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 2007

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
Office of the Commissioner

Anthony Conyers, Jr.
COMMISSIONER

December 15, 2007

MEMORANDUM

TO: The Honorable Timothy M. Kaine
Governor of Virginia

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

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

FROM: Anthony Conyers, Jr.

SUBJECT: Evaluation of the Differential Response System

I am pleased to submit the Department of Social Services' annual evaluation of the Child Protective Services program's Differential Response System. This report was 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.

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EVALUATION OF THE DIFFERENTIAL RESPONSE SYSTEM

Executive Summary

As directed by §63.2-1504 of the Code of Virginia, the Department of Social Services (Department) implemented a Child Protective Services Differential Response System (DRS) on May 1, 2002. The Department also was directed to evaluate and report on DRS by submitting annual reports to the House Committee on Health, Welfare and Institutions and the Senate Committee on Rehabilitation and Social Services. The Department has entered into an interagency agreement with Virginia Tech to assist in evaluation of the Differential Response System. This is the eighth annual report on the status of the Department's implementation of DRS.

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

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

2. The Family Assessment response track is for valid CPS reports where there is no allegation that is required to be investigated or immediate concern for child safety. A family assessment identifies family strengths and service needs. Local departments offer services, when needed, to reduce the risk of abuse or neglect. No disposition is made and no names are entered into the Central Registry.

Virginia's Online Automated Services Information System (OASIS) is a primary source of data for the evaluation. Most data in this report are from referrals received by local agencies from January through December 2006. State fiscal year data from the Department's Referrals and Findings Reports are also used for some analyses.

This report also includes data from two sets of reviews: (1) reviews of 220 referrals in which the first meaningful contact was later than called for by local agency guidelines and (2) reviews of 102 reports that local agencies did not accept as valid CPS complaints. A highly experienced, retired CPS supervisor from one of the local agencies that piloted the Multiple Response System conducted the case reviews. The 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 27,260 valid referrals for suspected abuse and neglect accepted from January through December 2006. The data include 3,849 founded

investigations, 4,821 unfounded investigations, and 18,590 family assessments. Since DRS emphasizes working with families, out-of-home referrals are not included in these data

Track Assignment

As discussed in earlier reports, after a steady increase from 2002 to 2004, use of the family assessment track now seems to have stabilized. The statewide percentage of assessments increased from 55 percent in 2002, to 61 percent in 2003, to 66 percent in 2004. The percentage of assessments remained at 66 percent in 2005 and increased slightly to 68 percent in 2006. For the state as a whole, about two-thirds of all referrals are now placed in the assessment track.

There are differences in use of the family assessment track in the three service areas.[1] The Northern Service Area mirrored the statewide pattern of increased use of the family assessment track followed by stabilization with about three-quarters of its referrals placed in the family assessment track in each of the last three years. The Eastern Service Area, while using the family assessment track less than the other two areas, continues to increase its percentage of family assessments from 52 percent in 2005 to 56 percent in 2006. Agencies in the Western Service Area used the assessment track more often than other agencies at the beginning of DRS implementation, then increased assessments by a few percent, and now have stabilized with about 70 percent of referrals placed in the assessment track.

A number of factors can influence track assignment. When investigation is not mandated, the choice of the family assessment track is predicated on immediate concerns about the child's safety and on the ability of the agency to work with the family and community service providers to develop strategies to prevent abuse or neglect and provide services if needed. If the information from the person making the complaint indicates an immediate concern for child safety, then the complaint should be placed in the investigation track. In addition, a local agency may investigate any referral. There are no circumstances under which a family assessment is mandated.

With the exception of sexual abuse allegations which must be investigated, the two tracks are similar in the types of abuse or neglect assigned to them. In both tracks physical neglect was the most frequent allegation, comprising 46 percent of investigations and 58 percent of family assessments. The second most frequent allegation was physical abuse, found in 37 percent of investigations and 38 percent of assessments. Twenty-six percent of investigations had an allegation of sexual abuse as did four-tenths of a percent of the assessments.[2] Small percentages of both investigations and assessments involved medical neglect or emotional abuse.

When more than one type of abuse/neglect was alleged, use of the investigation track increased, from 30 percent in referrals with one kind of abuse or neglect to 46 percent in referrals

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

[2]Since an investigation is mandated for allegations of sexual abuse, there should not have been any family assessments with that allegation. A previous case review found that in the large majority of such cases there was no actual allegation of sexual abuse or there was a data entry error. In about a quarter of the cases, a sexual abuse complaint was assigned to the assessment track. The Department has provided technical assistance to local agencies as these referrals have been identified.

with three or more kinds. 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.

A referral that is initially accepted as a family assessment may be changed to an investigation if the local agency discovers a serious safety issue or circumstances that mandate investigation. Every year since DRS implementation, there has been a consistently low rate of reassignment with about two percent of family assessments changed to investigations. This low rate suggests that errors in track assignment are rare. An earlier review of cases that had been reassigned showed that the reassignments were appropriate and generally resulted from new information discovered by the local agency.

The addition of the family assessment track meant there were fewer investigations under DRS than in the preceding years. There were 27,795 investigations in State Fiscal Year (SFY) 2000 and 25,570 in SFY 2001, the last two years before DRS implementation. There were 11,606 investigations in SFY 2006. 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 41 percent in SFY 2006. 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

The CPS worker determined that the family was in need of services in 60 percent of founded investigations, 18 percent of unfounded investigations, and 38 percent of assessments.[3] The percentage of families needing services varied with the type of abuse or neglect. Service needs were most often identified in cases involving emotional abuse (55 percent), followed by physical abuse (42 percent), medical neglect (40 percent), physical neglect (34 percent), and sexual abuse (32 percent). There was substantial variation among local agencies in identification of service needs, suggesting that local resources and attitudes may affect the agencies' approach to services. The three most frequently needed services were counseling, parent education, and substance abuse evaluation or treatment.

As would be expected, families at high or moderate risk for future abuse or neglect were much more likely to have identified services needs than were families determined to be at low risk. In 2006, 61 percent of high risk, 50 percent of moderate risk, and 21 percent low risk families had service needs. This is the same overall pattern as found in 2004 and 2005.

Data from the last three years reveal some interesting trends regarding family risk levels and service needs. There has been a trend toward more families being evaluated as at high or moderate risk. Between 2004 and 2006, the percentage of high risk families increased from 10 to 19 percent and the percentage of moderate risk families increased from 25 to 33 percent. Conversely, the percentage of low risk families fell from 65 percent in 2004 to 48 percent in 2006. During the same period, the percentage of high or moderate risk families with identified service needs has been *decreasing*. Between 2004 and 2006, the percentage of families identified

[3] Foster care is not included in the list of services in OASIS. Data on foster care are presented separately.

as needing services fell from 71 to 61 percent among high risk families and from 66 to 50 percent among moderate risk families.[4] Thus, over the past three years, while more families have been evaluated as being at high or moderate risk for future abuse or neglect, the percentage of high or moderate risk families with identified service needs has gone down, so that the overall percentage of families needing services has remained essentially the same – from 36 to 38 percent.

CPS workers enter the status of service delivery at the time they complete data entry for an investigation or family assessment. Among families needing services, 83 percent received or were expected to receive services. Ten percent of families declined at least one service, and two percent needed at least one service that was not available. Among families receiving or expected to receive services, community resources provided 41 percent of the services; local agencies provided or purchased 24 percent of services; and the families obtained 35 percent of the services on their own.

There has been a trend over the past three years toward a larger share of services going to high risk families. The portion of services going to high risk families increased from 21 percent in 2004, to 29 percent in 2005, to 32 percent in 2006. There was an equivalent decrease in the share of services going to low risk families, from 35 percent in 2004, to 28 percent in 2005, and 26 percent in 2006. The share of services going to moderate risk families was essentially unchanged. Thus the data reveal a complex pattern in which, as discussed above, more families are being identified as high and moderate risk, fewer high and moderate risk families are identified as having service needs, but a greater share of services is going to high risk families. More study is needed to provide a fuller understanding of how local agencies identify and meet service needs and the reasons for these trends.

Sometimes the local agency asks the Juvenile and Domestic Relations Court to order the family to accept a service. Court orders can be sought in both family assessments and investigations. Among families with service needs, the court ordered services for nine percent of founded investigations, two-and-a-half percent of family assessments, and one-half percent of unfounded investigations. The court more often required services in high risk cases, including 14 percent of high risk founded investigations and six percent of high risk family assessments. The most frequent court-ordered services were counseling, substance abuse evaluation or treatment, and parent education.

Twenty-one percent of all referrals resulted in either ongoing CPS services, foster care services or a combination of both. Cases opened for these services varied by disposition: founded investigations, 61 percent; unfounded investigations, 14 percent; and family assessments, 16 percent.

As in previous years, four percent of all CPS referrals in 2006 involved placement of a child in foster care. As would be expected, founded investigations had the highest foster care rate, 17 percent. Children in three percent of unfounded investigations and one percent of assessments were also placed in foster care. Unfounded investigations and family assessments

[4] Within each risk category, identification of service needs varied widely among local agencies as is discussed in a later section of this report.

can have foster care associated with them because the foster care data in OASIS include any placement of a child within 90 days of the disposition of the referral. The 2006 DRS evaluation report included a detailed analysis of the situations that lead to foster care.

Special Topics

Studies of two special topics are included in this report, delayed contact referrals and invalid referrals. Delayed contact referrals are those in which the first meaningful contact was completed later than the time established for referrals at that priority level. Invalid referrals are ones that the local agency screened out as not meeting the criteria for a valid complaint of abuse or neglect.

Study of Delay in the First Meaningful Contact

This study of delay in the first meaningful contact is an exploratory study and the first attempt by the Department to address this issue. The purpose of the study was to gather basic data, identify questions for further study, and begin to identify any issues that may need to be addressed by policy or training. Two sources of data were used, OASIS data on completed referrals from calendar year 2006 and case reviews of 220 referrals in which the first meaningful contact was delayed. Contact data were missing from nine percent of the 2006 complaints, mainly from family assessments.

The Department defines the first meaningful contact as one that "provides information pertinent and relevant to determining whether or not the abuse or neglect occurred. The first meaningful contact is usually a face-to-face visit, but the first meaningful contact may occur by telephone."

Because there were no statewide guidelines for contact times in 2006, the standard used to determine timeliness was the standard adopted by each local agency for reports at each of the three priority levels. Response priorities are assigned by the local agency based primarily on safety. Complaints with the most serious safety issues are Priority 1 and those with no significant safety issues are Priority 3. The most common contact time guidelines used by the local agencies were 24 hours for Priority 1, three days for Priority 2 and five days for Priority 3 complaints. Data from the initial safety assessment performed at the time of the first meaningful contact showed that agencies generally do a good job in assessing safety issues at intake and assigning an appropriate priority level.

In about two-thirds (64 percent) of all referrals, the first meaningful contact occurred on or before the day called for in the agency guidelines. Twelve percent of contacts were one to two days late; nine percent were three to five days late; six percent were six to 10 days late; and nine percent were more than 10 days late. When considering these data, it is important to remember that what is recorded in OASIS is the date the first meaningful contact was completed, *not* the date of the first *attempt.* A local agency could make strenuous efforts to complete the first meaningful contact on time but be unable to do so for a variety of reasons.

The timeliness of the first meaningful contact varied with the priority level. Contact was on time in 78 percent of Priority 1, 61 percent of Priority 2, and 57 percent of Priority 3 referrals. Timeliness of contact also varied with the track to which the complaint was assigned. Contact was more often on time in investigations (71 percent) than in family assessments (61 percent). These findings are what would be expected since referrals with serious safety issues are generally Priority 1 investigations and would be given high priority by the local agency.

Local agencies met their guidelines for first meaningful contact most often in those referrals where the children were considered to be unsafe. The contact was on time in 83 percent of those cases. Contact was on time in 70 percent of cases where the children were conditionally safe and in 59 percent of cases in they were considered safe as determined by the safety assessment conducted during the first contact.

Timeliness of contact also varied with the type of alleged abuse or neglect. Contact was most often on time in reports of physical abuse. Seventy–two percent of physical abuse complaints had a timely contact, compared to 55 to 60 percent of other complaints.

To gain a more detailed understanding of the issues related to delays in the first meaningful contact, the Department conducted a limited case review of referrals in which the contact was late. The case reviewer examined 220 cases. A randomly selected group of cases was supplemented by a second selection from local agencies that were substantially above the statewide average in their percentage of late contacts in Priority 1 and Priority 2 referrals. Those agencies are referred to in the report as “late contact” agencies.

The primary purpose of the case reviews was to determine the reasons why the first meaningful contact was delayed. Due to problems with the documentation of the cases, the reviewer could not determine the reason for the delay in 48 percent of the cases reviewed. In five percent of the cases the reason for the delay was that the family could not be found until after the time allowed for cases at that priority level. These were situations, for instance, in which the family had moved, or the information provided by the caller was vague as to the location of the family and the agency had difficulty finding them. In 20 percent of the cases the reviewer found that the local agency made timely attempts to contact the family through home visits and phone calls but was not successful in reaching them within the timeframe established by the guidelines.

In 27 percent of the cases there were various other reasons for failure to make timely contact. Sometimes the agency did not validate or assign the case within the required timeframe; or the record had no documentation to explain the worker’s delay in attempting contact; or the family was not readily available for an interview; or the agency delayed contact to coordinate with law enforcement as provided by a memorandum of agreement between the local agency and the police or sheriff’s department.

The reviewer also evaluated the *overall effort* the agency made to achieve contact in a timely manner. In making her evaluation she took into account the reason for the delay (if known), the energy displayed by the agency in trying to make contact, the seriousness of the allegations, and the safety issues presented. She rated the local agency’s effort as good in 35 percent of the cases, fair in 28 percent, poor in 31 percent, and very poor in six percent. The best effort was in Priority 1 referrals with 41 percent rated as showing a good effort.

The reviewer evaluated whether the first contact was satisfactory in terms of determining child safety and other issues pertinent to the initial contact. She found that the first contact was satisfactory in 67 percent of the cases, partially satisfactory in 19 percent, unsatisfactory in ten percent. There was insufficient information to tell in four percent. The cases in which the reviewer did not find the contact fully satisfactory tended to be those in which there were safety issues that did not seem to have been addressed – or at least had not been documented in OASIS.

The most important question when contact is delayed is whether child safety was compromised by the delay. In considering this issue, it is important to bear in mind that in only four percent of the cases did the initial safety assessment determine the children to be unsafe. They were considered to be conditionally safe in 31 percent and safe in 65 percent of the cases. The reviewer found only one case (one-half percent) in which she felt there was clear evidence that safety had been compromised. The reviewer believed there was a possibility that safety was compromised in nine percent of the cases.

Comparison of case review findings from the "late contact agencies" (those considerably above the state average in their percentage of late contacts) and other agencies showed that the late contact agencies were more often late in making their *first* attempt to achieve contact and more often displayed a low level of effort – at least as far as could be told from the case documentation. A variety of factors could lead to failure to make timely contact including staffing problems (insufficient staff, turnover, or vacancies), lack of staff training, lack of case supervision, or other agency management problems. The Department's CPS Regional Consultants will follow up with each of the late response agencies identified in the data for this report to determine what factors contributed to this problem and develop a plan to improve the local agency's response times.

Study of Invalid Referrals

Invalid referrals are complaints that the local agency determines do not meet the criteria for a valid complaint of abuse or neglect. The 2007 report to the General Assembly included an exploratory study of invalid complaints. That study is expanded in this report by adding another year of statewide data and conducting additional case reviews. The findings reported below are generally similar to those reported last year.

Invalid complaints are of interest because, based on data in OASIS, there appears to be wide variation among local agencies in the percentage of complaints that are screened out. According to the SFY 2005 and SFY 2006 Referrals and Findings Reports, the statewide screen-out rate was 44 percent in both years. Among local agencies, however, the reported rate ranged from zero, i.e., no invalid reports, to over 80 percent. This wide variation suggests the possibility that local agencies are not consistent in applying the validity criteria. As was reported last year, however, it is difficult to determine and compare actual screen-out rates because some local agencies follow policy and enter all invalid complaints into OASIS and others do not.

Analyses of OASIS data on 20,668 invalid reports from 2006 showed that the most frequent reason for screening out a complaint was that the behavior or condition reported did not

meet the definition of abuse or neglect (73 percent).[5] Small percentages of the reports failed to meet one of the other validity criteria – that the alleged victim was under 18, that the alleged abuser was the child's parent or other caretaker, or that the local department receiving the complaint was a local department of jurisdiction. A fifth of the reports were invalid for other reasons – inadequate information to determine validity or identify the victim or abuser, duplication of a complaint already received by the local agency, or other unspecified reasons.

Screen-out rates varied with the type of alleged abuse or neglect. The highest screen-out rate was in complaints with no identified type of abuse or neglect (96 percent), followed by complaints of emotional abuse (49 percent), sexual abuse (42 percent), physical neglect (35 percent), physical abuse (34 percent), and medical neglect (34 percent). Screen out rates tended to be higher in large agencies and in the Northern Service Area.

Last year the case reviewer examined 440 screened-out complaints from agencies with high, medium and low screen-out rates. This year she examined 102 screened-out complaints from agencies with *high* screen-out rates. Agencies selected for review screened out 50 percent or more of the complaints they received in 2005 and 2006. Preference in selecting agencies was also given those that responded to the Department's 2006 survey of CPS coordinators so that agency responses to the survey could inform the analysis of the case reviews.

In choosing the specific complaints for review, special emphasis was placed on complaints that with allegations of either physical abuse or physical neglect. They were emphasized because in the reviews conducted in 2006, the case reviewer found reason to question the local agency's screen-out decision more often in referrals for physical abuse or physical neglect than in referrals with other types of abuse or neglect. The case review instrument was the same as that used in 2006 except for an added question about whether the absence of a visible mark appeared to have influenced the agency's decision in reports of physical abuse. That question was added because one finding from the 2006 survey of local agencies was that agencies with high or medium screen out rates more often reported that they tended not to accept complaints of physical abuse when there was no visible injury.

One of the key purposes of the reviews was to have the case reviewer apply CPS policy as well as her judgment as an experienced CPS supervisor. Similar to last year's reviews, she agreed with the screen-out decision in 55 percent of the cases and disagreed with 20 percent, believing that the complaint should have been accepted. In 25 percent of the cases, she could not determine whether the decision was correct because more information was needed or the documentation was incomplete.

Analysis of the 29 complaints for physical abuse did produce evidence that that agency policy regarding complaints of physical abuse with no visible injury does have a significant impact on validity decisions. The reviewer found that absence of a visible injury influenced 70 percent of the decisions to screen out complaints in agencies that reported in the survey they only "sometimes" accept referrals with no visible injury. By comparison, the absence of a visible injury played a role in only 21 percent of the complaints from agencies that "usually" accept

[5] Reports that fail to meet the definition of abuse or neglect often fail to meet other criteria as well. In those situations, local agencies generally select failure to meet the definition as the reason the report is invalid.

such complaints. In agencies that "always" accept such complaints, the absence of a visible injury did not play a role in any of the validity decisions. While one must be cautious about generalizing from an analysis of only 29 complaints, the evidence suggests that similar complaints may be treated differently depending on the philosophy of the agency that receives them.

Even when a complaint is invalid, the local agency may take some kind of action to assist the family. Agency action could take the form of contacting the family to offer assistance or a referral to other agencies, providing information to the caller that might be helpful, or contacting another public agency, such as law enforcement, for further action. The case reviewer found such actions documented in 11 percent of the cases reviewed, similar to the 13 percent she found last year.

Conclusion

DRS outcomes reported this year are generally similar to those reported last year. Use of the family assessment track has stabilized. About two-thirds of referrals in the state as a whole are being placed in the family assessment track. There continues to be wide variation in track assignment in individual agencies with some never 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. Trend data for the past three years revealed that while more families are being determined to be at high or moderate risk for future abuse or neglect, a smaller percentage of high and moderate risk families are being identified as needing services. At the same time, the percentage of services going to high risk families has increased, and the percentage going to low risk families has decreased.

The initial exploratory study of delayed contact referrals in this year's report showed that in about two-thirds of all referrals, the first meaningful contact occurs within the timeframe established for complaints at that priority level. Contact tends to be most timely in cases with serious safety issues, complaints for physical abuse, and investigations. The case reviewer found a variety of reasons for delayed contacts, but could not determine the reason for delay in about half the cases reviewed. Local agencies often made vigorous efforts to achieve timely contact but could not do so for reasons beyond their control. In other cases, however, the level of effort was poor and there appeared to be no good reason for the failure to complete the contact on time.

The continuation of the study of invalid complaints confirmed the findings reported last year regarding the wide variation in screen-out rates. The case reviews produced evidence of the influence of agency philosophy on validity decisions, particularly in complaints for physical abuse with no visible injury.

Outcomes of the 2007 DRS Recommendations

1. The Department should continue to evaluate screened-out CPS referrals and provide technical assistance to local agencies as needed to ensure consistency in the CPS program.

> The 2008 DRS Report includes a section on screened out CPS referrals based on the preliminary findings in last year's report. Regional CPS Consultants provided technical assistance to local agencies in response to questions about validity decisions.

2. The Department should review the current training provided to CPS workers to ensure that the screening of complaints and determining validity is adequately addressed.

> The Department consulted with staff at Virginia Institute for Social Services Training Activities (VISSTA) and determined that CPS training curricula includes current CPS complaint validity criteria.

3. The Department should revise CPS Policy for Family Assessments to incorporate findings from DRS evaluations and local agency input.

> The Department has revised the entire CPS Policy Manual to incorporate findings from DRS evaluations and from the CPS Policy Advisory Committee. The periodic review of CPS Regulations was initiated in 2007 and will provide additional opportunity for improving the Family Assessment Response.

4. The Department should continue to address the strategies recommended in *A Blue Ribbon Plan to Prevent Child Abuse and Neglect in Virginia 2005 -2009.*

> The Department is continuing participation in state-level efforts to coordinate prevention initiatives in partnership with other state agencies and organizations such as Prevent Child Abuse Virginia, the Governor's Office for Substance Abuse Prevention, the Virginia Department of Health and the Governor's Early Childhood Initiatives. This effort includes continuing work on the implementation of A Blue Ribbon Plan to Prevent Child Abuse and Neglect in Virginia 2005 – 2009. A Child Abuse Prevention Committee (CAPC) was formed in March 2006 to oversee the Blue Ribbon Plan implementation. CAPC has met every other month since that time. The committee provides quarterly updates on progress to the Governor's Advisory Board on Child Abuse and Neglect (GAB). CAPC recently requested and received the GAB's endorsement to pursue a project on Inflicted Traumatic Brain Injury (Shaken Baby Syndrome).

