REFERRAL OF CHILDREN OF FOUNDED ABUSE AND NEGLECT
TO VIRGINIA'S EARLY INTERVENTION SYSTEM

PARTNERSHIP FOR PEOPLE WITH DISABILITIES TO THE
VIRGINIA DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION, AND
SUBSTANCE ABUSE SERVICES

Executive Summary

The Virginia Part C Office in the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) and the Virginia Department of Social Services (DSS) recognized the need to examine current practices for referral of children under the age of three who are victims of abuse and neglect. As Virginia's lead agency for Part C, in 2006 DMHMRSAS applied for funding from Westat to conduct a study on this issue. DMHMRSAS contracted with Virginia Commonwealth University's Partnership for People with Disabilities to conduct a secondary data analysis project to gauge regional practices for referral in accordance with the Child Abuse Prevention and Treatment Act (CAPTA). This law requires that children under the age of three who are victims of founded child abuse or neglect be referred to Virginia's Part C early intervention system.

Staff members from the Partnership, Part C office, and DSS determined the number of children who received Part C services and who were victims of abuse or neglect could be ascertained by examining two datasets, one from Part C and one from DSS. The most current information that could be obtained from both the state DSS and state Part C offices was for Fiscal Year '05. After merging the datasets, 283 children were identified as being in both datasets, meaning they were victims of founded abuse and neglect, under the age of three and referred to Part C. These 283 records formed the focus dataset. Demographics, statistics on referral source code, and referral rate by Infant and Toddler Connection locality were compiled.

Demographics of the Focus Dataset
- ✦ 58.7 percent (n = 166) of the sample were male.
- ✦ 59.4 percent (n = 168) of the sample were White/Caucasian and 37 percent (n = 105) of the sample were African American/Black.
- ✦ The average age at time of referral to Part C was 15 months. The range of ages was less than 1 month to 35 months.

Referrals by Source Code, as listed in the Part C System
- ✦ Referrals specifically marked as DSS and DSS-CAPTA accounted for 47.3 percent (n = 134) of the sample.
- ✦ Pediatricians and family physicians were responsible for the second highest number of referrals, making nearly 20 percent (n = 53) of the referrals.

✦ Other referral sources included parents/guardians, hospitals, and Community Service Boards.

Referral Rate by Locality

✦ The referral rate was calculated by taking the total number of children under the age of three and victims of founded abuse or neglect who had been referred to Part C (from the Part C dataset) and dividing it by the number of children under the age of three who were victims of founded abuse and neglect (the DSS dataset).

✦ The state referral rate in Fiscal Year '05 was 13.9 percent of children under the age of three, who were victims of founded abuse and neglect, were referred to Part C.

✦ Referral rates ranged from 8 – 15.6 percent across the six Part C regions.

This study provided important baseline information on regional compliance with Virginia's law requiring that children under the age of three who are victims of founded child abuse or neglect be referred to the Part C early intervention system. These data should be interpreted with caution, however, because they only capture a small time period and are derived from secondary data analysis.

The data suggest there may be a need for strengthening awareness, procedures, and practices at the regional and local level. Findings will be shared with constituent groups and state agency representatives for further interpretation and for strategic planning.

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I. Abstract

This study was conducted in an effort to gauge local practices for referral in accordance with the 2004 Child Abuse Prevention and Treatment Act (CAPTA), which requires children under the age of three who are victims of founded child abuse or neglect be referred to Virginia's Part C early intervention system. A secondary data analysis project was conducted at Virginia Commonwealth University's Partnership for People with Disabilities. Researchers obtained data from the Virginia Department of Social Services on children who were founded victims of child abuse or neglect and compared the DSS data to data from the Virginia Part C office. A merged dataset was created that contained information on children who were victims of child abuse or neglect under the age of three and had been referred to Part C. Referral rates were analyzed by organizing the data into the six Virginia Part C regions. The data covered the time period from 7/1/04 – 6/30/05. During this time, the statewide percentage of children in founded investigations of child abuse and neglect who were referred to Part C was 13.9%. The results indicated that additional research is needed to determine reasons for varying referral rates across the state. Further training may also be needed to ensure that infants and toddlers under the age of three who are victims of child abuse or neglect are referred to Part C services in the coming years.

