

Recommendations of the University-Agency Research Partnership

In Response To The Rapid Evidence Assessment on Screening Conducted by The Ohio State University

On October 5, 2007, the Steering Committee of the University-Agency Research Partnership met to review the findings of Ohio State University's rapid evidence assessment on the topic of screening, and to make recommendations to ODJFS, PCSAO, and Ohio's county PCSAs based on the findings of the rapid evidence assessment.

The Steering Committee's formal recommendations are as follows.

1. Standards for screening should be formalized and incorporated into the existing PCSAO practice standards.
2. A Task Force should be formed to design a standardized interview and screening tool/protocol that can be used by Ohio's PCSAs to perform screening functions. The tool should do the following:
 - a. Guide screeners in interview strategies and question formulations to engage reporters and focus interviews to elicit essential information needed to make an appropriate screening decision.
 - b. Prompt screeners to query reporters to help assess children's safety at the time of the referral, including asking focused questions on the existence of safety threats as well as the referred family's protective capacities and strengths.
 - c. Clarify criteria for screen-in and screen-out decisions, and prompt screeners to document the most essential information to support the screening decision.
 - d. Assist in making the decision of whether families should be served in traditional CPS or alternative response.
3. Ohio should not attempt to develop a screening tool/protocol from scratch, but should review tools and protocols currently used by Ohio's PCSAs, or other child welfare organizations, that appear to meet the standards identified in #1 above.

4. The screening tool/protocol must be consistent with SACWIS and alternative response, but would not necessarily need to be completely programmed into SACWIS until the next stage of SACWIS development.
5. The Children's Research Center's Priority Response Tool should be made available to Ohio's PCSAs to structure the decision regarding how quickly to make face-to-face contact with a referred family, based on information about the child's safety collected at the time of the referral. This protocol was identified in the rapid evidence assessment as having some research to support its effectiveness.
6. Employees who staff screening positions should have a high level of skill in this function, derived from prior education, inservice training, and experience working in child welfare. The screening function is not primarily a clerical function and should not be performed by staff who do not have the requisite specialized training and skills.
7. Screeners should be expected to complete Caseworker Core training through the Ohio Child Welfare Training Program, as many of the skills needed by screeners to effectively do their jobs are trained in Core.
8. The Ohio Child Welfare Training Program should develop and deliver standardized specialized training for screeners regarding how to conduct a safety-focused screening assessment, how to analyze the data, and how to make appropriate screening decisions.
9. As these recommendations are implemented, tools and protocols should be carefully evaluated using structured formal program evaluation research to determine their effectiveness. The University-Agency Research Partnership should be engaged to help set up and implement such evaluation.

Submitted by:

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The University-Agency Research Partnership Steering Committee
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**Intake Screening Tools and Procedures in Child Welfare:
A Rapid Evidence Assessment**

July, 2007

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Intake Screening Tools and Procedures in Child Welfare: A Rapid Evidence Assessment

Report Summary

1. *Purpose:* To systematically review the existing and available literature pertaining to the following research questions:
 - What tools or procedures are effective in reducing false positives and false negatives in child welfare screening?
 - What factors are associated with better screening outcomes in child welfare?
 - What are “promising” practices for improving intake screening in child welfare?
 - What research is needed to develop more effective tools and procedures to improve screening for child welfare?
2. *Method:* Rapid Evidence Assessment (Deaton, 2005)
3. *Findings:*
 - a. The existing empirical research that specifically examines Intake Screening is very limited, and in the early stages.
 - **No rigorous experimental studies were found that evaluated the effectiveness of a specific screening tool or protocol.**
 - b. Non-rigorous evaluative studies provide positive findings for two (2) different Intake Screening tools/protocols: New Directions and Structured Decision Making (SDM).
 - c. New Directions does not include a screening tool, while SDM includes a screening tool and detailed definitions and instructions.
 - d. The studies evaluating New Directions and SDM are similar in that they do not provide information about the outcomes of reports *screened out*. Rather, they focus primarily on, a) the tools' accuracy in identifying a response priority for reports *screened in* that is supported by the number and type of risk factors found in the subsequent investigation or assessment; and b) the number and types of "path decisions" assigned to reports screened in.
 - f. There is a lack of comparison data in the studies involving both Protocols.
 - g. Structured Decision Making (SDM) is the most comprehensive and promising Screening Protocol identified in this review. SDM was developed by The Children's Research Center (CRC) and has undergone several evaluations; however each was conducted by the CRC. More rigorous research on SDM would be useful in determining its effectiveness in reducing false negatives and false positives at the screening point.