DRS Recommendations for 2008

1. The Department will continue to evaluate local agency response time to CPS reports and consult with local agencies 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.

2. The Department 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.

3. The Department will conduct additional analysis of CPS service cases including comparison of Structured Decision Making (SDM) pilot agencies and non SDM agencies to determine how service needs are identified and provided.

4. The Department will continue to provide technical assistance to local agencies with inconsistent screen out practices and disseminate CPS policy regarding validity to all local agencies.

5. The Department 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.

EVALUATION OF THE DIFFERENTIAL RESPONSE SYSTEM

Introduction

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

Study Charge

The *Code of Virginia* provides:

> *§ 63.2-1529. Evaluation of the child-protective services differential response system.*
>
> *The Department shall evaluate and report on the impact and effectiveness of the implementation of the child protective services differential response system in meeting the purposes set forth in this chapter. The evaluation shall include, but is not limited to, the following information: changes in the number of investigations, the number of families receiving services, the number of families rejecting services, the effectiveness of the initial assessment in determining the appropriate level of intervention, the impact on out-of-home placements, the availability of needed services, community cooperation, successes and problems encountered, the overall operation of the child protective services differential response system and recommendations for improvement. The Department shall submit annual reports on or before December 15 to the House Committee on Health, Welfare and Institutions and the Senate Committee on Rehabilitation and Social Services.*

The Department entered into an interagency agreement with Virginia Tech to assist in evaluation of the DRS. This is the eighth annual report on the status of the Department's implementation of DRS. This report presents outcome data from calendar year 2006.

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

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

2. The Family Assessment response track is for valid CPS reports where there is no allegation that is required to be investigated or immediate concern for child safety. A family assessment identifies family strengths and service needs. Local departments offer services, when needed, to reduce the risk of abuse or neglect. No disposition is made and no names are entered into the Central Registry.

Outcomes of the 2007 DRS Recommendations

Each year the DRS evaluation report includes recommendations for Department action in the following year. Based on the results of the 2006 DRS evaluation, the following recommendations were made.

1. The Department should continue to evaluate screened-out CPS referrals and provide technical assistance to local agencies as needed to ensure consistency in the CPS program.

> The 2008 DRS Report includes a section on screened out CPS referrals based on the preliminary findings in last year's report. Regional CPS Consultants provided technical assistance to local agencies in response to questions about validity decisions.

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Data Sources for the Evaluation

Information System

The Online Automated Services Information System (OASIS) was modified to accommodate DRS. OASIS is an automated data system documenting the day-to-day activities performed by child welfare workers in local departments of social services. Child Protective Services workers across the state began using OASIS to document investigations in July 1999. Prior to DRS implementation, new components were added to OASIS to support the family assessment track, including more detailed information about services. Additional changes in July 2004 provided the same services components for investigations and also included components for ongoing CPS cases.

Department staff prepared data extracts from OASIS that were used by Virginia Tech in the analyses presented in this report. Most data are for referrals received by local agencies in calendar year 2006. State fiscal year data from the Department's Referrals and Findings Reports are also used for some analyses.

Case Reviews

This report includes data from two sets of reviews: (1) reviews of referrals in which the first meaningful contact was later than called for by local agency guidelines and (2) reviews of reports that local agencies did not accept as valid CPS complaints. A highly experienced, retired CPS supervisor from one of the local agencies that had piloted the Multiple Response System conducted the reviews. The results of the reviews are presented in the second part of this report.

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Track Assignment

How Local Agencies Assign Track

A number of factors can influence track assignment. The first consideration is the type of abuse or neglect alleged in the referral. An investigation is required in certain situations, either by statute or state policy. Workers must conduct an investigation if there is sexual abuse, a child fatality, or a serious injury such as a fracture or burns. An investigation is also required if the local agency assumes custody of the child or if the abuse or neglect is alleged to have happened in a non-family setting such as a child care facility, school, or hospital.[7] 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 agency take into account several factors to determine if an investigation or family assessment is the most suitable response. Those factors include:

- Whether the family has a history of child abuse or neglect;
- The type and severity of the abuse;
- The child's ability to protect him/herself;
- Whether the caretaker's behavior is violent or out of control; or
- Whether there are 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 agency to work with the family and community service providers to develop strategies that can 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, then the complaint should be placed

[6] Findings presented are for completed investigations or assessments only and do not include cases that were pending or appealed at the time of data collection or for which data entry had not been completed. Excluded from the analyses are family assessments that were later switched to the investigation track. In that situation, only data from the investigation are used because the family assessment is halted and it is the investigation that is completed.

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

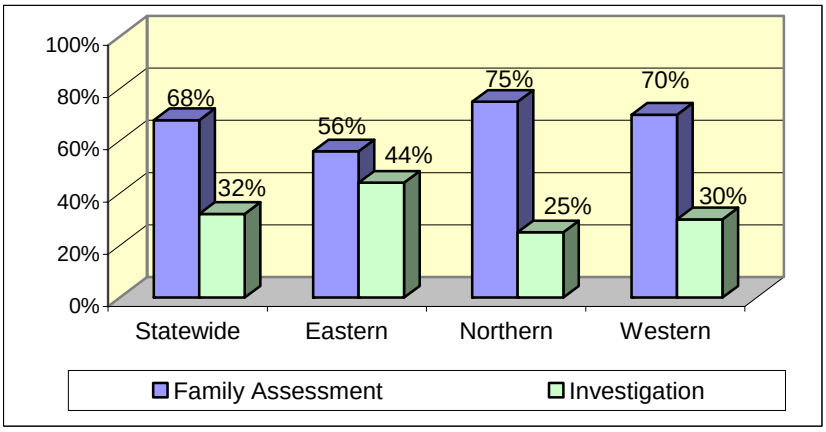
in the investigation track. In addition, a local agency may investigate any referral. The assessment track is an additional choice, but there are no circumstances under which an assessment is mandated.

Track assignment is also influenced by agency philosophy. In a survey of CPS supervisors conducted in 2003, one supervisor commented that her agency had decided to continue to investigate all referrals. Another stated that her agency placed all referrals in the family assessment track unless investigation was mandatory. While local agencies continue to vary widely in their track assignment practices, from 2002 to 2004 there was a trend toward more consistency in track assignment and greater overall use of the family assessment track. A comparison of data from 2004 and 2005 indicated that track assignment practices appeared to have stabilized with no further movement toward assigning more referrals to the family assessment track. As discussed below, there was a slight increase (two percent) in family assessments in 2006, but the overall pattern of stability in track assignment remains.

Use of Family Assessment Track

Sixty-eight percent of referrals in 2006 were assigned to the family assessment track (Figure 1). In a pattern similar to that found in preceding years, track assignment varied among the three Department Service Areas.[8] Substantially more referrals were placed in the family assessment track in the Northern (75 percent) and Western (70 percent) Service Areas than in the Eastern Service Area (56 percent). The relatively low use of the family assessment track in the Eastern Service Area reflects track assignment decisions of two large agencies. One, accounting for 22 percent of referrals in the Eastern Service Area, assigned only 29 percent of its referrals to the family assessment track. The other, with 16 percent of area referrals, used the family assessment track for 44 percent of its referrals, a rate much lower than most agencies. The other Eastern Service Area agencies assigned an average of 69 percent of their referrals to the family assessment track.

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



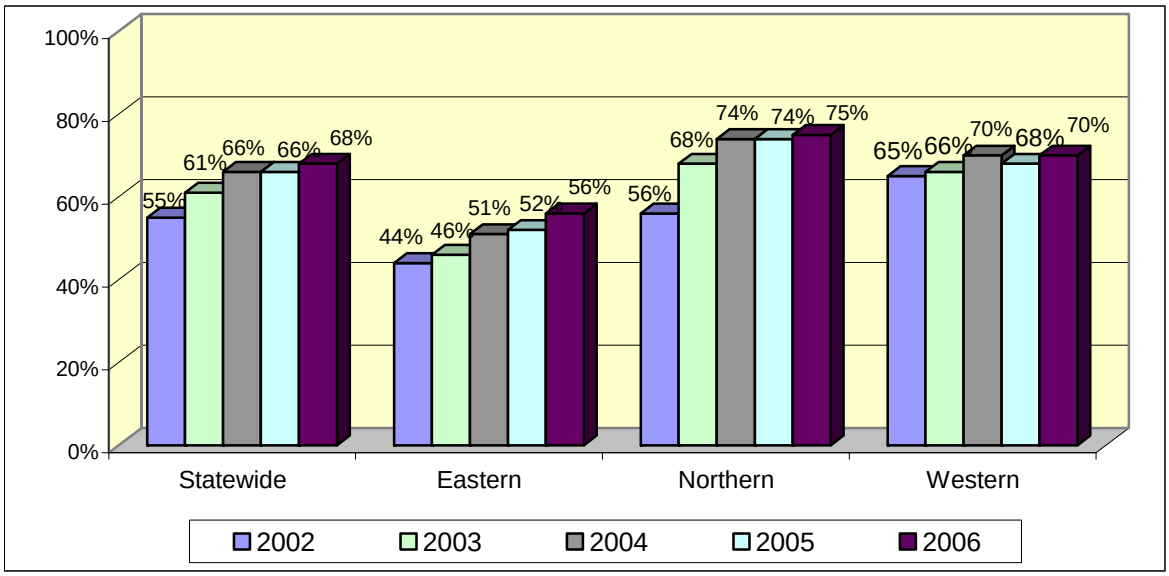
Source: OASIS, Referrals Accepted January through December 2006

[8] A list of local agencies by Service Area can be found in Appendix B.

Figure 2 shows the percent of referrals placed in the family assessment track from the last six months of 2002 (following DRS implementation) through 2006. From 2002 through 2004, there was a steady increase in the use of the family assessment track. The statewide percentage of family assessments increased from 55 percent in 2002, to 61 percent in 2003, to 66 percent in 2004. The percentage of family assessments remained at 66 percent in 2005 and increased slightly to 68 percent in 2006.[9] The statewide pattern was one of significant increase in the use of the family assessment track during the first three years and then stabilization at about two-thirds of all referrals.

Trends in the three service areas differ somewhat. The Northern Service Area, which contributed 45 percent of statewide referrals in 2006, mirrors the statewide pattern of increase and stabilization with about three-quarters of referrals placed in the family assessment track in each of the last three years. The Eastern Service Area, while using the family assessment track less than the other two areas, shows a continuing pattern of increase, going from 52 percent in 2005 to 56 percent in 2006. Agencies in the Western Service Area used the family assessment track more often than the other areas at the beginning of DRS implementation in 2002, 65 percent compared to 44 percent in the Eastern and 56 percent in the Northern Service Area. Use of the family assessment track increased a few percent over the initial level and now seems to have stabilized at around 70 percent

Figure 2: Percentage of Referrals in Family Assessment Track, 2002 to 2006

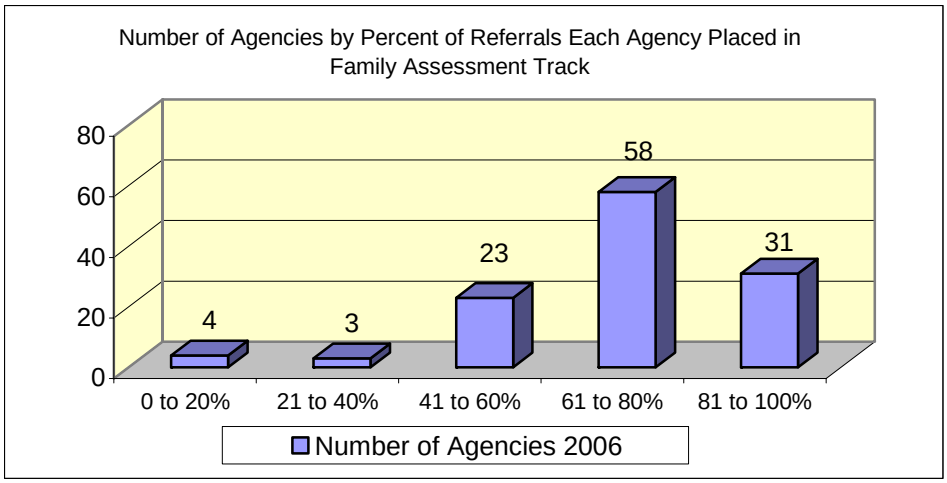


Source: OASIS, Referrals Accepted July 2002 through December 2006

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

Local agencies took different approaches to using the family assessment track. Figure 3 shows the percent of referrals that agencies placed in the family assessment track in 20 percent increments and the number of agencies with that percentage of family assessments. The majority of agencies assigned significant complaints to the family assessment track. Eighty-nine of the 119 local agencies with CPS referrals in 2006 used the family assessment track for 61 percent or more of their referrals. At the other end of the spectrum, seven agencies used the family assessment track for zero to 40 percent of their referrals.

Figure 3: Local Agencies' Use of Family Assessment Track, 2006

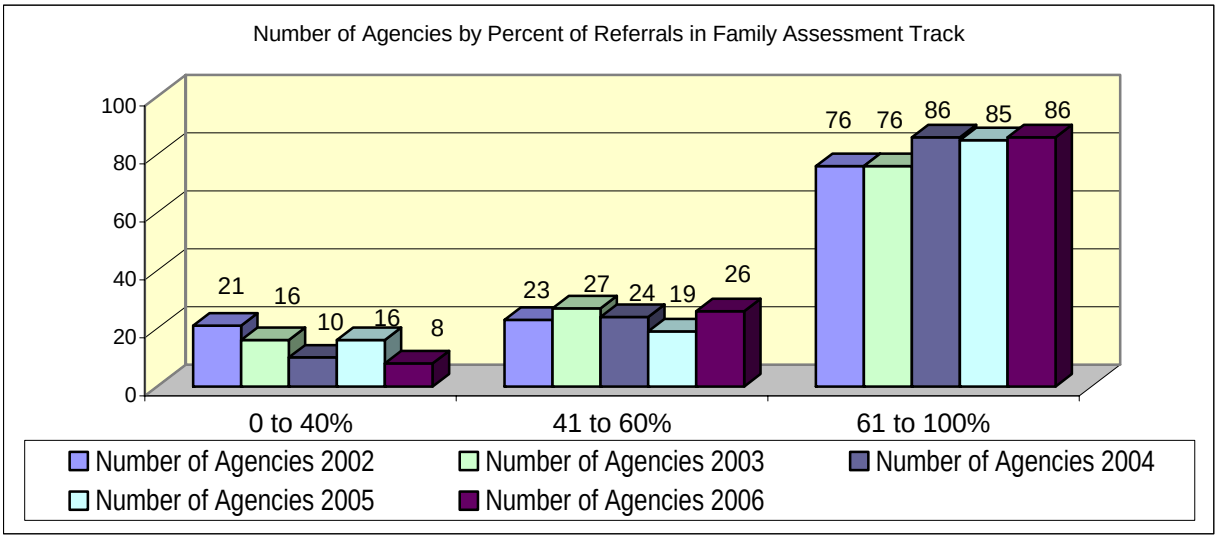


Source: OASIS, Referrals Accepted January through December 2006.
Note: Results are for 119 instead of 120 local agencies because one agency had no CPS referrals in 2006. Percentages are calculated based on the total number of family assessments and in-home investigations.

While local agencies continue to differ in track assignment practices, there has been some progress toward greater consistency in use of the family assessment track. The number of agencies placing more than 60 percent of their referrals in the family assessment track increased from 76 in the first two years of implementation to 85 or 86 in the past three years (Figure 4).[10] The number assigning 40 percent or fewer of their referrals to the family assessment track has fluctuated from year to year, but the general trend has been toward a decrease in the number of agencies in this group, going from 21 in 2002 to eight in 2006. The number of agencies in the middle group, with 41 to 60 percent assessments, varied from year to year but has been right around 25 in four of the five years.

[10] The data used in Figure 4 are a little different from that used in Figure 3. Data for 2006 in Figure 3 and in most 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 86 agencies placing 61 percent or more of referrals in the assessment track in 2006 while Figure 3 shows 89.

Figure 4: Local Agencies' Use of Family Assessment Track, 2002 – 2006

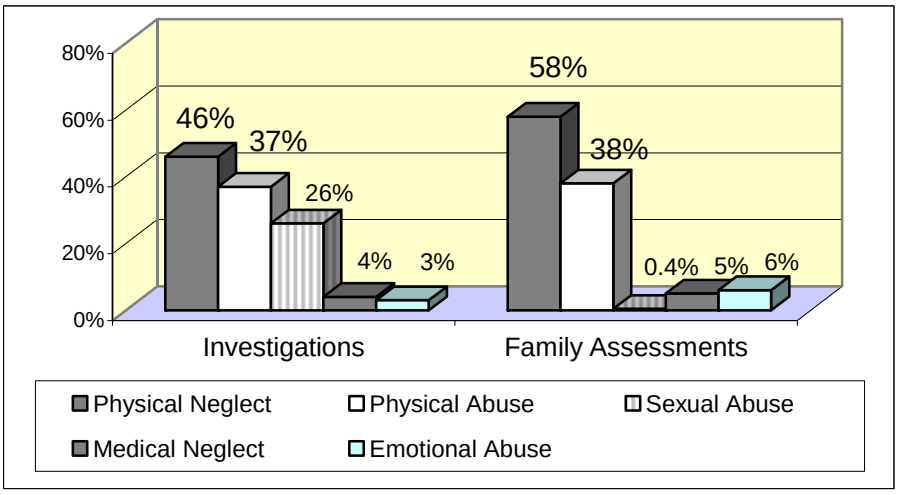


Source: OASIS, Referrals Accepted July 2002 through December 2006
Note: Only 119 agencies had CPS referrals in 2003 and 2006. Percentages are calculated based on the total number of family assessments, in-home investigations, and unfounded out-of-family investigations.

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

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

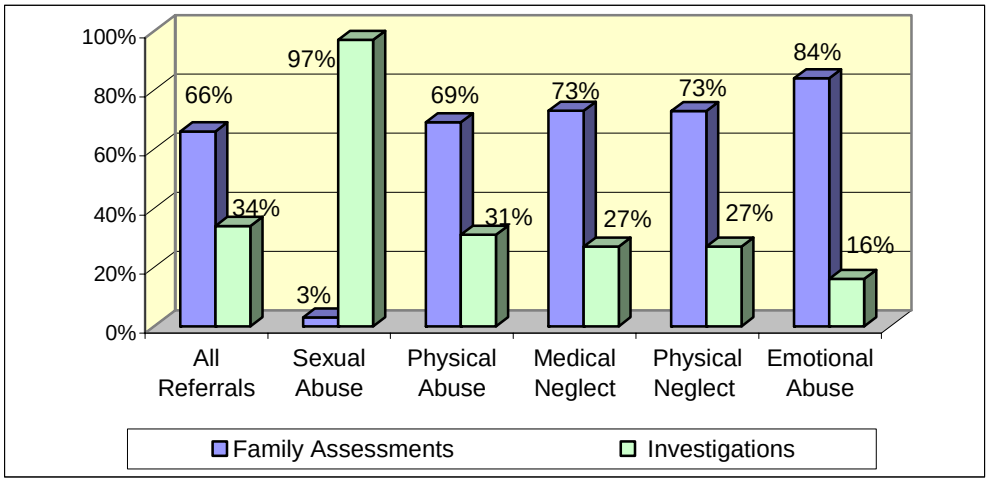


Source: OASIS, Referrals Accepted January through December 2006
Note: Percentages add to more than 100 percent because more than one kind of abuse or neglect may be included in a single referral.

and physical neglect/lack of supervision would be counted in both groups.[11] The severity of the alleged abuse or neglect may also account for referrals that have more than one type of alleged abuse or neglect.

Figure 6 shows another way to view the relationship between track assignment and the type of alleged abuse or neglect, the percentage of referrals with each kind of abuse or neglect that are assigned to each track. Where there was more than one kind of abuse alleged, each kind was counted separately. Thus Figure 6 shows track assignment for each referral that included that particular kind of abuse or neglect. With the exception of sexual abuse referrals, a large majority of referrals with each type of alleged abuse or neglect were placed in the family assessment track. Local agencies chose the family assessment track for 66 to 84 percent of referrals alleging physical abuse, neglect, medical neglect, or emotional abuse. The overall pattern is the same as in prior years.

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



Source: OASIS, Referrals Accepted January through December 2006

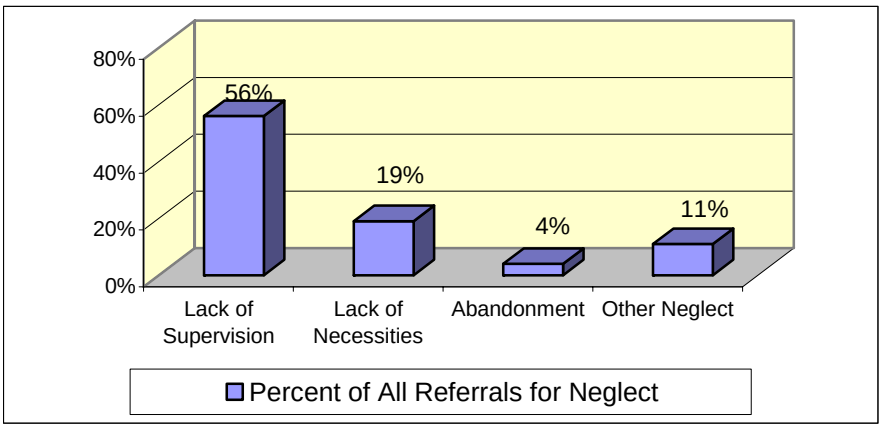
Figure 6 shows that three percent of referrals for sexual abuse were placed in the family assessment track, contrary to the statutory requirement that all sexual abuse complaints be treated as investigations. In 2005 the case reviewer examined a sample of sexual abuse complaints from 2004 that were assigned to the assessment track. The purpose of that review was to gather preliminary information to determine both why these track assignments were made and whether a more complete review or other Department action was needed. The reviewer found that only a quarter of 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. In some cases there was a data entry or other error that made it appear that these were sexual abuse complaints when they were not. The Department has provided technical assistance to local agencies as these referrals have been identified. The percent of incorrect track assignments declined the following year and has remained at three percent for the past two years.

[11] Eleven percent of referrals included more than one kind of abuse or neglect.

