



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF SOCIAL SERVICES

### *Office of the Commissioner*


Anthony Conyers, Jr.  
COMMISSIONER

December 15, 2006

**TO:** The Honorable Timothy M. Kaine  
Governor of Virginia

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

**FROM:** Anthony Conyers, Jr. 

**SUBJECT:** Annual Report on Differential Response System

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

In May 2002, the Department of Social Services implemented the statewide 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 evaluates information such as changes in the number of investigations, the effectiveness of the initial assessment in determining the appropriate level of intervention, and other key topics. It addresses the outcomes from recommendations offered in the 2005 report. In addition, recommendations are offered for continued evaluation of the Differential Response System in the coming year.

AC:kc

Enclosure

**EVALUATION OF THE DIFFERENTIAL RESPONSE SYSTEM**

**Submitted by the Virginia Department of Social Services**

**December 15, 2006**

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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 seventh 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 occurred, 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 further 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 received by local agencies from January through December 2005. State fiscal year data from the Department's Referrals and Findings Reports are also used for some analyses.

Data from two additional sources are used for the study of screened out complaints. The first source is 440 case reviews of reports that local agencies did not accept as valid CPS complaints. The second source is a survey the Department conducted of local agency CPS coordinators focused on how local agencies make validity decisions and handle invalid complaints.

## *Outcomes from Analysis of OASIS Data*

Analyses are based on 27,235 valid referrals for suspected abuse and neglect accepted from January through December 2005. The data include 4072 founded investigations, 5081 unfounded investigations, and 18,082 family assessments. Since DRS emphasizes working with families, out-of-home referrals are not included in these data.

### **Track Assignment**

As discussed in earlier reports, there was a steady increase in the use of the assessment track from 2002 to 2004. Use of the assessment track seems to have stabilized. The statewide percentage of assessments increased from 55 percent in 2002, to 61 percent in 2003, to 66 percent in 2004 and remained at 66 percent in 2005. A similar pattern can be seen in each of the three Department Service Areas.<sup>1</sup>

In a pattern similar to that found in earlier years, track assignment varied among the service areas. Substantially more referrals were placed in the assessment track in the Northern (74 percent) and Western (68 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 track assignment decisions of two large agencies. One, accounting for 24 percent of referrals in the Eastern Service Area, assigned only 23 percent of their referrals to the assessment track. The other, with 14 percent of area referrals, used the assessment track for 46 percent of their referrals, a rate much lower than most agencies.

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.

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-five percent of the investigations and 58 percent of the assessments had allegations of neglect. The second most frequent allegation was physical abuse, found in 37 percent of both investigations and assessments. Twenty-four percent of investigations had an allegation of sexual abuse as did half a percent of the assessments.<sup>2</sup> Small percentages of both investigations and assessments involved medical neglect or emotional abuse.

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

<sup>2</sup> Since an investigation is mandated for allegations of sexual abuse, there should not have been any family assessments with that allegation. A previous case review of such complaints found that in the large majority of such cases there was no actual allegation of sexual abuse or there was a data entry error. In about a quarter of the cases, it appeared that a sexual abuse complaint was assigned to the assessment track. The Department has provided

When more than one type of abuse/neglect was alleged, use of the investigation track increased, from 32 percent in referrals with one kind of abuse or neglect to 56 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. Every year since DRS implementation, there has been a consistently low rate of reassignment with two percent of family assessments changed to investigations. This low rate 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 SFY 2001, the last two years before DRS implementation. In calendar year 2005, there were 10,019 investigations. The percent of investigations that are founded has increased under DRS. Twenty-three percent of investigations were founded during the two baseline years compared to 43 percent in 2005. The increase in the percent of founded investigations was expected since cases with serious safety concerns are placed in the investigation track while many other referrals are placed in the assessment track.

## Services

CPS workers determined that the family was in need of services in 63 percent of founded investigations, 17 percent of unfounded investigations, and 38 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 (51 percent), followed by physical abuse (42 percent), medical neglect (39 percent), physical neglect (35 percent), and sexual abuse (34 percent). In terms of the risk assessment made at the conclusion of the assessment or investigation, 64 percent of high risk, 55 percent of moderate risk, and 21 percent of low risk families were determined to have service needs.<sup>3</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 investigation or assessment. Among those needing services, 83 percent received or were expected to receive services. Eleven percent of families declined at least one service, and three percent needed at least one service that was not available. Among families receiving or expected to receive services, community resources provided 40 percent of the services; local agencies

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technical assistance to local agencies as these referrals have been identified. The percent of incorrect track assignments related to sexual abuse has declined since last year.

<sup>3</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.



provided or purchased 26 percent of services; and the families obtained 34 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 nine percent of founded investigations, two percent of assessments, and one percent of unfounded investigations. The court was more likely to require services in high risk cases, including 14 percent of high risk founded investigations and six percent of high risk assessments. The most frequent court-ordered services were counseling, substance abuse evaluation or treatment, and parent education.

Twenty-two percent of all referrals resulted in either ongoing CPS services, foster care services or a combination of both services. Cases opened for services varied by disposition: founded investigations, 62 percent; unfounded investigations, 16 percent; and assessments, 15 percent.

Four percent of all CPS referrals in 2005 involved placement of a child in foster care. As would be expected, founded investigations had the highest foster care rate, 16 percent. Children in three percent of unfounded investigations and one 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 of the disposition of the referral. Last year's report included a detailed analysis of the situations that lead to foster care.

### ***Study of Invalid Referrals***

Each year the DRS evaluation report includes a study of a special topic. The topic addressed in this report is invalid referrals, that is, complaints received by a local agency that the agency determines do not meet the criteria for a valid complaint of abuse or neglect. This is an exploratory study and the first attempt by the Department to study invalid complaints. The purpose of this study was to gather basic data, identify questions for further study, and begin to identify any issues that may need to be addressed by policy or training.

Invalid complaints are of interest because, based on data in OASIS, there appears to be wide variation among local agencies in the percentage of complaints that are screened out. According to the SFY 2005 Referrals and Findings Report, the statewide screen-out rate was 44 percent. Among local agencies, however, the rate ranged from zero, i.e., no invalid reports, to 88 percent. This wide variation suggests the possibility that local agencies are not consistent in applying the validity criteria.

Analyses of OASIS data on 16,892 invalid reports showed that the most frequent reason for screening out a complaint was that the behavior or condition reported did not meet the

definition of abuse or neglect (74 percent).<sup>4</sup> Small percentages of the reports failed to meet one of the other validity criteria – that the alleged victim was under 18, that the alleged abuser was the child’s parent or other caretaker, or that the local department receiving the complaint was a local department of jurisdiction. A fifth of the reports were invalid for other reasons – inadequate information to determine validity or identify the victim or abuser, duplication of a complaint already received by the local agency, or other unspecified reasons.

Screen-out rates varied with the type of alleged abuse or neglect. The highest screen-out rate was in complaints with no identified type of abuse or neglect (96 percent), followed by complaints of emotional abuse (49 percent), sexual abuse (38 percent), physical neglect (33 percent), physical abuse (31 percent), and medical neglect (29 percent). Screen out rates tended to be higher in large agencies and in the Northern Service Area.

Local agencies were grouped into high, medium, and low screen-out groups based on data from SFY2005. Analysis of the reports screened out by agencies in the three groups showed a clear pattern in which agencies with high overall screen-out rates were much more likely to invalidate complaints of every type than were agencies with low screen-out rates. For instance, the screen-out rate for complaints of physical abuse was almost three times higher among agencies with a high screen-out rate (44 percent) than among agencies with a low rate (16 percent). Agencies with a medium screen-out rate invalidated 25 percent of such complaints.

The case reviewer examined 440 invalid referrals received by 24 local agencies in 2005. The review included agencies with high, medium and low screen-out rates. Particular emphasis was placed on reviewing reports from agencies with a high invalid rate to see whether those agencies might be invalidating reports that should have been accepted. Agencies were chosen from all parts of the state.

One of the key purposes of the reviews was to have the case reviewer apply her judgment as an experienced CPS supervisor. For each complaint reviewed, she was asked whether she agreed with the agency’s decision to invalidate the report. She agreed with the decision in 63 percent of the cases and disagreed with 15 percent, believing that the complaint should have been accepted. In 22 percent she could not determine whether the decision was correct because more information was needed or the documentation was incomplete. She found the accuracy of the validity decisions to be about the same in all three groups of agencies.

In order to learn more about the validity issues, the Department asked CPS coordinators in all local departments of social services to respond to a web-based survey about local practices. Sixty-eight of the 120 departments responded. The survey identified a number of local agency practices that appear to contribute to the wide range of screen-out rates found in the OASIS data. Analysis of responses from agencies in the high, medium, and low screen-out groups revealed several differences among them.

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<sup>4</sup> Reports that fail to meet the definition of abuse or neglect often fail to meet other criteria as well. In those situations, local agencies generally select failure to meet the definition as the reason the report is invalid.

- Local agencies with high or medium screen-out rates more often enter all invalid complaints into OASIS. Other things being equal, agencies that enter all complaints will have higher screen-out rates than agencies that do not.
- Local agencies with high screen-out rates more often contact the family before making the validity decision, presumably leading them to screen out complaints they might otherwise have accepted.
- Local agencies with high or medium screen-out rates are more likely to screen out minor complaints in order to concentrate on complaints with greater safety issues.
- Local agencies with high screen-out rates more often screen out complaints where there is a history of multiple reports on the same family that seem to be generated by custody issues, feuds, etc.
- Local agencies with high or medium screen-out rates are more likely to screen out complaints of physical abuse with no visible injury.

The survey also asked what local agencies typically do with calls that are invalid as a complaint of abuse or neglect but that possibly involve a child welfare issue. Almost all agencies replied that there is some follow-up in those situations including a referral to the agency's prevention or family services unit, a referral elsewhere in the agency as appropriate such as benefit programs or child care, or a referral to another agency in the community such as the local health department or a charity group.

### *Conclusion*

DRS outcomes reported this year are very similar to those reported last year. The previously reported trend toward placing more complaints in the family assessment track each year did not continue. Instead, DRS seems to have entered a period of stability. About two-thirds of referrals in the state as a whole were placed in the family assessment track. There continues to be wide variation in track assignment in individual agencies, however, with some never using the assessment track and others using it for virtually all referrals that are not mandated for investigation. 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 initial exploratory study of invalid complaints included in this year's report showed wide variation in screen-out rates as measured by OASIS data. Responses to the survey of local agencies suggest, however, that at least part of this variation is due to some agencies not entering all invalid complaints into OASIS. The survey revealed differences in local agency screening practices that also contribute to the wide range of screen-out rates. A concern that agencies with a high percent of invalid reports might be failing to accept many valid complaints was not supported by the case reviews. Additional study of screened-out complaints is needed to inform policy and training with the goal of greater consistency across the state.

## Outcomes of the 2006 DRS Recommendations

Each year the DRS evaluation report includes recommendations for Department action in the following year. Based on the results of the 2005 DRS evaluation, the following recommendations were made.

1. The Department should evaluate re-occurrence of founded investigations to determine impact on child safety and should offer additional training to local departments of social services if needed.

The Department generates annual reports from OASIS to track the re-occurrence of founded investigations. A report is generated to assess statewide performance. For SFY 2006, this report identified 7181 children involved in a founded child abuse/neglect report. Of those, 2.5 percent had a founded report within the past six months; 4.0 percent within the past year; and 5.8 percent had a founded report within the past two years. The national standard is less than 6.1 percent of the children will experience a second founded report within the past six months.

Although Virginia continues to be well below the national standard, CPS State regional program specialists follow up with each local department of social services to provide technical assistance to help localities improve their outcomes to children and families.

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.

Although the Department values and seeks the feedback of families receiving CPS services, the results of our efforts to secure that feedback were disappointing based on the resources available to conduct this type of evaluation. To test the potential response rate, surveys were mailed to 70 families that had received CPS services in the fall of 2004. Only six replies were received and 27 envelopes were returned by the Post Office as undeliverable. Given the low response rate to the test survey, plans for a large-scale caretaker survey were dropped. Additional information about this effort is a part of this year's report.

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.

The Department is continuing participation in state-level efforts to coordinate prevention initiatives in partnership with other state agencies and organizations such as Prevent Child Abuse Virginia, the Governor's Office for Substance Abuse Prevention, and the Virginia Department of Health. This effort includes work on the implementation of *A Blue Ribbon Plan to Prevent Child Abuse and Neglect in Virginia 2005 -2009*. A committee has been formed to oversee implementation of the *Blue Ribbon Plan* and has met four times during 2006. The committee

provides updates on progress to the Governor's Advisory Board on Child Abuse and Neglect.

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.

The evaluation of screened-out CPS referrals was conducted as part of this year's report and the results are part of this report and recommendations for 2007. This effort was an exploratory study and the first attempt by the Department to study invalid complaints. The purpose of this study is to provide information that can inform training and policy to increase child safety.

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.

The Department generates annual reports from OASIS to track the timeliness of response to CPS reports. For the period of July 1, 2005 through June 30, 2006, 41 percent of CPS reports were responded to in less than one day; seven percent were responded to in less than two days; five percent in less than three days; and 15 percent in less than seven days. State regional program specialists have been working with individual localities that are having a difficult time responding in a timely manner and have provided technical assistance such as helping a local agency to re-organize their intake unit to be more responsive. As part of the Child and Family Services Review Program Improvement Plan, the Department has established uniform response time guidelines in CPS Policy effective January 2007.

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.

The Department met with local agency CPS staff in each region and solicited feedback and comments about the effectiveness of the current CPS policy for family assessments. This information along with the results of the annual DRS Evaluation will be used to revise CPS family assessment policy in 2007.

## **DRS Recommendations for 2007**

1. The Department should continue to evaluate screened-out CPS referrals and provide technical assistance to local agencies as needed to ensure consistency in the CPS program.
2. The Department should review the current training provided to CPS workers to ensure that the screening of complaints and determining validity is adequately addressed.
3. The Department should revise CPS Policy for Family Assessments to incorporate findings from DRS evaluations and local agency input.
4. The Department should continue to address the strategies recommended in *A Blue Ribbon Plan to Prevent Child Abuse and Neglect in Virginia 2005 -2009*.

# 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 on or before December 15 to the House Committee on Health, Welfare and Institutions and the Senate Committee on Rehabilitation and Social Services.*

The Department entered into an interagency agreement with Virginia Tech to assist in evaluation of the DRS. This is the seventh annual report on the status of the Department's implementation of DRS. This report presents outcome data from calendar year 2005.

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 occurred, 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 further 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.

### **Outcomes of the 2006 DRS Recommendations**

Each year the DRS evaluation report includes recommendations for Department action in the following year. Based on the results of the 2005 DRS evaluation, the following recommendations were made.

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.

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Although the Department values and seeks the feedback of families receiving CPS services, the results of our efforts to secure that feedback were disappointing based on the resources available to conduct this type of evaluation. To test the potential response rate, surveys were mailed to 70 families that had received CPS services in the fall of 2004. Only six replies were received and 27 envelopes were returned by the Post Office as undeliverable. Given the low response rate to the test survey, plans for a large-scale caretaker survey were dropped. Additional information about this effort is a part of this year's report.



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.

The Department is continuing participation in state-level efforts to coordinate prevention initiatives in partnership with other state agencies and organizations such as Prevent Child Abuse Virginia, the Governor's Office for Substance Abuse Prevention, and the Virginia Department of Health. This effort includes work on the implementation of *A Blue Ribbon Plan to Prevent Child Abuse and Neglect in Virginia 2005 -2009*. A committee has been formed to oversee implementation of the *Blue Ribbon Plan* and has met four times during 2006. The committee provides updates on progress to the Governor's Advisory Board on Child Abuse and Neglect.

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.

The evaluation of screened-out CPS referrals was conducted as part of this year's report and the results are part of this report and recommendations for 2007. This effort was an exploratory study and the first attempt by the Department to study invalid complaints. The purpose of this study is to provide information that can inform training and policy to increase child safety.

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.

The Department generates annual reports from OASIS to track the timeliness of response to CPS reports. For the period of July 1, 2005 through June 30, 2006, 41 percent of CPS reports were responded to in less than one day; seven percent were responded to in less than two days; five percent in less than three days; and 15 percent in less than seven days. State regional program specialists have been working with individual localities that are having a difficult time responding in a timely manner and have provided technical assistance such as helping a local agency to re-organize their intake unit to be more responsive. As part of the Child and Family Services Review Program Improvement Plan, the Department has established uniform response time guidelines in CPS Policy effective January 2007.

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.

The Department met with local agency CPS staff in each region and solicited feedback and comments about the effectiveness of the current CPS Policy for Family Assessments. This information along with the results of the annual DRS Evaluation will be used to revise CPS Family Assessment Policy in 2007.

## **Data Sources for the Evaluation**

### *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 for referrals received by local agencies in calendar year 2005. State fiscal year data from the Department's Referrals and Findings Reports are also used for some analyses.

### *Case Reviews*

This report includes data from reviews of reports that local agencies did not accept as valid CPS complaints. A highly experienced, retired CPS supervisor from one of the local agencies that had piloted the Multiple Response System reviewed 440 complaints from 24 local agencies. The results of the reviews are presented in the second part of this report which focuses on invalid complaints.

