



**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES**

December 15, 2005

To: The Honorable Mark R. Warner

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

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 sixth 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 "Anthony Conyers, Jr." with a stylized flourish at the end.

Anthony Conyers, Jr.  
Commissioner

**EVALUATION OF THE DIFFERENTIAL RESPONSE SYSTEM**

**Virginia Department of Social Services**

**December 15, 2005**

# EVALUATION OF THE DIFFERENTIAL RESPONSE SYSTEM

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# EVALUATION OF THE DIFFERENTIAL RESPONSE SYSTEM

## Executive Summary

As directed by §63.2-1504 of the Code of Virginia, 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 sixth 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 2004. For some variables, DRS is also 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.

This report includes data from two sets of case reviews. A highly experienced, retired CPS supervisor from one of the local agencies that piloted the Multiple Response System conducted one set of reviews. She reviewed 226 referrals, both investigations and family assessments, evaluated as high or moderate risk. The reviews focused on the basic characteristics of the referrals, service needs, and service provision. Special attention was paid to circumstances leading to children entering foster care. The second set of reviews was conducted in response to a JLARC study that found instances when local agencies did not

respond to complaints in a timely matter.<sup>1</sup> The CPS regional specialists reviewed those referrals. Their findings are presented in this report.

### ***Outcomes from Analysis of OASIS Data***

Two previous reports described outcomes for the first 18 months of DRS implementation. This report presents outcomes on an additional 12 months. Data have now been collected over a sufficient period of time to identify certain trends which are discussed below. In previous years, OASIS data on services was available only for family assessments. The changes in OASIS in July 2004 provided data on services in investigations as well. Therefore, the section on services presents findings on service needs and service receipt in both investigations and assessments. Since DRS emphasizes working with families, data on out-of-home referrals are not included in these analyses.

### ***Track Assignment***

There has been a steady increase in the use of the assessment track throughout the state. The statewide percentage of assessments increased from 55 percent in 2002, to 61 percent in 2003, to 66 percent in 2004. Although there was more consistency in track assignment, local agencies continue to vary widely in their track assignment practices.

In a pattern similar to that found in the two preceding years, track assignment varied among the three Department Service Areas.<sup>2</sup> Substantially more referrals were placed in the assessment track in the Northern (75 percent) and Western (70 percent) Service Areas than in the Eastern Service Area (52 percent). The relatively low use of the assessment track in the Eastern Service Area reflects the fact that two large agencies, accounting for 36 percent of referrals in that area, assigned only a quarter of their referrals to the assessment track. Despite these regional differences, use of the assessment track increased in each of the service areas. A comparison of 2004 with 2002 shows increases of seven percent in the Eastern, eight percent in the Northern, and five percent in the Western Service Area.

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 there is an immediate concern for child safety, then 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.

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<sup>1</sup> Joint Legislative Audit and Review Commission, Review of Child Protective Services in Virginia: A Report in a Series on the Operation and Performance of Protective Services in Virginia, House Document No. 21 (2005).

<sup>2</sup> A list of local agencies by Service Area can be found in Appendix B.

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, physical neglect was the most frequent allegation. Forty-eight percent of the investigations and 58 percent of the assessments had allegations of physical neglect.<sup>3</sup> The second most frequent allegation was physical abuse, found in 36 percent of investigations and 38 percent of assessments. Small percentages of both investigations and assessments involved medical neglect or emotional abuse.

From two-thirds to three-fourths of referrals with each type of alleged abuse or neglect, other than sexual abuse, were placed in the assessment track. The OASIS data appeared to show that a small percentage of sexual abuse complaints was assigned to the assessment track, contrary to legislation and policy. The case reviewer looked at a sample of those referrals and determined that in the large majority of such cases there was either no actual allegation of sexual abuse or that the apparent violation of policy was actually a data entry error. In about a quarter of the cases, however, it appeared that a sexual abuse complaint was assigned to the assessment track.

When more than one type of abuse/neglect was alleged, use of the investigation track increased, from 31 percent in referrals with one kind of abuse or neglect to 58 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. Since DRS implementation, there has been a consistently low rate of reassignment with two percent of family assessments changed to investigations. This low rate of reassignment suggests that errors in track assignment are rare. An earlier review of 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 SFY2001, the last two years before DRS implementation. In SFY2005, under DRS, there were 12,020. While the number of investigations and the number of founded investigations decreased, the percentage of investigations that were founded increased from 23 percent during the two baseline years to 39 percent in SFY05. 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.

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<sup>3</sup> Physical neglect includes deprivation of necessities such as inadequate food, clothing, shelter or hygiene, as well as inadequate supervision, abandonment, and other types of neglect. Fifty-eight percent of referrals for physical neglect were for inadequate supervision, 21 percent for lack of necessities, four percent for abandonment, and the remainder for other or unspecified types of neglect.



## *Services*

In previous years data on services in investigations was not available. With changes made in OASIS in 2004, it was possible to obtain service data for both assessments and investigations. CPS workers determined that the family was in need of services in 63 percent of founded investigations, 17 percent of unfounded investigations, and 36 percent of assessments. 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 (47 percent), followed by physical abuse (39 percent), medical neglect (39 percent), and physical neglect (34 percent). In terms of the risk assessment made at the conclusion of the assessment or investigation, 65 percent of high risk and 58 percent of moderate risk families were determined to have service needs.<sup>4</sup> There were substantial variations among local agencies in identification of service needs, suggesting that local resources and attitudes may affect the agencies' approach to services. 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. Among those needing services, 82 percent received or were expected to receive services. Eleven percent of families declined at least one service, and ten 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 26 percent of services; and the families obtained 35 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. Among families with service needs, the court ordered services for eight percent of founded investigations, two percent of assessments, and less than one percent of unfounded investigations. The court was more likely to require services in high risk cases, including 13 percent of high risk founded investigations and 14 percent of high risk assessments. The most frequent court-ordered services were counseling, substance abuse evaluation or treatment, and parent education.

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" service case. Twenty-one percent of all referrals resulted in ongoing CPS or foster care services. Cases opened for further services varied by disposition: founded investigations, 61 percent; unfounded investigations, 15 percent; and assessments, 13 percent.

Four percent of all CPS referrals in 2004 involved placement of a child in foster care. As would be expected, founded investigations had the highest foster care rate, 14 percent. Children in three percent of unfounded investigations and two percent of assessments were also placed in foster care. Unfounded investigations and family assessments can have foster care associated with them because the foster care data in OASIS include any placement of a child within 90 days

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<sup>4</sup> Foster care is not included in the list of services in OASIS but dealt with separately. If foster care were counted as a service, the percentage of high risk families in need of services would be higher.

of the disposition of the referral. The case reviews include a more detailed analysis of situations leading to foster care.

### ***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. A highly experienced, retired CPS supervisor reviewed 226 referrals in which the family was evaluated as high or moderate risk for future abuse or neglect. The primary purpose of the reviews was to see what local agencies were doing regarding identifying service needs and providing services to these families. An equal number of investigations and assessments were chosen for review. Special attention was also paid to cases involving foster care in order to understand better the circumstances under which children are placed in care.

Thirty-nine percent of the families in the reviewed cases had known *prior contact* with CPS. Two-thirds of families with prior contact had had a referral within the preceding twelve months. Forty-three percent had at least one previous founded investigation. Eighteen percent of families had a *subsequent referral* during a nine to twelve month period after the reviewed case.

Local agencies generally responded quickly to these complaints. In almost three-quarters of the referrals, the worker contacted the family within 48 hours of receipt of the complaint. In seventeen percent of the cases, contact was not achieved until more than five days after receipt of the complaint, but that was often despite several attempts by the worker to reach the family. In most cases the reviewer did not think the delay raised a safety issue.

In these high and moderate risk cases, local agencies identified many service needs. Eighty percent of assessments and 79 percent of investigations included a service plan or other indication of an attempt to provide services. The most needed services were counseling, parent education, information and referral to other services, psychological health care, substance abuse evaluation and/or treatment and foster care.

The case reviews showed that local agencies are doing a good job in helping families obtain services. Over 90 percent of families with service needs received some services. Eighty-two percent of all specific service needs were met. Sixty-five percent of the 226 families received services during the investigation or assessment. Thirty-eight percent of the families had an ongoing CPS services cases opened to provide follow up services and another three percent already had an open service case. Three-quarters of the families with a new or continuing service case received follow up services.

The case reviewer evaluated family needs and information about service provision to see whether services addressed the family's specific risks of abuse or neglect. The reviews showed that family needs were fully addressed in the large majority of cases.

In 62 of the 226 families in the referrals under review, children were removed from the home. Sixty-one percent of removals occurred during the investigation or assessment. Nineteen percent occurred afterwards as the result of a new referral, and 16 percent occurred afterwards without a new referral. Timing of removal could not be determined in the other cases. The reviewer found only one violation of policy when an assessment was not changed to an investigation when the child was removed. Some removals were for a very brief time, occurring when parents could not be immediately located. Removals after completion of the investigation or referral, but without a new referral, occurred primarily when the court found the parents were not complying with previous court orders or when a Child in Need of Supervision (CHINS) petition was granted. An example would be where a teenage runaway came to the court's attention and was placed in foster care.

CPS regional consultants conducted a second set of reviews in response to a JLARC study that found instances when local agencies did not respond to complaints in a timely matter.<sup>5</sup> In over a third of the cases, workers made a timely attempt to contact the family but were not successful when, for instance, the family could not be found or did not answer the door or phone. It was often not possible to determine why a response had been delayed. Some identified factors were agencies giving priority to cases with greater safety issues when resources were scarce and not all referrals could be attended to promptly, failure of communication or organization in the local agency, and individual worker failure to follow through. On the whole, child safety did not seem to be compromised by these delays in response to the report.

## ***Conclusion***

DRS outcomes reported this year are generally similar to those reported in the past two years, but with a steady increase in use of the assessment track. Local agencies are placing about two-thirds of referrals in the family assessment track. Although there has been a trend toward greater consistency in track assignment, there continues to be wide variation among individual agencies with some never using the assessment track and others using it for virtually all referrals that are not mandated for investigation. There is no evidence of problems with track assignment other than a few sexual abuse cases being placed in the assessment track. Findings from both OASIS data and case reviews do not suggest that safety has been compromised by the reduction in the number of investigations.

About a third of families had identified services needs and the large majority of them received at least some services. The case reviews showed that local agencies are generally doing a good job in identifying service needs and helping families to obtain services. OASIS data, however, showed that the percentage of families determined to have service needs varied widely among local agencies.

The review of referrals involving foster care showed that removals occurred both during the investigation or assessment and afterwards. With one exception, agencies appeared to follow

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<sup>5</sup> Joint Legislative Audit and Review Commission, Review of Child Protective Services in Virginia: A Report in a Series on the Operation and Performance of Protective Services in Virginia, House Document No. 21 (2005).

policy regarding changing an assessment to an investigation if a child is removed. Removals after completion of the investigation or assessment usually occurred either because a new complaint was received, or because the judge found that parents were not meeting the requirements of a previous court order, or because the court granted a CHINS petition.

The review of delayed response referrals explored various reasons for delays and found that the delays rarely raised a concern about child safety.

### ***Outcome of Recommendations from the 2004 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.

- 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 continues to provide technical assistance to local departments of social services regarding assignment of child abuse reports to the family assessment track. This year's report on implementation of the Differential Response System reveals more consistency in track assignment and more utilization of the family assessment track for CPS reports without compromising child safety.

- 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.

CPS Regional Consultants conducted reviews of cases identified by JLARC as not timely. The results of that review are part of this report. In addition, the Department's Program Improvement Plan (PIP) developed in response to the Child and Family Services Review requires local departments to develop written procedures and plans for responding to CPS reports 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.

The Department provided training to support documentation of service needs and service provision in OASIS. Additional training and technical assistance is being provided to local departments to improve documentation of all aspects of CPS cases in OASIS.

- 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.

Local departments of social services are continuing to pilot the structured decision making model. The Department hopes to expand the pilot to additional local agencies this year. Community stakeholders are being educated and informed about the use of risk to establish service priority.

- 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.

The Department completed a strategic plan to prevent child abuse and neglect with input from the steering committee. *A Blue Ribbon Plan to Prevent Child Abuse and Neglect in Virginia* was launched at a conference held in April 2005. Community collaboration will play a major role in the implementation of this plan in Virginia.

### ***DRS Recommendations for 2006***

1. The Department should evaluate re-occurrence of founded complaints, unfounded complaints and family assessments to determine impact on child safety and should offer additional training to local departments of social services if needed.
2. The Department should evaluate customer satisfaction of families receiving child protective services through investigations and family assessments and make recommendations to improve family participation in service planning and delivery.
3. The Department should evaluate current community collaboration efforts to prevent child abuse and neglect and make recommendations to increase community collaboration and increase services to families that increase child safety.
4. The Department should evaluate screened-out CPS referrals to identify local departments of social services' training needs and policy changes to clarify criteria that validate a report of suspected child abuse and neglect.
5. The Department should continue to evaluate response time at the onset of the report as well as the length of time between the end of investigation or family assessment and initiation of ongoing services and the impact on child safety. The Department should provide additional training to improve response time to both reports and initiation of services to local departments if needed.
6. The Department should evaluate current CPS Policy for Family Assessments to determine what changes need to be made so that the policy is more family strength-based and inclusive of family involvement in service planning.

# 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 sixth annual report on the status of the Department's implementation of DRS. This report presents outcome data from calendar year 2004.

Most local departments of social services implemented DRS in May 2002 and the rest completed implementation by December 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.

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.

### **Outcome of Recommendations from the 2004 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.

- 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 continues to provide technical assistance to local departments of social services regarding assignment of child abuse reports to the family assessment track. This year's report on implementation of the Differential Response System reveals more consistency in track assignment and more utilization of the family assessment track for CPS reports without compromising child safety.

- 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.

CPS Regional Consultants conducted reviews of cases identified by JLARC as not timely. The results of that review are part of this report. In addition, the Department's Program Improvement Plan (PIP) developed in response to the Child and Family Services Review requires local departments to develop written procedures and plans for responding to CPS reports 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.

The Department provided training to support documentation of service needs and service provision in OASIS. Additional training and technical assistance is being provided to local departments to improve documentation of all aspects of CPS cases in OASIS.

- 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 piloting of structured decision making in local departments of social services continues. The lessons learned from this pilot are being incorporated into CPS policy and training.

- 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.

The Department completed a strategic plan to prevent child abuse and neglect with input from the steering committee. *A Blue Ribbon Plan to Prevent Child Abuse and Neglect in Virginia*, was launched at a conference held in April 2005. Community collaboration will play a major role in the implementation of this plan in Virginia.

## **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, including more detailed information about services. Additional changes in July 2004 provided the same services components for investigations and also included components for ongoing CPS cases.

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 2004.

For some variables, DRS is compared to a baseline period from state fiscal year (SFY) 2000 to SFY 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 two sets of case reviews. A highly experienced, retired CPS supervisor from one of the local agencies that had piloted the Multiple Response System conducted one set of reviews. She reviewed 226 referrals, both investigations and family assessments, evaluated as high or moderate risk. The reviews focused on the basic characteristics of the referrals, service needs, and service provision. Special attention was paid to circumstances leading to children entering foster care. The second set of reviews was conducted in response to a JLARC study that found instances when local agencies did not



respond to complaints in a timely matter.<sup>6</sup> The CPS regional specialists reviewed those referrals. Their findings are presented in this report.

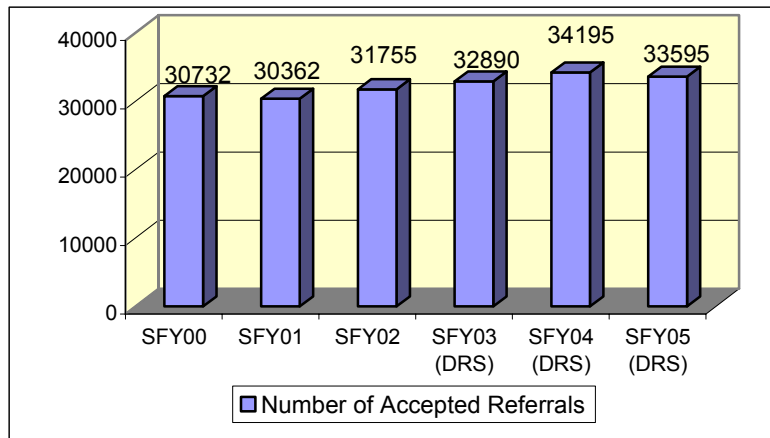
## Outcomes from Analysis of OASIS Data

Two previous reports described outcomes for the first 18 months of DRS implementation. This report presents outcomes on an additional 12 months. Data have now been collected over a sufficient period of time to identify certain trends which are discussed below. In previous years, OASIS data on services was available only for family assessments. The changes in OASIS in July 2004 provided data on services in investigations as well. Therefore, the section on services presents findings on service needs and service receipt in both investigations and assessments.

### *Number of Referrals in Baseline and Differential Response Periods*

Under DRS, local agencies have been accepting more referrals than they did earlier (Figure 1). In SFY 2003, there were six percent more referrals, in SFY 2004, ten percent more referrals, and in SFY 2005 nine percent more referrals than the average number during the three preceding years. Trends in individual agencies varied with some having more and others fewer referrals than in the years preceding DRS.

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



Source: CPS Referrals and Findings Reports from OASIS SFY00-05.

The following analyses are based on 28,697 valid referrals for suspected abuse and neglect accepted from January 1 through December 31, 2004. Since DRS emphasizes working with families, data on out-of-home referrals are not included in these analyses. The referrals

<sup>6</sup> Joint Legislative Audit and Review Commission, Review of Child Protective Services in Virginia: A Report in a Series on the Operation and Performance of Protective Services in Virginia, House Document No. 21 (2005).

included in these analyses are not the same as those shown above. They are for the calendar year, not the fiscal year.<sup>7</sup>

## ***Track Assignment***

### ***How Local Agencies Assign Track***

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, or a serious injury (such as a fracture or burns). An investigation is also required if the local agency assumes custody of the child 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.<sup>8</sup> 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 information from the person making the complaint suggests that there is an immediate concern for child safety, then 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.