Physical Neglect

Fifty-four percent of all referrals in 2006 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 (56 percent) of these referrals were for lack of supervision, followed by lack of necessities (19 percent). Four percent involved abandonment, and 11 percent were for other, undesignated types of physical neglect, (Figure 7).

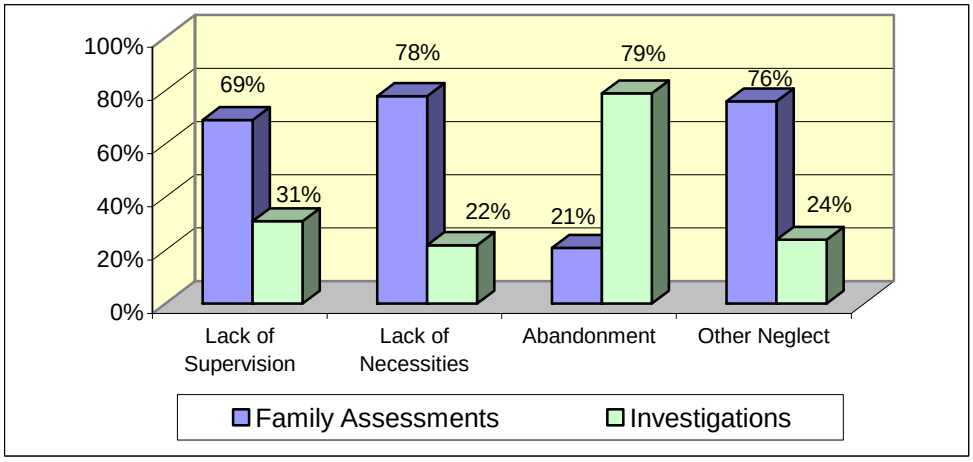
Figure 7: Types of Physical Neglect as Percentage of All Referrals for Neglect



Source: OASIS, Referrals Accepted January through December 2006
Note: Percentages add to less than 100% because 18% of referrals for neglect did not identify a specific type of neglect. Some referrals included more than one type of neglect, most often both lack of supervision and lack of necessities.

Track assignment varied with the specific type of neglect. Seventy-nine percent of allegations of abandonment were investigated (Figure 8). For each of the other types, from 69 to

Figure 8: Track Assignment by Type of Physical Neglect



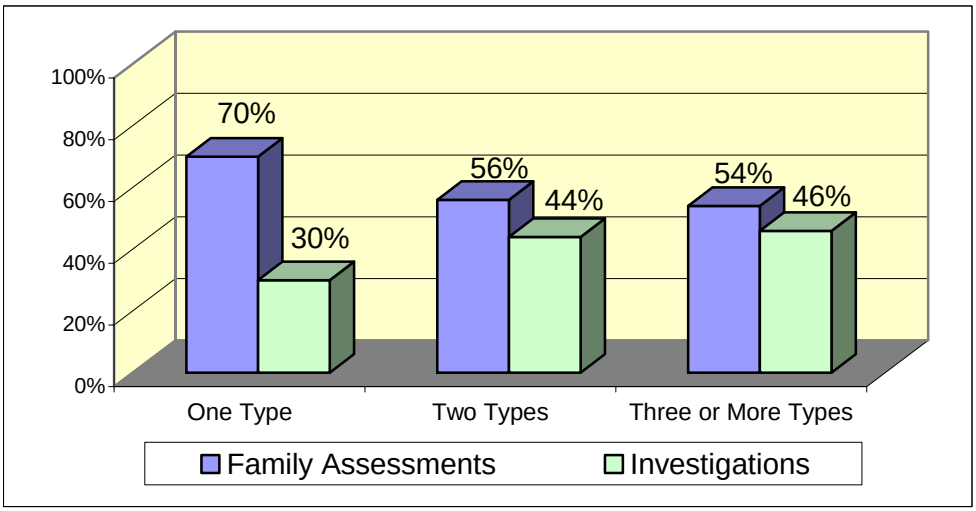
Source: OASIS, Referrals Accepted January through December 2006

to 77 percent of the referrals were taken as family assessments. Those referrals would have a lower immediate safety concern for the child.

Track Assignment and Number of Types of Abuse or Neglect

Another factor associated with track assignment is the number of different kinds of abuse or neglect included in a referral. Eleven percent of all referrals involved more than one type of abuse or neglect. Referrals with more than one type of alleged abuse or neglect were more likely to be investigated. In referrals with one type, 30 percent were investigated; with two types, 44 percent were investigated; and with three or more types, 46 percent were investigated (Figure 9). This pattern differs somewhat from previous years when more than half of referrals with three or more types were investigated. This relationship between track assignment and the number of types of abuse or neglect is not surprising. Child safety is more likely to be an issue when there are several types of maltreatment reported and referrals with serious safety issues are most often investigated.

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



Source: OASIS, Referrals Accepted January through December 2006

Track Assignment and Safety Assessment

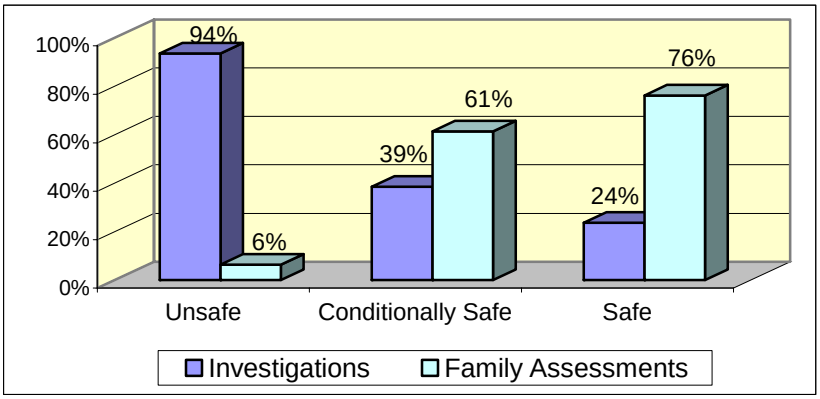
The CPS worker conducts a safety assessment at the time of the first meaningful contact with the family. The child(ren) who is the subject of the complaint may be assessed as safe, conditionally safe, or unsafe.[12] Track assignment occurs before the initial safety assessment is

[12] 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 – 59.7 percent; Conditionally Safe – 36.7 percent; Unsafe – 3.6 percent

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. These data suggest that the decision made at intake regarding the response priority, which influences track assignment, is generally borne out in the formal safety assessment conducted after contacting the family. Almost all (94 percent) referrals in which the child was considered unsafe were investigated. Sixty-one percent of referrals in which the child was conditionally safe were placed in the assessment track as were 76 percent of referrals in which the child was deemed safe. Over the first three years of DRS implementation, there was a trend toward greater use of the family assessment track when the children were considered to be safe or conditionally safe. The track assignment pattern now seems to have stabilized with assignments in 2006 very similar to those in 2004 and 2005.

Figure 10: Track Assignment and Subsequent Safety Assessment



Source: OASIS, Referrals Accepted January through December 2006

Appropriateness of Initial Track Assignment

A referral that is initially treated as a family assessment may be changed to an investigation if, in the course of conducting the family assessment, the local agency finds out 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 two percent of referrals originally put in the family assessment track were later changed to an investigation. This consistently low rate of reassignments suggests that there are few errors in track assignment, at least as indicated by a need to reassign a referral to the investigation track. In 2002 a review of referrals that were reassigned showed that the reassignments were appropriate and generally resulted from new information discovered by the local agency.

Number of Investigations and Number of Founded Investigations

As was documented in previous reports, the addition of the family assessment track meant there were fewer investigations under DRS than in the preceding years. There were 27,795 investigations in State Fiscal Year (SFY) 2000 and 25,570 in SFY 2001, the last two years before DRS implementation. There were 11,606 investigations in SFY 2006. 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 41 percent in SFY 2006. The increase in the percent of founded investigations was expected since cases with serious safety concerns are placed in the investigation track while many other referrals are placed in the assessment track.

Services

One of the purposes of DRS is to try to ensure that families receive services needed to prevent or treat child abuse. It is hoped that by engaging families in a less threatening way in the family assessment track, they will be more likely to acknowledge family problems and agree to receive recommended services. The issue of whether provision of needed services has improved under DRS cannot be directly addressed because comparable data are not available for the pre-DRS period.

Data on service needs and service provision are shown for the 27,260 investigations and family assessments accepted from January through December 2006.

Identifying Service Needs

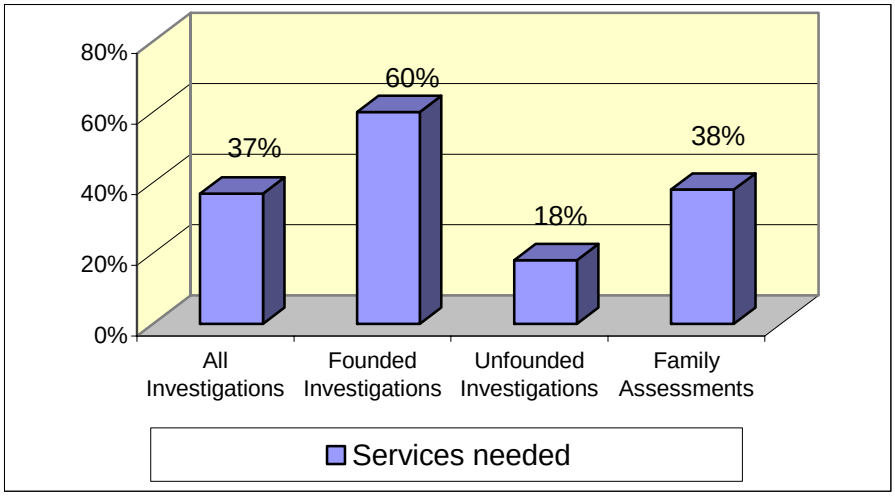
Identifying service needs is the first step in ensuring that families receive services to treat or prevent abuse or neglect. As might be expected, identification of service needs varies with disposition, risk level, and type of abuse or neglect. Identification of service needs also varies in different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

One fact to consider when reading the analyses below is that OASIS data do not necessarily provide a complete picture of family 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 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 these data. Unlike assessments, where there is a default setting indicating that services are needed and the worker must change the setting if there are no service needs, there is no such default setting for investigations. In a review of service provision conducted in 2004, the case reviewer found that workers did not always complete the services screens in investigations. Thus, as OASIS currently operates, it may create a bias toward more fully recording service needs in assessment cases.

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

The percent of families with identified service needs was 37 percent in investigations and 38 percent in family assessments (Figure 11). As would be expected, however, service needs were much more frequent in founded (60 percent) than in unfounded (18 percent) investigations. These data are almost identical to data for 2004 and 2005.[13]

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



Source: OASIS, Referrals Accepted January through December 2006

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 there was not sufficient evidence to substantiate an allegation of abuse or neglect, the worker's contact with the family did reveal a need for services, either to address problems that could lead to abuse or neglect or to address other family needs. In the review of service cases conducted in 2005, the case reviewer found many instances where such service needs were identified.

Another way to look at service needs is to consider the risk assessment made at the completion of the investigation or family assessment. The CPS risk assessment addresses the risk of future abuse or neglect for children in that family if no intervention is provided.[14] Risk

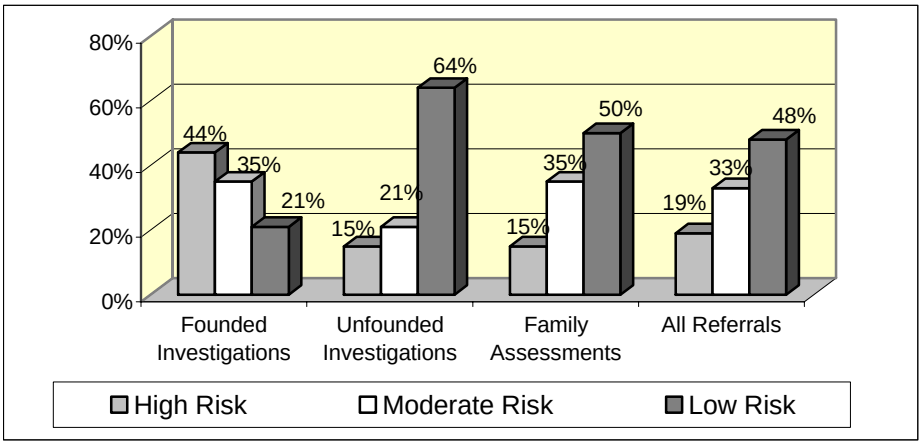
[13] Service data for 2004 weres for only a six month period from July through December of that year because the changes in OASIS that allowed recording service data in investigations occurred in July 2004.

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

assessment categories are high, moderate, or low. In 2006, 19 percent of referrals with a risk assessment in OASIS were evaluated as high risk, 33 percent as moderate risk, and 48 percent as low risk (Figure 12). The risk assessment was missing in three percent of the referrals.

As would be expected, risk assessment varied greatly by disposition. Seventy-nine percent of founded investigations were either high or moderate risk, compared to 36 percent of unfounded investigations, and 50 percent of family assessments. However, because of the large overall number of family assessments, 67 percent of all high or moderate risk referrals were family assessments.

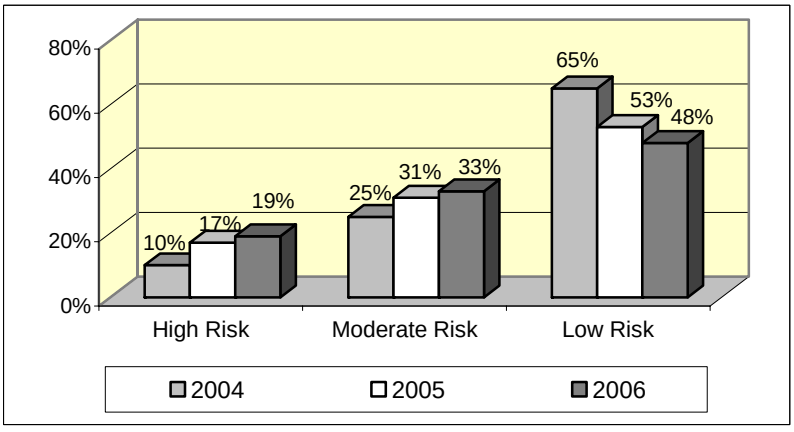
Figure 12: Risk Assessment by Track and Disposition



Source: OASIS, Referrals Accepted January through December 2006

Over the past three years there has been a trend toward more families being evaluated as at high or moderate risk (Figure 13). The percentage of high risk families increased from 10 percent in 2004 to 19 percent in 2006, and families at moderate risk increased from 25 percent to 33 percent. Conversely, the percentage of low risk families fell from 65 percent in 2004 to 48 percent in 2006.

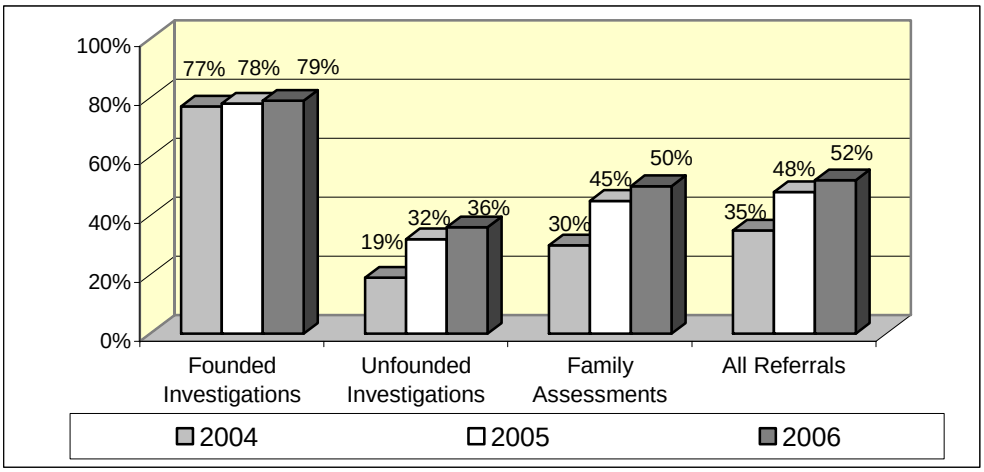
Figure 13: Trends in Risk Assessment, 2004-2006



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

Figure 14 shows the percentage of families evaluated as high or moderate risk for each disposition from 2004 to 2006. The percentage of high or moderate risk assessments remained virtually unchanged in founded investigations at just under 80 percent. The proportion of high or moderate risk assessments in unfounded investigations grew from 19 to 36 percent and from 30 to 50 percent in family assessments.

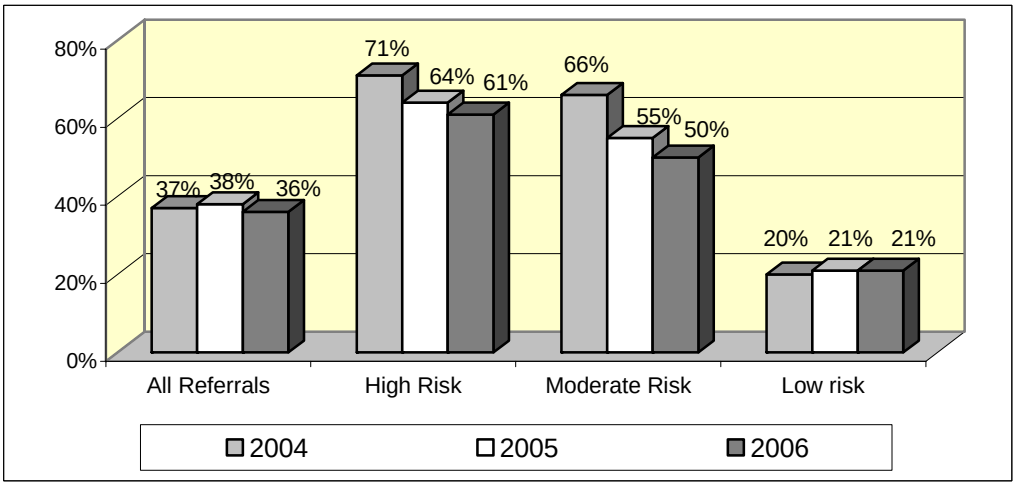
Figure 14: Percent of High or Moderate Risk Referrals by Track and Disposition, 2004-2006



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

Not surprisingly, families at high or moderate risk for future abuse or neglect were much more likely to have identified service needs than families determined to be at low risk (Figure 15). In 2006, 61 percent of high risk and 50 percent of moderate risk families had service needs, compared to 21 percent low risk families. This is the same overall pattern as found in 2004 and 2005.

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

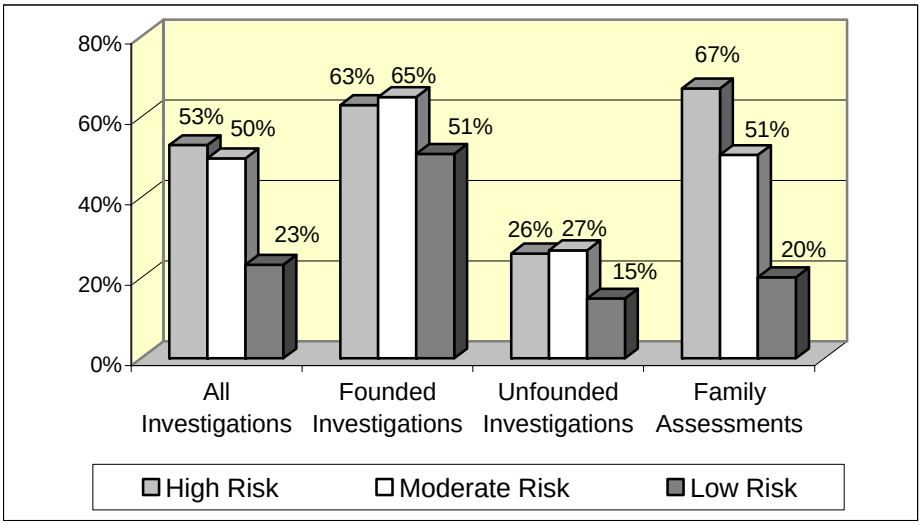


Source: OASIS, Referrals Accepted Calendar Years 2004, 2005, 2006

Comparison of data from the last three years reveals an interesting trend. While the overall percentage of families needing services has remained steady, at 36 to 38 percent, the percentage of high or moderate risk families with service needs has been *decreasing*. Between 2004 and 2006, the percentage of high risk families identified as needing services dropped from 71 to 61 percent and the percentage of moderate risk families needing services dropped from 66 to 50 percent.[15] Thus, over the past three years, while more families have been evaluated as being at high or moderate risk for future abuse or neglect, the percentage of high or moderate risk families with identified service needs has decreased, so that the overall level of service needs has remained essentially the same. More study is needed to provide a fuller understanding of how service needs are identified and the reasons for the trends reported above.

Data on risk and disposition are combined in Figure 16 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 63 percent of high risk founded investigations and 67 percent high risk family assessments. Among those at moderate risk, 65 percent of families in founded investigations and 51 percent in family assessments needed services. Service needs were found less often in unfounded investigations, but even those referrals revealed that about a quarter of high or moderate risk families had service needs. In families at low risk, service needs were more often identified in founded investigations (51 percent) than in family assessments (20 percent).

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



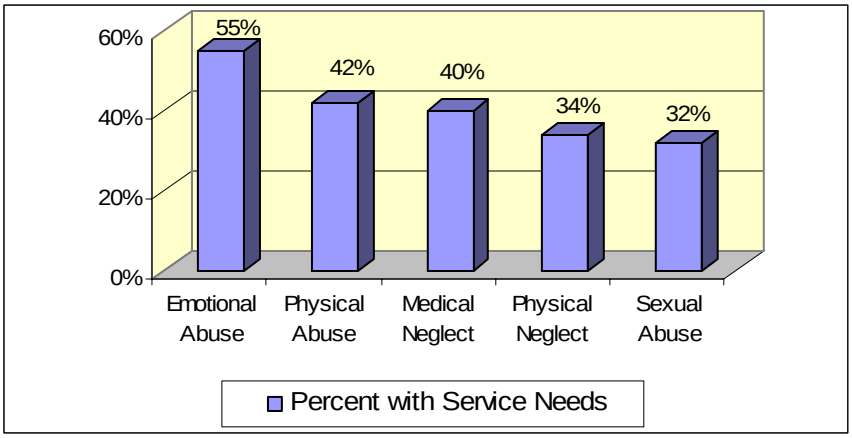
Source: OASIS, Referrals Accepted January through December 2006

The percentage of families needing services varied depending on the type of abuse or neglect (Figure 17). Service needs were most often identified in referrals involving emotional abuse (55 percent), followed by physical abuse (42 percent), medical neglect (40 percent),

[15] Within each risk category, identification of service needs varied widely among local agencies as is discussed in a later section of this report.

physical neglect (34 percent) and sexual abuse (32 percent). This pattern is similar to that found in previous years.

