



OFFICE OF THE LEGISLATIVE AUDITOR
STATE OF MINNESOTA

EVALUATION REPORT

Child Protection Screening

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PROGRAM EVALUATION DIVISION
Centennial Building – Suite 140
658 Cedar Street – St. Paul, MN 55155
Telephone: 651-296-4708 • Fax: 651-296-4712
E-mail: auditor@state.mn.us • Web Site: <http://www.auditor.leg.state.mn.us>
Through Minnesota Relay: 1-800-627-3529 or 7-1-1

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Evaluation Staff

James Nobles, *Legislative Auditor*

Joel Alter
Emi Bennett
Valerie Bombach
Sarah Delacueva
Jody Hauer
David Kirchner
Carrie Meyerhoff
Judy Randall
KJ Starr
Julie Trupke-Bastidas
Jo Vos

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OFFICE OF THE LEGISLATIVE AUDITOR

STATE OF MINNESOTA • James Nobles, Legislative Auditor

February 2012

Members of the Legislative Audit Commission:

Child protection screening is an important and complex task performed by staff in 84 county and 2 tribal agencies. A screening decision determines what action will be taken in response to an allegation of physical abuse, sexual abuse, or neglect of a child. Given the impact of screening decisions, you asked the Office of the Legislative Auditor to evaluate the screening process.

Overall, we found that county and tribal agencies have administered child protection screening adequately and the Minnesota Department of Human Services has provided the agencies with useful guidance. At the same time, we found factors that may have contributed to variation in agency screening decisions, including vague state law, varying agency perceptions of risk, and differences in the information agencies consider when making decisions. We also found that mandated reporters may not always receive the information they need to fulfill their reporting responsibility. We make recommendations to address these issues.

This report was researched and written by Carrie Meyerhoff (evaluation manager), KJ Starr, and Matt Schroeder. We received the full cooperation of the Minnesota Department of Human Services and the county and tribal agencies responsible for administering child protection services. We also received input from mandated reporters and other interested groups.

Sincerely,

James Nobles
Legislative Auditor

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Summary

Screening decisions vary among county and tribal child protection agencies in Minnesota, reflecting different—yet mostly reasonable—approaches to the screening task.

Key Facts and Findings:

- In 2010, 84 county and 2 tribal child protection agencies screened more than 56,500 allegations of child maltreatment in Minnesota. (p. 6)
- Child protection agencies' screening decisions determine whether concerns about a child amount to maltreatment that requires a child protection response by the agency. (p. 7)
- Overall, child protection agencies make screening decisions in a reasonable and deliberative manner. (pp. 25-28)
- However, agencies vary in their screening decisions, reflecting vague state law about risk, local administration coupled with the Department of Human Services' (DHS) weak supervisory authority, and other factors. (pp. 39-58, 63)
- DHS resources have helped child protection agencies screen maltreatment allegations, but there is room for improvement. (p. 64)
- Current information about reporting maltreatment may not be reaching all mandated reporters, in spite of agencies' efforts to educate them. (p. 72)
- Child protection agencies and mandated reporters appear to have mostly good working relationships, but their different roles may strain relationships and influence future reporting. (pp. 76-81)
- Inconsistencies in data recording practices among child protection agencies compromise the usefulness of referral and screening data for evaluating screening variations. (p. 34)

Key Recommendations:

- The Legislature should direct DHS, in collaboration with county and tribal child protection agencies and others, to propose statutory language to clarify state policy on “risk of harm” and neglect. (p. 45)
- The Legislature should amend state law to (1) distinguish between all maltreatment referrals and those that agencies “screen in” and (2) address data privacy issues about families who are the subject of referrals. (pp. 24, 52)
- DHS should promulgate rules to provide additional guidance for screening maltreatment reports. (pp. 49, 52)
- DHS should expand opportunities to practice and discuss intake and screening with child protection agency staff. (p. 70)
- DHS and child protection agencies should identify which referrals should be recorded as child maltreatment referrals and emphasize the importance of recording them. (p. 35)
- DHS and child protection agencies should explore new ways to share information about child protection and reporting maltreatment with mandated reporters. (p. 81)

Child protection screening determines the response that follows a referral of suspected child maltreatment.

Report Summary

Child protection screening is a task within a continuum of child welfare services. In Minnesota, this task is completed by 84 county and 2 tribal child protection agencies under supervision by the Department of Human Services (DHS). These agencies “screened” over 56,500 child protection referrals in 2010.

Child protection screening determines whether children and their families will have access to child protection services. These services are state-mandated child welfare services for children who have been maltreated, or are at risk of maltreatment, by a person responsible for their care. Child maltreatment includes physical abuse, sexual abuse, and neglect.

State law defines child maltreatment and requires “mandated reporters” to report known or suspected maltreatment.¹ The law is consistent with federal law that provides funding for the prevention of child abuse and neglect.

Children who may be victims of maltreatment come to the attention of child protection agencies through referrals from mandated reporters and other concerned individuals. Agencies decide whether to “screen in” these referrals for a child protection response. Only referrals that allege maltreatment meeting definitions in state law can be screened in. Statewide, child protection agencies screened in 32 percent of the referrals they recorded in 2010.

¹ Most state law relevant to reporting child maltreatment is codified in *Minnesota Statutes* 2011, 626.556.

Child protection agencies adequately administer intake of child maltreatment referrals.

Child protection intake is an important task completed by county and tribal agency staff. It involves eliciting and recording information about alleged child maltreatment from those who report it and supplementing it with information from other sources. The information obtained is instrumental to good screening decisions.

Staffing of child protection intake suggests that workers with specialized skill or knowledge generally complete this task. In most agencies, social workers complete child protection intake. In many cases, the social workers’ primary job is intake for child protection only or for various programs. In several agencies, social workers with other child protection responsibilities also complete child protection intake. Some agencies use skilled and experienced staff other than social workers to complete intake.

Child protection agencies’ screening methods are conducive to making objective decisions that are consistent with state law.

Child protection screening is the analysis of information and the determination whether allegations meet statutory definitions of child maltreatment within the jurisdiction of the local child protection agency (rather than law enforcement or another agency). Child protection staff “screen in” referrals for a child protection response after taking into account all relevant considerations.

Especially for “gray-area” referrals—those for which a screening decision is not clearly indicated by state

Variation in agency screening decisions reflects many factors, including interpretation of state law, agency perceptions of risk, and the information agencies consider during screening.

statutes, state rules, or guidelines—many child protection agencies involve multiple individuals in decisions. In so doing, agencies draw on a wider array of experience and knowledge than if a single person made the decisions. These “screening teams” identify specific allegations articulated in the referrals and compare the details to criteria in state law and guidelines.

When multiple individuals are not formally involved in decision making, decisions in some agencies are made or reviewed by supervisors.

Although agencies approached screening reasonably, they may not make all decisions within 24 hours, as required by state law. Seemingly untimely decisions may reflect data recording and other practices, rather than inattention to maltreatment referrals. We recommend that child protection agencies monitor and, as needed, improve upon the timeliness of their decisions.

The quality of data on agencies’ numbers of total and “screened-out” child maltreatment referrals is questionable.

Maltreatment referrals recorded in the state data system may not reflect the total and screened-out maltreatment referrals that agencies actually receive. For example, agencies with different rates of screening out referrals may simply have different practices for what to record as a maltreatment referral or when to record screened-out referrals.

This variation in practice made data on screening rates over time and across agencies not useful for our evaluation. We recommend that DHS and child protection agencies work to improve the consistency and practices for recording referrals.

Child protection agencies make different screening decisions when presented with referrals alleging the same circumstances.

Agencies “screened” vignettes of alleged child maltreatment as part of our evaluation. Their responses show that agencies make different screening decisions when presented with identical “gray-area” allegations of maltreatment. Their explanations for their decisions reveal factors that contribute to variation.

Vague statutory language defining physical abuse, sexual abuse, and neglect, and the definition and use of “report,” provide room for variation. The Legislature may have used vague language to allow for professional discretion and accommodate differing community standards. However, at least in some cases, the lack of clarity may be unintentional.

Agencies’ screening decisions suggest that agencies have different approaches to risk of harm and the level of risk sufficient to warrant a child protection response. Some agencies articulate an expansive understanding of risk and the role of child protection in addressing it. Other things being equal, these agencies would “screen in” referrals that agencies focused on actual harm would screen out.

For example, one vignette that agencies “screened” involved a small child wandering a block from his home. Some agencies “screened in” the fictional referral due to the risk of harm to the child. However, other agencies “screened out” the referral, reasoning that the first-time incident was accidental.

Other factors we identified as possibly influencing at least some

The Department of Human Services (DHS) provides assistance that child protection agencies value, but DHS could do more to educate mandated reporters and improve data quality related to screening decisions.

agencies' decisions include formal and informal screening guidelines, workload, and the availability of non-child-protection services such as child welfare checks.

Some child protection agencies' practices raise questions about family privacy and data retention.

In a small number of instances, we observed intake processes that included contacting individuals other than the reporter of the alleged maltreatment for additional information. This raises questions about the privacy of children and families who are the subject of maltreatment referrals.

In addition, some agencies consider child protection history when making screening decisions. Patterns of alleged behavior reflected in a history of child protection referrals might be indicative of some types of maltreatment. For example, some agencies that screened out the vignette of the wandering child said they would screen in similar reports received in the future. However, it is unclear how long child protection agencies should retain and use data on families that were the subject of child maltreatment referrals.

State law vests the Department of Human Services with relatively weak supervisory authority over child protection screening, but the department has worked within it to assist child protection agencies.

DHS facilitated development of state screening guidelines; created training for child protection workers, including training on intake and screening; and organizes regional meetings that sometimes include discussions about screening. DHS also completes federal children and

family services reviews of county and tribal child protection agencies. For the most part, agencies have found the resources provided by DHS helpful.

DHS could do more to foster opportunities to practice and discuss child protection intake and screening. The department may be able to do this within the context of the regional meetings it already organizes. DHS should also expedite its goal of making Web-based training on intake and screening more widely available to county and tribal agency staff who could benefit from it.

For the most part, pediatric health care professionals and school personnel report good relationships with child protection agencies.

Many of the mandated reporters we surveyed indicated good or excellent relationships with the child protection agencies to which they report maltreatment. Many agencies characterized the relationships positively, as well.

However, a small percentage of mandated reporters shared negative reporting experiences. We recommend that all workers who perform child protection intake complete training on it.

Some mandated reporters indicated that past screening decisions have caused them to consider not reporting suspected maltreatment. In addition, some mandated reporters may not receive current information about reporting maltreatment. We think DHS and child protection agencies should explore additional ways to inform mandated reporters about their reporting responsibilities.

Introduction

Child protection screening is a critical and complex task in the child protection system. It involves determining whether allegations about the treatment of children meet statutory criteria for a child protection response. Allegations, also known as “referrals,” come from professionals who are mandated by law to report them and from other individuals voluntarily reporting their concerns. The screening decision determines whether a family will become part of the child protection system and have access to the services available through it. In Minnesota, county and tribal child protection agency staff make child protection screening decisions.

During the 2011 legislative session, legislators heard concerns that child protection agencies in Minnesota may be accepting too few referrals for a child protection response. In addition, a 1998 program evaluation by our office found that Minnesota’s child protection agencies differed in their definitions of what constitutes maltreatment.¹ In May 2011, the Legislative Audit Commission directed the Office of the Legislative Auditor to evaluate child protection screening. We addressed the following questions:

- **To what extent do Minnesota’s child protection agencies have consistent, reasonable practices for screening referrals of possible child maltreatment?**
- **What is the variation in agencies’ rates of “screening in” referrals for a child protection response and what might explain the variation?**
- **Do state laws provide sufficient guidance regarding screening of maltreatment referrals? Has the Department of Human Services provided sufficient oversight of screening practices?**

Minnesota’s child protection system is administered by 84 county and 2 tribal child protection agencies. Much of our work depended on their participation. We sent two surveys to these agencies to learn about the policies and practices staff follow when making screening decisions. We also asked their opinions of the guidance provided by state law and oversight provided by the Minnesota Department of Human Services (DHS). One survey included ten fictional child protection referrals; agencies’ screening decisions for these vignettes allowed us to look at the extent to which decisions among agencies varied when presented with the exact same allegations.

We completed site visits to 11 child protection agencies to observe child protection screening and gain a greater understanding of the factors staff consider

¹ Office of the Legislative Auditor, Program Evaluation Division, *Child Protective Services* (St. Paul, 1998), xii.

when making screening decisions. For further insight, we observed screening at two additional agencies, attended a regional meeting of child protection screening staff, and attended four regional meetings of child protection supervisors.

In addition, we gathered information from DHS. We interviewed several staff in the department's Child Safety and Permanency Division; attended training on child protection intake, screening, and the state's Social Service Information System (SSIS); and obtained data on child protection agencies' screening rates.² We also obtained one year of detailed screening data to assess what factors influence referrals being "screened in" for a child protection response.

We sought the input of mandated reporters and other interested parties, too. We sent a survey to a sample of pediatric health care professionals and school personnel to learn their impressions of screening. We also met with citizen review panels, ombudsmen, and other interested groups.

We focused on screening of child protection referrals in which the alleged perpetrator was a family member or an individual with a personal, care-taking relationship with the child. In other words, we excluded allegations of child maltreatment occurring within facilities.³ With this focus, our evaluation covered screening for the vast majority of child maltreatment referrals made each year.

Finally, we focused our resources on evaluating child protection screening decisions. As a consequence, we did not explore the important question of what occurs after a screening decision is made. During the course of our evaluation, individuals voiced concerns about post-screening activities, both for families who are "screened in" to the child protection system and those who are "screened out." Some individuals also raised questions about child protection in the context of facility care. These are important issues that fell outside the scope of our work but might lend themselves to future evaluations.

² The Social Service Information System (SSIS) is a computer system that records, stores, manages, and reports information about individuals receiving certain social services. Social service programs covered include child welfare, child protection, children's mental health, adult protection, and chemical dependency, among others. SSIS is used throughout the child protection process, starting with a child protection agency receiving, recording, and screening a referral; continuing with an assessment or investigation as appropriate; and concluding with management of needed services. SSIS not only allows a worker to maintain and access records about his or her own clients, but also to see whether other child protection agencies in the state have records about the clients. In addition, SSIS allows workers to see identifying information from, and whether a client has records in, the state's Medicaid computer system (MMIS), the system for cash assistance and food support (MAXIS), and the child support enforcement computer system (PRISM). Workers do not have access to these systems through SSIS, however.

³ In this context, facilities include, for example, foster care providers, licensed and unlicensed day-care providers, juvenile correctional facilities, and personal care provider organizations.

Background

Child protection screening determines whether an agency will respond to a maltreatment allegation with a child protection response.

Child protection screening is a specific task within a continuum of “child welfare” services. Minnesota law establishes a public child welfare program “to assure protection for and financial assistance to children who are confronted with social, physical, or emotional problems requiring protection and assistance.”¹ As described further below, county social service agencies and two tribal agencies administer child welfare services in Minnesota. Some child welfare services, such as children’s mental health services, are state-mandated. Child protection agencies may provide voluntary child welfare services in addition to state-mandated services.

Child protection services are state-mandated child welfare services for children under 18 who have been maltreated or are at risk of maltreatment.² In this chapter, we begin by defining child maltreatment and providing a brief overview of agencies, other than child protection agencies, that investigate child maltreatment. We then focus on child protection screening, a process used by county and tribal child protection agencies to determine whether a child protection response to a maltreatment allegation is appropriate. We conclude the chapter by describing the legal framework for child protection screening.

CHILD MALTREATMENT

Child maltreatment encompasses actions or failures to act by a person responsible for a child’s care. It falls into three broad categories: physical abuse, sexual abuse, and neglect.³ Table 1.1 summarizes Minnesota’s definitions of maltreatment. Maltreatment includes not only actions or omissions that are crimes, but also other actions that may jeopardize a child’s health or welfare.

Persons responsible for a child’s care include individuals who are functioning as part of the family and have care-taking responsibilities, such as a parent, a guardian, or a parent’s live-in partner. Individuals responsible for a child’s care also include individuals outside the family unit who have care-taking responsibilities, such as teachers, babysitters, and coaches.⁴

¹ *Minnesota Statutes* 2011, 393.07, subd. 1(b).

² Minnesota statutes define child protection services as “the receipt and assessment of reports of child maltreatment and the provision of services to families and children when maltreatment has occurred or when there is risk of maltreatment.” *Minnesota Statutes* 2011, 625.5591, subd. 1(b). Child protection services can be provided to young adults up to age 21 if they are in foster care.

³ Sexual abuse includes actions perpetrated by a broader range of individuals, including individuals who have a significant relationship with the child or persons in a position of authority. *Minnesota Statutes* 2011, 626.556, subd. 2(d).

⁴ *Minnesota Statutes* 2011, 626.556, subd. 2(e).

Child maltreatment includes physical abuse, sexual abuse, and neglect.

Anyone can report suspected child maltreatment, but mandated reporters are required to do so.

Table 1.1: Definitions of Maltreatment

Physical Abuse	Any nonaccidental physical injury, mental injury, or threatened injury inflicted on a child by a person responsible for the child's care. Physical abuse does not include "reasonable and moderate" physical discipline.
Sexual Abuse	Subjugation of a child by a person responsible for the child's care, a person with a significant relationship to the child, or a person in a position of authority to listed criminal sexual acts including prostitution. Sexual abuse includes threatened sexual abuse.
Neglect	The nonaccidental commission or omission by a person responsible for a child's care of certain acts, including: <ul style="list-style-type: none"> • failure to provide necessary food, clothing, shelter, health, medical, or other required care; • failure to protect a child from actions or conditions that seriously endanger the child; • failure to provide necessary supervision; • failure to ensure education; • prenatally exposing a child to controlled substances; • medical neglect; • chronic and severe use of alcohol or a controlled substance that adversely affects the child's basic needs and safety; and • a pattern of behavior that contributes to impaired emotional functioning of the child.

SOURCE: Office of the Legislative Auditor, abridged from *Minnesota Statutes* 2011, 626.556, subd. 2.

Children who may be victims of maltreatment come to the attention of authorities through referrals from doctors, teachers, law enforcement, and other concerned individuals.⁵ Although any person may voluntarily report child maltreatment, certain professionals are mandated by law to report when they know or have reason to believe that a child is being maltreated or has been maltreated in the preceding three years.⁶ Professionals mandated to report suspected child maltreatment include, for example, those who work in social services, psychological or psychiatric treatment, child care, education, or law enforcement.

Mandated and voluntary reporters make referrals of possible child maltreatment to the agency responsible for assessing or investigating the allegations in the referral. With some exceptions, child protection agencies have responsibility for assessing or investigating child maltreatment. The responsible agency varies depending on the relationship of the victim to the perpetrator and the nature of the maltreatment. Other responsible agencies include state agencies and law enforcement agencies.⁷ Before turning to the issue of child protection screening,

⁵ In this evaluation, we use terminology used by the U.S. Department of Health and Human Services to distinguish allegations of maltreatment received by an agency from those that the agency accepts for a child protection response. Allegations of maltreatment are called "referrals."

⁶ *Minnesota Statutes* 2011, 626.556, subd. 3. We discuss mandated reporters in more detail in Chapter 5.

⁷ State statutes direct agencies to cross-report child maltreatment referrals. Thus, reporters do not need to know which agency is responsible.

we discuss the roles of state agencies and law enforcement in investigating child maltreatment referrals.

State Agencies

When child maltreatment occurs within a state-licensed facility or a school, state agencies may be responsible for investigating the maltreatment. The Department of Human Services (DHS) is responsible for investigating alleged child maltreatment in some of the facilities it licenses, such as residential programs for children with developmental disabilities.⁸ The Department of Health is responsible for investigating alleged child maltreatment in facilities such as hospitals. The Department of Education is responsible for investigating child maltreatment in schools. If maltreatment that occurs in any of these facilities is a crime, law enforcement also conducts an investigation.

State agencies and law enforcement agencies are responsible for responding to some reports of alleged child maltreatment.

Law Enforcement

Law enforcement agencies are responsible for investigating child maltreatment that is criminal in nature, such as murder, criminal sexual conduct, or malicious punishment. In these cases, state law directs the law enforcement agency and a state agency or child protection agency that is also conducting an assessment or investigation to coordinate their efforts.⁹

Law enforcement officers have additional responsibility and power relevant to child maltreatment. As mentioned above, law enforcement officers are mandated reporters.¹⁰ In the course of their duties—for example, responding to a 911 call—officers may become aware of child maltreatment that should be reported to the appropriate authority. In addition, law enforcement officers may conduct “child welfare checks” on their own initiative or at the request of a child protection agency. As its name suggests, a child welfare check involves going to a family’s home and asking about or observing the welfare of a child.¹¹ A child welfare check may result in a referral to a child protection agency if the officer sees conditions or actions that constitute child maltreatment. Finally, law enforcement officers may take a child into custody for emergency placement if the child is found in conditions that endanger or could endanger his or her health or welfare. Only law enforcement officers can take a child into custody under these circumstances. Without a court order, emergency placement under these circumstances may last no longer than 72 hours.¹²

⁸ However, child protection agencies are responsible for investigating child foster care and family child care, even when they are licensed by DHS.

⁹ *Minnesota Statutes* 2011, 626.556, subds. 3f and 10.

¹⁰ *Minnesota Statutes* 2011, 626.556, subd. 3(a)(1).

¹¹ Absent imminent danger or a warrant (or certain other circumstances), law enforcement officers do not have the right to enter a home and the family may decline to speak to them.

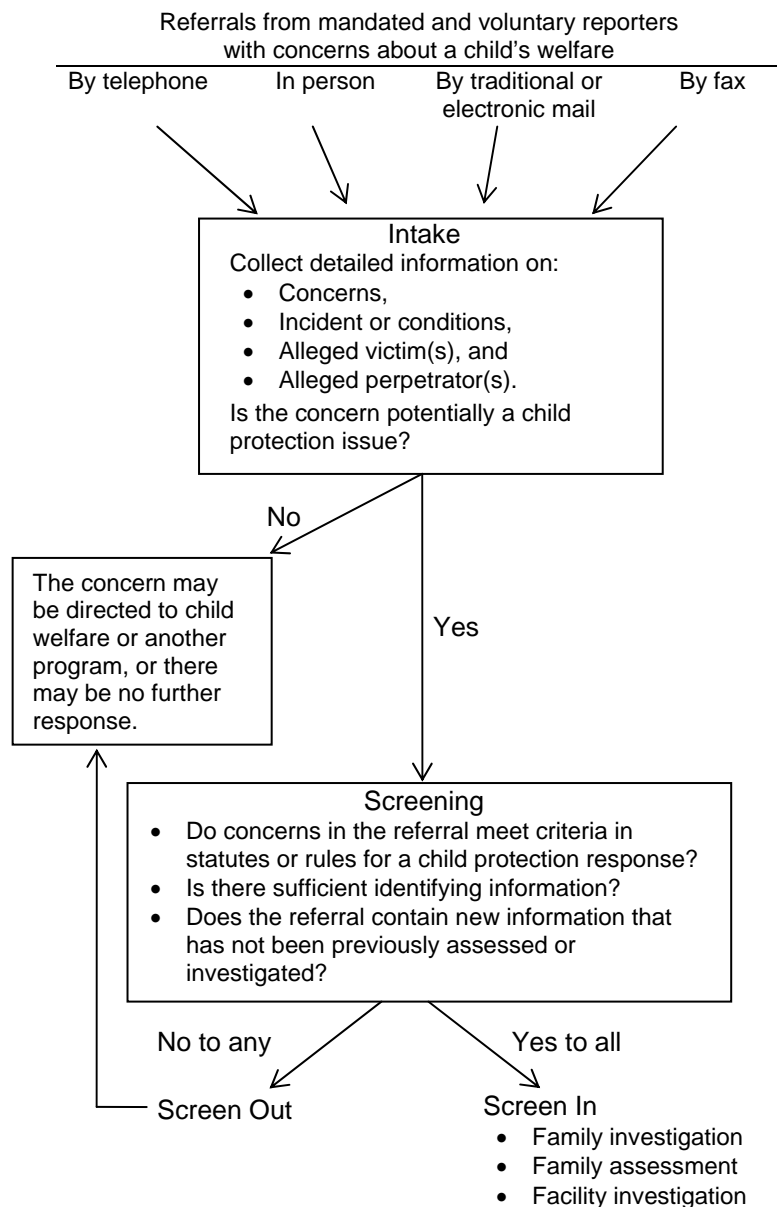
¹² *Minnesota Statutes* 2011, 260C.175, subd. 1(2)(ii); and 260C.176, subd. 2(b).

CHILD PROTECTION SCREENING

In 2010, Minnesota's county and tribal child protection agencies recorded more than 56,500 referrals of child maltreatment. Child protection intake is the task of receiving referrals and recording the relevant information so staff can determine if the concerns in the referral require a child protection response by the agency. For example, as illustrated in Figure 1.1, an intake worker collects detailed information about the reporter's concerns, the alleged victim, and the alleged perpetrator.

Figure 1.1: Child Protection Intake and Screening

“Intake workers” collect detailed information from reporters of alleged child maltreatment to determine if a response by the child protection agency is appropriate.



SOURCE: Office of the Legislative Auditor.

Child protection screening is the analysis of information gathered during intake to determine whether the allegations in the referral constitute child maltreatment that should be assessed or investigated by the child protection agency. Child protection screening results in a decision by child protection staff whether to “screen in” a referral of suspected maltreatment for a child protection response. As reflected in Figure 1.1, Minnesota rules require child protection agencies to screen in referrals of suspected maltreatment of children under their jurisdiction if:

- The allegations in the referral constitute maltreatment according to definitions in rules and statutes;
- There is sufficient identifying information to locate the child or at least one member of the family; and
- The referral contains information not previously received and assessed by the agency.¹³

As shown in Table 1.2, agencies must consider a range of factors to determine whether concerns included in a referral require a child protection response. For example, in addition to considering whether the alleged conduct meets statutory definitions of maltreatment, child protection screeners must consider whether the alleged perpetrator is a person responsible for caring for the child and, in some circumstances, whether the alleged maltreatment was not accidental.

Table 1.2: Factors Considered in Screening

Factors to Consider	Requirements to be “screened in” for a child protection response
Who is the victim?	Generally, child under age 18. There must be sufficient identifying information to locate the child or at least one member of the family.
Who is the perpetrator?	Person “responsible for the child’s care” who functions within the family unit or, in some circumstances, outside the family unit.
Does the act or failure to act constitute maltreatment?	Maltreatment is physical abuse, neglect, or sexual abuse as defined in state law. Physical abuse and neglect require the action or failure to act to be “other than by accidental means.” In addition, physical abuse includes actions “done in anger or without regard to the safety of the child.” Some types of neglect specify a failure to act when “reasonably able” to do otherwise.
What is the consequence of the act or failure to act?	Health or welfare <i>may be</i> jeopardized.
Does the agency have jurisdiction?	The child resides within the agency’s jurisdiction or is in imminent danger within the jurisdiction of the agency.
Have the allegations been previously assessed or investigated?	Allegations that have been previously assessed or investigated should be screened out.

