

**EVIDENT
CHANGE**

Inform Systems. Transform Lives.

THE STRUCTURED DECISION MAKING[®] SYSTEM IN CHILD WELFARE SERVICES

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PREPARED FOR THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES





A NOTE FROM THE DEI TEAM AT EVIDENT CHANGE

The 2022 *Structured Decision Making® System in Child Welfare Services* report includes data specific to racial equity. As Evident Change and the agencies we partner with remain steadfast on our journey toward racial equity, we must demand systemwide transparency of data disaggregated by race/ethnicity and the experiences those data can illuminate. Evident Change is committed to fostering reflective, candid conversations on the SDM® model and its impact on decision making. We encourage you to engage deeply with this report and use it as a tool to improve system outcomes and serve all children and families effectively and equitably.

**Diversity, Equity, and Inclusion (DEI) Team
Evident Change**

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Appendix: Methods for Identifying Race/EthnicityA1

Want to know more about how individual counties are using the SDM assessments? Please see *County Level Data: A Supplement to the Structured Decision Making System in Child Welfare Services in California*.

CONSIDERATIONS

In 2020 and 2021, the COVID-19 pandemic affected every aspect of our lives and social systems, including child welfare. The findings discussed in this report should be interpreted with this in mind.

Percentages shown in this report have been rounded to zero or one decimal point; as a result, there may be small differences shown in the text when percentages are summed.

HIGHLIGHTS



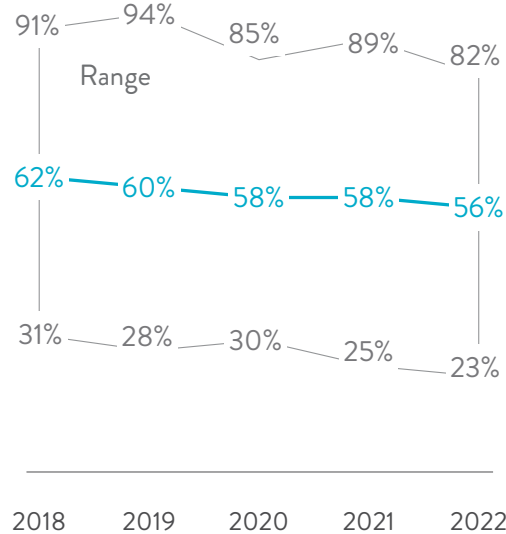
THE DATA: INVESTIGATIONS INVOLVING FAMILIES AND CHILDREN WHOSE RACE/ETHNICITY WAS UNABLE TO DETERMINE/MISSING (Page 3 and Page 18)

2022 9% of families
2021 11% of children

In this report, race/ethnicity was unable to be determined/missing for just over one out of 10 (11%) children involved in 2021 investigations and for families in 9% of investigations in 2022. When race/ethnicity information is missing, it is difficult to understand child welfare involvement for families and children of different races/ethnicities. Promoting awareness and use of the recently developed “missing race/ethnicity” alert for investigations in SafeMeasures® could help address this data collection issue.



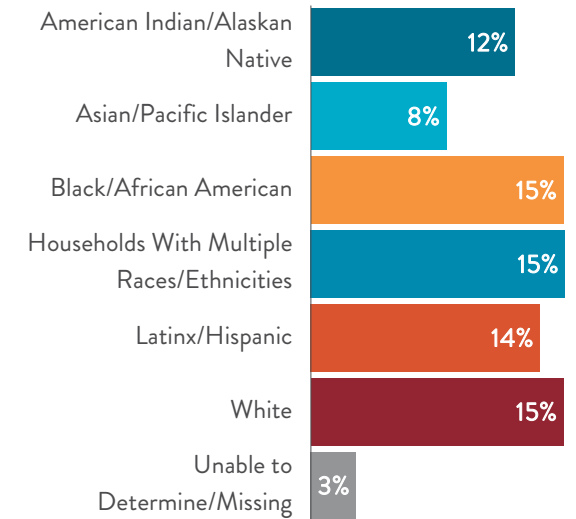
THE DATA: SCREENING DECISION – IN-PERSON RESPONSE RATE (Page 6)



The overall in-person response rate from the SDM hotline tools for the state has decreased over the past five years. The upper and lower ends of the range of the rates also have decreased, yet the range remains wide, indicating significant variance in the rate by individual county. CDSS may wish to explore what might account for this variance.



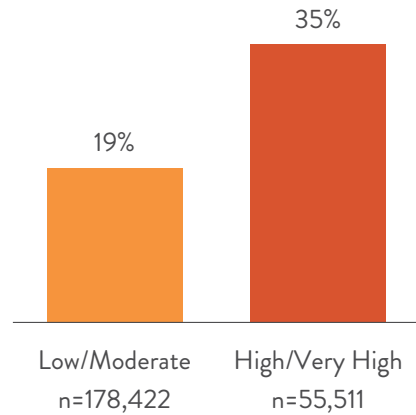
THE DATA: SAFE WITH PLAN AND REMOVAL BY FAMILY RACE/ETHNICITY (Page 15)



Removal decisions did not always align with the SDM safety decision, and adherence to the initial safety decision varied by family race/ethnicity. More than one in 10 investigations (13%) involving families initially assessed as safe with plan resulted in a child entering out-of-home care; this rate was even higher for investigations involving Black/African American or White families or households/families with multiple races/ethnicities. What barriers prevent in-home safety plans from keeping children safe in the home?



**THE DATA:
SUBSEQUENT
MALTREATMENT
INVESTIGATION BY
INITIAL RISK LEVEL
(Page 19)**

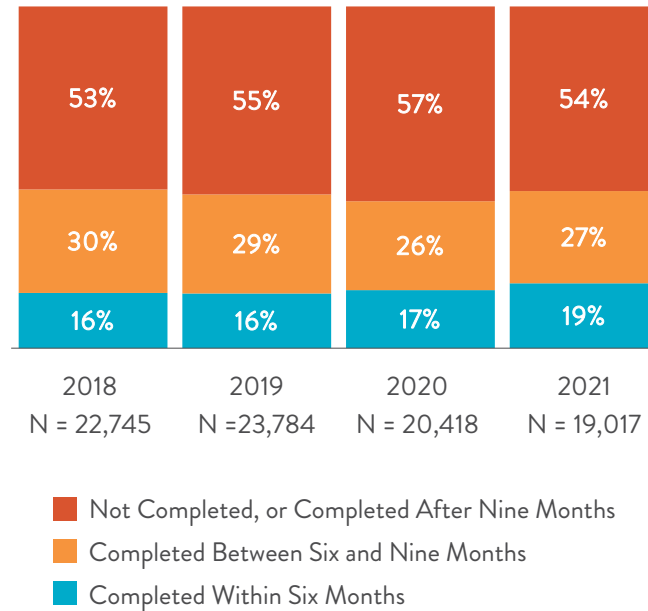


The SDM risk level accurately identifies who is most likely to return to child protective services (CPS) for abuse or neglect concerns.

Children in 2021 investigations from families assessed as high or very high risk experienced subsequent system involvement at a substantially higher rate than children in families assessed as low or moderate risk. How can using the findings of the risk assessment help counties effectively allocate resources to support families and prevent subsequent CPS involvement?



**THE DATA: REUNIFICATION
REASSESSMENT COMPLETION
(Page 22)**

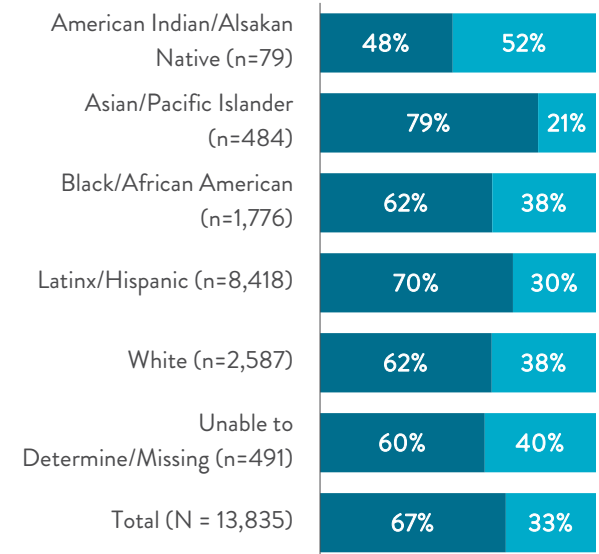


Completion of the reunification reassessment within nine months of family reunification (FR) services starting has remained low over the past four years.

Completion within six months has gradually increased, from 16% for children who entered care in 2018 to 19% for children who entered care in 2021. Given the expense and potential trauma that out-of-home placement entails, how can CDSS support counties to improve the use of the reunification reassessment? Evident Change is committed to partnering with CDSS and counties to explore barriers to using the reunification reassessment and concerns with its use or design.



**THE DATA: RISK REASSESSMENT
COMPLETION WITHIN NINE
MONTHS BY CHILD RACE/
ETHNICITY (Page 28)**



■ Not Completed, or Completed After Nine Months
■ Completed Within Nine Months

Completion of the risk reassessment within nine months of family maintenance (FM) services starting varied by child race/ethnicity. How does completion of the risk reassessment relate to timely case closure for children receiving FM services, and how might different use of the tool by child race/ethnicity impact the equity of service outcomes?

EXAMINING THE SDM SYSTEM BY RACE/ETHNICITY

TAKEAWAYS

- Family race/ethnicity could not be determined/was missing for 12% of referrals, 9% of investigations, and 2% of investigations resulting in a child entering placement. If race/ethnicity information were available for these families, findings by family race/ethnicity could change.
- Compared with the proportions of referrals to CPS involving families in their respective race/ethnicity groups, larger proportions of investigations involved Latinx/Hispanic or Black/African American families or families with multiple races ethnicities, and there was an additional increase in the proportion of investigations resulting in a child entering placement involving Black/African American families or families with multiple races/ethnicities.
- The patterns of proportions of each race/ethnicity group in referrals, investigations, and investigations resulting in a child entering foster care were similar over the past three years.



2022 REFERRALS AND INVESTIGATIONS

Decision-support tools, such as the SDM model, must be reexamined regularly for opportunities to reduce and overcome bias. Analyses in this report examine how the use of the SDM assessments and the resulting recommendations and actions are similar or different across race/ethnicity groups. This can serve as a starting point to illuminate why similarities or differences exist.

Clarity on the race/ethnicity of families involved in referrals and investigations provides important context for interpreting the SDM assessment findings. For more information on how family race/ethnicity was classified, see the appendix.



OPPORTUNITIES

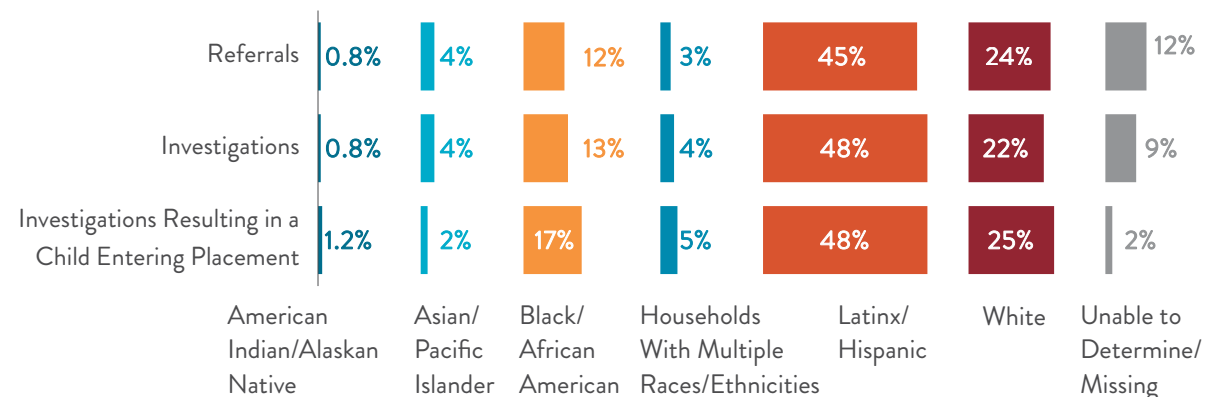
Division 31 regulations state that workers should try to collect race/ethnicity information at the time of the referral. What detailed guidance is provided to counties and staff (e.g., using the new missing race/ethnicity alert in SafeMeasures) to support this expectation and strengthen race/ethnicity data collection?

Given the higher proportion of investigations resulting in a child entering placement involving families for some race/ethnicity groups compared with their proportional representation at the point of referral or investigation, CDSS could seek to better understand what might be contributing to this pattern.



THE DATA: RACE/ETHNICITY OF REFERRED FAMILIES

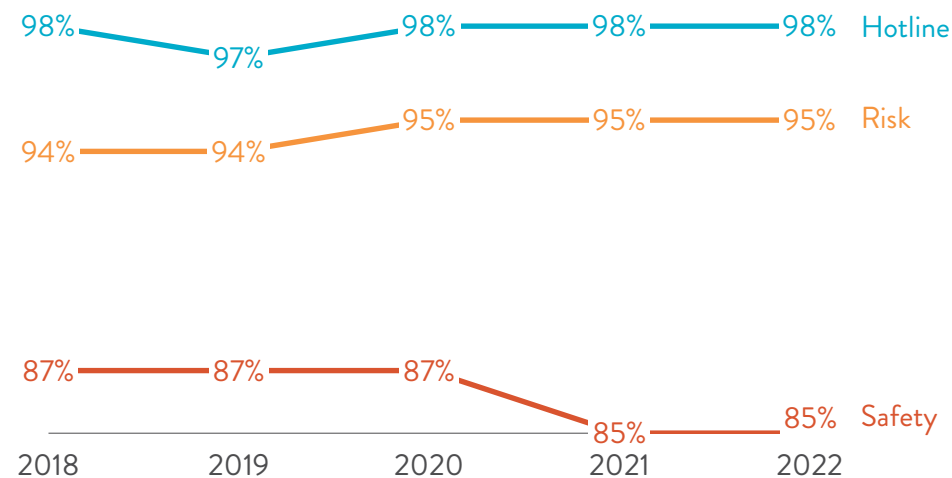
In 2022, counties received 397,260 referrals concerning child abuse or neglect. A total of 193,256 referrals were assigned for an in-person response according to the Child Welfare Services/Case Management System (CWS/CMS), and 13,250 investigations resulted in a child entering foster care.



SDM ASSESSMENT TRENDS

THE DATA: COMPLETION RATES

For 2022, 2,665 referrals overridden to an in-person response on the hotline tools were excluded from the safety and risk assessment completion rates because based on policy, no further SDM assessments are required on these referrals.



TAKEAWAYS

- Trends in completion rates of the risk assessment include only substantiated and inconclusive investigations. Trends in safety assessment completion rates include assessments completed only for allegation households (as recorded on the safety assessment).
- Over the past three years, the number of referrals received has increased and gotten closer to pre-pandemic levels (409,323 in 2019; 335,450 in 2020; 366,532 in 2021; and 397,260 in 2022, not shown). From 2020 to 2022, the hotline and risk completion rates were 98% and 95%, respectively. The safety completion rate in the past two years was 85%, 2 percentage points lower than the rate from 2018 to 2020 (87%).

