State Spotlight: Data Sharing

Alaska: Improving Referrals of Victims of Maltreatment to the IDEA Part C Program

Taletha Derrington, Mary Louise Peters, Denise Mauzy, and Robert Ruggiero

This spotlight describes how Alaska Part C improved the referral of children from Child Welfare to the Individuals with Disabilities Education Act (IDEA) Part C Program by an automated transfer of data from Child Welfare to Part C for substantiated cases of child maltreatment (i.e., child abuse and/or neglect).

The Need to Share Child Welfare Data With Part C

The 2012 *Child Maltreatment Report* estimates that 686,000 children under 18 years of age in the United States were found to be victims of child abuse and/or neglect in federal fiscal year 2012. More than one-fourth of these children (27% or 181,493) were under 3 years of age (U.S. Department of Health and Human Services, 2013). Maltreated infants and toddlers may experience a range of developmental delays. Researchers have estimated that more than 40% of maltreated infants and toddlers would be eligible for Part C due to developmental delays (Rosenberg, Smith, & Levison, 2006; Stahmer et al., 2005). Clearly, a need exists to ensure that children who experience abuse or neglect are connected with Early Intervention services.

The 2003 *Keeping Children and Families Safe Act,* which reauthorized the Child Abuse and Prevention Treatment Act (CAPTA, which is still used to reference the law), and Part C of the 2004 *Individuals with Disabilities Education Improvement Act* (still referred to as IDEA) both require state Child Welfare and Part C lead agencies to develop and implement referral policies and procedures for infants and toddlers under age 3 with substantiated cases of maltreatment to state Part C Early Intervention programs. As an initial response to the CAPTA referral mandate, Alaska's Part C and Child Welfare programs launched a pilot in 2006 to:

* Increase collaboration between the two programs
* Increase referrals to Part C of children under 3 years of age with substantiated maltreatment
* Increase the numbers of children referred due to substantiated maltreatment who were screened (or evaluated if there was sufficient evidence at referral) for developmental delays
* Evaluate the impact of those referrals on Alaska's Early Intervention system

Before the pilot, Child Welfare workers had referred children with obvious signs of developmental delay or disability to Early Intervention (referred to as non-CAPTA referrals). The use of developmental screening to identify children with possible delays was not systematic, which meant that other children who were potentially eligible for Part C were not always referred. For the pilot, Child Welfare was to refer all children with substantiated maltreatment (referred to as CAPTA referrals) and continue to refer any children with suspected delays.

The pilot was successful, with the proportion of Part C referrals from Child Welfare increasing from 13% in 2005 to 22% in 2008. In 2007, the first full year of pilot implementation, 52% of CAPTA referrals that were evaluated were found eligible for Early Intervention (16 of 31), which is comparable to the 45% of non-CAPTA Child Welfare referrals that were evaluated and found to be eligible (97 of 215). This underscored the need for Early Intervention for CAPTA-referred children.

Creating Data Linkages

The Alaska pilot was successful on many fronts (e.g., increased number of referrals), but the referral communication process required significant personnel time for both Part C and Child Welfare staff. Additionally, because referral involved manual entry of the data transferred from Child Welfare, there was increased potential for data entry errors and omissions and duplicated child records.

In 2012, the Child Welfare Data Manager approached the Part C Data Manager about automating the process of transferring data on the children being referred from Child Welfare to Part C. The two programs saw electronic transfer of the data as an opportunity to reduce both staff time spent in communicating referral data and errors and omissions due to manual data entry. These improvements would better position Alaska to respond to the federal referral mandate. The Part C agency had the capacity to implement this change because in 2007 it had deployed a web-based data system that allowed for a real-time interface (i.e., a shared boundary across which two separate data systems can exchange information). The real-time interface would allow the Part C data system to receive data from the Child Welfare data system. The envisioned automation would transfer referral information upon substantiation of maltreatment from the Child Welfare data system directly into the Part C data system.

