

**Program Evaluation of the Multiple Response System
Kentucky Department for Community Based Services
April 3, 2009**

Ruth A. Huebner, Ph.D., Child Welfare Researcher (rutha.huebner@ky.gov)

Lisa Durbin, MSW, Safety Branch Manager (lisa.durbin@ky.gov)

Audrey Brock, MS, Quality Manager (Audrey.brock@ky.gov)

Introduction and Overview

This is a summary of the ongoing program evaluation efforts of the Alternative or Differential Response System (called Multiple Response System or MRS) in Kentucky. This analysis updates and expands a report of August 2005 and previous work since 2001; it is based upon refined administrative datasets not available in earlier studies. The ongoing evaluation examines a broad range of practices including aspects of intake criteria, tracks of cases, risks and subsequent referrals, program outcomes, and the *Continuous Quality Assessment (CQA)*. Based on this and previous analysis, program improvement and revisions to the MRS system have been ongoing in a simultaneous and iterative manner from 2002 to the present. For example, the *Dynamic Family Assessment (DFA)* was developed in Kentucky in response to the previous evaluation of the CQA that identified opportunities to improve assessment. Centralized intake (at the regional level) was implemented in 2008 to improve consistency in handling referrals; it is currently being evaluated with an evaluation report due for release in July 2009.

This current MRS evaluation report is based on all referrals to CPS between 10/1/07 and 9/30/08. Additional analyses were completed using two or three years of referral data to track outcomes of cases served through either an investigation or FINSA track. These administrative datasets included both cases (families) and each child in a CPS referral, the history for all substantiated referrals, and extensive demographics and information on safety risks and overall risk ratings.

Executive Summary of Findings

- MRS has successfully created an administrative/regulatory structure to support alternative responding with the capacity for reducing stigma and improving collaboration with families.
- Kentucky's leadership is committed to a practice model that engages families in a collaborative strength-based process and improves parental capacity.
- The intent of the Families in Need of Service Assessment (FINSA) track (alternative response) for community providers to assess low risk families was never realized and consequently did not reduce CPS workload.
- The rate of using the FINSA track (vs. investigation) for cases that meet criteria for suspected CA/N increased from 26% in 2001 to 33.8% in 2008.
- There is marked variation in regional patterns of using the FINSA track with a low of 12.4% to a high of 54.4% of referrals meeting criteria using this track. The rate of substantiation is more consistent (but still significantly different) with a state average of 30.3% of investigated referrals being substantiated.

- A case with a low risk rating is more likely to be taken as an Investigation rather than a FINSA and 1.1% of low risk cases are substantiated with some regions having a rate over 2%. Thus perpetrators are named in low risk cases that may have been accepted as a FINSA in another region or by another intake worker.
- Risk ratings and substantiations in the case are independent concepts. A case may have low risks and be substantiated or high risks and be unsubstantiated.
- Regardless of the track of the case, about 26% of all first time referrals, have subsequent referrals that meet acceptance criteria. This 26% tend to become chronically involved with CPS, comprising 71% of the point-in-time case work.
- The FINSA track is used more often in early referrals. Accepted referrals are mostly taken (85.7%) as an investigation in subsequent referrals. However, each referral is handled individually with multiple referrals tracked differentially as a FINSA or Investigation consistent with the MRS guidelines.
- Cases tracked as an Investigation are more likely to be substantiated in subsequent referrals than cases tracked as a FINSA.
- The track of the case (FINSA vs. Investigation) does not differentiate cases with or without a subsequent referral. Risk ratings tend to be higher for cases with subsequent substantiated referrals, regardless of track. Substantiation coupled with high risk ratings differentiated cases with recurrence of child maltreatment.

Guiding Principles of Multiple Response in Kentucky

“Multiple Response” is the child welfare practice of skillful assessment of risk that allows a differential and a full range of responses to reports of maltreatment (from resource linkages to removal of the child). The practice is supported by Kentucky legislative statute, embedded into the SACWIS and based on the following premises:

- In 1973, 61% of reports of maltreatment, in the nation, were substantiated; in 1996, the rate of substantiation was 31% (American Public Human Services Association, 1999). This finding suggests that more referrals for CPS investigation are for cases without maltreatment, yet subjecting families to an investigation.
- CPS investigations add stress to families at risk, stigmatize families, and compromise the reputation of CPS workers.
- At times, traditional CPS investigations are contrary to the notion that preventing maltreatment is achieved by supporting the success and function of families who are at risk of child maltreatment.
- Families with unsubstantiated abuse or low risk are likely to need support from community partners and other family services. A differential response would focus on the needs and strengths of a family and link the family to services.
- CPS investigative workers are overburden with low-risk reports that would be better served and assessed by community partners.
- To be successful in implementing differential response, child welfare agencies should provide leadership and direction to the community for creating and supporting a diverse and adequate array of community services for families.

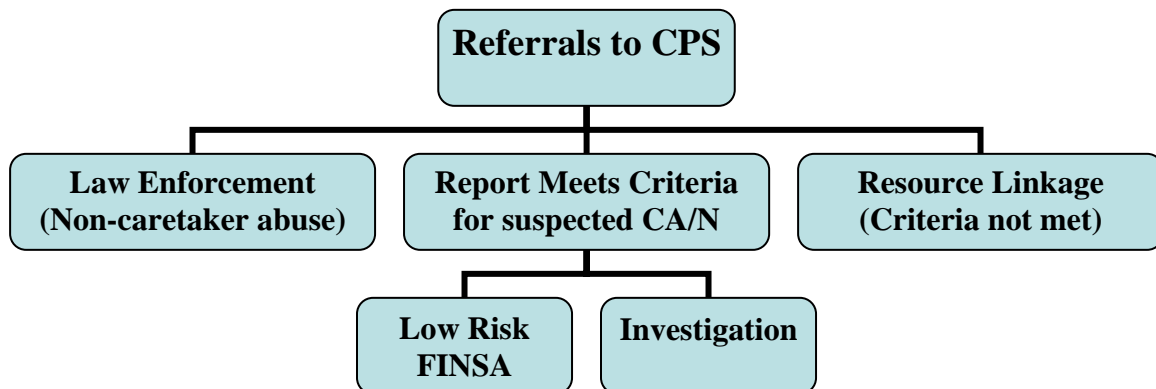
In Kentucky, MRS was initiated as part of Comprehensive Family Services (CFS) and designed to achieve two goals: to reduce stigma and improve collaboration with families and community partners around issues of abuse and safety risk; to reduce the workload of