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<sup>7</sup> Findings presented are for completed investigations or assessments only and do not include cases that were pending or appealed at the time of data collection or for which data entry had not been completed. Since the focus of DRS is on families, out-of-family referrals (e.g., referrals where the alleged abuser is not in the household, such as a daycare provider) were excluded. Also excluded from the analyses are referrals that were originally assigned to the family assessment track but were later switched to the investigation track. In that situation, only data from the investigation are used because the family assessment is halted and it is the investigation that is completed.

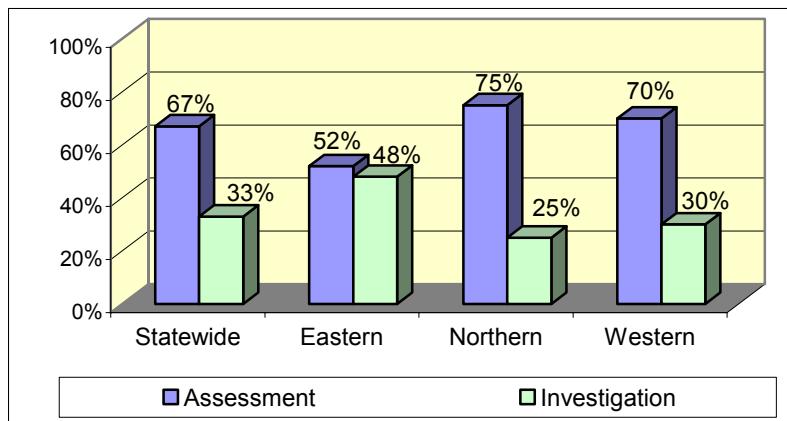
<sup>8</sup> 22 VAC 40-705-50H. The local department shall initiate an immediate response. The response shall be a family assessment or an investigation. Any valid report may be investigated, but in accordance with §63.2-1506(C) of the *Code of Virginia*, the following shall be investigated: (i) sexual 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.

Track assignment is also influenced by agency philosophy. As discussed in earlier reports, local agency attitudes toward track assignment vary. In a survey of CPS supervisors conducted in 2003, 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. However, although there is still considerable variation in track assignment practices, data presented below suggest movement toward more consistency and greater overall use of the assessment track.

### *Use of Assessment Track*

Sixty-seven percent of referrals in 2004 were assigned to the assessment track (Figure 2). In a pattern similar to that found in the two preceding years, track assignment varied among the three Department Service Areas.<sup>9</sup> Substantially more referrals were placed in the assessment track in the Northern (75 percent) and Western (70 percent) Service Areas than in the Eastern Service Area (52 percent). The relatively low use of the assessment track in the Eastern Service Area reflects the fact that two large agencies, accounting for 36 percent of referrals in that area, assigned only a quarter of their referrals to the assessment track.

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



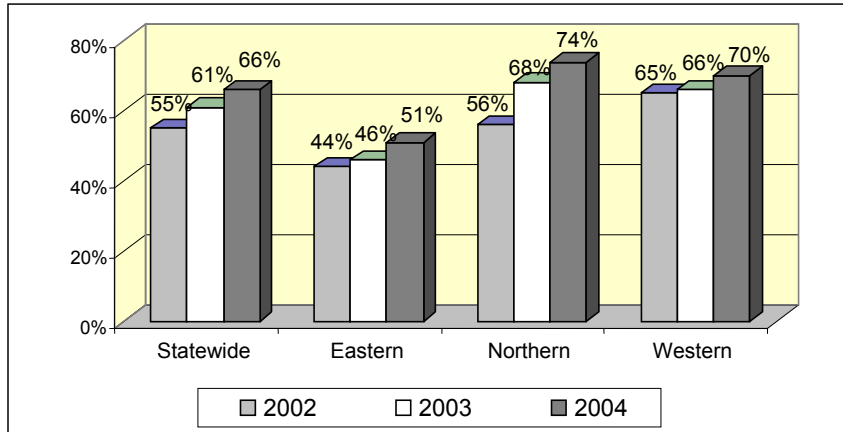
Source: OASIS, Referrals Accepted January through December 2004

There has been a steady increase in the use of the assessment track throughout the state. Figure 3 shows the percent of referrals placed in the assessment track from the last six months of 2002 (following DRS implementation) through 2004. The statewide percentage of assessments increased from 55 percent in 2002, to 61 percent in 2003, to 66 percent in 2004. Over the same period, use of the assessment track increased seven percent in the Eastern, eight percent in the Northern, and five percent in the Western Service Area.<sup>10</sup>

<sup>9</sup> A list of local agencies by Service Area can be found in Appendix B.

<sup>10</sup> The percentages shown for 2004 in Figure 3 are approximately one percent less than in Figure 2 because data available for the two earlier periods included unfounded out of family investigations. VDSS was able to exclude those referrals from 2004 data and that data set is the one generally used in this report. Where comparisons are made with earlier periods, however, the analyses use an alternative data set that includes out of family unfounded investigations so that 2004 data is fully comparable with that from earlier periods.

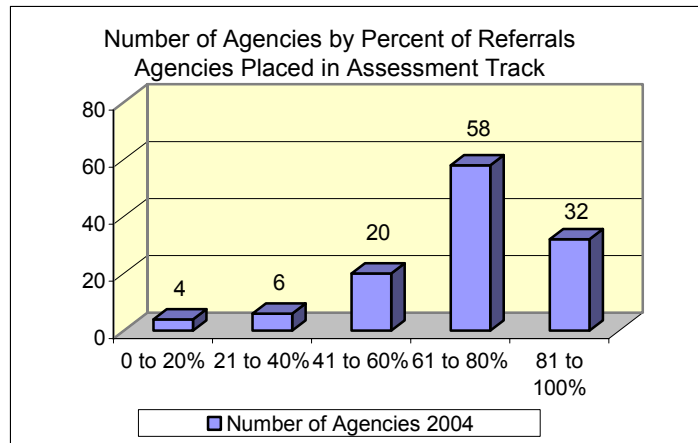
**Figure 3: Percentage of Referrals in Assessment Track, 2002 to 2004**



Source: OASIS, Referrals Accepted July through December 2004

Local agencies took different approaches to using the assessment track. Figure 4 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. The majority of agencies made heavy use of the assessment track. Ninety of the 120 local agencies used the assessment track for 61 percent or more of their referrals. At the other end of the spectrum, ten agencies used the assessment track less than 40 percent of the time. Four of those ten, however, were very small agencies with fewer than ten referrals during the year.

**Figure 4: Local Agencies' Use of Assessment Track, 2004**



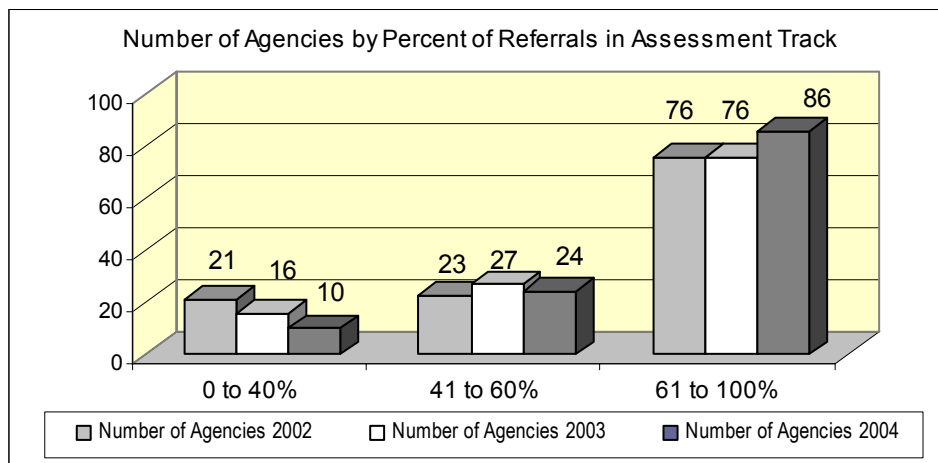
Source: OASIS, Referrals Accepted January through December 2004

While there are still differences among agencies in track assignment practices, there appears to have been some movement towards greater consistency. Figure 5 shows data on track assignment since DRS implementation. (Note that Figure 5 data show that in 2004, there were 86 agencies that put 61 percent or more of their referrals in the assessment track, while Figure 4 shows 90 agencies. This difference occurs because a slightly different data set was used in

Figure 5. As mentioned earlier, unfounded, out-of-family investigations could not be excluded from the data in earlier years. Therefore, those referrals are included in the 2004 data used in Figure 5 for the purpose of accurate comparison. Adding those investigations changed the number of local agencies assigning over 60 percent of their referrals to the assessment track.)

There has been a steady decrease in the number of local agencies assigning 40 percent or fewer of their referrals to the assessment track, dropping from 21 during the first six months of DRS in 2002 to ten in 2004. At the same time the number of agencies placing more than 60 percent of their referrals in the assessment track increased from 76 to 86. Thus, while it is clear that agencies may treat similar referrals differently, there has been a trend toward more agencies assigning more referrals to the assessment track.

**Figure 5: Local Agencies' Use of Assessment Track, 2002 – 2004**



Source: OASIS, Referrals Accepted July 2002 through December 2004  
 Note: There were only 119 local agencies with CPS referrals in 2003.

### ***Types of Referrals Assigned to Each Track***

Figure 6 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.<sup>11</sup>

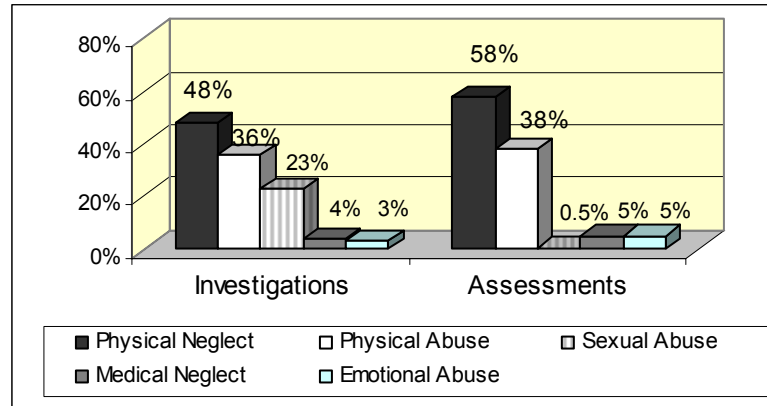
With the exception of allegations of sexual abuse which must be investigated,<sup>12</sup> the two tracks are quite similar in the kinds of abuse or neglect assigned to them. In both tracks physical neglect was the most frequent allegation. The two major kinds of neglect are deprivation of necessities, such as inadequate food, clothing, shelter, or hygiene, and inadequate supervision. A

<sup>11</sup> Ten percent of referrals included more than one kind of abuse or neglect.

<sup>12</sup> Since an investigation is mandated for allegations of sexual abuse, there should not have been any family assessments with that allegation. See the discussion below of sexual abuse complaints put in the assessment track.

small percentage of neglect allegations are for abandonment or other types of neglect. Forty-eight percent of the investigations and 58 percent of the assessments had allegations of neglect. The second most frequent allegation was physical abuse, found in 36 percent of investigations and 38 percent of assessments. Twenty-three percent of investigations had an allegation of sexual abuse as did half a percent of the assessments. Small percentages of both investigations and assessments involved medical neglect or emotional abuse.

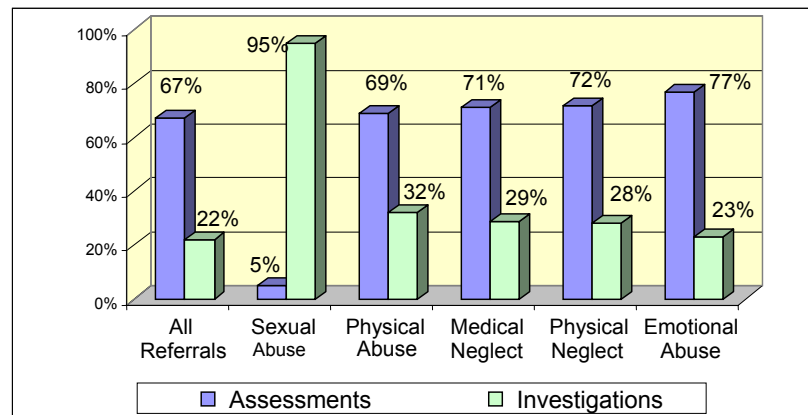
**Figure 6: Percent of Referrals in Each Track with Each Type of Alleged Abuse or Neglect**



Source: OASIS, Referrals Accepted January through December 2004  
 Note: Percentages add to more than 100 percent because more than one kind of abuse or neglect may be included in a single referral.

Figure 7 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 7 shows track assignment for each referral that included that particular kind of abuse or neglect.

**Figure 7: Track Assignment by Type of Alleged Abuse or Neglect**



Source: OASIS, Referrals Accepted January through December 2004

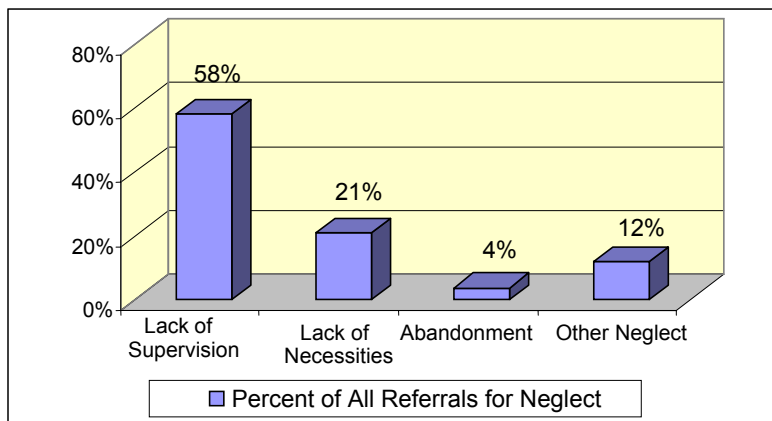
With the exception of sexual abuse referrals, a large majority of referrals with each type of alleged abuse or neglect were placed in the assessment track. Local agencies chose the family assessment track for 69 to 77 percent of referrals alleging physical abuse, neglect, medical neglect, or emotional abuse. The overall pattern is the same as 2003, but with increased use of 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 or three family assessments on the same family during the preceding year.

***Physical Neglect***

Fifty-five percent of all referrals in 2004 included an allegation of physical neglect. Physical neglect is a category that includes several rather different types of neglect, including: lack of necessities (inadequate food, clothing, shelter, or hygiene), lack of supervision, abandonment, and other unspecified kinds of neglect. Over half (58 percent) of all referrals for neglect were for lack of supervision, followed by lack of necessities (21 percent). Four percent of the neglect referrals involved abandonment, and 12 percent were for other, undesignated types of physical neglect (Figure 8).

**Figure 8: Types of Physical Neglect as Percentage of All Referrals for Neglect<sup>13</sup>**

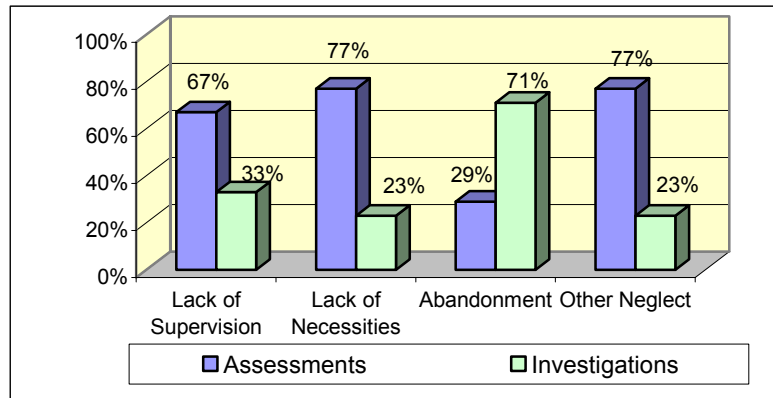


Source: OASIS, Referrals Accepted January through December 2004

Track assignment varied with the specific type of neglect. Almost three-quarters (71 percent) of allegations of abandonment were investigated. For each of the other types, from 67 to 77 percent of the referrals were taken as assessments (Figure 9).

<sup>13</sup> Percentages in Figure 8 add to less than 100% because 16% of referrals for neglect did not identify any of the four subcategories as the specific type of neglect. Some referrals for physical neglect included more than one type of neglect, most often both lack of supervision and lack of necessities.

**Figure 9: Track Assignment by Type of Physical Neglect**



Source: OASIS, Referrals Accepted January through December 2004

### ***Sexual Abuse Complaints Placed in Assessment Track***

As shown in Figure 7, five percent of all referrals for sexual abuse were placed in the assessment track, a clear contradiction to the statutory requirement that all sexual abuse complaints be treated as investigations. That figure is also a substantial increase over the two previous years in which two percent of sexual abuse referrals went into the assessment track.

While the number of sexual abuse complaints treated as assessments was not large, 106 in 2004, the increase in such assignments was disturbing and raised several questions. Were these valid sexual abuse complaints that were improperly assigned or might some kind of data entry error account for these apparent departures from correct procedure? Were there some unusual circumstances in these referrals that resulted in agencies placing them in the assessment track? Or were agencies, for some unknown reason, not following the clear requirements of DRS law and regulations?

To answer these questions, the case reviewer looked up the records of thirteen of the 106 referrals in question. Because eight agencies accounted for 59 of the 106 referrals, cases chosen for review were taken from those agencies. The purpose of this review was to gather some preliminary information to determine both why these track assignments were made and whether a more complete review or other Department action was needed.

The reviewer found that only three of the 13 referrals were clear allegations of sexual abuse that should have been investigated (Table 1). One example was a report of a grandmother prostituting her granddaughter. Four referrals were of very weak validity as to sexual abuse, often with no actual allegation of sexual abuse, but were perhaps valid complaints for other types of abuse or neglect, such as lack of supervision. One example was a complaint from a father who entered his former wife's home and found the mother's boyfriend helping their ten year old daughter to wash her hair – with the child being naked at the time – but with no allegation of any act of sexual abuse. Although these four referrals were recorded in OASIS as involving a sexual abuse allegation, the weakness of the validity of those allegations may have played a role in the



agencies' assigning them to the assessment track. Six of the thirteen referrals were definitely not valid sexual abuse allegations. This mistaken classification resulted from data entry error (sexual abuse recorded in OASIS when there was nothing in the record indicating any such allegation) or other errors in the intake process, for instance, taking as a CPS referral a home study requested by another state where, as part of a custody battle, allegations had been made of sexual abuse. Home studies are not CPS complaints.

