A report of the
Department of Social Services
Commonwealth of Virginia

EVALUATION OF THE DIFFERENTIAL RESPONSE SYSTEM

to the Governor and the
General Assembly of Virginia

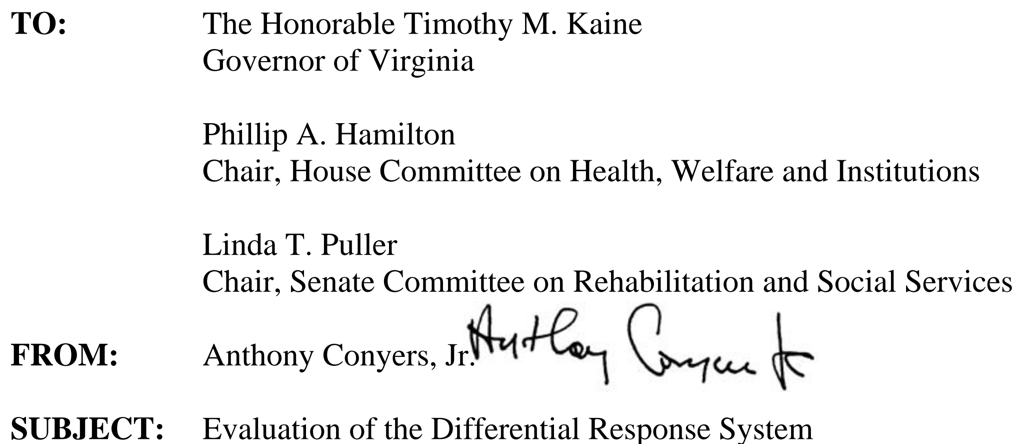
December 2008

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
Office of the Commissioner

Anthony Conyers, Jr.
COMMISSIONER

December 15, 2008

MEMORANDUM



TO: The Honorable Timothy M. Kaine
Governor of Virginia

Phillip A. Hamilton
Chair, House Committee on Health, Welfare and Institutions

Linda T. Puller
Chair, Senate Committee on Rehabilitation and Social Services

FROM: Anthony Conyers, Jr.

SUBJECT: Evaluation of the Differential Response System

I am pleased to submit the Department of Social Services' Evaluation of the Differential Response System prepared pursuant to § 63.2-1529 of the Code of Virginia. If you have questions or need additional information concerning this report, please contact me.

AC/lrm

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Preface

Section § 63.2-1529 of the Code of Virginia (Code) directs the Department of Social Services (DSS) to evaluate and report on the Child Protective Services (CPS) Differential Response System (DRS) by submitting annual reports to the House Committee on Health, Welfare and Institutions and the Senate Committee on Rehabilitation and Social Services:

> § 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.

This is the ninth annual report on the status of DSS' implementation of DRS.

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EXECUTIVE SUMMARY

DRS outcomes reported this year are similar to those reported in previous years. There has been a steady increase in the use of the family assessment track by local departments of social services (LDSS). The statewide percentage of family assessments increased from 55% in 2002 to 70% in 2007. Trends varied in different parts of the state, but there was an overall trend in all areas toward greater use of the assessment track. There continues to be wide variation in track assignment in individual LDSS, with a few rarely using the family assessment track and others using it for virtually all referrals that are not mandated for investigation.

As in previous years, a little over one-third of families had identified service needs and the large majority of them received at least some services. Analysis of data from Structured Decision Making (SDM) LDSS supported the hypothesis that the trend toward more families evaluated as high or moderate risk but a smaller percentage of high and moderate risk families identified as needing services is explained largely by the changes in risk assessment practices that occurred after the piloting of SDM by a third of the LDSS. Similarly, the trend toward more high and moderate risk and fewer low risk families receiving services appears to be primarily the result of the changes in risk assessment that occurred in SDM agencies. As more families were evaluated as high or moderate risk, the percentage of services going to those families naturally increased.

The special topic for this year's report was an evaluation of ongoing service cases. The case reviewer examined 117 ongoing service cases. The families in the selected cases all had either a founded investigation or a family assessment with service needs in January 2007.

The LDSS performed a risk reassessment in 46 ongoing cases. While the number is small, the data from those cases suggest that ongoing services are effective in reducing the risk of future abuse or neglect. The percentage of families at high risk decreased from 67% to 17%. In addition, while initially there were no families at low risk, almost half (48%) were found to be low risk when they were reassessed.

LDSS were particularly attentive to high risk families. CPS policy requires monthly contact with families receiving ongoing services, but there was actually weekly contact with 47% of high risk families. There was also weekly contact with 22% of moderate risk families.

Seventy-eight percent of the families, including 73% of high risk and 82% of moderate risk families, did not have another referral during the year and a half between January of 2007 and the time of the case review. Considering that 58% had at least one other valid CPS report before January of 2007, these data suggest that intervention by the LDSS may indeed have contributed to preventing additional abuse or neglect. The recurrence rate was lower in families where services fully addressed the families' service needs than in families where services only partially addressed those needs, supporting the impression that services properly tailored to family needs have played a role in reducing later abuse or neglect.

Outcomes of the 2008 DRS Recommendations

Each year the DRS evaluation report includes recommendations for DSS action in the following year. Based on the results of the 2008 DRS evaluation, the following recommendations were made.

1. **DSS will continue to evaluate LDSS response time to CPS reports and consult with LDSS with high response time delays to identify the issues and to develop a plan to improve response time. General information about the response time requirements and CPS policy will be disseminated to all local agencies.**

   DSS revised the CPS Manual in July of 2008 to incorporate recent legislative changes. The revisions included response time requirements for responding to CPS reports based on urgency and safety. With the decision to revitalize the existing automated data system in April of 2008, CPS staff consulted with the CPS Policy Advisory Committee to identify needed revisions to the existing response time report. This statistical report is expected to be available to LDSS and to DSS by January of 2009.

   In addition, DSS is preparing a statewide assessment of its entire child welfare program as part of the July, 2009 federal Child and Family Services Review (CFSR). One of the key safety outcomes that will be reviewed is the timeliness of response to CPS reports. The results of the statewide assessment and upcoming on site review will provide valuable information to improve CPS policy and procedures.

2. **DSS will continue to support the development of an automated data system that provides more accurate information about the CPS program including services and response time.**

   In April of 2008, DSS terminated development of a new automated data system and revitalized the existing data system after approximately three years of minimal maintenance. Several significant changes to the automated data system will make it easier for local users to accurately enter CPS data and to more easily correct data entry errors. Those changes are expected to be made by March of 2009.

3. **DSS will conduct additional analysis of CPS service cases including comparison of SDM pilot LDSS and non-SDM LDSS to determine how service needs are identified and provided.**

   The results of this analysis are included in the Special Topic section of this DRS Report.

4. **DSS will continue to provide technical assistance to LDSS with inconsistent screen out practices and disseminate CPS policy regarding validity to all LDSS.**

   CPS regional staff provided technical assistance to LDSS to improve knowledge of CPS policy regarding the validity criteria for CPS reports. In addition, training for mandated reporters that is conducted by CPS staff emphasizes the information needed by LDSS to determine if the report is valid for a CPS response. DSS developed an online course for

mandated reporters that provides an overview of the CPS Program and how to recognize and report suspected abuse or neglect. The course can be accessed at https://www.pubinfo.vcu.edu/vissta/courses/cws5692/index.asp.

5. **DSS should continue to address the strategies recommended in "A Blue Ribbon Plan to Prevent Child Abuse and Neglect in Virginia 2005 – 2009." This includes participating in the Integrated Early Childhood State Plan in areas such as parent education and home visiting.**

   Staff participates on the Virginia Statewide Parent Education Coalition (VSPEC) and on the State Home Visiting Consortium (HVC). Both of these efforts link with the Blue Ribbon Plan to Prevent Child Abuse and Neglect in Virginia and also with the Smart Beginnings Initiative as part of the Integrated Early Childhood State Plan

EVALUATION OF THE DIFFERENTIAL RESPONSE SYSTEM

Background

DRS was implemented statewide due to the positive outcomes of the CPS Multiple Response System pilot. The final report and recommendations from that pilot were submitted to the General Assembly in December of 1999. Based on the recommendations, the 2000 Session of the General Assembly amended the Code to direct DSS to implement DRS in all LDSS by July of 2003. DSS was also 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.

DSS entered into an interagency agreement with Virginia Tech to assist in evaluation of the DRS. This is the ninth annual report on the status of DSS' implementation of DRS. 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 LDSS from January through December of 2007. State fiscal year data from DSS' Referrals and Findings Reports are also used for some analyses.

Most LDSS implemented DRS in May of 2002, and the rest completed implementation by December of 2002. DRS provides two different response options to reports of suspected child abuse and neglect:

1. The investigation response track is the traditional CPS process followed when the allegation is sexual abuse or describes a serious safety issue. If the LDSS 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. LDSS 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. LDSS 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.

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Data Sources for the Evaluation

OASIS was modified to accommodate DRS. OASIS is an automated data system documenting the day-to-day activities performed by child welfare workers in LDSS. CPS workers across the state began using OASIS to document investigations in July of 1999. Before DRS implementation, new components were added to OASIS to support the family assessment track, including more detailed information about services. Additional changes in July of 2004 provided the same services components for investigations and also included components for ongoing CPS cases.

DSS 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 LDSS in calendar year 2007. Data on the number and percent of investigations that were founded are State Fiscal Year (SFY) data from the DSS' Referrals and Findings Report.

This report includes data from case reviews of ongoing service cases. The case reviewer examined 117 high and moderate risk family assessments and founded investigations with ongoing CPS service cases. Results of the reviews are presented in the second part of this report.

Outcomes from Analysis of Oasis Data

The following analyses are based on 28,757 valid referrals for suspected abuse or neglect accepted from January through December of 2007. The data include 3,832 founded investigations, 4,818 unfounded investigations, and 20,107 family assessments. Since DRS emphasizes working with families, out-of-home referrals are not included in these data.[1]

Track Assignment

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 Code 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 LDSS assumes custody of the child or if the abuse or neglect is alleged to have happened in a

[1] 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. These analyses exclude 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.

non-family setting such as a child care facility, school, or hospital.[2] CPS policy also provides that an investigation should be conducted if there were 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 LDSS take into account several factors to determine whether an investigation or family assessment is the most suitable response. Those factors include:

- A family history of child abuse or neglect;
- The type and severity of the abuse;
- The child's ability to protect him/herself;
- Any violent or out of control behavior by the caretaker; and
- Any hazardous living conditions, including the presence of firearms or drugs.

The choice of the family assessment track is predicated on less immediate concerns about the child's safety and on the ability of the LDSS 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 indicates an immediate concern for child safety, the complaint should be placed in the investigation track. In addition, a LDSS may investigate any referral. The assessment track is an additional choice. There are no circumstances under which an assessment is mandated.

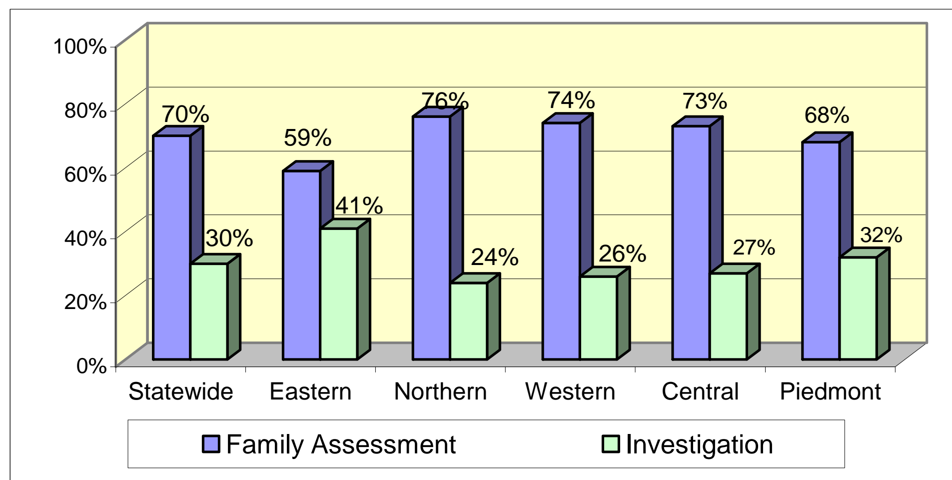
Track assignment is also influenced by LDSS philosophy. In a survey of CPS supervisors conducted in 2003, one supervisor commented that her LDSS had decided to continue to investigate all referrals. Another stated that her LDSS placed all referrals in the family assessment track unless investigation was mandatory. Those very different approaches to track assignment have persisted over the years. In 2007, the first LDSS assigned only 6.0% of referrals to the family assessment track while the second assigned 85%.

Although LDSS continue to vary widely in their track assignment practices, there has been a general trend toward assigning more referrals to the family assessment track. That trend is discussed below.

Seventy percent of all referrals in 2007 were assigned to the family assessment track (Figure 1). Four of the five DSS regions placed between 68% and 76% of referrals in that

[2] 22 VAC 40-705-50H. The LDSS 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), 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 LDSS, 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.

Figure 1: Percent of Referrals Assigned to Each Track, Statewide and by Region



Source: OASIS, Referrals Accepted January through December 2007

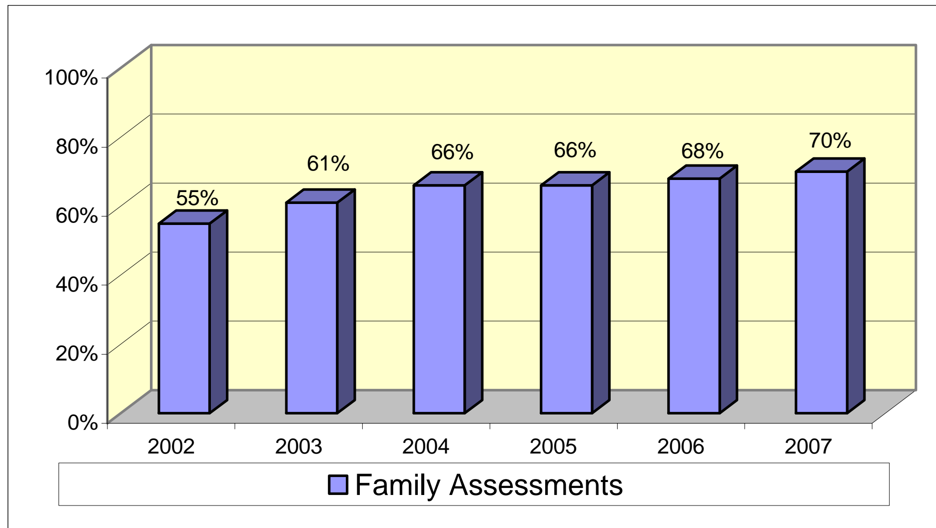
track.[3] The Eastern Region differed from the others with only 59% family assessments. The relatively low use of the family assessment track in the Eastern Region reflects the track assignment decisions of two large agencies. One LDSS, with 22% of all referrals in the region, assigned only 36% to the family assessment track. The other, with 17% of the region's referrals, assigned 47%. The other Eastern Region agencies assigned an average of 70% of their referrals to the family assessment track, the same as the statewide average.

There has been a steady increase in the use of the family assessment track (Figure 2). The statewide percentage of family assessments increased from 55% in 2002 to 70% in 2007.[4] Trends varied in different parts of the state, but there was an overall trend in all areas toward greater use of the family assessment track.

[3] A list of the LDSS included in each region is located in Appendix B.

[4] Beginning in 2004, DSS 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 those data, the percentage of family assessments in 2002 and 2003 would be about 1.0% higher than reported here.