CPS investigative workers by screening cases at the point of first contact. Cases with alleged family abuse or neglect that were low risk (as determined by a risk matrix) and did not include allegations of sexual abuse were designated to be Families in Need of Service Assessment (FINSAs). The intent was for these low-risk referrals to go directly to community partners for assessment and thus reduce CPS workloads and permit the CPS investigative worker to focus on more severe cases of child abuse and neglect.

Kentucky’s Multiple Response System

The use of Multiple Response was initiated in Kentucky on June 18, 2001, and included two new practices. For reports of maltreatment that did not meet the criteria for CPS, families could be provided with ‘resource linkages’ to improve their functioning or meet their needs (new practice). Reports meeting the criteria of maltreatment could be responded to with either a traditional CPS investigation or a FINSAs – Family in need of Service Assessment (new practice). Reports of abuse and neglect in settings such as daycares, schools and residential facilities are always taken as investigations. Low risk reports in foster home settings (public or privately managed) may be taken as FINSAs. The Law enforcement track is used when law enforcement requests assistance of our agency on non-caretakers situations we have reported to them. Law enforcement may need, for example, assistance with interviewing young children. In this track, law enforcement leads the investigation and DCBS assists because cases where the alleged perpetrator is a non-caretaker are outside of DCBS acceptance criteria.

Figure 1
Current Differential Response System



Reports of CA/N are screened at the intake call or report using a Risk Matrix. Based on the perceived risk, calls meeting the criteria for suspected abuse and neglect are tracked as either a FINSAs (low risk) or an Investigation (medium to high risk). Once in an Investigative track, the case CANNOT be changed to a FINSAs even if the risks are very low. In the Investigation Track, the case must be subbed or not subbed, and if subbed a perpetrator (if known) is named. Conversely, a case in a FINSAs track CAN BE changed to an investigation if warranted by the risk. As a result, a case for example that, after a

full assessment, has low risk could be tracked as either an investigation or a FINSA depending on the skill of the interviewer and the information available at intake. Within the FINSA track, the report is neither substantiated nor unsubstantiated and no perpetrator is identified. FINSAs are reported as an ‘other’ in the Federal NCANDS count of referrals and children in cases with a finding of ‘family in need of service’ are reported as Alternative Response victims.

Formative Program Evaluation: Multiple Response

Methodology

All referrals to CPS between 10/1/07 and 9/30/08 were used. This datasets included both cases (families) and each child in a CPS referral and the history for all substantiated referrals. This dataset was designed specifically for trend analysis and research (TWS 272) and is generated quarterly. The dataset includes information on resource linkages, investigations, substantiations and referrals to law enforcement. Table 1 displays the counts in the present study.

Table 1
Child and Family Data in Present Study (referrals from 10/1/07 to 9/30/08)

INDICATORS	DESCRIPTION	NUMBER
Total Children – Duplicated count	All child-based records in any type of referral. Includes resource linkages, investigations, FINSA and law enforcement.	112,462
Total Unique Children	Unique children (unduplicated) in any type of referral. Includes all types above.	84,848
Total Cases	Unique cases (unduplicated) in any type of referral as stated above.	56,650
Total Cases Meeting Criteria	Unique cases in investigations or referrals only.	39,356
Study One	Families with first referrals in FFY 2007	14,351
Study Two	Families with two or more accepted referrals	8,400

Kentucky’s evaluation of the Multiple Response System has been primarily formative, asking questions about how a system is developing and working, and using this information to make adjustments in program design and practices. The assessment of risk and maltreatment is the foundation for responding to reports of CA/N and was included in the formative evaluation of MRS. In Kentucky, this risk assessment is entitled the Continuous Quality Assessment (CQA) and consists of a checklist of risk factors and narrative screens with prompts to assist workers in assessing child and family functioning. The evaluation of the CQA was explored in an earlier report and not included here. The logic model for program evaluation of MRS is displayed next.

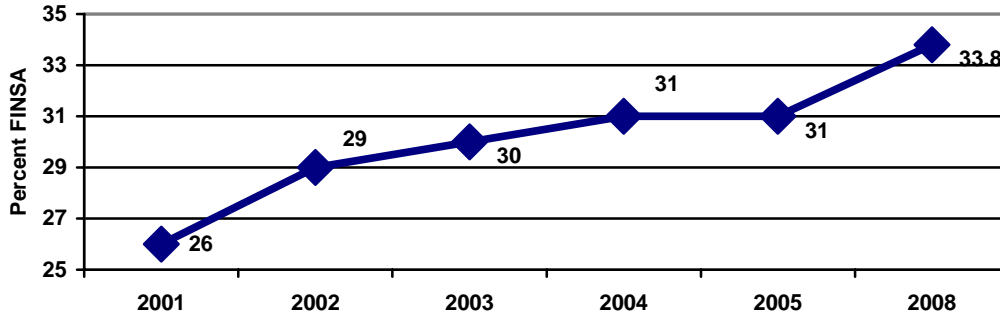
Logic Model for Multiple Response System

