



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

December 3, 2012

Michael Marshall
Secretary of the Senate
State Capitol Building
LOCAL

Carmine Boal
Chief Clerk of the House
State Capitol Building
LOCAL

Dear Mr. Marshall and Ms. Boal:

Enclosed please find the Summary of Charge from House File 2226, Section 6, Differential Response Review and Recommendations.

This report is also available on the Department of Human Services website at <http://www.dhs.iowa.gov/Partners/Reports/LegislativeReports/LegisReports.html>.

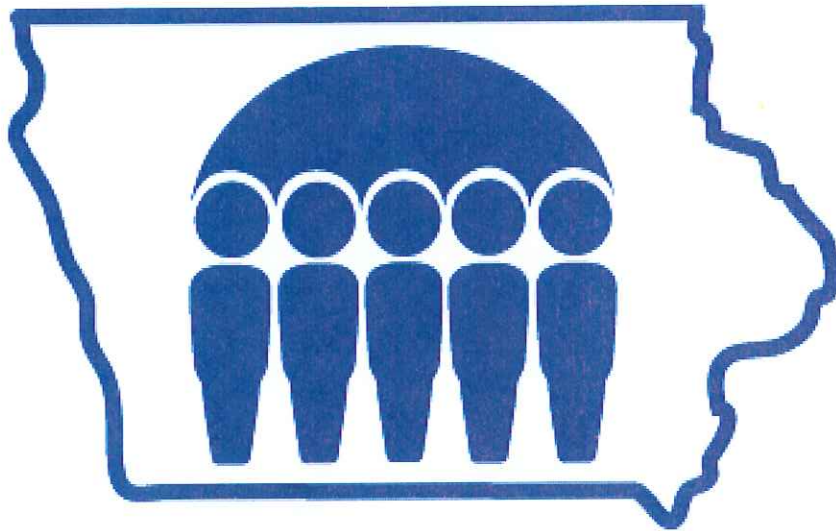
Sincerely,

Jennifer Davis Harbison
Policy Advisor

Enclosure

cc: Governor Terry E. Branstad
Senator Jack Hatch
Senator David Johnson
Representative David Heaton
Representative Lisa Heddens
Legislative Services Agency
Kris Bell, Senate Majority Staff
Josh Bronsink, Senate Minority Staff
Carrie Kobrinetz, House Majority Staff
Zeke Furlong, House Minority Staff

Iowa Department of Human Services



Differential Response Review Summary of Charge - House File 2226

December 2012

TABLE OF CONTENTS

Executive Summary	3
I. Introduction	5
II. Overview of Differential Response Systems – National Landscape	6
III. Relevance of Differential Response to Iowa Child Protection	7
a. Legislative History	
b. Historical and Current Snapshot of Iowa Child Protective Service System	
IV. Meetings of the Iowa Differential Response Work Group	10
V. Recommendations of the Iowa Differential Response Work Group	11
VI. Department of Human Services Analysis and Recommendations	14
VII. Summary	15
References	17

Appendices

- A. Iowa Differential Response Work Group: Membership List
- B. Iowa Differential Response Work Group: Agendas, Notes and Power Point Presentations of the six Work Group Meetings
www.dhs.state.ia.us/Partners/Reports/ChildFamilyReports/ChildFamilyReports.html
- C. Differential Response Approach in Child Protective Services: An Analysis of State Legislative Provisions
- D. Differential Response Across the Nation – April 2012

EXECUTIVE SUMMARY

During the 2012 legislative session, the General Assembly directed the Department of Human Services (DHS) to conduct a “comprehensive review” of differential response and, based on the review, make a recommendation to implement or to not implement differential response.

Fifteen individuals representing diverse constituencies, stakeholders and perspectives agreed to serve as members of the *Iowa Differential Response Workgroup*. The Work Group met on six occasions between March 2012 and June 2012. This report details their findings and recommendations. Work Group¹ members unanimously agree with the foundational philosophy of the Differential Response System (DRS): variation in the nature of reports of alleged maltreatment and the experiences of families warrants variation in the type of response to reports.

Workgroup members reviewed the National landscape of child protective services, Iowa’s child protective system, DRS evaluative results and ultimately focused on key legislative elements, target population, site selection or statewide implementation, data, measures and training.

A Differential Response System allows and encourages child protective services agencies to provide services without a formal determination of abuse. The foundational philosophy of a differential response system provides the ability to respond in diverse ways to screened-in cases of alleged maltreatment with approaches that effectively target the unique needs of each family. Differential response is a less adversarial approach which promotes change within families that are empowered and provided the services they need to sustain change over time. Child safety is not compromised in a differential response system. This alternative approach is typically used with reports that do not allege serious and imminent harm. Although states are unique in their design, there are core elements of such a response that set it apart from jurisdictions where there is not a differential response system in place.

CORE ELEMENTS INCLUDE:

- Two or more discrete responses to “screened in” reports
- Pathway assignment is determined by an array of factors such as presence of imminent danger and level of risk to the child
- Pathway assignments can be changed
- Services are voluntary as long as child safety is not compromised
- Codified in statute, policy or protocol
- No substantiation of alleged abuse and no determination identifying a victim or perpetrator in a family assessment response
- Names are not put on a central abuse registry in the family assessment response

Following the workgroup activities, the Department continued to review National research, consulted with the National Resource Center for In-Home Services and the National Quality Improvement Center on Differential Response in Child Protective Services, assessed Iowa’s readiness and conducted a site visit to a state that had implemented a DRS.