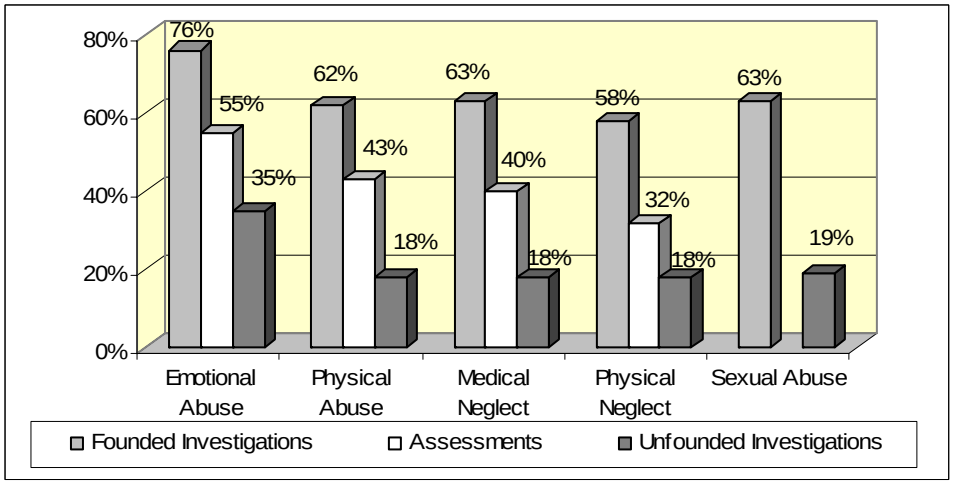
Figure 17: Percent of Referrals Needing Services, by Type of Alleged Abuse or Neglect



Source: OASIS, Referrals Accepted January through December 2006

When disposition is taken into account (Figure 18), the frequency with which service needs are identified is what would be expected, highest in founded investigations, followed by family assessments, and much lower in unfounded investigations. Founded investigations for emotional abuse were the referrals with the highest needs for services (76 percent). This pattern is similar to that found in the 2004 and 2005 referrals.

Figure 18: Percent of Referrals Needing Services, by Type Abuse or Neglect and Disposition[16]

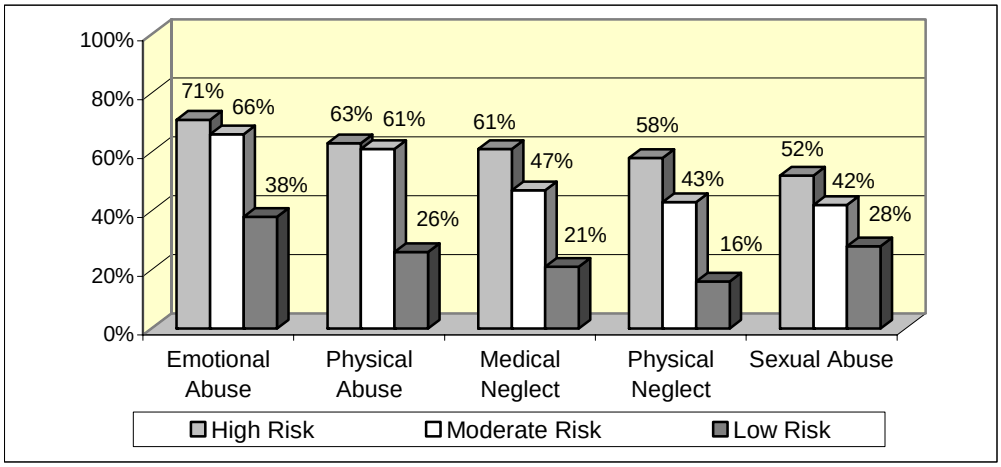


Source: OASIS, Referrals Accepted January through December 2006

[16] Data on sexual abuse referrals in the assessment track are excluded because such referrals are few in number and, as discussed above, are anomalies in track assignment.

When risk level is considered, the expected pattern emerges, with service needs identified frequently in high or moderate risk referrals and much less often in low risk referrals. The referrals with the highest level of service needs (71 percent) were high risk complaints for emotional abuse (Figure 19).

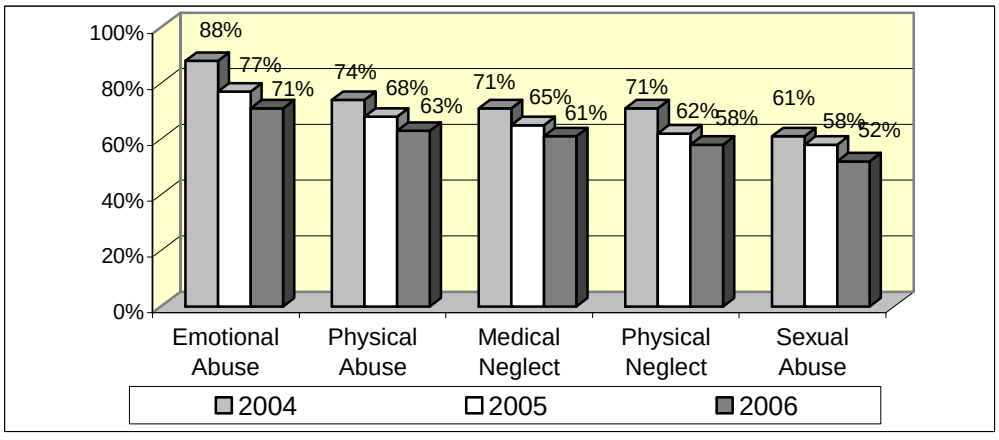
Figure 19: Percent of Referrals with Identified Service Needs by Type of Abuse or Neglect and Risk



Source: OASIS, Referrals Accepted January through December 2006

The general pattern in Figure 19 is similar to that found in 2004 and 2005 referrals, but with a smaller percentage high or moderate risk families found to be in need of services. Figure 20 shows the percentage of high risk families with identified service needs by the type of abuse or neglect for each year from 2004 through 2005. For every type of abuse or neglect, there was a

Figure 20: Percent of High Risk Families with Identified Service Needs by Type Abuse or Neglect, 2004 - 2006



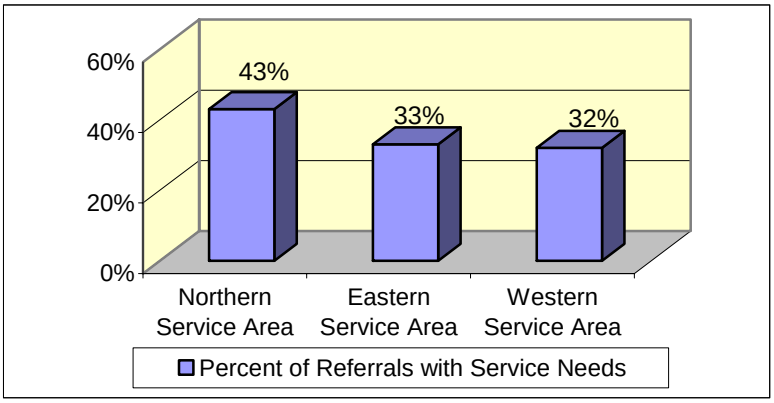
Source: OASIS, Referrals Accepted January 2004 through December 2006

substantial decrease over these three years in the percentage of families with service needs. For example, in referrals for emotional abuse the percentage with service needs decreased from in 88 percent in 2004, to 77 percent in 2005, to 71 percent in 2006. Similarly, 71 percent of high risk

families in referrals for physical neglect had service needs identified in 2004, compared to 62 percent in 2005, and 58 percent in 2006. For other types of abuse or neglect, the percentage with service needs declined between 9 and 11 percent over the three years. These decreases are not surprising since, as discussed above, the overall level of identified service needs in high or moderate risk referrals declined during this period.

Turning to the Department's three Service Areas, Figure 21 shows that identified service needs were most often identified in the Northern Service Area (43 percent), followed by the Eastern (33 percent) and Western (32 percent) Service Areas. This pattern is similar to that found in 2004 and 2005 referrals.

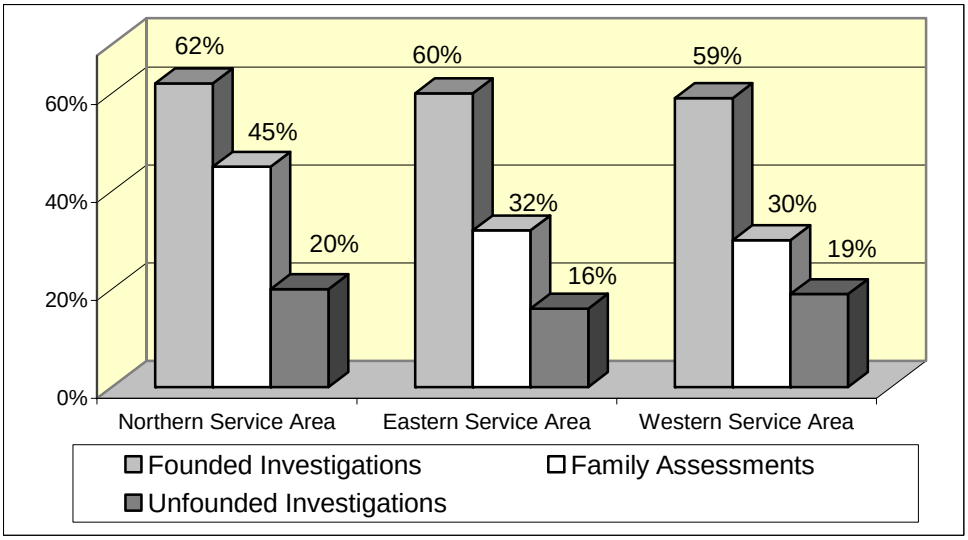
Figure 21: Percent of Referrals with Identified Service Needs by Service Area



Source: OASIS, Referrals Accepted January through December 2006

Figure 22 shows that the identification of service needs in founded investigations was similar in all three service areas, ranging from 59 to 62 percent. The frequency of identified

Figure 22: Percent of Referrals with Identified Service Needs by Service Area, Track and Disposition

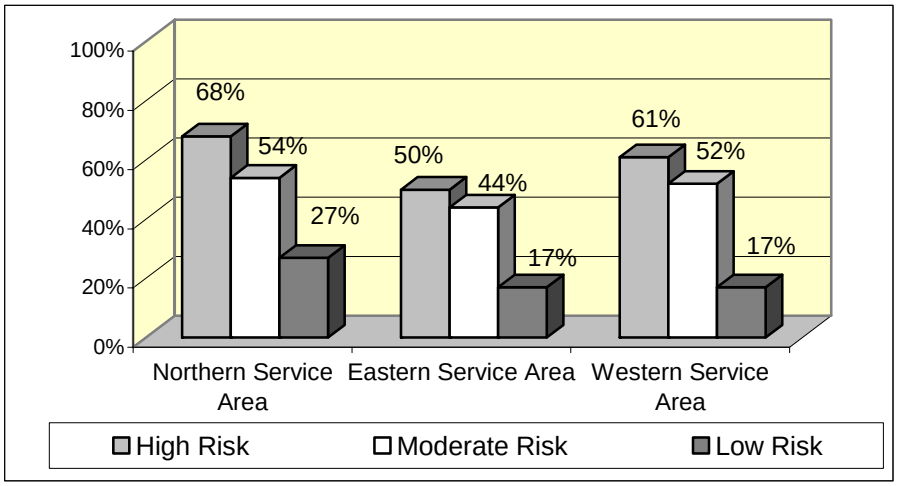


Source: OASIS, Referrals Accepted January through December 2006

service needs was also similar in unfounded investigations, ranging from 16 to 20 percent. The higher percentage of identified needs in the Northern Service Area resulted primarily from differences in family assessments. In the Northern Service Area, 45 percent of families in family assessments were found to have service needs, compared to 32 percent in the Eastern and 30 percent in the Western Service Area.

Turning to risk, Figure 23 shows that agencies in the Northern Service Area identified services needs more often than agencies in the Eastern Service Area at each level of risk and more often than agencies in the Western Service Area in both high and low risk families.

Figure 23: Percent of Referrals with Identified Service Needs by Service Area and Risk Assessment



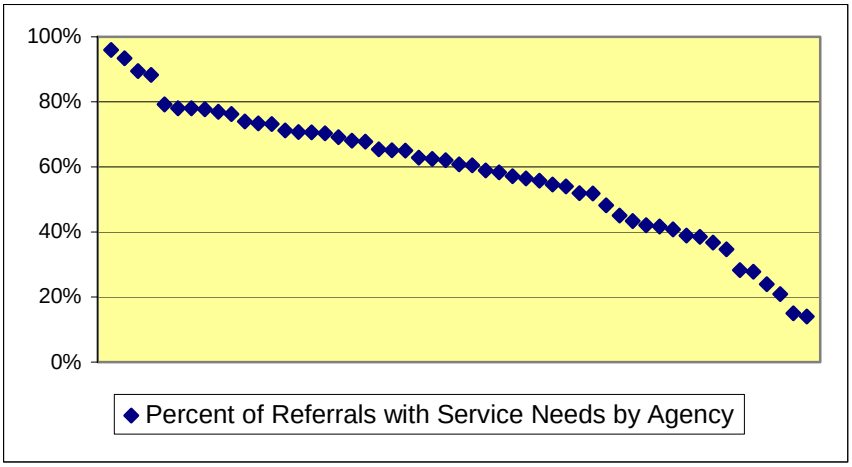
Source: OASIS, Referrals Accepted January through December 2006

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

To explore the issue of local agency variation, data were analyzed for investigations and assessments with different levels of risk. First, local agencies were identified that had at least fifty high or moderate risk referrals during the year. That selection criterion was used to ensure that the agencies had substantial experience with high or moderate risk referrals and that the findings were not skewed by agencies with only a small number of such referrals. Fifty local agencies met that criterion. Figure 24 shows the percentage of high or moderate risk referrals with identified service needs in those agencies. Each dot on the scattergram represents one agency. The scale at the left hand side of the figure shows the percentage of families in high or moderate risk referrals with identified service needs. Among the 53 agencies, that percentage varied from 14 to 96 percent. Even if the agencies with the five highest and five lowest

percentages are excluded, the differences remain great -- from 28 to 78 percent. Analysis of the 33 agencies that had at least 100 high or moderate risk referrals showed similar variation, with the agencies identifying from 14 to 93 percent of families as having service needs. These results are very similar to those found in the 2004 and 2005 referrals. There is no evidence of movement toward greater consistency among local agencies in identifying service needs in high or moderate risk families.

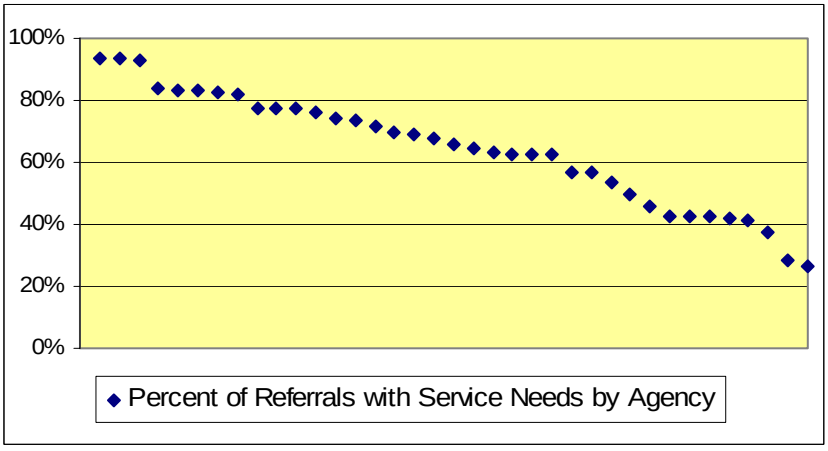
Figure 24: Identification of Service Needs in Agencies with 50 or more High or Moderate Risk Referrals



Source: OASIS, Referrals Accepted January through December 2006

To see whether there might be more consistency if only high risk families were considered, another analysis was performed of identified service needs in high risk referrals only. Figure 25 shows the results for the 37 agencies that had at least 25 high risk referrals. The percentage of high risk referrals with service needs ranged from 26 to 94 percent. The 24 agencies that had at least 50 high risk referrals showed similar variation, from 26 to 83 percent. Again, these results are similar to those found in 2004 and 2005 referrals.

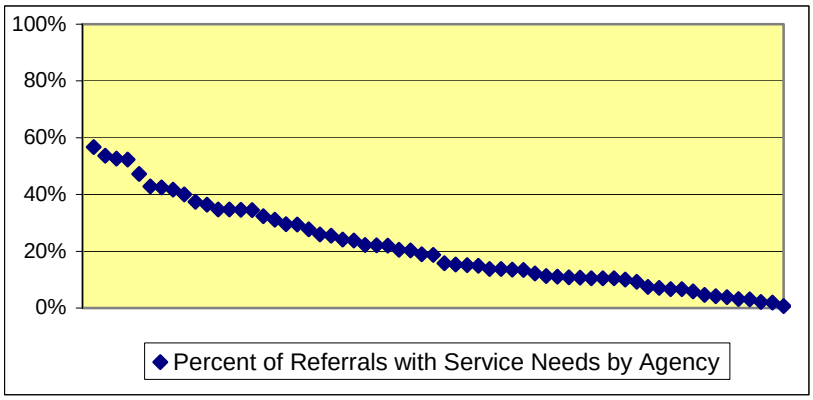
Figure 25: Identification of Service Needs in Agencies with 25 or more High Risk Referrals



Source: OASIS, Referrals Accepted January through December 2006

Twenty-one percent of low risk families were identified as having service needs, but there were substantial differences among the agencies. In the 62 agencies with at least 50 low risk referrals, the percentage of families with service needs ranged from one to 54 percent (Figure 26). These data are similar to those for 2004 and 2005 referrals. Clearly, at each level of risk, local agencies differ greatly in the percent of families they identify as having service needs.

Figure 26: Identification of Service Needs in Agencies with 50 or more Low Risk Referrals



Source: OASIS, Referrals Accepted January through December 2006

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 need counseling and nine percent needed parent education. The need for

Table 1: Services Needed by Track and Disposition

Service Needed	Percent of Founded Investigations	Percent of Unfounded Investigations	Percent of Assessments	Percent of all Referrals
Counseling	38%	12%	21%	22%
Parent education	20%	2%	9%	9%
Substance abuse evaluation	8%	1%	3%	4%
Substance abuse treatment	8%	1%	3%	4%
Medical psychological	7%	1%	3%	3%
Medical care	4%	1%	2%	2%
Daycare	2%	<1%	2%	2%
Domestic violence services	4%	<1%	2%	2%
Information and referral	4%	3%	1%	2%
Other	17%	4%	12%	11%
No service needs identified	40%	82%	62%	63%
Number of Referrals	*3849*	*4821*	*18590*	*27260*

Source: OASIS, Referrals Accepted January through December 2006

these services was highest in founded investigations, with 38 percent needing counseling and 20 percent needing parent education. Substance abuse evaluation and substance abuse treatment were the next most frequent needs. The pattern of service needs is similar for each disposition and is also similar to that found in the 2004 and 2005 referrals.

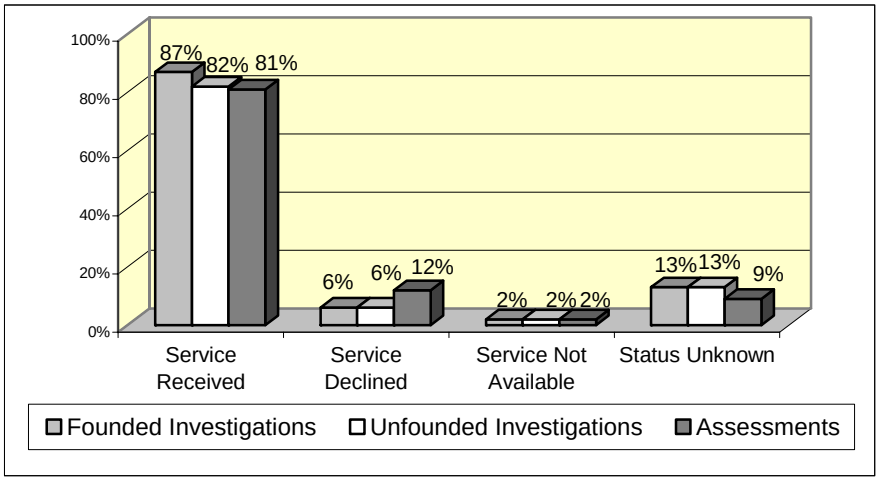
Number of Families Receiving Services

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 at the time she or he completed data entry for that referral. Those data are the basis for the following findings.

Among all families needing services, 83 percent received or were expected to receive services.[17] Ten percent declined at least one service. Two percent needed a service that was not available. Ten percent had a service need for which the status was unknown.

Figure 27 shows service status by disposition. Clearly, once service needs are identified, disposition makes little difference in whether families receive services. The vast majority of families with service needs had at least some of their needs met, 87 percent in founded

Figure 27: Service Status by Track and Disposition, Families with Service Needs



Source: OASIS, Referrals Accepted January through December 2006
Note: Adds to more than 100% because families may be in more than one category.

[17] Included are services recorded in OASIS as completed, in progress, or application pending. "Application pending" is included because since workers rarely indicated that a service was not available, the applicants are likely to receive the service. However, some families may ultimately decline a pending service or encounter other difficulties such as a waiting list. Case reviews show that sometimes a pending application does not lead to services, for instance, when a service case was opened but no services were accepted. Thus the eventual number of families receiving services is likely somewhat less than shown in Figure 27. Families in need of more than one service could be counted in two or more categories, for instance, refusing one service and receiving another.