INPUTS	PROCESS	OUTPUTS	SHORT TERM OUTCOMES	LONG TERM OUTCOMES
Legislative and Regulatory Supports for FINSA track and related findings	Perpetrator is not named in the FINSA track. Findings of ‘family in need, or not in need, of service’	Nearly all low risk cases that meet criteria should be handled as FINSA	Families with low risk are treated with respect, engaged in the process, and feel helped by DCBS	Families are empowered, have less stress and stigma, and have reduced child abuse potential
Risk Matrix for Screening	Low risk cases taken as FINSA			
Differential response mechanisms and philosophy are embedded in practice model and SACWIS	DCBS workers believe in and strive to strengthen parental capacity. SACWSI tracks alternative response victims	DCBS workers know family history. Children that have been abused are identified in low and high risk situations	Child are safe from repeat allegations and maltreatment. Children are safely retained in their homes.	Reduced subsequent reports of maltreatment especially among families with a tendency toward chronic CPS involvement
Regional Centralized Intake	Consistent screening of cases by county and region. Acceptance criteria used correctly as decision supports	The risk matrix and acceptance criteria used consistently and perceived as supporting decisions by intake workers	The distribution of the tracks of the cases will be similar across counties and regions. Referral statements will be complete.	DCBS staff consistently applies acceptance criteria and assignment of the case. Community partners understand DCBS acceptance criteria.
Engage community in prevention and intervention with maltreatment	Family team meetings, joint case planning, developing service array	Community partners attend meetings, events, and trainings	The community addresses local needs for services and families at risk	Families have increased access to service, and increased retention in services.
Comprehensive assessment of family and child includes strengths, risks, maltreatment, protective capacity, service needs	Families are treated with respect using a strength-based community focused approach. In-home service provided by DCBS and community. Assessment supports CPS and APS decisions	Families are accurately assessed and served	The assessment is reliable, valid, with discriminate capacity, sensitivity to change, and is wide acceptance	DCBS has a comprehensive understanding of families, adults and children within families for treatment and agency planning
Training of staff in policy, family engagement, assessment.		Staff is confident in their skills, collaborate with families, and intervene effectively in low and high risk situations	Staff responds to families using a variety of interaction and intervention strategies. They are skilled in assessment	DCBS staff utilizes strength-based assessment, other best practices, and vary their strategies with different levels of child risk

Use and Comparison Rates of FINSA and Investigation

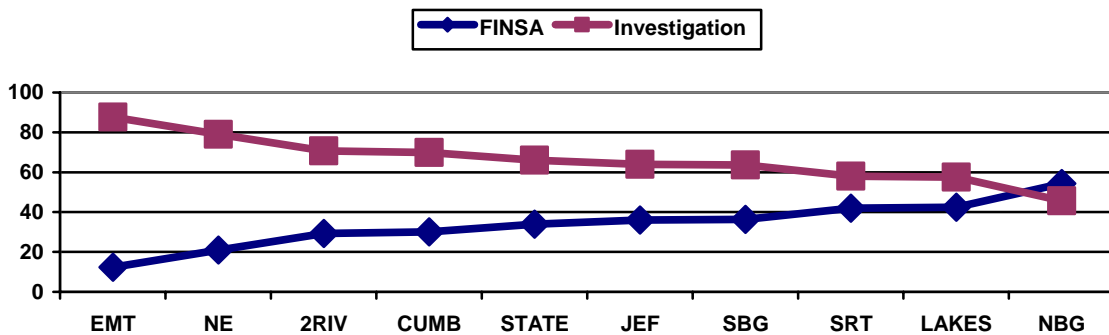
Over the life of MRS, there has been an increase in the use of a FINSA track and a decrease in the use of an Investigative track for accepted CPS referrals. The most recent data indicate that 33.8% of reports that meet criteria were accepted as a FINSA. The increase in the use of FINSA over the past seven years has been gradual. Figure 2 shows the percent of cases tracked as a FINSA versus an Investigation track.

Figure 2
Rates of FINSA as Percent of Reports that Met Acceptance Criteria



Figures 3 and 4 are based on data from 39,356 unique cases (the most recent referral) that met criteria with completed investigations or assessments between October 1, 2007 and September 30, 2008. In Figure 3, the rate of investigations is shown in the top line with the rate of FINSA being generally lower. There is a great deal of variability in using the FINSA or Investigation tracks among service regions with Eastern Mountains rarely using the FINSA track and Northern Kentucky completing more FINSAs than investigations. The differences between regional rates of investigations (vs. FINSA) and substantiations are statistically significant.

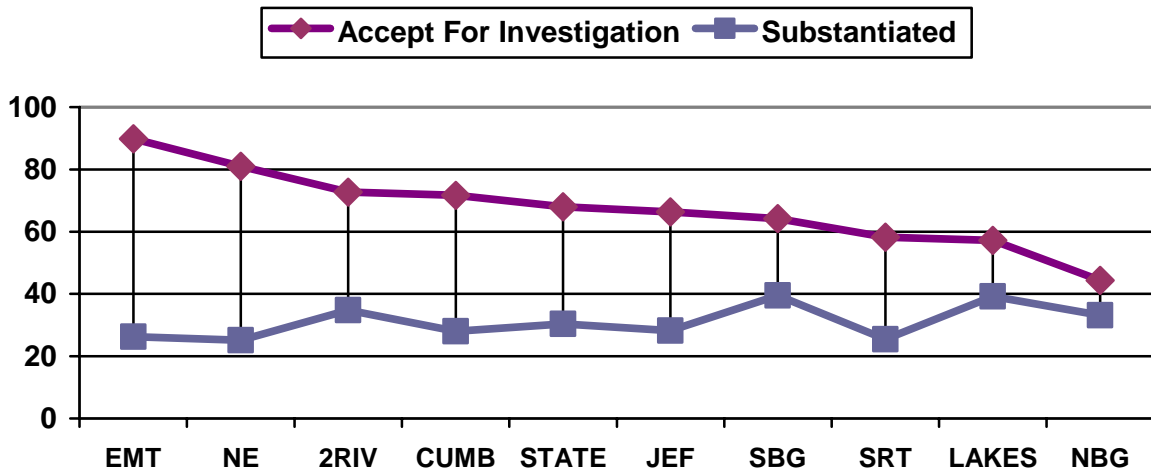
Figure 3
Regional Variation in Using FINSA or Investigation



Although the rates of investigations vary by service region, the rates of substantiation of abuse and neglect are more consistent (but still statistically significant different) between

regions as shown in Figure 4. On average statewide 30.3% of reports that meet acceptance criteria and were investigated are substantiated. The gap between the rates of substantiation and percent of families with an investigation (see drop down lines) indicates cases were families were subjected to an investigation without substantiated CA/N. The families served in the FINSA track avoided the stigma of having a perpetrator named; this has been a valued aspect of the MRS differential response.