SOURCE: Office of the Legislative Auditor, derived from *Minnesota Statutes* 2011, 626.556, and *Minnesota Rules* 2011, 9560.0214 and 9560.0216.

¹³ *Minnesota Rules* 2011, 9560.0216, subp. 3(A).

“Screened-in” maltreatment referrals result in an investigation or assessment.

“Screened-In” Referrals

Child protection staff may “screen in” only those referrals that meet statutory criteria for a child protection response. In 2010, Minnesota’s child protection agencies screened in fewer than one-third of the recorded child protection referrals. As shown in Figure 1.1, there are three possible responses by a child protection agency to a “screened-in” referral of child maltreatment: (1) family investigation, (2) family assessment, and (3) facility investigation.

Family Investigation

Child protection agencies are required to respond with a family investigation when a referral of child maltreatment alleges substantial child endangerment. Substantial child endangerment includes, for example, sexual abuse, abandonment, murder, criminal sexual conduct, and malicious punishment. As discussed above, referrals of maltreatment that is criminal in nature are also investigated by law enforcement.

Child protection agencies may respond to a maltreatment referral with a family investigation for discretionary reasons. For example, an agency might choose the investigative response based on the frequency, similarity, or recentness of past reports.

Investigations by child protection agencies involve gathering information on the safety of the child involved and the risk of subsequent maltreatment. A child protection investigation results in a determination of whether maltreatment occurred and whether child protection services are needed. Agencies responded to approximately 31 percent of screened-in child protection referrals with a family investigation in 2010.¹⁴ Prior to the introduction of “family assessment” (discussed below), child protection agencies responded to all screened-in child protection referrals with investigations.

Family Assessment

Since 2005, family assessment has been Minnesota’s preferred response to “screened-in” referrals that do not allege “substantial child endangerment.”

In the last 15 years or so, individuals working in child protection across the country and in Minnesota determined that responding with an investigation to all screened-in referrals alleging child maltreatment might not be helpful to many families and children. First, the process of investigating an allegation may itself cause harm, and most investigations did not result in a determination that maltreatment occurred. In addition, a determination that maltreatment occurred could have consequences that seemed excessive given the maltreatment. For example, the primary wage earner for a family could lose her job as a personal care assistant if investigations determined maltreatment occurred when she left her child unsupervised, even if the child suffered no harm as a consequence. Individuals involved in child protection policy felt that some caregivers might

¹⁴ Data on the responses of child protection agencies to screened-in maltreatment referrals are from: Department of Human Services, *Minnesota’s Child Welfare Report 2010: Report to the 2011 Minnesota Legislature* (St. Paul, 2011). The report actually reflects the number of assessments and investigations *concluded* in 2010, not the response to screened-in referrals *received* in 2010.

need help assuring their children's safety, but the allegations against them did not merit investigation and a determination whether maltreatment occurred.

In response, the Legislature created family assessments as an alternative to investigations. In 2005, the Legislature identified family assessments as the preferred response for child protection referrals when substantial child endangerment is not alleged.¹⁵ Rather than focusing on whether maltreatment occurred, family assessments involve working with families to assess the safety of the child and risk of subsequent maltreatment, as well as assessing a family's strengths and needs. Family assessments may result in a determination that child protection services are needed. However, family assessments do not result in a determination of whether maltreatment occurred. In 2010, child protection agencies responded to 67 percent of screened-in child protection referrals with a family assessment.¹⁶

Facility Investigations

Facility investigations are the response to all reports alleging child maltreatment in facilities such as residential facilities, foster care homes, and day-care facilities. Child protection agencies are responsible for investigating alleged maltreatment in facilities licensed by the local agency, child foster care, family child care, juvenile correctional facilities located in the county, legally unlicensed day care, and unlicensed personal care provider organizations.¹⁷ In 2010, 2 percent of screened-in child maltreatment referrals received a facility investigation response.¹⁸

“Screened-Out” Referrals

Referrals that do not meet criteria for child protection are “screened out” by child protection workers. In 2010, Minnesota's child protection agencies screened out approximately 68 percent of the child maltreatment referrals they recorded.

When a child protection agency “screens out” a child maltreatment referral, the agency does not provide child protection services to the family. However, the agency may respond in some other way. As noted at the beginning of this chapter, child protection services are only part of a continuum of child welfare services. Agencies might provide a family who is the subject of a screened-out referral with services that are the same as the agency would have provided had the referral been “screened in.” For example, 30 counties operate a voluntary program called the Parent Support Outreach Program through a grant from DHS. The program is for families who were the subject of a screened-out child

**As a group,
county and tribal
child protection
agencies
“screened out”
68 percent of
the child
maltreatment
referrals they
recorded in 2010.**

¹⁵ *Laws of Minnesota* 2005, chapter 159, art. 1, secs. 1-13.

¹⁶ This percentage is based on the number of assessments and investigations *concluded* in 2010, not screened-in referrals *received* in 2010.

¹⁷ State agencies are responsible for investigating child maltreatment in facilities they license with the exception of child foster care, family child care, and juvenile correctional facilities.

¹⁸ We did not address the screening of facility referrals in this evaluation. This percentage is based on the number of assessments and investigations *concluded* in 2010, not the number of screened-in referrals *received* in 2010.

Children and families who are the subject of “screened-out” maltreatment referrals may receive other services.

protection referral and who have at least one child under age ten. The program helps qualifying families meet their basic needs and provides them with services. The services might be provided by the same agency worker who provides child protection services.

Depending on the nature of the maltreatment referral, families who are screened out of child protection may be referred to other agency programs, such as adult mental health, children’s mental health, or chemical dependency. Child protection staff might also tell the person making the child maltreatment referral about other resources in the community that could help the child or family.

Child protection agencies might cross-report screened-out child maltreatment referrals to law enforcement.¹⁹ In these communities, law enforcement may respond—either on its own initiative or at the request of the child protection agency—with a “child welfare check” to assure that a child is safe. Some child welfare agencies conduct these child welfare checks themselves using child welfare workers. A child welfare worker does not have a right to enter the home or see or interview a child without parental permission. And, as we explained above, only law enforcement officers can take a child into custody for emergency placement if the situation warrants it.

LEGAL FRAMEWORK

Child protection is regulated by various federal and state laws and rules. In Minnesota, child protection is administered by county and tribal child protection agencies that operate within the framework of these laws and under the supervision of the state. The following section outlines federal law, the state supervisory role, and the county and tribal role in administering child protection.

Federal Role

Child welfare, including child protection, is primarily the responsibility of states. However, beginning in 1974 with the enactment of the Child Abuse Prevention and Treatment Act (CAPTA), the federal government has made funding available for states to address child abuse and neglect.²⁰ In order for states to receive federal funding, they must meet the requirements of the law providing the funding. There are several federal laws that authorize funding for child

¹⁹ Whether child protection agencies should cross-report all child maltreatment referrals or only screened-in child maltreatment referrals is open to interpretation. Statutes do not distinguish between all referrals and screened-in referrals. This issue is discussed in Chapter 2.

²⁰ Public Law 93-247 (1974).

Federal law provides the basis for Minnesota's child protection law.

protection services.²¹ However, CAPTA provides funding specifically for child protection screening. CAPTA grants may be used for the improvement of intake, assessment, screening, and investigation of referrals.

CAPTA funds are distributed through grants to states.²² In order for states to be eligible to receive certain grant money under CAPTA, the governor of the state must certify that the state has a statewide program relating to child abuse and neglect and make assurances regarding specific features of the program.²³

Assurances required by CAPTA that are related to child protection screening include:

- The child protection program must have procedures for screening, assessments, and investigations of referrals of child abuse and neglect, as well as triage procedures to appropriately refer children not at risk of imminent harm.
- States must have a requirement in law mandating certain individuals to report suspected child maltreatment and give immunity from prosecution to individuals making good faith referrals of child maltreatment.
- State programs must use a definition of child abuse and neglect at least as stringent as the one outlined in CAPTA.
- States receiving grants must annually make data available to the U.S. Department of Health and Human Services, including the number of child protection personnel responsible for the intake, screening, assessment, and investigation of referrals of child abuse and neglect, as well as the training, education, qualifications, workload, and demographic information on such personnel.
- The state must make annual data reports on the number of children referred to child protection in the state and the disposition of those referrals.

DHS develops and submits the state plan and reports that are required for federal child protection funding. The Governor makes required assurances for federal CAPTA funding.

²¹ Other major sources of federal funding for state child protection services are Titles IV-E (funding for foster care and adoption) and IV-B (funding for family preservation and reunification, prevention of child maltreatment, safety, permanence and support for foster and adoptive families, and workforce training) of the Social Security Act and Social Service Block Grants authorized under Title XX of the Social Security Act. The Social Services Block Grant provides flexible funding, which can be used by the states for a variety of purposes as outlined in Title XX. Medicaid and Temporary Aid to Needy Families (TANF) are also federal sources for child protection funding. However, monies from these programs are more specific to income support and medical care for needy children and families.

²² Grants may also be made to American Indian tribes, tribal organizations, and public or private agencies or organizations, including community-based organizations.

²³ CAPTA is codified at 42 U.S. Code, sec. 5101 et. seq. (Supp. IV 2010).

The Department of Human Services supervises county and tribal administration of child protection in Minnesota.

State Role

Minnesota has a largely decentralized child protection system that works within the framework of state laws and rules. The Legislature passes laws necessary to comply with federal requirements for CAPTA funding and other child protection matters. For example, state laws include definitions of maltreatment that meet federal requirements to receive funding and identify certain professionals as mandated reporters of child maltreatment.²⁴ State law requires local agencies to have a child protection response to allegations of child maltreatment.²⁵ Local agencies must perform their duties in accordance with state statutes and rules promulgated by DHS.²⁶ Minnesota rules require local agencies to screen every referral of maltreatment they receive.²⁷

DHS is responsible for supervision of county and tribal agencies' administration of child protection. DHS's responsibilities include allocating funds, evaluating county performance, and providing training, technical assistance, and support. The department is also responsible for approving county agencies' service plans that identify needs of vulnerable children in the county and strategies the county will use to address them. However, the department has limited enforcement power and ability to sanction agencies.²⁸

Finally, DHS, in collaboration with child protection agencies and other stakeholders, has developed guidelines for child protection screening. The *Minnesota Child Maltreatment Screening Guidelines* were first developed in 2007.²⁹ Unlike administrative rules, the guidelines do not have the force and effect of law. Rather, they are intended to be used as a tool by child protection agencies to assist in the screening of child protection referrals. County agencies may choose to adopt the guidelines with the approval of the county board.³⁰ We evaluate state supervision in Chapter 4.

County and Tribal Roles

State statutes establish local social service agencies in each county to administer all forms of public welfare, including child welfare services, subject to the supervision of DHS.³¹ In Minnesota, child protection intake and screening is administered by 87 counties and 2 American Indian tribes through 86 child protection agencies. Local agencies are generally county social service

²⁴ Minnesota's definitions of maltreatment are in *Minnesota Statutes* 2011, 626.556, subd. 2. Identification of mandated reporters is in *Minnesota Statutes* 2011, 626.556, subd. 3.

²⁵ *Minnesota Statutes* 2011, 626.556, subds. 1 and 10.

²⁶ *Minnesota Statutes* 2011, 393.07, subds. 1(a) and 2.

²⁷ *Minnesota Rules* 2011, 9560.0216, subp. 1.

²⁸ *Minnesota Statutes* 2011, 256M.20, subds. 3 and 4.

²⁹ Department of Human Services, *Minnesota Child Maltreatment Screening Guidelines* (St. Paul, 2011).

³⁰ *Minnesota Statutes* 2011, 626.556, subd. 10e(k).

³¹ *Minnesota Statutes* 2011, 393.07, subd. 1.

County child protection agencies are usually responsible for the children residing in their county, but this responsibility has been transferred to two tribal agencies.

agencies.³² Except as explained below, county child protection agencies have jurisdiction over children residing in the county, including children residing on American Indian reservations. If imminent danger is alleged, child protection agencies must screen and respond to referrals of maltreatment of any child found in the county, whether or not the child's legal residence is in the county.³³

While county child protection agencies are generally responsible for children residing in their county, state law has authorized DHS to allow some American Indian tribes to enforce Minnesota child protection law, relieving county agencies from enforcing this law for American Indian children residing on the reservation.³⁴ Under this initiative, called the American Indian Child Welfare Initiative, the Leech Lake Band of Ojibwe and the White Earth Band of Ojibwe enforce both Minnesota law and their tribal child protection code for children who are enrolled or could be enrolled in the tribe and who live on the reservation. The tribes accept and screen referrals for these children. The tribes must follow Minnesota law but may request a waiver from DHS rules. The tribes' child protection agencies are solely responsible for these children.³⁵

As a whole, counties were the largest source of funding for child welfare services in 2010.³⁶ Statewide, county social service agencies spent \$356 million administering public child welfare services.³⁷ As Figure 1.2 depicts, in 2010, counties provided 57 percent of funding for child welfare activities, including

³² Faribault and Martin counties jointly administer their human service programs, as do Lincoln, Lyon, and Murray counties. The two American Indian tribes administering child protection under Minnesota law are the Leech Lake Band of Ojibwe and the White Earth Band of Ojibwe.

³³ Since law enforcement is often involved in cases of imminent danger, there may be a jurisdictional split if an instance of maltreatment that rises to the level of criminal conduct occurs in one county, but the child resides in another county. Law enforcement and the city or county attorney will have criminal jurisdiction over the case in the county where the conduct occurred. However, the child protection agency of the county where the child resides will have jurisdiction for the purposes of child protection.

³⁴ *Minnesota Statutes* 2011, 256.01, subd. 14b.

³⁵ Under Minnesota law, counties are responsible for protecting other American Indian children living within the territorial boundaries of the county, regardless of whether they live on a reservation. Some reservations span several counties. In such cases, jurisdiction is evaluated based on the county in which the child lives, irrespective of the reservation boundaries. However, the Bois Forte Band of Chippewa and Red Lake Nation have special legal status whereby counties may not be able to exercise jurisdiction over American Indian children living on tribal lands. While the counties in which these tribal lands are located are still legally responsible under Minnesota law for the protection of these children, the counties are not able to exercise jurisdiction over these children without permission of the tribes. Tribes may enforce their own child protection code on the reservation.

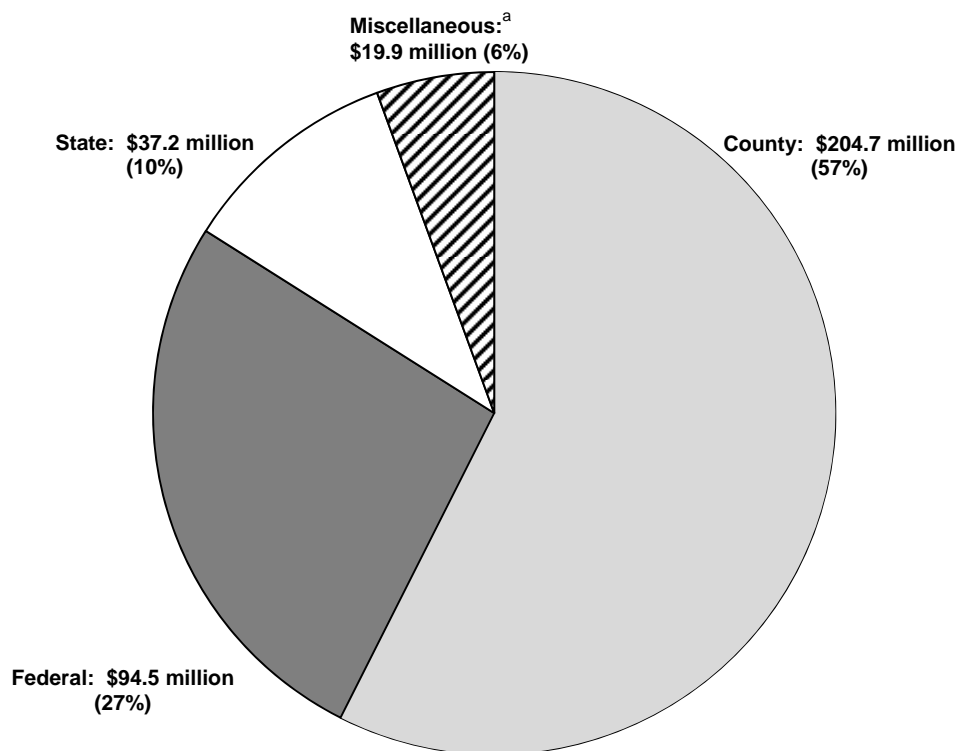
³⁶ This discussion does not include funding by or for the Leech Lake Band of Ojibwe or the White Earth Band of Ojibwe. The state provides funding to these tribes through the American Indian Child Welfare Initiative and, in state fiscal year 2010, provided almost \$5 million. In addition, the state provided funding to these tribes under the Indian Child Welfare Act and for family assessments in 2010.

³⁷ We focused on county spending to administer and provide child welfare (including child protection) services, regardless of the original source of funding. We excluded services directed to child health, children's mental health, and children with developmental disabilities from child welfare services. Data were not available for us to determine how much counties spent on services delivered through child protection versus other child welfare programs.

Counties are the largest source of funding for child welfare services in Minnesota, providing over half of the funding in 2010.

child protection. That year, the federal government provided 27 percent of the funding, the state provided 10 percent, and miscellaneous sources provided 6 percent.

Figure 1.2: County Child Welfare Spending by Funding Source, Calendar Year 2010



Total spending: \$356 million

NOTES: Funding provided by each source reflects Department of Human Services calculations. County reporting could result in a different distribution among funding sources. Child welfare activities reflected in the figure include child protection, but exclude services directed to child health, children's mental health, and children with developmental disabilities. The figure excludes spending for child welfare and child protection services administered by the Leech Lake Band of Ojibwe and White Earth Band of Ojibwe.

^a Miscellaneous revenue includes fees and private contributions.

SOURCE: Office of the Legislative Auditor, analysis of Department of Human Services spending data.

Intake and screening are key tasks administered by county and tribal child protection agencies.

Gathering detailed and relevant factual information during child protection intake requires specific skills and knowledge.

Whether a family enters the child protection system involves two key administrative activities: child protection intake and screening. As administrators of child protection in Minnesota, each county and tribal child protection agency determines how to staff and conduct these activities.¹ The number of staff completing intake and screening in each agency is fairly small.²

In this chapter, we examine how child protection agencies in the state conduct child protection intake and screening. We consider who performs the activities, the practices staff follow, and the resources they consult. For child protection intake, we also assess the experiences of a sample of mandated reporters who have made child protection referrals. Finally, we explore child protection agency data of recorded child protection referrals. We discuss variation in screening decisions in Chapter 3.

INTAKE

Child protection intake involves receiving “referrals” of suspected child maltreatment.³ Intake is an activity that requires significant skill. Obtaining useful and detailed factual information from a reporter of suspected child maltreatment requires the ability to listen objectively to people who may be nervous, upset, or angry as they relate suspicions and concerns in ways that may not be straightforward.

Intake workers need to be able to identify relevant information in a child protection referral and ask questions to elicit information that will help with the screening decision. In addition to good listening and communication skills, child protection intake requires knowledge of maltreatment statutes, guidelines, and other factors that may influence a screening decision. We concluded:

- **For the most part, Minnesota’s child protection agencies adequately administer their child protection intake responsibilities.**

¹ As described in Chapter 1, 87 counties and 2 American Indian tribes administer child protection services through 86 child protection agencies. Faribault and Martin counties jointly administer their human service programs, as do Lincoln, Lyon, and Murray counties. The two American Indian tribes administering child protection under the American Indian Child Welfare Initiative are the Leech Lake Band of Ojibwe and the White Earth Band of Ojibwe.

² Half of the 86 child protection agencies reportedly assigned less than one full-time-equivalent (FTE) staff person for intake and screening in 2010. Only Hennepin County reported more than five FTE staff performing these activities. For reporting these data, agencies are instructed to include supervisors’ time if supervisors screen reports.

³ In this evaluation, we use the term “referrals” when discussing concerns received by county and tribal child protection agencies.

We considered how agencies staff child protection intake, the tasks intake workers complete, the resources they consult, and the experiences of mandated reporters.

Intake Resources

In examining the resources child protection agencies use to receive child protection referrals, we found:

- **Most of Minnesota’s child protection agencies staff child protection intake with social workers and have the ability to respond to after-hours and foreign language referrals.**

Staffing

Child protection intake in most agencies is completed by social workers. In many of the agencies, the social workers specialize in child protection or intake.⁴ As Table 2.1 shows, most respondents to a survey about child protection screening indicated that intake at their agency is completed by child protection social workers who specialize in intake (31 percent), child protection social workers who have other child protection responsibilities (20 percent), or intake social workers (11 percent).⁵

Assigning intake duties to specialized social workers suggests that intake is performed by staff with considerable knowledge and skill. For example, although child protection social workers may not specialize in intake, their familiarity with the child protection program likely assists them in knowing what information is relevant to screening. Similarly, intake social workers who receive referrals for a range of programs likely develop intake skills that are important regardless of the program.

Table 2.1 shows that 29 percent of respondents indicated that a range of social service social workers generally complete child protection intake at their agency, and 8 percent of respondents indicated other staffing arrangements. For example, case aides complete the task in some agencies.⁶ All agencies may not have a volume of child protection referrals that would justify hiring specialized social workers for this task.

⁴ In its generic use, “intake” is the process of receiving and recording information, regardless of the program or service.

⁵ We sent a survey to a person in each agency “who (1) participates in child protection screening decisions and (2) can provide a single response to represent screening decisions” in the agency. We received 83 responses representing 85 of Minnesota’s 86 child protection agencies.

⁶ Two agencies indicated that the case aides specialize in intake.

Intake workers in some agencies perform intake for multiple social service programs, not just child protection.

Child protection agencies use various approaches to receive child maltreatment referrals outside of usual business hours.

Table 2.1: Child Protection Intake Staffing

Generally, child protection intake is staffed by:	Respondents ^a	Percentage ^b
Child protection social workers whose primary work responsibility is child protection intake.	26	31%
Social service social workers, not just those in child protection or intake, on a rotating basis.	24	29
Child protection social workers who have other responsibilities besides intake, such as conducting family assessments and/or investigations.	17	20
Intake social workers who do not specialize in child protection.	9	11
Other ^c	7	8

NOTE: The question read: "From the list below, please select the option that reflects how your agency generally staffs child protection intake. By 'intake,' we mean the process of collecting and recording information regarding a child protection referral. Intake does not include the decision to accept (i.e., screen in) or reject (i.e., screen out) the referral."

^a N=83. Eighty-five of Minnesota's 86 child protection agencies are represented. Minnesota's child protection agencies include 84 agencies that represent the state's 87 counties and 2 tribal child protection agencies. One agency did not respond, and we received two responses that applied to two agencies each. Each of those responses is reflected once.

^b Column does not total 100 percent due to rounding.

^c "Other" includes, for example, case aides, senior office support specialist, and staff beyond social service social workers rotating responsibility for intake. We included some of the arrangements described by respondents in the categories above.

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

After-Hours and Foreign Language Referrals

In addition to examining staffing of child protection intake, our evaluation of agency administration considered agencies' ability to accept referrals during nontraditional business hours and from non-English speakers. Survey respondents representing 85 of Minnesota's 86 child protection agencies indicated that their agency or law enforcement is able to respond to child protection referrals 24 hours a day, seven days a week. Respondents for more than half of the child protection agencies indicated that after-hours child protection calls are directed to law enforcement. Several agencies explained that law enforcement can contact a social worker if needed. The remaining respondents indicated various arrangements for child protection calls outside of regular business hours. For example, several agencies use on-call staff. Others mentioned "after hours" or "crisis response" staff. Some agencies said they contract with a private agency for coverage during nonbusiness hours.

Most of the child protection agencies reported having the capacity to receive referrals from non-English speakers.⁷ Most respondents indicated that their agency uses a language line or other agency for interpreting services when a

⁷ A few agency respondents did not know how their agency handles referrals from non-English speakers or did not respond to the question.

child maltreatment referral is made by a non-English speaker.⁸ Agencies also use staff who are competent in the language or interpreters. Several respondents said their agency has more than one option for handling non-English referrals. For example, two respondents indicated they have staff who are fluent in Spanish and use the language line for other languages. Several agencies mentioned rarely or never receiving referrals from non-English speakers.

Information and Communication

Skillful intake requires more than a person being available to answer the phone or receive an in-person referral. It also requires the ability to gather information and communicate. Table 2.2 lists the types of information that workers attempt to gather during a child protection intake. As the table shows, among other things, an intake worker needs to obtain detailed information about the allegation, when the alleged maltreatment occurred, and the alleged victims. Along with information about the alleged perpetrator, these details help screening staff determine if the alleged maltreatment meets statutory criteria for a child protection response.

Incomplete or unclear information gathered during intake could lead to inappropriate child protection screening decisions.

For example, if a person calls the child protection agency with concerns about a child living in a “filthy house,” an intake worker might ask detailed questions about the actual conditions of the house. A house that is infested with rats and cockroaches, has exposed electrical wiring, and is full of animal waste and spoiled food poses a different level of concern than a house that is dusty and disordered. The intake worker might ask how the reporter knows about the situation. Direct and recent observation may provide clearer cause for concern than details the reporter heard from a friend several weeks ago. The intake worker may ask the age of the child living in the home to help assess his or her vulnerability.

The importance of thorough intake work cannot be overstated. The information will be used to make a decision about whether the referral will be accepted for a child protection response. Incomplete or unclear information might lead to an incorrect screening decision that results in unnecessary intervention in a family or the failure to protect a child who is being maltreated.⁹

For insight into the types of information intake workers need to obtain, we asked child protection screeners about the information they consider during screening. In addition, our observation of child protection intake and screening in several

⁸ A language line provides telephone interpreting services. An interpreter is a third party to a phone call and translates between the other parties. Language line providers give agencies access to many languages and dialects.

⁹ For example, in *S.L.D. v. Kranz*, a parent sued a county for damages alleging the county was negligent in failing to conduct an investigation into a referral he made about suspected maltreatment of his daughters. In her deposition, an assessment worker who was part of the screening decision said she was not given all of the information that the parent communicated to the intake worker and would have made a different decision had she been. *S.L.D. v. Kranz*, 498 N.W.2d 47 (Minn. Ct. App. 1993).

