



COMMONWEALTH OF VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

December 7, 2004

To: The Honorable Mark R. Warner

and

The Honorable Phillip A. Hamilton, Chairman
House Committee on Health, Welfare and Institutions

and

The Honorable Emmett W. Hanger, Jr., Chairman
Senate Committee on Rehabilitation and Social Services

The report contained herein is submitted pursuant to §63.2-1529 of the *Code of Virginia*. This is the fifth report on the status of the implementation of the Child Protective Services Differential Response System by the Department of Social Services (Department).

In May 2002, the Department implemented a statewide Child Protective Services Differential Response System for responding to valid reports of suspected child abuse and neglect. Rather than requiring an investigation of every report of suspected child abuse and neglect, local departments of social services now evaluate each report and determine whether the report should be referred for a family assessment or investigation.

The attached report addresses outcomes for the Differential Response System. In addition, recommendations are offered for the continued operation of the Differential Response System.

Respectfully submitted,

A handwritten signature in black ink that reads "Maurice A. Jones".

Maurice A. Jones
Commissioner

EVALUATION OF THE DIFFERENTIAL RESPONSE SYSTEM

**Virginia Department of Social Services
December 7, 2004**

EVALUATION OF THE DIFFERENTIAL RESPONSE SYSTEM

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EVALUATION OF THE DIFFERENTIAL RESPONSE SYSTEM

Executive Summary

As directed by House Bill 1360 (2000), the Department of Social Services (Department) implemented a Child Protective Services Differential Response System (DRS) on May 1, 2002. The Department also was directed to evaluate and report on DRS by submitting annual reports to the House Committee on Health, Welfare and Institutions and the Senate Committee on Rehabilitation and Social Services. The Department has entered into an interagency agreement with Virginia Tech to assist in evaluation of the Differential Response System. This is the fifth annual report on the status of the Department's implementation of DRS.

The Differential Response System provides two different response options to reports of suspected child abuse and neglect.

1. The Investigation response track is the traditional Child Protective Services (CPS) response. If the local agency determines that abuse or neglect did occur, a disposition of "founded" is made, and the name(s) of the caretaker(s) responsible for the abuse or neglect is placed in the state's Central Registry. Local departments offer services, when needed, to reduce the risk of abuse or neglect.
2. The Family Assessment response track is for valid CPS reports where there is no allegation that is required to be investigated or immediate concern for child safety. A family assessment identifies family strengths and service needs. Local departments offer services, when needed, to reduce the risk of abuse or neglect. No disposition is made and no names are entered into the Central Registry.

Virginia's Online Automated Services Information System (OASIS) is a primary source of data for the evaluation. Most data in this report are from referrals accepted by local agencies from January through December 2003. For some variables, DRS is compared to a baseline period from fiscal year 2000 to fiscal year 2002. Data from the Department's CPS Referrals and Findings Reports (based on OASIS) are used for those comparisons.

The other primary data source is a review of 446 referrals conducted by a very experienced, retired CPS supervisor. The case reviews focus on families with more than one referral during 2003. Families with a referral in January and a subsequent referral any time during the remainder of the year were included in the review.

Outcomes from Analysis of OASIS Data

Last year's evaluation report to the 2004 General Assembly presented some preliminary outcomes based on six months of data for the period July through December 2002, just after the introduction of DRS across the state. This year's report is based on a full twelve month period from January through December 2003. The outcomes reported here can be viewed as representative of DRS outcomes that are likely to be typical over the next few years. Outcome analyses are based on 28,987 valid referrals for suspected abuse and neglect received from January through December 2003.

Track Assignment

DRS offers local agencies the flexibility of assigning most referrals to either the investigation or the assessment track. Local agencies are using that flexibility. From January through December 2003, 61 percent of referrals were assigned to the assessment track. Track assignment varied among the three Department Service Areas.¹ The majority of referrals in the Northern (68 percent) and Western (66 percent) Service Areas were placed in the assessment track. In the Eastern Service Area, fewer than half (46 percent) were assigned to that track. Local agencies varied in their use of the assessment track. Many placed more than 60 percent of their referrals in the assessment track, but others used assessments for 20 percent or fewer of their referrals.

A number of factors can influence track assignment. When investigation is not mandated, the choice of the family assessment track is predicated on the ability of the agency to work with the family and community service providers to develop strategies to prevent abuse or neglect and provide services if needed. If the information from the person making the complaint suggests that the agency will need to take a more authoritative approach with the family, the complaint should be placed in the investigation track. In addition, a local agency may investigate any referral. There are no circumstances under which an assessment is mandated.

With the exception of allegations of sexual abuse which must be investigated, the two tracks are quite similar in the kinds of abuse or neglect assigned to them. In both tracks, neglect² was the most frequent allegation. Forty-five percent of the investigations and 60 percent of the assessments had allegations of neglect. The second most frequent allegation was physical abuse, found in 37 percent of the referrals in each track. Small percentages of both investigations and assessments involved medical neglect or emotional abuse.

The majority of referrals with each type of alleged abuse or neglect, other than sexual abuse, were placed in the assessment track. When more than one type of abuse/neglect was alleged, use of the investigation track increased, from 38 percent in referrals with one kind of abuse or neglect to 59 percent in referrals with three or more kinds.

A referral that is initially treated as a family assessment may be changed to an investigation if the local agency discovers a serious safety issue or circumstances that mandate investigation. Two percent of referrals originally put in the family assessment track were later changed to investigations. This low rate of reassignment suggests that errors in track assignment are rare. A review of 2002 cases that had been reassigned showed that the reassignments were appropriate and generally resulted from new information discovered by the local agency.

The addition of the family assessment track naturally meant that there were fewer investigations under DRS than in the preceding years. There were 27,795 investigations in State Fiscal Year (SFY) 2000 and 25,570 in SFY 2001, the last two years before DRS implementation. In SFY2004, under DRS, there were 12,506. While the number of investigations and the

¹ A list of local agencies by Service Area can be found in Appendix B.

² Neglect includes both deprivation of necessities, such as inadequate food, clothing, shelter, or hygiene and inadequate supervision.

number of founded investigations decreased, the percentage of investigations that were founded increased from 23 percent during the two baseline years to 36 percent in SFY04.

Services

CPS workers identified 32 percent of families in the assessment track as having one or more service needs.³ The percentage of families needing services varied depending on the type of abuse or neglect. Service needs were most often identified in cases involving emotional abuse (44 percent), followed by physical abuse (39 percent), medical neglect (35 percent), and physical neglect (28 percent). In terms of the risk assessment made at the conclusion of the family assessment, 92 percent of high risk and 82 percent of moderate risk families were determined to have service needs. The three most frequently needed services were counseling, parent education, and substance abuse evaluation or treatment.

CPS workers enter the status of service receipt at the time they complete data entry for an assessment. At that point, 26 percent of all families in the assessment track either had received or were expected to receive one or more services. Among those needing services, 81 percent received or were expected to receive services. Fourteen percent of families declined at least one service, and six percent needed at least one service that was not available. Among families receiving or expected to receive services, community resources provided 39 percent of the services; DSS provided or purchased 33 percent of services; and the families obtained 28 percent of the services on their own.

Sometimes the local agency asks the Juvenile and Domestic Relations Court to order the family to accept a service. Court orders can be sought in both assessments and investigations. Two percent of all families in the assessment track and six percent of families with service needs were the subject of a court order to accept services. The most frequent court-ordered services were counseling, substance abuse evaluation or treatment, and parent education. Comparable data are not available for investigations.

If a child is placed in foster care, or if the agency determines that the family needs child protective services beyond the 45 to 60 day assessment or investigation period, the agency opens a foster care or “ongoing CPS” case. Seventeen percent of all referrals resulted in ongoing CPS or foster care services. Cases opened for further services varied by disposition: founded investigations, 59 percent; assessments, 12 percent; and unfounded investigations, 9 percent.

Three percent of all CPS referrals in 2003 led to a child being placed in foster care. As would be expected, founded investigations had the highest foster care rate. Twelve percent of founded investigations resulted in a foster care placement. Children in one percent of unfounded investigations and two percent of assessments were also placed in foster care. Since foster care data include any placements within 90 days of the disposition, these placements may have occurred after completion of the unfounded investigation or assessment.

³ OASIS did not provide parallel data on service needs of families in the investigation track during the period covered by these data.

Case Reviews

Case reviews are helpful in understanding the operations of DRS because there are many details of the case that are not captured by the OASIS data used for the statistical analyses presented in this report. The case reviewer could see other OASIS screens that provided a fuller picture of the issues present in the referral and how the agency responded. The reviewer also applied her judgment, as a highly experienced CPS supervisor, to several issues that provide additional insight into local agency practices and performance.

The case reviews focus on families with more than one CPS referral in 2003. The reason for this selection was that these were the families most likely to have a substantial abuse or neglect problem and it would be possible to see how their CPS referrals were handled. Specifically, the reviews covered 194 families with an initial referral in January 2003 and a subsequent referral any time during the remainder of the year, a total of 446 referrals. One hundred fifty families had two referrals, 31 had three, and 13 had four or more.

The reviewer encountered some problems with incomplete documentation of referrals in OASIS. In over a third of the referrals, inadequate documentation was an issue. This problem should improve with the changes in OASIS documentation introduced in July 2004.

The pattern of track assignments in the cases reviewed was similar to that found in all referrals in 2003. The reviewer, however, was able to view the details of the referral and determine the basis for the track assignments. Thirty-nine percent of investigations were mandated by code or CPS policy and 61 percent were a matter of agency judgment. All assessments are ultimately matters of agency judgment since no referrals are mandated for family assessment, but the reviewer found that in 53 percent of assessment track referrals the child was clearly safe and there was no reason to consider an investigation, while the remainder of assessment track referrals were based on agency judgment about the best track to choose for the situation.

The reviewer disagreed with track assignment in 22 percent of the referrals. The primary reason for disagreement was that the reviewer believed that a complaint that was investigated should have been treated as a family assessment. In those cases, she believed the local agency had an opportunity to handle a referral in a way that might have led to a better outcome for the family. In particular, in many unfounded investigations, it seemed that even though abuse or neglect were not substantiated, the family could have benefited from services, and the less threatening family assessment approach might have served the child and family better.

Case review data suggest a problem in some agencies in ensuring a timely response to reports of abuse or neglect. In 18 percent of the referrals reviewed, the first meaningful contact took place more than five days after receiving the referral, with no evidence of any earlier attempt to contact the family. Available data suggested that this problem may be concentrated in specific agencies.

Forty-three percent of all the reviewed referrals were investigations and 57 percent were assessments. The percent of investigations that were founded grew from 36 percent in the families' first referrals, to 51 percent in the second, and 57 percent in third referrals.

Forty-two percent of assessments and 43 percent of investigations had a service plan or other evidence that the worker had tried to assure services. Services plans were naturally most frequent in founded investigations (72 percent) and assessments with identified child abuse or neglect needs (83 percent). One of the purposes of DRS, and particularly the family assessment track, was to try to engage families in a less threatening way and to involve them in identifying needs and planning for services to meet those needs. In referrals with services plans, families were included in planning for services in 95 percent of assessments and 67 percent of investigations. (It is possible that a higher proportion of families in investigations may have been included in service planning. Because OASIS did not have the same service screens for investigations as for family assessments conducted during this time period, sometimes the case reviewer could not tell whether the family was included.)

The reviewer tried to determine whether families with service needs received services. Data for the families' first and second referrals show that services were definitely provided for half to two-thirds of families in founded investigations or family assessments with identified child abuse or neglect needs. Other families may also have received services, but the documentation was unclear. In both the assessments and the investigations, the percent definitely receiving services was higher in the second referral than in the first, suggesting that a repeat complaint either makes more clear the need for services or results in a greater attempt to provide services.

Families in assessment cases with identified needs related to child abuse or neglect received services as frequently, or more frequently, than families in founded investigations. These data may provide evidence that the less threatening assessment approach is successfully engaging families and meeting their service needs.

Ninety-three of the 194 families (48 percent) whose cases were reviewed received at least one service. Twenty-nine percent of assessments with identified abuse or neglect needs and 28 percent of founded investigations had cases opened for CPS services. The case reviewer also found that, in her judgment, 31 families (16 percent) had a least one service need that the worker did not identify and for which no services were received. Counseling and substance abuse evaluation were the two most frequent unidentified service needs.

The reviewer looked at whether the referrals had any court orders associated with them. Court orders were issued most often in founded investigations but also in unfounded investigations and assessments. Court orders most frequently involved a petition for removal of a child from the home (37 percent), followed by criminal proceedings (22 percent), and a protective order for abuse or neglect (14 percent).

The reviewer found evidence of possible substance abuse in 43 percent of the families. In 42 percent of referrals with a possible substance abuse issue, there was clear evidence that the problem was addressed by the worker. Twenty percent of the families had evidence of domestic abuse. That problem was clearly addressed 31 percent of the time.

Conclusion

DRS outcomes reported this year are generally similar to those reported last year. Local agencies are placing about sixty percent of referrals in the family assessment track, but there is great variation among agencies in track assignment. About a third of families have identified services needs and most of them appear to have received at least some services. The most frequent reason for a family not receiving needed services is that they declined to do so.

The case reviews focused on families with more than one referral in 2003. The reviewer found some problems such as gaps in documentation, occasional failure to respond in a timely manner, and sometimes a failure to identify service needs. In founded investigations and assessments with identified abuse or neglect needs, there was usually a service plan or other evidence of the worker's attempt to provide services. Families were usually included in service planning, particularly in assessments. About half the families received services – a higher proportion than for all families with referrals in 2003. As the number of referrals for a family increased there was increased use of the investigation track, a higher percentage of founded investigations, and more frequent provision of services.

Outcome of Recommendations from the 2003 DRS Evaluation

Several recommendations were made last year based on the evaluation report and other information. The recommendations and action taken in the past year are reported here.

1. The Department should review a random sample of cases to more accurately determine whether track assignments are being made in a consistent manner, whether risk assessments and safety plans are identifying the most relevant risk factors, and whether needed services to prevent maltreatment are being provided.

Rather than reviewing a random sample of all referrals, the Department reviewed records of families with more than one referral for suspected abuse and neglect. These records were chosen because these families are more likely to have a substantial problem with abuse or neglect, and it would be possible to see how their CPS referrals were handled. The findings of the case review are summarized in this report.

2. The Department should require all CPS staff to attend the “Engaging Families” course, currently under development by VISSTA, and ensure that the course is readily available statewide.

The “Engaging Families” course was developed by the Virginia Institute for Social Services Training Activities, Virginia Commonwealth University (VISSTA/VCU) and published in August 2004. Course attendance has been defined as a benchmark for measuring progress in the Department's Program Improvement Plan to address deficits identified through the Child and Family Services Review.

3. The Department should implement a structured decision making model in order to improve the decision making skills of staff and to obtain more consistency and uniformity in safety and risk assessments made by social workers across the state.

The Department contracted with Children's Resource Center to develop and implement a structured decision making model for Virginia. In November 2004, 30 localities began piloting policies and automated tools for the model. Policy groups began meeting to discuss possible changes to policy and procedure for statewide implementation. Subcommittees are working on evaluation, training, automation, and outreach so that the findings of the pilots can be applied to statewide implementation.

4. The Department should give recognition to those local departments of social services that have implemented a community-based prevention and protection system and publish this information so that other localities may replicate their efforts.