- h. The remaining non-experimental research reviewed was correlational. Most of the correlational research generally sought to identify factors associated with the decision to accept a report for investigation, or not to provide a face-to-face response.
 - i. No studies were found in which the qualifications or experience of staff performing the Intake Screening function was used as a variable. Information about Intake staff, where it was provided, was extremely limited, although several studies cited the importance of qualified, experienced Intake Screening staff in their recommendations or discussion.
4. *Recommendations:*
- Explore with the Children's Research Center (CRC) whether more rigorous evaluation of the SDM Screening Tools has been done or is planned.
 - Strengthen and monitor implementation of CAPMIS for consistency in application of screening guidelines across agencies and workers within agencies.
 - Define the minimum level of education and experience required to ensure that staff performing the Intake Screening function are highly qualified.
 - Require supervisory approval of all screening decisions.
 - Conduct regular reviews of representative samples of screened-out reports for quality and consistency of decision-making. Determine policy to provide clarity for "grey areas".
 - Collect data on the outcomes of reported (but not served) families who eventually return to the attention of CPS with more severe problems. Use the information to evaluate: a) the threshold of harm below which CPS does not provide a face-to-face response, and b) policy, community or individual factors influencing the threshold of harm. Communicate the findings to inform policy and practice.
 - Extend the Rapid Evidence Assessment to identify the best evidence regarding effective community service interventions for families with chronic and/or low-priority problems. These are the families who have been historically reported to CPS, but either screened out at Intake or unsubstantiated and closed, because their problems fall below the threshold of risk at which CPS will intervene. Many are re-referred later with more severe problems and less amenable to intervention.
 - Educate mandated reporters and the community as to how to report, information helpful and relevant to report, and options available to reporters.
 - Develop strategies to improve inter-agency and inter-jurisdictional relationships, communication, and collaboration.
 - Implement a system of CPS alternative response in conjunction with development of state and community-level plans to address gaps in community service availability.

Screening Tools for Child Welfare Services: A Rapid Evidence Assessment

Background and Purpose:

Beginning in 2005 and extending into 2007, the State of Ohio piloted and began systematic, state-wide implementation of new procedures for Intake, assessment, and case management of child abuse and neglect cases by county child protection service (CPS) agencies. The procedures, known as Child Abuse and Prevention Matrix, Interim Solution (CAPMIS), represent one phase of the ongoing effort to reform and restructure child protection services in a way that moves the system toward maximum effectiveness in its ability to respond to the immediate and long-term protection needs of children while supporting and strengthening families.

The Intake function of the child protection system is the gateway to protective intervention and services. When a report of child abuse or neglect is received, it is the job of Intake screeners to determine if or if not, the report will receive a face-to-face response; and if so, what level of priority the response will be assigned. In Ohio, as in other jurisdictions nation-wide, Intake screening has been guided largely by statutory mandates, which allow for a high degree of subjective interpretation on the part of the worker performing the screening function. In addition, state-wide audits and other research efforts have found that there is wide variation in the levels of education and experience of those staff at the front line of this critical decision-point. This variation can result in “false positives”, i.e. a high degree of unsubstantiated reports screened in; or “false negatives”, i.e. possibly valid reports screened out, resulting in a lack of

intervention where needed, and children unprotected. Recognizing the dilemma of unnecessary intrusion versus the need for justified intervention, previous researchers have concluded that the lack of standardization in CPS decision-making at the Intake screening point indicates a need for better screening tools and procedures to guide workers in this critical function.

The Public Children Services Agencies of Ohio (PCSAO) commissioned the research included in this report. The report, which synthesizes the available research and evaluation data on currently-used Intake screening tools and procedures, was obtained through a systematic research review. The review was conducted with three primary goals; a) identify the best and most rigorous research findings available to support evidence-based decision-making, b) identify common conceptual themes to support decision-making, and c) identify areas for future research. Thus, the guiding question of the review was:

“What tools are effective in reducing false positives and false negatives in child welfare screening?”

Prior research has indicated that the empirical findings pertaining to standardized decision-making tools in child welfare would be limited. For this reason, there were three minor research questions included in the search. These were:

2) *“What are ‘promising’ practices for improving intake screening in child welfare?”*

3) *“What factors are associated with better screening outcomes in child welfare?”*

4) *“What research is needed to develop more effective tools and procedures to improve screening for child welfare?”*

The published and unpublished research determined to be relevant to the research questions was analyzed to identify the current state of knowledge and most current research available regarding effective child welfare screening practices. This report provides a description of those tools and procedures identified as well as a summary of the most rigorous research found on factors associated with effective child welfare screening decisions.

Methodology:

A Rapid Evidence Assessment (Deaton, 2005) was conducted to evaluate the current state of empirical knowledge regarding child welfare screening procedures and tools. This method provides a systematic means of classifying the existing research according to the scientific rigor employed in the research design, thereby giving proportionate weight to degree to which the findings can be generalized to other populations. The scientific rigor of the each study design was classified using the Maryland Scale of Scientific Methods (Sherman, 1998). The Maryland Scale rates the scientific rigor using a 5-point scale to differentiate the research on a continuum from Level 5, the most rigorous experimental research design, to Level 1, reflecting less rigorous research. Level 4 and 5 studies may be quasi-experimental or experimental, while Levels 1 to 3 are studies that are correlational in design, meaning they seek to identify correlates with the decision to screen in or screen out a report of abuse or neglect.

Summary of Research on Screening Tools and Procedures:

The search for useable research involved formulation of key-word queries for use in internet research databases and general searches and reference-mining of those articles and resources that proved promising in terms of relevance to the research questions. In total, 43 articles, documents or reports were located and reviewed. In order for a research design to be deemed rigorous, it must meet the criteria of an experiment; i.e. utilize equivalent comparison groups, random assignment, and manipulation of an independent variable. All of the articles located were rated a Level 3 or below on the Maryland Scale, meaning they are non-experimental research that seek to explore or predict correlational relationships among variables. Thus, no experimental or quasi-experimental studies were found that met the inclusion criteria, i.e. included information about specific screening tools, procedures or the qualifications of staff performing the screening function.