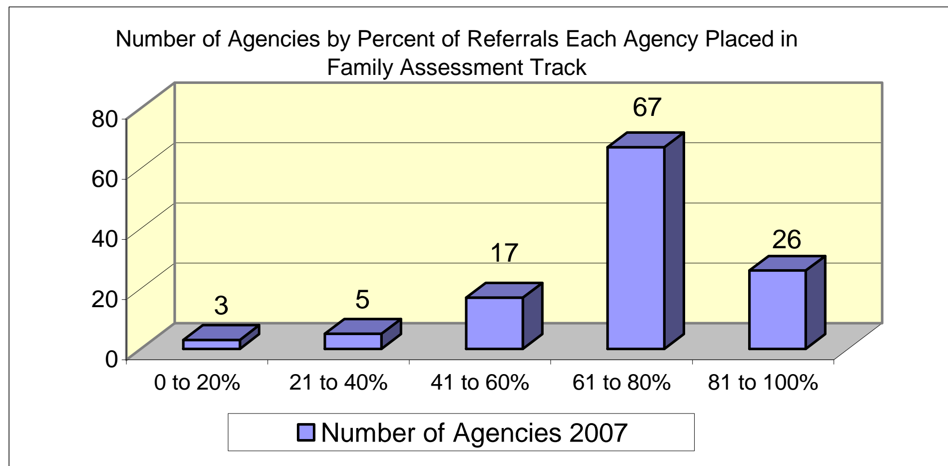
Figure 2: Percentage of Referrals in Family Assessment Track, 2002 to 2007



Source: OASIS, Referrals Accepted July 2002 through December 2007

LDSS took different approaches to using the family assessment track. Figure 3 shows the share of referrals that agencies placed in the family assessment track in 20% increments and the number of LDSS with that percentage of family assessments. Most LDSS assigned a significant majority of complaints to the family assessment track. Ninety-three used the family assessment track for 61% or more of their referrals. At the other end of the spectrum, eight agencies used the family assessment track for 0 to 40% of their referrals.[5]

Figure 3: LDSS' Use of Family Assessment Track



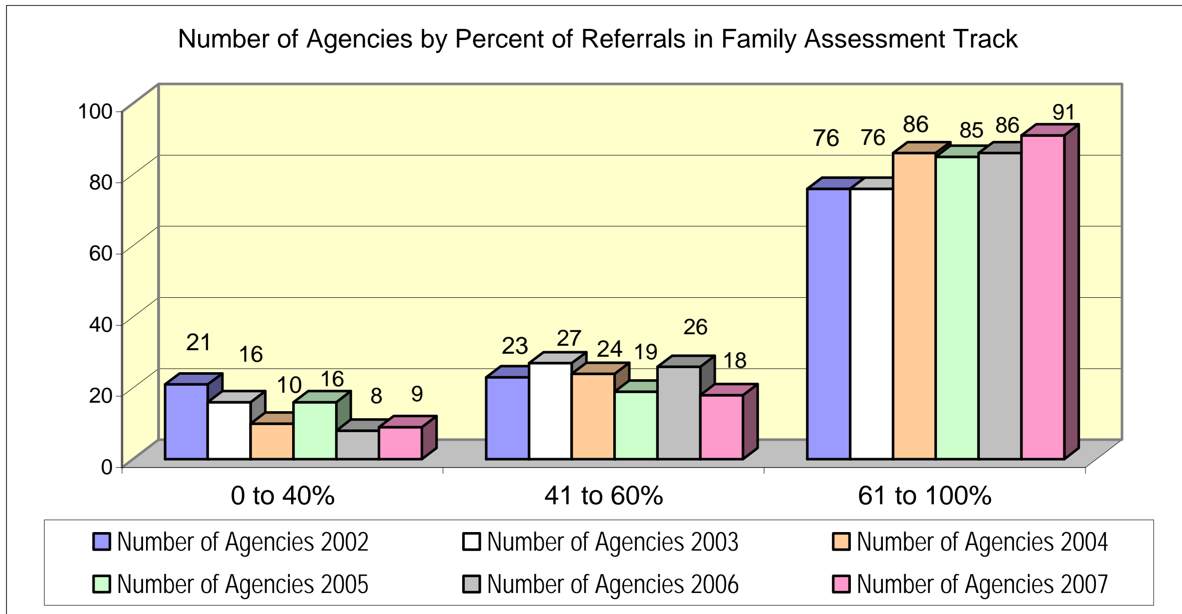
Source: OASIS, Referrals Accepted January through December 2007
Note: Only 118 LDSS had CPS referrals in 2007.

The number of LDSS placing more than 60% of their referrals in the family assessment track increased from 76 in the first two years of implementation, to 85 or 86 in 2004 through

[5] Percentages are based on the total number of family assessments and in-home investigations.

2006, to 91 in 2007 (Figure 4). The number assigning 40% or fewer of their referrals to the

Figure 4: LDSS' Use of Family Assessment Track



Source: OASIS, Referrals Accepted July 2002 through December 2007
Note: The number of agencies with CPS referrals was: 118 in 2007, 119 in 2003, and 120 in the other years. Percentages are calculated based on the total number of family assessments, in-home investigations, and unfounded out-of-family investigations.

family assessment track has fluctuated from year to year, but the general trend has been toward a decrease in the number of LDSS in this group, from 21 in 2002 to nine in 2007. The number of LDSS in the middle group, with 41% to 60% assessments, varied from year to year and included 18 agencies in 2007.[6]

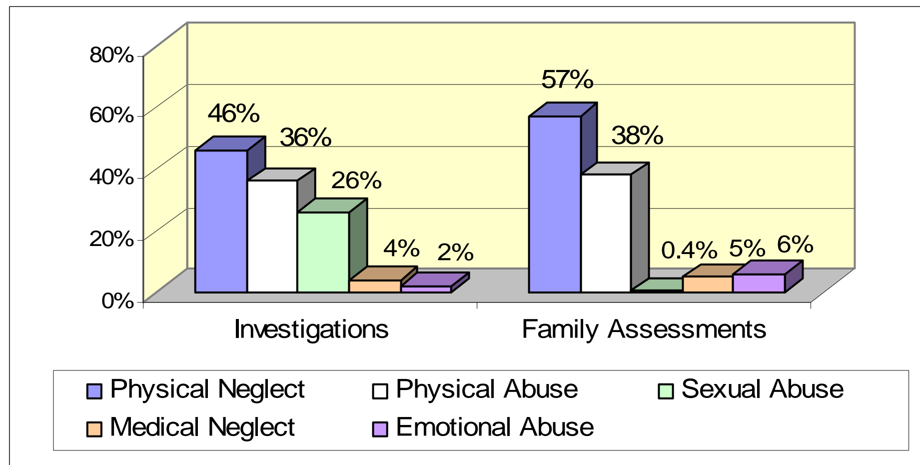
Types of referrals assigned to each track

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/bruises and physical neglect/lack of supervision would be counted in both groups.[7]

[6] The data used in Figure 4 are a little different from those used in Figure 3. Data for 2007 in Figure 3 and other analyses in this report include only family assessments and in-home investigations. Data in Figure 4 also include unfounded out-of-family investigations. Those investigations are included because in the early years of DRS it was not possible to identify and exclude those investigations when obtaining the OASIS data for the annual evaluation. Therefore, to ensure that the data are comparable across the years, unfounded out-of-family investigations are included in Figure 4. That is the reason, for instance, that Figure 4 shows 91 LDSS placing 61% or more of referrals in the assessment track in 2007 while Figure 3 shows 93.

[7] 11% of referrals included more than one kind of abuse or neglect.

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

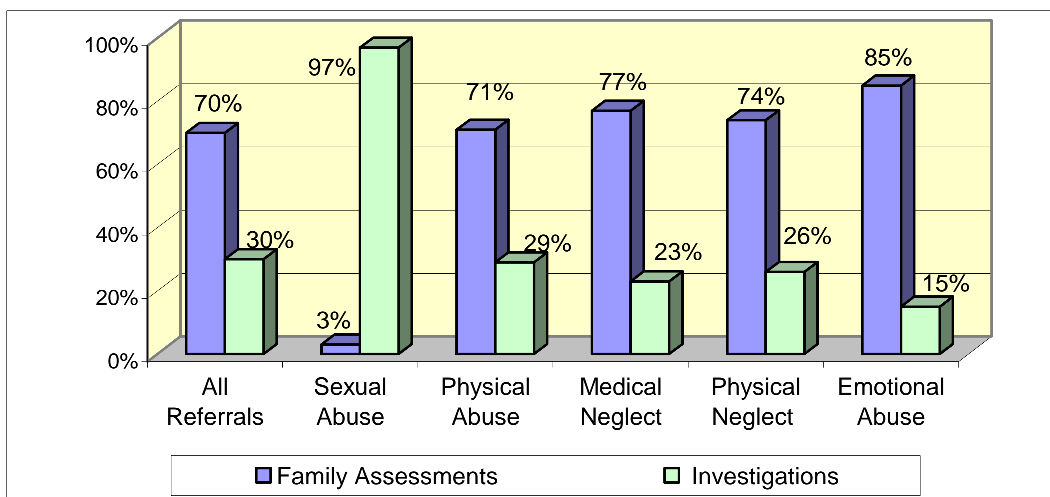


Source: OASIS, Referrals Accepted January through December 2007
Note: Percentages add to more than 100% because more than one kind of abuse or neglect may be included in a single referral.

Physical neglect was the most frequent allegation in both investigations (46%) and family assessments (57%). Next most frequent were allegations of physical abuse, 36% of investigations and 38% of family assessments. Twenty-six percent of investigations included allegations of sexual abuse. A small percentage of referrals in each of the two tracks included allegations of medical neglect or emotional abuse.

Another way to view the relationship between track assignment and the type of abuse or neglect is to look at the percent of referrals with each kind of abuse or neglect that was assigned to each track. Figure 6 shows track assignment for each referral that included that particular kind of abuse or neglect. When there was more than one kind of abuse alleged, each kind was counted separately. With the exception of sexual abuse referrals, a large majority of referrals with each type of alleged abuse or neglect were placed in the family assessment track. LDSS chose the family assessment track for 71% to 85% of referrals alleging physical abuse, physical neglect, medical neglect, or emotional abuse. This pattern is the same as in prior years.

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



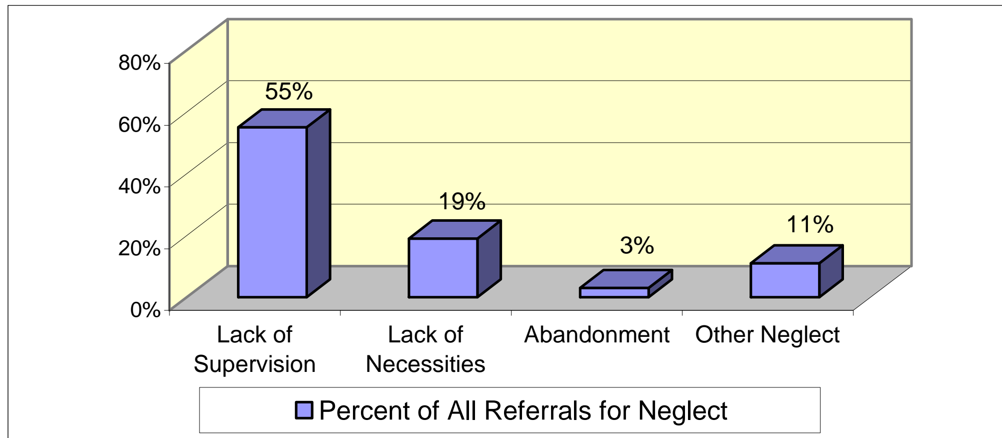
Source: OASIS, Referrals Accepted January through December 2007

Three percent of referrals for sexual abuse were placed in the family assessment track (Figure 6), contrary to the statutory requirement that sexual abuse complaints be treated as investigations. In 2005 the case reviewer examined a sample of sexual abuse complaints from 2004 that were assigned to the family assessment track. The purpose of that review was to gather preliminary information to determine why those track assignments were made and whether a more complete review or other DSS action was needed. The reviewer found that only a quarter of the 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. Sometimes a data entry error or other error that made it appear that these were sexual abuse complaints when they were not. DSS has provided technical assistance to LDSS as these referrals have been identified. The percent of sexual abuse complaints placed in the family assessment track, including referrals with data entry and other errors, decreased from 5.0% in 2004 to 3.0% in each of the last three years.

Track assignment in physical neglect referrals

Fifty-four percent of all referrals in 2007 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 (55%) of these referrals were for lack of supervision. Nineteen percent were for lack of necessities. Three percent involved abandonment, and 11% were for other, unspecified types of physical neglect (Figure 7).

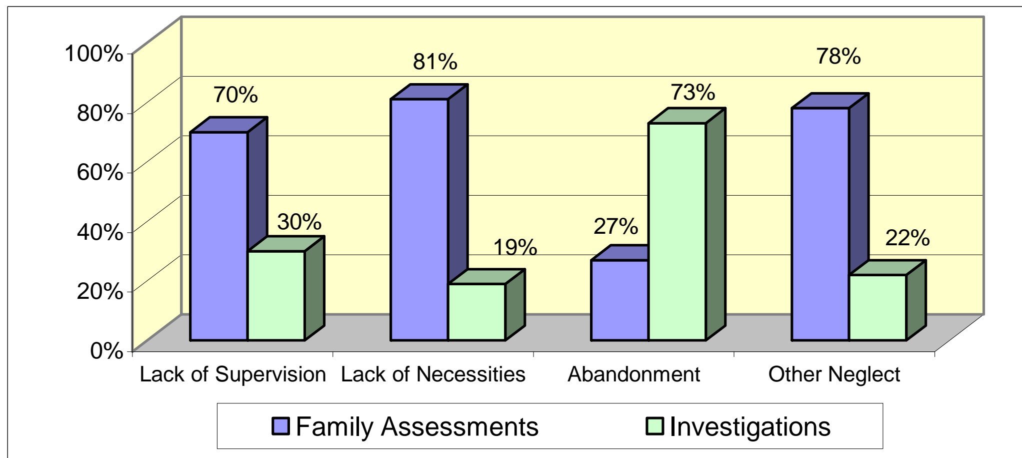
Figure 7: Type of Physical Neglect as Percentage of All Referrals for Neglect



Source: OASIS, Referrals Accepted January through December 2007
Note: Percentages add to less than 100% because 21% did not specify a type of neglect. Some referrals included more than one type, most often both lack of supervision and lack of necessities.

Track assignment varied with the specific type of neglect. Seventy-three percent of allegations of abandonment were investigated (Figure 8). For each of the other types, from 70% to 81% of the referrals were taken as family assessments.

