

EVIDENT CHANGE

Inform Systems. Transform Lives.

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

Report Date: May 2022

Report Period: January 1 – December 31, 2021

PREPARED FOR THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES





A NOTE FROM THE DEI TEAM AT EVIDENT CHANGE

The 2021 *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**

HIGHLIGHTS

THE DATA: INVESTIGATIONS INVOLVING FAMILIES AND CHILDREN WHOSE RACE/ETHNICITY WAS MISSING/ UNABLE TO DETERMINE

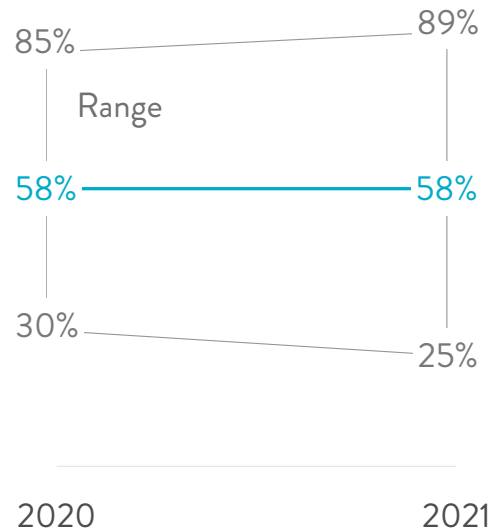
2020 **12% children**

2021 **9% families**

In this report, race/ethnicity was missing or was unable to be determined for just over one out of 10 (12%) children involved in 2020 investigations and for families in 9% of investigations in 2021.

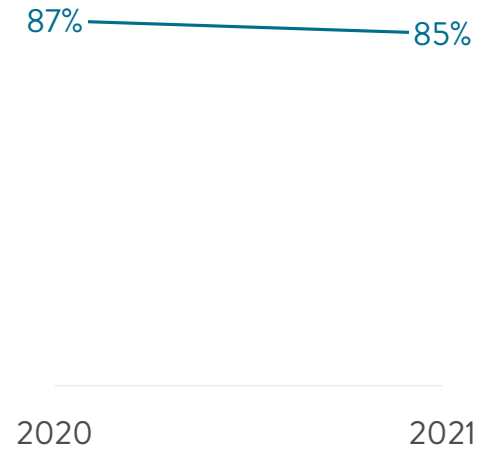
This lack of data can undermine efforts to understand child welfare involvement for families and children of different races/ethnicities. CDSS might want to promote awareness and use of the recently developed “missing race/ethnicity” alert for investigations in SafeMeasures® to help address this data collection issue.

THE DATA: SCREENING DECISION—IN-PERSON RESPONSE RATE



The overall in-person response rate from the SDM hotline tools for the state in 2021 was similar to that of 2020. The range of the in-person response rate increased compared with 2020, indicating more variance in the rate by individual county. CDSS may wish to explore what might be accounting for this variance.

THE DATA: SAFETY ASSESSMENT COMPLETION ON ALLEGATION HOUSEHOLDS



From 2020 to 2021, the completion rate of the SDM safety assessment on allegation households dropped 2 percentage points.

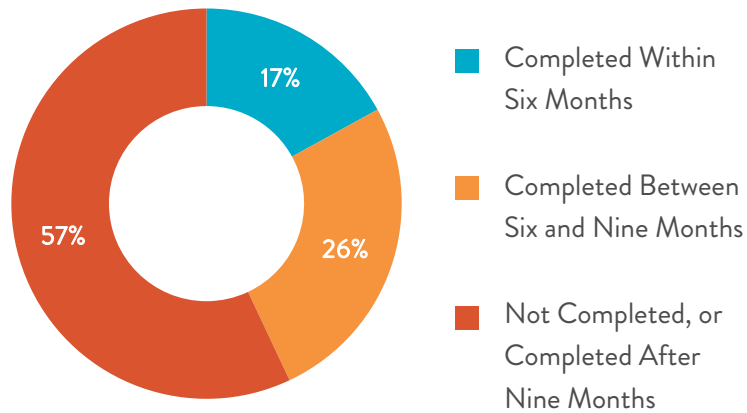
The initial safety assessment was documented as completed within two days after the first contact 83% of the time. How can Evident Change support CDSS in strengthening completion of the SDM safety assessment for allegation households to ensure child safety?