¹ See Membership Roster

The workgroup reconvened in November to discuss additional information gathered by the Department and to address differences in approach to implementation. The workgroup agreed with DHS on the foundational philosophy of a differential response system, the basic elements of pathway assignment, and recognized the legal and logistical barriers of a service area phase in type process. Consensus was that statewide implementation was possible as long as the department conservatively approaches implementation.

The workgroup and Department of Human Services recommendations include:

- Implement Differential Response statewide
- Differential Response be codified with the following elements:
 - Two-track system to respond to screened in reports.
 - Denial of Critical Care cases be assigned the track which does not result in an investigatory approach, a finding of abuse and placement on the Central Abuse Registry unless there is a high risk of injury or an immediate threat to a child.
 - Both pathways shall require a safety assessment.
 - Ability to switch pathway assignment from family assessment pathway to traditional pathway when a child's safety is in serious and imminent harm.
- Provide reports to the Governor and Legislature January 15, 2014, and January 15, 2015, to outline progress of statewide implementation and/or performance measures related to safety, permanency and well-being of families.
- Evaluation of the Differential Response System (The group recommends funding an independent study but absent the additional funds, recognizes that the DHS is capable of conducting the evaluation. DHS has the system data and performance measures necessary to evaluate and report outcomes to the Governor and Legislature and do not support funding an independent study.)

IMPLEMENTING A DIFFERENTIAL RESPONSE SYSTEM
TO IOWA'S REPORTS OF ALLEGED CHILD MALTREATMENT:
COMPREHENSIVE REVIEW BY THE IOWA DIFFERENTIAL RESPONSE WORK GROUP

I. INTRODUCTION

In 2011, the Iowa Workgroup on Child Abuse Registry came together in response to the direction of Section 7 of House File 562². This Workgroup met on five occasions and developed a series of recommendations in December 2011 that were intended to improve Iowa's Child Abuse Registry process, balancing protections of children and the due process rights of alleged perpetrators of child abuse. One option generated was the provision of a differential response to child abuse allegations based upon the severity of the allegation. This differential response would *identify at least two discrete response pathways for cases being screened in to the system, one of which would be comprised of a voluntary non-investigative response.*³ With the advent of two discrete response pathways, the child protection system would have the ability to respond in diverse ways, with approaches that effectively target the unique needs of each family, as determined by their own assessment and by the agency's assessment.

Based on this Workgroup's recommendation, the 2012 General Assembly signed into law, HF2226 which directed the Department of Human Services (DHS) to conduct a "comprehensive review" of differential response and based on the review make a recommendation to implement or to not implement differential response. Fifteen individuals⁴ representing diverse constituencies, stakeholders and perspectives were identified and agreed to serve as members of the *Iowa Differential Response Workgroup*. The workgroup convened, coordinated and facilitated by Independent consultant Caren Kaplan, MSW, as a group on six occasions from March to June 2012. The workgroup gathered information, made informed decisions; and are providing, with this report, recommendations to the members of the Iowa General Assembly's standing committees on human resources and the Legislative Services Agency.

This Final Report details the findings and recommendations of the Iowa Differential Response Work Group. It also provides information related to the Work Group meetings and essential discussions that provide the foundation for the findings and recommendations. Beginning with an abbreviated primer on Differential Response Systems in child protective services and the evaluative outcomes identified in studies conducted in several states (Section II), the report describes Iowa's legislative, policy, practice and agency/system context that are relevant to and supportive of the Differential Response System that is under consideration (Section III). The scope of work of the six meetings of the Iowa Differential Response Work Group is addressed in Section IV and sets the stage for the presentation of the Work Group's recommendations in Section V. The Department of Human Services' post-workgroup findings and recommendations are outlined in Section VI. The Report concludes with a summary in Section VII.

² Charge of Section 7 from House File 562: *The department of human services shall continue working with the office of the attorney general, department of inspections and appeals, office of the citizens' aide, prevent child abuse Iowa, Iowa civil liberties union and other stakeholders to develop and implement improvements in the child abuse assessment and registry processes and other child protection system provisions as outlined in this section in order to ensure the due process rights of persons alleged to have committed child abuse are addressed in a more timely manner while also ensuring that children are protected from abuse.*

³ http://www.dhs.state.ia.us/docs/2011_Recommendations_Child_Abuse_Registry.pdf. Page 3.

⁴ Membership Roster is provided in Appendix A

II. OVERVIEW OF DIFFERENTIAL RESPONSE SYSTEMS – NATIONAL LANDSCAPE

Historically, children and families who come to the attention of the public child welfare agencies have diverse life circumstances, strengths, challenges and needs. For decades, the child welfare system has responded to reports of alleged maltreatment as if all reports are the same. There has been recognition that not all maltreatment reports are the same and that unique family dynamics require a system that is flexible in its approach.