**Table 1: Results of Reviews of Sexual Abuse Complaints in Assessment Track**

<b>Case Review Findings</b>	<b>Number of Referrals</b>
Definitely sexual abuse allegation -- should have been investigated	3
Very weak validity as sexual abuse allegation	4
No valid sexual abuse allegation	6
<i>Number of Cases</i>	<i>13</i>

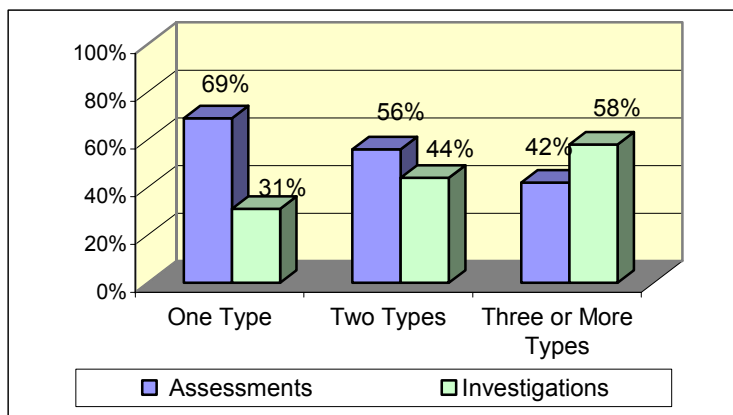
Source: Case review database, OASIS data on referrals accepted in August 2004

To address the above issues, the Department will continue to provide training and technical assistance to local agencies regarding reports that are required to be investigated.

***Track Assignment and Number of Types of Abuse or Neglect***

Another factor associated with track assignment is the number of different kinds of abuse or neglect included in a referral. As reported last year, 38 percent of referrals with one type of abuse or neglect were investigated in 2003, as were 53 percent of referrals with two types and 59 percent with three or more types. Data for 2004 show a similar pattern but, reflecting the overall trend toward more assessments, use of the assessment track increased for referrals with only one or two types of alleged abuse or neglect (Figure 10). In referrals with one type, 31 percent were investigated; with two types, 44 percent were investigated; and with three or more types, 58 percent were investigated. 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. Nine percent of all referrals involved more than one type of abuse or neglect.

**Figure 10: Track Assignment by Number of Different Types of Alleged Abuse or Neglect**



Source: OASIS, Referrals Accepted January through December 2004

### ***Track Assignment and Safety Assessment***

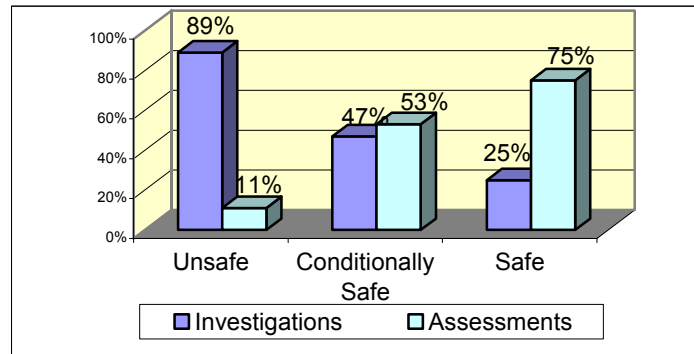
The CPS worker conducts a safety assessment at the time of the first meaningful contact with the family. The child who is the subject of the complaint may be assessed as safe, conditionally safe, or unsafe.<sup>14</sup> Track assignment usually occurs before the safety assessment, and the safety assessment 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 11 shows the relationship between the safety assessment and track assignment.<sup>15</sup> 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 conducted after contacting the family. Almost all (89 percent) referrals in which the child was considered unsafe were investigated. Just over half (53 percent) of referrals in which the child was conditionally safe were placed in the assessment track as were 75 percent of referrals in which the child was deemed safe. Again, the trend towards more assessments is seen when these data are compared with the previous year. In 2003 just under half (46 percent) of referrals where the children were considered conditionally safe were placed in the assessment track as were 66 percent of those in which the children were viewed as safe. Track assignment when the children were considered unsafe was essentially unchanged, with 90 percent of such referrals investigated in 2003 and 89 percent in 2004.

<sup>14</sup> 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.

<sup>15</sup> Data on safety assessments were missing for 4 percent of the referrals.

**Figure 11: Track Assignment and Subsequent Safety Assessment**



Source: OASIS, Referrals Accepted January through December 2004

### ***Appropriateness of Initial Track Assignment***

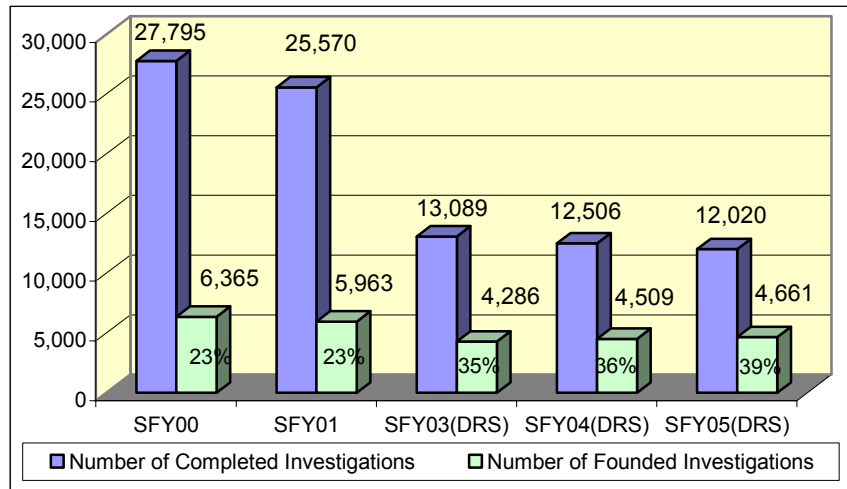
A referral that is initially treated as a family assessment may be changed to an investigation if, in the course of conducting the assessment, the local agency finds out that it is a situation mandated for investigation or that there is a serious safety issue. A high volume of reassignments would suggest problems in gathering information for track assignment or problems in making appropriate decisions about track assignment. Two percent of referrals originally put in the family assessment track in 2004 were later changed to an investigation, the same percentage as in 2003 and 2002. This consistently low rate of reassignments suggests that there are few errors in track assignment, at least as indicated by a need to reassign a referral to the investigation track. 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 Investigations<sup>16</sup>***

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 SFY2000 and 25,570 in SFY2001, before DRS, but only 13,089 in SFY2003, 12,506 in SFY2004, and 12,020 in SFY2005 (Figure 12). The percent of investigations that were founded, however, increased from 23 percent during the two baseline years to 35, 36, and 39 percent in the three 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.

<sup>16</sup> 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 2004. 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 12: Number of Investigations and Percent of Investigations with Founded Dispositions**



Source: CPS Referrals and Findings Reports from OASIS.

### *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. The issue of whether provision of needed services has improved under DRS cannot be directly addressed because comparable data are not available for the pre-DRS period. As reported in 2003, however, many local agency directors and CPS supervisors did believe their agencies were more effectively engaging families and identifying service needs.

Two prior reports on DRS discussed service provision only in assessment cases because data on services in investigations were not recorded in OASIS. With the changes made in OASIS in July 2004, it is now possible to report findings on services for both investigations and assessments. Data on service needs and service provision are shown for the 13,614 investigations and assessments accepted from July through December 2004.<sup>17</sup>

### *Identifying Service Needs*

Identifying service needs is the first step in ensuring that families receive services to treat or prevent abuse or neglect. As might be expected, identification of service needs varies with disposition, risk level, and type of abuse or neglect. Identification of needs also varies in different parts of the state and in different local agencies.

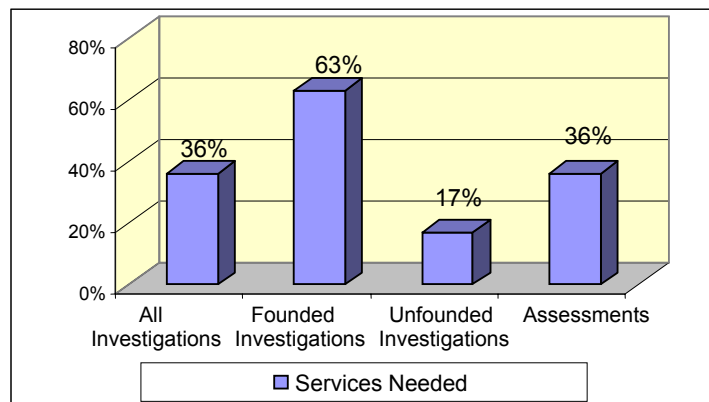
<sup>17</sup> Even though services data for family assessments were collected throughout the year, only assessments accepted from July through December are included in these analyses to ensure that circumstances, in both the local agency and the community, which might affect service provision, were the same for both the investigations and assessments.

There is a caveat to bear in mind when reading the analyses below, particularly when comparing assessments and investigations. The data recorded in OASIS do not necessarily provide a complete picture of family needs but record the conclusions of the worker in each particular case about the family’s need for services. Even in that respect the data may not be complete. The changes in OASIS in July 2004 that allowed service data to be entered for investigations did not require that the worker in an investigation respond to the new screens. Unlike assessments where there is a default setting indicating service needs that the worker must change if there are no needs, there is no such default for investigations. The case reviewer, as discussed below, found that workers do not always fill out the services screens in investigations. Thus, as the system is currently set up, it may create a bias toward more fully recording service needs in assessment cases.

A second fact to bear in mind is that foster care is not included among the list of services that workers are to consider when recording data on service needs and service receipt. Receipt of foster care is recorded separately in OASIS. While most families in which children go into foster care have additional service needs identified, some do not. If foster care were included in the count, an additional one percent of all families would have identified service needs. The additional percent of families with identified needs would be five percent in founded investigations and one percent in unfounded investigations. (Family assessments are not affected because they are changed to investigations if a child enters foster care.)

The percent of families with identified service needs was exactly the same in investigations and assessments, 36 percent (Figure 13). As expected, however, service needs were much more frequent in founded (62 percent) than in unfounded (17 percent) investigations. It might seem surprising that any families in unfounded investigations would be identified as needing services to treat or prevent abuse or neglect – since, by definition, no neglect or abuse was substantiated in those referrals. This finding suggests that while there may not have been sufficient evidence to substantiate the allegation of abuse or neglect, the worker’s contact with the family did reveal a need for services, either to address problems that could lead to abuse or neglect or to address other family needs.

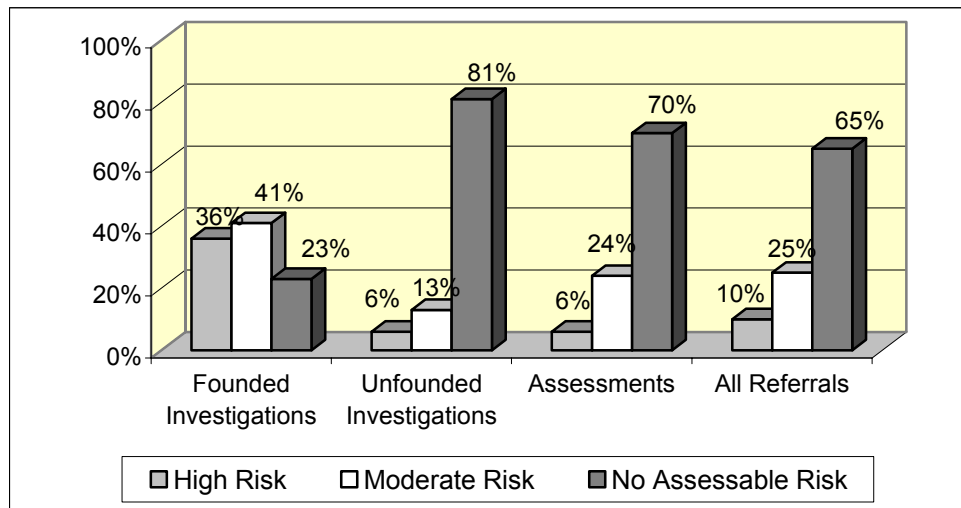
**Figure 13: Percent of Referrals with Service Needs by Track and Disposition**



Source: OASIS, Referrals Accepted July through December 2004

Another way to look at service needs is to consider the risk assessment made at the completion of the investigation or assessment. The risk assessment is an estimate of the risk of future abuse or neglect for children in that family.<sup>18</sup> Risk assessment categories are high, moderate, or no reasonably assessable risk. During the last six months of 2004, 10 percent of referrals were evaluated as high risk, 25 percent as moderate risk, and 65 percent as no assessable risk (Figure 14).

**Figure 14: Risk Assessment by Disposition**



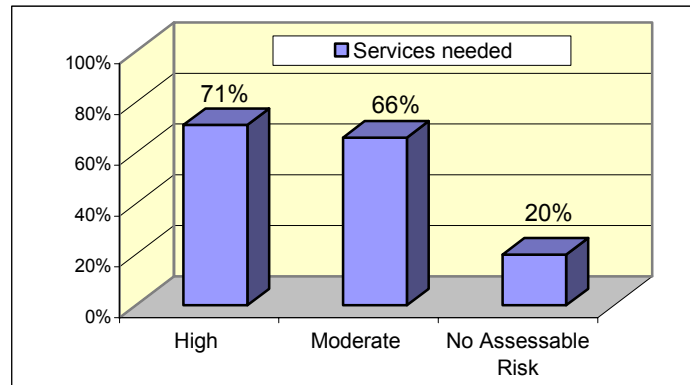
Source: OASIS, Referrals Accepted July through December 2004

As expected, risk assessment varied greatly by disposition. Seventy-seven percent of founded investigations were either high or moderate risk, compared to 19 percent of unfounded investigations, and 30 percent of family assessments. However, because of the large overall number of family assessments, 56 percent of all high or moderate risk referrals were family assessments (data not shown).

Not surprisingly, families at high or moderate risk for future abuse or neglect were much more likely to have identified services needs than families determined to be at no assessable risk (Figure 15). Seventy-one percent of families at high risk and 66 percent at moderate risk had service needs, compared to 20 percent with no assessable risk. Within each risk category, identification of service needs varied widely among local agencies. Local agency variation in identifying service needs is discussed in a later section of the report.

<sup>18</sup> In family assessments the Risk Assessment is determined for the family as a whole. In investigations, the Risk Assessment is determined for each child. For the data file created for these analyses, the risk assessment for investigations is the highest risk assigned to any child in the family.

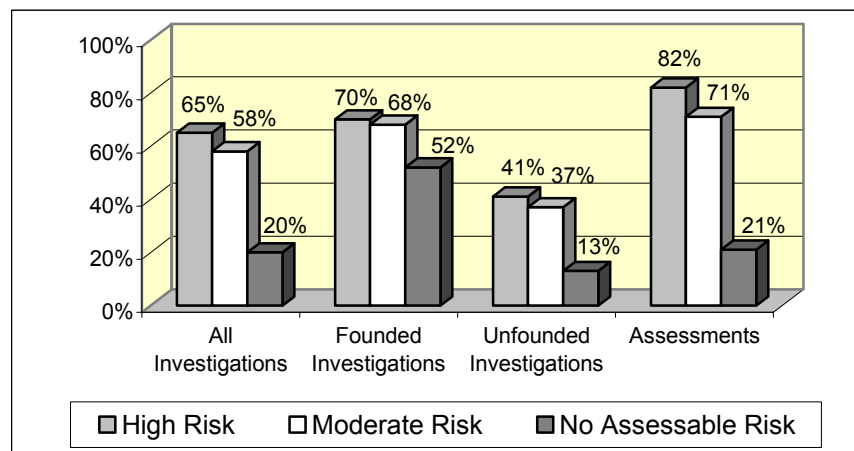
**Figure 15: Percent of Referrals with Service Needs, by Risk Assessment**



Source: OASIS, Referrals Accepted July through December 2004

Data on risk and disposition are combined in Figure 16 which shows the percent of families with service needs at each level of risk for each disposition. As expected, regardless of disposition, families at high or moderate risk most were the ones who most often had service needs. What is more interesting, however, is to compare assessments with investigations. As discussed above, one of the goals for DRS was that that by engaging families in a less threatening way in the assessment track, they would be more willing to discuss family problems leading to better identification of service needs and, potentially, greater willingness to accept services. While these data do not speak directly to that issue, they do suggest that service needs may more often be identified in assessment cases. (Bear in mind, however, the caveat discussed above that there may be a bias toward recording services information in assessment cases.)

**Figure 16: Percent of Referrals with Service Needs by Track, Disposition and Risk**



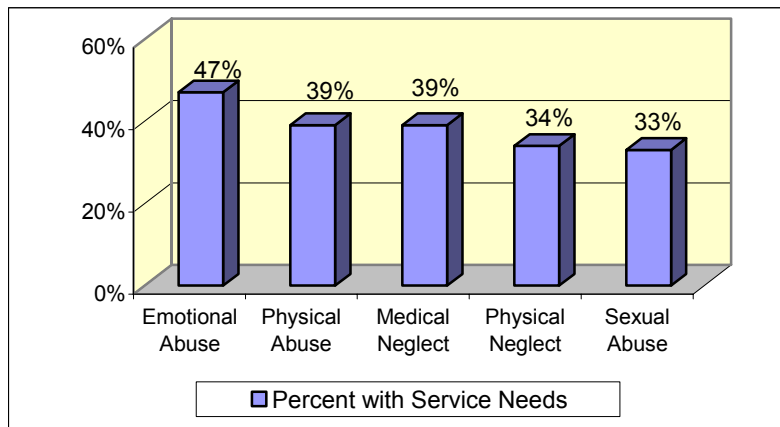
Source: OASIS, Referrals Accepted July through December 2004

Comparing assessments with all investigations shows that service needs were identified in 82 percent of high risk assessments, compared to 65 percent of high risk investigations, and in

71 percent of moderate risk assessments, compared to 58 percent of moderate risk investigations. Even when the comparison is made only to founded investigations, the percentage of high risk assessments with identified services needs was higher, 82 percent compared to 70 percent. Considering also the fact that referrals presenting the most serious safety issues are placed predominantly in the investigation track, these data do suggest that for some families, the assessment process may indeed lead to a more comprehensive evaluation of service needs. As was discussed earlier, however, foster care is not included in these data on service needs. Some families that received foster care did not have other identified service needs and are excluded from these data. If they were added, the percentage of high risk founded cases with identified service needs would be 78 percent instead of 70. On the other hand, service needs were more often identified in founded investigations with no assessable risk than in assessments with no assessable risk, 52 percent compared to 21 percent.

