

# THE STRUCTURED DECISION MAKING® SYSTEM IN CHILD WELFARE SERVICES

Report Date: May 2021

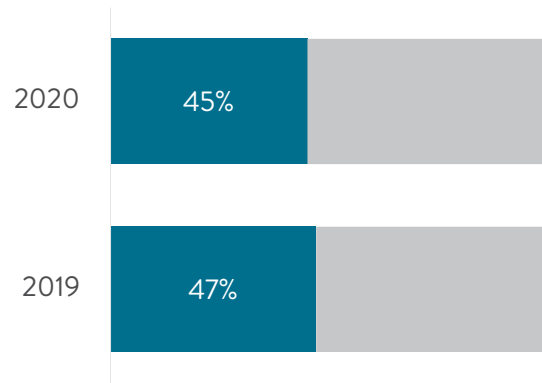
Report Period: January 1 – December 31, 2020



# 2020 HIGHLIGHTS



## THE DATA: SDM® REUNIFICATION REASSESSMENT COMPLETION



**Across the state, the reunification reassessment remained infrequently used.**

Completion of the reunification reassessment within nine months of family reunification (FR) services starting remained below 50% in the 2019 and 2020 management reports.

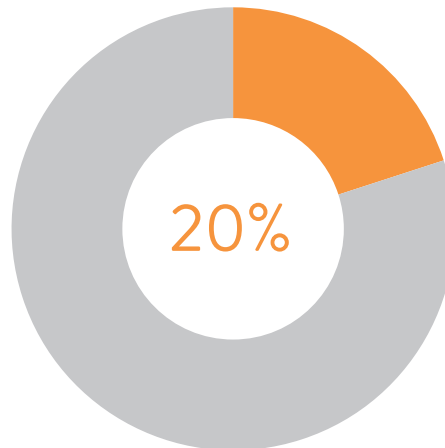
In 2020, the COVID-19 pandemic affected every aspect of our lives and social systems, including child welfare. The findings discussed in this report should be interpreted with this in mind.

**In 2020, workers across the state assessed one fifth of investigations as safe and high or very high risk.**

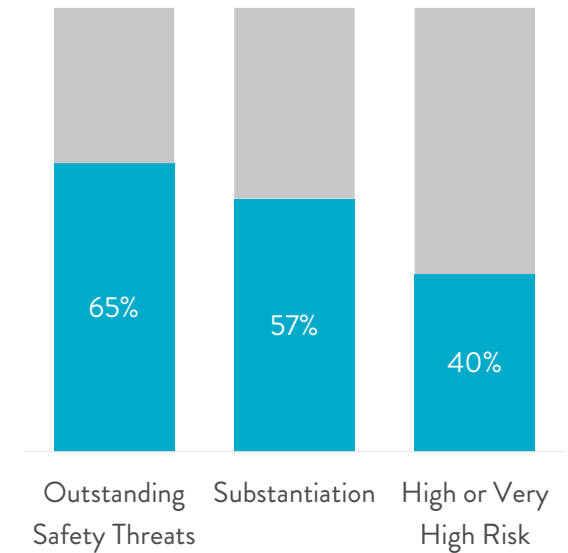
CDSS may wish to consider what preventive actions could be taken with these families.



## THE DATA: INVESTIGATIONS ASSESSED AS SAFE AND HIGH OR VERY HIGH RISK



## CASE PROMOTION COMPARISON

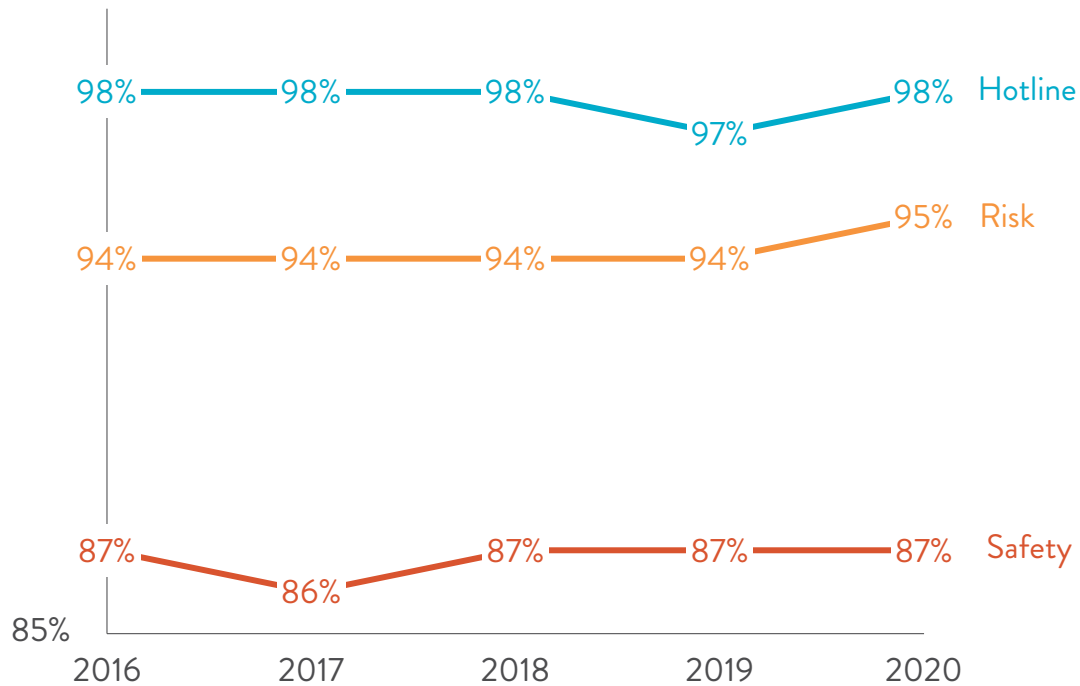


**Decisions to promote investigations to new cases seem to be related more to identification of safety threats and allegation conclusion (i.e., substantiation) than to risk level.**

Overall, 65% of 2020 investigations with outstanding safety threats and 57% of substantiated investigations were promoted to a case compared with 40% of high or very high-risk investigations.

# FIVE-YEAR SDM<sup>®</sup> ASSESSMENT TRENDS

## THE DATA: COMPLETION RATES



## POLICY & PRACTICE GUIDELINES

**Hotline:** The Structured Decision Making<sup>®</sup> (SDM) hotline tool, which includes multiple sections, must be used for all referrals recorded in the child welfare services case management system (CWS/CMS). The screening section helps workers decide whether referrals should be assigned in-person responses. If a referral is assigned, the response priority section helps determine the timeframe for the initial investigative contact with the family.

**Safety:** The SDM<sup>®</sup> 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 system involvement. The risk assessment is recommended to be completed at the end of every unfounded investigation.

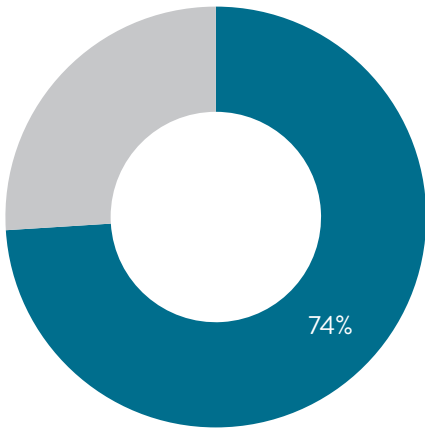
## TAKEAWAYS

In 2020, the state received or recorded 335,450 referrals compared with 409,323 referrals in 2019.