Child protection intake workers seek information about the alleged victim, perpetrator, incident, and family context.

Table 2.2: Intake Information Checklist

The following list includes the types of information that intake workers attempt to collect from reporters of child maltreatment and other sources as they complete a child protection intake.

Allegation Information

- Is the child in immediate danger?
- In detail, what action or condition was observed?
- When did it happen? Where?
- What is the child's present condition? Are injuries present?
- Does the alleged offender have access to the child now?

Reporter and Collateral Information

- Reporter's name, address, phone number, and relationship to family
- Contact information of other witnesses to the alleged incident, if any
- Reporter's awareness of any immediate resources willing to offer support or protection
- Reporter's capacity and willingness to help the family
- Other agencies or individuals the reporter has informed, if any

Victim Information (for each victim)

- Name, age, gender, race, ethnicity, American Indian heritage, citizenship status, school, grade level, special needs
- Permanent address and present location (if different)

Alleged Offender Information (for each offender)

- Name, address, phone number, gender, date of birth, race, ethnicity, marital/custodial relationship, occupation
- Alleged offender's awareness of report

Family Information

- Family composition, members of household
- Of other parents/caregivers in the home: Name, phone number, gender, date of birth, race, ethnicity, marital/custodial relationship, occupation
- Of other children in the home: Name, gender, date of birth or approximate age, school, grade level, special needs
- Primary language, ability to communicate in English
- Family's awareness of report
- Any known medical, developmental, mental health, or chemical use issues for any family members
- Any known history of family violence, criminal history, weapons, or dangerous animals in the home
- Condition of the home
- Manufacture or sale of illegal substances in the home
- Things that are going well for the family
- Resources or supports the family is using
- Resources or supports the reporter knows of that would be helpful to the family

SOURCE: Office of the Legislative Auditor, adapted from Department of Human Services, *Child Welfare Foundation Training*, Module 7, Chapter 1, "Intake Question Checklist," and related training materials.

In addition to asking questions of reporters of maltreatment, intake workers often search records for a family's child protection history.

agencies allowed us to see how the information is collected and used.¹⁰ Finally, we asked mandated reporters about their experiences making child protection referrals. We found:

- **Child protection intake workers in many agencies endeavor to obtain complete and accurate child protection referrals and communicate well with many mandated reporters.**

Table 2.3 shows the methods child protection screeners said they use to inform screening decisions.¹¹ As the table shows, workers search for child protection history and in the state's Social Service Information System (SSIS), which contains information about other social services the family may be receiving.¹² SSIS, which is maintained by the Department of Human Services (DHS), can provide information such as correct spelling of names, birthdates, or a current address. For example, we listened to one referral from a voluntary reporter who was unsure of the first names of the children she was concerned about. While the reporter was trying to remember the names, the intake worker found the children's names and birthdates through SSIS. SSIS might also contain details about family relationships and ongoing or past challenges the family has experienced.

About three-quarters of the respondents to our survey said staff at least sometimes initiate checks of law enforcement records. A few respondents explained that checking with law enforcement is one way to test the veracity of a referral. For example, they can see if a person alleged to have been arrested actually was, or if an alleged sex offender living in a home with children has actually been charged with or convicted of a sex offense. During our site visits, intake workers told us about additional sources of information they consult, including the courts, schools, property tax records, and DHS licensing data.

¹⁰ We observed intake in 6 agencies and screening in 11 agencies. We were unable to observe child protection intake in most of the agencies we visited due to lack of referral activity during our visits.

¹¹ Although we surveyed child protection screeners, during our observation of intake and screening it became clear that the searches and contacts conducted to obtain the necessary information were often completed during intake. In fact, in some agencies or situations, intake and screening occur simultaneously. In these cases, our distinction between intake and screening is somewhat artificial.

¹² The Social Service Information System (SSIS) is the state's computer system for recording, storing, managing, and reporting information about individuals receiving certain social services. Social service programs covered include child welfare, child protection, children's mental health, adult protection, and chemical dependency, among others. SSIS is used throughout the child protection process, starting with an agency receiving, recording, and screening a child protection referral; continuing with an assessment or investigation as appropriate; and concluding with management of needed services. SSIS not only allows a worker to maintain and access child protection records about his or her own clients, but also to see whether other child protection agencies in the state have records about the clients. Access to other agencies' detailed client information is granted quickly for many programs, but information on mental health and chemical dependency services requires a court order or client release. In addition, SSIS allows workers to see identifying information from, and whether a client has records in, the state's Medicaid computer system (MMIS), the system for cash assistance and food support (MAXIS), and the child support enforcement computer system (PRISM). Workers do not have access to these systems through SSIS, however.

During intake, contacting individuals other than the original reporter of maltreatment is generally done less frequently than searches of databases or records.

Table 2.3: Child Protection Intake Information Methods

Methods to Inform Screening Decisions	Percentage of Respondents ^a			
	Always or Often	Some-times	Rarely or Never	Not Applicable
Search records for child protection history	90%	10%	0%	0%
Search records for previous screened-out referrals	82	16	2	0
Search SSIS for prior or current receipt of social services other than child protection ^b	80	13	7	0
Initiate a check of law enforcement records	19	55	25	0
Attempt contact with collateral sources of information	17	45	39	0
Attempt contact with alleged victim and/or perpetrator	2	16	81	1
Visit the alleged perpetrator, victim, or family home	1	7	90	1

NOTES: The question read: "Please indicate the extent to which you use the following methods to inform screening decisions. Do not include actions taken after a referral has already been screened." Row percentages may not sum to 100 due to rounding.

^a N=83. Eighty-five of Minnesota's 86 child protection agencies are represented. Minnesota's child protection agencies include 84 agencies that represent the state's 87 counties and 2 tribal child protection agencies. One agency did not respond, and we received two responses that applied to two agencies each. Each of those responses is reflected once.

^b SSIS (Social Service Information System) is the state's computer system for recording, storing, managing, and reporting information about individuals receiving certain social services. Social service programs covered include child welfare, child protection, children's mental health, adult protection, and chemical dependency, among others. SSIS allows workers to see whether other child protection agencies in the state have records about particular clients. Access to other agencies' detailed client information is granted quickly for many social service programs, but information on mental health and chemical dependency services requires a court order or client release.

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

Regarding the less frequently used methods listed in Table 2.3, some survey respondents said that contact with other individuals (also known as "collateral contacts"), the alleged perpetrator, or the alleged victim only occurs after the screening decision is made. Others specified that a collateral contact made before screening might be a call to the original reporter for additional information or clarification. Still, we observed intakes and screening discussions reflecting that contacts with other individuals had been made prior to making the screening decision. For example, during screening of one referral, the screening team talked about a contact made with a child's teacher (who was not the original reporter).

In addition to gathering information from other sources, intake workers must be able to communicate well with reporters of maltreatment. For example, intake workers we observed asked probing questions of the person making the referral. In one instance, we listened as an intake worker talked with a mandated reporter who was unsure whether to make a child protection referral. After the intake

Most of the mandated reporters we surveyed thought the intake worker they spoke to most recently was professional and asked good questions.

worker asked several questions and discussed the reporter's concerns, it became clear that the reporter did not suspect the mother of neglecting her child. Instead, she wanted the child's developmental disability case manager to be aware of the reporter's observations and check in with the family.

Because our presence during child protection intake and screening may have affected staff behavior, and to get a broader perspective, we asked mandated reporters about their experiences making child protection referrals. Most of the mandated reporters we surveyed who had made a child maltreatment referral between 2006 and 2010 had a favorable impression of the staff person with whom they interacted.¹³ As Table 2.4 shows, 88 percent of them agreed that the child protection staff person they spoke to when making their most recent referral was professional and more than three-quarters agreed that the worker asked good questions. In their written comments, some mandated reporters praised child protection workers to whom they had made referrals. One respondent commented,

When I have concerns about a child/situation, I have frequently called child protection intake and discussed my concerns without revealing the name of the child, to learn if staff thought it was an appropriate referral. I have found staff very receptive to this consultative approach.

Nonetheless, some mandated reporters' comments reflect the possible consequences when unskilled staff perform child protection intake. We found:

- **Although problems did not appear to be pervasive, staff performance negatively affects some child protection reporting experiences.**

Although most mandated reporters had positive responses to questions about the intake worker they dealt with on their most recent maltreatment referral, some reporters had negative comments about their most recent experience or other experiences. Some noted variation depending on the agency or the worker who received the call. Some had experiences with workers they characterized as patronizing, rude, not easy to talk to, or dismissive. One mandated reporter said,

¹³ Surveyed professionals included pediatricians, advanced-practice pediatric nurses, school counselors, school psychologists, school social workers, and school nurses. We mailed surveys to a sample of 987 professionals selected from lists provided by the Board of Medical Practice, Board of Nursing, and Minnesota Department of Education. We received responses from 539 professionals who were still mandated reporters, for a 55-percent response rate. In reporting their responses, we have not generalized to all individuals in these groups, but instead present their responses as the responses of a sample of individuals. Their responses cannot be generalized as representative of all mandated reporters. Not all agencies were represented among those to whom respondents had made referrals.

Table 2.4: Mandated Reporters' Experience with Child Protection Intake

	Percentage of Respondents ^a			
	Disagree or Strongly Disagree	Neither Agree nor Disagree	Agree or Strongly Agree	Don't Know or No Basis for Judging
The child protection worker to whom I reported my concerns was professional.	3%	3%	88%	5%
In my opinion, the child protection worker with whom I spoke asked good questions about my concerns.	7	8	79	6

NOTES: The question read: "Still considering your most recent experience reporting suspected maltreatment to the county or tribe listed in Question 4, please indicate the extent to which you disagree or agree with the following statements." We surveyed a sample of health care and education professionals. In reporting their responses, we are not generalizing to all individuals in these groups, but instead present their responses as the responses of a sample of individuals. Their responses cannot be generalized as representative of all mandated reporters.

^a N=382. Not all child protection agencies in the state are represented among those to whom respondents had made reports.

SOURCE: Office of the Legislative Auditor, survey of pediatricians, advanced-practice pediatric nurses, school counselors, school psychologists, school social workers, and school nurses, September 2011.

However, some mandated reporters told us that they have had negative child protection intake experiences.

"People should not have to feel afraid to call for fear of being talked down to. This has improved over the years, but is always in the back of my mind before I make a call." Noting that positive experiences had outweighed negative ones, one commented,

On the positive end, I have been treated as a team member working to assist [Minnesota] children [and] families [and] on the negative end, I have been treated like the person thinks I'm an idiot wasting his/her time.

Because mandated reporters' negative comments were isolated, we cannot conclude that there is a system-wide problem with county and tribal administration of child protection intake. However, these comments are a reminder of the importance of the task and the effect poor intake work can have on people making child maltreatment referrals and, perhaps, their future reporting behavior. In addition, during interviews with child protection agencies, some staff highlighted how important good and thorough intake work is.

RECOMMENDATION

Child protection agencies should require staff who perform child protection intake to complete the Web-based training the Department of Human Services has developed on this topic.

DHS has developed Web-based training for new child protection workers that covers child protection intake. New child protection workers are required to take the training. However, it is clear that staff who are not child protection workers perform intake in many agencies. In addition, statutes and best practices relevant to intake may change over time, and workers who perform intake could benefit from re-taking the training periodically. We think anyone who performs child protection intake should take this training and have the ability to repeat it. At the time of this writing, DHS's Web-based training has been available only to child protection workers enrolled in new-worker training. In Chapter 4, we discuss this training and recommend that DHS make it more widely available. Once DHS has achieved this, we recommend that child protection agencies require staff who perform intake to take the training.

RECOMMENDATION

The Legislature should amend Minnesota Statutes 2011, 626.556, subd. 2, to distinguish between all referrals to child protection agencies and referrals that agencies “screen in.”

We identified different practices agencies have for making collateral contacts prior to making a screening decision. The lack of distinction in state law between all maltreatment referrals and screened-in referrals is a possible explanation for these differences. Currently, state law defines a child maltreatment report as “any report received by the local welfare agency, police department, county sheriff, or agency responsible for assessing or investigating maltreatment....”¹⁴ However, some provisions in law might be relevant only for referrals that child protection agencies have “screened in” for a child protection response, not any report received by an agency.

In this evaluation, we have used the term “referral” for an allegation of child maltreatment reported to an agency. This is consistent with terminology used by the U.S. Department of Health and Human Services in its annual report of child maltreatment. In that publication, the term “report” is used for a referral that has been “screened in” for a child protection response.¹⁵ If the Legislature follows this recommendation, it will need to consider amending other subdivisions in *Minnesota Statutes* 2011, 626.556, and related provisions of law, to ensure that the provisions reflect the stage in the screening process that the Legislature intends.

SCREENING

Screening involves analyzing information obtained during intake and deciding whether the referral meets statutory criteria for a child protection response. In

¹⁴ *Minnesota Statutes* 2011, 626.556, subd. 2(h).

¹⁵ U.S. Department of Health and Human Services, Administration on Children, Youth and Families, *Child Maltreatment 2010* (Washington, DC: U.S. Government Printing Office, 2011), viii.

this section, we describe how child protection agencies carry out their screening responsibilities. We found:

- **Minnesota’s child protection agencies take reasonable approaches to making screening decisions, but decisions might not always be timely.**

Child protection agencies often solicit input from multiple staff when making child protection screening decisions and decision making appears to be deliberative. However, data issues prevented us from definitively determining whether screening decisions are made within the 24 hours required by law.

Individuals Involved in Screening Decisions

Involving more than one person in a child protection screening decision might lessen the chance that the decision will reflect individual staff emotions or biases. We found:

- **In many circumstances, child protection agencies involve more than one staff person in screening decisions.**

As Table 2.5 shows, even for “clear-cut” child protection referrals—those for which a clear response is indicated by statutes, rules, or guidelines—most child protection agencies involve more than one person in making screening decisions. Fewer than one-third of the respondents to our survey of child protection screeners said that a staff person or supervisor working alone makes the screening decision for referrals that should clearly be screened in or out. For “gray-area” referrals—those for which the appropriate screening decision is not clearly indicated by statutes, rules, or guidelines—only 11 percent of respondents said decisions are made by a supervisor alone. Even staff who make decisions alone might confer with coworkers throughout the day when making decisions. For example, in three agencies we visited, intake and screening staff work in cubicles configured to encourage informal consultation.

In many agencies, screening decisions involve input from multiple individuals.

Many agencies use teams of child protection staff or multi-disciplinary teams to make child protection screening decisions, especially for gray-area referrals. For these referrals, 59 percent of respondents indicated that teams make the screening decisions. In practice, some agencies have screening teams that meet at a set time each day. Participation on the team might vary by day, staff availability, or the subjects of the referral. If a referral involves a family receiving other social services, the staff person managing the family’s other services may be involved. Staff at one of the agencies we visited explained that screening decisions are not always postponed until the screening team meets. For example, referrals alleging serious maltreatment are screened immediately.

Table 2.5: Staff Involvement in Child Protection Screening Decisions

Type of Referral	Percentage of respondents indicating that decisions are made by: ^a					
	A child protection staff person working alone	A supervisor	A child protection staff person in consultation with a supervisor	Child protection staff working in teams	Multi-disciplinary teams	Other
Clear-cut screen-in referrals	14%	7%	28%	36%	11%	4%
Clear-cut screen-out referrals	22	10	20	34	10	5
"Gray area" referrals	0	11	25	42	17	5

NOTES: The question read: "Screening decisions for some referrals are clear-cut. Other referrals fall into a 'gray area' for which a clear response is not indicated by statutes, rules, or guidelines. For each category of referral listed in the column to the left, please indicate who generally makes screening decisions in your agency." Row percentages may not sum to 100 due to rounding.

^a N=83. Eighty-five of Minnesota's 86 child protection agencies are represented. Minnesota's child protection agencies include 84 agencies that represent the state's 87 counties and 2 tribal child protection agencies. One agency did not respond, and we received two responses that applied to two agencies each. Each of those responses is reflected once.

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

As Table 2.5 shows, around one-fifth to one-quarter of respondents indicated that screening decisions are made by a staff person in consultation with a supervisor. Some agencies commented that all screening decisions are made by a supervisor, in consultation with a supervisor, or are reviewed by a supervisor. One agency noted that all screened-out referrals and referrals alleging sexual abuse are reviewed by a supervisor.

Some child protection agencies involve individuals with different areas of expertise in their screening decisions, either as team members or through consultation as needed. Respondents to our survey mentioned involving, for example, child protection case workers, family assessment workers, and investigators; child welfare workers; mental health workers (children's and adult); disability staff; chemical dependency social workers; public health nurses; law enforcement; and county or tribal attorneys.

Screening Decision Making

Child protection staff, whether acting alone or in teams, take the screening decision seriously. We found:

- **Child protection screening we observed emphasized the facts in referrals and considered whether the allegations met statutory criteria for a child protection response.**

Applying criteria in state law to actual situations can be challenging. Screening decision making we observed often involved probing questions, lengthy discussions, and consideration of various factors. After hearing summaries of referrals, teams sometimes isolated the specific allegations in the referrals so their details could be compared to maltreatment definitions. Some referrals included multiple issues. In one instance, a reporter's concerns about inadequate

shelter and clothing did not meet criteria for neglect, but the fact that one child was not enrolled in school met criteria for educational neglect.

As Table 2.6 shows, most child protection screeners responding to our survey said they often or always use state guidelines, statutes, or rules when making screening decisions.¹⁶ For example, 98 percent of screeners indicated they often or always consider the state's maltreatment guidelines when making screening decisions, and 90 percent indicated they often or always consider input from Minnesota statutes.

Table 2.6: State Sources Considered During Child Protection Screening

	N ^a	Percentage of Respondents		
		Rarely or Never	Sometimes	Often or Always
<i>Minnesota Child Maltreatment Screening Guidelines</i>	83	1%	1%	98%
<i>Minnesota Statutes</i>	83	0	10	90
<i>Minnesota Rules</i>	82	11	12	77
Department of Human Services Bulletins	83	23	37	40

NOTE: The question read: "To what extent do you consider input from the following sources when making screening decisions?"

^a Eighty-five of Minnesota's 86 child protection agencies are represented by the 83 respondents. Minnesota's child protection agencies include 84 agencies that represent the state's 87 counties and 2 tribal child protection agencies. One agency did not respond, and we received two responses that applied to two agencies each. Each of those responses is reflected once. One respondent did not indicate the extent to which his or her agency considers Minnesota rules when making screening decisions.

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

The responses of child protection screeners to our vignettes illustrated the difficulty of applying criteria in state statutes or guidelines to complex situations. For example, one of the vignettes involved an anonymous call about a boy who appeared to be afraid of his father. The father had reportedly threatened to "whup" him and shot the family dog in front of him.¹⁷ Several comments from respondents reflected that the vignette captured a disturbing situation. However, respondents varied in their assessment of whether it met criteria for a child protection response. More than half of the respondents screened in the referral, with some citing threatened injury, mental injury, or emotional harm. However, 45 percent of respondents screened out the referral as not meeting statutory criteria or guidelines for maltreatment. Some comments of those who screened

¹⁶ As we explained in Chapter 1, the *Minnesota Child Maltreatment Screening Guidelines* are not administrative rules and do not have the force and effect of law.

¹⁷ See Vignette 8 in the Appendix.

Almost all child protection screeners we surveyed consult the state *Child Maltreatment Screening Guidelines* when making screening decisions.

Screening decisions require objective application of criteria to situations that may be complex and disturbing.

out the referral cited that there was no reported injury or threatened injury of the child. A couple of the respondents commented that the anonymity of the reporter was an issue.¹⁸ One respondent commented that the vignette “has the ‘yuck’ factor that is not covered under the law or county rules.”

At times, screening decisions based on statutory language or other official guidance might reflect decisions that child protection workers would rather not make. In some cases, a reporter may describe a bad situation that staff feel they cannot screen in. For example, another of the vignettes we asked agencies to screen involved an adolescent who was belittled by her mother, was tasked with keeping house and watching her siblings, and whose father had recently died.¹⁹ Over 80 percent of respondents thought the referral did not meet maltreatment criteria. At the same time, many respondents indicated they would offer some type of assistance to the family. One respondent who screened out the referral wrote, “This is probably the most distressing vignette. Obviously the child needs help.”

However, in other cases, staff might screen in a referral because the alleged circumstances meet statutory criteria, but workers question the need for a child protection response. Staff at one agency told us that even though fighting neighbors might repeatedly report each other, if their referrals meet criteria, staff have to respond.

Besides maltreatment definitions, screeners we observed considered other factors when making screening decisions, such as families’ child protection history and other experiences the agency had with the families.²⁰ Some screeners specifically looked for signs of family strengths. Agency responses to the scenarios posed in our fictional vignettes also provided insight into agencies’ screening deliberations. For example, one vignette described a police report of a five-year-old child wandering from home after unlocking his front door while his young mother slept.²¹ Agencies considered the child’s age, the mother’s age, the fact that the family had not been reported to child protection before, the fact that the mother had locked the door, whether the act was intentional, and the mother’s demeanor.²²

¹⁸ One subdivision of state law says that a report must contain the name and address of the reporter of the maltreatment. However, it is unclear if this provision is intended to apply to all referrals from any source. *Minnesota Statutes* 2011, 626.556, subd. 7(a). The courts have held that agencies may accept anonymous reports. *R.S. v. State*, 459 N.W.2d 680, 684 (Minn. 1990).

¹⁹ See Vignette 2 in the Appendix.

²⁰ We discuss the issue of considering child protection history prior to making screening decisions in Chapter 3.

²¹ See Vignette 9 in the Appendix.

²² To this last point, the “police report” did not indicate the mother was under the influence of a controlled substance or that she did not take the situation seriously.

Timeliness

Minnesota law requires child protection agencies to make a screening decision within 24 hours from the time of intake.²³ SSIS records when a maltreatment referral and its screening decision are entered in the computer. One issue that will affect the apparent timeliness of an agency's screening decisions is how the agency accommodates additional information related to a referral. For example, as described above, an intake worker may seek additional information from the reporter or other sources. Staff at one agency might hold the initial referral open until they have obtained the information they need, while staff at another agency might screen out the initial referral and start a new referral when the additional information is received.

In addition, decisions might appear to be untimely because of how staff record the referral and decision in SSIS. One agency supervisor told us that DHS alerted her to the fact that the agency's screening decisions were not being made within 24 hours. She learned that clerical staff were entering the screening decisions whenever they had free time and were not adjusting the clock to reflect when the actual decisions were made. Thus, it appeared that decisions were not made within 24 hours when, in fact, they had been.

We found:

- **Child protection agencies appear to have made a screening decision within the legally required 24 hours for most referrals during a recent 12-month period, but some decisions may have taken longer.**

Most child protection screening decisions are made within the 24 hours required by law.

As Table 2.7 shows, agencies appear to have made a timely decision for 90 percent of the child protection referrals received between April 1, 2010, and March 31, 2011.²⁴ Still, SSIS indicated that a screening decision was not made within the required 24 hours for approximately one referral in ten. The recorded timeliness of screening decisions was lower for referrals received Friday, Saturday, or Sunday.²⁵ Agencies appear to have made a screening decision within 24 hours for fewer than 82 percent of referrals received on Friday, 81 percent of those received on Saturday, and 87 percent of those received on Sunday. A small number of referrals (about 70, or 0.1 percent) appear to have waited for a screening decision for over 30 days. Some agencies had especially low rates of timely decisions.²⁶

²³ *Minnesota Statutes* 2011, 626.556, subd. 7(a).

²⁴ Not all referrals contained complete intake and decision date and time information. We calculated the 24-hour period precisely (that is, based on the time, to the second, the agency received the intake and recorded the screening decision) using the most favorable date and time recorded for the child protection referral. Allowing one additional hour, agencies made timely decisions for an additional 2 percent of referrals.

²⁵ Statewide, agencies received approximately 19 percent of referrals on these days.

²⁶ Fifteen agencies reportedly made screening decisions for fewer than 75 percent of their referrals within 25 hours. We allowed the additional hour to make our to-the-second calculation more lenient.

Some screening decisions that appear to be untimely may reflect data recording practices or procedural issues rather than inattention to maltreatment referrals.

Child protection agencies and the Department of Human Services should work to improve the usefulness of data on timeliness of screening decisions.

Table 2.7: Screening Decision Timeliness, April 1, 2010, through March 31, 2011

	Screening Decisions	Percentage
Within 24 hours	52,085	90%
More than 24 hours but within 25 ^a	1,143	2
More than 25 hours but within 36	1,146	2
More than 36 hours but within 48	529	1
More than 48 hours but within 72 ^b	1,399	2
More than 72 hours ^c	1,801	3
Total	58,103	100%

NOTES: Data reflect referrals received during the 12-month period. Child protection reports have two end dates associated with them: an intake end date and a child protection report end date. For the purpose of this calculation, we used the date and time that yielded the most favorable timeliness greater than or equal to zero. We were missing an end date for 60 referrals.

^a This category allows for a more lenient interpretation of "24 hours" than our to-the-second calculation.

^b Although referrals received Friday through Sunday accounted for 19 percent of all referrals in the data, they accounted for 77 percent of referrals in this timeframe.

^c Although referrals received Friday through Sunday accounted for 19 percent of all referrals in the data, they accounted for 43 percent of referrals in this timeframe.

SOURCE: Office of the Legislative Auditor, analysis of child protection agency data from the Department of Human Services, Social Service Information System.

RECOMMENDATIONS

Minnesota's child protection agencies should monitor the timeliness of their screening decisions.

As needed, the Department of Human Services should work with county and tribal child protection agencies to develop consistent approaches to resolving child protection screening timeliness issues.

As explained above, the apparent lack of timeliness of some screening decisions may reflect agencies' data entry practices or agency procedures for obtaining additional information before making a final screening decision. Because child safety is at issue, it is important for DHS, child protection agencies, and the public to have a reliable measure so the timeliness of screening decisions can be assessed. Currently, DHS monitors timeliness of screening decisions when it conducts quality assurance reviews of agencies. However, agencies are reviewed with varying regularity, and several years can pass between reviews of smaller agencies.

Child protection agencies should regularly monitor the timeliness of their screening decisions using the SSIS report available for this purpose. When data show that screening decisions are not being made in a timely manner, it may be cause for concern. If untimely decisions reflect agencies' inability to respond to

maltreatment referrals in a timely manner, that is a problem that needs to be explored and addressed. However, if decisions that appear to not meet legal requirements are simply reflecting data entry practices, agencies can and should correct those practices.

Untimely decisions may reflect that staff are working on referrals but waiting for additional information. If this is the case, screening out the referrals and creating new ones, if and when additional information is provided, is one approach to bringing timing of decisions into alignment with statutory requirements. However, other things being equal, this approach will lead to data showing more referrals and a higher screen-out rate for those agencies that currently hold these referrals open. It may also create an additional data entry burden. DHS should work with county and tribal child protection agencies to determine an appropriate and consistent approach.

