Who’s In & Who’s Out?

Exploring Decisions Made About Differential Response Eligibility

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Ohio SOAR Project

- Quality Improvement Center on Differential Response (QIC-DR).
- Three National Sites: Colorado, Illinois, and Ohio
- Project Timeline: February 1, 2010 – September 30, 2013
  - SOAR Consortium: Six Counties
  - Random Assignment to DR vs. IR
Clear-Cut Mandatory Exclusions

- Serious injury to the child
- Allegations of sexual abuse
- Suspicious child fatality or homicide
- Report requires specialized assessment (such as out-of-home alleged perpetrator or the alleged perpetrator has access to child through employment, etc.)
- Third-Party Assessment required (referral involves conflict of interest or agency employee)
- Court-ordered custody
- Report on open, ongoing investigation or traditional case
Some Factors & Cases are Far Less Clear-Cut

• Concerns regarding child safety that do not rise to the level of mandatory DR-exclusion – but at the same time may also raise serious DR-eligibility questions

• Combination of multiple risk factors and family characteristics build complexity & raise concerns

• Knowing the family history may help or may make the DR-eligibility decision more complex
Initial Screening: The Pathway Assignment Tool

- Social Workers in the Summit County Children Services Phone Room used the Pathway Assignment Tool to document case factors and guide uniform decisions about DR eligibility (This tool was used in all six Ohio Counties in the QIC-DR Study)

- When one or more of the grayed-out questions on the tool was checked, ‘Yes,’ the case was sent to a special panel for review and assessment of DR appropriateness
Summit County Children Services Panel: When DR-Eligibility is Less Clear-Cut

- The panel is multi-disciplinary by design
- The following staff members sit on the panel:
  - Director of Intake Department
  - Alternative Response Supervisor
  - Phone Room Supervisor
  - Representative from the Legal Department
  - Representative from Organizational Research & Evaluation
DR Decision-Making: Cases that Go to Panel Review

- Summit County Children Services uses a five-member panel to review cases when one or more of the following factors exists:
  - Family has (frequent) 3 or more screened-in referrals within in last 6 months
  - Any child in the family has past custody episode
  - Any past substantiated or indicated disposition with Alleged Perpetrator in the home
  - Alleged Perpetrator has current or prior child harm offenses
  - Positive toxicology at birth
  - Any child under the age of 5
The Panel Process

- Panel Meets Monday – Friday (typically at 1p.m.)
- Reports received within the past 24 hours that had no mandatory exclusionary factors, but have identified factors requiring panel review (i.e., a ‘Yes’ on the mandatory panel review questions)

- The panel reviews average two – three reports per work day – reviewing 588 cases during 2011

- The group must reach consensus or the case goes to traditional investigation

- If the group cannot reach consensus within 10 minutes (or so), the case goes to traditional investigation
The Panel Process

- The panel viewed printed copies of the Pathway Assignment Tool
- Reviewed client SACWIS data on a Smart Board in the Intake Conference Room (Smart Board paid for through Annie E. Casey DR Discretionary Grant Funds)
- The panel discussed who, what, when, and how:
  - **WHO**: The Referent (mandated or not)
  - **WHO**: Case participants (people involved)
  - **WHAT & HOW**: Components of the allegation(s) including safety & risk
  - **WHEN**: Family history (past child welfare reports, frequency of reports, prior dispositions and custody episodes, criminal history, how long ago or recent were reports and identified factors, etc.)
  - **WHAT**: Prior & Current Services
  - **WHAT & HOW**: Other circumstances documented in the referral
The Panel Consciously Guards Against ‘Group Think’

- Bring in new members from Legal and Organizational Research & Evaluation
- When new DR supervisor was added, this supervisor also joined the panel
- Challenge one another during discussion
  - One panel member stated: “People need to feel they can change their minds.”
  - Another panel member stated: “I depend on other (panel members) to challenge me.”
  - And another member stated: “We got to know each other. Appreciate the various views and roles. This has helped me (as a professional).”
- Observers from the Phone Room, Intake Department, and Social Services are invited to attend
Allegation Types:
Cases that Went to Panel during 2011
*(One case may have more than one allegation type)*

- Neglect = 63.9% (N=329)
- Medical Neglect = 4.9% (N=25)
- Emotional Maltreatment = 0.8% (N=4)
- Physical Abuse = 45.0% (N=232)*

Of 1,255 reports of child abuse/neglect during 2011, 667 went directly to the study’s randomizer (53.1% of the cases) – meaning more than half of the reports did not require panel review and were DR eligible from the start.

Percentages/counts based on available data; one case may have more than one allegation type.