Figure 4
Rates of Investigations and Substantiation



Early Implementation of the FINSA

Focus groups and brief surveys were used to identify perception of the FINSA. Although workers valued and understood the benefits of MRS as less stigmatization and hostility and more cooperation from families, they consistently voiced these concerns:

- The use of community partners to complete assessment of low risk cases was NEVER implemented. Community partners were not prepared to do these assessments and resisted such efforts as CPS ‘delegating’ their work. In reality, the system for service assessment by community partners was never developed, trained, or funded.
- FINSA and investigation cases both meet criteria for CA/N, suggesting to workers and to community partners that CPS needed to be involved.
- When in doubt, an investigation track is chosen as the safest alternative.
- Both a FINSA and an investigation require the same processes and documentation from the worker’s standpoint. The work is the same.
- The approach to the family should always be a combination of assessment, partnering and seeking the facts and evidence to help the family understand the risks, as a catalyst for change. This approach can be implemented with any case, regardless of the track label.
- A referral taken as a FINSA requires that the family volunteer to accept services despite recommendations or needs identified by the assessment. In contrast, a substantiated finding may be used to order families to accept services. Workers are sometimes frustrated when families resist preventative services.

Evaluation of Assessment Findings and Track of the Case

The first step in the intake process is screening and assessment of the risk and safety of children using a Risk Matrix that is standardized in Kentucky. The Risk Matrix has been revised in response to field input and is perceived to be useful. Nonetheless, Kentucky does not collect data on this screening, thus, we do not know how well the screening of risk and safety corresponds to the findings after the assessment process. Intake or investigative workers when screening cases for acceptance sometimes confuse risk screening with questions about whether or not the allegations could be substantiated. They also struggle to incorporate additional considerations such as prior referrals or nuances of risk when making an acceptance determination. Training, clarification, and technical assistance are used to improve intake workers decision making. Centralized intake at the regional level was implemented (in 2008) in part because of the belief that intake work is highly skilled; consequently, specialized teams with extensive training would improve consistency in screening safety risks and determining if the allegation meets acceptance criteria. The centralized intake process is currently undergoing program evaluation with a report due in July 2009.

After the intake call, cases meeting criteria are assessed or investigated and information is then documented in the *Continuous Quality Assessment (CQA)*. The CQA includes ratings of risk and maltreatment using a series of 5-point scales (0-4) in seven domains. Scores for each scale are recorded and a summary or cumulative risk score is obtained that ranges from a low of '0' (no risk) to a high of '28' (extreme risk). Scores on the CQA are available for analysis and program evaluation of MRS. Previous research indicates that the Cumulative Risk score has adequate reliability and differential validity and we use it here for categorizing risk.

Based on MRS guidelines and intent, it would be expected that the majority of low risk cases should be tracked as a FINSA and that the risk profile of cases would vary by track. The following figures display results to examine these questions. Figure 5 displays the percent of cases handled in each track that fell into categories of risk. Most FINSA (69.5%) cases were identified as low risk after assessment, but 53.9% of investigations were also found to be low risk. Conversely, 26.1% of high and very high risk cases after assessment were tracked as investigations and 262 (2.0%) high risk cases were still classified as a FINSA after assessment. These findings are nearly identical to the findings in 2003 and 2005.

However, because many more cases are investigated (66% in the investigation track), there are far fewer cases in the FINSA track. Figure 6 displays 100% of referrals that met criteria for suspected abuse and neglect by the level of risk in the case and then by the track of the case to display the difference in sample size. Figure 6 shows that cases with low risks (after an assessment) are much more likely to be in the Investigation track. That is, 35.6% of all referrals were low risk and investigated while only 23.5% of all referrals were low risk and tracked as a FINSA.

Track of the Case and Risk Ratings

Figure 5
Percent of Cases by Track and Risk Rating

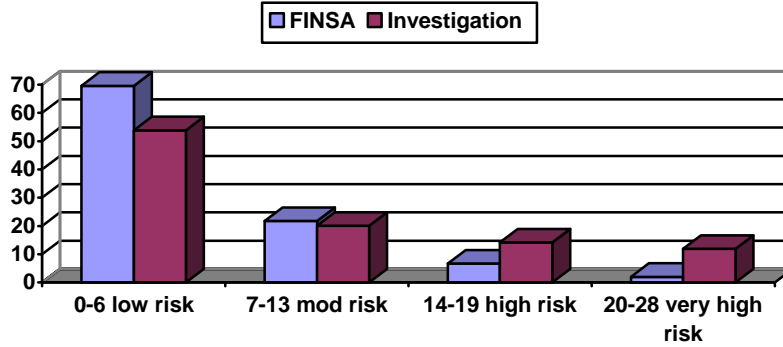
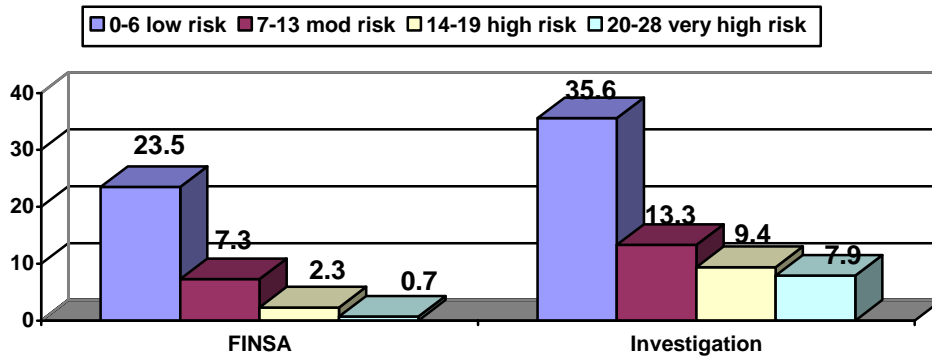


Figure 6
Percent of All Cases Meeting Criteria by Track and Risk Groups



There are significant differences in Cases Tracked as a FINSA versus an Investigation. Table 2 displays statistically significant differences between these tracks.