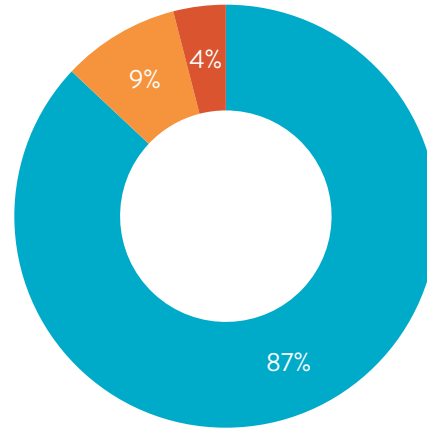
## THE DATA: 2020 INVESTIGATIONS

### RISK ASSESSMENT COMPLETION ON UNFOUNDED INVESTIGATIONS



### SAFETY ASSESSMENT COMPLETION ON ALLEGATION AND NON-ALLEGATION HOUSEHOLDS

- Allegation Household Safety
- Non-Allegation Household Safety Only
- No Safety



## CONNECTING DATA TO PRACTICE

The state received/recorded fewer reports in 2020 compared with 2019 (an 18% decline). What may have influenced this trend (e.g., the COVID-19 pandemic, policy, practice)?

The initial safety assessment was not completed within two days after the first face-to-face contact with an alleged victim in 30,327 (18%) investigations. Has the California Department of Social Services (CDSS) communicated to counties that WebSDM 3.0 can be accessed in the field on mobile devices? Are counties helping workers to install WebSDM on county-issued devices? This could support workers' timely completion of the safety assessment.

The household on which allegations were made must be assessed for safety concerns. CDSS may wish to work with county child welfare agencies to examine why some investigations did not have a safety assessment completed on the allegation household. For example, is there confusion on how to record this information on the safety assessment? Are allegation households not being assessed? Is the allegation household correctly identified in investigations?



## TAKEAWAYS

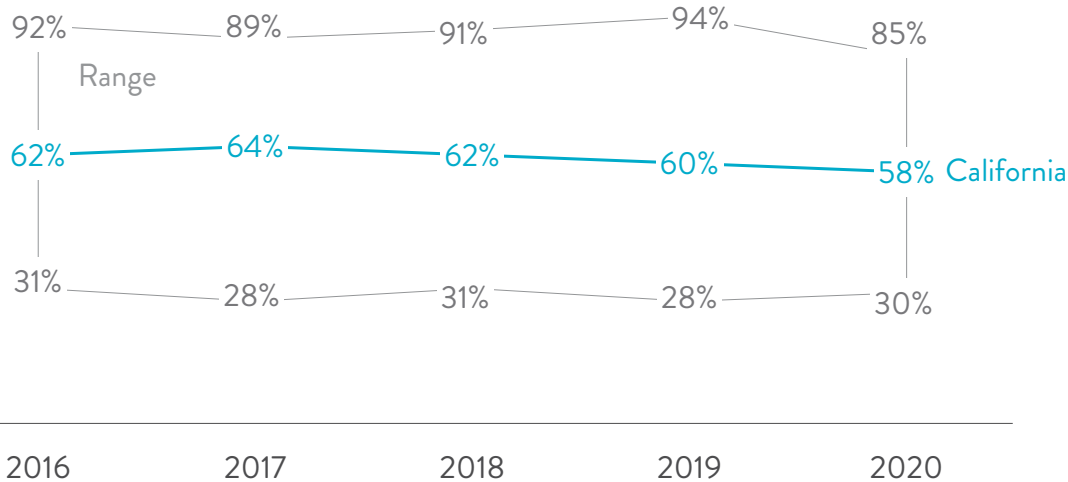
- Risk assessment completion rates include only substantiated and inconclusive investigations. In 2020, 74% of unfounded investigations had a risk assessment completed.
- Safety assessment completion rates include assessments completed only for allegation households (as recorded on the safety assessment). In 2020, an additional 9% of investigations had a non-allegation household safety assessment but no allegation household assessment. When these were included, the safety completion rate increased to 96%.
- For 166,377 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 completed within two days after the first contact 82% of the time (not shown).



## THE DATA: SDM® HOTLINE TOOL FINDINGS

In 2020, 327,647 referrals had completed hotline tools.<sup>1</sup> Screening override decisions were made for the 302,849 referrals without preliminary screening items selected.

### SCREENING DECISION: IN-PERSON RESPONSE



### SCREENING DECISION OVERRIDE

Override to:	2016	2017	2018	2019	2020
In-Person Response	1%	1%	1%	1%	1%
Evaluate Out	6%	6%	4%	4%	4%

<sup>1</sup> Twenty-two referrals were excluded because of logic errors on the screening decision.



## TAKEAWAYS

- The proportion of in-person responses steadily decreased, from 64% in 2017 to 58% in 2020.
- The screening decision override rate falls within the typical 5–10% range over that same period.



## CONNECTING DATA TO PRACTICE

In-person response rates varied across counties in 2020 (30–85%). CDSS may wish to explore the difference in the rate across counties. For example, do counties have different prescreening processes to determine which calls to the hotline are entered into CWS/CMS? Do the types of calls to the hotline vary across counties? See the comparison report to view the in-person response rate by county.

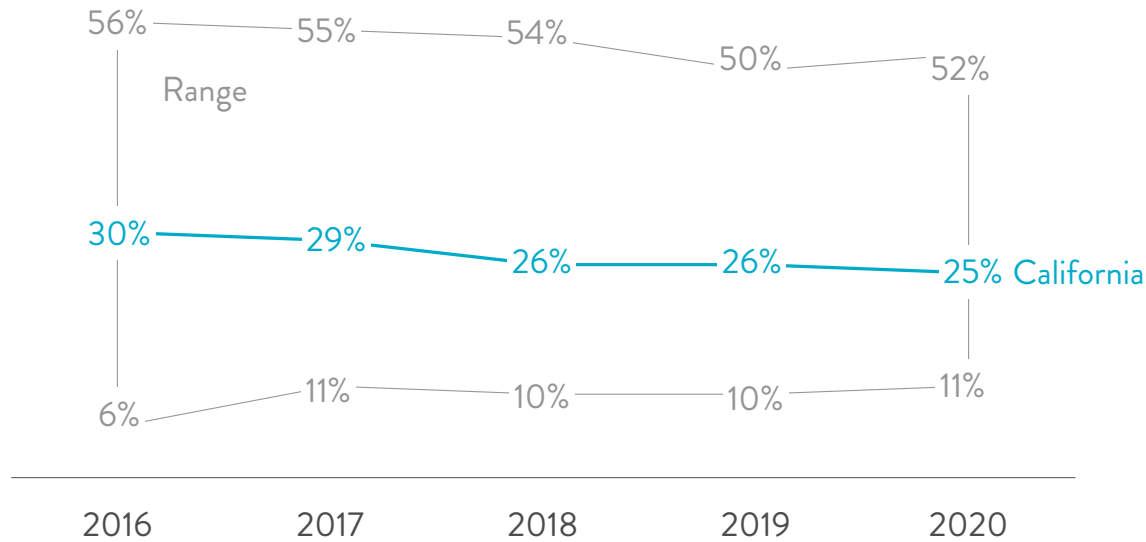
The in-person response rate has decreased over the past four years. What changes in the types of calls, policy, or practice may explain this trend?



## THE DATA: RESPONSE PRIORITY LEVELS

Referrals with an initial and final recommendation for an in-person response (of which there were 187,763 in 2020) are eligible for the response priority section.