SCREENING RATES

In 2010, Minnesota's child protection agencies screened out 68 percent of recorded referrals statewide.²⁷ A decade earlier, in 2000, the state's child protection agencies reportedly screened out 38 percent of child maltreatment referrals. The apparent increase in the percentage of child maltreatment referrals that agencies were not investigating or assessing has concerned some people. We found:

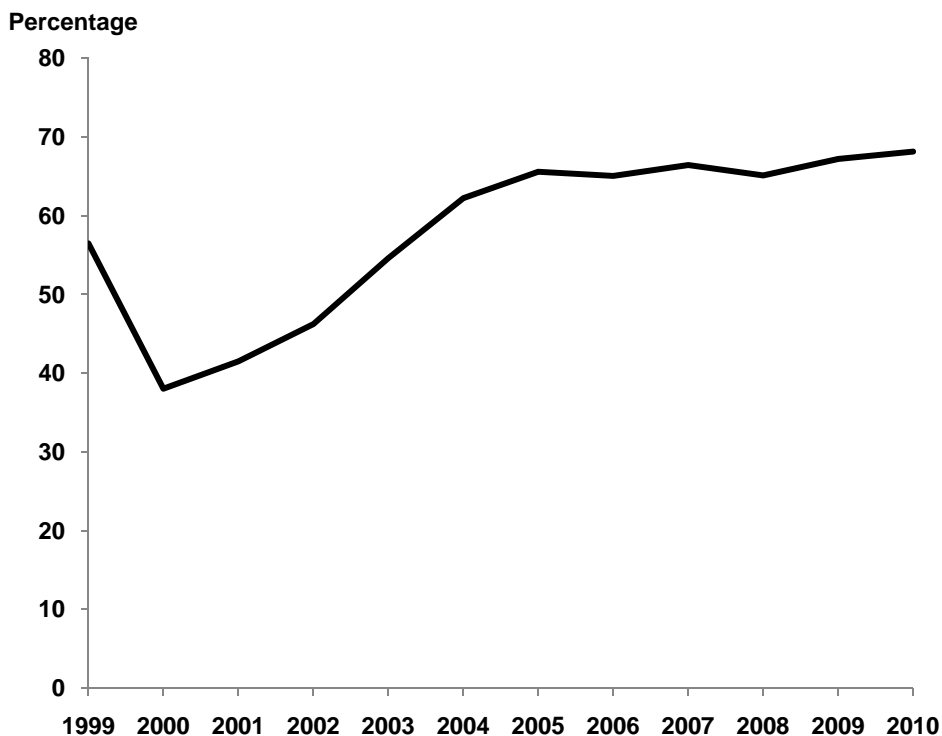
- **Increases in the statewide screen-out rate between 2000 and 2010 may reflect child protection agency data recording practices rather than changes in agencies' screening decisions.**

In 1999, Minnesota introduced SSIS, the state's new social service case management system. The state's child protection screening rate for 2000 was the first rate derived solely from SSIS data. As Figure 2.1 shows, the screen-out rate reported for 2000 was lower than the rate reported the year before when Minnesota's data included information from the state's old system and the new one. It is probable that the lower rate reported in 2000 reflected the transition from one data system to another, rather than a change in child protection agency screening practices. The drop in the screen-out rate between 1999 and 2000, followed by a relatively gradual increase to the current rate, could reflect staff becoming increasingly comfortable with SSIS and understanding the need to record all child protection referrals, even those they screen out.²⁸ According to

²⁷ In this section, statewide data on child maltreatment referrals and screen-out rates reflect data DHS has reported to the federal government since 1999. The U.S. Department of Health and Human Services reports state screening data as part of its annual child maltreatment report.

²⁸ A 2003 "SSIS Project Update" specifically asked workers to enter information on screened-out referrals of alleged child maltreatment, and a 2004 update included a reminder to record screened-out referrals and instruction on "a quick and easy way" to do so. Department of Human Services, "SSIS Project Updates," Issues 154 and 173, November 14, 2003, and August 13, 2004.

Figure 2.1: Reported Child Protection Referral Screen-Out Rate, 1999 to 2010



The drop and subsequent increase in the reported child protection “screen-out” rate may reflect the introduction of the state’s new data system in 1999.

NOTES: Data for 2000 were the first data derived by the Department of Human Services (DHS) solely from the state’s new Social Service Information System (SSIS). According to DHS, federal fiscal year 2003 was the first year that the state required child protection agencies to enter information about screened-out child protection referrals into SSIS. Data for 1999 through 2002 reflect calendar years. Data for 2003 through 2010 reflect federal fiscal years.

SOURCE: Office of the Legislative Auditor, analysis of data from *Child Maltreatment*, a report published annually by the U.S. Department of Health and Human Services.

DHS, federal fiscal year 2003 was the first full year SSIS required agencies to record screened-out referrals.²⁹

Furthermore, although the state’s current reported screen-out rate exceeds the 1999 rate, evidence from prior to 1999 suggests that the number of referrals and screen-out rate have been relatively stable. Figure 2.2 depicts the number of referrals and the number of *screened-in* referrals recorded by child protection agencies for the 1999 to 2010 period, with the addition of 1996 data. A 1998 evaluation by our office estimated that child protection agencies received almost 52,000 referrals in 1996, or approximately 42 referrals per 1,000 children.³⁰ This

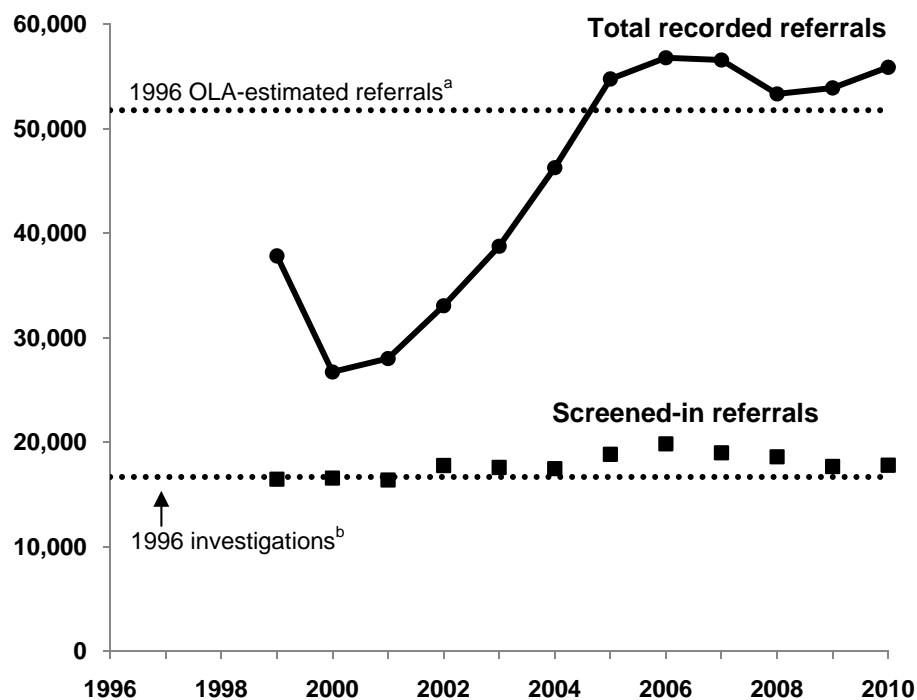
²⁹ This was reported by DHS in: U.S. Department of Health and Human Services, Administration on Children, Youth and Families, *Child Maltreatment 2003* (Washington, DC: U.S. Government Printing Office, 2005), 131.

³⁰ Office of the Legislative Auditor, Program Evaluation Division, *Child Protective Services* (St. Paul, 1998), xi and 25.

is similar to the 2010 rate of 44.3 recorded referrals per 1,000 children. Given the number of 1996 investigations, this yields an almost 68 percent screen-out rate, similar to the rate calculated for 2010. Figure 2.2 also shows that the number of child protection referrals screened in for assessment or investigation was fairly stable between 1996 and 2010, fluctuating between a low of 16,384 in 2001 (12.6 per 1,000 children) and a high of 19,846 in 2006 (15.8 per 1,000 children).

Our analysis of screening data supports the idea that reported screen-out rates reflect various data issues.

Figure 2.2: Total Recorded and Screened-In Child Protection Referrals, 1996 and 1999 to 2010



NOTES: Data for 2000 were the first data derived by the Department of Human Services (DHS) solely from the state's new Social Service Information System (SSIS). According to DHS, federal fiscal year 2003 was the first year the state required child protection agencies to enter information about screened-out child protection referrals into SSIS. Data for 1999 through 2002 reflect calendar years. Data for 2003 through 2010 reflect federal fiscal years.

^a The 1996 number of total referrals is an estimate from the Office of the Legislative Auditor's 1998 evaluation of child protective services. It is based on human services directors' estimates of the percentage of maltreatment allegations their agency did not investigate, plus data from the Department of Human Services on the number of investigations conducted.

^b The 1996 number of screened-in referrals is the number of child protection investigations in 1996, when investigations were the only child protection response.

SOURCE: Office of the Legislative Auditor, analysis of data: 1996 data and estimate from Office of the Legislative Auditor, *Child Protective Services* (St. Paul, 1998), xi; 1999 through 2010 from *Child Maltreatment*, a report published annually by the U.S. Department of Health and Human Services.

Child protection agencies' recording of screened-out child protection referrals continues to be an issue in Minnesota. In fact, we found:

- **Inconsistencies in data recording practices among the state's child protection agencies compromise the usefulness of referral and screening data for evaluating variation in screening decisions.**

For example, data for one agency showed a screen-out rate of almost 5 percent in 2009, followed by a rate of 46 percent in 2010. An agency supervisor explained that staff were not consistently entering screened-out referrals in SSIS in 2009. The number of referrals the agency screened in was virtually unchanged between 2009 and 2010, but the number of screened-out referrals increased from 62 to more than 1,000. A supervisor from another agency indicated that staff at the agency have increased the number of screened-out referrals they enter in SSIS. In neither case would changes in the number of referrals or screen-out rates reflect changes in screening decisions.

Child protection staff confirmed that data entry practices likely explain some of the variation in agency screening rates.

Not only do recorded screen-out rates fluctuate over time within agencies, but the variation among agencies' rates suggests that the numbers of recorded child protection referrals and screened-out referrals are not reliable measures. SSIS data show that the screen-out rates of individual child protection agencies ranged from 0 to 89 percent of child protection referrals recorded in 2010. It seems likely that this wide range reflects, at least in part, agencies with different practices for recording referrals.

Child protection staff confirmed that data entry practices likely contribute to variations in screening rates. When asked about a hypothetical referral that concerned a child's welfare but that staff determined was not a child protection issue, child protection screeners responding to our survey gave different responses on how staff would record the referral in SSIS. A screener from an agency with a high screen-out rate indicated staff would "often" record the referral as a child protection referral to be screened, and would "rarely" record it as some other type of referral or not at all. In contrast, a screener responding for an agency at the low end of screen-out rates indicated that staff would "rarely" record the referral as a child protection referral to be screened. She said staff would "often" record the referral as some other type of intake or not record it in SSIS at all. A worker from one agency commented: "I am the only intake worker.... If I had the time, I would enter all calls, but time is limited and I need to focus on reports, service requests, etc."

RECOMMENDATIONS

The Department of Human Services (DHS) and county and tribal child protection agencies should develop a common understanding of what constitutes a child protection referral that should be recorded in the Social Service Information System (SSIS).

DHS should reinforce with child protection agencies the need to appropriately record all child protection referrals, including screened-out referrals, in SSIS.

It is important for child protection data to provide reliable measures of child protection referrals and “screen-out” rates.

DHS and county and tribal child protection agencies need to develop a more consistent approach to the types of referrals that should be recorded as child protection referrals in SSIS. In 2011, some legislators proposed that DHS expand its annual child maltreatment report by including the “total number of calls or reports of alleged child maltreatment.”³¹ If such a requirement were to become law, it would be important that the number of “calls or reports” be a consistent measure across agencies and over time. Even without the requirement, a reliable measure could be useful to DHS and county and tribal agencies for comparing agencies and monitoring differences in practice.

DHS should work with county and tribal agencies to ensure that child protection referrals are appropriately recorded in SSIS. Although the department published bulletins in the early-2000s about recording screened-out child protection referrals, that information may not be known by new users of SSIS. For example, the SSIS and child protection worker training we attended did not include hands-on instruction about how to correctly record a screened-out child protection referral, although the instructions are published in a document available on DHS’s Web site.

³¹ H.F. 1203, 2011 Leg., 87th Sess. (MN).

Variation in Screening Decisions

We evaluated variation in child protection screening decisions by consulting those who make the decisions.

We used vignettes, surveys, site visits, and interviews to evaluate variation in screening decisions among agencies.

In this chapter, we look at variation in screening decisions. As noted in Chapter 2, child protection agencies in Minnesota screened out between 0 and 89 percent of child protection referrals recorded in 2010. We found that at least some of this variation is likely due to differences in how child protection agencies record referrals. Therefore, we did not focus on these data to determine if agencies vary in their screening decisions. Instead, we assessed whether agency variation in screening decisions occurs by consulting those who make screening decisions.

We evaluated whether variation occurs in several ways. We surveyed child protection workers involved in screening and asked questions about screening practices. The survey included ten vignettes for staff to “screen.”¹ We also visited 13 agencies to interview staff and observe intake and screening. In addition, we conducted interviews with four regional supervisor groups and one regional group of screeners. During preliminary interviews, we heard that agencies do not vary much in how they screen referrals that unquestionably meet (or do not meet) statutory criteria for maltreatment. Accordingly, we focused our evaluation on variation in the screening of “gray-area” referrals—referrals for which the screening decision is unclear. We found that:

- **There is variation among Minnesota’s child protection agencies in their screening decisions.**

Child protection agencies were not unanimous in their screening decisions for any of the ten vignettes we asked them to screen. Table 3.1 shows that agencies had relatively strong agreement on three referrals, with at least 80 percent of respondents agreeing on the screening decision. Agencies showed moderate agreement on another three referrals. For these three, at least 60 percent of agency respondents agreed. On the remaining four referrals, fewer than 60 percent of respondents agreed about whether to screen in the referral.

¹ We sent a survey to a person in each agency “who (1) participates in child protection screening decisions and (2) can provide a single response to represent screening decisions” in the agency. We received 83 responses representing 85 of Minnesota’s 86 child protection agencies. Minnesota’s child protection agencies include 84 agencies that represent the state’s 87 counties and 2 tribal agencies. See the Appendix to read the vignettes and for more information about responses to them.

Child protection agencies did not unanimously agree on the screening decision for any of the ten vignettes we provided.

Table 3.1: Levels of Agreement on Vignettes

Percentage of Respondents in Agreement ^a	Summary of Vignette Allegations
Strong Agreement 80 to 82 percent	<ul style="list-style-type: none"> • Mother of newborn tests positive for marijuana • Mother verbally abuses teenage child and may not provide adequate food or supervision • Mother with two children allows sex offender to stay in the home
Moderate Agreement 64 to 71 percent	<ul style="list-style-type: none"> • Father and two children live in a trailer with no plumbing or electricity • Grandmother drives drunk while caring for grandchildren and father maintains a filthy house • Father assaults mother during domestic dispute while children are home
Divided 53 to 57 percent	<ul style="list-style-type: none"> • Father punches and yells at teenage child • Father threatens child and shoots dog in front of child • Mother falls asleep and small child leaves the house • Mother drinks too much when caring for child and may use marijuana

NOTE: For the entire text of the vignettes and the decisions made by respondents, please see the Appendix.

^a N=83. Eighty-five of Minnesota's 86 child protection agencies are represented. Minnesota's child protection agencies include 84 agencies that represent the state's 87 counties and 2 tribal child protection agencies. One agency did not respond, and we received two responses that applied to two agencies each. Each of those responses is reflected once.

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

Some mandated reporters also commented on apparent differences in screening practices among agencies.² Although only a minority of those responding to our survey disagreed when asked whether screening decisions are consistent among agencies, the inconsistencies they observed concerned them.³ One mandated reporter characterized working with multiple agencies as "VERY frustrating." Another related her experience of counties' varying responses to similar maltreatment referrals.

² We surveyed pediatricians, advanced-practice pediatric nurses, school counselors, school psychologists, school social workers, and school nurses. We mailed surveys to a sample of 987 professionals selected from lists provided by the Board of Medical Practice, Board of Nursing, and Minnesota Department of Education. We received responses from 539 professionals who were still mandated reporters, for a 55-percent response rate. In reporting their responses, we have not generalized to all individuals in these groups, but instead present their responses as the responses of a sample of individuals. Their responses cannot be generalized as representative of all mandated reporters. Not all agencies were represented among those to whom respondents had made referrals.

³ About three-fifths of pediatric health care professionals and school personnel who responded to our survey and had made a maltreatment referral in 2006 through 2010 expressed an opinion about interagency consistency. Of those, a majority (62 percent) agreed that decisions made by different agencies seemed pretty consistent. More than 20 percent disagreed, however.

Some agencies have an expansive approach to screening, while others focus on allegations of serious maltreatment and imminent harm.

In this chapter, we first discuss factors that may explain variation in screening decisions among child protection agencies. We next discuss factors that may explain screening decisions for individual referrals, regardless of which agency screens the referrals.

AGENCY VARIATION

Some agencies may have a greater propensity than others to screen in or screen out referrals. That is, the combination of agency philosophies, policies, and practice may lead some agencies to screen out more referrals than would other agencies presented with the same referrals. For example, most agencies “screened out” four to seven of the ten vignettes we asked them to screen, but nine respondents screened out three or fewer of them, and nine screened out eight or nine.

Some child protection staff described their agencies’ propensity to screen in or screen out referrals. For example, one screener said his agency tends to err on the side of caution and screen in referrals other agencies would screen out. In contrast, staff at another agency stated that they do not accept most of the referrals they receive. They said, technically, according to statutes they could screen in practically every call. However, they draw the line at serious maltreatment and focus on those allegations. Staff from a third agency told us the agency prefers to use a non-child-protection response unless children are in imminent danger.

Directors of child protection for two American Indian tribes also commented on agencies’ screening propensities.⁴ Because the reservations of these two tribes are within the jurisdiction of several counties, allegations involving children on the reservation are screened by one of several different agencies. One director commented that several of the counties with which she interacts tend to screen out referrals. The other director described how the counties with which his tribe interacts all have very different screening propensities, with some screening in referrals the tribe would never treat as child protection and some screening out referrals that the tribe felt strongly were child protection matters.

As we will discuss in more detail below, a major contributor to agency variation in screening is vague statutes defining abuse and neglect. Keeping statutes somewhat vague may reflect a policy choice to preserve the ability of child protection agencies to practice in ways that accommodate the variation among communities they serve. In addition, the Legislature likely wanted to retain room for professional judgment in protecting children. Furthermore, it would be impossible to define all the different ways in which children might be maltreated.

⁴ These two tribes were not participants in the American Indian Child Welfare Initiative. Therefore, child maltreatment involving American Indian children residing on these tribes’ reservations is within the jurisdiction of the county in which the part of the reservation where the child lives is located. Some reservation boundaries cross several county lines. This means that a tribal child protection agency may interact with several different county agencies. Tribes may also enforce their own child protection code.

Vague definitions of abuse and neglect create opportunity for variation in screening decisions.

However, variation in children's access to protection services depending on where they live may be concerning. In addition, variation among agencies regarding what constitutes maltreatment could affect how much funding agencies receive in the future. The 2011 Legislature created the Vulnerable Children and Adults Act.⁵ Among other things, the act specifies how DHS should distribute state and federal Title XX funds to county agencies. Increasingly, the funds are to be distributed based on the number of vulnerable children and adults in each county.⁶ The number to be used in the formula is the number of children who were the subject of screened-in maltreatment referrals. Thus, agencies that cast wider nets for screening in child protection referrals could receive more funding, even if their caseloads reflect less-serious child protection cases than agencies that more selectively screen their referrals.

In the following sections, we discuss factors that reflect and explain agencies' differing propensities to screen in or screen out child maltreatment referrals. These factors include agencies' perceptions of risk, agency guidelines, agencies' use of information external to the actual referral, workload of agency staff, introduction of family assessment, and the availability of other, non-child-protection services for families.

Risk

Screening decisions reflect agencies' assessments of whether particular referrals should be addressed through child protection. Referrals may be about events or circumstances that have already caused demonstrable harm or those that pose a risk of harm. Risk of harm is the potential for negative outcomes that have not occurred. Some risks are specified in statutes. For example, physical abuse that threatens injury is maltreatment, even if no injury materializes.⁷ Neglect also encompasses risk of harm. For example, inadequate supervision need not have resulted in harm for an allegation of it to be screened in to child protection. In this section, we discuss statutory treatment of risk as well as agency perceptions of when referrals alleging risk of harm should be "screened in" for a child protection response.⁸ We found:

- **Vague statutory treatment of risk combined with differing agency perceptions of risk may explain some screening variation among agencies.**

State law leaves open to interpretation the extent to which risk of harm is a child protection issue. According to statutes, it is the policy of the state "to protect children whose health or welfare may be jeopardized through physical abuse,

⁵ *Laws of Minnesota* 2011, First Special Session, chapter 9, art. 1, secs. 20-30. This law amended *Minnesota Statutes* 2010, chapter 256M, the Children and Community Services Act.

⁶ *Minnesota Statutes* 2011, 256M.40.

⁷ *Minnesota Statutes* 2011, 626.556, subd. 2(g) and (n).

⁸ In this discussion of risk, we are referring to the consideration of risk of harm at the screening stage for the purpose of determining whether a referral needs a child protection response. We are not referring to standardized assessments of risk made by child protection agencies as part of an assessment or investigation.

An agency's interpretation of risk will affect its screening decisions.

neglect, or sexual abuse.”⁹ This statement places both actual harm and risk of harm in the province of child protection. However, the undefined term “may be jeopardized” leaves child protection agencies to decide how much risk of harm a child must face for a referral to be screened in. In addition, state law does not indicate how close to materializing the harm must be before the allegation of risk must be screened in as a child protection issue. By contrast, federal law sets forth a minimal definition of child abuse and neglect as harm that has already occurred or “an act or failure to act which presents an *imminent* risk of *serious* harm.”¹⁰

An agency’s willingness to have a more expansive understanding of risk may be related to its perception of the nature of child protection. For example, when asked the extent to which they agreed with the statement, “At times, child protection interventions can be more harmful than helpful to families,” 22 percent of screeners responding to our survey disagreed or strongly disagreed, while 48 percent agreed or strongly agreed.

An agency with a narrower interpretation of risk will screen in fewer referrals than one with a more expansive interpretation, all things being equal. Some agencies seem to reserve child protection for referrals alleging actual harm, imminent danger, or risks that are specifically identified in state law as child protection issues. Staff at one agency described child protection as a governmental intrusion that should not be taken lightly. Accordingly, their agency screens in only actual harm and risks, such as educational neglect, which must be screened in by state law. A supervisor at another agency told us that child protection is about things that have already happened. According to this supervisor, agencies struggle with whether prevention should happen through child protection or other child welfare programs. She noted that some agencies are more risk tolerant than others. A screener from another agency commented:

Agencies differ on the extent to which they believe child protection should be used for prevention of maltreatment.

Typically “risk” of maltreatment is not enough to screen in a report. If it was, counties would have to open child protection cases on every child of divorce and every child in poverty. Only those cases where the risk is SO high, with SUCH potential for harm (i.e., serious endangerment) get opened for [child protection].

Other agencies seem to use child protection to respond to a broader array of potential risk. For example, one supervisor told us that it is the government’s and child protection’s role to prevent harm and that child protection is a helpful service to families.

Responses of child protection screeners to our survey indicated that agencies may have different responses to risk of harm, although we do not know the extent to which these individuals’ opinions translate into agency screening practice. About one-third of respondents disagreed or strongly disagreed that “child

⁹ *Minnesota Statutes* 2011, 626.556, subd. 1.

¹⁰ 42 *U.S. Code*, sec. 5101 (Supp. IV 2010). Emphasis added.

Screening decisions may reflect communities' different perceptions of risk.

protection referrals should be screened in whenever a child is at risk of harm,” while 40 percent agreed or strongly agreed with the statement.

Agencies’ determinations of whether particular activities pose risks that warrant a child protection response may be based, at least in part, on community standards. For example, staff at some agencies stated that some rural areas are more tolerant than metropolitan areas of activities such as children riding in the back of a pickup truck or driving ATVs or tractors. Participants in the development of the state screening guidelines also told us there were disagreements between urban and rural counties about whether certain situations could be considered risky enough to merit a child protection response. DHS staff said that, in particular, urban and rural counties disagreed about the safety of guns in the home as well as what types of housing conditions should be considered child protection issues.

In the sections below, we illustrate how vagueness in state law, along with differing perceptions among agencies about risk, can lead to different screening decisions.

Neglect

Neglect, by its nature, can be hard to define. Neglect can encompass both risk of harm and harm that has materialized. It can include both acts and omissions by caregivers. It is different from maltreatment through violent or assaultive acts such as physical or sexual abuse. In this section, we discuss how agencies interpret when risk becomes a child protection issue through allegations of neglect.

Failure to Provide Necessary Care

The statutory definition of neglect through failure to provide a child with “necessary food, clothing, shelter, health, medical, or other care” leaves room for interpreting when risk becomes child maltreatment.¹¹ State law does not define the term “necessary,” nor does it link the conditions of the neglect to the risk of harm those conditions pose to a child.

Neglect includes both actual harm and risk of harm.

Some county screening policies enumerate actual harms rather than focus on risk. For example, one screener told us her agency does not screen in referrals of inadequate clothing unless a child has injuries (for example, sores) as a result of the inadequate clothing. Another county’s guidelines indicate that failure to provide necessary food is evidenced by a child being under the fifth percentile in weight and growth.

However, the vague language of the statutes in this area also allows for a more expansive interpretation of the types of risks that constitute neglect by failing to provide necessary care. For example, some counties’ guidelines suggest that a referral alleging lack of food in the home is sufficient to be screened in.

¹¹ *Minnesota Statutes* 2011, 626.556, subd. 2(f)(1).

Accidents

Although statutes state that neglect must occur “other than by accidental means,” agencies disagreed about when risk introduced by accident becomes a child protection issue.¹² For example, in response to a vignette of a five-year-old child who wandered out of his locked house while his mother slept after working third shift, several agencies said they would screen out the referral because the first-time incident was accidental and the mother had taken some basic precautions.¹³ Others screened in the referral for lack of supervision. The comment of one agency captured this issue:

We had a major discussion around this, with 2 of the team wanting to screen in and 2 wanting to screen out. The screeners argued that it was not purposeful on the mom's part, she had a legitimate problem, no child protection priors, and there could be child welfare-type services sent. The screen-ins felt that an assessment needed to be done to ensure the child's safety.