* Among all cases (N=515 with available data), the physical abuse allegation type was the only child abuse/neglect category with a statistically significant (p < .05) difference between AR eligibility/ineligibility. Over 20% (21.2%, N = 107) of physical abuse referrals were determined DR ineligible.
Panel Data: Primary Reasons for Panel Review

- During 2011, 588 cases went to panel review
- Of the 588 cases, 515 had complete/no missing data
- The primary reasons for panel review included (one report may have had multiple factors that led to review; percentages/counts are based on available data):
  - Past custody = 23.3% (N=120)
  - Any child under the age of 5 = 72.4% (N=373)**
  - Past substantiated/indicated reports = 41.0% (N=211)

** Summit County Children Services used the standard of ‘any child under 5,’ while other counties in the six-county Ohio DR-Study consortium used the standard of two or more children under 5.
DR Decision-Making: Other Gray Areas

- Other factors considered in DR-eligibility decision-making:
  - Family’s prior lack of cooperation
  - Past maltreatment concerns not resolved at prior case closing
  - Worker hazards that requires Law Enforcement presence during contact with family
  - Domestic Violence reported
  - Substance Abuse (these data not captured on the pathway assignment tool)
Panel Review:  
Other Factors in Panel-Reviewed Cases 

• Prior lack of family cooperation = 0.4% (N=2) 
• Prior child harm offenses charged against alleged perpetrator = 3.1% (N=16) 
• Alleged perpetrator remains in home = 73.0% (N=154) 
• Worker hazard requires Law Enforcement during family contact = 1.4% (N=7) 
• Reported domestic violence = 15.3% (N=79) 
• Positive toxicology at birth = 2.1% (N=11)
Panel Decisions

- Only 12 cases (2.3%) were deemed explicitly not appropriate for DR after panel review.
- More than three-quarters (75.5%, N=397) of cases deemed technically DR-appropriate after panel review were sent to the DR Study’s randomizer for random track assignment within the study (e.g., DR eligible).
- Of those panel-reviewed cases deemed ‘technically’ eligible, 22.2% (N=117) were not randomized due to:
  - Staffing considerations (system capacity) = 4 cases
  - **Administrative reasons** (one or more factors deemed by panel to make cases ineligible) = **99 cases**
  - Previously randomized for the study = 6 cases
  - Other reasons (not specified) = 8 cases
Cases NOT Allowed to Go to DR Services After Panel Review

- Of those 99 cases (about 19% of all cases reviewed/complete data available) were deemed DR-ineligible after panel review for administrative decision reasons. These cases involved:
  - Case involved child(ren) 5 years and younger* = 66.6% (N=66)
  - Past substantiated/indicated abuse = 47.5% (N=47)
  - Reported domestic violence* = 28.3% (N=28)
  - Alleged Perpetrator remains in home = 9.1% (N=9)
  - Previous or current harm offenses charged against alleged perpetrator* = 8.0% (N=8)
  - Worker safety requires Law Enforcement during family contact* = 5.1% (N=5)
  - Positive toxicology at birth = 2.0% (N=2)
  - Prior uncooperative family = 1.0% (N=1)
  - Frequent or similar past reports = 2.0% (N=2)

NOTE: Cases may have had more than one reason for administrative exclusion

* Denotes statistical significance p.<.05 based on crosstabulation of ‘reason for inclusion/exclusion’ and ‘eligibility decision’ with chi-square statistic
Analyzing Qualitative Data

• The five panel members with the most experience (longevity) with panel participation were interviewed one-on-one using semi-structured questions regarding:
  ▫ DR eligibility/appropriateness
  ▫ Red Flags & Gray Areas
  ▫ Factors Affecting DR Eligibility Decisions
  ▫ Lessons Learned, Changes in Personal Views & If They Felt Panel Decisions had Changed Over Time
Qualitative Data:
Children Age 5 Years & Younger

- “The number one factor is any child 5 and younger.”

- “The way that I always evaluated a family as appropriate -- I was very, very careful about families with very young children. [That is when] the child can't tell you what's going on. Teenagers -- families with battling teens are (maybe more appropriate for AR). Through AR you can break down walls and barriers.”

- One panel member expressed concern over protective capacities of older children:
  - “I'm probably the outlier on the older child. I probably push that issue more. Others look at protective capacity. Older kids start acting out in other ways if they aren't safe. I'm not saying that others don't -- but that's an area where we need to be careful.”
Qualitative Data: Domestic Violence

- “Repeat history of domestic violence. We know that there's such recidivism related to DV.”

- When there’s a “propensity for violence. History was a piece and we always looked at violence.”

- “The DV cases need community supports.” (suggested service availability and community buy-in for serving DV cases through DR)

- One panel member found change in panel decisions over time regarding DV cases:
  - “We're in the Safe & Together Training. We've taken some domestic violence cases but some serious DV cases we have not [taken]. Since we started the Safe & Together Training, we have taken cases that we may not have taken in the past.”
Qualitative Data: Previous/Current Child Harm Charges

- Only one panel member specifically mentioned child harm charges in their interview.
- “Oh, another area of concern is if the parent has criminal charges pending.”