II. Introduction, Background and Need

Part C of the Individuals with Disabilities Education Improvement Act (IDEA) entitles infants and toddlers who experience developmental disabilities and delays or physical or mental conditions with a high probability of resulting in delay to receive early intervention services. Children who are abused and neglected are at high risk for developmental concerns and over one-third of all substantiated cases of neglect and more than half of all substantiated cases of medical neglect are children under the age of three. A Research study by the American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care (2006) documents that, "early interventions are key to minimizing the long-term and permanent effects of traumatic events on the child's brain development," (n.p.). Indeed, it is critical that children who are abused and neglected receive help as early as possible (Dicker & Gordon, 2001). In order for children who are abused and neglected to receive timely early intervention services, it is essential that processes are in place for referral and collaboration between social service and early intervention agencies.

The need for coordination between early intervention and social services was reinforced in the 2004 reauthorization of the Child Abuse Protection and Treatment Act (CAPTA) that clarified the role of local departments of social services as primary sources for the identification and referral of children who might need Part C services. Social service agencies are responsible for referring victims of substantiated abuse and/or neglect who are under the age of three to early intervention (Part C) services. Likewise, IDEA (2004) mandates that states have policies and procedures that require a child under the age of three who is involved in a substantiated case of child abuse and neglect to be referred to early intervention (Part C) services.

The Virginia Part C Office in the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) and the Virginia Department of Social Services (DSS) recognized the need to examine current practices for referral of children under the age of three who are victims of abuse and neglect. As Virginia's lead agency for Part C, DMHMRSAS applied for funding from Westat to conduct a study on this issue.

III. Purpose of the Study

The purpose of the study was to examine the number of children under the age of three who were victims of founded child abuse or neglect and who were referred for Part C services. Of particular interest was the referral source in order to determine the extent to which CAPTA and IDEA requirements were being met.

The central research question examined in this study was, "To what extent are children under the age of three who are victims of founded child abuse and neglect referred to local Part C early intervention agencies, as analyzed by Part C region?" State-level administrators hope to use the results of this study to identify policy and procedure issues that may need to be addressed in order to strengthen referral systems at the regional and local level, as well as to identify regions that demonstrate promising practices that can be replicated in other areas of the state.

IV. Methodology

Staff members from the Partnership, Part C office, and DSS determined the number of children who received Part C services and who were victims of abuse or neglect could be ascertained by examining two datasets, one from Part C and one from DSS.

The methodology employed was secondary data analysis. Descriptive statistics were run on children's race, gender, age, and locality. The following section details the steps in the data analysis.

The research materials were two spreadsheets in Excel, one from the Virginia DSS office and the other from the Virginia Part C office housed at DMHMRSAS. The spreadsheets were generated from querying existing databases. The most current information that could be obtained from both the state DSS and state Part C offices was Fiscal Year '05

(FY '05), therefore, spreadsheets captured the time-period between 7/1/04 – 6/30/05. The Part C spreadsheet contained the children referred for services during FY '05 and contained: Part C ID, child's date of birth, referral date, referral source code, Infant and Toddler Connection (ITC) jurisdiction, race, and gender. The DSS spreadsheet listed all children under the age of three, who had been victims of founded abuse and neglect in FY '05, and contained: child's date of birth, child's city/county (locality), referral date, race and gender.

The first step in the data analysis was to check the two spreadsheets and remove any obvious data errors, such as children over the age of 35 months at time of referral to Part C. This quality control check resulted in a Part C data file of 8,039 children 35 months and under referred to services, and a DSS file of 2,031 children under the age of three who were victims of founded abuse and neglect. Next, the clean datasets were merged together, containing data on 10,070 children. It is assumed that children under the age of three who were founded victims of abuse and neglect and referred to Part C services, should be in each data system.

Before the two datasets were merged, the locality variable in the DSS data set was recoded to reflect the ITC jurisdictions in the Part C data set. For example, Petersburg, Colonial Heights and Hopewell make up the Infant and Toddler Connection (ITC) of the Crater District. The ITC districts are also used for analysis by Part C region.

The two datasets were then merged, and the duplicate record function in SPSS was used to match cases on gender, race, birth date, and locality. Using the ITC district variable in the focus dataset, data were grouped into six regions based on the Part C regions used by the state. Regions often work together to coordinate services and address regional issues.

