Program Evaluation: Kentucky Centralized Intake

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1. Executive Summary

This report includes information from 2160 referrals accepted through Centralized Intake between 9/2/2008 and 3/31/3009 and randomly selected from TWIST with 240 referrals per each of nine state service regions. From these 2,160 referrals, 1,485 were randomly selected for case reviews; 560 APS and 925 CPS case reviews were completed. Additional analyses were completed using TWIST data and reports to supplement the case reviews.

Including all referrals for the period of 04/01/2008 to 3/31/2009, DCBS handled 174,612 referrals, amounting to about 14,550 per month with 1/3rd APS and 2/3rds CPS referrals.

In the first analysis, the random sample of 2160 referrals was analyzed. Key findings:

- Currently, a third of referrals are entered into hotline screens and 2/3rds are entered into TWIST intake screens.
- 46.4% of referrals were submitted for approval the same day as received and overall nearly 33% of all referrals completed the intake process from receipt to submission to approval on the same day; 55% completed the intake process by the second day.
- APS referrals were completed more slowly than CPS referrals due to a longer time between date the referral was received and date it was submitted for approval.
- Calls taken and entered through the hot line were processed more quickly than calls through intake with nearly 70% of such referrals moving to submission the same day.

Case reviewers rated five items to determine if the referral statement was detailed enough to determine if the report met criteria, the track of the case, the program/subprogram, imminent risks, and if the victim was a vulnerable adult. Key findings:

- Between 88.9% and 92.9% of APS referral statements were deemed detailed enough to determine any single criterion.
- Between 74.4% and 84.4% of CPS referral statements were deemed detailed enough to determine any single criterion.
- Between 47% (CPS) and 58% (APS) of all referral statements were rated as detailed enough on all criteria.
- When considering APS and CPS referrals that met criteria for suspected abuse/neglect, reviewers rated about 63% of the referral statements as being detailed enough to determine all criteria.

Case reviews rated their agreement with the use of acceptance criteria, the track of the referral, and the program subprogram and provided a rationale for any disagreement. When considering all referrals, reviewers agreed with:

- The use of acceptance criteria for 82.9% of referrals;
- The track assigned to the referral for 81.4%; and

- The program subprogram assigned for 83% of referrals.

When filtering on only the referrals rated as having enough detail to determine these criteria, the rates were higher:

- 91.4% agreement with the use of acceptance criteria;
- 88.0% agreement with the track assignment; and
- 90% agreement with program/subprogram assignment.

In generally, reviewers agreed more often with APS referral decisions than CPS referral decisions. Among referrals that met criteria for acceptance for abuse/neglect (n = 937):

- Reviewers agreed with all three assignments for 71% of cases and disagreed on all the criteria for 10.5% of the referrals reviewed.
- Among APS cases reviewer agreed with all three assignments for 85.9% of referrals and disagreed with all decisions for 8.3% of cases.
- Among CPS cases reviewer agreed with all three assignments for 64.3% of referrals and disagreed with all decisions for 11.5% of cases.

Reviewer did not find a pattern of over accepting referrals or identifying too many referrals in any track. For cases that met criteria, reviewers rated the referral statement as detailed enough in all 4-5 categories and agreed with all three standards of acceptance criteria, track, and program subprogram for 544 referrals or 58% of referrals.

The effects of CI intake were reviewed using TWIST data. Key findings include:

- There has been no increase in the number of CPS referrals between 2007 and 2009 but an increase of roughly 6000 APS referrals for both under and over 60 year olds.
- The mix of CPS referrals handled as Investigations or FINSA within the counties for any service region is more consistent in 2009 than in 2007.
- The mix of referrals handled as Investigations or FINSA (using the multiple response system) between regions is nearly identical from 2007 to 2009.
- That is, CI has resulted in more consistency within regions, but not between regions.

The areas most in need of improvement include these:

- Use of hotline screens would likely improve the speed of processing intake referrals.
- Concentrate efforts in writing the referral statement with enough detail to establish that the report does or does not met acceptance criteria. This was rated as the lowest level of detail and affected all the subsequent actions in the referral. Failure to accept a referral meeting criteria may leave children or vulnerable adults unprotected.
- The assessment of risk and assignment to a track varies widely by region. Failure to assign a referral to a FINSA track when the risks are low may result in labeling adults with low level risks as perpetrators. DCBS must determine how best to use the risk matrix and assign referrals to the FINSA track. There needs to be consistency between regions in how tracks are assigned.
- Specific situations may require more clarification and discussion. These include assessment of vulnerable adults; understanding referrals with domestic violence; considering past history and age of children when rating risk; responding to referrals with substance abuse issues; and use of the multiple response system.

2. Background and Introduction

Efforts to initiate Centralized Intake at the regional level began in 2005. Kentucky sought to dedicate trained staff to the important intake function to accurately triage and accept referrals with the intent of improving expertise, efficiency and consistency of accepting referrals. Although Jefferson and former regions FIVCO and Big Sandy had centralized intake prior to the statewide effort, the vast majorities of reports were screened and assigned by rotating intake among investigative staff in each county. This county level of intake was associated with inconsistent use of acceptance criteria and inconsistent practices around assigning and initiating investigations. Kentucky chose a regional centralized intake system rather than a statewide centralized intake system based on reports from other states that associated a statewide system with problems such as a dramatic increase in the number of investigations and lack of familiarity with local community resources for calls that required resource linkages.

A regional level of centralized intake, it was reasoned, would improve intake consistency at least in the region and encourage regional supervision of intake teams and use of regional knowledge about community services and supports for families. Kentucky uses a multiple or differential response system to screen calls at intake and this function was seen as requiring additional attention and specialized training that the previous process of screening calls (by investigation staff or others rotating the duty) did not support.

2A. Objectives of Regional Centralized Intake

1. Improve consistency in screening calls at intake for the four tracks of the multiple response system (investigation, FINSA, resource linkage, and law enforcement).
2. Improve the speed of processing referrals.
3. Improve the professional training and expertise of the staff implementing the intake screening process.
4. Improve the consistency of using the acceptance criteria for reports and assigning of reports that meet criteria to either the FINSA track (low risk) or investigative track (moderate to high risk).
5. Improve the consistency of assigning the program/subprogram (type of maltreatment) based on the acceptance criteria.
6. Improve the assessment of imminent safety risks in the case that mandate a shortened response time.
7. Improve the intake process for Adult Protective Services.
8. Improve the consistency and quality of data entry into TWIST for both referrals and resource linkages.

In preparation for Regional Centralized Intake, the CPS and APS acceptance criteria that dictate which reports meet criteria for suspected abuse and neglect were extensively revised to ensure more consistent language and to tighten and clarify the acceptance criteria. The revised Acceptance Criteria for CPS and APS became effective 8/1/07. Branch Managers Lisa Durbin and Steve Fisher provide ongoing clarifications on acceptance criteria.

2B. Practice of Centralized Intake

Centralized Intake (CI) teams consisting of a dedicate supervisor and a number of intake workers were developed in each region. The composition of the intake teams varies to meet the volume and dispositions of calls in each region. Members were selected who had experience as an investigating worker. CI teams were trained in the acceptance criteria, use of hot line screens, and intake responsibilities. Centralized intake is used during regular DCBS office hours. When calls come into county offices, they are switched to the intake team. In the evenings and on weekends, calls are taken through the hotline center in Jefferson County. Intake information is currently entered into TWIST either through the hotline screens or through the intake screens.

The implementation of centralized intake was approached gradually with some regions adopting the practice sooner than others. All regions had implemented centralized intake by April of 2008 with the exception several counties. Currently, all but two counties in western Kentucky have centralized intake. The delay in implementation for specific counties was due to technological challenges in the logistics of processing and forwarding phone calls.

3. Program Evaluation Goals and Methodology

This program evaluation is primarily formative and covers several aspects of Centralized Intake. As a formative evaluation, only short term outcomes are considered. These are displayed in the following logic model. Long- term outcomes include improving timeliness of investigation, reducing repeat maltreatment through more accurate intake assessment, and promoting overall efficient management of the intake process.

Table 1
Logic Model for Centralized Intake Program Evaluation

INPUTS	DESIRED PROCESS	SHORT TERM OUTCOMES
Centralized Intake Staff in each region.	Screen and assign all incoming calls and referrals.	Within the region, improved consistency in how cases taken as FINSA or Investigation are handled. [A]
Centralized intake staff is well trained specifically on meeting intake needs.	CI staff will evaluate each call on its own merits.	Changes in the number of reports taken as meeting criteria for suspected CA/N. More objective consideration of past referrals in the case.
Centralized intake staff are dedicated to the process of intake	CI staff will become increasingly proficient in the intake process.	DCBS will have professional staff members that understand and contribute to improving the intake process.
Centralized intake staff is trained in the acceptance criteria.	CI staff will understand acceptance criteria and convey their rationale to investigative staff.	The referral statement will be specific and well written. It will agree with the acceptance criteria and provide a rationale for decisions on the track and program/subprogram (type of maltreatment) assigned.

INPUTS	DESIRED PROCESS	SHORT TERM OUTCOMES
Centralized intake staff is trained in evaluating imminent safety risks and vulnerable adult status.	CI staff understands the MRS risk matrix and SOP regarding imminent risk and vulnerable adult status.	Cases will be correctly assigned as imminent risk. The criteria for vulnerable adults will be used. The referral statement will be specific enough to convey the reasoning to investigative staff.
Centralized intake staff is dedicated to providing intake services	Calls will be taken quickly, processed thoroughly and assigned expediently	Referrals will move quickly and consistently through the referral process.

Notes. [A] Resource linkages are calls not meeting criteria for suspected CA/N but require providing contacts for resources or other information. Because resource linkages were only recently required to be entered into TWIST (SACWIS data system), change in the number of resource linkages was not used a reliable indicator in this CI evaluation.

3A. History of Centralized Intake Program Evaluation/Improvement Efforts

Formative program evaluation is designed to gauge the status, strengths, efficiency and opportunities to improve the newly adopted CI practice. The first statewide formative evaluation meeting was coordinated through Protection and Permanency (P and P) and held April 30, 2008, with Service Region Associate Administrators (SRAA) and the supervisors (FSOS) of each regional CI team. This meeting and other less formal meetings revealed concerns regarding:

- Increased volume of reports with centralized intake
- Struggles to get accustomed to the new acceptance criteria,
- Investigative FSOS and staff "letting go" of the control on what is accepted,
- Regional staff protocols that vary by region, and
- Slow TWIST (The Worker Information SysTem) data entry and limited use of hot line screens due to system limitations.

These issues continue to be addressed by the Safety Branch and APA branch to support staff in the new practice. TWIST staff are evaluating technology systems during on-site visits in the regions with the intent of improving the speed of data process and ease of data entry into TWIST. Some significant changes to TWIST hot line screens were released on September 26, 2009. Branch Managers Lisa Durbin and Steve Fisher provide clarifications on acceptance criteria, standards of practice and other questions by sending out responses to any question posed to all Centralized Intake FSOSs and SRAAs. They provide consultations as needed on specific case questions.

Preliminary trending of case reviews data (discussed later) were completed in January 2009 and shared with the CI FSOSs, SRAAs through email and briefly with the SRAs at meetings. On February 16, 2009, Jim Grace sent a memo to the field to share preliminary results and provide solutions to concerns. The memo addressed the following for CPS referrals:

1) Document in the referral statement whether the alleged perpetrator is in a caretaker role, and how we know this. Intake staff needs to remember to ask this early in the call and then document it.

2) Consider and document past history when making a determination on whether a report meets criteria and include this information in the #115 (referral) statements.

The memo also addressed the following for APS referrals:

1) Spouse/partner abuse. Document the relationship between the alleged victim and perpetrator in the referral statement. For the purposes of establishing P and P's scope of authority to investigate reported incidences of domestic violence, the relationship between the alleged victim and perpetrator must be that of a spouse or partner.
2) Cite the applicable SOP in the referral statement to establish the statutory authority to investigate or resource link referrals of abuse, neglect and exploitation and provides the basis for defending or justifying the disposition of each referral received.

4. Current Formative Evaluation of Centralized Intake

This portion of the evaluation of Centralized Intake includes two specific efforts:

1. A case review process to evaluate the practice of Centralized Intake.
2. Data analysis using TWIST data to examine cases served through hotline, timeliness, quantity of reports, and track of referrals.

4A. Case Review Methodology/Questions

A formal evaluation of CI rollout using case reviews was initiated in July 2008. Staff members in Central Office within the Safety Branch and Adult Protective Services Branch were designated to complete reviews of the intake process using TWIST screens for their review. A case review tool was designed in a series of workgroups with central office staff and leadership with the intent of developing a simple questionnaire that would examine quality of the intake process. The review tool was designed to capture key data points about how referrals are taken, primarily focusing on the following concepts:

- Description of the referral intake process including timeframes.
- Level of detail provided in referral statements as adequate to make decisions.
- Appropriateness of accepting the referral.
- Appropriateness and consistency in the track of the assignment.
- Appropriateness and consistency in the program/subprogram assignment.

The tool was tested in September of 2008 and revisions were made to the questions, process, and data pull (described later) based on this experience. Data for this report was collected during case reviews completed between November 2008 and June 2009.

Following design of the questionnaire, the *Centralized Intake Review Tool* was embedded into an Excel form that utilized Visual Basic for Applications (VBA) programming to add interactive functionality and automation of a dataset development. For example, a referral taken as a Resource Linkage would not have a program/ subprogram, therefore questions concerning the program/ subprogram would not be appropriate. In an effort to simplify the review process, the tool was designed so that reviewers would only be prompted to respond to relevant questions. All data was maintained in a centralized Access data base and later transferred to a SPSS dataset and Excel dataset for analysis. The data elements that were evaluated during the review process are displayed in Table 2.