Regional forums with the theme of "Protecting the Generations: The Community Challenge of Family Violence" presented an overview of the broad scope of family violence, facilitated communications, and promoted collaboration across service providing agencies. Participants shared effective community collaboration models, identified barriers to service, and shared successful collaborative strategies. The forums, held in Fredericksburg, Roanoke, and Chesapeake in the fall of 2003, were the cooperative effort of the following partner agencies: Office of the Attorney General; Virginians Against Domestic Violence; Virginians Aligned Against Sexual Assault; Virginia Coalition for the Prevention of Elder Abuse; Virginia Departments of Aging, Criminal Justice Services, Health, Housing and Community Development, Mental Health Mental Retardation and Substance Abuse Services, and Social Services; and VISSTA/VCU.

While this clearly remains a very important issue for the success of the CPS differential response system in Virginia, much of the focus on community collaboration was diverted to other child welfare-related issues this past year. These include implementation of the structured decision making pilot and development of the Program Improvement Plan.

DRS Recommendations for 2005

- The Department should work toward more consistency in decision-making for assigning reports of suspected child abuse and neglect to the family assessment track.
- The Department should provide consultation and technical assistance to local agencies who are not responding to reports of suspected abuse and neglect in a timely manner.
- The Department should reinforce the importance of documenting service needs and service provision now that the OASIS has been enhanced to record these functions in a more consistent manner for investigations and on-going services as well as family assessments.

- Local departments of social services that are piloting the structured decision making model should educate community stakeholders about using level of risk to establish priorities for providing services.
- The Department should use *A Blue Ribbon Plan to Prevent Child Abuse and Neglect in Virginia*, a strategic plan being developed by a broad-based steering committee under the leadership of the Department, as a tool to enhance community collaboration with local agencies in implementing DRS.

EVALUATION OF THE DIFFERENTIAL RESPONSE SYSTEM

Introduction

The Child Protective Services Differential Response System (DRS) was implemented statewide due to the positive outcomes of the Child Protective Services Multiple Response System pilot. The final report and recommendations from that pilot were submitted to the General Assembly in December 1999. Based on the recommendations, the 2000 General Assembly amended the Code of Virginia to direct the Department of Social Services (Department) to implement DRS in all local departments of social services by July 2003. The Department also was directed to evaluate and report on DRS by submitting annual reports to the House Committee on Health, Welfare and Institutions and the Senate Committee on Rehabilitation and Social Services.

Study Charge

The *Code of Virginia* provides:

§ 63.2-1529. Evaluation of the child-protective services differential response system.

The Department shall evaluate and report on the impact and effectiveness of the implementation of the child protective services differential response system in meeting the purposes set forth in this chapter. The evaluation shall include, but is not limited to, the following information: changes in the number of investigations, the number of families receiving services, the number of families rejecting services, the effectiveness of the initial assessment in determining the appropriate level of intervention, the impact on out-of-home placements, the availability of needed services, community cooperation, successes and problems encountered, the overall operation of the child protective services differential response system and recommendations for improvement. The Department shall submit annual reports to the House Committee on Health, Welfare and Institutions and the Senate Committee on Rehabilitation and Social Services.

The Department has entered into an interagency agreement with Virginia Tech to assist in evaluation of the DRS. This is the fifth annual report on the status of the Department's implementation of DRS. This report presents outcome data from calendar year 2003.

Most local departments of social services implemented DRS in May 2002. The DRS provides two different response options to reports of suspected child abuse and neglect.

1. The Investigation response track is the traditional Child Protective Services (CPS) process followed when the allegation is sexual abuse or describes a serious safety issue. If the local agency determines that abuse or neglect did occur, a disposition of "founded" is made, and the name(s) of the caretaker(s) responsible for the abuse or neglect is placed in the state's Central Registry. Local departments offer services, when needed, to reduce the risk of abuse or neglect.

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Outcome of Recommendations from the 2003 DRS Evaluation

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The Department contracted with Children’s Resource Center to develop and implement a structured decision making model for Virginia. In November 2004, 30 localities began piloting policies and automated tools for the model. Policy groups began meeting to discuss possible changes to policy and procedure for statewide implementation. Subcommittees are working on evaluation, training, automation, and outreach so that the findings of the pilots can be applied to statewide implementation.

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While this clearly remains a very important issue for the success of the CPS differential response system in Virginia, much of the focus on community collaboration was diverted to other child welfare-related issues this past year. These include implementation of the structured decision making pilots and development of the Program Improvement Plan.

Data Sources for the Evaluation

Information System

Virginia’s Online Automated Services Information System (OASIS) was modified to accommodate DRS. OASIS is a comprehensive system documenting the day-to-day activities performed by child welfare workers. Child Protective Services workers across the state began using OASIS to document investigations in July 1999. Prior to DRS implementation, new components were added to OASIS to support the family assessment track. Data entry screens were modified to support the focus on family in the family assessment track. Statistical reports were designed to provide data about family assessments in addition to investigations.

Department staff prepared data extracts from OASIS that were used by Virginia Tech in the analyses presented in this report. Most data are from referrals accepted by local agencies from January through December 2003.

For some variables, DRS is compared to a baseline period from state fiscal year (SFY) 2000 to fiscal year 2002. Data from the Department of Social Services’ CPS Referrals and Findings Reports (based on OASIS) are used for those comparisons.

Case Reviews

This report includes data from case reviews. A highly experienced, retired CPS supervisor from one of the local agencies that had piloted the Multiple Response System conducted the reviews. The case reviews focus on families with more than one CPS referral in 2003. The reviews cover 194 families with a total of 446 referrals. The reviews focus on the basic characteristics of the referrals, service needs, and service provision.

Surveys

Last year's report included responses from surveys of local agency supervisors and workers and from Juvenile and Domestic Court Judges. It was the intention of VDSS to include in this year's report responses from a survey of community agencies that received Victim of Crime Act (VOCA) grants from VDSS in 2004.⁴ Those agencies provide services of various kinds to children who have been victims of abuse or neglect. Unfortunately, not enough surveys were returned to allow survey data to be included in the report.

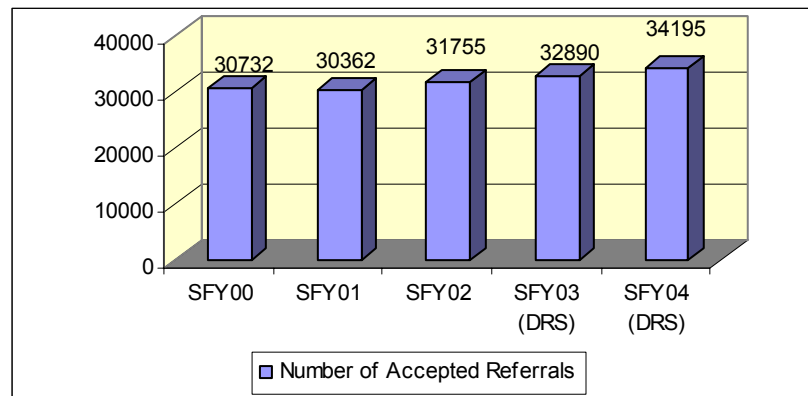
Outcomes from Analysis of OASIS Data

Last year's evaluation report to the 2004 General Assembly presented some preliminary outcomes based on six months of data for the period July through December 2002, just after the introduction of DRS across the state. That report pointed out that since the data were from a period early in the implementation process and not all local agencies had yet implemented DRS, longer term outcomes might be somewhat different. This year's report is based on a full twelve month period from January through December 2003. The outcomes reported here can be viewed as likely to be typical of outcomes over the next few years. On the whole, the outcomes reported here are similar to those reported last year. Some similarities and differences are discussed below.

Number of Referrals in Baseline and Differential Response Periods

During the period since DRS implementation, the number of statewide CPS referrals accepted by local agencies has been increasing (Figure 1). In SFY 2003, there were six percent more referrals and in SFY 2004 ten percent more referrals than the average number during the three preceding years. Trends in individual agencies varied with some having more referrals and others fewer referrals than in the years preceding DRS.

Figure 1: Number of Accepted Referrals in Baseline and DRS Periods



Sources: OASIS: CPS Referrals and Findings Reports.

⁴ Some local departments of social services received VOCA grants. No surveys were sent to those agencies since the purpose of the survey was to obtain information from community agencies outside of social services.

The following analyses are based on 28,987 valid referrals for suspected abuse and neglect received from January 1 through December 31, 2003. The data for these analyses exclude some of the referrals shown in Figure 1⁵ and are also for a different time period – the calendar year, rather than the state fiscal year.

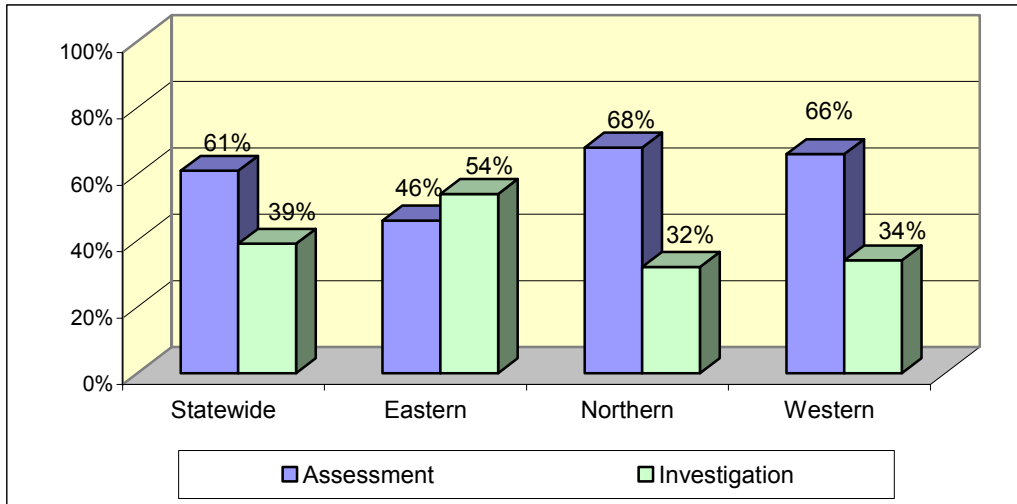
Track Assignment

DRS offers local agencies the flexibility of assigning most referrals to either the investigation or the assessment track. Local agencies are using that flexibility (Figure 2). From January through December 2003, in the state as a whole, 61 percent of referrals were assigned to the assessment track. Track assignment varied among the three Department Service Areas.⁶ The majority of referrals in the Northern (68 percent) and Western (66 percent) Service Areas were placed in the assessment track. In the Eastern Service Area, fewer than half (46 percent) were assigned to that track. Use of the assessment track was somewhat higher than in the last six months of 2002, 61 percent compared to 55 percent. Some of this increase reflects the fact that not all local agencies had implemented DRS during the earlier period.

⁵ These data are for completed investigations or assessments only and do not include cases that were pending or appealed at the time of data collection or referrals for which data entry had not been completed for some other reason. Since the focus of DRS is on families, out-of-families referrals (e.g., referrals where the alleged abuser is not in the household, such as a daycare provider) were excluded when possible. Due to the characteristics of the data set, only those out-of-family referrals with a disposition of “founded” could be excluded. All out-of-family referrals are investigated so the data on investigations includes some unfounded out-of-family referrals. Data on family assessments include only families. Also excluded from the analyses are referrals that were originally assigned to the family assessment track but were later switched to the investigation track, generally because new information indicated that investigation was required or that there was a serious safety issue. In those situations, only data from the investigation are used in these analyses because the family assessment is halted and it is the investigation that is completed.

⁶ A list of local agencies by Service Area can be found in Appendix B.

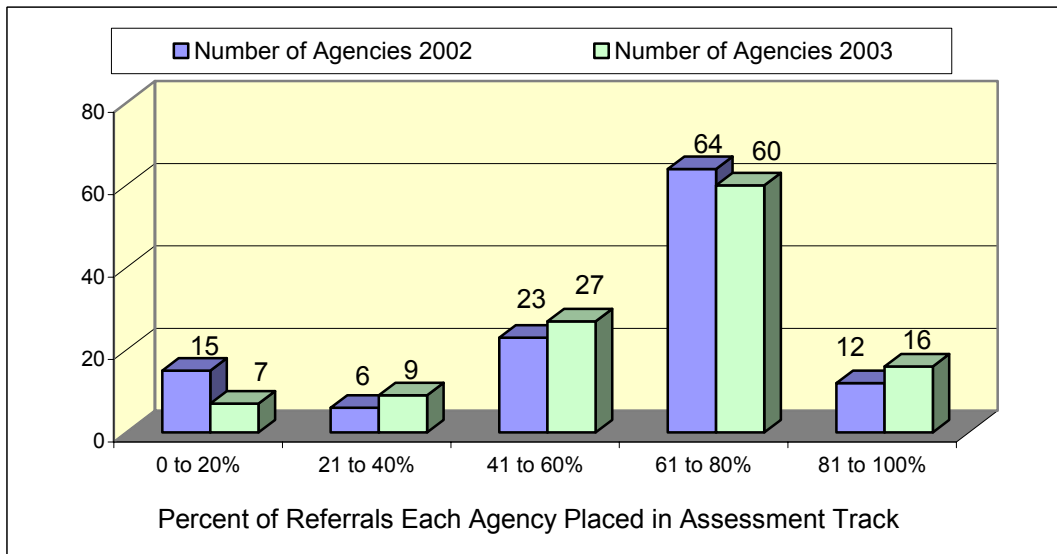
Figure 2: Percent of Referrals Assigned to Each Track, Statewide and by Service Area



Source: OASIS, Referrals Accepted January through December 2003

Local agencies took different approaches to using the assessment track. Figure 3 shows the percent of referrals that agencies placed in the assessment track, in 20 percent increments, and the number of agencies with that percentage of assessments. Data are shown for both the last six months of 2002 and for all of 2003. The majority of agencies made heavy use of the assessment track. In both time periods, seventy-six of the local agencies placed more than 60 percent of their referrals in the assessment track. On the other hand, 15 agencies in 2002 and 7 in 2003 used assessments for 20 percent or fewer of their referrals.

Figure 3: Local Agencies' Use of Assessment Track



Source: OASIS, Referrals Accepted July through December 2002 and January through December 2003

One reason for these differences is that local agency attitudes toward track assignment vary. In the survey of CPS supervisors conducted for last year's report, one supervisor commented, for instance, that her agency had decided to continue to investigate all referrals. Another stated that her agency placed all referrals in the assessment track unless investigation was mandatory. Another factor accounting for wide differences in track assignment is that a number of agencies at both ends of the spectrum (20 percent or fewer assessments and more than 80 percent assessments) had only a small number of referrals. In those circumstances, the specific characteristics of the few referrals received may lead to heavy or light use of the assessment track. Allegations of sexual abuse, for instance, must be investigated and several such investigations would result in a high percentage of investigations.

How Local Agencies Assign Track

Local agencies generally assign a referral to one of the two tracks based on information received from the complainant and additional information that may be obtained before contacting the family, such as checking OASIS to see whether there were prior referrals on the family or making collateral contacts for additional information.

A number of factors can influence track assignment. The first consideration is the type of abuse or neglect alleged in the referral. An investigation is required in certain situations, either by statute or state policy. Workers must conduct an investigation if there is sexual abuse, a child fatality, a serious injury (such as a fracture or burns), assumption of custody by the local department of social services, or if the abuse or neglect is alleged to have happened in a non-family setting such as a child care facility, school, or hospital.⁷ CPS policy also provides that an investigation should be conducted if there have been three family assessments for the same family during the preceding year.

If the referral is not a mandated investigation, CPS policy and training provide that the agency take into account several factors to determine if an investigation or family assessment is the most suitable response. Those factors include:

- Whether the family has a history of child abuse or neglect.
- The type and severity of the abuse.
- The child's ability to protect him/herself.
- Whether the caretaker's behavior is violent or out of control.
- Whether there are hazardous living conditions, including presence of firearms or drugs.