POLICY & PRACTICE GUIDELINES

Hotline: The SDM hotline tools, which include multiple sections, must be used for all referrals recorded in CWS/CMS. The screening section helps workers decide whether a referral should be assigned an in-person response. If a referral is assigned, the response priority section helps determine the timeframe for the initial investigative contact with the family.

Safety: The SDM safety assessment must be completed for any non-substitute care provider (non-SCP) referral assigned an in-person response to evaluate whether immediate danger of serious harm is present for any child during the investigation.

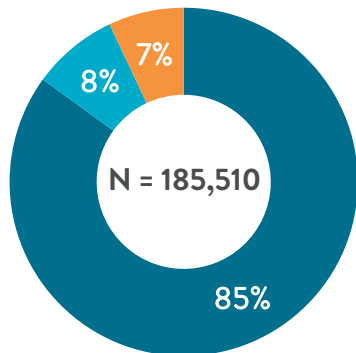
Risk: The SDM risk assessment must be completed at the end of every inconclusive or substantiated investigation (for non-SCP) to determine the likelihood of subsequent child protection involvement. It is recommended that the risk assessment be completed at the end of every unfounded investigation.

In 2021, changes were made to the SDM hotline tools. As a result, some referrals that require an in-person response are not eligible for the SDM safety and risk assessments. See the SDM policy and procedures manual and [All County Letter 20-142](#) for more information.



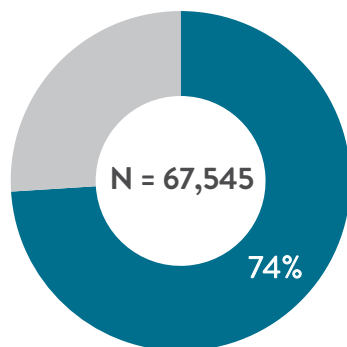
THE DATA: 2022 INVESTIGATIONS

SAFETY ASSESSMENT COMPLETION ON ALLEGATION AND NON-ALLEGATION HOUSEHOLDS



- Allegation Household
- Non-Allegation Household
- Not Completed

RISK ASSESSMENT COMPLETION ON UNFOUNDED INVESTIGATIONS



TAKEAWAYS

- In 2022, another 8% of investigations had only a non-allegation household safety assessment. Including these, the safety assessment completion rate was 93% in 2022.
- For 171,221 investigations with a recorded face-to-face contact with an alleged victim and a completed safety assessment (first assessment on an allegation household; otherwise, first assessment on a non-allegation household), the initial safety assessment was documented as completed within two days after the first contact 82% of the time (not shown), just below the percentage observed in 2021 (83%, not shown).
- In 2022, 74% of unfounded investigations had a risk assessment completed, 1 percentage point lower than 2021 (not shown).



CONNECTING DATA TO PRACTICE

In 2022, 8% of investigations had a safety assessment completed only on a non-allegation household, and 7% of investigations had no completed SDM safety assessment documented in WebSDM at all. Per SDM policy, the household on which allegations were made must be assessed for safety concerns. What barriers to completing and/or documenting the safety assessment exist, especially for allegation households? How can Evident Change support CDSS to strengthen completion of the safety assessment?

The timely completion of the safety assessment in 2022 was similar to the rate in 2021. The initial safety assessment was not completed within two days after the first face-to-face contact with an alleged victim in almost one in five (18%, not shown) investigations. What is getting in the way of timely completion of the safety assessment? What supports can CDSS provide to counties to address these challenges?

When no screening criteria are selected on the SDM hotline tools and the worker selects an override to in-person response, the SDM policy and procedures manual states that no further SDM assessments are required. Evident Change found that a safety assessment was completed on an allegation household 75% (not shown) of the time and the risk assessment was completed 78% (not shown) of the time when a referral was overridden from evaluate out to an in-person response. What may explain these high completion rates? How does this practice impact agency resources, and how are safety and risk assessment findings used in these situations in which no allegations have met the threshold for an in-person response?



THE DATA: SDM HOTLINE TOOLS FINDINGS

In 2022, 389,608 referrals had a completed hotline screening tool. Screening override decisions were made for the 359,203 referrals without preliminary screening items selected. The analysis excludes 15 referrals that had a data anomaly in the screening tool.

SCREENING DECISION OVERRIDE

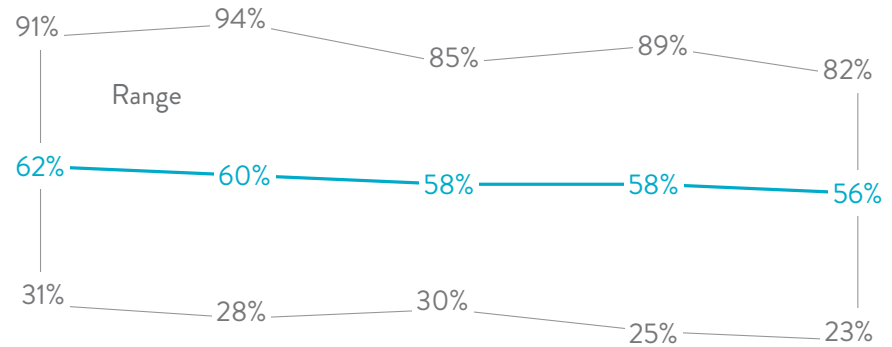
Override to:	2018	2019	2020	2021	2022
In-Person Response	1%	1%	1%	1%	1%
Evaluate Out	4%	4%	4%	4%	4%



TAKEAWAYS

- The in-person response rate has decreased over the past five years, from 62% to 56%. The range of in-person response rates varied widely across counties; in 2022, there was a 59-point spread between the county with the lowest in-person response rate (23%) and the county with the highest in-person response rate (82%).
- The in-person and evaluate-out override rates were consistently 1% and 4%, respectively. The screening decision override rates were within the typical 5–10% range over the past five years.

FINAL SCREENING DECISION: IN-PERSON RESPONSE



2018	2019	2020	2021	2022
N = 402,119	N = 398,676	N = 327,647	N = 357,763	N = 389,593



CONNECTING DATA TO PRACTICE

The statewide in-person response rate, as well as the range of the rate across counties, had a decreasing trend over the past five years. What might explain this (e.g., changes in people’s understanding of allegations, policy or practice changes, volume, and/or types of calls)?

The in-person response rates of individual counties remain widely varied. What might account for these differences? Could these patterns reflect differences in the types of calls to the hotline, screening practices, or alternative community services available across counties? What other sources of information could be leveraged to understand these patterns (e.g., survey data, observation, county policy reviews, interviews, and focus groups)? See the County-Level Data report to view the in-person response rates by county.



THE DATA: SDM RESPONSE PRIORITY

Referrals with an initial and final recommendation for an in-person response are eligible for the response priority section.

RESPONSE PRIORITY OVERRIDE

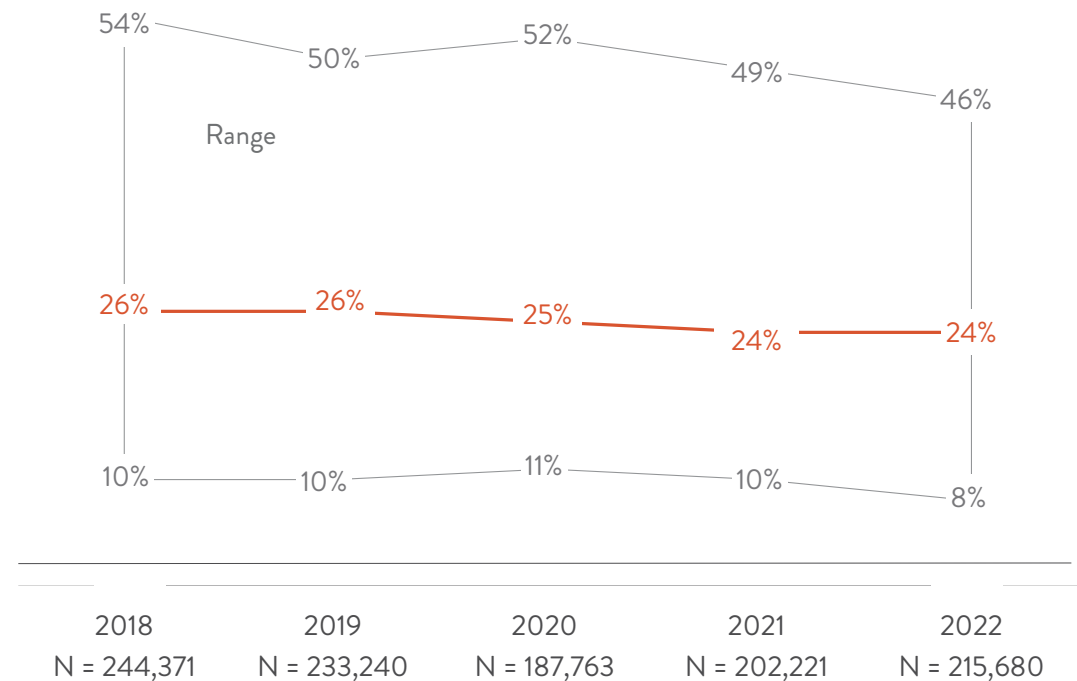
Override to:	2018	2019	2020	2021	2022
10 Days	7%	6%	6%	5%	5%
24 Hours	4%	3%	3%	3%	3%



TAKEAWAYS

- The 24-hour response rate gradually decreased from 2018 to 2022, from 26% to 24%. Across individual counties, the upper and lower ends of the rate decreased from 2020 to 2022.
- Response priority override rates gradually decreased, from 11% in 2018 to 7% in 2022, falling within the typical range of 5–10%. The override rates to 10-day response and to 24-hour response (5% and 3%, respectively) remained stable in 2021 and in 2022.

FINAL RESPONSE PRIORITY: WITHIN 24 HOURS



CONNECTING DATA TO PRACTICE

The statewide 24-hour response rate and the range of the rates across counties have decreased over the past five years. What might explain this trend in the statewide 24-hour response rate, and are the reasons for this decrease unique for each county? While the statewide 24-hour response rate decreased overall, the rates continue to vary widely by county (8–46% in 2022; 24-hour response rates for individual counties are available in the County-Level Data report). Given this variance, how can CDSS tailor support to counties with higher rates of 24-hour-response investigations to ensure timely contact with children and families in these situations?



THE DATA: SCREENING DECISION FINDINGS BY REFERRED FAMILY RACE/ETHNICITY

Screening overrides exclude referrals in which preliminary screening criteria were selected on the SDM hotline tools.

		IN-PERSON RESPONSE			SCREENING OVERRIDE TO:	
		Initial	Final		In-Person Response	Evaluate Out
American Indian/Alaskan Native	(n=3,177)	52%	51%	(n=2,885)	1.9%	2.9%
Asian/Pacific Islander	(n=16,044)	57%	54%	(n=14,919)	0.6%	3.3%
Black/African American	(n=46,694)	62%	61%	(n=42,993)	1.0%	2.8%
Household With Multiple Races/Ethnicities	(n=10,329)	76%	74%	(n=9,625)	0.9%	2.3%
Latinx/Hispanic	(n=175,859)	61%	59%	(n=161,435)	0.9%	3.9%
White	(n=92,072)	55%	52%	(n=84,573)	0.9%	3.4%
Unable to Determine/Missing	(n=45,418)	51%	47%	(n=42,773)	0.8%	5.0%
Total	(N = 389,593)	59%	56%	(N = 359,203)	0.9%	3.7%



OPPORTUNITIES

CDSS could consider examining what is contributing to the differences in in-person response rates by race/ethnicity. What screening items are selected for families by race/ethnicity, and are there differences in the prevalence of the items? Are these differences still present when controlling for other factors, such as location or socioeconomic status? CDSS also could consider examining workers' documented rationale for overrides to better understand variation in override use by family race/ethnicity.



TAKEAWAYS

- Referrals involving families with multiple races/ethnicities had the highest in-person response rates (76% initial, 74% final). This is at least 13 percentage points higher than any other race/ethnicity group. Referrals pertaining to families whose race/ethnicity could not be determined/was missing had the lowest in-person response rates (51% initial, 47% final) among the race/ethnicity groups.
- Screening overrides to evaluate out were applied at higher rates than overrides to in-person response across all race/ethnicity groups and were used at the lowest rate for referrals involving families with multiple races/ethnicities (2.3%) and at the highest rate for referrals in which family race/ethnicity could not be determined/was missing (5.0%). Screening overrides to an in-person response were used at the lowest rate for referrals involving Asian/Pacific Islander families and at the highest rate for referrals involving American Indian/Alaskan Native families.



THE DATA: RESPONSE PRIORITY DECISION FINDINGS BY REFERRED FAMILY RACE/ETHNICITY

		24-HOUR RESPONSE		RESPONSE PRIORITY OVERRIDE TO:	
		Initial	Final	24 Hours	10 Days
American Indian/Alaskan Native	(n=1,567)	25%	25%	3.0%	3.3%
Asian/Pacific Islander	(n=8,583)	29%	25%	2.1%	5.8%
Black/African American	(n=27,891)	31%	28%	2.8%	5.2%
Household With Multiple Races/Ethnicities	(n=7,583)	28%	27%	3.2%	4.3%
Latinx/Hispanic	(n=101,656)	26%	24%	2.7%	4.7%
White	(n=47,527)	25%	24%	2.7%	4.0%
Unable to Determine/Missing	(n=20,830)	22%	21%	2.8%	3.5%
Total	(N = 215,637)	26%	24%	2.7%	4.5%



OPPORTUNITIES

Investigations involving Black/African American families or families with multiple races/ethnicities more frequently resulted in a 24-hour response priority (initial and final) compared with investigations involving other race/ethnicity groups. Response priority overrides were used at the highest rates for investigations involving Asian/Pacific Islander or Black/African American families, though the impact of these overrides on the final response priority slightly differed across the two groups. CDSS may wish to better understand the conditions under which response priority overrides are applied. How might these differences impact a family’s overall experience with child welfare? Evident Change could provide a list of investigations in which response priority overrides were applied for CDSS to review and evaluate. Through case reading or further data analysis, CDSS could more fully understand the use of overrides and differences in application by family race/ethnicity.