Figure 8: Track Assignment by Type of Physical Neglect



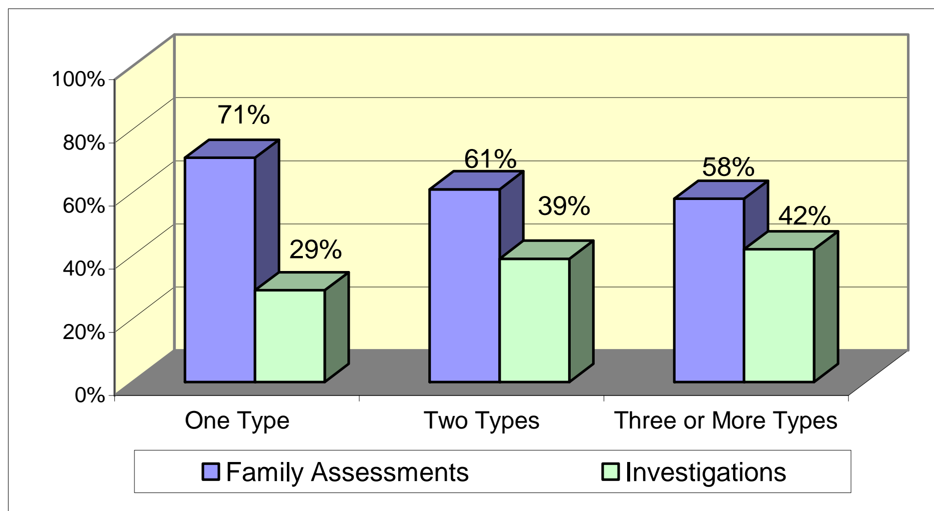
Source: OASIS, Referrals Accepted January through December 2007

Track assignment and number of types of abuse or neglect

Another factor that affects track assignment is the number of different kinds of abuse or neglect included in a referral. Eleven percent of all referrals involved more than one type of abuse or neglect, and referrals with more than one type were more likely to be investigated. In referrals with one type, 29% were investigated; with two types, 39% were investigated; and with three or more types, 42% were investigated (Figure 9). 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. There does appear to be a trend, however, toward increased use of the family assessment track even in referrals with multiple allegations. From 2002 through 2005, the investigation track was used for more than half of the referrals with three or more types of abuse or neglect. In 2006 and 2007, the family assessment track was used for more than half of those referrals, 54% in 2006 and 58% in 2007.

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



Source: OASIS, Referrals Accepted January through December 2007

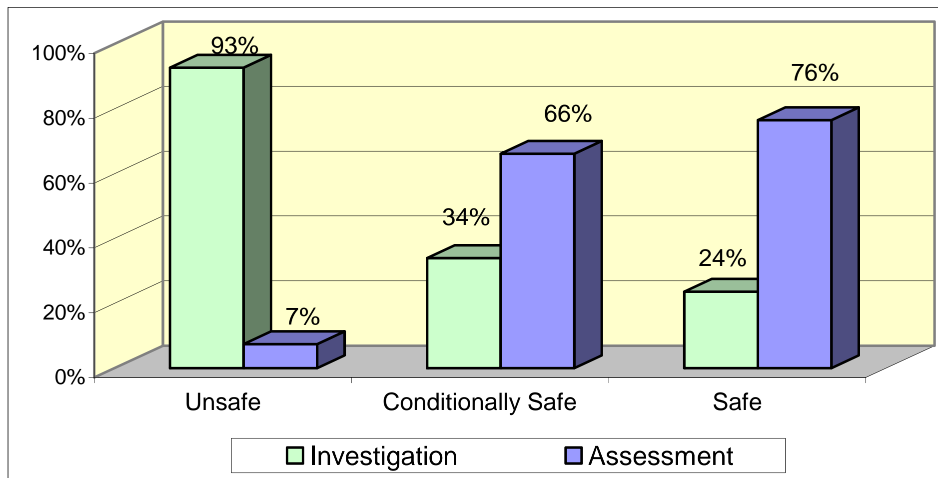
Track assignment and safety assessment

The CPS worker conducts a safety assessment at the time of the first meaningful contact with the family. A child who is the subject of the complaint may be assessed as safe, conditionally safe, or unsafe.[8] Track assignment occurs before the initial safety assessment is conducted, 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 assignment.

Figure 10 shows the relationship between the safety assessment and track assignment. The data show 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%) referrals in which the child was found to be unsafe were investigated. In contrast, 66% of referrals in which the child was conditionally safe and 76% of referrals in which the child was safe were placed in the family assessment track.

[8] 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. For all completed referrals the percentage at each safety level was: Safe – 56.8%; Conditionally Safe – 39.5%; Unsafe – 3.3%. The safety assessment was missing from OASIS for 0.5% of the referrals.

Figure 10: Track Assignment and Subsequent Safety Assessment



Source: OASIS, Referrals Accepted d January through December 2007

Appropriateness of initial track assignment

A referral that is initially accepted as a family assessment may be changed to an investigation if, in the course of conducting the family assessment, the LDSS finds out that it is a situation mandated for investigation or that there is a serious safety issue. A high volume of reassignments would suggest problems in gathering information for track assignment or problems in making appropriate decisions about track assignment. In each year since DRS implementation, approximately 2.0% of referrals originally placed in the family assessment track were later changed to an investigation. This consistently low rate of reassignment suggests that there are few errors in track assignment. A 2002 review of referrals that were reassigned showed that the reassignments were appropriate and generally resulted from new information discovered by the LDSS.

Number of investigations and number of founded investigations

As shown in previous reports, the addition of the family assessment track meant there were fewer investigations under DRS than in preceding years. There were 27,795 investigations in SFY 00 and 25,570 in SFY 01, the last two years before DRS implementation. There were 11,283 investigations in SFY 07. 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 38% in SFY 07. 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 or neglect. When DRS was adopted, it was hoped that by engaging families in a less threatening way in the family assessment track, they would be more likely to

acknowledge family problems and agree to receive recommended services. Whether that theory has proven to be true is discussed later in this section. The question of whether provision of needed services has improved under DRS cannot be addressed because comparable data are not available for the pre-DRS period.

Data on services are obtained from OASIS screens that capture information about service needs identified and services provided during the 45 to 60 day period for conducting the family assessment or investigation.

Identifying service needs

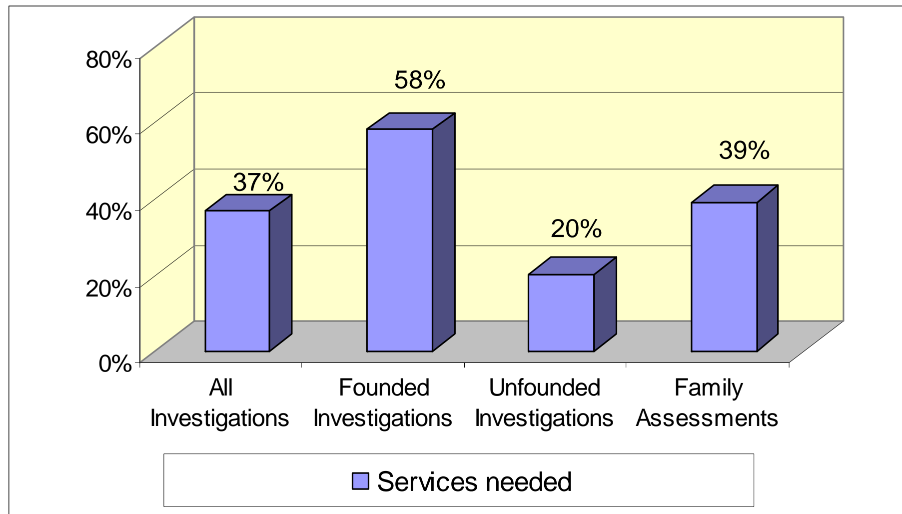
Identifying service needs is the first step in ensuring that families receive services to treat or prevent abuse or neglect. As would be expected, the percentage of families with service needs varies with disposition, risk level, and the type of abuse or neglect. Identification of service needs also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

One thing to consider when reading the analyses below is that OASIS data do not necessarily provide a complete picture of a family's service needs. These data record the worker's conclusions 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 of 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 those data. OASIS has a default setting of "services needed" in Family Assessments, and the worker must change the setting if the family has no service needs. There is no similar default setting for investigations, and it is possible for the worker to complete data entry for the investigation without entering information on service needs. A case review in 2004 showed that workers did not always complete the service screens in investigations. Thus, as OASIS currently operates, it may create a bias toward more fully recording service needs in family assessment cases.

A second thing to bear in mind is that foster care is not included among the list of services that workers consider when recording data on service needs and service receipt. Foster care is recorded separately in OASIS. While most families with children who go into foster care have additional service needs identified, some do not. If foster care were included in the count of service needs, an additional 1.5% of all families would have identified service needs. The additional percentage of families with identified needs would be about 6.0% in founded investigations and 1.0% in unfounded investigations. Family assessments are not affected because they are changed to investigations if a child enters foster care.

Thirty-seven percent of families in investigations and 39% in family assessments had identified service needs (Figure 11). As would be expected, service needs were much more frequent in founded (58%) than in unfounded (20%) investigations. These data are almost identical to data for 2004 through 2006.

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



Source: OASIS, Referrals Accepted January through December 2007

Families in unfounded investigations may be identified as needing services even though no neglect or abuse was substantiated in those referrals. In those situations, while the allegation of abuse or neglect was not substantiated, the worker's contact with the family did reveal a need for services, either to address problems that could lead to abuse or neglect or to address other family needs. In a 2005 review of service cases, the case reviewer found many instances in which 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 family assessment. The CPS risk assessment process assigns a risk of future abuse or neglect for children in that family if there is no intervention.[9] Risk assessment categories are high, moderate, or low. In 2007, 21% of families with a risk assessment in OASIS were evaluated as high risk, 34% as moderate risk, and 45% as low risk (Figure 12). There was no risk assessment in approximately 3.0% of the referrals, primarily unfounded investigations which do not require a risk assessment.

Risk assessment varied greatly by disposition. Forty-three percent of families in founded investigations were high risk, compared to 15% in unfounded investigations and 18% in family assessments. Only 22% of families in founded investigations were low risk, compared to 61% in unfounded investigations and 46% in family assessments. Grouping together families at either high or moderate risk, the percentage of families with this elevated level of risk was 78% in founded investigations, 39% in unfounded investigations, and 54% in family assessments.[10]

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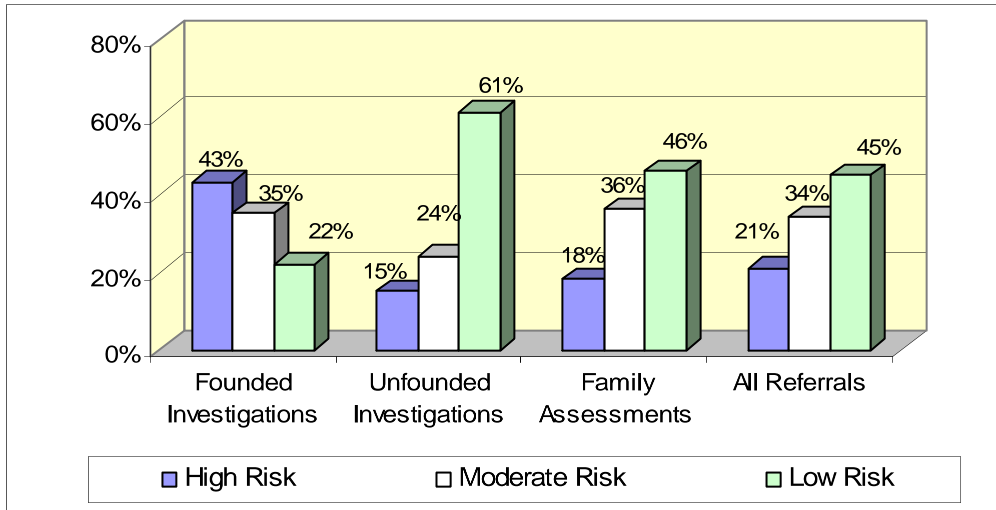
[9] In family assessments the risk assessment is for the family as a whole. In investigations, the risk assessment is for each child. For the data file created for these analyses, the risk assessment for investigations is the highest risk assigned to any child in the family.

[10] Because of the large overall percentage of family assessments, however, 70% of all high or moderate risk referrals were family assessments.

Figure 12: Risk Assessment by Track and Disposition

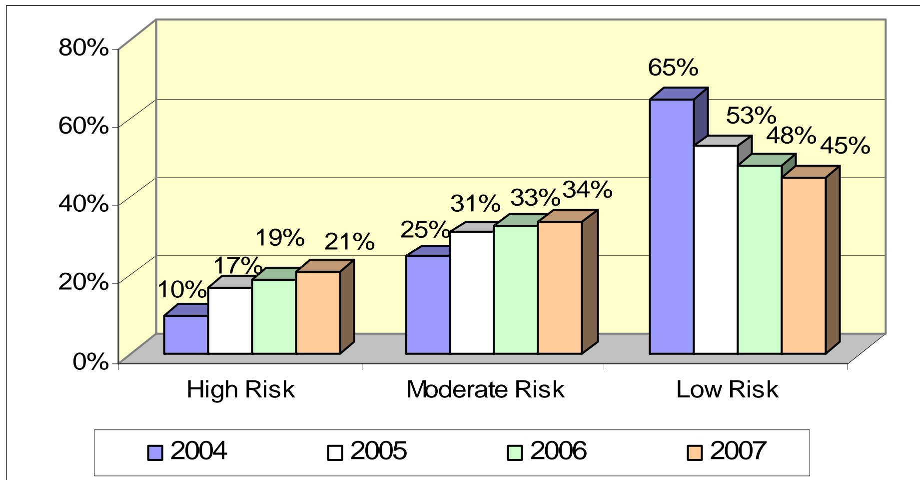


Source: OASIS, Referrals Accepted January through December 2007

Trends in risk assessments

Before looking at the relationship between risk levels and service needs, it is necessary to take a more detailed look at the risk assessment process. There has been a trend toward more families being evaluated as high or moderate risk (Figure 13). The percentage of high risk families increased from 10% in 2004 to 21% in 2007, and moderate risk families increased from 25% to 34%. There was a corresponding decrease in the percentage of low risk families, from 65% in 2004 to 45% in 2007.

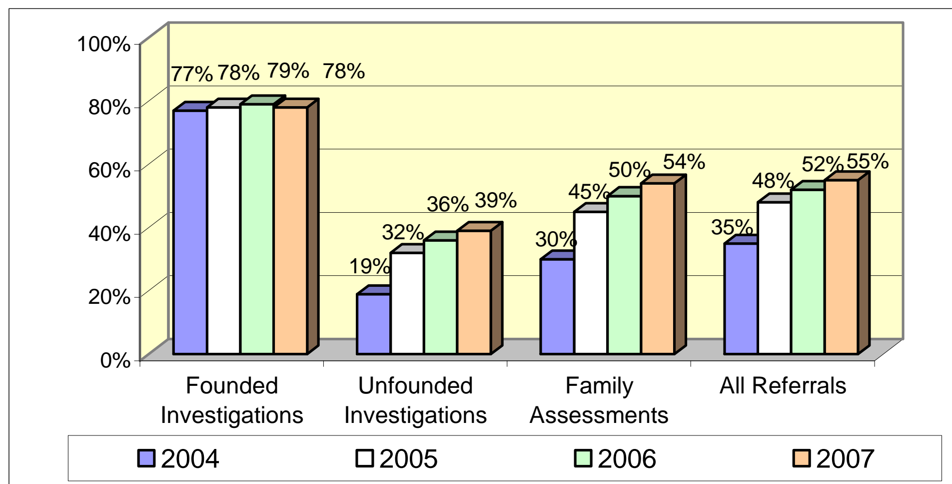
Figure 13: Trends in Risk Assessment, 2004-2007



Source: OASIS, Referrals Accepted Calendar Years 2004, 2005, 2006, 2007

Figure 14 shows the percentage of high or moderate risk families in referrals with each disposition from 2004 to 2007. Among all referrals, the percentage of high or moderate risk families increased from 35% in 2004 to 55% in 2007. There was no change in risk levels in founded investigations with approximately 80% at high or moderate risk in each of the four years. There was a major change, however, in unfounded investigations and family assessments. The proportion of high or moderate risk families grew from 19% to 39% in unfounded investigations and from 30% to 54% in family assessments.