The choice of the family assessment track is predicated on the ability of the agency to work with the family and community service providers to develop strategies to prevent abuse or neglect and to provide services, if needed, to address possible future maltreatment. If the

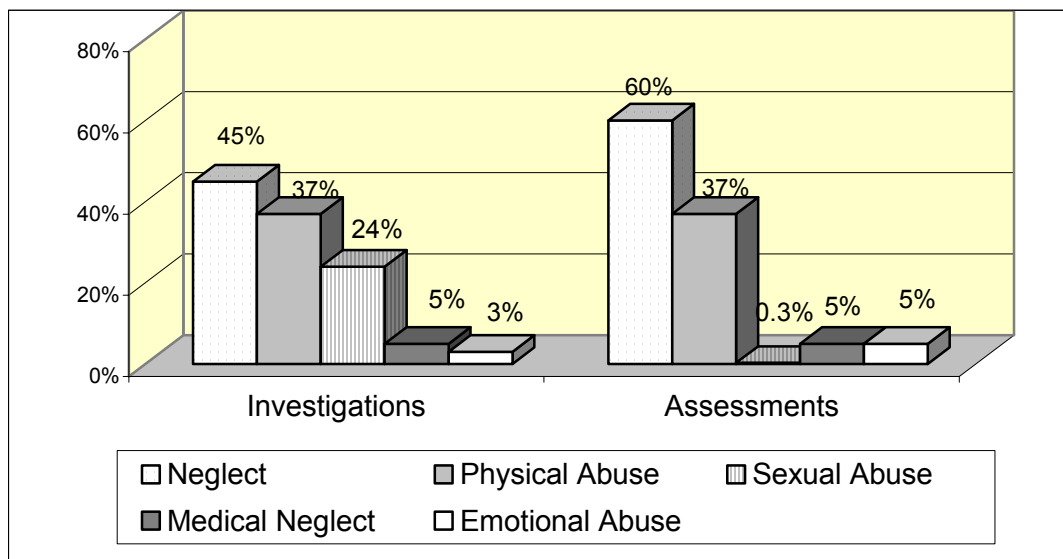
⁷ 22 VAC 40-705-50H. The local department shall initiate an immediate response. The response shall be a family assessment or an investigation. Any valid report may be investigated, but in accordance with §63.2-1506(C) of the *Code of Virginia*, the following shall be investigated: (i) sexual abuse, (ii) child fatality, (iii) abuse or neglect resulting in a serious injury as defined in §18.2-371.1, (iv) child has been taken into the custody of the local department of social services, or (v) cases involving a caretaker at a state-licensed child day care center, religiously exempt child day center, regulated family day home, private or public school, or hospital or any institution.

information from the person making the complaint suggests that the agency will need to take a more authoritative approach with the family, the complaint should be placed in the investigation track. In addition, a local agency may investigate any referral. The assessment track is an additional choice, but there are no circumstances under which an assessment is mandated.

Types of Referrals Assigned to Each Track

Figure 4 shows the type of abuse or neglect alleged in the referrals placed in each track. The data in this figure are for each allegation of a specific type of abuse or neglect, not for each referral. Since a referral may include more than one kind of abuse or neglect, some referrals appear more than once in these data. For instance, a referral alleging both physical abuse and medical neglect would be counted in both groups.⁸

Figure 4: Percent of Referrals in Each Track with Each Type of Alleged Abuse or Neglect



Source: OASIS, Referrals Accepted January through December 2003

Note: Percentages add to more than 100 percent because more than one kind of abuse or neglect may be included in a single referral.

With the exception of allegations of sexual abuse which must be investigated,⁹ the two tracks are quite similar in the kinds of abuse or neglect assigned to them. In both tracks neglect was the most frequent allegation. Neglect includes both deprivation of necessities, such as inadequate food, clothing, shelter, or hygiene and inadequate supervision. Forty-five percent of the investigations and 60 percent of the assessments had allegations of neglect. The second most frequent allegation was physical abuse, found in 37 percent of the referrals in each track. Small percentages of both investigations and assessments involved medical neglect or emotional abuse.

⁸ Nine percent of referrals included more than one kind of abuse or neglect.

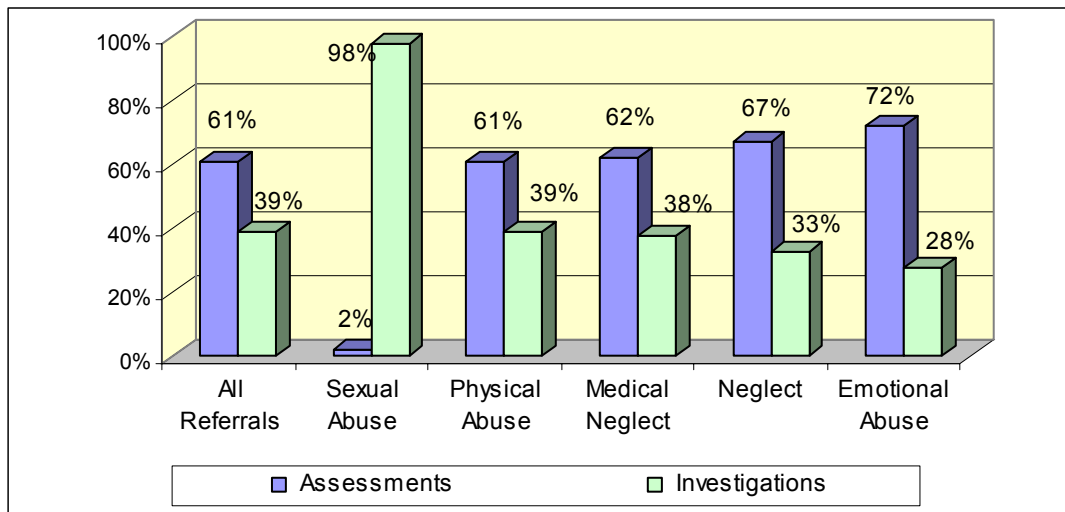
⁹ Since an investigation is mandated for allegations of sexual abuse, there should not have been any family assessments with that allegation.

Figure 5 shows another way to view the relationship between track assignment and the type of alleged abuse or neglect - the percentage of referrals with each kind of abuse or neglect that are assigned to each track. Where there was more than one kind of abuse alleged, each kind was counted separately. Thus Figure 5 shows track assignment for any referral including that particular kind of abuse or neglect.

With the exception of sexual abuse referrals, the majority of referrals with each type of alleged abuse or neglect were placed in the assessment track. Local agencies chose the family assessment track for 61 to 67 percent of referrals alleging physical abuse, neglect, or medical neglect and 72 percent of referrals alleging emotional abuse. This pattern is the same as in the 2002 data but with a small increase in assignments to the assessment track for each type of abuse or neglect.

In addition to referrals alleging sexual abuse, there were no doubt other referrals in the investigation track that were mandated for investigation, but the available data do not identify those referrals. Examples of referrals requiring investigation include a serious injury and out-of-home referrals.

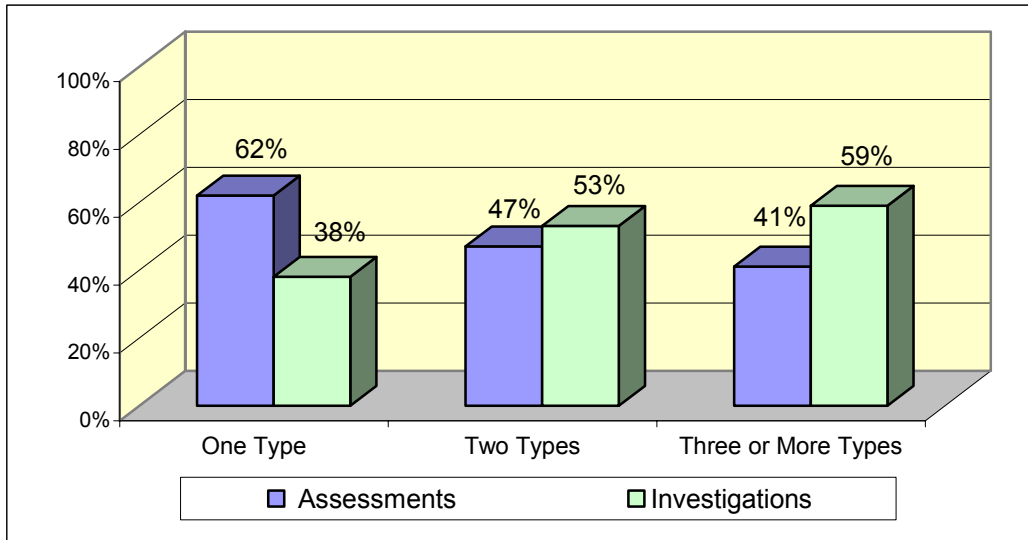
Figure 5: Track Assignment by Type of Alleged Abuse or Neglect



Source: OASIS, Referrals Accepted January through December 2003

Another factor associated with track assignment is the number of different kinds of abuse or neglect included in a referral. In referrals with one type of abuse or neglect, 38 percent were investigated; with two types, 53 percent were investigated; and with three or more types, 59 percent were investigated (Figure 6). This pattern is similar to that found in the 2002 data. This relationship between track assignment and the number of types of abuse or neglect is not surprising. Child safety is more likely to be an issue when there are several types of maltreatment reported.

Figure 6: Track Assignment by Number of Different Types of Alleged Abuse or Neglect



Source: OASIS, Referrals Accepted January through December 2003

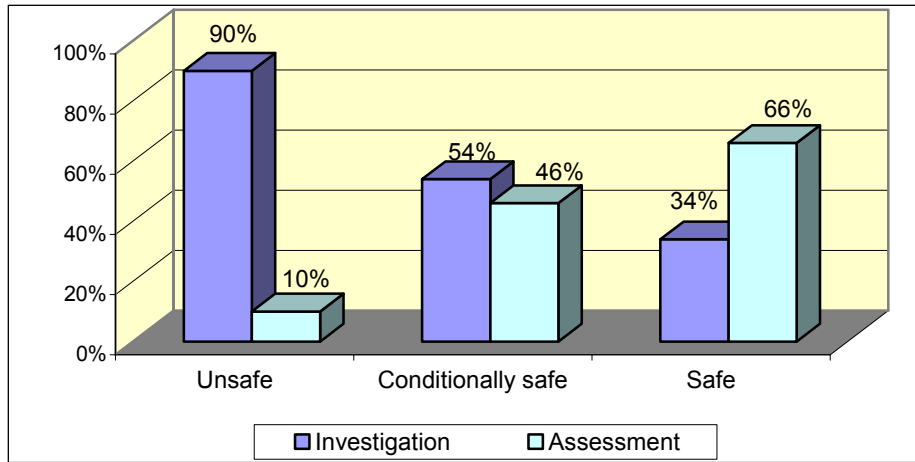
The CPS worker conducts a safety assessment at the time of the first meaningful contact with the family. The child(ren) who is the subject of the complaint may be assessed as safe, conditionally safe, or unsafe.¹⁰ Track assignment usually occurs before the safety assessment, and the safety assessment may reflect information not available at the time of track assignment. However, preliminary information about safety is one of the key factors in determining track.

Figure 7 shows the relationship between the safety assessment and track assignment.¹¹ These data suggest that the informal assessment of safety made at intake, which influences track assignment, is generally borne out in the formal safety assessment that is made after contacting the family. Almost all (90 percent) referrals in which the child was considered unsafe were investigated. At the other end of the safety assessment spectrum, two-thirds of referrals in which the child was considered safe were placed in the assessment track.

¹⁰ Definitions for these terms are: Safe -- there are no children likely to be in immediate danger of moderate to serious harm at this time. Conditionally safe-- safety interventions are in place and have resolved the unsafe situation for the present time. Unsafe -- without controlling intervention a child is in immediate danger of serious harm.

¹¹ Safety assessments were missing for 18 percent of the referrals so these data represent only 82 percent of the referrals. Referrals that were originally taken as assessments but then switched to an investigation are shown in the investigation track.

Figure 7: Track Assignment and Subsequent Safety Assessment



Source: OASIS, Referrals Accepted January through December 2003

Appropriateness of Initial Track Assignment

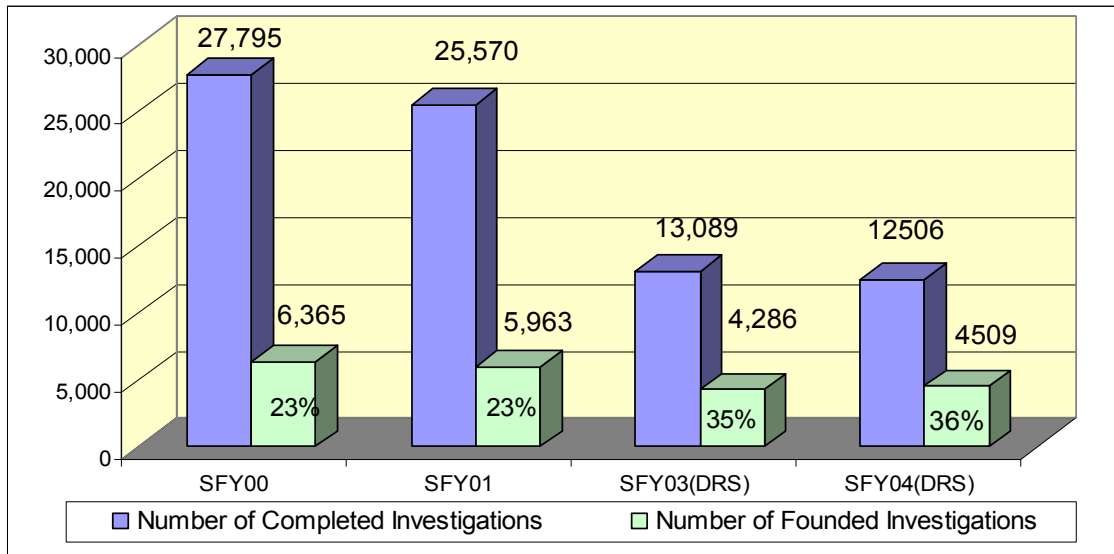
A referral that is initially treated as a family assessment may be changed to an investigation if, in the course of conducting the assessment, the local agency finds out that it is a situation mandated for investigation or that there is a serious safety issue. A high volume of reassignments might suggest problems in gathering information for the track assignment or in making appropriate decisions about track assignment. Two percent of referrals originally put in the family assessment track in 2003 were later changed to an investigation, the same percentage as in the last six months of 2002. This low rate of reassignments suggests that there are few errors in track assignment. A previously conducted review of referrals that were reassigned in 2002 showed that the reassignments were appropriate and generally resulted from new information discovered by the local agency.

Number of Investigations and Number of Founded Investigations¹²

The addition of the family assessment track naturally meant that there were fewer investigations under DRS than in the preceding years. There were 27,795 investigations in SFY 2000 and 25,570 in SFY 2001, before DRS, but only 13,089 in SFY2003 and 12,506 in SFY2004 (Figure 8). The percent of investigations that were founded, however, increased from 23 percent during the two baseline years to 35 and 36 percent in the two DRS periods. This increase in the percent of founded investigations was expected since cases with serious safety concerns should be placed in the investigation track while many other referrals are placed in the assessment track.

¹² Data are from the CPS Referrals and Findings Report for each period. Data for SFY02 are not included since they overlap with the introduction of DRS. There are some differences between these DRS data and OASIS data used in other parts of the report. OASIS data elsewhere in the report are for the calendar year 2003. In addition, in any given period, some referrals have not yet been completed and entered into the data system so the totals vary depending on when each data file was created.