Agencies vary in how they screen risks that are introduced by accident or through a caregiver's drug use.

Similarly, staff at one agency told us that they had screened in a referral where a child got out of the house when his mother went upstairs to change her clothes for work. Intake workers said that the incident was clearly accidental, yet they screened in the referral because the child was at risk of harm from wandering out. When asked about this scenario, several other agencies said that, without evidence that the child had gotten out of the house before, they would not screen in such a referral because of the accidental nature of the incident. Screeners at one agency informed us that caregivers generally get one free pass on wandering child allegations because such incidents are often accidental.

Drug Use by a Caregiver

Chronic and severe use of alcohol or drugs by a caregiver is another form of neglect that illustrates different agency perceptions of when an allegation represents enough risk to necessitate child protection intervention. Statutes require agencies to screen in chronic and severe use of alcohol and drugs when a child's basic needs and safety are adversely affected.¹⁴ However, about 46 percent of respondents to our screener survey said their agency sometimes or often screens in referrals alleging parental drug use, even without specific allegations of harm to the child. Agencies might screen in allegations of drug use without specific harm to the child based on their perception of when risk becomes a child protection issue.

During our interviews, some agencies stated that the use of certain drugs would be enough to screen in a referral for child protection because of the nature of addiction. However, others stated that they needed allegations of actual harm related to drug use to screen in such an allegation. Some agencies we visited stated that they may not screen in referrals involving newborns or mothers of

¹² *Minnesota Statutes* 2011, 626.556, subd. 2(f).

¹³ See Vignette 9 in the Appendix.

¹⁴ *Minnesota Statutes* 2011, 626.556, subd. 2(f)(8).

Child protection agencies also vary on when risks are substantial enough to constitute threatened injury.

newborns who test positive for marijuana. Staff at one agency explained that marijuana use is so common in their area that when a positive marijuana test is the only concern, they screen out the referral and offer other child welfare services instead. Other drug abuse was also a common issue faced by some of these agencies. However, a supervisor in another agency said that, despite some people's perception that a newborn testing positive for marijuana is not serious compared to other drugs, her agency screens in marijuana use because of the risk of mis-socializing a child.

Threatened Injury

Threatened injury is defined in statutes as “a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury.”¹⁵ Two contexts in which threatened injury referrals arise are situations of domestic violence and sex offenders alleged to be living in the home or having access to children.¹⁶ What agencies determine to constitute a “substantial risk” to children in these two circumstances varies.

Domestic Violence

State law does not explicitly address the screening of situations of domestic violence.¹⁷ Whether and when domestic violence poses a risk to a child sufficient to be a “substantial risk” varies by agency. For example, 18 percent of surveyed screeners said their agency always or often screens in allegations of a child within sight or sound of domestic violence. One agency we visited screened in an allegation of domestic violence witnessed by the victim's children. The incident had occurred two to three years earlier and involved the children's father, who no longer lived with the family. Agency staff reasoned that the children were within sight and sound of domestic violence and there was sufficient risk of emotional harm to screen in the referral. Staff at another agency said they had recently screened in allegations of a domestic dispute that included yelling, but no physical violence. Staff at other agencies we visited said they followed state guidelines whereby a child would have to be involved in the domestic violence or a parent threatened with death or substantial injury for an incident to be screened in.

Sex Offenders in the Home

Agencies also vary on whether a sex offender's access to a child is a substantial risk that constitutes threatened injury. Some agencies screen in referrals of untreated sex offenders living in the home as constituting a threatened injury to the child. Others evaluate whether the sex offender previously offended against children or, if their sex offenses were against adults, whether other factors lead the agency to believe that children are threatened by the offender.

¹⁵ *Minnesota Statutes* 2011, 626.556, subd. 2(n).

¹⁶ At least one agency screens in domestic violence referrals as neglect. Some agencies may screen in referrals involving sex offenders with access to children as sexual abuse.

¹⁷ Exposure to domestic violence was added to the definition of neglect by *Laws of Minnesota* 1999, chapter 245, art. 8, sec. 66, but then repealed the next year in *Laws of Minnesota* 2000, chapter 401, sec. 1, due to the high volume of new child protection cases generated by this provision.

RECOMMENDATION

The Legislature should direct the Department of Human Services, in collaboration with county and tribal child protection agencies and other interested parties, to propose language to amend Minnesota Statutes 2011, 626.556, subd. 2, to: (1) clarify “risk of harm” and (2) provide guidance on what constitutes necessary care.

Changes to state law could help clarify the state’s policy on when risk of harm is maltreatment.

State law should provide additional guidance on when risk of harm becomes maltreatment that must be screened in for a child protection response. Statutes currently state that it is the public policy of the state to protect children “whose health or welfare may be jeopardized.”¹⁸ However, there is limited clarification of when risk to a child becomes maltreatment. We identified agencies’ perceptions of risk as a major source of variation in child protection screening. Similarly, lack of statutory guidance on neglect by failure to provide necessary care has contributed to variation in screening decisions across the state.

The Legislature may have intended the vague treatment of risk and necessary care to allow child protection agencies to exercise their discretion. However, given the variation we found, we recommend that the Legislature direct DHS, in cooperation with others, to propose statutory language to clarify these concepts. Clarifying state law will help articulate the state policy of when risk and failure to provide necessary care constitute maltreatment that requires a child protection response. Clarification may also help reduce variation among agencies and provide guidance for the general public and mandated reporters. The intent of this recommendation is clarification of state policy, not prescriptive language that will eliminate the roles of child protection agency discretion and professional judgment.

The statutory definition of neglect through failure to provide necessary supervision is one source of guidance for clarifying the issues of risk and failure to provide necessary care.¹⁹ The definition outlines factors that agencies must consider in determining whether necessary supervision has been provided. These factors, which include the age and specific vulnerability of the child and the child’s ability to care for his or her own basic needs or safety, provide guidance for screening referrals that allege failure to provide supervision. A similar list of factors may be helpful in clarifying risk of harm and necessary care.

The state screening guidelines also provide valuable guidance on risk of harm and failure to provide necessary care. The guidelines say that, in screening neglect referrals, agencies should consider whether “the concern poses a significant health or safety hazard” and the age and vulnerability of the child.²⁰ However, perhaps because the state screening guidelines do not have the force and effect of law, significant variation in interpreting risk from neglect persists

¹⁸ Minnesota Statutes 2011, 626.556, subd. 1.

¹⁹ Minnesota Statutes 2011, 626.556, subd. 2(f)(3).

²⁰ Department of Human Services, *Minnesota Child Maltreatment Screening Guidelines* (St. Paul, 2011), 12.

Formal and informal guidelines and policies affect agencies' screening decisions.

among agencies. While we acknowledge that variation in perception of risk and necessary care will always exist, clarifications in state law may result in clearer state policy and more uniformity among agencies when screening maltreatment referrals.

Agency Guidelines

State law allows counties to develop their own guidelines to clarify definitions of maltreatment.²¹ DHS has developed state screening guidelines in collaboration with child protection agencies and other parties. These guidelines are intended to serve as a guide for the development of county guidelines and to increase consistency in screening decisions among agencies.²² While the majority of agencies use the state guidelines, agencies also use their own county guidelines as well as less formal office guidelines and policies to assist with screening.

For example, as shown in Table 3.2, a majority of respondents to our survey of child protection screeners said they at least sometimes used county or tribal guidelines and community expectations to inform their screening decisions. Agencies also reported using written office guidelines and unwritten office custom. In addition, more than four-fifths of human services directors indicated that agency screening criteria are affected by county or tribal attorney guidance.²³

Table 3.2: Sources Agencies Consider When Making Screening Decisions

Source	N ^a	Percentage of Respondents	
		Sometimes, Often, or Always	Rarely or Never
County or Tribal guidelines	81	62%	38%
Community expectations	82	59	41
Written office guidelines	79	28	72
Unwritten office custom	82	34	66

NOTES: The question read: "To what extent do you consider input from the following sources when making screening decisions?" Options in the table do not represent all options given in the survey.

^a We surveyed Minnesota's child protection agencies, including 84 agencies that represent the state's 87 counties and 2 tribal child protection agencies. Eighty-five of the agencies are represented. One agency did not respond, and we received two responses that applied to two agencies each. Each of those responses is reflected once. All respondents did not answer each statement.

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

²¹ *Minnesota Statutes* 2011, 626.556, subd. 10e(k). These guidelines must be consistent with statutes and rules and be approved by the county board. This provision grants this authority to counties, not all child protection agencies.

²² These guidelines do not have the force or effect of law as they would if promulgated as rules. Like county guidelines, they must be consistent with statutes and rules. We evaluate the state screening guidelines in Chapter 4.

²³ We surveyed county human services directors and tribal child welfare directors. We received 84 responses representing all of Minnesota's 86 child protection agencies. More than half of the county directors delegated the survey to someone else in the agency. We refer to all respondents as "directors."

In evaluating variation in agency practice, we found:

- **Agencies' formal or informal screening guidelines likely contribute to agency variations in screening decisions.**

Differences in agency formal and informal guidelines included definitional standards for different types of referrals, requirements related to the source of referral, and the level and type of evidence required for screening.

Definitional Standards

Some terms in state law are unclear and provide opportunities for agencies to interpret provisions in ways that can affect screening. Agencies' screening guidelines interpret the law by incorporating standards that help define what types of referrals agencies will accept.

Where state law is silent or unclear, some agencies have developed guidelines to assist with screening.

For example, the term “injury” is not defined in state law, despite maltreatment by physical abuse requiring an injury or a threatened injury.²⁴ Accordingly, some county guidelines conform to the state screening guidelines in defining injuries as bruises, other marks, or internal injuries diagnosed by a physician. Other county guidelines indicate that staff may screen in physical abuse when pain is present, even without marks. Some county guidelines state that a mark must be present for at least 24 hours.

State statutes also do not specifically define what constitutes failure to ensure that a child is educated. Accordingly, many guidelines (including the state screening guidelines) adopt the definition of a habitual truant to define educational neglect, stating that educational neglect has occurred after a child has had seven unexcused absences from school.²⁵ Agencies vary on how many days of school a child must miss or what interventions schools must take before the agency will accept referrals for educational neglect. In addition, more than 18 percent of respondents to our survey indicated that their agency often or always screens out allegations of educational neglect made at the end of the school year.

Some agencies have requirements that alleged maltreatment must have occurred within a certain amount of time prior to a referral. These agencies generally do not screen in referrals involving maltreatment that happened too far in the past. The state guidelines address this issue by stating that referrals regarding maltreatment that happened in the past should be evaluated based on the current risk to the child and other factors.

²⁴ *Minnesota Statutes* 2011, 626.556, subd. 2(g).

²⁵ A habitual truant is defined in *Minnesota Statutes* 2011, 260C.007, subd. 19, as a child under 16 who is absent from school without an excuse for seven school days for elementary school students and for one or more class periods on seven school days for children in middle school, junior high, or high school. Sixteen- and 17-year-old students are held to the same standards as middle school, junior high, or high school students unless they are lawfully withdrawn from school.

Some agencies weigh the credibility of the referral or reporter when making screening decisions.

Source of Referral

Agencies had different policies on source of referrals that sometimes affected screening decisions. For example, agencies differed in how they screen anonymous referrals. A supervisor at one agency told us that, based on her interpretation of state law, it was her agency's policy not to accept anonymous referrals.²⁶ A respondent from another agency reported on the screener survey that her agency never accepts anonymous referrals of child maltreatment. Other agencies indicated that they accept anonymous reports from voluntary reporters, but mandated reporters are not allowed to report anonymously by law.

The referral source affected screening of other referrals as well. Some staff stated that they generally do not screen in allegations of mental injury unless those allegations come from a mental health professional. Some staff also discussed the difficulty of screening referrals from parents involved in custody disputes. In our screener survey, one agency commented that they have a "higher screening threshold" for noncustodial parents involved in a custody dispute. One agency's screening guidelines allow only mandated reporters to make referrals involving filthy houses; referrals involving these conditions from voluntary reporters are referred to housing inspectors.

Level of Evidence

The law does not establish how much, or what kind of, evidence an agency needs in order to screen in a referral. For example, the law does not indicate whether screeners may weigh the credibility of a report or require reporters to have first-hand knowledge.

In addition, it is unclear whether an allegation must include all the elements of a definition of maltreatment to be screened in. The definitions of physical abuse, sexual abuse, and neglect appear to be written for the purpose of making maltreatment determinations at the conclusion of traditional child protection investigations.²⁷ There is no differentiation between what an allegation needs to include to be screened in versus what needs to be found to make a determination of maltreatment. For example, it is unclear whether a referral must include an allegation that a parent is "reasonably able" to provide necessary care (but is not providing that care) prior to screening in a neglect referral, or whether a referral must specifically state that a caregiver's actions were not accidental prior to screening in a physical abuse referral.

On site visits, several agencies outlined various policies on the type of evidence they need to screen in a referral. For example, one agency stated that they did not accept referrals of caregivers driving drunk with children in the car unless the referral came from the police or a hospital following a toxicology test. Another

²⁶ One subdivision of state law says that a report must contain the name and address of the reporter of the maltreatment. However, it is unclear if this provision is intended to apply to all referrals from any source. *Minnesota Statutes* 2011, 626.556, subd. 7(a). The courts have held that agencies may accept anonymous reports. *R.S. v. State*, 459 N.W.2d 680, 684 (Minn. 1990).

²⁷ As discussed in Chapter 1, the majority of screened-in child protection referrals are now handled through family assessments, in which determinations of maltreatment are not made.

agency stated that an important factor for them in screening domestic violence allegations was whether the police had been called. On a site visit, we observed that one agency would not screen in referrals unless they contained enough credible information to sustain a court petition for a child in need of protection or services.

Some agencies generally require first-hand knowledge of allegations in order to screen in a referral. For example, one of our vignettes involved a father who reported that friends of the mother of his child told him that she drank so much that she could not take care of their child. Several agencies screened out the vignette, stating they needed first-hand information.²⁸

RECOMMENDATIONS

The Department of Human Services (DHS) should promulgate additional rules for screening child maltreatment referrals. In particular, the rules should address: (1) whether agencies may weigh a referral's credibility and (2) whether a referral must address all elements in the statutory definition of the type of maltreatment alleged in order to be "screened in."

DHS should use the state screening guidelines, training, and technical assistance to provide guidance to child protection agencies on how to implement rules for screening referrals.

The Department of Human Services should provide further guidance on screening in rule.

Currently, Minnesota rules direct child protection agencies to screen in allegations that constitute maltreatment and that have not been previously assessed or investigated.²⁹ We found that agencies weigh various factors when making screening decisions. We recommend that DHS provide guidance in rule on factors agencies may consider when screening maltreatment referrals. This guidance should include whether referrals must address all of the elements of the statutory definition of the type of maltreatment alleged in order to be screened in, whether allegations should generally be assumed to be true, and whether credibility of the report or the reporter can be weighed in making the screening decision. DHS should provide detailed guidance on screening maltreatment referrals through the state screening guidelines, technical assistance, and training.

External Information

As discussed in Chapter 2, agencies gather a lot of information during intake and screening. Because screening decisions are made based on the information that is gathered at intake, what type of information agencies gather may impact the screening decision. We found that:

²⁸ See Vignette 10 in the Appendix. Several agencies that screened out the vignette indicated they would call the father and encourage him to ask the mother's friends to make referrals.

²⁹ *Minnesota Rules* 2011, 9560.0216, subp. 3. Allegations must also contain sufficient identifying information to locate the child or a family member.

- **The extent to which child protection agencies gather and consider input from other sources may affect their child protection screening decisions.**

In the following section, we discuss different practices agencies use to gather information that could cause screening decisions to vary among agencies. These practices include contacting sources other than those making the referral, use of child protection history in evaluating allegations, and using community information.

Contacts Outside of the Referral

Agencies that contact people (other than those who made a child protection referral) as part of the screening process may gain additional information about children and families that can affect screening decisions. Some agencies make these contacts, while other agencies state that they rely solely on information in the referral and in databases to make the screening decision.

About 17 percent of child protection agencies responding to the screener survey said that they sometimes or often attempt to contact the alleged perpetrator or victim in making the screening decision. For example, in one agency we visited, the intake worker contacted the parent and extended family of a child and was prepared to drive out to the home to verify whether the child had been left home alone.

Some agencies may also attempt to contact mandated reporters in the child's life other than the reporter who made the referral. It is unclear in state law whether staff may contact mandated reporters other than those making a referral in order to gather further information to assist with screening.³⁰ For example, an agency screening a sexual abuse allegation during a site visit told us that the intake worker had informed the child's teacher of the allegation in order to find out whether she had concerns about the child's behavior. Staff in another agency, however, told us that they felt that making external contacts prior to screening in a referral could harm their relationship with a family before an assessment even began.

Child Protection History

Agencies may consider child protection history to different degrees when making screening decisions. For example, during interviews, some agencies said the current allegation needs to meet screening criteria and past reports do not affect the decision. However, others said they look at history to consider patterns over time and past refusal of services in making the screening decision. Some

It is unclear in state law whether agencies may contact individuals other than the reporter when making a screening decision.

³⁰ The failure to differentiate in the law between all referrals that come into a child protection agency and those that are accepted for a child protection response leads to varying agency interpretation of provisions of *Minnesota Statutes* 2011, 626.556. Some agencies may be interpreting *Minnesota Statutes* 2011, 626.556, subd. 10j, which allows release of information to some mandated reporters, as allowing release of information before the screening decision has been made. However, it is unclear whether this provision allows release of information only after a child protection referral has been screened in, or if it is permissible to release the information as part of the screening process.

Use of child protection history in screening varies among agencies.

definitions of maltreatment appear to require some knowledge of a family's history. For example, emotional harm (one form of neglect) is evidenced by a pattern of behavior that contributes to impaired emotional functioning of a child.³¹ In addition, neglect in general must occur "other than by accidental means."³² Whether or not an incident is accidental may be evidenced by history.

Child protection staff also highlighted other circumstances under which they might consider child protection history. For example, in explaining its decision to screen out our domestic violence vignette, one agency stated there were no previous reports and added that they have a "three strikes and you're out" policy on domestic violence referrals.³³ Another agency we visited stated they always consider past reports of domestic violence in screening current reports of domestic violence. Other agencies said the fact that the family had no child protection history was considered in their decision to screen out a vignette of a family living in a trailer with no running water and a vignette of a baby born to a mom who tested positive for marijuana use.³⁴

As discussed in Chapter 2, agencies appear to have different data recording practices. Some agencies record screened-out referrals with full identifying information and detail on the allegations. Others record screened-out referrals without identifying information. Still other agencies may not record some screened-out referrals at all. Agencies that do not record screened-out child protection referrals or that record screened-out referrals without identifying information have less information on the history of families on which to base screening decisions.

In small communities, personal knowledge about families could impact screening.**Community Information**

A community's size may affect how much information about families screeners have when making screening decisions. For example, workers in some agencies pointed out that their community is small enough that they know the individuals involved; they see the families at the grocery store and their children know children involved in an allegation. One worker noted that she believed that her rural agency screened in more allegations because they know more about families than metropolitan counties know about the people referred to them. A supervisor at another rural agency said: "[Our community is] very close and people know each other's business frequently. ... 'community knowledge' [is] given weight when making screening decisions."

³¹ *Minnesota Statutes* 2011, 626.556, subd. 2(f)(9).

³² *Minnesota Statutes* 2011, 626.556, subd. 2(f).

³³ See Vignette 6 in the Appendix.

³⁴ See Vignettes 4 and 1 in the Appendix.

RECOMMENDATIONS

The Legislature should amend Minnesota Statutes 2011, 626.556, subd. 10j, to clarify when it is appropriate for child protection staff to contact individuals beyond the original reporter of maltreatment.

The Department of Human Services should promulgate a rule indicating whether it is appropriate for agencies to use a family's history of screened-in or screened-out child protection referrals when making screening decisions.

The Legislature should consider amending Minnesota Statutes 2011, 626.556, subd. 11c, to establish a timeline for the destruction or sealing of child protection records.

The Legislature should address data privacy issues related to child protection screening.

Currently, there is no guidance in statutes or rules regarding whether it is appropriate to use information extraneous to a child maltreatment referral in making screening decisions. Neither statutes nor rules give agencies guidance on whether it is appropriate to make contacts outside of the referral. Some agencies may be interpreting *Minnesota Statutes* 2011, 626.556, subd. 10j, which allows agencies to share information with mandated reporters who are involved with children, as allowing agencies to share information as part of the screening process. Amending this provision to clarify whether such data sharing is permissible should help decrease variation in this practice.

Agencies also vary in their use of child protection history in screening decisions. On the one hand, some agencies may be using child protection history in ways that support child safety. For example, staff at DHS have said that children are at the greatest risk of additional maltreatment shortly after maltreatment has occurred. Knowledge of a recent history of maltreatment might be important to preventing further maltreatment. On the other hand, agencies may be using history of maltreatment that is irrelevant to the current screening decision. In the previous section, we recommended that DHS promulgate rules giving agencies guidance on what factors they may consider in screening referrals. Whether agencies may consider a family's child protection history could be part of that guidance. DHS could give agencies more detailed guidance on implementing the rules through training, technical assistance, and the state screening guidelines.

As part of addressing the use of history, the Legislature should consider amending state law to specify when child protection records should be sealed or destroyed. Although child protection agencies collect and have access to information from both past screened-in and screened-out referrals, currently state law establishes only minimum *retention* periods for child protection records.³⁵ Some agencies may have access to and use many years of information on individuals that may or may not be appropriate within the context of screening. DHS has a policy on destruction of records. However, since there are no required destruction or sealing dates in statutes or rules, agencies have the option

³⁵ *Minnesota Statutes* 2011, 626.556, subd. 11c.

of indefinitely keeping child protection records and using them in their screening decisions. If the Legislature chooses to address this in state law as we recommend, it should consider differentiating between screened-out and screened-in referrals.³⁶

Workload

In theory, an agency's decision whether to screen in a referral could be affected by the availability of staff or other resources to provide services. In fact, some outside stakeholders voiced concerns that child protection agencies screen in fewer referrals when agency resources are limited. We found that:

- **Changes in resources or workload affect some agencies' screening practices, at least for referrals involving child maltreatment allegations of lesser seriousness.**

Most respondents to the human services director survey and the child protection screener survey indicated that resources and workload *do not* affect screening criteria or decisions. Furthermore, all respondents to the child protection screener survey agreed or strongly agreed that their agency screens in allegations of serious maltreatment whether or not resources are available to handle the cases.

However, about 10 percent of human services directors indicated that, in general, budget and staffing considerations affect their agency screening criteria. Table 3.3 shows that around 20 percent of directors indicated that budget

Table 3.3: Human Services Directors' Perceptions About the Impact of Staffing and Funding on Screening Criteria

	Percentage of Respondents ^a		
	Strongly Disagree or Disagree	Neither Disagree nor Agree	Strongly Agree or Agree
For gray-area referrals, screening criteria my agency uses vary depending on agency staffing and funding.	68%	13%	19%
Due in part to budget constraints, my agency has tightened its screening criteria to screen in fewer gray-area cases than in the past.	70	10	20

NOTE: The question read: "In some cases, the decision to screen in or screen out a child protection referral is clear. Between the clear-cut cases are those in a 'gray area'-referrals for which a clear response is not indicated by statutes, rules, or guidelines. Please indicate the extent to which you disagree or agree with the following statements."

^a N=84. All of Minnesota's 86 child protection agencies are represented, including 84 agencies that represent the state's 87 counties and 2 tribal child protection agencies. We received two responses that applied to two agencies each. Each of those responses is reflected once.

SOURCE: Office of the Legislative Auditor, survey of county human services directors and tribal child welfare directors, July 2011.

³⁶ Currently, *Minnesota Statutes* 2011, 626.556, does not clearly address the use and destruction of data contained in screened-out referrals.

constraints have affected screening criteria for referrals that fall in a “gray area.” When asked if they had examples of how agency staffing and funding affected their screening criteria, one respondent commented: “We have screened out cases...[that] don’t meet specific criteria. [We] [u]sed to screen in due to high risk nature of presenting issue, now doesn’t meet the clarified criteria of neglect, so becomes more gray. ...when [staff] are hopping busy, the screening becomes more restrictive.” Another commented, “We have over the years had to raise the bar for what we screen in as [we] have lost staff.”

Similarly, some child protection screeners indicated that workload or resources can affect screening decisions for gray-area referrals or reports of less serious maltreatment, as shown in Table 3.4. One respondent commented: “I hate to say it, but when it is extremely busy for a long period of time, 3 plus months or more without being able to take a breath, yes workload probably does subconsciously affect my screening.”

Table 3.4: Child Protection Screeners’ Perceptions About the Impact of Workload on Screening Decisions

	Percentage of Respondents ^a		
	Strongly Disagree or Disagree	Neither Agree nor Disagree	Strongly Agree or Agree
Screening decisions for “gray area” referrals vary based on the workload of child protection staff.	76%	10%	14%
Screening decisions for allegations of lesser seriousness vary based on the workload of child protection staff.	88	6	6
My agency screens in allegations of serious maltreatment whether we have the resources to handle the cases or not.	0	0	100

NOTES: The question read: “Please indicate the extent to which you agree or disagree with the following statements regarding child protection screening at your agency.” We defined a “gray area” referral as one for which a clear response is not indicated by statutes, rules, or guidelines.

^a N=83. We surveyed Minnesota’s child protection agencies, including 84 agencies that represent the state’s 87 counties and 2 tribal child protection agencies. Eighty-five of the agencies are represented. One agency did not respond, and we received two responses that applied to two agencies each. Each of those responses is reflected once.

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

Introduction of Family Assessments

As discussed in Chapter 1, in 2005 the Legislature made family assessments the preferred response for child protection cases not involving substantial child endangerment. Because family assessments allow agencies to open child protection cases without requiring determinations of maltreatment to be made,

we wanted to know whether agencies screen in referrals of lesser seriousness that they might have screened out in the past.³⁷ We found that:

- **Availability of family assessment response has resulted in some counties screening in referrals they might have screened out in the past.**

Just under one-quarter of respondents to the child protection screener survey agreed or strongly agreed that their agency screens in more allegations of lesser seriousness than it used to because of the availability of family assessments. One respondent noted: “We screen in more allegations of lesser seriousness than we used to because it is the right thing to do and because family assessment response funding gave us the resources to do it.” Another said: “Some of the ‘lesser seriousness’ allegations would have been offered child welfare services in the past; now [family assessment] is a better option.”

