



# The Structured Decision Making<sup>®</sup> System in Child Welfare Services in California

Report Date: May 2019

Report Period:  
January 1 – December 31, 2018

# Five-Year SDM<sup>®</sup> Assessment Trends



## Policy and Practice Guidelines

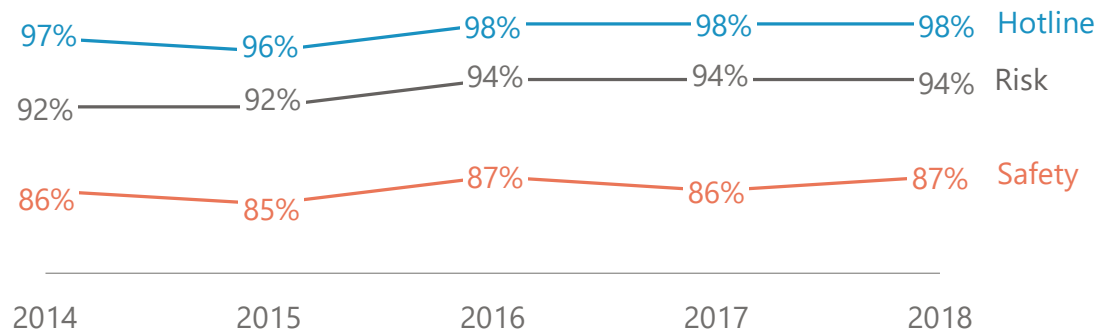
Hotline: The Structured Decision Making<sup>®</sup> (SDM) hotline tools, which include multiple portions, must be used for all referrals recorded in the child welfare services case management system (CWS/CMS). The screening portion helps workers decide whether referrals should be assigned in-person responses. If a referral is assigned, the response priority portion 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 family risk assessment must be completed at the end of every inconclusive or substantiated non-SCP investigation to determine the likelihood of subsequent system involvement. The NCCD Children's Research Center (CRC) recommends the SDM family risk assessment also be completed at the end of every unfounded investigation.



### The Data: Completion Rates



## Takeaways

- The risk assessment completion rates shown in the figure include only substantiated and inconclusive investigations. In 2018, 65% of unfounded investigations had a risk assessment completed.
- The safety assessment completion rates shown include only assessments completed for allegation households (as indicated by the worker on the safety assessment). In 2018, an additional 8% of investigations had a safety assessment identified for a non-allegation household but not an allegation household. When these were included, the safety completion rate increased to 95%.



## Connecting Data to Practice

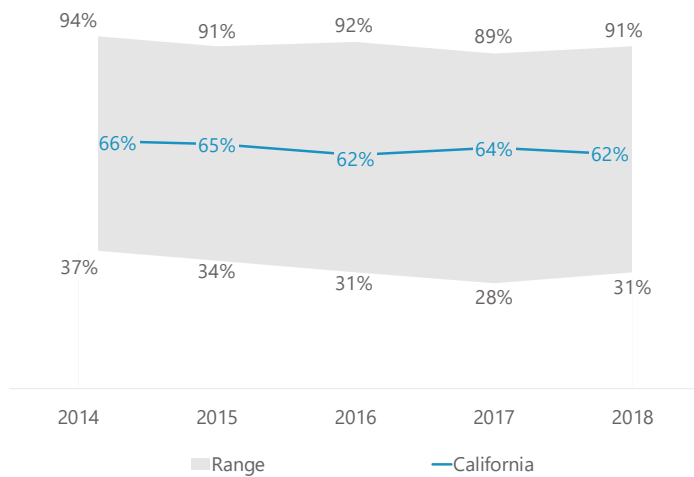
The household on which allegations were made must be assessed for safety concerns. The California Department of Social Services (CDSS) may wish to work with county child welfare agencies to examine why some investigations did not have a safety assessment completed for the allegation household. For instance, is there confusion on how to record this information, are allegation households not being assessed, or is some other issue present?



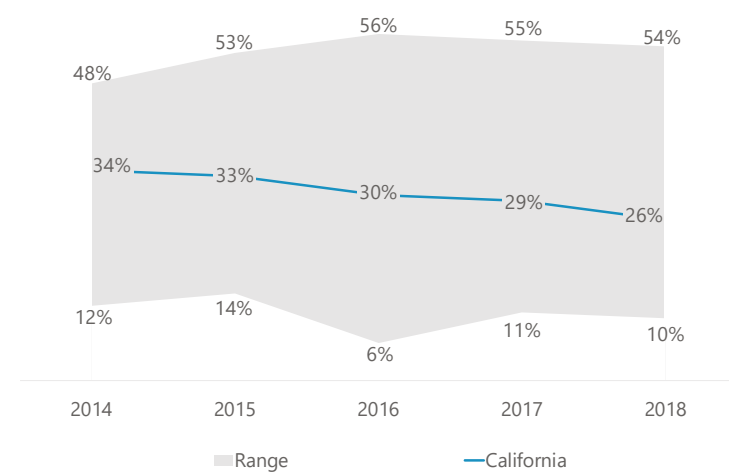
## The Data: SDM® Hotline Tools Findings

In 2018, 402,119 referrals had completed hotline tools. Referrals with an initial recommendation for an in-person response (of which there were 244,371 in 2018) are eligible for the response priority section.

### Screening Decision: In-Person Response



### Response Priority: Within 24 Hours



## Takeaways

- In 2018, the statewide screen-in rate remained similar to the rate of previous years. The percentage of referrals screened in ranged from 31% to 91% across counties during 2018.
- Statewide, the percentage of screened-in referrals assigned a 24-hour response priority continued to decrease in 2018; the rate ranged from 10% to 54% across counties. Note that there were changes to the SDM hotline tools in early 2018.



## Connecting Data to Practice

Screen-in rates and response priority levels varied widely across California counties. The accompanying California comparison data report can offer more insight into which counties are at the upper and lower ends of these ranges. CDSS could offer resources or technical assistance to county agency staff to closely examine reasons why screening and response times differ to ensure that counties are appropriately responding to child protection reports, as differences in these rates may or may not relate to unique circumstances within each county. Based on the findings, CDSS could offer technical assistance, quality assurance, or training if needed.