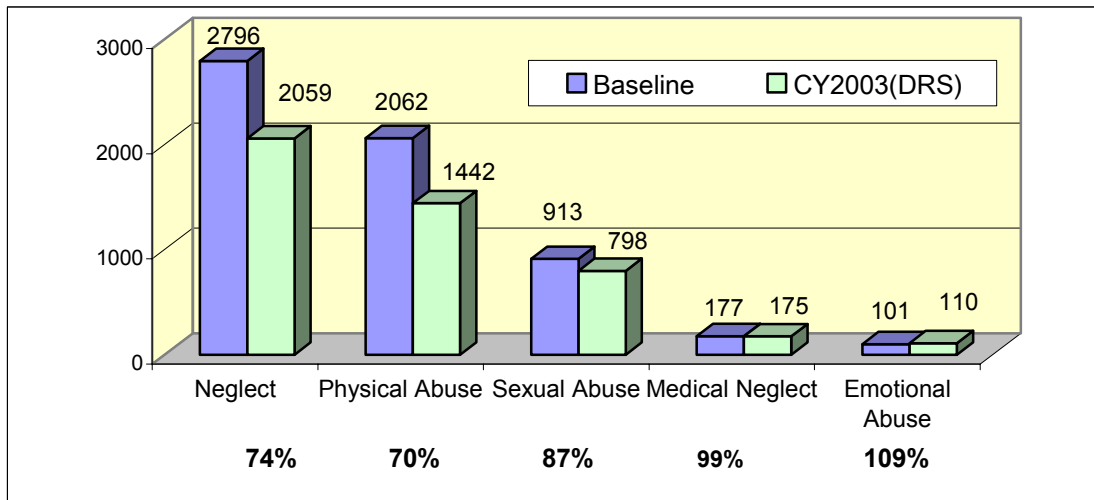
Figure 8: Number of Investigations and Percent of Investigations with Founded Dispositions



Source: CPS Referrals and Findings Reports from OASIS.

Figure 9 shows the number of founded investigations with each type of abuse or neglect in the baseline and DRS periods. The percentage below each abuse or neglect label is the number of founded investigations in the DRS period as a percent of the baseline number.

Figure 9: Number of Founded Investigations with Each Type of Alleged Abuse or Neglect and DRS Period as Percent of Baseline Period



Source: OASIS

Note: Baseline data are the combined means for SFY2000 and SFY2001. DRS data are for calendar year 2003.

There were fewer founded investigations under DRS than in the baseline period. The total number of founded investigations in 2003 was 76 percent of the average for the two baseline years (data not shown.) The greatest percentage decline was in neglect and physical abuse. There were 74 percent as many founded investigations for neglect and 70 percent as many for physical abuse in 2003 as in the baseline period. There were 87 percent as many founded sexual abuse investigations. The number of founded investigations of medical neglect and emotional abuse were about the same as in the baseline period. The decrease in the number of founded investigations for neglect and physical abuse suggests some referrals for neglect and physical abuse would probably have been founded investigations under the previous system but were treated as family assessments under DRS.

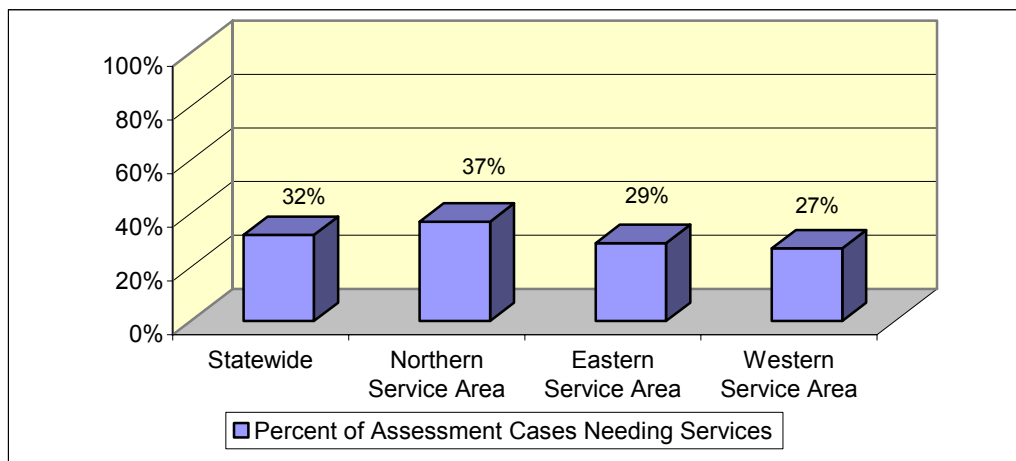
Services

One of the purposes of DRS is to try to ensure that families receive services needed to prevent or treat child abuse. It is hoped that by engaging families in a less threatening way in the assessment track, they will be more likely to acknowledge family problems and agree to receive recommended services. CPS workers are able to enter into OASIS information about the service needs of families in the assessment track. Specifically, OASIS shows the services needed, the intended provider of the services, and whether the family was or would be receiving services as far as the worker knew at the time data entry for the assessment was completed. Available data do not allow a comparison between service provision before and after DRS. Equivalent data for investigations were not available in time period covered by this report but will be available for later periods so that it will be possible to compare services provided in investigations and assessments.

Services Needed

CPS workers identified 32 percent of families in the assessment track as having one or more service needs (Figure 10), the same percentage as in the last six months of 2002.

Figure 10: Assessment Cases with Service Needs, by Service Area



Source: OASIS, Family Assessments Accepted January through December 2003

The three service areas differed in the percentage of assessment cases with recorded service needs, although not as much as they did in 2002. Thirty-seven percent of assessments cases in the Northern Service Area had identified service needs compared to 29 percent in the Eastern and 27 percent in the Western Service Areas.

No direct evidence is available to determine whether the higher percentage of families with service needs in the Northern Service Area is due to more families in that region having a need for services or whether other factors may play a role in these regional differences. The Northern Service Area includes most of the wealthier localities in the state, localities in which services are more likely to be available. The earlier evaluation of the Multiple Response System pilot found evidence that workers tended not to identify service needs when they knew the services were not available. It is possible that the same pattern is occurring under DRS and that workers in the Northern Service Area more often record information about service needs because they expect the services to be available.

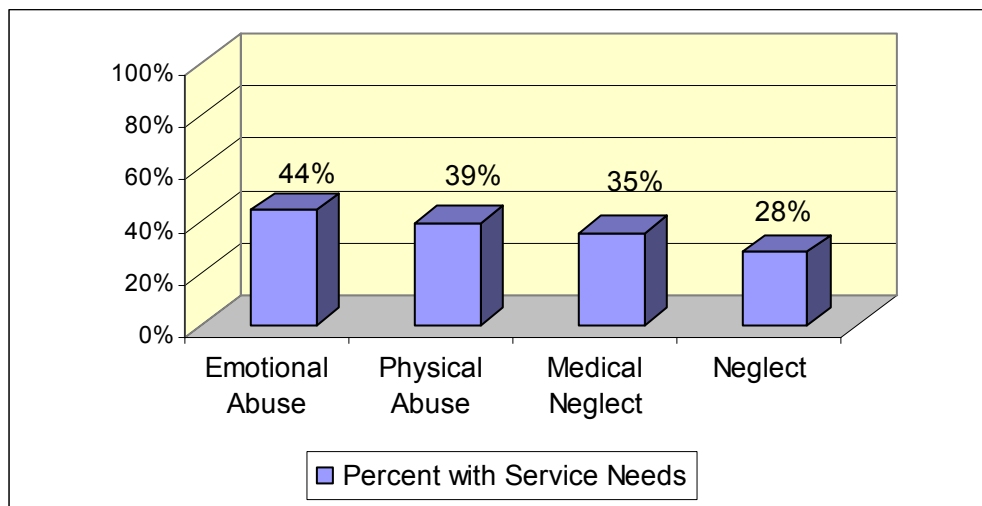
Some informal feedback from local staff and regional CPS specialists has suggested that workers may sometimes skip entering service needs into the record due to time pressures and the lower priority given to data entry compared to more pressing tasks. These two factors may, indeed, reinforce one another. If services are not available, workers may be even less inclined to spend time on what they may view as meaningless data entry.

One indirect piece of evidence suggests data entry may have been skipped when services were not available. When completing data entry on a referral, workers enter the status of any recommended services and have the opportunity to indicate that a needed service is not available. Among all the families with identified service needs, only six percent were recorded as needing a service that was not available – a category that includes the service not being offered in the community, the family not being eligible for the service, a waiting list for the service, or no funds available to pay for the service. Last year's report included results from a survey of local agency staff. There were many comments from local agency supervisors and directors about a scarcity of resources making it difficult to provide needed services to families. Thus, it is surprising that the OASIS records analyzed show only six percent of families as unable to receive needed services. These data suggest that some service needs may not be recorded in OASIS or are recorded only in the narrative portion of the record, which is not readily accessible to data collection. New requirements for recording data on services in OASIS became effective July 2004 and may clarify this issue.

Service Needs and Type of Abuse Neglect

The percentage of families needing services varied somewhat depending on the type of abuse or neglect (Figure 11). Service needs were most often identified in cases involving emotional abuse (44 percent), followed by physical abuse (39 percent), medical neglect (35 percent), and physical neglect (27 percent). The same general pattern was found in the three service areas. This pattern is virtually identical to that found in the data for the last half of 2002.

Figure 11: Percent of Assessment Cases Needing Services, by Type of Alleged Abuse or Neglect



Source: OASIS, Family Assessments Accepted January through December 2003

Table 1 shows the services documented as needed by assessment track families. The number of families needing each service is shown both as a percent of all families in the assessment track and as a percent of those families with identified service needs. The three most frequently needed services were counseling (18 percent of all families), parent education (7 percent) and substance abuse evaluation or treatment (4 percent). The percentages in Table 1 for CY2003 are almost exactly the same as the percentages reported last year for the last six months of 2002. This close similarity suggests a consistent pattern of service needs among assessment track families as recorded by CPS workers. As discussed earlier, however, it may be that workers tend not to record service needs when they know particular services are not available. Thus we cannot be sure whether the pattern of service needs shown here reflects actual need or, to some extent, the availability of particular services.

Table 1: Services Needed by Families in Assessment Track

Service Needed	Percent of All Assessments	Percent of Assessments with Service Needs
Counseling	18%	55%
Parent education	7%	25%
Substance abuse evaluation or treatment	4%	11%
Medical psychological care	2%	7%
Domestic violence services	2%	6%
Daycare	2%	6%
Medical health care	2%	6%
Information and referral	2%	6%
Financial assistance	1%	5%
Vocational education	1%	4%
Other services	8%	25%
No service needs identified	68%	
<i>Number of Assessments</i>	<i>17,613</i>	<i>5,691</i>

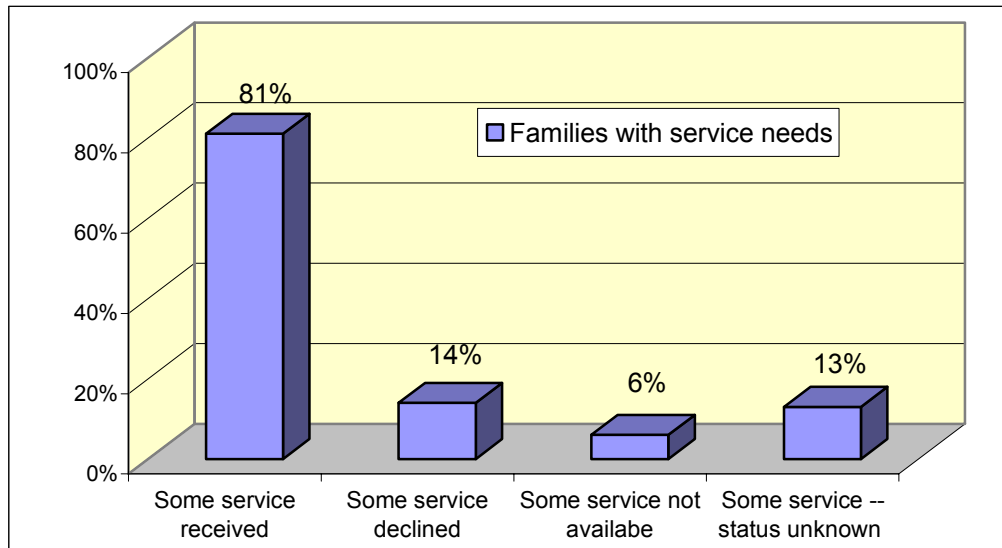
Source: OASIS, Family Assessments Accepted January through December 2003

Number of Families Receiving Services

For each identified service, CPS workers entered the status of service receipt at the time they completed data entry for that referral. At that point, 26 percent of families in the assessment track either had received or were expected to receive one or more services.¹³ Among those needing services, 81 percent received or were expected to receive services. Fourteen percent of families declined at least one service, and six percent needed at least one service that was not available. Thirteen percent had at least one service need for which the service status was unknown (Figure 12). Although, as discussed above, somewhat fewer families in the Eastern and Western Service Areas had service needs identified, there were no differences between the regions in the percent of families with identified service needs who did receive services.

¹³ Included are services recorded in OASIS as completed, in progress, or application pending. The “application pending” category is included because the data show relatively few instances of workers indicating that a service was not available, so the applicants are likely to receive the service. However, some families may ultimately decline a pending service or encounter other difficulties such as a waiting list. Thus the ultimate number of families receiving services may be somewhat less than shown in Figure 12. Families in need of more than one service could be counted in two or more categories, for instance, refusing one service and receiving another.

Figure 12: Service Receipt by Assessment Track Families with Service Needs



Source: OASIS, Family Assessments Accepted January through December 2003
Note: Adds to more than 100% because families may be in more than one category.

In summary, data on services show that the large majority of families with service needs that were documented in OASIS received at least some of the needed services. The most frequent reason for a family not receiving services was that they declined the service. The data show only a small proportion of families as needing a service that was unavailable. As discussed above, however, it is possible that some workers do not enter data on service needs when they know the services are not available, so these findings should not be interpreted to mean that there is little or no problem in providing families with services. Last year's survey of local agency directors and CPS supervisors suggested that many local agencies find it difficult to provide all needed services.

Services and Risk Assessment

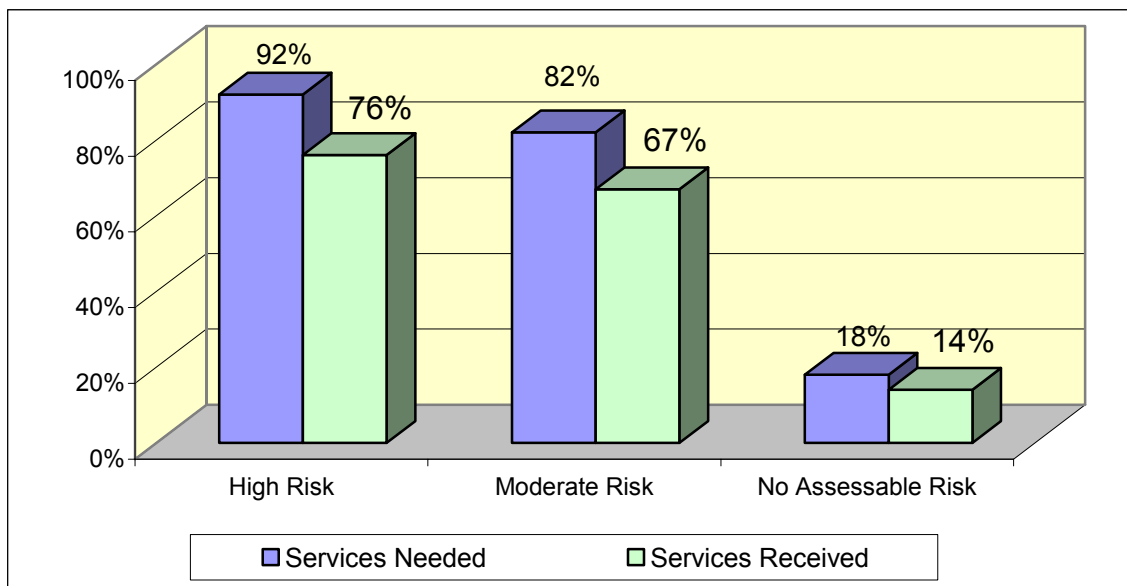
The above discussion of service needs and receipt reports data on all family assessments combined. Another way to look at services is to consider the risk assessment assigned to each family at the completion of the family assessment. The risk assessment is an estimate of the risk of future abuse or neglect for children in that family. Risk assessment categories are: high (3 percent of all assessments), moderate (20 percent of all assessments), or no reasonably assessable risk (77 percent of all assessments).