Table 2
Evaluation Components of the Centralized Intake Review Tool

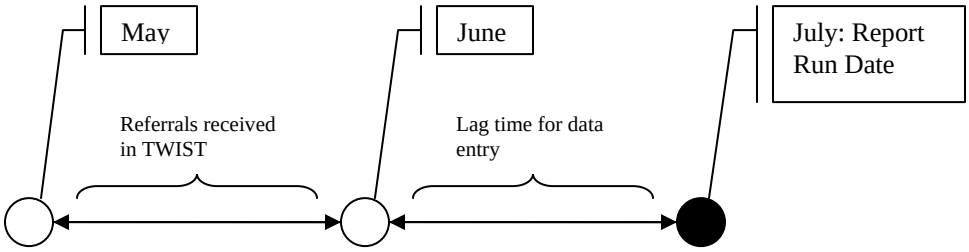
DATA ELEMENT	DESCRIPTION
Reviewer	The person completing the review.
Date Received	Date the referral was received initially.
Type of Referral	Whether the referral was an APS or CPS referral.
JC3	The referral was the result of a JC3 order.
EPO	The referral was the result of an Emergency Protective Order.
DVO	The referral was the result of a Domestic Violence Order
Service Region	Region where the referral was taken.
County	County where the referral was taken.
Case #	Case number to which the referral belongs.
Hotline ID	The ID # of a referral that was entered in a hotline screen.
Case Name	Case Name to which the referral belongs.
Referral #	Consecutive count of the number of referrals for that family.
Time between intake submission by worker and approval by supervisor	Did the time between the submission of the intake and the supervisor approval of the intake occur within 24 hours for abuse or 48 hours for neglect? Fields: Yes, No, NA.
Referral statement detail: met criteria	Did the reviewer consider the referral statement detailed enough to determine if the referral met criteria for abuse or neglect? Fields: Yes, No.
Referral statement detail: track of case	Did the reviewer consider the referral statement detailed enough to determine the track of the case? Fields: Yes, No
Referral statement detail: program/ subprogram	Did the reviewer consider the referral statement detailed enough to determine the program/ subprogram? Fields: Yes, No, (NA were left blank).
Referral statement detail: imminent safety risk	Did the reviewer consider the referral statement was detailed enough to determine if the safety risks met criteria for imminent safety risk? Fields: Yes, No, (NA were left blank).
Referral statement detail: vulnerable adult	Did the reviewer consider the referral statement detailed enough to determine if the victim was a vulnerable adult? Fields: Yes, No, NA.
Agreement with workers acceptance decision	Identifies if the reviewer agreed with the decision to accept or not accept a referral. Fields: Yes, No.
Disagreement with acceptance decision	Text field that explains the rationale for a reviewer's disagreement with the acceptance decision.
Track assigned	Identifies the track that was assigned to the case. Fields: FINSA, Investigation, Resource Linkage, Law Enforcement.
Agreement with track assigned	Identifies whether or not the reviewer agreed with the track that was assigned to the case. Fields: Yes, No.
More appropriate track	Text field that captures the track the reviewer thought would have been a more appropriate track.
Reason track more	Text field including an explanation of why the reviewer

DATA ELEMENT	DESCRIPTION
appropriate	disagreed with the track that was assigned.
Program/ subprogram assigned	Multiple fields capture the program/ subprogram that were assigned to the referral.
Agreement with program/ subprogram assigned	Identifies if the reviewer agreed or disagreed with the program/ subprogram that was assigned. Fields: Yes, No
Disagreement with program/ subprogram assigned	Text field for an explanation of the reviewer's disagreement with the program/ subprogram that was assigned.
More appropriate program/ subprogram	Captures what the reviewer thought would have been a more appropriate program/ subprogram. However, the data collection system malfunctioned for this variable.

4B Case Review Random Case Pull from TWIST

For the CI case review process a TWIST dataset was designed. The TWS M284 (Centralized Intake Random Sample) was generated each month for referrals received from 9/02/08 to 3/31/09. A random selection of 30 referrals per region received two months prior was selected each month. The report was designed to contain referrals received from 2 months prior to the report run date. For example, a report that ran on July 10th would contain referrals from May. One month of lag time was provided to allow for data entry. Figure 1 illustrates the timing of the report run and data being pulled.

Figure 1
Timing of TWS M284 Random Sample for CI Case Reviews



After several iterations and changes, the TWIST random data pull included 30 referrals per region from the following categories:

- Intake/ Hot Line - referrals that were taken in the hotline screens and imported to the TWIST Intake screen
- Intake - referrals that are in an intake screen in TWIST and not in a hot line screen.

The case review goal was to complete 24 reviews per region each month until there an adequate total sample (at least 30 cases in both APS and CPS categories) to draw regional conclusions. The six additional cases were used as back-up cases for substitutions if needed. Another group of referrals appear only in the Hot Line Screens and were not imported into the TWIST Intake Screens. An additional 30 referrals were pulled from TWIST as Hot Line only calls. The data fields included in the TWIST M284 report are in Appendix A (p. 35).

From the 30 cases randomly pulled from TWIST, 24 cases were randomly assigned for review by Ruth Huebner, Ph.D. These cases were split between APS and CPS cases and generally allowed for 3 unassigned APS and 3 unassigned CPS cases to be used as substitute cases should their be any complications in the review. The random selection of cases was sent to Lisa Durbin, manager of the Child Safety Branch, and Steven Fisher, manager of the Adult Safety Branch. Each branch manager then assigned and distributed the individual referrals to specific reviewers within their respective branch to complete. To minimize any potential bias, each reviewer was assigned cases from different regions each month as possible. There were 10 reviewers overall with 7 CPS reviewers and 3 APS reviewers. Reviewers used the TWIST list provided to identify the specific referral, reviewed the TWIST screens, and completed the *Centralized Intake Review Tool*.

5. Results: Analysis of TWIST Data Pull

To understand the volume of referrals coming into the intake process, we examined all APS and CPS referrals between 04/01/2008 and 3/31/2009. During that time period, 174,612 referrals were completed for APS and CPS in all tracks including resource linkages. On average, DBS processes about 14,551 referrals monthly. The distribution of these referrals for APS and CPS is displayed in Table 3. Just over 1/3rd of all referrals were APS referrals and 2/3rd were CPS.

Table 3
Distribution of APS and CPS referrals

	APS	CPS
NBG	29.5	70.5
Cumber	30.7	69.3
NESR	34.2	65.8
EMT	34.6	65.3
SRT	36.0	64.0
State	37.2	62.8
TRSR	38.4	61.5
Lakes	39.4	60.6
SBG	40.5	59.5
Jeff	47.1	52.9

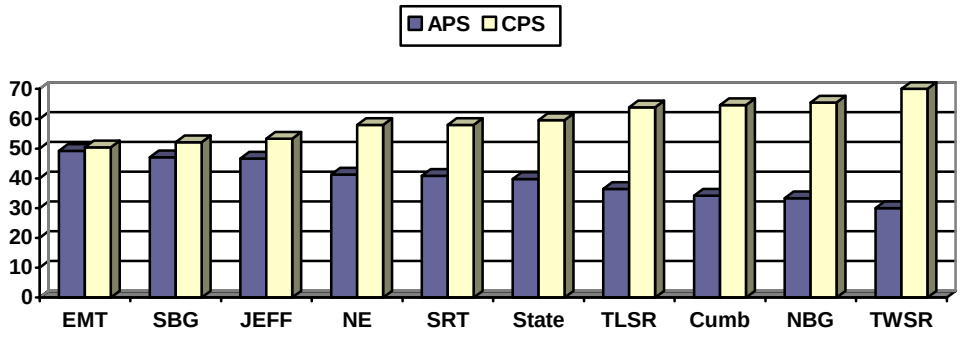
5A. Analysis of Random Selection of Referrals

This data analysis was designed to use the random sample of referrals selected from TWIST to identify trends in the Intake process. The random pull of referrals included 2160 referrals total or 240 referrals for each region within these time frames:

- Referrals received between 9/2/2008 and 3/31/2009
- Referrals submitted to supervisors between 9/2/2008 and 4/30/2009
- Referrals approved by supervisors between 9/2/2008 and 4/30/2009

Figure 2 displays the ratio of CPS cases to APS cases in each of the nine service regions. The differences between regions overall was statistically significant. As shown in Figure 2, Eastern Mountains (EMT) had a nearly equal number of APS and CPS referrals while Northern Bluegrass and Two Rivers Service Region receive a much larger portion of CPS referrals. The regional distribution of APS and CPS referrals shown in Figure 2 differs from the distribution shown in Table 3, but the overall state distribution is very similar.

Figure 2
Distribution of APS/CPS Referrals in Random Sample by Service Region



5B. Time Intervals during Intake

Three time intervals were calculated between specific intake dates: days between date referral received and date submitted to intake supervisor for approval, days between date submitted to supervisor and date of supervisor approval, and total days to process the referral from date received to date of supervisor approval. These days were then categorized into four groups: same day, next day, within 2 days, and 3 or more days for each of these time intervals. Several comparisons were completed based on this categorical analysis and tested for significance using chi-square statistics. Table 3 displays statewide results.

As seen in Table 3, 46.4% of referrals were submitted the same day as received and overall nearly 33% of all referrals complete the intake process on the same day with a total of 55% completing the intake process by the next day. These data are based on dates without time stamps and thus do not indicate hours to process the referral. A referral completed in the next day could be completed, for example, in 2 minutes or 23 hours and 59 minutes. As seen in Table 3, the fastest time is shown between submission of the intake and approval with 90% being completed within two days.

Table 3
Time Frames between Intake Processes: Statewide (n=2160 referrals)

	Referral Received to Submitted		Referral Submitted to Approved		Total Days to Process Intake	
Time Group	Percent	Cumulative Percent	Percent	Cumulative Percent	Percent	Cumulative Percent
Same Day	46.4		76.8		32.6	
Next Day	19.4	65.8	10.2	87.0	22.5	55.1
Within Two Days	6.9	72.7	3.1	90.1	8.8	63.9
Three or More Days	27.3	100.0	9.9	100.0	36.1	100.0

To explore these timeframes more thoroughly, the distribution of time frames with other indicators were analyzed. Table 4 displays the regional breakout of achieving specific timeframes. As can be seen in Table 4, there was much variation within the regions in the speed of handling the intake with 70% of all referrals in The Lakes, for example, completed the Intake process on the same day. The distribution of time frames across regions was statistically significantly different, meaning that it likely represents real differences rather than chance differences.

Table 4
Regional Differences in Time Needed to Complete the Intake Process: Percent in Time Groups (n = 2160)

	Time from Receive Referral to Submit Referral				Time from Submit Referral to Approval				Time to Complete Intake Process			
	Same day	Next day	Within 2 days	3 or more days	Same day	Next day	Within 2 days	3 or more days	Same day	Next day	Within 2 days	3 or more days
The Lakes	71.3	9.2	4.2	15.4	92.5	2.5	1.3	3.8	70.0	7.9	2.9	19.2
Two Rivers	65.8	12.5	4.2	17.5	60.0	9.6	2.5	27.9	37.9	16.7	4.6	40.8
Jefferson	56.3	16.7	5.8	21.3	69.2	12.9	5.0	12.9	30.8	25.4	10.0	33.8
The Cumberland	52.1	22.1	10.0	15.8	80.0	15.8	0.8	3.3	40.0	30.8	10.4	18.8
Southern Bluegrass	50.4	15.8	4.6	29.2	92.1	3.8	1.7	2.5	45.4	16.7	5.0	32.9
Northeastern	41.6	25.6	9.2	23.5	73.1	13.9	3.8	9.2	26.1	28.6	12.2	33.2
Eastern Mountains	40.8	27.5	5.8	25.8	63.8	18.8	4.6	12.9	22.1	27.1	11.7	39.2
Northern Bluegrass	36.6	13.4	5.5	44.5	68.4	12.2	5.1	14.3	19.0	18.1	8.9	54.0
Salt River Trail	2.5	31.7	12.9	52.9	92.1	2.1	3.3	2.5	2.1	31.0	13.8	53.1

Table 5 displays the differences between APS can CPS Intake Times and indicates that APS referrals generally require a longer time to complete the Intake Process. The difference is primarily due to a longer time period between the date the referral was received and the date it was submitted for approval.

Table 5
Percent of APS and CPS Referrals within Specific Time Lines in Intake Process (n=2160)

	Referral Received to Submission*		Submitted Referral to Approved (NS)		Total Days to Complete Intake Process*	
	APS	CPS	APS	CPS	APS	CPS
Same Day	40.8	50.2	78.6	75.7	30.7	34.1
Next Day	19.3	19.6	9.5	10.7	20.0	24.3
Within Two Days	8.2	6.2	3.2	3.0	10.3	7.9
Three or More Days	31.7	24.1	8.8	10.6	39.1	33.7

Note: NS = Not significantly different between groups of APS and CPS.
* indicates that the differences between groups are statistically significant.

In Table 6, the differences in processing time at three points are compared between referrals taken in the intake screens of TWIST or processed through the Hotline Screens and then imported to TWIST. Overall, 32.2% of referrals were handled through the Hotline while 67.8% or roughly 2/3rds were entered into TWIST Intake screens. In all cases, the calls taken through the Hotline are processed more quickly with nearly 70% of referrals moving to submission the same day when entered into the hotline screens. All of the differences between these time frames are statistically significant.