## The Data: SDM® Safety and Risk Assessment Findings

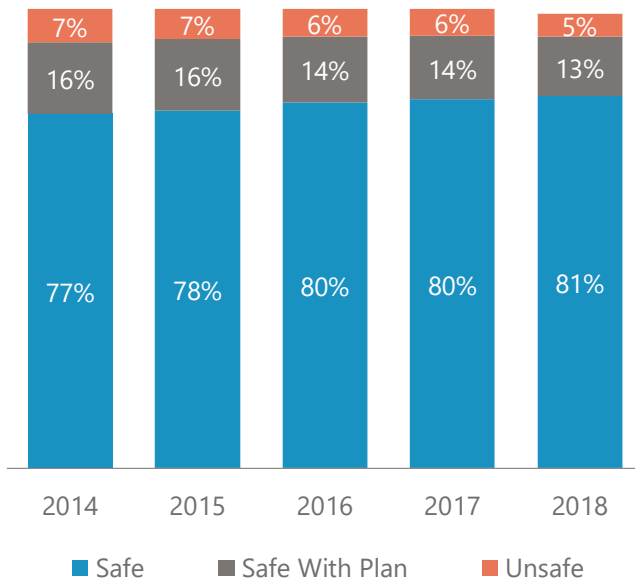
In 2018, 193,443 investigations had a safety assessment completed on the allegation household. Of substantiated or inconclusive investigations, 112,233 had a risk assessment completed.



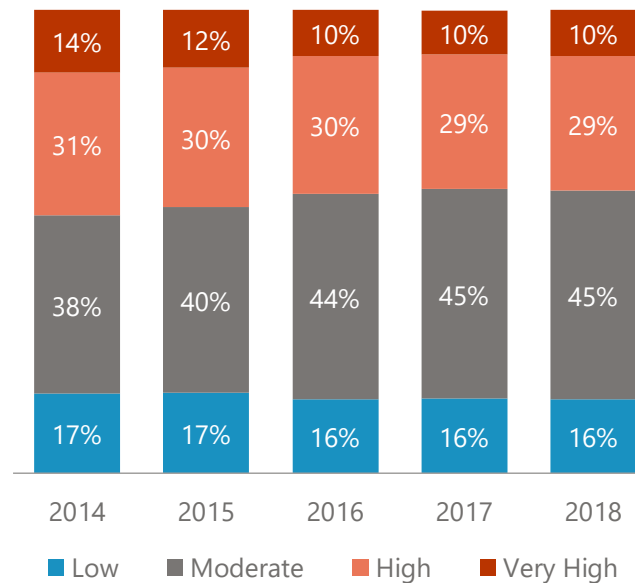
## Takeaways

- The proportion of households assessed as safe has increased slightly and steadily since 2014, while the percentage with at least one identified safety threat (i.e., safe with plan or unsafe) decreased to 18% in 2018. The proportion of households initially assessed as safe with plan or unsafe during 2018 ranged from 8% to 70% (not shown) across all counties.
- The percentage of families assessed as high or very high risk has remained steady for the last three years. In 2018, 39% of families statewide were high or very high risk; across counties, the percentage ranged from 25% to 73% (not shown).
- More detail regarding safety decisions and final risk levels across counties is available in the California Comparison data Report. Note that revisions to the SDM safety and risk assessments were implemented in late 2015.

### Safety Decision



### Risk Level



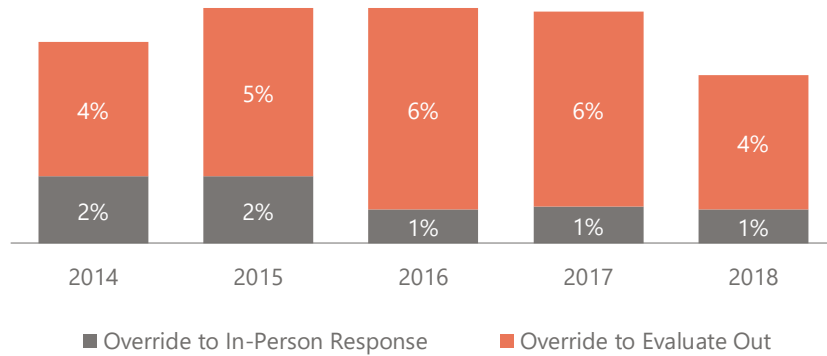
## Connecting Data to Practice

The proportion of investigated families that had identified safety threats or that were assessed as high or very high risk varied widely across counties in 2018. The accompanying California Comparison Data Report can offer more insight into which counties are at the upper and lower ends of these ranges. CDSS could offer resources or technical assistance to county agency staff to closely examine differences in safety assessment findings as well as the most prevalent safety threats selected on assessments to better understand what unique issues families face in different counties. Similarly, CDSS can work with the counties to examine differences in risk assessment profiles and resulting decisions based on risk assessment use. Based on the findings, CDSS could offer technical assistance, quality assurance, or training if needed.