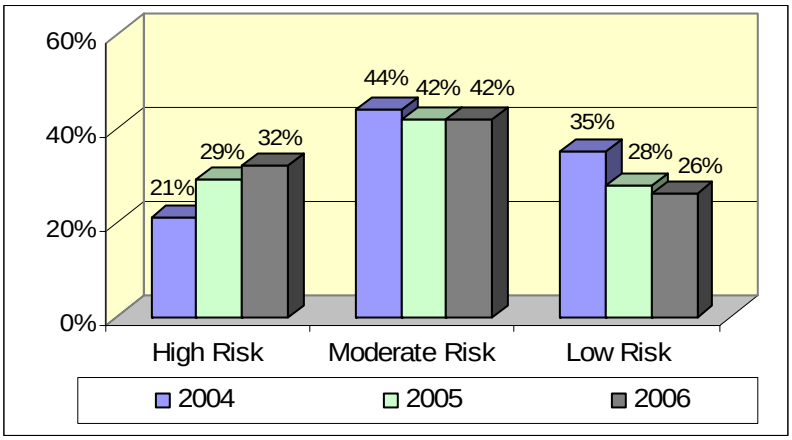
investigations, 82 percent in unfounded investigations, and 81 percent in family assessments. Unless required by the court to accept services, families can decline offered services. They may accept some and decline others. Assessment track families were somewhat more likely to decline at least one service (12 percent) than were families in either founded or unfounded investigations (six percent). This higher refusal rate suggests that the assessment track does not necessarily encourage greater acceptance of services, but the differences are small and may reflect that more families in the investigation track had services where the status was unknown.

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

Unlike service identification, once families are identified as having service needs, receipt of services did not vary much by risk, type of abuse or neglect, or service area. Among all families with service needs, 87 percent of those at high risk, 81 percent of those at moderate risk and 80 percent at low risk received some services.

Figure 28 shows the percentage services that went to families at each of the three levels of risk from 2004 through 2006. There has been a shift over the past three years toward a larger share of services going to high risk families. The portion of services going to high risk families increased from 21 percent in 2004, to 29 percent in 2005, to 32 percent in 2006. There was an equivalent decrease in the share of services going to low risk families, from 35 percent in 2004 to 28 percent in 2005 and 26 percent in 2006. The share of services going to moderate risk families was essentially unchanged. Combining these findings with the findings discussed above concerning trends in risk assessment and service needs reveals a complex trend in which more families are being identified as high risk, fewer high risk families are determined to have service needs, but a greater share of services is going to high risk families.

Figure 28: Percent of All Services Received by Families at Different Levels of Risk, 2004-2006



Source: OASIS, Referrals Accepted 2004-2006

Provision of services to families with service needs did not differ much by the type of abuse or neglect. From 82 to 84 percent of families received services. Similarly, in the three Service Areas, 80 to 84 percent of families received services.

There is less variation among local agencies in the provision of services, once they are identified, than there is in the identification of service needs. Among 49 agencies that had at least 50 referrals with identified service needs, from 50 to 98 percent of families received some services. Two-thirds of these agencies provided services to 80 percent or more of families with service needs.

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 *24 percent of families* received services provided or purchased by the local agency, but that *24 percent of all services* received by all families were provided or purchased by the local agency. A family might receive services from more than one source. As discussed above, these data are based on what the worker knew when data entry for the referral was completed.

Community resources provided 41 percent of services. Many different kinds of providers are in this category. Examples include a community mental health clinic, a food bank, a church sponsored parenting class, medical services from the Department of Health, or a public school's before and after school child care program. The local agency provided or purchased 24 percent of the services. Examples are counseling or parent education provided by social workers in the agency, subsidized child care, or payment for substance abuse evaluation. Thirty-five percent of the services were expected to be obtained independently by the family. For instance, a family might agree to counseling but prefer to receive counseling from their pastor or agree to provide after school care for a child but want to obtain that service from a relative. The 2006 data on source of services are almost identical to data for 2004 and 2005.

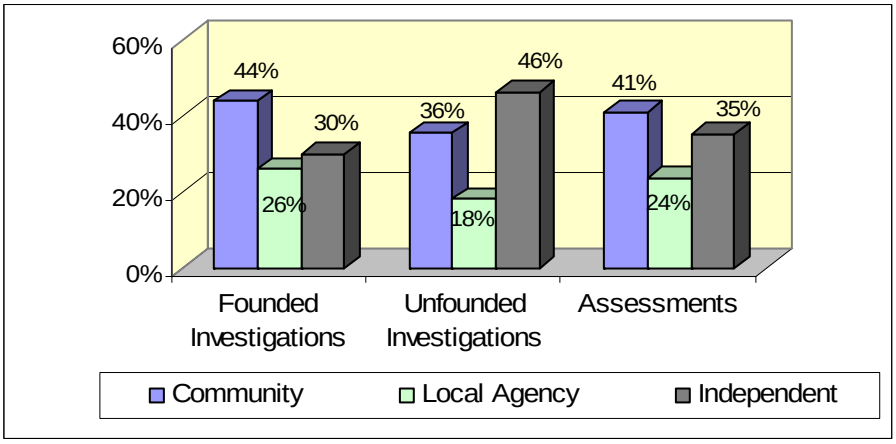
Table 2: Source of Services

Source of Services	Percent of All Services Received
Community Resource	41%
Obtained Independently	35%
Local Agency Provided or Purchased	24%
Total	100%
Total Number of Services	*12,785*

Source: OASIS, Referrals Accepted January through December 2006

Figure 29 shows the sources of services received by families with each disposition. Sources were similar in founded investigations and family assessments with over 40 percent of services provided by community sources, about a quarter provided by or purchased by the local agency, and about a third obtained independently by the family. Unfounded investigations had a somewhat different pattern in with 46 percent of services obtained independently by the families, 36 percent provided by community agencies, and 18 percent provided by the local agency.

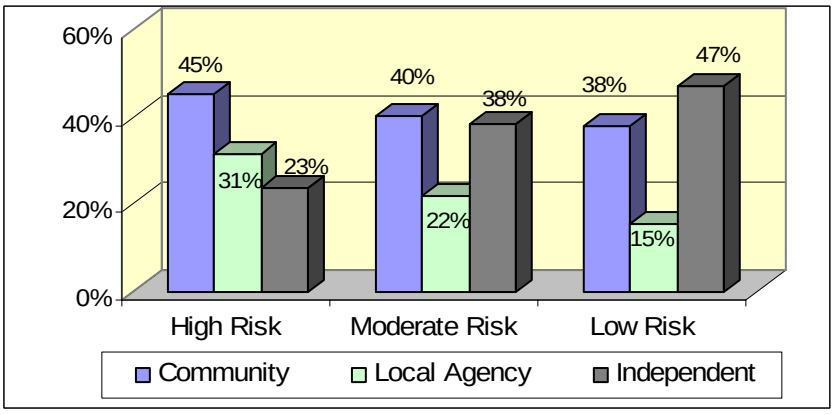
Figure 29: Source of Services by Track and Disposition



Source: OASIS, Referrals Accepted January through December 2006

Figure 30 shows that the proportion of services provided by community sources was similar in all three risk groups. It increased somewhat with the level of risk, 38 percent in families at low risk, 40 percent in families at moderate risk, and 45 percent in families at high risk. Use of local agency direct or purchased services increased considerably with risk, from 15 percent where risk was low, to 22 percent where risk was moderate, to 31 percent in high risk situations. Conversely, the use of independent sources decreased with risk from 47 percent where risk was low, to 38 percent where risk was moderate, and to 23 percent where risk was high.

Figure 30: Source of Services by Risk Assessment



Source: OASIS, Referrals Accepted January through December 2006

Table 3 shows the percentage of local agency services that went to families at each level of risk. In 2006 almost half of local agency provided or purchased services went to high risk families and another 37 percent to moderate risk families. Only 14 percent went to low risk families. There has been a trend from 2004 to 2006 toward concentrating local agency resources on high risk referrals. The percentage of local agency provided/purchased services going to high risk families increased from 29 percent in 2004, to 43 percent in 2005, to 49 percent in 2006. Correspondingly, the percentage going to moderate and low risk families decreased, with the biggest drop being in services to low risk families, which went from 26 percent in 2004 to 14

percent in 2006. This pattern parallels the general shift, discussed above, toward a larger share of all services going to high risk families.

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

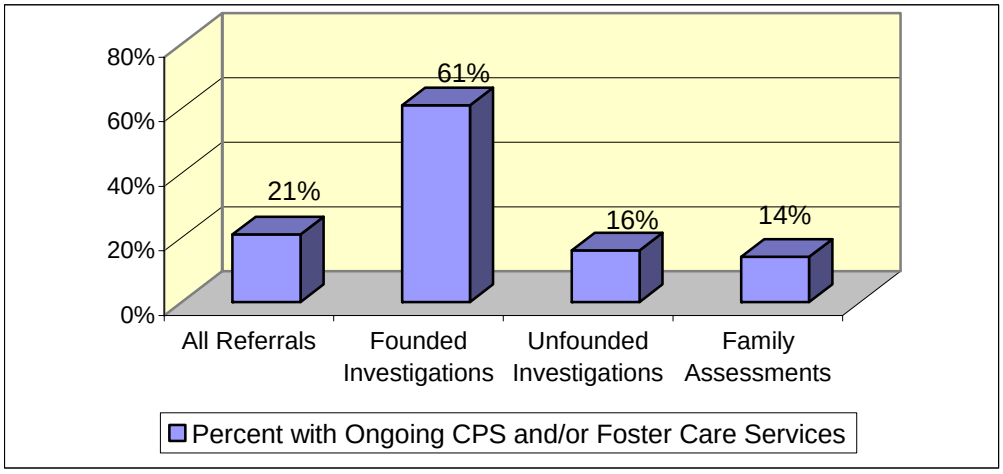
Risk Assessment	Local Agency Services		
	2004	***2005***	***2006***
High Risk	29%	43%	49%
Moderate Risk	45%	41%	37%
Low Risk	26%	16%	14%
Total	100%	100%	100%
Total Number of Services	*2994*	*3331*	*3031*

Source: OASIS, Referrals Accepted July 2004 through December 2006

Ongoing CPS and Foster Care Services

The above discussion of the services families received is based on data from the special OASIS screens that capture information about service needs identified during the 45 to 60 day period for conducting the family assessment and investigation. OASIS also includes information about "ongoing CPS" and foster care services provided after a family assessment or investigation is completed. If a child is placed in foster care, or if the agency determines that the family needs child protective services beyond the 45 to 60 day family assessment or investigation period, the agency opens a foster care case, an ongoing CPS services case, or both. Twenty-one percent of referrals involved ongoing CPS and/or foster care service (Figure 31).

Figure 31: Ongoing CPS and Foster Care Services by Track and Disposition



Source: OASIS, Referrals Accepted January through December 2006

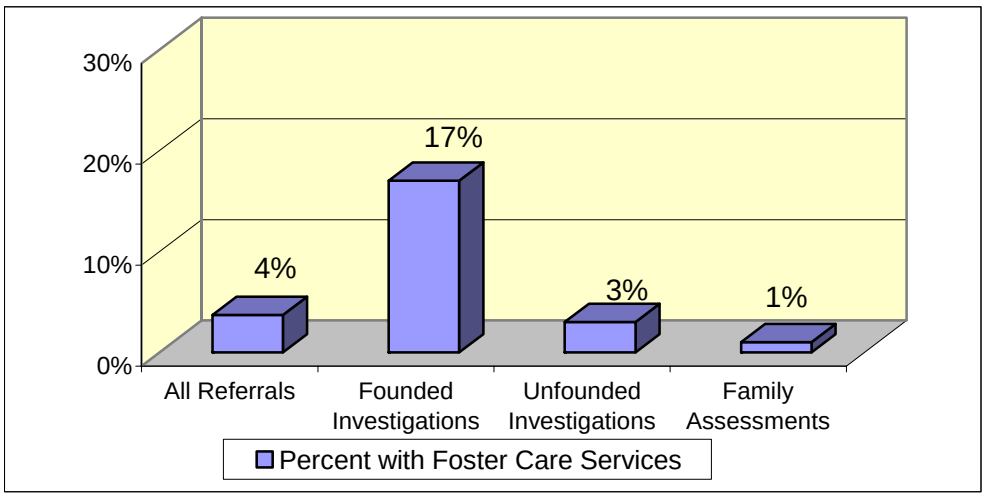
Receipt of ongoing CPS and foster care services varied by disposition: founded investigations, 61 percent, family assessments, 16 percent, and unfounded investigations, 14 percent. The high rate in founded investigations is not surprising since these are situations where

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 understandably much greater in families at high risk for future abuse of neglect. Fifty-seven percent of high risk families, 22 percent of moderate risk families, and 7 percent of low risk families received such services. Among high or moderate risk families, these rates were similar to rates in 2005 but lower than in 2004 when 72 percent of high risk and 39 percent of moderate risk families received such services. What has happened since 2004 is not, however, that fewer families are receiving these services -- since the percentage of all families receiving these services remained the same. Rather, the *increase* in the percentage of families evaluated as high or moderate risk has been accompanied by a *decrease* in the percentage in those two groups that received ongoing or foster care services.

The data extract for this report included data on foster care placement that occurred within 90 days of the disposition of the referral. Four percent of all 2006 referrals involved foster care placement (Figure 32). As would be expected, founded investigations had the highest foster care rate, 17 percent. Children in three percent of unfounded investigations and one percent of family assessments were also placed in foster care. The overall percentage and breakdown by disposition are consistent with data from previous years.

Figure 32: Foster Care by Track and Disposition



Source: OASIS, Referrals Accepted January through December 2006

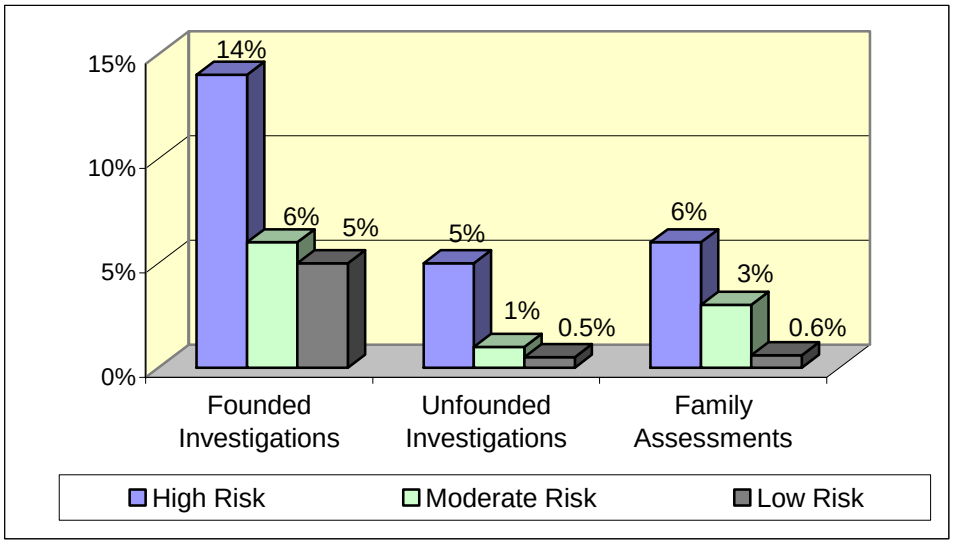
As discussed in earlier reports, there are a number of reasons why referrals other than founded investigations may involve foster care. For instance, even though an investigation was unfounded, a child could be determined to be unsafe for other reasons or in need of foster care for a reason not related to an issue of abuse or neglect. One example from earlier case reviews was a situation in which there was no abuse or neglect, but the mother required hospitalization and foster care services were provided for the child until the mother could resume caring for the child. In family assessments, the local agency is supposed to change the referral to an investigation if the agency takes custody. However, since the data include any foster care

placement that occurred within 90 days after the disposition, data for those referrals can show placement that occurred after the family assessment was completed. Case reviews conducted in 2005 showed that such placements sometimes occur due to new referrals. Foster care placement may also occur as part of the follow up process in which the local agency and the court monitor parental compliance with protective orders entered during the investigation or assessment. In those instances, the judges ordered the removals at hearings in which they determined that the requirements of the protective orders were not being met. Sometimes children were removed from the home as the result of a CHINS (Child in Needs of Supervision/Services) petition, such as a runaway teenager with serious mental health needs whom the judge determined would be better off in foster care. There were also instances in which parents asked to be relieved of custody or the family came to the attention of the court for reasons other than a CPS complaint.

Court-Ordered Services

Sometimes the local agency asks the Juvenile and Domestic Relations Court to order the family to accept a service. There were court-ordered services in two and a half percent of the referrals.[18] The use of a court order to ensure receipt of services varied with both disposition and risk assessment. The percentage of cases with court-ordered services was six percent in founded investigations, one-half percent in unfounded investigations, and two percent in family assessments. The court ordered services in 11 percent of high risk cases, four percent of moderate risk cases, and one percent of low risk cases. Court-ordered services were most frequent in high risk founded investigations, with 14 percent of those families having at least one court-ordered service (Figure 33).

Figure 33: Percent of Referrals with Court-Ordered Services by Track, Disposition and Risk



Source: OASIS, Referrals Accepted January through December 2006

[18] The court ordered services discussed here do not include courts orders removing children from the parent's custody and placing them in foster care. Foster care is discussed in the preceding section.

The most frequent court-ordered service was counseling (23 percent). Twenty-six percent related to substance, substance abuse evaluation (14 percent) and substance abuse treatment (12 percent). Fourteen percent of court-ordered services were for parent education, followed by medical psychological care, 11 percent, and domestic violence services, 4 percent.

Special Topics

Each year the DRS evaluation report includes a study of a special topic. Studies of two special topics are included in this report, delayed contact referrals and invalid referrals. Delayed contact referrals are those in which the first meaningful contact with the family did not take place by the time established for referrals at that priority level. Invalid referrals are screened out by the local agency screened out as not meeting the criteria for a valid complaint of abuse or neglect. The first topic addressed below is delayed contact.

Study of Delays in First Meaningful Contact

This study of delay in the first meaningful contact is an exploratory study and the first attempt by the Department to address this issue. The purpose of the study is to gather basic data, identify questions for further study, and begin to identify any issues that may need to be addressed by policy or training. Two sources of data are used in this study, OASIS data on completed referrals from calendar year 2006 and case reviews of 220 referrals in which the first meaningful contact was delayed.

There were 27,260 completed referrals in the OASIS data provided for this study. However, only 24,694 are included here because data on the first meaningful contact were missing from 9.4 percent of the referrals. Almost all the referrals with missing contact information were family assessments. Contact data was missing in 14 percent of family assessments and three-tenths of a percent of investigations.

There was great variation among local agencies in the percentage of their referrals that did not have contact information entered into OASIS, ranging from 30 agencies that did not have any missing data to five that failed to enter data in 41 to 50 percent of their referrals (Table 4).

Table 4: Missing Contact Information

Percent of Referrals with Missing Contact Information	Number of Local Agencies
0 percent	30
1 to 10 percent	50
11 to 20 percent	23
21 to 40 percent	11
41 to 50 percent	5
Total	119*

Source: OASIS, Referrals Accepted January through December 2006

*Complaints were received by 119 of the 120 local agencies in 2006

Criteria for Determining Delayed Contact

Determining that the first meaningful contact was delayed depends on two criteria, the definition of the first meaningful contact and the amount of time permitted for that contact. The Department defines the first meaningful contact in this way:

- The initiation of the investigation is considered to be the first meaningful contact after the complaint is validated. A meaningful contact provides information pertinent and relevant to determining whether or not the abuse or neglect occurred. The first meaningful contact is usually a face-to-face visit, but the first meaningful contact may occur by telephone.

- OASIS provides a means of designating the first meaningful contact in the automated record. The CPS worker should confer with a supervisor if there is any doubt about which contact constitutes the first meaningful contact; response times will be calculated from this designation.

The issue of how much time is allowed for the agency to complete the first meaningful contact is complex. First, in 2006 there were no specific statewide guidelines. It was up to each local agency to determine the time for completing the first meaningful contact.[19] Second, the time allowed varied by the response priority assigned to the referral by the local agency. There are three response priority levels. For convenience, they will be referred to in this study as Priority 1, 2, and 3. Priority 1 referrals require the fastest response, most often because of safety concerns. More time is allowed for response to Priority 2 and Priority 3 referrals.

In 2006, the Department asked each local agency to provide information on the guidelines the agency had established for the first meaningful contact at each priority level. Ninety-nine local agencies responded and provided times for the three priority levels. Two responded but did not provide specific times, and 19 agencies did not respond.

The analyses in this report required determining whether each local agency completed the first meaningful contact within the time that agency had established for complaints at that priority level. The guidelines supplied by the local agencies were used to make that determination. Where a local agency provided a range of acceptable times, such as 3 to 5 days, the longest time was used.

Out of the 24,694 referrals with contact information, 22,306 were in agencies that provided information on the standards they used. In order to include more referrals in the analyses, timeframes were assigned to referrals from those agencies that did *not* provide the requested information. The standards used were the most common ones established by the 99 agencies that did provide the relevant information. Those standards were 24 hours for Priority 1, three days for Priority 2, and five days for Priority 3.[20] Most agencies used these standards, but a

[19] The Department established statewide guidelines for each priority level in 2007.

[20] Several analyses were performed to insure that the findings were not distorted by assigning guidelines to agencies that had not provided information on their own guidelines. Results were virtually identical regardless of whether

few gave themselves more time, for instance, up to seven days for Priority 3 referrals. Some also gave themselves less time, such as four hours for a Priority 1 response. Some agencies specified, primarily for Priority 3 referrals, that the number of days allowed were working days rather calendar days.

Response Priority by Track and Disposition

Since evaluation of the timeliness of the first meaningful contact depends on whether the response was made within the time specified for a given priority level, it is important to understand more about the basis for assigning priority levels. The local agency determines the priority for each referral. While there is broad agreement that the prime consideration is safety and that complaints with the most serious safety issues should be Priority 1, some agencies had much more detailed criteria than others for assigning the response priority.