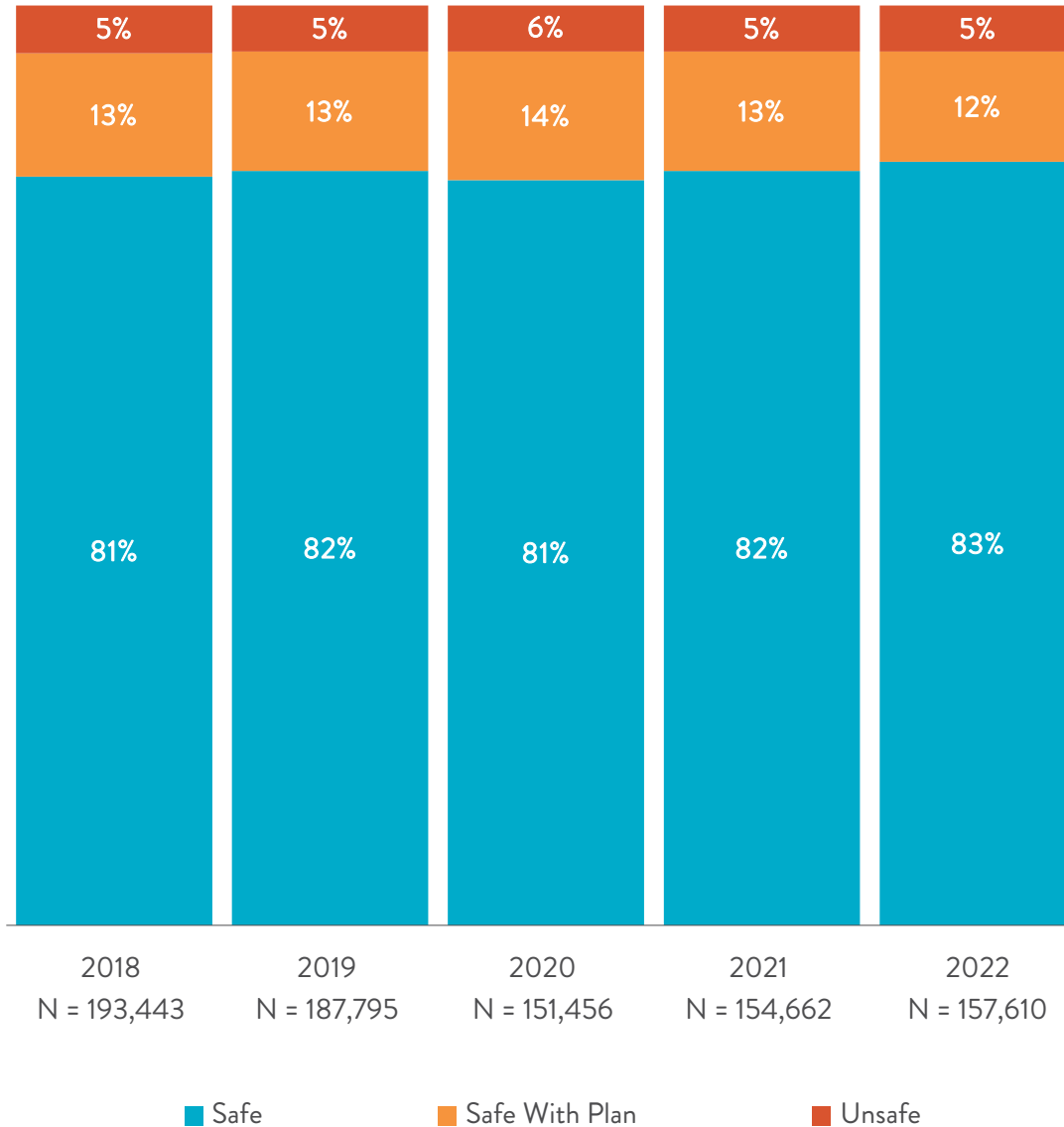


TAKEAWAYS

- Investigations involving Black/African American families had the highest 24-hour response priority rates (31% initial, 28% final). Interestingly, referrals involving Black/African American families had the second-highest in-person response rates (initial and final) among the race/ethnicity groups. Investigations involving families whose race/ethnicity could not be determined/was missing had the lowest 24-hour response priority rates (22% initial, 21% final).
- Response priority overrides to 10 days outnumbered overrides to 24 hours across investigations for all family race/ethnicity groups. Investigations involving American Indian/Alaskan Native families had the lowest response priority override rate (6.3%), and investigations involving Black/African American families had the highest response priority override rate (8.0%). Investigations involving Asian/Pacific Islander families had the lowest rate of overrides to a within-24-hours response (2.1%), and the highest override rate to a 10-day response (5.8%), resulting in the largest change between initial and final response priority across race/ethnicity groups.



THE DATA: SDM SAFETY ASSESSMENT FINDINGS



TAKEAWAYS

- The proportion of investigations involving families assessed as safe with plan or unsafe fluctuated within 2 percentage points from 2018 to 2022 (17% to 19%).
- In 2022, the percentage of investigations with at least one safety threat identified ranged from 6% to 75% across counties (not shown; see County-Level Data report).
- Statewide, the three most prevalent safety threats identified in investigations in which the family was assessed as unsafe were child immediate needs not met, physical harm, and failure to protect (53%, 43%, and 25%, respectively, not shown; see County-Level Data report).

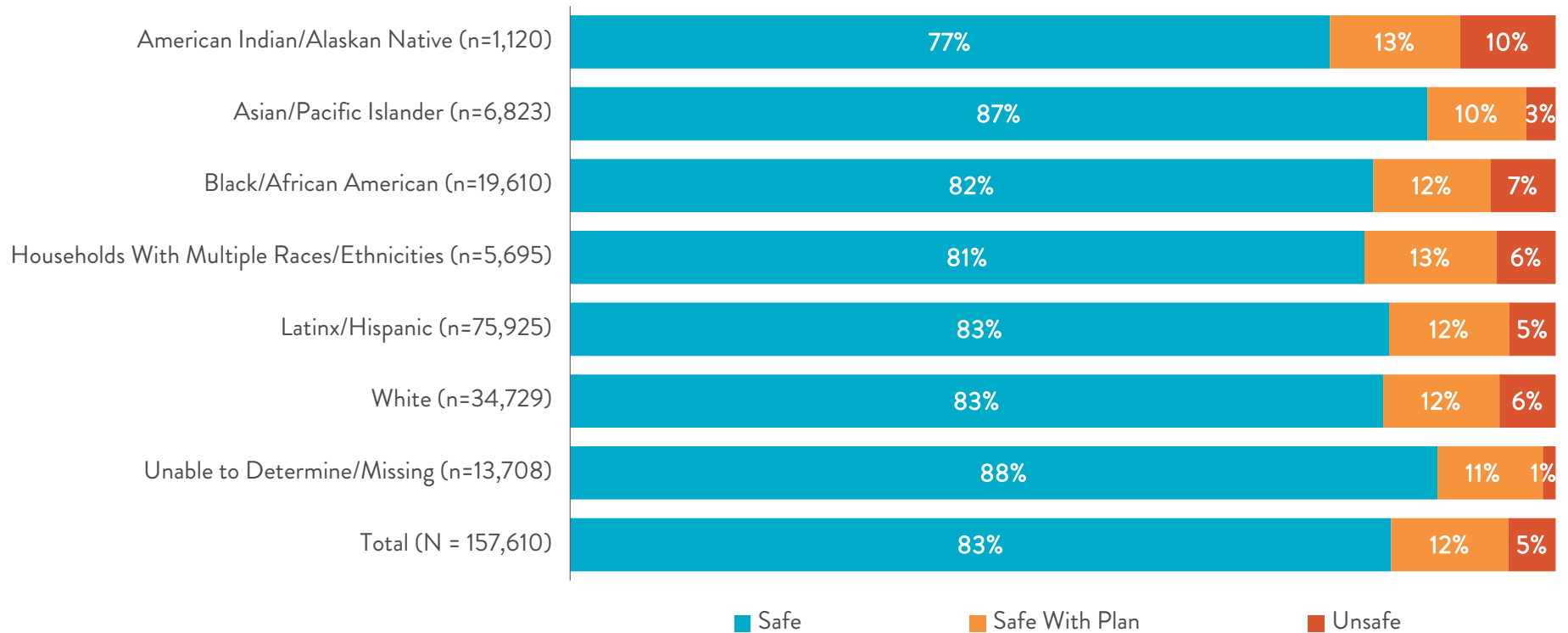


CONNECTING DATA TO PRACTICE

The proportion of investigations involving families with identified safety threats varied widely across counties in 2022. The County-Level Data report shows which counties are at the upper and lower ends of the range. CDSS could help counties with divergent trends to examine differences in safety assessment findings and the most prevalent safety threats. Understanding variance in practice and the unique issues families face can help illuminate any additional supports counties may need to support effective safety planning.



THE DATA: SAFETY FINDINGS BY FAMILY RACE/ETHNICITY



TAKEAWAYS

- The percentage of investigations with identified safety threats varied by the race/ethnicity of families involved, ranging from 23% for investigations involving American Indian/Alaskan Native families to 12% for investigations involving families whose race/ethnicity was unable to be determined/was missing.
- Investigations involving American Indian/Alaskan Native families were assessed as unsafe at the highest rate (10%) among the race/ethnicity groups.

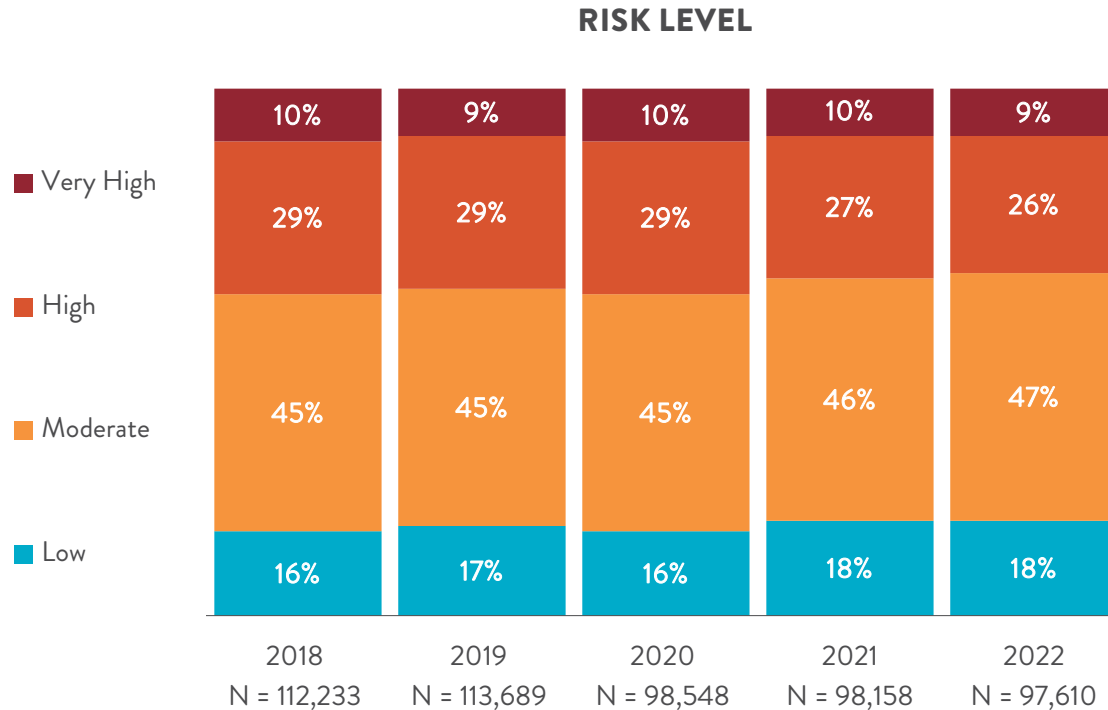


OPPORTUNITIES

On the initial safety assessment, workers identified safety threats that could not be addressed using in-home interventions (i.e., unsafe) for a larger proportion of investigations involving families who were American Indian/Alaskan Native. CDSS and Evident Change can partner to examine which safety threats are more often selected for investigations involving these families to develop insights into these findings and what might be getting in the way of in-home safety planning.

THE DATA: SDM RISK ASSESSMENT FINDINGS

In 2022, of substantiated (31,844) or inconclusive (70,950) investigations, 97,610 (95%) had a risk assessment completed.



RISK LEVEL OVERRIDE

Override	2018	2019	2020	2021	2022
Policy	1%	1%	1%	2%	1%
Discretionary	4%	5%	5%	4%	3%

TAKEAWAYS

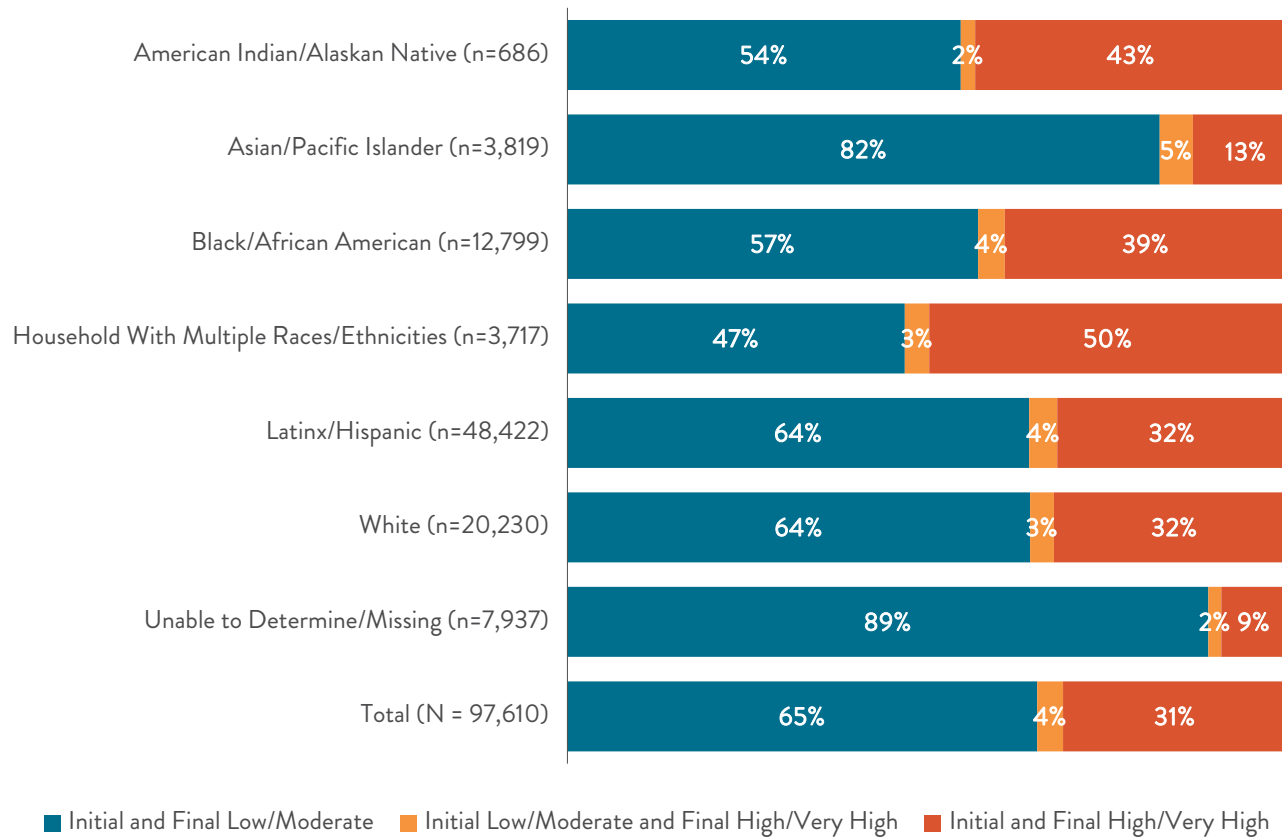
- Statewide, the proportion of investigations involving families assessed as high or very high risk has decreased in the past three years (39%, 37%, and 35%, respectively). In 2022, the percentage of investigations in which the family was assessed as high or very high risk ranged from 15% to 52% across counties (not shown; see County-Level Data report).
- The risk level override rates have remained within the typical 5–10% range from 2018 to 2021, and the rate was just below the lower end of the range in 2022.

CONNECTING DATA TO PRACTICE

The proportion of investigations involving families assessed as high or very high risk varied widely across counties in 2022. CDSS could consider working with counties to examine differences in risk assessment item selection and resulting decisions based on risk assessment use, particularly for counties with larger proportions of investigations involving families who are assessed as high or very high risk. CDSS could offer technical assistance, quality assurance, or training if needed.