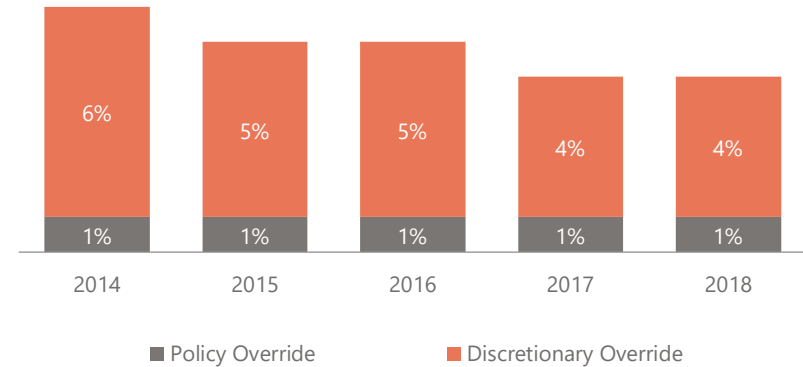
## The Data: Overrides

### Screening Decision

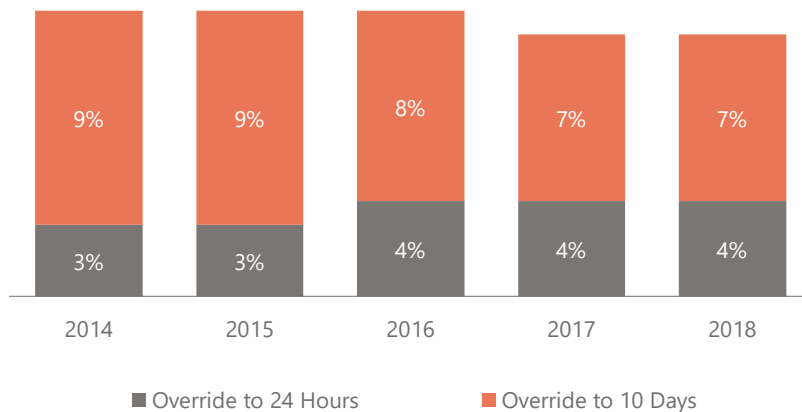


Note: Screening override decisions were made for the 372,145 referrals without preliminary screening items selected.

### Risk Level



### Response Priority



### Takeaways

- CRC generally considers an override rate of approximately 5-10% for each assessment to be acceptable. Rates outside of that range should be carefully examined.
- Overrides to the SDM screening and response priority decisions remained generally stable over the last five years.
- Discretionary overrides to the SDM risk assessment decreased between 2014 and 2018 but continued to fall within the recommended range.



### Connecting Data to Practice

Most screening overrides changed the screening decision to evaluate out, and the majority of overrides to the response priority were to decrease the response time. Quality reviews and supervisory oversight should be used to ensure the decision to decrease the agency's response is warranted and the reason adequately documented.

# SDM<sup>®</sup> Safety Assessment

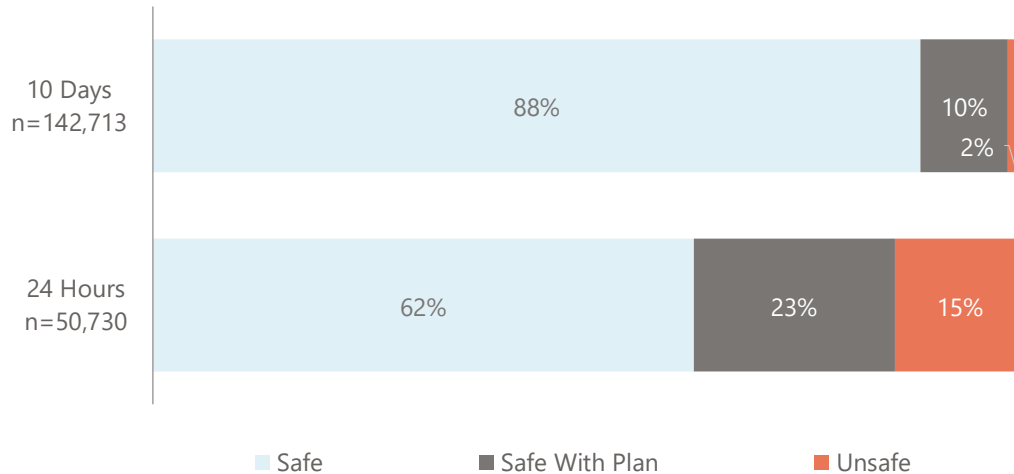


## Policy and Practice Guidelines

The SDM safety assessment assists workers in evaluating the presence of immediate danger of serious harm for any child during the investigation. A safety assessment should be completed at the first face-to-face contact and any time during the investigation when circumstances change. The response priority recommendation from the hotline tools assists workers in determining how quickly to initiate contact with the family. Both assessments measure aspects of immediate safety of children in the home; therefore, CRC would expect to observe a relationship between the findings of the two assessments. For example, CRC would expect a higher proportion of referrals with a 24-hour response to be subsequently assessed as unsafe or safe with a plan than safe.



## The Data: Initial Safety Decision by Response Priority



## Takeaways

As expected, workers assessed a higher proportion (38%) of 24-hour response priority referrals as having at least one safety threat present than 10-day response priority referrals (12%).



## Connecting Data to Practice

Considering that safety threats are identified more frequently in 24-hour response investigations, CDSS may wish to consider how to support counties to best prepare for the higher likelihood of needing safety planning or child removal for these referrals. CDSS should also 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.