For purposes of this report, "referral rate" was calculated as follows: The total number of children under the age of three and victims of founded abuse or neglect who had been referred to Part C (from the Part C dataset) was divided into the number of children under the age of three who were victims of founded abuse and neglect (the DSS dataset). For example, Shendandoah Valley had a total of 29 reported children under the age of three who were abused or neglected, 4 of whom were referred to Part C. This means that 13.8% of children ages 3 and under who were victims of founded abuse and neglect were referred to Part C in the Shenandoah Valley ITC region.

V. Data Analysis and Results

Merging the datasets, matching cases, and identifying duplicate records resulted in a file of 283 children that were in *both* datasets. This means that of the 2,031 children under the age of three who were victims of founded child abuse and neglect, 283 were also in the Part C early intervention system. This dataset of 283 children became the "focus dataset" and was used for data analysis. Variables such as gender, race and age are presented below as a means to describe the children in the focus dataset and these variables were also used to match cases and identify the focus dataset. The results presented below also capture percentage and counts by referral source, and referral rates by Part C regions.

Of the 283 cases in the dataset, 58.7% were males (*n* = 166) and 41.3% were female (*n* = 117). For comparison purposes, this information was compared to the children in the Part C system as a whole, and the breakdown was similar with 62.6% of the children in the Part C system being male.

White/Caucasian children were the largest subset at 59.4% *(n=168)* of the dataset, African American/Black was the next largest, making up 37% (*n* = 105). There was one Asian child (.4%) and 9 "Others," which was the remaining 3.2% of the sample. These racial breakdowns are similar to the Part C system as a whole, which had a population of 58% White/Caucasian, 23.0% African American/Black, 3.3% Asian, and 7.2% listed as other. It should be noted that the DSS data set did not contain a category for "Hispanic," therefore, data could not be obtained for this group of children.

The Part C referral date was used to calculate child's age at time of referral by subtracting the child's date of birth. The mean age was 15 months. Children less than a year old were 39.9% of the sample (*n* = 113), one-year-olds were 38.9% of the sample (*n* = 110), two-year-olds made up 21.2% (*n* = 60). The mean age of the focus group at referral to Part C was similar to the mean age at entry to the Part C system as a whole, 16 months.

Demographic information is displayed below in Table 1.

TABLE 1: Demographics of the Focus Dataset

Demographic Categories	Number	Percentage
Race		
White/Caucasian	168	59.4%
Black/African American	105	37.0%
Asian	1	> 1%
Other	9	3.2%
Total	**283**	**100%**
Age at time of referral to Part C		
Less than 1 year	113	39.9%
1 year	110	38.9%
2 years	60	21.2%
Total	**283**	**100%**
Gender		
Male	166	58.7%
Female	117	41.3%
Total	**283**	**100%**

The data were also analyzed by referral source. The Part C data system specifically lists 11 referral source categories and an "other" option. These include "DSS" and "DSS-CAPTA." Although we know that the 283 children in the focus dataset were founded victims of child abuse and neglect under the age of three and were referred to Part C, the

listed referral source recorded in the Part C database was not always DSS or DSS-CAPTA. However, when combined, DSS and DSS-CAPTA was the largest named referral source at 47.0% (*n* = 134) in this sample, followed by pediatricians/family doctors who made almost 19% of the sample's referrals (*n* = 53). Parents/guardians were another large referral group with 13% of credited referrals (*n* = 37). Referral source information is shown in Table 2.

TABLE 2: Source of Referral to Part C for Children in the Focus Dataset

Referral Source as listed in the Part C System	Number	Percentage
Department of Social Services (DSS)	110	38.9 %
Pediatrician/Family Physician	53	18.7 %
Parent/Guardian	37	13.0 %
DSS CAPTA	24	8.5 %
Hospital	21	7.4 %
Friend/Neighbor/Relative	10	3.5 %
Community Services Board (CSB)	9	3.2 %
Other Referral Source	9	3.2 %
Local School/Education Agency	3	1.1 %
Department of Health	3	1.1 %
Private Therapist/Mental Health Practice	3	1.1 %
Private Non-Profit Organization	1	0.4 %
Total	**283**	**100 %**

In order to examine referral rates by regions, data was analyzed by Part C region. The ITC breakdown by regions is:

- **Abingdon** – Cumberland Mountain, Dickenson, LENOWISCO, Mount Rogers, Highlands

- **Northern Virginia** – Alexandria, Arlington, Fairfax-Falls Church, Loudoun, Prince William County, Rappahannock-Rapidan, Shenandoah Valley, Rappahannock Area

- **Richmond/Central** – Chesterfield, Crater District, Goochland-Powhatan, Hanover, Henrico Area, Planning District 14, Richmond

- **Roanoke** – Central Virginia, Danville-Pittsylvania, Southside, New River Valley, Piedmont, Roanoke Valley
- **Tidewater** – Chesapeake, Hampton-Newport News, Middle Peninsula-Northern Neck, Norfolk, Portsmouth, Eastern Shore, Virginia Beach, Western Tidewater, Williamsburg/James City/ York County/Poquoson

- **Valley** – Harrisonburg-Rockingham, Alleghany-Highlands, Blue Ridge, Rockbridge Area, Valley

Results show that referral rates ranged from 8 to 15.6% across regions. Three of the regions had identical referral rates of about 16%, two regions were around 12% and the remaining region was lower, at 8% referral rate. Referral rates by Part C region are shown in Table 4.

TABLE 4: Referral Rates by Part C Region

Part C Region	Number of abused and neglected children under the age of 35 months (DSS)	Number of abused and neglected children referred to Part C system	Percentage of abused and neglected children who were referred to Part C
Region 1 - Abingdon	141	22	15.6%
Region 2 - Northern Virginia	333	52	15.6%
Region 3 - Richmond/Central	260	21	8.0%
Region 4 - Roanoke Area	353	41	11.6%
Region 5 - Tidewater	851	134	15.7%
Region 6 - Valley	93	13	13.9%
Total	**2,031**	**283**	**13.9%**

As previously discussed, a part of this study was the examine referral rates by source code, specifically those marked DSS and DSS-CAPTA. Out of the 283 children in the focus dataset, roughly half (n = 134) were expressly listed as DSS and DSS-CAPTA in the Part C data (refer to Table 2). (see Table 5). Table 6 displays the number of all Part C referrals by region and type.

TABLE 5: DSS and DSS-CAPTA Referrals by Part C Region

Part C Regions	DSS-CAPTA	DSS	Percentage of total DSS-CAPTA and DSS referrals
Region 1 – Abingdon	6	5	8.2%
Region 2 – Northern Virginia	2	17	14.2%
Region 3 – Richmond/Central	0	4	2.9%
Region 4 – Roanoke Area	12	12	17.9%
Region 5 – Tidewater	4	67	52.9%
Region 6 – Valley	0	5	3.7%
TOTAL	**24**	**110**	**100%**

TABLE 6: Referrals Recorded as DSS and DSS-CAPTA Compared to Total Referrals by Region

Part C Regions	DSS & DSS-CAPTA	All Referrals	Percentage of DSS-CAPTA and DSS Referrals
Region 1 – Abingdon	11	22	50%
Region 2 – Northern Virginia	19	52	37%
Region 3 – Richmond/Central	4	21	19%
Region 4 – Roanoke Area	24	41	59%
Region 5 – Tidewater	71	134	52%
Region 6 – Valley	5	13	38%
TOTAL	**134**	**283**	**47.3%**

VI. Conclusion

This study was timely because of the increased emphasis on ensuring that children who are victims of founded abuse and/or neglect are referred to Part C services. The Department of Mental Health, Mental Retardation and Substance Abuse Services, Virginia's Part C Lead Agency, applied for funding from Westat to conduct this analysis, in part to determine baseline data regarding this targeted group of infants and toddlers. The Department of Social Services was an active partner in this study. During the time period, 7/1/04-6/30/05, 2,031 children statewide under the age of three and victims of founded abuse and neglect. Two hundred and eighty three (283) (13.9%) of those children were also served by the Part C system. It is important to note that, because there was a specific time period selected, there may be infants and toddlers who were identified as abused and neglected during the time period but not referred to Part C until a later date.