A number of agencies used identical language when responding to the Department's request to provide information contact times for each priority level. They responded:

> *R1: 24 hours*
> *Safety Factor: Immediate danger; sexual abuse; medical attention required and child is released to perpetrator; serious physical abuse; child has severe physical/mental disability; age 0 – 6; child fatality.*
>
> *R2: 48 hours*
> *Safety Factor: Requires medical attention and is admitted; non-involved caretaker can protect child age 7 – 14; prior CPS interventions with no immediate danger; perpetrator has no access to child.*
>
> *R3: 3-5 days*
> *Safety Factor: No medical attention required; non-involved caretaker can protect child age 15-17; no prior CPS interventions.*

An example for Priority 1 from an agency that used more detailed criteria was:

> *Response will occur as soon as feasible, not to exceed 24 hours from the time the report is received. Safety factors to be considered include, but not limited to, the following:*
>
> *a) Child/children are under the age of eight or have a significant disability.*
> *b) Visible/observable evidence of bruises, contusions, broken bones, or burns, or medical attention is needed.*
> *c) Any type of sexual abuse reported where the alleged perpetrator is a continual member of the household and has access to the child.*

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only the referrals from agencies supplying guidelines were used or referrals from agencies that did not supply guidelines were included.

d) *Conditions of neglect which place the victim in imminent threat of harm.*
e) *Method of infliction is bizarre or premeditated.*
f) *The alleged abuser/perpetrator will have access to the child within the next 24 hours, or the child is afraid to go home.*
g) *The non-involved caretaker is unprotective, or their response is not appropriate.*
h) *The living situation is danger, or the child is currently unsupervised; or the child is seriously ill or injured, immediate medical attention is needed, and the caretaker is not available or no plan of care have been made.*
i) *There have been previous CPS interventions within one year of the report, or there have been previous founded complaints which are currently found on OASIS.*

Some agencies mentioned additional criteria such as the possibility that the "forensic investigation would be compromised if investigation/family assessment is delayed" or that priority should be given to complaints from mandated reporters. One agency stated that: "If a case will be worked jointly with law enforcement, the response time may be determined by this coordination."

Figure 5 shows the assigned priority level for all referrals and for each track. The priority level for all referrals was: Priority 1 – 28 percent, Priority 2 -- 32 percent, and Priority 3 -- 40 percent. As would be expected, investigations were assigned to the highest priority level much more often than were family assessments. Complaints with serious safety issues are supposed to be assigned to the investigation track and 46 percent of investigations were Priority 1, compared to 19 percent of family assessments. Conversely, half of family assessments were Priority 3, compared to 20 percent of investigations.

Table 5: Priority Level and Track Assignment

	Family Assessments	Investigations	All Referrals
Priority 1	19%	46%	28%
Priority 2	31%	34%	32%
Priority 3	51%	20%	40%
Total*	101%	100%	100%
Number of Complaints	*16054*	*8641*	*24695*

Source: OASIS, Referrals Accepted January through December 2006
*More than 100 percent due to rounding

Response Priority and Initial Safety Assessment

The information about possible safety issues collected at the time of the referral is a key factor in determining the response priority. The assignment of a response priority occurs before the initial safety assessment that is completed after the worker has contact with the family. The initial safety assessment may reflect information not available when the response priority was assigned.

Table 6 shows the priority level assigned to referrals at each safety assessment level. These data show that local agencies are generally doing a good job collecting information from the complainant and identifying situations in which children may be unsafe. The vast majority of complaints (78 percent) in which there was an initial safety assessment of unsafe were assigned to Priority 1.

Table 6: Response Priority and Initial Safety Assessment

	Unsafe	Conditionally Safe	Safe
Priority 1	78%	33%	21%
Priority 2	12%	32%	33%
Priority 3	10%	35%	46%
Total	100%	100%	100%
*Number of Complaints**	*956*	*9290*	*14,319*

Source: OASIS, Referrals Accepted January through December 2006
*The initial safety assessment was missing from 130 complaints.

Because only four percent of all referrals had an initial safety assessment of "unsafe," there are very few referrals, even Priority 1 referrals, where the children were considered unsafe. Eleven percent of Priority 1 referrals had an initial safety assessment of unsafe and 45 percent had an assessment of conditionally safe. In the majority of Priority 2 and Priority 3 referrals, the children were rated safe (60 and 67 percent, respectively) and in about a third (38 and 32 percent, respectively) conditionally safe. Two percent of Priority 2 and one percent of Priority 3 complaints had an initial safety assessment of unsafe.

Time to First Meaningful Contact

The time to the first meaningful contact is measured from the time the local agency received the complaint.[21] The standard used was the standard established by the local agency itself, not a uniform standard applied to all agencies. Consequently two agencies could complete the contact at the same time in similar complaints but one be evaluated as on time and the other as late. For example, if the agencies had the first meaningful contact on the day after a Priority 1 complaint was received, an agency with a guideline of 24 hours would be on time, but one that required contact on the same day the complaint was received would be late.[22]

Table 7 shows the percentage of cases in which the first meaningful contact was on time and the percentage in which it was late. "On time" means that the contact occurred on or before the deadline established by the local agency. The number of "days late" is measured from the day on which meaningful contact should have been completed, according to the agency's guidelines, and the day it was actually completed. For example, if agency guidelines called for

[21] Under a recent policy change, time of the first meaningful contact is to be measured from the validation date, but that change is not reflected in this report.
[22] For the few agencies that specified less than 24 hours for Priority 1 cases, no attempt was made in the analysis to see if those specific hourly timelines were met. Those guidelines were treated as requiring a "same day" contact.

the first meaningful contact to take place within one day of receipt of the complaint, but the contact occurred three days after receipt of the complaint, that contact would be two days late.

Table 7: First Meaningful Contact by Priority Level

Contact Time in Relation to Local Agency Guidelines	Priority 1	Priority 2	Priority 3	All Referrals
On time	78%	61%	57%	64%
1 to 2 days late	9%	13%	13%	12%
3 to 5 days late	5%	11%	10%	9%
6 to 10 days late	3%	6%	8%	6%
More than 10 days late	5%	9%	12%	9%
Total	100%	100%	100%	100%
Number of Complaints	*6887*	*7822*	*9856*	*24565*

Source: OASIS, Referrals Accepted January through December 2006

In about two-thirds (64 percent) of all referrals, the first meaningful contact occurred on or before the day called for in the agency guidelines. Twelve percent were one to two days late; nine percent were three to five days late; six percent were six to 10 days late; and nine percent were more than 10 days late. There were some complaints in which the first meaningful contact did not occur for several months. When considering these data, it is important to remember that what is reported here is when the first meaningful contact was completed, *not* when the agency first *attempted* contact. A local agency could make strenuous efforts to complete the first meaningful contact on time but be unable to do so for a variety of reasons. These issues are explored below in the case review section.

The timeliness of the first meaningful contact varied with the priority level. Local agencies clearly emphasize Priority 1 referrals with 78 percent of contacts being on time or early, compared to 61 percent of Priority 2 and 57 percent of Priority 3 referrals. Even in Priority 1 referrals, however, three percent were six to ten days late and five percent were more than 10 days late.

Timeliness of contact also varied with the track to which the complaint was assigned. Completion of the first meaningful contact was more often on time in investigations than in family assessments. That finding is what would be expected since referrals with serious safety issues are generally placed in the investigation track and would be more likely to be given high priority by the local agency. Seventy-one percent of investigations and sixty-one percent of family assessments were on time (Table 8). Among the investigations, 77 percent of investigations that were ultimately founded were on time, compared to 66 percent of those that were unfounded.

These results raise an interesting question – what is the relationship between timely contact and the likelihood that an investigation will be founded? Are investigations that are ultimately founded more often on time simply because referrals with sufficient information to identify serious safety issues and likelihood that the allegations are true are assigned a high

Table 8: First Meaningful Contact by Track and Disposition

Contact Time in Relation to Local Agency Guidelines	Family Assessments	All Investigations	Disposition of Investigations	
			Founded	***Unfounded***
On time	61%	71%	77%	66%
1 to 2 days late	13%	11%	9%	12%
3 to 5 days late	9%	7%	6%	8%
6 to 10 days late	7%	4%	3%	5%
More than 10 days late	10%	7%	5%	8%
Total	100%	100%	100%	100%
Number of Complaints	*16053*	*8641*	*3830*	*4811*

Source: OASIS, Referrals Accepted January through December 2006

priority and receive a quicker response? Or could it be that the timeliness of the contact *affects* the probability that an investigation will be founded, for instance, a late response in a case of physical abuse making it more difficult to sustain a founded disposition because bruises have faded. The available data cannot answer that question, but it is one that warrants further study.

Another way to view the relationship between track and timely contact is to look at the track assignment of complaints in which the first meaningful contact was delayed. The large majority of referrals (71 percent) in which the contact was delayed were family assessments. This finding is not surprising since 65 percent of all completed referrals for which contact information was available were family assessments. The data do suggest, however, that local agencies give greater priority to completing the first meaningful contact in investigations than in family assessments.

Timeliness of contact also varied with the results of the initial safety assessment which is completed only after the first meaningful contact. Data in Table 9 show that agencies generally do a good job collecting information at intake and prioritizing referrals for a quick response. Local agencies met their guidelines for first meaningful contact most often in those referrals where the initial safety assessment was unsafe, 83 percent. Contact was on time in 70 percent of cases where the initial safety assessment was conditionally safe and in 59 percent of cases in

Table 9: First Meaningful Contact by Initial Safety Assessment

Contact Time in Relation to Local Agency Guidelines	Unsafe	Conditionally Safe	Safe
On time	83%	70%	59%
1 to 2 days late	7%	12%	12%
3 to 5 days late	5%	7%	10%
6 to 10 days late	2%	5%	7%
More than 10 days late	3%	6%	12%
Total	100%	100%	100%
Number of Complaints	*956*	*9290*	*14319*

Source: OASIS, Referrals Accepted January through December 2006

which is was safe. Referrals in which the initial safety assessment showed the children to be unsafe were much less likely than others to be delayed for over 10 days. The first meaningful contact took more than ten days in 3 percent of referrals where the children were unsafe, 6 percent where they were conditionally safe, and 12 percent where they were safe.

Timeliness of contact also varied with the type of alleged abuse or neglect. Table 10 shows the relationship between type and the time of the first meaningful contact. On time completion of the contact was highest in reports of physical abuse. Seventy–two percent of physical abuse complaints had a timely contact, compared to 55 to 60 percent of other complaints. Only six percent of physical abuse complaints had a contact that was more than ten days late, compared to 11 or 12 percent of referrals with other types of abuse or neglect.

Table 10: First Meaningful Contact by Type Abuse or Neglect

Contact Time in Relation to Local Agency Guidelines	Physical Abuse	Physical Neglect	Medical Neglect	Sexual Abuse	Emotional Abuse
On time	72%	60%	58%	58%	55%
1 to 2 days late	10%	13%	13%	14%	15%
3 to 5 days late	7%	9%	9%	11%	11%
6 to 10 days late	5%	7%	8%	7%	9%
More than 10 days late	6%	11%	12%	11%	11%
Total*	100%	100%	100%	101%	101%
Number of Complaints	*9421*	*13114*	*1183*	*2264*	*1179*

Source: OASIS, Referrals Accepted January through December 2006
*Totals more than 100 percent due to rounding

The quicker contact in complaints of physical abuse is not simply a reflection of a greater concern for safety and consequent assignment to Priority 1. Physical abuse complaints had a higher percentage of on time contacts at *each* priority level. The contact was on time in 84 percent of Priority 1 complaints for physical abuse, compared to 69 to 75 percent of complaints with other types of abuse or neglect (Table 11). Results were similar for the other priority levels although differences were smaller among Priority 3 complaints.

Table 11: First Meaningful Contact by Priority and Type Abuse or Neglect,

	Percent of Contacts that were On Time				
	Physical Abuse	Physical Neglect	Medical Neglect	Sexual Abuse	Emotional Abuse
Priority 1	84%	75%	70%	69%	74%
Priority 2	70%	58%	56%	53%	51%
Priority 3	62%	55%	52%	48%	52%

Source: OASIS, Referrals Accepted January through December 2006

The age of the child(ren) in a complaint is an important consideration in analyzing timeliness of the first meaningful contact because younger children are more likely to be at risk

and in need of a quick response. Analysis of the referrals based on the age of the youngest child did *not* show that complaints with younger children generally have speedier contacts. However, complaints involving younger children were assigned somewhat more often to Priority 1. Among the 24,236 referrals that included both contact information and the age of the children, 31 percent of referrals in which the youngest child was age five or younger were assigned to Priority 1, compared to 25 percent of referrals in which the youngest child was age 6 to 12, and 24 percent of referrals in which the youngest child was age 13 to 17. Many local agencies included the age of the child as a factor to be considered in assigning response priorities, particularly calling for a Priority 1 response to complaints involving preschool age children.

Thus, some referrals with younger children receive a timely initial contact because referrals with younger children are more often designated Priority 1. At the same time, the differences among the age groups are not large, and referrals with younger children do not get a quicker contact *within* each priority level. For instance, the percent of on time contacts in Priority 1 referrals was 77 percent if the youngest child was age 0 to 5, 79 percent if the youngest child was age 6 to 12, and 78 percent if the youngest child was age 13 to17. Results were similar for the other two response priority categories.

Another way to view the relationship between age and timeliness of the contact is ask whether contact is more timely for complaints with younger children when the allegations are for certain types of abuse or neglect. In fact, there is no particular type of abuse or neglect in which younger children generally receive a more timely contact. However, when both type of abuse or neglect and response priority level are taken into account, referrals with younger children are substantially more likely to be assigned to Priority 1 and, therefore, receive a quicker response.

Table 12 shows the percentage of complaints assigned to Priority 1 for each type of abuse or neglect by the age of the youngest child in the complaint. In referrals for physical abuse, physical neglect and medical neglect, complaints in which the youngest child was age 0 to 5 were more often assigned to Priority 1 than were complaints in which the children were older. In referrals for sexual abuse, complaints in which the youngest child was under 13 were more often assigned to Priority 1 than complaints in which the children were teenagers. There were no differences among age groups in complaints for emotional abuse. *Within* each priority level, the response was *not* more timely for complaints with younger children. Instead, the greater safety concerns for younger children were met primarily by more often assigning complaints involving younger children and allegations other than emotional abuse to Priority 1.

Table 12: Percentage of Referrals Assigned to Priority 1 by Age of Child

Age of Youngest Child in Complaint	Physical Abuse	Physical Neglect	Medical Neglect	Sexual Abuse	Emotional Abuse
Age 0 to 5	39%	27%	32%	42%	17%
Age 6 to 12	31%	19%	22%	38%	18%
Age 13 to 17	25%	21%	19%	27%	18%
Number of Complaints	*9244*	*12960*	*1160*	*2118*	*1168*

Source: OASIS, Referrals Accepted January through December 2006

Case Reviews of Delays in First Meaningful Contact

Selection of Cases for Review

To gain a more detailed understanding of the issues related to delays in the first meaningful contact, the Department conducted a limited case review of referrals in which the contact was late as judged by the guidelines of the local agency. The case reviewer examined 220 referrals in which the contact was delayed.

Cases were selected from 55 local agencies. Case selection involved a two stage process. Initially a statewide sample was chosen. Using OASIS data, cases were selected that all had the first meaningful contact six or more days after the complaint was received. The criterion of six or more days was used because, at the time of the original case selection, data on the response priority of each complaint were not available. Choosing only cases with at least a six day response time was intended to ensure that the cases were all likely to be examples of delayed contact regardless of their priority level. After that first selection of cases was made, the Department decided to emphasize reviews of Priority 1 and 2 referrals from agencies with a high percentage of late contacts. That decision was made because Priority 1 and 2 referrals are the ones with the most significant safety issues and, consequently, the ones in which a late contact would be of particular concern. In addition, concentrating on agencies that seemed to have more difficulty in achieving the first meaningful contact might yield useful information about the most important reasons for delayed contacts.

The criterion used to select agencies to be included in the targeted review of Priority 1 and 2 referrals was that the agency's percentage of on time contacts be considerably lower than the statewide average for that priority level. The statewide percentage of on time contacts was 78 percent for Priority 1 and 61 percent for Priority 2.[23] Local agencies were considered for inclusion in the sample if their percentage of on time contacts was 70 percent or lower for Priority 1 and 50 percent or lower for Priority 2. Using those criteria, 17 local agencies were selected for inclusion in the reviews. They were chosen to represent agencies of differing sizes and locations. Fifteen met the selection criteria for both Priority 1 and Priority 2 referrals. Two met the criterion for Priority 1 referrals only. The Priority 3 referrals were all ones that were selected in the initial random selection process and were not chosen from particular agencies.

Sometimes the reviewer determined that a referral chosen for review was not actually an example of a delayed contact. At times there was a data entry error and when she looked at the narrative screens in OASIS, she could see that the wrong date had been entered and the first meaningful contact did meet the agency's guidelines for that priority level. At other times she found a contact that seemed to meet the requirements for the first meaningful contact, but the agency had entered the date of a later contact. When there was ambiguity about what should be counted as the first meaningful contact, the referral was not included among the case reviews to ensure that all the reviewed cases were examples of late contact. The final group of 220 reviewed complaints included half from Priority 1, a quarter from Priority 2, and a quarter from Priority 3 referrals.

[23] Calculations of statewide response times are approximate since, as discussed above, contact information was missing for nine percent of all referrals.

Because of the differing ways in which the cases were selected for review, the case review data reported below are weighted to reflect the number of cases that each agency contributed to the statewide total of delayed contact referrals at each priority level. The purpose of the weighting is to provide findings that are broadly representative of all delayed contact referrals. At the same time, the emphasis on cases from agencies with particular difficulty meeting contact time guidelines allowed enough data to be gathered to identify some problems that seem to be widespread in those agencies.

The 17 local agencies included in the targeted reviews of Priority 1 and Priority 2 referrals will subsequently be referred to as "late contact" agencies. It should be remembered that *all* of the reviewed referrals involved a late contact and *all* the agencies included in the reviews had referrals with late contacts. The "late contact" agencies are the ones that were substantially *above the statewide average* in their percentage of late contacts.[24]

Characteristics of Reviewed Referrals

Twenty-five percent of the cases reviewed were investigations (16 percent founded and nine percent unfounded) and 75 percent were family assessments (Table 13).

Table 13: Reviewed Cases by Track and Disposition

	Priority 1	**Priority 2**	**Priority 3**	**All Referrals**
Family Assessment	72%	62%	91%	75%
Investigation	28%	38%	9%	25%
Founded Investigation	*16%*	*29%*	*5%*	*16%*
Unfounded Investigation	*12%*	*9%*	*4%*	*9%*
Total	100%	100%	100%	100%
Number of Reviews	*109*	*55*	*56*	*220*

Source: Case Review Database

Children were considered safe in 65 percent of the referrals, conditionally safe in 31 percent and unsafe in four percent (Table 14). As would be expected, Priority 1 cases more often had an initial safety assessment of "unsafe" (seven percent) and less often had an assessment of "safe" (59 percent).

[24] A few Priority 2 referrals from the original random selection came from four other agencies that also met the criteria for "late contact" agencies. In the analyses, Priority 2 referrals from those four agencies are also designated as from "late contact" agencies even though the four agencies were not included in the targeted selection process. Eighty-three percent of Priority 1 and 84 percent of Priority 2 reviews were from "late contact" agencies. As a result of the weighting of the data, reviews from those agencies are counted as constituting 55 percent of Priority 1 and 58 percent of Priority 2 reviews. When the "number of reviews" is shown in the tables, it is the actual number of reviews, not the weighted number, so that the reader can easily see the number of reviews from which data were gathered.

Table 14: Reviewed Cases by Initial Safety Assessment

Initial Safety Assessment	Priority 1	Priority 2	Priority 3	All Referrals
Unsafe	7%	0%	2%	4%
Conditionally safe	34%	35%	22%	31%
Safe	59%	65%	76%	65%
Total	100%	100%	100%	100%
Number of Reviews	*109*	*55*	*56*	*220*

Source: Case Review Database

Timeliness of First Meaningful Contact

Table 15 shows the number of days by which the first meaningful contact exceeded the local agency's guideline for that priority level. Eleven percent of all the reviewed cases were one to two days late; 27 percent were three to five days late; 26 percent were six to ten days late; and 36 percent were more than ten days late. As discussed above, the original random sample was taken from cases where at least six days elapsed between receipt of the complaint and the first meaningful contact. As a consequence, the reviewed cases include a larger percentage of complaints with particularly long delays than was found in all late contact referrals in 2006. For example, among all late 2006 referrals, 33 percent were only one to two days late, compared to 11 percent in the reviewed cases, and 25 percent were more than ten days late, compared to 36 percent in the reviewed cases. Thus it should be remembered that the findings from the case reviews speak especially to issues in cases in which the first meaningful contact was particularly late. They are less representative of the one third of all late contact cases in which the agency missed its guideline by only one or two days.

Table 15: Time of First Meaningful Contact by Priority Level

Contact Time in Relation to Local Agency Guidelines	Priority 1	Priority 2	Priority 3	All
1 to 2 days late	15%	9%	4%	11%
3 to 5 days late	33%	20%	21%	27%
6 to 10 days late	23%	20%	39%	26%
More than 10 days late	29%	52%	36%	36%
Total*	100%	101%	100%	100%
Number of Reviews	*109*	*55*	*56*	*220*

Source: Case Review Database

*More than 100 percent due to rounding

The quality of the documentation is always an important issue in case reviews. It was especially important in these reviews because one of the key purposes was to determine *why* the contact was delayed and that could be seen only in the detailed documentation of the case. From that perspective, there were significant problems with the documentation. The reviewer found that the reason for the delay was clear in only 39 percent of the reviews (Table 16). In 43 percent of the cases there was no information about why the contact was delayed, and in the remaining 18 percent there was some relevant information but not enough to develop a full understanding

of the cause of the delay. Priority 1 referrals had the best documentation with the reason being clear in 49 percent of the cases. The issue raised here is not the general quality of the documentation of the case but whether the specific reason for the delay could be determined. Other aspects of the case may have been well documented.

Table 16: Was Reason for Delay Clear in Documentation of the Case?

	Priority 1	Priority 2	Priority 3	All Reviews
Yes	49%	29%	32%	39%
Partially	16%	16%	21%	18%
No	35%	55%	46%	43%
Total*	100%	100%	99%	100%
Number of Reviews	*109*	*55*	*56*	*220*

Source: Case Review Database
*Less than 100 percent due to rounding

As discussed above, those agencies that fell well short of statewide averages in the percentage of on time contacts are designated "late contact" agencies in this study. These were the agencies included in the targeted case selections for Priorities 1 and 2. It was particularly difficult to determine the reason for the delay in cases from these agencies. The reviewer could not determine the reason for the delay in 55 percent of the cases from the late contact agencies, compared to 25 percent from the other agencies (Table 17).

Table 17: Was Reason for Delay Clear in Late Contact and Other Agencies?