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.

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



THE DATA: REUNIFICATION COMPLETION RATES

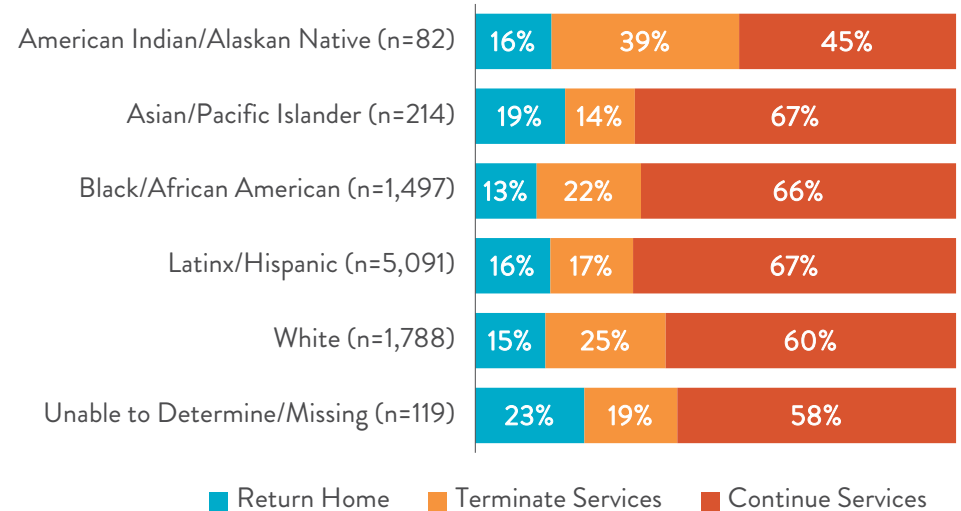


More than half (57%) of children in placement episodes did not have a completed reunification reassessment within nine months of family reunification (FR) services starting.

Does the persistently low use of the reunification reassessment relate to longer stays in care for children? In light of the expense and potential trauma that out-of-home placement entails, how can CDSS support counties to improve the use of the assessment?



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



More than a third (39%) of American Indian/Alaskan Native children with a completed SDM reunification reassessment were recommended for termination of FR services. This proportion is much higher compared with other race/ethnicity groups (25% or lower).

American Indian/Alaskan Native children involved in FR cases also had the lowest completion rate of the reunification reassessment within nine months. In pursuit of achieving equitable outcomes for children and families, investigating the root causes of these trends is worth consideration.