### *Surveys*

Plans for this report included two surveys, one of caretakers in families that had received CPS services and one of local agency CPS coordinators. The Department believes that getting feedback from families who received CPS services is very important in evaluating DRS; however, it is difficult to reach this population because most caretakers do not respond to requests for their participation. Earlier efforts to survey caretakers had limited success, and the data was not useful because too few responses were received. Because of the strong desire to obtain caretaker opinions about their experience with DRS, another survey effort was undertaken. The survey instrument solicited caretakers' views on their contact with CPS and especially focused on whether they felt that the services they received had been helpful to their families. To test the potential response rate, surveys were mailed to 70 families that had received services in the fall of 2004. Only six replies were received and 27 envelopes were returned by the Post Office as undeliverable. Given the low response rate to the test survey, plans for a large-scale caretaker survey were dropped.

The Department conducted a survey of local agency CPS coordinators focused on how local agencies handle invalid reports, including issues such as who determines validity, whether all invalid reports are entered into OASIS, whether potentially valid complaints are sometimes referred to a prevention or family service unit rather than taken as a CPS referral, and other issues. The results of the survey are discussed in the second part of this report which focuses on invalid referrals.

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

The following analyses are based on 27,235 valid referrals for suspected abuse and neglect accepted from January through December 2005. The data include 4072 founded investigations, 5081 unfounded investigations, and 18,082 family assessments. Since DRS emphasizes working with families, out-of-home referrals are not included in these data.<sup>5</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>6</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.

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<sup>5</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. Excluded from the analyses are family assessments that 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>6</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.

- 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.

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. Last year's report pointed out that while there was still considerable variation in track assignment practices, there was a trend toward more consistency and greater overall use of the assessment track. In general, the data from 2005 shows that track assignment practices appear to have stabilized with no further movement toward assigning more referrals to the assessment track.

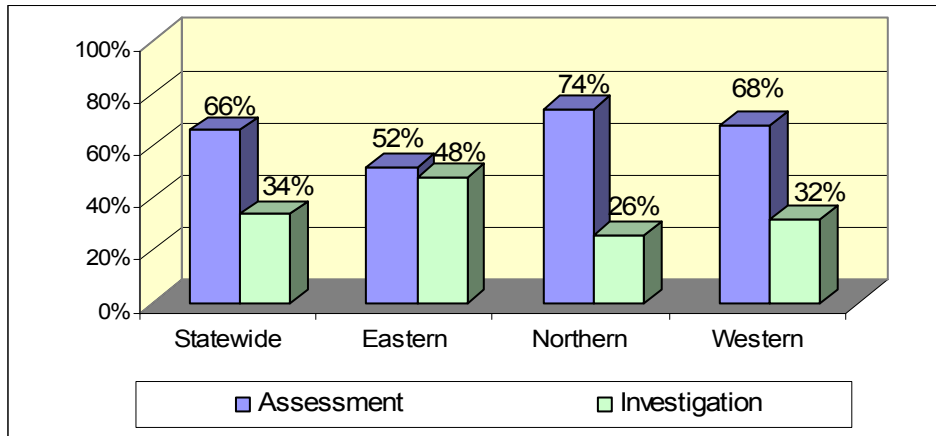
### **Use of Assessment Track**

Sixty-six percent of referrals in 2005 were assigned to the assessment track (Figure 1). In a pattern similar to that found in preceding years, track assignment varied among the three Department Service Areas.<sup>7</sup> Substantially more referrals were placed in the assessment track in the Northern (74 percent) and Western (68 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 track assignment decisions of two large agencies. One, accounting for 24 percent of referrals in the Eastern Service Area, assigned only 23 percent of their referrals to the assessment track. The other, with 14 percent of area referrals, used the assessment track for 46 percent of their referrals, a rate much lower than most agencies.

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<sup>7</sup> A list of local agencies by Service Area can be found in Appendix B.

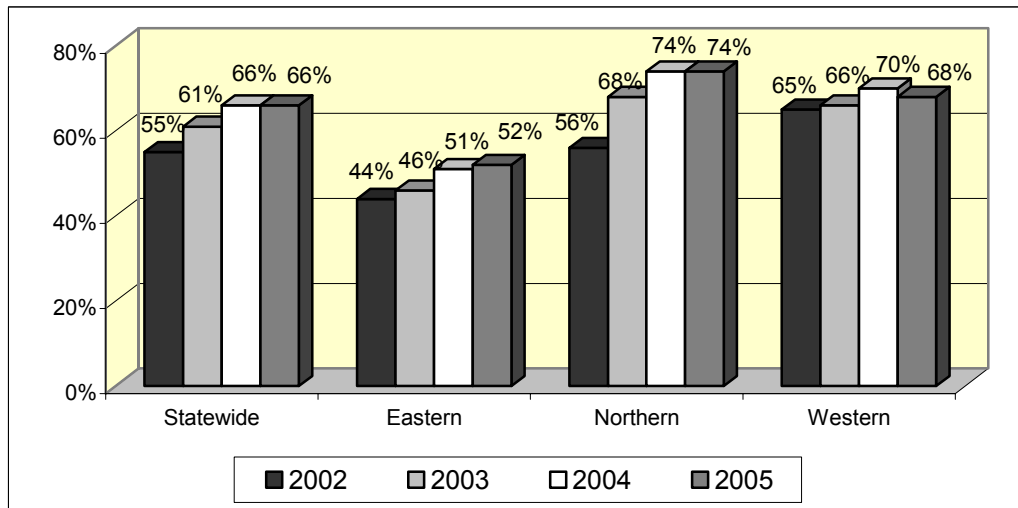
**Figure 1: Percent of Referrals Assigned to Each Track, Statewide and by Service Area**



Source: OASIS, Referrals Accepted January through December 2005

Figure 2 shows the percent of referrals placed in the assessment track from the last six months of 2002 (following DRS implementation) through 2005. From 2002 through 2004, there was a steady increase in the use of the assessment track. Use of the assessment track now seems to have stabilized. The statewide percentage of assessments increased from 55 percent in 2002, to 61 percent in 2003, to 66 percent in 2004 and remained at 66 percent in 2005. A similar pattern can be seen in each service area.<sup>8</sup>

**Figure 2: Percentage of Referrals in Assessment Track, 2002 to 2005**

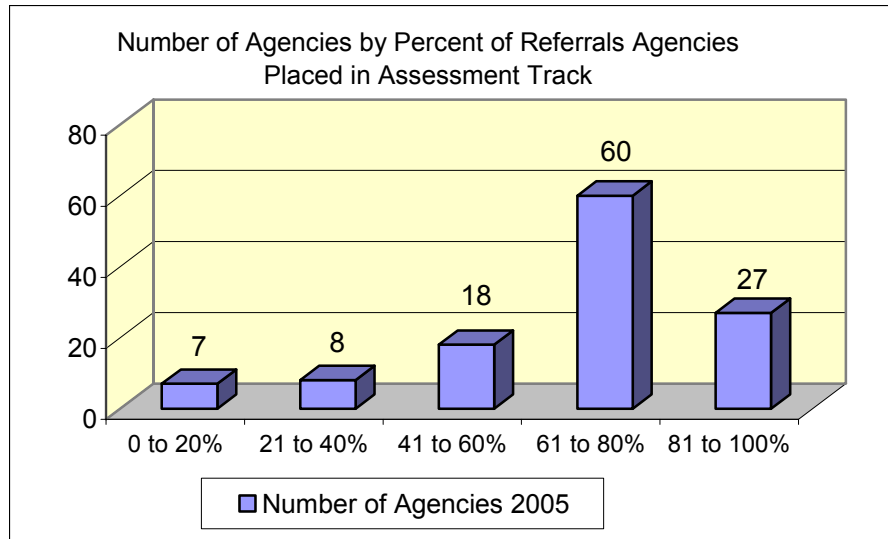


Source: OASIS, Referrals Accepted July 2002 through December 2005

<sup>8</sup> Beginning in 2004, VDSS was able to exclude all out-of-family investigations from the data used for these analyses. Since the focus of DRS is on providing services to families, excluding out-of-family complaints is preferable. The data for 2002 and 2003 include unfounded (but not founded) out-of-family investigations. If it had been possible to exclude all out-of-family investigations from that data, the percentage of family assessments in 2002 and 2003 would be about one percent higher than shown in these data.

Local agencies took different approaches to using the assessment track. Figure 3 shows the percent of referrals that agencies placed in the assessment track in 20 percent increments and the number of agencies with that percentage of assessments. The majority of agencies made heavy use of the assessment track. Eighty-seven of the 120 local agencies used the assessment track for 61 percent or more of their referrals. At the other end of the spectrum, fifteen agencies used the assessment track for zero to 40 percent of their referrals. Six of the fifteen, however, were very small agencies with fewer than ten referrals during the year.

**Figure 3: Local Agencies' Use of Assessment Track, 2005**

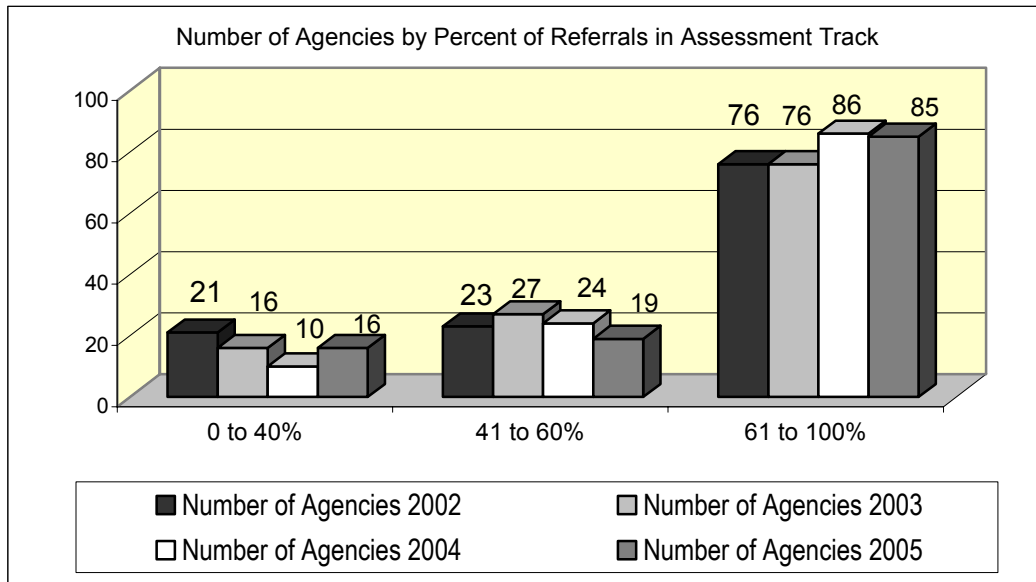


Source: OASIS, Referrals Accepted January through December 2005

While local agencies differ in track assignment practices, there has been some movement toward greater consistency since DRS implementation. Figure 4 shows data on track assignment for each year from 2002 through 2005.

From 2002 to 2004, there was a trend toward more agencies assigning more of their referrals to the assessment track. The number of agencies placing more than 60 percent of their referrals in the assessment track increased from 76 to 86 while the number of agencies assigning 40 percent or fewer of their referrals to the assessment track dropped from 21 to ten. In 2005 the number of agencies with more than 60 percent assessments remained essentially the same (85 compared to 86 in 2004) while the number with 40 percent or fewer assessments increased somewhat from 10 to 16. As seen in the track assignment data in Figure 2, it appears that track assignment patterns have stabilized, with only small fluctuations from year to year. (Note: the 2005 data in Figure 4 differ slightly from data in Figure 3 because, to make the data consistent with that available for earlier years, unfounded out-of-family investigations were included in Figure 4. That is the reason, for instance, that Figure 4 shows 85 agencies placing 61 percent or more of referrals in the assessment track in 2005 while Figure 3 shows 87.)

**Figure 4: Local Agencies' Use of Assessment Track, 2002 – 2005**



Source: OASIS, Referrals Accepted July 2002 through December 2005  
 Note: There were only 119 local agencies with CPS referrals in 2003.

### Types of Referrals Assigned to Each Track

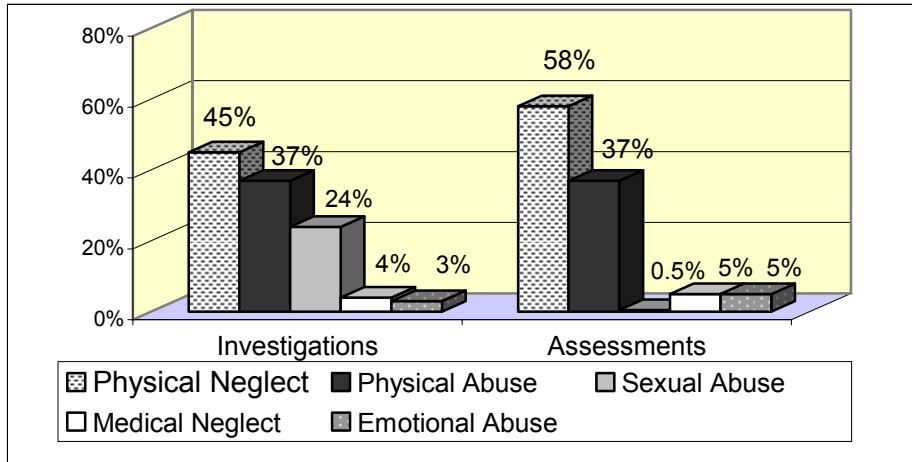
Figure 5 shows the type of abuse or neglect alleged in the referrals placed in each track. The data in this figure are for each allegation of a specific type of abuse or neglect, not for each referral. Since a referral may include more than one kind of abuse or neglect, some referrals appear more than once in these data. For instance, a referral alleging both physical abuse and medical neglect would be counted in both groups.<sup>9</sup>

With the exception of allegations of sexual abuse which must be investigated,<sup>10</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. Forty-five percent of the investigations and 58 percent of the assessments had allegations of neglect. The second most frequent allegation was physical abuse, found in 37 percent of both investigations and assessments. Twenty-four 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.

<sup>9</sup> Ten percent of referrals included more than one kind of abuse or neglect.

<sup>10</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.

**Figure 5: Percent of Referrals in Each Track with Each Type of Alleged Abuse or Neglect**

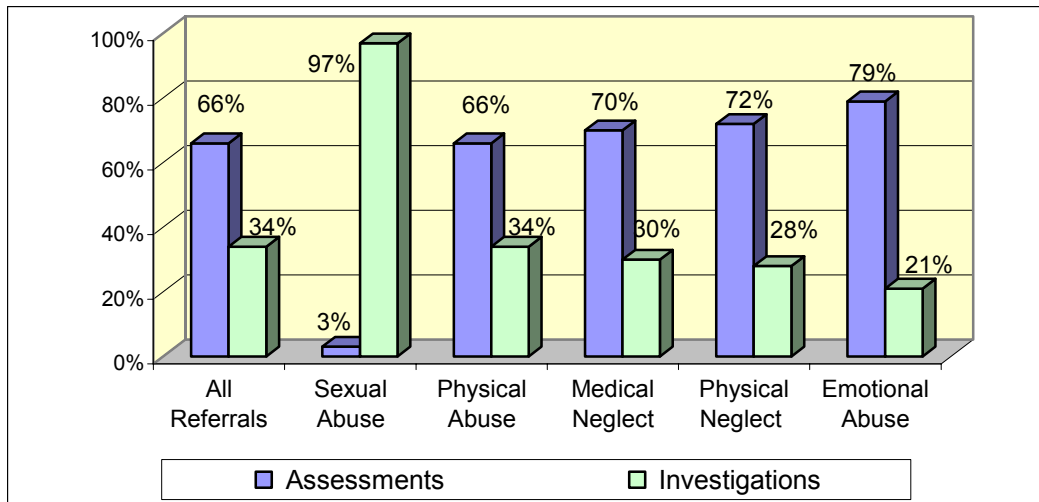


Source: OASIS, Referrals Accepted January through December 2005

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 6 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 6 shows track assignment for each referral that included that particular kind of abuse or neglect. 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 66 to 79 percent of referrals alleging physical abuse, neglect, medical neglect, or emotional abuse. The overall pattern is the same as in prior years.

**Figure 6: Track Assignment by Type of Alleged Abuse or Neglect**



Source: OASIS, Referrals Accepted January through December 2005



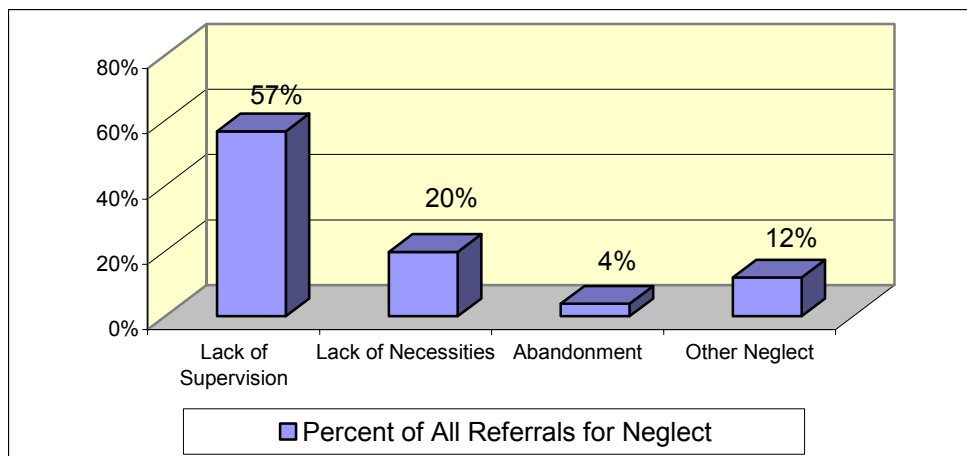
Figure 6 shows that three percent of referrals for sexual abuse were placed in the assessment track, contrary to the statutory requirement that all sexual abuse complaints be treated as investigations. Last year's evaluation of DRS included case reviews of a sample of sexual abuse complaints treated as assessments. The purpose of that review was to gather 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 a quarter of those referrals were clearly sexual abuse complaints that should have been investigated. The remaining referrals were either clearly *not* sexual abuse complaints or were of very weak validity for sexual abuse. In some cases there was a data entry or other error that made it appear that these were sexual abuse complaints when they were not. The Department has provided technical assistance to local agencies as these referrals have been identified. The percent of incorrect track assignments related to sexual abuse has declined since last year.