Table 6
Percent of Referrals within Specific Time Frames for Intake and Hotline to Intake Process

	Referral Received to Submission		Submitted Referral to Approved		Total Days to Complete Intake Process	
	Intake	Hotline to Intake	Intake	Hotline to Intake	Intake	Hotline to Intake
Same Day	35.3	69.7	78.9	72.3	25.5	47.6
Next Day	22.5	12.9	10.4	9.6	24.1	19.1
Within Two Days	8.8	3.0	3.2	2.9	10.4	5.5
Three or More Days	33.5	14.4	7.4	15.2	40.0	27.9

In Table 7, the month the referral was received was compared by the time frames by the month the referral was received to determine if there were changes over time. Overall, the time from receiving the referral to submitting it declined, but the time from submission to approval increased and thus the overall time to process the intake remained stable.

Table 7
Percent of Referrals with Specific Time Frames by Month Referral Received

	Time from Receive Referral to Submit Referral				Time from Submit Referral to Approval				Time to Complete Intake Process			
	Same Day	Next Day	Within Two Days	Three or More Days	Same Day	Next Day	Within Two Days	Three or More Days	Same Day	Next Day	Within Two Days	Three or More Days
Sept. 2008	28.9	23.0	8.9	39.3	100				28.9	23.0	8.9	39.3
Oct. 2008	31.0	29.9	9.0	30.2	100				31.0	29.9	9.0	30.2
Nov. 2008	52.2	14.1	7.0	26.7	67.8	14.1	5.6	12.6	33.3	15.9	13.3	37.4
Dec. 2008	49.6	21.9	4.1	24.4	70.4	13.3	5.6	10.7	31.5	26.7	8.9	33.0
Jan. 2009	56.1	13.8	5.6	24.5	67.0	15.7	2.2	15.0	36.7	20.6	6.0	36.7
Feb. 2009	51.5	14.8	6.3	27.4	71.9	10.7	4.1	13.3	35.9	18.1	6.7	39.3
March 2009	55.0	19.7	4.8	20.4	72.1	13.4	1.5	13.0	36.1	24.2	5.9	33.8
April 2009	46.7	18.1	9.6	25.6	65.2	14.1	5.9	14.8	27.8	21.5	11.9	38.9

6. Case Reviews of Referrals

6A. Random Sample Distribution and Referral Description

This section describes the 1470 referrals randomly selected for case reviews. CPS tended to have more prior referrals in the case. As shown in Table 8; 24.7% of CPS referrals were the first referral to DCBS while 37.8% of APS referrals were the first referral. 55% of APS referrals had 2 or fewer referrals in the case while 55% of CPS referrals had 3 or fewer referrals in the case.

Table 8
Referrals in the Case by APS and CPS

# of Referrals in Case	CPS	APS
1st referrals	222	205
2nd	161	96
3rd	111	76
4th	88	42
5th	58	25
6th	46	24
7th	43	21
8th	40	12
9th	20	11
10th	21	11
More than 10	88	20

Of the 560 APS Referrals:

- 164 referrals (29.3%) were related to a JC3.
- 83 referrals (14.8%) were related to an EPO
- 18 referrals (3.2%) were related to a DVO.

Tables 9 and 10 display the distribution of 1485 referrals sampled for case reviews and how they were taken by the Service Region. As shown in Table 10A, the CPS track of the case is consistent with the general distribution of cases handled by the regions as shown in later tables and charts. For example, Eastern Mountains generally handles the most referrals as investigations and Northern Bluegrass traditionally completes the most FINSAs. For APS as shown in Table 10B, Northern Bluegrass took the most cases as investigations and general adult services and entered the least number of resource linkages. When comparing the tracks for CPS cases meeting criteria, there is wide variation in the use of FINSA versus Investigation track as found in the Multiple Response evaluation reports (discussed later). The distribution of reviewed referrals by program/subprogram is shown in Tables 11A and 11B.

Table 9

Total Number of Cases Reviewed by Region and APS/CPS Category

REGION	APS	CPS	TOTAL
Eastern Mountains	79	89	168
Jefferson	74	89	163
Northeastern	65	103	168
Northern Bluegrass	47	118	165
Salt River Trail	66	98	164
Southern Bluegrass	78	88	166
The Cumberland	55	105	160
The Lakes	53	116	169
Two Rivers	43	119	162
Statewide	560	925	1485

Table 10A

Tracks Assigned by Region for CPS Referrals Reviewed in CI

REGION	FINSA		INVESTIGATION		RESOURCE LINK	
	#	%	#	%	#	%
Salt River Trail	32	33.0	30	30.9	35	36.1
The Lakes	28	24.3	40	34.8	47	40.9
Two Rivers	20	16.9	45	38.1	53	44.9
The Cumberland	28	26.9	41	39.4	35	33.7
Jefferson	32	36.0	39	43.8	18	20.2
Southern Bluegrass	12	13.6	41	46.6	34	38.6
Northern Bluegrass	48	41.0	56	47.9	13	11.1
Northeastern	13	12.6	64	62.1	26	25.2
Eastern Mountains	4	4.5	75	85.2	8	9.1
Statewide	*217*	*23.6*	*431*	*46.9*	*269*	*29.3*

Note. 2 cases (1 in Eastern Mountains and 1 in Southern Bluegrass) were assigned to the Law Enforcement track. This table is ordered on the rates of Investigations.

Table 10B

Tracks Assigned by Region for APS Referrals Reviewed in CI Evaluation

REGION	GENERAL ADULT		INVESTIGATION		RESOURCE LINK	
	#	%	#	%	#	%
Southern Bluegrass	4	5.1	30	38.5	44	56.4
Northeastern	2	3.1	28	43.1	35	53.8
Two Rivers	3	7	21	48.8	19	44.2
Salt River Trail	3	4.5	33	50	30	45.5
The Lakes	2	3.8	27	50.9	24	45.3

REGION	GENERAL ADULT		INVESTIGATION		RESOURCE LINK	
	#	%	#	%	#	%
Jefferson	2	2.7	38	51.4	34	45.9
The Cumberland	1	1.8	30	54.5	24	43.6
Eastern Mountains	1	1.3	47	59.5	31	39.2
Northern Bluegrass	8	17	34	72.3	5	10.6
Statewide	26	4.6	288	51.4	246	43.9

Note. This table is ordered on the rates of Investigations.

Table 11A

Program/Subprogram Assigned for CPS Referrals Meeting Criteria

Region	Neglect	Physical Abuse	Sexual Abuse	Emotional Abuse	Dependency
Eastern Mountains	72	12	4	2	0
Jefferson	44	29	6	1	2
Northeastern	64	11	6	1	0
Northern Bluegrass	74	25	6	0	3
Salt River Trail	42	18	3	0	2
Southern Bluegrass	39	16	3	0	0
The Cumberland	50	19	3	0	0
The Lakes	48	15	4	0	2
Two Rivers	46	22	2	0	0
Statewide	479	167	37	4	9

Note. Includes Investigation and FINSA tracks; 50 referrals had 2 or 3 program subprograms assigned.

Table 11B

Program/Subprogram Assigned for APS Investigations

	Domestic Violence			Vulnerable Adult		
	Spouse Abuse	Partner Abuse	Adult Abuse	Exploitation	Caretaker Neglect	Self-Neglect
Eastern Mountains	20	8	4	5	8	5
Jefferson	6	12	2	3	10	5
Northeastern	11	6	1	1	3	6
Northern Bluegrass	15	5	2	4	6	5
Salt River Trail	13	10	0	2	8	1
Southern Bluegrass	13	12	1	0	1	3
The Cumberland	10	10	1	3	4	2

	Domestic Violence			Vulnerable Adult		
	Spouse Abuse	Partner Abuse	Adult Abuse	Exploitation	Caretaker Neglect	Self-Neglect
The Lakes	16	7	1	0	1	2
Two Rivers	8	5	1	0	3	3
State Total	112	75	13	18	44	32

Note. Total number of investigations = 288; 12 referrals had 2 or 3 program/subprograms assigned.

6B. Referral Statement: Detailed Enough

Five questions in the *Centralized Intake Review Tool* focused on gauging the level of detail being entered for referral statements. These questions were focused on whether the referral statement contained enough detail to determine:

- if the report met criteria for acceptance
- the track of the case
- the program/ subprogram
- if there was imminent safety risk
- if the victim was a vulnerable adult

The data in Table 12 and 13 were based on these calculations:

- If the referral statement was detailed enough to determine if the report met criteria for acceptance and the track of the case was calculated for all reviews and applies to APS and CPS cases (n = 1481).
- If the referral statement was detailed enough to determine the program/subprogram was calculated for reports that met criteria for investigation (n = 937) (excluded Resource Linkages and General Adult).
- If there was imminent safety risk calculated for only CPS referrals that met acceptance criteria (n = 645) (excluded all APS referrals and CPS resource linkages and law enforcement).
- If the victim was a vulnerable adult for APS cases that met criteria and were taken as a vulnerable adult program/subprogram (n = 88).

As seen in Table 12 and 13, the referral statements were most detailed to determine the track of the case. Although there were differences between regions, the differences were only significant for writing referral statements detailed enough to determine acceptance criteria and imminent risk with Eastern Mountains, Northern Bluegrass and The Cumberland being consistently lower than the state average.

Table 12
CPS and APS Contrast on Referral Statement

	Detailed to determine if met acceptance criteria (n = 1200)		Detailed to determine track (n = 1481)		Detailed for program subprogram (n= 937)		Detailed for imminent risk (n= 645)		Detailed for victim a vulnerable adult (n = 88)	
	# reviews detailed	%	# reviews detailed	%	# reviews detailed	%	# reviews detailed	%	# reviews detailed	%
APS	515	92.0	520	92.9	262	91.0			79	88.8
CPS	685	74.4	777	84.4	550	84.8	499	76.9		
Total	1200	81.0	1297	87.6	812	86.7				

Table 13
Percent with Detailed Referral Statement by Region

	Eastern Mountains	Jefferson	Northeastern	Northern Bluegrass	Salt River Trail	Southern Bluegrass	The Cumberland	The Lakes	Two Rivers	Statewide
If report met acceptance criteria*	**79.8**	85.9	85.7	**73.8**	81.0	86.1	**80.0**	75.0	82.0	81.0
The track of the case	80.4	89.6	91.7	85.4	86.5	89.2	85.6	88.7	91.3	87.6
The program/ subprogram	81.1	84.4	90.5	84.1	86.3	92.8	85.9	88.4	90.7	86.7
If there was imminent safety risk*	**66.2**	87.3	83.1	**70.6**	**64.5**	92.3	**71.6**	79.4	83.1	76.9
If the victim was a vulnerable adult	With only 88 cases reviewed, regional analysis is not appropriate. With the limited data, there were no statistically significant differences between regions.									88.8

Note. *statistically significant – ($p<=.05$); Bolded items are below the statewide average.

For each individual review criterion, reviewers rated the detail of the referral statement at 64% adequate or better. Now we consider the number of referrals that were detailed enough on <u>all</u> the criteria. Using <u>all</u> criteria, 4 to 5 details of the referral statement would be applicable to any single referral. Table 14 displays the percent of referral statements reviewed as detailed enough on all applicable items. The reviews found that between 3.8 % and 11.4% of all referrals reviewed were not detailed enough in any category. Conversely,

between 47.4% and 58% were reviewed as detailed enough on all 4 or 5 criteria. When considering only APS and CPS referrals that met criteria for suspected abuse/neglect, reviewers rated 63% of the referral statements as being detailed enough on all criteria.

Table 14
Referrals with Detailed Statements on all Criteria

	APS Referral Mets Criteria		CPS Referral Mets Criteria		All APS Referrals		All CPS Referrals	
# of items rated detailed enough	#	%	#	%	#	%	#	%
0					21	3.8	105	11.4
1	1	0.2			17	3.0	35	3.8
2	15	2.9	28	4.1	22	3.9	86	9.4
3	174	33.8	221	32.4	175	31.2	258	28.1
4 or 5	325	**63.1**	434	**63.5**	325	**58.0**	434	**47.3**

7. Reviewers Agreement with Acceptance Criteria, Track, and Program/Subprogram

7A. Reviewer Agreement with Use of Acceptance Criteria

Reviewers rated whether or not they agreed with the use of acceptance criteria in the intake process. This criterion applied to all referrals.

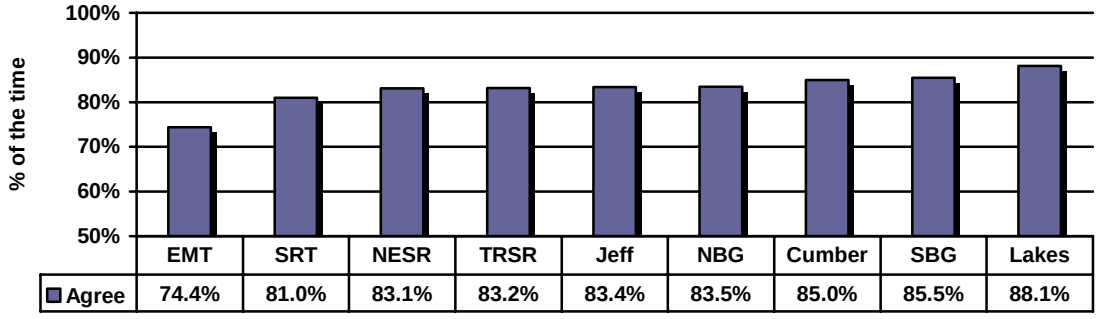
- 82.9% overall rate of agreement;
- 88.9% agreement for APS referrals; and
- 78.8% agreement for CPS referrals.

When filtering only on referrals where the referral statement was rated as detailed enough to determine the fit with acceptance criteria (n=1200), the rates of agreement were higher.

- 91.4% overall rate of agreement;
- 94% for APS referrals; and
- 89.5% for CPS referrals.

The rate of reviewer agreement with the use of acceptance criteria was not significantly different between regions. The regional rates of agreement for all referrals (whether or not the statement was rated as adequately detailed) are shown in Figure 3.