For more than fifteen years, a rapidly growing number of states have implemented Differential Response Systems either statewide or through pilot projects in select counties. From 1998 to 2009 the number of states utilizing DR, either statewide or in pilot status, more than doubled from seven in 1998 to eighteen in 2009 (National Quality Improvement Center on Differential Response [QIC-DR], 2009).

Differential Response Systems allow and encourage child protective service agencies to provide services without a formal determination, that is, a substantiation of abuse or neglect. The alternate response, the Family Assessment Response (FAR) is typically used with reports that do not allege serious and imminent harm. Factors such as the type and severity of the alleged maltreatment, the number of previous reports, and the willingness of the parents to participate in services determine the appropriateness of this response and suggest a non-adversarial, cooperative approach to meet each family's unique needs. By providing interventions that correspond to the severity of the concern being reported, families can be engaged without legal intervention, have an opportunity to identify their strengths, work on their own issues and receive tailored services that support them in their efforts without being labeled as a "perpetrator".

As the practice has grown, so has the body of literature exploring the implementation, outcomes and overall impact of Differential Response Systems. Based on a review of existing state Differential Response Systems, Merkel-Holguin, Kaplan, and Kwak (2006) identified eight core components of differential response that differentiate it from jurisdictions where there is no Differential Response System.

CORE ELEMENTS: DIFFERENTIAL RESPONSE SYSTEM (SOURCE: AHA-CWLA 2006 SURVEY)
<ul style="list-style-type: none"> • Two or more discrete responses to reports of maltreatment that are <u>screened in</u> and accepted <ul style="list-style-type: none"> – Traditional/Investigative Response – Family Assessment Response (FAR)
<ul style="list-style-type: none"> • Assignment to TR/FAR response pathways is determined by an array of factors: <ul style="list-style-type: none"> – presence of imminent danger – level of risk – number and nature of previous reports – source of the report – type of alleged maltreatment – vulnerability of the alleged victim
<ul style="list-style-type: none"> • Response assignments can be changed (minimally FAR -> TR)
<ul style="list-style-type: none"> • Families who receive FAR are able to accept or refuse to participate in services when the child is determined to be safe or to choose the Traditional Response (issue of choice)
<ul style="list-style-type: none"> • After assessment, services are voluntary for families who receive FAR – as long as child safety is not compromised
<ul style="list-style-type: none"> • Establishment of discrete responses codified in statute, policy, or protocol

CORE ELEMENTS: DIFFERENTIAL RESPONSE SYSTEM (SOURCE: AHA-CWLA 2006 SURVEY)

- No substantiation of alleged maltreatment from FAR; there is no finding, victim, and perpetrator. Services offered without formal determination that maltreatment occurred for families served by FAR
- Use of central registry is dependent upon type of response; no names are entered into the central registry with FAR

Practice findings to date largely reflect favorable outcomes in relation to child safety, parental engagement, and service provision (Schene & Kaplan, 2007). Comprehensive evaluations of Differential Response Systems have been conducted in Missouri, Minnesota, and Ohio by the Institute of Applied Research (Loman et al, 2010; Loman & Siegel, 2004; Siegel & Loman, 2006). Key findings of these field experiments are provided below:

- Children were as safe under the Family Assessment Response (FAR) as under traditional approaches. No evidence was found that replacement of traditional investigations by FAR assessments reduced the safety of the children.
 - Subsequent reporting of families for child abuse and neglect declined under the Differential Response System, particularly among minority families, the most impoverished families in the study.
 - Removals and out-of-home placements (i.e., foster care) of children declined.
 - More than half of child abuse and neglect reports were determined by local offices to be appropriate for a FAR assessment rather than a traditional response assessment.
 - Families assigned to FAR were among the poorest in Ohio. More than two-thirds of families reported incomes of \$15,000 or less compared to 8% for Ohio families as a whole.
 - The cost study showed that full indirect costs measuring worker times were slightly more expensive for FAR by the end of the evaluation period.
 - Familiarity with alternate response among community stakeholders had increased by the end of the FAR Pilot Project period.
 - Provision of poverty-related services of various kinds increased under FAR, such as food and clothing, help with utilities, money to pay rent, help in obtaining appliances and furniture, car repair and transportation, and other financial help.
 - Families served through FAR were more frequently connected to counseling and mental health services.
- (Loman et al., 2010; Loman & Siegel, 2004; Siegel & Loman, 2006)

These and other evaluations of Differential Response Systems increased numbers of families participating in voluntary services and have found increased satisfaction among both families and workers with a family assessment response, and decreased numbers of re-referrals to child protection (QIC-DR, 2009).

