Iowa Department of Human Services

Differential Response System Overview

Calendar Year 2016

Executive Summary

The Iowa Department of Human Services (DHS) began its Differential Response (DR) System in January 2014. The system consists of two pathways - Family Assessment (FA) and Child Abuse Assessment (CAA) - to respond to allegations of neglect and abuse. DR was instituted by the DHS based on child welfare research and best practices demonstrating that intakes involving the most serious allegations of abuse require shorter timeframes to ensure initial safety of children, need more involved family support services at the conclusion of a DHS assessment, and may also require legal action to ensure caregivers meet the needs of their children. Allegations found to involve families at lower risk for committing child abuse are separated from allegations that involve the most serious allegations of abuse.

DR created the framework by which allegations of varying severity prompt an appropriately differentiated response. Changes made in the Iowa Administrative Code, which created the regulatory framework for the implementation of DR, impacted worker response times, the labeling of perpetrators and victims, and eligibility for contracted child welfare services. In addition, Code changes established a firm path for case reassignment from the FA pathway to CAA pathway in the event children are unsafe or only conditionally safe. These decisions were based on the premise that safety of a child is first and foremost in both 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 caregivers' increased ability to protect and parent their children.

DR findings following three 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 received a FA did not have a substantiated abuse report within six months.
- 98.09% of families referred to Community Care services do not experience a Child in Need of Assistance (CINA) adjudication within six months of service.
- 92.92% of families referred to Community Care services do not experience a substantiated abuse report within six months of service.
- 3,815 families were referred to Community Care.
- 1,350 of 8,857 families originally assigned to the FA path were re-assigned to the CAA pathway.
- Reassigned families constitute 5% of all accepted intakes for CY16. Of the families reassigned, 50.5% resulted in a confirmed or founded outcome, which indicates pathway reassignment is being utilized as designed.

Introduction

The DHS began its DR System in January 2014. The 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. In addition, data for this report was generated on January 4, 2017, and not all of the CY2016 cases were closed by this time. Hence, cases reassigned after this date are not reflected in reported numbers.

I. Intake Decisions

A. Background (Figure 1.1)

DR did not impact the criteria for accepting a report for assessment. At intake, a family is assigned to either the CAA or the FA. Both pathways result in families receiving a formal assessment conducted by Child Protection Workers employed by DHS.

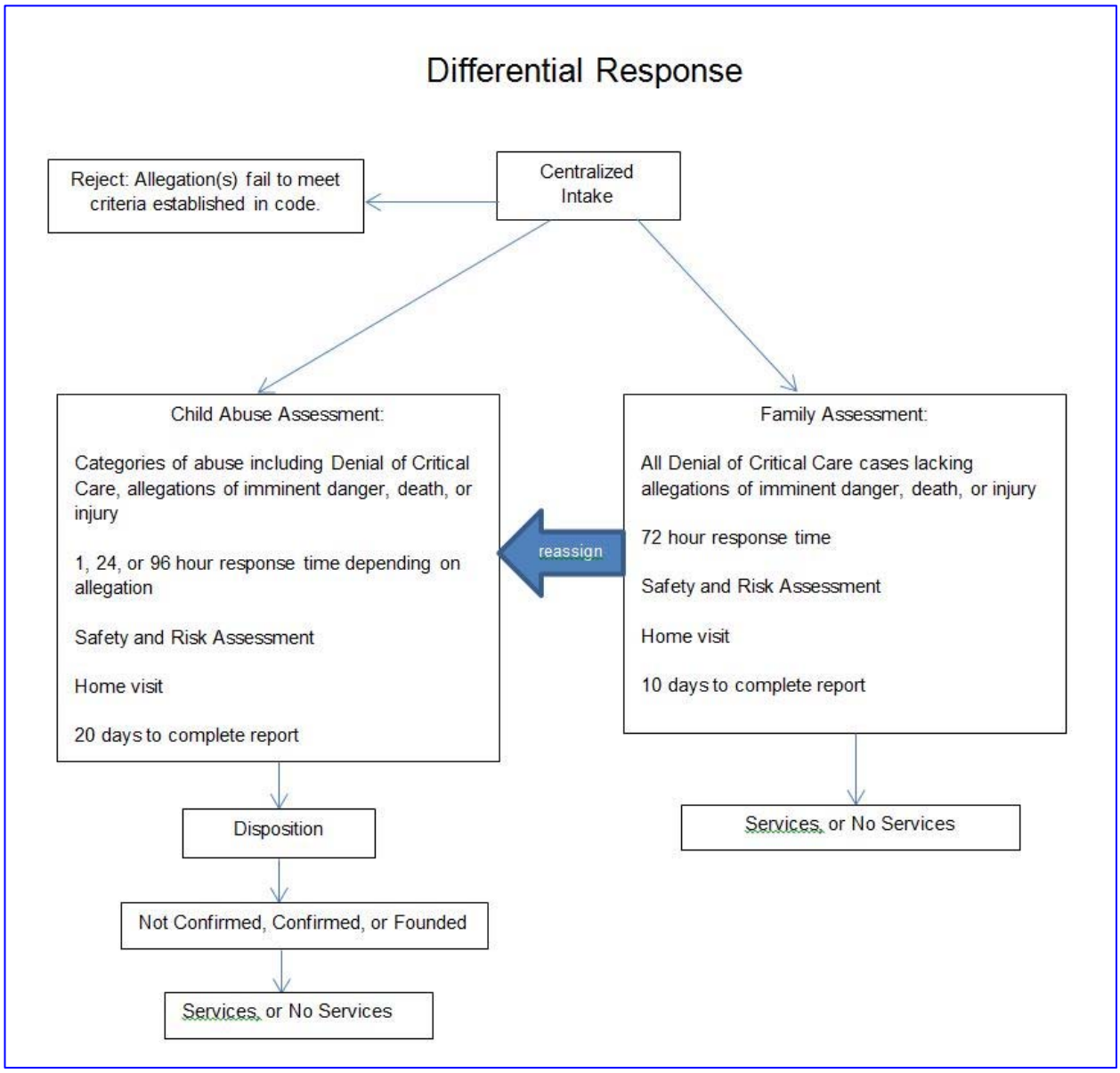

Figure 1.1 Differential Response Pathways

B. Analysis of Intake Decisions (Figure 1.2)

The process of assigning families to either a CAA or to a FA begins at intake, where allegations are either accepted and the DHS opens an assessment, or rejected, and the DHS does not open a case. Implementation of DR did not impact the criteria for accepting a report for assessment.

In 2016, the DHS accepted 52% of its requests to open an assessment, which was the same percent of accepted cases in 2015. Although the same percentage of cases was accepted at intake between CY2015 and CY2016 the overall volume of cases increased by 2,833 in CY2016 for a total of 50,086. The number of intakes rose 6.1% from 2015, and the number of accepted cases is up 5.6% from 2015.

Differential Response does not change the intake criteria, and we would therefore expect the percentage of cases accepted and rejected at intake to remain relatively stable from year to year. This is very much in line with the historical trend in which the rate of rejection at intake was also approximately half of the calls.

The DHS implemented the Centralized Statewide Intake Unit (CSIU) in 2010, as a means of increasing consistency at the point an intake is made to the DHS. The DHS' CSIU uses standardized tools to promote uniform decision-making focused on child safety. At intake, time frames are assigned according to the seriousness of the allegations. Reports of serious abuse have time frames as short as one hour in which the DHS must assess a child's safety and assure caregivers are not able to expose children to harm. The Intake Screening Tool is used for each report in order to maintain a strict application of rules to each case.