Developing Data Transfer Capabilities and Early Implementation

Key Part C and Child Welfare staff and stakeholders worked together to plan for the implementation of the data transfer. The collocation of Child Welfare and Part C in the Alaska Department of Health and Social Services, Office of Children's Services, helped facilitate implementation. Department staff members who were involved were:

- ✳ Early Childhood Comprehensive Systems Program Officer
- ✳ Part C Coordinator
- ✳ Part C Data Manager
- ✳ Business Applications Analysts/Programmers
- ✳ Senior-level Child Welfare Administrators

The Child Welfare/Part C technology team developed the automation in approximately three months, with considerable exchanges between Part C and Child Welfare staff to address requirements of the automation and the different deployment parameters of the two data systems. The system was designed so that referral data for a child are automatically transferred into the Part C database as soon as maltreatment is substantiated. To prevent the creation of duplicate records, the automated process tries to determine whether a referred child is already in the Part C database. If no apparent match exists, it automatically creates new child and referral records. If possible matches are found, the system flags the new referral and allows local Early Intervention staff to decide whether to update an existing record or create a new one. Figure 1 shows the data transferred from Child Welfare to Part C. The data system also generates an email notification to the local Early Intervention program serving the child's location. Using the information provided in the data system, a local Early Intervention provider contacts the family.

System acceptance testing was conducted internally and included stakeholder input. Statewide deployment occurred in 2012, and the technology team worked for an additional 6 to 8 months to resolve issues identified in the initial deployment.

Addressing Implementation Challenges

Not surprisingly, with this major change in how the two programs communicated with one another came some problems. During the initial months of system deployment, the Part C Data Manager received complaints from the local Early Intervention programs that the records they were receiving from Child

Figure 1.   Data Elements for Children with Substantiated Maltreatment Transferred to Part C by Child Welfare
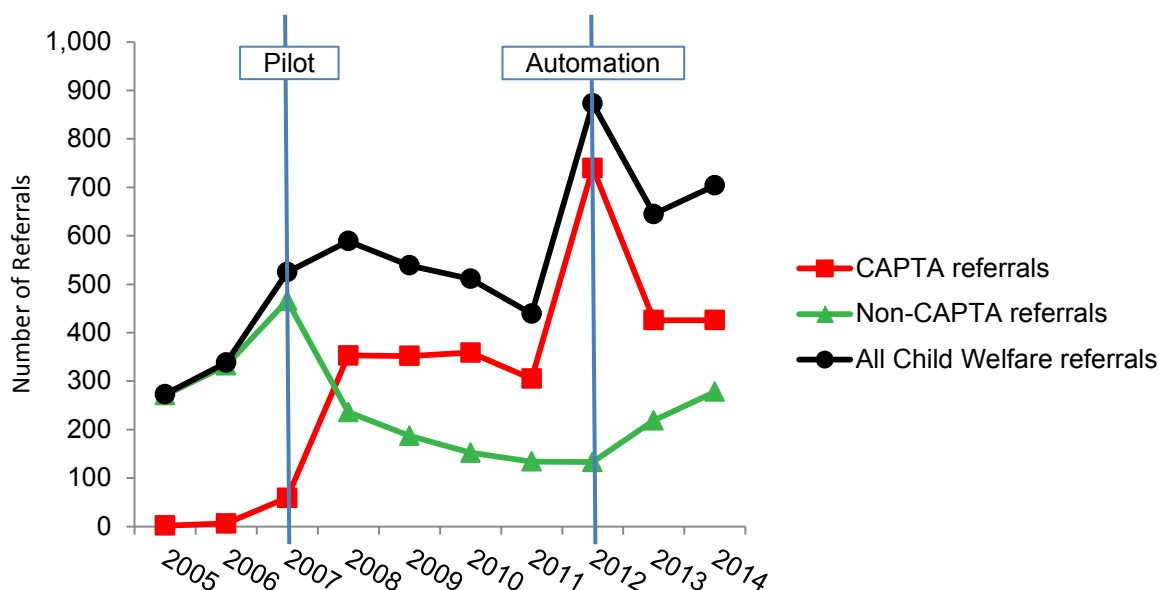
Process Date	Race (American Indian, Asian, Black, Pacific Islander, and/or White)
Substantiation Date	Contact Role
Report Date	Contact
ID for the Child	Contact Phone
ID for the Case	Contact Address
Child Name	Contact City
Alias1	Contact State
Date of Birth	Contact Zip
Placed	Contact Cell
Placed Date	Worker Contact
Sex	Worker Phone
Ethnicity Hispanic (yes/no)	