The percentage of families needing services varied somewhat depending on the type of abuse or neglect (Figure 17). Service needs were most often identified in cases involving emotional abuse (47 percent), followed by physical abuse (39 percent), medical neglect (39 percent), physical neglect (34 percent) and sexual abuse (33 percent). For emotional abuse, physical abuse, medical neglect and physical neglect, this pattern is similar to that found in assessments in the two preceding years. No data on service needs in sexual abuse complaints are available for the two earlier years.

**Figure 17: Percent of Cases Needing Services, by Type of Alleged Abuse or Neglect**

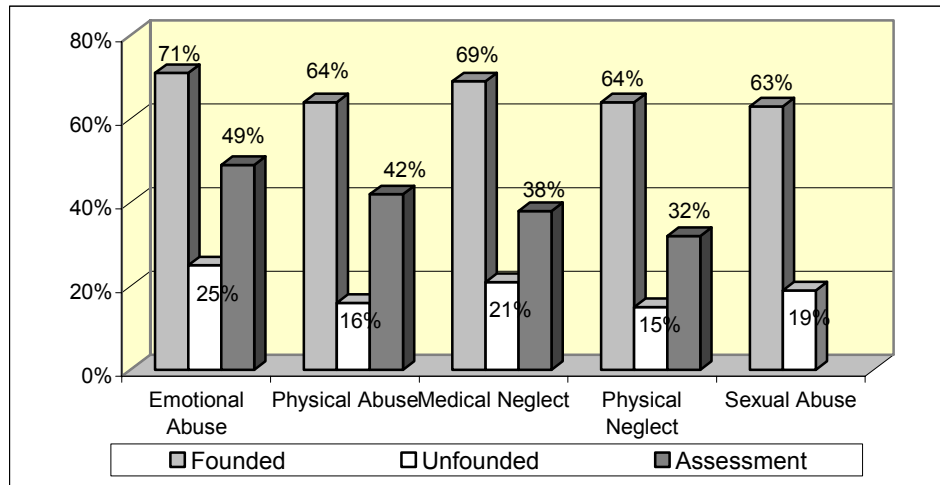


Source: OASIS, Referrals Accepted July through December 2004

When disposition is taken into account (Figure 18), the frequency with which service needs are identified is as expected-highest in founded investigations, followed by assessments, and then unfounded investigations. Within each disposition, emotional abuse was still the type of abuse that most often had identified service needs.



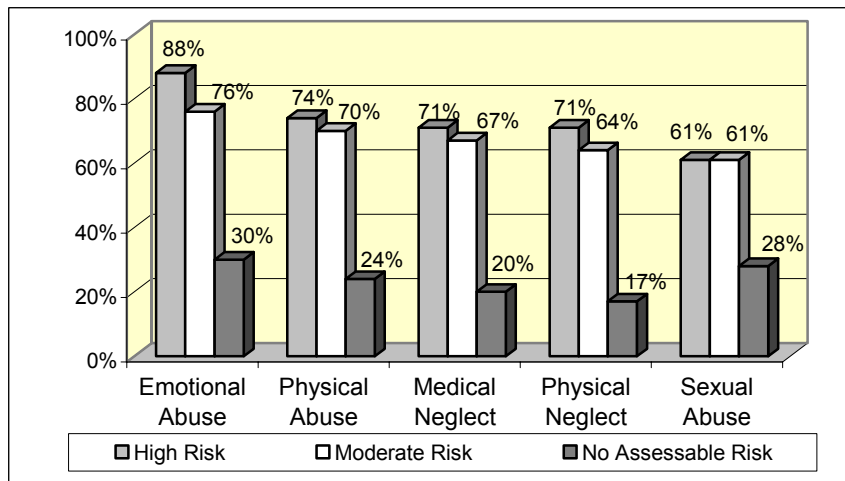
**Figure 18: Percent of Cases Needing Services, by Type Abuse or Neglect and Disposition<sup>19</sup>**



Source: OASIS, Referrals Accepted July through December 2004

When risk level is considered, the expected pattern emerges, with service needs identified in the majority of high and moderate risk referrals, regardless of disposition, and a much lower level of service needs in referrals with no assessable risk. Emotional abuse referrals at high or moderate risk continue to have the greatest level of identified needs. High and moderate risk sexual abuse referrals have a somewhat lower level of identified needs than do other types of abuse or neglect referrals (Figure 19).

**Figure 19: Percent of Referrals with Service Needs by Type of Abuse or Neglect and Risk**

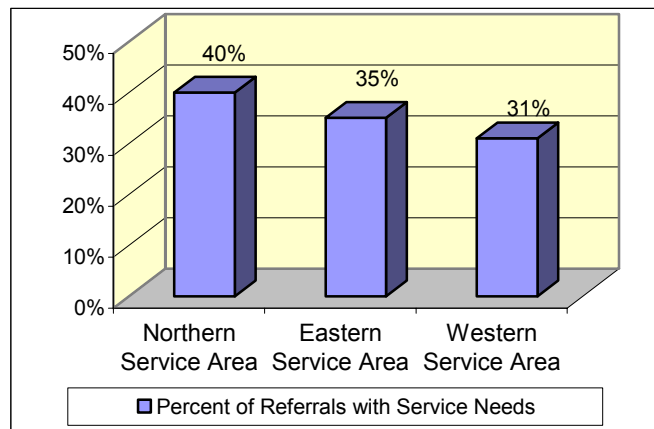


Source: OASIS, Referrals Accepted July through December 2004

<sup>19</sup> Data on sexual abuse referrals in the assessment track are excluded because such referrals are few in number and, as discussed above, are anomalies in track assignment.

Turning to the Department’s three Service Areas, Figure 20 shows that service needs were most often identified in the Northern Service Area (40 percent), followed by the Eastern (35 percent) and the Western (31 percent) Service Area.

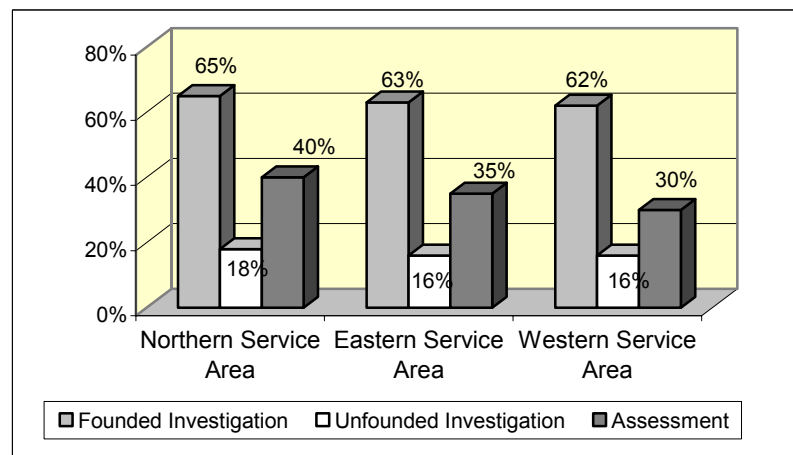
**Figure 20: Percent of Referrals with Service Needs, by Service Area**



Source: OASIS, Referrals Accepted July through December 2004

As is shown in Figure 21, regional differences in identification of service needs are found primarily in assessments, not investigations. In each area from 62 to 65 percent of founded investigations and from 16 to 18 percent of unfounded investigations had identified service needs. Service needs in assessment cases varied from 40 percent in the Northern, to 35 percent in the Eastern and 30 percent in the Western Service Areas.

**Figure 21: Percent of Referrals with Service Needs by Service Area and Disposition**

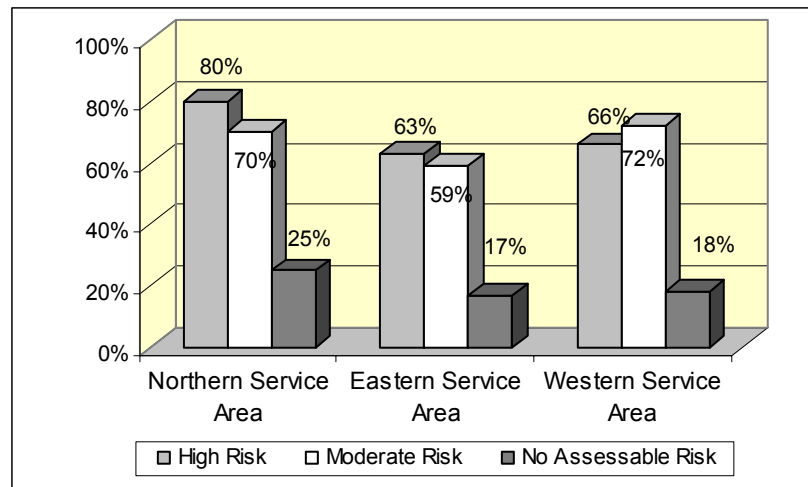


Source: OASIS, Referrals Accepted July through December 2004

More service needs were identified in the Northern Service area than in either of the other two, at each level of risk, except for families at moderate risk for future abuse or neglect – with the Northern and Western areas essentially the same (Figure 22). Differences were most striking

in high risk cases where 80 percent of families in the Northern Service area were determined to have service needs, compared to 63 percent in the Eastern and 66 percent in the Western Service Areas.

**Figure 22: Percent of Referrals with Service Needs, by Service Area and Risk Assessment**



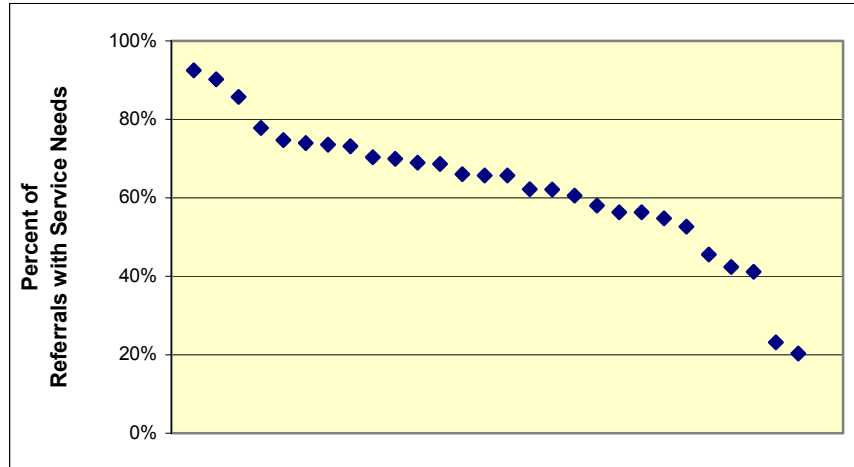
Source: OASIS, Referrals Accepted July through December 2004

No direct evidence is available to determine whether the higher percentage of families with service needs in the Northern Service Area is due to families in that region actually having a greater need for services or whether other factors 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 some 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. Assuming these findings do not reflect actual differences in service needs, they could be the result of more attention being paid to service needs in some areas, or more consistent supervisory monitoring of data entry practices, or differences in caseload that led to workers in some areas to be more thorough in entering data, or differences in worker facility in conducting family assessments. While it is difficult to know the causes of these differences, findings below show that there are marked differences among local agencies in identification of service needs.

To explore the issue of local agency variation, data were analyzed for investigations and assessments accepted between July and December in which families were determined to be at various levels of risk. Looking at families with a high or moderate risk for future abuse or neglect, 28 local agencies were identified that had at least fifty high or moderate risk referrals during that period. That selection criterion was used to ensure that the agencies had substantial experience with high and moderate risk referrals and that the findings were not skewed by agencies with only a small number of such referrals. Figure 23 shows the percentage of high or moderate risk referrals in each agency with identified service needs. Each dot on the scattergram represents one agency. The scale at the left hand side of the figure shows the percentage of

referrals with identified service needs. Among these 28 agencies, that percentage varied from 20 to 92 percent.

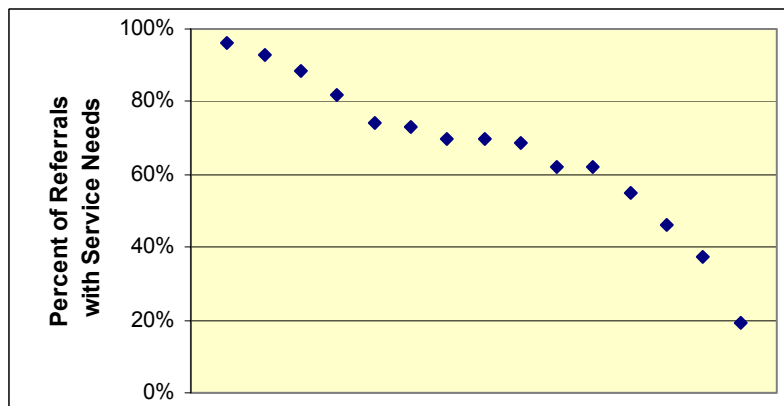
**Figure 23: Identification of Service Needs in Agencies with 50 or more High or Moderate Risk Referrals**



Source: OASIS, Referrals Accepted July through December 2004

To see whether this variation might be related primarily to moderate risk referrals, where there could be more room for judgment as to whether services were needed, another analysis was performed looking only at high risk referrals. It would be reasonable to expect fairly high consistency in identification of service needs in high risk referrals. Figure 24 shows the results for the 15 agencies that had at least 25 high risk referrals during the last six months of 2004. Instead of relative consistency, the percentage of high risk referrals with service needs ranged from 19 to 96 percent.

**Figure 24: Identification of Service needs in Agencies with 25 or more High Risk Referrals**

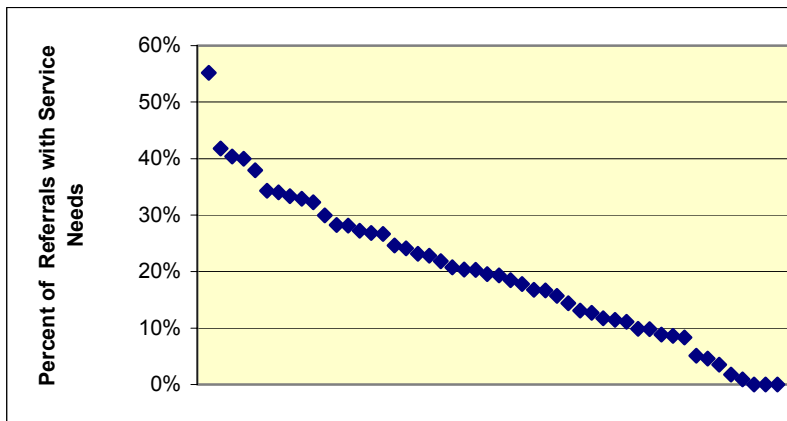


Source: OASIS, Referrals Accepted July through December 2004

As discussed above, 20 percent of families with no assessable risk for future abuse or neglect were also identified as having service needs. In this group also, there was wide variation

among the agencies. Among 50 agencies with at least 50 referrals with no assessable risk, the percentage of families with identified needs ranged from zero to 55 percent.

**Figure 25: Identification of Service Needs in Agencies with 50 or more No Assessable Risk Referrals**



Source: OASIS, Referrals Accepted July through December 2004

***Specific Services Needed***

Table 2 shows the specific services needed by families with each disposition. The two services needed far more than any others were counseling and parent education. Substance abuse evaluation and substance abuse treatment were the next most frequent needs. The pattern of service needs is similar for each disposition and is also similar to that reported in the November 2004 report on DRS.

**Table 2: Services Needed by Disposition**

Service Needed	Percent of All Founded Investigations	Percent of all Unfounded Investigations	Percent of all Assessments	Percent of all Referrals
Counseling	39%	10%	21%	21%
Parent education	19%	3%	7%	8%
Substance abuse evaluation	7%	1%	3%	3%
Substance abuse treatment	7%	1%	3%	3%
Medical psychological	5%	1%	2%	2%
Medical care	4%	2%	2%	2%
Daycare	3%	1%	2%	2%
Domestic violence services	3%	0%	2%	2%
Information and referral	3%	1%	2%	2%
Other	13%	4%	10%	10%
No service needs identified	37%	83%	64%	63%
<i>Number of Referrals</i>	<i>2061</i>	<i>3004</i>	<i>8549</i>	<i>13614</i>

Source: OASIS, Referrals Accepted July through December 2004

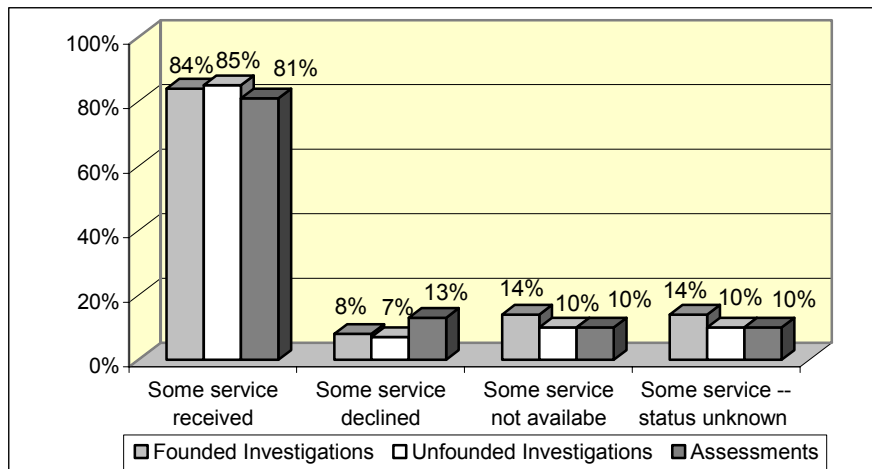
## Number of Families Receiving Services

The preceding section of this report focused on identifying families' service needs. This section reports on the provision of services to families *with* identified service needs. For each identified service, the worker entered the status of service receipt at the time she or he completed data entry for that referral. That data is the basis for the following findings.