### RESPONSE PRIORITY: WITHIN 24 HOURS



### RESPONSE PRIORITY OVERRIDE

Year	2016	2017	2018	2019	2020
Override to 10 Days	8%	7%	7%	6%	6%
Override to 24 Hours	4%	4%	4%	3%	3%

■ Override to 10 Days  
 ■ Override to 24 Hours



## TAKEAWAYS

- After decreasing between 2016 and 2018, the 24-hour response rate has remained consistent over the past three years (26% in 2018 and 2019 and 25% in 2020).
- Response priority overrides gradually decreased from 12% in 2016 to 9% 2019, falling within the typical range of 5–10% in 2019 and 2020.



## CONNECTING DATA TO PRACTICE

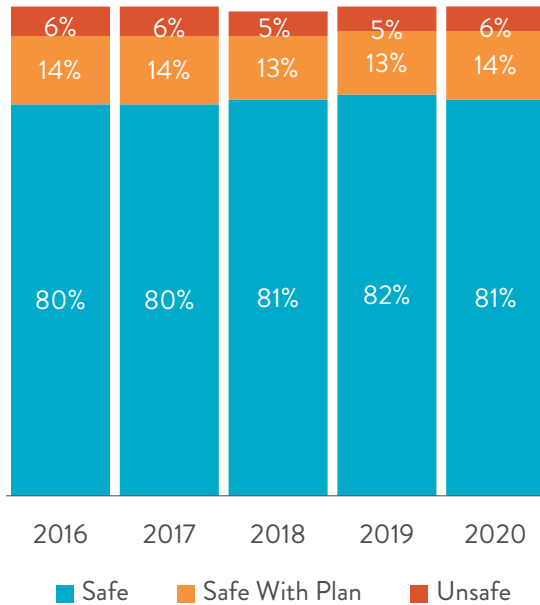
In 2020, the 24-hour response rate varied across counties (11–52%). CDSS may wish to explore the difference in the response times. See the comparison report to view the response priority rate by county.



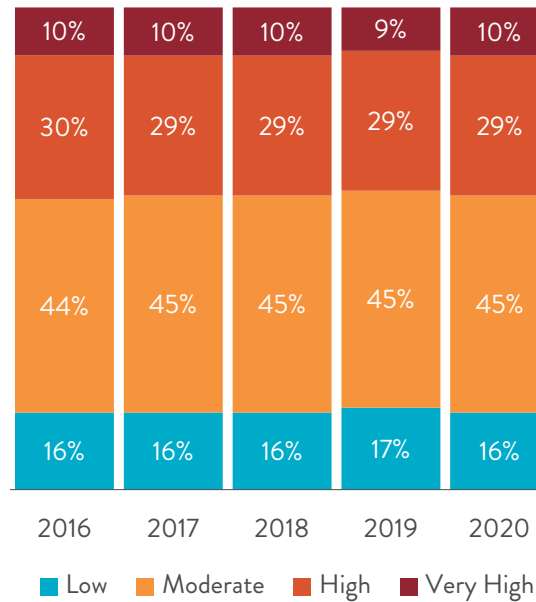
## THE DATA: SDM® SAFETY AND RISK ASSESSMENT FINDINGS

In 2020, 151,456 investigations had a safety assessment completed on the allegation household. Of substantiated (37,826) or inconclusive (65,756) investigations, 98,548 had a risk assessment completed.

### SAFETY DECISION



### RISK LEVEL



## CONNECTING DATA TO PRACTICE

The proportion of investigated families that had identified safety threats or were assessed as high or very high risk varied widely across counties in 2020. The accompanying comparison data report can offer more insight into which counties are at the upper and lower ends of these ranges. CDSS could help county agency staff with divergent trends to examine differences in safety assessment findings and the most prevalent safety threats to better understand what unique issues families face in different counties or how current assessment practices vary across counties. Similarly, CDSS can work with counties to examine differences in risk assessment profiles and resulting decisions based on risk assessment use. CDSS could offer technical assistance, quality assurance, or training if needed, based on the findings.



## TAKEAWAYS

- The proportion of families assessed as safe with plan or unsafe remained at similar levels, fluctuating within 2 percentage points, from 2016 to 2020. In 2020, the percentage of investigations with at least one safety threat identified ranged from 9% to 58% across counties.
- The proportion of families assessed as high or very high risk statewide remained stable from 2016 to 2020, ranging from 38% to 40%. In 2020, the percentage of investigations in which the family was assessed as high or very high risk ranged from 16% to 60% across counties.
- The risk override rates remained within the typical 5–10% range for the past five years.

### RISK LEVEL OVERRIDE

	Policy	Discretionary
2016	1%	5%
2017	1%	4%
2018	1%	4%
2019	1%	5%
2020	1%	5%

# SDM® SAFETY ASSESSMENT

## POLICY & PRACTICE GUIDELINES

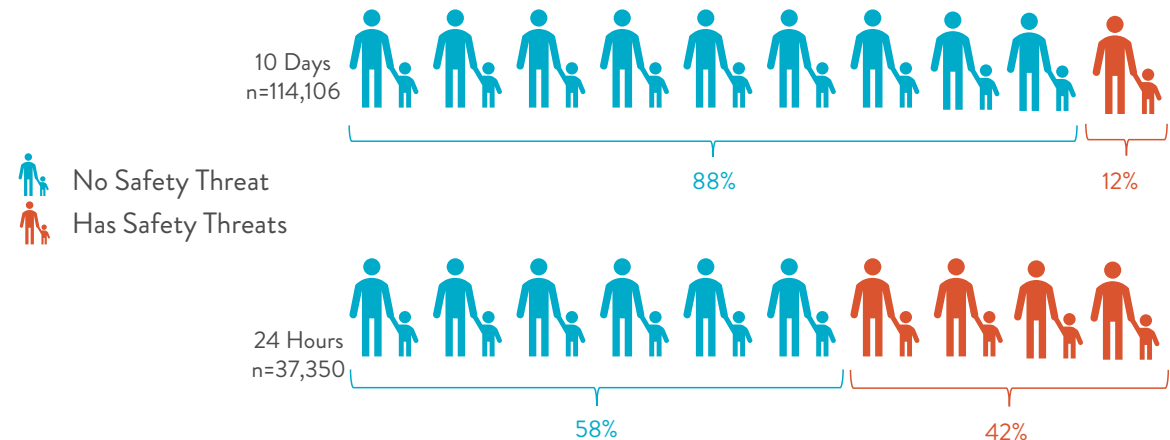
The SDM safety assessment helps workers evaluate the presence of immediate danger of serious harm for any child in a family during the investigation. A safety assessment should be completed at the first face-to-face contact with a family and whenever circumstances change during the investigation. The SDM response priority recommendation from the hotline tool helps workers determine how quickly to initiate contact with the family. Both assessments measure aspects of immediate safety of children in the home; therefore, observing a relationship between the assessments' findings is expected. For example, it is expected that a higher proportion of referrals with a 24-hour response would be subsequently assessed as unsafe or safe with plan compared with a 10-day response.

## CONNECTING DATA TO PRACTICE

Considering that safety threats are identified more frequently in 24-hour response investigations, CDSS should advise counties to prepare workers responding to these reports for the likely need to engage in safety planning or protective placement processes. Additionally, the more frequent identification of safety threats in 24-hour response investigations reinforces the importance of making timely face-to-face contacts with families to ensure child safety.