Welfare had missing or inaccurate contact information. Resolving these issues took considerable time for the Early Intervention providers, largely because of the difficulty they had in getting responses from Child Welfare caseworkers to obtain needed information. The lack of accurate contact information was problematic given that Part C has 45 days from referral to contact the family, conduct an eligibility evaluation, and create an initial service plan for eligible children and families. For families that were difficult to contact, Part C protocol required three direct contact attempts (such as telephone or in-person contacts) before sending a final letter indicating that the referral could not be acted upon and closing the case. The missing information in the referrals meant that Part C providers were having difficulty meeting the 45-day timeline and that receipt of Early Intervention services by eligible children was often delayed.

To address this problem, regular meetings were initiated between the Part C Coordinator and Data Manager and the Child Welfare administrators involved in the automation development. A quarterly report was developed that included summary information that the group used to identify data quality (e.g., missing data) and process issues. Child Welfare had a 60-day substantiation timeline, and examination of data on the time between the dates of the maltreatment report and the determination of substantiation revealed considerable noncompliance with this requirement in addition to Part C's noncompliance with its 45-day service plan requirement (indicated by data on time between referral to Part C and Part C service plan). Child Welfare used these reports to improve the timeliness of substantiations and to improve the completeness and accuracy of the information available for Part C's initial contact and discussion with families.

A second problem was that Child Welfare began to refer fewer children *without* substantiated maltreatment to Part C than it had before the pilot. As previously stated, before the pilot, Child Welfare workers referred children with signs of developmental delay or disability to Early Intervention regardless of and prior to substantiation determination (non-CAPTA referrals). The pilot had the unintended effect of diminishing these referrals (Figure 2) and the collaborative relationships that had been built between the local Child Welfare and Part C staff. During the pilot (2006–08), overall referrals from Child Welfare increased (Figure 2, black line). This was due to an increase in the CAPTA referrals (Figure 2, red line). However, non-CAPTA referrals, which had been increasing, began to decrease (Figure 2, green line); Child Welfare workers were no longer referring as many children about whom they had developmental concerns as they had been previously. Because not all maltreatment reports are substantiated, some children may have missed out on Early Intervention. Moreover, those with obvious delays who ultimately were confirmed to have substantiated maltreatment were not being referred until the lengthy substantiation process was completed, delaying their receipt of needed services.

Figure 2.   Part C Referrals from Child Welfare from 2005 to 2014

A third challenge was posed by errors in the business rules that identified which children Child Welfare should refer to Part C. Figure 2 indicates a large spike in the number of CAPTA referrals in the first year of automation (2012). The data system was incorrectly referring children who were not the subjects of the substantiation (i.e., their sibling had a substantiated case) as well as children who were over age 3 at the time of referral.

The state was able to uncover these problems because it examined the data, observed the problematic trends, identified the source of the problem, and then took corrective action steps. Child Welfare workers were informed that substantiation of maltreatment was not the only criterion for referral and that they should continue to refer children as soon as a Part C eligible condition was suspected. As Figure 2 indicates, these non-CAPTA referral numbers have been steadily increasing since 2012. The state also adjusted the business rules to set the appropriate parameters for automated referral, and, as Figure 2 indicates, the CAPTA referral numbers have stabilized in the last 2 years. The post-automation CAPTA referral numbers are higher than pre-automation, suggesting that automation has increased the number of CAPTA referrals to Part C.
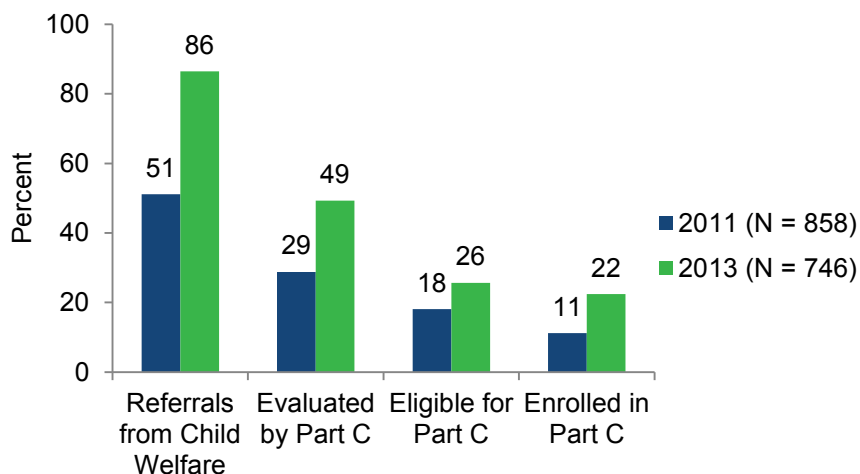
The Benefits of Linking the Data