THE DATA: RISK FINDINGS BY FAMILY RACE/ETHNICITY



OPPORTUNITIES

The risk finding pattern by family race/ethnicity in 2022 was similar to that observed in 2021 (not shown). Investigations involving families who had multiple races/ethnicities were assessed as high or very high risk at a higher rate compared with families from all other race/ethnicity groups. CDSS and Evident Change can partner to examine which items are selected on the SDM risk assessment by family race/ethnicity to better understand what may be leading to this pattern.

Furthermore, Evident Change could assist in selecting a sample of investigations for an in-depth case review to better understand why workers selected items on the SDM risk assessment, including overrides, and to ensure that SDM item definitions are followed.



TAKEAWAYS

- Investigations involving families with multiple races/ethnicities were assessed as high or very high risk (50% initial, 53% final) at a higher rate than other race/ethnicity groups.
- Risk assessment policy overrides can only increase the risk level to very high, and discretionary overrides can only be used to increase the risk level by one. Overrides to the risk level that moved families from a risk level not recommending services (i.e., low/moderate) to a risk level recommending services (i.e., high/very high) were applied within the range of 2% to 5% for investigations across the race/ethnicity groups. The risk override rate moving the risk level from low/moderate to high/very high risk for investigations involving Asian/Pacific Islander families was the highest among all race/ethnicity groups.

CHILDREN PLACED IN OUT-OF-HOME CARE



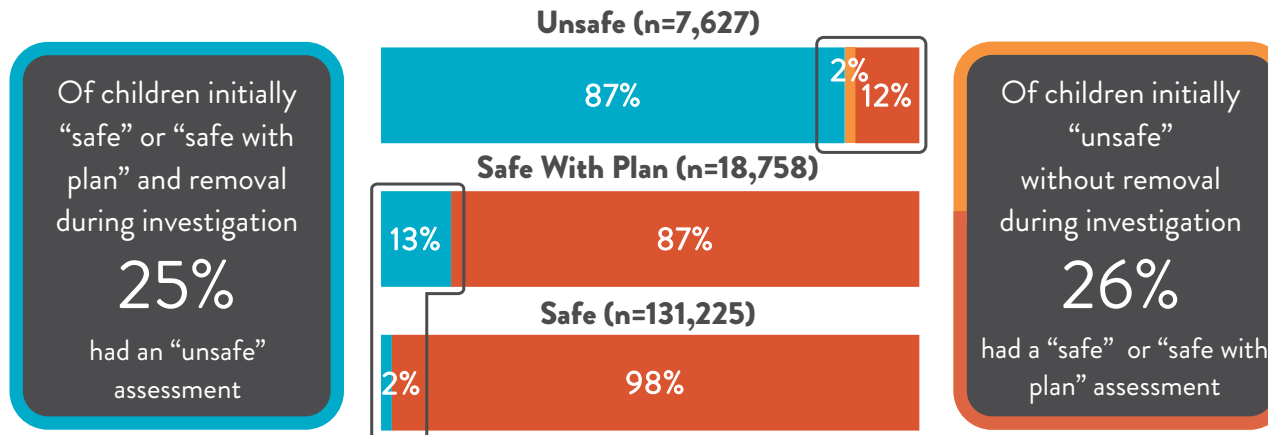
POLICY & PRACTICE GUIDELINES

A safety decision of unsafe means the worker has determined that removal is the only intervention available to keep the child safe. To examine how often initial safety decisions correspond to children actually entering out-of-home placement, Evident Change identified the first placement episode that began between three days prior to the date the referral was received and the end of the investigation—or, if the investigation was still open, February 15, 2023 (the date this information was collected from CWS/CMS).



THE DATA: REMOVAL BY INITIAL SAFETY DECISION

■ Removal ■ No Removal: All Children Already Placed ■ No Removal



Of children initially “safe” or “safe with plan” and removal during investigation
25%
had an “unsafe” assessment

Of children initially “unsafe” without removal during investigation
26%
had a “safe” or “safe with plan” assessment



TAKEAWAYS

- Of 149,983 investigations in which families were initially assessed as safe with plan or safe, 4,937 (3%, not shown) experienced a removal during the investigation. Of 7,627 investigations in which families were initially assessed as unsafe, 888 (12%) experienced no removal during investigation; another 123 (2%) resulted in no new removal because all children were already in an existing out-of-home placement before and for the full duration of the investigation.
- Of investigations involving families initially assessed as safe with plan or safe who experienced a removal, 25% (1,211, not shown) had a subsequent “unsafe” safety assessment. Of investigations involving families initially assessed as unsafe who had no children removed, including those in which all children had an existing removal, 26% (260, not shown) had a subsequent “safe” or “safe with plan” safety assessment.



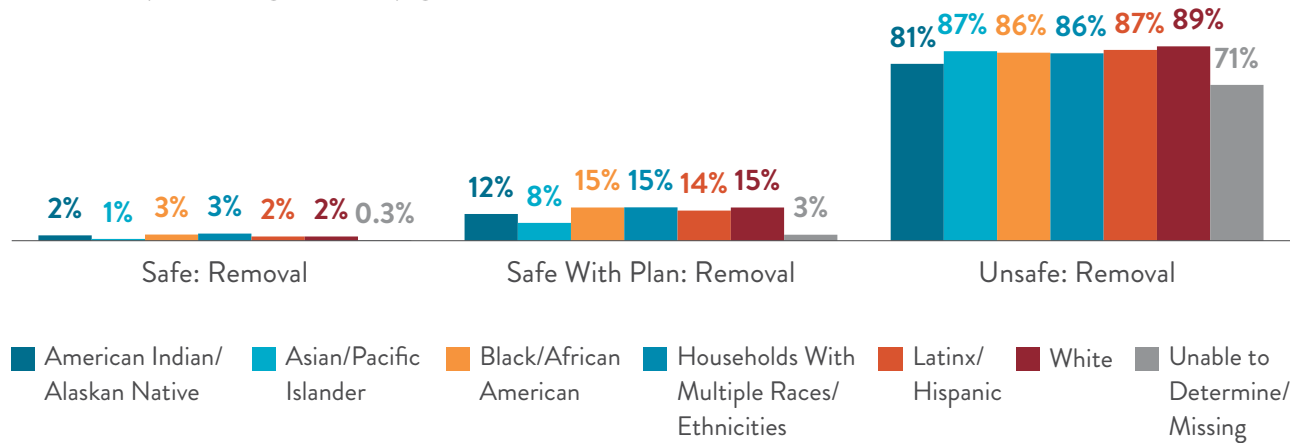
CONNECTING DATA TO PRACTICE

Child and family safety is a fluid concept: As circumstances change, safety should be reassessed. How can CDSS encourage using the safety assessment for safety planning, given the fluid nature of child and family safety over time? CDSS could partner with Evident Change to identify counties with strong adherence to safety assessment recommendations to learn what is working well and use that to strengthen adherence to SDM safety assessment guidance.

CDSS could sample and evaluate safety plans from the 13% of investigations in which the family was initially assessed as safe with plan and had a child placed in out-of-home care to better understand why children could not remain safely in the home. This information could help counties to better identify and target resources to strengthen safety planning.



THE DATA: CHILD PLACEMENT AND SAFETY DECISION BY INVESTIGATED FAMILY RACE/ETHNICITY



OPPORTUNITIES

Adherence to the initial safety decision varied by the race/ethnicity of the family involved in the investigation. A comparison of how often families have a child enter foster care by safety threat and family race/ethnicity could provide more information about this variation. CDSS could conduct a case review to observe differences in safety planning practices by family race/ethnicity and identify barriers to maintaining in-home safety plans, which could provide insight into the differences in child placement rates by race/ethnicity for families initially assessed as safe with plan.

On the initial safety assessment, workers identified safety threats that could not be addressed using in-home interventions for a larger proportion of investigations involving American Indian/Alaskan Native families (10%) compared with investigations involving families from other race/ethnicity groups; yet, the child placement rate for investigations involving American Indian/Alaskan Native families assessed as unsafe was the lowest of investigations involving families from known race/ethnicity groups. CDSS and Evident Change could partner to examine why adherence to the initial safety assessment decision of unsafe was low for investigations involving American Indian/Alaskan Native families. This could help determine whether SDM definitions and thresholds, worker perception, or a combination is contributing to the variation in safety threat and intervention identification and in the child placement decision, or to highlight areas of the SDM safety assessment that could be strengthened to support effective safety planning with children and families.



TAKEAWAYS

- Investigations involving families whose race/ethnicity could not be determined/was missing experienced the lowest rates of child placement, regardless of safety decision.
- Among investigations in which the family was assessed as unsafe and had a known race/ethnicity, those involving American Indian/Alaskan Native families has the lowest rate of child placement; interestingly, investigations involving American Indian/Alaskan Native families were assessed as unsafe at the highest rate. On the other hand, while investigations involving Asian/Pacific Islander families were assessed as unsafe at one of the lowest rates, investigations involving Asian/Pacific Islander families assessed as unsafe had the second-highest rate of child placement. Investigations involving White families assessed as unsafe had the highest rate of child placement.
- Investigations involving Black/African American or White families, or families with multiple races/ethnicities had the highest rates of child placement (15%) amongst investigations in which the family was assessed as safe with plan.

CASE PROMOTION

POLICY & PRACTICE GUIDELINES

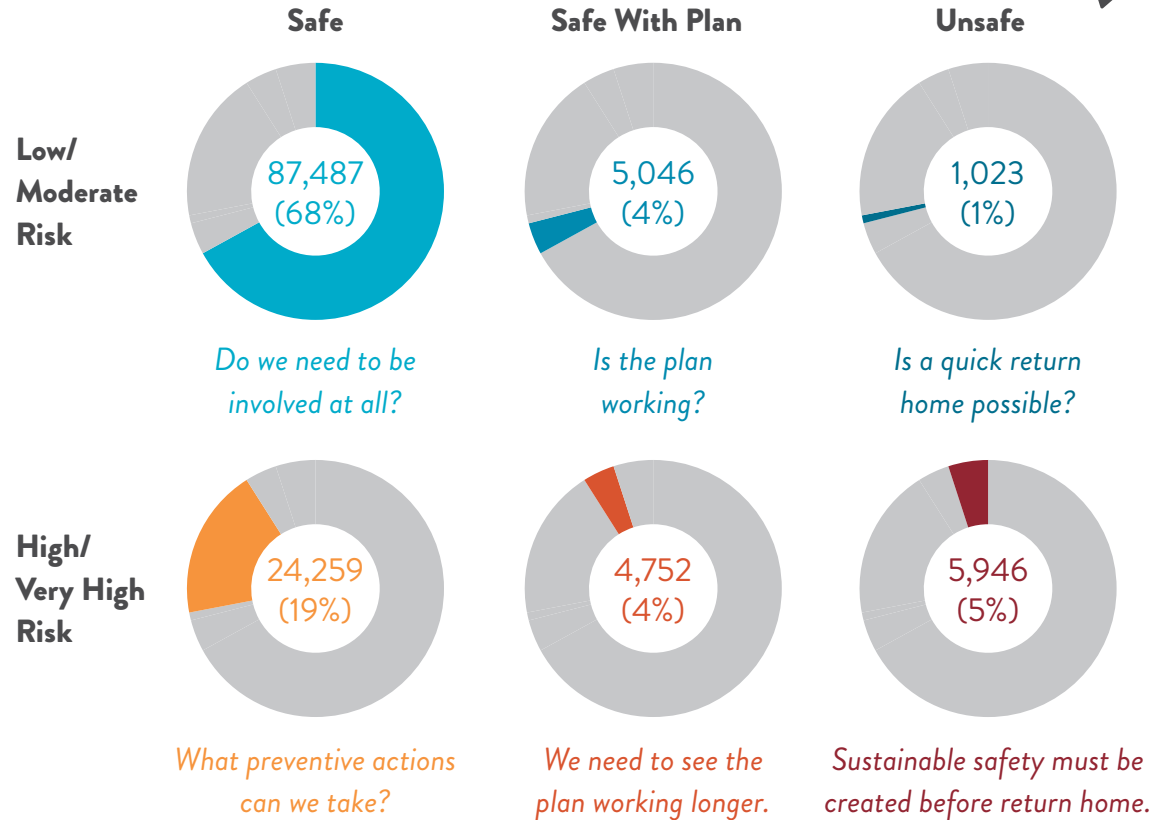
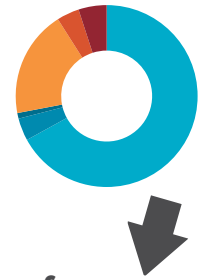
The SDM risk assessment classifies families by their likelihood of subsequent child protection involvement. Investigations for families at low or moderate risk levels may be closed without services unless outstanding threats to child safety remain at the end of the investigation. Families who are classified as high or very high risk should be offered ongoing services following investigation closure.

TAKEAWAYS

- The analysis reflects only investigations with completed safety and risk assessments. Counties conducted an additional 33,523 investigations in 2022 without completed safety and/or risk assessments.
- Based on California’s current SDM risk-based case-promotion guidelines, a third (41,026, or 32%) of investigations (all high- or very high-risk investigations, and all low- or moderate-risk investigations with outstanding safety threats) should have been promoted for ongoing services. One third (33%, not shown) of these investigations were promoted to ongoing child welfare service cases, about 2 percentage points lower than that in 2021.

THE DATA: PREVALENCE OF RISK LEVEL AND SAFETY DECISION COMBINATIONS

In 2022, 128,513 investigations for families that did not already have an open case had a completed safety and risk assessment. The analysis examined findings from the last safety assessment completed during the investigation and the risk assessment.



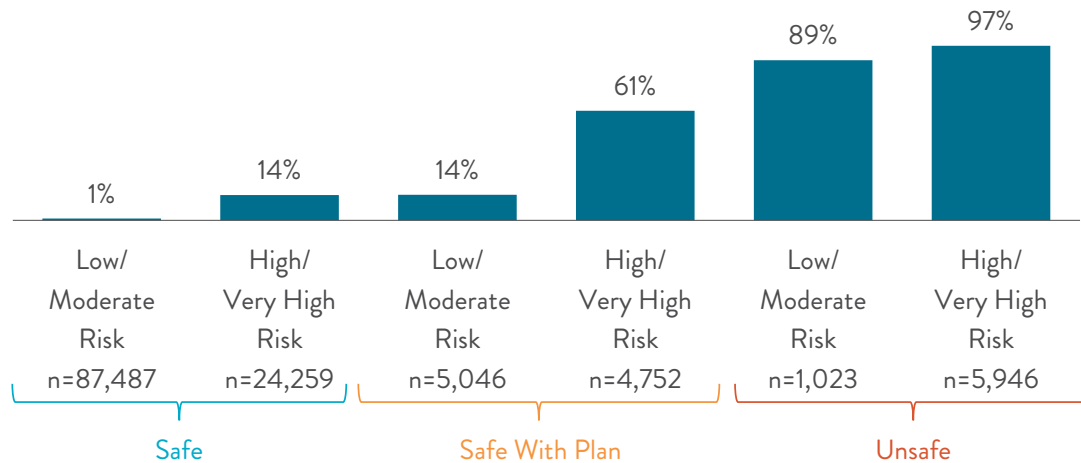
CONNECTING DATA TO PRACTICE

CDSS and Evident Change continue to partner to revisit the child welfare services case promotion guidelines based on SDM safety assessment and risk assessment findings. How can the intersection between safety and risk assessment findings be used to provide services to support sustained child and family safety and well-being and prevent subsequent child welfare system involvement?