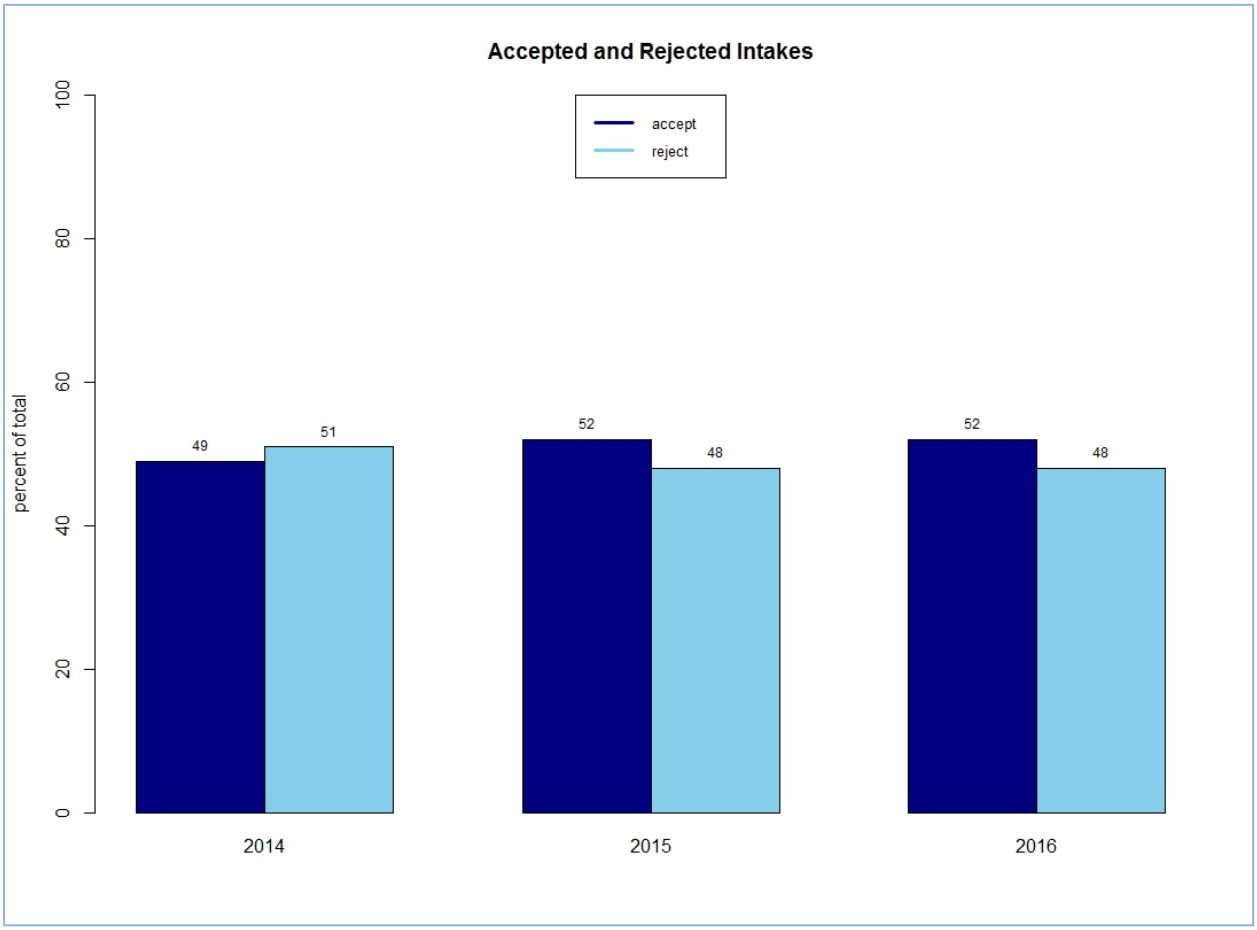

Figure 1.2 Percent of Accepted and Rejected Intakes

II. Initial Pathway Assignment

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 CAA or the FA pathway.

B. Analysis of Pathway Assignment (Figure 2.1)

During the planning phase of DR, 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. During the third year of DR implementation, the FA pathway assignment rate was 35%.

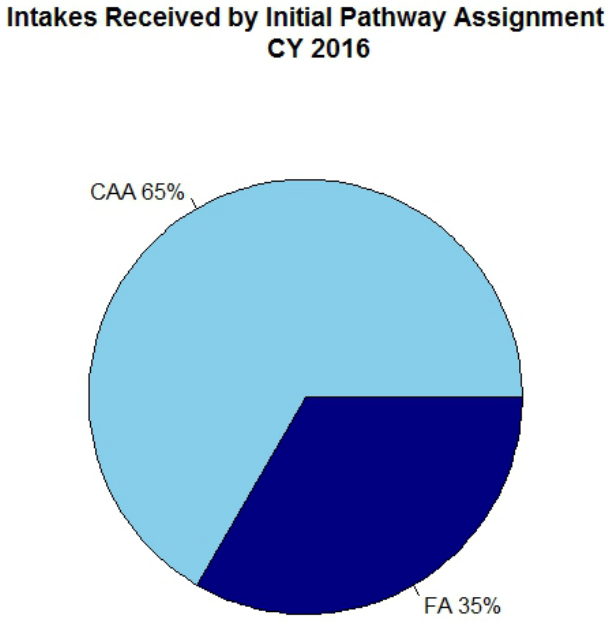

Figure 2.1 Initial Pathway Assignments

III. Initial Pathway Assignment Criteria

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 (17,109) for the period.

B. Analysis of Initial Pathway Assignment Criteria (Table 3.1 and Figure 3.2)

At the point an intake is accepted for an assessment, the CISU assigns the case to the CAA or FA. Among the many reasons allegations automatically merit a CAA in lieu of a FA during screening at intake include:

- allegations of abuse other than Denial of Critical Care
- allegations of imminent danger, death, or injury to a child
- methamphetamine is involved and a child under six years-old is in the household
- prior Confirmed or Founded abuse within six months
- manufacture or sale of drugs in the family home
- alleged perpetrator has had parental rights terminated in the past

Screening Criteria	Reason Count	Distribution
The alleged abuse type includes a category other than Denial of Critical Care	9,003	34.20 %
The allegation requires a 1-hour response or alleges imminent danger, death, or injury to a child.	6,853	26.03 %
The child has been taken into protective custody as a result of the allegation	212	0.81 %
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.	2,323	8.82 %
The alleged person responsible is not a parent (birth or adoptive), legal guardian, or a member of the child's household.	1,730	6.57 %
There has been TPR (in juvenile court) on the alleged person responsible or any caretaker who resides in the home.	300	1.14 %
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.	842	3.20 %
It is alleged that illegal drugs are being manufactured or sold from the family home.	757	2.88 %
The allegation is failure to thrive or that the caregiver has failed to respond to an infant's life-threatening condition.	55	0.21 %
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).	92	0.35 %
The allegation is meth and at least one child victim is under six years old.	2,336	8.87 %
There is a separate incident open on the household that requires a child abuse assessment.	1,824	6.93 %
Total	26,327	

Table 3.1 Screening Criteria

The DHS has used DR in order to prompt quicker responses for allegations describing more imminent risk to children. DR exists to help states provide aid to families who need DHS assessments, interventions and services necessary for keeping children safe. The data confirms that assignment to the CAA pathway is for the more serious cases.