	Late Contact Agencies	Other Agencies
Yes	26%	62%
Partially	19%	14%
No	55%	25%
Total**	100%	101%
Number of Reviews	*136*	*28*

Source: Case Review Database
Note: Includes Priority 1 and Priority 2 referrals only
**More than 100 percent due to rounding

Due to the problems with the documentation, the reviewer could not determine the reason for the delay in 48 percent of the cases reviewed, including 42 percent of Priority 1, 58 percent of Priority 2, and 52 percent of Priority 3 cases (Table 18). In five percent of all cases the reason for the delay was that the family could not be found until after the time allowed for contact in cases at that priority level. These were situations, for instance, in which the family had moved and the new address was unknown, or the information provided by the caller was vague as to the location of the family and the agency had difficulty finding them. One example from the reviews was a family that had moved in with relatives, and it took several days to find them. In 20 percent of the cases the reviewer found that the local agency tried to contact the family through attempted home visits and phone calls but was not successful in reaching them within the timeframe established by the guidelines. In 27 percent of the cases there were various other reasons for failure to make timely contact.

Table 18: Reason for Delayed Contact by Priority

	Priority 1	Priority 2	Priority 3	All Reviews
Family could not be found	6%	7%	0%	5%
Contact efforts made but unsuccessful	18%	7%	36%	20%
Other Reason	35%	27%	12%	27%
Don't know	42%	58%	52%	48%
Total*	101%	99%	100%	100%
Number of Reviews	*109*	*55*	*56*	*220*

Source: Case Review Database
*More or less than 100 percent due to rounding

One finding in Table 18 is that the percentage of cases in which the agency tried to contact the family was much greater in Priority 3 cases, where there are generally no serious safety issues, than in Priority 1 and Priority 2 cases. In considering these data, is important to remember Priority 3 referrals have a much longer period of time allowed for the first meaningful contact. As a consequence, the local agencies had more opportunities in Priority 3 cases to attempt to make contact before the deadline passed.

Below are some examples from the case reviews illustrating the various reasons for delay.

Family could not be found:

> In a Priority 1 complaint for neglect, the family had moved out of the motel where they had been staying. It took a week for the worker to find them.
>
> In a Priority 1 complaint for neglect, the worker attempted contact nearly every day. She was given two or three incorrect addresses, made multiple attempted visits, went to two schools, one of which gave a wrong address.
>
> In a Priority 1 complaint for neglect of an eight month old, the family's location could not initially be found. The mother was eventually found living with someone other than the child's father. The reviewer noted that for the first four working days – during the week between Christmas and New Year's Day, little effort seems to have been made to find the family, but then an intensive search was done by contacting relatives and acquaintances. The baby was eventually placed in foster care.

Contact efforts made but the family did not respond to the initial attempt (did not answer phone or come to door):

> In a Priority 1 complaint for lack of supervision, a 7 year old and 10 year old were reported as being home alone after school until their mother got home from work.

The worker attempted two home visits without success. She finally saw the children at school and later saw the mother. The mother readily agreed to sign the children up for an after school program.

In a Priority 1 complaint for inadequate necessities (no heat in the home), the worker attempted home visits on the day the complaint was received and on the following day. On the next day she succeeded in reaching the father by phone. He said the heat had been turned back on. The worker made an appointment for the next week.

In a Priority 3 complaint for physical abuse by the mother, the worker attempted a home visit on the second day after the complaint was received, but the mother and child were not at home. The worker called the next day to make an appointment. The contact was not completed until eight days after receipt of the complaint. The mother worked two jobs which may have contributed to the difficulty in arranging a meeting.

In a Priority 3 complaint for a substance exposed infant, the worker made telephone attempts and two unannounced home visits prior to achieving the first contact. The worker left her card at the home when attempting a home visit and the mother eventually called back.

Other reasons:

In a Priority 2 referral for physical neglect (lack of supervision and inadequate necessities), the case was assigned to a worker who was on vacation. The worker made contact the first day she returned to work.

In a Priority 2 case for medical neglect of a handicapped child, the case was assigned 12 days after receipt of the complaint. The worker made contact on the day the case was assigned. The reason for the delayed assignment is unknown.

In a Priority 1 referral for neglect, a six month old baby rolled off the bed when the father, who was supposed to be watching him, fell asleep. The baby's skull was fractured. The baby was taken to a hospital in northern Virginia, far from the locality. The worker waited until the family returned home. The parents agreed not to put the baby on the bed again.

In a Priority 3 complaint for lack of supervision by the mother, the complaint was transferred from another agency and the children had to be located. It turned out they were no longer staying with the mother but were with the father back in the jurisdiction where the original complaint was made. A courtesy interview with the children had to be arranged with that agency.

Some local social services agencies have agreements with law enforcement agencies to conduct joint investigations in cases where criminal charges may be

brought. In several cases the local agency's response seemed to have been delayed by the need to coordinate with law enforcement. In one case, for instance, the worker said she had to wait for the detective to clear his schedule.

Prior Referrals for the Family

The reviewer searched OASIS to see whether there was an earlier referral on the family in each case. She found an earlier referral for 38 percent of the families. For those cases where there was an earlier referral, she looked to see whether the agency's response might have been affected by the earlier referral. For instance, if there had been previous referrals with the same allegations and they turned out to have no basis, the agency might decide that a timely response in that case was not urgent. In other cases information from a prior referral might make the need for response more urgent, such as a previous founded investigation for serious physical abuse. The reviewer found clear evidence of an earlier referral affecting the agency's response in only three percent of all the cases, so it does not appear that this is a significant factor leading agencies to delay making the first meaningful contact. In over half the cases (56 percent) in which there was a prior referral, however, the reviewer could not tell whether it affected the agency's response, so it is possible that local agencies are influenced by prior referrals more often than was revealed in the documentation of these cases.

Agency Effort

An important factor in evaluating agency performance when contact is delayed is the effort the agency made to achieve timely contact. There is a big difference between situations in which contact was attempted in a timely manner but was difficult to achieve, for any one of a variety of reasons, and situations in which the agency did not make a sufficient effort. One way to evaluate agency effort is to see whether there was a prior attempt to contact the family before the first meaningful contact was completed. As shown in Table 19, there was a prior attempt in 58 percent of the cases, including 62 percent of Priority 1, 40 percent of Priority 2, and 70 percent of Priority 3 referrals. The high percentage in Priority 3 cases is attributable to the longer time permitted for completing contact in these cases and, consequently, the greater time available in which to attempt a contact.

Table 19: Was Contact Attempted Before First Meaningful Contact was Achieved?

	Priority 1	**Priority 2**	**Priority 3**	**All Referrals**
Yes	62%	40%	70%	58%
No	38%	53%	30%	40%
Can't tell	0%	7%	0%	2%
Total	100%	100%	100%	100%
Number of Reviews	*109*	*55*	*56*	*220*

Source: Case Review Database

In those cases in which there was a prior attempt before the first meaningful contact, the reviewer counted the number of workdays between receipt of the complaint and the first documented attempt to achieve a meaningful contact. Table 20 shows the number of workdays until the first attempt in referrals where the agency did make an earlier attempt. Half of all first attempts were made either the day the complaint was received or the next day and a total of 76 percent of first attempts occurred within three days. Local agencies clearly emphasized trying to contact families in Priority 1 referrals. Thirty percent of those attempts were made on the same day the complaint was received and another 44 percent were made on the next workday.

In 43 percent of the cases in which there was a prior attempt to make contact, the worker attempted a home visit. In 23 percent, one or more phone calls were made, and in 34 percent various combinations of home visits and phone calls were attempted.

Table 20: Number of Workdays from Receipt of Complaint to First Attempted Contact

	Priority 1	Priority 2	Priority 3	All Referrals
Same Day	30%	4%	0%	17%
Next Day	44%	14%	25%	33%
2 to 3 days	17%	23%	44%	26%
4 to 5 days	1%	5%	20%	7%
More than 5 days	8%	54%	11%	17%
Total	100%	100%	100%	100%
Number of Reviews	*48*	*19*	*37*	*104*

Source: Case Review Database

Note: Includes only the 58 percent of all referrals in which prior contact was attempted. In a few cases the date of the first attempt could not be determined.

Table 21 shows that efforts by the late contact agencies[25] were inferior to those of other agencies. The late contact agencies made a prior attempt in only 44 percent of their referrals, compared to 68 percent in the other agencies.

Table 21: Was there Any Prior Contact Attempt in Late Contact and Other Agencies?

	Late Contact Agencies	Other Agencies
Yes	44%	68%
No	56%	26%
Can't tell	0%	6%
Total	100%	100%
Number of Reviews	*136*	*28*

Source: Case Review Database

Note: Includes Priority 1 and Priority 2 referrals only

In 39 percent of the cases in which there was a prior attempt, there was some kind of contact but it did not qualify as a "first meaningful contact." In those cases where there was prior contact, the reviewer looked to see whether the information gained in that contact may have

[25] "Late contact" agencies are substantially below the state average in timely contacts in Priority 1 and 2 referrals.

reduced the urgency of achieving the first meaningful contact. She found that in half the cases the prior contact did reduce the urgency, primarily by providing information about child safety. In 68 percent of the Priority 1 cases and in 42 percent of Priority 2 cases with a prior contact, the information obtained did allay safety concerns. Examples included cases in which the worker found out that the child was no longer in the same household as the alleged abuser, or cases in which the situation that led to the complaint (such as no heat in the house) had been alleviated, or cases in which the family had already been seen by other authorities such as law enforcement.

The reviewer evaluated the *overall effort* the agency made to achieve contact in a timely manner. In making her evaluation she took into account the reason for the delay (if known), the energy displayed by the agency in trying to make contact, the seriousness of the allegations, and the safety issues presented. She rated the local agency's effort as good in 35 percent of the cases, fair in 28 percent, poor in 31 percent, and very poor in six percent (Figure 22). The best effort was found in Priority 1 referrals which were rated good in 41 percent, fair in 33 percent, poor in 19 percent, and very poor in six percent of the cases.

Table 22: Evaluation of Agency Effort to Achieve Contact

	Priority 1	**Priority 2**	**Priority 3**	**All Referrals**
Good	41%	26%	32%	35%
Fair	33%	15%	32%	28%
Poor	19%	50%	36%	31%
Very poor	6%	9%	0%	6%
Total*	99%	100%	100%	100%
Number of Reviews	*109*	*55*	*56*	*220*

Source: Case Review Database

The late contact agencies (i.e., the agencies that were substantially below the state average in timely contacts) were noteworthy for their relatively poor efforts (Table 23). The reviewer found that in half the cases from those agencies the effort was poor or very poor, compared to 19 percent in the other agencies.

Table 23: Evaluation of Agency Effort in Late Contact Agencies and Other Agencies

	Late Contact Agencies	**Other Agencies**
Good	21%	56%
Fair	29%	25%
Poor	38%	18%
Very poor	12%	1%
Total	100%	100%
Number of Reviews	*136*	*28*

Source: Case Review Database
Note: Includes Priority 1 and Priority 2 referrals only

Below are examples of the different levels of effort identified by the case reviewer.

Good Effort:

In a Priority 1 complaint for physical abuse, the worker went to the home on the day the complaint was received, returned the next day, and returned again on the third day when contact was finally made with the parents. The complaint came from the school on a Friday afternoon of a long weekend, so the best way to achieve contact was to see the family at home since the child would not be back in school until the following Tuesday.

In a Priority 1 complaint for lack of supervision, the complainant reported that the mother had told her that she put the children outside when she was with men so that the children would not see what was going on. The caller did not know the family's address and said she would call back when she found out. It took a week for her to call back with an address. Once the agency had an address, the worker made several attempts at home visits and took an interpreter with her. The children were young and there was no information about where they might be when not at home and no alternative way to contact the mother.

Fair, Reasonable Effort but Could Have Done More

In a Priority 1 complaint for physical neglect, law enforcement reported that they had gone to a house on a domestic violence call and observed potentially dangerous conditions. The worker attempted a home visit the next day, but no one came to the door. She made phone calls and talked to the alleged victim's grandfather who owned the house where they lived. The worker made several more unsuccessful attempts but then did nothing for two weeks. She succeeded in making contact the following week.

In a Priority 1 complaint for sexual abuse, it was reported that a twelve year old had been made pregnant by her brother-in-law. The complaint was validated on the day it was received, but the first attempt at contact was two days later. A comment in the record suggested that since the child did not live in the same household at the alleged perpetrator, an immediate response was not needed.

Poor Effort

In a Priority 1 complaint for physical abuse, a social worker who was interviewing a 10 year old about another matter saw bruises. The child said they were the result of being hit with a switch by her father with whom she visits on weekends. The first contact occurred 11 days after the complaint. There was no indication in the record of any earlier attempts and nothing to indicate why there was such a long delay.

In a Priority 1 complaint for physical neglect of two young children, an anonymous caller reported that the mother had a history of drug abuse and had

picked up the children while she was clearly high on drugs. The worker attempted contact on the second work day after receipt of the complaint but then did not make another attempt for a week. There was no explanation for the failure to follow up more quickly.

Very Poor Effort

In a Priority 1 complaint for physical abuse and physical neglect of two teenage sisters by an alcoholic father, the first contact was not made until five months after receipt of the complaint. There was nothing in the record to indicate why there was such a long delay.

In a Priority 2 complaint for physical neglect, school personnel reported very poor home conditions and allegations that the children were not being sufficiently fed. The agency did not attempt a response until two months after the complaint was made and did not make contact until a month later.

Characteristics of the First Meaningful Contact

The reviewer looked at several aspects of the first meaningful contact once it was completed. In most situations, it is preferable for the first contact to be with, or at least to include, the victim child so that the worker can observe and interview the child, where appropriate. The first contact was with the child in 54 percent of the cases, with the alleged abuser in 35 percent, with an uninvolved caretaker in 11 percent, and with a sibling in less than one percent.

If initial contact was not with or did not include the victim child, the reviewer looked at whether there was a good reason for contact with someone other than the child. She found that there was a good reason in 88 percent of the cases, was not a good reason in two percent, and did not have enough information to make a judgment in 11 percent (Table 24).

Table 24: First Meaningful Contact with Person other than Victim Child

	Good Reason for Contact with Other than Child	**Also Saw the Child**
Yes	88%	93%
No	2%	7%
Can't tell	11%	<1%
Total*	101%	100%
Number of Reviews	*85*	*85*

Source: Case Review Database

*More than 100 percent due to rounding

Cases in which there was a good reason for not having the first contact with the child generally involved situations such as the child being too young to be interviewed and an interview with the noninvolved caretaker being more appropriate, or the child not being in the jurisdiction at the time of the contact, and various other reasons. Examples included:

> The completed contact was with the father, the alleged abuser. He does not live in the home with the child. He admitted the abuse and was very sorry about his actions. The worker also saw the child after the interview with the father. The grandmother babysat the children and the complaint was for the condition of her house and dangers posed to the children there. The contact was with the grandmother so that the condition of the house could be assessed.

In cases where the first meaningful contact was not with the child, the reviewer looked at whether there was *also* contact with the child so that the worker did have the opportunity to observe the child. There was contact with the child in almost all of these cases, 93 percent. Seventeen percent of the children in these cases were seen within three days of the first meaningful contact, and another 26 percent were seen within the first week. In some cases it was not feasible to have contact with the child, for instance, if the child had already moved to another state.

The reviewer evaluated whether the first contact was satisfactory in terms of determining child safety and other issues pertinent to the initial contact. She found that the first contact was satisfactory in 67 percent of the cases, partially satisfactory in 19 percent, unsatisfactory in ten percent. There was insufficient information to tell in four percent. The cases in which the reviewer did not find the contact fully satisfactory tended to be those in which there were safety issues that did not seem to have been addressed – or at least had not been documented in OASIS.

When contact is delayed, perhaps the most important question is whether child safety was compromised by the delay. In considering this issue, it is important to recall that in only four percent of the cases did the initial safety assessment determine the children to be unsafe. The children were conditionally safe in 31 percent and safe in 65 percent of the cases. The reviewer found only one case in which she felt there was clear evidence that safety had been compromised. That case involved a fight between a 13 year old and his father in which the child attacked the father and the father retaliated. Between the time of the complaint and the first contact, the child had threatened the father with a firearm and been put in detention. The safety of both the child and other family members was compromised by his access to the firearm. Whether his access to the gun would have been prevented through a more timely CPS response is not certain, but the grandmother had told the worker that the child had threatened to kill the father. With that information at hand, the agency might have been able to explore the situation more fully with the father and develop a safety plan.

The reviewer believed there was a possibility that safety was compromised in nine percent of the cases (Figure 25). Those were cases in which there was nothing in the record to show that safety had been comprised, such as further abuse occurring between the time of the complaint and the first meaningful contact, but the situation suggested the possibility that further harm could have occurred. Examples were those in which the child remained in the same household as the alleged abuser, was not found to be safe in the initial safety assessment, and further abuse or neglect seemed possible. The reviewer found no indication safety was compromised in 63 percent of the cases, and believe it was definitely not compromised in 26 percent. An example of a situation in which safety was definitely not compromised was a teenager reporting sexual abuse by a relative that had occurred many years earlier, but the child

no longer had contact with the relative. In two percent of the cases, the paucity of information made it difficult to tell.

Table 25: Did Delay of First Meaningful Contact Compromise Child Safety?

	Priority 1	Priority 2	Priority 3	All Referrals
Yes, clear evidence	0%	2%	0%	<1%
Possibly	4%	16%	11%	9%
No indication safety was compromised	63%	45%	79%	63%
No	32%	29%	11%	26%
Can't tell	1%	7%	0%	2%
Total*	100%	99%	101%	100%
Number of Reviews	*109*	*55*	*56*	*220*

Source: Case Review Database
*More or less than 100 percent due to rounding

The case reviews showed that there are a variety of reasons for late responses. Often local agencies did everything possible to achieve contact in a timely manner but were confronted with a situation in which that was impossible. Sometimes they made some effort but could have done more. Other times, it is hard to understand, or at least is not clear from the documentation, why they did not respond more quickly. These case reviews suggest, however, that child safety is rarely compromised by the delay in contact.

Comparison of findings from the late contact agencies and other agencies showed that agencies that are below the state average in timely contacts more often did not make any prior attempts to achieve contact and displayed a low level of effort -- as least as far as could be told from the case documentation. The reasons for these failings could not be identified in the case reviews. A variety of factors could lead to failure to make timely contact including staffing problems (insufficient staff, turnover, or vacancies), lack of staff training, lack of case supervision, or other agency management problems. The Department's CPS Regional Consultants will follow up with each of the late response agencies identified in the data for this report to determine what factors contributed to this problem and develop a plan to improve the local agency's response times.

Study of Invalid Referrals

Invalid referrals are complaints that the local agency determines do not meet the criteria for a valid complaint of abuse or neglect. The 2007 report to the General Assembly included an exploratory study of invalid complaints. The purpose of that study was to gather basic data, identify questions for further study, and begin to identify any issues that may need to be addressed by policy or training. That exploration of invalid reports is expanded in this report by adding another year of statewide data and conducting additional case reviews. The findings reported below are generally very similar to those reported last year.

Background

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

1. The alleged victim child or children are under the age of 18 at the time of the complaint and/or report;

2. The alleged abuser is the alleged victim child's parent or other caretaker;

3. The local department receiving the complaint or report is a local department of jurisdiction; and

4. The allegations meet the definition of child abuse and/or neglect.

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

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

1. Age: a complaint about a fight between a father and his 19 year old son. (A 19 year old is not a minor.)

2. Caretaker: a complaint by a mother that the child's aunt has hit him. (The aunt was not a caretaker. She was a visitor in the home. The worker told the mother she could contact the police about the incident.)

3. Jurisdiction: a complaint was made about alleged abuse that occurred in another state. (There is no agency of jurisdiction to accept the complaint in Virginia.)

4. Type of Abuse or Neglect: a complaint from a grandfather that the grandchildren's mother was living with someone she met on the Internet and he was afraid that the man might abuse his grandchildren. (There was no allegation of abuse, just a fear that it might occur.)

The Department decided to study invalid complaints because OASIS data showed wide variation among local agencies in the percentage of complaints that were screened out. Both the SFY 2005 and SFY 2006 Referrals and Findings Reports showed a statewide screen-out rate of 44 percent. In both years, however, the screen-out rate in local agencies ranged from zero percent, i.e., no invalid reports, to over 80 percent. This wide variation suggests the possibility that local agencies are not consistent in applying the validity criteria. If agencies are making

different decisions about the validity of similar complaints, there would be several reasons for concern, including:

- Agencies with a particularly high percentage of invalid reports may not be responding to legitimate complaints of abuse or neglect.
- Agencies with a particularly low percentage of invalid reports may be wasting their resources by responding to invalid complaints.
- Agencies that inconsistently apply the CPS validity criteria may not be providing services to families that need them or may being wrongly referring families to the CPS system.
- Families in similar circumstances may be treated differently depending on where they live.

In 2006, to learn more about validity issues, the Department asked CPS coordinators in all local departments of social services to respond to a web-based survey about local practices. Sixty-eight of the 120 departments responded. Based on data in the SFY 2005 Referrals and Findings Report, local agencies were classified as having a high, medium, or low screen-out rate. Analysis of the survey responses from agencies in the high, medium, and low screen-out groups revealed several differences among them.

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

Analysis of OASIS Data on Invalid Referrals

At the beginning of April 2007, the Department prepared an extract of OASIS data for the study of invalid reports. The Department is required to purge invalid reports from OASIS one year after receipt unless another complaint had been made on the same family. Therefore, it was not possible to obtain data on all invalid reports received in 2006 because many reports received

in the first three months of the year had already been deleted. The data on invalid reports included in this study are for the 20,668 invalid reports received between April and December 2006. Last year's survey of local agencies revealed varying data entry practices for invalid reports, so the data are no doubt more complete for some local agencies than for others.

When local agencies receive any report of abuse or neglect, valid or invalid, they are required to enter the complaint into OASIS. For invalid reports, the information recorded includes the nature of the allegation, the person making the complaint (for example school personnel, neighbor, relative, medical personnel, anonymous, etc.), identifying information about the child and caretaker (if known), demographic information, a determination of whether each of the four validity criteria is met, and the reason the complaint was determined to be invalid.

The types of alleged abuse or neglect for all invalid reports received between April and December 2006 are shown in Table 26. The most frequent type, constituting 46 percent of all the invalid reports was "no identified type." Those were reports in which the type was recorded as unknown, missing, or "other" and there was no other specific type indicated. Next most frequent were physical neglect (28 percent) and physical abuse (17 percent). Small percentages were for sexual abuse, emotional abuse or medical neglect. These data are almost exactly the same as reported last year for invalid 2005 referrals.