Among all families needing services, 82 percent received or were expected to receive services.<sup>20</sup> Twelve percent declined at least one service, and 11 percent needed at least one service that was not available. Twelve percent had at least one service need for which the service status was unknown (data not shown).

Figure 26 shows service status by disposition. Clearly, once service needs are identified, disposition makes little difference in whether families receive services. The vast majority of families with service needs had at least some of their service needs met: 84 percent in founded investigations; 85 percent in unfounded investigations; and 81 percent in assessments. Unless required by the court to accept services, families can decline offered services. They may accept some services and decline others. Assessment track families were somewhat more likely to decline at least one service (13 percent) than were families in either founded (8 percent) or unfounded (7 percent) investigations. This higher refusal rate suggests the assessment track does not necessarily encourage greater acceptance of services, but the differences are small.

**Figure 26: Service Receipt by Families with Service Needs**



Source: OASIS, Referrals Accepted July through December 2004

Note: Adds to more than 100% because families may be in more than one category.

<sup>20</sup> 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. The case reviewer also noted that sometimes it was possible to determine that a pending application did not lead to services, for instance, when a CPS service case was opened but ultimately no services were accepted. Thus the ultimate number of families receiving services is likely somewhat less than shown in Figure 26. Families in need of more than one service could be counted in two or more categories, for instance, refusing one service and receiving another.

Fourteen percent of families in founded investigations and ten percent in unfounded investigations and family assessments needed a service that was not available. This category includes the service not being available in the community, the family not being eligible for the service, a waiting list, or no funds available to purchase the service. Since these data reflect the worker's knowledge at the time data entry was completed, it is possible that some families later received these services, for example when they reached the top of a waiting list.

The gap between service needs and service availability may be larger than suggested by the data in Figure 26. Many respondents to the 2003 survey of local agency directors and CPS supervisors said that their agencies found it difficult to provide all needed services. As discussed earlier, there is some evidence that workers may not enter data on service needs when they know the services are not available, so there could be other needed services that were not available.

Unlike service identification, once families are identified as having service needs, receipt of services did not vary much by risk, type of abuse or neglect, or service area. Among all families with service needs, 86 percent of those at high risk and 81 percent of those at moderate or no assessable risk received some services (data not shown).

The data on risk do yield an interesting finding related to resource allocation. Because of their large number, families with no assessable risk accounted for a substantial proportion of those receiving services. Among all families who received services, 21 percent were high risk, 44 percent were moderate risk and 35 percent had no assessable risk of future abuse or neglect (data not shown). One might ask why families with no assessable risk were identified by CPS workers as having service needs. As discussed in the 2004 report, it may be that while the circumstances did not lead the worker to identify the children as at risk for abuse or neglect, the worker determined that there were services that would be beneficial for the family. The case reviewer last year identified a number of examples in which families had service needs, not directly related to a risk of abuse or neglect, and were provided with appropriate services.

Provision of services to families with service needs did not differ much by the type of abuse or neglect. Depending on the type, from 81 to 90 percent of families received services. Similarly, in the three Service Areas, service receipt ranged from 80 to 83 percent.

Looking at individual agencies, the variation in providing services, once needs are identified, is much smaller than was the variation in service identification. Among 28 agencies that had at least 50 referrals with identified service needs, from 66 to 93 percent of families received some services.

### ***Sources of Services***

Table 3 shows the source of services for each service that families received or were expected to receive. The count is of services, not families. For instance, the data do not mean that 26 percent of all families received DSS provided or purchased services, but that of all services received by all families, 26 percent were provided or purchased by the local agency. A family might receive services from more than one source. As discussed above, these data are based on what the worker knew when data entry for the referral was completed.

**Table 3: Source of Services**

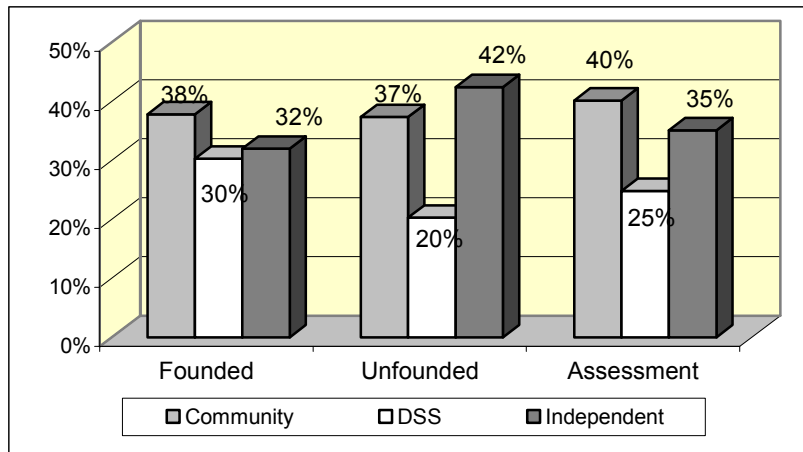
Source of Services	Percent of All Services Received
Community Resource	39%
Obtained Independently	35%
DSS Provided or Purchased	26%
Total	100%
<i>Total Number of Services</i>	<i>5769</i>

Source: OASIS, Referrals Accepted July through December 2004

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. Table 3 shows that the local DSS agency provided or purchased 26 percent of the services, with examples including counseling or parent education provided by social workers in the agency, subsidized day care, or payment for substance abuse evaluation. Thirty-five 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.

Figure 27 shows the sources of the services received by families with each disposition. Community resources provided services with about the same frequency in all three groups, ranging from 37 to 40 percent. Use of DSS provided or purchased services was highest in founded investigations (30 percent of services provided), followed by assessments (25 percent) and unfounded investigations (20 percent.) Use of independent sources, chosen by the family, was highest in unfounded investigations (42 percent) followed by assessments (35 percent) and founded investigations (32 percent).

**Figure 27: Source of Services by Disposition**

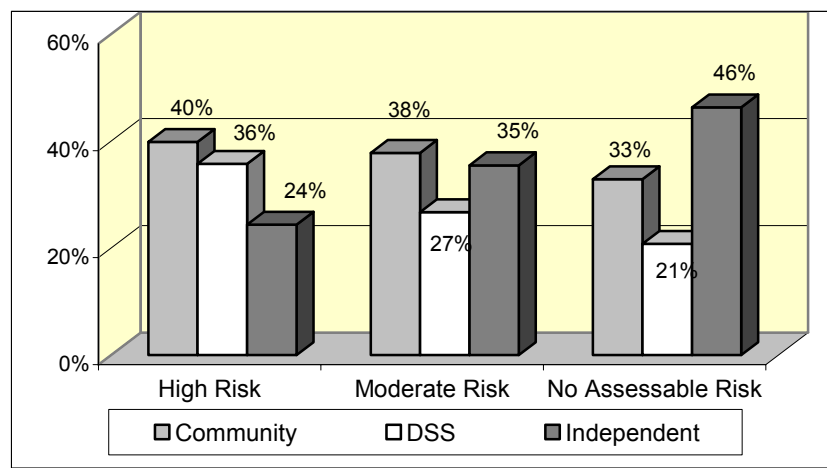


Source: OASIS, Referrals Accepted July through December 2004



Figure 28 shows that the proportion of services provided by community sources was fairly similar in all three risk groups, 40 percent families assessed at high risk, 38 percent in families at moderate risk, and 33 percent in families with no assessable risk. Use of DSS direct or purchased services increased with risk, from 21 percent where there was no assessable risk, to 27 percent where risk was moderate, to 36 percent in high risk situations. Conversely, the use of independent sources decreased with risk from 45 percent where there was no assessable risk to 35 percent where risk was moderate to 24 percent where risk was high.

**Figure 28: Source of Services by Risk Assessment**



Source: OASIS, Referrals Accepted July through December 2004

Table 4 shows the percentage of local agency services that went to families at each level of risk. Three-quarters of DSS provided or purchased services went to families determined to be at high or moderate risk and one quarter to those with no assessable risk.

**Table 4: Percent of DSS Services Provided to Families at Each Level of Risk**

Risk Assessment of Families Receiving Services	Percent of DSS Services
High Risk	29%
Moderate Risk	45%
No Assessable Risk	26%
Total	100%
<i>Total Number of Services</i>	<i>1497</i>

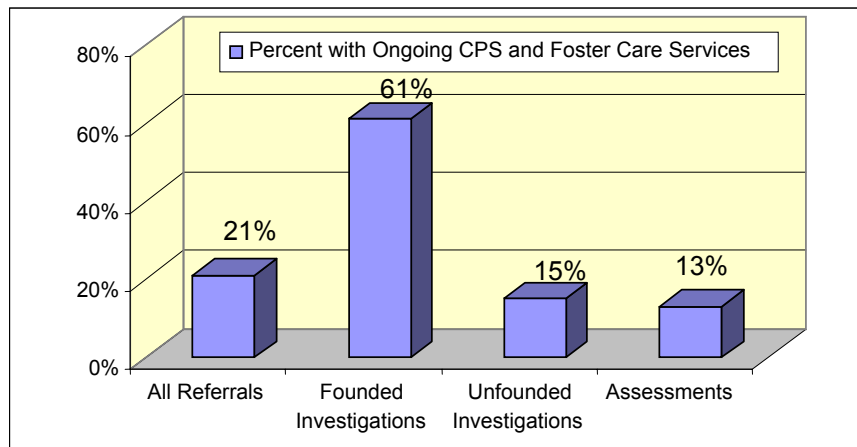
Source: OASIS, Referrals Accepted July through December 2004

### ***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. 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 29: Ongoing CPS and Foster Care Services by Disposition**



Source: OASIS, Referrals Accepted January through December 2004

Twenty-one percent of all referrals involved ongoing CPS or foster care services (Figure 29). Receipt of these services varied by disposition: founded investigations, 61 percent; assessments, 15 percent; and unfounded investigations, 13 percent. The high rate in founded investigations is not surprising since these are situations where abuse or neglect was confirmed.

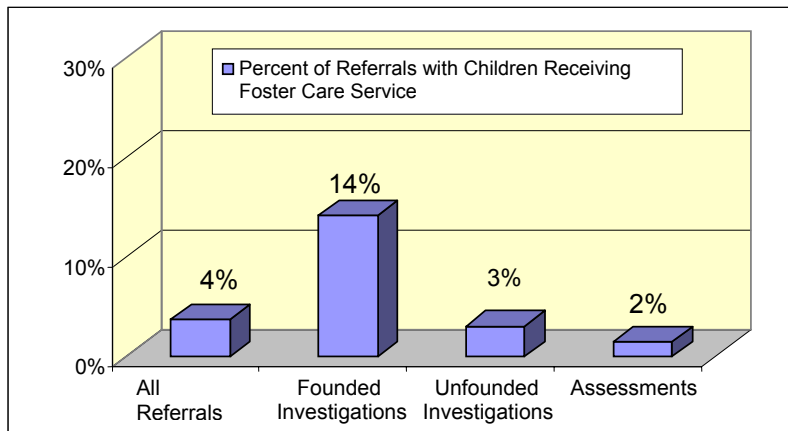
Similarly, the percentage of families receiving ongoing or foster care services was much greater in families at high risk for future abuse or neglect. Seventy-two percent of high risk families, 39 percent of moderate risk families, and 7 percent of families with no assessable risk received such services (data not shown).

The data extract for this report included data on foster care placement that occurred within 90 days of the disposition of the referral. Four percent of all referrals in 2004 involved foster care placement (Figure 30). As expected, founded investigations had the highest foster care rate, 14 percent. Children in three 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 reviewed last year, 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. This year's case reviews devoted special attention to the conditions under which children enter foster care. Those findings are presented in a later section of this report.

**Figure 30: Foster Care by Disposition**



Source: OASIS, Referrals Accepted January through December 2004

### ***Court-Ordered Services***

Sometimes the local agency asks the Juvenile and Domestic Relations Court to order the family to accept a service. The likelihood that families would be subject to a court order to ensure receipt of services varied by both disposition and risk assessment. The percentage of cases in which there were court-ordered services was:<sup>21</sup>

- 8 percent in founded investigations
- under one percent in unfounded investigations, and
- 2 percent in assessments.

Turning to risk, the percentage of cases with court-ordered services was:

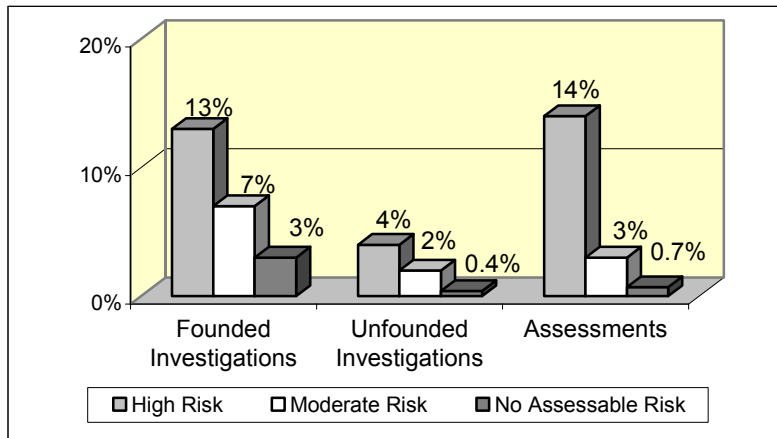
- 12 percent in high risk cases
- 4 percent in moderate risk cases, and
- under one percent in cases with no assessable risk.

In high risk cases, court-ordered services were as likely in assessments as in founded investigations, 14 and 13 percent, respectively (Figure 31).

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<sup>21</sup> 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.

**Figure 31: Percent of Cases with Court-Ordered Services, by Disposition and Risk**



Source: OASIS, Referrals Accepted July through December 2004

The most frequent court ordered service was counseling (29 percent). Services related to substance evaluation or treatment constituted 25 percent of court ordered services, followed by parent education (14 percent), medical psychological care (9 percent), and domestic violence services (4 percent). Nineteen percent of court orders were for various other services.

## Case Reviews

Two sets of case reviews were conducted for this report. The first set focused on services for families at high or moderate risk for future abuse or neglect. The second set focused on the timeliness of local agencies' response to reports of abuse or neglect.

### *Purpose of Case Reviews*

Case reviews are helpful in understanding the operations of DRS because there are many details of the case not captured by the OASIS data used for the statistical analyses presented above. The case reviewer could see other OASIS screens that provided a fuller picture of the issues present in the referral and the way the agency responded. The reviewer also provided additional insight into local agency practices and performance by responding to questions asking her to apply her judgment as an experienced CPS supervisor.

The first set of case reviews centered on families considered to be at high or moderate risk for future abuse or neglect. The primary purpose of the reviews was to see what local agencies were doing regarding identifying service needs and providing services to these families. Special attention was also paid to cases involving foster care in order to better understand the circumstances under which children are placed in care and to illuminate some of the findings

reported earlier, such as some foster care cases being associated with family assessments and unfounded investigations.

### ***Selection of Cases for Review***

The 226 cases chosen for review were randomly selected from referrals with high or moderate risk assessments accepted by local agencies in August 2004. August was chosen as the month for review because it was after the introduction of the OASIS changes in July that permitted workers to enter services information for investigations. That month was also chosen because it maximized the amount of time between the acceptance of the referral and the case reviews conducted in the summer of 2005. Maximizing that time was advantageous because some of the questions in the review concerned whether there were subsequent referrals for these families, and those questions could be answered more fully by allowing as much time as possible for another referral to occur.

The reviewed cases are generally representative of all high and moderate risk referrals in August, except that more cases with foster care were included so that more could be learned about cases leading to foster care. Eighteen percent of the cases reviewed involved foster care, compared to 9 percent of all high or moderate risk August referrals. Because of the over sampling of foster care cases, there was also a slightly higher proportion of high risk cases, 34 percent in the cases reviewed compared to 30 percent in all August high or moderate risk referrals. The cases were equally divided between investigations and assessments.

### ***Documentation***

One issue that arises in case reviews is the extent and quality of the documentation of each referral. The reviewer is dependent on whatever information the worker has entered into OASIS. VDSS and the local agencies have moved from a system in which written documentation was used to supplement data entered into a centralized database to one in which almost all aspects of the referral are documented in OASIS. The July 2004 addition of services information for investigations and data on CPS ongoing service cases was another step in completing that transition.

Despite the more extensive documentation now available in OASIS, the case reviewer did sometimes have difficulty reviewing a case because of missing or limited information in the OASIS file. She noted particularly that for some investigations, the information provided concentrated on the need to document the finding and did not contain the information that would be needed to answer all the questions about service provision. It may be that since the requirement to document services in investigations was introduced only in July, some workers were not yet routinely completing those OASIS screens.

After completing each review, the reviewer reported on whether documentation problems made it difficult to review the case and answer all the questions in case review instrument. She reported no difficulty in 77 percent of the reviews, but found it difficult (4 percent) or somewhat

difficult (19 percent) to complete the remaining reviews.<sup>22</sup> Despite the occasional lack of documentation on services in investigations noted above, there were no differences between investigations and assessments in the reviewer’s overall assessment of how difficult it was to review the case.

***Prior Contact with CPS***

It seemed likely that many families at high or moderate risk for future abuse or neglect would have had prior contact with CPS. Therefore, the case review included questions about such contact. Thirty-nine percent of the families did have prior contact with CPS, either a prior referral still documented in OASIS or other indication in the case record that there been an earlier referral. (In a few cases prior contact was in another state, but noted in the record.) Some other families may also have had prior contact but with the records no longer available in OASIS.

Among families with a prior referral, 57 percent had one known earlier referral; 21 percent had two; and 15 percent had three or more. Eight percent had an unknown number of earlier referrals (Table 5).