1. What tools are effective in reducing false positives and false negatives in child welfare screening?

Findings related to the guiding research question are inconclusive due to the lack of experimental research. The non-experimental research identified 2 tools/protocols that are currently or have been used and evaluated in differing jurisdictions, both of which can be categorized as "promising practices". The following summarizes the empirical findings regarding these tools/protocols and relate to the minor research questions.

2. What are ‘promising’ practices for improving intake screening in child welfare?

New Directions (Parton, N. & Matthews, R., 2001)

This two-tiered CPS response was evaluated in one study, using interviews, focus groups, and some administrative data in pre-post design. Through implementation of New Directions, the CPS system was restructured to include two levels of categorization for CPS reports, with different types of response. The first, called a Child Maltreatment Allegation (CMA) is applied along traditional statutory guidelines, i.e. when the allegation involves significant sexual, physical or emotional harm or exploitation. The second, a Child Concern Report (CCR) is applied when there is no indication of maltreatment, but concern is expressed about a child’s care or welfare, or when the exact nature of the specific problem is not clearly defined. Both categories receive a face-to-face contact from CPS, but only CMAs receive a traditional investigative response. A third category, "No Viable CPS Role" receives no further CPS response. The evaluative findings of New Directions are as follows:

- The number of new referrals with a CMA rating was significantly reduced.
- CMA cases were more likely to relate to sexual abuse, and less likely to relate to neglect.
- CMA referrals were more likely to be given a high priority response rating, receive a non-assessment service, and be substantiated.
- Children were not made less safe by implementing the protocol.

- Reports classified as “no viable CPS role” were likely to be re-referred within 12 months (27%) at which time they would be classified as a CCR.

Structured Decision Making (CRC Report, December 2005; CRC Report, March 2006; CRC Report, 2006)

A Structured Decision Making (SDM) Screening Protocol was in use prior to 2005. Similar to ERP, the protocol was based on statutory definitions of abuse and neglect and was used for screened in calls only. The reports reviewed evaluate the Children's Research Center's (CRC) modified protocol that includes a structured screening tool and a path decision tree. The modifications made to the protocol allow for a differential response option at the screening point. The modified structured screening tool and path decision tree were piloted in 7 California counties, 1 Midwestern county, a State on the East Coast, and 16 counties in a large Western State. The reports reviewed describe the evaluative findings of the various pilot projects. Findings describe after-implementation data only. The following are the major findings regarding SDM:

- A positive relationship between response priority and safety assessment results was identified.
- 64% - 85% of reports were screened in for CPS response.
- 33.4% of investigations were substantiated (East Coast State).
- The protocol allows for supervisory over-rides of the SDM decision.
- Supervisory over-rides were slightly more likely to result in the response level being decreased, rather than increased (East Coast State).

- 81% of screened out referrals that receive a path decision resulted in no services.

3. What factors are associated with better screening outcomes in child welfare?

The following are the relevant findings from non-experimental, empirical research related to research question 3. Factors related to a proactive CPS screening response include:

- Good working relationships with other agencies (Cameron & Statham, 2006; Wells, Lyons, Doueck, Brown, & Thomas, 2004)
- Access to technology (Cameron & Statham, 2006)
- Clear information-sharing protocols (Cameron & Statham, 2006)
- Sufficient time and resources to respond (Wells, Lyons, Doueck, Brown, & Thomas, 2004; Cameron & Statham, 2006)
- Experience and skills and of screening staff, i.e. networking and communication (Cameron & Statham, 2006)

Factors related to poor CPS response include:

- Insufficient staff resources (Cameron & Statham, 2006)
- Lack of training and experience of staff (Cameron & Statham, 2006)
- Poor public image of CPS and CPS workers (Cameron & Statham, 2006)
- Limited coordination between CPS and other agencies (Downing, Wells, & Fluke, 1990)

4. What research is needed to develop more effective tools and procedures to improve screening for child welfare?

The following are the relevant findings from non-experimental, empirical research related to the last research question.

- Rigorous evaluation of screening and risk assessment procedures is needed to ensure validity and accuracy, and to minimize undesirable consequences (Downing, Wells, and Fluke, 1990).
- Regression analysis has been supported in its predictive ability in regards to screening decisions (Johnson, Brown, & Wells, 2002; Flaherty, 2003)
- Research is needed on factors that predict serious harm (Wells, 1989)

Conclusions and Suggestions for Further Development

The purpose of this Rapid Evidence Assessment was to locate and evaluate the existing evidence pertaining to CPS Screening Tools and Procedures. The knowledge gained can then be used to inform practice as to the most effective screening practices currently in use or development. The screening function in CPS is both critical and complex. To date, the initial screening decision point has been the focus of far fewer studies than have other CPS decision points. Fewer rigorous research studies logically result in a smaller number and degree of advances in the development of standardized screening tools. Thus, this REA produced no experimental studies of screening tools or procedures.

The most comprehensively evaluated screening tools and procedures identified were the Structured Decision Making Protocol, developed and evaluated by the Children's Research Center. The preliminary findings regarding the SDM tools and decision trees are positive and appear promising, but more rigorous study is needed to determine its effectiveness.