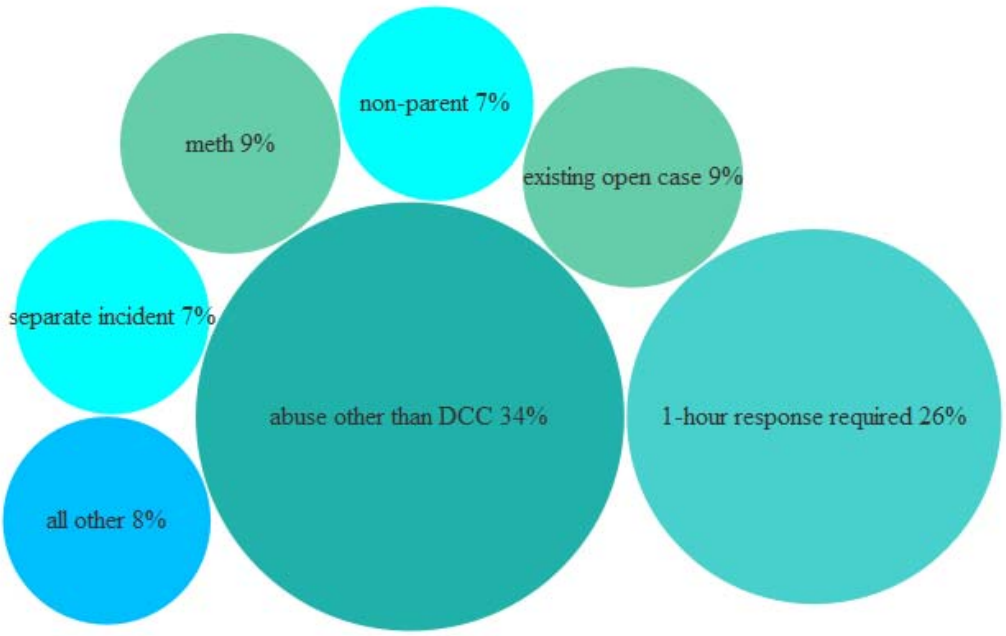

Figure 3.2 CY 2016 Reasons for CAA Pathway Assignment

IV. Pathway Re-assignment

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 if the case meets one or more of the established criteria related to child safety. There are times when CPWs initiate assessments, and new information is uncovered increasing 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 (Figure 4.1)

As stated earlier, the DHS forecast the total percentage of FA pathway assignment which was inclusive of re-assignment. In previous DR reports, the percentage of cases reported as having been reassigned was calculated against the *total number of cases* accepted at intake. Because CAA cases cannot be moved to the FA pathway, the DHS has determined the percentage of reassigned cases should be calculated using the total number of cases reassigned to the CAA pathway from the cases originally assigned to the FA at intake. Because methods for calculating reassignment rates differ from the previous DR reports, the percentage in this report appears to be much higher from the previous two years, but this is reflective of a different method of calculation, and not an unexpected jump in numbers.

In 2016, 15.2% of accepted intakes originally assigned to the FA path were subsequently reassigned to the CAA pathway[1]. This is in line with the rate of reassignment in CY15, which was 16.78% of all FA cases.

During the third year of DR implementation, 8,857 cases (35%) were originally assigned to the FA pathway during intake. After initiating a FA, 1,350 (15.2%) of the original 8,857 were then reassigned to the CAA pathway. After reassignments, 7,507 (29%) of cases were assessed on the FA pathway. A 15.2% reassignment rate demonstrates two successful functions of the DR system: Cases are being appropriately assigned at the time of intake, and the CPWs reassigning cases when the assessments' point to more serious concerns of safety and risk.

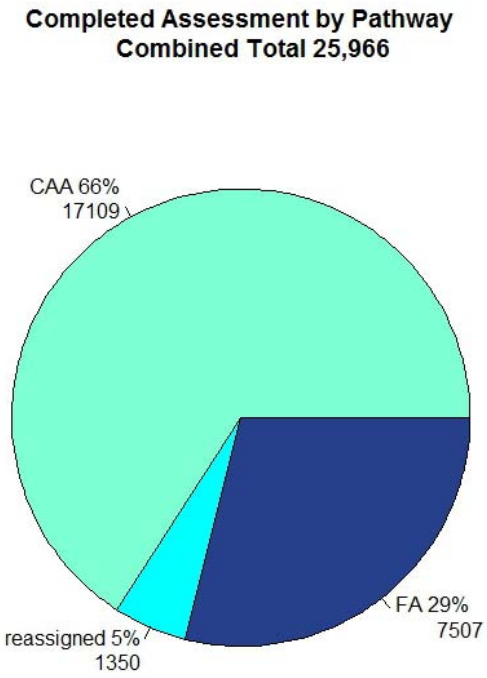

Figure 4.1 Assessments by Pathway

V. Pathway Re-assignment Criteria

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 the appropriate criteria.

B. Analysis of Pathway Re-assignment Criteria (Table 5.1)

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 safety concerns. There are a variety of reasons why a CPW, in consultation with his/her supervisor, would reassign pathways due to a child safety concern. Of 8,857 family assessments, 1,350 cases were reassigned for a child safety concern. Of 1,350 cases reassigned for a safety concern, a total of 681 (50%) 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 CPW discovers additional information while performing a comprehensive assessment. Safety of children continues to be first and foremost.

[1] Counts may contain duplicates as multiple reasons may be selected for a single intake. Data as of 4 January 2017

Re-Assignment Criteria	Reason Count	Distribution
Child unsafe	843	55.57 %
Family chose CAA	85	5.60 %
It is alleged that illegal drugs are being manufactured or sold from the family home.	27	1.78 %
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).	16	1.05 %
The allegation is failure to thrive or that the caregiver has failed to respond to an infant's life-threatening condition.	6	0.40 %
The allegation is meth and at least one child victim is under six years old.	66	4.35 %
The allegation requires a 1-hour response or alleges imminent danger, death, or injury to a child.	145	9.56 %
The alleged abuse type includes a category other than Denial of Critical Care	135	8.90 %
The alleged person responsible is not a parent (birth or adoptive), legal guardian, or a member of the child's household.	26	1.71 %
The child has been taken into protective custody as a result of the allegation	23	1.52 %
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.	8	0.53 %
There has been TPR (in juvenile court) on the alleged person responsible or any caretaker who resides in the home.	48	3.16 %
There is a separate incident open on the household that requires a child abuse assessment.	43	2.83 %
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.	46	3.03 %

Table 5.1 Pathway Reassignment Criteria

VI. Analysis (Figures 6.1, 6.2, 6.3, and 6.4)

Reassignment rates are not in and of themselves an indication of the success or failure of DR. *Outcomes* that result in ensured safety or future risk of harm for youth over the long term are more indicative of a successful and efficient child welfare system. Reassignment rates and outcomes remain steady for Iowan children, and their safety has not been adversely impacted by the implementation of DR.

The DHS' strategy to ensure the child welfare system is efficient and effective focuses on providing the appropriate assessment to families with the appropriate interventions and services caregivers need in order to keep their children safe. The primary means of analyzing whether Iowa's DR system is working as designed is to compare outcomes of families that went on both paths, and compare their reabuse rates.

One would anticipate that the DHS' differentiated response to families is working as designed if increased risk for future DHS involvement is correlated with families on the CAA pathway, and lower risk is correlated with families who went the FA path. Families are stratified into different risk pools according to assessment levels at the point of pathway assignment. The FA pool is constructed to include less risk for future

involvement with DHS, and is less likely to have negative outcomes. The different treatments and service-eligibility at the conclusion of assessments for each risk pool makes an evaluation of outcomes complicated. Hence, comparing outcomes for families on each of the pathways are fraught due to the risk pools, service-eligibility, and anticipated rates of future DHS involvement being quite different. Nevertheless, comparison does indicate that risk pools are constructed appropriately when higher-risk incidents are sent down the CAA path and turn out to be high-risk, while lower-risk incidents are sent down the FA path and turn out to be lower-risk. Both are indicated by subsequent abuse levels.