- All panel members mentioned child safety & risk assessment:
  - “Could the children be kept safe? We kind of got away from cases involving violence.”
  - “Look at self protection and vulnerability factors.”
  - “It's subjective. It comes down to the panel looking at all of the factors. What is the level of risk?”
Qualitative Data: Worker Hazard & Law Enforcement

• Only one panel member specifically mentioned the Law Enforcement issue:
  ▫ “Does law enforcement involvement really mean we need a disposition?”

• Outside of the DV references, another panel member talked about a major concern being a family’s “tendency for violence.” (tied to worker safety and not being suitable for the DR approach)
Qualitative Data: Family History

- Caution regarding using family history as an exclusionary factor or decision-point:
  - “Strip the family’s name away and read the referral. Would we take it [if we didn't know the family’s history]?”

- The panel may have changed over time regarding the weight given to family history:
  - “History hasn't mattered as much [in recent times]. Before we put a lot of weight on history. Now, it's *try something different.* That's our motto.”

- History as a ‘Red Flag:’
  - “I look to see if a child was removed permanently in the past.”

- History creating a ‘Gray Area:’
  - “It kind of went both ways – [DR] is different so maybe they'll be more willing and other times you needed to go to court.”
  - “I'm always looking at the history to see if the family was uncooperative. If they never had [Child Welfare] history, that may be good. But, I think that sometimes, if they have a history and something wasn't working, then let's try something different (like DR).”
  - “It (DR) can be a new and fresh approach for families with agency history.”
Qualitative Data: Serious Drug Use

- Every panel member mentioned cases involving serious drug use/substance abuse

- Serious Drug Cases are NOT well-suited for DR according the panel members:
  - “Serious drug issues [are not well-suited for DR]. Marijuana is not necessarily serious. Bath salts, meth -- these are more serious with serious behaviors.”
  - “Those serious drug cases -- those are the harder cases. It’s not just 90 to 100 days (of service). They need more interventions because these are more serious cases.”
  - “The biggest [issue] that comes out through the panel discussion [is] chronic or severe drug use.”

- One panel member tied lack of resources to poorer drug case outcomes:
  - “Drug [issue] families may be more successful if there were placements (for their children) without wait lists. It’s hard to keep someone sober for three weeks while you wait (for treatment and placement).”
Qualitative Data:
The Importance of Good Information

- The importance of good information being contained in the referral or report documentation was mentioned frequently during interviews:
  - “It depends on the referral narrative. What is identified in the narrative? Strengths? Prior assessments? Family Supports? Are we seeing the same thing again? Look for ways to see if the family is open and willing.”

  - “I think one of the most troublesome things was when we had limited information. What's the maltreatment [issue]? People made vague or general statements. Sometimes I would say, (if I'm the worker), I'm going to knock on the door and say what about the concerns? Concerns regarding what? We need details.”

  - “Good screening is a big piece in our decision-making. You can have two similar reports but it makes a difference how (the referrals are) written. We may feel comfortable with one (and not a similar one – due to the information present).”
Qualitative Data: Custody Battles

• Four of the five panel members mentioned custody disputes as problematic for DR:
  ▫ “Custody disputes [are problematic]. If you have parents in a custody dispute, usually one of them wants a disposition.”
  ▫ “We had a lot of discussion about custody disputes and that's not what they're reporting [in the referral]. But, you can read between the lines.”
  ▫ "A real gray area for DR appropriateness “appears to be a custody battle between the parents.”
  ▫ “Other cases where we've said, ‘No:’ Custody issues in the family. Those folks are not looking for resolution. They want a disposition. These are not successful cases.”
Qualitative Data: Staffing & Skills

- Staffing & skills are considered in the eligibility decision-making process:
  - “Staff skills and availability drives [some of the decisions].”
  - “We look at staffing. Will the [DR] worker be able to handle this case?”
  - “It has to do with our confidence as a panel and the skills that our workers have built.” (Learning about cases that are handled well by DR workers, etc).
  - “Some staff may be too optimistic.” (This may be more true in the beginning).
Qualitative Data: The Community is a Factor

- Community Resources & Community Buy-In are important:
  - “Get buy-in from the community and identify the fears. Know that we're still addressing safety. I think most cases could go [DR].”
  - “Know what your agency’s threshold is. What are your fears? What's acceptable in your community?”
  - “Community standards -- what will your community accept and not accept? Know the expectations.”
  - “We really put a lot of effort into identifying community resources.”
  - “Understand services in the community.”
Qualitative Data: Family Supports