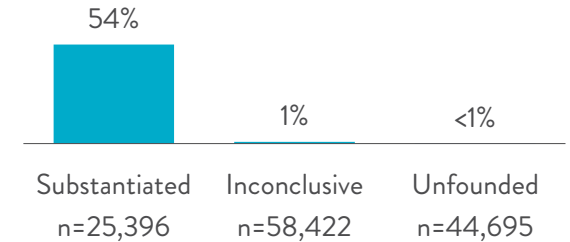


THE DATA: NEW CASE PROMOTIONS

BY RISK LEVEL AND SAFETY DECISION



BY INVESTIGATION CONCLUSION



CONNECTING DATA TO PRACTICE

Individual counties may be following different procedures other than what is currently outlined in SDM policy to connect families to ongoing agency services. CDSS could review current practices employed by counties to ensure that resources are used effectively. For example, what did counties do to ensure child safety for the 86% of investigations in which families were assessed as low or moderate risk with a most recent safety decision of safe with plan who were not promoted to ongoing services? Similarly, what did counties do to aid in preventing subsequent involvement for the 86% of investigations involving families assessed as high or very high risk with a most recent safety decision of safe which had no ongoing services provided? How is CDSS supporting counties to ensure safety for children in these low- or moderate-risk families, and to proactively work with the families assessed as high or very high risk to support them not coming back to child welfare in the future prior to closing investigations?



TAKEAWAYS

Child welfare service case promotion decisions appear to be more related to identification of safety threats during the investigation and substantiation than to SDM risk levels. Overall, 62% (not shown) of investigations with outstanding safety threats and 54% of substantiated investigations were promoted to a child welfare case compared with only 34% (not shown) of high or very high-risk investigations.

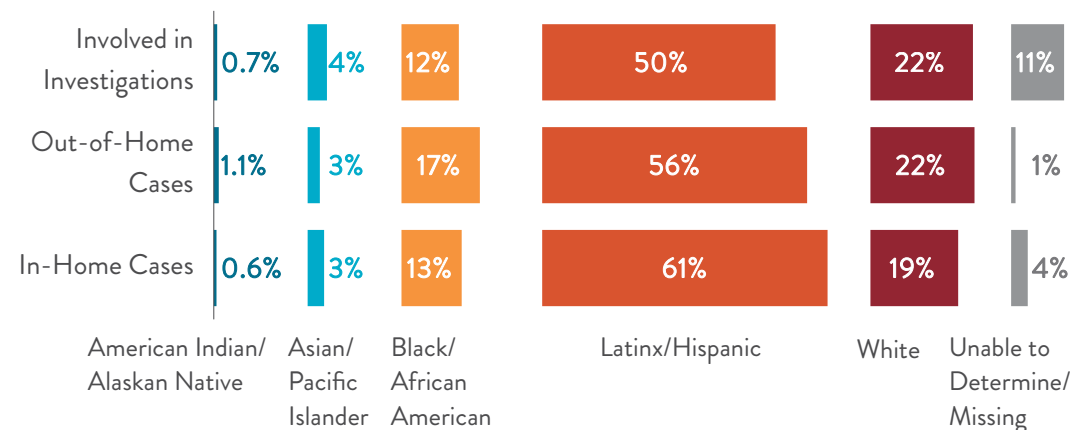
EXAMINING THE SDM SYSTEM BY CHILD RACE/ETHNICITY

CHILDREN INVOLVED IN 2021

The race/ethnicity distribution of children involved in new cases that began in family maintenance (FM) services and new placement episodes with family reunification (FR) services provides key context for interpreting the SDM risk reassessment and reunification reassessment findings. Subsequent CWS involvement can also be examined for children identified as alleged victims in investigations. See the appendix for more information on how race/ethnicity for children were classified.

THE DATA: RACE/ETHNICITY OF CHILDREN INVOLVED IN INVESTIGATIONS AND CASES

In 2021, 272,742 distinct children were alleged victims involved in an investigation. There were 19,019 new placement episodes with FR services active during the removal, and 13,835 cases began in FM services. Note that individual children may be part of more than one case in the year; there were 104 children who had more than one out-of-home case and 23 children who had more than one in-home case (not shown).



TAKEAWAYS

- The largest proportion of in-home cases (61%) involved Latinx/Hispanic children; a smaller proportion of out-of-home cases (56%) involved children in this race/ethnicity group, and just half (50%) of children involved in investigations were Latinx/Hispanic. Compared with the proportion of children involved in investigations (12%) or in-home cases (13%) who were Black/African American, a larger proportion of out-of-home cases (17%) involved Black/African American children; similarly, a higher proportion of out-of-home cases (1.1%) involved American Indian/Alaskan Native children compared with the proportion of children involved in investigations (0.7%) or the proportion of in-home cases (0.6%) involving American Indian/Alaskan Native children.
- Note that 11% of children involved in investigations did not have race/ethnicity recorded; this high missing rate makes it difficult to accurately understand the proportion of children in each race/ethnicity group at this decision point.

OPPORTUNITIES

There were differences in the proportional representation by race/ethnicity of children involved in investigations and in-home and out-of-home cases. What factors may account for the disproportionality across CWS populations? How might differing adherence to SDM safety and risk assessment recommendations by race/ethnicity impact these patterns?

MALTREATMENT INVESTIGATION AND SUBSTANTIATION RECURRENCE

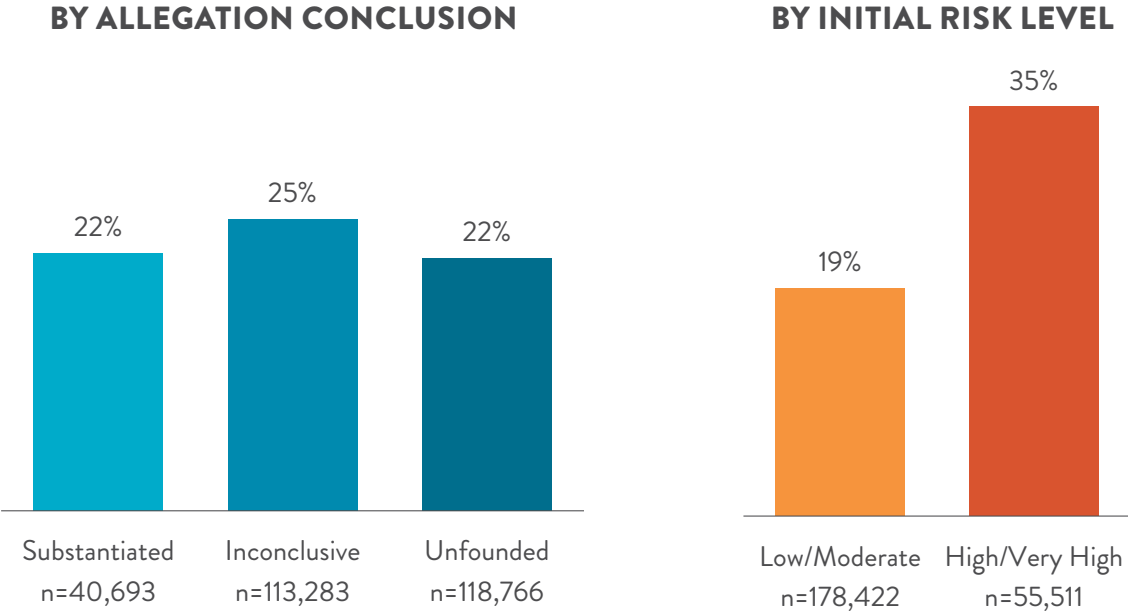
POLICY & PRACTICE GUIDELINES

The SDM risk assessment is an actuarial tool that, when completed with fidelity, classifies families based on shared characteristics that relate to the likelihood of experiencing subsequent child protection involvement. The investigation conclusion is a determination, made without structured support, on whether the alleged maltreatment is likely to have occurred. (Substantiated allegations are determined to have been more likely than not to have occurred.) Service provisions are a mechanism to improve the safety, stability, and permanency of children and families. SDM case promotion guidelines suggest providing services based on risk level and safety decision so that resources are allocated to the families who most need support to achieve stability and permanency, regardless of investigation conclusion.

THE DATA: SUBSEQUENT CPS INVOLVEMENT

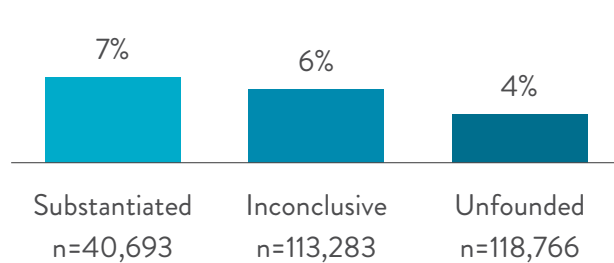
The recurrence sample includes children who were alleged victims involved in investigations in 2021 and compares 12-month subsequent maltreatment investigations and substantiations across investigation conclusion and initial risk level. This analysis does not include children who were placed in out-of-home care for the entire outcome period.

SUBSEQUENT MALTREATMENT INVESTIGATION

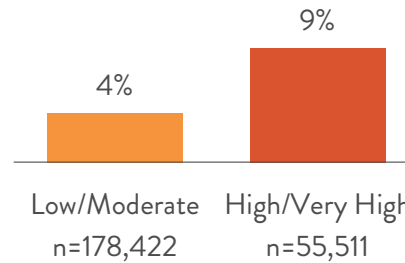


SUBSEQUENT SUBSTANTIATED MALTREATMENT INVESTIGATION

BY ALLEGATION CONCLUSION



BY INITIAL RISK LEVEL



TAKEAWAYS

- Rates of subsequent investigation did not vary substantially for children with differing allegation conclusions. Subsequent maltreatment investigations occurred more often for children with inconclusive allegations at the time of the 2021 investigation than those with substantiated or unfounded allegations (25% versus 22%).
- There were 38,809 children in families who did not have a completed risk assessment. Of those, 23% had a new investigation, and 6% had a new substantiation (not shown). The new investigation rate was similar to the base rate (23%, not shown), and the new substantiation rate was slightly higher than the base rate (5%, not shown).
- Compared with the investigation conclusion, SDM risk level more accurately identifies who is most likely to return to the child protection system for abuse or neglect concerns. Children in families assessed as high or very high risk experienced subsequent system involvement at a substantially higher rate than children in families assessed as low or moderate risk.



CONNECTING DATA TO PRACTICE

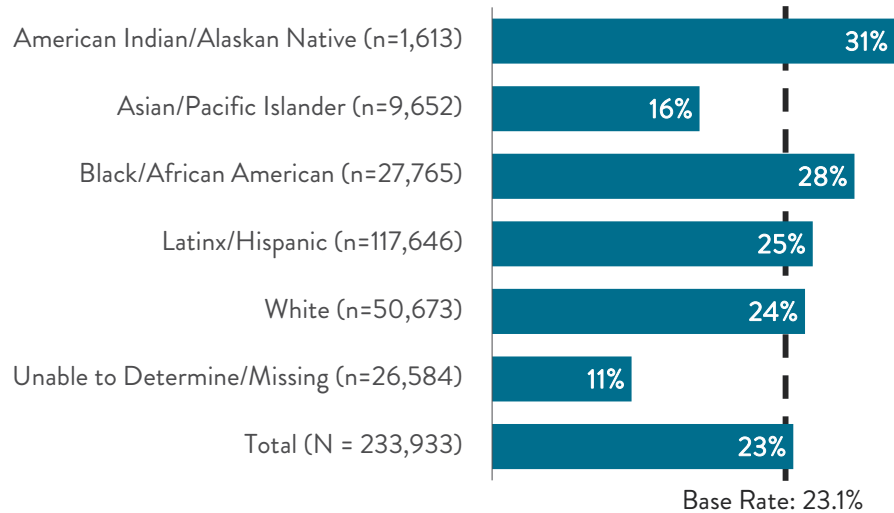
This analysis shows that the risk assessment classification provides better distinction than the investigation finding regarding which children and families are most likely to have subsequent child welfare system involvement. How can CDSS help counties make sure workers understand the different information they can get from allegation conclusions and risk levels and that workers are supported in using both pieces of information when making decisions related to ongoing service provision?

More than one out of five (22%) alleged victims with unfounded allegation conclusions experienced subsequent investigations, and in 2022 only 74% of unfounded investigations had a completed SDM risk assessment. Completing a risk assessment for every family investigation, regardless of investigation conclusion, could be used to connect families who are at high risk of subsequent child welfare system involvement with prevention resources.

While the safety assessment captures urgent issues that need to be addressed at the time of investigation, the risk assessment provides information on which families are more likely to return to the attention of CPS in the future. Using the findings of the risk assessment can help counties effectively allocate resources to support families and prevent subsequent CWS involvement.

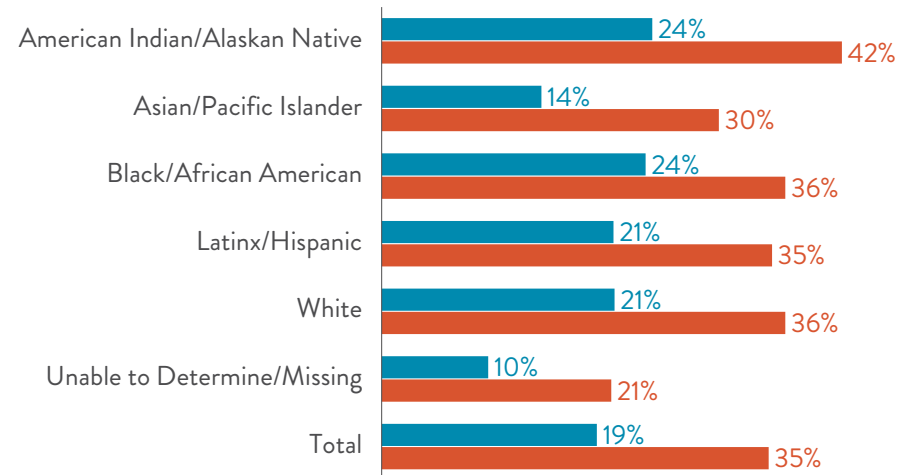


THE DATA: SUBSEQUENT INVESTIGATION BY CHILD RACE/ETHNICITY



BY CHILD RACE/ETHNICITY AND INITIAL RISK LEVEL

■ Low/Moderate High Risk
■ High/Very High Risk



TAKEAWAYS

- Across all race/ethnicity groups, children whose families were classified as high/very high risk experienced subsequent investigation at a higher rate than those from families assessed as low/moderate risk.
- Among children whose families were assessed as high or very high risk, American Indian/Alaskan Native children had the highest rate of subsequent investigation within 12 months (42%; note that 38% of children were from families assessed as high or very high risk, not shown). Children whose race/ethnicity could not be determined had the lowest rates of subsequent investigation within 12 months (21%; note that only 10% were from families assessed as high or very high risk, not shown).
- Subsequent investigation outcome rates ranged from 14% to 24% for children with known races/ethnicities from families assessed as low/moderate risk and from 30% to 42% for children with known race/ethnicities from families assessed as high/very high risk.