The CY16 risk pool below (Figure 6.1) shows paths and outcomes. For the sake of simplicity, the numbers below reflect percentages. Of 100 youth involved in a DHS open case, 66 were assigned to the CAA pathway, and 34 to the FA pathway. Of those 34 cases assigned to the FA path, 2.6 were reassigned to a CAA. After reassignment, the result is 24 of the original 100 youth have a confirmed or founded case of child abuse. Subsequently, and within 12 months, 29 of the original 66 youth assigned to the CAA pathway returned to the system and had an additional confirmed or founded case.

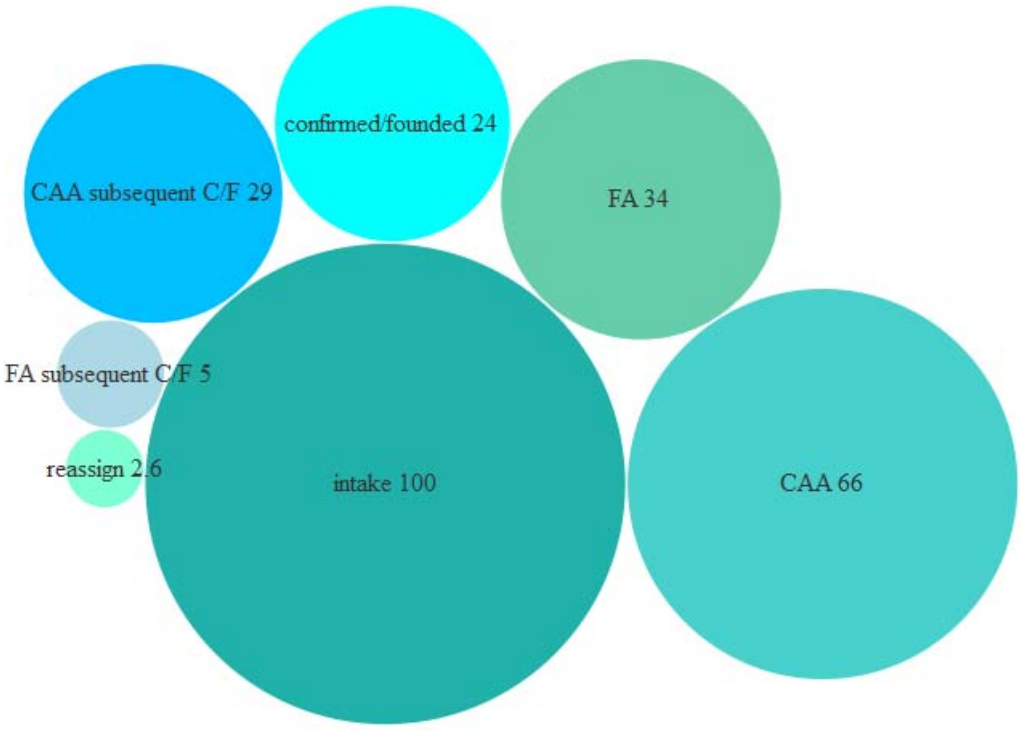

Figure 6.1 2016 Risk pool

In the same period of time, five of the youth assigned to the FA pathway returned to the system and experienced a confirmed or founded CAA assessment. 14.7% of FA path youth experienced a confirmed or founded child abuse within 12 months, while 43.9% of

the original CAA path cohort experienced confirmed or founded re-abuse within 12 months of their original intake.

Data for **all** FA youth assigned to the FA pathway since the implementation of DR in January 2014, show that 11.2% have subsequently experienced confirmed or founded child abuse compared to about 30% of those who originally went the CAA pathway over the same period of time. Again, FA and CAA pathways are stratified according to different risks at point of intake, and the above data conform to our expectation that FA youth will have fewer encounters with DHS after the case is closed. One should expect the FA youth to be less likely to incur abuse when compared with CAA youth because they were less at-risk in the first place. A 14.7% abuse rate compared to a 43.9% abuse rate for the two paths is a strong indication that DHS is correctly placing youth on the right path for resources and assistance.

Below is a map showing the county locations and counts of youth who went the FA path, and subsequently had a confirmed or founded CAA. This is the total population of youth beginning in January 2014 through December 2016. This population is in line with the youth population from each respective county, hence abuse rates are not attributable to rural or urban counties, but are simply a reflection of the population.

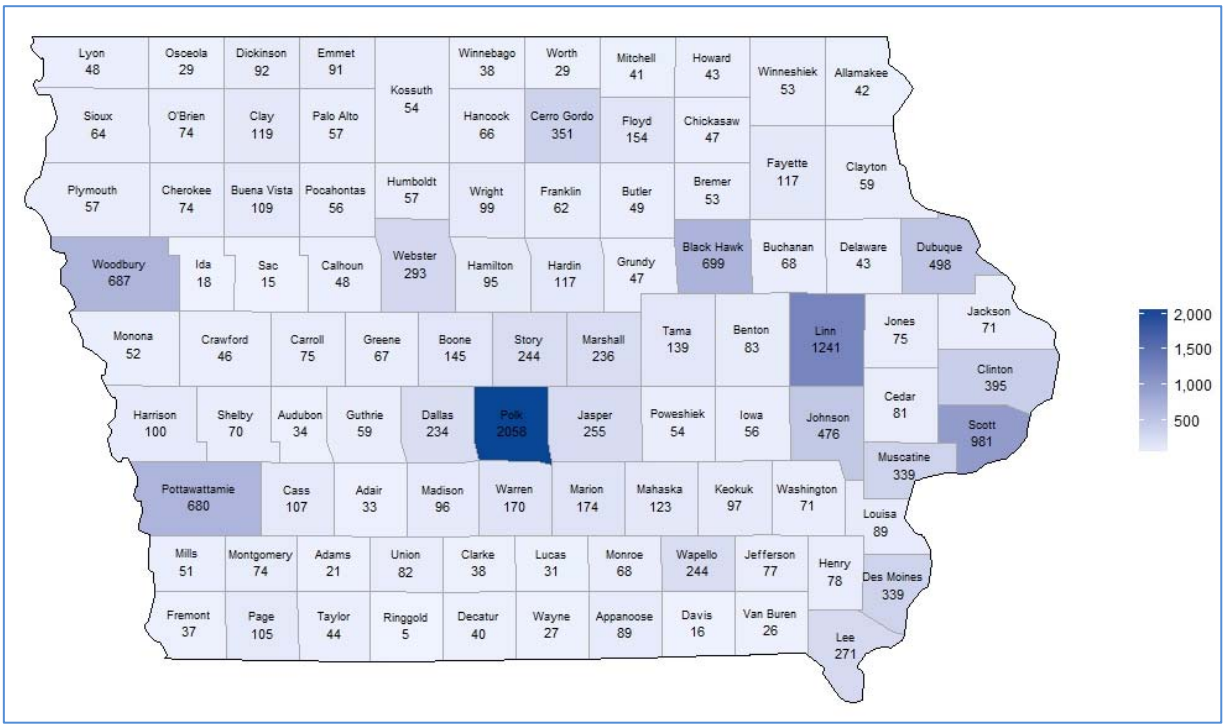

Figure 6.2 County counts of confirmed/founded abuse subsequent to a FA

Below is a breakdown, by percentage, of the age of youth who experienced a Family Assessment, and subsequently were subjects of a confirmed or founded abuse by December 2016. Again, this is the entire FA population from 2014 to 2016. The graph below demonstrates that children eight years old and younger are more likely to cycle back through the system with a confirmed or founded abuse case.