A common theme in the research is the wide variation in the way that Intake procedures are applied in decision-making across agencies, and even across workers in the same agency. When a protocol is inconsistently applied, it cannot be evaluated as to whether or not it is effective. Therefore it is critical that a consistent understanding of the new CAPMIS screening guidelines exists across jurisdictions and within agencies. Because effective performance of the Intake function is critical to the mandate of CPS, attention should be paid to the high level of experience and expertise needed to perform the function well. Also, systems of oversight and checks-and-balances should be in place to identify problems early and prevent potential harm as well as unnecessary intrusion.

The most promising practices identified involved path decisions and alternative response protocols to provide services to families that would be screened out using the traditional CPS response. A vital assumption of alternative response systems is that a strong system of collaboration and partnership exists between CPS and community service providers, and that effective services are available to families that need them. The provision of these services can prevent families from being repeatedly referred to CPS with problems that are increasing in severity. Other families may be prevented from ever being exposed to a traditional, intrusive CPS investigation. In order to ensure that the supportive system of community services is ample to keep children safe, more research is needed regarding characteristics of families in this population, and the types of services these families need in order to provide safe and healthy environments for children.

Electronic Database Search Strategy
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Database	Key word strings used	Number of hits
EbscoHost	Child*+maltreat*+ intake <i>and</i> form <i>or</i> decision- making	299,558 hits
	Child*+maltreat*+ intake <i>and</i> screen* <i>or</i> protect* services	6,133 hits
	Child*+maltreat*+intake <i>and</i> screen* protect* services (with limiters)	4,032 hits
	Child*+maltreat* <i>and</i> screen* <i>and</i> child prot* services (with limiters)	16 hits
Social Science Abstracts	Child*+maltreat*+intake <i>and</i> form <i>or</i> decision-making	122,250 hits
	Child*+maltreat*+intake <i>and</i> form <i>or</i> decision-making (with limiters)	8,986 hits
	Child*+maltreat*+ intake <i>and</i> screen* <i>and</i> decision-making	0 hits
	Child*+maltreat*+intake <i>and</i> screen*	0 hits
PsychINFO	Child*+maltreat*+intake <i>and</i> form <i>or</i> decision-making	28,902 hits
	Child*+maltreat*+intake <i>and</i> form <i>or</i> decision-making (with limiters)	0 hits
	Child*+maltreat*+intake <i>and</i> decision-making <i>or</i> screen*	33,043 hits
	Child*+maltreat*+intake <i>and</i> child* protect* services <i>and</i> screen	0 hits
	Child*+maltreat* <i>and</i> child* protect* services <i>and</i> screen*	8 hits
Social Work Abstracts	Child*+maltreat*+intake+ “child protective services” + form <i>or</i> tool	0 hits
	Child*+maltreat* <i>and</i> child* protect* services <i>and</i> screen*	0 hits
GoogleScholar	Child*+maltreat*+intake+ “child protective services”+ form <i>or</i> tool	144 hits

Empirical Articles

Citation	Maryland Scale Rating	Outcome Measures	Findings
Cameron, C., & Statham, J. (2006). Variations in duty arrangements to respond to concerns about children's welfare. <i>Health & Social Care in the Community</i> , 14(2), 167-176.	Level One	Proactive PCS response versus poor response	<p>Factors that seem to be related to a <u>proactive</u> response were:</p> <ul style="list-style-type: none"> a) good working relationships with other agencies, b) access to technology, c) clear information-sharing protocols, d) time and resources to devote to call, e) previous experience of success, f) networking skills, communication skills, experience, and g) determination of worker making decisions. <p>Factors that seem to be related to a <u>poor</u> response were:</p> <ul style="list-style-type: none"> a) insufficient staff supply and qualification (training and experience) b) poor public image of CPS and CPS workers.
CRC Report: The relationship between structured decision-making®, screening/response priority and safety assessment. March 2006. Requested and received by personal email 9/26/06. (Not for distribution)	Level One	Relationship between response priority rating and safety assessment results (child removal rates and services needed).	Immediate response priorities resulted in higher levels of child removal rates and service needed, in accordance with safety assessment.
CRC Special Topic Report: SDM Hotline Tool (Jan 2006) Requested and received by personal email 9/26/06.	Level One	Type of path decision	<ul style="list-style-type: none"> a) 81.5% of the screened out referrals that received a path decision resulted in no services and 18.5% were assigned to path 1 (community services). b) 62.5% of the screened in referrals that received a path decision received path 2 (community partner response) and 37.7% were assigned path 3 (traditional CPS response).