## THE DATA: INITIAL SAFETY DECISION BY RESPONSE PRIORITY

The analysis compared the initial safety decision with the response priority recorded in CWS/CMS. For investigations with a completed response priority section of the hotline tool, agreement between the response priority recorded in CWS/CMS and the final SDM response priority was over 96%.



## TAKEAWAYS

- Out of every 10 investigations assigned a 24-hour response, workers had to plan for safety (i.e., identified safety threats) in about four; this compares with safety planning in about one out of 10 investigations assigned a 10-day response time.
- Workers assessed 2% of 10-day response priority referrals as unsafe and 10% as safe with plan. Among investigations assigned a 24-hour response, workers assessed 17% as unsafe and 25% as safe with plan (not shown).





## 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 actual child removals, 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, 2021 (the date this information was collected from CWS/CMS).

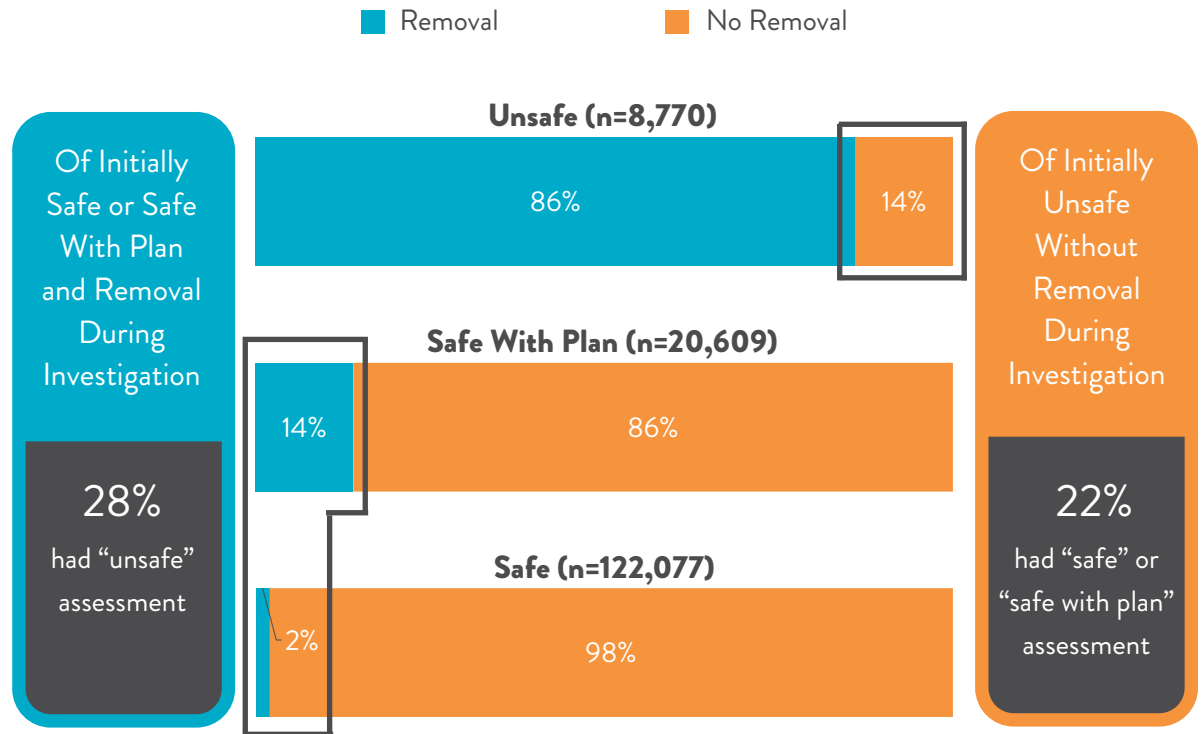


## TAKEAWAYS

- Of 142,686 families initially assessed as safe with a plan or safe, 5,421 (4%, not shown) experienced a removal during the investigation. Of 8,770 families initially assessed as unsafe, 1,236 (14%) experienced no removal during investigation.
- Of investigated families initially assessed as safe with plan or safe who experienced a removal, 28% (1,526, not shown) had a subsequent safety assessment reflecting a change in safety to unsafe.
- Of investigated families initially assessed as unsafe who had no children removed, 22% (273, not shown) had a subsequent safety assessment reflecting a change in unsafe to safe or safe with plan.



## THE DATA: REMOVAL BY INITIAL SAFETY DECISION



## CONNECTING DATA TO PRACTICE

The safety assessment reflects household safety status at the time the assessment was conducted; as circumstances change, safety should be reassessed. How can CDSS promote a strong understanding of the fluid concept of child and family safety and encourage using the safety assessment to support safety planning decisions over time? What can be learned from counties with high agreement between safety decisions and removal decisions and adherence to safety decision recommendations? CDSS could partner with Evident Change to identify these counties to find out what is working well and what the barriers are to following SDM guidance around safety planning and removals.

# 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. Investigations for families classified as high or very high risk should be provided with ongoing services.



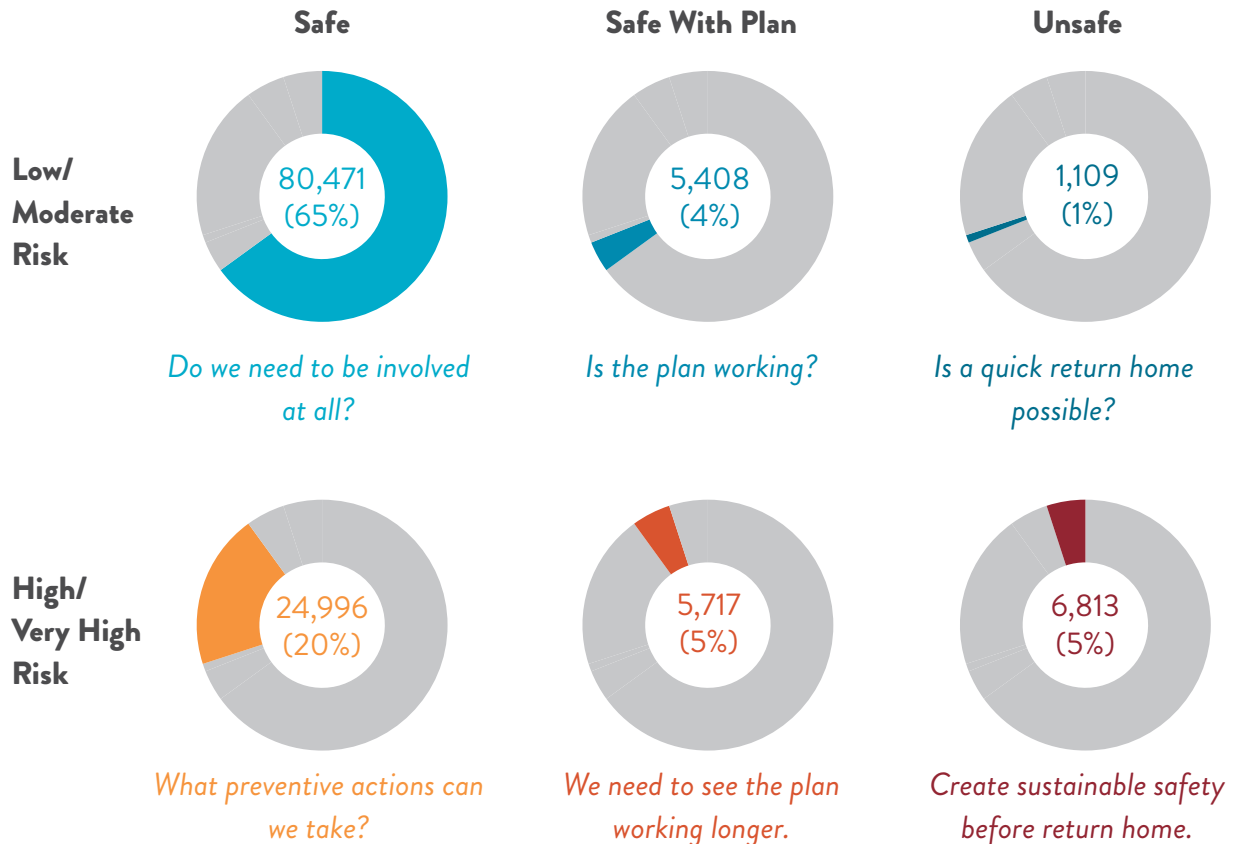
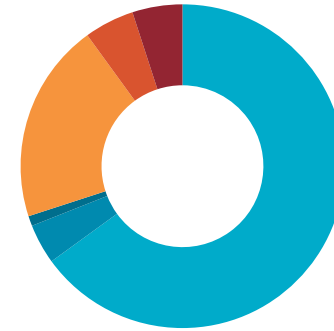
## TAKEAWAYS