Figure 14: Percent of High or Moderate Risk Families by Disposition, 2004-2007



Source: OASIS, Referrals Accepted Calendar Years 2004, 2005, 2006, 2007

The obvious question is: Did conditions in families actually become more dangerous between 2004 and 2007, or is there some other explanation for this trend in risk assessments? There is persuasive evidence that the explanation lies in the piloting of SDM by a large number of LDSS.

The primary goals of the SDM model are to: (1) bring a greater degree of consistency, objectivity and validity to child welfare case decisions; and (2) help CPS agencies focus their limited resources on cases at the highest level of risk and need. Structured assessment tools are used at various points in the case decision-making process:

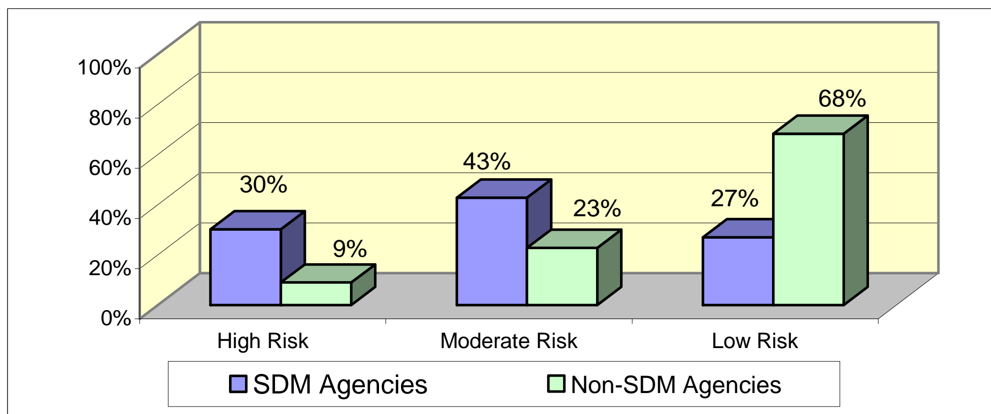
- Initial response to allegations,
- Initial safety assessment,
- Risk of future maltreatment, and
- Identification of service needs.

SDM focuses on how case management decisions are made and how LDSS resources can best be directed. SDM is designed to reduce subsequent maltreatment rates by improving both the efficiency and effectiveness of CPS agencies. One of the key assessment tools is a research-based risk assessment that classifies families according to their likelihood of continuing to abuse or neglect their children.

Forty-five LDSS began piloting SDM between October 2003 and late 2006, three in October 2003, 27 in November 2004, and 15 in the summer and fall of 2006. The first significant impact of SDM would likely be found in referrals accepted in 2005 when 30 LDSS were using SDM. The biggest increase in the percentage of high or moderate risk referrals did occur between 2004 and 2005, an increase from 35% to 48% (Figure 14), supporting the hypothesis that the introduction of SDM is the explanation for the change in risk assessment levels. That hypothesis is explored below.

The effect of SDM on risk assessment is apparent in the data in Figure 15. SDM agencies were much more likely than others to evaluate families as high or moderate risk. The

Figure 15: Risk Assessment in SDM and Non-SDM LDSS



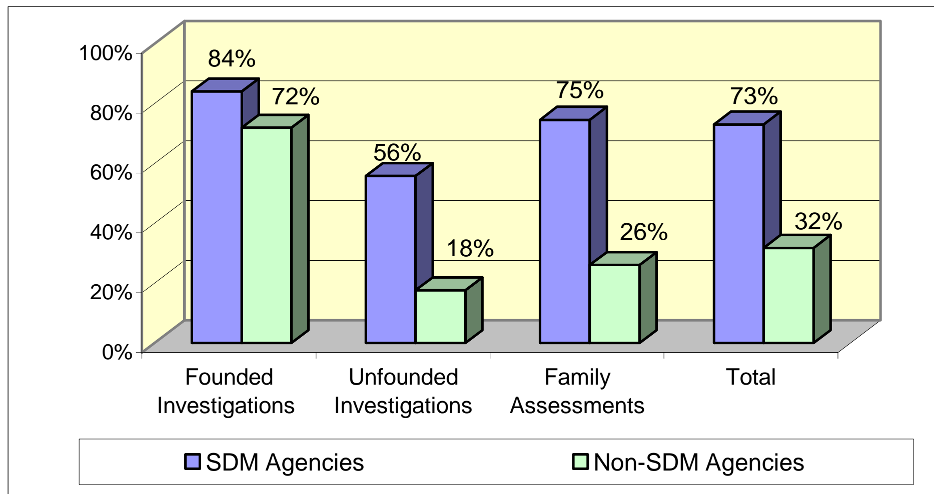
Source: OASIS, Referrals Accepted January through December 2007

differences between SDM and non-SDM LDSS are dramatic. SDM LDSS determined that 30% of families were high risk,[11] compared to 9.0% in non-SDM LDSS, and that 43% were moderate risk, compared to 23% in non-SDM LDSS. Conversely, SDM LDSS evaluated only 27% of families as low risk, compared to 68% in non-SDM LDSS. Although the 44[12]LDSS using SDM in 2007 made up only 37% of LDSS, they received 56% of all complaints. As a consequence, SDM practices had a major impact on the statewide risk assessment data shown in Figure 13.

SDM LDSS found higher levels of risk in all types of referrals, but the greatest differences were in unfounded investigations and family assessments (Figure 16). Fifty-six percent of unfounded investigations in SDM LDSS were high or moderate risk compared to 18% in non-SDM LDSS. Seventy-five percent of family assessments in SDM LDSS were high or moderate risk compared to 26% in non-SDM LDSS. Unfounded investigations and family assessments were the two types of referrals in which the percentage of high and moderate risk families increased between 2004 and 2007 (Figure 14). Those increases clearly seem to be related to the higher risk assessments made by the SDM LDSS.

[11] The SDM categories of high and very high are combined in OASIS data and reported simply as "high."
[12] Only 44 LDSS are counted as SDM LDSS for this report because Wise County dropped out of the SDM program in February of 2007, so most of its 2007 referrals were in a non-SDM period.

Figure 16: High and Moderate Risk Referrals by Disposition, SDM and non-SDM LDSS



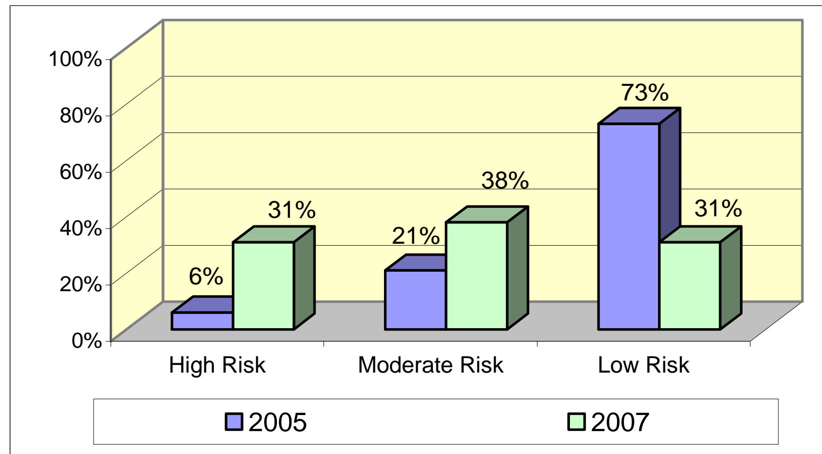
Source: OASIS, Referrals Accepted January through December 2007

SDM LDSS also found higher levels of risk in founded investigations, but the differences were smaller. In SDM LDSS, 84% of founded investigations were high or moderate risk compared to 72% in non-SDM agencies. It is not surprising that there was greater similarity in risk assessments in founded investigations since referrals with the most serious safety issues are placed in the investigation track, and children in founded investigations have already been found to be victims of abuse or neglect. Both SDM and non-SDM LDSS would be likely to find high levels of risk in those families, regardless of the particular tools or risk assessment procedures they used.

Although the differences between SDM and non-SDM LDSS strongly suggest that SDM LDSS systematically assign higher levels of risk, it is possible that differences in risk assessments reflect differences in the referrals received by the two groups of LDSS. Perhaps SDM LDSS simply have more referrals with higher levels of risk. Perhaps they decided to pilot SDM because they were dealing with a lot of high and moderate risk families. One way to test whether that is a likely explanation for the differences between SDM and non-SDM LDSS is to see whether risk assessment levels changed after the introduction of SDM.

Fifteen LDSS began to pilot SDM in the summer or fall of 2006. A comparison of risk assessment data from those LDSS in 2005, the year before SDM implementation, and 2007, the year after SDM implementation, should show whether there was a significant change in their risk assessment decisions. There was a striking change (Figure 17). In 2005 only 6.0% of referrals from those LDSS were assigned a high risk, compared to 31% in 2007. Moderate risk assessments increased from 21% to 38%. Low risk assessments fell from 73% to 31%. It seems clear that SDM risk assessment processes and tools resulted in LDSS assessing more families to be at high or moderate risk for future abuse or neglect than would have been true in the if those LDSS had not piloted SDM.

Figure 17: Comparison of 2005 and 2007 Risk Assessments in LDSS Implementing SDM in 2006

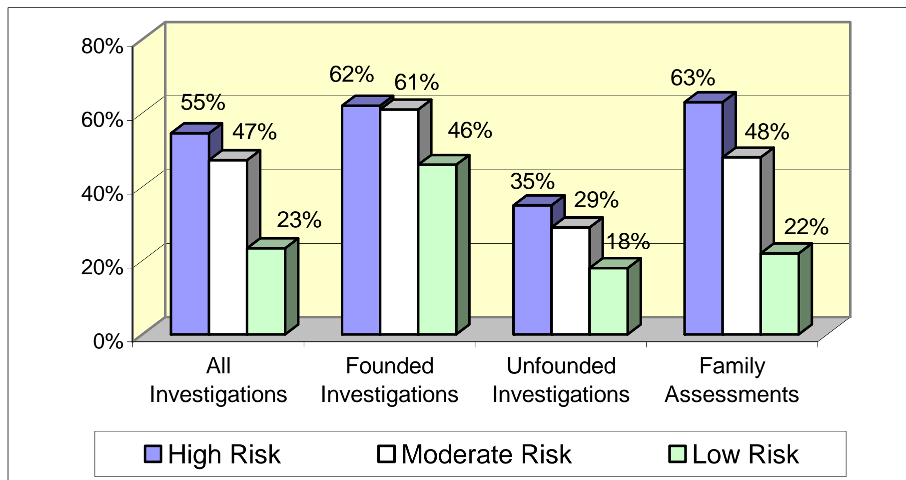


Source: OASIS, Referrals Accepted January through December 2007

Service needs, disposition and type of abuse or neglect

Data on risk and disposition are combined in Figure 18 which shows the percent of referrals 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 62% of high risk founded investigations and 63% high risk family assessments. Among those at moderate risk, 61% of families in founded investigations and 48% in family assessments needed services. Service needs were found less often in unfounded investigations, but even in those referrals about a third of high or moderate risk families had service needs. In families at low risk, service needs were more often identified in founded investigations (46%) than in unfounded investigations (18%) or family assessments (22%).

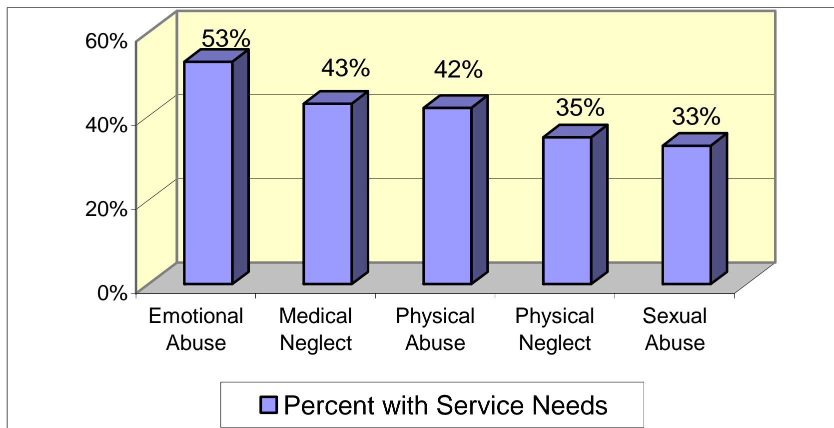
Figure 18: Percent of Referrals with Service Needs by Track, Disposition and Risk



Source: OASIS, Referrals Accepted January through December 2007

The percentage of families needing services varied with the type of abuse or neglect (Figure 19). Service needs were highest in referrals involving emotional abuse (53%), followed by medical neglect (43%), physical abuse (42%), physical neglect (35%) and sexual abuse (33%). This pattern is similar to that found in previous years.

Figure 19: Percent of Referrals Needing Services, by Type of Alleged Abuse or Neglect



Source: OASIS, Referrals Accepted January through December 2007

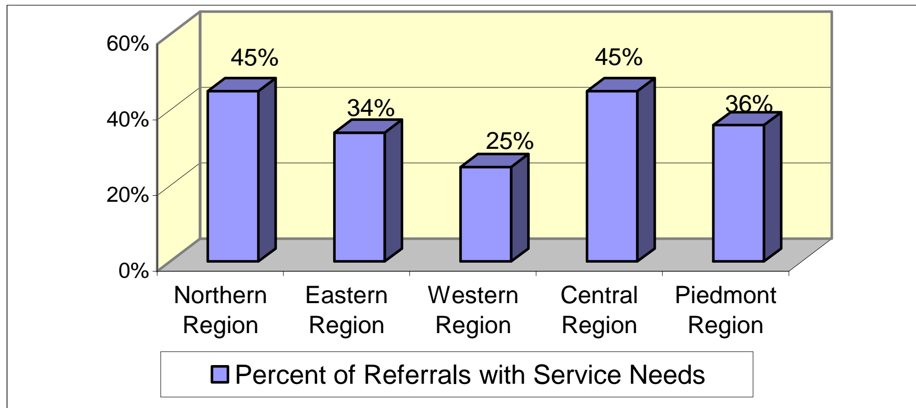
Regional and local differences in identification of service needs

Previous reports on DRS showed significant regional differences in identification of service needs and even greater differences among LDSS. A number of factors could account for these differences, including both community characteristics and LDSS characteristics. At the community level, some areas of the state may have more families with service needs than do other areas. Services also may be less available in some areas, leading workers not to record needs for which they know no services are available.[13] Or even if services are available, local resources may not be sufficient to ensure that families actually have access to needed services. Within LDSS there may be differences in worker facility in assessing family needs, differences in the priority given to addressing service needs, or differences in supervisory oversight of service related issues. Apparent differences could also be due to some LDSS simply being less thorough in entering data into OASIS. As discussed earlier, case reviews have shown that workers sometimes skip the OASIS service screens in investigations where there is no default setting requiring them to enter information about service needs. Heavy caseloads could lead workers in some LDSS to be less thorough about data entry. Differences in supervisory monitoring of data entry could also contribute to these differences.

LDSS in the five regions differed greatly in the percentage of families with identified service needs. Agencies in the Northern and Central Regions reported the highest level of service needs, 45% in both regions (Figure 20). The Eastern and Piedmont Regions each reported services needs in little over a third of their referrals, 34% and 36%, respectively. The Western Region had the lowest level of identified service needs, 25%.

[13] A study of the Multiple Response System, which piloted the key features of DRS, showed that workers sometimes did not record service needs if relevant services were not available.