**Table 5: Number of Prior Referrals**

<b>Number of Prior Referrals</b>	<b>Percent of All Families</b>	<b>Percent of Families with Prior Referrals</b>
One prior referral	22%	57%
Two prior referrals	8%	21%
Three or more prior referrals	6%	15%
Unknown number of prior referrals	3%	8%
No prior referrals	61%	
Total	100%	101%*
<i>Number of Families</i>	226	88

Source: Case review database, OASIS data on referrals accepted in August 2004

\*More than 100% due to rounding

Forty-one percent of families with a prior referral had their most recent referral in the six months before August 2004 (Table 6). Twenty-six percent had their last referral seven to twelve months earlier, and for 21 percent more than a year had passed since their last referral. The time of the last referral was unknown for 13 percent of the families.

<sup>22</sup> Note that this is a considerable improvement in documentation compared to the findings of the same reviewer last year when reviewing 2003 cases. In that review she found that 24 percent of cases were difficult to review due to documentation problems and another 12 percent were somewhat difficult to review.

**Table 6: Time of Most Recent Prior Referral**

<b>Time of Most Recent Prior Referral</b>	<b>Percent of All Families</b>	<b>Percent of Families with Prior Referrals</b>
1 to 6 months earlier	16%	41%
7 to 12 months earlier	10%	26%
More than 12 months earlier	8%	21%
Unknown	5%	13%
No prior referrals	61%	
Total	100%	101%*
<i>Number of Families</i>	226	88

Source: Case review database, OASIS data on referrals accepted in August 2004

\*More than 100% due to rounding

The dispositions of the families' most recent referrals were: 35 percent – founded investigation, 24 percent – assessment with service needs (i.e., a determination that services were needed to treat past or prevent future abuse or neglect), 24 percent – assessment with no service needs; 9 percent – unfounded investigation, and 8 percent – disposition unknown (Table 7).

**Table 7: Disposition of Most Recent Prior Referral**

<b>Disposition of Most Recent Prior Referral</b>	<b>Percent of All Families</b>	<b>Percent of Families with Prior Referrals</b>
Founded investigation	14%	35%
Assessment with Needs	9%	24%
Assessment without Needs	9%	24%
Unfounded investigation	4%	9%
Unknown	3%	8%
No prior referrals	61%	
Total	100%	100%
<i>Number of Families</i>	226	88

Source: Case review database, OASIS data on referrals accepted in August 2004

### ***Type of Abuse/Neglect***

Table 8 shows the type of abuse or neglect in the reviewed cases. Lack of supervision was the most frequent allegation comprising 35% of all the referrals, followed by physical abuse (34 percent), inadequate necessities (30 percent), sexual abuse (8 percent), medical neglect (5 percent), and substance exposed infant and mental abuse (both 3 percent). The only major difference between the assessments and the investigation was that only the investigations included allegations of sexual abuse. Most of the referrals (84 percent) had only one type of alleged abuse or neglect. Fourteen percent had two types and two percent had three.

**Table 8: Type of Abuse or Neglect**

<b>Type of Abuse or Neglect</b>	<b>Assessments</b>	<b>Investigations</b>	<b>Total</b>
Lack of Supervision	35%	36%	35%
Physical Abuse	34%	34%	34%
Inadequate Necessities	33%	27%	30%
Sexual Abuse	0%	15%	8%
Medical Neglect	5%	5%	5%
Substance Exposed Infant	4%	3%	3%
Mental Abuse	4%	2%	3%
<i>Number of Referrals</i>	<i>113</i>	<i>113</i>	<i>226</i>

Source: Case review database, OASIS data on referrals accepted in August 2004

Note: Since referrals can have more than one type of abuse or neglect, total percentages add to more than 100%.

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 51 percent of the assessment track referrals were ones in which it was clear there was no imminent danger to the child (Table 9).



Investigations can be either a matter of agency choice or be required by code or CPS policy. In 58 percent of investigations, track assignment was based on agency judgment, i.e., there referrals could have been assigned to either track. Mandated reasons for investigation included the local agency taking custody of a child (18 percent), sexual abuse (15 percent), serious injury (7 percent), three previous family assessment (2 percent), and child fatality (1 percent).

Legal and policy requirements for track assignment were followed, except for two assessments. They were mandated for investigation, one because the agency took custody of the child the day after the referral was received and the other because there had been three family assessments in the preceding twelve months.

**Table 9: Basis for Agency Track Assignment**

	<b>Percent of All Referrals</b>	<b>Percent Within Each Track</b>
<i><b>Family Assessments</b></i>		
FA-No Imminent Danger	26%	51%
FA-Agency Judgment	24%	49%
<i>Number of Assessments</i>		113
<i><b>Investigations</b></i>		
INV- Agency Judgment--Not Mandated	29%	58%
INV - DSS Took Custody	9%	18%
INV - Sexual Abuse	8%	15%
INV - Serious Injury	4%	7%
INV - 3 Previous Assessments	1%	2%
INV – Child Fatality	<1%	1%
<i>Number of Investigations</i>		113
<i>Total Number of Referrals</i>	226	

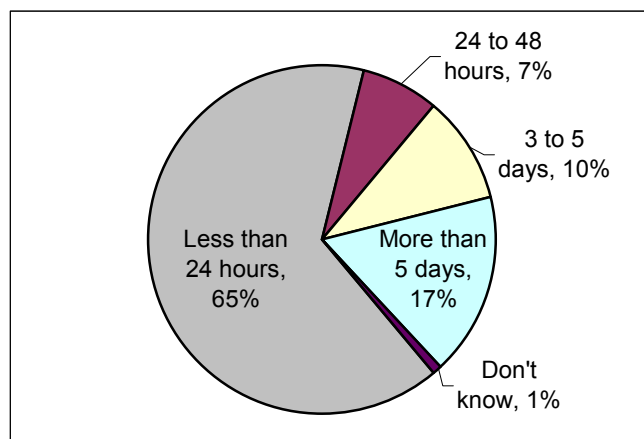
Source: Case review database, OASIS data on referrals accepted in August 2004

### ***Timeliness of Response***

The case reviews showed that local agencies generally respond promptly to reports of abuse or neglect. In two-thirds of the cases the local agency had meaningful contact with the family within 24 hours, and in almost three-fourths of the cases contact occurred within 48 hours. Contact took three to five days in ten percent and more than five days in 17 percent of referrals (Figure 32). In evaluating this information, it is important to understand that the definition of response used by the reviewer was “first meaningful contact,” that is the first contact in which the worker was able to gather information from the caretaker or interview the

child. Using this definition, if a worker goes to the house and the caretaker refuses to open the door, meaningful contact has not occurred. Thus, the timeliness of response is only partially within the control of the local agency, and sometimes it takes many attempts to establish contact with a family. On the other hand, sometimes local agencies prioritize their responses due to limited resources and delay attempted contact in situations where there is not a concern about the child's current safety. Earlier in 2005, the Department clarified policy on the definition of response time. It is now understood to mean the first time the worker tries to contact the family, whether or not the contact is successful. If that definition had been used in these case reviews, the percent of responses within 24 or 48 hours would have been even higher.

**Figure 32: Timeliness of Response**



Source: Case review database, OASIS data on referrals accepted in August 2004

Delays in contact with the family were concentrated primarily in assessments in which the risk assessment was safe or conditionally safe. Those assessments accounted for 68 percent of responses that took three to five days and 77 percent of those that took more than five days (Table 10). The case reviewer noted that in some instances the worker had made five or more attempts to contact the family, but no one answered the door or phone. A few delays were worrisome, for example, an assessment in which the allegation was physical abuse of a two year old, but the child was not seen until nine days after receipt of the complaint. The case reviewer noted that by that time, any bruises likely would have faded. The other delayed contacts were in investigations where the risk assessment was safe or conditionally safe – except for two where it was unsafe and contact took more than five days. In one of those cases the parent refused to talk to the social worker and then disappeared, a good example of why “meaningful contact” may be difficult to achieve. Under the clarified definition of response time, the worker’s effort to make the contact would have been counted as the meaningful response.

**Table 10: Delayed Responses by Track and Safety Assessment**

<b>Track and Safety Assessment</b>	<b>3 to 5 days</b>	<b>More than 5 days</b>
Assessment - Safe	32%	46%
Assessment - Conditionally safe	36%	31%
Investigation - Safe	18%	10%
Investigation - Conditionally Safe	14%	8%
Investigation - Unsafe	0%	5%
Total	100%	100%
<i>Number of Referrals</i>	22	39

Source: Case review database, OASIS data on referrals accepted in August 2004

### ***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 either “with child abuse or neglect service needs,” i.e., services are needed to treat past or prevent future abuse or neglect, or without such needs.

When considering the dispositions of “assessment with needs” and “assessment without needs,” it is helpful to note the observations of the case reviewer. She pointed out a disposition of “assessment with needs” should not be interpreted to mean that abuse or neglect had necessarily occurred and that services were needed to treat that occurrence or keep it from happening again. While such an interpretation was true in some cases, in others there was no reason to believe that there had been abuse or neglect. Instead, the worker determined that the family had needs that should be addressed in order to prevent development of a situation in which abuse or neglect might occur. The reviewer commented that one of the strengths of the assessment track is the ability to deal with problems in a preventive way and assist families before abuse or neglect occurs. She also noted that in some assessments where the disposition was “no needs,” there might have been abuse or neglect but with no need for future services. That situation could occur, for instance, if the abuser had left the household and the child did not need any treatment to deal with the previous abuse or neglect or if the child changed households and was no longer at risk.

The category “assessment with 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 might be 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 sufficient evidence to confirm abuse or neglect, but the worker might conclude that services would be helpful to prevent future harm or to assist the family with other problems that could affect the wellbeing of the children.

Table 11 shows the disposition of all the reviewed referrals. The fact that only referrals with high or moderate risk were chosen for review is reflected in the dispositions. Seventy-nine percent of the investigations were founded, and 79 percent of families in the assessment track were found to be in need of services. (Note that the identical percentages in the assessments and investigations are not a typographical error, but accurately reflect the data.)

**Table 11: Disposition of Reviewed Referrals**

	<b>All Referrals</b>	<b>Within Each Track</b>
<i><b>Family Assessments</b></i>		
Assessment with Needs	39%	79%
Assessment without Needs	11%	21%
<i>Number of Assessments</i>		113
<i><b>Investigations</b></i>		
Founded	39%	79%
Unfounded	11%	21%
<i>Number of Investigations</i>		113
<i>Total Number of Referrals</i>	226	

Source: Case review database, OASIS data on referrals accepted in August 2004

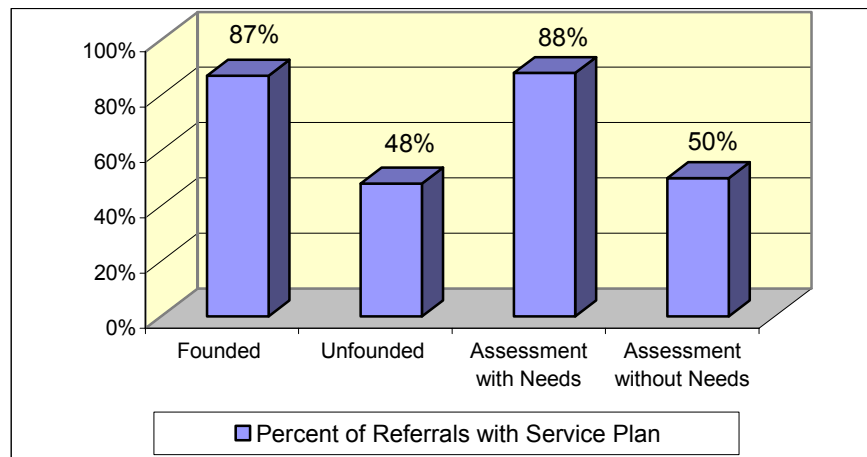
### ***Services***

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. On the whole, the findings from the case reviews suggest that local agencies are generally doing a good job identifying service needs and providing services to families to treat or prevent abuse or neglect.

## Service Plan and Family Engagement

Eighty percent of assessments and 79 percent of investigations included a service plan or other indication that the worker tried to ensure that the family would receive needed services.<sup>23</sup> Eighty-eight percent of assessments with child abuse or neglect needs and eighty-seven percent of founded investigations had service plans. In addition, there were also service plans in half of unfounded investigations and assessments with no child or abuse needs. This finding suggests that in these cases with high or moderate risk, local agencies seek to provide services to many families even if the investigation was unfounded or there were no needs specifically tied to preventing abuse or neglect. One example was an assessment with no service needs, i.e., no services associated with abuse or neglect were needed, but the worker determined that the mother, who had a history of depression and an earlier suicide attempt, would benefit from counseling. The worker also provided the family with a referral for help with their housing situation. Another example was an unfounded investigation for sexual abuse in which the worker found out that the mother of the child was a victim of domestic abuse and referred her to domestic abuse services.

**Figure 33: Disposition and Service Plan in Cases Reviewed**



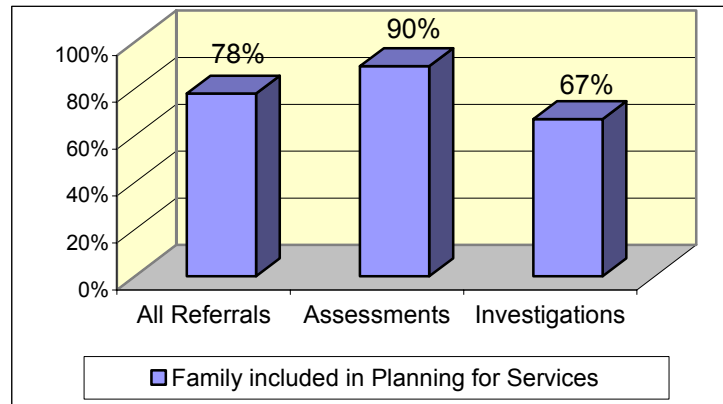
Source: Case review database, OASIS data on referrals accepted in August 2004

One of the purposes of DRS, and particularly the family assessment track, is 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 a service plan, the family was included in service planning in 79 percent of all referrals, 90 percent of assessments and 67 percent of investigations (Figure 34).<sup>24</sup>

<sup>23</sup> 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.

<sup>24</sup> In about 10 percent of referrals where there was a service plan, the reviewer could not tell whether the family was included in service planning. If those cases are excluded from consideration, the percentage in each group shown in Figure 34 would be about 10 percent higher.

**Figure 34: Including Families in Planning for Services (Referrals with Service Plans)**



Source: Case review database, OASIS data on referrals accepted in August 2004

One of the reasons that fewer families were involved in service planning in investigations is that 28 percent of the investigations involved foster care. In most of those cases, foster care was the only service provided during the investigation. Many of the foster care cases were emergency removals in which the child needed to be removed from an immediate threat to safety. In those circumstances, it is understandable that there was no involvement of the family in service planning. If those cases are removed from the calculation, families were involved in planning for services in 81 percent of investigations and 86 percent of all referrals. Thus it appears that in both assessments and investigations, local agencies are engaging families in discussing service needs and plans.

## Service Needs

Table 12 shows the specific services needed by families with each disposition. The basis for saying a specific service was needed in a given referral was that: 1) it was a service provided during the assessment or investigation; or 2) it was a service need that was identified by the worker, but no service was provided; or 3) it was a service need that the case reviewer identified that was not identified by the worker;<sup>25</sup> or 4) it was a service that was provided through a CPS ongoing services cases opened as a consequence of the referral or, in a few cases, provided in an ongoing service case that was still open as a consequence of an earlier referral.

The pattern of service needs is very similar to that shown earlier in the report for all referrals in 2004. The percentage of families needing various services is higher, though, because the cases reviewed all had high or moderate risk assessments.

<sup>25</sup> The case reviewer tried to see whether the family had any service needs that were not identified by the worker. In four percent of the referrals she found an unidentified need. There were an additional 15 percent in which there was not sufficient information in the record to determine whether all service needs had been identified.

**Table 12: Services Needed by Families with Each Disposition**

<b>Service Needed</b>	<b>Founded Investigations</b>	<b>Unfounded Investigations</b>	<b>Assessments with Needs</b>	<b>Assessments without Needs</b>	<b>All Referrals</b>
Counseling	53%	17%	54%	21%	46%
Parent Education	24%	4%	24%	4%	19%
Information And Referral	11%	4%	24%	21%	16%
Foster Care	34%	8%	2%	0%	15%
Psychological Health Care	9%	0%	25%	0%	13%
Substance Abuse Evaluation	15%	0%	18%	4%	13%
Substance Abuse Treatment	10%	0%	16%	0%	10%
Daycare	7%	0%	12%	0%	8%
Financial	4%	0%	16%	0%	8%
Medical Health Care	6%	8%	11%	0%	8%
Education	6%	0%	8%	8%	6%
Domestic Violence Services	6%	0%	7%	0%	5%
Budgeting	4%	0%	4%	0%	4%
Emergency Shelter	4%	0%	4%	0%	4%
Employment	7%	0%	2%	0%	4%
Homemaker	1%	0%	6%	0%	3%
Food	0%	0%	6%	0%	2%
Clothing	0%	0%	2%	4%	1%
Legal	0%	0%	2%	0%	1%
Parent Aide	0%	0%	3%	0%	1%
Criminal Justice Advocacy	1%	0%	0%	0%	<1%
Recreation	0%	0%	1%	0%	<1%
Transportation	0%	0%	0%	4%	<1%
Other Services	17%	8%	21%	21%	18%
No Identified Service Needs	18%	54%	9%	54%	22%
<i>Number of Referrals</i>	89	24	89	24	226

Source: Case review database, OASIS data on referrals accepted in August 2004

By far the most needed service was counseling, needed by 46 percent of the families. Other specific services needed by more than ten percent of families were: parent education (19

percent), information and referral to a variety of other services (16 percent), foster care (15 percent), psychological health care (13 percent), substance abuse evaluation (13 percent) and substance abuse treatment (10 percent). In addition, 18 percent of families needed other, unlisted services. Sometimes the case record did not indicate what the “other” services were. Some examples of identified “other” services were: anger management workshop; school based family support services; supporting and encouraging a mother needing to clean up her house; and developing a plan for children to stay with a relative until their safety at home could be assured.

For understandable reasons, families in founded investigations and assessments with service needs had a greater need for various services than did families in unfounded investigations or assessments without needs. Patterns of service need were fairly similar in founded investigations and assessments with counseling and parent education being the most needed in both groups. There was also a high need for foster care (34 percent) in founded investigations, as would be expected since the sample intentionally included a higher than average percentage of cases with foster care.<sup>26</sup> Families in assessments with service needs had a high need for psychological health care services (25 percent) and information and referral to other services (21 percent). Both groups had a considerable need for substance abuse services. Substance abuse evaluation was needed in 15 percent of founded investigations and 20 percent of assessments with needs, and substance abuse treatment was needed in 11 percent of founded investigations and 20 percent of assessments with needs.