III. LEGISLATIVE RELEVANCE OF DIFFERENTIAL RESPONSE TO IOWA CHILD PROTECTION

a. Legislative History

State Legislation

The Iowa State General Assembly has a history of statutory support for family assessment in child welfare matters. In 1995, the Iowa State General Assembly passed legislation that authorized selected counties to test a new approach to child abuse investigations, along with making other changes in state child protection policy. The

legislation authorized the development of “an assessment-based approach to respond to child abuse reports, [that will] ... protect the safety of the child named in the report [and] ... engage the child’s family in services to enhance family strengths and to address needs” (Iowa Code 232.71A). The statute required the assessment model to be piloted in selected areas before implementation statewide. Senate File 208, which mandated the pilot of child abuse assessments, was passed unanimously in both the Iowa House and Senate during the 1995 legislative session. Like previous child protection legislation, SF 208 stated that the “primary purpose of [this approach] shall be to protect the safety of the child named in the report.” SF 208 mandated that the assessment address the abuse allegation and determine the extent and cause of any injury or risk as well as identify the person responsible. In addition to this requirement, SF 208 directed Department staff to “identify the strengths and needs of the child, and of the child’s parent, home, family and community.” Senate File 2399 required that the assessment approach was to be enacted statewide effective July 1, 1996 (CSSP, 1996).

Iowa’s assessment legislation provides directions that are widely viewed in the child protection field as significant aspects of safeguarding children. Three of these provisions include:

- A continued emphasis on child safety and on documenting the specific facts surrounding any maltreatment of the child;
- A secondary expectation that families be assessed in a more comprehensive manner; and
- The ability of the Department of Human Services to maintain the assessment records of children and families and thus make more informed judgments about developing a plan of action, should subsequent reports of abuse or neglect occur.

These legislative actions expressed the sentiment that as long as the careful assessment of each child’s safety is not compromised, there is value in approaching families initially with a broader family assessment perspective.

Federal Legislation

In 2010, for the first time in U.S. history, the federal government conditioned State eligibility for federal child welfare funding on the implementation of Differential Response Systems. President Obama signed the CAPTA Reauthorization Act of 2010 (P.L. 111 – 320) into law on December 20, 2010. The law reauthorizes and amends the Child Abuse Prevention and Treatment Act, including the addition of *differential response* requisites in the eligibility requirements for, and the eligible use of, funds for Title I: Basic State Grants for child abuse or neglect prevention and treatment programs.

b. Historical and Current Snapshot of Iowa Child Protective Service System

Iowa’s Child Protective Services has evolved over the years with law changes and practice changes that have focused on strong family functioning assessments and an evidentiary response to allegations of abuse.

The table immediately below provides a historical snapshot of intake and assessment of Iowa’s child protective services over the past 15 years. It identifies essential milestones and depicts a reflective system that attempts to refine its operations and outcomes in response to new experiences, information and evidence based researched initiatives.

**AT A GLANCE:
CHILD PROTECTIVE SERVICES FOR CHILD ABUSE INTAKE AND ASSESSMENT
CHILD IN NEED OF ASSISTANCE INTAKE AND ASSESSMENT
1997 - 2011**

1997	Legislation allowed for confirming abuse but not placing persons' name on the Child Abuse Registry in denial of critical care or physical injury cases that are minor, isolated and not likely to reoccur.
1998	Assessment Legislation, for an approach to a child abuse allegation designed to provide optimal safety for children by evaluation of alleged abuse and strength-based family assessment. Approach was piloted and became statewide in 1998.
2000	Legislation and practice changes resulted in areas of Mandatory Reporter Training (requiring approved curriculum) and reporter notification at intake.
2000-2001	Iowa Ombudsman Office and American Humane Association issue studies of child protection system, calling for widespread reforms in intake, assessment, supervision, and case management, leading to several legislative changes in 2001.
2001	New category of abuse codified: "Manufacture and Possession of a Dangerous Substance".
2001	New category of abuse codified: "Bestiality in the Presence of a Minor".
2003	Structured decision-making Risk Assessment, evidence based research tool, was introduced to identify families most likely to repeat maltreatment. Full implementation of this tool was mandated in 2005.
2005	Redesign Principles were initiated for Better Results for Kids. The life of the case model, child welfare model of practice, was implemented with the Intake and Assessment of child abuse allegation being the gate to DHS services. Eligibility of services became age of youngest child, risk level and finding of the child abuse report. DHS eligible families were provided family centered services. The child may or may not be adjudicated as a Child In Need of Assistance. A voluntary model of care, called Community Care, was offered to low risk families.
2005	New category of abuse codified: "Cohabitation with a Registered Sex Offender".
2006	Statewide Centralized Intake by Service Areas was implemented to provide more consistency in intake decisions. A statewide Intake Training Curriculum was developed and each Service Area delivered training.
2007	Safety Assessment tool (evidence based research tool), Safety Plan, and Safety Plan Services were implemented during the child abuse assessment. Contracts were also issued to providers to provide services for Family Risk, Safety and Permanency services for DHS eligible families. In preparation for this roll-out, initial safety and risk training was offered to providers in each service area during May and June 2007.
2008	National Resource Center for Child Protective Services reviewed policies, procedures, and issued report. Report reflected that Iowa DHS "Life of the Case" approach to child welfare practice is exemplary in its systematic approach to intervention and DHS' safety assessment tool contains many features that are considered state of the art.
2009	New category of abuse codified: "Allows Access by a Registered Sex Offender" replaced "Cohabitation with a Registered Sex Offender".
2010	New category of abuse codified: "Allows Access to Obscene Material" was signed into law.
2010	Eight Regional Service Areas were reduced to five Regional Service Areas and the eight Statewide Intake units that were centralized in each of the Service Areas were compressed to one A Statewide Centralized Service Intake Unit (CSIU) began operations.
2011	House File 562 signed into law. A Workgroup on Iowa's Child Abuse Registry came together to develop and implement improvements in the child abuse assessment and registry processes and other child protection systems. Results of this workgroup have already led to significant improvements relating to the due process rights in child abuse appeals and updated outcome notices to more clearly identify effects of a founded child abuse report.
2012	HF2226 signed into law directing the DHS to perform a "comprehensive review" of differential response and based on the review make a recommendation to implement or to not implement differential response.