OPPORTUNITIES

The SDM risk assessment is functioning accurately within individual race/ethnicity groups and equitably across known race/ethnicity groups, yet the functioning of the SDM risk assessment could improve. For example, the subsequent investigation rate for Black/African American children from families assessed as low or moderate risk is 24% compared with 36% for Black/African American children from families assessed as high or very high risk; these outcomes between the risk levels are less distinct than what was observed for other known race/ethnicity groups. Furthermore, the high- and very high-risk outcome rate for this group is only 8 percentage points higher than the group's base rate. Evident Change continues to recommend a collaborative, stakeholder-informed risk validation study to update and improve the performance of the SDM risk assessment.

SDM REUNIFICATION REASSESSMENT



POLICY & PRACTICE GUIDELINES

The SDM reunification reassessment should be completed for children in placement with a goal of returning home. This assessment should be completed prior to each status review hearing and/or Division 31–required review, which occurs at least once every six months. The recommendation from the reunification reassessment guides a worker’s decision about the permanency plan: to terminate FR services, continue FR services, or return a child to the removal home. FR services should be terminated only when the reunification reassessment’s permanency plan recommendation is either to terminate FR services or to return home.



CONNECTING DATA TO PRACTICE

Currently, completion of the SDM reunification reassessment to guide decisions related to safe reunification or permanency is not required by CDSS statewide policy. This policy gap may impact well-being for children and families, with counties lacking guidance around how and when to make reunification and permanency decisions accurately, equitably, and consistently. In 2022, CDSS and Evident Change convened Reunification Peer Learning Sessions to strengthen knowledge and proficiency with the reunification reassessment; progress on reunification reassessment use may be tracked in SafeMeasures and will be revisited in future reports. Also, seven counties had nine-month completion rates above 60%.* What strategies do these counties use to support workers in completing the reunification reassessment, and how can these strategies be adopted and/or adapted by other counties?



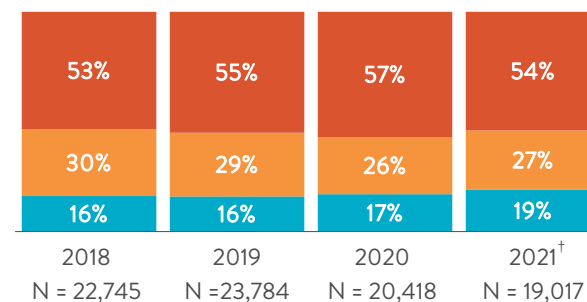
TAKEAWAYS

- For children who entered care in 2021, less than half (46%) of cases (8,741, not shown) had a completed reunification reassessment within nine months of the child’s FR services starting. Nine-month completion rates varied by county (1% to 81%*).
- From 2018 to 2021, the nine-month completion rate fluctuated slightly (43% to 47%), the six-month completion rate improved from 16% to 19%, and over half of cases (53% to 57%) had no completed reunification reassessment within nine months of FR services starting.



THE DATA: COMPLETION TREND

The analysis examined whether workers completed a reunification reassessment within six or nine months of the start of a child’s FR services. Placement episodes lasting less than eight days were excluded from the analysis; probate guardianship, Kinship Guardianship Assistance Payment Program, and Interstate Compact on the Placement of Children placement episodes were also excluded; note that the dates on which these started and whether the young person reached their 18th birthday were considered for the 2021 trend. Placement episodes with FR services active less than nine months—and still open as of the extract date during each year examined (e.g., the extract for the current year was February 15, 2023)—were excluded to allow equal opportunity (i.e., at least nine months) to complete the reunification reassessment.



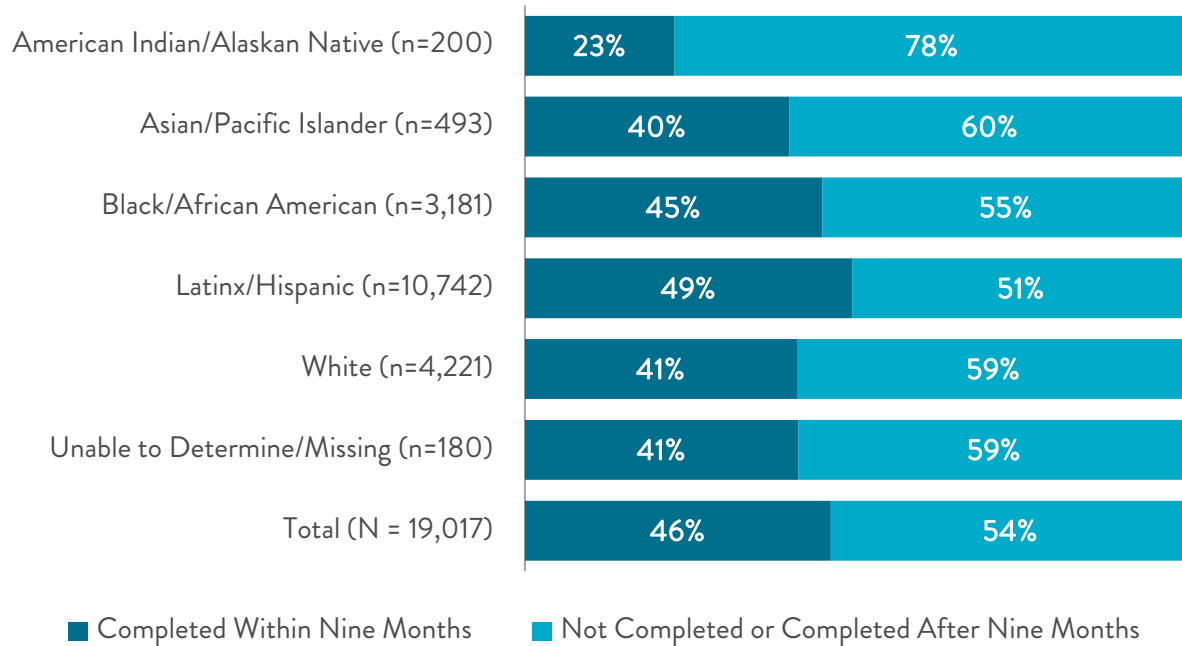
■ Not Completed, or Completed After Nine Months
 ■ Completed Between Six and Nine Months
 ■ Completed Within Six Months

*Not shown; see County-Level Data report. †Excludes two placement episodes with a data anomaly on the reunification reassessment.



THE DATA: REUNIFICATION REASSESSMENT COMPLETION WITHIN NINE MONTHS BY CHILD RACE/ETHNICITY

In 2021, 19,017 new placement episodes for children with FR services active during the placement episode. Of these, 8,741 (46%) had a reunification reassessment completed.



TAKEAWAYS

- American Indian/Alaskan Native children had the lowest completion rate (23%) within nine months of FR services starting, a large decrease from 35% in 2020 (not shown, see 2021 SDM management report). Latinx/Hispanic children had the highest completion rates (49%), 4 percentage points higher than that in 2020 (not shown, see 2021 SDM management report).
- The range of completion rates across race/ethnicity groups became larger for placement episodes starting in 2021 (23% to 49%) compared with those that began in 2020 (35% to 45%, not shown, see 2021 SDM management report).



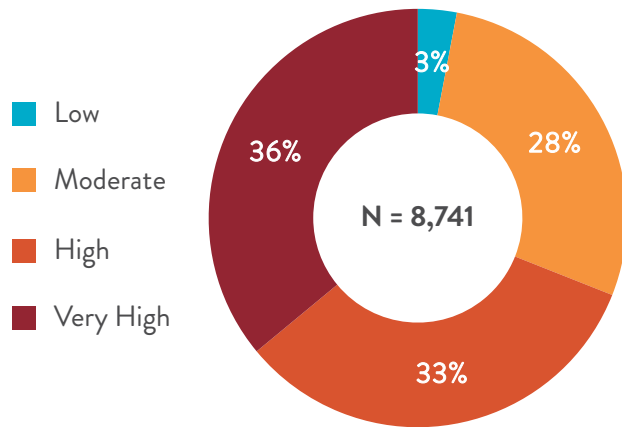
OPPORTUNITIES

Completion rates of the reunification reassessment varied greatly by child race/ethnicity. This finding may be a result of differing county practice (e.g., variation could reflect county practices rather than actual differences for race/ethnicity groups) because there is no statewide policy on use of the reassessment, and significant variation was observed in completion rates by county (see County-Level Data report).

Low completion rates create a barrier in the ability to understand and seek to improve racial equity with respect to the SDM reunification reassessment. The risk, safety, and visitation components of the reunification reassessment can give workers useful information during case consultations for children in out-of-home care. On an aggregate level, these data also can help agencies examine factors that are preventing safe return home and identify opportunities to improve reasonable efforts. In what ways can CDSS promote proper use of the reunification reassessment with a goal of improving service delivery and permanency outcomes for children in out-of-home care?



THE DATA: SCORED RISK LEVEL

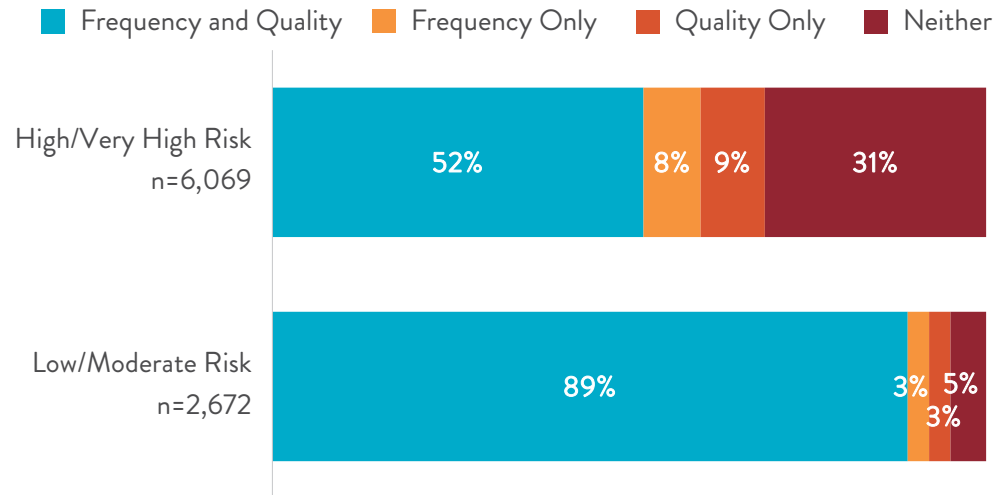


TAKEAWAYS

- In 2021, just over two thirds (6,007, or 69%) of 8,741 cases involving children with a completed reunification reassessment were from families initially assessed as high or very high risk on the reunification reassessment. Of all cases with a reunification reassessment, 296 (3%, not shown) had an override to the scored risk level.
- Workers evaluated most (89%) cases involving children from families with a final risk level of low or moderate as meeting visitation quality and frequency compliance. In addition, workers evaluated half (52%) of high- or very high-risk cases as meeting visitation quality and frequency compliance. About a third (31%) of cases involving children from families with a final risk level of high or very high were evaluated as neither meeting visitation quality nor frequency compliance.
- Workers overrode the evaluated visitation compliance in 854 (10%, not shown) cases. After visitation overrides, 3,080 (51%) cases with high or very high final risk level and 2,287 (86%) of cases with low or moderate risk level were assessed as having acceptable visitation frequency and quality (not shown).



THE DATA: VISITATION COMPLIANCE BY FINAL RISK LEVEL



CONNECTING DATA TO PRACTICE

More than two thirds of cases involved children from families classified as high or very high on the risk portion of the child's first reunification reassessment. A caregiver's progress on case plan objectives contributes largely to the scored risk level. How can CDSS support counties in providing guidance to workers around creating actionable and clear case plan objectives based on behavioral change instead of service compliance to set up families for success? In what ways are counties supported to ensure case plan objectives continue to focus on parental needs most related to initial safety concerns?

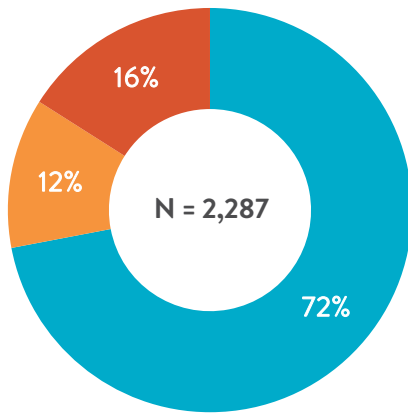
When visitation quality or frequency is assessed as not acceptable, what steps do county practitioners take to reengage families and reset agreements for visitation? What guidance has CDSS provided to the counties to support safe and stable visitation?



THE DATA: SDM REUNIFICATION REASSESSMENT RESULTS

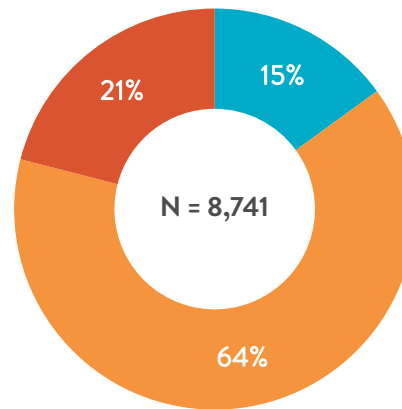
SAFETY DECISION FOR ACCEPTABLE RISK AND VISITATION

■ Safe ■ Safe With Plan ■ Unsafe



FINAL RECOMMENDATION

■ Return Home ■ Continue Services ■ Terminate Services



TAKEAWAYS

- Five out of six cases (1,918, or 84%) with acceptable risk and visitation were assessed as safe with plan or safe.
- Of the cases involving children with a completed reunification reassessment, almost two thirds (64%) had a final recommendation to continue FR services, 21% had a final recommendation to terminate services, and 15% had a final recommendation to return home.
- Workers overrode the initial permanency recommendation for the children in 1,333 cases (15%). About 44% (586, not shown) of overrides switched the permanency recommendation from return home to continue services, and an additional 37% (489, not shown) switched the permanency recommendation from continue services to terminate services.