- Family Supports Strengthen DR Case Success
  - “If supports are mentioned in the referral, it might make a difference.”
  - “Cases with strong support systems [versus] isolation [may do better].”
  - “We need to ask about the family's connections.”
  - “Supports for the family make a difference. If I see in the referral that there's family, maybe a grandmother, who can provide support.”
Qualitative Data: Other Perceptions of Panel Members

- Adult Developmental Delays and serious mental health cases
  - “Adults with cognitive delays or severe mental health issues, I don't think they benefit as much from the services [themselves], but we may be able to build supports [or them].”
- Other service issues to consider:
  - “We also looked at how long services would be needed.”
Qualitative Data: Perceived Changes in Panel Over Time

• Change:
  ▫ “In the beginning, [DR] was seen as 'Child Welfare lite.' (It's not viewed that way any more).
  ▫ “We've expanded skills and grew in confidence.”
  ▫ “At first it was a little bit different. We were a little fearful. But then we started saying to bring it to panel. Let the group decide.”
  ▫ “We really have shifted - a good shift - in allowing group decision-making.”
Qualitative Data: Lessons Learned

• The panel members discussed lessons learned through experience:
  ▫ “It has to do with our confidence as a panel and the skills that our workers have built.” (Learning about cases that are handled well by DR workers, etc).
Qualitative Data: The Bottom Line is Safety/Risk

• “The major question: How can we keep these kids safe?”

• “I've grown more comfortable with it. They knew that I thought there was a danger to a child that I'd fight for it. As time went on, I grew more comfortable with (the caseworker being) in there enough.” (Talking about DR having more contact with the family).

• “How's it going to be different with [traditional investigation]? They still have the same [safety assessment and risk assessment] tools.”

• “It's subjective. It comes down to the panel looking at all of the factors. What is the level of risk?”
Considerations for the Future

• Quantitative analysis of panel data suggests that the most frequent issues that drive cases into the ‘gray areas’ of DR eligibility are:
  ▫ Past custody = 23.3% (N=120)
  ▫ Any child under the age of 5 = 72.4% (N=373)
  ▫ Past substantiated/indicated reports = 41.0% (N=211)

• Qualitative data analysis suggest that child safety and worker safety were critical issues in determining DR eligibility. Also:
  ▫ Expectations of family success given identified service needs and duration of – such as unsuitability of serious drug cases
  ▫ Availability of staff and services to meet the family's needs
Considerations for the Future

• Statistically significant difference were found regarding DR-ineligibility and these factors were included in the 99 cases administratively excluded from DR:
  ▫ Case involved child(ren) 5 years and younger * = 66.6% (N=66)
  ▫ Reported domestic violence * = 28.3% (N=28)
  ▫ Previous or current harm offenses charged against alleged perpetrator* = 8.0% (N=8)
  ▫ Worker safety requires Law Enforcement during family contact* = 5.1% (N=5)

• Past substantiated/indicated abuse was not found to be statistically significant, but this factor was found in 47.5% (N=47) of the cases deemed DR-ineligible due to administrative decisions

NOTE: Cases may have had more than one reason for administrative exclusion

* Denotes statistical significance p.<.05 based on crosstabulation of ‘reason for inclusion/exclusion’ and ‘eligibility decision’ with chi-square statistic
Considerations for the Future

• Quantitative & qualitative data analysis suggest that child safety (not surprisingly) is the focus in decision-making
• The panel required good documentation of allegations and involved persons
• The panel used questions to gather facts and discuss/debate DR appropriateness:
  ▫ Who?
  ▫ What?
  ▫ When?
  ▫ How?
Considerations for the Future

• The panel carefully considered:
  ▫ The length of time services will likely be needed
  ▫ Family history – but this could be a ‘try DR because it’s different’ decision or it could be a factor used to move toward exclusion: “Strip the family’s name away and read the referral. Would we take it if we didn't know the family’s history?”
Considerations for the Future

• Through the qualitative interviews, panel members talked about a tendency toward DR-exclusion in some case-types:
  • Serious Drug Cases due to the intensity and duration of needed services (also linked to child safety)
  • Custody battles involving clients wanting a disposition
  • Cases involving domestic violence or a family’s tendency towards violence are debated (Safe & Together Training currently occurring)
  • Also, worker safety and access to family concerns
Considerations for the Future

• Other systemic-level factors affecting DR-eligibility decisions included:
  ▫ Good information in the referral
  ▫ Guarding against ‘Group Think’ within the panel
  ▫ Availability of resources to best serve the family:
    • DR staff
    • DR staff skills
    • Community services to meet client needs
Considerations for the Future

• Special consideration and discussion occurred around certain other case-types, factors, and overall expectations:
  ▫ Adult developmental delays and serious mental health issues (Can DR services build supports for this family?)
  ▫ Does the family have a support system in place?
  ▫ Does this case fit with agency and community expectations regarding DR appropriateness?
Questions & Discussion
For Follow-Up

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