The chart below provides a side-by-side comparison of 2010 child maltreatment data for the United States and Iowa. There is significant comparability between the U.S. and Iowa rates of many of the data elements.

DATA SNAPSHOT: CHILD MALTREATMENT 2010 UNITED STATES AND IOWA	
U.S. Totals	IA Totals
<ul style="list-style-type: none"> • Reports: 3.3 million • Screen-Out: 39.9% • Screen-In: 60.7% or approx. 2 million • Investigation: 1,793,724 <ul style="list-style-type: none"> – 24.3% Substantiated – 1.4% Indicated – 70.4 Unsubstantiated • Substantiated: 436,321 <ul style="list-style-type: none"> – 78% Neglect – 18% Physical Abuse – 9% Sexual Abuse 	<ul style="list-style-type: none"> • Reports: 43,025 • Screen-Out: 42% • Screen-In: 58% • Assessment: 26,413 <ul style="list-style-type: none"> – 34% Substantiated – 66.0% Unsubstantiated • Substantiated: 12,595 (CY2010, State of Iowa data) <ul style="list-style-type: none"> – 81% Denial of Critical Care – 9% Physical Abuse – 5% Sexual Abuse/Access to Sex Offender – 5% Drug Related

IV. MEETINGS OF THE IOWA DIFFERENTIAL RESPONSE WORK GROUP

On April 12, 2012, Governor Terry Branstad signed House File 2226 and the Department of Human Services was directed by the Iowa General Assembly to conduct a “comprehensive review” of differential response and, based on the review, determine whether to implement or not implement differential response. Fifteen individuals representing diverse constituencies, stakeholders and perspectives were identified and agreed to serve as members of the Iowa Differential Response Workgroup. They accepted this charge to carry out this comprehensive review: they convened as a group on six occasions from March to June 2012 [March 19, April 10, May 9, May 31, June 15 & June 25, 2012] to gather information, made informed decisions; and are providing recommendations to the state Legislature on the development and implementation of a Differential Response Child Protection System in Iowa.

In order to carry out their charge, resource materials were provided, presentations were delivered, and information was discussed on Differential Response Systems, the Iowa Department of Human Services child protection system, and the decisions that they were responsible for making.

In carrying out their activities, consensual decisions were encouraged. There was a stated group norm that dissenting views were to be invited and accepted. With this freedom of expression, there was the hope but not expectation that the vetting of all views increased the likelihood of achieving group consensus.

The six meetings of the Iowa Differential Response Work Group (www.dhs.state.ia.us/Partners/Reports/ChildFamilyReports/ChildFamilyReports.html) addressed background information, application to Iowa, and decision-making/recommendations pertaining to the following areas:

1. Perform a “comprehensive review” of Differential Response and provide the Department with recommendations.
2. Provide the DHS with recommendations regarding *target populations* to remain the “traditional” response and the proposed target populations to be assigned to “FAR” response.
3. Provide the DHS with a draft *flow chart of DR System* with integration of existing processes and services for consideration by DHS, acknowledging policy changes would result.
4. Recommend *phased implementation or statewide implementation*. If phased implementation recommended, identify specific issues and criteria that should be considered in the selection process.
5. Recommend or Not *enabling legislation*. If recommended, identify specific elements to include in the statute
6. Identify *training needs* of staff and others. Name by group or entity what type of training is needed (e.g., awareness, general skill-based, specialized skill-based) and at what point in the developmental process should it be delivered.
7. Identify desired *outcomes and data* that will be tracked.

V. RECOMMENDATIONS OF THE IOWA DIFFERENTIAL RESPONSE WORK GROUP

The Iowa DR Work Group commends the Department and the Legislature for the support of the ongoing efforts to enhance the practice and operations of the IA child protection system. Rather than view the advent of an IA DRS as a revolutionary change or a transformation in state’s child welfare system, the work group members expressed a unified viewpoint that the adoption of a Differential Response System, should the Legislature embrace the Work Group’s recommendation, is a natural evolution of the progress made in areas such as assessment, engagement, family team meetings, private-public partnerships, evidence based research tools, and pre-removal conferences. The Differential Response approach offers flexibility to tailor the child protection response to the needs and circumstances of the family, to collaborate with families early rather than waiting for serious harm to occur, and to remove fault finding in order to increase the possibility of parent engagement and, ultimately, child safety (Kaplan & Merkel-Holguin, 2008).

Preeminent Finding:

All 15 members of the Iowa Differential Response Work Group⁵ agree with the foundational philosophy of the Differential Response System, that is, the variation in the nature of reports of alleged maltreatment and the experiences of families warrants variation in the type of response to reports.