Citation	Maryland Scale Rating	Outcome Measures	Findings
Downing, J. D., Wells, S. J., & Fluke, J. (1990). Gatekeeping in child protective services: A survey of screening policies. <i>Child welfare</i> , 69(4), 357-369.	Level One	Existence of a written or unwritten screening policy and limiters of screened in referrals.	Respondents who reported a written screening policy were more likely to report the existence of a prioritizing policy. An extensive list of limiters and percentages is provided.
Flaherty, C. W., Force, U. S. A., & Patterson, D. A. (2003). Predicting child physical abuse recurrence: Comparison of a neural network to logistic regression. <i>Journal of Technology in Human Services</i> , 21(4), 93-111.	Level One	Compared artificial neural network (ANN) to binary logistic regression (BLR) in terms of accuracy in predicting recurrence of child physical abuse.	Artificial neural network (ANN) was not a better predictor than of likelihood of recurrence than binary logistic regression. Acknowledges that military population is very different from general population, but that BLR and ANN were able to produce predictions significantly better than chance.
Gilbert, N., Karski, R., & Frame, L. (1996). The emergency response system: Screening and assessment of child abuse reports. <i>University of California, Berkeley: Child Welfare Research Center</i> ,	Level One	Identified factors in the threshold of risk, i.e. investigated vs. non-investigated reports.	High percentage of cases screened out because, a) child was not considered to be in immediate danger, or b) the reporter could not provide sufficient evidence of maltreatment from a legal standpoint.
Johnson, M. A., Brown, C. H., & Wells, S. J. (2002). Using classification and regression trees (CART) to support worker decision making. <i>Social work research</i> , 26(1), 19-29.	Level One	CART's accuracy in predicting factors associated with the decision to investigate.	Regression analysis yielded better predictive ability about screening decisions but CART analysis provided a richer analysis of the decision-making.
Johnson, W. & Clancy, T. 1988: A study to find improved methods of screening and disposing of reports of child maltreatment in the ERP in Alameda County California <i>American Public Welfare Association. Monograph Series no. 2.</i>	Level One	Compared accuracy of prediction model in predicting substantiation to Emergency Response Unit worker judgment.	Model was slightly more accurate in predicting physical abuse substantiation (73% vs. 62%), and sexual abuse substantiation (68% vs. 54%), but slightly less accurate in predicting neglect substantiation (68% vs. 72%).

Citation	Maryland Scale Rating	Outcome Measures	Findings
Karski, R. L. (1999). Key decisions in child protective services: Report investigation and court referral. <i>Children and Youth Services Review</i> , 21(8), 643-656.	Level One	Case characteristics associated with: 1. Cases screened out 2. Cases assigned in-person investigation	<p>Factors associated with the decision to screen in are: <u>Sexual abuse</u>: no other factors significantly effect decision. <u>Physical abuse</u>: (0-4 yr olds) a) AFDC, b) direct evidence present (5-9 yr olds) a) AFDC, b) evidence, c) allegation of injury (10-17 yr olds) a) direct evidence <u>Neglect</u>: a) AFDC, b) direct evidence, c) prior investigations, d) victim is an infant, e) perpetrator is the mother</p> <p>The presence of custody issues <u>decrease</u> the likelihood of investigation.</p>
Karski, R. L., Gilbert, N., Frame, L., (1997). <i>Evaluating the emergency response system's screening, assessment, and referral of child abuse reports</i> . <u>California Policy Seminar Brief</u> , Vol. 9, No. 5.	Level One	Criteria associated with reports screened in vs. screened out for different types of maltreatment.	<p>Of the reports screened out at intake: a) 43% alleged physical abuse b) 37% alleged general neglect, and c) 20% alleged sexual abuse.</p> <p>Other information was same as above.</p>

Citation	Maryland Scale Rating	Outcome Measures	Findings
<p>Parton, N., & Mathews, R. (2001). <i>New directions in child protection and family support in Western Australia: A policy initiative to re-focus child welfare practice. Child and Family Social Work, 6</i>, 97-113.</p>	<p>Level Two</p>	<ol style="list-style-type: none"> 1. Response times and priorities 2. Provision of services 3. Out-of-home placement 4. Outcomes of CCRs 5. Repeat contacts and substantiation in the next 12 months for each category within model. 	<ol style="list-style-type: none"> 1. CMAs (Child Maltreatment Allegation) were much more likely to be classified with priority 1 (24% to 47%). 2. CMAs were much more likely to receive non-assessment services (30% to 56%) 3. CMAs were much more likely to receive out-of-home services (9% to 19%). 4. CCRs (Child Concern Reports): 31.5% become “no viable departmental role”, 30% become “family support, 5.4% become CMA. 5. CCRs: No further contact (73.2%), CCR only (19.3%), CMA only (5.9%), both (1.6%) (56% of CMAs substantiated with another substantiated CMA w/in 12 mos (13.1% to 12.3%), CMAs re-referred within 12 mos (24.8% to 16.4%).
<p>Structured Decision Making in Child Protective Services: A State on the East Coast –CRC Report (Dec 2005). Requested and received by personal email 9/26/06.</p>	<p>Level One</p>	<ol style="list-style-type: none"> 1. Screened in reports with recommended 24 hr response. 2. Investigation vs family assessment, 3. SDM safety assessment completed. 4. Investigations had safety factors identified, 5. Safety factors addressed with in-home services, 6. Children removed. 7. Families in assessment track safety factors, 8. Relationship between response priority and safety assessment result. 9. Case open vs. closed, 10. Substantiation rates 	<ol style="list-style-type: none"> 1. 24 hr response: 33.8% of investigations, 2. investigation: 31.9% (N=2,508), assessments: 68.1% (N=5,350), 3. SDM safety assessment 72.6%. 4. Investigations had safety factors identified: 53.7%, 5. Safety factors addressed with in-home services: 45.4%, 6. Child removed: 8.3%. 7. Safety of families served in assessment track: <1% found unsafe. 8. Relationship between response priority and safety assessment result: positive relationship demonstrated. 12.1% of 24 hr response resulted in child removal vs 12.8% of 5 day response. 9. Case open vs case closed: 19.3% of investigations and family assessments resulted in a new case opening or continued case opening.(23.3% of investigations, 10.2% of family assessments resulted in case opening), 10. 33.4% of investigations substantiated (founded)