- The analysis reflects only investigations with completed safety and risk assessments. Counties conducted an additional 31,443 investigations in 2020 without completed safety and/or risk assessments.
- Around a third (35%) of investigations were high or very high risk and/or had safety threats; just over a third (38%) of these investigations were promoted to ongoing child welfare service cases.



## THE DATA: PREVALENCE OF RISK LEVEL AND SAFETY DECISION COMBINATIONS

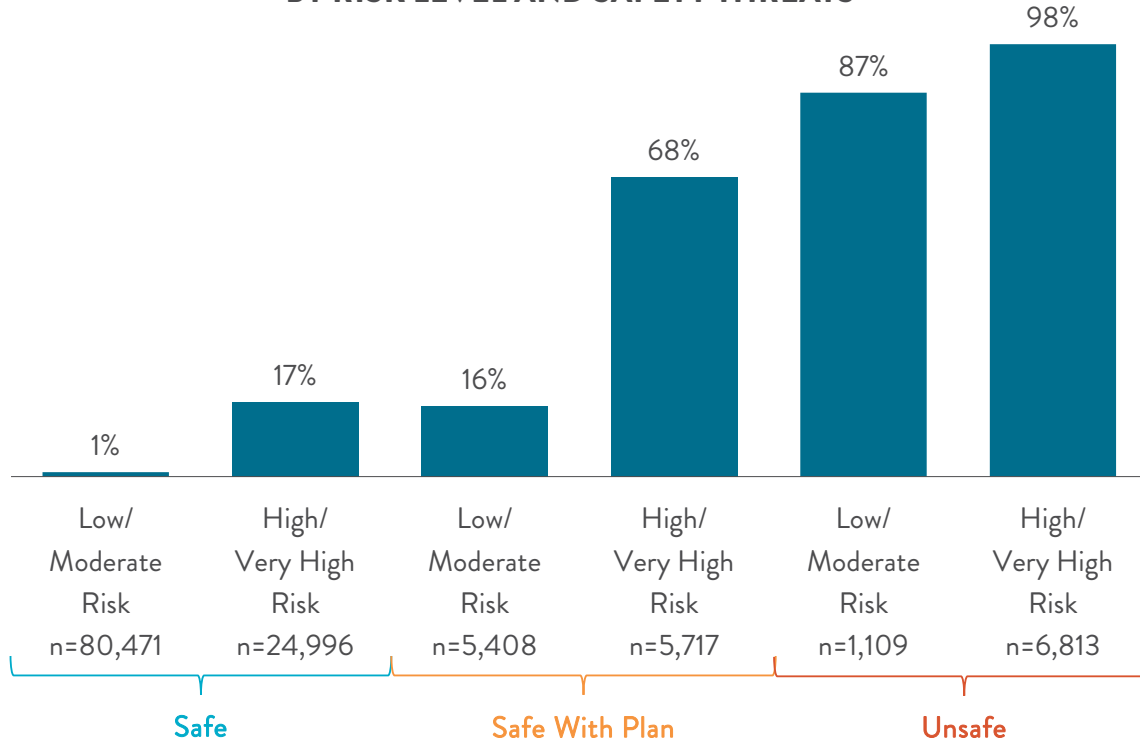
In 2020, 124,514 investigations for families that did not already have an open case had a completed safety and risk assessment. The analysis examined findings from the last safety assessment completed during the investigation and the risk assessment.



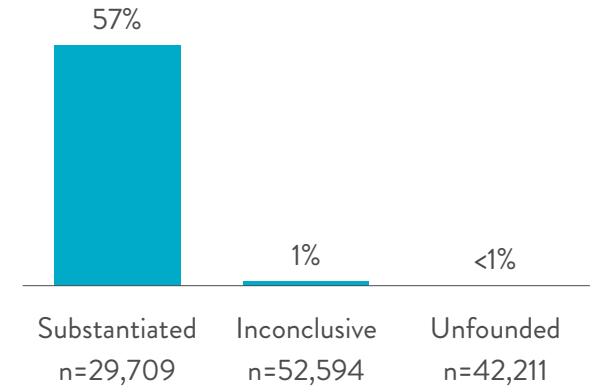


## THE DATA: NEW CASE PROMOTIONS

### BY RISK LEVEL AND SAFETY THREATS



### BY INVESTIGATION CONCLUSION



## TAKEAWAYS

Case promotion decisions appear to be more related to identification of safety threats during the investigation and substantiation than to SDM risk levels. Overall, 65% (not shown) of investigations with outstanding safety threats and 57% of substantiated investigations were promoted to a case compared with 40% of high or very high-risk investigations (not shown).



## CONNECTING DATA TO PRACTICE

Of investigations with a most recent safety decision of safe with plan, ongoing services were not provided to 84% of families assessed at low or moderate risk and 32% of families at high or very high risk. How is CDSS supporting counties to ensure safety for children in these families prior to closing investigations?

In what ways are workers supported to use all available information—investigation conclusion, safety, and risk—to make decisions regarding case promotion/service provision? What role, if any, should investigation finding play in case promotion decision-making?

Twenty percent of investigations were assessed as safe and high or very high risk. What combination of statutory and community-based services are available to serve these families?

# MALTREATMENT INVESTIGATION AND SUBSTANTIATION RECURRENCE

## POLICY & PRACTICE GUIDELINES

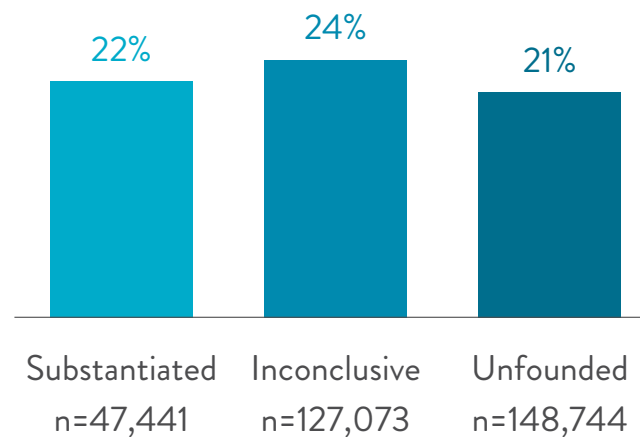
The SDM risk assessment is an actuarial tool that, when completed with fidelity, classifies families based on shared characteristics that relate to the likelihood of experiencing subsequent child protection involvement. The investigation conclusion is a determination, made without structured support, 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 and safety so that limited resources are allocated to families who need support the most to achieve stability and permanency, regardless of investigation conclusion.