Families involved in the child protection system are most likely to change their behavior when they are given the power/voice to control what they need and want to happen. The Work Group voiced consensus on the benefits of restructuring Iowa’s child abuse response system with the goal of establishing a new response pathway, designed for certain types of

⁵ See Membership Roster

cases, to enhance families' engagement and participation in planning and services that increase their children's safety and permanency. In expressing their support, Work Group members noted that DHS will perform a safety assessment for all children, regardless of path assignment.

As a result of the Iowa Differential Response Work Group discussions and deliberations the following recommendations are provided for the Iowa Legislature's considerations:

A. Enabling Legislation: Key Legislative Elements

The Work Group recommended that legislation be drafted that codifies the child protection Differential Response System and that the following elements are addressed within the statute:

- Creation of two-track system to respond to screened-in reports of alleged maltreatment
- Clear definition of the new 'track' that highlights absence of formal investigation and finding.
- Criteria/types of cases that will continue to receive traditional response
- Ability to switch 'assignment' of family from FAR to traditional if warranted
- Authorization for a phased in implementation, with evaluation, and a timeline for statewide implementation
- Independent study of Phase I to determine the feasibility, outcomes, and effectiveness (performance indicators) of a DR approach before implemented statewide and provide the necessary funding to conduct the independent study. In the alternative, require DHS to collect the data and report to the Legislature and provide funds to support and execute this effort.
- Annual reports submitted to Governor and Legislature until DR implemented statewide that provide performance and outcome measures for the new system, including child abuse reporting, case outcomes and child abuse registry data.
- Legislative directive for DHS to promulgate rules and policy development, train staff and implement Iowa's DR approach.
- Families' equal access to services regardless if assigned to FAR or the traditional response
- Prohibition of Central Child Abuse Registry placement for cases assigned and while on the FAR pathway (If reassigned to traditional pathway- a finding is required on the abuse allegation and founded reports will continue to go on the registry)

B. Target Population

The Work Group recommended that several core tenets should guide the selection of target populations regarding assignments to both the traditional response and the Family Assessment Response. Decisions regarding pathway assignment should be:

- Based on the impact/potential impact(s) on the child's safety
- Based on imminent danger and high risk
- Not defined by substance, i.e., marijuana, cocaine, methamphetamine, but rather severity/impact of drug on child
- Age alone will not preclude a child from getting a Family Assessment Response. Issue of vulnerability can supersede age
- Number and type of prior reports will be taken into consideration in making appropriate pathway assignment.

With this decision-making framework, the Work Group made the recommendation that

- *All Denial of Critical Care cases will be assigned to the Family Assessment Response except for those cases in which there is a high risk of injury to the child or immediate safety threat.*

- *All Physical, Sexual, Presence of Illegal Drugs and Manufacturing of Dangerous Substances Abuse cases will be assigned to the traditional response pathway (i.e., investigation).*

Additional caveats were specified as ineligible for the Family Assessment Response:

- Licensed out of home facilities
- An open DHS case for alleged victim and/or their siblings
- Previous Termination of Parental Rights on sibling of alleged victim and no current services

Above all else, child(ren) must be in a "safe" status or they will receive a traditional CPS response.

C. **Site Selection of Phase I of the Iowa Differential Response System**

The Work Group recommended that Iowa's Differential Response System should be *phased in* prior to statewide implementation. The rationale for this is intuitive - - taking on a smaller area allows for greater management and observation, increased capacity to identify what works and what needs improvement, and allows for observations, insights and evaluation results to be applied to the next generation.

Selection should be a combination of state choice and voluntary 'enlistment' of inaugural area(s). The Work Group identified six areas of competency in which there are significant selection characteristics:

- Agencies' Capacities and Planning [inclusive of leadership & change management abilities]
- Communities' Capacities
- Target Populations
- Service Delivery Structures
- Evaluation Capacities
- Anticipated Challenges

DHS will determine how best to assess these criteria in making the determination of service area(s) selection; carry out the selection with the involvement of diverse stakeholders and in collaboration with the DHS service areas. The criteria used in selecting Community Partnership sites may provide additional ideas related to the selection of initial service areas.

D. **Data and Measures to be Collected by Inaugural Sites**

The Work Group emphasized the need for and concern for an evaluation as an integral part of the initial implementation of the Differential Response System. With this in mind, the membership indicated that the collection of data and measures by inaugural sites should be in support of the following outcomes:

- Changes in child safety [Pathway Switch]
- Long-term child safety and welfare: new reports of child abuse and neglect
- Permanency: subsequent removals and placements
- Family satisfaction and cooperation
- Worker satisfaction

In identifying data and measures, DHS was encouraged to adhere to the following:

- Align data collection as closely as possible to existing data collection processes
- To the extent feasible, use CFSR measures to assess status and outcomes
- Consult with and involve tech/MIS staff before finalizing measures /data collection processes

- Consult with and involve end users before finalizing measures/data collection processes

The development of a data collection system that will support the measurement of selected outcomes for children and their families will enable the developmental process to *"begin with the end in mind."* (Covey, 1989)

E. Training

The Work Group recommended relevant trainings that precede and provide ongoing support to the implementation of the Differential Response System. Training options that are designed to maximize alignment with, and consistent application of, the new system's policies, protocols and other features must be available to DHS intake, assessment, case management and supervisory personnel. Different target audiences will need to develop distinct knowledge and skill sets through the delivery of the differential response primer, the practice fundamentals, the supervisory fundamentals and specialized trainings for specific expertise.