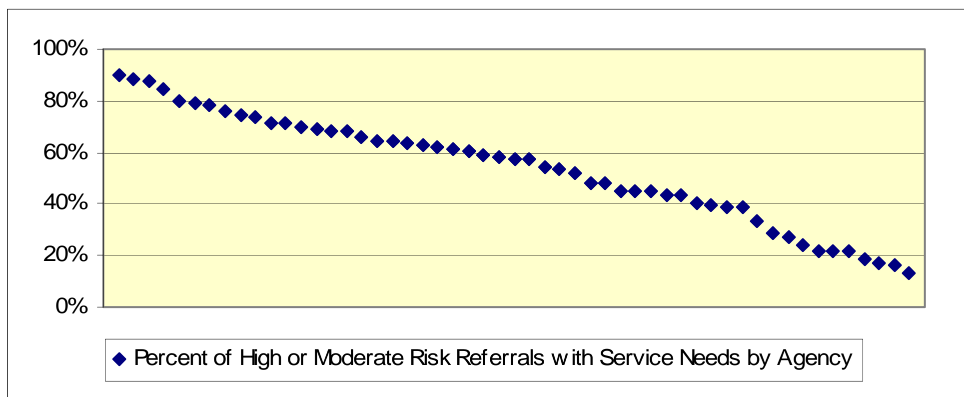
Figure 20: Percent of Referrals with Identified Service Needs by Region



Source: OASIS, Referrals Accepted January through December 2007

While there are substantial regional differences in service identification, there are far greater differences among individual LDSS. To explore LDSS variations, data were analyzed for investigations and assessments with different levels of risk. First, LDSS with a least 50 high or moderate risk referrals were identified. That criterion was used to ensure that the LDSS had substantial experience with high or moderate risk referrals and that the findings were not skewed by agencies with only a small number of such referrals. Fifty-three local agencies met that criterion. Figure 21 shows the percentage of high or moderate risk referrals with identified service needs in those agencies. Each dot on the scattergram represents one LDSS. 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 53 agencies, that percentage varied from 13% to 90%. Even if the agencies with the five highest and five lowest percentages are excluded, the differences remain great -- from 22% to 79%. Analysis of the 39 agencies that had at least 100 high or moderate risk referrals showed similar variation, with the agencies identifying from 13% to 88% of families as having service needs. These results are very similar to those found in 2004 to 2006. There is no evidence of a trend toward greater consistency among LDSS in identifying service needs in high or moderate risk families.

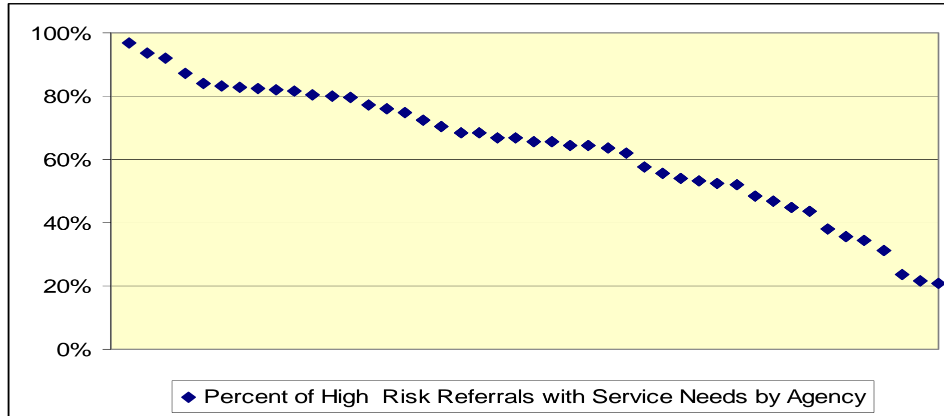
Figure 21: Identified Service Needs, LDSS with 50 or more High or Moderate Risk Referrals



Source: OASIS, Referrals Accepted January through December 2007

Another analysis looked only at high risk referrals (Figure 22). Among 44 LDSS that had at least 25 high risk referrals, the percentage of those referrals with service needs ranged from 21% to 97%. The 32 LDSS that had at least 50 high risk referrals showed similar variation, from 22% to 92%. Results are similar to those for 2004 through 2006.

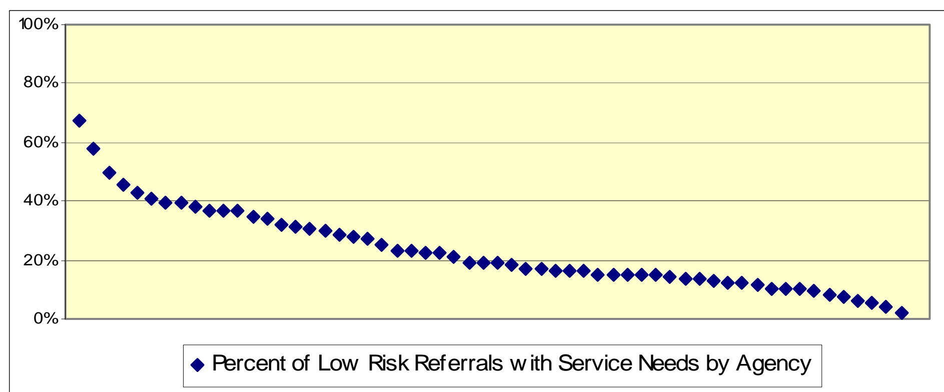
Figure 22: Identified Service Needs, LDSS with 25 or more High Risk Referrals



Source: OASIS, Referrals Accepted January through December 2007

Statewide, 21% of low risk families were identified as having service needs, but, again, the differences among the LDSS were substantial. In the 60 LDSS with at least 50 low risk referrals, the percentage of families with service needs ranged from 1.0% to 67% (Figure 23). These data are similar to those for the past three years. Clearly, at each level of risk, LDSS differ greatly in the percent of families they identify as having service needs.

Figure 23: Identified Service Needs, LDSS with 50 or more Low Risk Referrals



Source: OASIS, Referrals Accepted January through December 2007

Specific services needed

Table 1 shows the specific services needed by families with each disposition. Two services were needed far more than any others, counseling and parent education. Twenty-two percent of all families needed counseling, and 9.0% needed parent education. The need

Table 1: Services Needed by Track and Disposition

Service Needed	Founded Investigations	Unfounded Investigations	Family Assessments	All Referrals
Counseling	35%	13%	22%	22%
Parent education	18%	3%	9%	9%
Substance abuse evaluation	7%	1%	3%	3%
Substance abuse treatment	7%	1%	4%	4%
Medical psychological	7%	2%	3%	3%
Medical care	3%	2%	2%	2%
Daycare	3%	<1%	2%	2%
Domestic violence services	4%	<1%	2%	2%
Information and referral	1%	<1%	1%	1%
Other	17%	5%	12%	12%
No service needs identified	42%	80%	61%	62%
Number of Referrals	3832	4818	20,107	28,757

Source: OASIS, Referrals Accepted January through December 2007

for these services was highest in founded investigations, with 35% needing counseling and 18% 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 through 2006 referrals.

Number of families receiving services

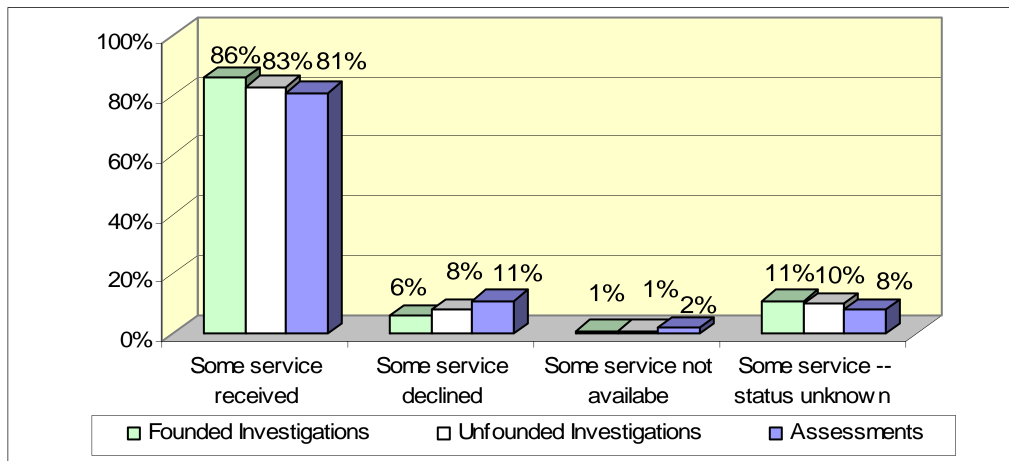
The preceding section of this report focused on identifying families' service needs. This section reports on the provision of services to families with identified service needs. For each identified service, the worker entered the status of service delivery when completing data entry for that referral. Those data are the basis for the following findings.

Among all families needing services, 82% received or were expected to receive services.[14] Ten percent declined at least one service. Two percent needed a service that was not available. Nine percent had a service need for which the status was unknown. Once service needs are identified, disposition makes little difference in whether families receive services. The vast majority of families with service needs had at least some of their needs met, 86% in founded investigations, 83% in unfounded investigations, and 81% in family assessments (Figure 24). Unless required by the court to accept services, families can decline offered services. They may

[14] 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 number of families eventually 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.

accept some and decline others. Assessment track families were somewhat more likely to decline at least one service, 11%, than were families in either founded or unfounded investigations, 6.0%

Figure 24: Service Status by Disposition in Families with Service Needs



Source: OASIS, Referrals Accepted January through December 2007
Note: Adds to more than 100% because families may be in more than one category.

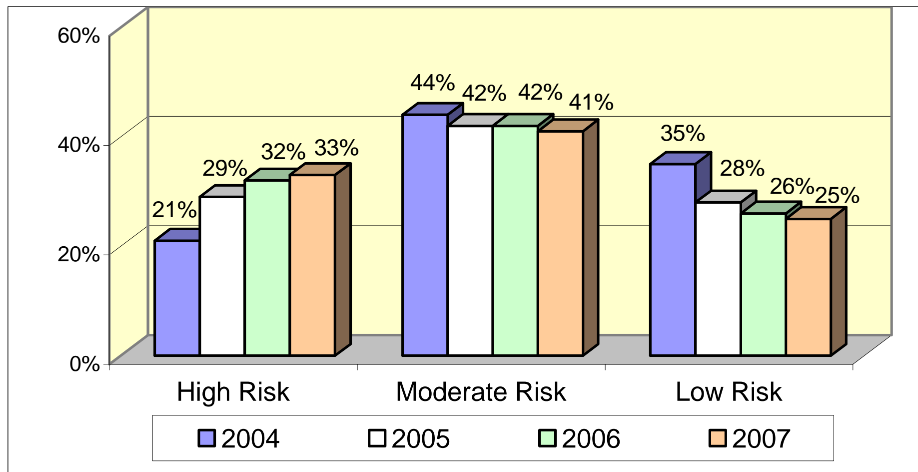
and 8.0%, respectively. These differences between the family assessment track and the investigation track are small and may result in part from there being more families in the investigation track with services for which the status was unknown. It is clear, however, that the hypothesis mentioned earlier, that the family assessment track would encourage greater receptiveness to services, is not supported by these data.

One or 2.0% of families with each disposition 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 the data reflect the worker's knowledge when 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.

Receipt of services did not vary much with risk, type of abuse or neglect, or region. Among all families with service needs, 85% of those at high risk, 81% of those at moderate risk and 80% at low risk received some services. In referrals for various types of abuse or neglect, from 78% to 87% of families received some services. Services receipt was highest in referrals for medical neglect (87%) and lowest in referrals for emotional abuse (78%). In the five regions, from 79% to 87% of families in need of services received some service. Service receipt was highest in the Western (87%) and lowest in the Piedmont (79%) region. Perhaps because the Western region had the lowest percentage of families with identified needs, LDSS were better able to ensure that that this smaller group of families did receive the services they needed. LDSS varied less in the provision of services, once the need was identified, than in the initial identification of service needs. Among 49 LDSS that had at least 50 referrals with identified service needs, from 45% to 96% of families received some services. In two-thirds of those agencies, 80% or more of families with service needs did receive services.

Another way to look at the relationship between risk and receipt of services is to look at the risk levels of the families that received services (Figure 25). There was a trend toward more

Figure 25: Risk Level of Families Receiving Services, 2004-2007



Source: OASIS, Referrals Accepted 2004-2007

high risk and fewer low risk families among those that received services. The percentage of high risk families increased from 21% in 2004 to 33% in 2007. Correspondingly, the percentage of low risk families fell from 35% to 25%.

One way to interpret the trend toward more high risk and fewer low risk families receiving services would be to say that LDSS began to concentrate more resources on providing services to high risk families. A different light is shed on these data, however, by the findings discussed above concerning the change in risk assessment practices of LDSS piloting SDM. Families living in SDM localities were much more likely to be evaluated as high or moderate risk than were families in non-SDM localities, and, by 2007, 56% of all referrals were in SDM LDSS. As a result, there was in a significant increase in the total number of families at high or moderate risk and a decrease in the number of families at low risk. Therefore, the apparent trend toward more high and fewer low risk families receiving services may reflect primarily the changes in risk assessments that accompanied the expansion of SDM. With more LDSS piloting SDM and, therefore, more families being identified as high risk, it would be expected that a larger share of services would go to high risk families and fewer to low risk families. This supposition is supported by the fact that 44% of families receiving services in SDM localities were evaluated as high risk, compared to 17% in non-SDM localities.

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 25% of families received services provided or purchased by the LDSS. Rather, 25% of all services received by all families were provided or purchased by the LDSS. A family might receive services from more than one source.

Community resources provided 39% 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. Thirty-six percent of the services were expected to be obtained independently by the family. For instance, a family might agree to counseling but prefer to receive counseling from their pastor or agree to provide after school care for a child but want to obtain that service from a relative. The LDSS provided or purchased 25% of the services. Examples are counseling or parent education provided by social workers in the LDSS, subsidized child care, or payment for substance abuse evaluation. The 2007 data on source of services are almost identical to data for the past three years.

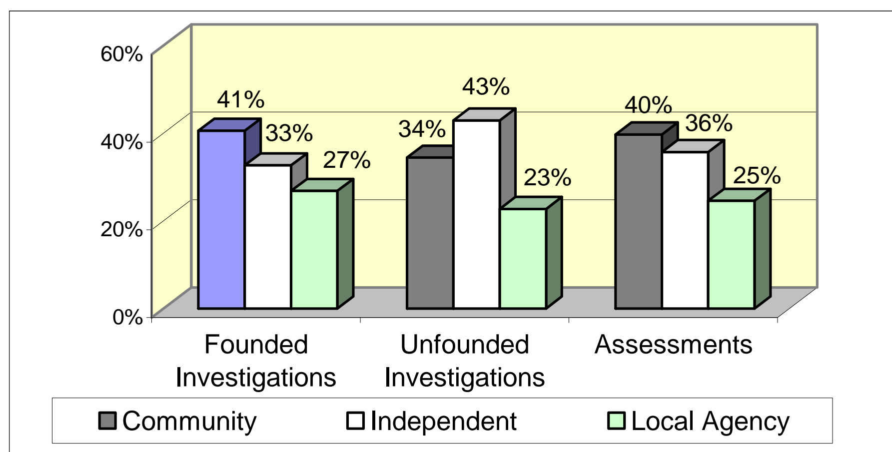
Table 2: Source of Services

Source of Services	Percent of All Services Received
Community Resource	39%
Obtained Independently	36%
LDSS Provided or Purchased	25%
Total	100%
Total Number of Services	13,504

Source: OASIS, Referrals Accepted January through December 2007

Figure 26 shows the sources of services received by families with each disposition. Sources were similar in founded investigations and family assessments with about 40% of services provided by community sources, about a third obtained independently by the family, and about a quarter provided by or purchased by the LDSS. Unfounded investigations had a different pattern with 43% of services obtained independently by the families, 34% provided by community agencies, and 23% provided by the LDSS.