## THE DATA: SUBSEQUENT CPS INVOLVEMENT

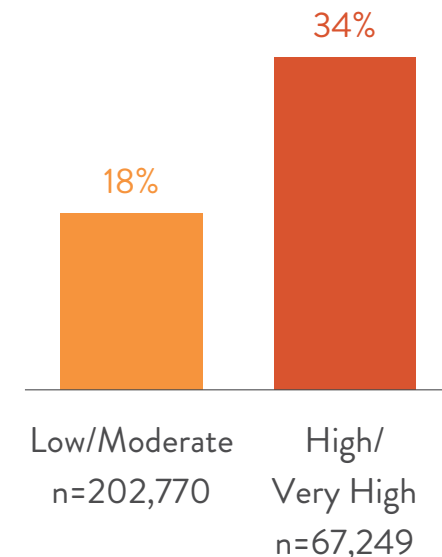
The recurrence sample, composed of children who were alleged victims involved in investigations in 2019, compares 12-month subsequent maltreatment investigations and substantiations across investigation conclusion and initial risk level.

### SUBSEQUENT MALTREATMENT INVESTIGATION

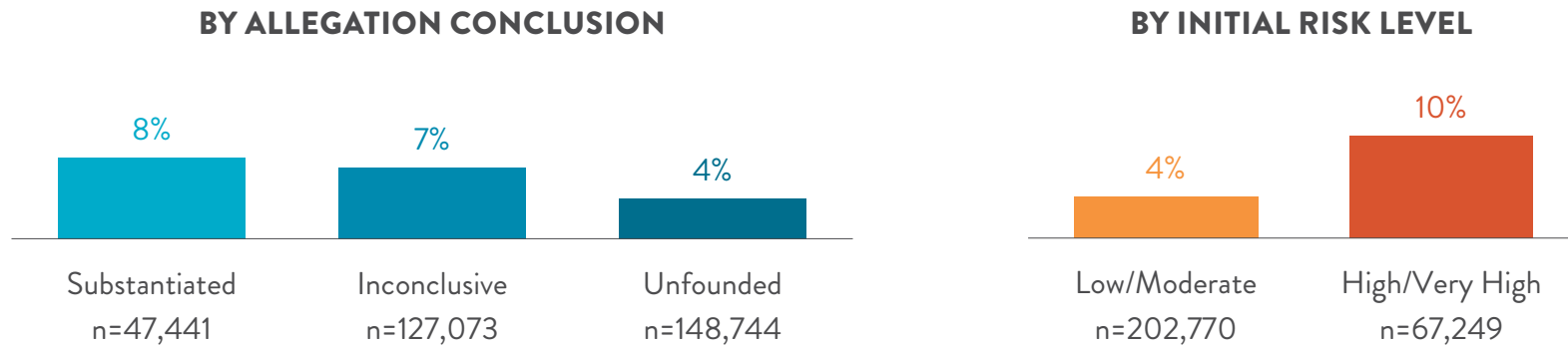
#### BY ALLEGATION CONCLUSION



#### BY INITIAL RISK LEVEL



## SUBSEQUENT MALTREATMENT SUBSTANTIATION



### TAKEAWAYS

- Rates of subsequent investigation did not vary substantially for children with differing allegation conclusions. Subsequent substantiated allegations occurred more often for children with substantiated and inconclusive allegations at the time of the 2019 investigation than unfounded allegations.
- There were 53,239 children in families who did not have a completed risk assessment. Of those, 21% had a new investigation, and 5% had new substantiation.
- 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

Are workers familiar with the different information they can get from the investigation conclusion and SDM risk level? Is the purpose of the SDM risk assessment clearly understood?

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?

# 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 return home.

## TAKEAWAYS

In 2020, just under one half (45%) of cases (10,677, not shown) had a completed reunification reassessment within nine months of a child's FR starting, compared with 47% in 2019. More than half (55%) of children in placement episodes did not have a completed reunification reassessment within the recommended timeframe.

## THE DATA: COMPLETION RATES

The analysis examined if workers completed a reunification reassessment within six or nine months of a child's FR services starting. Removals 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 removals were also excluded. Placement episodes with FR services active less than nine months—and still open as of the extract date (February 15, 2021)—were excluded to allow equal opportunity (i.e., at least nine months) to complete the reunification reassessment.




In 2019, there were 23,784 removals with FR services active during the removal.

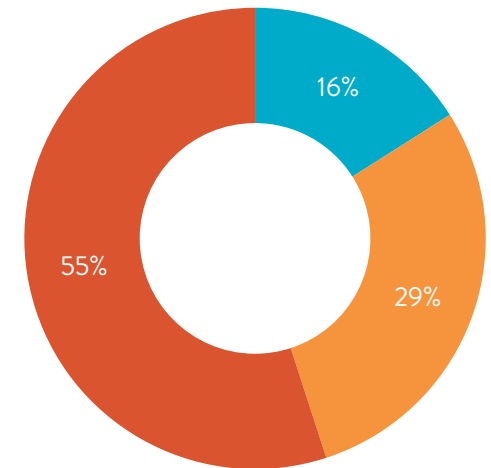
## CONNECTING DATA TO PRACTICE

Currently, CDSS does not require completion of the reunification reassessment in statewide policy. What policy and practice guidance could the state provide to support completion and proper use of this assessment? Would increasing reassessment completion help meet California's requirement of the Child and Family Service Review and ongoing safety and risk assessment?

What can CDSS do to support counties to use the reunification reassessment more consistently? How does use of the reunification reassessment relate to timely permanency for children in out-of-home care?

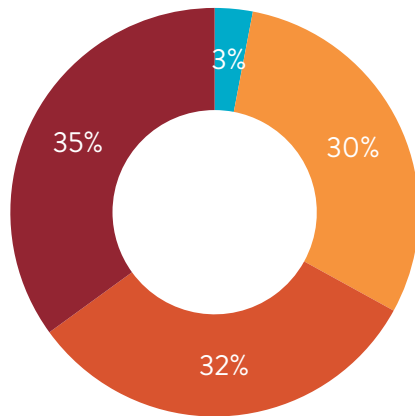
The risk, safety, and visitation components of the reunification reassessment can give workers information that can be useful during case consultations for children in out-of-home care. In what ways can CDSS promote proper use of the reunification reassessment with a goal of improving the quality of case consultations and service delivery for children in out-of-home care?