Figure 2
Reviewer Agreed with Use of Acceptance Criteria



Reviewers added comments on the rationale for disagreeing with the acceptance criteria. For this review, we used only the referrals that were rated as having a referral statement detailed enough to determine if the referral met acceptance criteria. There were 29 APS and 49 CPS referrals with reviewer comments. The text of the rationale for why reviewers disagreed with the acceptance criteria is included in Appendix B (CPS p. 36) and C (APS p. 38). Overall, the reviewers found:

- 20 CPS referrals were **NOT accepted** and were rated as should be accepted;
- 23 CPS referrals **accepted** that should not have been.
- 16 APS referrals were **NOT accepted** and were rated as should be accepted;
- 12 APS referrals **accepted** that should not have been.

For CPS referrals (Appendix B), reviewers concerns arose around disagreements with:

- The level of risk in the report
- For allegations of physical abuse the details about the injury
- For allegations of sexual abuse disagreement on when to accept the report
- When substance abuse was present when to accept or not accept a referral

For APS referrals, (Appendix C) reviews concerns arose around disagreements with:

- Specific acceptance criteria for spouse abuse especially about the partner relationship
- Reports in facilities and how they should or should not be taken as caretaker neglect.

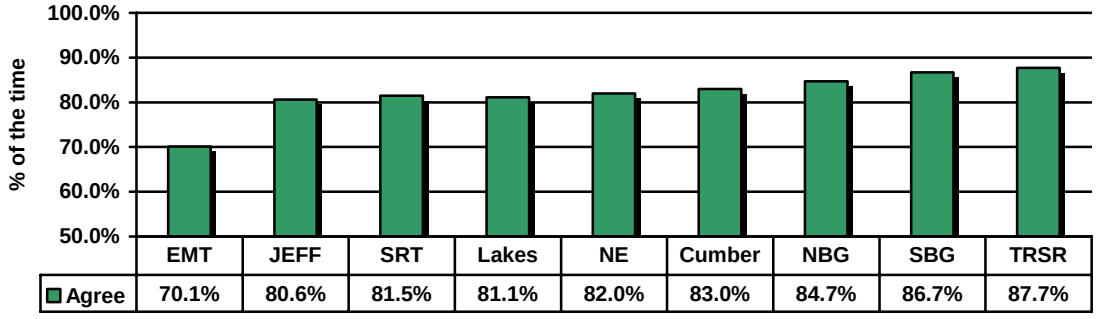
7B. Reviewer Agreement with Tracks Assigned

When examining all referrals, reviewers indicated that 81.4% of the time they agreed with the track assigned to the case.

- 89.8% agreement with track for APS referrals; and
- 76.1% agreement with track for CPS referrals.

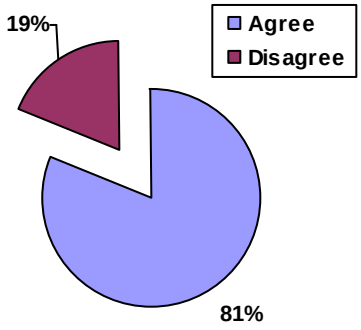
The differences in rates of agreement with the track assigned were statistically significantly different between service regions at both ends of the distribution. Figure 4 displays these results.

Figure 4
Reviewer Agreed with Track Assigned



**statistically significant (p =.003)*

When reviewers disagreed, nearly ½ of the time (46%) the referrals had been assigned a track of *investigation.* They also disagreed with referrals assigned a *FINSA* track or *Resource Link* at 26% and 25% respectfully. Figure 5 shows the tracks that were assigned and were recommended.



Within the regions Eastern Mountains had the highest rate of reviewer disagreement with the track assigned to a case at 29.9%. Closer inspection indicated that 88% of the disagreement can be accounted for by cases taken as *investigations* when the reviewer felt that Resource Link or FINSA would have been more appropriate.

When the reviewer indicated that the referral statement was detailed enough to identify the track of the case (n=1297), reviewer agreement was higher as follows:

- Overall agreement = 88.0%
- CPS agreement = 84.0%
- APS agreement = 93.8%

Figure 5
Track Recommended when Reviewer Disagreed for Referrals with Adequate Detail

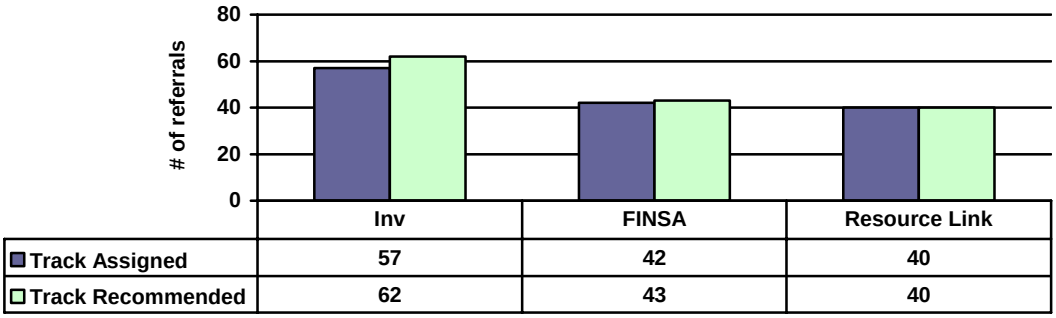


Table 15
Track Assigned and Recommended

	Track Recommended			
Track Assigned	FINSA	Investigation	Resource Link	Total
FINSA		33	9	42
Investigation	28		29	57
Resource Link	14	26		40
Total	43	62	40	145

The reviewers entered comments to clarify their rationale for changes in the track of the cases. These comments are coded and displayed in Appendix C for CPS (p. 40) and Appendix D for APS (p. 43) reviews. In summary for CPS cases, the largest differences in the reviewer's opinions were for these reasons:

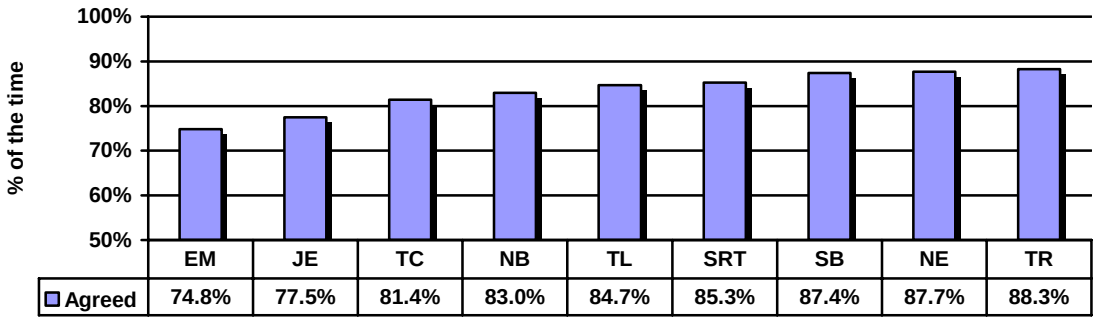
- For 25 referrals, the reviewers disagreed with a FINSA track because of inadequate consideration of the previous history in the case and severity of that history.
- Inadequate consideration of special circumstances or issues of substance abuse.
- Concerns about assessment of risk and risk matrix.
- Resource linkages were recommended when the report failed to meet criteria, when it could be handled by existing resources such as FRYSCs, or when there was a doubt or inadequate information.
- Conversely a FINSA track was recommended when it was the first referral with older children, limited evidence of physical abuse, or low-risk situations.
- The reviewers sometimes commented that the referral could be bumped from a FINSA to an investigation if needed.

For APS referrals, the following concerns were expressed when recommending another track for the case.

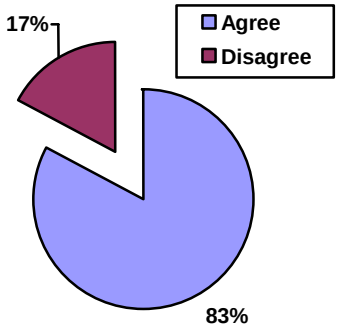
- Defining spouse abuse and identifying that the two parties were married or cohabitating.
- Failing to determine if the adult was a vulnerable adult.
- The impact of substance abuse and mental health issue on the case.
- Reports that fall outside of the scope of authority or SOP.

7C. Agreement with Program Subprogram Assigned

Figure 6
Reviewer Agreed with Program/Subprogram Assigned



Reviewers indicated that 83% of the time they agreed with the program/ subprogram assigned to the case.



APS Reviewers:

- Agreed 87.8% of the time (281)
- Disagreed 12.2% of the time (39)

CPS Reviewers:

- Agreed 80.6% of the time (518)
- Disagreed 19.4% of the time (125)

The rate of agreement was higher when the reviewers rated the referral statement as having enough detail to determine the program/subprogram. In this case, the

- 90% overall agreement with the program subprogram;
- 93.8% agreement with the APS program/subprogram; and
- 88.1% agreement with the CPS program/subprogram.

Program/ subprogram agreement during the review was challenging because a case can have multiple program/ subprograms and therefore more opportunities for disagreement. Reviewers were asked to disagree with the program/ subprogram assignment if they disagreed with any part of assignment. For example, if a program/ subprogram of *physical abuse* was assigned by a worker and the reviewer agreed with this assignment but felt that a program/ subprogram of *neglect- lack of supervision* was also appropriate given the referral statement, then reviewers were instructed to disagree with the program/ subprogram assignment. Although reviewers disagreed with the assignment of program subprogram for164 referrals, data on the program/subprogram that was recommended was not consistently available due to a failure of the data collection tool. Using the data available, among APS referrals, reviewers most disagreed with the assignment of spouse abuse and caretaker neglect program/subprograms. Among CPS referrals, reviewers most disagreed with program/subprogram assignments of neglect and then physical abuse:

- 77% of referrals rated as being in disagreement with the program/subprogram were referrals for neglect.
- 22% of referrals with disagreement were referrals for physical abuse.

During the case reviews, reviewers in P and P recorded the type of neglect assigned for the referral. Among the referrals for neglect, the subprograms that were most confusing (inadequate referral statements) or most often disagreed with were these:

- Risk of harm (accounting for 33% of the disagreement).
- Abandonment and Lack of Supervision (accounting for 25% of the disagreement).
- Environmental and Substance Abuse (each accounting for 12.5% of the disagreement).

7D. Agreement with All Three Standards

The following table shows the reviewers' agreement with all, some or none of the three standards reviewed: acceptance criteria, track of the case, and program/subprogram assignment.

Table 16
Agreement with All Standards: Accept, Track, and Program

	Agreement with 0-3 Standards: All Referrals								Totals
# Agreed	0		1		2		3		
	#	%	#	%	#	%	#	%	#
APS	47	8.4	13	2.3	224	40.0	276	49.3	560
CPS	124	13.5	63	6.9	308	33.6	423	46.1	918
Total	171	11.5	76	5.1	534	36.1	700	47.3	1481

- For 171 referrals (11.5%) reviewers did not agree with any the use of acceptance criteria, track of the case, or program/subprogram assignment.
- For 700 referrals (47.3%) reviewers agreed with all of the decisions made on acceptance criteria, track and program/subprogram assignment.

Among referrals that met criteria for acceptance for abuse/neglect (n = 937):

- Reviewers agreed with all three assignments for 71% of cases and disagreed on all the criteria for 10.5% of the referrals reviewed.
- Among APS cases reviewer agreed with all three assignments for 85.9% of referrals and disagreed with all decisions for 8.3% of cases.
- Among CPS cases reviewer agreed with all three assignments for 64.3% of referrals and disagreed with all decisions for 11.5% of cases.

Overall, for cases that met criteria, reviewers rated the referral statement as detailed enough in all 4-5 categories and agreed with all three standards of acceptance criteria, track, and program subprogram for 544 referrals or 58% of referrals. Conversely, they rated the referral statement as inadequate on all counts and disagreed with all case decisions for 61 referrals or 6.5% of referrals reviewed that met criteria.

8. Hotline Call Analysis

Although case reviews were not completed, a random sample of referrals processed through the hotline screens only were selected each month from TWIST. These calls were taken by four regions: Jefferson, Northern Bluegrass, The Lakes, and Two Rivers. The following Table 17 and 18 display the status of these calls and the actions taken.

Table 17
Humber of Hotline Only Calls accepted by Regions between 9/08 and 03/09

Region	Complete
Jefferson	132
Northern Bluegrass	4
The Lakes	22
Two Rivers	50
Total	208

Table 18
Actions Taken with Hotline Only Calls

		Missing Action	Assign To Interview	Import Contact	Import Referral	Insufficient Information	Total
Jefferson	Count	19	2	36	67	10	134
	%	14.2	1.5	26.9	50.0	7.5	100
Northern BG	Count	0	0	2	2	0	4
	%	0	0	50.0	50.0	0	100
The Lakes	Count	0	0	4	18	0	22
	%	0	0	18.2	81.8	0	100
Two Rivers	Count	2	0	16	32	0	50
	%	4	0	32	64	0	100
Total	Count	21	2	58	119	10	210
	%	10.0	1.0	27.6	56.7	4.8	100

9 Track and Use of Multiple Response

Because a critical function of the intake process is to assess risk and assign the case to a track, we included an analysis of Multiple Response and the current distribution of tracks by service region. Some of this information was taken from Kentucky's evaluation of Multiple Response completed in April 2009. CPS referrals can be assigned to four different referral tracks: FINSA, Investigations, Resource Linkage, or Law Enforcement. 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 FINSA (low risk) or an Investigation (medium to high risk). Once in an Investigative track, the case CANNOT be changed to a FINSA 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 FINSA 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.

CI would expect to improve the consistency of how referrals are tracked within the region and may affect the number of referrals that meet criteria for suspected abuse or neglect. In Figure 7, data from April 2009 is displayed that shows the percent of investigations and FINSAs by service region. Figure 8 displays the gap between investigations and substantiations. Low risk cases (after assessment) are more likely to be taken as investigations as shown in Figure 9. In low risks investigations, a perpetrator must be named if abuse is found, resulting in perpetrator status for adults with low risks as shown in Table 19.

