

Cross-System Collaboration and Data Sharing in Alaska: Increasing Service Access for Maltreated Infants and Toddlers

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The Administration for Children and Families (ACF) National Research Conference on Early Childhood
Washington, DC July 2016



Background

- * The maltreatment rate among infants (23.1 per 1,000 children) is double that for toddlers at ages one (11.8 per 1,000) and two years (11.4 per 1,000), which are in turn higher than those for older children.¹
- * Intervening as early as possible has the potential to mitigate the adverse long-term effects of maltreatment on the health and development of children.
- * States are required by the federal Child Abuse Prevention and Treatment Act (CAPTA²) and the Individuals with Disabilities Education Act (IDEA³) to develop Part C Early Intervention (EI) referral policies and procedures for children under three years of age with substantiated cases of child maltreatment.

Research Issue

- * Alaska's Department of Health and Social Services, Office of Children's Services, which houses both Child Welfare and EI, responded to this federal mandate by undertaking two initiatives.⁴
- * This poster presents an analysis of the effectiveness of those approaches and lessons learned from these two efforts.
- * The findings underscore the importance of cross-system coordination to engage these children and families.



Initiative #1 – Policy/Procedure Pilot (2006-08)

- * Child Welfare workers had been referring children with obvious developmental delay or disability to EI, but not all infants and toddlers with maltreatment reports were systematically screened.
- * Children with more subtle issues who would potentially have been eligible for EI were not always referred.
- * Therefore, a policy and procedure pilot was initiated.

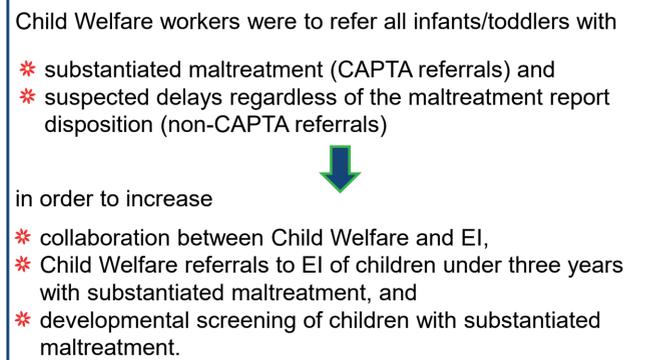
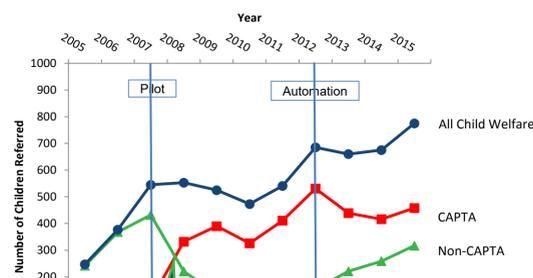


Figure 1. Positive and Negative Effects of the Policy and Procedure Pilot



State Child Welfare and EI staff analyzed the data and observed that the pilot was successful in increasing CAPTA referrals, but non-CAPTA referrals declined.

The pilot had the unintended effect of diminishing the relationships between local Child Welfare and EI workers. Child Welfare workers did not understand that they should continue referring children about whom they had concerns as soon as possible, regardless of substantiation. Policies and procedures were clarified, and the rebuilding of those local-level relationships was encouraged.

Initiative #2 – Referral Automation (2012)

- * The pilot successfully increased CAPTA referrals.
- * The process took considerable staff time and manual data entry of referrals resulted in errors.
- * In 2012, the Child Welfare Data Manager suggested to the Part C Data Manager that they automate referrals between the two data systems.

