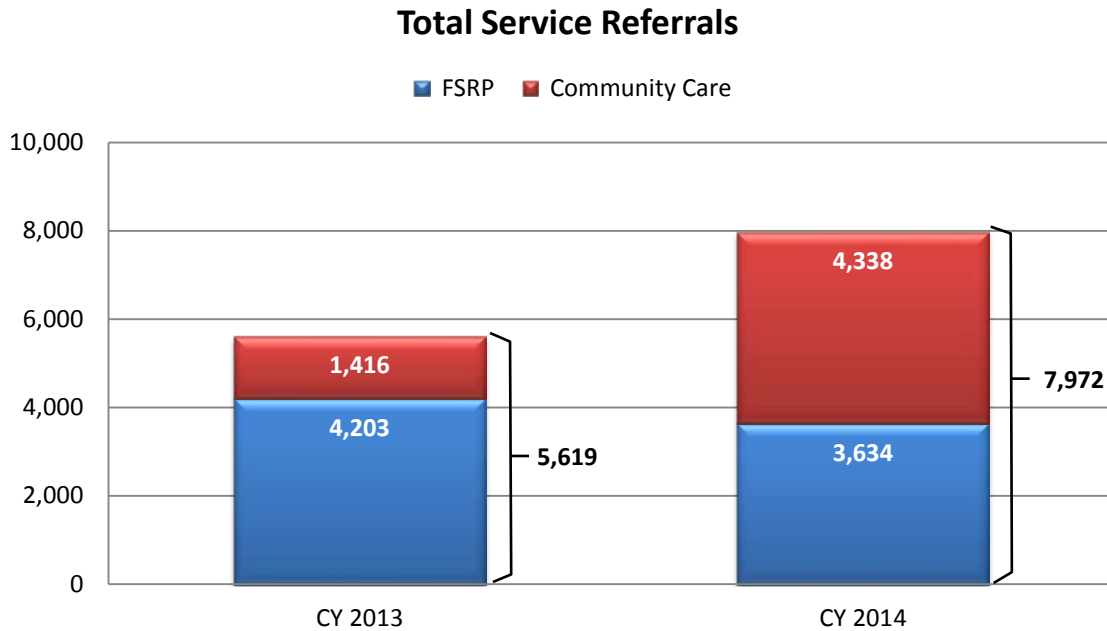
There has been an increase in Community Care referrals in the periods shown. The projected assumption, an increased number of referrals resulting in Community Care, was based on National data which indicates families are more willing to accept services when the child protection agency is less non-adversarial in their approach. The family assessment cases are less adversarial by design 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 a decrease in the number of Family Safety Risk Permanency (FSRP) referrals when comparing CY13 to CY14. A gradual decrease in referrals to FSRP was projected. Projections built on the premise that families would voluntarily agree to protective services and build a families 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 providers

contracted to provide the service are continuing to assess the impact of the 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 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 (CY14). Referrals to Community Care are made at the completion of both child abuse assessments and family assessments. 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.