Table 2
Significant Differences between Case Characteristics by Referral Track

	FINSA	INVESTIGATION
Average # referrals in case	3.6 (1-32 range)	4.1 (1-54 range)
Overall risk rating (0-28 point scale)	5.6 (average)	8.5 (average)
Maltreatment rating (0-4 pt scale)	0.72 (0-4 pt scale)	1.27 (0-4 pt. scale)
# of Children 3 or younger in case	1.2	1.2 (not significant)
Total Risks (sum of a possibly 7 risks)	1.3	2.0

Risk and Maltreatment are Related but Also Independent Factors

Child safety risk and findings of substantiation of maltreatment are both related and independent issues. For example, a family may have very high risks of abuse (patterns of violence and substance abuse etc.), but the evidence does not support that child abuse has occurred and the case is unsubstantiated. Conversely, the family may have low safety risks yet an incident of child abuse or neglect is substantiated. Table 3 displays the findings from 24,621 Investigations (10/1/07 to 9/30/08) by assessed levels of risk. The bolded cells highlight the independence of safety risk and maltreatment (i.e., low risk with maltreatment and high risk without maltreatment).

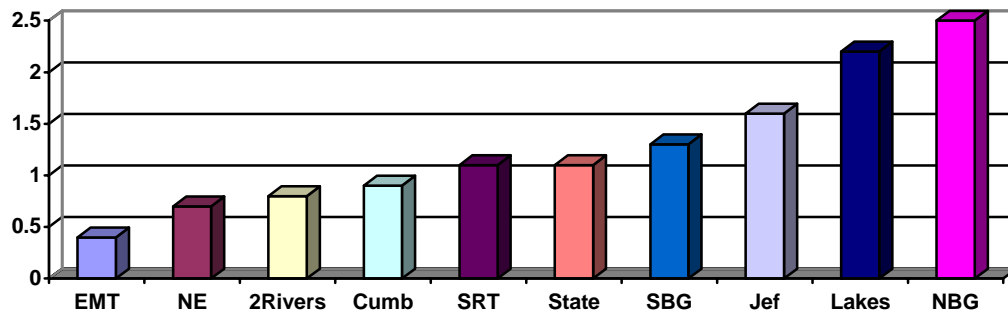
Table 3
Number of Subbed and Un-subbed Referrals by Risk Level

LEVEL OF RISK	SUBSTANTIATED	UNSUBSTANTIATED
Low Risk (0-6 CQA)	198*	17355
Moderate Risk (7-13)	1695	5197
High Risk (14-19)	4143	442*
Very High Risk (20-28)	3763	137*

* Bolded categories highlight the independence of risk and maltreatment.

As shown in Table 3, 198 cases with low risk were substantiated. In these cases, a perpetrator is named and such actions change lives. If a FINSA assignment were made AFTER an assessment, then these low-risk cases would not have been substantiated. Although the rate is low with only 1.1% of low-risk referrals being substantiated, the rates varied between regions. Figure 7 below shows the rates of all low risk (0-6 on the CQA) that were substantiated between Oct. 1, 2007, and Sept. 30, 2008. In essence, there is a 1.1% likelihood that a family with a very low-risk situation will receive a substantiated finding and that likelihood changes between service regions.

Figure 7
Rates of Low Risk Referrals Substantiated by Region



This independence of risk and maltreatment are confusing to novice and seasoned case investigators. Although legislation defines CPS’s authority to respond to maltreatment it

encourages assessment of safety risk; in reality workers assess both risks and maltreatment. However, they are only able to intervene when maltreatment is substantiated. In cases of high risk without substantiated abuse or low risk with abuse, CPS workers are at a disadvantage to help families. Table 4 illustrates the challenge. This dilemma warrants national discussion.

Table 4
Risk and Maltreatment Independence and Worker Actions

	SUBSTANTIATION	UN-SUBSTANTIATION
Low risk	<i>A quandary! Substantiation changes people's life.</i>	Clear course of action
Medium risk	Clearer course, but depends on risk assessment	Clearer course, but depends on risk assessment
High risk	Clear course of action	<i>A quandary! Children are at risk, cannot mandate services.</i>

Additional Studies of Cases served through MRS

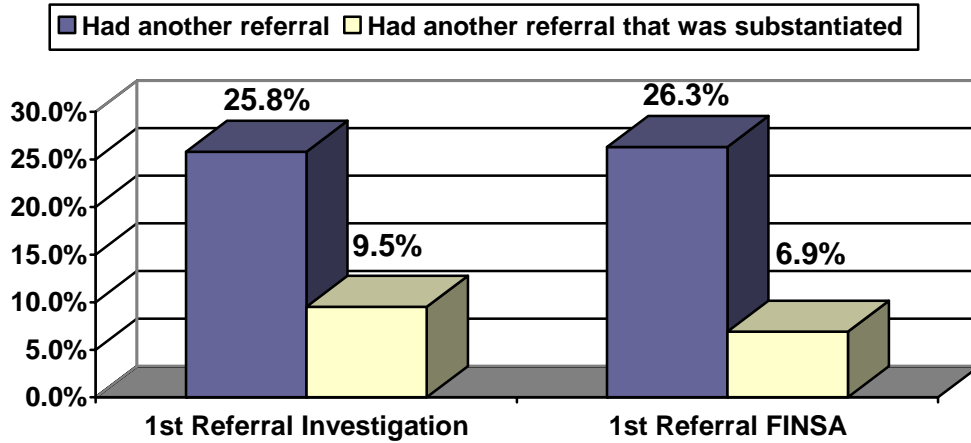
This section reports two additional analyses of the MRS system not included in any previous reports. Two related studies were completed, the first to study first reports to CPS and the subsequent course of that case and the second to retrospectively examine the history of current referrals. These two studies seek to answer the research question: Does the use of the MRS result in different rates of repeat referrals?