Two years after deployment of the data linkage and automated referral process, Alaska reported several successes:

✳ *Increase in the number of children with substantiated maltreatment who received Part C services and support.* As shown in Figure 3, the percentages of maltreatment victims referred to Part C increased between 2011, the year before automation, and 2013. There also have been increases in the percentage evaluated, found eligible, and enrolled in Part C services. Although Part C staff members are still encountering difficulties in locating families, completing evaluations, and enrolling children from this difficult-to-serve population, more maltreated children are receiving Part C services as a result of automating the referral process.

✳ *Improved levels of coordination between Child Welfare and Part C staff on which children should be referred to Part C.* As a result of reviewing the data and subsequently clarifying which children Child Welfare workers should refer directly to Part C and which children would be referred

through the linked data system, children are again being referred when Child Welfare workers have a developmental concern, prior to and regardless of substantiation of maltreatment.

❋ *Reduction in duplicate records*. Part C staff reported that automating the CAPTA referral notification process resulted in better management of referrals of children from Child Welfare who were already in the Part C system.

❋ *Increase in the quality of data shared from Child Welfare to Part C*. Having complete and accurate contact information on more children increased local early intervention providers' ability to contact families to follow up on referrals (i.e., reduction in loss to follow-up) and led to more successful initial contacts with families.

❋ *Reduction in workload for staff in Child Welfare and Part C*. Child Welfare staff did not need to follow up to make Part C referrals after substantiation of child maltreatment. Part C staff did not need to contact Child Welfare to get complete and accurate referral information or spend time manually entering referral data. The automatic transfer of the data eliminated these previously required tasks in the referral process.

Figure 3. Victims of Child Maltreatment under Age 3 Years Referred to Part C from Child Welfare, Evaluated, Found Eligible, and Enrolled in Early Intervention, 2011 and 2013

Source: U.S. Department of Health and Human Services, 2011, 2013.

Lessons Learned

Alaska Part C and Child Welfare representatives continue to work to improve timeliness of referrals and the capacity of Part C providers to effectively serve these children and families. From their experiences, they offer states considering the development of Child Welfare to Part C data sharing the following lessons:

❋ Child Welfare and Part C need to create a shared understanding of:

- which children and families should be referred and when;
- each system's protocols and compliance requirements; and
- the responsibilities for both Child Welfare and Part C relative to the data transfer that enables Part C to locate eligible children and families.

❋ State agencies need to plan for ongoing monitoring of implementation because it helps the team address data quality and performance issues.

❋ Automation is not a substitute for state and local interagency and interprofessional relationships and communication, which remain central to effective and efficient interagency coordination. Care

should be taken to guard against Child Welfare workers incorrectly concluding that children who are possibly Part C eligible but who may not have their maltreatment reports substantiated no longer require a direct referral or that referral must wait until substantiation has been determined.

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The DaSy Center is a national technical assistance center funded by the U.S. Department of Education, Office of Special Education Programs. The DaSy Center works with states to support IDEA early intervention and early childhood special education state programs in the development or enhancement of coordinated early childhood longitudinal data systems.

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