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

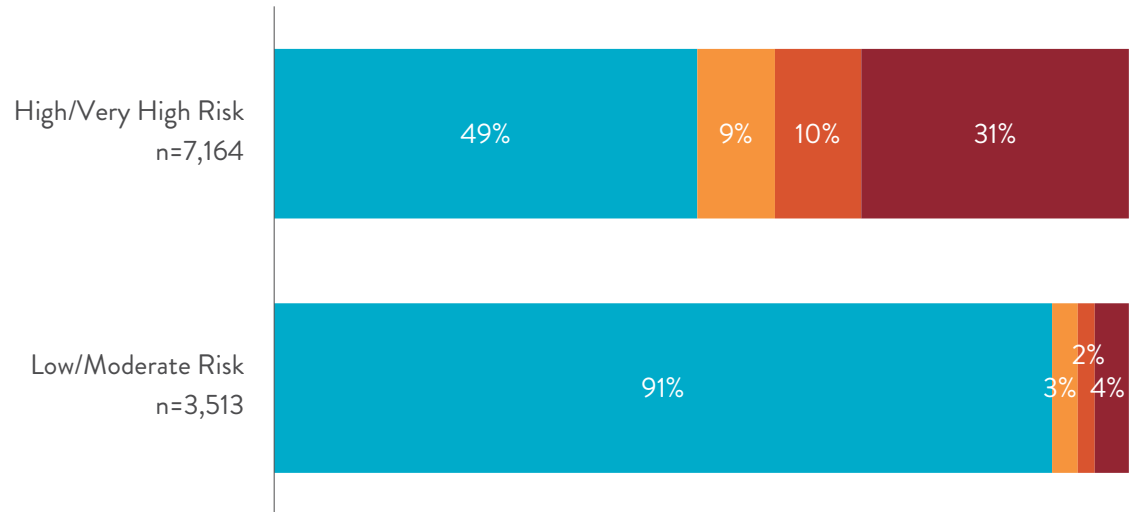




## THE DATA: SCORED RISK LEVEL



## THE DATA: VISITATION COMPLIANCE BY FINAL RISK LEVEL



## TAKEAWAYS

- Two thirds (7,110, or 67%) of cases were initially assessed as high or very high risk on the reunification reassessment. Of all cases with a reunification reassessment, 311 (3%, not shown) had an override to the scored risk level.
- Workers evaluated most (91%) cases with a final risk level of low or moderate as meeting visitation quality and frequency compliance. In addition, workers evaluated half (49%) of high or very high-risk cases as meeting visitation quality and frequency compliance. About a third (31%) of high or very high-risk cases were evaluated as neither meeting visitation quality nor frequency compliance.
- Workers overrode the evaluated visitation compliance in 1,246 (12%, not shown) cases. After visitation overrides, 3,351 (47%) cases with high or very high final risk level and 3,044 (87%) of cases with low or moderate risk level were assessed as having acceptable visitation frequency and quality.



## CONNECTING DATA TO PRACTICE

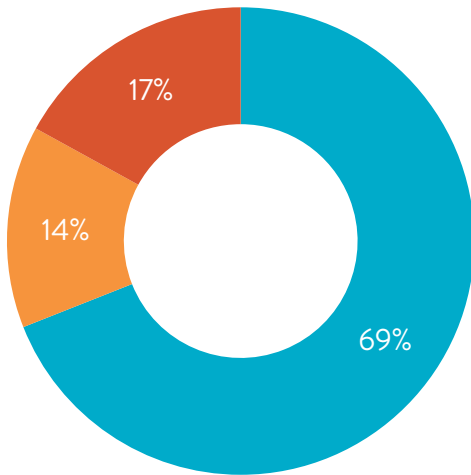
Most cases were classified as high or very high on the risk portion of the initial reunification reassessment. A caregiver's progress on case plan objectives contributes largely to the scored risk level. How can CDSS support counties in providing guidance to workers around creating actionable and clear case plan objectives based on behavioral change instead of service compliance to set up families for success?

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



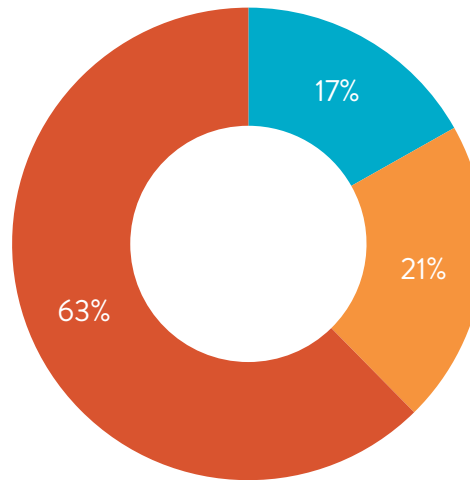
### THE DATA: SAFETY DECISION FOR ACCEPTABLE RISK AND VISITATION

- Safe
- Safe With Plan
- Unsafe



### THE DATA: FINAL RECOMMENDATION

- Return Home
- Terminate Services
- Continue Services



### TAKEAWAYS

- Over four fifths (2,541, 83%) of cases with acceptable risk and visitation were assessed as safe with plan or safe.
- Of the 10,677 cases with a completed reunification reassessment, 63% had a final recommendation to continue FR services, 21% had a final recommendation to terminate services, and 17% had a final recommendation to return home.
- Workers overrode the initial permanency recommendation for 1,872 cases (18%, not shown). About 40% (790) of overrides switched the permanency recommendation from return home to continue services, and an additional 38% switched the permanency recommendation from continue services to terminate services.



### CONNECTING DATA TO PRACTICE

How are practitioners making permanency decisions when not using the reunification reassessment?

The permanency plan recommendation was overridden in nearly 20% of cases. Does CDSS support the level and direction of overrides on the completed assessments? What guidance could CDSS issue to the counties related to proper use of overrides on this assessment?



# SDM® RISK REASSESSMENT

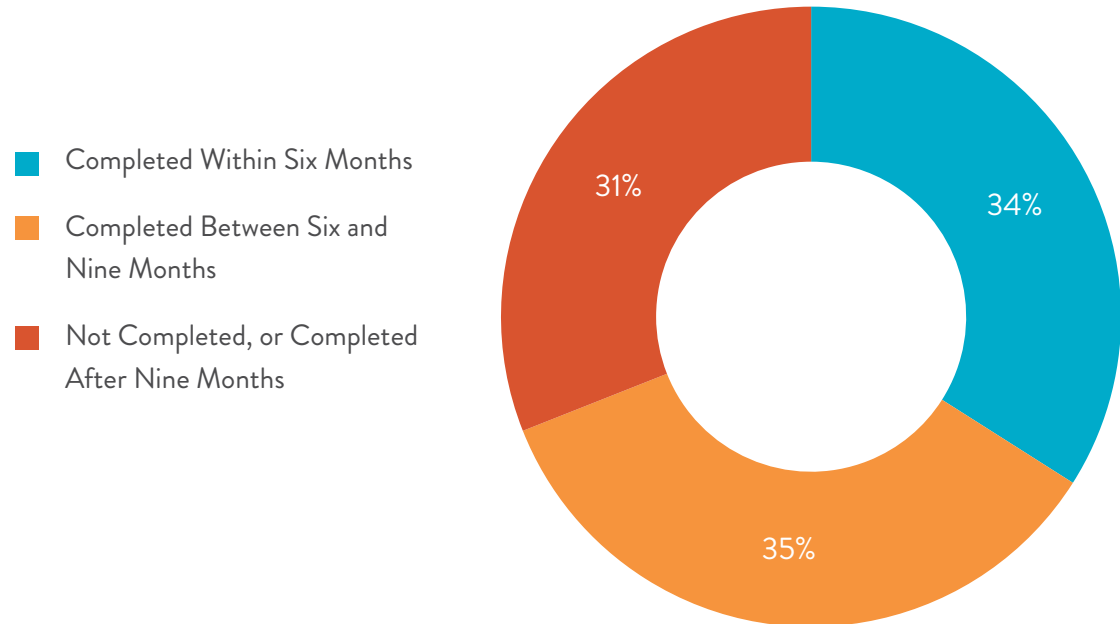
## POLICY & PRACTICE GUIDELINES

The SDM risk reassessment should be completed for all open cases in which all children remain in the home, or cases in which all children have returned home and are in family maintenance (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 if children received a completed risk reassessment within six or nine months of their FM services starting.