Study One: Study of First Referrals

In this study, 14,351 families referred to CPS for the first time in FFY2007 were studied; 8,821 (61.5%) were tracked as investigations and 5,530 (38.5%) were tracked as FINSAs. Among this group, 3,730 (26.0%) families had another referral in FFY2007 or FFY2008; 2,273 (25.8%) of the first-time investigations and 1,457 (26.3%) of the first-time FINSAs had a subsequent referral. There was no statistically significant difference in the rates of subsequent referrals between the investigation or FINSAs track. It was encouraging to find that 74% of referrals were free of subsequent referral within the following year.

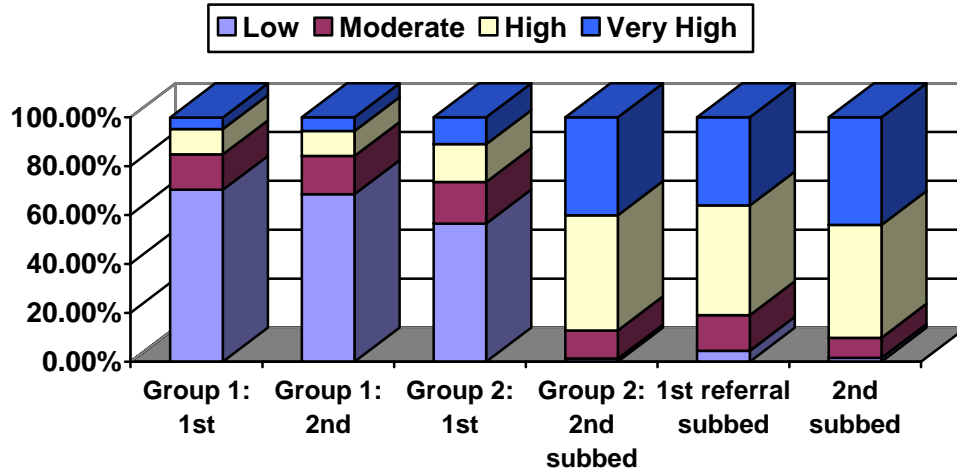
In this study 384 (6.9%) of the 5,530 first-time FINSAs and 838 (9.5%) of the 8,821 first-time investigations went on to have another referral that was substantiated. Overall, 8.5% of first time referrals had another referral that was substantiated within the next year. These findings are displayed in Figure 8 and show that an investigation was more likely to be substantiated on a second referral than a case in the FINSAs track. These differences in rates of substantiation were significantly different ($p = .000$).

Figure 8
Percent of First Referrals with a Subsequent Referral (NS) and Percent Subbed



We explored the predictive capacity of both the track and the risk ratings of the case and found that neither the track nor the risk level predicted subsequent referrals. Figure 9 displays results for three comparison groups. Group 1 includes all cases with two referrals (3,621 cases returned) and the risk ratings by categories; risk ratings were nearly identical among all cases with a subsequent referral. In Group 2 (Figure 9), first referrals with subsequent substantiated referrals (811 cases) tended to have significantly higher cumulative risk ratings in the first referrals (6.28 versus 5.77 for cases without subsequent substantiation) regardless of the findings or track of the case. In Group 3, substantiated first referrals (204 cases) had very high cumulative and categorical risk ratings that best discriminated cases with subsequent substantiation or recurrence of CAN. The first and second referral for these three groups – all referrals, referrals with a substantiated finding in a subsequent report, and subbed first and second referrals - are displayed in Figure 9. Notably families with a subsequent referral often had multiple subsequent referrals and in fact averaged 2.8 subsequent referrals from a 1st referral in either a FINSA or an Investigative track within the following year. From this information, we can conclude that neither the FINSA nor the Investigative track or the risk rating along predicts subsequent referrals. However, higher risk ratings differentiate cases more likely to be substantiated on subsequent referrals. Very high risk ratings and substantiated findings distinguish cases more likely to have a recurrence of child abuse and neglect.

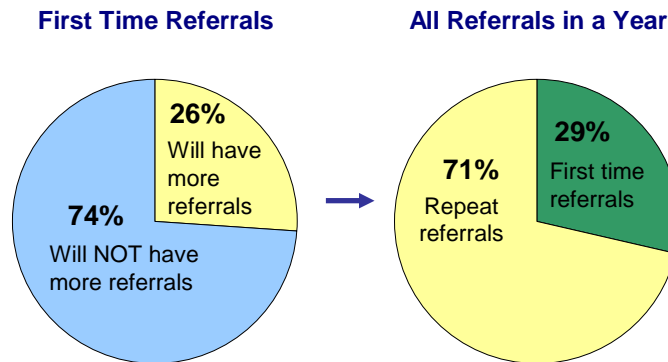
Figure 9
Risk Ratings on First and Subsequent Referrals for Three groups.



Although 74% of first referrals did not have a subsequent referral in following year, the 26% of referrals that have a second referral tended to become chronically involved with DCBS and comprised 71% of the case work at a point in time. These data are displayed in Figure 10. Of all the families referred for the first time, about 1 in 4 has at least one more referral (often more) at a later point in time. Of all the referrals received, 71% are for families that have a history with CPS; just 29% are for new families.