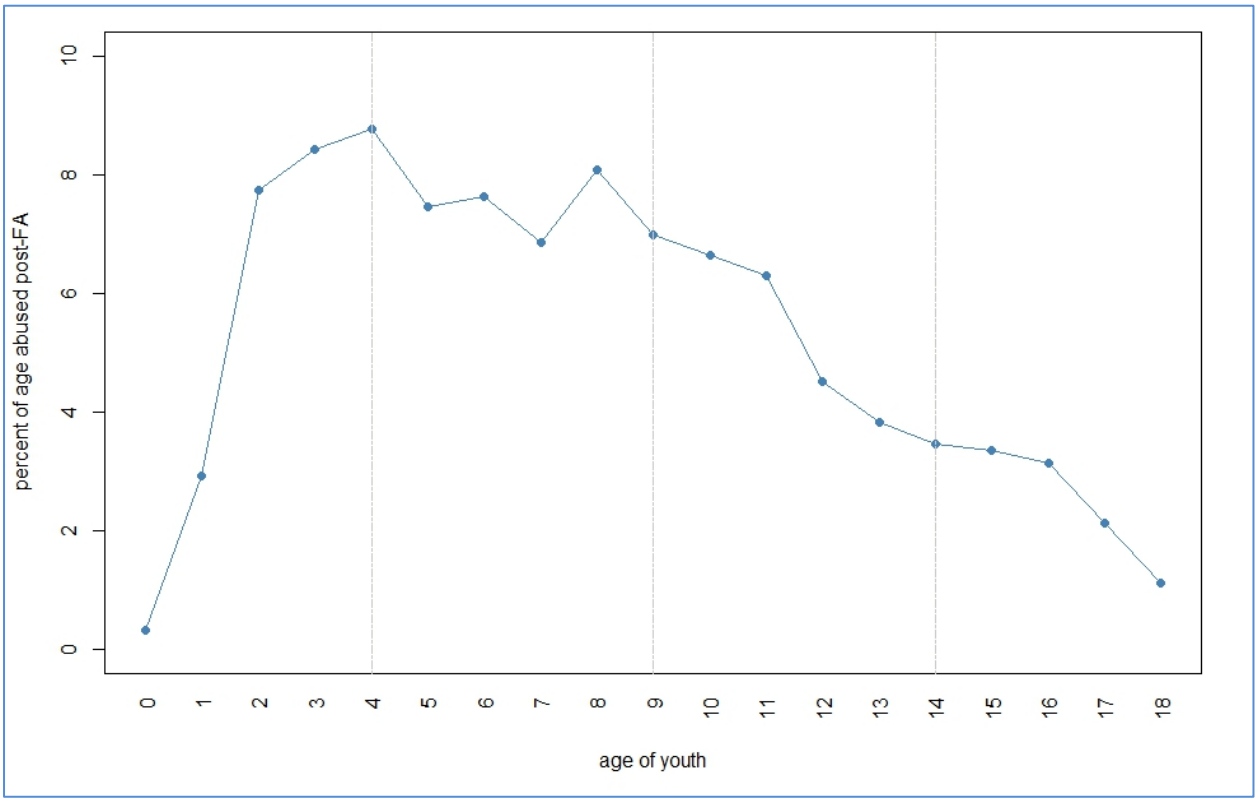

Figure 6.3 Age Distribution of youth abused after a Family Assessment

Of those with confirmed or founded CAA cases, 20% were for physical abuse; 65% for neglect; 1% for medical neglect; 7% for sexual abuse; .5% for psychological abuse; and 7% for PIDS, possession, or manufacture of drugs in the family home.

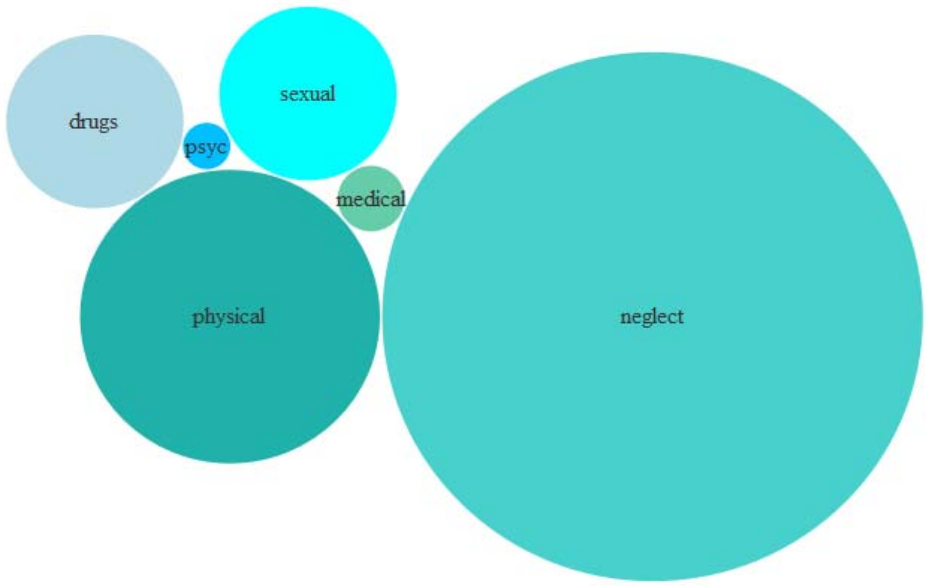

Figure 6.4 Percent of total Reasons for confirmed/founded abuse cases CY2016

The overwhelming reason for confirming or founding an abuse case was for neglect. More than physical abuse or presence of drugs, neglect remains prevalent in the entire process. At intake, most cases are for Denial of Critical Care (DCC), and most outcomes are due to DCC. While physical abuse or drug abuse are more obvious indications of abuse, neglect and DCC are more amorphous, and clearly present challenges all along the process.

VII. Founding Rates

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 (Figure 7.1)

Based on the first three years 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 CAA founded reports has increased, the smaller total number of cases resulting in a founded report means fewer names on the Central Abuse Registry.

Iowa's focus on a comprehensive assessment, use of research and validated 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.