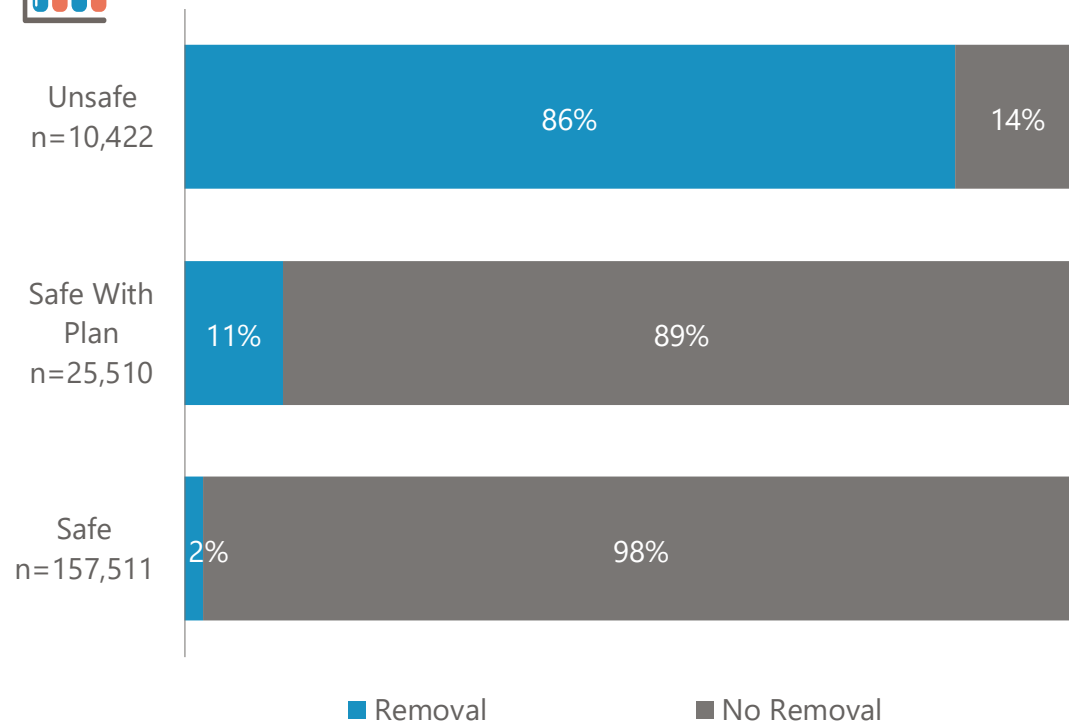


## Policy and Practice Guidelines

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, CRC identified the first placement episode that began between three days prior to the referral received date and the end of the investigation—or, if the investigation was still open, March 4, 2019 (the date the information for this report was collected from CWS/CMS and WebSDM).



## The Data: Removal by Initial Safety Decision



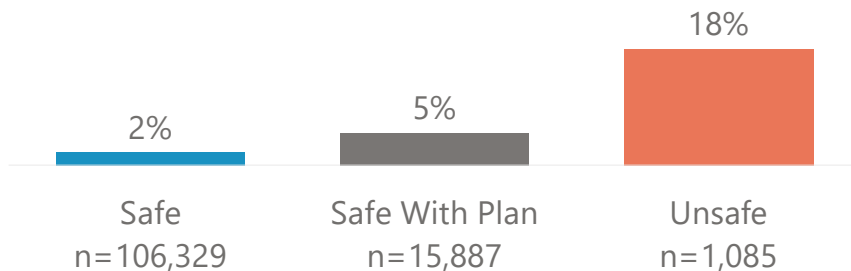
## Takeaways

- Of households assessed as unsafe at the time of the initial safety assessment, 86% (n=8,999) experienced a child removal. Of those, 563 (6%; not shown) did not have the safety assessment completed until more than three days following the removal.
- Of families initially assessed as safe with a plan or safe, 6,193 (3%, not shown) experienced a removal during the investigation. Of these families, 1,264 (20%) had an additional safety assessment completed to document the change in child safety (i.e., a second safety assessment with a finding of unsafe), while 80% were not assessed as unsafe anytime during the investigation (not shown).



## The Data: Removal Within Three Months of Investigation End by Safety Decision

CRC examined subsequent removals by safety decision for households investigated and assessed for safety in 2018 that did not result in a removal. To allow a sufficient follow-up period, investigations that closed after October 31, 2018, were excluded from this analysis. All alleged victims listed on 123,301 referrals were followed for three months after the investigation end to see if they were subsequently removed.



## Connecting Data to Practice

In most cases, removal decisions were in accordance with safety assessment decisions. There were some cases where a removal occurred when the household was assessed as safe or safe with plan and other instances when the safety assessment was not completed until four or more days following the removal. In these circumstances, it may be useful to learn more about application and use of the safety assessment in the removal decision process. This could include counties conducting a quality review of investigations where the safety decision and removal decision do not align.

CDSS may wish to quantitatively examine investigations where the safety decision and removal decision misalign to understand trends in circumstances (safety threats, age of victims, length of removals, and other investigation characteristics).



## Takeaways

Families assessed as unsafe at the time of their 2018 investigation but without a child removal experienced a removal within three months of the end of the investigation more often (18%) than did families initially assessed as safe (2%) or safe with plan (5%).



## Case Promotion



### Policy and Practice Guidelines

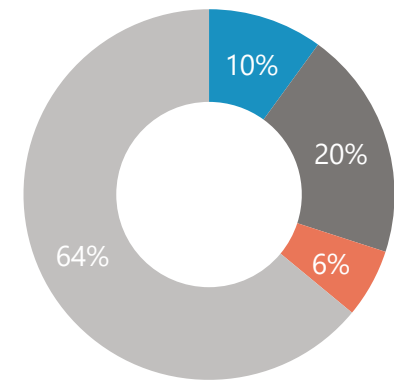
The SDM risk assessment classifies families by their likelihood of subsequent child protection involvement. Investigations for families at low or moderate risk levels may be closed without services unless outstanding threats to child safety remain at the end of the investigation. Investigations for families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



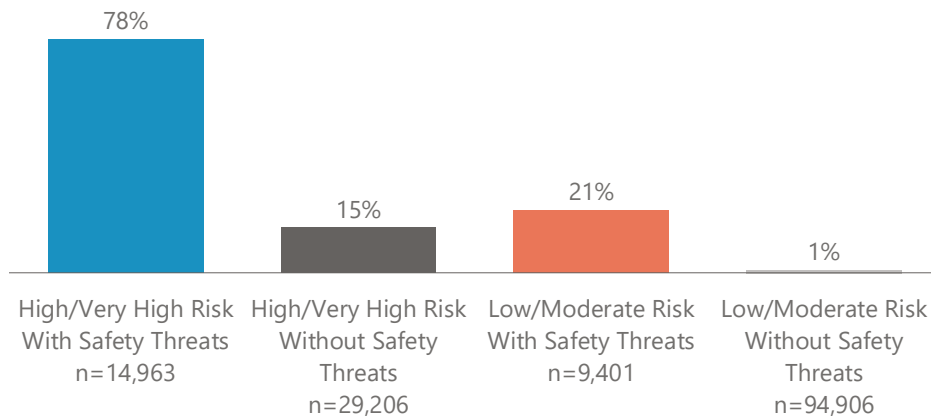
### The Data: Prevalence of Risk Level and Safety Threats

In 2018, 148,476 investigations for families that did not already have an open case had a completed safety and risk assessment.