Figure 13 shows a high level of identified service needs and service receipt among families rated as high or moderate risk. Ninety-two percent of high risk and 82 percent of moderate risk families were determined to have service needs. Seventy-six percent of high risk and sixty-seven percent of moderate risk families received services. Understandably, identification of service needs and receipt of services was much lower among families with no assessable risk, with 18 percent needing services and 14 percent receiving them.

One question raised by these data, however, is why eight percent of families at high risk of future abuse or neglect and 18 percent at moderate risk were not identified as having service needs. The available data do not provide a basis for answering that question. At the other end of the spectrum are families with no assessable risk that were nonetheless identified as having service needs. It may be that while the circumstances did not lead the worker to identify the children as at risk for abuse or neglect, there were services that would be beneficial to the family. The case review analyses later in this report include some examples of situations in which families were determined to need services to meet needs other than preventing abuse or neglect and were provided with appropriate services.

In each of the three risk assessment groups, the percent of families with service needs that received services was high and did not vary much by risk. Among families with identified service needs, 83 percent of high risk, 82 percent of moderate risk, and 78 percent of families without assessable risk received services (data not shown). As discussed above, while in some cases workers indicated that a needed service was not available, more often the reason a family did not receive a service was that they declined to receive the service.

Figure 13: Service Needs and Service Receipt by Risk Assessment



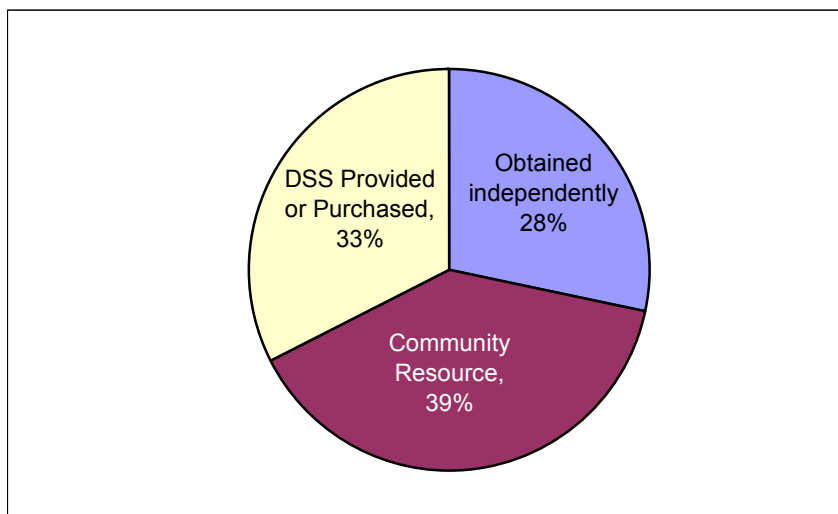
Source: OASIS, Family Assessments Accepted January through December 2003

An interesting finding related to the allocation of resources was that although families in the high and moderate risk categories were much more likely to receive services, the large percentage of families (77 percent) with no assessable risk accounted for a substantial proportion of those receiving services. Among all families who received services, eight percent were high risk, 49 percent were moderate risk and 43 percent had no assessable risk of future abuse or neglect.

Sources of Services

Figure 14 shows the source of services received or expected to be received for each service. As discussed above, these data are based on what the worker knew when data entry for the referral was completed. A family might receive services from more than one source.

Figure 14: Source of Services



Source: OASIS, Referrals Accepted January through December 2003

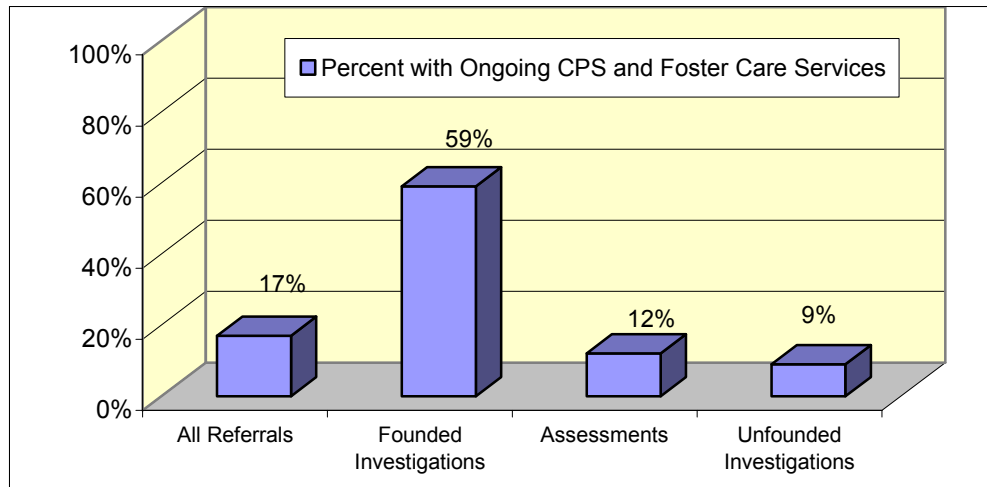
Community resources provided 39 percent of services. Many different kinds of providers are included in this category. Examples include a community mental health clinic, a food bank, a church sponsored parenting class, medical services from the Department of Health, or a public school's before and after school child care program. The local DSS agency provided or purchased 33 percent of the services. Examples are counseling or parent education provided by social workers in the agency, subsidized day care, or payment for substance abuse evaluation. Twenty-eight percent of the services were expected to be obtained independently by the family. For instance, a family might agree to counseling but prefer to receive counseling from their pastor or agree to provide after school care for a child but want to obtain that service from a relative. The percentage of services expected to be received from each source was exactly the same in the 2003 assessments as in assessments initiated in the last half of 2002.

Ongoing CPS and Foster Care Services

The above discussion of services families received is based on data from the special OASIS services screens that capture information about service needs identified during the 45 to 60 day period for conducting the family assessment. OASIS also includes information about "ongoing CPS" and foster care services provided after a family assessment or investigation is completed. (Unlike the other service data discussed in this section, which were available in this time period only for family assessments, data on ongoing CPS and foster care services were also available for investigations and are reported here.) If a child is placed in foster care, or if the

agency determines that the family needs child protective services beyond the 45 to 60 day assessment or investigation period, the agency opens a foster care or ongoing CPS case.

Figure 15: Ongoing CPS and Foster Care Services by Disposition



Source: OASIS, Referrals Accepted January through December 2003

Seventeen percent of all referrals involved ongoing CPS or foster care services. Receipt of these services varied by disposition: founded investigations, 59 percent; assessments, 12 percent; and unfounded investigations, 9 percent. The high rate in founded investigations is not surprising since these are situations where abuse or neglect was confirmed. In family assessments, these services were concentrated in families with a risk assessment of “high” or “moderate.” The percentage of families receiving ongoing or foster care services was 66 percent in high risk families, 33 percent in moderate risk families, and 4 percent in families with no assessable risk.¹⁴

The OASIS data extract for this report included data on foster care that was not available for last year’s report. The data covers foster care placement that occurs within 90 days of the disposition of the referral. Comparable data on foster care are not available for the baseline period so no comparisons can be made between DRS and the earlier period.

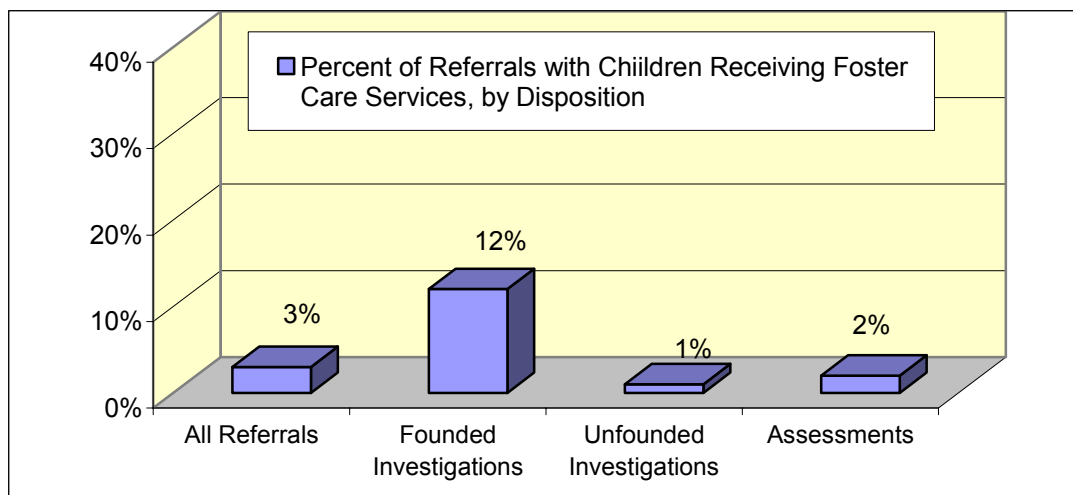
Figure 16 shows that three percent of all CPS referrals in 2003 involved foster care placement. As would be expected, founded investigations had the highest foster care rate. Twelve percent of founded investigations resulted in a foster care placement. Children in one

¹⁴ It was reported above that 26 percent of assessment track families had received or were expected to receive services, a substantially higher percentage than the 12 percent of families reported in Figure 15. It is not surprising that the percentage of assessment track families with ongoing cases opened would be lower than the total percentage that received or were expected to receive services. There are circumstances in which an ongoing case would not be opened, including services being completed during the assessment period, or services not requiring arrangement by or follow-up by the agency – for instance if a family sought private counseling. In addition, in some cases the agency may have lacked resources to provide the ongoing services the family was expected to receive.

percent of unfounded investigations and two percent of assessments were also placed in foster care.

It may seem surprising that any referrals other than founded investigations would result in foster care. However, even though an investigation was unfounded, a child could be determined to be unsafe for other reasons or in need of foster care for a reason not related to an issue of abuse or neglect. For example, in one of the cases included in the case reviews reported on later in this report, there was no abuse or neglect, but the mother required hospitalization and foster care services were provided for the child. In family assessments, the local agency is supposed to change the referral to an investigation if the agency takes custody. However, since the data include any foster care placement that occurred within 90 days after the disposition, data for those referrals can show placement that occurred after work on the referral was completed.

Figure 16: Foster Care by Disposition



Source: OASIS, Referrals Accepted January through December 2003

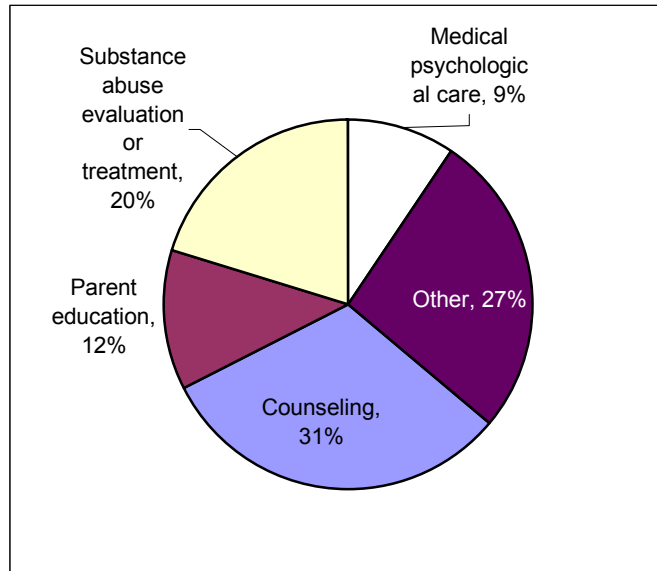
Court-Ordered Services

Sometimes the local agency asks the Juvenile and Domestic Relations Court to order the family to accept a service. Court orders can be sought in assessments just as in investigations. Two percent of all families in the assessment track and 6 percent of families with service needs were the subject of a court order to accept services during the 45 to 60 day assessment period.¹⁵

The most frequent court ordered service was counseling (31 percent). Services related to substance evaluation or treatment constituted 20 percent of court ordered services, followed by parent education (12 percent), and medical psychological care (9 percent). A quarter of the court orders covered a variety of other services (Figure 17).

¹⁵ The court ordered services discussed here do not include courts orders removing children from the parent's custody and placing them in foster care. Foster care is discussed in the preceding section. No data for this period were available on court-ordered services in investigations.

Figure 17: Court Ordered Services



Source: OASIS, Referrals Accepted January through December 2003

Case Reviews

Purpose of Case Reviews

Case reviews are helpful in understanding the operations of DRS because there are many details of the case that are not captured by the OASIS data used for the statistical analyses presented earlier in this report. The case reviewer could see other OASIS screens that provided a fuller picture of the issues present in the referral and how the agency responded. The reviewer was also asked to apply her judgment, as a highly experienced CPS supervisor, to several issues that provide additional insight into local agency practices and performance.

The case reviews focus on families with more than one CPS referral in 2003. The reason for this selection was that these were the families most likely to have a substantial abuse or neglect problem and it would be possible to see how their CPS referrals were handled. Were service needs identified? Were services provided? Were possible contributing factors such as substance abuse or domestic violence identified and addressed?

The case reviews covered families with an initial referral in January 2003 and a subsequent referral any time during the remainder of the year. Prospective referrals for review were initially chosen by identifying each child who was included in more than one referral. Child level data were used to identify the relevant referrals -- which could include more than one child. The list of referrals was refined by eliminating out-of-family referrals. There were some referrals for which data were no longer accessible because that information, as required by law, had been purged from the system before the review could be conducted.

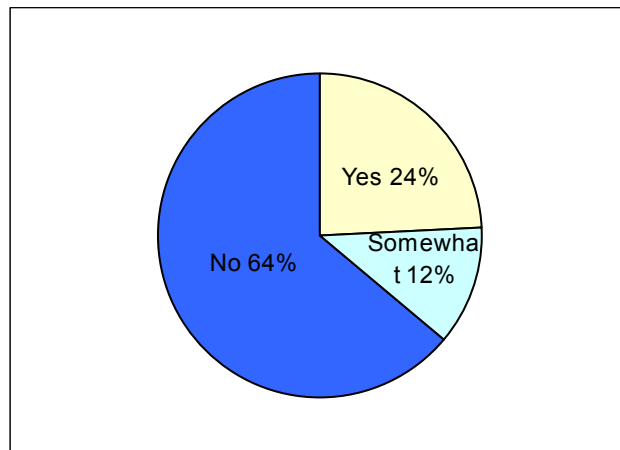
Documentation

One issue that arose in the case reviews was the extent and quality of the documentation for each referral. VDSS and the local agencies have moved from a system in which “hard copy” written documentation was used to supplement data entered into a centralized database to one in which the intention is that eventually almost all aspects of the referral will be documented in OASIS. The case reviewer encountered some problems with the reviews because of lack of sufficient documentation or lack of access to documentation. There are some items that are kept in a hard file and not accessible through OASIS, but there also appeared to be some problems with failure to complete documentation that should have been in OASIS. In the period covered by these reviews, workers were not required to put data on ongoing cases in OASIS, but that requirement was instituted in July 2004.