Figure 10
First Time Referrals and All Referrals

26% of the families ever referred to CPS eventually make up 71% of the workload



Study Two: Study of History in the Case and Chronic CPS Involvement

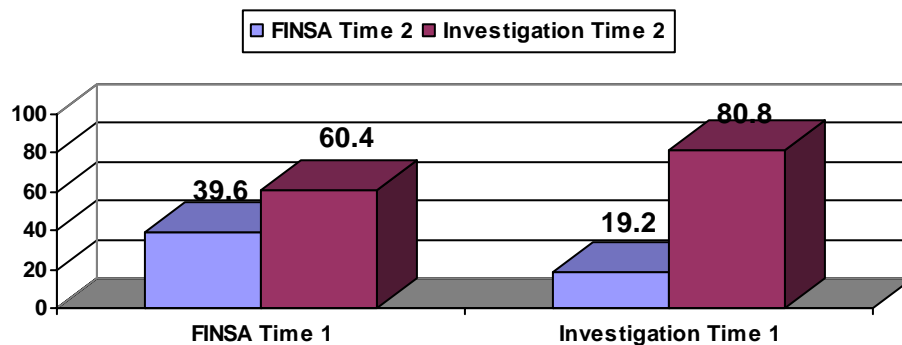
In this study, we examined cases with two or more referrals that met criteria for suspected abuse and neglect in a three year time period from 10/01/2005 to 9/30/2008. We began with all cases meeting criteria for suspected abuse and neglect in the most recent year (10/1/07 to 9/30/08) and examined the course of the case retrospectively to determine the pattern of referrals. The dataset was case-based and included families with at least two referrals that met criteria for suspected abuse or neglect. We wanted to examine patterns among families with repeat referrals.

The dataset included 8,400 cases with at least two referrals that were taken as either a FINSA or Investigation. To ease the discussion we identify referrals as the first and second accepted referrals to indicate the sequence; however, on average the first referral in the study was the 4.89 referral in the case (4.0 median referrals) and the 2nd was the 6.24 referral (5.0 median referrals). In Kentucky, all referrals in any track (accepted or not accepted) are included in the referral count so the difference in the consecutive numbering of referrals is due to other referrals not meeting criteria (resource linkages) or an adult protective service (APS) referral being made between accepted CPS referrals. For 21.1% (1773 referrals) the first referral in the dataset was also the first referral in the case; 49.25 of the first referrals were the first, second or third referral in the case.

Comparing First and Second Referrals

We compared the first and second referrals that met acceptance criteria in the case. As shown in Figure 11, cases are much more likely to be taken as an Investigation in a subsequent referral especially if they were taken as an investigation in the first referral (80.8%). The fewer number of referrals in the case, the more likely that the case is taken as a FINSA, consistent with the notion that more referrals suggest higher risks. However, CPS referrals are not accepted linearly; each referral is handled separately and may be taken as a FINSA, Investigation, or as a resource linkage. The pattern varies between referrals and includes a varied pattern between resource linkages, investigation, and FINSA track in any case. On average, 7 or more referrals are handled before children are removed and placed in foster care (out-of-home care).

Figure 11
Track of the Case over Two Referrals



Findings in the referral and the track of the case are displayed in Table 5. As seen in Table 5, the first referral in the time period under study if substantiated tended to be also substantiated in the second referral (70.7%). Similarly, an unsubstantiated referral at time one tends to also be unsubstantiated at the 2nd referral (53.7%).

Table 5
Comparison of Findings and Track of Referrals Meeting Criteria at Two Points

Referral #1 ↓	Referral #2 →	Substantiated #2	Unsubstantiated #2	Services Needed #2	Services Not Needed #2	Unable to Locate #2
Substantiated Time #1		70.7	20.3	4.6	3.6	0.9
Unsubstantiated Time #1		21.9	53.7	5.3	15.7	3.4
Services Needed Time #1		58.2	18.8	11.7	9.6	1.7
Services Not Needed Time #1		19.4	38.0	5.3	34.1	3.2
Unable to Locate Time #1		25.3	46.8	8.9	10.1	8.9

However, a finding of ‘services needed’ at time one (based on a FINSA) tends most often to be taken as an investigation on the 2nd referral and substantiated (58.2%). Similarly, a finding of ‘services not needed’ based on a FINSA tends to be more often taken as an investigation with an unsubstantiated finding or a similar FINSA track with ‘services not needed’ at the next or 2nd referral.

Racial Distribution for Track and Findings

When compared on racial characteristics families with at least one African American child comprised 11.4% of these referrals (over-represented compared to 7.4% African American in census). Because the size of the Hispanic, Asian, and other racial groups is very small, we compared only families with at least one African American child to families with at least one White child (total cases = 7012) on the track of the case and findings. These differences were statistically significant (p = .0002) between racial groups for the track of the case and findings in the investigation track, but not for the FINSA track as shown in Table 6. Table 6 displays ‘*Expected Count*’ that is the number of families that should fall into the category if the distributions were exactly equal. The expected count adjusts for the differences in size of the group and demonstrates the relative magnitude of the findings. The difference between actual and expected count is shown as a ‘*Difference for AA families*’. For example, we might expect 36 more families with African American children in the FINSA track and 36 fewer families in the Investigation track.

Table 6
Distribution of Race and Track and Findings by Case

Track of Case*	Statistic	White	African American	Difference for AA families
FINSA	# Families	1969	311	
	Expected Count	2005	275	36
	% within Race	31.9	36.7	
Investigation	# Families	4196	536	
	Expected Count	4160	572	-36
	% within Race	68.1	63.3	
Finding in FINSA Track (NS)				
Services Needed	# Families	538	100	
	Expected Count	552	86	14
	% within Race	26.2	30.7	
Services Not Needed	# Families	1414	214	
	Expected Count	1406	222	-8
	% within Race	71.4	68.6%	
Findings in Investigation Track*				
Substantiated	# Families	1581	225	
	Expected Count	1601	208	17
	% within Race	37.7%	42.1%	
Unsubstantiated	# Families	2456	291	
	Expected Count	2436	311	-20
	% within Race	58.7%	54.3%	

Note. * Indicates significant differences between groups; NS= non-significant. Findings within each race do not include families that were ‘unable to locate’; if this missing data were included the total percent in each track would equal 100%.