- High/Very High Risk With Safety Threats
- High/Very High Risk Without Safety Threats
- Low/Moderate Risk With Safety Threats
- Low/Moderate Risk Without Safety Threats



### The Data: New Case Promotions by Risk Level and Safety Threats



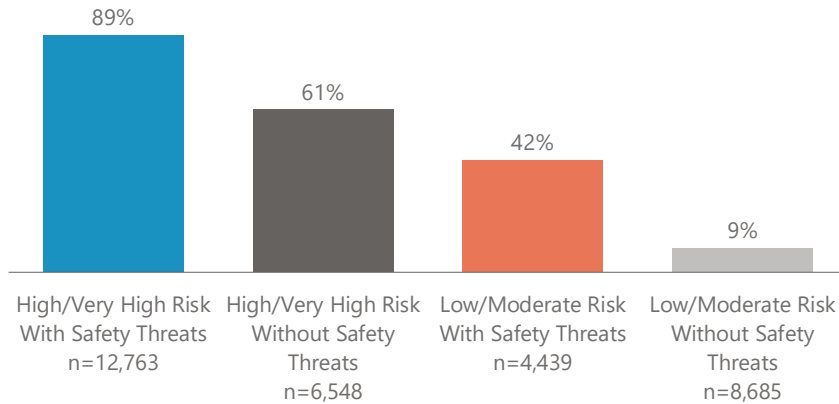
### Takeaways

- Based on California's SDM risk-based case-promotion guidelines, 36% of investigations (all high- or very high-risk investigations and all low- or moderate-risk investigations with outstanding safety threats) should have been promoted to ongoing services. Only about a third (34%) of these investigations were promoted to new cases (not shown).
- Investigations classified as high or very high risk with outstanding safety threats at the end of the investigation had the highest percentage of promotions to new case (78%) compared to other risk/safety groups. In addition, a higher percentage of low/moderate-risk investigations with safety threats were promoted to a new case than high/very high-risk investigations without safety threats.

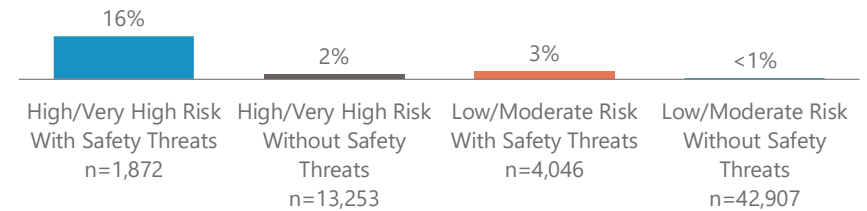


## The Data: New Case Promotions by Risk Level, Safety Threats, and Investigation Conclusion

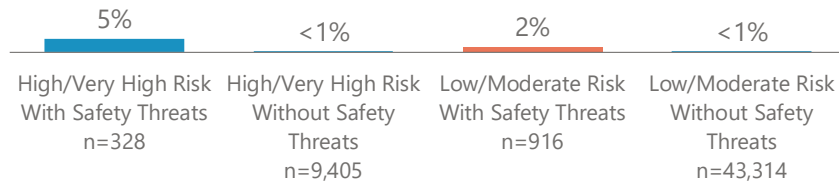
### Substantiated



### Inconclusive



### Unfounded



### Takeaways

Regardless of risk and safety findings, case promotion occurred more often among substantiated investigations, suggesting case-promotion decisions are more strongly related to substantiation than to SDM safety and risk findings.



### Connecting Data to Practice

CDSS should consider issuing policy and supervisory guidance on the intersection of safety, risk, and the case promotion decision. What is the impact of promoting families to ongoing services without the consideration of safety and risk findings?

# Maltreatment Investigation and Substantiation Recurrence



## Policy and Practice Guidelines

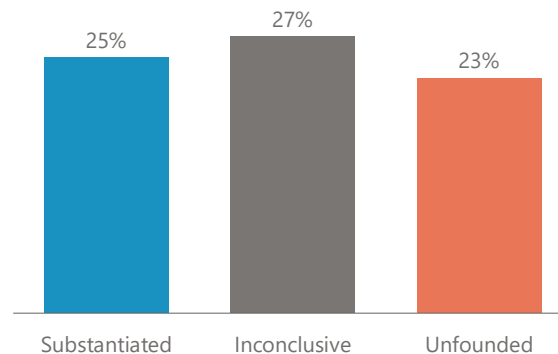
The SDM family risk assessment is an actuarial tool that, when completed with fidelity, classifies families based on their likelihood of experiencing subsequent child protection involvement. The investigation finding, or conclusion, is a determination made without structured support on whether the alleged 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 in order to allocate limited resources to the families in greatest need of support to achieve stability and permanency, regardless of investigation conclusion.



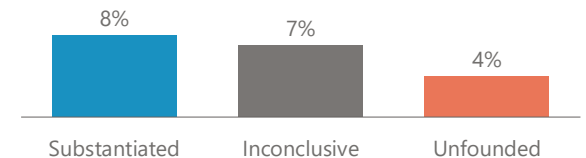
## The Data: Allegation Conclusion

The recurrence sample includes all 352,473 alleged victims involved in investigations in 2017 who did not already have an open case. This group of children on investigations from an earlier timeframe is used to provide a comparison of 12-month subsequent maltreatment investigations and substantiations across investigation conclusion, risk level, and safety findings. Of the alleged victims involved in investigations, 48,543 had substantiated allegations, 126,329 had inconclusive investigations, and 177,601 had unfounded allegations.