Figure 7
Use of Multiple Response (FINSA/Investigation) by Service Region

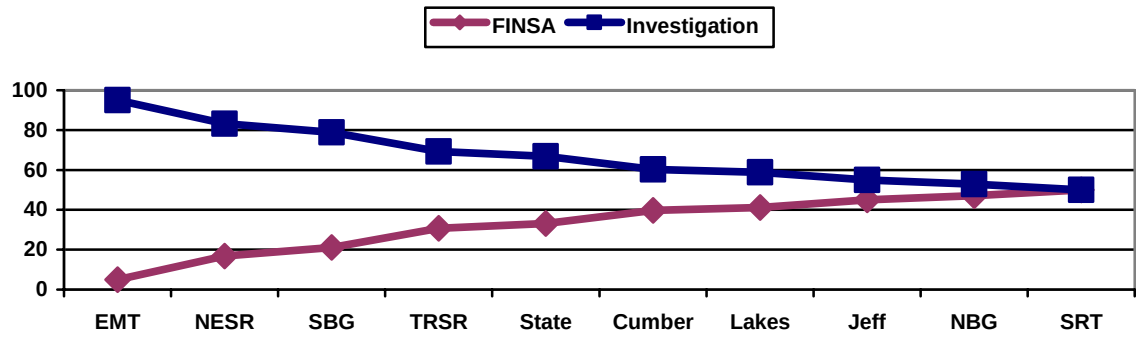


Figure 8
Rates of Investigations and Substantiation

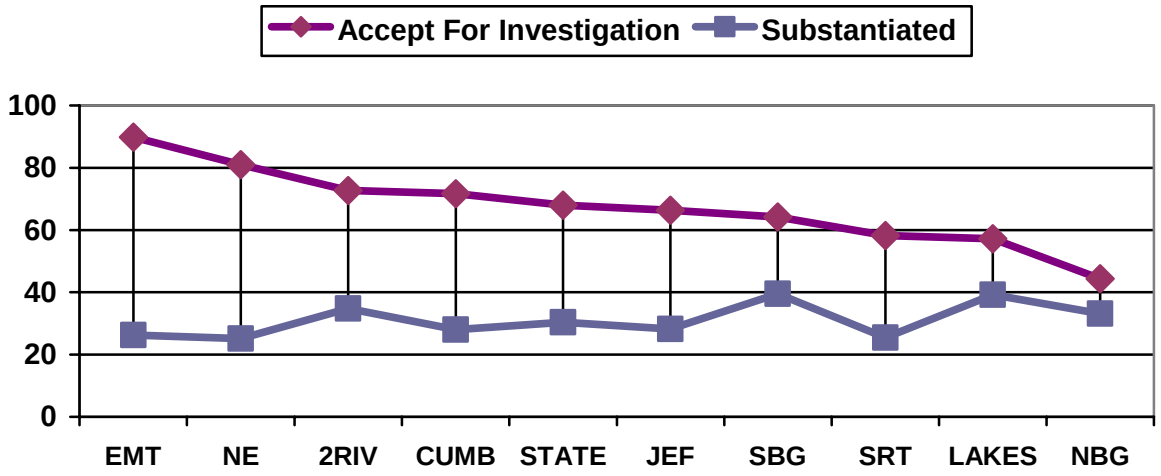


Figure 9
Percent of All Cases Meeting Criteria by Track and Risk Groups

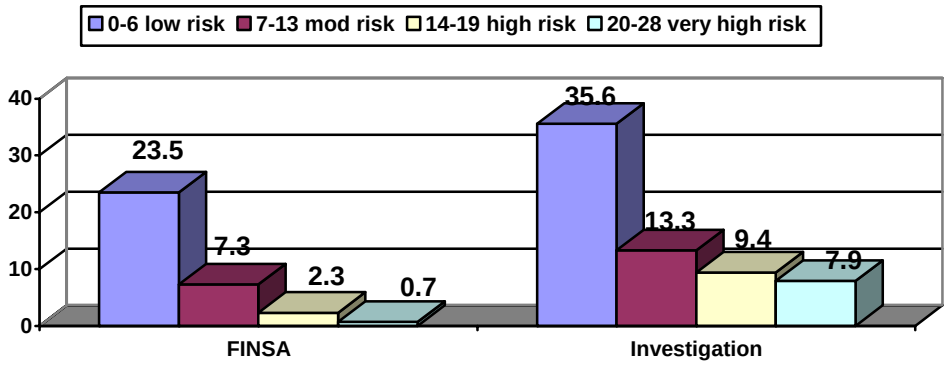


Table 19
Number of Subbed and Un-subbed Referrals by Risk Level

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 19, 198 cases with low risk were substantiated in Calendar year 2008. In these cases, a perpetrator is named and such actions change lives. Although the rate is low with only 1.1% of low risk referrals being substantiated, the rates varied between regions.

These findings show that low risk referrals are more likely to be taken as an investigation. Varied practices between regions result in different referral outcomes for adults with similar situations taken in different regions.

9B. Effect of Centralized Intake on Number of Referrals

Centralized Intake had not yet been implemented in any region in 2007 and was nearly completed in 2009 so we compared these two years. Figure 8 displays the raw numbers of CPS referrals taken in each track statewide in state fiscal years 2007, 2008, and 2009. Over this three year period the total number of referrals rose slightly in 2008 and then declined in 2009 to a level below 2007. Although the regional trend shows more variation, there has not been a significant increase in the number of CPS reports that met criteria for abuse and neglect. In Figures Total CPS referrals that met criteria are displayed. Table 10 displays statewide APS referrals and an increase is shown from 4,860 referrals in SFY 2007 to 6,226 referrals in 2009 among the elderly and an increase from 17,277 referrals in SFY 2007 to 22,231 referrals in 2009 among those less than 60 years old. This is roughly 6,000 more APS referrals in 2009 than in 2007.

Figure 10
Number of CPS Investigations and FINSA Statewide

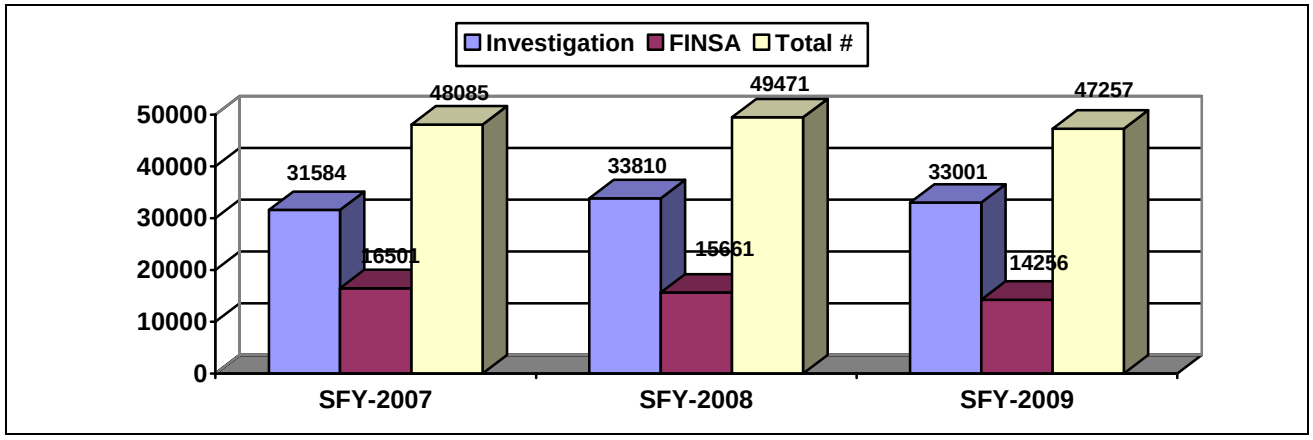


Figure 11
Number of CPS Investigations/FINSA by Service Region SFY 2007 and 2009

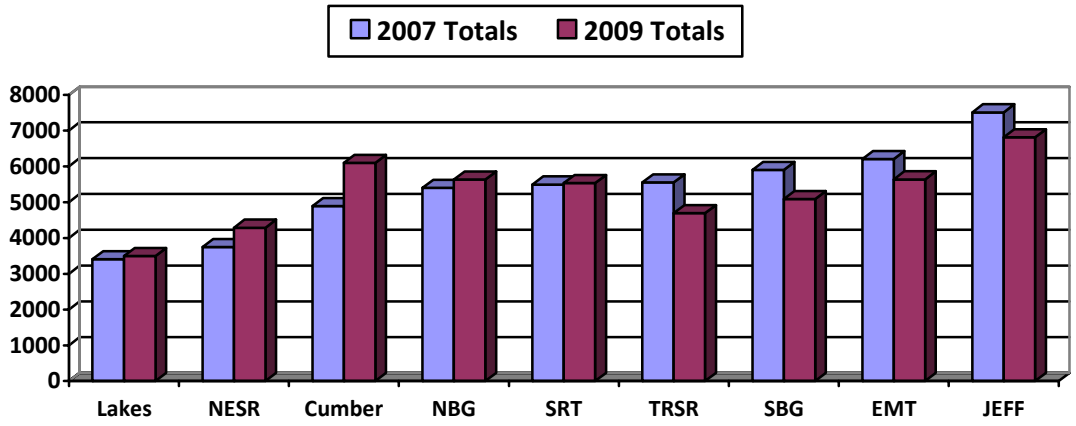
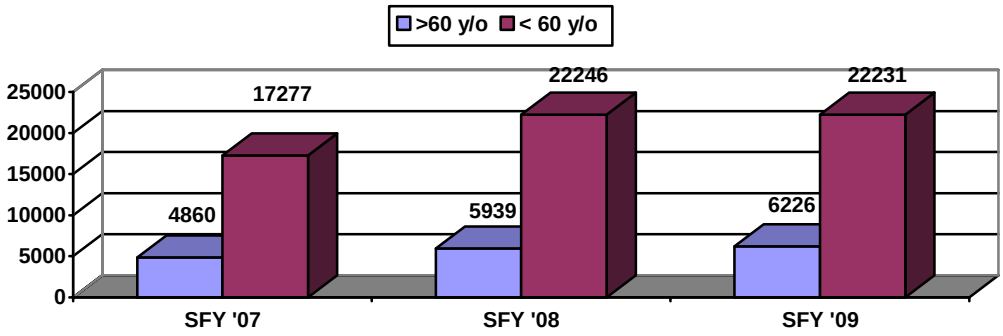


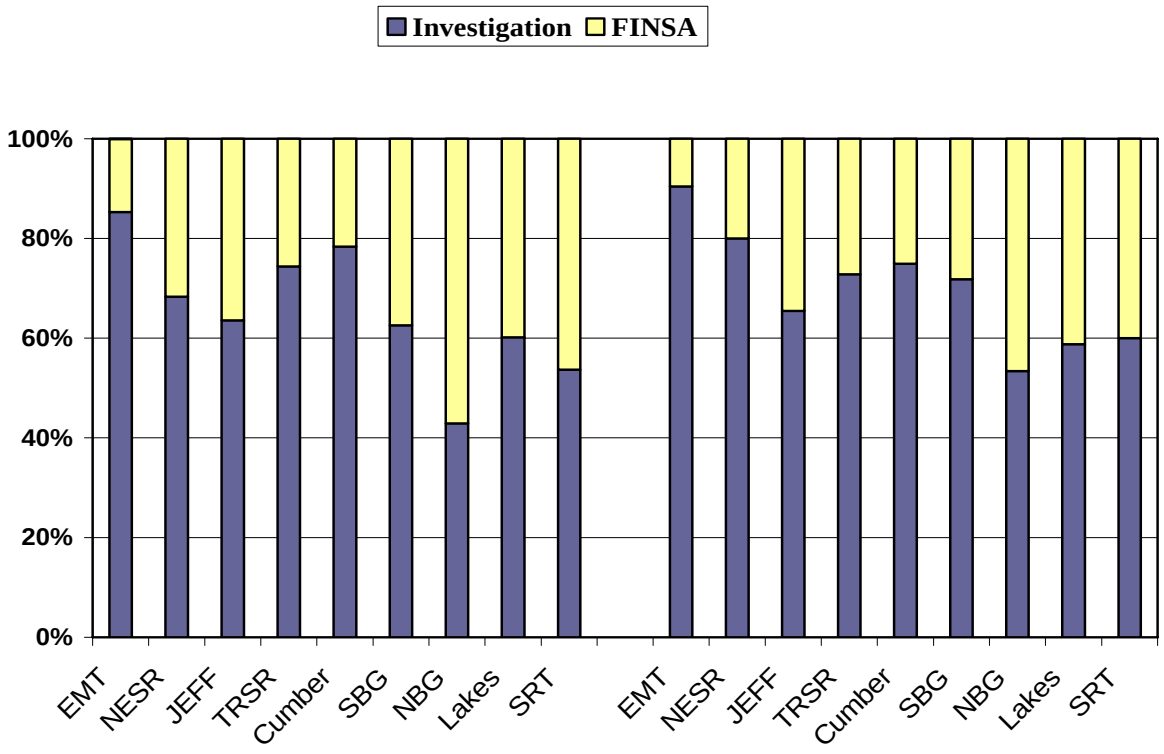
Figure 12
Number of APS Referrals Statewide SFY 2007 and 2009