Figure 26: Source of Services by Track and Disposition



Source: OASIS, Referrals Accepted January through December 2007

Table 3 shows the percentage of LDSS services that went to families at each level of risk. In 2007, 47% of LDSS provided or purchased services went to high risk families and 39% to

moderate risk families. Only 15% went to low risk families. Since 2004 there has been a trend toward concentrating LDSS resources on high risk families. The percentage of LDSS provided or purchased services going to those families increased from 29% in 2004 to 47% in 2007. Correspondingly, the percentage going to moderate and low risk families decreased. The biggest decrease was in services to low risk families, which went from 26% in 2004 to 15% in 2007.

Table 3: Percent of LDSS Services Provided to Families at Each Level of Risk

Risk Assessment	LDSS Provided Services			
	2004	***2005***	***2006***	***2007***
High Risk	29%	43%	49%	47%
Moderate Risk	45%	41%	37%	39%
Low Risk	26%	16%	14%	15%
Total	100%	100%	100%	100%
Total Number of Services	2994	3331	3031	3353

Source: OASIS, Referrals Accepted July 2004 through December 2007

The primary explanation for this trend is probably the increase in the number of high and moderate risk assessments that occurred as more LDSS piloted SDM. This hypothesis is supported by the fact that the biggest change in the allocation of LDSS services occurred between 2004 and 2005, the first year in which SDM would have had a significant impact on the number of families in each risk category. CPS Policy directs workers to provide services to families based on risk. SDM policy directs workers to provide services to very high and high risk families, then to moderate risk families. SDM policy does not support providing services to low risk families.

Ongoing CPS and foster care services

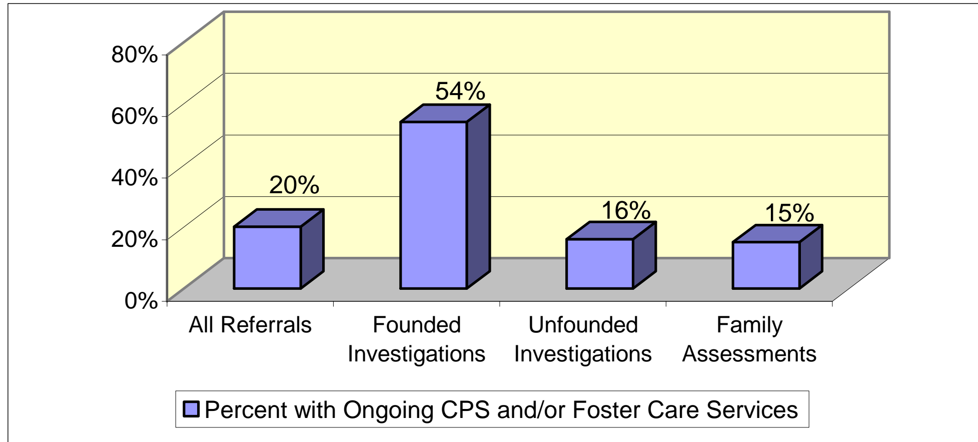
In addition to information about service needs and services provided during the 45 to 60 day period for conducting the family assessment or investigation, OASIS also includes information about ongoing CPS and foster care services provided after a family assessment or investigation is completed. If a child is placed in foster care, or if the LDSS determines that the family needs child protective services beyond the 45 to 60 day period, the LDSS opens a foster care case, an ongoing CPS service case, or both.

Twenty percent of referrals involved ongoing CPS and/or foster care service (Figure 27)[15]. Receipt of ongoing CPS and foster care services varied by disposition: founded investigations, 54%; family assessments, 16%; and unfounded investigations, 15%. The high rate in founded investigations is not surprising since these are situations where abuse or neglect was confirmed. The overall percentage and breakdown by disposition are consistent with data from previous years. The percentage of families receiving ongoing CPS or foster care services was

[15] In some cases the ongoing case shown in OASIS was not a new case but a continuation of a case that was opened as the result of an earlier referral on the family.

understandably much greater in families at high risk for future abuse of neglect. Fifty-two percent of high risk families, 19% of moderate risk families, and 7% of low risk families received such services.

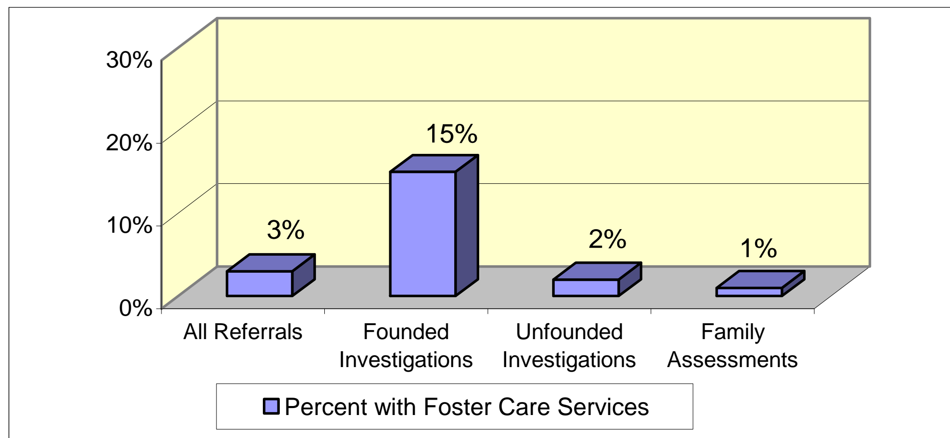
Figure 27: Ongoing CPS and Foster Care Services by Track and Disposition



Source: OASIS, Referrals Accepted January through December 2007

The data extract for this report includes data on foster care placement that occurred within 90 days of the disposition of the referral. Three percent of all 2007 referrals involved foster care placement (Figure 28). As would be expected, founded investigations had the highest foster care rate, 15%. Children in 2.0% of unfounded investigations and 1.0% of family assessments were also placed in foster care. The overall percentage and breakdown by disposition are consistent with data from previous years.

Figure 28: Foster Care by Track and Disposition



Source: OASIS, Referrals Accepted January through December 2007

There are a number of reasons why referrals other than founded investigations may involve foster care. For instance, a child could be determined to be 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 family in which there was no abuse or neglect, but the mother required hospitalization and foster care services were provided until the mother could resume caring for the child. In family assessments, the LDSS is supposed to change the referral to an investigation if the LDSS takes custody. However, since the data include any foster care placement occurring within 90 days after the disposition, data for those referrals can show placement that occurred after the family assessment was completed. Case reviews conducted in 2005 showed that such placements sometimes occur due to new referrals. Placement may also occur as part of the follow-up process in which the LDSS and the court monitor parental compliance with protective orders entered during the investigation or family assessment. In those instances, 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 who, 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.

Special Topic – Ongoing Service Cases

Each year the DRS evaluation report includes a study of a special topic. This year's special topic is an evaluation of ongoing CPS service cases. These are cases that are opened by the LDSS at the conclusion of the investigation or family assessment when a family needs services to treat or prevent further abuse or neglect. Many families receive services during the investigation or family assessment, but if further services are needed, the LDSS opens an ongoing service case.

Case reviews are helpful in understanding the operations of LDSS because the reviewer has access to the full OASIS record which contains far more information than the statistical data used for the analyses in the first part of this report. If the case is well documented, the reviewer can gain a good understanding of the issues in the case and the way the LDSS responded. The case reviewer also provides additional insight into LDSS practices and performance by responding to questions asking her to apply her judgment as a highly experienced CPS supervisor.

These case reviews are an initial, exploratory study of ongoing service cases. Their primary purpose is to find out what LDSS are doing to identify families' service needs and provide services to those families. The case review addresses the following questions.

- What are the characteristics of families who need ongoing CPS services?
- What services do families receive?
- Who provides the services?
- What is the relationship between risk and services?
- Do SDM and non-SDM agencies differ in providing ongoing services?
- Are services effective in reducing risk, preventing later abuse or neglect, or preventing a need for foster care?

One issue that arises in case reviews is the extent and quality of the documentation. The reviewer is dependent on whatever information the worker entered into OASIS. The case reviewer sometimes had difficulty because of missing or limited information in the OASIS file. In a few instances the narrative in OASIS included a reference to a hard copy file to which the reviewer did not have access, limiting her ability to review all aspects of the case.

After completing each review the reviewer reported on whether documentation problems made it difficult to review the case and answer all the questions in the case review instrument. She reported no difficulty in 71% of the reviews, but found it difficult (14%) or somewhat difficult (15%) to complete the remaining reviews. Nineteen percent of cases from SDM agencies were difficult to review compared to 6.0% from non-SDM agencies.

Case selection process

The 117 ongoing cases included in this study were randomly selected from family assessments with services needed and founded investigations with a referral date in January of 2007. Because the case review was conducted in the summer of 2008, there was ample time to evaluate services provided in the ongoing case and to determine whether there were new CPS referrals on the family. To be included in the case sample the following case selection criteria were established:

- The referral was either a founded investigation or a family assessment with needs.
- The family had an ongoing service case opened or continued in connection with the January, 2007 referral.
- The family was either high or moderate risk for future abuse or neglect. High and moderate risk families are the ones with the greatest need for services and the ones in which there is the greatest potential for services to prevent future abuse or neglect or a need for foster care.
- The child was in the home when the ongoing case was opened. One of the purposes of the reviews was to see whether services were effective in preventing future abuse or neglect or a need for foster care, so it was necessary for the child to be with the family initially even if there was a later removal. If the child was removed during the investigation or family assessment but then returned to the family, the case was still eligible for review.

There were 365 referrals in January of 2007 that met those criteria. The 117 cases included in the reviews were randomly selected from that group.[16]

[16] The total number of cases included in the original random selection was 151. Only 117 cases were finally included in this study. As the case reviewer looked up each case, she sometimes found that the case did not meet the selection criteria. The most frequent reason a case had to be excluded was that the case reviewer found out that the child had been removed from the family and had not returned by the time the ongoing case was opened. In a few instances, the reviewer discovered that there was a data error and the family in the referral did not actually have an ongoing case. In a few instances she could not gain access to the ongoing case in OASIS. Also excluded were several cases in which the allegation was a substance exposed infant. CPS policy requires reports of that type to be accepted as family assessments in case services are needed, but there are no findings in those referrals and DSS did not consider them to be appropriate for inclusion in this study.

The reviewed cases are representative of the pool of potential cases from which they were drawn in disposition, risk, and the proportion from SDM and non-SDM LDSS. Fifty-eight percent of the reviews were from SDM agencies and 42% from non-SDM agencies (Table 4). Sixty percent of the reviewed cases were from family assessments with services needed and 40% from founded investigations. Fifty-three percent of the families were high risk and 47% were moderate risk. There were 81 LDSS represented in the pool of potential cases, and the reviewed cases came from 48 of those LDSS. LDSS not represented in the random selection were ones that had only one or two eligible cases.

Table 4: Characteristics of Reviewed Cases

Case Characteristics	Reviewed Cases
Disposition	
Founded investigation	40%
Family assessment with needs	60%
Total	100%
Risk level	
High	53%
Moderate	47%
Total	100%
SDM or Non-SDM LDSS	
SDM	58%
Non-SDM	42%
Total	100%
Number	117

Source: Case Review Database

Characteristics of Reviewed Cases

SDM and non-SDM agencies

SDM agencies had more high risk referrals (68%) than did non-SDM agencies (33%) (Table 5). As discussed earlier, this difference is apparently due to differences in the risk assessment process in the two groups of agencies. The SDM Risk Assessment Tool was used in 90% of the SDM referrals.

Table 5: Characteristics of Reviewed Cases, SDM and non-SDM LDSS

	SDM Agencies	Non-SDM Agencies	All Agencies
High risk	68%	33%	53%
Moderate risk	32%	67%	47%
Total	100%	100%	100%

Investigation	43%	37%	40%
Family assessment	57%	63%	60%
Total	100%	100%	100%
Number	68	49	117

Source: Case Review Database

Referrals from SDM agencies were slightly more likely to be founded investigations than were referrals from the non-SDM LDSS, 43% compared to 37%. Correspondingly, SDM LDSS had slightly fewer family assessments, 57% compared to 63%. In the analyses of the case reviews, separate data on SDM and non-SDM agencies are shown only when there was a noteworthy difference between the two groups.

The most frequent type of abuse or neglect in the reviewed cases was physical neglect, present in 59% of the referrals (Table 6). Two subcategories of physical neglect included in the referrals were lack of necessities (33%) and lack of supervision (26%). Forty-one percent of the referrals included an allegation of physical abuse. Sexual abuse, mental abuse, and medical neglect were each included in less than 10% of the referrals.[17]

Table 6: Types of Abuse or Neglect, Cases from SDM and non-SDM LDSS

Type of Abuse or Neglect	SDM Agencies	Non-SDM Agencies	All Agencies
Physical neglect	56%	65%	59%
Lack of necessities	31%	37%	33%
Lack of supervision	25%	29%	26%
Physical abuse	46%	33%	41%
Sexual abuse	9%	6%	8%
Mental abuse	7%	8%	8%
Medical neglect	4%	6%	5%
Number	68	49	117

Source: Case Review Database

Note: Totals are more than 100% because some referrals had more than one type of maltreatment.

SDM and non-SDM LDSS differed somewhat in the types of abuse or neglect found in their referrals. SDM LDSS had fewer physical neglect complaints (56%) than non-SDM agencies (65%) but more physical abuse complaints, 46% compared to 33%.

History of CPS referrals prior to January 2007

Fifty-seven percent of the families had a prior CPS referral, i.e., one that occurred before the January, 2007 referral included in this review (Table 7). That history is not surprising since

[17] Sexual abuse complaints must be investigated, so all the referrals for sexual abuse were founded investigations. Referrals with other the other types of maltreatment were either founded investigations or family assessments with service needs.

these families were all at high or moderate risk for future abuse or neglect and had problems

Table 7: History of CPS Referrals before January 2007

Prior Referral	High Risk Families	Moderate Risk Families	All Families
Yes	74%	38%	57%
No	26%	62%	43%
Total	100%	100%	100%
Number	62	55	117

Source: Case Review Database

serious enough to require the opening of an ongoing case. Seventy-four percent of high risk and 38% of moderate risk families had a prior referral. From the opposite perspective, 43% of families did not have a prior referral, including 62% of moderate risk and 26% of high risk families.

One way to measure of the seriousness of abuse and neglect problems in a family with prior referrals is to see when the family had its last referral before January of 2007. A recent referral may suggest more serious problems than a referral that occurred much earlier. Thirty-nine percent of families with a prior referral had their most recent referral during the six months prior to January of 2007 (Table 8). Another 23% had their most recent referral seven to 12 months earlier. The incidence of prior referrals within the previous year was greater among the high risk families (67%) than among the moderate risk families (45%).