### Subsequent Maltreatment Investigation by Allegation Conclusion



### Subsequent Maltreatment Substantiation by Allegation Conclusion



## Takeaways

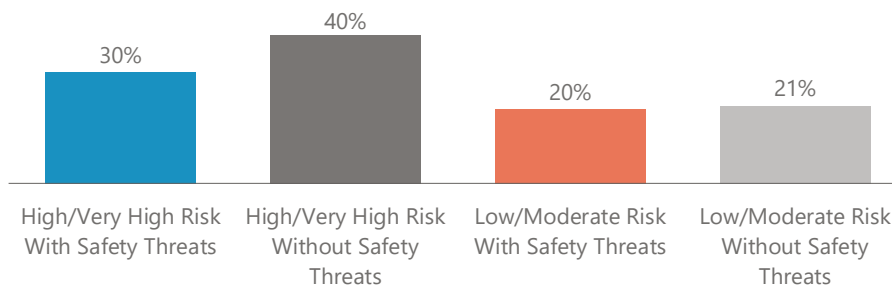
Rates of subsequent investigation did not substantially differ by allegation conclusion, suggesting children with unfounded allegations are as likely to experience subsequent child protective services involvement as those with substantiated allegations. Subsequent substantiated allegation occurred slightly more often for children with substantiated or inconclusive allegations at the time of the 2017 investigation.



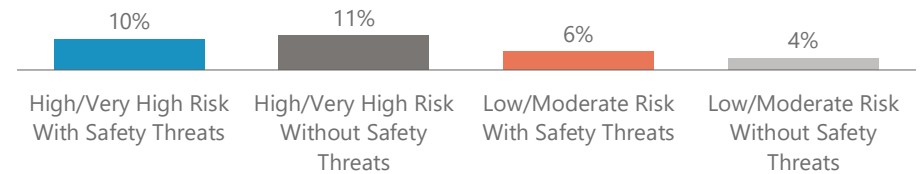
## The Data: Risk Level and Safety Findings

274,608 alleged victims involved in the 2017 investigations had a completed risk and safety assessment. Of these, 19,996 were in families assessed as high or very high risk with safety threats, 54,422 were in families assessed as high or very high risk without safety threats, 18,727 were in families assessed as low or moderate risk with safety threats, and 181,463 were in families assessed as low or moderate risk without safety threats.

### Subsequent Maltreatment Investigation by Risk Level and Safety Threats



### Subsequent Maltreatment Substantiation by Risk Level and Safety Threats



### Takeaways

Regardless of safety finding, children assessed as high or very high risk experienced subsequent child protective services (CPS) involvement more often than those assessed as low or moderate risk.



### Connecting Data to Practice

Children in households assessed as high or very high risk and safe experienced new investigations and substantiations within 12 months as often as or more often than children in households assessed as high or very high risk with safety threats. Based on findings in the case promotion section, high- or very high-risk and safe investigations are promoted for ongoing services less often than the high- or very high-risk investigations with safety threats despite experiencing similar subsequent system involvement. CRC recommends CDSS work with county agencies to learn more about this group. For example, are these families receiving alternative or community-based services? Are there other options for serving the population of families assessed as safe and high or very high risk? Are counties aware of the recurrence rates for families based on the SDM risk assessment and why CRC supports risk-based case promotion practices?

In addition, CRC and CDSS could consider a joint facilitation with counties to discuss and determine best practice for the intervention decision for families assessed in the four risk and safety groups.

# Initial SDM® Strengths and Needs Assessments



## Policy and Practice Guidelines

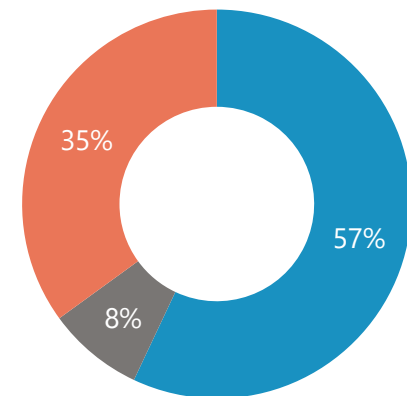
An initial SDM family strengths and needs assessment (FSNA), including the child strengths and needs assessment (CSNA), should be completed for families receiving family maintenance (FM) and/or family reunification (FR) services. Additionally, completing the CSNA is recommended for every child in permanent placement (PP) services. These assessments must be completed on new cases prior to developing the case plan or within 30 days of the first face-to-face contact. Despite this 30-day requirement, a 60-day timeframe was used for this analysis to allow workers adequate time to enter paper-based assessments into the computer system.



## The Data: Completion Rates

In 2018, 40,178 new cases with an initial service component of FM, FR, or PP were opened and remained open for at least 60 days.

- Completed Within 60 Days and Prior to Case Plan
- Completed Within 60 Days
- Not Completed Within 60 Days



## Takeaways

Initial strengths and needs assessments were not consistently completed prior to case planning, which suggests the assessment did not inform case planning for these families and children.



## Policy and Practice Guidelines

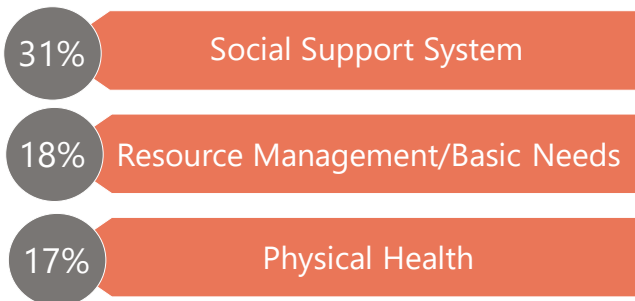
Workers assess family functioning by responding to each of 11 caregiver domains with an A, B, C, or D. "A" responses indicate a family strength and should be considered a potential resource and aid. "C" and "D" responses indicate an area that is a need. At the end of the assessment, workers select the most serious needs for case plan prioritization and integration.