## **Service Receipt**

The case reviews show that local agencies are doing a good job in helping families with service needs to obtain those services. Similar to the finding for all referrals discussed in the earlier part of this report, the case reviews show that the vast majority of families with identified service needs received at least some services.<sup>27</sup> A family was considered to have received a service only if there was sufficient documentation for the case reviewer to be sure that the service was provided. In some cases, the reviewer could not tell whether services were received. For example, where the plan was for the family to receive services independently, such as medical/psychological services covered by their health insurance, there often was no record of whether the family followed through.

Figure 35 shows, for each disposition, the percentage of families that had service needs and the percentage that received at least some services. As expected, families with founded investigations and assessments with needs were the ones most likely both to need and to receive services. Families in assessments with needs had the highest level of service need (91 percent) and service receipt (84 percent). Eighty-two percent of families in founded investigations needed services and 75 percent received at least some of the needed services. In unfounded

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<sup>26</sup> The reasons for foster care being associated with referrals other than founded investigations are discussed below in the section on foster care.

<sup>27</sup> For each disposition, the percent of families with identified needs in Figure 35 was a few percent more or less than the percent of families with services plans as shown in Figure 33. There were a variety of circumstances in which families either 1) had no service plan but did receive services or 2) had a service plan but the specific services needed were not clearly identified in the record.

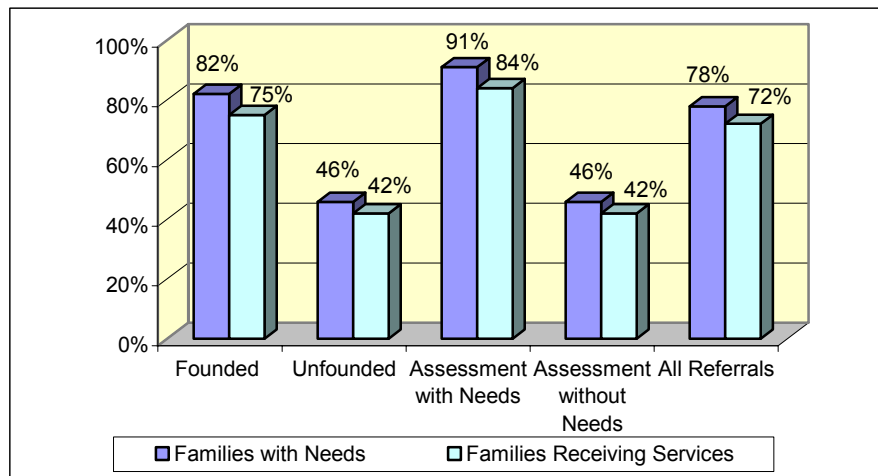


investigations and assessments without needs, 46 percent of families needed services and 42 percent received some service.<sup>28</sup>

Calculating the percent of families with service needs that received services reveals that from 91 to 92 percent of families with each disposition received some services. The actual percentage could be higher since, as discussed above, there were some circumstances in which the reviewer could not tell whether services were received. However, this does not mean that every needed service was received, only that some needed services were received. Looking at each service needed and whether it was received, the data show that 82 percent of all service needs were met.

In considering these findings on service provision, it is important to remember that the basis for identifying families' service needs was the information entered into OASIS by the worker. Families could have other needs not identified by the worker or not documented in OASIS. While the case reviewer did try to determine whether there were unidentified needs and did find some, she could do that only on the basis of other information entered into the OASIS record. Therefore, while the data available suggest that local agencies are meeting the vast majority of service needs of families with high or moderate risk of future abuse or neglect, they may have had other needs that cannot be identified through a review of the OASIS record.

**Figure 35: Service Needs and Service Receipt by Disposition**



Source: Case review database, OASIS data on referrals accepted in August 2004

Table 13 shows the specific services families received either during the investigation or assessment or afterward through a CPS ongoing services case. 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 2004.<sup>29</sup>

<sup>28</sup> The identical percentages in unfounded investigations and assessments without needs are not a typographical error. Data were identical for the two groups.

<sup>29</sup> In these data foster care is treated as a service rather than dealt with separately as it was in the earlier analyses.

**Table 13: Types of Services Received in Reviewed Cases**

<b>Service</b>	<b>Percent of All Services Received</b>
Counseling	21%
Information and Referral	10%
Parent Education	9%
Foster Care	9%
Substance Abuse Evaluation or Treatment	8%
Psychological Health Care	6%
Financial Assistance	4%
Medical Care	4%
Daycare	4%
Other services	24%
Total	99%*
<i>Total Number of Services Received</i>	<i>383</i>

Source: Case review database, OASIS data on referrals accepted in August 2004

\*Adds to less than 100 percent due to rounding.

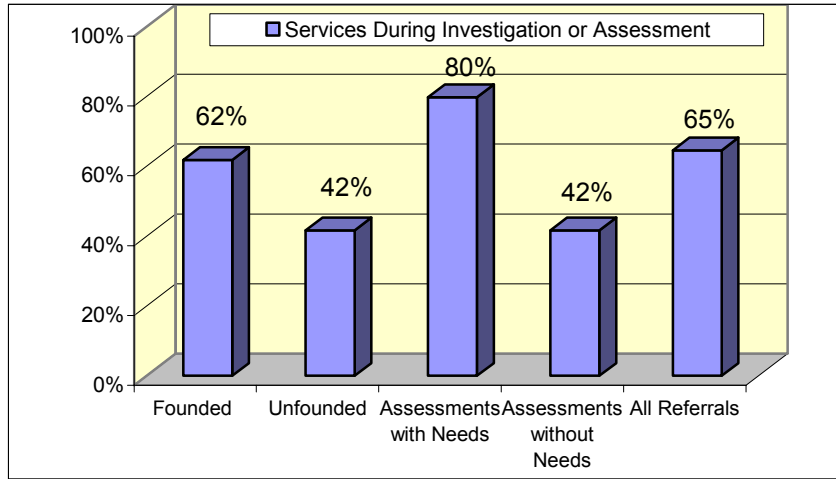
The most frequent specific service received was counseling therapy which made of 21 percent of all service received. Next most frequent were information and referral to other sources of services (10 percent), parent education (9 percent), foster care (9 percent), substance abuse evaluation and/or treatment (8 percent), medical psychological services (6 percent), financial assistance (4 percent), medical health care (4 percent), and daycare (4 percent). Twenty-four percent of the services were “other services” covering a wide variety of needs, for instance, employment services, domestic violence services, emergency shelter, and unspecified other services.

The case reviewer looked for instances in which the worker had identified a specific service need, but the service was not provided. For 85 percent of services not received, the worker indicated that the family declined the service. Three percent of services were not received because the service was not available or there was a waiting list. In the other 12 percent, the reason was unknown or not documented.

### **Services During and After the Investigation or Assessment**

Families can receive services both during an investigation or assessment and afterwards. Sixty-five percent of all families received some services during the investigation or assessment (Figure 36). Service receipt at that time was highest in assessments with needs (80 percent), followed by founded investigations (62 percent), and unfounded investigations and assessments without needs, both 42 percent.

**Figure 36: Percent of Families Receiving Services during Investigation or Assessment**



Source: Case review database, OASIS data on referrals accepted in August 2004

In the course of providing services, the local agency may open a CPS ongoing service case when it is providing CPS services directly to the family, or is purchasing or arranging for services from an outside source, or is monitoring service receipt. An ongoing service case may be opened during the assessment or investigation and continued after the assessment or investigation is completed. An ongoing case also may be opened after the investigation or assessment is completed and a services worker in the local agency assumes responsibility for service provision.

A new CPS ongoing service case was opened for 38 percent of the families (Table 14). An additional three percent were still receiving services from a case that had been opened in a previous referral. Ongoing cases were opened or continued primarily in founded investigations (48 percent) and assessments with needs (51 percent). Seventeen percent of unfounded investigations and four percent of assessments without needs also had an ongoing service case.

**Table 14: CPS Service Cases Opened by Disposition**

	<b>Founded Investigations</b>	<b>Unfounded Investigations</b>	<b>Assessments with Needs</b>	<b>Assessments without Needs</b>	<b>Total</b>
Case Opened	44%	13%	49%	4%	38%
Previous Case Still Open	4%	4%	1%	0%	3%
Total	48%	17%	51%	4%	41%
<i>Number of Referrals</i>	89	24	89	24	226

Source: Case review database, OASIS data on referrals accepted in August 2004

Opening or continuing an ongoing service case did not necessarily result in the family receiving services. Seventy-six percent of families with a new or continuing service case definitely did receive some services. The actual percentage may be higher because in 14 percent of the cases, the reviewer could not determine whether any services were received. In the remaining nine percent, it was clear that no services were received.

All the above data about service receipt concerns only whether a service was received at some point, not the frequency or intensity of the services. The one kind of information available about frequency is found in the documentation of ongoing service cases. The case reviewer looked at each ongoing service case to see what the pattern of contact was – how often the ongoing services worker had contact with the family or with other service providers if the local agency was purchasing or monitoring or coordinating services from other sources. In 43 percent of ongoing service cases, the contact was weekly; biweekly in 21 percent; monthly in 18 percent; and less than monthly in 4 percent. In another 15 percent of cases it was either not possible to determine the pattern of contact, or there was an unusual situation such as the family moving, services being interrupted when the parent was jailed, or the service was for a one-time need, such as ensuring that a child received needed surgery.

### **Appropriateness of Services**

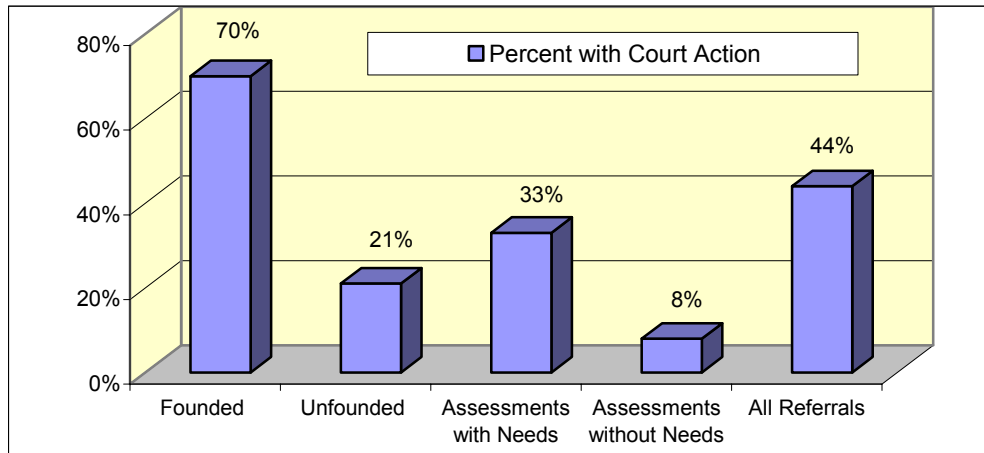
The case reviewer evaluated family needs and information about service provision to see whether services for that family addressed the family's specific risks of abuse or neglect. The reviews show that family needs are fully addressed in the large majority of cases.

Looking at services provided *during* the investigation or assessment, the reviewer found that those services fully addressed risk in 85 percent of the families. In 10 percent, risks were partially addressed but there were other services needed and in one percent risk was not addressed at all. In the remaining four percent there was insufficient information to make a judgment. In ongoing CPS service cases, services fully addressed risk in 73 percent of the families, partially addressed risk in 23 percent, and did not address risk in one percent. In the remaining three percent there was not sufficient information to make a judgment.

### ***Court Involvement and Foster Care***

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, or for other reasons. Forty-four percent of all referrals reviewed involved some kind of issue being raised before the court. The court was involved in 70 percent of founded investigations, 33 percent of assessments with needs, 21 percent of unfounded investigations, and 8 percent of assessments without needs (Figure 37).

**Figure 37: Court Involvement by Disposition**



Source: Case review database, OASIS data on referrals accepted in August 2004

The specific issues presented to the court are shown in Table 15 for founded investigations and assessments with needs, the two groups of referrals that accounted for most court involvement. The most frequent kind of court involvement in founded investigations was a petition for removal of a child from the home (34 percent). Of those 30 petitions, 29 were approved by the court. It is not surprising that so many founded investigations involved a petition for removal since about twice as many referrals involving foster care were chosen for review as would have been the case in an entirely random selection. Over a quarter (27 percent) of the founded investigations involved criminal charges; 21 percent had a petition for a protective order for abuse or neglect; and 11 percent involved a custody transfer.

**Table 15: Percent of All Referrals with Each Type of Court Issue**

Court Action	Founded Investigations	Assessments with Needs
Petition for Removal Order	34%	0%
Criminal Charges	27%	10%
Petition for Protective Order – Abuse or Neglect	21%	17%
Custody Transfer	11%	6%
Petition for Protective Order – Domestic Violence	2%	6%
Other	1%	2%
<i>Number of Referrals</i>	89	89

Source: Case review database, OASIS data on referrals accepted in August 2004

In assessments with needs, the pattern of court involvement was quite different, as would be expected. Assessments in which the local agency sought custody of the child should have been changed to investigations. The most frequent issue before the court was a petition for a

protective order for abuse or neglect (17 percent), followed by a criminal charges (10 percent), and custody transfers and petitions for protective orders for domestic violence, both 6 percent.

## **Removals and Foster Care**

As discussed above, the referrals chosen for review intentionally included an above average number in which children were removed from the home so that special attention could be paid to the circumstances leading to removal and possible foster care. The Department decided it was important to look at removals in some detail because of some apparently puzzling OASIS data on foster care reported in the earlier analysis of all 2004 referrals.

The normal expectation would be that virtually all cases in which a child was removed from the home would be founded investigations. If the agency seeks removal of a child in a case originally assigned to the assessment track, it is supposed to change the referral into an investigation. Further, if an investigation is unfounded, it is difficult to see what the basis would be for having the child removed. While one can imagine some unusual circumstances other than founded investigations that might result in foster care, such as parents asking to be relieved of custody, the reasonable assumption would still be that the vast majority of foster care cases would be associated with founded investigations. Thus, it was surprising to see that while 59 percent of referrals involving foster care in 2004 were founded investigations, 27 percent were assessments, and 14 percent were unfounded investigations. As mentioned in the discussion of the OASIS data earlier in the report, one explanation for these findings is that OASIS shows foster care not only if a child entered foster care *during* that referral but also if the child entered foster care within 90 days *after* the disposition of that referral. Thus, at least some of the removals associated with cases other than founded investigations would be expected to be ones that occurred later, most likely as the result of a new referral.

To gain more detailed information about situations leading to foster care, and to see whether removals in subsequent referrals accounted for all the instances of foster care in cases other than founded investigations, the case reviewer looked carefully at the circumstances of all instances in which a child was removed from the home. Children were removed from the home in 62 of the 226 cases reviewed. Sixty-six percent of removals were in founded investigations, 26 percent in assessments with service needs, six percent in unfounded investigations, and two percent in assessments without service needs.

In the 62 cases where a child was removed from the home, 61 percent of the removals occurred *during* the investigation or assessment, presumably in response to an immediate safety issue. Thirty-five percent occurred *after* completion of the investigation or assessment under review. In three percent of the cases, it was not possible to tell when the removal occurred (Table 16). Not all the removals occurring after the disposition were the result of a new complaint. Nineteen percent of removals occurred as the result of a new complaint after completion of the reviewed referral, but 16 percent occurred after completion of the referral but without a new complaint being received by the agency. In addition, three of the four removals connected with unfounded investigations and three of the 17 removals connected with family assessments occurred during those investigations or assessments.

**Table 16: Time of Removal of Children by Disposition in Referrals with Removals**

<b>Time of Removal</b>	<b>Founded Investigation</b>	<b>Unfounded Investigation</b>	<b>Assessment with Needs</b>	<b>Assessment without Needs</b>	<b>All Referrals</b>
During investigation or assessment	78%	75%	19%	0%	61%
Afterwards -- in new referral	7%	25%	44%	100%	19%
Afterwards -- not a new referral	12%	0%	31%	0%	16%
Can't tell	2%	0%	6%	0%	3%
Total	99%*	100%	100%	100%	99%*
<i>Number of removals</i>	<i>41</i>	<i>4</i>	<i>16</i>	<i>1</i>	<i>62</i>

Source: Case review database, OASIS data on referrals accepted in August 2004

\*Add to less than 100% due to rounding

How a new investigation or assessment could lead to a removal is understandable as is removal during a founded investigation. What are initially puzzling are removals that occurred during an unfounded investigation or an assessment or after completion of the reviewed referral but *not* in connection with a new referral.

There were six instances in which there was a removal during a family assessment (3 cases) or an unfounded investigation (3 cases).<sup>30</sup> An assessment should be changed to an investigation if a child is removed. The reviewer found only one apparent violation of this policy among the three assessments, an assessment that should have been changed to an investigation when the mother was arrested and the child removed on the day the complaint was received. In a second assessment, the removal occurred while the assessment was in progress but was actually the result of a new referral in which an investigation was opened. The third assessment was one in which the judge requested the agency to conduct an assessment when the mother filed assault and battery charges against the son. After reviewing the information in the family assessment, the judge ordered the child removed.

If an investigation is unfounded, there is a question of why removal was necessary. Two of the unfounded investigations involved brief removals when the parent could not be located immediately, one involving a runaway teenager and the other involving two young children wandering in the neighborhood after unlocking the doors of their house and the neighbors being unable to identify the house from which the children had come. In the third unfounded investigation, the reviewer found it puzzling that the investigation was unfounded because it was clear that the children were living in deplorable conditions and that the mother was leaving them alone for extended periods of time. The reviewer speculated that the serious mental problems of the mother may have led to the unfounded disposition.

<sup>30</sup> The reviewed referrals were all high or moderate risk. There were also some unfounded, no assessable risk investigations that had foster care associated with them in OASIS. To see what might be the explanation in those cases, the reviewer looked up four such referrals. In each case, the child was already in foster care, hence the association of foster care with the referral, but the complaint was not on the foster care family but on the child's previous caretaker.