Some child protection staff we spoke with also acknowledged that the introduction of family assessments affected their screening practices. One supervisor told us his agency now handles referrals through family assessment that it would have handled through child welfare before. A supervisor in another agency stated that her agency now screens in more domestic violence allegations because they have family assessment as an option. A third supervisor stated there was more comfort with screening in borderline cases now that family assessment is available, adding that some cases of neglect might have been screened out when family investigation was the only option.

Although other child protection workers and supervisors stated that they were happy to have family assessment as an option because they felt it was less punitive towards families, they said that the introduction of family assessments did not affect screening of referrals.

Availability of Other Services

We evaluated whether agencies’ screening decisions could be affected by their ability to respond to referrals with non-child-protection resources. Non-child-protection resources include voluntary services offered through a county or tribal agency’s child welfare program, as well as resources offered in the community. We found that:

- **The extent to which a child protection agency is able to respond to screened-out child protection referrals with other services may affect screening decisions.**

³⁷ As discussed in Chapter 1, collateral consequences from determinations of maltreatment, such as a loss of a job for a primary caregiver, could sometimes be harmful to families. Without the threat of these collateral consequences, we wondered if staff were more willing to use child protection to address less-serious maltreatment.

In this section, we discuss how the availability of non-child-protection resources and agencies' use of child welfare checks can impact screening decisions.

Availability of Non-Child-Protection Services

The use of both agency-run and privately operated non-child-protection services varies across the state. As shown in Table 3.5, some agencies never or rarely offer or refer families who are the subject of screened-out referrals to non-child-protection services. The majority of agencies offer or refer these services to families at least some of the time.

Table 3.5: Availability of Non-Child-Protection Services to Screened-Out Referrals

Actions Taken with Screened-out Referrals	N ^b	Percentage of Respondents: ^a		
		Never or Rarely	Sometimes	Often or Always
Offer non-child-protection services	82	6%	65%	29%
Give the family information about non-governmental services	81	16	64	20
Forward the referral to a non-governmental agency to follow up with the family	82	74	23	2

NOTE: The question read: "Please indicate how often your agency takes the following actions with screened-out child protection referrals."

^a Percentages may not sum to 100 due to rounding.

^b We surveyed Minnesota's child protection agencies, including 84 agencies that represent the state's 87 counties and 2 tribal child protection agencies. Eighty-five of the agencies are represented. One agency did not respond, and we received two responses that applied to two agencies each. Each of those responses is reflected once. All respondents did not respond to each statement.

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

Some respondents to our screener survey acknowledged that the availability of non-child-protection services may affect their screening decisions. As Table 3.6 shows, about 16 percent of screeners agreed that availability of non-child-protection services affects the screening decision for gray-area referrals. In addition, some screeners agreed that, when other services are not available, it is appropriate to screen-in referrals involving high-risk families where maltreatment is *not* alleged. In response to a different question, about 20 percent of respondents said they sometimes or often screen out allegations of less-serious child maltreatment because the child would be better served by voluntary services in the community.

Table 3.6: Screeners' Opinions of How Availability of Other Resources Affects Screening

	<i>N</i> ^a	Percentage of Respondents		
		Strongly Disagree or Disagree	Neither Agree nor Disagree	Strongly Agree or Agree
Screening decisions for "gray area" referrals vary based on the availability of non-child-protection services for children and families. ^b	83	70%	14%	16%
When other services are not available, it is appropriate to screen in child protection referrals to help high-risk families even if no maltreatment is alleged. ^c	82	90	4	6

^a We surveyed Minnesota's child protection agencies, including 84 agencies that represent the state's 87 counties and 2 tribal child protection agencies. Eighty-five of the agencies are represented. One agency did not respond, and we received two responses that applied to two agencies each. Each of those responses is reflected once. All respondents did not answer each statement.

^b The question read: "Please indicate the extent to which you agree or disagree with the following statements regarding child protection screening at your agency." We defined a "gray area" referral as one for which a clear response is not indicated by statutes, rules, or guidelines.

^c The question read: "Please indicate the extent to which you agree or disagree with the following statements about child protection."

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

Some child protection workers also told us that how agencies screen child protection referrals may vary depending on what resources the agency has. At a regional meeting of supervisors, we asked how agencies would respond to a call about substandard housing that was clearly caused by a family's poverty. The supervisors all stated that they would find a way to respond, with some saying they would use child protection services and some stating they would use other child welfare services. In another regional meeting, one supervisor stated that her agency may respond to referrals of unsafe sleeping conditions for babies by providing upfront funds to families for cribs rather than screening in the referrals as child protection.³⁸

Use of Child Welfare Checks

Agencies' use of child welfare checks also may affect what incidents are screened in for child protection. As explained in Chapter 1, child welfare checks generally consist of a visit to a family's home to assure the safety of the child and sometimes offer voluntary services to the family. Some agencies use child welfare checks, performed by agency workers and/or law enforcement, to assure child safety for some screened-out child protection referrals and in other

³⁸ As discussed above, we asked human services directors about the impact of staffing and funding on child protection screening. In their comments, several directors said that resources have affected the ability of their agency to provide prevention, early intervention, or child welfare services to families. Sixty percent of directors thought that their agency's ability to provide (or contract) non-child-protection services for families who might benefit from them had decreased over the past five years or, for the tribal child welfare directors, since their agencies began administering services under the American Indian Child Welfare Initiative.

Through child welfare checks, agencies may obtain additional information that causes them to screen in allegations they previously screened out.

situations. For example, staff at one agency stated that their city police make child welfare checks on every screened-out child protection referral. Staff at another agency stated that workers go out on almost every call that is screened out in order to do preventive work. However, other agencies do not perform child welfare checks or ask law enforcement to perform these checks.³⁹

While an initial child protection referral may be screened out, follow up from the agency or the police could result in an additional referral, which may be screened in for child protection. As a result, families in similar situations ultimately may be screened in to child protection by agencies that use child welfare checks, whereas families in the jurisdiction of agencies who do not use child welfare checks regularly may remain screened out.

Several respondents to the vignette portion of our screeners survey commented that a screened-out vignette could become a screened-in child protection referral after more information was learned through child welfare checks. For example, in response to a vignette about a dirty house, one agency responded that they would screen out the referral but offer non-child-protection services. The agency commented, “We would drop in at Oscar’s home to check the condition of the home and would change tracks to [child protection] if needed.”⁴⁰ Another agency stated that they would screen out a vignette involving a teenager who had allegedly been punched by her dad, but added: “We would make a ‘strong’ Child Welfare visit. ... If physical discipline continues we would very likely do a child protection family assessment in the future.”⁴¹ In response to another vignette, many agencies stated they would screen out a family living in a trailer without plumbing or electricity, but they would do a child welfare check or offer other services.⁴² One agency specifically stated that they would re-screen the referral depending on the results of the child welfare check.

REFERRAL-LEVEL FACTORS

Up to this point, we have discussed agency practices and policies that explain different screening propensities and variation in screening decisions. In the following section, we focus on factors associated with individual referrals that can account for variation in screening. Regardless of an agency’s propensity to screen referrals in or out, referral-level factors such as the source of the referral, child protection history, and demographics of the alleged victim or perpetrator can affect decisions on individual referrals.

Research on child protection screening has found that some referral-level factors affect screening decision making. For example, studies have found that referrals made anonymously and by absent spouses were more likely to be screened out, and reports of physical injury, severe injury, or multiple types of physical abuse

³⁹ Law enforcement may choose on their own to perform child welfare checks if the situation merits it.

⁴⁰ See Vignette 5 in the Appendix.

⁴¹ See Vignette 7 in the Appendix.

⁴² See Vignette 4 in the Appendix.

Data limitations prevented us from drawing conclusions from detailed statistical analyses of factors such as a child's age and race.

were more likely to be screened in.⁴³ One study found that race and ethnicity, source of report, type of maltreatment and injury, number of children, age of child, and gender of child appear to have affected screening decisions. In that same study, researchers also found that, other things being equal, the presence of an injury, allegations of sexual abuse, and allegations regarding children under age two were more likely to be screened in. Some factors that made a referral more likely to be screened out included that the referral came from the nonperpetrating parent or certain other voluntary reporters.⁴⁴

The impact of referral-level factors on screening decisions is an important issue. During our evaluation, we heard concerns about the extent to which children of color are represented in the child protection system and concerns about screening of referrals alleging maltreatment of older children. We obtained detailed data on child protection referrals made between April 1, 2010, and March 31, 2011, with the intention of examining these issues using statistical analysis. However, we concluded that too many factors compromised the results. As described above, some agencies may not be recording all screened-out referrals, and agencies that record screened-out referrals do not record the same level of detail. After specifying a statistical model based on variables such as alleged maltreatment, victim age, and race, only four agencies had information for at least 80 percent of their recorded screened-in and screened-out referrals. Another concern was that we did not have data for other variables that could be important, such as child protection history and family income.

Still, given the importance of referral-level factors, we asked child protection agencies whether report source, child protection history, and demographics affect screening of individual referrals. We learned that:

- **Factors such as the perceived credibility of the reporter, child protection history, and demographics may affect screening of individual child maltreatment referrals.**

We discuss these factors in the following sections.

Reporter Credibility

Mandated reporters may be perceived to be more reliable reporters of maltreatment because they have a legal obligation to report, may have relationships with child protection agencies, and may have received training on child maltreatment. Data from all 86 child protection agencies suggest that referrals from mandated reporters have a greater likelihood of being screened in than referrals from voluntary reporters. For referrals received between April 1, 2010, and March 31, 2011, agencies screened in 36 percent of referrals from

⁴³ See summaries of other studies in: Susan J. Wells, John D. Fluke, and C. Hendricks Brown, "The Decision to Investigate: Child Protection Practice in 12 Local Agencies," *Children and Youth Services Review* 17 (1995): 525; and Susan J. Wells, et. al., "Ecological factors and screening in child protective services," *Children and Youth Services Review* 26 (2004): 983.

⁴⁴ Susan J. Wells, John D. Fluke, and C. Hendricks Brown, "The Decision to Investigate: Child Protection Practice in 12 Local Agencies," *Children and Youth Services Review* 17 (1995): 523-546.

Child protection workers appear to be more likely to screen in referrals from mandated reporters rather than voluntary reporters.

mandated reporters versus 26 percent of referrals from voluntary reporters. Agencies have different data recording practices that may be affecting this result. For example, some agencies said they always record referrals from mandated reporters even if they know the allegation is not a child protection issue, but they do not do the same for voluntary reporters. In other words, a greater number of reports from voluntary reporters may have been “screened out” than the data reflect.

Other evidence supports that the perceived credibility of the person making the referral affects individual screening decisions. We asked agencies the extent to which they would screen in allegations *that meet the definition of maltreatment* when made by anonymous reporters or reporters with no first-hand knowledge of the alleged maltreatment. As shown in Table 3.7, a small percentage of respondents said they rarely or never screen in anonymous reports that meet the definition of maltreatment. A significant proportion of respondents said they rarely or never would screen in referrals made by those without first-hand knowledge of the alleged maltreatment. Also, as indicated in Table 3.8, many screeners reported that the source of referral affects their screening decision when there is not a clear-cut screening decision. For example, 64 percent of screeners stated they were more likely to screen out “gray-area” referrals made by noncustodial parents.

Table 3.7: Impact of Reporter Credibility on Screening Decisions When Maltreatment is Alleged

To what extent do you screen in allegations that meet the definition of maltreatment, but...	Percentage of Respondents ^a		
	Never or Rarely	Sometimes	Often or Always
Are made by anonymous reporters?	7%	34%	59%
The reporter has no first-hand knowledge of the alleged maltreatment?	41	45	14

^a N=83. Eighty-five of Minnesota’s 86 child protection agencies are represented. Minnesota’s child protection agencies include 84 agencies that represent the state’s 87 counties and 2 tribal child protection agencies. One agency did not respond, and we received two responses that applied to two agencies each. Each of those responses is reflected once.

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

Child Protection History

The child protection history of the family who is the subject of a referral is another factor that could affect how an individual referral would be screened, regardless of the agency screening the referral. As illustrated in Table 3.8, considering *referrals for which there is not a clear-cut screening decision*, most agencies said they would be more likely or much more likely to *screen in* reports involving families with several prior screened-out referrals. Almost half said they would be more likely or much more likely to *screen out* reports involving families with no prior contact with child protection.

Source of referral and child protection history may affect screening of individual referrals.

Table 3.8: Impact of Various Factors on the Screening Decision in “Gray-Area” Referrals

Factors	Percentage of Respondents ^a		
	More Likely or Much More Likely to Screen In	No Impact	More Likely or Much More Likely to Screen Out
The referral came from a mandated reporter.	45%	53%	2%
The referral came from an anonymous reporter.	1	45	54
The referral came from a person with no first-hand knowledge of the alleged maltreatment.	5	10	86
The referral came from a non-custodial parent who was the source of past unsubstantiated reports.	0	36	64
The family has several prior screened-out referrals.	65	34	1
The family has no prior contact with child protection.	4	51	46

NOTE: The question read: “Assume you have received a ‘gray area’ referral (one for which a clear response is not indicated by statutes, rules, or guidelines). How, if at all, would the following factors affect your screening decision?”

^a N=83. Eighty-five of Minnesota’s 86 child protection agencies are represented. Minnesota’s child protection agencies include 84 agencies that represent the state’s 87 counties and 2 tribal child protection agencies. One agency did not respond, and we received two responses that applied to two agencies each. Each of those responses is reflected once.

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

Demographics

We asked child protection workers how, if at all, race and age affect screening. Some agency workers thought that race may be a factor in the referrals they *receive*. Supervisors at two agencies stated that the families of nonwhite children were likely to receive extra scrutiny in their predominantly white communities. Some supervisors stated that they are particularly vigilant and aware that they may receive child protection referrals regarding children of color when the same allegations would not be reported for white children. One agency supervisor told us that staff keep race in mind whenever they screen referrals so they can be aware of any disproportionality. In addition, she said they note whether calls about children of color are disproportionately coming from one school. Her agency has created a child welfare program to respond to some referrals of educational neglect involving children of color.

Some outside stakeholders expressed the opinion that families who are new to small communities receive greater scrutiny from agencies because agencies are less familiar with them than families who have lived in the community for generations. Due to migration and demographic change, these new families are

often families of color. To err on the side of caution, agencies may screen in referrals about these new families.

Many staff stated they consider age in screening because the nature of risk to children varies based on their age. For example, many workers stated that the risk to small children in dirty houses is greater than to older children. A house with feces on the floor poses a risk to infants and small children because they may crawl through the material or put it in their mouths. However, teenagers may be expected to clean up the feces themselves. Another supervisor explained that her agency gives more weight to referrals involving young children because of the relative isolation of children who are not yet school-aged.

State Supervision

In Minnesota, county and tribal administration of child protection is supervised by the Department of Human Services (DHS). In Chapter 2, we described child protection agency practices for intake and screening. In Chapter 3, we found variation in screening decisions and identified several factors that contribute to variation. In this chapter, we evaluate DHS's role in child protection screening. We first examine DHS's authority to supervise local agencies and enforce state law and then evaluate the state screening guidelines published by DHS. Lastly, we evaluate training and technical assistance provided by DHS to county and tribal child protection agencies.

DEPARTMENTAL AUTHORITY

DHS is charged with supervising child protection services administered by local agencies. However, we found:

- **State law gives the Department of Human Services relatively weak supervisory powers and no authority to sanction local agencies for noncompliance with state law.**

The Department of Human Services (DHS) works collaboratively with county and tribal agencies rather than exerting a strong supervisory role.

DHS does not have a strong supervisory role over child protection screening. DHS's general supervisory authority over child protection is described in state law as providing technical assistance and evaluating outcomes "in consultation with counties."¹ DHS describes its supervisory role as providing guidance to local agencies on adhering to state and federal law.

DHS is also charged with approving county service plans for provision of child protection and guiding counties in meeting DHS requirements for approval of these plans. DHS's review of service plans, which are developed by the counties, has not included a review of screening practices or local definitions of maltreatment.

As discussed in Chapter 3, each local agency may develop its own child protection screening guidelines. While state law requires local agencies to respond to child maltreatment with child protection, counties are explicitly given authority to develop definitions of maltreatment that are more detailed than what

¹ *Minnesota Statutes* 2011, 256M.20, subd. 1.

DHS has published voluntary screening guidelines instead of promulgating detailed rules on screening.

is set forth in state law.² DHS does not assure that county guidelines are approved by county boards or specifically collect or review the guidelines.

One significant power DHS has is promulgation of rules. However, DHS has chosen to publish state screening guidelines rather than promulgate them as rules. This decision means that DHS's position on best practices on screening constitutes advice rather than having the force and effect of law (as it would if promulgated as a rule). We discuss the state screening guidelines in the next section. In Chapter 3, we recommended that DHS address some screening issues through promulgation of rules.

DHS has little enforcement authority over child protection screening. DHS is given authority to sanction counties by withholding state and federal funds only if counties are not in compliance with federal law and the noncompliance may result in federal sanctions.³ The law does not give DHS the authority to sanction based on noncompliance with state law (unless the state law is also required by federal law). Since definitions of maltreatment used in screening are established in state law, DHS has no authority to sanction counties based on their interpretations of these definitions unless they fail to address child maltreatment that meets the minimal definition of maltreatment established in federal law.

While DHS does not have broad authority and enforcement powers and has not fully utilized its rule-making powers, state law encourages DHS to work "in consultation with counties" and to provide assistance to counties.⁴ Accordingly, DHS has worked with counties on a voluntary basis to increase consistency across the state in child protection screening and practice. DHS has provided several different types of aid to child protection agencies through its supervisory role. DHS facilitated development of state screening guidelines and developed training for child protection workers. DHS also provides technical assistance to child protection agencies and facilitates regional meetings on family assessment. We found:

- **The Department of Human Services has provided resources to aid agencies in screening, but there is room for improvement.**

Most human services directors we surveyed believed that DHS resources (such as staff, publications, or training) have improved internal consistency in screening

² This provision in law, *Minnesota Statutes* 2011, 626.556, subd. 10e(k), is interpreted by DHS to grant counties the authority to develop their own more detailed maltreatment guidelines so long as those guidelines conform with definitions in Minnesota law. However, the actual text refers to definitions and criteria for which allegations to *investigate*. This could be interpreted to apply only to investigations, rather than both child protection responses, and is likely a provision that was not updated when family assessment was introduced. This provision also specifically grants this authority to counties, not local agencies.

³ *Minnesota Statutes* 2011, 256M.20, subd. 3.

⁴ *Minnesota Statutes* 2011, 256M.20, subd. 1.

decisions and consistency of decisions with state law.⁵ However, some directors and child protection staff identified opportunities for improvement.

STATE SCREENING GUIDELINES

While rule making is the preferred vehicle for establishing agency policies interpreting the law, DHS uses guidelines to help county and tribal agencies determine what types of actions or omissions constitute child maltreatment.

The *Minnesota Child Maltreatment Screening Guidelines* published in 2007 were the result of a collaborative process involving DHS staff, county and tribal staff, and representatives of other interested parties. DHS periodically updates the guidelines, publishing the most recent guidelines in February 2011.⁶ We found:

- **The *Minnesota Child Maltreatment Screening Guidelines* have been a valuable resource for the state’s child protection agencies.**

Most human services directors believe that the *Minnesota Child Maltreatment Screening Guidelines* have improved consistency in screening decisions among child protection agencies. Almost two-thirds of respondents agreed or strongly agreed that this was the case.

Ninety-eight percent of agencies stated they often or always consider the state screening guidelines in making screening decisions.

The state screening guidelines contribute to consistency in screening by clarifying state law. For example, the guidelines suggest that agencies consider whether a significant health or safety hazard exists in screening allegations of neglect due to lack of necessary food or shelter.⁷ The guidelines also outline specific criteria by age for when children can be left alone and care for other children, which are useful for screening allegations of neglect due to inadequate supervision. They also give specific guidance for when domestic violence should be considered threatened injury.

The state screening guidelines are well accepted by agencies. Eighty-one percent of human services directors thought the guidelines allow for the right amount of screener discretion. An equal number agreed or strongly agreed that they provide the flexibility needed to accommodate community standards. In addition, 89 percent of child protection screeners responding to our survey indicated that the state guidelines are very helpful in making screening decisions, and 98 percent stated that they often or always consider the guidelines in making

⁵ We surveyed county human services directors and tribal child welfare directors. We received 84 responses representing all of Minnesota’s 86 child protection agencies. Minnesota’s child protection agencies include 84 agencies that represent the state’s 87 counties and 2 tribal child protection agencies. More than half of the county directors delegated the survey to someone else in the agency. We refer to all respondents as “directors” or “human services directors.”

⁶ Department of Human Services, *Minnesota Child Maltreatment Screening Guidelines* (St. Paul, 2011).

⁷ In Chapter 3, we recommended that DHS, in collaboration with county and tribal child protection agencies and other stakeholders, propose amendments to state law to lessen this as a source of variation in child protection agency screening decisions and to provide clarification to reporters of maltreatment.

screening decisions.⁸ Interviews confirmed agencies' positive views of the guidelines.

While the statewide screening guidelines are well accepted and widely used, we found:

- **Parts of the state screening guidelines addressing sexual abuse and threatened sexual abuse could be improved.**

Some agencies stated that the state guidelines are not helpful for screening referrals involving sex offenders.

Many agencies said the provisions on sexual abuse are confusing and not helpful. Some agencies thought more clarification was needed for referrals of sibling sexual abuse. In addition, some agencies said the guidelines were not helpful for knowing how to evaluate whether it is safe to allow a sex offender to live with a child, especially when the offender has completed treatment or probation or is not prohibited from having contact with children. For example, the guidelines state that agencies may screen in referrals involving sex offenders whose past victims were adults based on their "reasonable judgment" of the risk to the child.⁹ However, the guidelines do not outline what factors might be considered when making this judgment, and child protection staff do not necessarily have the expertise to make these judgments without some guidance, especially at the screening stage.

Additional instructions in the guidelines could clarify statutory provisions on sexual abuse which can seem contradictory and confusing. As we explained in Chapter 1, sexual abuse is defined broadly in statutes to include perpetrators who are not only in the immediate family or functioning within the family as a caregiver, but also persons with authority over the child and persons in a significant relationship with the child.¹⁰ Sexual abuse is also categorized as substantial endangerment.¹¹ Local agencies are directed to investigate reports of substantial endangerment.¹² However, another provision in statutes states that local agencies are responsible for investigating sexual abuse involving perpetrators who are immediate family members, are functioning within the family unit and responsible for the child's care, or have a significant relationship with the child and reside in the child's home.¹³ In a separate provision, statutes indicate that law enforcement is solely responsible for investigating sexual abuse perpetrated by someone who is not an immediate family member, someone functioning within the family as a caregiver to the child, or a person with a significant relationship with the child and resides in the child's home.¹⁴ These

⁸ We sent a survey to a person in each agency "who (1) participates in child protection screening decisions and (2) can provide a single response to represent screening decisions" in the agency. We received 83 responses representing 85 of Minnesota's 86 child protection agencies.

⁹ Department of Human Services, *Minnesota Child Maltreatment Screening Guidelines* (St. Paul, 2011), 8.

¹⁰ *Minnesota Statutes* 2011, 626.556, subd. 2(d).

¹¹ *Minnesota Statutes* 2011, 626.556, subd. 2(c).

¹² *Minnesota Statutes* 2011, 626.556, subd. 10(a)(1).

¹³ *Minnesota Statutes* 2011, 626.556, subd. 3e.

¹⁴ *Minnesota Statutes* 2011, 626.556, subd. 10a.

several provisions leave some agencies confused about what their role is in cases of sexual abuse.

RECOMMENDATION

In collaboration with county and tribal child protection agencies and other stakeholders, the Department of Human Services should continue to revise and improve the Minnesota Child Maltreatment Screening Guidelines, especially those portions addressing sexual abuse.

While many child protection agency workers find the statewide screening guidelines useful, DHS should continue to work to clarify portions that have been identified by agencies as not helpful. The department updates the screening guidelines to reflect changes in law and research. DHS should continue to make these updates as well as solicit input from county and tribal child protection agencies on areas needing clarification and improvement.

TRAINING AND TECHNICAL ASSISTANCE

DHS has created training for new child protection workers, part of which addresses intake and screening. In addition, DHS provides technical assistance to agencies on intake and screening. We found:

- **The Department of Human Services has created training and technical assistance related to intake and screening, but there are some unmet needs.**

In this section, we discuss the training DHS provides to new child protection workers, as well as the assistance DHS provides to all child protection workers on the topics of intake and screening.

Training

New child protection workers must complete competency-based foundation training during their first six months of employment as a child protection worker.¹⁵ State law directs DHS to develop the foundation training for child protection workers if funds are appropriated to do so.¹⁶ DHS offers the training throughout the year and is able to offer the training in St. Paul, Brainerd, Crookston, Rochester, and Willmar.¹⁷

Due to the timing of our evaluation, most child protection screeners and human services directors had not had experience with a new training curriculum being

¹⁵ *Minnesota Statutes* 2011, 626.559, subd. 1a.

¹⁶ *Minnesota Statutes* 2011, 626.5591, subd. 2.

¹⁷ According to DHS, effective training requires both the necessary computer equipment and a “critical mass” of people to attend. DHS has said an absence of either (or both) prevents additional regional offerings.

The new-worker training DHS is pilot-testing covers many important intake and screening issues.

pilot tested by DHS. During site visits and interviews, many agency staff voiced dissatisfaction with the training the new curriculum will replace. Some stated intake and/or screening was not adequately covered in the old curriculum. Some staff expressed a preference for regionally located training and stated that it is difficult to get workers to St. Paul for the training due to cost and the length of the training. Two workers stated that, despite having been on the job for more than a year, they had not met the statutory requirement that new workers receive training within six months of employment, and one agency said it does not send staff to the training until after the workers' six-month probation period.

In January 2011, DHS began pilot-testing the new training curriculum for new child protection workers. The Child Welfare Foundation Training (CWFT) may address some of the concerns with the old curriculum. For example, the training curriculum integrates a series of Web-based modules with classroom training. This reduces the number of training days new workers spend out of the office and associated costs.

We attended the intake and screening portion of the new classroom training and reviewed the Web-based training relevant to intake and screening. Both portions covered many important topics, including an overview of maltreatment criteria, questions to ask during intake, the importance of gathering facts and not letting assumptions or biases influence fact-gathering, and practice screening scenarios. The classroom training also provided opportunities to role play intake and screening. Focusing on the classroom module that includes intake and screening, evaluation of the CWFT pilot by workers who attended it was mostly positive.