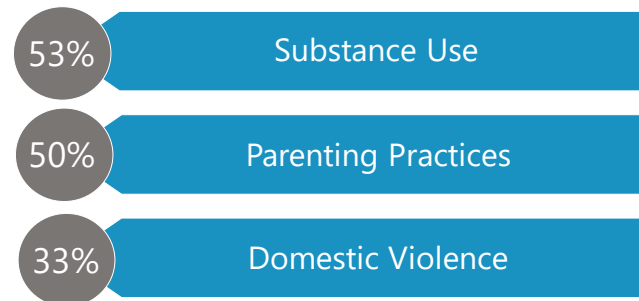
## The Data: Strengths and Needs

The 25,984 initial FSNA's completed within 60 days for cases opened during the period represented 14,293 distinct families. The items most frequently identified as priority strengths and priority needs for families are shown here.

### Strengths



### Needs



## Takeaways

- Substance abuse and parenting practices were assessed and viewed as priority needs for many families.
- About one third of families had a strong social support system.



## Connecting Data to Practice

- As of the writing of this report, CRC was still maintaining the FSNA as part of the California suite of SDM assessment tools. As counties transition to the Child and Adolescent Needs and Strengths (CANS) tool, they are still able to complete the FSNA and CSNA in WebSDM and monitor completion rates in SafeMeasures®. Regardless of which strengths and needs assessment is in use, it is important for appropriate case planning and safety planning to engage the family in a balanced assessment of both needs and strengths. CDSS should consider how to support and monitor counties' completion of strengths and needs assessments for families receiving ongoing child protective services.
- What do we know about what services and interventions are most appropriate for these needs? Counties should examine their trends around needs and strengths to assess their funding service array.

# SDM<sup>®</sup> Family Risk Reassessment



## Policy and Practice Guidelines

California SDM policy recommends completion of a risk reassessment within 30 days prior to case closure for voluntary FM cases and within 65 days for cases with court-ordered FM services.

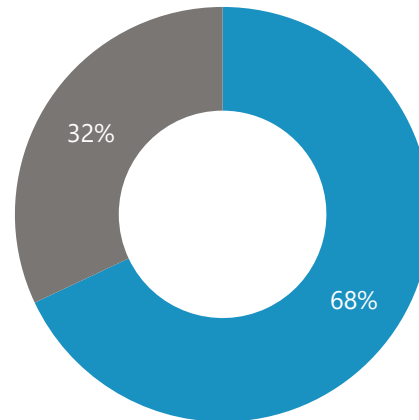
Unless unresolved safety threats remain, a final risk reassessment classification of low or moderate risk recommends case closure, while a classification of high or very high recommends continued services.

This analysis examined risk reassessments completed within a specific 120-day period surrounding the case closure date (from 90 days before to 30 days after that date) to ensure workers had adequate time to enter assessments into the online system.



## The Data: Completion Rates at Case Closure

In 2018, 25,170 cases that were open for at least 90 days were closed in FM services.

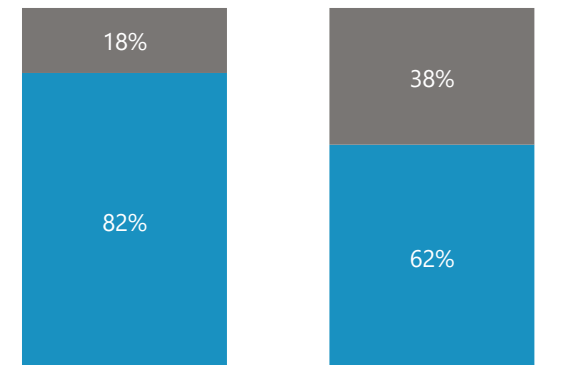


■ Completed

■ Not Completed



## The Data: Completion Rates by Final Voluntary Status



Voluntary  
n=7,225

Court Ordered  
n=17,945

■ Completed

■ Not Completed



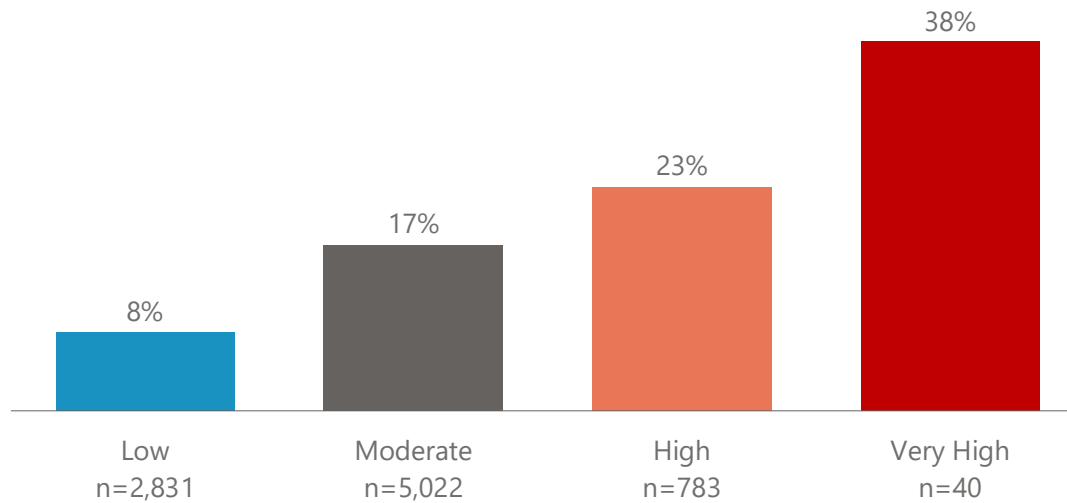
## Takeaways

- One third of cases closed in FM services during the period did not have a risk reassessment completed prior to closure within the recommended timeframe. Completion of the risk reassessment ranged from 6% to 91% (not shown) across counties in 2018.
- Most (93%; not shown) risk reassessments completed at case closure showed that the family was at low or moderate risk, which matches California's SDM policy on risk levels at case closure.
- Risk reassessments were completed more frequently for voluntary than court-ordered cases.