Ten of the 62 removals occurred after the assessment or investigation was completed but without a new complaint being received (Table 17). Four of these removals occurred as part of the follow up process in which the local agency and the court monitor parental compliance with protective orders entered during the investigation or assessment. In these instances, the judges ordered the removals at hearings in which they determined that the requirements of the protective orders were not being met. Examples included a mother’s repeated failure of drug screens ordered by the court during a founded investigation and, following an assessment, the continued failure of the parent to ensure that the child attended school.

**Table 17: Reasons for Removals after Investigation or Assessment but with no New Referral**

<b>Reasons for Removal</b>	<b>Number of Removals</b>
Judge removed child at review of protective order	4
Judge removed child as result of CHINS petition	3
Other	3
<i>Total Removals</i>	<i>10</i>

Source: Case review database, OASIS data on referrals accepted in August 2004

In three of the cases, removal occurred at the result of a CHINS (Child in Needs of Supervision/Services) petition. Examples included a runaway teenager involved in an assault and another runaway with serious mental health needs who the judge determined would be better off in foster care. The other three removals that occurred without a new investigation or assessment involved situations such as parents asking to be relieved of custody or the family coming to the attention of the court by means other than a new CPS complaint.

Turning more broadly to findings for all removals in cases reviewed, the large majority of removals (70 percent) were the result of an emergency removal order (Table 18). CHINS petitions and preliminary removal orders accounted for another 15 percent. The remaining removals were from a standard abuse or neglect petition or other situations.

**Table 18: Type of Removal**

<b>Type of Removal</b>	<b>Percent of Removals</b>
Emergency Removal Order	70%
CHINS (Child in Need of Supervision/Services)	8%
Preliminary Removal Order	7%
Removal from Standard A/N Petition	3%
Other	12%
Total	100%
<i>Number of Removals</i>	<i>60</i>

Source: Case review database, OASIS data on referrals accepted in August 2004

Note: Only 60 removals are included because full documentation was lacking in two cases.



In 60 percent of removals, all the children in the household were removed, but in the other 40 percent some children remained with the caretaker. Most of those removals involved a CHINS petition for an individual child or a variety of “other” reasons for removal. In 95 percent of the removals, the local agency assumed custody. In five percent (3 cases), however, a relative took custody of the child so that the child either did not actually enter foster care or remained there only for a short time while custody was transferred.

Removal of a child does not necessarily mean that the child remains in care. The reviewer looked to see whether the removed children were still in care or whether custody had been returned to the parent. In 72 percent of the removals, the child was clearly still in foster care as shown in a current foster care case in OASIS (Table 19). In 17 percent of the removals, the OASIS record was unclear for a variety of reasons. In some instances, the record was not up to date. In others there was an indication that changes in the child’s situation might be occurring and the reviewer could not determine the current situation. Examples of other cases where it was difficult to determine current status were a removal that occurred only two days before the review, relative placement in which it was assumed the child was still with the grandmother but there was no specific documentation of that fact, and a case in which there was a plan for the child eventually to return to the parent with the first stage being that the child would reside with the parent but the agency would retain custody.

**Table 19: Was Custody Returned to Parents?**

<b>Was Custody Returned?</b>	<b>Percent of Removals</b>
Definitely not, foster care case current in OASIS	72%
Unclear --not as far as can tell in OASIS	17%
Yes, before completion of investigation or assessment	8%
Yes, after completion of investigation or assessment	3%
Total	100%
<i>Number of Removals</i>	<i>60</i>

Source: Case review database, OASIS data on referrals accepted in August 2004

Note: Only 60 removals are included because full documentation was lacking in two cases.

In eleven percent of the removal cases the child had been returned to the parent either before the investigation or assessment was completed (8 percent) or afterwards (3 percent). Some examples of return during the investigation or assessment were given above – instances where the parent could not be located initially and the child was returned once the parent was located. In the two cases in which custody was returned after completion of the investigation or assessment, the court ordered the return for reasons that could not be determined by the reviewer.

***Other Issues***

Substance Abuse: A continuing issue in child abuse and neglect is the role of parental substance abuse. The case reviewer found evidence of possible substance abuse in 37 percent of the families. Substance abuse issues arose in 42 percent of founded investigations, 13 percent of unfounded investigations, 37 percent of assessments with needs and 38 percent of assessments

without needs. 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 24 percent of the families, other drugs in 60 percent, and a combination of alcohol and other drugs in 16 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 could include asking for a drug screen or referring a parent for treatment. The reviewer found that substance abuse was clearly addressed in 65 percent of referrals with a substance abuse issue, partially addressed in 21 percent. In the rest of the referrals, the issue was either not addressed or the documentation was insufficient to judge. The fact that substance abuse had been addressed did not necessarily mean that any concrete action had been taken. Often, for instance, the abusing parent refused to participate in a drug screen or denied that there was a problem.

Domestic Violence: Sixteen percent of the families had evidence of domestic violence. There was evidence of domestic violence in 15 percent of founded investigations, 9 percent of unfounded investigations, 21 percent of assessments with needs and four percent of assessments without needs. One time or sporadic physical abuse was present in 49 percent of families with domestic violence, chronic physical abuse in 37 percent, and mental abuse in 14 percent. The reviewer found that when domestic violence problems were present, the worker clearly addressed them 60 percent of the time. 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 82 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. Similarly, educational needs of the children were met 62 percent of the time and either not met or not documented in the remaining referrals.

### ***Subsequent Referrals***

The referrals chosen for review were all from August 2004. The reviews were conducted from June through August 2005 so that, depending on the timing of the review, there was a period of nine to twelve months during which there could have been a another referral on the same family. Forty of the families (18 percent) had a subsequent referral documented in OASIS, a finding that is not surprising considering that all the reviewed referrals were evaluated as at high or moderate risk for future abuse or neglect.

The disposition of the reviewed referral was not an indicator of the likelihood of a subsequent referral except that families in unfounded investigations were much less likely to have a later referral. Only four percent of families with an unfounded disposition had a later

referral, compared to 17 percent in founded investigations and 21 percent in both groups of assessments (Table 20).

**Table 20: Subsequent Referrals by Disposition of Reviewed Referrals**

<b>Disposition of Reviewed Referral</b>	<b>Percent with Subsequent Referral</b>
Founded Investigation	17%
Unfounded Investigation	4%
Family Assessment with Needs	21%
Family Assessment without Needs	21%
<i>Number of Families with Subsequent Referrals</i>	39

Source: Case review database, OASIS data on referrals accepted in August 2004

Among families with subsequent referrals, 67 percent had one later referral; 26 percent had two; and eight percent had three or more (Table 21).

**Table 21: Number of Subsequent Referrals**

<b>Number of Subsequent Referrals</b>	<b>Percent of All Families</b>	<b>Percent of Families with Subsequent Referral</b>
One subsequent referral	12%	67%
Two subsequent referrals	4%	26%
Three or more subsequent referrals	2%	8%
No Subsequent Referrals	82%	
Total	100%	101%*
<i>Number of Families</i>	226	39

Source: Case review database, OASIS data on referrals accepted in August 2004

Note: Data were missing for one case.

\*More than 100% due to rounding

Forty percent of families had their first subsequent referral within three months, 28 percent in four to six months, and 32 percent within seven to nine months (Table 22).

**Table 22: Time between Reviewed Referral and Subsequent Referral**

<b>Month between Reviewed Referral and Subsequent Referral</b>	<b>Percent of All Families</b>	<b>Percent of Families with Subsequent Referral</b>
Within next 3 months	7%	40%
Within 4 to 6 months	5%	28%
Within 7 to 9 months	6%	32%
No Subsequent Referrals	82%	
Total	100%	100%
<i>Number of Families</i>	226	40

Source: Case review database, OASIS data on referrals accepted in August 2004

Forty-five percent of families with a subsequent referral had one or more later founded investigations; 16 percent had one or more unfounded investigations; 35 percent had one or more family assessments with needs; and 16 percent had one or more family assessments without needs (Table 23).

**Table 23: Disposition of Subsequent Referrals**

<b>Disposition of Subsequent Referrals</b>	<b>Percent of All Families</b>	<b>Percent of Families with Subsequent Referral</b>
Founded Investigation	8%	45%
Unfounded Investigation	3%	16%
Family Assessment with Needs	6%	35%
Family Assessment without Needs	3%	16%
No Subsequent Referrals	82%	
<i>Number of Families</i>	<i>226</i>	<i>37</i>

Source: Case review database, OASIS data on referrals accepted in August 2004

Note: Percentages add to more than 100 percent because some families had more than one subsequent referral. Data were missing or incomplete for three families.

### ***Summary of Reviews of High and Moderate Risk Referrals***

The reviews of high and moderate risk assessments and investigations show that families in these referrals have significant issues of abuse and neglect. Thirty-nine percent were known to have had at least one prior referral and 18 percent had a subsequent referral during the six to nine months after August 2004. Workers developed service plans, generally in cooperation with the families, in about 80 percent of the cases and most families received at least some services. The case reviewer found that the large majority of families with service needs had their needs fully addressed by the provided services, but some did not.

In 62 of the 226 families, children were removed from the home. Sixty-one percent of removals occurred during the investigation or assessment and 35 percent occurred afterwards. Timing of removal could not be determined in the other cases. The reviewer found only one violation of policy when an assessment was not changed to an investigation when the child was removed. Some removals were for a very brief time, occurring when parents could not be immediately located. About half the time removals after completion of the investigation or referral were the result of a new referral. Removal without a new referral occurred primarily when the court found the parents were not complying with court orders or when a CHINS petition was granted for one of the children in the family.

### ***Reviews of Delayed Response Referrals***

In response to a concern that there were instances when local agencies did not respond to complaints in a timely manner, the Department asked the CPS regional consultants to review 71

referrals identified by JLARC as having a delayed response. The results of those reviews are presented here.

Seven of the identified referrals could not be reviewed because they had been purged from OASIS following state guidelines for purging unfounded investigations. In six other cases, the reviewers found that there was no delay in response. Workers responded to the complaint the same day or the next day. Data entry error may account for those referrals being identified as delayed. One other review was inadvertently left uncompleted. The analysis concentrates on the remaining 57 referrals.

One thing to bear in mind in considering these cases is that, as discussed above, there has been some ambiguity about criteria for determining whether an agency responds promptly to a complaint of abuse or neglect. The notion of “meaningful contact” has been interpreted to mean a substantive contact with the parent or child. That interpretation meant that a worker might respond immediately but not have “meaningful contact” because the family could not be located or refused to talk to the worker. The Department recently clarified this issue and response time is now determined by when the agency attempted to contact the family -- whether that contact was successful or not. Some of the referrals identified by JLARC as having delayed responses were ones in which contact was attempted but not successful. The definition of meaningful contact in the analysis of the regional consultants’ case reviews is the stricter one of actually establishing contact with the caretaker or child.

The safety assessments of these referrals suggest that most of them were probably not seen as ones in which it was vital to respond quickly -- 88 percent safe, 10 percent conditionally safe, and 2 percent unsafe. The dispositions of the referrals reinforce this conclusion (Table 24). Sixty-five percent were assessments without needs, 14 percent founded investigations, 11 percent unfounded investigations, and 7 percent assessments with needs.

**Table 24: Disposition of Delayed Response Referrals**

<b>Disposition</b>	<b>Percent of Reviewed Referrals</b>
Assessment without needs	65%
Founded investigation	14%
Unfounded investigation	11%
Assessment with needs	7%
Missing	4%
Total	100%
<i>Number of Referrals</i>	<i>57</i>

Source: Database of CPS consultants’ case reviews

Table 25 shows the time that elapsed between the receipt of the referral and contact with the family. Contact times were widely distributed from the week after the complaint was received to more than 30 days later. In 39 percent of the cases, it was clear that the worker made an earlier attempt to contact the family. There may have been other attempts made but not

recorded in OASIS. (In some instances the consultants commented that they had talked to the worker and found out that there was an earlier attempt to contact the family, but the worker had not documented it in OASIS. There may have been similar instances unknown to the consultants.)

**Table 25: Time from Receipt of Complaint to Contact with the Family**

<b>Time from Receipt of Complaint to Contact</b>	<b>Percent of Reviewed Referrals</b>
3 to 7 days	19%
8 to 14 days	26%
15 to 21 days	12%
22 to 30 days	18%
More than 30 days	21%
Uncertain	4%
<b>Total</b>	<b>100%</b>
<i>Number of Referrals</i>	<i>57</i>

Source: Database of CPS consultants' case reviews

There were also several instances in which there was some kind of preliminary contact that reassured the worker that the child was safe. In one example, the worker determined that the children had moved in with the grandmother and knew from previous contact with the family that they would be safe with her. In another case, the issue was whether a child was receiving medication while staying with her father, but the mother confirmed that missing the medication did not involve serious consequences. In a few instances the agency's response was influenced by a history of malicious complaints on the family and a sense that the current complaint was most likely another one of that sort.

The consultants were asked to determine the reason for the delayed contact with the family. In 40 percent of the cases they could not determine the reason (Table 26). The most frequent identifiable reason was a situation in which the worker initially tried to contact the family in a timely way but, in the judgment of the specialist, did not adequately follow up so that successful contact was delayed (18 percent). Other delays occurred where the agency was short on staff and had to prioritize responses, responding most immediately to referrals where there were immediate safety issues (12 percent). There were occasional failures of communication or organization (9 percent), such as a delay between receipt of the complaint and its validation or a delay between validation and assignment to a worker. Other examples of organizational problems were delays that occurred when a worker was sick, or on leave, or left the agency and the absent worker's cases were not immediately reassigned. In seven percent of the cases, the worker made diligent, timely efforts to contact the family but was unable to, for instance, when a family moved in with relatives and no one knew where they were. Seven percent of delays were ascribed to unexplained worker failure. Sixteen percent of delays had a variety of other causes or did not really involve a delay. In a couple of such instances, there was confusion when multiple reports on the same family were received in a short time and the agency failed to merge

the complaints. Although the referral under review had an apparently delayed response, the agency was actually in contact with the family in response to another complaint.

**Table 26: Reasons for Delayed Response**

<b>Reason for Delayed Response</b>	<b>Percent of Reviewed Referrals*</b>
Timely attempt, but inadequate follow up to achieve contact	18%
Insufficient staff -- agency prioritized	12%
Failure of communication or organization	9%
Beyond worker's control	7%
Worker failure -- no good reason	7%
Other	16%
Can't tell	40%
<i>Number of Referrals</i>	57

Source: Database of CPS consultants' case reviews

\*Adds to more than 100 percent due to referrals with more than one reason.

The ultimate issue with delayed responses is the safety of the child. The consultants were asked whether the delay might have put the child at increased risk. They concluded that there was possibly an increased risk in 9 percent of the referrals, no increased risk in 70 percent, and that it was not possible to tell in 21 percent. In five percent of the cases they believed that the delay might have affected the outcome of the investigation or assessment, but they did not believe there was ultimately any effect in 75 percent of the cases and could not tell in 20 percent.

The consultants were asked whether the local agency appeared to have taken any action to correct the situation that caused the delayed response. They reported that there was agency action in response to 16 percent of the cases, but there was either no action or they could not tell whether there was any action in the rest. One agency terminated two workers whose performance was not acceptable. Between them, they were responsible for five of the 57 complaints reviewed above. That agency also developed a protocol to ensure prompt reassignment of cases if the originally assigned worker is unavailable. Another agency assigned a backup supervisor with an OASIS security level that would allow her to validate and assign complaints in the absence of the regular supervisor, the lack of such OASIS access having caused delay in validation and assignment of some referrals.

While any extended delay in responding to a complaint of abuse or neglect could potentially endanger a child, the findings above suggest that increased risk is rarely an issue, and sometimes delays were caused by a need to prioritize responses and attend to referrals that did have serious safety issues. Nonetheless, agencies should try to correct situations in which worker diligence or agency organization or communication are responsible for failures to respond in a timely manner.

## **Summary and Conclusion**

DRS outcomes reported this year are generally similar to those reported in the past two years, but with a steady increase in use of the assessment track. Local agencies are placing about two-thirds of referrals in the family assessment track. There continues to be wide variation in track assignment in individual agencies with some never using the assessment track and others using it for virtually all referrals that are not mandated for investigation. There is no evidence of problems with track assignment other than a few sexual abuse cases being placed in the assessment track. Findings from both OASIS data and case reviews do not suggest that safety has been compromised by the reduction in the number of investigations.

As in previous years, about a third of families had identified service needs and the large majority of them received at least some services. The case reviews showed that local agencies are generally doing a good job in identifying service needs and helping families to obtain services. OASIS data, however, showed that the percentage of families determined to have service needs varied widely among local agencies.

The review of referrals involving foster care showed that removals occurred both during the investigation or assessment and afterwards. With one exception, agencies appeared to follow policy regarding changing an assessment to an investigation if a child is removed. Removals after completion of the investigation or assessment usually occurred either because a new complaint was received, or because the judge found that parents were not meeting the requirements of a previous court order, or because the court granted a CHINS petition.

The review of delayed response referrals explored various reasons for delays and found that the delays rarely raised a concern about child safety.

## **DRS Recommendations for 2006**

1. The Department should evaluate re-occurrence of founded complaints, unfounded complaints and family assessments to determine impact on child safety and should offer additional training to local departments of social services if needed.
2. The Department should evaluate customer satisfaction of families receiving child protective services through investigations and family assessments and make recommendations to improve family participation in service planning and delivery.
3. The Department should evaluate current community collaboration efforts to prevent child abuse and neglect and make recommendations to increase community collaboration and increase services to families that increase child safety.



4. The Department should evaluate screened-out CPS referrals to identify local departments of social services' training needs and policy changes to clarify criteria that validate a report of suspected child abuse and neglect.
5. The Department should continue to evaluate response time at the onset of the report as well as the length of time between the end of investigation or family assessment and initiation of ongoing services and the impact on child safety. The Department should provide additional training to improve response time to both reports and initiation of services to local departments if needed.
6. The Department should evaluate current CPS Policy for Family Assessments to determine what changes need to be made so that the policy is more family strength-based and inclusive of family involvement in service planning.

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 on or before December 15 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