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-four percent of all referrals in 2005 included an allegation of physical neglect. Physical neglect is a category that includes several 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 (57 percent) of these referrals were for lack of supervision, followed by lack of necessities (20 percent). Four percent involved abandonment, and 12 percent were for other, undesignated types of physical neglect (Figure 7).

**Figure 7: Types of Physical Neglect as Percentage of All Referrals for Neglect\***

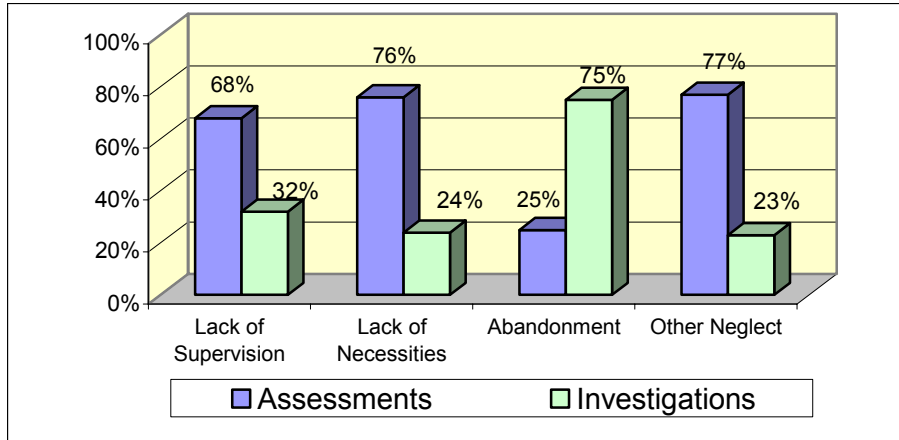


Source: OASIS, Referrals Accepted January through December 2005

\*Percentages in Figure 8 add to less than 100% because 17% 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.

Track assignment varied with the specific type of neglect. Three-quarters of allegations of abandonment were investigated. For each of the other types, from 68 to 77 percent of the referrals were taken as assessments (Figure 8).

**Figure 8: Track Assignment by Type of Physical Neglect**

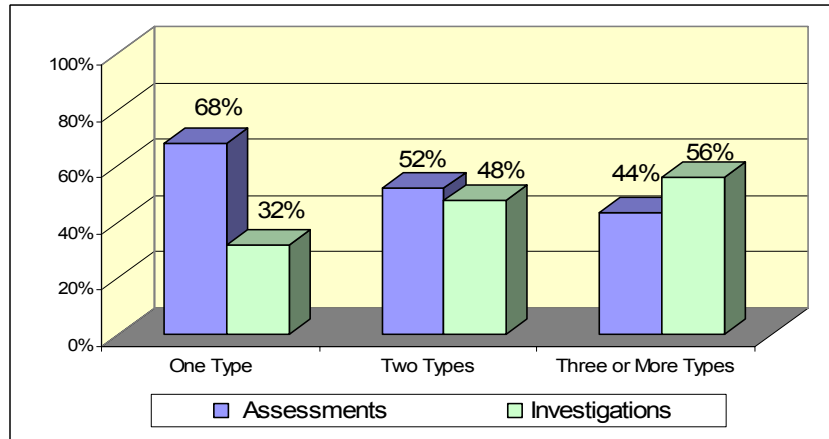


Source: OASIS, Referrals Accepted January through December 2005

**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. Ten percent of all referrals involved more than one type of abuse or neglect. The larger the number of different types of abuse or neglect alleged, the more likely it was that the local agency investigated the report. In referrals with one type, 32 percent were investigated; with two types, 48 percent were investigated; and with three or more types, 56 percent were investigated (Figure 9). This pattern is similar to that reported last year. 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 and referrals with serious safety issues are most often investigated.

**Figure 9: Track Assignment by Number of Different Types of Alleged Abuse or Neglect**



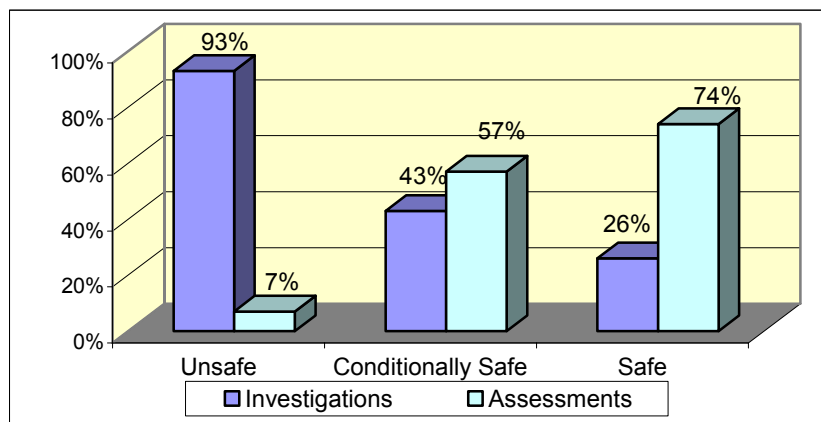
Source: OASIS, Referrals Accepted January through December 2005

## 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>11</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 10 shows the relationship between the safety assessment and track assignment. These data suggest that the decision made at intake regarding the response priority, which influences track assignment, is generally borne out in the formal safety assessment conducted after contacting the family. Almost all (93 percent) referrals in which the child was considered unsafe were investigated, a slight increase over 2004 when 89 percent of similar referrals were investigated. A little over half (57 percent) of referrals in which the child was conditionally safe were placed in the assessment track as were 74 percent of referrals in which the child was deemed safe. Last year's report pointed out a trend, over a three year period, toward greater use of the assessment track when the children were considered to be safe or conditionally safe. The track assignment pattern now seems to have stabilized with assignments in 2005 very similar to those in 2004.

**Figure 10: Track Assignment and Subsequent Safety Assessment**



Source: OASIS, Referrals Accepted January through December 2005

## 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

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<sup>11</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.

reassignments suggest problems in gathering information for track assignment or problems in making appropriate decisions about track assignment. In each year since DRS implementation, approximately two percent of referrals originally put in the family assessment were later changed to an investigation. 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. In 2002 a review of referrals that were reassigned 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**

As was documented in previous reports, 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, the two baseline years before DRS implementation. In calendar year 2005, there were 10,019 investigations. The percent of investigations that are founded has increased under DRS. Twenty-three percent of investigations were founded during the two baseline years compared to 43 percent in 2005. The increase in the percent of founded investigations was expected since cases with serious safety concerns are placed in the investigation track while many other referrals are placed in the assessment track.

### ***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 believed their agencies were more effectively engaging families and identifying service needs.

Data on service needs and service provision are shown for the 27,235 investigations and assessments accepted from January through December 2005.

### **Identifying Service Needs**

Identifying service needs is the first step in ensuring that families receive services to treat or prevent abuse or neglect. As 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.

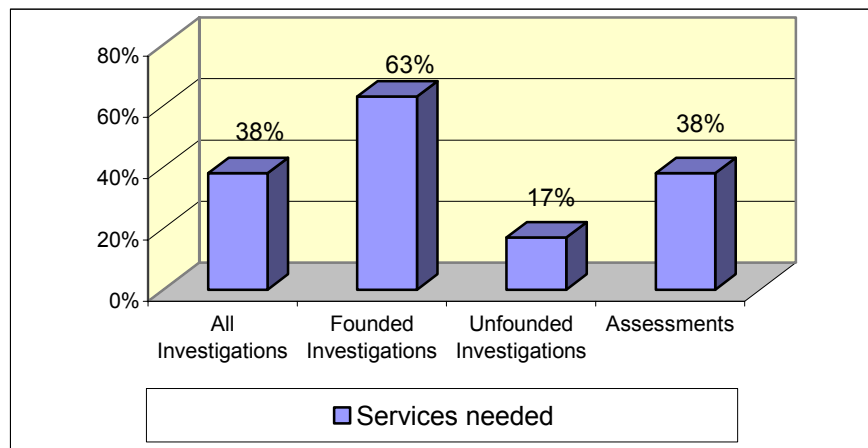
One fact to consider when reading the analyses below is that OASIS data do not necessarily provide a complete picture of family needs. These data record the conclusions of the

worker about the family’s needs at the end of the 45 to 60 days allocated for conducting the investigation or family assessment. Even in that respect the data may not be complete. Before July 2004, OASIS did not include service data for investigations. The system was changed in July 2004 to allow service data to be entered for investigations but workers were not *required* to enter services data for investigations. 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 setting for investigations. In a review of service provision conducted in 2004, the case reviewer 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 and a half percent of all families would have identified service needs. The additional percent of families with identified needs would be five and a half percent in founded investigations and two 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, 38 percent (Figure 11). As expected, however, service needs were much more frequent in founded (63 percent) than in unfounded (17 percent) investigations. These data are almost identical to data for 2004.<sup>12</sup>

**Figure 11: Percent of Referrals with Service Needs by Track and Disposition**



Source: OASIS, Referrals Accepted January through December 2005

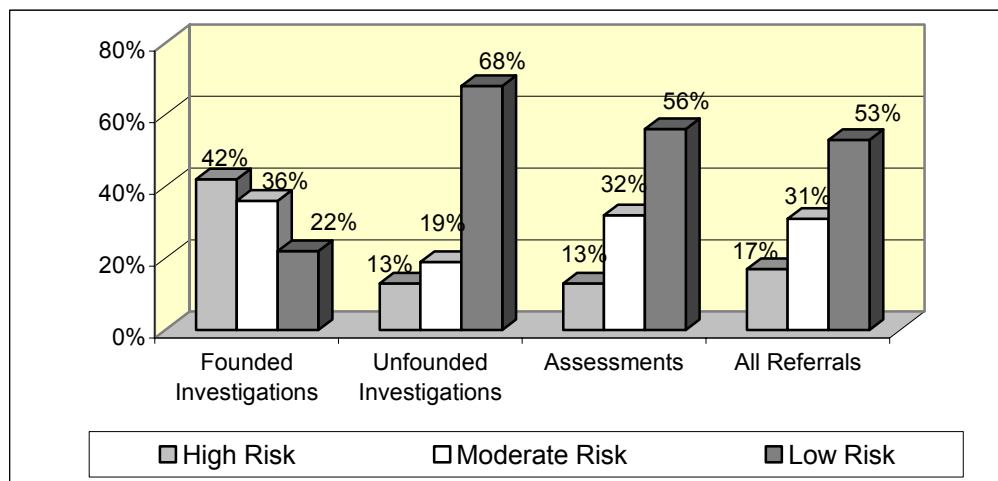
It might seem surprising that any families in unfounded investigations would be identified as needing services to treat or prevent abuse or neglect since, by definition, no neglect

<sup>12</sup> Service data for 2004 weres for only a six month period from July through December of that year because the changes in OASIS that allowed recording service data in investigations occurred in July 2004.

or abuse was substantiated in those referrals. In these situations, while there may not have been sufficient evidence to substantiate the allegation of abuse or neglect, the worker’s contact with the family revealed a need for services, either to address problems that could lead to abuse or neglect or to address other family needs. In the review of service cases conducted in 2005, the case reviewer found many instances where such service needs were identified.

Another way to look at service needs is to consider the risk assessment made at the completion of the investigation or assessment. The CPS risk assessment addresses the risk of future abuse or neglect for children in that family if no intervention is provided.<sup>13</sup> Risk assessment categories are high, moderate, or low risk. In 2005, 17 percent of referrals were evaluated as high risk, 31 percent as moderate risk, and 53 percent as low risk (Figure 12). The percent of referrals evaluated as high or moderate risk was somewhat higher than in 2004. In that year, 10 percent of referrals were evaluated as high risk, 25 percent as moderate risk and 65 percent as low risk.

**Figure 12: Risk Assessment by Disposition**



Source: OASIS, Referrals Accepted January through December 2005

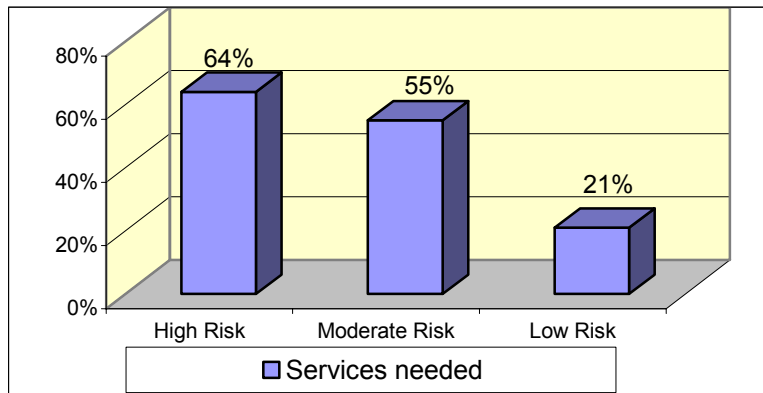
As expected, risk assessment varied greatly by disposition. Seventy-eight percent of founded investigations were either high or moderate risk, compared to 32 percent of unfounded investigations, and 45 percent of family assessments. However, because of the large overall number of family assessments, 64 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 low risk (Figure 13). Sixty-four percent high risk and 55 percent of moderate risk families had service needs, compared to 21 percent low risk families. This is the same pattern as found in 2004 data, but

<sup>13</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.

with a somewhat smaller percentage of high and moderate risk families identified as having service needs.<sup>14</sup> Within each risk category, identification of service needs varied widely among local agencies as is discussed in a later section of this report.

**Figure 13: Percent of Referrals with Service Needs, by Risk Assessment**

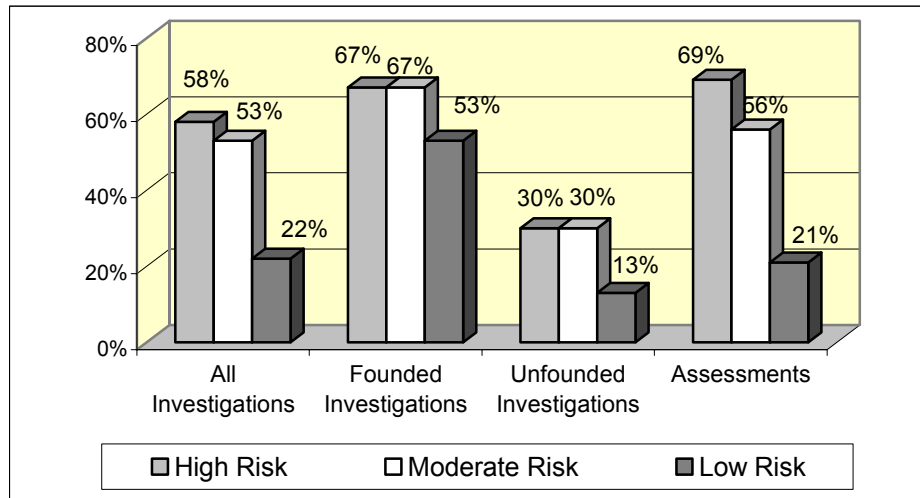


Source: OASIS, Referrals Accepted January through December 2005

Data on risk and disposition are combined in Figure 14 which shows the percent of families with service needs at each level of risk for each disposition. Regardless of disposition, families at high or moderate risk were the ones who most often had service needs. Families had identified service needs in 67 percent of high risk founded investigations and 69 percent high risk assessments. Among those at moderate risk, 67 percent of families in founded investigations and 56 percent in assessments needed services. Service needs were found less often in unfounded investigations, but even there almost a third of high and moderate risk families had service needs. In families at low risk, service needs were more often identified in founded investigations (52 percent) than in assessments (21 percent).

<sup>14</sup> In 2004, 71 percent of high risk families and 66 percent of moderate risk families had identified service needs.

**Figure 14: Percent of Referrals with Service Needs by Track, Disposition and Risk**



Source: OASIS, Referrals Accepted January through December 2005

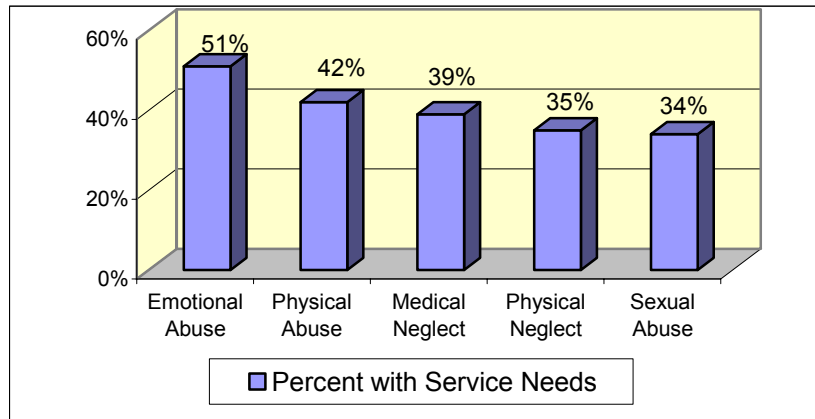
One of the hopes for DRS was that that by engaging families in a less punitive manner in the assessment track, they would be more willing to discuss family problems leading to better identification of service needs and, potentially, greater willingness to accept services. Last year's report, using data from 2004, showed that service needs were more often identified in high and moderate risk assessments than in investigations. For instance, services needs were identified in 82 percent of high risk assessments compared to 65 percent of high risk investigations. Even when the comparison was limited to high risk *founded* investigations and assessments, service needs were more often identified in assessments, 82 percent compared to 70 percent. The report speculated that the data provided some support for the idea that service needs may more often be identified in assessment cases. The evidence for this proposition is not as strong in the 2005 data, however. While a somewhat higher percentage of high risk families had service needs identified in assessments than in investigations, the difference is smaller than in 2004, and there is essentially no difference between high risk *founded* investigations and high risk assessments in identifying service needs.