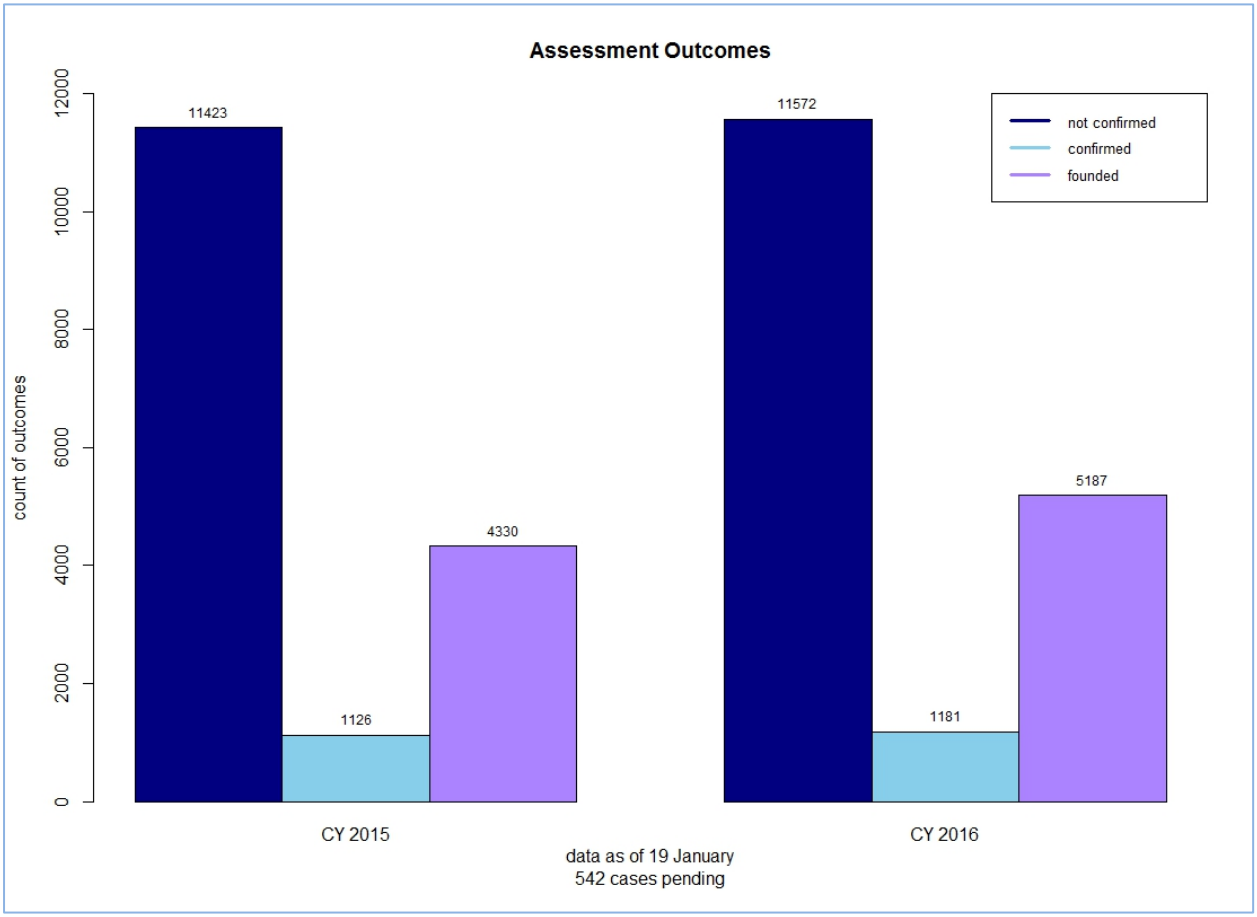

Figure 7.1 Assessment Outcomes

III. Ongoing Service Provision

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), 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.

Community Care	**FSRP**
Available to families at the conclusion of a CAA when the assessment is not confirmed (moderate to high risk), confirmed (moderate risk), or after an FA (moderate to high risk).	Available to families for adjudicated CINA, for founded abuse of all risk levels, or confirmed abuse at a high risk level.

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 (CY15) that eventually were opened for FSRP would be counted in CY16 and November and December intakes (CY16) would be potentially opened in January or February 2017.

B. Analysis of Ongoing Service Provision (Figure 8.1)

There were 8,614 families referred for state purchased services in CY16, compared with 8,069 families referred in CY15. In CY13, the most recent year without DR, 5,619 families were referred. DHS anticipated an increased in referrals following the implementation of DR.

There has been a small increase in the number of FSRP referrals when comparing CY15 to CY16. Both FSRP and Community Care are contracted services available to families who have been involved in a DHS assessment. The services are designed to 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.

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.

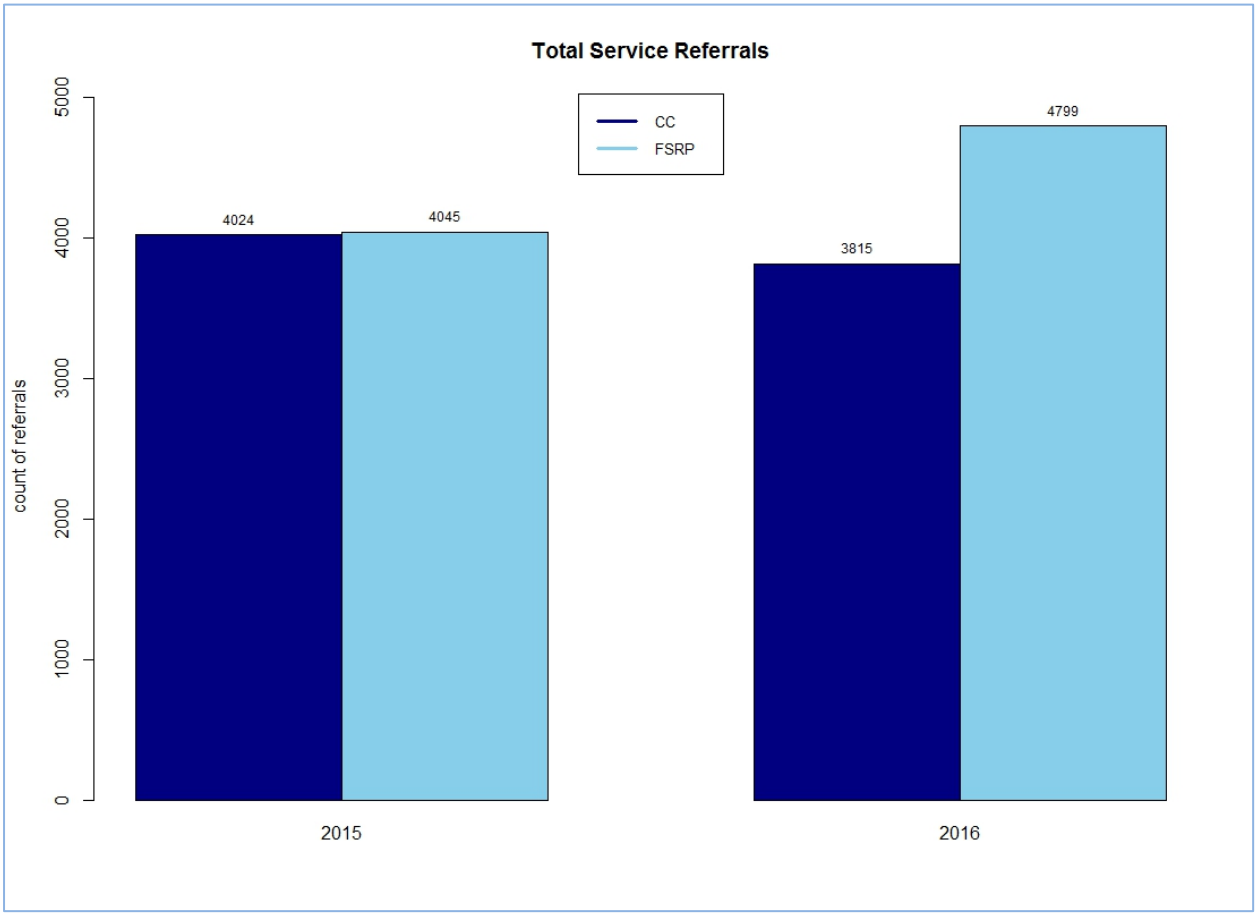

Figure 8.1 Total Service Referrals for Community Care and FSRP

IX. Community Care Outcomes

A. Background

Community Care is provided through a single statewide performance-based contract. 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 (Figure 9.1)

The percent of families who do not experience a CINA within six months of being referred to Community Care has increased from CY15 (97.5%) to CY16 (98.09%). The percent of families who do not experience a substantiated abuse report within 12 months of a referral to Community Care had a small increase from CY15 (92.4%) to CY16 (92.92%). The number of statewide referrals to Community Care more than

tripled after implementation of DR. 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, supports and linkages to community-based resources.