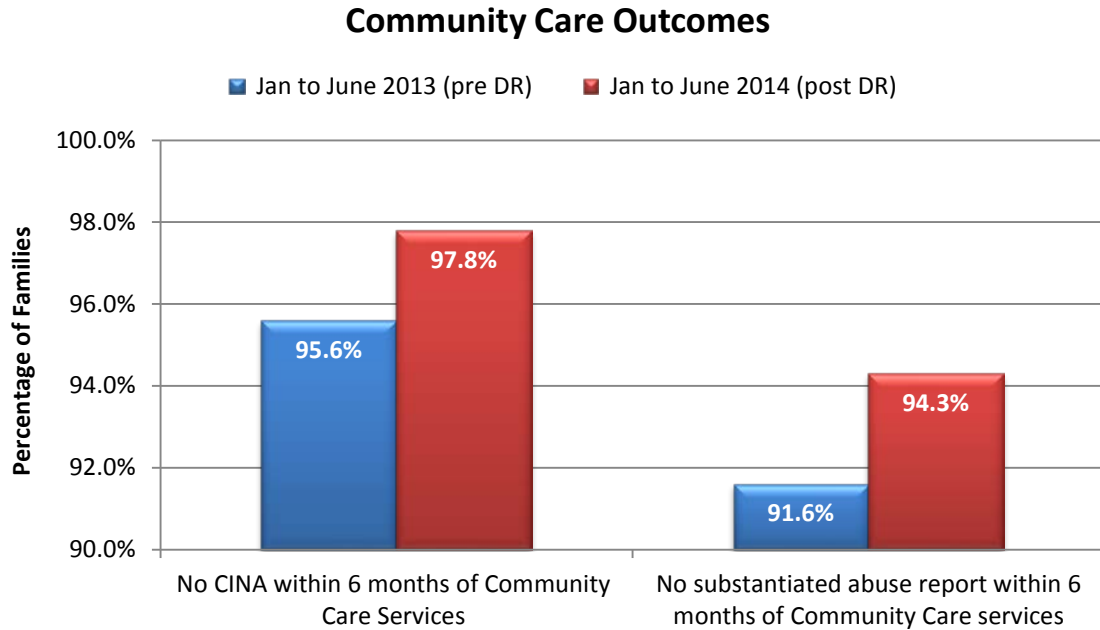
B. Analysis of Community Care Outcomes

The percent of families who do not experience a CINA within six months of Community Care service increased from CY13 (96.5%) to CY14 (97.8%)

The percent of families who do not experience a substantiated abuse report within six months of Community Care service increased from CY13 (91.6%) to CY14 (94.3%)

Community Care performance has increased for both measurements despite an increase of referrals (1,576) from CY13 to CY14.

Figure 8.1



IV. 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 of 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 petition in Juvenile Court to protect the child (CINA).

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

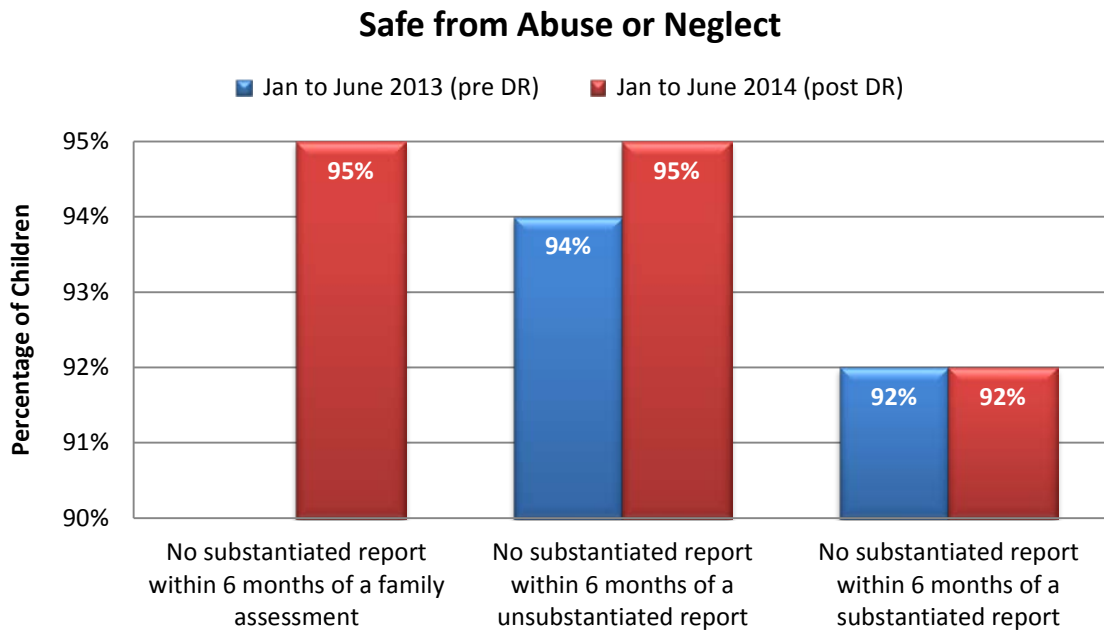
B. Analysis of Safe from Abuse or Neglect

The data confirms that children who receive a family assessment are as safe as those who receive a child abuse assessment. 95% of children who receive a family assessment did not

experience a substantiated report within six months, 95% of children who had an unsubstantiated child abuse assessment did not experience a substantiated report within six months and 92% of children who had a substantiated abuse child abuse assessment 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 Differential Response initiative, by design, supports child protection by assessing safety at intake, during both child abuse assessments and family assessments, 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 supports 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.

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. Following a year of implementation the data confirms that children are no less safe in Iowa’s Differential Response system.

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 family assessment. Criteria for pathway assignment were 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 year of implementation 34 % of cases are receiving a family assessment. Forecast projections for percentage of founded cases were also expected to increase and during the year it did increase by 4%.

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.

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 one year 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 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

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.