



A Report Completed by the
Administrative Review Division

Comparing Abuse/Neglect Fatality Characteristics to General Child Welfare Population Characteristics:

*An Ad hoc Report to the Governor's Action
Committee*



Colorado Department of Human Services

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Question: How fatality statistics (domestic violence, substance abuse, etc) compare to general child protection statistics?

As identified in the Fatality Report released by the CDHS in April 2008, family stressors were identified in a substantial portion of the 13 fatalities reviewed, including Substance Abuse issues (53.8%) and Domestic Violence (69.2%). These issues were identified by the fatality review teams through the qualitative review process, which included thorough reviews of the case files and interviews with professionals.

The Action Committee requested information comparing similar fatality statistics to the general child protection statistics (e.g. special consideration codes). The Division of Child Welfare will be providing information related to the general child welfare population. In general, it appears that the client characteristics are not being entered into Trails in a consistent manner. Therefore, the information that is available in Trails may not provide an accurate picture of the child welfare population. Additionally, the client characteristics (a.k.a. special considerations) are only available for users to enter when a child is opened in an ongoing case and this information is not available to record on children served only through investigations/assessments.

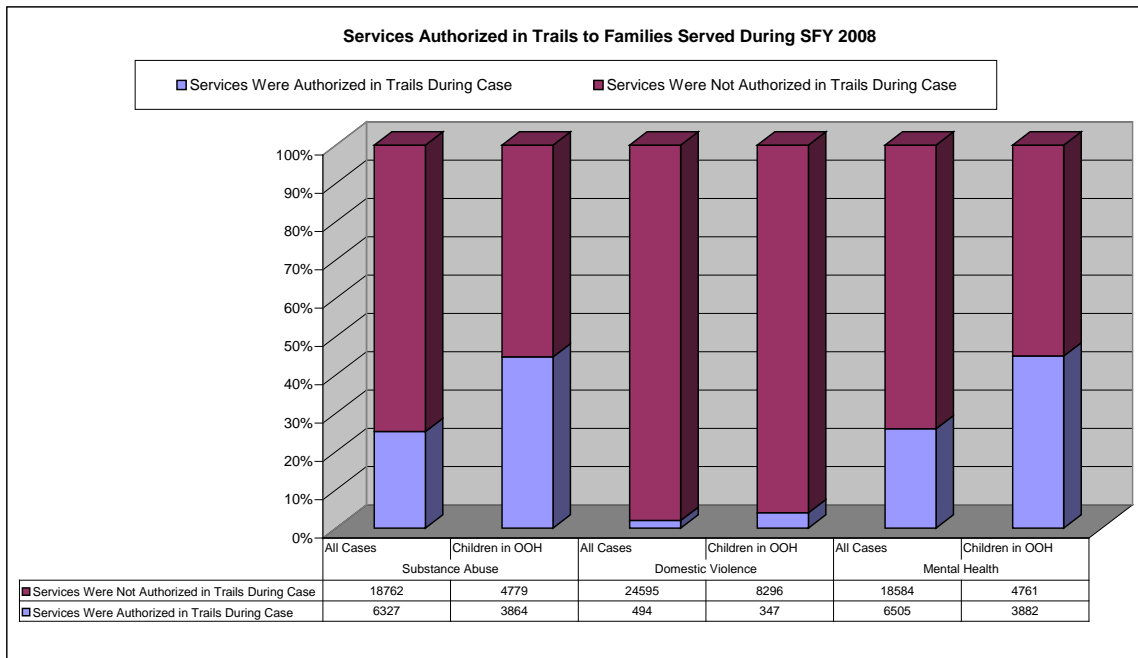
At the time a child welfare referral is made to the county agency, referral reasons are documented in Trails. There are 75 referral reasons that a county may choose from to identify reason(s) for referral to child welfare agencies. Multiple reasons for referral to county agencies may be entered into Trails. The issues identified in the fatality review, including substance abuse, domestic violence and parental mental health issues, are pick list values available. Table 1 provides information related to the percentage of referrals accepted for investigation during CY 2006, CY 2007, and CY 2008 where issues of substance abuse, domestic violence and parental metal health issues were identified as reasons for referral.

**Table 1
Percentage of referrals accepted for assessment with Domestic Violence, Substance Abuse, and/or Parental Mental Health Issues Identified**

		2006	2007	2008
Domestic Violence	Number	1957	2751	2017
	%	5.5%	7.4%	8.4%
Substance Abuse	Number	2960	3824	2620
	%	8.3%	10.3%	11.0%
Mental Health Issues Parent	Number	691	828	540
	%	1.9%	2.2%	2.3%
Total referrals accepted for assessment		35603	37235	23907

Table 1 shows that domestic violence issues were identified as reasons for referral between 5.5% and 8.4% over the past 3 years for referrals accepted for assessment/investigation. Substance abuse issues were documented in Trails as reasons for referral between 8.3% and 11% and parental mental health issues was a reason for referral between 1.9% and 2.3% between CY 2006 and CY 2008 for referrals accepted for assessment/investigation. These numbers should be considered with extreme caution, as it is probably more likely that the referral reasons are not accurately reflecting the percentage of investigations involving issues of domestic violence, substance abuse, and parental mental health. Rather, the data is more likely not entered into the Trails system in a consistent manner. To better illustrate this issue, of the 160 child fatalities analyzed in the fatality review paper only 3 children had substance abuse issues identified in Trails and 1 child had domestic violence issues recorded as reasons for referral in the referral documenting the fatality.

In order to better understand the occurrence of substance abuse issues, mental health issues, and domestic violence issues for the general child welfare system in Colorado, Trails data reflecting service authorizations were examined. It is important to understand that families and children served in Colorado receive services beyond what is recorded in Trails. The data provided here reflect only services that were documented in Trails (most likely services that the county was providing and/or paying for). An example might be that domestic violence services are provided through a community based anger management class. Additionally, these data only consider services specifically identified as “Substance Abuse”, “Domestic Violence”, and “Mental Health” services. The chart below shows the percentage of cases open during SFY 2008 where services were provided to the family at some point during their child welfare involvement.



The chart shows that for families served during SFY 2008, Substance Abuse services were provided to 25.2% of all families, Domestic Violence services were provided to 1.4% of families, and Mental Health Services were provided to 16.8% of the families. The percentage of families receiving these services increases when a child is placed in out-of-home care. The chart shows that for families served during SFY 2008, Substance Abuse services were provided to 44.7% of all families, Domestic Violence services were provided to 4% of families, and Mental Health Services were provided to 44.9% of families when at least one child was placed in out-of-home care.

To summarize, the qualitative reviews conducted on the 13 specific fatalities found Substance Abuse issues (53.8%) and Domestic Violence (69.2%) as part of the dynamics of the families. However, quantitative information available in the Trails database, as entered by county workers, would seem to indicate that these issues exist in approximately 2% to 11% of referrals accepted for assessment. Additionally, another representation of how many families in the general child welfare population are faced with the issues of substance abuse, mental health, and domestic violence issues may be captured using service authorization data. However these numbers most likely under represent the percentage of families with substance abuse, domestic violence, and mental health issues as service authorization data does not capture when services are provided outside of the child welfare system. While 13 cases are not a good representation of the overall population, such wide differences would seem to indicate that these issues are not being entered into Trails reliably. It is highly likely that any true difference in occurrence rates between fatal and non-fatal abuse/neglect incidents is much smaller. It is more likely that these issues are general indicators tied more to the likelihood of abuse or neglect occurring than they are at differentiating between fatal and non-fatal abuse/neglect incidents.