When comparing data in investigations and assessments, it is important to remember the caveat discussed above, namely that there may be a bias toward recording more complete service information in assessment cases. In addition, as discussed earlier, foster care is not included in these data on service needs. Some families who 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 77 percent instead of 67.

The percentage of families needing services varied somewhat depending on the type of abuse or neglect (Figure 15). Service needs were most often identified in cases involving emotional abuse (51 percent), followed by physical abuse (42 percent), medical neglect (39 percent), physical neglect (35 percent) and sexual abuse (34 percent). This pattern is similar to that found in 2004.



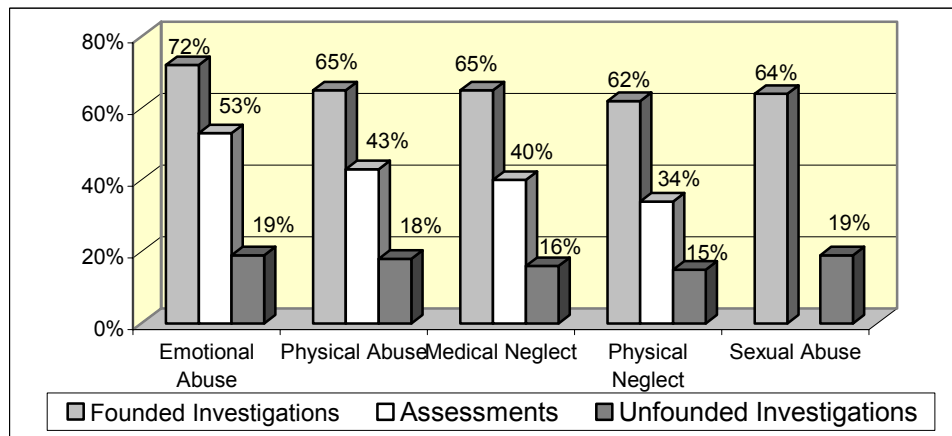
**Figure 15: Percent of Cases Needing Services, by Type of Alleged Abuse or Neglect**



Source: OASIS, Referrals Accepted January through December 2005

When disposition is taken into account (Figure 16), the frequency with which service needs are identified is as expected, highest in founded investigations, followed by assessments, and much lower in unfounded investigations. This pattern is similar to that found in the 2004 referrals.

**Figure 16: Percent of Cases Needing Services, by Type Abuse or Neglect and Disposition<sup>15</sup>**

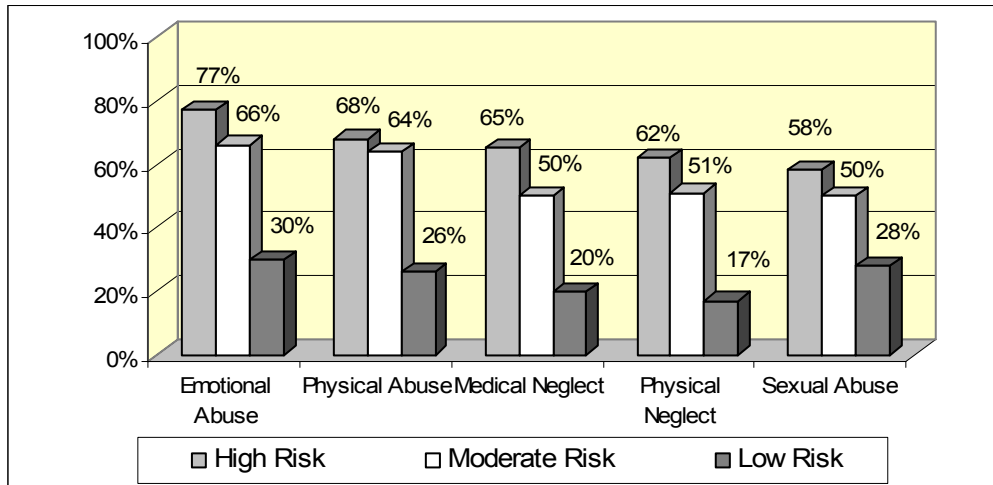


Source: OASIS, Referrals Accepted January through December 2005

When risk level is considered, the expected pattern emerges, with service needs identified in half or more of high and moderate risk referrals and a much lower level of service needs in low risk referrals. The referrals with the highest level of service needs (77 percent) were high risk complaints for emotional abuse (Figure 17).

<sup>15</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.

**Figure 17: Percent of Referrals with Service Needs by Type of Abuse or Neglect and Risk**

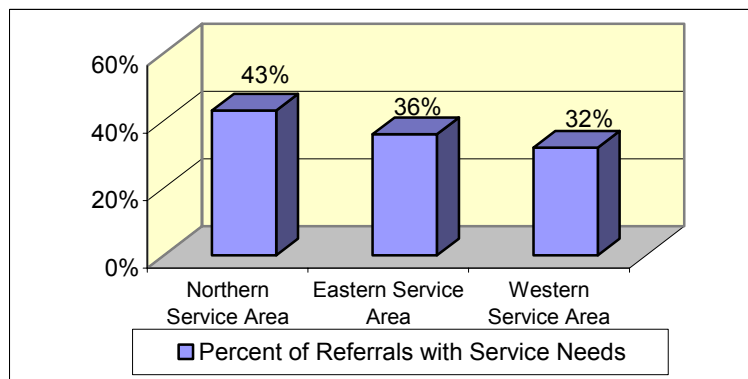


Source: OASIS, Referrals Accepted January through December 2005

The general pattern seen in Figure 17 is similar to that found in 2004 referrals, but with a smaller percentage of families at high or moderate risk found to be in need of services. For instance, the percentage of families in high risk referrals for emotional abuse with identified service needs went from 88 percent in 2004 to 77 percent in 2005. Similarly, 71 percent of high risk families in referrals for physical abuse had service needs identified in 2004, compared to 62 percent in 2005. Since data on service needs in all referrals have been available only since July 2004, it is not possible to say whether these differences are simply year to year variations or indicate a change or trend.

Turning to the Department's three Service Areas, Figure 18 shows that service needs were most often identified in the Northern Service Area (43 percent), followed by the Eastern (36 percent) and the Western (32 percent) Service Area. This pattern is similar to that found in 2004 referrals.

**Figure 18: Percent of Referrals with Service Needs, by Service Area**

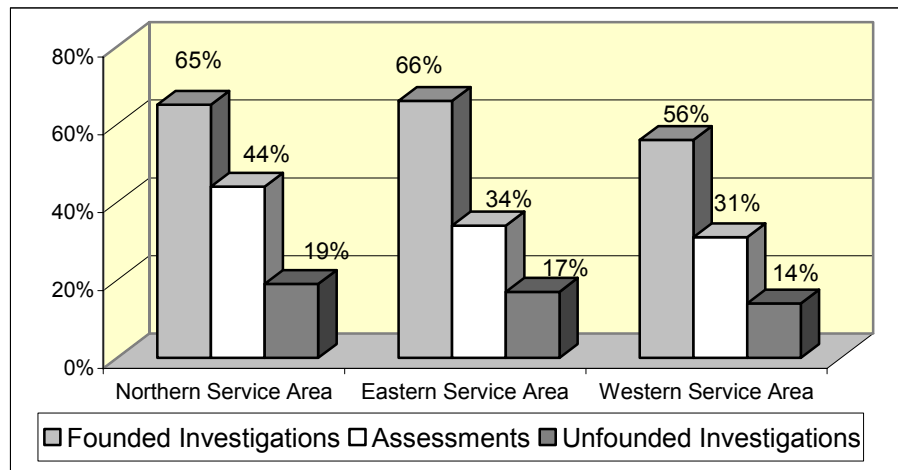


Source: OASIS, Referrals Accepted January through December 2005

Differences among the three service areas in identification of service needs are found in referrals with each disposition (Figure 19). The percent of families in founded investigations

with identified service needs was higher in the Northern and Eastern Service Areas, 65 percent and 66 percent, than in the Western Service Area (56 percent). Agencies in the Northern Service Area also identified more needs in assessment cases (44 percent) than did those in the Eastern (34 percent) and Western (31 percent) Service Areas. Differences in unfounded investigations were smaller but the general pattern was the same, 19 percent in the Northern, 17 percent in the Eastern and 14 percent in the Western Service Area.

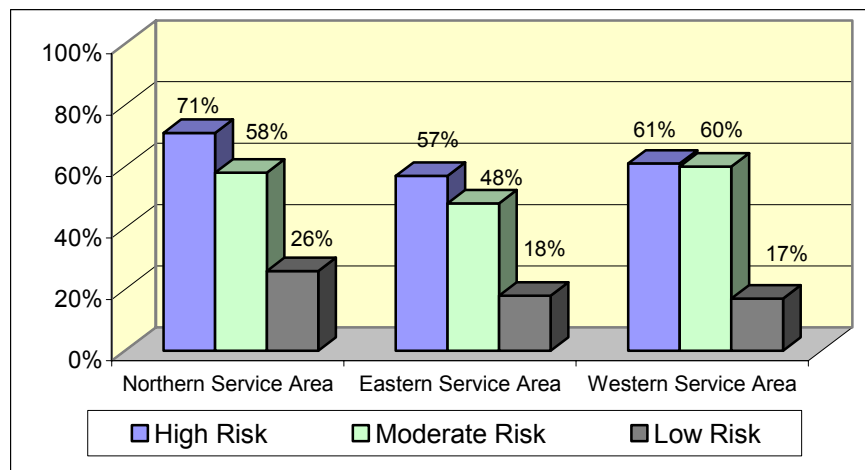
**Figure 19: Percent of Referrals with Service Needs by Service Area and Disposition**



Source: OASIS, Referrals Accepted January through December 2005

A somewhat different pattern emerges when looking at families with different levels of risk. While both high and low risk families had service needs identified more often in the Northern Service Area than in the other two areas (Figure 20), Western Service Area agencies identified service needs more often in moderate risk families than did agencies in the Eastern Service Area, 60 percent compared to 48 percent, and were even slightly above the Northern Service Area agencies (58 percent).

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

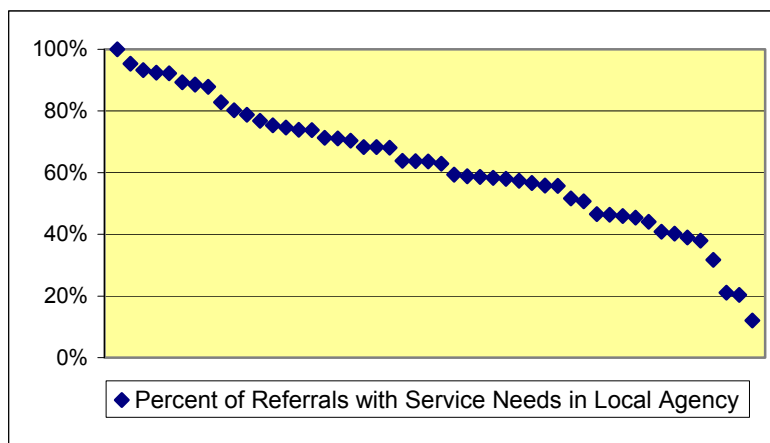


Source: OASIS, Referrals Accepted January through December 2005

As discussed in prior reports on DRS, regional differences in identification of service needs could be due to a number of factors. Such factors could include actual differences in the needs of families, differences in the availability of services leading possibly to workers not recording some needs for which services were not available, differences in attention paid to service needs, differences in supervisory monitoring of data entry, differences in caseload that lead to workers in some areas to be more thorough in entering data, or differences in worker facility in assessing family needs. Whatever the reasons for *regional* differences, there is far greater variation among individual agencies.

To explore the issue of local agency variation, data were analyzed for investigations and assessments with different levels of risk. First, local agencies were identified that had at least fifty high or moderate risk referrals during the year. 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. Fifty local agencies met that criterion. Figure 21 shows the percentage of high or moderate risk referrals with identified service needs in these agencies. Each dot on the scattergram represents one agency. The scale at the left hand side of the figure shows the percentage of families in high or moderate risk referrals with identified service needs. Among the 50 agencies, that percentage varied from 12 to 100 percent. Even if the agencies with the five highest and lowest percentages are excluded, the differences remain great, from 39 to 89 percent. Analysis of the 25 agencies that had at least 100 high or moderate risk referrals showed similar variation, with the agencies identifying from 12 to 92 percent of families as having service needs. These results are very similar to those found in the 2004 referrals. There is no evidence of movement toward greater consistency among local agencies in identifying service needs in high and moderate risk families.

**Figure 21: Identification of Service Needs in Agencies with 50 or more High or Moderate Risk Referrals**

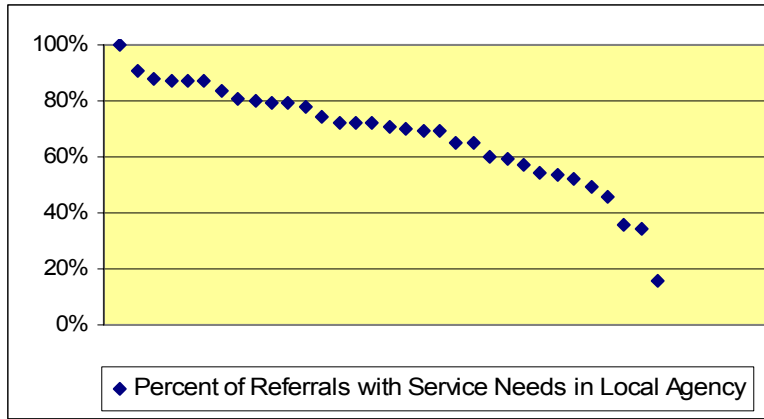


Source: OASIS, Referrals Accepted January through December 2005

To see whether there might be more consistency if only high risk families were considered, another analysis was performed of identified service needs in high risk referrals only. Figure 22 shows the results for the 33 agencies that had at least 25 high risk referrals. The percentage of high risk referrals with service needs ranged from 16 to 100 percent. Data for 21

agencies that had at least 50 high risk referrals showed similar variation from 16 to 91 percent. Again, these results are similar to those found in 2004 referrals.

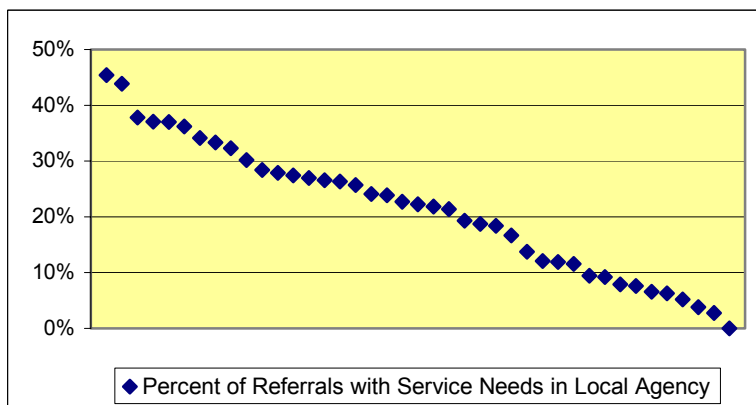
**Figure 22: Identification of Service needs in Agencies with 25 or more High Risk Referrals**



Source: OASIS, Referrals Accepted January through December 2005

As discussed above, 21 percent of families at low risk for future abuse or neglect were also identified as having service needs. In this group also, there were substantial differences among the agencies. In 41 agencies with at least 100 low risk referrals, the percentage of families with identified needs ranged from zero to 45 percent. Again, this pattern is similar to that found in 2004 referrals. It is clear that, regardless of the level of risk, local agencies differ greatly in the percent of families they identify as having service needs.

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



Source: OASIS, Referrals Accepted January through December 2005

**Specific Services Needed**

Table 1 shows the specific services needed by families with each disposition. The two services needed far more than any others were counseling and parent education. Twenty-two

percent of all families need counseling and 10 percent needed parent education. Understandably, the need for these services was highest in founded investigations, with 39 percent needing counseling and 22 percent needing 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 found in the 2004 referrals.