In striving to increase the Department's capacity to collaborate with other agencies and service providers who serve the same families, the expansion of and accessibility to public awareness and training activities on the intent, policies and other features of the new system are essential. Many initiatives have taken 'shortcuts' in training and experienced the consequences of same. Two important lessons learned from other jurisdictions' DRS Training are:

- *The more inclusive you can be at the beginning, the less 'cleaning up' you will have to deal with once implementation is initiated.*
- *The more you can offer training to diverse groups (e.g., primer sessions with staff of public and private agencies), the better you set the stage for collaborative relationships.*

VI. DEPARTMENT OF HUMAN SERVICES ANALYSIS AND RECOMMENDATIONS

The DHS praises the research, discussion, and recommendations workgroup members addressed from March-June 2012. The DHS, lead agency with responsibility for implementation, recognizes not only the policy direction Differential Response will require but also the enhanced structural and procedural changes that will be needed for successful implementation. During the months of June-November 2012, the Department of Human Services continued reviewing aspects of Differential Response implementation including policy at the national level, discussions with other states that have successfully implemented, and necessary technical changes to and supports of Iowa's child welfare information system.

The review that took place from June-November 2012 concluded that a majority of the workgroup's recommendations were aligned with national movement. Iowa is a state supervised child welfare system and, as the workgroup noted, is further along than many states that have implemented Differential Response. The workgroup highlighted Iowa's strength based family assessments, family centered approaches including family team decision making and Parent Partner program, evidence based risk and safety assessments, strong public/private partnerships and tracking federal children and family services outcomes. Additionally, the workgroup recommended a phased in approach to implementation of Differential Response and recommended the DHS select service areas in collaboration with stakeholders.

The department's work from June-November 2012 concluded that a majority of the workgroup's recommendations do not, for the most part, present any insurmountable challenges. **The Department believes that a "phasing in" approach to implementation of Differential Response does however present legal and logistical barriers for the department and an issue of equitable service provision and treatment for families. Therefore the Department proposes statewide implementation.**

Barriers to a phase in approach include:

- Individuals not living in the DR sites would be placed on the child abuse registry at a higher rate which would result in legal challenges
- Potentially result in increased appeals due to inequitable findings across the state
- Contractual agreements for services would not be uniform across the state and would impact families if they relocated to a non-DR county
- Difficult for a provider to staff and train their workforce covering multiple service areas
- Inconsistent statewide use of forms inclusive of notice of decisions and findings of assessments which would increase the likelihood of errors
- Issue of workload distribution and consistent case hand-off for Child protective assessments and ongoing case management across county lines

Nationally, differential response outcomes and data have supported that children are no less safe in a Differential Response system. The majority of the states that have implemented Differential Response and have had this outcome were not as advanced as Iowa in child welfare practice. **Therefore, the Department proposes statewide implementation.**

The workgroup did recommend a legislatively funded independent study to determine outcomes and, in the alternative, required the Department of Human Services to collect the data and report to the legislature. During June-November 2012, an assessment by the department supported the agency's ability to report outcome data to the legislature as per the recommendation of the work group. DHS is able to provide data regarding safety of children, permanency of children, worker and family satisfaction.

VII. SUMMARY

During the 2012 legislative session, the general assembly directed the Department of Human Services to conduct a comprehensive review to determine whether to recommend implementation of a differential response to screened in reports received by the Department pursuant to 232.70.

The department requested the assistance of a diverse group of stakeholders to review current literature regarding differential response, review Iowa's legislative, policy, practice and agency/system for readiness and ultimately provide the department with recommendations.

A Differential Response System allows and encourages child protective services agencies to provide services without a formal determination of abuse. The foundational philosophy of a differential response system provides the ability to respond in diverse ways to screened-in cases of alleged maltreatment with approaches that effectively target the unique needs of each family. Differential response is a less adversarial approach which promotes change within families that are empowered and provided the services they need to sustain change over time. Child safety is not compromised in a differential response system. This alternative approach is typically used with reports that do not allege serious and imminent harm. Although states are unique in their design, there are core elements of such a

response that set it apart from jurisdictions where there is not a differential response system in place.

