Using Data Systems to Improve Maltreated Children's Access to Early Intervention in Colorado

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Background

- Infants and toddlers are at the greatest risk for child maltreatment,[1] which can have lifelong adverse developmental and health effects. Intervening early has the potential to reduce or reverse those effects.
- Federal laws[2,3] require states to have policies and procedures for referral of infants/toddlers (children younger than 3 years) with substantiated maltreatment to Part C Early Intervention (EI) programs.
- Some states are creating cross-system data linkages to ensure referral to EI.

Project Description

- Data matching in Colorado between Child Welfare and EI in fiscal year 2012 revealed that only 30% of maltreated infants/toddlers were referred to EI.
- The Office of Early Childhood (which administers EI) and the Office of Children, Youth and Families (which administers Child Welfare) partnered to increase access to EI services among maltreated infants/toddlers using data system linkages.

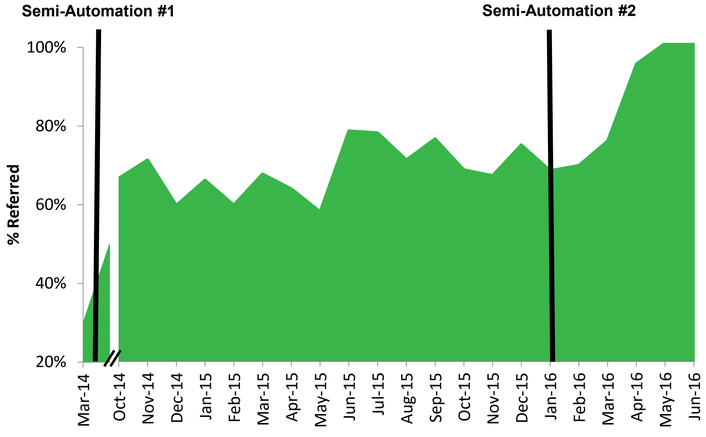
Study Question

What was the effect of the two data system enhancements on EI referrals and evaluation for eligibility among infants and toddlers with substantiated maltreatment in Colorado?

Referrals from Child Welfare to EI**

- **Semi-Automation #1 (March 2014):** Upon substantiation and saving the child's case record, the Child Welfare data system generated a paper referral form that Child Welfare caseworkers were required to send to the appropriate local EI program.
  - Referral percentages after March 2014 increased, but only 58% (May 2015) to 78% (June 2015) of infants/toddlers with substantiations were referred (Figure 1), suggesting an additional data system enhancement was needed.
- **Semi-Automation #2 (January 2016):** Upon substantiation and saving the child's case record, the Child Welfare data system provided a button that caseworkers were required to press to transmit the referral electronically to the appropriate local EI program.
  - Data from January-March 2016 continued to indicate that not all children were being referred. EI and Child Welfare began to work together to achieve 100% referrals in May and June 2016.

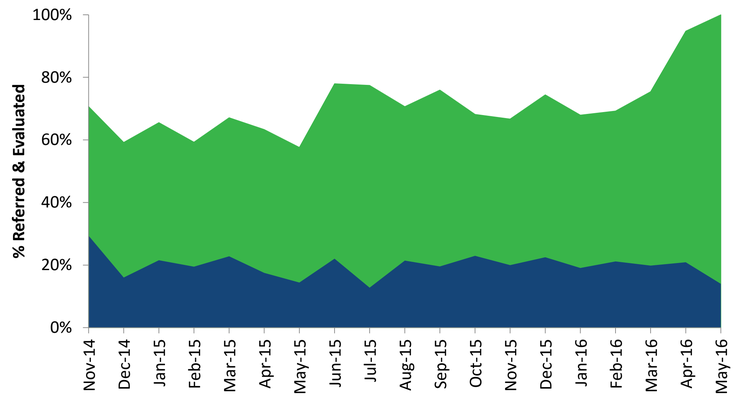
Figure 1. The percentage of children with substantiated maltreatment referred from Child Welfare to EI increased to 100% following deployment of referral semi-automations.



Evaluation Among Child-Welfare Referrals**

- After referral, the next step is an evaluation to determine eligibility. Timely and accurate referral information, which is a potential effect of semi-automation, facilitates contact with families to begin the evaluation process.
  - The percentage of infants/toddlers with substantiated maltreatment who were evaluated for eligibility following both semi-automations varied between 13% (July 2015) and 29% (November 2014) (Figure 2) and was relatively steady, averaging 20% from November 2014-April 2016 (data prior to November 2014 and for June 2016 are not available).
  - The number of children who completed an evaluation for eligibility showed no increase after the semi-automations were implemented, suggesting efforts beyond automation would be needed.

Figure 2. The percentage of children with substantiated maltreatment who were evaluated for eligibility was far lower than the percentage referred and remained relatively steady for the time period.



** In some communities, children/families were first referred to community screening agencies and then on to EI if screening indicated developmental concerns. For this paper, we include these referrals in our definition of "referred to EI," and we include children who received screenings from other agencies or evaluations from EI in our definition of "evaluated for eligibility."

Conclusions & Lessons Learned

- Colorado's data system enhancements increased EI referrals among maltreated infants and toddlers.
- When referrals did not increase to 100% immediately after semi-automation #2, Child Welfare and EI concluded that further automation was needed. A full automation will be deployed in September 2016 that will automatically send the referral as soon as information is saved in the case record without requiring further action by the caseworker.
- EI and Child Welfare partners were concerned about the low percentage of evaluations and have been identifying causes and potential solutions; however, they have agreed to devote their resources toward first achieving 100% referral rates. Improving evaluation rates is their next collaborative project.
- Cross-agency collaboration is facilitated through consistent representation of both agencies, regular meetings, inter-agency agreements, and co-examination of data.
- Data can be a key driver in building partnerships and determining potential solutions.

Public Health Implications

- Data system linkages can improve coordination and collaboration between Public Health, Education, and Social Service agencies serving the same populations.
- The next policy, practice, and cross-agency collaboration challenge is engaging maltreated young children and their families in EI eligibility evaluation and services.

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For more information, please contact: taletha.derrington@sri.com. References available on handout or upon request.

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References

[1]U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2016). *Child maltreatment 2014.* Washington, DC: Author.

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

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