Citation	Maryland Scale Rating	Outcome Measures	Findings
<p>Tumlin, K. C. & Geen, R. (2000). <i>The decision to investigate: understanding state child welfare screening policies and practices</i>. New Federalism: Issues and Options for States. Series A, no. A-38. Assessing the New Federalism: An Urban Institute Program to Assess Changing Social Policies.</p>	<p>Level One</p>	<p>Compared States' CPS policies and screening practices to child maltreatment rates to assess the impact of welfare reform on child maltreatment.</p>	<p>Criteria for which reports merit investigation fluctuates, influenced by agency demand and capacity. Thus, it is difficult to assess the impact of welfare reform on the ability of CPS systems to perform their function. No pattern was found that indicated that states that screened in higher percentages of reports had higher substantiation rates. States that are overloaded may screen out larger percentages of reports and also substantiate fewer investigations as a means of controlling volume.</p>
<p>Van Voorhis, R. A., & Gilbert, N. (1998). The structure and performance of child abuse reporting systems. <i>Children and Youth Services Review</i>, 20(3), 207-221.</p>	<p>Level One</p>	<p>Relationships between States' child maltreatment reporting policies and:</p> <ol style="list-style-type: none"> 1. substantiation rates 2. child abuse fatality rates 3. number of child abuse investigations 	<ol style="list-style-type: none"> 1. States casting a wider net have lower substantiation rates. 2. State poverty rates are a stronger predictor of child abuse fatality rates than reporting system performance measures. High substantiated rates were related to lower child fatality rates, but not significant. 3. States use differing reporting laws to either widen or limit the number of referrals made re: abuse and neglect.
<p>Wells, S. J., (1995). The decision to investigate: Child protection practice in 12 local agencies. <i>Children and Youth Services Review</i>, 17(4), p 523-545.</p>	<p>Level One</p>	<p>Relationship between case factors and the decision to investigate</p>	<p>Factors that influence the decision to investigate were:</p> <ol style="list-style-type: none"> a) the child's age, b) severity of alleged injury, and c) reporting source. <p>Sexual abuse allegations were more likely than other forms of maltreatment to be investigated. Site in which the referral was made had more impact than any other variable.</p>

Citation	Maryland Scale Rating	Outcome Measures	Findings
Wells, S. J., Lyons, P., Doueck, H. J., Brown, C. H., & Thomas, J. (2004). Ecological factors and screening in child protective services. <i>Children & Youth Services Review, 26</i> (10), 981-997.	Level One	The relationship between the following and the screening decision: 1. socioeconomic factors, 2. roles and relationships with collateral community agencies, 3. worker and supervisor characteristics	1. The number of families with children under 18 was negatively correlated with the likelihood of investigation. 2. A positive relationship with community partners is positively correlated with likelihood of investigation. 3. Worker characteristics that increased the likelihood that a report would be investigated were: a) perception of a broad CPS role to protect any child at risk, b) a belief that resource availability was not a factor.
Wells, S. J., Stein, T. J., Fluke, J., & Downing, J. (1989). Screening in child protective services. <i>Social work, 34</i> (1), 45-48.	Level One	Compared how screening decisions are made with the mandate and mission of CPS.	3 levels of screening take place: a) classification of reports as within or without the legal definition, b) preliminary assessment, i.e. consideration of policy and law mandates against the information available in the report, and c) selection for investigation. Conclusion: Reliance on laws and policies that require evidence of seriousness or parental intent for screening in assume that reporters have this information and they often do not. Efforts to limit investigations should be seen as circumscribing the protective services mandate.

Non-Empirical Articles/Reports

Bauman (1997). Decision theory and CPS decision making. In: Morton TD, Holder W, eds. *Decision-Making in Children's Protective Services: Advancing the State of the Art*. Atlanta, GA: Child Welfare Institute; 1997.

- Recommends three needed actions to advance decision-making:
 - 1) develop an understanding of specific decisions that is theoretically based and can be tested and defined empirically,
 - 2) empirically develop consistent standards upon which decisions will rest, and
 - 3) utilize technology to enhance understanding of results of decisions before acting upon them.

Besharov, D. (1990). Gaining control over child abuse reports. *Public welfare*, 48(2), 34-50.

- Describes the twin problems of over-reporting and under-reporting in CPS.
- Cites substantiation rates of investigated reports (1986-1988) that average 39%.
- Calls for a narrowing of the scope of CPS investigating.
- Argues that many reports that do not amount to statutory child abuse or neglect nonetheless involve serious individual and family problems. In this type of situation, all CPS hotline and Intake workers should be equipped to refer callers to more appropriate social service providers.
- Before making a referral to another agency, CPS Intake staff should have a level of assurance that the other agency will provide the necessary services. This is usually not the case. Such referrals are frequently made without notifying the other agency and without checking to make sure that the person can be helped there.

El Dorado County California Grand Jury Audit of CPS procedures and practices (2001-2002). Harvey M. Rose Accountancy Corp.

- El Dorado County contracted with a private auditor to conduct a normative study of 58 cases utilizing auditing procedures with case record review and interviews to determine if improvements could be made in several primary areas of CPS operations. The sample was random but not statistically significant.