CORE ELEMENTS INCLUDE:

- Two or more discrete responses to “screened in” reports
- Pathway assignment is determined by an array of factors such as presence of imminent danger and level of risk to the child
- Pathway assignments can be changed
- Services are voluntary as long as child safety is not compromised
- Codified in statute, policy or protocol
- No substantiation of alleged abuse and no determination identifying a victim or perpetrator in a family assessment response
- Names are not put on a central abuse registry in the family assessment response

IN CONCLUSION:

The workgroup and Department of Human Services recommendations include:

- Implement Differential Response statewide
- Differential Response be codified with the following elements:
 - Two-track system to respond to “screened” in reports.
 - Denial of Critical Care cases be assigned the “track” which does not result in an “investigatory” approach, a “finding” of abuse and placement on the Central Abuse Registry unless there is a high risk of injury or an immediate threat to a child.
 - Both pathways shall require a “safety” assessment.
 - Ability to switch pathway assignment from family assessment pathway to “traditional” pathway when a child’s safety is in serious and imminent harm.
- Provide reports to the Governor and Legislature January 15, 2014, and January 15, 2015, to outline progress of statewide implementation and/or performance measures related to safety, permanency and well-being of families.
- Evaluation of the Differential Response System (The group recommends funding an independent study but absent the additional funds, recognizes that the DHS is capable of conducting the evaluation. DHS has the system data and performance measures necessary to evaluate and report outcomes to the Governor and Legislature and do not support funding an independent study.)

REFERENCES

- Allison, J. Child Protective Services for Child Abuse Intake and Assessment and Child In Need of Assistance Intake and Assessment.
- CAPTA Reauthorization Act of 2010 (P.L. 111 – 320). December 20, 2010.
- Center for the Study of Social Policy, (1996, November) *A review of the Impact of Iowa's Assessment Legislation [SF 208 and SF 2399]* (Washington, D.C.: CSSP).
- Community Partnerships for Protecting Children (2011). 2011 Update on Community Partnerships in Iowa. Retrieved from http://www.iowacomunitypartners.org/images/stories/2012/CPPC/cppcbrochure_state.pdf
- Covey, S. (1989). *The 7 Habits of Highly Effective People*. New York: Simon and Schuster.
- House File 2226
- Iowa Code § 232.71A
- Iowa Code § 232.71B (1 – 11)
- Kaplan, C., & Merkel-Holguin, L. (2008). Another look at the national study on differential response in child welfare. *Protecting Children*, 23(1 & 2), 5-21.
- Loman, L. A., & Siegel, G. L. (2004, February). *Differential response in Missouri after five years: Final report*. St. Louis, MO: Institute of Applied Research. Retrieved from <http://www.iarstl.org/papers/MODiffResp2004a.pdf>
- Loman, L. A., Filonow, C.S., & Siegel, G. (2010). *Ohio alternative response evaluation: Final report*. St. Louis, MO: Institute of Applied Research. Retrieved from <http://www.americanhumane.org/assets/pdfs/children/differential-response/pc-dr-ohiosection2-final-evaluation-report-1.pdf>
- McInroy, Michael (April 10, 2012). *Overview of Iowa's Child Protection System*. Presentation before the Iowa Differential Response Work Group. Des Moines, Iowa.
- Merkel-Holguin, L., Kaplan, C., & Kwak, A. (2006, November). *National study on differential response in child welfare*. Denver, CO: American Humane Association and Child Welfare League of America.
- National Quality Improvement Center on Differential Response in Child Protective Services. (June 2009). *Differential Response in Child Protective Services: A Literature Review. A project of the Children's Bureau, United States Department of Health and Human Services*. Denver, CO: American Humane Association.
- Schene, P., & Kaplan, C. (2007, November). *Getting started with differential response: Fundamentals and first steps* [PowerPoint slides]. Presentation at the American Humane Association Conference on Differential Response, Long Beach, CA. Retrieved from <http://www.americanhumane.org/assets/pdfs/children/differential-response/c-dr-conf-2007.pdf>

Senate File 208.

Senate File 2399

Siegel, G. & Loman, L. (2006). *Extended follow-up study of Minnesota's Family Assessment Response: Final report*. St. Louis, MO: Institute of Applied Research. Retrieved from <http://www.iarstl.org/papers/FinalMNFARReport.pdf>

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2011). *Child Maltreatment 2010*. Available from http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can.

Work Group on Iowa's Child Abuse Registry (December 2011). Summary of Charge from House File 562, Section 7 Child Protection System Improvements. Department of Human Services, Des Moines Iowa.

IOWA DIFFERENTIAL RESPONSE WORK GROUP
MEMBERSHIP LIST

Julie Allison

Bureau Chief of Child Welfare
Iowa Department of Human Services

Regina Butteris

Medical Director
St Luke's Child Protection Center

Kirsten Faisal

Director of Training and Technical
Assistance
Iowa Coalition Against Domestic Violence

Lori Lipscomb

Bureau Chief for Field Operations
Iowa Department of Human Services

Michael McInroy

Social Work Administrator Des Moines
Service Area
Iowa Department of Human Services

Denise Moore

Decategorization Contractor
Parent Partner
Des Moines Service Area

Richard Moore

Department of Inspection and Appeals
Child Advocacy Board

Lori Mozena

Community Care
Agency Mid-Iowa

Kristie Oliver

Executive Director
Coalition for Family and Children's Services
in Iowa

Stephen Scott

Executive Director
Prevent Child Abuse Iowa

Dennis Smithe

Family Safety Risk Permanency
Representative
Agency- - Lutheran Services Iowa

Kathy Thompson

Project Coordinator
Iowa Children's Justice

Michele Tilotta

Project Coordinator
Iowa Department of Public Health

Barbara Van Allen

Assistant Ombudsman III
Citizens' Aide/Ombudsman

Julie Walton

Assistant County Attorney
Scott County