Table 8: Time since Last Referral – Families with a Prior Referral

Time since Last Referral	High Risk Families	Moderate Risk Families	All Families
One to six months earlier	41%	30%	39%
Seven to 12 months earlier	26%	15%	23%
13 to 18 months earlier	13%	20%	15%
19 to 24 months earlier	2%	5%	3%
More than 24 months earlier	9%	0%	6%
Don't know	9%	30%	14%
Total	100%	100%	100%
Number	46	20	66

Source: Case Review Database

Another way to measure the gravity of abuse or neglect problems is to consider the outcomes of that family's prior referrals, if any. The case reviewer recorded the outcomes of all prior referrals. That information is displayed in Table 9. The percentages in each column show the percent of the families with a prior referral that ever had a referral with a particular outcome. For instance, 29% of all families with a prior referral had a prior founded investigation, including 26% of high risk families and 35% of moderate risk families.

Table 9: Outcomes of All Prior Referrals

Outcome of Prior Referrals	High Risk Families	Moderate Risk Families	All Families
Founded investigation	26%	35%	29%
Family assessment with needs	59%	30%	50%
Family assessment without needs	28%	35%	30%
Unfounded investigation	20%	15%	18%
Unknown disposition	9%	15%	11%
Number	46	20	66

Source: Case Review Database
Note: Columns add to more than 100% because some families had more than one prior referral.

The two outcomes that suggest the most serious maltreatment problems are founded investigations and family assessments with service needs. Twenty-nine percent of families with prior referrals had a prior founded investigation and half had a prior family assessment with service needs. Since some families had more than one prior referral and might be included among both the founded investigations and the family assessments with needs, one cannot simply add together the percentages on those two lines to determine the total percent with one or both of those prior outcomes. Instead, a separate calculation was performed to determine the percentage of families that had a prior founded investigation, a prior family assessment with needs, or both. Sixty-nine percent of all families with prior referrals, including 76% of high risk and 55% of moderate risk families, had one or both of those outcomes among their prior referrals. The actual percentage may be higher because in 11% of the families, it was not possible to determine the outcome of one or more prior referrals. In summary, these findings show that families with serious abuse and neglect problems are likely to have had prior reports, recent reports, and more serious reports and to have been found in need of services.

Services needed and services received

This section reports on the services needed by and provided to families with ongoing service cases. Topics include:

- Services provided during the investigation or family assessment,
- Opening of the ongoing service case,
- Service planning,
- Services received,
- Service providers, and
- Appropriateness of services.

Services during the investigation or family assessment

Families may receive services both during the investigation or family assessment and afterwards through an ongoing service case. Eighty-eight percent of the families received services during the January 2007 family assessment or investigation. These services were a little

more frequent in referrals in non-SDM LDSS (94%) than in SDM LDSS (84%). Frequency was essentially the same in high (87%) and moderate risk (89%) referrals.

Counseling (56%) and parent education (22%) were the two most frequent services received, followed by legal services (18%) (Table 10). Legal services generally involved protective orders or assistance with custody issues. Psychological health care, substance abuse evaluation and substance abuse treatment were the next most frequent services received.

Table 10: Services Received during Investigation or Family Assessment, Families that Received Services

Service Received	Percent Receiving Each Service
Counseling	56%
Parent education	22%
Legal services	18%
Psychological health care	15%
Substance abuse evaluation	13%
Substance abuse treatment	9%
Information and referral	8%
Financial	7%
Domestic violence services	5%
Other services	33%
Number	103

Source: Case Review Database

Ongoing services resulting from January 2007 referral

As discussed above, the families included in this study had abuse and neglect issue serious enough to require services through an ongoing CPS service case. Among all the families, 82% had a new ongoing case opened, and 17% had an existing case that was continued. In 1.0% of the cases it was not possible to tell whether there was a new service case or a continuation of a prior one (Table 11).

Table 11: Opening of Ongoing Case

Ongoing Case Status	Percent of All Families
New case opened	82%
Prior case continued	17%
Don't know	1%
Total	100%
Number	117

Source: Case Review Database

In families that continued to receive services through a prior ongoing case, 43% had new services added or other changes in services as a result of the new referral. Thirty-three percent of

open cases were continued without significant change, and in 24%, the case reviewer could not tell whether there was a change in services.

Ongoing cases are required by CPS policy to have a service plan that relates the planned services to a family's specific risk factors. The case reviewer found a service plan in 75% of the ongoing cases (Table 12). Twenty-five percent did not have a service plan.

Table 12: Service Planning

Service Planning	Cases with a Service Plan	All Cases
Was there a service plan?		
Yes	100%	75%
No	0%	25%
Total	100%	100%
Was family included in service planning?		
Yes	83%	62%
No	8%	6%
Don't know	9%	7%
Not relevant (no service plan)		25%
Total	100%	100%
Number	88	117

Source: Case Review Database

One of the purposes of DRS is to engage the family and involve them in identifying family needs and planning for services to meet those needs. The case reviewer evaluated whether the family appeared to have been involved in a positive way in service planning.

The case reviewer looked at several possible indicators to confirm the family's involvement in service planning including whether there was a service plan in OASIS that was signed by the parent, whether there was a discussion of services, and whether the worker reported that the family was cooperative. If the worker offered services and the family was cooperative, the reviewer considered that to be family involvement in service planning. If the LDSS went to court for an order requiring the family to accept services, the family was not counted as participating in service planning since the need to resort to a court order suggested that the family was resisting services rather than helping to plan for them. Families were not counted as participating if there was no mention of a service plan in OASIS and no indication of the family's participating in a discussion of service needs.

There was no difference between high and moderate risk families in whether they had a service plan and were included in service planning. There was a difference between SDM and non-SDM LDSS. Eighty-two percent of cases in non-SDM LDSS had a service plan, compared to 71% in SDM LDSS. Some of this difference may be due to the fact that 7.0% of the cases from SDM LDSS had documentation problems that prevented the case reviewer from determining whether there was a plan while there was no documentation problem on that issue in any of the cases from non-SDM cases.

Services received

The case reviewer looked at the OASIS record to see whether there was evidence that the family did, in fact, receive services through the ongoing CPS service case. Eighty-six percent of the families did receive services (Table 13). Eight percent clearly did not. In 6.0% of the cases, the reviewer could not tell whether the family received any services because of documentation problems. There were only eight families known not to receive services from the ongoing case. The primary reason those families did not receive services was that they declined the offer of services.

Table 13: Services Received After January 2007 Referral

Service Receipt	All Families
Did family receive services?	
Yes	86%
No	8%
Don't know	6%
Total	100%
Number	117

Source: Case Review Database

In a few cases a family received services but not through an ongoing CPS case. For example, in one family where there was drinking and domestic violence, the father was ordered by the court to undergo substance abuse treatment and anger management classes. Those services were supervised by the probation office of the local court and were not provided by or supervised by the LDSS. The parents separated and the mother refused to accept any services through the LDSS. The mother said she would privately obtain counseling for the child, but there was no way to tell whether she had done that. The case was closed after two months of limited contact.

In several instances, the LDSS did provide a service but it was not really part of an ongoing service case. For instance, one family refused treatment services but requested financial help, assistance with rent and utilities payments. Financial help was provided on a one time basis, but no ongoing services were received.

Table 14 shows the services received by the 101 families that did receive services through the ongoing case. Counseling was the most frequently provided service. Eighty-nine percent of families that received services participated in a counseling service. Next most frequent was parent education, 33%. The third most frequent was information and referral. Information and referral is the process through which the LDSS links a parent with needed services that are available in the community. Information and referral occurs when the worker gives concrete information to a parent about a specific service, for instance, a counseling service or substance abuse evaluation and treatment services, but it is then up to the parent to make the appointment and follow through with the services. In some cases the worker initiated the discussion of available services and in others the parent asked for information about a particular service.

Table 14: Services Received after January 2007 Referral

Service Received	Families that Received Services
Counseling	89%
Parent education	33%
Information and referral	30%
Psychological health care	20%
Medical health care	16%
Substance abuse treatment	15%
Education	14%
Financial assistance	13%
Legal	14%
Substance abuse evaluation	9%
Other services	40%
Number	101

Source: Case Review Database

For all services received by the family, the case reviewer identified the service provider. Community agencies were the most frequent service providers. They provided 47% of all services received (Table 15). Examples are counseling services provided through the Community Services Board or parenting classes offered by a nonprofit community organization. The LDSS provided 36% of services.[18] Types of services provided included information and referral, counseling, and financial assistance. Six percent of the services were from private providers such as doctors or psychologists. Other government agencies, such as the local department of health or the probation office of the local court, provided 4.0% of the services. The source of 7.0% of the cases could not be determined.

Table 15: Source of Ongoing Services

Source of Services	Percent of Services from that Source
Community agency, including Community Services Board	47%
LDSS	36%
Private provider	6%
Other government agency such as department of health	4%
Don't know	7%
Total	100%
Number	330

Source: Case Review Database

[18] Only direct services are counted here. Case management is not counted as a specific service.

Appropriateness of services to reduce assessed risk

The case reviewer evaluated family needs and service provision to determine whether the services received addressed the family's specific risks of abuse or neglect (Table 16). Sixty-nine percent of families who received services and 60% of all families had their service needs fully addressed. What that means is that the services offered were appropriate for the family's specific needs. It does not mean that the services were necessarily successful in mitigating the risk of abuse or neglect. In 22% of families that received services and 19% of all families, services partially addressed needs, meaning that some service needs were not met. That does not necessarily mean that the LDSS failed to recognize the needs or did not try to provide services. The family may have refused to accept a needed service.

Table 16: Appropriateness of Services to Reduce Risk

Did Services Address Needs?	Families who Received Services	All Families
Yes	69%	60%
Partially	22%	19%
No	0%	9%
Don't know	6%	10%
Not relevant	3%	3%
Total	100%	101%
Number	101	117

Source: Case Review Database
Note: Percentages may add to more or less than 100% due to rounding.

Among all the families, 9.0% did not have any service needs addressed because no services were received, generally because the family refused. In 6.0% of the families that received services and 10% of all families, documentation was too inadequate for the case reviewer to tell whether the family actually received services or whether the services addressed the family's needs. In a few cases the case reviewer answered "not relevant" because, although the ongoing case was opened and an attempt was made to provide services, the services never really got started. One example was a mother who was living in a shelter when the case was opened but who then left her baby with someone in the shelter and never returned.

In evaluating the appropriateness of services, the case reviewer considered whether, based on the information in OASIS, the family appeared to have needs that were not identified by the worker. She found only one such instance, but in 24% of the cases problems with the documentation made it difficult for her to tell.

The reviewer also looked at cases in which there was an identified need but no service was received. Thirty-one percent of the families had identified needs for which no service was provided. That does not mean that 31% of the families did not receive any services. Some families accepted some services and refused others. The most common needs for which services were not provided were counseling (28% of all the unmet needs), substance abuse treatment

(19%) and substance abuse evaluation (11%). The family's refusal to accept services was the reason for the lack of services in 87% of those cases.

Services for substance abuse and domestic violence

Previous case reviews have shown that in many families where there is child abuse or neglect, there are also problems of substance abuse and domestic violence. The case reviewer found indications of substance abuse in 36% of the families included in this study (Table 17). The most common evidence for a possible substance abuse problem was an allegation of substance abuse in the complaint, often as an explanation for the abuse or neglect. Typical of such allegations were reports that the family spent its money on drugs instead of feeding the children, that there were comings and goings at all hours of the night because the parent was selling drugs out of the house, that the parent had been observed to be drunk or high on drugs, or that there was an odor of marijuana present in the house. Sometimes there was a reference in the record to an arrest or court action connected with drug use. Other evidence included a worker's request for a drug screen or referral to a substance abuse treatment program.

Table 17: Substance Abuse and Domestic Violence

	High Risk Families	Moderate Risk Families	All Families
Evidence of substance abuse	40%	31%	36%
Evidence of domestic violence	23%	15%	19%
Number	62	55	117

Source: Case Review Database

The data on substance abuse issues are approximate. The case reviewer's findings concerning a substance abuse problem in a particular referral is not necessarily definitive. Allegations of substance abuse might be malicious or mistaken, or a family could have a substance abuse problem that was not reported in the allegation and not observed by the CPS worker. Based on whatever evidence was available in the case record, the case reviewer judged whether it was reasonable to infer a substance abuse problem.

Substance abuse was somewhat more common in high risk (40%) than in moderate risk families (31%) families. Among all families with substance abuse issues, alcohol was the problem in 14% of the families, other drugs in 50%, and a combination of alcohol and other drugs in 36%. The primary caretaker was the person with the substance abuse problem in almost all of the referrals.

Evidence of domestic violence was found in 19% of the households, including 23% of high risk and 15% of moderate risk families. Evidence for domestic violence included police reports, court actions, reports of physical injury, a history of suspicious injuries with corroborating statements, and statements by household members. The case reviewer was conservative in identifying domestic violence if the only evidence was a statement by one of the parties, without any supporting evidence or admission by the purported abuser. In those

instances, she did not record the claim of domestic violence. She took this approach because it was not unusual for there to be an initial claim of domestic violence that was later recanted with an explanation, for instance, that the person claiming to be a victim of such abuse had just been angry and trying to get the other person into trouble. It is likely the incidence of domestic violence is greater than the 19% reported here, but other instances could not be verified. The case reviewer also noted that domestic abuse in the form of mental abuse is probably substantially underreported because it is often not seen as a distinctive issue in the way that physical abuse is.

While determining whether the services a family received addressed the family's specific risks for future abuse or neglect, the case review also looked at whether substance abuse or domestic violence problems, if present in the family, had been addressed. Ways in which substance abuse problems might be addressed included asking for a drug screen or referring a parent for treatment. In families with substance abuse issues, those issues were fully addressed in 60% of the families, partially addressed them in 20% and not addressed in 20% (Table 18). The fact that substance abuse had been addressed did not necessarily mean that any concrete action had been taken to treat the problem. The abusing parent, for instance, might agree to a drug screen but then fail to actually get one.

Table 18: Services for Substance Abuse and Domestic Violence

Did Services Address Needs?	Substance Abuse Issues	Domestic Violence Issues
Yes	60%	55%
Partially	20%	36%
No or not documented	20%	9%
Total	100%	100%
Number	41	22

Source: Case Review Database

In families with domestic violence, services fully addressed the issues in 55% of the families, partially addressed them in 36%, and did not address them in 9.0%. Individual or family counseling and anger management classes were examples of services for domestic violence.

Reassessment of risk

According to CPS policy, families with ongoing service cases are to have a risk reassessment every 90 days. The case reviewer looked at each case to see whether there was a reassessment. She identified a number of documentation issues that sometimes made it difficult to determine whether there was a risk reassessment. Problems included incomplete interview information in OASIS and references to "a hard file" without any summary of the information in that file. In addition, sometimes the case closed before a risk reassessment was due. Typical reasons for early case closure were that the parent did not cooperate with services, or the family moved, or the child left the household.

As far as could be determined from the available information, only 35% of the ongoing cases had a formal risk reassessment (Table 19). In another 4.0%, there was no formal reassessment, but there was evidence that risk was discussed and considered by the LDSS. Those cases are considered to have had an informal reassessment. In half the cases there was no evidence of a reassessment and 10% were either too poorly documented to tell or a reassessment was deemed "not relevant" because the case closed almost immediately and had no services delivered.

Table 19: Risk Reassessment in SDM and non-SDM Agencies

Risk Reassessment	SDM Agencies	Non-SDM Agencies	All Agencies
Yes – formal reassessment	46%	20%	35%
Yes – informal reassessment	1%	8%	4%
No	43%	61%	50%
Don't know or not relevant	10%	10%	10%
Total	100%	99%	99%
Number	68	49	117

Source: Case Review Database
Note: Percentages may add to more or less than 100% due to rounding.