**Table 1: Services Needed by Disposition**

<b>Service Needed</b>	<b>Percent of Founded Investigations</b>	<b>Percent of Unfounded Investigations</b>	<b>Percent of Assessments</b>	<b>Percent of all Referrals</b>
Counseling	39%	11%	21%	22%
Parent education	22%	3%	9%	10%
Substance abuse evaluation	8%	1%	3%	3%
Substance abuse treatment	7%	1%	3%	3%
Medical psychological	7%	1%	3%	3%
Medical care	3%	1%	2%	2%
Daycare	2%	<1%	2%	2%
Domestic violence services	4%	<1%	2%	2%
Information and referral	4%	3%	1%	2%
Other	19%	4%	12%	11%
No service needs identified	37%	83%	62%	63%
<i>Number of Referrals</i>	<i>4072</i>	<i>5081</i>	<i>18082</i>	<i>27235</i>

Source: OASIS, Referrals Accepted January through December 2005

### **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. Those data are the basis for the following findings.

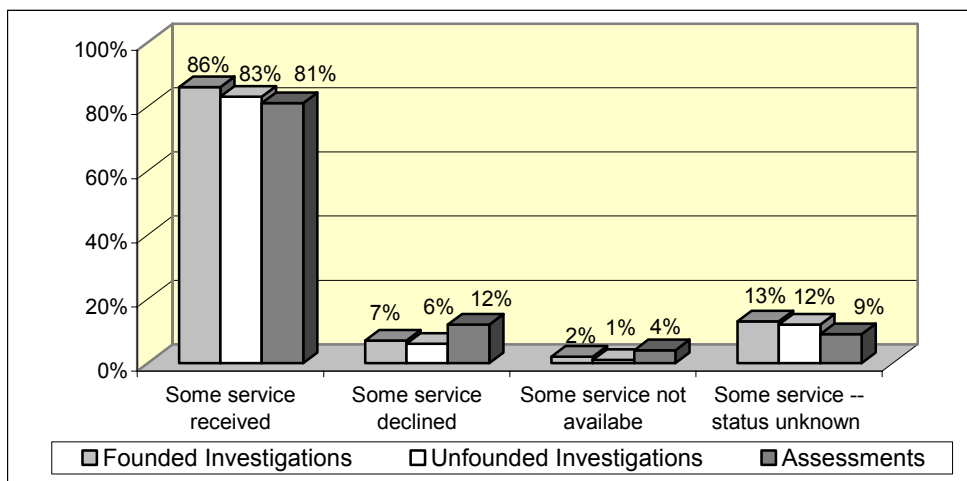
Among families needing services, 83 percent received or were expected to receive services.<sup>16</sup> Eleven percent declined at least one service, and three percent needed at least one service that was not available. Ten percent had at least one service need for which the status was unknown (data not shown).

Figure 24 shows service status by disposition. Clearly, once service needs are identified, disposition makes little difference in whether families receive services. The vast majority of

<sup>16</sup> Included are services recorded in OASIS as completed, in progress, or application pending. "Application pending" is included because since workers rarely indicated that a service was not available, 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. Case reviews show that sometimes a pending application does not lead to services, for instance, when a service case was opened but no services were accepted. Thus the eventual number of families receiving services is likely somewhat less than shown in Figure 24. Families in need of more than one service could be counted in two or more categories, for instance, refusing one service and receiving another.

families with service needs had at least some of their service needs met: 86 percent in founded investigations; 83 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 (12 percent) than were families in either founded (seven percent) or unfounded (six percent) investigations. This higher refusal rate suggests the assessment track does not necessarily encourage greater acceptance of services, but the differences are small and may simply reflect that fact that more families in the investigation track had services where the status was unknown.

**Figure 24: Service Receipt by Families with Service Needs**



Source: OASIS, Referrals Accepted January through December 2005

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

Two percent of families in founded investigations, one percent in unfounded investigations, and four percent in 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.

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 low risk received some services (data not shown).

The data on risk yield an interesting finding related to resource allocation. Because of their large number, families at low risk accounted for a substantial proportion of those receiving services. Among all families that received services, 29 percent were at high risk, 42 percent at moderate risk, and 28 percent at low risk of future abuse or neglect (data not shown) (There was some shift of resources toward higher risk families as compared to 2004 when the comparable percentages were 21, 44, and 35 percent.) As discussed in previous reports, low risk families

may receive services because, 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. Previous case reviews have shown 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. From 81 to 86 percent of families received services. Similarly, in the three Service Areas, 82 to 83 percent of families received services.

Looking at individual agencies, the variation in providing services, once needs are identified, is considerably smaller than the variation in service identification. Among 49 agencies that had at least 50 referrals with identified service needs, from 49 to 96 percent of families received some services. If the one local agency with only 49 percent receiving services is excluded, the range is from 61 to 96 percent.

### Sources of Services

Table 2 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 local agency 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 2: Source of Services**

Source of Services	Percent of All Services Received
Community Resource	40%
Obtained Independently	34%
Local Agency Provided or Purchased	26%
Total	100%
<i>Total Number of Services</i>	<i>12,963</i>

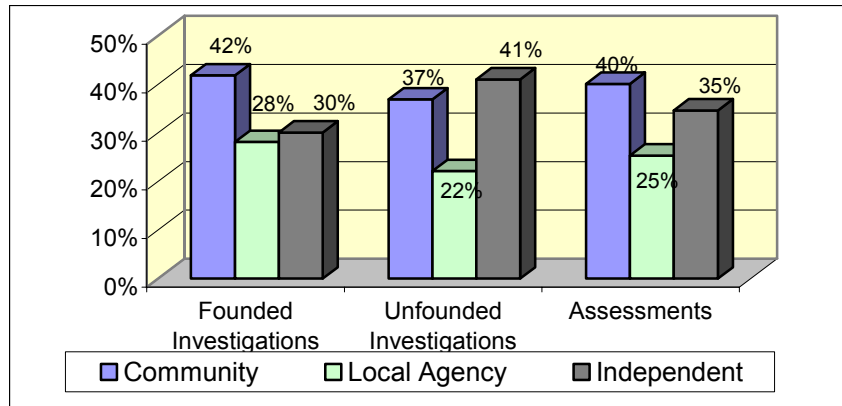
Source: OASIS, Referrals Accepted January through December 2005

Community resources provided 40 percent of services. Many different kinds of providers are in this category. Examples include a community mental health clinic, a food bank, a church sponsored parenting class, medical services from the Department of Health, or a public school's before and after school child care program. The local agency provided or purchased 26 percent of the services, including counseling or parent education provided by social workers in the agency, subsidized child care, or payment for substance abuse evaluation. Thirty-four percent of the services were expected to be obtained independently by the family. In such cases, a family might agree to counseling but prefer to receive counseling from their pastor or agree to provide after school care for a child but want to obtain that service from a relative. The 2005 data on source of services is almost identical data for 2004 referrals.



Figure 25 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 42 percent. Use of local agency provided or purchased services was highest in founded investigations (28 percent of services provided), followed by assessments (25 percent) and unfounded investigations (22 percent.) Use of independent sources, chosen by the family, was highest in unfounded investigations (41 percent) followed by assessments (35 percent) and founded investigations (30 percent).

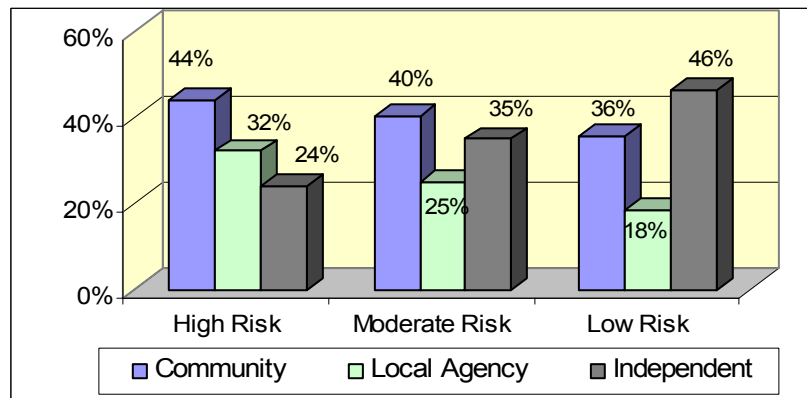
**Figure 25: Source of Services by Disposition**



Source: OASIS, Referrals Accepted January through December 2005

Figure 26 shows that the proportion of services provided by community sources was fairly similar in all three risk groups although it increased somewhat with the level of risk, 36 percent in families at low risk, 40 percent in families at moderate risk, and 44 percent in families at high risk. Use of local agency direct or purchased services increased considerably with risk, from 18 percent where risk was low, to 25 percent where risk was moderate, to 32 percent in high risk situations. Conversely, the use of independent sources decreased with risk from 46 percent where risk was low, to 35 percent where risk was moderate, and to 24 percent where risk

**Figure 26: Source of Services by Risk Assessment**



Source: OASIS, Referrals Accepted January through December 2005

Table 3 shows the percentage of local agency services that went to families at each level of risk. Four-fifths of local agency provided or purchased services went to families determined to be at high or moderate risk and one fifth to those at low risk.

**Table 3: Percent of Local Agency Services Provided to Families at Each Level of Risk**

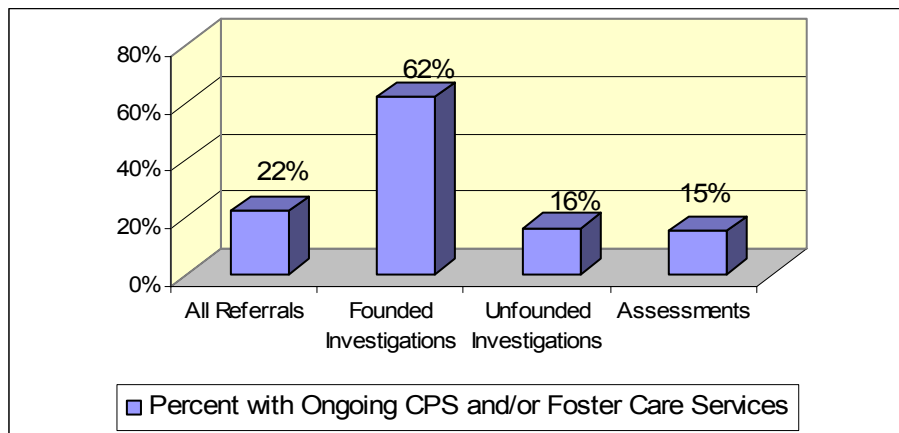
<b>Risk Assessment of Families Receiving Services</b>	<b>Percent of Local Agency Services</b>
High Risk	39%
Moderate Risk	43%
Low Risk	18%
Total	100%
<i>Total Number of Services</i>	<i>2626</i>

Source: OASIS, Referrals Accepted January through December 2005

### 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 and investigation. 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 family assessment or investigation period, the agency opens a foster care case, an ongoing CPS services case or both.

**Figure 27: Ongoing CPS and Foster Care Services by Disposition**



Source: OASIS, Referrals Accepted January through December 2005

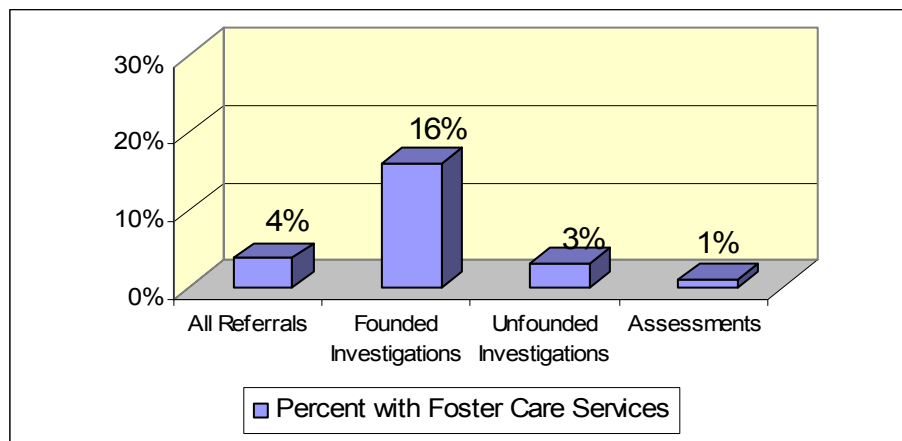
Twenty-two percent of all referrals involved ongoing CPS and/or foster care services (Figure 27). Receipt of these services varied by disposition: founded investigations, 62 percent,

assessments, 16 percent, and unfounded investigations, 15 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 CPS or foster care services was much greater in families at high risk for future abuse or neglect. Fifty-nine percent of high risk families, 27 percent of moderate risk families, and eight percent of low risk families received such services (data not shown). Among high and moderate risk families, these rates were lower than in 2004 when 72 percent and 39 percent, respectively, received such services.

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 2005 involved foster care placement (Figure 28). As expected, founded investigations had the highest foster care rate, 16 percent. Children in three percent of unfounded investigations and one percent of assessments were also placed in foster care.

**Figure 28: Foster Care by Disposition**



Source: OASIS, Referrals Accepted January through December 2005

As discussed in earlier reports, there are a number of reasons why referrals other than founded investigations may involve foster care. For instance, 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. One example from earlier case reviews was a situation in which there was no abuse or neglect, but the mother required hospitalization and foster care services were provided for the child until the mother could resume care. 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. Case reviews conducted in 2005, as discussed in last year's report, showed such placements sometimes occurring due to new referrals or 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 those instances, the judges ordered the removals at hearings in which they determined that the requirements of the protective orders were not being met. Sometimes children were removed from the home as the result of a

CHINS (Child in Needs of Supervision/Services) petition, such as a runaway teenager with serious mental health needs whom the judge determined would be better off in foster care. There were also instances in which parents asked to be relieved of custody or the family came to the attention of the court for reasons other than a CPS complaint.

### 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>17</sup>

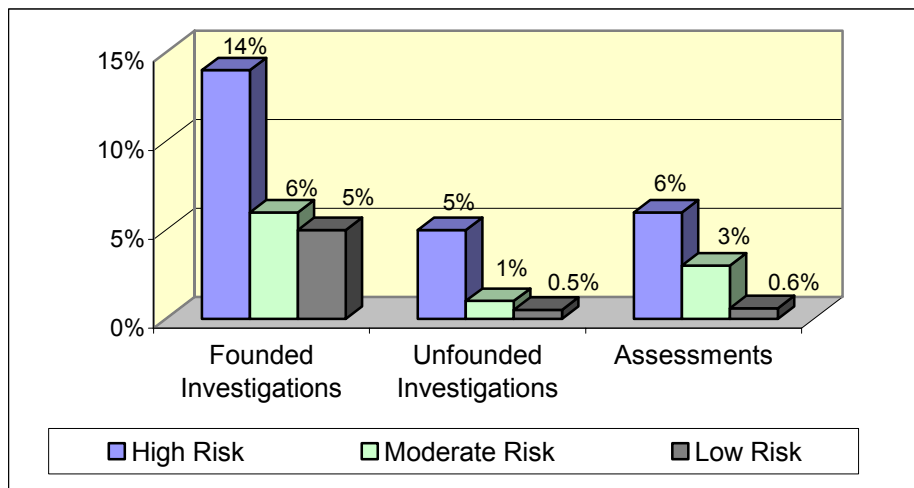
- 9 percent in founded investigations
- 1 percent in unfounded investigations, and
- 2 percent in assessments.

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

- 9 percent in high risk cases
- 3 percent in moderate risk cases, and
- 1 percent in low risk cases.

Court-ordered services were most frequent in high risk founded investigations, with 14 percent of those families having at least one court-ordered service (Figure 29).

**Figure 29: Percent of Cases with Court-Ordered Services by Disposition and Risk**



Source: OASIS, Referrals Accepted January through December 2005

<sup>17</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.

The most frequent court ordered service was counseling (27 percent). Services related to substance evaluation or treatment constituted 25 percent of court ordered services, followed by parent education (16 percent), medical psychological care (eight percent), and domestic violence services (four percent). Twenty-two percent of court orders were for various other services.

### **Study of Invalid Referrals**

Each year the report on the Differential Response System (DRS) includes a study of a special topic. The topic addressed in this report is invalid referrals, that is, complaints received by a local agency that the agency determines do not meet the criteria for a valid complaint of abuse or neglect. This is an exploratory study and the first attempt by the Department to study invalid complaints. The purpose of this study is to gather basic data, identify questions for further study, and begin to identify any issues that may need to be addressed by policy or training.

A valid complaint or report is one in which all four validity criteria are met:

1. The alleged victim child or children are under the age of 18 at the time of the complaint and/or report;
2. The alleged abuser is the alleged victim child's parent or other caretaker;
3. The local department receiving the complaint or report is a local department of jurisdiction; and
4. The circumstances described allege suspected child abuse and/or neglect.

Invalid complaints are of interest because, based on data in OASIS, there appears to be wide variation among local agencies in the percentage of complaints that are screened out. According to the SFY 2005 Referrals and Findings Report, the statewide screen-out rate was 44 percent. Among local agencies, however, the rate ranged from zero, i.e., no invalid reports, to 88 percent. Agencies that receive only a few reports in a year could easily have a very high or very low screen-out rate simply due to the particular reports received that year. However, even among the 104 agencies that had at least 50 complaints, the screen-out rate varied from two to 88 percent.

This wide variation in the screen-out rates suggests that there may be significant inconsistencies in the ways agencies apply the validity criteria. If agencies are making different decisions about the validity of similar complaints, there would be several reasons for concern, including:

- Agencies with a particularly high percentage of invalid reports may not be responding to legitimate complaints of abuse or neglect.
- Agencies with a particularly low percentage of invalid reports may be wasting their resources by responding to invalid complaints.
- Agencies that inconsistently apply the CPS validity criteria may not be providing services to families that need them or may be wrongly referring families to the CPS system.

There are three sources of data for the analysis of invalid complaints in this report: OASIS data, case reviews, and a survey of local agencies. Each is discussed in more detail in the relevant section below.