9C. Effects of Centralized Intake on *Assignment of CPS Referral Tracks*

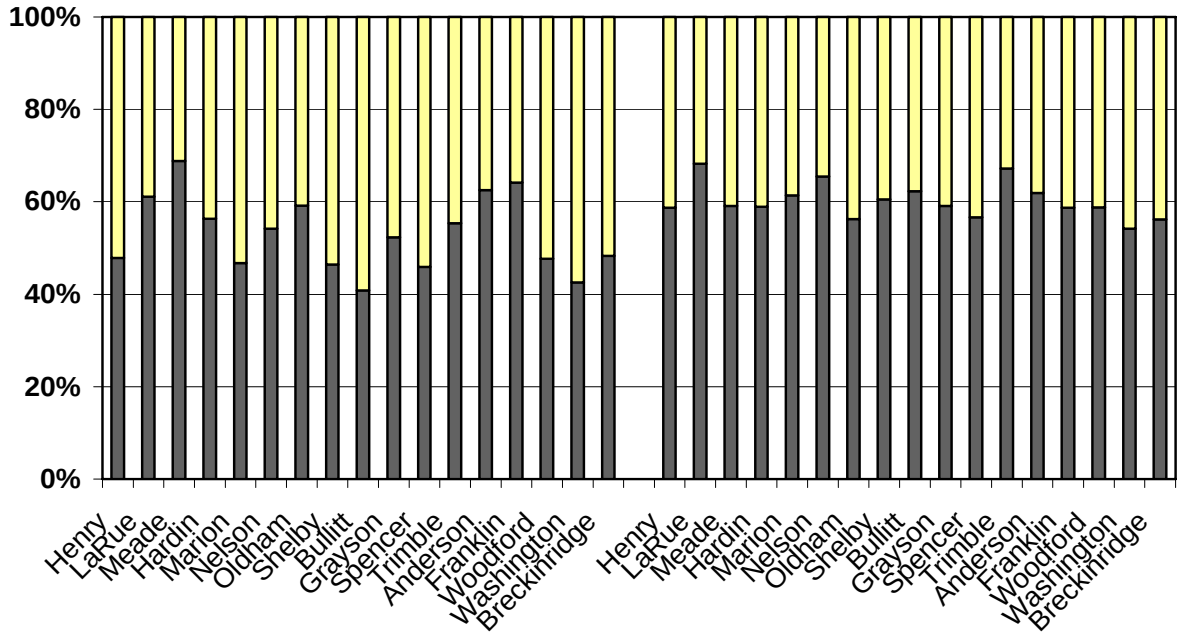
One of the goals of Centralized Intake was to increase the consistency across counties and regions in how referrals were taken. The chart below shows how CPS referral tracks were utilized in the nine regions before and after Centralized Intake. There has been little improvement in the consistency between regions in the use of FINSA/Investigation tracks.

Figure 13
Distribution of CPS FINSA and Investigation: SFY 2007 and 2009

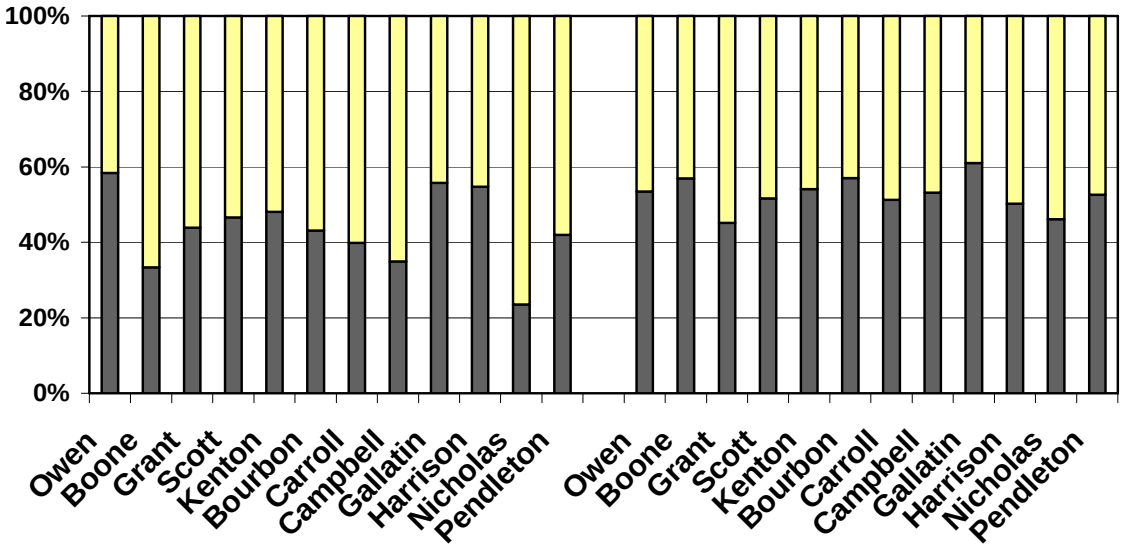


On the other hand, within the regions, the counties have become much more consistent in their assignment of referral tracks. Some regions have become more internally consistent than others. The next eight charts are similar to the one above and provide the distributions of the referral track assignments before and after Centralized Intake for the counties within each region. Jefferson does not have a chart because they only have one county. The bars are divided into two parts with the top being FINSA and the bottom showing investigations.

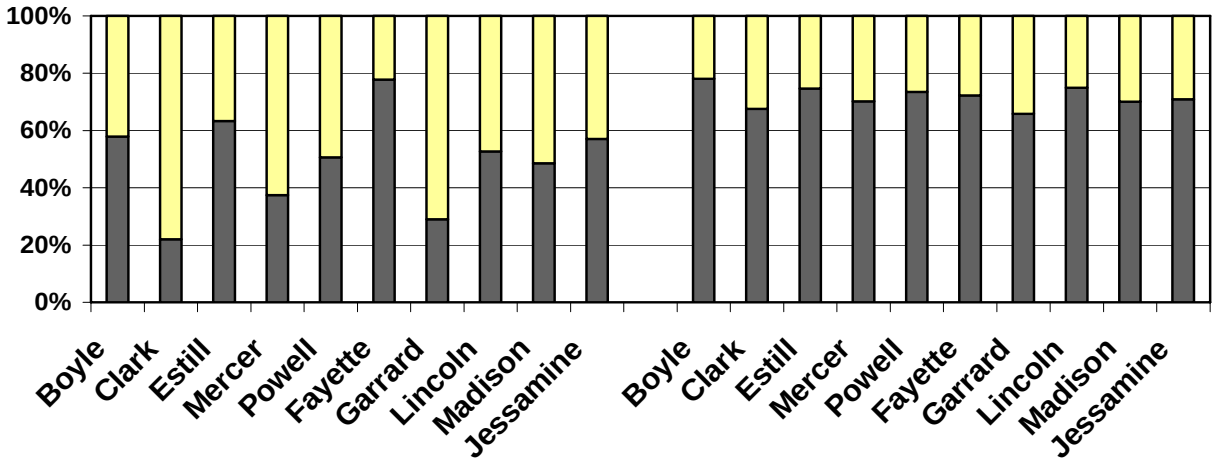
Salt River Tr. CPS Referral Tracks - SFY07 and SFY09



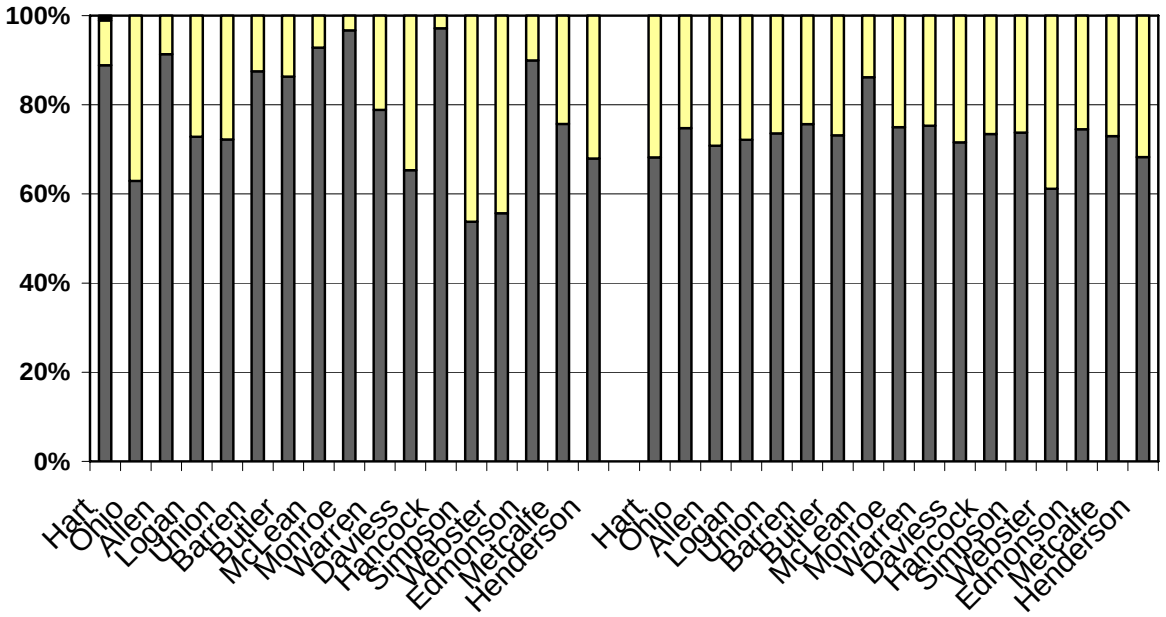
Northern BG CPS Referral Tracks – SFY07 and SFY09



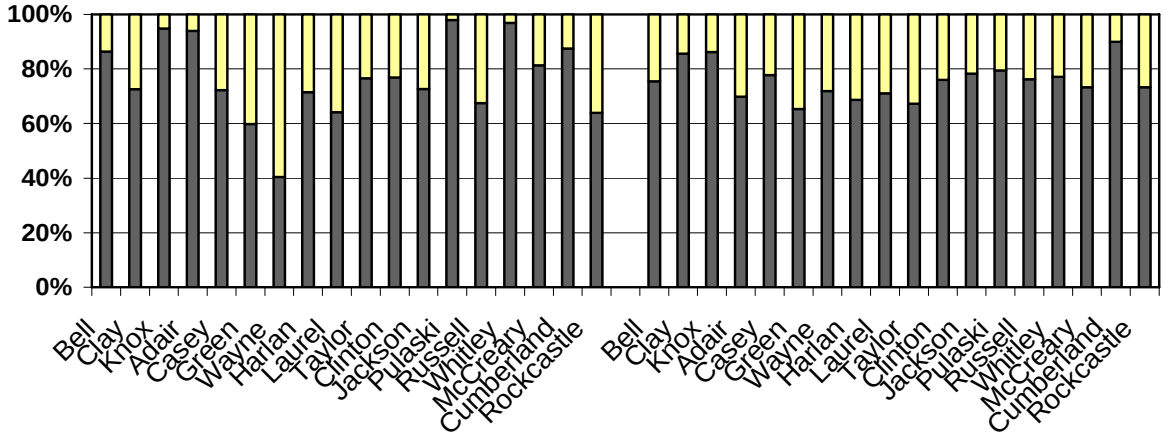
Southern BG CPS Referral Tracks - SFY07 and SFY09



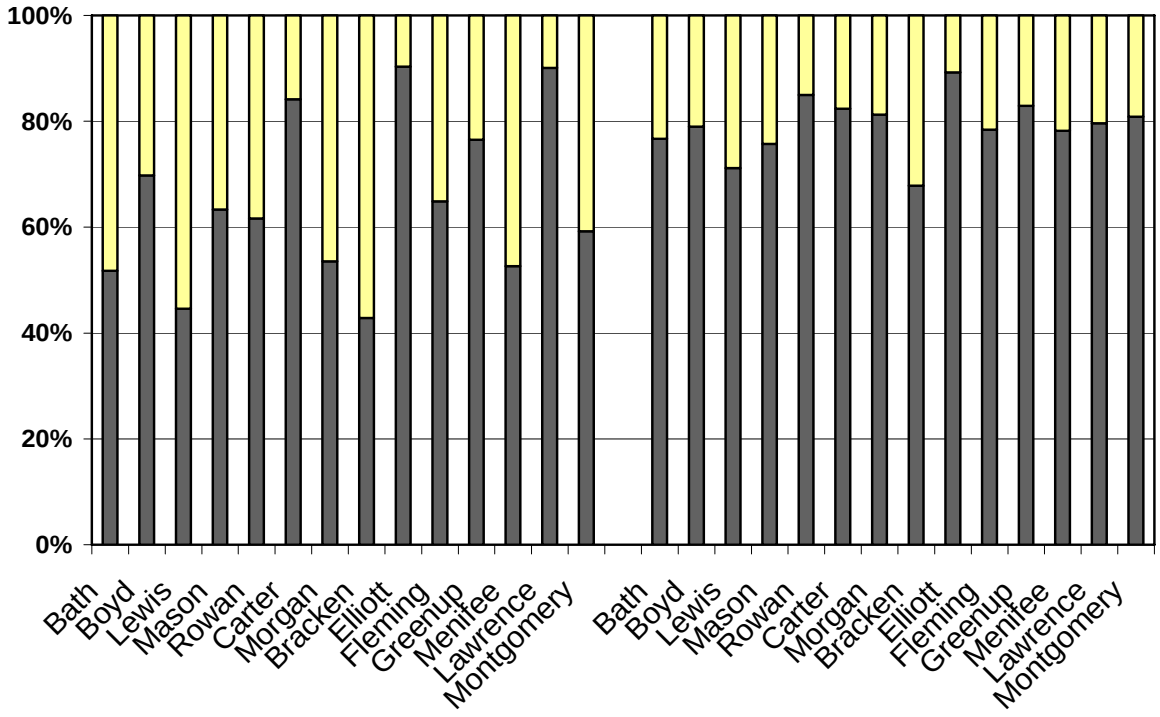
Two Rivers CPS Referral Tracks - SFY07 and SFY09