Table 6 displays data demonstrating that families with at least one African-American child were MORE likely to be tracked as a FINSA. Within the FINSA track, there were no significant differences in findings between racial groups. Although less likely to be in the Investigative track, families with African-American children were more likely to have a substantiated finding. The cumulative risk rating for AA families was slightly higher (but not statistically significantly higher), there were significantly more children (2.1 AA vs. 1.9 for white) but fewer prior referrals (4.8 AA vs. 5.2) for the families with African-American children versus families with white children. None of these demographic differences seems to explain the differences in referral track or finding. The differences in findings are more likely due to differences in regional practices; more than 75% of AA families come from three service regions (Jefferson, Salt River Trail, and Southern Bluegrass).

Families with Chronic CPS Involvement

To examine cases with more chronic CPS involvement, we selected from this dataset all cases with the first referral (in this dataset) being the 4th or later referral in the case to determine if there are differences in the FINSAs when used with repeat referrals. A total of 4263 cases were included in this dataset. Between referral #1 and referral #2 in this chronic sample, 686 families (16.1%) were found in a different county and 210 families (4.9%) were found in a different region on the 2nd referral. Table 7 illustrates that there continues to be significant differences, in the direction expected, for the FINSAs and Investigative track even with multiple referrals in the case. FINSAs continue to be used for lower risks, different types of allegations, and equally for families with African-American and white children.

Table 7

Differences in the FINSA and Investigative Track for Families with 4 or More Referrals based on First Referral in dataset

INDICATOR	INVESTIGATION TRACK	FINSA TRACK	SIGNIFICANCE
Number of cases in first referral (in dataset)	2904	1359	The ratio continues at 31.9% FINSA
Number of cases in 2 nd referral (in dataset)	3223	1040	The ratio drops to 24.4% FINSA in 2 nd referral
Average # of referrals to date in case	8.03	7.50	F (1, 4261) = 13.87, p = .000. Significant
Average months between first and second referral	5.7	5.0	F (1, 4261) = 18.29, p = .000. Significant
Allegation of neglect	68.6%	71.2%	Not significantly different
Allegations of dependency or community-based (used for status-like offenders)	0.6%	9.3%	chi-square is statistically significant
Allegation of physical abuse	23.2%	10.5%	chi-square is statistically significant
Allegation of sexual abuse	6.6%	0.1%	chi-square is statistically significant
One or more children enter OOHC at some time	29.0%	26.3%	chi-square is statistically significant
At least one child African American	10.8%	13.4%	chi-square is statistically significant
Cumulative Risk Rating	10.39	7.46	F (1, 4261) = 175.72, p = .000. Significant
Average number of risk factors in the case*	4.2	3.6	F (1, 4261) = 67.58, p = .000. Significant

Notes: *There were significantly higher rates of four risk factors in the investigative track (domestic violence, substance abuse, income issues, and criminal history) compared to the FINSA track. Mental health (MH) issues as risks to child safety were present in 46% of referrals in both the FINSA and Investigative track.

Conclusions and Recommendations

The results of this evaluation show progress in the use of the FINSA track but fail to support the conclusion that Kentucky has achieved consistency in using the FINSA and that the outcomes are consistent with the track of the case. In fact, families are likely to have inconsistent experiences with the agency based on the track of the case at initial intake. Nonetheless, MRS does provide a system with the capacity to respond to allegations of abuse and neglect with nonstigmatizing response that encourages collaboration rather than blame. Other key findings are summarized in the Executive Summary on page 1.

Based on the formative evaluation and the most pressing needs for improving the assessment system, Kentucky made several decisions.

- First, MRS was modified slightly and staff was encouraged to use the FINSA track with the hope that usage would increase as staff became accustomed to it. There has been a gradual increase in using the FINSA track, but many more low risk referrals could be taken as a FINSA.
- Given limited resources and demands from the field for change in the assessment system, the decision was made to focus Kentucky's energy on developing a new assessment system. That system entitled the *Dynamic Family Assessment* has been field tested. However, the costs of building it into the existing SACWIS (TWIST) system far exceed the current budget capacity and it is on hold.

Kentucky is reconsidering the entire multiple response system. A decision memo was drafted by staff in Protection and Permanency and Training to guide this process with the recommendation to make an alternative 'finding' after a thorough assessment. That is, once the level of risk and maltreatment were assessed, the case would be more accurately identified as low risk and the family could be found in need of services. This practice would retain the best practice of collaborating with the family rather than naming a perpetrator and would ensure that all low risk cases were handled equally in a FINSA track. Currently, Kentucky is exploring the challenges, barriers, and opportunities in changing the MRS.

All aspects of the logic model displayed on page 5 are not included in this report. We do not know if workers approach a family in the FINSA track differently from families in the Investigative track. We have examined and refined the assessment process and are currently evaluating centralized intake. We have not measured all short and long term outcomes.

We learned in this study that 74% of first referrals do not return for a subsequent referral. We intend to conduct a follow-up study of first time referrals to compare case work practices to determine if any practice or demographic discriminates between cases with and without subsequent referrals.

The evaluation of Multiple Response elucidates issues that deserve some national discussion. The issues are these:

- CPS investigations are required by CAPTA to investigate the allegation of abuse or neglect and make a determination of findings.
- Child protective services are also expected to assess the level of risk to children and provide services or make referrals to reduce the level of risk to the child.
- However, risk, maltreatment, and service needs are both partially interrelated and partially independent conditions. Risk and safety assessments are prevalent, but maltreatment is rarely formally assessed. The DFA includes assessment of maltreatment.

Kentucky's MRS system was used as an illustrative case study by the American Humane Association and Child Welfare League of America report (2006). *National study on differential response in child welfare*. Available at www.americanhumane.org