However, more practice on intake and screening skills could be useful to workers who perform these tasks.

However, more examples and practicing of skills could be useful. For example, trainers in the classroom did not model intake skills, nor were examples of good intake questions applied to specific scenarios in the Web-based training. Further, the training did not impart skills on how to apply the law to facts in screening scenarios. The Web-based training instructs viewers to discuss scenarios with their supervisor, with limited guidance on what factors to consider or how to analyze situations in which the screening decision is unclear. The classroom training included some practice with and discussion of scenarios. Considering that the classroom training covers the entire spectrum of child protection work, the segment on screening provided a good discussion of some difficult screening issues.

Technical Assistance

DHS provides other forms of assistance to agencies in addition to developing the state screening guidelines and offering training. To meet federal requirements, DHS conducts periodic quality assurance reviews called Minnesota Child and Family Services Reviews (MnCFRSs). In addition, DHS coordinates regular regional meetings to discuss best practices. These meetings, although not focused on child protection screening, provide opportunities for child protection agencies to consult with their peers and DHS staff on screening issues. Upon request, DHS has also held regional meetings specifically focused on screening. Finally, DHS staff answer questions agencies have about screening and other topics. We found:

- While many agencies have found Department of Human Services (DHS) assistance on screening helpful, DHS does not provide a consistent source of technical assistance with screening.

More than 80 percent of respondents to the child protection screener survey indicated that they had contacted DHS staff for advice on screening decisions. As shown in Table 4.1, most had found DHS's advice helpful and at least somewhat consistent. However, about 40 percent of respondents to the survey thought there was a need for DHS to provide additional assistance in screening decision making. Several thought a way to obtain consultation in a timely manner would be beneficial. Some agencies characterized DHS advice on screening as inconsistent.

Table 4.1: Child Protection Screeners' Perspectives on Department of Human Services Advice

Characterizations of DHS advice	N	Percentage of Respondents ^a		
		Not at All	Somewhat	Very
Has been helpful	68	6%	41%	53%
Has been consistent	64	14	52	34

NOTE: The question read: "Please indicate the extent to which DHS advice on screening decisions..."

^a Sixty-eight of a total of 83 respondents had contacted DHS for advice. Eighty-five of Minnesota's 86 child protection agencies are represented. Minnesota's child protection agencies include 84 agencies that represent the state's 87 counties and 2 tribal child protection agencies. One agency did not respond, and we received two responses that applied to two agencies each. Each of those responses is reflected once.

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

DHS uses various venues to provide technical assistance to agencies.

Illustrating these contradictory views, one respondent to our screener survey stated: "DHS has been very responsive, thoughtful and supportive when contacted about screening issues. I e-mail questions regularly for their opinion." However, another commented: "DHS gives no clear direction on screenings that have been called in by our agency. Their answers vary greatly among DHS staff." Some respondents to the survey stated that they did not know who at DHS to contact with questions.

One venue for DHS to provide assistance is the Family Assessment Response regional meetings the department facilitates. Local agency attendance at these quarterly meetings is voluntary. The primary focus of the meetings is on best practices in family assessment. However, screening questions often come up at the meetings. Three-quarters of human services directors indicated that the regional meetings are a valuable forum for discussing child protection screening decisions. During interviews, some agencies indicated that these meetings are, or could be, helpful in increasing consistency in screening.

MnCFRSs involve detailed reviews by DHS of a sample of cases that have been opened by the agency. The reviews do not focus on screening at the agency.

However, one portion of the review looks at whether the agency appropriately screened new referrals about families who were the subject of the cases under review. More than half of the human services directors agreed that MnCFSRs have been valuable opportunities for improving child protection screening practices. Some agencies indicated that they generally found these reviews to be helpful, although they could be even more helpful at improving intake and screening quality.

RECOMMENDATION

The Department of Human Services should identify and implement forums for regularly practicing and discussing intake and screening.

The Web-based portions of new-worker training should be available to all workers involved with intake and screening.

New-worker training is one forum DHS can use to provide staff with opportunities to learn how to apply the law to the factual situations presented in child protection referrals. Making the relevant Web-based portions of the Child Welfare Foundation Training available to all staff involved in child protection intake and screening is one way to reach additional workers who have not taken new-worker training in years or have never taken the training.¹⁸ DHS said making the Web-based training modules more widely available is its long-term goal. We encourage the agency to expedite this. DHS should also consider providing additional practice and guidance on intake and screening within the Web-based training. This additional material could be available as optional practice for those working specifically in intake and screening.

Regular separate regional meetings or periodic use of the Family Assessment Response regional meetings may be helpful for agencies to discuss, and receive guidance on, difficult screening issues. DHS staff told us that they were considering using regional meetings to more formally and regularly discuss screening as well.

Many agencies said that MnCFSRs are helpful and they appreciate the detailed look reviewers give to individual cases. These assessments may also serve as opportunities to discuss intake and screening practices. DHS should continue to work to identify forums that will be accessible and helpful to county and tribal child protection agencies as they work through issues related to intake and screening.

¹⁸ In Chapter 2, we recommended that all intake workers take this training.

Mandated Reporters

Minnesota law requires certain individuals—called “mandated reporters”—to report known or suspected child maltreatment.

To be eligible for federal funding under the Child Abuse Prevention and Treatment Act, states must require that certain individuals—called mandated reporters—report suspected child maltreatment.¹ Table 5.1 lists Minnesota’s mandated reporters. They include individuals—such as teachers, doctors, and child care providers—whose jobs may bring them into contact with victims of child maltreatment. State law requires mandated reporters who know or have reason to believe maltreatment has occurred or is occurring to “immediately report the information to the local welfare agency, agency responsible for assessing or investigating the report, police department, or the county sheriff.”²

Table 5.1: Minnesota’s Mandated Reporters

Mandated reporters include professionals and their delegates in the following fields:

Health care	Child care
<ul style="list-style-type: none"> • Hospital administrators • Medical personnel and professionals • Dental professionals 	<ul style="list-style-type: none"> • Home child care providers • Child care center staff
Social services	Education
<ul style="list-style-type: none"> • Social workers • Group home staff • Foster parents 	<ul style="list-style-type: none"> • Teachers and assistants • School administrators • School support staff
Mental health professionals	Law enforcement
<ul style="list-style-type: none"> • Psychologists • Therapists • Psychiatrists 	Guardians ad litem
	Clergy
	Probation and correctional services

SOURCES: Office of the Legislative Auditor and Department of Human Services, *Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters* (St. Paul, 2008), 1.

Mandated reporters were the source of most of the referrals recorded by Minnesota’s child protection agencies between April 1, 2010, and March 31, 2011. During that period, mandated reporters accounted for approximately three-quarters of the 58,163 referrals. As Table 5.2 shows, education professionals—including teachers, school nurses, and other school personnel—accounted for almost one-fifth of all referrals during the period, followed closely by law enforcement professionals.

¹ 42 U.S. Code, sec. 5106a(b)(2)(B)(i) (Supp. IV 2010).

² *Minnesota Statutes* 2011, 626.556, subd. 3.

Mandated reporters make most of the maltreatment referrals in Minnesota.

Table 5.2: Maltreatment Referral Sources, April 1, 2010, through March 31, 2011

	Referrals	Percentage
Mandated reporters		
Education	10,998	19%
Law enforcement	10,987	19
Health care	5,254	9
Social services	5,192	9
Mental health	3,534	6
Court/court services	2,096	4
Child care	1,280	2
Other ^a	4,302	7
Subtotal	43,643	75%
Voluntary reporters	14,520	25
Total	58,163	100%

^a "Other" includes coroner, clergy, Department of Human Services birth match, and other mandated reporters.

SOURCE: Office of the Legislative Auditor, analysis of data from the Department of Human Services, Social Service Information System.

State law directs child protection agencies to inform mandated reporters about definitions of maltreatment.

EDUCATING MANDATED REPORTERS

Reporters who understand their legal responsibility to report child maltreatment might report more often than those who do not have that understanding. In addition, their referrals might reflect a greater understanding of the statutory definitions of maltreatment and provide enough information so allegations can be screened appropriately. State law requires child protection agencies to "periodically inform mandated reporters...who work in the county of the definitions of maltreatment in the statutes and rules and any additional definitions or criteria that have been approved by the county board."³ We found:

- **Minnesota's child protection agencies use various methods to educate mandated reporters about reporting child maltreatment, but current information may not be reaching all mandated reporters.**

Child protection agency directors reported using a variety of approaches during the previous year to inform mandated reporters about their reporting responsibilities. Table 5.3 shows that staff in most agencies gave presentations to groups of mandated reporters or referred reporters to Minnesota statutes, Department of Human Services (DHS) training, or DHS's guide for mandated reporters.⁴ More than one-third of the directors indicated that information for

³ *Minnesota Statutes* 2011, 626.556, subd. 10e(k).

⁴ We surveyed county human services directors and tribal child welfare directors. We received 84 responses representing all of Minnesota's 86 child protection agencies. More than half of the county directors delegated the survey to someone else in the agency. We refer to all respondents as "directors" or "human services directors."

Most child protection agencies reported using multiple methods to keep mandated reporters informed.

Table 5.3: Methods Used by Child Protection Agencies to Educate Mandated Reporters

	Respondents ^a	Percentage
Gave presentations to mandated-reporter groups	78	93%
Referred reporters to <i>Minnesota Statutes</i>	68	81
Referred reporters to the Department of Human Services (DHS) publication <i>Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters</i>	66	79
Referred reporters to the mandated-reporter training developed by DHS	56	67
Posted information on the county/tribe Web site	29	35

NOTE: The question read: "Please indicate whether your agency has used the following methods in the past year to educate mandated reporters about their responsibility to report suspected child maltreatment."

^a N=84. All of Minnesota's 86 child protection agencies are represented. Minnesota's child protection agencies include 84 agencies that represent the state's 87 counties and 2 tribal child protection agencies. We received two responses that applied to two agencies each. Each of those responses is reflected once.

SOURCE: Office of the Legislative Auditor, survey of county human services directors and tribal child welfare directors, July 2011.

mandated reporters was posted on their agency Web site. Each agency used at least one method of educating reporters with most agencies (62 percent) reportedly using four or more approaches.

Several directors indicated other methods their agencies used to educate mandated reporters, such as public service announcements, newspaper articles, brochures, community-wide training sessions, community outreach, and education by phone when referrals were made or someone called with a question. One respondent mentioned a county publication with county-specific contact information and annual community-wide training sessions offered by intake staff, child protection assessment staff, the county attorney, and law enforcement. Another respondent indicated that the multidisciplinary child protection team for her agency and a neighboring one annually sends written information with legislative changes and links to DHS's Web site to all mandated reporters in a database.⁵

Although most directors indicated that agency staff gave presentations to groups of mandated reporters in the past year, the frequency with which agencies gave presentations to different groups varied.⁶ Table 5.4 shows that agencies presented to groups of teachers and school personnel most frequently, with most

⁵ State statutes require each county to establish a multidisciplinary child protection team. Among other duties, the team may provide public and professional education. *Minnesota Statutes* 2011, 626.558.

⁶ DHS staff said they sometimes make presentations to statewide associations of professionals who are mandated reporters.

The frequency with which child protection agencies make presentations to groups of mandated reporters varies.

agencies presenting to these groups at least annually.⁷ Staff presented less frequently to groups of nurses, doctors, and clergy. Several agency directors indicated that staff offer training regularly—such as quarterly, annually, or every other year—either for mandated reporters or anyone, and some offer training upon request. A few directors indicated that the extent to which groups have taken advantage of the training varies.

Table 5.4: Frequency of Child Protection Agency Presentations to Mandated Reporters

	Percentage of Respondents ^a			
	At Least Annually	Less Frequently than Annually	Never	Don't Know or Missing
Teachers	71%	27%	1%	0%
Other school personnel	69	27	1	2
Child care providers	50	46	2	1
Social service providers	49	40	8	2
Mental health professionals	31	54	15	0
Law enforcement	24	61	14	1
Nurses	13	64	20	2
Doctors	8	54	33	5
Clergy	2	46	40	11

NOTE: The question read: "How frequently does your agency make presentations about responsibilities to report suspected child maltreatment to groups of the following mandated reporters?"

^a N=84. All of Minnesota's 86 child protection agencies are represented. Minnesota's child protection agencies include 84 agencies that represent the state's 87 counties and 2 tribal child protection agencies. We received two responses that applied to two agencies each. Each of those responses is reflected once. Row percentages may not sum to 100 due to rounding.

SOURCE: Office of the Legislative Auditor, survey of county human services directors and tribal child welfare directors, July 2011.

We asked two groups of mandated reporters—pediatric health care professionals and school personnel—how they stay informed about their responsibility to report child maltreatment.⁸ About half of the mandated reporters who responded to our survey did not use any sources over the past year to learn about their

⁷ These responses do not mean that agencies presented to all mandated reporters within the group annually, but rather that agencies made presentations to groups of these reporters at least annually.

⁸ Surveyed professionals included pediatricians, advanced-practice pediatric nurses, school counselors, school psychologists, school social workers, and school nurses. We mailed surveys to a sample of 987 professionals selected from lists provided by the Board of Medical Practice, Board of Nursing, and Minnesota Department of Education. We received responses from 539 professionals who were still mandated reporters, for a 55-percent response rate. In reporting their responses, we have not generalized to all individuals in these groups, but instead present their responses as the responses of a sample of individuals. Their responses cannot be generalized as representative of all mandated reporters.

We surveyed health care and education professionals to learn their perspectives on child protection screening.

Mandated reporters we surveyed generally felt informed about their reporting responsibility and to whom they should report.

responsibilities as mandated reporters.⁹ About one-quarter of respondents indicated sources other than those we listed. For example, they mentioned county workshops, employer-provided training, consultation with child protection staff, co-workers (including social workers), and others. Relatively small percentages of respondents, ranging between 8 and 16 percent, had consulted DHS's guide for mandated reporters, state statutes, child protection agency Web sites, or DHS training. In addition, almost three-fifths of respondents indicated they had never attended a presentation about child maltreatment reporting responsibilities or had last attended one more than 12 months ago.

It may be that mandated reporters do not need to annually consult sources to learn about their responsibilities. Most mandated reporters who responded to our survey felt adequately informed about their reporting responsibilities (79 percent) and who to contact with concerns about possible child maltreatment (90 percent). Or, if mandated reporters rely on others to report for them, they may not feel the need to stay informed personally. Although mandated reporting is an individual responsibility, several survey respondents—27 percent of the pediatric health care professionals and 5 percent of school personnel—indicated that they report to a person at work who is designated to make reports.¹⁰ Still, reporting laws and responsibilities sometimes change in ways that reporters need to know about. For example, a 2010 law exempted health care and social service professionals from reporting a woman's use of marijuana or alcohol during pregnancy if the professional is providing the woman with prenatal or other health care services.¹¹

Although local child protection agencies are responsible for keeping mandated reporters informed, we found:

- **DHS has created resources that assist child protection agencies with training mandated reporters.**

DHS has published a guide and created online training for mandated reporters.¹² Around 90 percent of human services directors agreed or strongly agreed that DHS materials for mandated reporters have helped their agency inform mandated-reporter groups. But, as discussed earlier, relatively small percentages of surveyed mandated reporters had used these sources recently.

⁹ Sixteen mandated reporters who said they had not used any sources answered in a subsequent question that they had attended a presentation on their reporting responsibilities during the past year. Counting these respondents as having used a source reduces the percentage using no sources from 51 percent to 48 percent.

¹⁰ The question read: "In your current position, which of the following statements best reflects how you report suspected child maltreatment (or would report in the event of such a suspicion)?" The selected response read: "I report the suspected maltreatment to a person at work who is designated to make a report if he or she thinks it appropriate."

¹¹ *Laws of Minnesota* 2010, chapter 348, amending *Minnesota Statutes* 2008, 626.5561, subd. 1.

¹² Department of Human Services, *Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters* (St. Paul, 2008); and *An Interactive Informational Guide for Mandated Reporting* (St. Paul, 2008). As of November 2011, both items were available on DHS's Web site: www.dhs.state.mn.us.

RELATIONSHIPS

In Chapter 2, we discussed some negative experiences that mandated reporters have had making child protection referrals. Still, we found:

- **For the most part, child protection agencies and mandated reporters appear to have good working relationships.**

As Table 5.5 shows, most of the mandated reporters who responded to our survey thought their relationship with the agency they report to (or would report to) was good or excellent.¹³ Similarly, most human services directors thought the relationship of their agency with several groups of mandated reporters was good or excellent.¹⁴ As Table 5.6 shows, more than 90 percent of directors characterized their agencies' relationships with mental health professionals, social service providers, and law enforcement as "good" or "excellent." Clergy was the only group for which a majority of directors did not indicate a "good" or "excellent" relationship; one-third of respondents characterized their agencies' relationship with clergy as "non-existent" or they did not have an opinion. Very

Table 5.5: Mandated Reporters' Perceptions of Their Relationships with Child Protection Agencies

Relationship characterized as:	Respondents ^a	Percentage ^b
Excellent	88	17%
Good	222	42
Fair	68	13
Poor	10	2
Non-existent	54	10
Don't know or no opinion	91	17

NOTES: The question read: "How would you characterize your relationship with the child protection agency to which you most frequently report (or would report in the event of such a concern)?" We surveyed a sample of health care and education professionals. In reporting their responses, we are not generalizing to all individuals in these groups, but instead present their responses as the responses of a sample of individuals. Their responses cannot be generalized as representative of all mandated reporters.

^a N=533.

^b Column does not sum to 100 percent due to rounding.

SOURCE: Office of the Legislative Auditor, survey of pediatricians, advanced-practice pediatric nurses, school counselors, school psychologists, school social workers, and school nurses, September 2011.

Most of the mandated reporters who responded to our survey reported a "good" or "excellent" relationship with the child protection agency they report to most frequently.

¹³ Relationships between mandated reporters and child protection agencies are likely influenced by factors other than screening. For example, a mandated reporter might be satisfied with the screening of referrals he has made but be dissatisfied with the child protection services provided or the follow-up information he received. In addition, relationships between a mandated reporter and individual staff may vary.

¹⁴ Relationships with individual mandated reporters within each group may differ from a director's overall characterization of the relationship with the group.

few human services directors reported poor relationships with any of the groups. Perhaps not surprising given the results shown in Table 5.6, a small number of directors highlighted health care professionals or clergy as challenging groups of reporters to engage in child protection education and reporting.

Table 5.6: Child Protection Agencies' Perceptions of Their Relationships with Mandated Reporters

For most groups of mandated reporters, most human services directors characterized their agency's relationship with the group as "good" or "excellent."

	Percentage of Respondents Characterizing Relationship as: ^a				
	Excellent or Good	Fair	Poor	Non-Existent	Don't Know or No Opinion
Mental health professionals	96%	2%	0%	1%	0%
Social service providers	93	5	2	0	0
Law enforcement	92	8	0	0	0
Child care providers	83	14	0	1	1
Teachers	81	18	0	1	0
Other school personnel	80	18	1	1	0
Nurses	77	18	0	2	2
Doctors	64	27	4	2	2
Clergy	38	27	1	14	19

NOTE: The question read: "Overall, how would you characterize your child protection division's relationship with the following mandated-reporter groups?"

^a N=84. All of Minnesota's 86 child protection agencies are represented. Minnesota's child protection agencies include 84 agencies that represent the state's 87 counties and 2 tribal child protection agencies. We received two responses that applied to two agencies each. Each of those responses is reflected once. Row percentages may not sum to 100 due to rounding.

SOURCE: Office of the Legislative Auditor, survey of county human services directors and tribal child welfare directors, July 2011.

Although most of the surveyed mandated reporters and agency directors indicated good or excellent relationships with each other, Table 5.5 shows that 15 percent of mandated reporters characterized their relationship with child protection as fair or poor. Similarly, Table 5.6 shows that child protection agency relationships with groups of mandated reporters are not uniformly good. We found:

- **The different roles that child protection screeners and mandated reporters have in identifying children in need of protection may strain relationships and influence future reporting.**

The absence of a child protection response to their concerns may frustrate mandated reporters whose child maltreatment referrals are screened out. In fulfilling their statutory responsibility to report suspected child maltreatment, mandated reporters sometimes make referrals that child protection staff conclude are not child protection issues. Child protection issues are those that meet statutory criteria for physical abuse, sexual abuse, or neglect, and fall within the jurisdiction of the child protection agency. The decision by a child protection worker to screen out a referral does not mean the situation in the referral is not

Most child protection screeners thought some mandated reporters expect a child protection response, even when a referral does not allege maltreatment.

concerning. Instead, it means that the agency has concluded that the situation does not warrant a *child protection* response.

Some human services directors and child protection screeners thought that mandated reporters may, at times, have unrealistic expectations for a child protection response to their referrals.¹⁵ As one director wrote:

There is an inherent conflict between reporting and screening ideology. Reporting seems to say, “If it concerns you, report it.” Screening criteria says, “If it meets statutory criteria of maltreatment, screen it in.” As a result, reporting and screening can be very different.

Majorities of child protection screeners agreed or strongly agreed that some groups of mandated reporters—namely, school and health professionals—expect a child protection response for children in need even when no maltreatment is alleged in a referral. About half thought that child care providers expect a child protection response in these cases.¹⁶ In its common usage, “maltreatment” can cover a wide range of behavior that falls short of an ideal, and child protection referrals reflect that. But for a child protection response, maltreatment must meet criteria in state law.

The fact that at least some mandated reporters expect a child protection response when one is not forthcoming is supported by their responses to our survey. As Table 5.7 shows, 62 percent of surveyed mandated reporters whose most recent referral was screened out disagreed or strongly disagreed with the decision, while only 4 percent of those whose most recent referral was screened in felt that way.¹⁷ In addition, of surveyed mandated reporters who made at least one referral in 2006 through 2010, approximately 46 percent believed that, at least sometimes, screening decisions keep families from getting services they need. In contrast, only 10 percent of respondents indicated that screening decisions at least sometimes result in unneeded interventions in families.¹⁸

¹⁵ In addition to a survey of human services directors and tribal child welfare directors, we surveyed one individual at each agency “who (1) participates in child protection screening decisions and (2) can provide a single response to represent screening decisions” in the agency. We received 83 responses representing 85 of Minnesota’s 86 child protection agencies. We refer to these respondents as “screeners” or “child protection screeners.”

¹⁶ More than three-quarters of screeners agreed or strongly agreed that voluntary reporters expect a child protection response even when no maltreatment is alleged.

¹⁷ Nonetheless, two-thirds of respondents—including more than half of the respondents whose most recent referral was screened out—agreed or strongly agreed with the statement, “For the most part, screening decisions made by the child protection agency I report to most often seem reasonable.”

¹⁸ The question read: “Based on your experiences reporting suspected maltreatment during the past five years, please indicate the extent to which you believe the following situations occur as the result of screening decisions. (a) Screening decisions result in unneeded interventions in families. (b) Screening decisions keep families from getting services they need.” Answer options were: never, rarely, sometimes, often, always, and don’t know or no opinion. We added those answering sometimes, often, or always together to derive “at least sometimes.” We received 382 responses to item (a) and 383 responses to item (b).

Table 5.7: Mandated Reporters' Opinions of Screening Decisions, by Decision

Screening Decision ^b	N	Percentage of Respondents Indicating Agreement with Screening Decision: ^a			
		Agree or Strongly Agree	Neither Agree nor Disagree	Disagree or Strongly Disagree	Don't Know or No Basis for Judging
Referral was screened in	206	87%	6%	4%	3%
Referral was screened out	103	23	15	62	0

NOTES: We surveyed a sample of health care and education professionals. In reporting their responses, we are not generalizing to all individuals in these groups, but instead present their responses as the responses of a sample of individuals. Their responses cannot be generalized as representative of all mandated reporters.

^a The question read: "Still considering your most recent experience reporting suspected maltreatment to the county or tribe listed in Question 4, please indicate the extent to which you disagree or agree with the following statements." The particular statement read: "I agreed with the child protection agency's decision about whether to 'screen in' my report."

^b The question read: "Did the child protection agency 'screen in' your report (i.e., accept your report for a child protection response)?" Twenty percent of respondents indicated they were not informed of the screening decision, they could not recall, or did not answer the question. They are not reflected in this table.

SOURCE: Office of the Legislative Auditor, survey of pediatricians, advanced-practice pediatric nurses, school counselors, school psychologists, school social workers, and school nurses, September 2011.

A reporter's disagreement with a screening decision may reflect a different perspective than the one held by the child protection agency on the role of child protection.

Disagreements about screening decisions may reflect philosophical differences about the role of child protection and the point at which government should intervene in families. Many written comments by reporters communicated their frustration at not being able to secure protection for children they felt needed it. For example, one reporter wrote:

My general feeling about child protection now days is: most of my concerns...are not taken as 'concerns' by child protection because the child does not have a 'mark' on them at the time.... It is very frustrating when working with chronic neglect (kids reporting no food in the home, dirty clothes, etc.) as they never get taken as a case.

Adding credence to the idea that philosophical differences contribute to disagreement about screening decisions, Table 5.8 shows that one-fifth or more of surveyed mandated reporters who indicated at least some familiarity with agency screening guidelines thought the criteria for physical abuse and neglect are too strict (that is, too few reports are accepted). For types of maltreatment other than physical abuse, fairly large percentages of respondents did not have an opinion about the guidelines. Still, for each type of maltreatment, the largest number of respondents thought "criteria are about right."¹⁹

¹⁹ For "neglect other than medical or educational neglect," 51 respondents thought criteria are about right and 50 thought criteria are too strict.

Table 5.8: Mandated Reporters' Opinions of Screening Guidelines

Type of Maltreatment	N ^a	Percentage of Respondents Indicating:			
		Criteria Are Too Strict	Criteria Are About Right	Criteria Are Too Loose	Don't Know or No Opinion
Physical abuse	157	39%	50%	4%	6%
Neglect other than medical or educational neglect	157	32	32	6	30
Educational neglect	157	29	45	4	22
Medical neglect	156	21	43	3	33
Sexual abuse	157	13	68	1	18

NOTES: The question read: "For each type of maltreatment, please check the option that most closely reflects your opinion of the **screening guidelines** used by the child protection agency to which you most frequently report (or would report in the event of such a concern). *(If you are not familiar with the guidelines for one or more types of maltreatment, please check 'Don't Know or No Opinion' for those types.)*" We surveyed a sample of health care and education professionals. In reporting their responses, we are not generalizing to all individuals in these groups, but instead present their responses as the responses of a sample of individuals. Their responses cannot be generalized as representative of all mandated reporters. Row percentages may not sum to 100 due to rounding.