## The Data: Subsequent Maltreatment Investigations by Risk Level

In the first six months of 2018, 13,076 cases that were open for at least 90 days were closed in FM services. Of these, 8,676 (66%) had a completed risk reassessment within 90 days before to 30 days after the case-end date. The following figure presents six-month subsequent maltreatment investigation outcomes for these cases.



## Takeaways

- Overall, 15% of the 13,076 children experienced a subsequent maltreatment investigation within six months of their case closing (not shown).
- FM cases closed with a most recent risk reassessment level of high or very high had the highest proportion of subsequent maltreatment investigations.



## Connecting Data to Practice

- Given the large variation in use of the risk reassessment across counties, can CDSS engage counties with high use (i.e., high completion rates) to learn about their risk reassessment practices and share with other agencies struggling with use?
- What are the different considerations around the closure decision when services are provided on a voluntary basis?



# SDM<sup>®</sup> Reunification Reassessment



## Policy and Practice Guidelines

A reunification reassessment should be completed for children who are moving from FR services to either FM or PP services or whose cases are ending in FR services. This assessment should be completed no earlier than 65 days prior to either the reunification date or recommending a change in the permanency planning goal.

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.

This analysis extended the policy-established completion period to a specific 120-day period around the FR termination date (from 90 days before to 30 days after that date) to ensure that workers had adequate time to enter assessments into the online system.



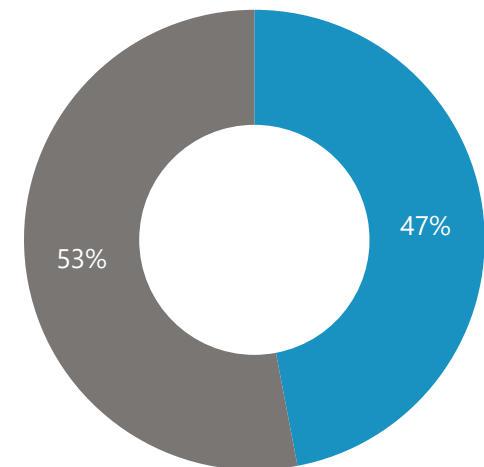
## Takeaways

Less than half of cases met the policy guidelines for timely completion of the reunification reassessment in 2018, with completion rates increasing steadily from 38% in 2015 (not shown) to 47% in 2018.



## The Data: Completion Rates

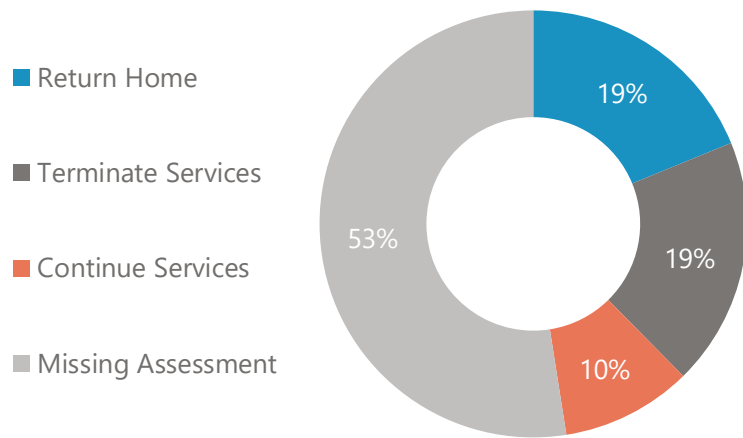
FR services that were open for at least 90 days were closed for 19,720 children in California in 2018.



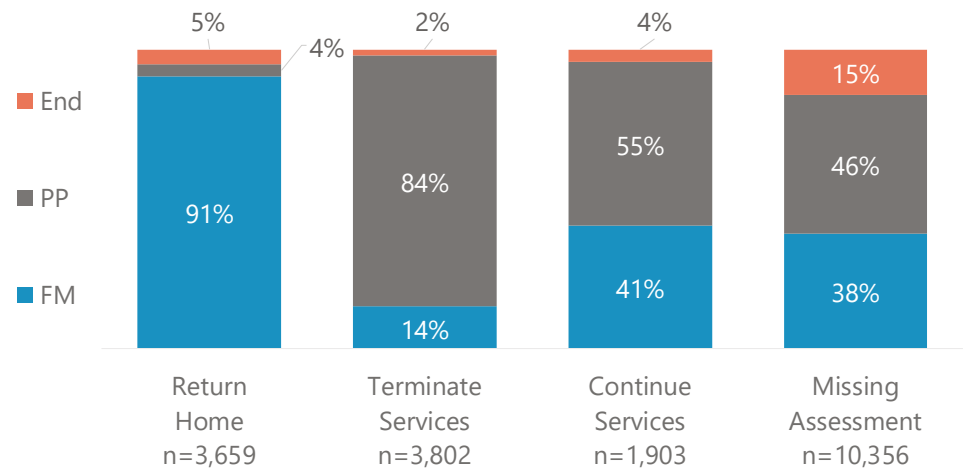
■ Completed ■ Not Completed



### The Data: Permanency Plan Recommendation



### The Data: Permanency Plan Recommendation by Next Case Service



### Takeaways

- In most cases where FR services were ended, this was in accordance with the SDM recommendation, as indicated by permanency plan recommendations from the reunification reassessment either to return home or to terminate FR services. However, a small proportion (10%) of the time, these services were ended against the reunification reassessment’s recommendation to continue reunification efforts.
- When the permanency plan recommendation was to return home, almost all (91%) cases subsequently switched to FM services; and when the recommendation was to terminate services, almost all (84%) cases changed to PP services, suggesting that worker actions are in line with the reunification reassessment recommendation.



### Connecting Data to Practice

CDSS’s emphasis on teaching assessments and their value and utility in decision making could be contributing to the steady increase in completion of the reunification reassessment. How can CDSS continue to engage counties in building understanding for the functioning and usefulness of the reunification reassessment in practice, especially as part of required Child and Family Team meetings?



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