The case reviewer reported that in only 57 percent of the referrals was the documentation clear and complete. In 27 percent, documentation was adequate but more detail would have been useful, and in 16 percent documentation was “sparse or incomplete,” including over four percent in which many items could not be completed because there was no information beyond the bare facts of the complaint and disposition.

After completing each review, the reviewer reported whether documentation problems made it difficult to review the case and answer all the questions in case review instrument. She reported no difficulty in 64 percent of the reviews but found it difficult or somewhat difficult to complete 36 percent of the reviews (Figure 18).

Figure 18: Did Lack of Documentation Made it Difficult to Review the Case



Source: Case Review Database

The case reviewer completed reviews for 194 families with an initial complaint in January and at least one subsequent complaint in 2003 (Table 2). Since some families had more than two complaints, the total number of referrals reviewed was 446. Seventy-seven percent of families had two complaints during the year; 16 percent had three complaints; six percent had four complaints and one family had five complaints. The figures in Table 2 do not necessarily

represent the total number of complaints ever received for a particular family. Any of the families could have been the subject of a CPS complaint in an earlier period.¹⁶

Table 2: Number of Referrals Reviewed

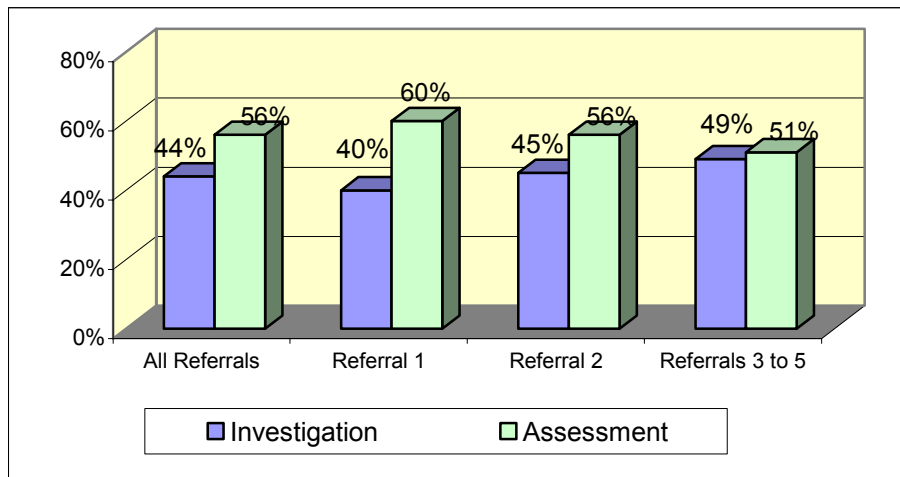
Number of Referrals per Family	Number of Families	Total Referrals Reviewed	Percent of Families
2	150	300	77%
3	31	93	16%
4	12	48	6%
5	1	5	<1%
Total	194	446	100%

Source: Case Review Database

Track Assignment and Type of Abuse/Neglect

Track assignment of the referrals in the case reviews was generally similar to that found in all referrals in 2003. Fifty-six percent of referrals were placed in the assessment track (Figure 19), compared to 61 percent for all referrals for the year. Use of the investigation track increased, however, as families accumulated more referrals, rising from 40 percent in the families’ first referrals, to 45 percent in the second, and 49 percent in the third through fifth referrals.

Figure 19: Track Assignment in Cases Reviewed

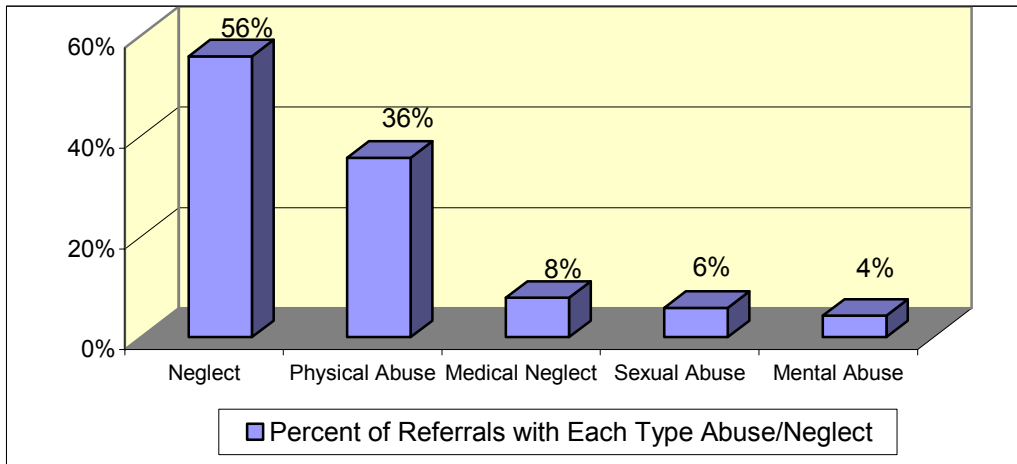


Source: Case Review Database

Neglect and physical abuse were the two most frequent kinds of alleged abuse or neglect in the referrals selected for the case review. Neglect was alleged in 56 percent and physical abuse in 36 percent of the cases reviewed. Medical neglect was included in eight percent of referrals, sexual abuse in six percent, and mental abuse in four percent (Figure 20).

¹⁶ For some case review variables there are a few cases with missing data. Those instances are ignored in the data reported here. Data are reported for all referrals for which there is data.

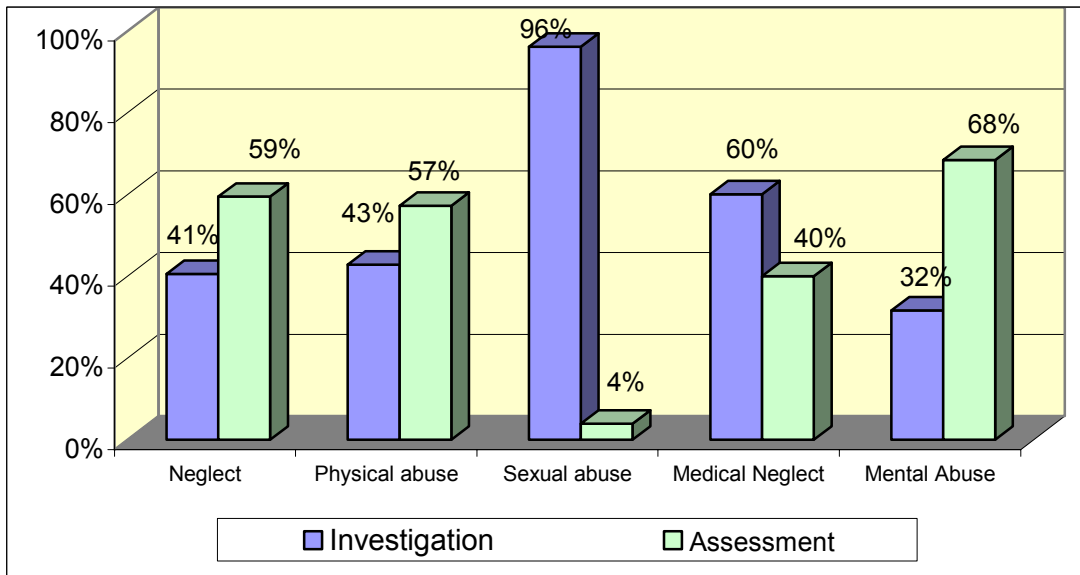
Figure 20: Type of Abuse/Neglect in Cases Reviewed



Source: Case Review Database. Adds to more than 100% because referrals can include more than one type abuse/neglect.

Except for referrals alleging sexual abuse or medical neglect, a majority of referrals were placed in the assessment track. Fifty-nine percent of referrals for neglect, 57 percent of referrals for physical abuse and 68 percent of referrals for mental abuse were handled as assessments. Ninety-six percent of referrals alleging sexual abuse and 60 percent of referrals alleging medical neglect were investigated.

Figure 21: Track Assignment by Type of Abuse/Neglect in Cases Reviewed



Source: Case Review Database

The reviewer’s comment on the one referral for sexual abuse that was placed in the assessment track reveals one reason why some sexual abuse referrals, which are mandated for investigation, may be placed in the assessment track. In this particular case, the reviewer noted that it was not clear that what the child described as having happened was actually sexual abuse.

The reviewer thought that was a poor choice of maltreatment type and that neglect was probably the more appropriate category. Perhaps this referral was not investigated because the worker realized that it was not “really” sexual abuse.

The case reviewer determined the basis for the track assignment for each referral. The possible reasons included:

- Family Assessment – No Imminent Danger. The reviewer chose this answer only when the information in the referral was definitively clear that the child was safe.
- Family Assessment – Agency Judgment. These are referrals in which the agency could have chosen either a family assessment or an investigation.
- Investigation – Agency Judgment. There are referrals in which the agency could have chosen either a family assessment or an investigation. Investigation was not mandatory.
- Investigation – Serious Injury. Code requires investigation.
- Investigation – Sexual Abuse. Code requires investigation.
- Investigation – Local Agency Took Custody. Code requires investigation.
- Investigation – Family was Subject of Three Previous Assessments. CPS Policy calls for investigation in this circumstance.

All decisions to place a referral in the assessment track are a matter of agency choice since there are no referrals for which an assessment is required. Therefore, in a sense, “agency judgment” applies to all the referrals, but the case reviewer found, more specifically, that 53 percent of the assessment track referrals were ones in which it was clear there was no imminent danger to the child (Table 3).

Investigations can be either a matter of agency choice or be required by code or CPS policy. In sixty-one percent of investigations, track assignment was based on agency judgment. Mandated reasons for investigation included the local agency taking custody (16 percent), sexual abuse (11 percent), three previous family assessment (7 percent), and serious injury (5 percent).

Table 3: Basis for Agency Track Assignment

	All Referrals	Within Each Track
<i>Family Assessments</i>		
FA-No Imminent Danger	30%	53%
FA-Agency Judgment	27%	47%
<i>Investigations</i>		
INV- Agency Judgment--Not Mandated	27%	61%
INV - DSS Took Custody	7%	16%
INV - Sexual Abuse	5%	11%
INV - 3 Previous Assessments	3%	7%
INV - Serious Injury	2%	5%

The case reviewer reported whether or not she agreed with the local agency's track assignment (Table 4). As discussed above, most referrals could be placed in either track so where there is disagreement, the basis for the disagreement is usually a different judgment about the best approach for a given referral. The case reviewer could base her judgments only on the information recorded in OASIS, and there may have been other factors considered by the local agency that influenced track assignment.

Table 4: Reviewer's Evaluation of Track Assignment

Agree or Disagree with Track Assignment	Percent of Referrals	Number of Referrals
Agree or Can't Tell*	81%	361
Disagree --Investigation should have been assessment – no reason for investigation	17%	78
Disagree -- Assessment should have been investigation – investigation mandatory for this circumstance	1%	6
Disagree --Assessment should have been investigation – family history suggests need for investigation	< 1%	1
Total	100%	446

Source: Case Review Database

*In a few referrals the documentation was insufficient for the reviewer to determine whether she agreed.

Bearing those caveats in mind, the reviewer disagreed with track assignment in 19 percent of the referrals. The primary reason for disagreement was a belief that a complaint that was investigated should have been treated as a family assessment (17 percent). She disagreed with one percent of the track assignments because a complaint put in the assessment track appeared to be mandatory for investigation. In one case, she believed the family's history suggested a need for the more authoritative approach of an investigation.

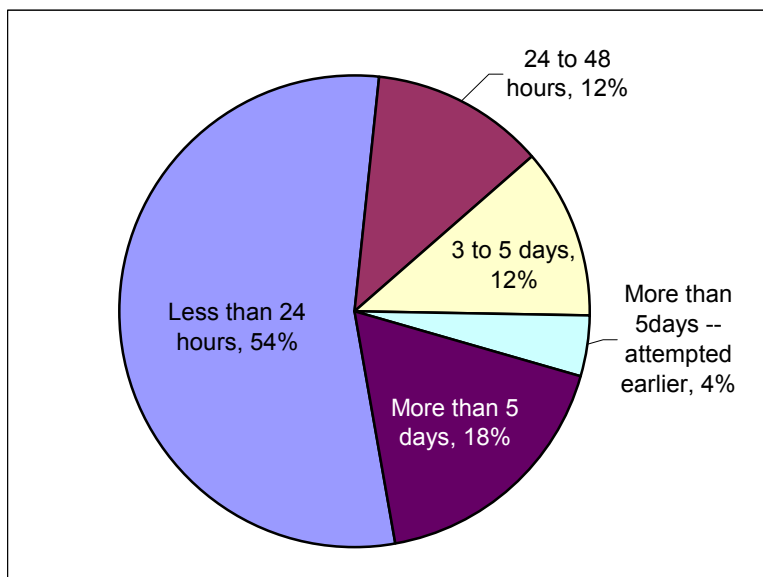
The reviewer commented that except for a handful of referrals, all track assignments complied with CPS policy, law and regulation. When she disagreed, she did not view the agency's track decision as "wrong." Based on her own long experience as a CPS supervisor, she believes an agency's choice of track reflects that agency's 1) philosophy towards CPS, 2) comfort, or lack thereof, with a seemingly very new and different approach to CPS represented by the introduction of the family assessment track, and 3) the agency's perception of what their stakeholders expect in terms of follow up/resolution of CPS reports. She said that when she disagreed with assignment to the investigation track, the key question was whether the local agency had an opportunity to handle a referral differently and in a way that might have led to a better outcome for the family. She was not asserting that a family assessment would necessarily have led to a more productive outcome, but it might have. Her sense of missed opportunities was particularly strong in the case of many unfounded investigations where it seemed that even though abuse or neglect was not substantiated, the family could have benefited from services and the less threatening family assessment approach might have served the child and family better.

Timeliness of Response

In just over half the referrals (54 percent), a CPS worker made the first meaningful contact with a family within 24 hours after receiving the complaint (Figure 22). Workers responded within 24 to 48 hours in 12 percent of complaints and 3 to 5 days in another 12 percent. Four percent of the time, the first meaningful contact was more than five days after receiving the complaint, but the worker had tried to contact the family earlier. In 18 percent of the referrals, however, contact was not made until more than five days after receiving the referral and there was no evidence of any earlier attempt.

These data suggest some problems with ensuring a timely response. Taking more than five days may not necessarily indicate that an agency is failing to respond in a timely fashion. The case reviewer noted in one instance, for example, that the worker knew that the alleged perpetrator was no longer in the household so there may have been less concern with a timely response than in a situation where the safety of the child was at issue. In many cases, though, the reviewer expressed concern about the lack of a timely response, noting in one instance, for example, that bruises were probably no longer evident by the time the worker responded to the complaint.

Figure 22: Timeliness of Local Agency Response in Cases Reviewed



Source: Case Review Database

The case review did not cover enough cases to make possible an analysis of response times by individual agencies. Most agencies had only a few referrals included in the review so no conclusions can be drawn about their usual response times. However, there is some evidence that if there is a problem, it may be concentrated in specific agencies. Analysis of the first two referrals for each family revealed that there were three agencies that accounted for 15 percent of all the referrals, but 33 percent of the referrals that took more than five days for meaningful contact. This finding suggests a possible need to look more closely at the reasons for delayed response in some agencies.