OVERRIDES TO PERMANENCY PLAN RECOMMENDATION:

15%



CONNECTING DATA TO PRACTICE

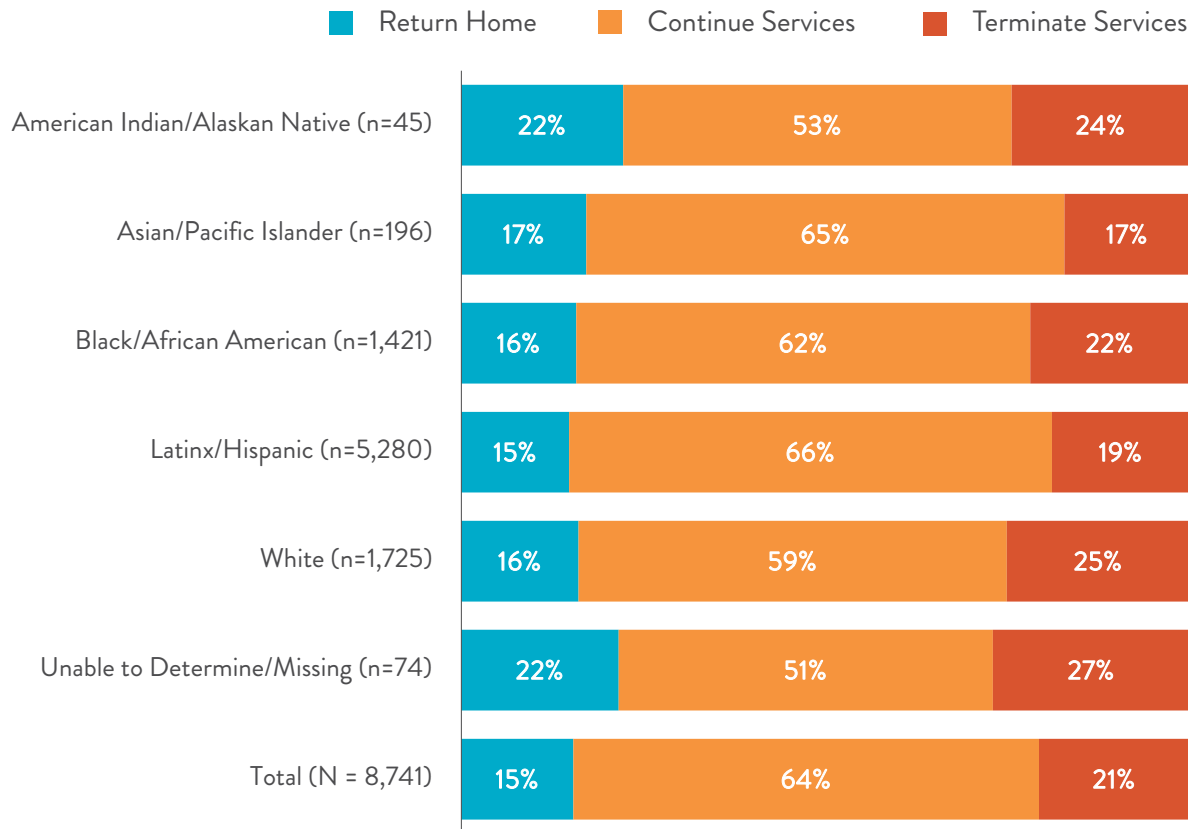
One in five (21%) cases involved children who were recommended for termination of FR services on their first reunification reassessment within nine months of FR services starting. How can visitation, safety planning, and case plan goals be strengthened earlier in FR services in a way that could support a safe return home or continuation of reunification services beyond the first review period?

The permanency plan recommendation was overridden in 15% of cases, which is higher than the typical override rate for SDM assessments. Most overrides were used to change the recommendation further away from return home (e.g., from return home to continue services or continue services to terminate services). CDSS could review the use of permanency plan recommendation overrides and whether they were applied appropriately.

CDSS and Evident Change are currently updating the SDM reunification reassessment to better support practitioners in their work with children and families. This could result in changing the sequence of the reassessment tools (would assessing safety or visitation first be more useful?), re-envisioning the role of risk level findings in reunification and permanency decisions, reconsidering overrides, and solidifying statewide policy regarding reunification reassessment use.



THE DATA: SDM REUNIFICATION FINAL RECOMMENDATION BY CHILD RACE/ETHNICITY



TAKEAWAYS

- American Indian/Alaskan Native children and children whose race/ethnicity could not be determined/was missing had the highest rate of the “return home” final recommendation (22%), and Latinx/Hispanic children had the lowest rate of the “return home” final recommendation (15%) on their first SDM reunification reassessment.
- The final recommendation of the first reunification reassessment for more than one quarter (27%) of children whose race/ethnicity could not be determined/was missing was to terminate FR services. For all other race/ethnicity groups, this was the final recommendation for one quarter or less of children. Note that children whose race/ethnicity could not be determined/was missing and American Indian/Alaskan Native children represent a small number of cases, and findings can be influenced by small fluctuations.



OPPORTUNITIES

American Indian/Alaskan Native children had the lowest completion rate of the SDM reunification reassessment within nine months of FR services, and the highest return home rate across all race/ethnicity groups. How can strengthening completion of the reunification reassessment in a timely way support workers to get children home safely and sooner?

Reunification reassessment findings varied by race/ethnicity. What might account for these differences? What are the implications for children and families in situations where the first reunification reassessment recommends that FR services be terminated? CDSS may wish to further explore the findings of the reunification reassessment with a racial equity lens.

CDSS could examine what happened to children after completion of the reunification reassessment. Did actions align with the reunification reassessment recommendation?

SDM RISK REASSESSMENT



POLICY & PRACTICE GUIDELINES

The SDM risk reassessment should be completed for all open cases in which all children remain in the home, or for cases in which all children have returned home and are in FM services. The assessment should be completed prior to each Division 31–required review, which occurs at least once every six months. The recommendation from the risk reassessment guides a worker’s decision to keep the case open or to close the case. When the risk reassessment level is low or moderate, the SDM recommendation is to close the case as long as there are no unresolved safety threats. When the risk reassessment level is high or very high, the SDM recommendation is to keep the case open.

This analysis examined whether children whose cases began in FM services received a completed risk reassessment within six or nine months of their FM services starting. Children who were included received FM services for at least nine months or for the life of a case that was active for less than nine months.

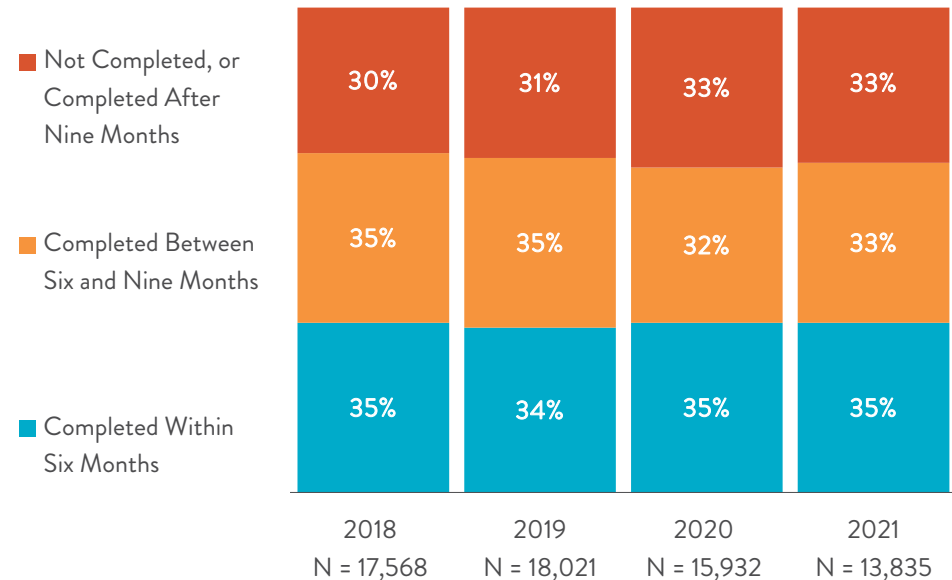


TAKEAWAYS

- Workers completed a risk reassessment within nine months of FM services starting for over two thirds (9,314, 67%) of cases.
- From 2018 to 2020, the completion rate within nine months decreased by 3 percentage points and remained steady in 2021 (70% in 2018, 69% in 2019, and 67% in 2020 and 2021).
- The six-month completion rates were relatively steady, remaining at 35% in 2018, 2020, and 2021.



THE DATA: COMPLETION TREND



CONNECTING DATA TO PRACTICE

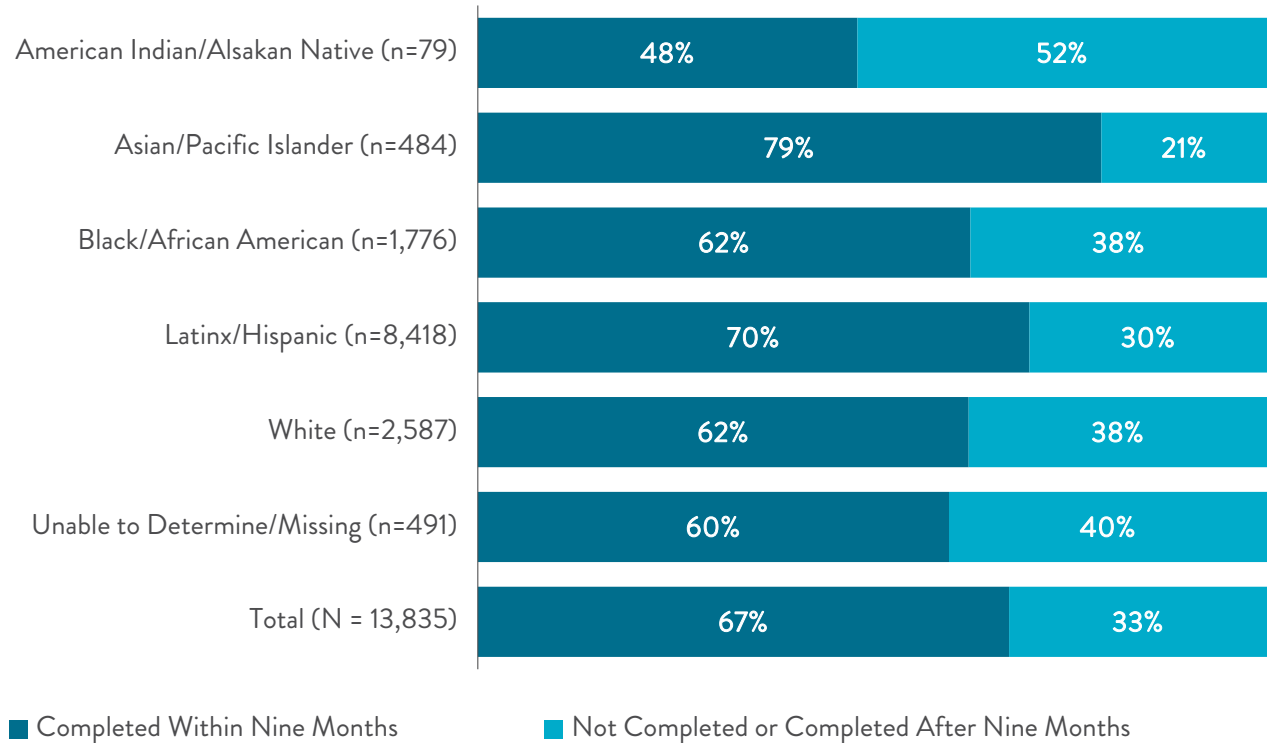
Completion of the risk reassessment within nine months of FM services starting has slightly decreased over the past four years. What may have contributed to this trend, and is it expected to continue?

The risk reassessment currently in use was projected to work validly in the [2013 risk validation study](#); children in families assessed as high or very high risk experienced higher rates of subsequent maltreatment investigations compared with children in families assessed as low or moderate risk. How can understanding the risk reassessment classification and its relationship to subsequent CPS involvement be used to help support decisions related to timely case closure? When the risk reassessment is not used, what critical information might workers be missing when making decisions related to FM service continuance or closure, and how may this information gap impact children and families?



THE DATA: RISK REASSESSMENT COMPLETION WITHIN NINE MONTHS BY CHILD RACE/ETHNICITY

In 2021, 13,835 cases began in FM services. The children in these cases received FM services for at least nine months or, for cases that were active for less than nine months, received FM services for the life of the case.



OPPORTUNITIES

Do workers encounter any barriers or difficulties that get in the way of completing the risk reassessment for families of American Indian/Alaskan Native children? Low completion was also noted for the reunification reassessment for children in this race/ethnicity group. How does completion of the risk reassessment relate to timely case closure for children receiving FM services? Low completion rates hinder the ability to understand and seek to improve racial equity with respect to the SDM risk reassessment.



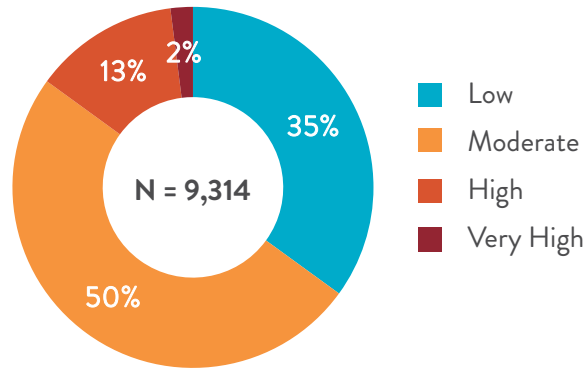
TAKEAWAYS

Cases involving Asian/Pacific Islander children had the highest risk reassessment completion rate while cases involving American Indian/Alaskan Native children had the lowest completion rate among the race/ethnicity groups. Note that American Indian/Alaskan Native children represent a small number of cases, and findings can be influenced by small fluctuations.

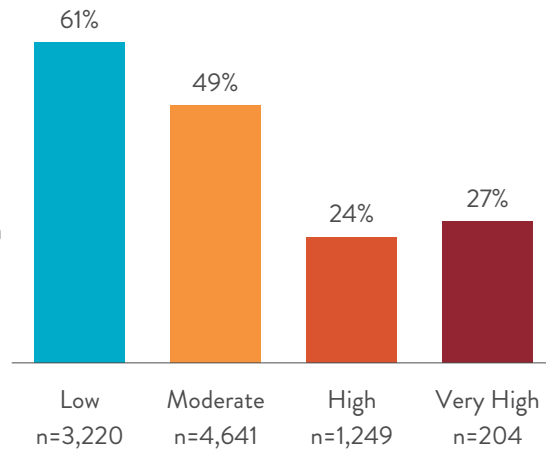


THE DATA: FIRST RISK REASSESSMENT

FINAL RISK LEVEL



CASE CLOSE WITHIN 90 DAYS BY FINAL RISK LEVEL



CONNECTING DATA TO PRACTICE

SDM policy recommends that cases with low or moderate risk levels and no safety threats may be closed; 96% (not shown) of the cases involving children from families assessed as low or moderate risk that did not close within 90 days of the reassessment either had no safety threats identified or had no safety assessment completed. What circumstances may lead to continuation of cases when the risk reassessment level is low or moderate and the children are safe?

CDSS could consider partnering with Evident Change to examine use of the risk reassessment and safety assessment at case closure and any relationship to subsequent child protective services involvement following case closure.