### *Analysis of OASIS Data on Invalid Complaints*

At the beginning of May 2006, the Department prepared an extract of OASIS data for study of invalid reports. The Department is legally required to purge invalid reports from OASIS one year after receipt unless another complaint had been made on the same family. Therefore, it was not possible to obtain data on all invalid reports received in 2005 because many reports received in the first four months of that year had already been deleted. The data on invalid reports included in this study are for the 16,892 invalid reports received between May and December 2005. Answers to the survey of local agencies raised some questions about the consistency of data entry across agencies, so it is possible that the data are more complete for some local agencies than for others.

When local agencies receive any report of abuse or neglect, whether valid or not, they are required to enter the complaint into OASIS. In the case of invalid reports, the information recorded includes the nature of the allegation, the person making the complaint (for example school personnel, neighbor, relative, medical personnel, anonymous, etc.), identifying information about the child and caretaker (if known), demographic information, a determination of whether each of the four validity criteria is met, and the reason the complaint was determined to be invalid.

The types of abuse or neglect for all invalid reports are shown in Table 4. The most frequent type, constituting 44 percent of all the invalid reports was “no identified type,” that is reports in which the type was recorded as unknown, missing, or “other” and there was no other specific type indicated. Next most frequent were physical neglect (29 percent) and physical abuse (18 percent). Small percentages were for sexual abuse, emotional abuse or medical neglect.

**Table 4: Types of Abuse or Neglect in Invalid Complaints**

<b>Type of Abuse or Neglect</b>	<b>Number of Invalid Complaints</b>	<b>Percent of Invalid Complaints</b>
No Identified Type	7446	44%
Physical Neglect	4862	29%
Physical Abuse	2997	18%
Sexual Abuse	996	6%
Emotional Abuse	789	5%
Medical Neglect	348	2%
<i>Total*</i>	<i>16,892</i>	<i>104%</i>

Source: OASIS, All Referrals, May through December 2005

\* The total number of invalid complaints received was 16,892. This number is less than that total that would be obtained by adding together the number of complaints with each type of abuse or neglect because a complaint with more than one type of abuse or neglect is counted in each relevant category. Similarly, the percentages add to more than 100 percent because of complaints with more than one type.

Table 5 shows the valid/invalid percentages for each type of abuse or neglect for reports received between May and December 2005. Reports with no identified type of abuse or neglect (unknown, missing, or other) were almost always invalid (96 percent). Few of them would have met the definition of abuse or neglect. For complaints with an identified type of abuse or neglect, the percentage that was invalid, in descending order, was: emotional abuse (49 percent), sexual abuse (38 percent), physical neglect (33 percent), physical abuse (31 percent), and medical neglect (29 percent).

**Table 5: Percent of Valid and Invalid Reports for Each Type of Abuse or Neglect**

<b>Type of Abuse or Neglect</b>	<b>Percent Valid</b>	<b>Percent Invalid</b>	<b>Number of Reports</b>
No Identified Type	4%	96%	7446
Emotional Abuse	51%	49%	789
Sexual Abuse	62%	38%	996
Physical Neglect	67%	33%	4862
Physical Abuse	69%	31%	2997
Medical Neglect	71%	29%	348

Source: OASIS, All Referrals, May through December 2005

One factor that appears to be related to the local agency screen-out rate is agency size. Data from the SFY2005 Referrals and Findings Report showed that agencies that received more than 500 complaints a year had a screen-out rate of 47 percent, compared to 31 percent in agencies that received fewer than 500 complaints.

Complaints of abuse or neglect may be found to be invalid because they do not meet all four of the validity criteria or for other reasons, including inadequate information, i.e., the caller providing insufficient information to identify the child or caretaker or to determine validity, or the agency had already received a report on the same matter so the complaint was a duplicate, or other reasons not specified.

Examples of complaints that do not meet the criteria are given below. These examples are taken from invalid complaints that were reviewed as part of this study.

1. Age: a complaint about a fight between a father and his 19 year old son. (A 19 year old is not a minor.)
2. Caretaker: a complaint alleging a child was offered drugs by another child in the neighborhood. (The child who offered drugs was not a caretaker of the other child.)
3. Jurisdiction: a complaint was made about alleged abuse that occurred in another state. (There is no agency of jurisdiction to accept the complaint in Virginia.)
4. Type of Abuse or Neglect: a complaint that the parents had not enrolled their child in Head Start even though the child is “behind” and does not know his numbers or colors. (Failure to enroll a child in a preschool program is not neglect.)

The reasons the reports in this study were found invalid are shown in Table 6. The most frequent reason reports were screened-out was that the behavior or condition reported did not meet the definition of abuse or neglect (74 percent).<sup>18</sup> Small percentages of the reports failed to meet one of the other validity criteria. A fifth of the reports were invalid for other reasons – inadequate information, duplications, or other unspecified reasons.

**Table 6: Reasons Reports were Invalid**

<b>Reason Report was Invalid</b>	<b>Percent of All Invalid Reports</b>
<i>Did not meet criteria for validity:</i>	
Did meet not definition of abuse or neglect	74%
Alleged abuser was not a caretaker	4%
No agency of jurisdiction	2%
Did not involve a child under the age of 18 at the time of the complaint	<1%
<i>Subtotal</i>	<i>80%</i>
<i>Other reasons:</i>	
Inadequate information	7%
Duplicate referral	6%
Other	7%
<i>Subtotal</i>	<i>20%</i>
<i>Number of Invalid Reports</i>	<i>16,892</i>

Source: OASIS, Referrals Not Accepted as Valid, May through December 2005

<sup>18</sup> Reports that fail to meet the definition of abuse or neglect often fail to meet other criteria as well. In those situations local agencies generally select failure to meet the definition as the reason the report is invalid.



Table 7 shows the reasons that invalid complaints *with* an identified type of abuse or neglect were found invalid. With the exception of sexual abuse, there is a similar pattern for all types of abuse or neglect. A large majority were invalidated because they did not meet the definition of abuse or neglect. In those instances, the worker was able to categorize the type of abuse or neglect alleged, but the agency determined that it did not fit the definition. An example from the case reviews was a father coming to the local agency with pictures of his former wife's house and alleging neglect of the children based on her inadequate housekeeping. Neither the pictures nor the man's description of the situation suggested any health or safety hazard to the children, so the complaint did not meet the definition of neglect. Small percentages of reports failed to meet one of the other validity criteria -- caretaker, jurisdiction, or age, and from 17 to 30 percent were invalid because there was inadequate information to validate them, or they were duplicates, or for other reasons.

The reasons reports of sexual abuse were found to be invalid were somewhat different from the general pattern. Only 42 percent of sexual abuse complaints did not meet the definition, compared to 66 to 81 percent for other types of abuse or neglect. More than a fifth of sexual abuse complaints (22 percent) were invalid because the alleged abuser was not a caretaker. Those were situations in which the conduct alleged, if true, constituted sexual abuse, but the perpetrator was not a caretaker. An example from the case reviews was a child reporting that she went on a scooter ride with a man who touched her genital area. The man was not a caretaker, and thus it was not a valid CPS referral, but the local agency contacted the sheriff's office for follow up by law enforcement.

**Table 7: Reasons Reports with a Specified Type of Abuse or Neglect were Invalid**

<b>Reason Report was Invalid</b>	<b>Physical Abuse</b>	<b>Physical Neglect</b>	<b>Medical Neglect</b>	<b>Sexual Abuse</b>	<b>Emotional Abuse</b>	<b>Total</b>
<i>Did not meet criteria for validity:</i>						
Did meet not definition of abuse or neglect	71%	69%	66%	42%	81%	68%
Alleged abuser not a caretaker	2%	1%	0%	22%	<1%	4%
No agency of jurisdiction	2%	2%	4%	5%	2%	2%
Did not involve a child under the age of 18 at the time of the complaint	1%	<1%	<1%	1%	<1%	<1%
<i>Other reasons (Inadequate information, duplicate referral, or other reasons)</i>	24%	28%	30%	30%	17%	26%
<i>Number of Invalid Reports</i>	2997	4862	348	996	789	9446*

Source: OASIS, Referrals Not Accepted as Valid, May through December 2005

\* The total number of referrals (9446) is less than the total for the five types of abuse or neglect because a referral could have more than one type of abuse or neglect alleged and would therefore be counted in two categories.

There were some regional differences in the percentage of invalid reports (Table 8). The Northern Service area had the highest percentage (54 percent), followed by the Eastern Service

Area (45 percent), and the Western Service Area (39 percent). These differences may be related to differences in agency size. As discussed above, larger agencies tend to have a higher screen-out rate, and those agencies are found most often in the Northern Service Area and least often in the Western Service Area.

**Table 8: Percent of Valid and Invalid Reports by Service Area**

<b>Service Area</b>	<b>Percent Valid</b>	<b>Percent Invalid</b>	<b>Number of Reports</b>
Northern Service Area	46%	54%	17,384
Eastern Service Area	55%	45%	9,322
Western Service Area	61%	39%	8,620
<i>Number of Reports</i>	<i>18,434</i>	<i>16,892</i>	<i>35,326</i>

Source: OASIS, All Referrals Received May through December 2005

### **Local Agencies with High, Medium, and Low Screen-Out Rates**

Based on all referrals received in SFY2005, agencies were categorized into three groups, those with high, medium, or low screen-out rates. Because the screen-out rate in agencies with comparatively few referrals could be influenced by the nature of the particular referrals received in a given year, only the 104 agencies that had at least 50 referrals were included in one of the three groups. Agencies with less than 30 percent invalid reports were classified as low, agencies with 30 to 49 percent as medium, and agencies with 50 percent or more as high (Table 9).<sup>19</sup>

**Table 9: Characteristics of Local Agency Screen-Out Groups**

	<b>Screen-Out Group</b>		
	<b><i>High</i></b>	<b><i>Medium</i></b>	<b><i>Low</i></b>
Number of Local Agencies	18	44	42
Percent of Referrals Screened Out	50 % or more	30 – 49%	Less than 30%
Mean Screen-out rate for Agencies in Each Group	60%	41%	16%

Source: SFY2005 Referrals and Findings Report

For each type of abuse or neglect, there was a clear pattern in which agencies with a high overall screen-out rate were much more likely to invalidate complaints than were agencies with a low screen-out rate (Table 10). For instance, the screen-out rate for complaints of physical abuse was almost three times higher among agencies with a high screen-out rate (44 percent) than among agencies with a low rate (16 percent). Agencies with a medium screen-out rate invalidated 25 percent of such complaints. This pattern is even found in reports with no specific

<sup>19</sup> While the mean statewide screen-out rate for all referrals was 44 percent in SFY2005, the median screen-out rate of the individual local agencies was 34 percent among the 104 agencies in the three screen-out groups. This difference is due to the fact that the mean rate was influenced by the relatively high screen-out rates of a number of large agencies that receive many complaints. Both the mean and the median rates were considered in setting the criteria for the three groups.

type of abuse or neglect. Agencies with high and medium screen-out rates invalidated 97 percent of those complaints, compared to 79 percent in agencies with a low screen-out rate.

**Table 10: Invalid Percent by Type of Abuse or Neglect and Screen-Out Group**

Type of Abuse or Neglect	Percent of Reports Screened Out		
	Screen-Out Group		
	<i>High</i>	<i>Medium</i>	<i>Low</i>
No Identified Type	97%	97%	79%
Emotional Abuse	67%	46%	18%
Physical Neglect	50%	26%	18%
Sexual Abuse	48%	34%	25%
Medical Neglect	45%	26%	18%
Physical Abuse	44%	25%	16%

Source: OASIS, All Referrals Received May through December 2005

There are three possible explanations for this pattern:

- Agencies in the three groups may apply the validity criteria differently.
- The apparent differences may be due to differing data entry practices and reflect that fact that some agencies enter all their invalid complaints into OASIS while others do not.
- There may be substantive differences in the complaints received by agencies in each group that cannot be identified in the OASIS data analyzed here.

### ***Case Reviews of Invalid Reports***

Case reviews are helpful in understanding the operations of the CPS system because there are many details not captured by the statistical data. The case reviewer can see other OASIS screens that provided a fuller picture of the details of the complaint and the way the agency responded. The reviewer also provides additional information about local agency practices and performance by responding to questions asking her to apply her judgment as an experienced CPS supervisor.

The case reviewer recorded information about the complaint, indicated whether she agreed that the complaint was invalid and the reason for her agreement or disagreement, determined whether there were prior or subsequent complaints for the same family, and determined whether the local agency appeared to have taken any other action regarding the invalid complaint such as referring the family for possible services.

One issue that arises in case reviews is the quality of the documentation. The reviewer is dependent on whatever information the worker entered into OASIS. For each invalid referral, the reviewer indicated whether the documentation was sufficient to show clearly why the agency determined it was invalid. She found that documentation was satisfactory in 68 percent of the referrals. It was somewhat inadequate in 20 percent but still allowed her to understand fairly well the nature of the complaint and the agency's decision on validity. Documentation was insufficient in 12 percent and made it difficult to evaluate the accuracy of the validity decision.

The case reviewer examined 440 invalid referrals received by 24 local agencies in 2005. Several criteria guided the selection of agencies for review. First, since a key reason for studying invalid referrals was the wide difference among local departments in the percentage of invalid complaints, local agencies were selected with high, medium and low screen-out rates.<sup>20</sup> Particular emphasis was placed on reviewing reports from agencies with a high invalid rate to see whether those agencies might be invalidating reports that should have been accepted. Agencies were chosen from all parts of the state with an attempt made to select two or more adjacent or nearby agencies with different screen-out rates. Small, medium, and large agencies were included in the review. Most of the referrals reviewed were from the summer and fall of 2005 to ensure that the referrals were not purged from OASIS before the reviewer could examine the information.<sup>21</sup> Table 11 shows the number of agencies and the number of percent of reviews from local agencies in each screen-out group.<sup>22</sup>

**Table 11: Number of Agencies and Reviews by Screen-Out Group**

<b>Screen-Out Group</b>	<b>Number of Agencies</b>	<b>Number of Reviews</b>	<b>Percent of Reviews</b>
High	8	216	49%
Medium	8	113	26%
Low	8	111	25%
<i>Total</i>	<i>24</i>	<i>440</i>	<i>100%</i>

Source: Case Review Database

### **Characteristics of Invalid Referrals Reviewed**

In selecting complaints for review, those that were invalid because it was the wrong jurisdiction, a duplicate referral, or did not involve a minor were excluded. A key question for

<sup>20</sup> See Table 9 for information on these groupings.

<sup>21</sup> In some small agencies, a few referrals were selected from earlier months to provide enough cases for the reviewer to examine.

<sup>22</sup> Responses to the local agency survey suggest that some of the variation in screen-out rates is due to differences in data entry practices. It was not possible to assess the effect of data entry on screen-out rates in the agencies in the case reviews because only 11 of the 24 agencies responded to the survey. The responses that were received do suggest that some of the difference may be due data entry. Ten agencies answered the questions about data entry. The five high and three medium screen-out rate agencies all said they enter all invalid complaints into OASIS. The two low screen-out rate agencies that responded said they do not enter all invalid complaints.

the review was whether local agencies are making correct decisions about validity, and decisions regarding jurisdiction, duplicates, and age would generally be clear and not require much judgment. The reviews focus on complaints that were screened out for other reasons.

The reasons local agencies invalidated the reviewed referrals were similar to the reasons for all 2005 invalid referrals discussed above. Over three-quarters (78 percent) were invalid because they did not meet the definition of abuse or neglect. In three percent, the alleged abuser was not a caretaker. Information was inadequate in nine percent and there were unspecified “other” reasons in ten percent of the complaints reviewed.

**Table 12: Reasons Reviewed Complaints were Invalid**

<b>Reason Report was Invalid</b>	<b>Percent of Reviewed Complaints</b>
Did meet not definition of abuse or neglect	78%
Alleged abuser was not a caretaker	3%
Inadequate information	9%
Other	10%
<i>Number of Reviewed Complaints</i>	<i>440</i>

Source: Case Review Database

Table 13 shows that for all types of reports, except sexual abuse, failure to meet the definition of abuse or neglect accounted for the large majority of validity decisions. In sexual abuse complaints, only 41 percent failed to meet the definition while 31 percent were invalid because the alleged perpetrator was not a caretaker. As discussed earlier, in a substantial number sexual abuse complaints, the person committing the sexual abuse was not a caretaker.

**Table 13: Reasons Reports with a Specified Type of Abuse or Neglect were Invalid**

<b>Reason Report was Invalid</b>	<b>Physical Abuse</b>	<b>Physical Neglect</b>	<b>Medical Neglect</b>	<b>Sexual Abuse</b>	<b>Emotional Abuse</b>	<b>No Identified Type</b>
Did meet not definition of abuse or neglect	84%	79%	70%	41%	82%	80%
Alleged abuser not a caretaker	0%	1%	0%	31%	0%	4%
Inadequate information	6%	11%	20%	10%	9%	8%
Other	10%	10%	10%	17%	9%	8%
<i>Number of Reviewed Complaints*</i>	<i>107</i>	<i>185</i>	<i>10</i>	<i>29</i>	<i>22</i>	<i>99</i>

Source: Case Review Database

\* The total number of reviewed complaints in this table exceeds 440 because reports with more than one type of abuse or neglect are counted in all appropriate columns.

One of the key purposes of the reviews was to have the case reviewer apply her judgment as an experienced CPS supervisor. For each complaint reviewed, she was asked whether she agreed with the agency’s decision to invalidate. She agreed with the decision in 63 percent of the cases. She disagreed with 15 percent and believed the complaint was valid. In 15 percent,

she could not make a definite decision on validity because the situation was unclear, perhaps requiring more information in order to assess the correctness of the local agency decision. In eight percent of the complaints, the documentation was insufficient and she could not draw a conclusion about validity.