Table 26: Invalid Referrals by Type of Abuse or Neglect

Type of Abuse or Neglect	Number of Invalid Complaints	Percent of all Invalid Complaints
No Identified Type	9588	46%
Physical Neglect	5691	28%
Physical Abuse	3537	17%
Sexual Abuse	1190	6%
Emotional Abuse	949	5%
Medical Neglect	469	2%
*Total**	*20,668*	*104%*

Source: OASIS, Invalid Complaints, April through December 2006

Note: The total number of invalid complaints, 20,668 is less than that total that would be obtained by adding together the number of complaints in Table 1 because a complaint with more than one type of abuse or neglect is counted in each relevant category. Similarly, the percentages add to more than 100 percent because of complaints with more than one type.

Table 27 shows the percentage of complaints that were found to be valid and invalid for each type of abuse or neglect for reports received between April and December 2006. Reports with no identified type of abuse or neglect (unknown, missing, or other) were almost always invalid (96 percent). Few of them met the definition of abuse or neglect. For complaints with an identified type of abuse or neglect, the percentage that was invalid, in descending order, was: emotional abuse (49 percent), sexual abuse (42 percent), physical neglect (35 percent), physical abuse (34 percent), and medical neglect (34 percent). These data are very similar to those for invalid 2005 referrals.

Table 27: Percent of Valid and Invalid Referrals by Type of Abuse or Neglect

	No Specific Type	Emotional Abuse	Sexual Abuse	Physical Neglect	Physical Abuse	Medical Neglect
Percent Invalid	96%	49%	42%	35%	34%	34%
Percent Valid	4%	51%	58%	65%	66%	66%
Total	100%	100%	100%	100%	100%	100%
Number of Reports	*9960*	*1877*	*2827*	*16245*	*10533*	*1400*

Source: OASIS, Invalid and Valid Complaints, April through December 2006

Last year's report showed a relationship between the local agency screen-out rate and agency size. In SFY 2005 local agencies that received more than 500 complaints a year had a screen-out rate of 47 percent, compared to 31 percent in agencies that received fewer than 500 complaints. The findings were similar in SFY 2006 -- a screen-out rate of 47 percent in agencies with more than 500 complaints a year and 35 percent in agencies with fewer than 500 per year.[26]

The reasons the 2006 reports were invalid are shown in Table 28. The most frequent reason was that the behavior or condition reported did not meet the definition of abuse or neglect (73 percent).[27] Small percentages of the reports failed to meet one of the other validity criteria. A fifth of the reports were invalid for other reasons – inadequate information, duplication, or other unspecified reasons. These data are virtually identical to those found in the 2005 reports.

Table 28: Invalid Referrals by Reason

Reason Report was Invalid	Percent of All Invalid Reports
Did not meet criteria for validity:	
Did meet not definition of abuse or neglect	73%
Alleged abuser was not a caretaker	4%
No agency of jurisdiction	2%
Did not involve a child under the age of 18 at the time of the complaint	<1%
Other reasons	*21%*
Total	*100%*
Number of Invalid Reports	*20,668*

Source: OASIS, Invalid Complaints, April through December 2006

Table 29 shows the reasons that invalid complaints *with* an identified type of abuse or neglect were found invalid. These data are almost identical to those for the 2005 invalid reports. With the exception of sexual abuse, there is a similar pattern for all types of abuse or neglect. A

[26] Although the survey showed that agencies receiving more than 500 complaints were somewhat more likely to record all complaints in OASIS than were agencies receiving fewer complaints, the difference between these two groups in screen-out rates does not appear to be simply a function of data entry practices. Among the 39 local agencies reporting that they enter all complaints into OASIS, the mean screen-out rate was 55 percent in agencies receiving more than 500 complaints and 37 percent in agencies receiving fewer than 500 complaints.

[27] Reports that fail to meet the definition of abuse or neglect often fail to meet other criteria as well. In those situations local agencies generally select failure to meet the definition as the reason the report is invalid.

large majority were invalidated because they did not meet the definition of abuse or neglect. In those instances, the worker was able to categorize the type of abuse or neglect alleged, but the agency determined that it did not fit the definition. An example from the case reviews was a call from school staff that a child was not attending school. The child had already been referred to the court for truancy issues. This complaint was invalid because truancy does not fall within the definition of abuse or neglect. Small percentages of reports failed to meet one of the other validity criteria -- caretaker, jurisdiction, or age. From 19 to 31 percent were invalid because there was inadequate information to validate them, or they were duplicates, or for other reasons.

Table 29: Invalid Referrals by Reason and Type of Abuse or Neglect

Reason Report was Invalid	Physical Abuse	Physical Neglect	Medical Neglect	Sexual Abuse	Emotional Abuse	Total
Did not meet criteria for validity:						
Did meet not definition of abuse or neglect	70%	67%	67%	42%	79%	73%
Alleged abuser not a caretaker	2%	1%	<1%	24%	1%	4%
No agency of jurisdiction	2%	2%	1%	6%	1%	2%
Did not involve a child under the age of 18 at the time of the complaint	1%	<1%	<1%	1%	<1%	<1%
Other reasons (Inadequate information, duplicate referral, or other reasons)	25%	30%	31%	27%	19%	21%
Total	100%	100%	100%	100%	100%	100%
Number of Invalid Reports	*3537*	*5691*	*469*	*1190*	*949*	*11,080**

Source: OASIS, Invalid Complaints, April through December 2006

* The total number of referrals (11,080) is less than the total for the five types of abuse or neglect because a referral could have more than one type of abuse or neglect alleged and would therefore be counted in two categories.

As was also found in the 2005 invalid complaints, the reasons reports of sexual abuse were determined to be invalid were somewhat different from the general pattern. Only 42 percent of sexual abuse complaints did not meet the definition, compared to 67 to 79 percent for other types of abuse or neglect. Twenty-four percent of sexual abuse complaints were invalid because the alleged abuser was not a caretaker. Those were situations in which the conduct alleged, if true, did constitute sexual abuse, but the perpetrator was not a caretaker. An example was a child reporting that she went on a scooter ride with a man who touched her genital area. The man was not a caretaker, and thus it was not a valid CPS referral, but the local agency contacted the sheriff's office for follow up by law enforcement.

There were regional differences in the percentage of invalid (Figure 30) similar to those reported last year. The Northern Service area had the highest percentage (51 percent), followed by the Eastern Service Area (41 percent), and the Western Service Area (32 percent). These differences may be related to differences in agency size. As discussed above, larger agencies tend to have a higher screen-out rate, and those agencies are found most often in the Northern Service Area and least often in the Western Service Area.

Table 30: Percent of Valid and Invalid Referrals by Service Area

	Northern Service Area	Eastern Service Area	Western Service Area	Statewide
Percent Invalid	51%	41%	32%	44%
Percent Valid	49%	59%	68%	48%
Total	100%	100%	100%	100%
Number of Reports	*30557*	*16462*	*14374*	*61393*

Source: SFY06 Referral and Findings Report

Case Reviews of Invalid Referrals

Case reviews are helpful in understanding the operation of the CPS program in local departments of social services because there are many details not captured by the statistical data. The case reviewer can see other OASIS screens that provide more information about the complaint and the agency's decision. The reviewer also provides additional information about local agency practices and performance by responding to questions asking her to apply CPS policy and her judgment as an experienced CPS supervisor.

The case reviewer recorded information about the complaint, indicated whether she agreed that the complaint was invalid and the reason for her agreement or disagreement, determined whether there were prior or subsequent complaints for the same family, and determined whether the local agency appeared to have taken any other action regarding the invalid complaint such as referring the family for possible services. Since the survey of local agencies revealed widely differing practices with respect to accepting complaints of physical abuse without a visible injury, the reviewer also looked for any indication that the lack of a visible injury influenced the validity decision in complaints for physical abuse.

Selection of Agencies for Review of 2006 Invalid Referrals

The purpose of the case reviews was to gain additional information and to validate the findings from the case reviews conducted for last year's report. Agencies selected for review this year were ones that had a high percentage of screened out reports (50 percent or more) in 2005 and 2006, with preference for those that also had a high screen-out rate in 2004. Preference was also given to agencies that responded to the 2006 survey so that their responses to the survey could inform the analysis of the case reviews and, particularly, agencies that said they enter all their complaints into OASIS.[28] Selected agencies also had to have received at least fifty CPS complaints during the year.

In choosing the specific complaints for review, this year's emphasis was on complaints for either physical abuse or physical neglect. These complaints were emphasized because the Department was particularly concerned about the possibility that local agencies might be screening out reports that should have been accepted. In the reviews conducted in 2006, the case

[28] Ten agencies reported that they enter all complaints into OASIS; three agencies do not, and one agency did not answer the relevant survey question.

reviewer agreed with the local agency's decision to screen-out the complaint less often in referrals for physical abuse or physical neglect than in referrals with other types of abuse or neglect. The reviews do include some complaints with other types of abuse or neglect or with no identified type because some agencies selected for review did not usually indicate a specific type of abuse or neglect in invalid reports or identified few with physical abuse or physical neglect.

The reviewer examined 102 invalid reports from 14 local agencies. The case review instrument was the same as in 2006 except for the added question about whether the absence of a visible mark appeared to have influenced the agency's decision in reports of physical abuse.

Characteristics of Invalid Referrals in Case Reviews

One issue that arises in case reviews is the quality of the documentation. The reviewer is dependent on the information the worker entered into OASIS. For each invalid referral, the reviewer indicated whether the documentation was sufficient to show clearly why the agency determined it was invalid. She found the documentation satisfactory in 61 percent of the referrals. It somewhat inadequate in 23 percent but still allowed her to understand fairly well the nature of the complaint and the agency's validity decision. Documentation was insufficient in 16 percent, making it difficult to evaluate the accuracy of the validity decision. The quality of documentation was generally similar to that found in the cases reviewed last year.

In selecting complaints for review, those that were invalid because it was the wrong jurisdiction, a duplicate referral, or did not involve a minor were excluded. A key question for the review was whether local agencies are making correct decisions about validity. Decisions regarding jurisdiction, duplicates, and age would generally be clear and not require much judgment. The reviews focused on complaints that were screened out for other reasons.

The reasons local agencies invalidated the reviewed referrals were similar to the reasons for all 2006 invalid referrals discussed above. Eighty percent were invalid because they did not meet the definition of abuse or neglect (Table 31). In three percent, the alleged abuser was not a caretaker. Information was inadequate in seven percent and there were unspecified "other" reasons in ten percent of the complaints reviewed.

Table 31: Reason for Invalid Referrals

Reason Complaint was Invalid	Percent of Reviewed Complaints
Did meet not definition of abuse or neglect	80%
Alleged abuser was not a caretaker	3%
Inadequate information	7%
Other	10%
Total	100%
Number of Reviewed Complaints	*102*

Source: Case Review Database

Table 32 shows that failure to meet the definition of abuse or neglect accounted for the large majority of screen-out decisions regardless of type of abuse or neglect.[29]

Table 32: Invalid Referrals with a Specified Type of Abuse or Neglect by Reason

Reason Complaint was Invalid	Physical Abuse	Physical Neglect	Other Specific Types	No Identified Type
Did meet not definition of abuse or neglect	76%	80%	80%	83%
Alleged abuser not a caretaker	3%	0%	0%	11%
Inadequate information	10%	5%	0%	6%
Other	10%	14%	20%	0%
Total*	99%	99%	100%	100%
*Number of Reviewed Complaints***	*29*	*54*	*5*	*18*

Source: Case Review Database

* Less than 100 percent due to rounding

** The total number of reviewed complaints in this table exceeds 102 because reports with more than one type of abuse or neglect are counted in all appropriate columns.

One of the key purposes of the reviews was to have the case reviewer apply her judgment as an experienced CPS supervisor. For each complaint reviewed, she was asked whether she agreed that the agency's decision to screen out the report was based on a correct application of CPS policy. In this group of reviews, all from agencies with a high screen-out rate, she agreed with 55 percent of the decisions and disagreed with 20 percent (Figure 33). In a quarter or the cases she could not make a definite decision on validity because the situation was unclear or the documentation was insufficient to draw a conclusion about validity.

Table 33: Case Reviewer's Evaluation of Agency's Decision that Referral was Invalid

Reviewer's Evaluation of Agency Decision	Percent of Reviewed Cases
Agreed with agency decision	55%
Disagreed with agency decision	20%
Unsure -- unclear situation or insufficient information	25%
Total	100%
Number of Reviewed Complaints	*102*

Source: Case Review Database

In the reviews conducted in 2006, the reviewer disagreed with the screen-out decision most often in complaints for physical abuse. Table 34 shows similar results this year. The reviewer *agreed* with only 41 percent of the screen-out decisions in complaints of physical abuse, compared to 64 percent in complaints for physical neglect and 52 percent in complaints

[29] As noted earlier, the pattern tends to be different for sexual abuse complaints, but there was only one sexual abuse complaint among the reviewed referrals.

for other types of abuse or neglect. She *disagreed* with the decision in 28 percent of the physical abuse complaints and believed the report should have been accepted as valid and needed more information to make a decision in the other 31 percent of those complaints.

Table 34: Reviewer's Evaluation of Agency Decision that Referral was Invalid by Type Abuse or Neglect

Reviewer's Evaluation of Agency Decision	Physical Abuse	Physical Neglect	All Other
Agreed with agency decision	41%	64%	52%
Disagreed with agency decision	28%	18%	13%
Unsure, unclear situation or insufficient information	31%	18%	35%
Total	100%	100%	100%
Number of Reviewed Complaints	*29*	*56*	*23*

Source: Case Review Database

Examples of the reviewer's evaluation of the of local agency screen-out decisions include:

Agreed with agency decision:

- An anonymous caller said a father was verbally abusive and mean to his 10 year old son, that he is drunk all the time, and that he hit the child the previous Saturday. The caller then said she had to go and hung up before more information could be obtained. The reviewer agreed with the agency's decision that there was inadequate information to validate this complaint. There was no information about what the caller meant by "verbally abusive" and "mean" or how the child was affected. The reference to a "hit" was too vague, with no information about where the child was hit or whether there was any injury.

- Hospital staff called to report that a mother came to the ER and was homicidal and suicidal. She told the caller she could tie up her children and torture them and kill herself and they would all be dead before they were found. The children were being cared for by their grandmother. The reviewer agreed that this was an invalid report because there was no allegation that any physical abuse had occurred and there was no threat of future harm since the mother was hospitalized and the children were being cared for by relatives.

- A father called to say his wife is never home with the children (ages 2 to 16) and they are often left alone. The caller mentioned that his sister-in-law lives with them. The worker asked if the sister-in-law watches them and explained that she would be an appropriate caretaker. The father said it was not the sister-in-law's responsibility to watch them. The father then said he did not really know how many times the children had been alone. The father was

advised to talk to the children again and call back if he gets more specific information. The reviewer agreed that this was an invalid report. The father was discounting the sister-in-law's presence; the older children are teenagers; and the 16 year old is old enough to baby-sit for the younger children.

Unsure, unclear situation or more information needed:

- A therapist reported that a patient (the father) said that his two teenage children's stepfather beats them. The father said that the stepfather's motto is "spare the rod and spoil the child." He reported that the children are beaten if they eat a cookie before dinner and that the children are afraid of the stepfather. The reviewer agreed that the complaint was technically invalid since there was no specific injury reported, but believed that there was reason for concern -- the children's fear and the minor infractions that reportedly precipitated the punishment -- and that more information should be obtained to determine if threat of harm was sufficient to validate the report. Additional information to be obtained would include the frequency and manner of infliction of the alleged beatings and whether the caller had observed any injury in the past.

- A four year old child was being cared for in the babysitter's home. Law enforcement personnel reported that the babysitter's brother put his hands down her pants and fondled her. The agency invalidated the complaint on the basis that the abuser was not a caretaker. The case reviewer believed more information was needed because there was no indication of the age of the brother, whether he lived with the sister, and whether he assisted in the child care. It took the agency three weeks to invalidate the complaint, suggesting that there was possible contact with the family or with law enforcement that was not documented but may have provided information that affected the agency's decision to invalidate the complaint.

- An anonymous caller said a mother was neglecting her 3 children. She has an "extreme alcohol" problem, and the caller believes illegal drugs are being sold out of the home. There are men in and out of the home and the children stay with friends a lot. The mother recently was admitted to the hospital because she fell, reportedly due to being drunk. The reviewer believed more information should have been obtained from the caller concerning the statement that illegal drugs were being sold from the home. The age of the children and information about what the caller had observed firsthand would have been helpful in making a decision about validity of the complaint.

Disagreed with agency decision:

- School personnel reported that a 14 year old borderline mentally retarded child was admitted to the hospital. (Hospital admission was not for physical injuries but for psychological issues related to extreme behavior at school.) During intake the child claimed that his parents hit him in the face with open

hands. They also hit him with a belt, he said, and his mother hit him with a brush and left a bruise. The parents admitted to this when they were informed of the allegations. The reviewer disagreed with the agency decision to invalidate the complaint because there appeared to be sufficient threat of harm given the description of physical punishment in this family with at least one injury admitted to by the parents. In addition, the child is handicapped and therefore at greater risk of abuse.

- School personnel reported that a child came to school with a scratch on his neck. The child said the scratch happened when his grandmother hit him. He said that one of the other children in the family had thrown something at the grandmother, but she thought he did it and hit him. The reviewer disagreed with the agency's decision because there was an injury, apparently inflicted in anger.

- The library director reported observing a father slap his nine year old son across the face three times. One slap was hard enough to knock the child from the chair. The father also poked the child in the face with his finger. When the caller spoke to the father about what had been observed, she was told to mind her own business. The child had his hands over his face, but the caller could see that his cheek was red. The reviewer believed that the complaint should have been validated because there was sufficient reason to think an injury may have occurred from the strike that knocked the child from his chair and the redness observed on his cheek as he was leaving.

The 2006 survey of local agencies asked whether agencies accept physical abuse complaints with no visible injury. Agencies with high and medium screen-out rates more often reported that they tended not to accept such complaints. Among agencies with a high screen-out rate, only 24 percent said that they "always" or "usually" accept such complaints. To explore this issue further, the Department added a question to this year's case review instrument asking whether the lack of a visible injury seemed to have influenced the agency's validity decision in complaints alleging physical abuse. The reviewer found that the absence of a visible injury *did* play a role in the validity decision in 34 percent of complaints for physical abuse and *did not* play a role in 45 percent of those complaints. In the other 21 percent, she could not tell.

The effect of agency policy on accepting complaints of physical abuse where there is no visible injury can be seen in Table 35. The data are for the 29 reviewed complaints that had an allegation of physical abuse. The table groups the local agencies by their responses to the survey question about accepting complaints with no visible injury. While one must be cautious about generalizing from only 29 complaints, the data from these reviews do suggest that agency policy has a significant impact on validity decisions in these situations. The reviewer found that in agencies that said they only "sometimes" accept referrals with no visible injury, the absence of a visible injury played a role in 70 percent of the decisions to screen out complaints for physical abuse. In agencies that said they "usually" accept such, the absence of a visible injury played a role in only 21 percent of the screen-out decisions. In agencies that "always" accept such

complaints, the absence of a visible injury did not play a role in any of the validity decisions. The clear implication is that agency philosophy influences decisions on whether a complaint meets the definition of physical abuse.

Table 35: Validity Decisions and Agency Policy on Physical Abuse Complaints with No Visible Injury

	Agency Policy on Accepting Complaints with No Visible Injury as Reported in 2006 Survey		
Did Lack of Visible Injury Influence Validity Decision?	**Always Accept**	**Usually Accept**	**Sometimes Accept**
Yes	0%	21%	70%
No	80%	50%	20%
Cannot tell	20%	29%	10%
Total	100%	100%	100%
Number of Complaints Alleging Physical Abuse	*5*	*14*	*10*

Source: Case Review Database

The reviewer attempted to determine whether the decision to invalidate the complaint under review might have been influenced by prior reports on the same family. For instance, several previous complaints, perhaps growing out of a custody dispute or neighborhood feud, might lead an agency to question the validity of a report that seemed to be of a similar nature. In 60 percent of complaints with prior reports, the reviewer could not tell whether the earlier complaints played a role in the validity decision. In the 15 complaints where there was sufficient documentation for her to make a judgment on this issue, she found only one instance where the earlier complaints had clearly influenced the agency's decision on validity. It is possible that agencies considered earlier complaints more often in making validity decisions than was revealed in these reviews but that the documentation of the referral did not make that clear. Only five of the 14 local agencies included in these reviews reported in the survey that they "occasionally" invalidate a report where there have been several previous similar reports, the agency has responded, and there has been no finding of abuse or neglect. The other nine agencies reported that they "rarely" or "never" invalidate an otherwise valid complaint because of past history.

Even when a complaint is invalid, the local agency may take some kind of action to assist the family. Agency action could take the form of contacting the family to offer assistance or a referral to other agencies, providing information to the caller that might be helpful, or contacting another public agency, such as law enforcement, for further action. The case reviewer found such actions documented in 11 percent of the cases reviewed, similar to the 13 percent she found last year.

Summary and Conclusions

DRS outcomes reported this year are generally similar to those reported last year. Use of the family assessment track has stabilized. About two-thirds of referrals in the state as a whole are being placed in the family assessment track. There continues to be wide variation in track assignment in individual agencies, however, with some never 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. Trend data for the past three years revealed that while more families are being determined to be at high or moderate risk for future abuse or neglect, a smaller percentage of high and moderate risk families are being identified as needing services. At the same time, the percentage of services going to high risk families has increased, and the percentage going to low risk families has decreased.

The initial exploratory study of delayed contact referrals in this year's report showed that in about two-thirds of all referrals the first meaningful contact occurs within the timeframe established for complaints at that priority level. Contact tends to be most timely in cases with serious safety issues, complaints for physical abuse, and investigations. The case reviewer found a variety of reasons for delayed contacts, but could not determine the reason for delay in about half the cases reviewed. Local agencies often made vigorous efforts to achieve timely contact but could not do so for reasons beyond their control. In other cases, however, the level of effort was poor and there appeared to be no good reason for the failure to complete the contact on time.

The continuation of the study of invalid complaints confirmed the findings reported last year regarding the wide variation in screen-out rates. The case reviews produced evidence of the influence of agency philosophy on validity decisions, particularly in complaints for physical abuse with no visible injury.

DRS Recommendations for 2008

1. The Department will continue to evaluate local agency response time to CPS reports and consult with local agencies 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.

2. The Department 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.

3. The Department will conduct additional analysis of CPS service cases including comparison of Structured Decision Making (SDM) pilot agencies and non SDM agencies to determine how service needs are identified and provided.

4. The Department will continue to provide technical assistance to local agencies with inconsistent screen out practices and disseminate CPS policy regarding validity to all local agencies.

5. The Department will 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.

Appendix A

Code of Virginia

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

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

Appendix B

Department of Social Services Service Areas

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