Risk reassessment occurred more often in SDM than in non-SDM LDSS. Forty-six percent of ongoing cases in SDM LDSS had a formal risk reassessment and another 1.0% had an informal reassessment. By comparison, only 20% of cases in non-SDM LDSS had a formal risk assessment and another 8.0% an informal reassessment. These data suggest that SDM tools and processes result in more systematic attention to the requirement for a reassessment. When SDM agencies conducted a formal risk reassessment, they used the SDM risk assessment tool 88% of the time.

Table 20: Results of Risk Reassessment

	Reassessed Cases
Risk decreased	70%
No change in risk	26%
Risk increased	2%
Don't know	2%
Total	100%
Number	46

Source: Case Review Database

In ongoing cases in which risk was reassessed, there was a striking change in the risk profile. The percentage of families at high risk was reduced from 67% to 17% (Table 21). While there were no families initially at low risk, 48% were low risk when reassessed. Eighty-one percent of the cases with reduced risk had been closed by the time of the case review.

Table 21: Comparison of Original and Reassessed Risk, Cases with Risk Reassessment

Risk Level	Original Risk Assessment	Reassessed Risk
High	67%	17%
Moderate	33%	30%
Low	0%	48%
Don't know	0%	4%
Total	100%	99%
Number	46	46

Source: Case Review Database
Note: Percentages may add to more or less than 100% due to rounding.

In cases with a reduction in risk, the case reviewer tried to determine the reason the risk decreased. She found that in 59% of the cases the services the family received reduced the risk of abuse or neglect. (Table 22). In 16% risk was reduced by other factors such as the child no being longer in the household or the perpetrator no longer having access to the child. In 13% both services and other factors played a role, and in 13% the reason could not be determined. In this limited number of cases with both a risk assessment and reassessment, the data suggest that ongoing services are effective in reducing the risk of future abuse or neglect.

Table 22: Reasons for Risk Reduction, Cases with Reduced Risk

Reason for Risk Reduction	Families with Reduced Risk
Services clearly reduced risk	59%
Risk reduction primarily due to other factors	16%
Both services and other factors	13%
Don't know	13%
Total	101%
Number	32

Source: Case Review Database
Note: Percentages may add to more or less than 100% due to rounding.

Patterns of LDSS contact with the family and service providers

CPS policy provides that when there is an open ongoing case, the LDSS should be in contact with the family at least once a month. The case reviewer looked at the pattern of contact with the family. If there was a service provider other than the LDSS, she also looked at the pattern of contact with the service provider.

LDSS met the monthly contact guideline in 83% of cases in which families were actually receiving services (Table 23). In only 2.0% was contact less than monthly. In the 15% of cases with "other" contact patterns there was no dominant pattern of contact, such as frequent contact with an initially resistant family while trying to get them to cooperate with services and then less contact as time went by. In a few cases, no contacts were documented. Those were generally cases in which the overall level of documentation was poor.

Table 23: Frequency of Contact in Ongoing Case

Frequency of Contact	With Family	With Service Provider
	Families that Received Any Service	Families with Services from non-DSS Provider
Weekly	40%	18%
One or two times a month	43%	47%
Less than monthly	2%	16%
Other	15%	10%
Nothing documented	1%	9%
Total	101%	100%
Number	101	93

Source: Case Review Database
Note: Percentages may add to more or less than 100% due to rounding.

If the family received services from a non-DSS provider, the LDSS contacted the provider at least once a month in 65% of the cases, less than monthly in 16%, and had another pattern of contact in 10%. Nine percent of cases had no documentation on contacts. LDSS were particularly attentive to high risk families. Although the percentages of high and moderate risk families with at least monthly contact were similar, there was weekly contact with 47% of high risk families, compared to 22% of moderate risk families. Patterns of contact were generally similar in SDM and non-SDM LDSS.

Case closure

Ninety-one (78%) of the ongoing service cases in this study were closed by the time of the case review (Table 24). Twenty-nine percent of families originally deemed to be high risk still had their cases open as did 13% of moderate risk families. (In Table 24 and later tables that show risk assessment, the label "initial risk assessment" means the original risk level assigned to the case and does not refer to any risk reassessment.

Table 24: Case Status at Time of Review

Case Status at Time of Review	Family's Initial Risk Assessment		
	High Risk	Moderate Risk	All Families
Ongoing case was closed	69%	87%	78%
Ongoing case was still open	29%	13%	21%
Don't know	2%	0%	1%
Total	100%	100%	100%
Number	62	55	117

Source: Case Review Database

This report does not include detailed research on the reasons for case closure, but the case reviewer did note reasons for case closure that sometimes were included in the record. Among the reasons given were: services had been completed; a risk reassessment showed reduced risk

and services were no longer needed; the child was no longer in the household; the family had moved; and the family was no longer cooperating with services.

Prevention of foster care

One of the reasons for providing services to families is to prevent a future need for foster care. This section examines the incidence of foster care in the 117 families and the effectiveness of services in preventing foster care.

Incidence of foster care

Between the opening of the ongoing case and the case review, children from 24 (21%) of the 117 families moved from the household that was the subject of the January, 2007 CPS complaint. The incidence of children moving out of the home was 24% in high risk families and 16% in moderate risk families. By the time of the case review, the children from three families had returned home, for a net removal rate of 18%.

In only 10 of the families were the children removed as a result of court action initiated by the LDSS. In the other 14 families, 58% of families in which the children moved, family members arranged for a change in custody, either voluntarily or as a result of the non-custodial parent or other relative going to court to obtain custody. In several of the cases in which another family member took custody, the LDSS played a role in obtaining parental agreement to a change in custody without having to resort to agency-initiated court action.

At the time of the case review, children from 21 families were living with someone other than their January, 2007 caretaker. The LDSS had custody of the children from eight of the families, and a relative or friend had custody of children from 10 of the families. In three of the cases the case reviewer could not tell who had custody, either because of lack of documentation or the issue still being before the court.

Table 25 shows the incidence of foster care as of the summer of 2008.[19] Children from 7.0% of the 117 families included in the case reviews were in foster care. The incidence of foster care in the 21 families in which the children were no longer in the home was 38%.

Table 25: Incidence of Foster Care at Time of Case Reviews

	Incidence of Foster Care
All 117 families included in case reviews	7%
21 families in which children were no longer in the home	38%

Source: Case Review Database

[19] None of the children returned to the caretaker before the case review had been in foster care.

Services to prevent foster care

To see whether ongoing services may have prevented a need for foster care in some families, the case reviewer examined the 89 cases[20] in which it was clear that the child had not been removed at any time and was still in the home at the time of the case review. She sought to determine whether there was evidence that ongoing services helped to prevent a need for foster care. That judgment was obviously difficult to make since the only information the reviewer had was what the LDSS entered into OASIS, and not all the relevant information may be in the record. In addition, both judging whether there was a potential for foster care and assessing the impact of services on the family are complex matters with no clear decision rules. The case reviewer was asked, however, to use her long experience as a CPS supervisor, apply her best judgment, and try to answer the question.

The reviewer found clear evidence that services helped to prevent foster care in 10% of the 89 cases and some evidence that services may have prevented foster care in 30% (Table 26). In 29% she determined that foster care was not really at issue and in 30% she could not make a judgment. She found that the likelihood that services helped to prevent foster care was greater in high risk cases than in moderate risk cases. In 49% of high risk families there was clear evidence or some evidence for that outcome, compared to 32% in moderate risk families. She found that a potential need for foster care was not really an issue in 41% of moderate risk and 18% of high risk families. Examples of these different kinds of situations are discussed below.

Table 26: Role of Services in Preventing Foster Care

Services Prevented Foster Care	Family's Initial Risk Assessment		
	High Risk	*Moderate Risk*	*All Families*
Yes, clear evidence	16%	5%	10%
Possibly, some evidence	33%	27%	30%
No, foster care not an issue	18%	41%	29%
Don't know	33%	27%	30%
Total	100%	100%	99%
Number	45	44	89

Source: Case Review Database

One example where the case reviewer believed services definitely helped to prevent a need for foster care was a founded investigation in which a 16 year old girl alleged that she was raped by a 20 year old man and that her mother was in the next room but did nothing. The mother admitted that she allowed the man to be there with the child. The child also alleged that stepfather was physically abusive. The case record stated that the child was at risk for foster care. The mother was charged with contributing to the delinquency of a minor. There was also a CHINS petition because of the child's behavior and the child was placed under supervision of

[20] Of the 117 cases, there were 24 in which the child had been removed (including three in which the children returned home) and four in which documentation problems made it impossible to be sure whether there were any removals, leaving 89 cases in which it was clear that there was not a removal.

the court and ordered to cooperate with DSS. The family received counseling and medical psychological services. The mother participated in in-home counseling to improve her parenting skills. The worker reported that she was actively using the skills she learned and was providing appropriate supervision and discipline. The CHINS case was eventually dismissed as the child's behavior improved. The service case was eventually closed because no further services were needed.

Another example of services clearly preventing possible foster care was a case in which the report was that a four year old was living with his mother and grandparents in a house in which trash was knee high, heavily infested with roaches, and generally dirty and potentially dangerous. The LDSS assisted the family in locating different housing and helped the family establish better house maintenance habits through parent education, home based services and supportive services. The home is now clean and properly maintained. The family also received services that led to an attention deficit hyperactivity disorder diagnosis for the child, and the child was enrolled in a preschool program to learn socialization skills.

An example of a case in which there was some evidence that services helped to prevent foster care was a founded investigation of physical abuse, beating with a belt of a nine year old and a 12 year old. The mother was arrested and an abuse/neglect petition was filed. The family was provided with counseling services and parent education from community providers. The worker was in close contact with the family, with service providers, and with the school where the children had been suspended due to their behavior problems. Counseling addressed both the children's behavior problems and the mother's need to develop other forms of discipline. The therapist reported that the family was making steady progress and that a positive rapport had developed between the mother and the children. The case was eventually closed because services were no longer needed.

An example of a case in which the case reviewer believed there was not a potential for foster care was a founded investigation for sexual abuse by the mother's boyfriend who resided in the home. Foster care was not at issue because the mother was very protective once she learned of the abuse, and the perpetrator was arrested and was no longer in the home. With the perpetrator gone, there was no likelihood of further abuse. The LDSS did provide an array of counseling services to help the mother and the child. Services included group therapy for non-offending parents and both group and individual therapy for the child.

Another example of a case in which the reviewer felt there was not really a potential for foster care was a family assessment for physical abuse in which the two children both had bruises. The reviewer felt foster care was not really at issue because this appeared to be a one time incident (the family had no prior referrals) and the injuries were not severe. The mother received parent education and assistance with daycare. The worker reported that the mother had changed her attitude toward disciplining the children, had learned alternatives to spanking and now preferred offering rewards for good behavior. The case was eventually closed.

CPS referrals after January 2007

The key purpose of ongoing services is to prevent future abuse or neglect. This section examines whether there is evidence that services did achieve that goal. As discussed above, by the time of the case review in the summer of 2008, some children were no longer living in the household that was the subject of the January, 2007 referral. Some of those children may have suffered abuse or neglect after January of 2007, but the ongoing service cases were opened for the original household and caretaker. Therefore, the most appropriate group of families to consider in studying the impact of services is the 89 families in which the children are known to have remained in the same household from January of 2007 until the time of the case review.

Twenty-one percent of those 89 families had another referral documented in OASIS (Table 27) after January of 2007. Twenty-four percent of high risk and 18% of moderate risk families had another referral.

Table 27: Subsequent Referrals in Families where Child was not Removed

Any Subsequent Referral on the Family	Family's Initial Risk Assessment		
	High Risk	Moderate Risk	All Families
Yes	24%	18%	21%
No	73%	82%	78%
Don't know	2%	0%	1%
Total	99%	100%	100%
Had more than one subsequent referral	7%	2%	4%
Had subsequent founded investigation or family assessment with needs	13%	11%	12%
Number	45	44	89

Source: Case Review Database
Note: Percentages may add to more or less than 100% due to rounding.

Four percent of the families had more than one later referral, including 7.0% of high risk and 2.0% of moderate risk families. Founded investigations and family assessments with needs are the two dispositions that indicate the most serious abuse and neglect problems. Twelve percent of the families had at least one of those dispositions, including 13% of high risk and 11% of moderate risk families.

Looked at from the opposite perspective, these data show that 78% of families, including 73% of high risk and 82% of moderate risk families, did not have another referral during the next year and a half. Considering that these were families with abuse and neglect problems serious enough to warrant opening an ongoing service case and that 58% had at least one other report

before January of 2007, these data suggest that intervention by the LDSS may indeed have contributed to preventing additional abuse or neglect.[21]

Additional evidence for the effectiveness of services lies in the fact that the recurrence rate was lower in families where services fully addressed the family's service needs than in families where services only partially addressed those needs. There was a subsequent referral in only 23% of families whose service needs were fully addressed, compared to 43% in families whose needs were only partially addressed. Since there were only 14 families among the 89 whose service needs were only partially addressed, the specific percentages reported here cannot be viewed as predictive of what would be found in a larger study, but the pattern of the findings supports the impression that services properly tailored to family needs have played a role in reducing later abuse or neglect. These preliminary findings suggest a need for a larger, more detailed study of the impact of services on risk and recurrence.

Summary and Conclusions

DRS outcomes reported this year are similar to those reported in previous years. There has been a steady increase in the use of the family assessment track. The statewide percentage of family assessments increased from 55% in 2002 to 70% in 2007. Trends varied in different parts of the state, but there was an overall trend in all areas toward greater use of the assessment track. There continues to be wide variation in track assignment in individual LDSS with a few rarely using the family assessment track and others using it for virtually all referrals that are not mandated for investigation.

As in previous years, a little over one-third of families had identified service needs and the large majority of them received at least some services. Analysis of data from SDM LDSS supported the hypothesis that the trend toward more families evaluated as high or moderate risk but a smaller percentage of high and moderate risk families identified as needing services is explained largely by the changes in risk assessment practices that occurred after the implementation of SDM by a third of the LDSS. Similarly, the trend toward more high and moderate risk and fewer low risk families receiving services appears to be primarily the result of the changes in risk assessment that occurred in SDM agencies. As more families were evaluated as high or moderate risk, the percentage of services going to those families naturally increased.

The special topic for this year's report was an evaluation of ongoing service cases. The case reviewer examined 117 ongoing service cases. The families in the selected cases all had either a founded investigation or a family assessment with service needs in January of 2007.

The LDSS performed a risk reassessment in 46 ongoing cases. While the number is small, the data from those cases suggest that ongoing services are effective in reducing the risk of future abuse or neglect. The percentage of families at high risk decreased from 67% to 17%. In addition, while initially there were no families at low risk, almost half (48%) were found to be low risk when they were reassessed.

[21] The 58% with a prior complaint was a recalculation for this group of 89 families. Data are not available that would allow a comparison of the recurrence rate of these families with the rate for all families with valid referrals or other selected groups of families not included in the case review.

LDSS were particularly attentive to high risk families. CPS policy requires monthly contact with families receiving ongoing services, but there was actually weekly contact with 47% of high risk families. There was also weekly contact with 22% of moderate risk families.

Seventy-eight percent of the families, including 73% of high risk and 82% of moderate risk families, did not have another referral during the year and a half between January of 2007 and the time of the case review. Considering that 58% had at least one other valid CPS report before January of 2007, these data suggest that intervention by the LDSS may indeed have contributed to preventing additional abuse or neglect. The recurrence rate was lower in families where services fully addressed the families' service needs than in families where services only partially addressed those needs, supporting the impression that services properly tailored to family needs have played a role in reducing later abuse or neglect.

APPENDIX A – Report Mandate

§ 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 -- DSS REGIONS

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