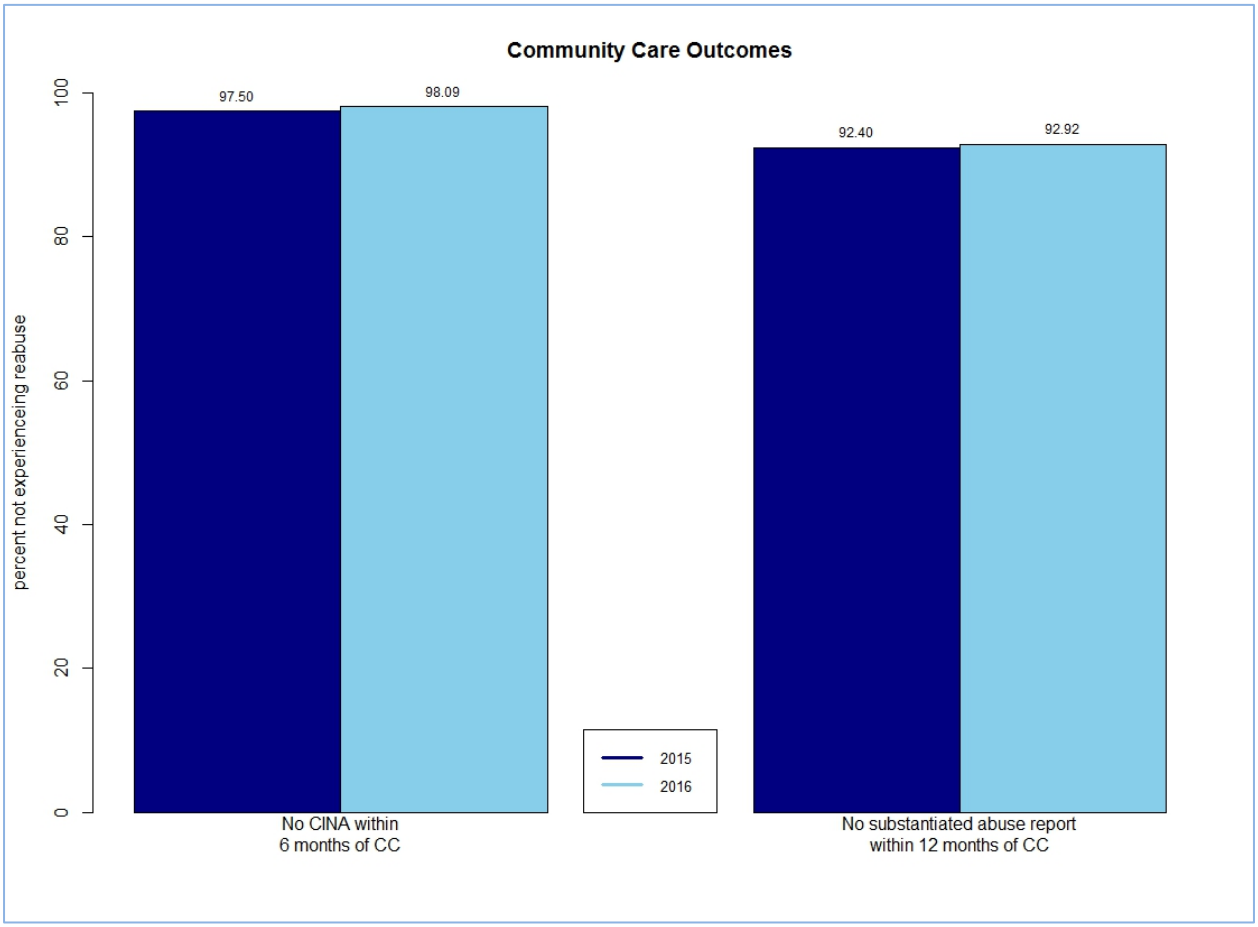

Figure 9.1 Community Care Outcomes

X. Safe from Abuse or Neglect

A. Background

The child protection system places the safety and well-being of children at the forefront of all decision making. Once the child protection system intervenes in the life a family, caregiver's 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 FA pathway to respond to less serious allegation of child neglect. The CAA pathway remained unchanged in the DR system. This 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 (Figures 10.1, 10.2, 10.3)

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.

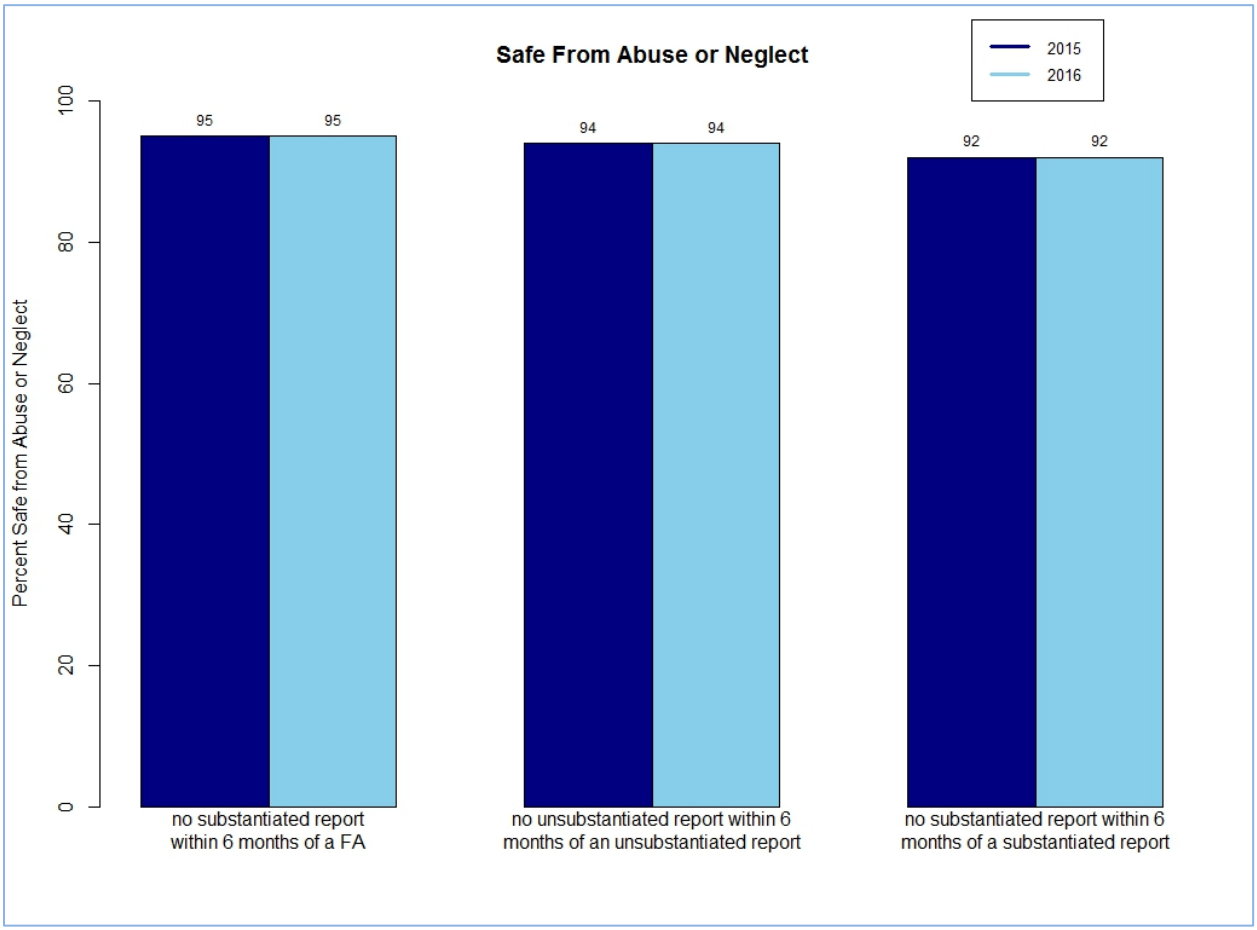

Figure 10.1 Safety after Assessments for six months

The analysis of DR, as reported here, is that DHS can keep families safe, intact when possible, and use a more appropriate set of resources to help at-risk families. From a historical perspective, Iowan children are just as safe since the introduction of DR as they were prior to DR being implemented. Federal data collection guidelines stipulate that Iowa counts youth as "re-abused" if he or she has experienced a confirmed or founded CAA in the past *at any time*. Hence, a youth who experienced abuse in 2010, for example, may reappear in abuse records for 2015. That perspective allows us to analyze long term outcomes for Iowans. As we expand the analytical time frame, we are increasing our risk pool because there are greater opportunities for at-risk youth to reappear.