^a The question was preceded by one that asked how familiar the reporter is with the screening guidelines used by the agency he or she reports to most often. Only those indicating they are "very familiar" or "somewhat familiar" with the guidelines were asked to complete the question reflected in the table. Only 158 of the 539 respondents indicated they were somewhat or very familiar with the agency screening guidelines.

SOURCE: Office of the Legislative Auditor, survey of pediatricians, advanced-practice pediatric nurses, school counselors, school psychologists, school social workers, and school nurses, September 2011.

Given the room for interpretation in state law discussed in Chapter 3, it is not surprising that there are different perceptions about child maltreatment and the role of child protection services. However, it is somewhat concerning if those differences could affect reporting of child maltreatment. As Table 5.9 shows, approximately one-in-five mandated reporters responding to our survey indicated that they have considered **not** making a child protection report when they have suspected maltreatment. Of those offering a reason why they had considered not reporting, 49 percent cited as a reason that a prior report had been screened out when they felt it should not have been. The same percentage indicated they did not think their suspicions were strong enough to submit a report. Thirteen percent indicated they considered not reporting because they were unsure of child protection agency screening criteria.

One-fifth of the mandated reporters who responded to our survey had considered not filing a report when they had suspected maltreatment.

Table 5.9: Reasons Mandated Reporters Have Considered Not Reporting Maltreatment

In the past five years, have you considered **not** filing a report when you have suspected child maltreatment in Minnesota? (N=532)

	Respondents	Percentage
No or don't recall	425	80%
Yes	107	20

► Why did you consider **not** filing a report?
(Please check all that apply.) (N=106)

I did not think my suspicions were strong enough to justify a report.	52	49%
Child protection staff have "screened out" previous reports that I believe should have been pursued.	52	49
I thought the child protection system would do more harm than good.	20	19
I was not sure what criteria the child protection agency uses to screen reports.	14	13
I thought I could be more effective working with the child and/or family.	12	11
Other	15	14

NOTES: We surveyed a sample of health care and education professionals. In reporting their responses, we are not generalizing to all individuals in these groups, but instead present their responses as the responses of a sample of individuals. Their responses cannot be generalized as representative of all mandated reporters.

SOURCE: Office of the Legislative Auditor, survey of pediatricians, advanced-practice pediatric nurses, school counselors, school psychologists, school social workers, and school nurses, September 2011.

RECOMMENDATION

The previous sections do not indicate sweeping problems, but they suggest more could be done to help mandated reporters stay informed about reporting child maltreatment. It makes sense for child protection agencies to retain the responsibility for keeping mandated reporters informed about definitions of maltreatment, especially since counties may develop different screening criteria. In addition, the presentations and informal consultations staff provide present opportunities for staff and reporters to develop good relationships and communication. At the same time, there is a state interest in mandated reporters fulfilling their legal responsibilities to report child maltreatment.

RECOMMENDATION

The Department of Human Services and county and tribal child protection agencies should explore additional ways to help mandated reporters (1) stay informed about child maltreatment and (2) fulfill their responsibility to report it.

The Department of Human Services (DHS) and child protection agencies should make resources for mandated reporters more accessible.

The Department of Human Services has created a guide and Web-based training for mandated reporters. These resources include information about child maltreatment, reporting responsibilities, what to expect when making a report, and child protection responses. In addition, county and tribal agencies make efforts to keep mandated reporters informed. However, it seems that not all reporters get information. In their survey comments, several reporters indicated they would welcome additional information about maltreatment reporting.

We think it is important for those who want information about reporting child maltreatment to be able to find and access it. For example, DHS could develop a poster for schools, child care centers, medical clinics, and other employers of mandated reporters to post at their workplace. The notice could instruct mandated reporters of their individual responsibility to report child maltreatment to the appropriate authority and direct them to the resources DHS already has available online.

DHS has developed a number of resources for mandated reporters, but these resources can be hard to find. Elevating the agency's Web page about reporting child maltreatment to a "Quick Link" from the home page might make the page easier to find. And, while the page currently includes a link to the guide for mandated reporters, it could also include a link to the mandated reporter training and other documents that might be useful for reporters of maltreatment. For example, one mandated reporter said she has found a DHS informational guide about child protection useful. Others may want to see the state screening guidelines. The point is not to create more documents, but to make existing documents easy for mandated reporters to find in one place.

Mandated reporters might be more apt to check a county or tribal agency Web site than DHS's site. Even if agencies have not developed their own resources, they could include their child protection contact information and a link to DHS's resources. We know some agencies do this already, and we recommend all agencies look at how well they are using their Web sites to communicate with mandated reporters and how they could make information for mandated reporters easier to find.

Some mandated reporters thought knowing the screening guidelines would be helpful, and being unsure of screening criteria was one reason some reporters had considered not reporting in the past. Possible negative consequences of wider availability of screening guidelines are (1) "self screening" and (2) false referrals constructed to meet criteria. Self-screening—that is reporters applying criteria themselves and choosing not to call—could keep child protection staff from receiving information they need to help a child. Regarding false referrals, child protection agencies have to respond to referrals that meet statutory criteria for a child protection response and, unfortunately, reporters might make false referrals.

However, we think it is important that mandated reporters have information that will help them be comfortable making reports and help them understand the factors child protection screeners consider when making decisions. This knowledge could result in a greater understanding of screening decisions, but it might also help mandated reporters know what information to include when making a report.

DHS could work with licensing boards to publicize the agency's resources for mandated reporters.

Finally, DHS could consider other ways to reach out to and inform mandated reporters and facilitate their reporting. For example, like the multidisciplinary team mentioned previously, the department could write an annual e-mail that includes links to the mandated reporter training, the mandated reporter guide, the state screening guidelines, and a short, concise summary of legislative changes from the most recent legislative session. Mandated reporters, licensing boards, or anyone could subscribe to the e-mail through DHS's Web site. As another example, DHS could work with state licensing boards to include information about agency resources for mandated reporters in mailings, newsletters, or Web posts. DHS said that it has provided information to licensing boards in the past. Perhaps providing information to boards annually or on some other periodic basis would be useful for mandated reporters. As a final example, DHS, with input from county and tribal agencies, could develop a single form for mandated reporters' written reports and include it on the reporter Web site.

List of Recommendations

- Child protection agencies should require staff who perform child protection intake to complete the Web-based training the Department of Human Services has developed on this topic. (p. 23)
- The Legislature should amend *Minnesota Statutes* 2011, 626.556, subd. 2, to distinguish between all referrals to child protection agencies and referrals that agencies “screen in.” (p. 24)
- Minnesota’s child protection agencies should monitor the timeliness of their screening decisions. (p. 30)
- As needed, the Department of Human Services should work with county and tribal child protection agencies to develop consistent approaches to resolving child protection screening timeliness issues. (p. 30)
- The Department of Human Services and county and tribal child protection agencies should develop a common understanding of what constitutes a child protection referral that should be recorded in the Social Service Information System (SSIS). (p. 35)
- The Department of Human Services should reinforce with child protection agencies the need to appropriately record all child protection referrals, including screened-out referrals, in SSIS. (p. 35)
- The Legislature should direct the Department of Human Services, in collaboration with county and tribal child protection agencies and other interested parties, to propose language to amend *Minnesota Statutes* 2011, 626.556, subd. 2, to: (1) clarify “risk of harm” and (2) provide guidance on what constitutes necessary care. (p. 45)
- The Department of Human Services should promulgate additional rules for screening child maltreatment referrals. In particular, the rules should address: (1) whether agencies may weigh a referral’s credibility and (2) whether a referral must address all elements in the statutory definition of the type of maltreatment alleged in order to be “screened in.” (p. 49)
- The Department of Human Services should use the state screening guidelines, training, and technical assistance to provide guidance to child protection agencies on how to implement rules for screening referrals. (p. 49)
- The Legislature should amend *Minnesota Statutes* 2011, 626.556, subd. 10j, to clarify when it is appropriate for child protection staff to contact individuals beyond the original reporter of maltreatment. (p. 52)
- The Department of Human Services should promulgate a rule indicating whether it is appropriate for agencies to use a family’s history of screened-in or screened-out child protection referrals when making screening decisions. (p. 52)

- The Legislature should consider amending *Minnesota Statutes* 2011, 626.556, subd. 11c, to establish a timeline for the destruction or sealing of child protection records. (p. 52)
- In collaboration with county and tribal child protection agencies and other stakeholders, the Department of Human Services should continue to revise and improve the *Minnesota Child Maltreatment Screening Guidelines*, especially those portions addressing sexual abuse. (p. 67)
- The Department of Human Services should identify and implement forums for regularly practicing and discussing intake and screening. (p. 70)
- The Department of Human Services and county and tribal child protection agencies should explore additional ways to help mandated reporters (1) stay informed about child maltreatment and (2) fulfill their responsibility to report it. (p. 81)

Child Protection Vignettes

APPENDIX

As part of a survey, child protection agencies “screened” ten fictional child protection referrals. We received 83 responses representing 85 of Minnesota’s 86 child protection agencies.¹ We instructed agencies to “please assume:

- You have enough identifying information,
- The referral is in your jurisdiction,
- The allegations have not been previously assessed,
- There is no conflict of interest in your agency,
- There is no child protection history for the family unless stated otherwise, and
- You have received the referral within the past 24 hours.”

As Table A.1 shows, for most agencies, the agency’s screening team or a staff member working with a supervisor screened the vignettes.

Table A.1: How Agencies Screened Vignettes

	Respondents ^a	Percentage ^b
My agency screening team screened the vignettes	46	55%
An agency staff member screened the vignettes with a supervisor	17	20
An agency staff member (may be a supervisor) screened the vignettes alone	12	14
Other	8	10

^a N=83. Eighty-five of Minnesota’s 86 child protection agencies are represented. Minnesota’s child protection agencies include 84 agencies that represent the state’s 87 counties and 2 tribal child protection agencies. One agency did not respond, and we received two responses that applied to two agencies each. Each of those responses is reflected once.

^b Column does not sum to 100 percent due to rounding.

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

¹ Minnesota’s child protection agencies include 84 agencies that represent the state’s 87 counties and 2 tribal child protection agencies. One agency did not respond, and we received two responses that applied to two agencies each. Each of those responses is reflected once. The vignettes were part of our survey of child protection screeners conducted in August 2011.

The vignettes and screening decisions follow. Instead of the order in which they appeared in the survey, the vignettes are in the order of respondents' agreement, with the first vignette reflecting the greatest number of respondents making the same screening decision. Table A.2 shows the levels of agreement among respondents and the order in which the vignettes are listed in the appendix.

Table A.2: Levels of Agreement on Vignettes

Percentage of Respondents in Agreement ^a	Summary of Vignette Allegations
Strong Agreement 80 to 82 percent	<ol style="list-style-type: none"> 1. Mother of newborn tests positive for marijuana 2. Mother verbally abuses teenage child and may not provide adequate food or supervision 3. Mother with two children allows sex offender to stay in the home
Moderate Agreement 64 to 71 percent	<ol style="list-style-type: none"> 4. Father and two children live in a trailer with no plumbing or electricity 5. Grandmother drives drunk while caring for grandchildren and father maintains a filthy house 6. Father assaults mother during domestic dispute while children are home
Divided 53 to 57 percent	<ol style="list-style-type: none"> 7. Father punches and yells at teenage child 8. Father threatens child and shoots dog in front of child 9. Mother falls asleep and small child leaves the house 10. Mother drinks too much when caring for child and may use marijuana

^a N=83. Eighty-five of Minnesota's 86 child protection agencies are represented. Minnesota's child protection agencies include 84 agencies that represent the state's 87 counties and 2 tribal child protection agencies. One agency did not respond, and we received two responses that applied to two agencies each. Each of those responses is reflected once.

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

We constructed the vignettes after reviewing detailed information on referrals received by agencies across the state during the summer of 2011.² From our review, we identified types of referrals that appeared to be screened differently by agencies.³ Each vignette is based on details from real referrals. In constructing some vignettes, we combined details from several referrals from across the state. Names and identifying information of persons in the vignettes are entirely fictional.

² The information was in the state's Social Service Information System (SSIS). SSIS is a computer system that records, stores, manages, and reports information about individuals receiving certain social services. SSIS also allows child protection intake workers to record detailed information about referrals.

³ Agencies recorded different levels of detail about referrals. Therefore, it was not possible to comprehensively compare agencies based only on information in SSIS.

Feedback we received about the vignettes suggests that they depict realistic allegations of maltreatment that agencies might receive. However, they may not reflect realistic screening situations. In a real screening situation, staff might have contacted the reporter for additional information before making a decision. Comments on some vignettes revealed that screeners wanted details that we did not provide.

Vignette 1: Mother of newborn tests positive for marijuana

Dr. Jones calls to report that Emily Blackdeer tested positive for marijuana after giving birth to a baby boy yesterday. He says the child's meconium was not tested due to a mix up. Jones reports that Emily also tested positive for marijuana during her pregnancy. Jones said Emily told him she smoked marijuana during her pregnancy to help her with her appetite.

Screening Decision (N=83)	Respondents	Percentage									
Screen in	68	82%									
Screen out	15	18									
<div> <div>▶ Would your agency offer or refer the family to non-child-protection voluntary services? (N=15)</div> <table> <tr> <th></th><th>Respondents</th><th>Percentage</th></tr> <tr> <td>Yes</td><td>14</td><td>93%</td></tr> <tr> <td>No</td><td>1</td><td>7</td></tr> </table> </div>				Respondents	Percentage	Yes	14	93%	No	1	7
	Respondents	Percentage									
Yes	14	93%									
No	1	7									

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

Vignette 2: Mother verbally abuses teenage child and may not provide adequate food or supervision

Cathy Long, a neighbor of 16-year-old Martha Eagle, calls. Long states that she has witnessed Martha's mother (Alice) emotionally abuse Martha. She says Alice calls Martha a "fat bitch" daily and frequently tells Martha she is a "loser" and "will never amount to anything." Long has also heard Alice tell Martha that Martha's father never cared about Martha. Long says Martha's father died in a car accident last year. Long states that the family is poor and Alice does not keep much food in the house. Long says Martha does all the housework and chores and frequently cares for her brothers and sisters when Alice works third shift or is sleeping. Long states that Martha does a good job feeding and caring for the kids, but seems very depressed. Long says Alice recently gave birth to her sixth child. Long does not know the ages of the other children.

SSIS shows that another child protection agency previously screened out a referral from Martha's school counselor who reported that Martha was depressed and that her mother seemed callous and unresponsive.

Screening Decision (N=83)	Respondents	Percentage									
Screen in	16	19%									
Screen out	67	81									
<div> <div>▶ Would your agency offer or refer the family to non-child-protection voluntary services? (N=65)</div> <table> <tr> <th></th><th>Respondents</th><th>Percentage</th></tr> <tr> <td>Yes</td><td>50</td><td>77%</td></tr> <tr> <td>No</td><td>15</td><td>23</td></tr> </table> </div>				Respondents	Percentage	Yes	50	77%	No	15	23
	Respondents	Percentage									
Yes	50	77%									
No	15	23									

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

Vignette 3: Mother with two children allows sex offender to stay in the home

The probation officer (PO) for Kyle Knox calls. The PO states that Kyle is currently required to register as a Level II sex offender. The PO states that Kyle appears to be frequently staying with his girlfriend, who has two kids, Shayna (12) and Michael (3). The PO says Kyle has two convictions for sexual offenses, both for raping his former wife. According to the PO, Kyle completed treatment after the first offense then reoffended. The officer says Kyle's probation does not include any conditions regarding children.

Screening Decision (N=83)	Respondents	Percentage
Screen in	17	20%
Screen out	66	80
▶ Would your agency offer or refer the family to non-child-protection voluntary services? (N=61)		
	Respondents	Percentage
Yes	16	26%
No	45	74

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

Vignette 4: Father and two children live in a trailer with no plumbing or electricity

Sam North calls about his cousin, Johnny Maker. Sam says that Johnny was evicted from his apartment last month and is now staying in a trailer on private land with no plumbing or electricity. Sam says Johnny's two sons—ages ten and twelve—use the woods for a bathroom. Sam says Johnny does not have permission to stay on the land. Sam would like someone to check on the kids and their living conditions.

Screening Decision (N=83)	Respondents	Percentage
Screen in	24	29%
Screen out	59	71
▶ Would your agency offer or refer the family to non-child-protection voluntary services? (N=59)		
	Respondents	Percentage
Yes	44	75%
No	15	25

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

Vignette 5: Grandmother drives drunk while caring for grandchildren and father maintains a filthy house

Trooper Mansfield reports that he pulled over a car for weaving and found Angelica Martinez drunk at the wheel with her two grandchildren, Martin (8) and Elias (5), in the back seat. Mansfield says he brought the children home to their father, Oscar Martinez. Oscar told Mansfield that his mother had watched the children overnight and was returning them to him. Oscar told Mansfield that he did not know that his mother would drink and drive with his children and was very upset. Mansfield is calling in this report because of the condition of Oscar's house. He says the home was cluttered and there was a large amount of dirty dishes on the counter and in the sink. Mansfield says there were copious amounts of dog hair and dust, as well as a pile of dirty laundry in the living room. Oscar told Mansfield that his wife is away with the National Guard and that he is working full time and trying to take care of the children. Mansfield reports that the children appeared healthy and clean, although they appeared to be afraid of Mansfield.

Screening Decision (N=83)	Respondents	Percentage
Screen in someone	54	65%
Screen in grandma only	42	51
Screen in dad only	6	7
Screen in both adults	6	7
Screen out	29	35
Would your agency offer or refer the family to non-child-protection voluntary services? (N=28)		
	Respondents	Percentage
Yes	19	68%
No	9	32

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

Vignette 6: Father assaults mother during domestic dispute while children are home

The police forward the following report: Police received a call about a domestic at 20:50 last night. Officers arrested Michael for assault on his wife, Susie. Susie stated Michael choked and punched her and that he was intoxicated. Michael and Susie's two children, ages 5 and 7, reportedly were playing video games upstairs at the time of the alleged assault, which occurred downstairs. Susie was not sure whether the children heard or witnessed the alleged assault. The children were visibly upset and crying for officers to not take their daddy away.

Screening Decision (N=83)	Respondents	Percentage
Screen in	30	36%
Screen out	53	64
Would your agency offer or refer the family to non-child-protection voluntary services? (N=51)		
	Respondents	Percentage
Yes	29	57%
No	22	43

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

Vignette 7: Father punches and yells at teenage child

A high school counselor calls to report that Shaniqua Thomas, age 15, said she was afraid to go home and was going to run away. Shaniqua told the counselor that her father, Dante Thomas, "hates me" and that he pulls her hair, punches her on the back, slaps her on the back of the head, throws things at her, yells at her, and flicks her in the face. The counselor says she asked Shaniqua if she had any bruises or marks on her body and Shaniqua said she did not. The counselor says she has never seen marks on Shaniqua. Shaniqua told the counselor that she and her dad often fight about curfew and how well she is doing in school. The counselor states that Shaniqua is an "average" student and missed six days of school last year.

Screening Decision (N=83)	Respondents	Percentage
Screen in	36	43%
Screen out	47	57
Would your agency offer or refer the family to non-child-protection voluntary services? (N=44)		
	Respondents	Percentage
Yes	28	64%
No	16	36

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

Vignette 8: Father threatens child and shoots dog in front of child

A man who prefers to remain anonymous calls regarding seven-year-old Jason, one of his son's friends. The caller says he is concerned that Jason's father (Frank) may abuse Jason. The caller has heard Frank threaten Jason saying, "If you don't clean up, I'll whup you so bad you'll wish you were dead." The caller says that Jason seems afraid of his father, but that he (the caller) has not seen any marks or bruises on Jason. In addition, the caller reports Jason told him his father "lost it" and shot the dog the other day in front of Jason. The caller says Jason was upset over losing the family dog. The caller does not know how Frank stores his shot gun, but notes that Frank is a hunter.

Screening Decision (N=83)	Respondents	Percentage
Screen in	46	55%
Screen out	37	45
Would your agency offer or refer the family to non-child-protection voluntary services? (N=36)		
	Respondents	Percentage
Yes	13	36%
No	23	64

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

Vignette 9: Mother falls asleep and small child leaves the house

Police fax the following report: I responded to a report of five-year-old Davie Michaelson wandering in town. I met with Ann Johnson, a passerby who had found this child. While I was speaking with Ann, a man approached who said he knew the child. He directed me to a house at the end of the block. The yard was fenced, but the gate and front door were open. I entered the house and found Tammy Michaelson (Davie's mother) sleeping on the couch. I awakened her and she explained that she had worked the third shift at the gas station last night and had left the boy to watch cartoons while she napped. The TV was on with a children's DVD playing. Tammy said she had locked the door, but Davie must have unlocked it and left.

An SSIS search shows that Tammy, age 21, received children's mental health services as a child.

Screening Decision (N=83)	Respondents	Percentage
Screen in	45	54%
Screen out	38	46
▶ Would your agency offer or refer the family to non-child-protection voluntary services? (N=38)		
	Respondents	Percentage
Yes	23	61%
No	15	39

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

Vignette 10: Mother drinks too much when caring for child and may use marijuana

Marcus calls with concerns regarding his four-year-old son Andrew. Marcus says friends have told him that Andrew's mother, Amber, is drunk every day to the point of throwing up and has withdrawal tremors from alcohol. Marcus reports that he and Amber are not together, but share custody of Andrew. He says Amber's friends brought Andrew to him the other day and told him Amber was too drunk to take care of Andrew. Marcus says that Andrew saw him smoking a cigarette the other day and said that his mom and her friends smoke a different kind of cigarette which his mom calls her "medicine." Marcus believes that this is marijuana. Marcus says he is caring for Andrew beyond what is ordered in the custody agreement because Marcus won't give Andrew to Amber when she is drunk.

An SSIS search shows a child protection report made by Amber's cousin four years ago alleging that Amber was drinking while pregnant.

Screening Decision (N=83)	Respondents	Percentage
Screen in	39	47%
Screen out	44	53
▶ Would your agency offer or refer the family to non-child-protection voluntary services? (N=41)		
	Respondents	Percentage
Yes	29	71%
No	12	29

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.



Minnesota Department of **Human Services**

February 3, 2012

James R. Nobles, Legislative Auditor
Office of the Legislative Auditor
658 Centennial Office Building
St. Paul, MN 55155

Dear Mr. Nobles:

Thank you for the opportunity to review and respond to your report "Child Protection Screening." The Department of Human Services (department) appreciates the time and effort of the Legislative Auditor in reviewing child protection screening. This report confirms the importance, as well as the complex nature, of the task of child protection screening in the continuum of child welfare services; and recognizes many steps that have already been taken by the department to improve the quality and consistency of child protection screening decisions and practices.

The department supports most of the key recommendations of the report, which are largely consistent with our own assessments and ongoing efforts to address areas needing improvement. We will build upon existing systemic strengths and work with county and tribal child protection agencies to improve data entry and appropriate documentation of screened-out child protection referrals. The department will also plan to bring some of the proposed statutory changes to the legislature.

The department agrees that achieving more uniformity of screening decisions across county and tribal child protection agencies is needed. To accomplish this we will work in collaboration with county and tribal child protection agencies to determine what additional guidance is necessary to improve consistency of screening decisions; provide regular training and technical assistance on intake and screening; convene forums that provide opportunities to practice intake and screening that would include peer review and discussion; and monitor for changes and/or variation in screening through improved data entry and documentation of screening decisions.

Thank you again for the work of your office in conducting this evaluation and addressing important issues regarding the quality and consistency of child protection screening.

Sincerely,

Lucinda E. Jesson
Commissioner



Minnesota Association of County
Social Service Administrators

January 31, 2012

James R. Nobles, Legislative Auditor
Office of the Legislative Auditor – Room 140
Centennial Office Building
658 Cedar Street
St. Paul, Minnesota 55155-1603

Dear Mr. Nobles:

Thank you for the opportunity to review and comment on the report, *Child Protection Screening*. Representatives from the Association of Minnesota Counties (AMC) and the Minnesota Association of County Social Service Administrators (MACSSA) carefully reviewed the report. We are appreciative for the thoughtful, objective review of this critical component of our human service delivery system.

We commend your office for the development of a variety of information gathering methods in your evaluation of the Child Protection Screening process. Extensive interviews with county staff as well as your survey of providers who are mandated to report suspected maltreatment was very comprehensive. In addition, the ten child protection referral simulations serve as a unique methodology to assess and measure standardization of the screening process across our state. These vignettes not only serve a public education function, exemplifying the types of issues our staff confront on a daily basis; they also serve to underscore the importance of team decision making and professional collaboration to assure we are addressing the needs of the most vulnerable citizens in our communities.

As the Legislature and fellow citizens consider the details and key recommendations of this report, we ask that careful deliberation be given to the following concerns:

- The report recommends a variety of statutory changes or promulgation of rules. We believe that the key findings of this report can be more effectively addressed by the State and counties working collaboratively to improve and standardize screening guidelines.
- The history of Minnesota's child welfare system funding, as exemplified in 2010 (see Figure 1.2), documents that for every \$100 spent, the county share is \$57, the federal share is \$27 and the state share is \$10. Improving this resource imbalance may also help our child welfare delivery system achieve consistency and standardization.
- We are appreciative for the excellent response rate of surveyed professionals who are defined by statute as mandated reporters. We acknowledge that ongoing and continuous training and education regarding reporting responsibilities is imperative; however, we also believe it is important to underscore the Report's finding that only 2% of the survey responses characterized their relationship with counties as poor. A positive and open relationship with mandated reporters is critical to an effective child protection system.
- It is critical that our service delivery system not underestimate the importance of early intervention and prevention community based services to reduce the risk of child maltreatment. Adequate funding and development of collaborative interagency relationships with educators, health care providers and family service agencies will always be needed to support families at risk.

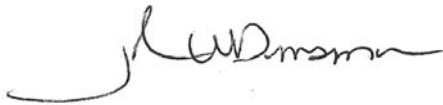
It is important to emphasize to our elected officials and to all readers of this report that the Child Protection Screening process is one part of a larger, comprehensive system of integrated services – what the report describes as “a continuum of child welfare services”. In the past 10 years, the child welfare programs of all 87 counties have been evaluated against 23 performance measures categorized under the broader headings of safety, permanency and well-being of children in need of services. Data regarding the performance of the state as well as individual counties on these measures, collected through the Child and Family Services Review process, is available to the public.

Again, we are grateful for the opportunity to review and respond to the findings and recommendations of this report. We are confident that your report will encourage the continuation of policy discussion and analysis among counties, the Department of Human Services, the Minnesota Legislature and many community stakeholders – all of whom – will benefit from improved practices and children-focused services.

Sincerely,



Randy Maluchnik
Carver County Commissioner
2012 Association of Minnesota Counties President



John W. Dinsmore
Otter Tail County Human Services Director
2012 Minnesota Association of County Social Service Administrators President

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