- The relevant area of scope included consistency and timeliness of responses to child abuse reports.
- The auditors concluded that the department's screening decision making tools and protocols are inadequate and allow for too much social worker judgment. The county used the ER Guidelines.
- The evaluators recommended implementation of the Response Priority Assessment component of the CRC-developed SDM system, which the evaluators felt was better.

English (1997) Current knowledge about CPS decision making. In: Morton TD, Holder W, eds. *Decision-Making in Children's Protective Services: Advancing the State of the Art*. Atlanta, GA: Child Welfare Institute.

- This report describes the factors with the most empirical support in predicting risk of future harm as:
 - child's age and developmental characteristics,
 - type of the abusive incident,
 - level of harm,
 - chronic nature of the behavior,
 - existence of caretaker impairment, and
 - parental history of violent behavior.

Gambrill (1997) Characteristics of the decision maker. In: Morton TD, Holder W, eds. *Decision-Making in Children's Protective Services: Advancing the State of the Art*. Atlanta, GA: Child Welfare Institute.

- Recommends that CPS agencies provide evidence-based training to workers to counteract biasing decision-making influences.

Giovanni J., Meezan W. (1995). *Rethinking Supply and Demand in Child Welfare. Children and Youth Services Review 17: 465–470.*

- This report argues against the dichotomous standard of substantiation versus unsubstantiation in responding to child abuse and neglect reports.
- The narrowing of the criteria for substantiation appears to be based on an assumption that the resources allotted to child protection are sufficient.

Los Angeles County Civil Grand Jury (2001-2002) Report: Appointed to investigate the fiscal and operational performance of LA County government and public authorities. Retrieved from the world wide web 3/11/07.

- The County of Los Angeles contracted with an audit firm to investigate four government functions, including DCFS child removal practices. Sixty-seven case

files were reviewed to assess the documentation and analysis that went into removal decisions. Other California counties were then used for comparison.

- The study included an evaluation of the county's use of a series of SDM decision trees developed by CRC.
- A decision tree was required to be filled out by screeners in all cases. The review of cases found a non-completion rate of 13.6%.
- The reviewers concluded that the tools were not always used, or not always used correctly. A recommendation was that hotline workers be required to indicate if the SDM decision tree was completed in the screening narrative, and if not, why not.

Marneffe, C. & Broos, P. (1997). Belgium: an alternative approach to child abuse reporting and treatment. In N. Gilbert (ed), *Combatting Child Abuse: International Perspectives and Trends*: Oxford University Press, New York, 1997, pp 184-.

- Describes Belgium's approach to CPS with no mandatory reporting laws.

Morton, Holder (1997). Decision making in child protective services: advancing the state of the art. In: Morton TD, Holder W, eds. *Decision-Making in Children's Protective Services: Advancing the State of the Art*. Atlanta, GA: Child Welfare Institute; 1997.

- Recommends that researchers and practitioners advance inquiry towards development of the ability to identify elements of social behavior, cognitive associations, and bio-chemical processes that increase the likelihood of physical aggression toward children and/or failure to respond to children's needs as an adult behavioral response. CPS decision-making does not follow any etiological patterns.

Risk and Safety Assessment in Child Welfare: Instrument Comparisons (2005) USC at Berkeley BASSC. Retrieved from the world wide web 3/11/07.
cssr.berkeley.edu/bassc/public/risk.summ.pdf

- This is a literature review of risk assessment tools.
- Risk assessment tools may be consensus-based or actuarial.
- Tools evaluated were WRAM, CFAFA (Fresno Model), CARF, CERAP, and CRC Actuarial Model.
- Each instrument was assessed on:
 - predictive validity,

- convergent validity,
 - inter-rater reliability,
 - outcomes, and
 - racial/ethnic group differences.
- Findings were limited by the lack of studies on decision points other than the initial investigation, variability in definitions and measures across studies, and the small number of studies examining risk assessment instruments.
 - The researchers concluded that actuarial models have stronger predictive validity and greater inter-rater reliability than consensus based models, but consensus based models may be better for assessing service needs because they collect more information.
 - Due to the small number of studies available, conclusions about any risk assessment tool should be considered preliminary.

Straus, Hamby, Finkelhor, Moore, Runyan (1998). *Identification of child maltreatment with the parent-child conflict tactics scales: development and psychometric data for a national sample of American parents*. Paper prepared for the annual meeting of The American Educational Research Association.

- Describes a Parent-Child Conflict Tactics Scale that measures child maltreatment psychometrically. The Scale can be administered to the parent or the child.

Waldfoegel, J. (1998). Rethinking the paradigm for child protection. *The Future of children / Center for the Future of Children, the David and Lucile Packard Foundation*, 8(1), 104-119.

- Cites and reiterates the conclusions of the Harvard Executive Session in 1998 that the problems facing CPS are:
 - over-inclusion (families referred who should not be),
 - capacity (the number of families referred exceeds the system's ability to respond effectively),
 - under-inclusion (some families who should be referred are not),
 - service orientation (the authoritative approach of CPS is not appropriate for all families),
 - service delivery (many families do not receive the services they need).

Wells, S. J. (1989). Factors influencing the response of child protective service workers to reports of abuse and neglect. In G. Hotaling, et al., (Eds.), *Responses to family violence: research and policy perspectives* (pp. 238-256). Beverly Hills, CA: Sage Publications.