## THE DATA: COMPLETION RATES

In 2019, counties initiated 18,021 cases that began in FM services. The children in these cases received FM services for at least nine months, or the case was active for less than nine months but received FM services for the life of the case.



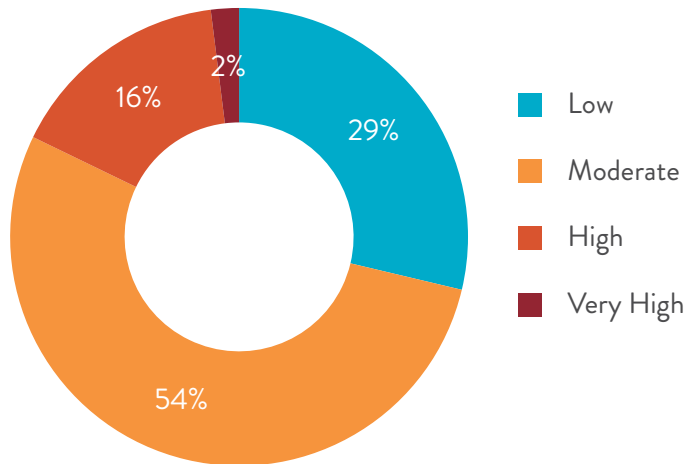
## TAKEAWAYS

Workers completed a risk reassessment within nine months of FM services starting for over two thirds (12,398, 69%) of cases, similar to 70% completion in 2019.

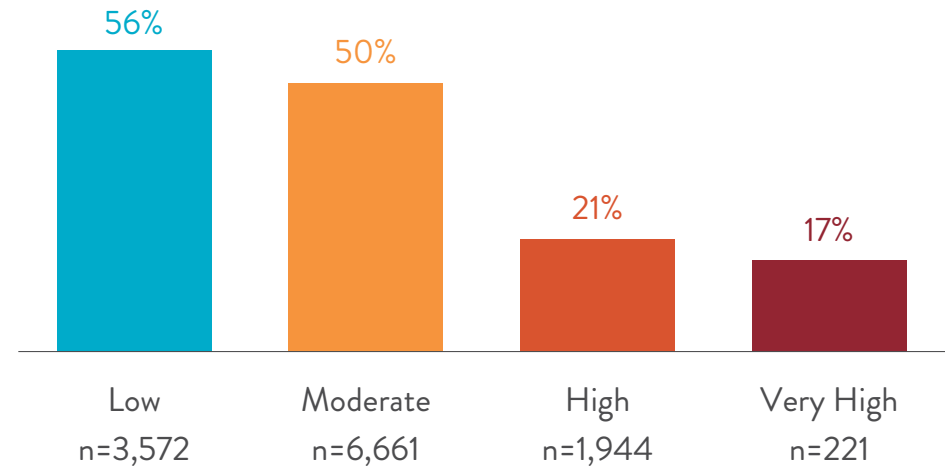


## THE DATA: INITIAL RISK REASSESSMENT

### FINAL RISK LEVEL



### CASE CLOSE WITHIN 90 DAYS BY FINAL RISK LEVEL



## TAKEAWAYS

- Of the risk reassessments completed within nine months, 83% were assessed at low or moderate risk.
- Overall, 1,065 cases (9%, not shown) with a completed risk reassessment had a risk override. Most (95%, 1,015) overrides were discretionary, and 77% (825) of all overrides were used to increase the risk reassessment level.
- Cases assessed as low or moderate on their first risk reassessment were more likely to close within 90 days of the reassessment than cases assessed as high or very high. However, of the 48% (4,926) of low/moderate that did not close within 90 days, only 5% (237) 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) (not shown).
- Of the 443 cases closed within 90 days with high or very high on risk reassessment, 21% (95) had an additional risk reassessment completed prior to case closure that reflected a low or moderate risk reassessment level.



## CONNECTING DATA TO PRACTICE

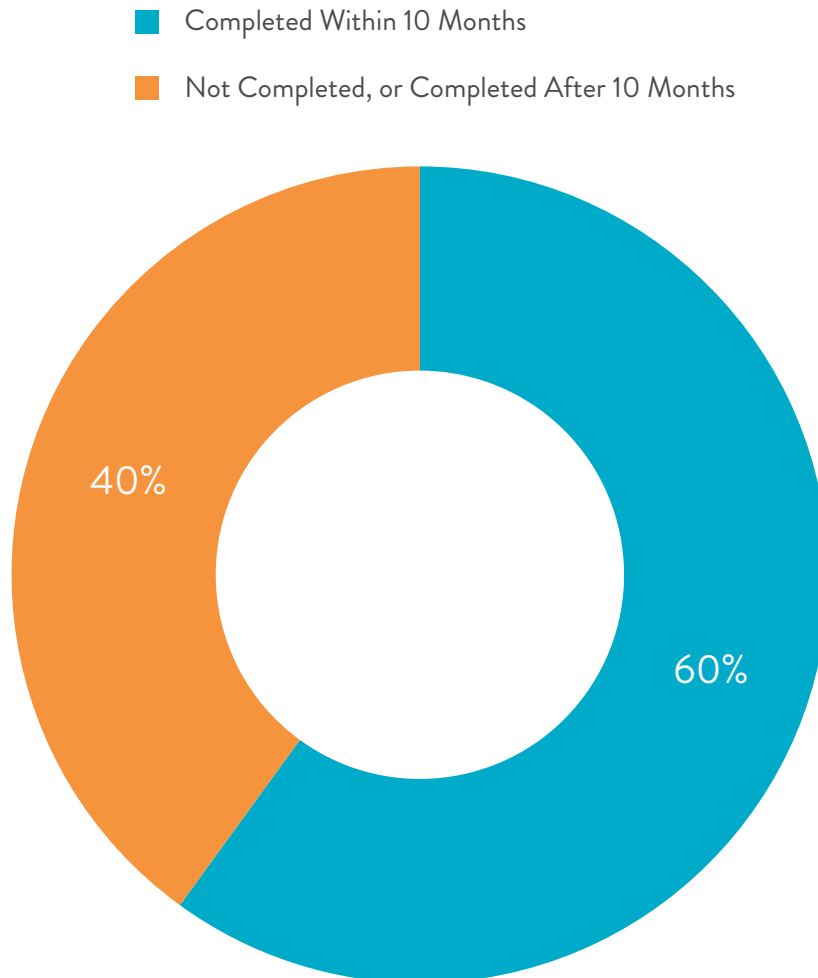
While many cases had a risk reassessment completed within the first nine months of FM services, 31% did not. How did workers assess families' case progress when they did not complete a risk reassessment, and what guidance would CDSS provide to help county staff decide when cases can be closed and families moved out of the system?

SDM recommendations suggest that cases with low or moderate risk levels and no safety threats may be closed. What circumstances may lead to continuation of cases when the risk reassessment level is low or moderate and the children are safe?



## THE DATA: SAFETY COMPLETION FOR LOW AND MODERATE RISK

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 safety threats in the household are present. The analysis examined safety assessment completion for the 10,233 cases with low or moderate risk on their first risk reassessment and therefore, eligible for case closure.



## TAKEAWAYS

- Less than two thirds (60%, 6,130) of cases assessed as low or moderate on the first risk reassessment had a safety assessment completed within 10 months of FM service starting.
- Of the 6,130 cases with a safety assessment completed, 4,630 (76%) 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 decision making and case closure? 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 reassessment 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](https://EvidentChange.org) and [@Evident\\_Change](https://twitter.com/Evident_Change) on Twitter.