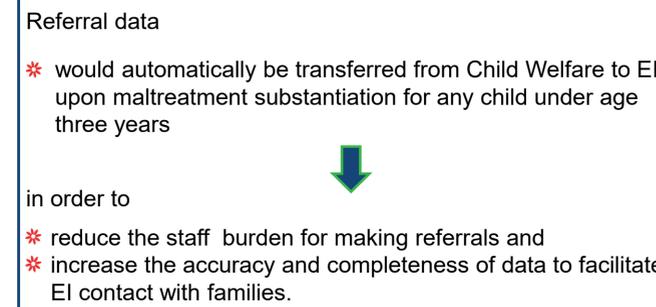
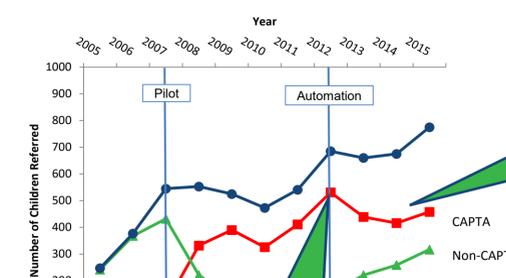


Figure 2. Positive and Negative Effects of the Referral Automation



System adjustments were made and CAPTA referrals leveled out from 2013 to 2015.

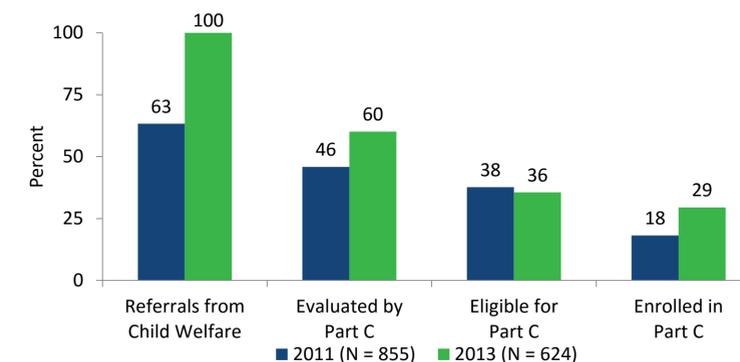
Non-CAPTA referrals continued to climb from 2013 to 2015.

Continued data monitoring by Child Welfare and EI revealed a large spike in CAPTA referrals in 2012 caused by an error in the system definitions of which children should be referred. Erroneous referrals were coming in for children older than three years and children who were the siblings of substantiation subjects but were not subjects themselves.

Results

- * The pilot built the foundation and the automation provided a tool to ensure children were referred.
- * More infants and toddlers with substantiated maltreatment received Part C services and support.
 - In 2011, before automation, 6 in 10 victims of maltreatment under three years were referred to EI. That increased to all infant/toddler victims in 2013 (Figure 3).
 - The percentage of infant/toddler victims enrolled in EI almost doubled from 2011 to 2013, going from 18% to 29% (Figure 3).
 - A remaining challenge for Part C is engaging this population, particularly for evaluation, which is where the largest drop off occurred (as shown in Figure 3).

Figure 3. Many More Infant/Toddler Victims of Child Maltreatment were Referred by Child Welfare to Part C and Enrolled in EI (2011 vs. 2013)^{1, 5}



Conclusions

- * Automation cannot substitute for broader inter agency coordination efforts. Inter agency relationships at the state and local level are crucial.
- * Cross-agency communication and coordination are needed to create a shared understanding of
 - which children should be referred and when, and
 - each system's roles and responsibilities in supporting the well-being of maltreated children and their families.
- * Engaging children and families involved with Child Welfare requires better coordination among the multiple early childhood, health, mental health, and legal system individuals who come into contact with these families.

References

¹U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2015). *Child maltreatment 2013*. Washington, DC: Author.

²Child Abuse Prevention and Treatment Act 2003. (2003). 42 U.S.C. 5101 et seq; 42 U.S.C. 5116 et seq.

³Individuals with Disabilities Education Improvement Act of 2004. (2004). 20 U.S.C. 1400 et seq.

⁴Derrington, T., Peters, M. L., Mauzy, D., & Ruggiero, R. (2015). *State spotlight: Data sharing - Alaska: Improving referrals of victims of maltreatment to the IDEA Part C program*. Menlo Park, CA: SRI International.

⁵U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2013). *Child maltreatment 2011*. Washington, DC: Author.