**Table 14: Case Reviewer's Evaluation of Agency's Decision that Complaint was Invalid**

<b>Reviewer's Evaluation of Agency Decision</b>	<b>Percent of Reviewed Complaints</b>
Agreed with agency decision	63%
Disagreed with agency decision	15%
Unsure, unclear situation	15%
Insufficient documentation	8%
<i>Number of Reviewed Complaints</i>	<i>440</i>

Source: Case Review Database

Below are some examples of each of these evaluations by the reviewer.

*Agreed with agency decision:*

- An observer in a beauty shop reported that 10 year old girl was getting her hair straightened every week by her stepmother at the shop. The caller said she saw the child tense her shoulders as though she was in pain when the stepmother pulled her hair down as she worked the hair product into the child's hair. The child did not cry or say anything. The reviewer agreed that this complaint was invalid as it did not meet the definition of abuse.
- A neighbor complained about loud music and young men congregating on the front lawn and also said the mother did not take "proper care" of the infant. The reviewer agreed that the complaint was invalid because there were no specific allegations that would meet the definition of abuse or neglect.
- A five year old initiated sexual behavior with a seven year old. The reviewer agreed that this was an invalid complaint because a five year old cannot be a caretaker.

*Unsure, unclear situation:*

- A school employee reported that a seven year old was dirty and that she had heard that a 13 year old brother had his leg broken by the stepfather. The reviewer considered this situation unclear as to validity. While there was no specific information about the child's "dirty" condition and the physical abuse allegation was second hand, making validity questionable, she believed the agency should have called the school to obtain more specific information before deciding to invalidate the complaint.

- A neighbor said she had lived in the neighborhood for a month and that several children from a neighboring household had been begging for food two or three days each week, saying that they did not have food at home. The neighbor also said the children appeared to be in good physical health. The reviewer noted that lack of food would meet the definition of physical neglect, but since the children appeared healthy, it was difficult to know whether their begging was really due to lack of food or possibly due to other reasons. The record indicated that the CPS supervisor had requested follow-up through family services and a referral to a local food bank.

*Disagreed with agency decision:*

- A father of three young children, ages 7, 5, and 1, reportedly breaks furniture and the children's toys, verbally abuses them, says he will shoot their dog and shoot them. The reviewer believed the complaint should have been validated. The reason given for making it invalid was that the alleged abuser was not a caretaker, but a parent is always a caretaker. The father's behavior suggested the children were at risk.
- An anonymous caller reported that a home was filthy, with trash, clothing, rotten food, and animal feces everywhere. The reviewer disagreed with the agency decision. The presence of animal feces and rotten food clearly fits the definition of neglect.
- School personnel reported that a grandfather had come to register the grandchildren for school and said that the mother had abandoned them. She dropped them off at the grandfather's and left town. The reviewer felt this was a valid complaint of abandonment, but since the mother was gone, the local agency decided to offer preventive services to the grandfather rather than pursue the CPS case with the absent mother.

*Insufficient documentation:*

- A school principal called to say that a 12 year old had bruises on his chest and back. He had been crying and complaining of his chest hurting him. The reviewer said there was no documentation showing that the child had been asked about the cause of the injuries and whether that explanation, if any, was credible. Without that information, it was not possible to evaluate the local agency decision.
- A mother had reported to the police, who then contacted CPS, that her 10 year old son was sexually abused by his stepbrother. The local agency invalidated the case on the basis of the perpetrator not being a caretaker. The case reviewer said that while she assumed the agency had information to back that determination, there was no information in the record about the age of the

stepbrother or the circumstances of the abuse that would allow an independent judgment of the validity.

### Comparisons of Agencies with Differing Screen-out Rates

A key reason for looking at invalid complaints from agencies with differing percentages of invalid complaints was to see whether agencies with a high proportion of screened out reports might be failing to accept complaints they should have pursued (Table 15). The reviewer agreed with the decision in 64 percent of complaints in the high screen-out group, 56 percent in the medium group, and 67 percent in the low group. She disagreed with 14 percent of decisions by in the high screen-out group, 20 percent in the medium group, and 11 percent in the low group. The important finding in these data is that the reviewer found that the accuracy of validity decisions by agencies with high, medium and low screen-out rates was very similar.<sup>23</sup>

**Table 15: Reviewer’s Evaluation of Validity Decision in Agencies with Different Screen-Out Rates**

Reviewer’s Evaluation of Agency Decision	Screen-Out Group			
	<i>High</i>	<i>Medium</i>	<i>Low</i>	<i>All</i>
Agreed with agency decision	64%	56%	67%	63%
Unsure, unclear situation	15%	15%	16%	15%
Disagreed with agency decision	14%	20%	11%	15%
Not enough information to tell	7%	9%	6%	8%
<i>Number of Reviewed Complaints</i>	<i>219</i>	<i>70</i>	<i>151</i>	<i>440</i>

Source: Case Review Database

The case reviewer checked OASIS to see whether the families in invalid complaints were the subject of other CPS complaints, either before or after the invalid complaint under review. Twenty-six percent of the families had earlier referrals, some of which were valid and some invalid. Some of the families had open service cases and were being served by the local agency at the time the invalid report was received. The number of families with prior complaints could actually be higher because, depending on the validity of the prior complaint, its disposition if valid, and the length of time elapsed, the information could have been purged from OASIS. The percentage of families with an earlier complaint was similar in the three groups of agencies, 27 percent in the high invalid group, 29 percent in the medium invalid group, and 23 percent in the low invalid group.

In the nine to twelve months between receipt of the invalid complaints and the time the reviewer examined the OASIS files, 13 percent of the families had a later CPS complaint. There

<sup>23</sup> The reviewer disagreed with a higher percentage of decisions in some individual local agencies, but that was true for agencies in all three groups, not just those with a high screen-out rate. Because only a small number of complaints from most agencies were reviewed, no conclusions could be reached about the validity decisions of individual agencies.



was no later complaint for 80 percent of the families. For seven percent, the reviewer could not tell whether there was another complaint, primarily because the personal information on the family was not specific enough for a search.

Some of the characteristics of the first later complaint are shown in Table 16. Thirty percent of these later complaints were invalid. Nine percent were founded investigations and five percent unfounded investigations. One third of these complaints resulted in a family assessment where it was determined that services were needed to treat or prevent abuse or neglect, and 19 percent were family assessments in which no service needs were identified.

**Table 16: Characteristics of First Later Complaint**

	<b>Percent of Complaints</b>
<b><i>Disposition of First Later Complaint</i></b>	
Invalid	30%
Founded Investigation	9%
Unfounded Investigation	5%
Family Assessment with Child Abuse/Neglect Needs	33%
Family Assessment without Child Abuse/Neglect Needs	19%
Unknown	4%
<b><i>Was Allegation Similar to that in Reviewed Complaint?</i></b>	
Yes	30%
Somewhat	35%
No	33%
Unknown	2%
<b><i>Was the Abuser(s) the Same as in the Reviewed Complaint?</i></b>	
Yes	65%
Same abuser, different allegation	9%
No	25%
Unknown	2%
<b><i>Number of Later Complaints</i></b>	<b>57</b>

Source: Case Review Database

In two-thirds of the later complaints the allegations were similar (30 percent) or similar in part (35 percent) to the allegation in the reviewed invalid referral. A third of the complaints were for a different allegation. Two-thirds of the later complaints involved the same alleged abuser(s) and in another nine percent they were partially the same. A quarter of the complaints were on a different alleged abuser than in the reviewed referral. These data suggest that when families with invalid complaints return to the CPS system, the problems are often similar to those that were contained in the earlier invalid report.

Even when a complaint is invalid, the local agency may take some kind of action to assist the family. Agency action could take the form of contacting the family to offer assistance or a referral to other agencies, providing information to the caller that might be helpful, or contacting another public agency, such as law enforcement, for further action. The case reviewer found such follow up documented in 13 percent of the cases reviewed. In other instances, she noted

comments in OASIS indicating plans to follow up, but could not determine whether action had been taken. Some examples were:

- The local agency's crisis intervention services helped pay an outstanding electric bill so that a family would have power again. (The complaint was for neglect based on the power being cut off.)
- The local agency provided a referral to domestic violence services. (In the invalid complaint, the school reported the child had said the father threatened the mother and was violent with her.)
- The local agency referred a 17 year old girl for counseling services. (In the invalid complaint, an older sibling reported that her sister was developing psychiatric problems because of emotional abuse by the father, who had abused the older girl until she moved out. The reviewer believed this complaint should have been accepted as valid.)
- In an example cited earlier, a referral was made to law enforcement when a girl who was on a scooter ride with a man was touched sexually but the perpetrator was not a caretaker.

### ***Survey of Local Agencies***

In order to learn more about the validity issues, the Department asked CPS coordinators in all local departments of social services to respond to a web-based survey about local practices. Sixty-eight of the 120 departments responded. This section reports key survey results and focuses, in particular, on factors that may explain the wide variety of screen-out rates in local agencies.

Fifty-three of the agencies that responded to the survey met the criteria for being put into one of the three screen-out groups, that is, agencies with high, medium, or low screen-out rates. Their answers to a number of survey questions suggest some of the reasons for the variation in invalid rates. Due to the small number of responding agencies in each of the three groups, the differences are not generally statistically significant but are presented as evidence of a range of agency practices that affect the official screen-out rate. Some agencies did not finish the survey, so the number of responses varies with the question.

### **Data Entry Practices**

As discussed above, whether the differences in the validity rates of local agencies as calculated from OASIS reflect actual differences depends on whether all agencies enter all complaints into OASIS. Sixty-three agencies responded to questions about data entry practices.

Of those responding, two-thirds said they do enter all complaints and one-third said they do not (Table 17). The agencies that enter all invalid reports had a higher invalid rate (42 percent) than the agencies that do not (32 percent).

**Table 17: Data Entry by Local Agencies**

<b>Data Entry Practices</b>	<b>Percent of Responses</b>	<b>Mean Screen-Out Rate</b>
Enter all invalid complaints into OASIS	67%	42%
Do not enter all invalid complaints into OASIS	33%	32%
<i>Number of Local Agencies</i>	<i>63</i>	

Source: Survey of Local Agencies and SFY2005 Referrals and Findings Report

The survey asked respondents to describe the situations and reasons why their agency does not enter complaints. Responses included problems connected to workload issues, not entering complaints that were obviously invalid, and not entering complaints that were referred for services. Some illustrative comments were:

*[We do not enter] when there are time constraints and the call is clearly not valid.*

*When the information is general, non specific and does not justify the time and effort required to enter it into OASIS.*

*[We do not enter] when the situation is referred for prevention services.*

Another perspective was provided by one CPS coordinator questioning the appropriateness of current policy on entering invalid complaints.

*We enter them, but under STRONG OBJECTION!! I feel it is a violation of privacy laws to enter identifying information about people into a state wide data base when no valid report has been received. That information is then held for a year, without their knowledge.*

Table 18 shows a substantial difference in data entry practices among agencies with high, medium, and low screen-out rates. Agencies with a high or medium percentage of invalid complaints were much more likely to enter all their complaints into OASIS (81 and 75 percent, respectively) than were agencies with a low percentage of invalid complaints (42 percent). If an agency does not enter all invalid complaints into OASIS, its screen-out rate obviously will be lower than if it entered all complaints.

**Table 18: Data Entry by Local Agencies in Each Screen-Out Group**

	Screen-Out Group		
	<i>High</i>	<i>Medium</i>	<i>Low</i>
Enter all invalid complaints into OASIS	81%	75%	42%
Do not enter all invalid complaints into OASIS	25%	25%	58%
<i>Number of Local Agencies</i>	<i>16</i>	<i>20</i>	<i>12</i>

Source: Survey of Local Agencies

Differences in the screen-out rates of the three groups of agencies do not derive solely from data entry practices, however. Other agency practices also appear to contribute to these differences and they are discussed below.

### Local Practices Affecting Screen-Out Rates

The survey asked two questions about data gathering connected with the validity decision. Those questions were:

*Assuming the caretaker is not the complainant, does the agency sometimes interview the CARETAKER in order to obtain sufficient information to make a validity decision?*

*Assuming the child is not the complainant does the agency sometimes interview the CHILD in order to obtain sufficient information to make a validity decision?*

Forty percent of all responding agencies sometimes contact the caretaker, and 29 percent sometimes contact the child before making a validity decision (Table 19). Agencies with a high screen-out rate were much more likely than others to make these contacts. Fifty-three percent of agencies in the high, 27 percent in the medium, and 36 percent in the low screen-out group sometimes contacted the caretaker. Similarly, 41 percent of the high, but only nine percent of the medium and 21 percent of the low screen-out group agencies, sometimes contacted the child. In other words, agencies with a high screen-out rate were more likely than others to obtain additional information before making a validity decision. It seems likely that the additional information resulted in more complaints being screened out.

**Table 19: Contact Practices of Local Agencies in each Screen-Out Group**

	All Respondents	Screen-Out Group		
		<i>High</i>	<i>Medium</i>	<i>Low</i>
Sometimes contact the caretaker	40%	53%	27%	36%
Sometimes contact the child	29%	41%	9%	21%
<i>Number of Agencies</i>	<i>68</i>	<i>17</i>	<i>22</i>	<i>14</i>

Source: Survey of Local Agencies

Explanations concerning why these contacts are made emphasize the desire to obtain more specific information to ensure a correct validity decision. Comments on contacting the caretaker included:

*We had a report of a child with 'cigarette burns' that was reported to us - the child had ringworm and had already been seen by a physician and diagnosed and was on treatment! A quick check with the parent and confirmation by the doctor revealed an invalid report.*

*We may do this in situations where the information we have is vague regarding ages of children, where the child resides, or if there is confusion on who is the alleged abuser. In addition, if the caretaker is not the alleged abuser, we may call to get additional information about the abuse/neglect allegations.*

*Decisions about who was caring for child, and where incident occurred. We live on NC border and some reports occurred in another state.*

Examples of situations in which the child was contacted included:

*...ONLY with parental consent because if you talk to that child without parental consent you are outside of policy! There have been times that we have had something that sounded iffy and we asked the parent if we could speak to the child to clarify the facts. If we speak to a child w/o parental consent, we MUST proceed as if the report was valid. Usually if we ask consent to speak to a child, these are cases where the parent of whom we ask consent is NOT the alleged abuser.*

*Usually custody or visitation situations between parents. A lot of times the parent will bring the child into the office if we feel validity is in question so that we can get a complete picture of the alleged A/N situation.*

CPS policy does not permit the CPS worker to talk to a child without parental consent unless the complaint has been determined to be valid. There appear to be some agencies that do not always comply with this policy. Additional training and technical assistance will be given to those local agencies that do not comply with this policy.

The survey asked five specific questions about screening practices. Responses to these questions provide further understanding of differences in screen-out rates. The first question asked how often the agency takes potentially valid referrals as “prevention” cases and offer services rather than putting the complaint in the CPS system (Table 20).

**Table 20: Local Agency Takes CPS Complaints as Prevention Cases**

Frequency	All Respondents	Screen-Out Group		
		<i>High</i>	<i>Medium</i>	<i>Low</i>
Often or Occasionally	22%	24%	18%	23%
Rarely or never	78%	76%	82%	77%
<i>Number of Local Agencies</i>	<i>67</i>	<i>17</i>	<i>22</i>	<i>13</i>

Source: Survey of Local Agencies

Among all agencies responding to the survey, 22 percent often or occasionally took potentially valid complaints as prevention cases, and 78 percent rarely or never did. Agencies in the three groups did not differ much from each other in their answers to this question so it does not appear that this practice contributes to the variation in screen-out rates.

The second question on screening practices asked how often the agency invalidated a potentially valid but minor complaint due to a need to concentrate on complaints with greater safety issues. Such screening rarely occurs in most agencies – only nine percent said they often or occasionally engage in this kind of triage (Table 21). However, 18 percent of agencies with a high screen-out rate report often or occasionally invalidating complaints for this reason, compared to nine percent of agencies with a medium and none of the agencies with a low screen-out rate. Agencies with a low screen-out rate answered much more often than others that they never screen out minor complaints, 85 percent compared to 59 percent of medium and 41 percent of high screen-out agencies.

**Table 21: Local Agency Screens Out Minor Complaints**

Frequency	All Respondents	Screen-Out Group		
		<i>High</i>	<i>Medium</i>	<i>Low</i>
Often or Occasionally	9%	18%	9%	0%
Rarely	33%	41%	32%	15%
Never	58%	41%	59%	85%
<i>Number of Local Agencies</i>	<i>67</i>	<i>17</i>	<i>22</i>	<i>13</i>

Source: Survey of Local Agencies

Two questions dealt with use of information from prior complaints to inform validity decisions. The first question focused on the issue of custody battles or neighborhood or family feuds where the complainant may be motivated primarily by a desire to make trouble for the family or enhance his or her own position in a dispute. The survey asked how often the agency decides

*NOT to validate a complaint that, on its surface appears valid, but where there is a history of frequent complaints for this family resulting from custody disputes, feuding neighbors, etc., AND earlier investigations or assessments have not revealed any abuse or neglect issues.*

The practice of screening out complaints with this kind of history was much more common in agencies with high screen-out rates than in the others. Forty-one percent of those agencies often or occasionally screened out these situations, compared to 18 percent in the medium and eight percent in the low screen-out group (Table 22). Only 12 percent of agencies in the high group never used this kind of history as a basis of invalidating a complaint compared to 46 percent in the medium and 54 percent in the low group.