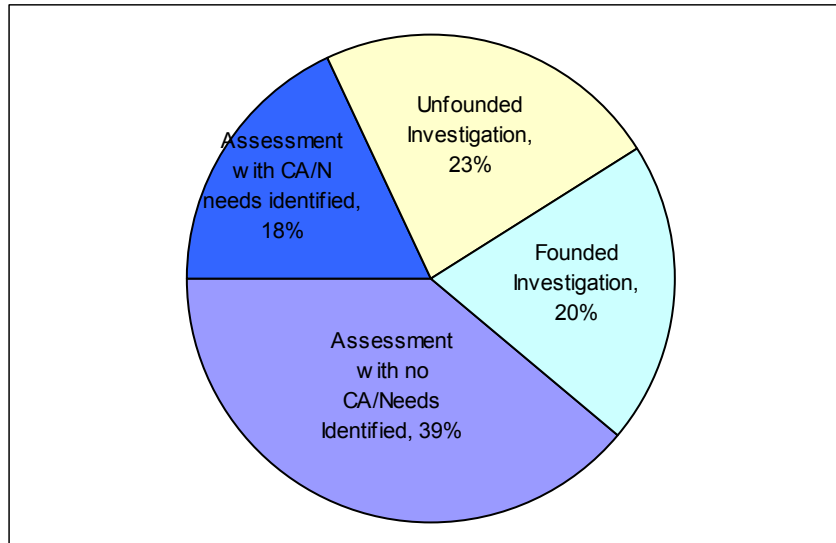
Disposition

In some of the analyses below, data are presented in terms of the disposition of the referrals. For investigations, the disposition is either founded or unfounded. Assessments are divided between those with or without CA/N (child abuse or neglect) service needs. The case reviewer used both the worker's indication of whether services were needed and her own judgment about whether there were service needs that were not identified by the worker.

The category "assessment with CA/N needs" refers specifically to a need for services to prevent or treat abuse or neglect. A family might also need services *not* connected with abuse or neglect. For instance, an allegation of child abuse might be baseless, but the worker might discover that the mother was having trouble securing after school care for her child while she was at work and refer the mother to the local agency's subsidized child care program. In that event, the assessment would have been coded as "without CA/N needs" but the family could have received services from the local agency. Similarly, in an unfounded investigation, there might not be abuse or neglect, but parental conflict over finances could lead to a referral for help with budgeting, or financial assistance, or counseling to reduce conflict.

Figure 23 shows the disposition of all the reviewed referrals. Thirty-nine percent of the referrals were assessments with no abuse or neglect needs identified. Eighteen percent were assessments with needs related to abuse or neglect. Unfounded investigations made up 23 percent of the referrals and founded investigations, 20 percent.

Figure 23: Disposition of All Referrals in Cases Reviewed



Source: Case Review Database

Forty-seven percent of all the investigations were founded, higher than the 36 percent founded rate for all investigations in 2003. It is not surprising that there was a higher founded rate among the referrals chosen for review. The case review focused on families with at least two referrals during 2003, and it is reasonable to assume that families with more than one referral were more likely to have an abuse or neglect problem and, therefore, more likely to have a founded investigation.

Table 5: Percent of Founded Investigations by Referral in Cases Reviewed

Referral Number	Percent Founded	Number of Investigations
Referral 1	36%	78
Referral 2	51%	88
Referral 3	57%	21
Referrals 4 and 5	75%	8

Source: Case Review Database

Figure 19 above showed that use of the investigation track increased somewhat in second and subsequent referrals on a family. Later investigations were also founded at a higher rate. The percentage of investigations with a founded disposition increased from 36 percent in the families' first referrals, to 51 percent in second referrals, 57 percent in third referrals, and 75

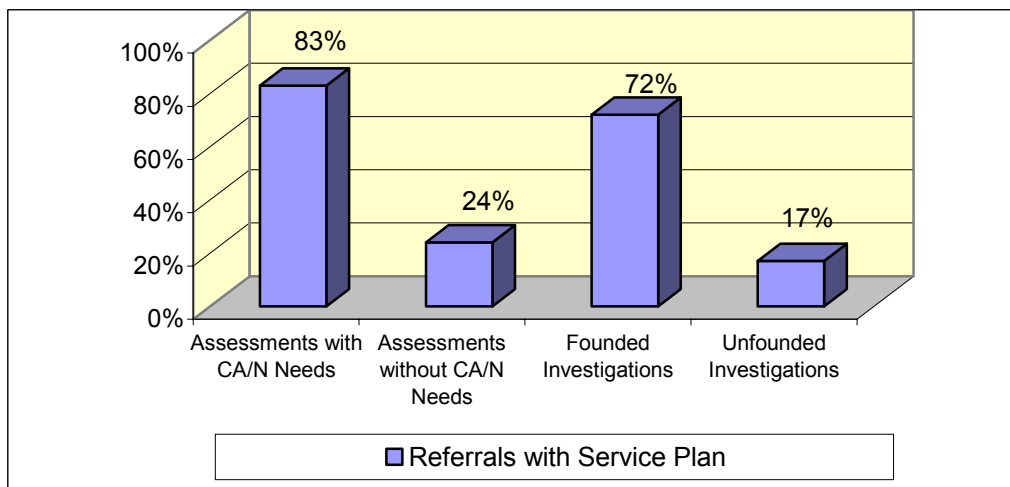
percent in the fourth and fifth referrals. This finding is what would be expected. Multiple referrals for a family are likely to indicate a substantial, persistent problem of abuse or neglect.

Services

The case reviews provided an opportunity for a more intensive examination of services needs and service delivery than was possible in the analyses earlier in this report which were based only on those portions of the OASIS database that could be accessed for statistical analysis. The case reviewer was able to gather information from OASIS screens in which workers enter comments so that a fuller picture of the course of the referral was possible. She was also able to consider whether all service needs had been identified or whether the worker had overlooked a need that the reviewer believed the family had.

The case reviewer determined whether there was a service plan or other indication that the worker tried to ensure that the family would receive needed services.¹⁷ Forty-two percent of the assessments included a service plan as did 43% of investigations. Understandably, there was a major difference between assessments with and without child abuse or neglect needs and between founded and unfounded investigations. Eighty-three percent of assessments with child abuse or neglect needs and seventy-two percent of founded investigations had service plans. Workers did try to ensure services for families with clear issues of abuse or neglect. In addition, twenty-four percent of assessments without abuse or neglect needs and seventeen percent of unfounded investigations included a service plan.¹⁸

Figure 24: Disposition and Service Plan in Cases Reviewed



Source: Case Review Database

¹⁷ The analysis will use the term “service plan” to cover both a formal service plan and other evidence the case reviewer found indicating an attempt to provide services.

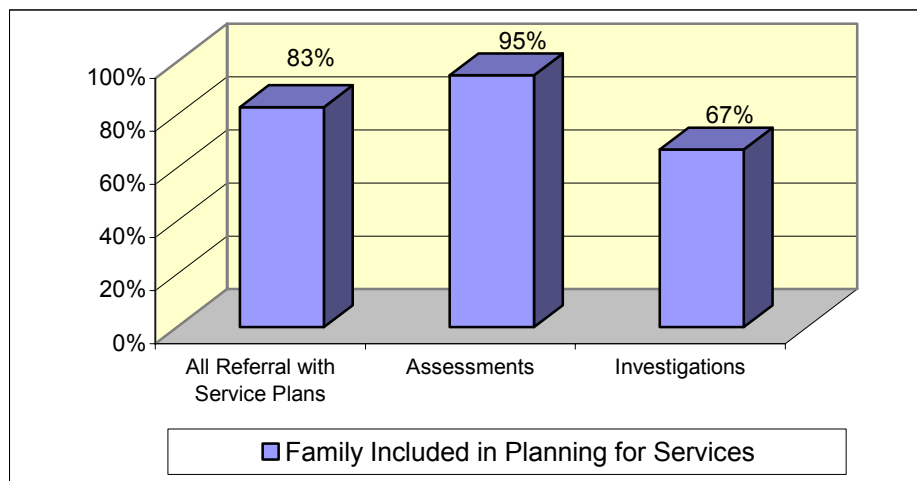
¹⁸ In some instances the case reviewer noted that the family was already receiving services which might have been initiated through earlier contact with the local agency, including prevention programs, or through other means such as a referral to counseling from the school system.

The attempt by workers to provide services was evident even in the families' first referrals (remembering that the family could have had referrals before 2003.) In the first set of referrals, 79 percent of assessments with abuse or neglect needs and 71 percent of founded investigations had service plans or other evidence of efforts to provide services.

One of the purposes of DRS, and particularly the family assessment track, was to try to engage families in a less threatening way and to involve them in identifying needs and planning for services to meet those needs. Among all referrals that included a service plan, the case reviewer found that families were included in planning for the services 83 percent of the time. Families were included more often in assessments (95 percent) than in investigations (67 percent) (Figure 25). It is possible that a higher proportion of families in investigations may have been included in service planning. Because OASIS does not have the same services screen for investigations as for family assessments, sometimes the case reviewer could not tell whether the family was included.

As discussed above, 42 percent of all referrals included a service plan. However, the fact that there was a service plan does not mean that the family actually received services. Figure 26 shows the percentage of families that either received services or "possibly" received services. "Services received" means that there was sufficient documentation for the case reviewer to determine that the family had in fact received the relevant services. "Possibly received services" refers to situations in which there was a service plan or other indication that the worker was trying to ensure that the family received services, but the case reviewer could not tell from the available information whether the family actually did receive services. For example, where the plan was for the family to receive services independently, such as counseling by their pastor or medical/psychological services covered by their health insurance, there often was no record of whether the family followed through. Another kind of situation coded as "possibly received services" were those instances where an ongoing CPS service case was opened while an investigation was in progress, but the OASIS record did not show whether any services were actually provided. This should change as a result of the CPS policy and OASIS changes that became effective in July 2004.

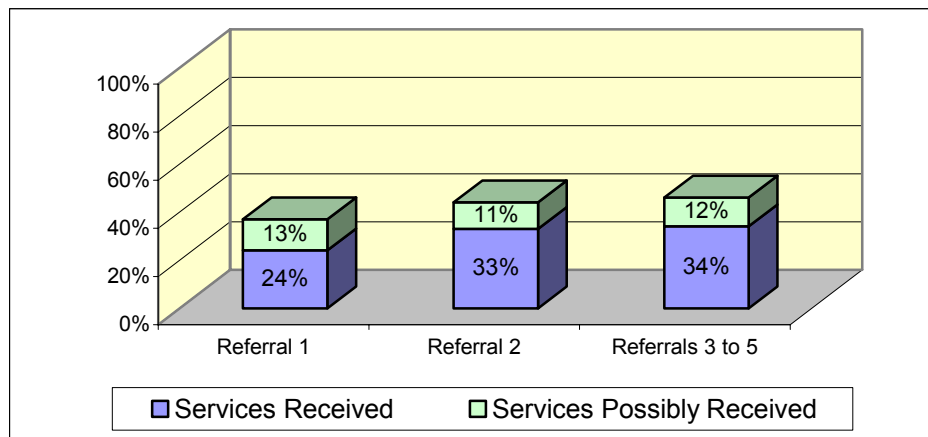
Figure 25: Including Families in Planning for Services (Referrals with Service Plans)



Source: Case Review Database

Figure 26 presents data on receipt of services for the families' first referral of the year, second referral, and later referrals. For each referral the data show the percentage of families with "services received" and "services possibly received," defined in the paragraph above. The percentage of all families definitely receiving services increased from about a quarter of families in the first referral¹⁹ to a third of families in the second and subsequent referrals. One would expect that the need for services would become more apparent, or the effort to provide services be reinforced, when a family had additional CPS complaints within a short period of time.

Figure 26: Percent of Families Receiving Services in First, Second and Later Referrals



Source: Case Review Database

The percentage of families receiving services varied greatly depending on the actual facts of the case. Some families had a clear need for services and others did not. Even when there was more than one CPS complaint on a family, that did not necessarily mean that there was a problem with abuse or neglect. The case reviewer occasionally noted, for instance, that she had a sense that the allegations grew out of parental conflict over custody issues, or there was a relative or neighbor who was possibly seeking to cause trouble for the family.

Services were concentrated, as would be expected, in founded investigations and assessments with service needs related to child abuse or neglect.²⁰ Figure 27 shows service receipt in those two types of referrals. Data are shown for families' first and second referrals when the outcome was a founded investigation or an assessment with CA/N needs identified.²¹ These data show that services were provided for half to two-thirds of families in founded investigations or family assessments with identified child abuse or neglect needs. Additional families may have received services, but the data are unclear. In both the assessments and the investigations, the percent definitely receiving services was higher in the second referral than in

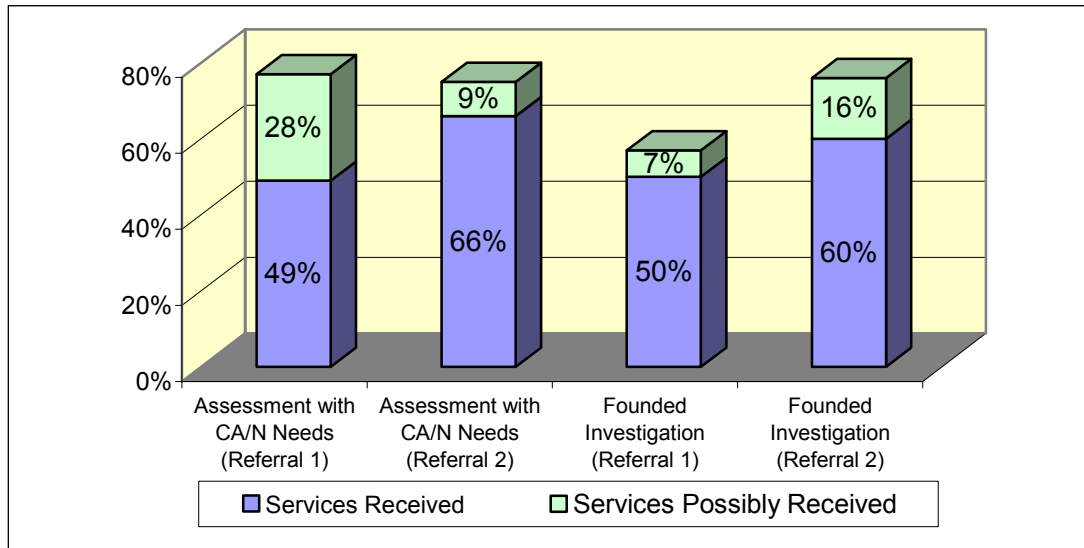
¹⁹ As mentioned earlier, this was not necessarily the first CPS referral ever for that family since there could have been referrals in earlier years.

²⁰ Nine percent of families in unfounded investigations and 14 percent of families in assessments with no child abuse or neglect needs identified received services (data not shown).

²¹ Referrals 1 and 2 do not necessarily include the same families. A family that received an assessment in its first referral could be investigated in the second referral, and vice versa. Or there might be an unfounded investigation in the first referral and a founded one in the second.

the first, suggesting that a repeat complaint either makes more clear the need for services or results in a greater attempt to provide services.