There are other limitations to the study that are important to mention. The data indicate that 13.9% of children who were victims of founded abuse or neglect were served through Part C. However, the study cannot tell us if that percentage is reflective of the need for services- whether more (or less) children should have been referred and served. Therefore, it is not possible to draw definitive conclusions and recommendations regarding service delivery for these children or system improvements needed. The study does provide the state of Virginia with baseline data on victims of abuse and neglect (under the age of three) who were also served by the Part C system.

Although the study examined referral patterns by region, it did not examine general patterns of founded child abuse and neglect by population demographics. Some areas may have had a higher rate of overall child abuse and neglect.

FY 2005 data provide important baseline information that will inform Virginia's future work in this area in two ways. First, the data provide valuable information to guide training, technical assistance, and partnership development between the two agencies at both the state and local/regional levels. Second, the information provides guidance and

direction for future data collection, analysis and related studies. State-agency representatives have made commitments to using these findings to strengthen state-level and local level partnerships, for continued refinements in local referral practices, to strengthen training and technical assistance offerings, and to shape future research plans.

Training, Technical Assistance, and Partnerships

Information from this study will help substantiate the need for strengthening awareness, procedures, and practices at the local level. These include:

- Provide clearer guidance for Part C providers and system managers regarding the source of a Part C referral. If a child who was abused or neglected was referred by local DSS staff, the referral may have been designated as a referral under the "DSS" category, "CAPTA" category, or "Other" category. The Part C office may need to provide clarification on this issue.

- Support public awareness activities between Part C and local DSS staff to increase understanding of services both systems offer to young children and their families. This work may be carried out in a way that takes advantage of promising practices used in particular regions.

- Continue important state-level collaboration between VDSS and VDMHMRSAS and provide guidance and clarification on expected referral practices.

- Increase awareness of Part C programs among local DSS agencies. There is also a need for local Part C systems to learn more about the resources and supports provided by local DSS systems.

- Continue to use regional DSS meetings as a means for sharing information about Part C (initial meetings held in 2006). These trainings served as an important means for learning more about community programs and for identifying ways for local providers to work more collaboratively in the future.

Future Data Analysis and Studies

Findings from this study also provide direction for future studies. The following are potential follow-up studies:

- The immediate next step is to analyze the data for FY 2006, and begin to examine patterns and trends. In addition, there may be other data elements that warrant analysis, including expanding the VDSS dataset to include children in foster care. Analyzing data regarding referrals to the Part C system that does not result in a child's enrollment in Part C may also be pertinent. There may also be an interest in examining timelines for access to Part C for this population of children.

- It would be of interest to examine if the referral rates relate to changes in referral patterns for abuse and neglect in general, including national referral rates.

- There may be value in examining referral patterns in select localities.

- Other locality-specific analysis might help uncover if some areas should have had more children referred to and served through Part C, or if additional children were referred to Part C but not actually served. Specific analysis might include chart audits to identify specific referral practices that were used in targeted localities (both local DSS and local Part C systems). Those practices might relate to stronger working relationships between local staff, stronger administrative relationships, including referral practices that are coordinated or joint training opportunities for direct service staff.

- If promising practices are identified, state-level training, technical assistance, and monitoring activities can then be implemented to support localities where referral numbers are low.

- The data collected this year that were not analyzed (but were used to match children) included race/ethnicity and age. Although this information is displayed in Table 1, it was not used for actual referral rate analysis. This demographic information could continue to be examined, and should be expanded to examine whether the child entered Part C services before or after the founded abuse or neglect.

Dissemination of Findings

This research provided a means for documenting preliminary baseline data for this population in Virginia. It provided a forum for identifying more questions for analysis about utilization of early intervention services under CAPTA requirements and provided a means for continuing state-level collaboration between the Departments of Social Services and Mental Health, Mental Retardation and Substance Abuse Services. Additionally this study provided an important opportunity for analysis and reflection of current practices.

These findings will be shared with constituent groups and state agency representatives for the purpose of providing baseline information and for planning. These findings will be shared with particular audiences, including:

- DSS and DMHMRSAS state agency leaders, for the purposes of information sharing, program planning, and evaluation.

- Local DSS agencies and local lead agencies, as a means for information sharing and to facilitate local-level collaboration and problem-solving.

- State-level advisory groups, including the Virginia Interagency Coordinating Council (VICC), for information and policy guidance.

As additional analyses and future studies are conducted in this area, findings and information will be shared with participants in future training and workshop sessions.

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