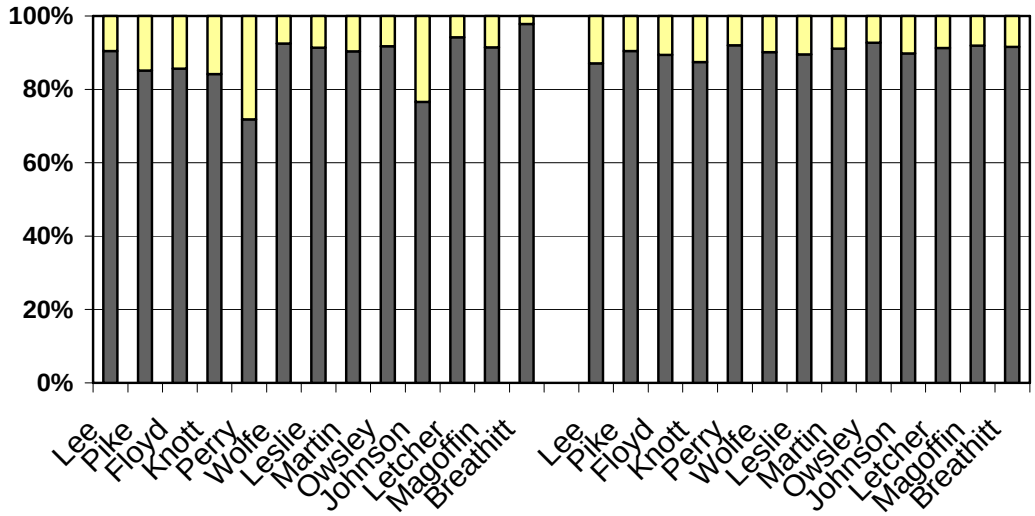
Cumberland CPS Referral Tracks - SFY07 and SFY09



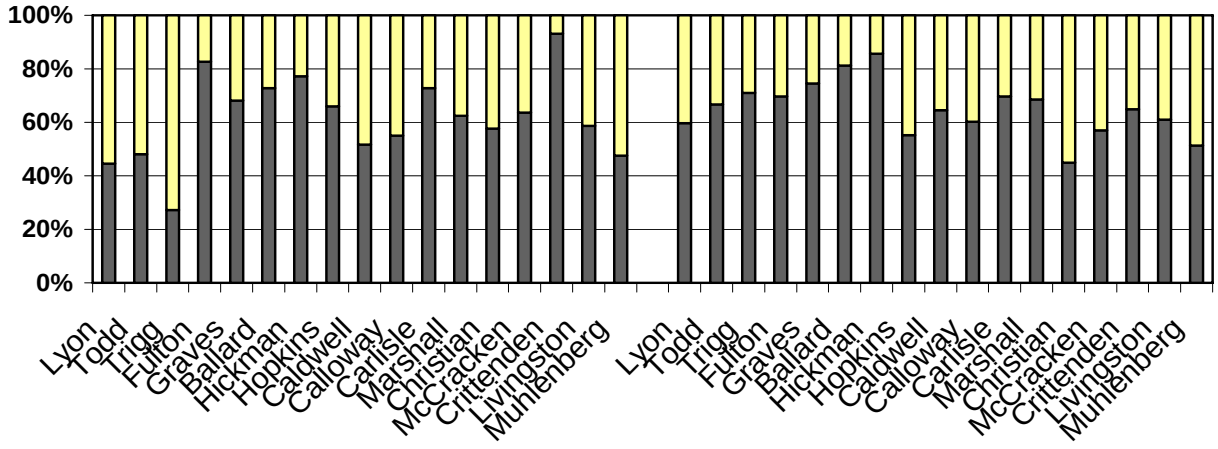
Northeastern CPS Referral Tracks - SFY07 and SFY09



Eastern Mts. CPS Referral Tracks - SFY07 and SFY09



The Lakes CPS Referral Tracks - SFY07 and SFY09



Appendix A: TWS M284 Data Fields

Data Element	Description
Region	Region where the referral was taken
County	County where the referral was taken
FSOS	Supervisor of the worker who took the referral
Worker Name	Worker who took the referral
Case Name	Case name belonging to that referral
Case #	Case number belonging to that referral
Referral #	Consecutive count of referrals for the child/ adult
Referral Type	APS referral or CPS referral
Date Received	Date the referral was received
Date Intake Approved	Date the intake was approved by the supervisor
Hotline Individual Lname	Last name of the individual entered in the hot line screen. This could be a victim, perpetrator, or other individual
Hotline Individual Fname	First name of the individual entered in the hot line screen. This could be a victim, perpetrator, or other individual
Hotline Individual Mname	Middle name of the individual entered in the hot line screen. This could be a victim, perpetrator, or other individual.
Hotline Individual DOB	Date of birth of the individual entered in the hot line screen. This could be a victim, perpetrator, or other individual.
Hotline Individual Gender	Gender of the individual entered in the hot line screen. This could be a victim, perpetrator, or other individual.
Hotline Individual Race	Race of the individual entered in the hot line screen. This could be a victim, perpetrator, or other individual.
Hotline Individual Age	Age of the individual entered in the hot line screen. This could be a victim, perpetrator, or other individual.
Hotline ID	Numeric identifier of the hot line record.
Hotline Call Type	Referral or other
Hotline Call Action	Whether or not the referral was imported
Hotline Call Status	Whether or not the hot line call was marked as complete
Hotline Date Imported	Date the hot line was imported into intake
Hotline Outcome	Whether or not the referral was added
Report Category	Whether the referral was entered in the intake function, or imported to intake from a hot line screen.

Appendix B
Rationale for Disagreeing with Acceptance Criteria: CPS

Accepted or Not	Rationale for Disagreeing with Acceptance Criteria
Not accepted	The risk wasn't high enough for an investigation but met criteria for a FINSA.
Not accepted	Should have been taken as an investigation because the reporting source made some specific allegations on dad such as sitting on top of children ages 7 and 4, threatening child and being in possession of a knife.
Not accepted	Report is detailed enough to meet acceptance criteria. This met criteria for physical abuse and there was enough to determine this.
Not accepted	The stepmother found photographs of the 15-year-old child naked on the natural father computer. This should have been accepted as sexual abuse.
Not accepted	Should have also accepted a referral on the natural father for failure to protect.
Not accepted	New incident of lack of supervision
Not accepted	Four prior substantiation on this family and a special needs child. Child had unexplained gob of hair in her rectum.
Not accepted	The physical abuse report met criteria but as the child got scared that a report was made he changed his story. CI decided not to take the report.
Not accepted	Stepfather who lives in the home is a presumed caretaker and this report should have been taken as sexual abuse.
Not accepted	There is sufficient information provided that meets criteria for medical neglect. The child was off meds for cutting and is now suicidal and having problems dealing with past sexual abuse as a result.
Not accepted	Appears to be risk of harm based on second call – "mother bites child"
Not accepted	Child reported that she was not being supervised at the time of incident with other child (in facility) - should be neglect (lack of supervision).
Not accepted	Correctly sent to law enforcement for non-caretaker sex abuse investigation and also needs to be taken as a neglect - abandonment and lack of supervision because the mother fails to protect the children and may also be ignoring serious medical concerns
Not accepted	Based on referral information child needed in-patient treatment and the hospital put child on 24-hour hold to ensure child's safety and provide treatment. If treatment is withheld by the father, then this is considered medical neglect.
Not accepted	This involves a special needs child who has an unexplained burn; child said that she was squeezed so hard she almost threw up; child did not indicate that the squeezing was playing.
Not accepted	Concerned as child gave different stories about injuries and there have been 8 previous reports on family. Reporting Source needed to be asked opinion if child's injuries were abuse related.
Not accepted	Mom's comments indicate she is not being protective of child as her boyfriend exposed himself to child.
Not accepted	Very young children with staph in the home and one child with infected wound. Mother not allegedly getting medical treatment for the open wound.
Not accepted	Little food, no gas in apt., dirty/matted hair and dad is a registered sex offender
Not accepted	No good documentation regarding environmental risk in home and affect on children. Needed more documentation regarding roaches/rats in home and young children in home.
Accepted	This referral does not meet acceptance criteria and there were no injuries ("no marks or bruising") found on child.
Accepted	This should have been risk of harm and not environmental because this did not occur in a home and the child was dragged out of the car and expected to walk about 2 miles home in extreme weather.

Accepted or Not	Rationale for Disagreeing with Acceptance Criteria
Accepted	Mainly generalized concerns, child had no marks or bruises, no significant pain, no impairment.
Accepted	No effects on the child were discussed. Report says dad has left marks before, without details.
Accepted	Child is 16 years old and has a scratch on her arm from the incident. No serious physical injury or impairment reported.
Accepted	Report discusses "beatings" no specifics provided; not discussion of case history. Unclear why worker chose neglect as the subprogram.
Accepted	No information on when child was seen; nothing indicates situation described still exists. Filthy home does not warrant a report on own. Describe "ate up with bugs."
Accepted	10 children on bikes tend to ride near and on roads. There is mention in information if parents were aware that child was not getting off road to allow cars to pass or that parents were not aware of child riding his bike from home.
Accepted	Emotional Injury not appropriate due to age of children and lack of behavioral indicators.
Accepted	School would not have exhausted all resources until after filing a petition with no response.
Accepted	No allegations child suffered pain or impairment. Child told us bruise was from playing and so did parents.
Accepted	No indication of harm to the child, this did not meet acceptance criteria
Accepted	Child was not at risk when the mother passed out from alcohol intoxication because the child was with another relative.
Accepted	Allegations met criteria for physical abuse but there was not enough information to include risk of harm due to the lack of information on the child's need for asthma meds.
Accepted	Barely enough info for environmental but not enough for neglect substance abuse; mother growing pot, no discussion on her use or ability to parent as a result.
Accepted	Not clear why this was an abusive injury and not an accident.
Accepted	No specific sexual abuse allegation -child behaviors only. Talk to parents and refer to pediatrician.
Accepted	Not clear what the protective issue is. Is this court ordered? Need specific safety and risk issues.
Accepted	Referral statement states that there do not appear to be any marks or injuries and that the incidents did not occur recently. There is no reference to an extensive history to justify
Accepted	Allegations are serious enough to warrant new thorough investigation
Accepted	No indication that parent is impaired and not capable of caring for child - no indication of detriment to child or safety risk. Does not indicate the report is court ordered.
Accepted	Not enough information from referral source, information to vague. Statement is "daddy hit her mom and brother," but does not give specifics of how, when and where.
Accepted	When contacted, mother did not refuse medical treatment for her child. More information is needed on whether the grandparents contacted mother prior to taking child to the doctor. Did medical provider ask mother to submit paperwork allowing grandparents to

Appendix C
Rationale for Disagreeing with Acceptance Criteria: APS

Accepted or Not	Rationale for Disagreeing with Acceptance Criteria
Accepted	It is not evident in the referral statement that adult requested services or assistance.
Accepted	The reporting source indicates that the alleged parties are not involved in a relationship. The RS states the victim left the relationship a couple weeks ago there is no indication that the couple was living together in a cohabitating relationship.
Accepted	The report was screened and accepted as a SPOUSE ABUSE report. The parties reside at different residences and have a child in common. The parties have two separate last names so this report should have been screened as a resource linkage or clarified.
Accepted	There was no specific information stating how the identified victim was injured. From reviewing the narrative the alleged perpetrator should have been identified or screened as the victim if the report was going to be accepted.
Accepted	The reporting source indicates that Mr. Hatton is an alcoholic and is noncomplaint with his medications and physical health. Aside from being an alcoholic what is Mr. Hatton's mental and physical dysfunction that prevents him from meeting his daily need
Accepted	There was nothing to suggest that the adult was self-neglecting.
Accepted	The report indicates the parties are married however it also indicates they reside at different addresses. Screening should have been done to determine if the parties were divorced with a child in common.
Accepted	This referral involves three long term care residents. The allegations concerning two of these residents are lacking and do not meet criteria for investigation.
Accepted	Resident to resident verbal altercation. There is an absence of any violence or threat of violence. The appropriate selection would have been Resource Linkage to the OIG.
Accepted	Allegation of estranged spouse peeping through a window. No act of violence, no threat of violence reported. Does not meet criteria for protective service investigation.
Accepted	Referral statement lacks sufficient detail to determine if the alleged victim meets the definition of "adult" as defined in KRS 209
Accepted	Incorrectly accepted and assigned for investigation as alleged spouse abuse. There is no allegation of spouse abuse present. The allegation concerns a husband that is alcohol dependent and potentially suicidal. The appropriate selection would have been an
Not Accepted	This was taken as an APS resource linkage when it is in fact a CPS case which appears to have been taken as an investigation as specific allegations of neglect are being made against the aunt who is the current caretaker
Not Accepted	Taken as Resource Linkage, but per SOP 4A.2.7a it meets for self neglect. Individual also appears to meet definition of “Adult” per SOP.
Not Accepted	According to the referral statement this referral meets the criteria for partner abuse. There does not have to be pain or physical injury, but can be mental injury. Please see SOP 4A.2.1
Not Accepted	The caller reports to DCBS she wants to inquire about getting her locks changed due to her current Domestic Violence situation. TWIST documents the alleged perpetrator to have the same address. This report should have been screened for spouse abuse.
Not Accepted	This report should have been assessed for a child protective report. The brother Jeffery appeared to be in a caretaker role. Therefore physical abuse report should have been accepted. Field staff document there are two previous reports but in searching TWI
Not Accepted	The report should have been screened as caretaker neglect to determine there was in fact no injury and to ensure the facility staff to all safety precautions necessary. In addition to assessing the mental capacity of the resident who pushed the victim

Accepted or Not	Rationale for Disagreeing with Acceptance Criteria
Not Accepted	CI documents that the report was not accepted because the parties were not currently residing together. However, when the report was made it indicated the parties were cohabitating and during that time the incident of DV occurred.
Not Accepted	The report should have been screened as caretaker neglect to determine if the facility had taken the appropriate steps to ensure the safety and well being of each resident given the incident of physical abuse and both parties mental status.
Not Accepted	The report indicates that the parties reside together therefore; the report should have been screened as a partner abuse report per SOP 4A.2.4 (B) subsection (d) which states destruction or threats to destroy property and or pets.
Not Accepted	The report should have been screened for Caretaker neglect to ensure the facility followed all protocol to ensure the victim was assessed and safe. This would also allow field staff to assess and determine if the alleged perpetrator has the mental capacity
Not Accepted	The report indicated that the victim is fearful that if she does not leave her husband will beat her. The allegations also indicate power and control alleging the perpetrator threatens neighbors who attempt to help the victim. There also appears to be
Not Accepted	The allegation indicated that the alleged perpetrator was upset and he punched the victim's windshield of her car. Destruction of property is a form of power and control and mental abuse.
Not Accepted	Alleged resident to resident abuse occurring in a long term care setting. The incident involved one resident choking another. Meets criteria for protective service investigation per APS SOP 4A.2.8
Not Accepted	Alleged violence occurring in the context of marriage qualifies as a form of suspected spouse abuse and warrants protective service investigation.
Not Accepted	The allegation states that a husband physically assaulted his wife because she would not drive him to the store. This meets criteria for Spouse Abuse APS SOP 4C and should have been accepted for investigation.
Not Accepted	An alleged threat of violence between married couple qualifies as a form of suspected spouse abuse regardless of living arrangements.