Figure 27: Receipt of Service in Assessments with CA/N Needs and Founded Investigations

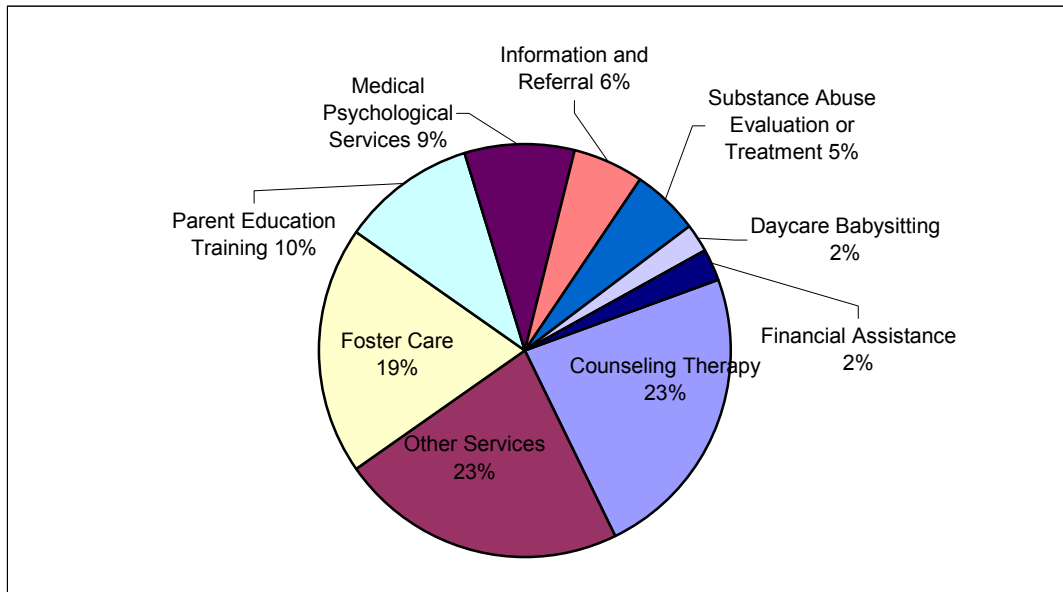


Source: Case Review Database

Figure 27 provides some interesting information related to the overall purpose of the Differential Response System. One goal for DRS was to do a better job connecting families to needed services. Some people expressed concern however, that family assessments, because of their less authoritative nature, might be less effective in ensuring help where needed. Families might, for instance, be more likely to dismiss concerns expressed by the worker or workers might view abuse or neglect problems uncovered in assessments as less serious than those in founded investigations. These data show that families in assessment cases with identified needs related to child abuse or neglect received services as frequently, or more frequently, than families in founded investigations. These data may provide evidence that the less threatening assessment approach is successfully engaging families and meeting their service needs. Despite these apparently positive outcomes, however, the data also show that a significant number of families with service needs apparently did not receive services. This is a concern that should be examined further.

Figure 28 shows the kind of services received in all referrals that definitely received services. Each service is shown as a percentage of all services received. The overall service pattern is similar to that shown in the earlier section of this report dealing with all referrals in 2003. The one difference is that, in these data, foster care is treated as a service rather than dealt with separately.

Figure 28: Types of Services Received in Cases Reviewed



Source: Case Review Database

The most frequent service was counseling therapy, which made up almost a quarter of all services received. Next most frequent specific services were foster care (19 percent), parent education and training (10 percent), medical psychological services (9 percent), information and referral (6 percent), and substance abuse evaluation or treatment (five percent), daycare (two percent) and financial assistance (two percent). Twenty-three percent of the services were “other services” covering a wide variety of needs, for instance, medical care, employment services, domestic violence services, transportation, and homemaker services.

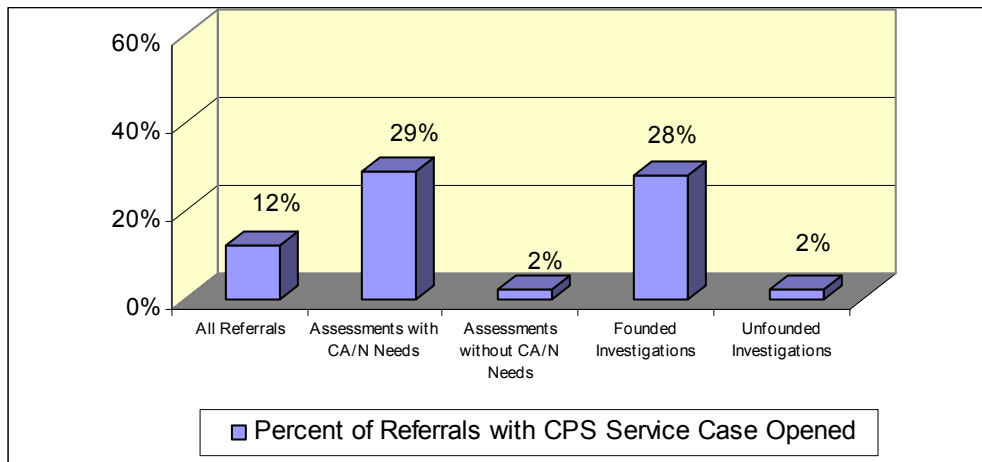
The case reviewer looked for instances in which the worker had identified a specific service need, but the service was not provided – at least as far as could be determined from the OASIS record. Approximately eight percent of all the referrals had an identified service need, but no service was provided. In almost all cases, the reason the worker gave for the family not receiving a service was that the family declined the service. This finding is similar to the finding for all 2003 referrals.

The preceding analyses of services focused on what happened in each referral. Focusing on the families, across all referrals, the service data show that 93 of the 194 families, or 48 percent, definitely received at least one service. The case reviewer also found that, in her judgment, 31 families (16 percent) had a least one service need that the worker did not identify and for which no services were received. Counseling and substance abuse evaluation were the two most frequent unidentified service needs.

The local agency may open a CPS service case when the local agency is directly providing CPS services to the family or is purchasing or arranging for services from an outside source and monitoring service delivery. The CPS service case may be opened during the assessment or investigation and continued after the assessment or investigation is completed.

CPS service cases were opened in 29 percent of assessments with child neglect/abuse needs, 28 percent of founded investigations, and a small percent of other referrals. Most of the service cases were opened during the families' first or second referrals. The case reviewer reported that only about half the families with open service cases definitely appeared to have received services. For other families with service cases, there was no indication of services having been provided, or the information was unclear. Since documentation of ongoing cases in OASIS was not required during this period, it is reasonable to assume that the percentage of families receiving services was higher than could be determined by the case reviewer, but it is not possible to tell what the actual percentage was.

Figure 29: CPS Service Cases Opened, By Disposition in Cases Reviewed



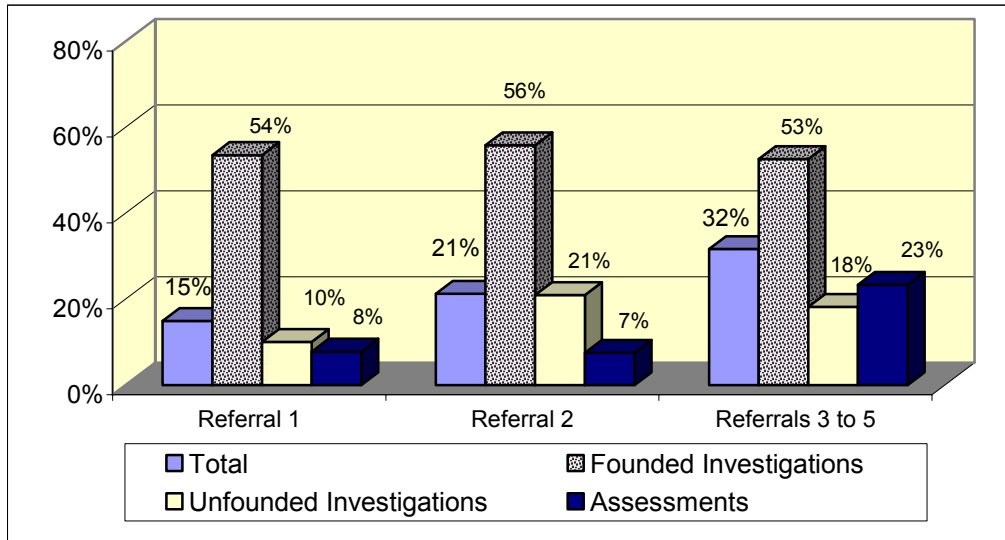
Source: Case Review Database

Other Issues

Courts: Sometimes the local Juvenile and Domestic Relations Court is involved in CPS referrals. That can happen when a local agency seeks to remove a child from the parent's custody, or seeks a protective order requiring the family to cooperate with a service plan, or when the abuse or neglect results in a criminal case, and for other reasons.

Figure 30 shows the percentage of referrals with court orders for each series of referrals and by disposition. The number of court orders increased as the number of referrals on a family increased. Overall, 15 percent of families were subject to a court order in their first referral, 21 percent in their second referral and 32 percent in later referrals. Court orders were issued most often in founded investigations (53 to 56 percent). From 10 to 21 percent of unfounded investigations had court orders, as did 8 to 23 percent of assessments. Court orders most frequently involved a petition for removal of a child from the home (37 percent), followed by criminal proceedings (22 percent), and a protective order for abuse or neglect (14 percent).

Figure 30: Court Orders by Referral and Disposition



Source: Case Review Database

Table 6: Court Actions

Court Action	Percent of all Court Actions
Petition for Removal Order	37%
Criminal Case	22%
Petition for Protective Order – Abuse or Neglect	14%
Petition for Protective Order – Domestic Violence	10%
Custody Transfer	7%
Other	10%

Source: Case Review Database

Substance Abuse: The case reviewer found evidence of possible substance abuse in 43 percent of the families. This finding does not mean that there was necessarily a substance abuse problem, but the information collected by the worker suggested a possible problem. Among all families with a possible substance abuse problem, alcohol was the apparent problem in 20 percent of the families, other drugs in 52 percent, and a combination of alcohol and other drugs in 28 percent. If there was evidence of a possible substance abuse problem, the case reviewer looked to see whether the problem had been addressed by the worker. Ways in which such problems could be addressed would include asking for a drug screen or referring a parent for treatment. The reviewer found that substance abuse was clearly addressed in 42 percent of referrals that had a substance abuse issue. In the rest of the referrals, the issue was either not addressed or it was not clear from the documentation whether it had been addressed or not. Sometimes the efforts of the worker to address possible substance abuse showed that there was probably not a problem. For example, in one instance a mother produced a recent random drug screen from her place of work that showed she was free of drugs.

Domestic Violence: Twenty percent of the families had evidence of domestic abuse. In almost half (48 percent) of referrals with evidence of domestic violence, there appeared to be chronic physical abuse. Most of the rest were sporadic or one-time physical abuse. The reviewer found that when domestic violence problems were present, the worker clearly addressed them 31 percent of the time and in the remaining referrals either the issue was not addressed or there was no documentation showing that it was addressed.

Mental Health and Education Needs: The case reviewer assessed whether the mental health and educational needs of the children were addressed by the worker. In about half the referrals, she reported that the issue was not relevant to that referral, or the documentation was insufficient to determine whether there were any issues. For the remainder, of the referrals she determined whether the needs were met. When children had mental health needs, those needs were met 58 percent of the time. In the remaining referrals either the needs were not met or it was not possible to tell from the documentation whether they were met or not. Similarly, educational needs of the children were met 51 percent of the time and either not met or not documented in the remaining referrals.

Table 7: Mental Health and Education Needs

Mental Health Needs of Children Addressed	
Yes	58%
No or can't tell	42%
Educational Needs of Children Addressed	
Yes	51%
No or can't tell	49%

Conclusion

DRS outcomes reported this year are generally similar to those reported last year. Local agencies are placing about sixty percent of referrals in the family assessment track, but there is great variation among agencies in track assignment. About a third of families have identified services needs and most of them appear to have received at least some services. The most frequent reason for a family not receiving needed services is that they declined to do so.

The case reviews focused on families with more than one referral in 2003. The reviewer found some problems such as gaps in documentation, occasional failure to respond in a timely manner, and sometimes a failure to identify service needs. In founded investigations and assessments with abuse or neglect needs, there was usually a service plan or other evidence of the worker's attempt to provide services. Families were included in service planning, particularly in assessments. About half the families received services – a higher proportion than for all families with referrals in 2003. As the number of referrals for a family increased there was increased use of the investigation track, a higher percentage of founded investigations, and more frequent provision of services.

DRS Recommendations

- The Department should work toward more consistency in decision-making for assigning reports of suspected child abuse and neglect to the family assessment track.
- The Department should provide consultation and technical assistance to local agencies who are not responding to reports of suspected abuse and neglect in a timely manner.
- The Department should reinforce the importance of documenting service needs and service provision now that the OASIS has been enhanced to record these functions in a more consistent manner for investigations and on-going services as well as family assessments.
- Local departments of social services that are piloting the structured decision making model should educate community stakeholders about using level of risk to establish priorities for providing services.
- The Department should use *A Blue Ribbon Plan to Prevent Child Abuse and Neglect in Virginia*, a strategic plan being developed by a broad-based steering committee under the leadership of the Department, as a tool to enhance community collaboration with local agencies in implementing DRS.

Code of Virginia

§ 63.2-1529. Evaluation of the child-protective services differential response system.

The Department shall evaluate and report on the impact and effectiveness of the implementation of the child protective services differential response system in meeting the purposes set forth in this chapter. The evaluation shall include, but is not limited to, the following information: changes in the number of investigations, the number of families receiving services, the number of families rejecting services, the effectiveness of the initial assessment in determining the appropriate level of intervention, the impact on out-of-home placements, the availability of needed services, community cooperation, successes and problems encountered, the overall operation of the child protective services differential response system and recommendations for improvement. The Department shall submit annual reports to the House Committee on Health, Welfare and Institutions and the Senate Committee on Rehabilitation and Social Services.

Appendix B

Department of Social Services Service Areas

EASTERN	NORTHERN	WESTERN
Accomack	Albemarle	Alleghany-Covington-Clifton Forge
Amelia	Alexandria	Amherst
Brunswick	Arlington	Appomattox
Charles City	Caroline	Bath
Charlotte	Charlottesville	Bedford
Chesapeake	Chesterfield-Col. Hgts	Bland
Cumberland	Clarke	Botetourt
Dinwiddie	Culpepper	Bristol
Essex	Fairfax-Falls Church	Buchanan
Franklin City	Fauquier	Buckingham
Gloucester	Fluvanna	Campbell
Greensville-Emporia	Frederick	Carroll
Hampton	Fredericksburg	Craig
Isle of Wight	Goochland	Danville
James City	Greene	Dickenson
King & Queen	Hanover	Floyd
King William	Henrico	Franklin County
Lancaster	Highland	Galax
Lunenburg	Hopewell	Giles
Mathews	King George	Grayson
Mecklenburg	Loudoun	Halifax
Middlesex	Louisa	Henry-Martinsville
New Kent	Madison	Lee
Newport News	Manassas City	Lynchburg
Norfolk	Manassas Park	Montgomery
Northampton	Nelson	Norton
Northumberland	Orange	Patrick
Nottoway	Page	Pittsylvania
Portsmouth	Petersburg	Pulaski
Prince Edward	Powhatan	Radford
Prince George	Prince William	Roanoke City
Richmond County	Rappahannock	Roanoke County
Southampton	Richmond City	Rockbridge-Buena Vista-Lexington
Suffolk	Rockingham-Harrisonburg	Russell
Surry	Shenandoah	Scott
Sussex	Spotsylvania	Smyth
Va. Beach	Stafford	Tazewell
Westmoreland	Staunton-Augusta-Waynesboro	Washington
Williamsburg	Warren	Wise
York-Poquoson	Winchester	Wythe