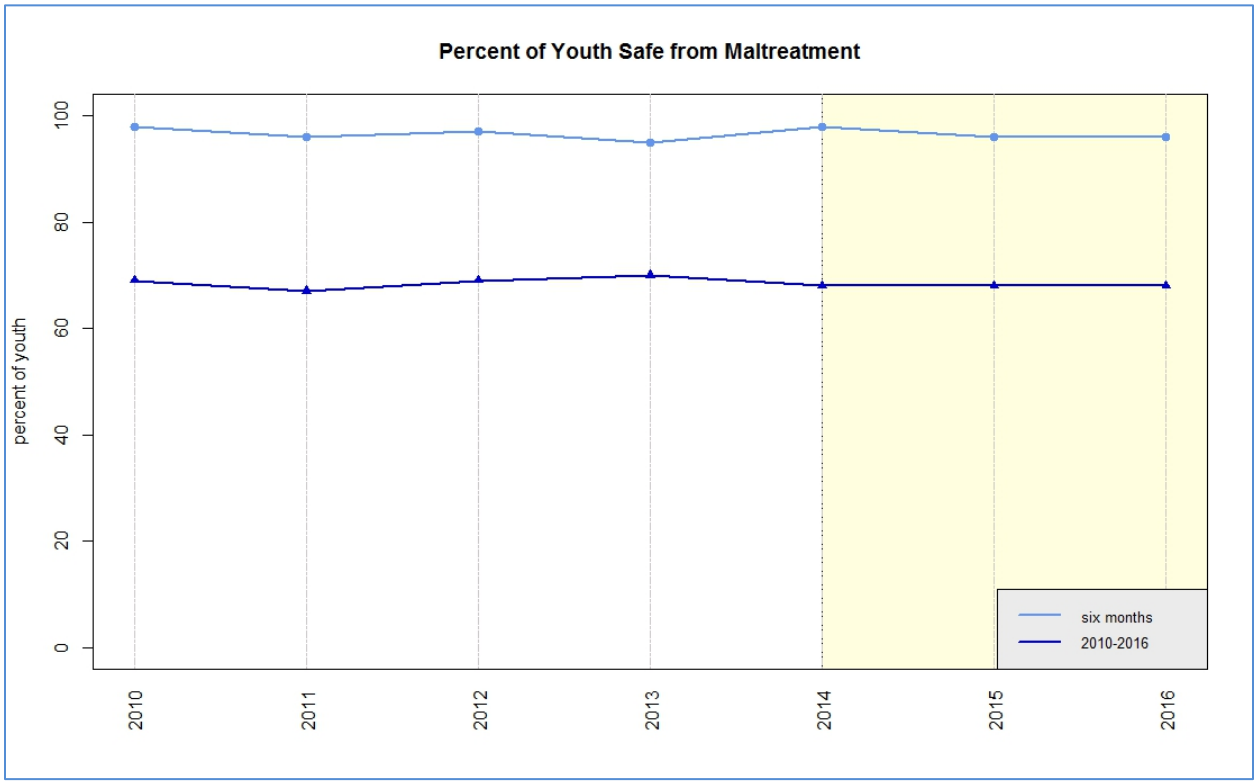

Figure 10.2 Percent of Youth safe over six months, and over six years

Figure 10.2 represents youth from both the FA and CAA path combined, and demonstrates that increased time since an assessment is equal to increased risk. In part this is due to an increased opportunity; a child is more likely to be abused once in his/her lifetime than to be abused once in a single week due to focusing on different measured amounts of time. By looking at those who have exited care over several points in time, we can track their outcomes. Since the implementation of DR, the post-care risk has remained stable, demonstrating that use of the FA path has not endangered vulnerable Iowans.

Outcomes:

Differential Response has not had an adverse impact on child safety in Iowa. Data for the program demonstrates a significantly lower recidivism rate for FA families compared with CAA families, which highlights the DHS' ability to correctly place families on an appropriate path. Additionally, DR has not had a negative or unanticipated impact on the findings at the conclusion of an assessment. Families assigned to the CAA pathway are still confirmed and founded at the same rate under DR. Percentages of abuse allegations that are founded, confirmed and not confirmed have remained largely consistent since 2012.

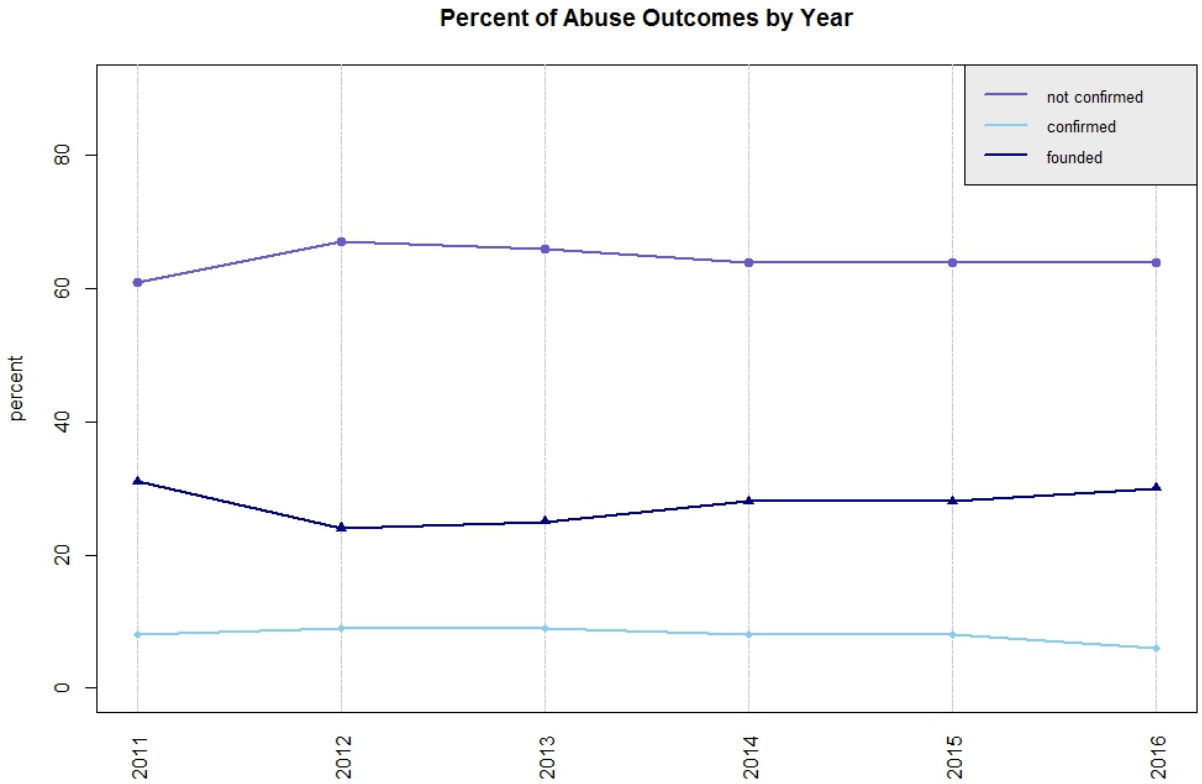

Figure 10.3 Percent of Abuse Outcomes 2011-2016

XI. Conclusion

Child safety remains the primary goal of the State's 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 judiciously vetted DR system, and engagement/shared partnership with families increases their interest and involvement in services. Following three 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 in order that 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 third year of DR 32% 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 next step in assessing DR implementation will be to continue to measure outcomes for the families after the assessment and service case has concluded. Outcome measures focus on child safety and future involvement with the formal child welfare system. Performance after three 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.