**Table 22: Local Agency Screens Out Complaints Based on Prior History and Issues of Custody, Feuds, etc.**

Frequency	All Respondents	Screen-Out Group		
		High	Medium	Low
Often or occasionally	27%	41%	18%	8%
Rarely	33%	47%	36%	39%
Never*	40%	12%	46%	54%
<i>Number of Local Agencies</i>	67	17	22	13

Source: Survey of Local Agencies

\*Includes a few agencies that said they had no experience with this issue.

The second question about use of information from prior complaints focused on situations where the local agency has worked with the family but has not seen results from those earlier interventions and there is no safety issue or concern.

*When a family has had multiple prior complaints, repeated interventions have not helped, AND there is no serious safety issue, how often does your agency decide not to validate the complaint because of this prior experience with the family?*

The large majority of agencies (85 percent) rarely or never invalidate complaints on the basis of the history described in this question (Table 23). That is also true for agencies in each of the three screen-out groups. Screened-out complaints based on this kind of history do not seem to contribute to differences in agency screen-out rates.

**Table 23: Local Agency Screens Out Complainants Based on Failure of Previous Interventions when No Serious Safety Issue Present**

Frequency	All Respondents	Screen-Out Group		
		High	Medium	Low
Occasionally	15%	18%	18%	15%
Rarely	24%	35%	14%	8%
Never	61%	47%	68%	77%
<i>Number of Local Agencies</i>	67	17	22	13

Source: Survey of Local Agencies

An agency practice that does appear to contribute to the differences in screen-out rates is the judgment made in complaints of physical abuse in which there is no visible injury. CPS policy does not require a visible injury to validate a complaint. Local agencies must evaluate all the referral information to determine if the incident and alleged injury meets the definition of abuse or neglect or the threat of injury. Among the responding agencies as a whole, 40 percent always or usually accept such complaints; 54 percent sometimes do; and six percent rarely or never do. Agencies in the three invalid groups tend to handle these complaints differently. While few say they rarely or never accept such complaints, agencies in the low screen-out group were much more likely to accept them. Sixty-nine percent of agencies in the low group said they always or usually accept these complaints compared to 41 percent in the medium and 24 percent in the high group. These differing practices would clearly contribute to the differences in screen-out rates found among these agencies.

**Table 24: Local Agency Accepts Physical Abuse Complaints with no Visible Injury**

Frequency	All Respondents	Screen-Out Group		
		<i>High</i>	<i>Medium</i>	<i>Low</i>
Always or usually	40%	24%	41%	69%
Sometimes	54%	71%	50%	31%
Rarely or Never	6%	6%	9%	0%
<i>Number of Local Agencies</i>	<i>67</i>	<i>17</i>	<i>22</i>	<i>13</i>

Source: Survey of Local Agencies

Summarizing the findings above, the survey identified a number of local agency practices that contribute to the wide range of screen-out rates found in the OASIS data.

- Local agencies with high or medium screen-out rates more often enter all invalid complaints into OASIS. Other things being equal, agencies that enter all complaints will have higher screen-out rates than agencies that do not.
- Local agencies with high screen-out rates more often contact the family before making the validity decision, presumably leading them to screen out complaints they might otherwise have accepted.
- Local agencies with low screen-out rates are less likely to screen out minor complaints in order to concentrate on complaints with greater safety issues.
- Local agencies with high screen-out rates more often screen out complaints where there is a history of multiple reports on the same family that seem to be generated by custody issues, feuds, etc.
- Local agencies with high or medium invalid rates are more likely to screen out complaints of physical abuse with no visible injury.



## Agency Comments on Validity Issues

The survey asked the local CPS contacts several questions to elicit their explanations and thoughts about validity decisions in their agency and validity issues in general. First they were asked what the most frequent reasons were for their agency finding a complaint to be invalid. The virtually universal response was that invalid complaints do not meet the validity criteria, particularly failure to meet the definition of abuse or neglect. Also mentioned were complaints that are vague or based on second hand information as well as custody disputes.

Comments included:

*Hygiene issues which do not present a risk to the child; head lice; 'dirty houses' which do not present a risk to children. Custody issues where there is no information that puts a child at risk; global information re use of drugs and no specifics.*

*Does not rise to level of abuse/ neglect, no injury observable,... information so vague it cannot be evaluated, e.g. no address, no time frame, children not in schools. Many referrals are about bad parenting, may be abuse soon, but no injury now. The other big category is the about to happen call, about to be hit, etc.*

*The most frequent reason is receiving 3rd hand information. Someone tells someone that a child is being abused or neglected but the complainant is only reporting what others are telling them and they refuse to give us the names and/or contact information of the person who has the 1st hand information.*

*Community standards sometime anticipate a level of care that exceeds State definition of abuse/neglect. While the community automatically defines domestic violence and substance abuse as child abuse/neglect, our policy is more specific. We receive complaints of family dysfunction that do not rise to the level of abuse/neglect.*

The survey also asked about any special factors that influenced the screen-out rate in the agency, particularly if the agency had an especially high or low rate.

Comments from agencies with a high rate included:

*We had a child death a few years ago and that has made our community very sensitive to child welfare issues. We receive lots of calls about concerns, but callers cannot provide concrete information or enough to meet criteria.*

*Staffings conducted with our regional specialists - support our decisions to invalidate complaints Our continued efforts to implement 'best practice' includes a very conscious effort to base each decision on the language located in policy. Conscious decision to give thorough scrutiny of the content of the*

*allegations: we tended to be an agency that took every complaint for fear of negative repercussions. After making contact it became clear that the limited information didn't support a valid complaint as initially suspected.*

*Small community, we may often be involved in a case when receiving additional complaints on the family. By virtue of SW being in the home on initial complaint, we often know that new allegations are not true and therefore, screen out new complaint.*

Comments from agencies with a medium rate included:

*We are stringent about adhering to policy about entering every call in OASIS. I believe that we must be careful about validating only those situations where we have authority to intervene based on the info given by the complainant and not by conjecture or assumption. Child safety is paramount but 'hot dogging' undermines the quality of the program, which in turn would put more children in jeopardy. We need the respect of our community partners to jointly address A/N.*

*We use the OASIS system as a 'case management' system. This means that instead of just writing information down on a piece of paper and filing it for a year, we put it in the system and the system requires that we make a validity decision on that information being provided. Any calls we receive from a mandated reporter are entered into the system. This is done to ensure the protection of the reporter under the mandated reporter statute and to allow my employees to quickly obtain information on previous calls on their families quickly and from their desk.*

Comments from agencies with a low rate included:

*We follow policy very closely; however, when a referral is borderline and could go either way we will err on the side of child safety.*

*We may have ranked below because when we are in doubt, we like to err on the side of caution and assess the matter. We are also a smaller agency compared to some others.*

The survey asked the respondents to share any additional thoughts about validity issues including whether policy is clear, whether more training is needed, and whether they thought consistency across agencies in validity decisions is important.

Comments about policy were varied, some thinking it clear and some believing that certain issues are not clear. Examples were:

*CPS policy is very clear. It puts an agency at risk when people put their own perspective on 'investigating' if a complaint is valid or not. The policy is incomplete. It does not account sufficiently for domestic violence and substance abuse and the underlying factors that we all know are there.*

*Policy [is] clear on validity except for Mental Abuse.*

*Policy needs to address specific scenarios more prevalent in rural settings or city settings including better definitions of poverty related to household maintenance/cleanliness.*

*I would love to see policy clear on the agency of jurisdiction issue as well as some other policy issues... I do believe policy could be written where there was not so many areas left for interpretation between agencies. Another area that families find confusing is 'what age can children be left alone.' When families move between jurisdictions, they are shocked to learn that what they were doing in one area is now under investigation in another area.*

Comments about training included:

*I think each agency has its own philosophy and I think you can basically screen out or validate the same complaint and give logical reasons for either choice. I feel more training is needed on facility complaints. Quite frankly I cannot validate all the [local child facility] complaints or I would need a full time staff to do that alone. Also more training is needed on drug and alcohol involved parents-if children were removed who had drug/alcohol caretakers foster care would collapse.*

*I always think training is a good idea. I'd like a follow up training after CPS New Worker training on validity issues.*

*I would like to see refresher courses offered. Our agency can go months without a complaint before we get a complaint plus our staff is also working in other areas of eligibility or services.*

Comments about consistency and other issues included:

*Having worked in several agencies and in Central office, the validity determination is widely variable. More training might help, but adequate staffing would help more. I get many different answers about the bar for accepting complaints from otherwise competent dedicated social workers; local policy, locally administered board policy makes a difference.*

*Consistency between agencies is important. For example, our court requires us to take any child born substance exposed into custody. Other agencies may work with the family or try to place the child with other family members.*

*Consistency is important throughout the state. I have heard some agencies take everything that is called in. If intake workers could be trained to ask the questions better the supervisor could determine validity.*

*Greater consistency is definitely needed. In our jurisdiction, we share hospitals with many other localities and the difference in screening practices is sometimes a challenging conversation with mandated reporters.*

## **Community Expectations and Reactions**

Some of the comments above referred to community expectations of CPS. The survey asked two questions about community expectations and whether those expectations sometimes influence validity decisions. The first question was:

*Are there certain parental disciplinary practices that might technically meet the criteria for abuse or neglect, but are considered acceptable in your community and, therefore, may NOT be accepted as valid CPS complaints?*

The overwhelming answer to that question was “no.” Only two agencies, both in rural areas, said “yes.” Asked to describe what those practices were, they cited hitting or spanking with a belt or switch that did not result in bruising.

The second question asked about neglect related to poverty:

*When your agency receives a complaint of physical neglect that is primarily due to poverty, is the decision on validity influenced by community expectations about how such complaints should be handled?*

Eight-eight percent of the responses were negative. Even among the agencies that answered “yes,” the explanations were often that the agency would offer services rather than pursue a CPS complaint.

Comments included:

*Due to our locality's high percentage of Section 8 and Government Housing, we get a lot of complaints re food and housing concerns, particularly toward the end of the month. Some of the housing is in very poor condition but the community expects CPS to hold the family accountable for the poor condition even though the family's hands are often tied.*

*If we are called by the sheriff's dept, we might initiate a family assessment to offer services (i.e., dirty home, dirty child.) The schools also have a hard time with this one and try to pressure us to intervene.*

*Physical neglect due to poverty we probably do not take as a valid complaint but rather... as a family services case if family is willing to address the need.*

*The agency would sometimes take the referral as a preventive case and provide services and make referrals to community resources.*

*The decision on validity is not influenced by community expectations, but when DSS does not meet the community's expectations (especially the expectations of mandated reporters) the decisions made by DSS sometimes strain relationships with other community agencies which in turn, makes CPS workers feel defensive. This may influence the agency to be more cautious when determining validity.*

The survey asked about the typical opinion in the local community concerning CPS and whether local opinion is more often critical because complaints are accepted that the community thinks *should not* be pursued by CPS or because complaints are rejected that the community believes *should* be pursued.

Only one agency reported that the typical community response is to criticize CPS for accepting complaints that community members believe should not be pursued. Otherwise, reports of community response were divided almost evenly between those who said that CPS is criticized for not accepting complaints and those who said community comment was mixed, that they receive criticism both about accepting and about rejecting complaints.

**Table 25: Community Response to CPS**

Community Response	All Respondents	Screen-Out Group		
		High	Medium	Low
Critical for accepting complaints	2%	0%	5%	0%
Critical for NOT accepting complaints	50%	69%	37%	25%
Mixed	48%	31%	58%	75%
<i>Number of Local Agencies *</i>	<i>56</i>	<i>13</i>	<i>19</i>	<i>12</i>

Source: Survey of Local Agencies

\* Excludes respondents who said they do not hear from the community.

There were clear differences in community response to agencies in the three screen-out groups. Agencies with a high percent of invalid complaints were much more likely to be criticized for rejecting complaints than were agencies in the medium and low groups. Sixty-nine percent of agencies in the high group reported that such criticism was predominant, compared to 37 percent in the medium and 25 percent in the low group. Community response tended to be mixed in the medium and low groups.

Examples of criticism because CPS does not intervene included:

*Community believes that if we do not remove children, then we haven't responded correctly. Community, which is very conservative, also believes that we should investigate if children are having problems within the school system, if home is not up to community standards, head lice, if parents are known to associate with drug dealers or other 'undesirable' people, etc.*

*Expectation of Probation Officers is that all delinquent acts are result of inadequate supervision and should be investigated. School system pressuring to place children that are difficult to educate or see 'minor' abuse incidents as a need for the children to be removed, less family systems focused. City Administrators advising they want DSS 'looking in' on situations that are borderline CPS. More complaints this supervisor has handled is the fact that we did not act instead of acting too much.*

*Someone calls in concern that caretakers are alcoholic/drug users but have no specific instances of abuse/neglect, caller wants CPS to make parents stop using and straighten up and fly right, so to speak. I find the community thinks we can just 'make' people behave and be good parents....*

*The community is not just critical about a complaint not being accepted, they are also critical about how complaints are handled even if they are accepted (e.g., not doing an ERO [Emergency Removal Order] because a child has a bruise.)*

Comments from respondents who reported mixed community sentiment included:

*If the allegation is high profile enough (in the media or an undesirable family) then CPS is blamed for not intervening sooner. If the allegation is against a family member of a prominent person, then CPS (aka STATE) is meddlesome and intrudes into the role of parent.*

*If we take a complaint, some feel we are invading family business and others feel we do not do enough.*

*Mandated reporters primarily in the schools, feel more reports should be validated.*

*At times schools and court services feel that we do not intervene soon enough; conservative church groups/homeschoolers believe we are too intrusive. Overall however, this is not a big problem for us and we usually have great relationships with court, community agencies and medical/mental health professionals.*

*We seldom hear from the community in general regarding CPS reports; however, on individual cases we receive complaints because we are intervening and also because we haven't intervened in a manner they think we should. Callers often*

*complain that they have called repeatedly and DSS hasn't done anything about the situation. Other times people complain because they think we should somehow know that the report is a lie.*

### **Follow-Up on Invalid Reports**

A final issue in the survey was what local agencies typically do with calls that are invalid but that possibly involved a child welfare issue. Agencies were asked whether they make a referral to their prevention or family services unit, make a referral elsewhere in the agency as appropriate such as benefit programs or child care, make a referral to another agency in the community such as the local health department or a charity group, or simply invalidate and do not make any referral. Only one agency indicated that they simply invalidate the complaint. All the others made various types of referrals.

Sixty-three percent of the agencies said they refer such calls to their prevention or family services unit (Table 26). Some that did not give that response commented that they do not have a separate unit but that the CPS worker or another social worker in the agency would follow-up if appropriate. Eighty-four percent said they refer to benefit programs or other agency programs or services if appropriate. Eighty-one percent said they would refer to a community agency either to provide services or to look more fully into the situation, such as a referral to law enforcement or a school counselor.

**Table 26: Local Agency Follow-up on Invalid Complaints with Possible Child Welfare Issue**

<b>Follow-up Actions</b>	<b>All Respondents</b>
Refer to prevention or family services unit	63%
Refer to benefit programs or other services	84%
Refer to outside agency	81%
Invalidate only and do not refer	2%
<i>Number of Local Agencies</i>	68

Source: Survey of Local Agencies

Comments about the efficacy of referrals to family services or prevention included:

*We find that working with the family to alleviate the problem through family services is a far better approach when dealing with complaints that do not put the safety of the children at risk. The family becomes more acceptable of services. Of course any complaint involving death, involvement of the police, substance exposed infant, abandonment, and all serious complaints are taken as CPS.*

*We have found that minor CPS complaints can be handled far better with better outcome through Family Services. Technically you could make every complaint A CPS, but families are more receptive to services if you approach the situation from a holistic view.*

## Summary and Conclusion

DRS outcomes reported this year are very similar to those reported last year. The previously reported trend toward placing more complaints in the family assessment track each year did not continue. Instead, DRS seems to have entered a period of stability. About two-thirds of referrals in the state as a whole were placed in the family assessment track. There continues to be wide variation in track assignment in individual agencies, however, 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. 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 initial exploratory study of invalid complaints included in this year's report showed wide variation in screen-out rates as measured by OASIS data. Responses to the survey of local agencies suggest, however, that at least part of this variation is due to some agencies not entering all invalid complaints into OASIS. The survey revealed differences in local agency screening practices that also contribute to the wide range of screen-out rates. A concern that agencies with a high percent of invalid reports might be failing to accept many valid complaints was not supported by the case reviews. Additional study of screened-out complaints is needed to inform policy and training with the goal of greater consistency across the state.

## DRS Recommendations for 2007

1. The Department should continue to evaluate screened-out CPS referrals and provide technical assistance to local agencies as needed to ensure consistency in the CPS program.
2. The Department should review the current training provided to CPS workers to ensure that the screening of complaints and determining validity are adequately addressed.
3. The Department should revise CPS Policy for Family Assessments to incorporate findings from DRS evaluations and local agency input.
4. The Department should continue to address the strategies recommended in *A Blue Ribbon Plan to Prevent Child Abuse and Neglect in Virginia 2005 -2009*.



**Code of Virginia**

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

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

Appendix B

Department of Social Services Service Areas

<b>EASTERN</b>	<b>NORTHERN</b>	<b>WESTERN</b>
Accomack	Albemarle	Alleghany-Covington-Clifton Forge
Amelia	Alexandria	Amherst
Brunswick	Arlington	Appomattox
Charles City	Caroline	Bath
Charlotte	Charlottesville	Bedford
Chesapeake	Chesterfield-Colonial Heights	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