Appendix D: Reviewer Comments for Differences in Track Assignment
CPS Referrals

# of Responses	Track Assigned/ Recommended	Rationale for Reviewer Disagreement with Track
25	FINSA assigned. Investigation Recommended	Observed child being hit and the next day child was not in school. This was report #8 on family. Many prior referrals to date. Considering the age of the children, the knife, the threatening and the father wielding a knife. The risk was too high for FINSA. Prior substantiations and open cases. This is referral #19. It appears that we are involved as the parents were arrested and someone now needed to care for the youngest child, though the referral statement does not specifically say that. Besides the DV another risk factor is substance abuse (alcohol) which makes risk to the mother and children even higher. Father has past history with CPS in Kentucky and West Virginia regarding neglect due to substance abuse issues. Co-occurring abuse with domestic violence.
5	FINSA assigned. Investigation Recommended	Location of injury – face. Due to the child's age and close proximity of the injury to a critical area. There was a previous referral for physical abuse. Sexual perpetrator is still in the home and physical abuse and corporal punishment continuing despite the aftercare plan. A threat to kill the mother and the children is very serious and if child present while dad was using a knife to slash tires the situation was escalated, prompting higher risk. Several incidents of physical abuse and verbal threatening and parent withdrawing child from medical care
2	FINSA assigned. Investigation Recommended	Find out about the welfare of the baby, since it appears that the mother has a substance abuse problem and may be a victim of domestic violence. This newborn that was born with Cocaine in his system. Child and mother were discharged from the hospital prior to referral and it is unknown at the time of the report how mother is coping and if child is showing signs of withdrawal.
1	FINSA assigned. Investigation Recommended	There is another younger female child in this adoptive home and these teenage girls were removed earlier - a second new report warrants investigation. More than a FINSA - parents clearly not interested in services to keep these two children.
2	FINSA assigned. Investigation Recommended	There is past history with the family, past history of sexual abuse by person now living in the home and risk of high. Due to sexual abuse history and now sexual offender is caretaker of his victim
2	FINSA assigned. Investigation Recommended	Should have been INV due to Oxycodone use w/court involvement. Prior court orders, substance abuse issues, this should have been considered an imminent INV
10	FINSA assigned. RL recommended.	Did not meet acceptance criteria or not enough information. Need more clarification on what child says is happening to her.
9	FINSA assigned. RL recommended.	Generalized concerns and child had no marks or bruises. Report lacking details and vague; no indication of impairment of parent or any harm to the child
7	FINSA assigned. RL recommended.	How does the caller know info on condition of the home when they don't know the address? Resource Link to health department. Refer to FRYSCs. Caller should have been directed to law enforcement if they see the child not yielding to cars. Family lacks resources and requires assistance in accessing.
2	FINSA assigned. RL recommended.	Are we taking custodial interference cases? Should have been APS
8	Investigation assigned. FINSA recommended	Did not meet criteria. Very little information is provided.
8	Investigation	No imminent or moderate risk. Low risk given allegations.

# of Responses	Track Assigned/ Recommended	Rationale for Reviewer Disagreement with Track
	assigned. FINSA recommended	
4	Investigation assigned. FINSA recommended	This could be opportunity to engage family in non-threatening manner. There was no risk to the child when mother was observed to be passed out from alcohol intoxication. Believe FINSA would be more appropriate for engagement/assessment. If alcohol use found to be an issue, there is the option to bump up the report to an investigation. Positive drug test does not necessarily warrant investigation. There was no information provided regarding impairment and inability to care for child.
1	Investigation assigned. FINSA recommended	Situation described as teenager/grandparent conflict.
2	Investigation assigned. FINSA recommended	FINSA is more appropriate as there is not enough info in report to determine impairment of the mother. More questions should have been asked as to how the mother was impaired and the impact on the well-being of the child. Perhaps the mother needed to better understand her child's alleged behavioral issues and appropriate interventions.
1	Investigation assigned. FINSA recommended	No allegation of child maltreatment, grandmother is seeking assistance in obtaining custody of child
8	Investigation assigned. FINSA recommended	Due to ages of child (7 and 8). First referral on family. No current bruising. No mention of any APS history or other risks. Only second report on family. Not critical area of the body. Issues around truancy of an older child and physical abuse by a relative caregiver.
1	Investigation assigned. FINSA recommended	Appears to be an open case. No new incidents of abuse or neglect reported. Child clearly looking for help. FINSA is sufficient to further assess for possible safety risk to child - particularly his mental health needs
3	Investigation assigned. FINSA recommended	This is low risk and although this referral is #4 there is nothing referencing case history as justification for investigation rather than FINSA. Could be bumped up to investigation if additional information warrants.
2	Investigation assigned. FINSA recommended	Lack of documentation regarding degree of neglect of child and care-taking, protective capacity, environmental factors of home child resides in. Lack of documentation as to whether alleged perpetrator was in caretaking role
23	Investigation assigned. RL recommended	No indication of child being at risk or parent being impaired. No specifics about how, when or where. No indication of injury. Not enough information to take as a report. Refer to attorney, exhaust school resources.
3	Investigation assigned. RL recommended	There were no marks or bruising found on the child and the center does not allow any corporal punishment. Only report #2, environmental neglect and older children. Therapist statement was not clear and did not include the effects on the child.
1	Investigation assigned. RL recommended Investigation	Not enough information to determine if mother refused medical care for child. Caller did not say if grandparents tried contacting mother prior to taking child to doctor. Mother was contacted by medical provider and consented to the medical care.
5	Resource Link assigned. FINSA recommended	Parent's lack of action after child reported the sexual abuse by the uncle. It is not clear if the uncle was in a caretaker role or not. This would only be if information was obtained that indicated child's impairment without the brace. This would only depend on parent's knowledge, actions and supervision.

# of Responses	Track Assigned/ Recommended	Rationale for Reviewer Disagreement with Track
4	Resource Link assigned. FINSA recommended	Should have been accepted as neglect on the NF. There is a possibility that there is a lack of supervision and/or inappropriate supervision. Five-year-old child walking down the highway without supervision creates a risk.
4	Resource Link assigned. FINSA recommended	Report actually did meet criteria and as a first contact with the family and this is a 17-year-old, FINSA is appropriate. There appears to be allegations of risk of harm, even though child has no visible marks or bruises. Young children reported to not be getting medical attention. Due to mother's comments that indicate she is not protective.
2	Resource Link assigned. FINSA rec.	We have no way of knowing whether this was an appropriate placement or not and mom had issues related to substance abuse that needed to be addressed. Provide justification.
2	Resource Link assigned. FINSA rec.	This is report #10 on this home with several young children residing in the home. Not clear if 9-year-old is forced to care for 5- to7-year-olds. Case history warrants FINSA.
2	Resource Link assigned. FINSA recommended	A FINSA would have allowed the workers opportunities to check and make sure the kids were fine and that the caretakers were appropriate. If worker had questioned caller and obtained address or good enough location to attempt an assessment this referral should be assessed. Indication of ages of children and if young children this could pose significant risk
1	Resource Link assigned. FINSA rec.	Although parent address not known child can be located. There are allegations against mother.
1	Resource Link assigned. FINSA rec.	This referral also needs to be taken as CPS Neglect and assessed as a FINSA for the mother's failure to protect and care for her children
1	Resource Link assigned. FINSA recommended	Child was at risk and father's refusal for treatment is medical neglect. Hospital was clear that child had suicidal ideation and made threats to harm his sister and needed treatment.
2	Resource Link assigned. FINSA recommended	Summary says that "no adverse effects to child reported." If there is a meth lab in the home there could be severe adverse effects. More questions needed to be asked about the parents, the home, possible drug use. Find out about the welfare of the baby. It appears that mother has a substance abuse problem and may be a victim of domestic violence.
6	RL assigned. Investigation recommended.	New incident needs to be taken. 4 prior substantiations and a special needs child; info on #115 is quite concerning with this history. Based on this being report #9 and child being age 8. Possible medical neglect and previous agency history. Report history and risk. Special needs child, with unexplained burn and report of other inappropriate discipline. Meth lab report. Lack of supervision within a facility meets criteria for investigation of this report by CPS
2	RL assigned. Investigation recommended.	Need more information due to allegations of physical abuse by both mom and her friend. These are young children and this is the 5th referral this could be an investigation or FINSA
3	RL assigned. Investigation recommended.	This is a sexual abuse allegation.

Appendix E: Reviewer Comments for Differences in Track Assignment
APS Referrals

Number of responses	Track Assigned	Rationale for Reviewer Disagreement with Track
3	General Adult Assigned. RL recommended	CI did not document who was requesting services. If the report was not court ordered or if the adult did not request services or have someone request services on his behalf then the report should be resourced out for services. Altercation between siblings.
2	APS Investigation. CPS referral recommended.	This was incorrectly entered and accepted for APS investigation. The correct selection would have been a CPS referral. There is an absence of any allegation concerning the abuse, neglect or exploitation of an adult. The allegations center on a minor.
4	Investigation assigned. RL recommended	It does not meet the criteria for an investigation, since the two parties were formerly in a relationship and no longer appear to live together. There must be documentation that the parties live together.
5	Investigation assigned. RL recommended	The information and case history do not indicate that the victim meets the definition of adult per KRS. If the adult is a vulnerable adult this should be documented.
2	Investigation assigned. RL recommended	Resource the caller to substance abuse counseling and mental health services. If the adult becomes belligerent refer to law enforcement to file 202 A and the local mental health agency for a mental health warrant/petition.
1	Investigation assigned. RL recommended	Resident to resident verbal insult. No violence or threat of violence present.
5	Investigation assigned. RL recommended	No allegation of abuse, neglect or exploitation present. Alleged laziness or lethargy and lack of financial resources do not establish the cabinet's scope of authority for a protective service investigation. Referral only describes an intoxicated spouse.
1	Investigation assigned. RL recommended	There is an absence of any allegation of spousal abuse present in the referral statement. The referral statement concerns an alcohol dependent husband who is potentially suicidal and has checked into rehab. This referral does not meet criteria for investigation.
1	Investigation assigned. RL recommended	Individual meets definition of adult per SOP. Allegation meets Adult Self Neglect per SOP 4A.2.7.a
7	Investigation assigned. RL recommended	This referral meets the criteria as an investigation and should have been taken as such. Spouse Abuse due to the alleged perpetrator busting out the victims' windshield. Estranged married couple. Husband assaulted wife in context of marriage. Violence between married couple qualifies as a form of spouse abuse regardless of living arrangement.
1	Investigation assigned. RL recommended	The victim was calling from the bluegrass domestic violence program and she indicated she wanted to have her locks changed due to a domestic situation. The domestic situation involved her husband therefore, DCBS staff should have assessed for spouse abuse
1	Investigation assigned. RL recommended	CI staff should have screened for an investigation. It appears INV 5 was called into CI the prior day and was accepted as a CPS investigation. CI should have documented that the allegations had already been accepted as a report.
1	Investigation assigned. RL recommended	Field staff needs to investigate the facility staff to ensure the necessary steps were taken in order to ensure the safety and well being of the resident. In addition the adult who pushed the victim should have been assessed.

Number of responses	Track Assigned	Rationale for Reviewer Disagreement with Track
2	Investigation assigned. RL recommended	When the alleged incident of DV occurred the parties were living together in what appeared to be an intimate relationship as a result of the DV incident the parties separated however during the time of the incident they were cohabitating.
3	Investigation assigned. RL recommended	Caretaker neglect identifying unknown staff to determine if all safety precautions were put in place to ensure the safety of the residents given their mental status. Resident to Resident reports should be screened as caretaker neglect to ensure the facility is putting in place the proper safety precautions to protect residents.
1	Investigation assigned. RL recommended	The report shows indicators of power and control and fear on behalf of the victim which are all signs of domestic violence. There is also a prior report alleging domestic violence which was determined a no finding. The report should have been accepted
1	Investigation assigned. RL recommended	Two adults cohabiting engaged in an intimate relationship meets the definition of "partner" as articulated in APS SOP 4C. The two elements required to meet the threshold for a protective service investigation were met. 1) Adult Partner 2) Threats of violence