- Research is needed to better understand what differentiates those with the potential to abuse from those without the same potential, and what factors contribute to the situations where abuse or neglect is likely to occur.

Wells, S. J., Morton, T. D., & Holder, W. (1997). *Screening in child protective services: Do we accept a report? How do we respond?* In: Morton TD, Holder W, eds. *Decision-Making in Children's Protective Services: Advancing the State of the Art*. Atlanta, GA: Child Welfare Institute.

- Thus far, the predictors identified through empirical research are much more likely to correctly predict cases that will not be substantiated than to identify cases that will be substantiated.
- More research is needed to develop guidance regarding screening decisions.

Wilson, Morton (1997). Issues in CPS decision making. In: Morton TD, Holder W, eds. *Decision-Making in Children's Protective Services: Advancing the State of the Art*. Atlanta, GA: Child Welfare Institute; 1997.

- Identifies that data from selected states indicates that only one third of indicated cases may be opened for service by CPS.

Government Sources/Reports

Laming, L. (2003). *The Victoria Climbié inquiry report*. London: The Stationery Office.

- Official inquiry into the systemic failures behind a high profile child death due to horrific abuse and neglect.
- Findings were that the child protection system in the U.K. leaves children at great risk due to incompetence and efforts to limit services.
- The systems and agencies involved, such as medical, social welfare, child protection, and schools, do not communicate and coordinate their services in order to prevent children from falling through the gaps in the system.
- Agencies and systems should establish a common language and procedures to communicate concerns, including outcomes expected.

Multiple Response Evaluation Report to the NC General Assembly (2006).retrieved from the world wide web 4/1/07. www.ncdhhs.gov/dss/publications/docs.

- Identifies one of the components of MRS as a strengths-based, structured Intake process.
- The report doesn't include any information about reports screened out, only the decision about the track identified after screening a report in.

National Study of Child Protective Services Systems and Reform Efforts: Literature Review (March 2001) DHHS Report. Retrieved from the world wide web 4/14/07. aspe.hhs.gov/hsp/CPS-status03/

- Suggestions for narrowing the response of CPS have focused on improving screening through more precise and restrictive definitions of maltreatment. Some models suggest that investigation of alleged severe maltreatment should be the domain of law enforcement, with CPS focusing on assisting families in need on a voluntary basis.
- Suggestions for broadening the CPS response emphasize the need to provide individually tailored services to remedy the problems of a wider range of at-risk families. Supporters suggest that these models would improve service delivery by collecting more comprehensive information about families and involving a wider range of informal and formal supports.

National Study of Child Protective Services Systems and Reform Efforts: Summary Report (May 2003) DHHS Report. Retrieved from the world wide web 4/14/07. aspe.hhs.gov/hsp/CPS-status03/state-policy03/index.htm

- The study could not determine if screening was being conducted appropriately, although it did find that:
 - all State CPS agencies had screening policies,
 - significant resources were being devoted to screening,
 - there was considerable variation across States and localities in the types of cases that would require an investigation or assessment by CPS,
 - some experts believe that the variation in screening practices is appropriate because of differences in local conditions, resources and policies, and
 - many agencies attempt to connect children and families with other agencies for services at the Intake stage, even if the referral is screened out.

North Carolina Department of Health and Human Services, Division of Social Services. Multiple Response Systems.

<http://www.dhhs.state.nc.us/dss/mrs/index.htm>

- The multiple response system being piloted in several North Carolina counties includes a structured intake form, maltreatment screening tools, and response priority decision tree.
- The MRS user's guide includes a description of how the system allows for a search of multiple databases to locate information about a child and family.

Straus (1993) *Measurement instruments in child abuse research*. National Center on Child Abuse and Neglect (DHHS/OHDS), Washington, DC.

- This report examined the non-prevalence in the use of tools to measure concepts in child abuse research.
- States that the danger of using tools is that unsophisticated users may use them to measure the wrong constructs.

Texas Dept. of Protective and Regulatory Services website: Child Protective Services Handbook. www.dfps.state.tx.us/handbooks revised 2/1/07

- The online handbook includes instructions regarding processing information at Intake, information needed at the initial report, criteria for initiating an investigation, initial screening chart or decision table for screeners (if/then), policies to follow when accepting a report, assigning priorities, and screening out a report. Links to statutory bases are provided.

Westat Inc., Sedlak, A.J., and Broadhurst, D., (1996): Third national incidence study of child abuse and neglect, final report. Dept. of HHS, Washington D.C.

- Findings included:
 - Less than half of maltreated children across all categories and all non-CPS reporting sources received CPS investigations, including many with serious injury. It was not possible to determine how many of those were reported and not investigated versus not reported to CPS, and
 - The number of countable maltreated children remained stable since NIS 2, but the percentage receiving CPS investigation declined.
- The harm standard is highly objective but very narrow and stringent. The harm standard requires that to be classified as abuse or neglect, an act or omission must result in demonstrable harm.

- The endangerment standard is less stringent, allowing children to be counted as abused or neglected if they were not yet harmed by maltreatment but were considered by a non-CPS professional to be endangered or maltreatment was substantiated or indicated by a CPS investigation.
- Standards used to classify abuse and neglect included that the maltreatment be within the jurisdiction of CPS.

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