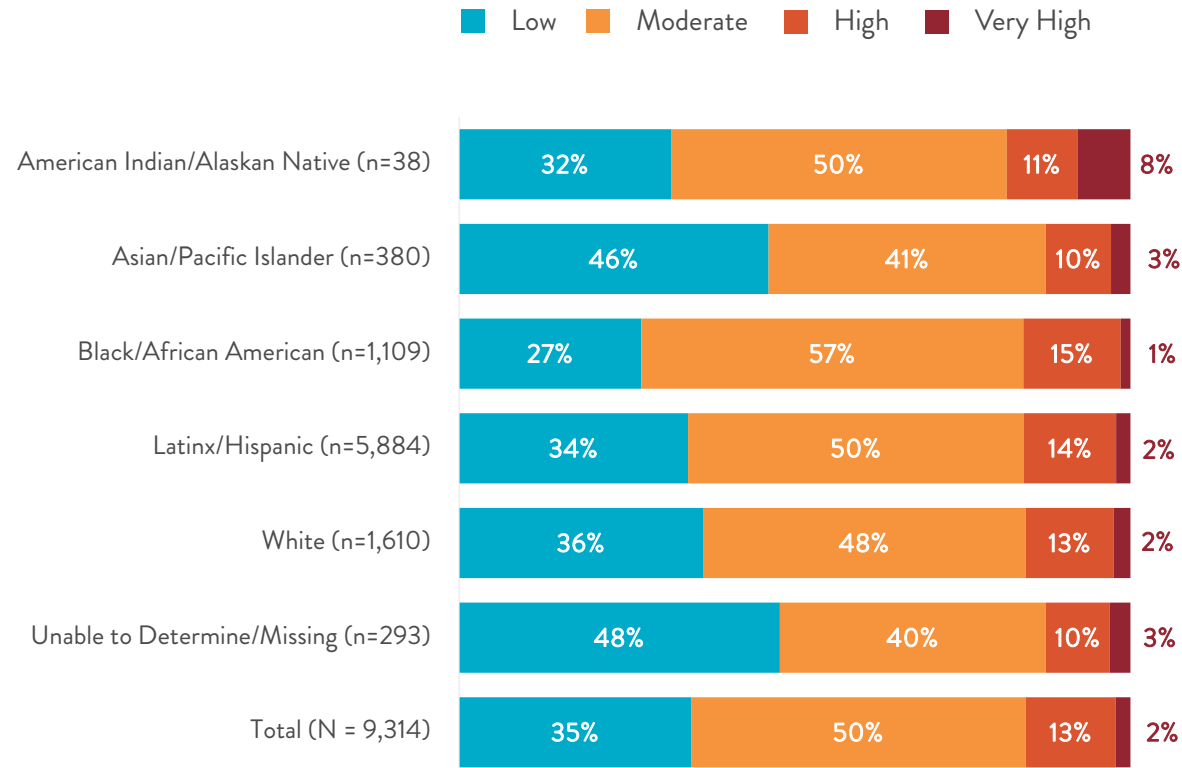


TAKEAWAYS

- Of the cases involving children from families with a risk reassessment completed within nine months, 84% were assessed as low or moderate risk.
- Overall, 770 cases (8%, not shown) with a completed risk reassessment had a risk override. Most (85% or 651, not shown) overrides were discretionary, and 86% (660, not shown) of all overrides were used to increase the risk reassessment level.
- Cases for children in families assessed as low or moderate risk on their first risk reassessment closed within 90 days of the reassessment at higher rates than cases assessed as high or very high risk. There were 3,614 (46%) cases assessed as low or moderate risk that did not close within 90 days; of these, only 153 (4%, not shown) had a safety assessment completed within 30 days before or after the initial risk reassessment documenting outstanding safety threats (i.e., safe with plan or unsafe).
- Of the 359 cases closed within 90 days with a high or very high level on the risk reassessment, 78 (22%) had an additional risk reassessment completed prior to case closure that reflected a low or moderate risk reassessment level; 34 only had an additional risk reassessment with a high or very high-risk level; and 247 had no new risk reassessment. It is unknown why cases with no subsequent low or moderate risk reassessment were closed.
- Cases for children in families assessed as very high risk closed within 90 days at a higher rate (27%) than cases for children in families assessed as high risk (24%).



THE DATA: FINAL RISK LEVEL OF FIRST RISK REASSESSMENT BY CHILD RACE/ETHNICITY



OPPORTUNITIES

The risk level distribution varied by child race/ethnicity. CDSS may wish to further understand these differences by observing whether there are differences in item scores or in the use of risk level overrides on the risk reassessment by race/ethnicity. These differences could also be an artifact of the difference in completion rates of the risk reassessment by race/ethnicity.

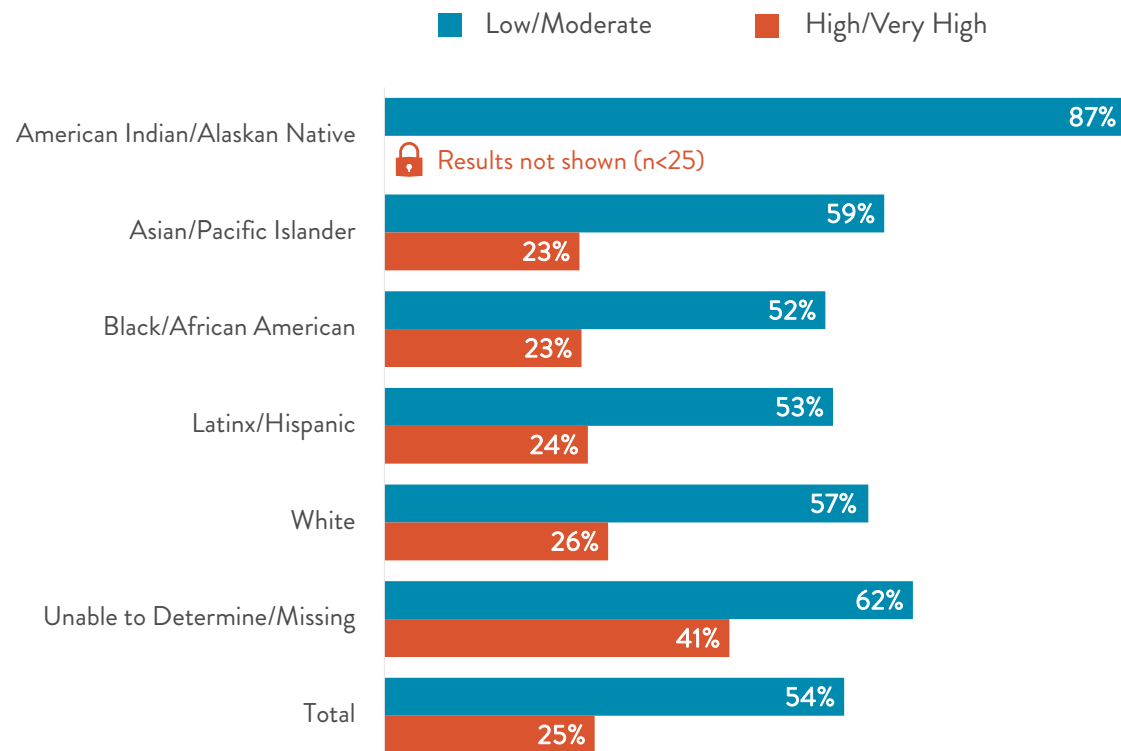


TAKEAWAYS

- Cases for Asian/Pacific Islander children and those whose race/ethnicity could not be determined/was missing were from families assessed as low or moderate risk at the highest rates (87%), and cases for American Indian/Alaskan Native children were from families assessed as low or moderate risk at the lowest rate (82%) among the race/ethnicity groups. Note that cases involving American Indian/Alaskan Native children represent a small number of cases, and findings can be influenced by small fluctuations.
- While the percentages of cases involving children whose families were assessed as low risk (27% to 48%) or moderate risk (40% to 57%) varied greatly by race/ethnicity, there was less variation observed in the percentages of cases involving children whose families were assessed as high risk (10% to 15%) or very high risk (1% to 3%) by race/ethnicity, with the exception of cases involving American Indian/Alaskan Native children whose families were assessed as very high risk (8%) at more than twice the rate of other race/ethnicity groups.



THE DATA: CASE CLOSE WITHIN 90 DAYS BY FINAL RISK LEVEL OF FIRST RISK REASSESSMENT



TAKEAWAYS

- Case closure rates within 90 days of the risk reassessment were higher for children from families assessed as low or moderate risk than for children from families assessed as high or very high risk on the first risk reassessment, regardless of race/ethnicity.
- For cases involving children from families assessed as low or moderate risk on the first risk reassessment, cases for American Indian/Alaska Native children closed within 90 days at the highest rate (87%), and cases for Black/African American children closed within 90 days at the lowest rate (52%).
- For cases involving children in families assessed as high or very high risk on the first risk reassessment, cases involving children whose race/ethnicity could not be determined/was missing had the highest rate of case closure within 90 days (41%), and cases for Asian/Pacific Islander children and Black/African American children had the lowest rates of case closure within 90 days (23%). There were fewer than 25 cases for American Indian/Alaskan Native children from families assessed as high or very high risk; results for that group are not shown.



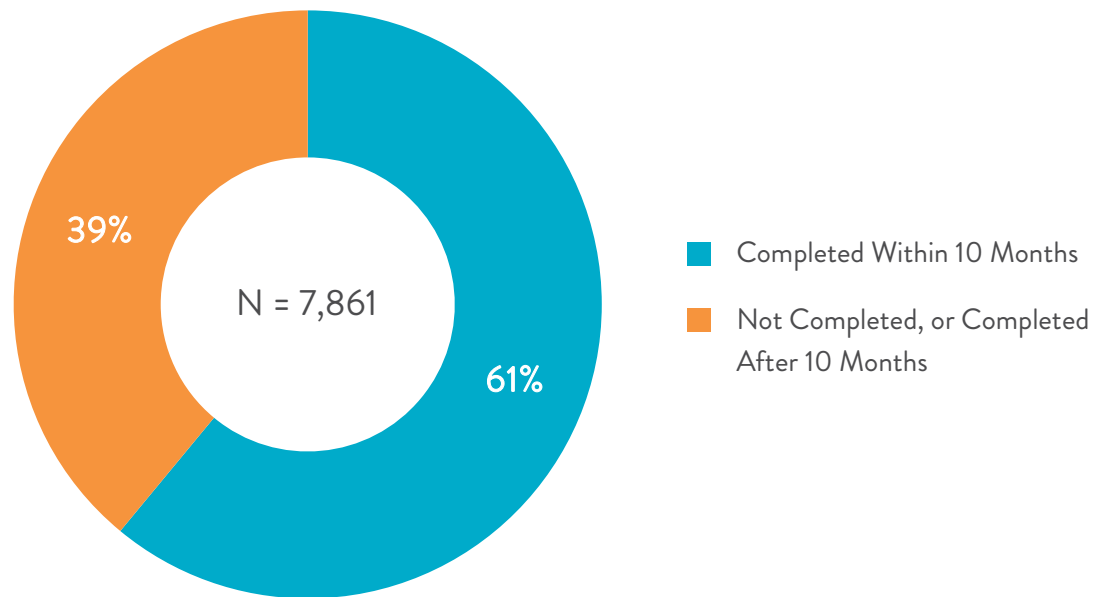
OPPORTUNITIES

CDSS may seek to understand why adherence to risk reassessment guidance differed by race/ethnicity: Risk reassessment guidance for cases involving children from families assessed as low or moderate risk was followed more often for American Indian/Alaskan Native children than for children from the other race/ethnicity groups (i.e., cases were closed within 90 days at a higher rate). Risk reassessment guidance for cases involving children from families assessed as high or very high risk was followed less often for White children and children whose race/ethnicity could not be determined/was missing compared with children from the other race/ethnicity groups (i.e., cases were closed within 90 days at a higher rate despite being assessed as high or very high risk). Does diversion from the guidance reflect findings of the SDM safety assessment or other criteria? What are the impacts on children and families when the risk reassessment guidance is not followed?



THE DATA: SAFETY ASSESSMENT COMPLETION FOR LOW- AND MODERATE-RISK CASES

Per SDM recommendation, cases assessed as low or moderate risk on the risk reassessment should be considered for case closure unless outstanding safety threats exist. A case will not be closed if household safety threats are present. The analysis examined safety assessment completion for the 7,861 cases with low or moderate risk on their first risk reassessment, which were therefore eligible for case closure.



TAKEAWAYS

- Only 61% (4,781) of cases involving children from families assessed as low or moderate on their first risk reassessment had a safety assessment completed within 10 months of FM service starting. This is a slight increase from 58% (not shown) for cases that started in 2020 involving children from families assessed as low or moderate risk on their first risk reassessment.
- Of the 4,781 cases with a safety assessment completed, 3,489 (73%) of the safety assessments were completed between 30 days before or 30 days after the first risk reassessment (not shown).



CONNECTING DATA TO PRACTICE

What guidance has CDSS provided to the counties around assessing safety prior to case closure? Does the low safety assessment completion get in the way of closing cases in which the child's family is assessed as low or moderate risk on the risk reassessment? How might keeping these cases open impact agency resources? What additional supports or guidance can be offered to help counties close cases when the family is at low or moderate risk and any remaining safety threats are managed with a safety plan? What training and guidance is offered to ensure practitioners understand how the risk reassessment and closing safety assessment can be used to guide decisions when they are considering closing a case?



ABOUT EVIDENT CHANGE

Evident Change promotes just and equitable social systems for individuals, families and communities through research, public policy, and practice. For more information, call (800) 306-6223 or visit us online at EvidentChange.org and [@Evident_Change](https://twitter.com/Evident_Change) on Twitter.

APPENDIX: METHODS FOR IDENTIFYING RACE/ETHNICITY

For the purposes of this analysis, Evident Change used the primary ethnicity type and Hispanic origin recorded in the Child Welfare Services/Case Management System (CWS/CMS) for each child to define the race/ethnicity of referred families or children in cases.¹ Evident Change used a method employed by University of California, Berkeley California Child Welfare Indicators Project to consider both primary ethnicity and the Hispanic origin indicator. This method considers individuals Latinx/Hispanic when Hispanic origin is indicated, regardless of the recorded primary ethnicity type.²

Note that this approach is not without limitations. For example, if a child's client record indicates that they are of Hispanic origin, they will be classified as Latinx/Hispanic regardless of the primary ethnicity recorded. Therefore, certain races/ethnicities that commonly present in conjunction with the Hispanic origin indicator could be underrepresented (e.g., American Indian/Alaskan Native). These limitations should be considered when interpreting results. Additionally, only the child's primary ethnicity type was considered for the analysis; secondary race/ethnicity information was not used.

Race/ethnicity was defined using two different methods, depending on whether the focus of the analysis was cases/clients or referrals/families.

¹Primary ethnicity type and Hispanic origin are the specific names of variables recorded in CWS/CMS. The Hispanic origin variable contains the information on a child's Latinx/Hispanic ethnicity.

²For more information, visit <https://ccwip.berkeley.edu/>





CASE- AND CHILD-BASED ANALYSES

For case-based and child-based analyses, Evident Change used the primary ethnicity type and Hispanic origin code information combinations outlined below to define race/ethnicity.



REFERRAL- AND FAMILY-BASED ANALYSES

For referral- and family-based analyses, the family's race/ethnicity was defined by examining the primary ethnicity type and Hispanic origin code recorded in CWS/CMS for all alleged child victims on the referral. Each child was first categorized by race/ethnicity as described below. For analysis purposes, the family's race/ethnicity was then assigned using the races/ethnicities of all children on the referral. When children on a single referral had races/ethnicities that differed from each other, the family was defined as having multiple races/ethnicities within the household.

CASE- AND CHILD-BASED RACE/ETHNICITY DEFINITIONS

Hispanic origin code is "Yes" OR primary ethnicity type is:

- Hispanic
- Carribean
- Central American
- Mexican
- South American

Latinx/
Hispanic

Hispanic origin code is "No" or "Unknown" AND primary ethnicity type is:

- Alaskan Native
- American Indian

American Indian/
Alaskan Native

- Asian Indian
- Cambodian
- Chinese
- Filipino
- Guamanian
- Hawaiian
- Hmong
- Japanese
- Korean
- Laotian
- Polynesian
- Samoan
- Vietnamese
- Other Asian
- Other Pacific Islander
- Other Asian/
Pacific Islander

Asian/
Pacific Islander

- Black
- Ethiopian

Black/
African American

- White
- White-Armenian
- White-Central American
- White-European
- White-Middle Eastern
- White-Romanian

White

- Unable to determine
- Decline to state
- Other race unknown
- Invalid codes (such as 0)
- Children for whom ethnicity is not coded

Unable to
Determine/Missing