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

EXAMINING THE SDM SYSTEM BY RACE/ETHNICITY

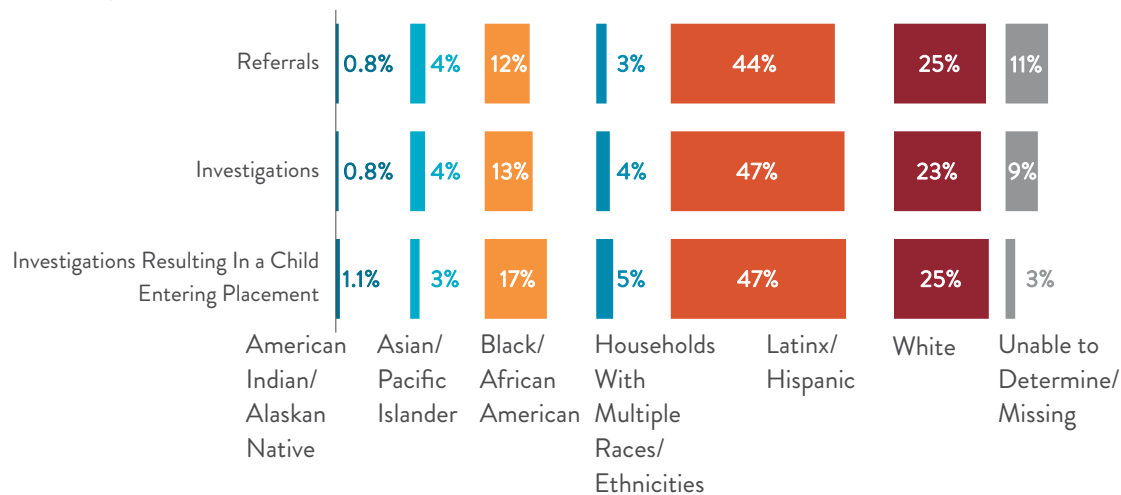
2021 REFERRALS AND INVESTIGATIONS

Decision-support tools, such as the SDM model, must be reexamined constantly for opportunities to reduce and overcome bias. Analyses in this report look at 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.

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

THE DATA: RACE/ETHNICITY OF REFERRED FAMILIES

In 2021, counties received 366,532 referrals concerning child abuse or neglect. A total of 187,385 referrals were assigned for an in-person response according to the Child Welfare Services/Case Management System (CWS/CMS), and 13,176 investigations resulted in a child entering foster care.



TAKEAWAYS

- In 2021, investigations (including those resulting in a child entering placement) involving families who were Black/African American, Latinx/Hispanic, or families with multiple races showed increasing representation while investigations resulting in a child entering placement involving Asian/Pacific Islander families and investigations (including those resulting in a child entering placement) involving families whose race/ethnicity could not be determined or was missing showed decreasing representation compared with the proportion of referrals received involving families in each race/ethnicity group.
- Family race/ethnicity could not be determined or was missing for 11% of referrals, 9% of investigations, and 3% of investigations resulting in a child entering out-of-home placement. Note that if race/ethnicity information was available for these families, the pattern of findings could change.

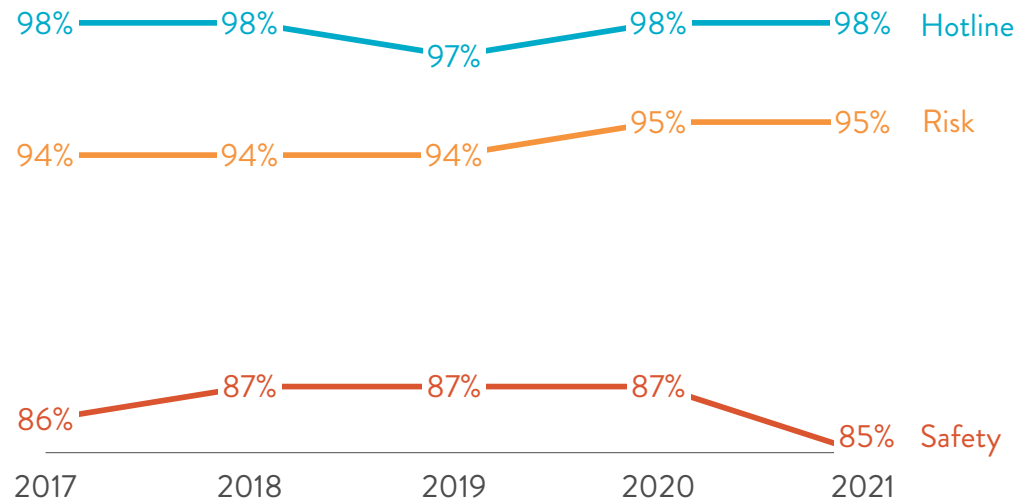
OPPORTUNITIES

Division 31 regulations state that workers should try to collect race/ethnicity information at the time of the referral. What detailed guidance can CDSS provide counties (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 foster care involving families who were Black/African American, Latinx/Hispanic, and families with multiple races, CDSS could seek to better understand what might be contributing to this pattern.

SDM ASSESSMENT TRENDS

THE DATA: COMPLETION RATES



TAKEAWAYS

- Risk assessment completion rates include only substantiated and inconclusive investigations. Safety assessment completion rates include assessments completed only for allegation households (as recorded on the safety assessment).
- The number of referrals has been increasing over the past two years, becoming closer to the number before the COVID-19 pandemic (409,323 in 2019 and 366,532 in 2021, not shown).

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.

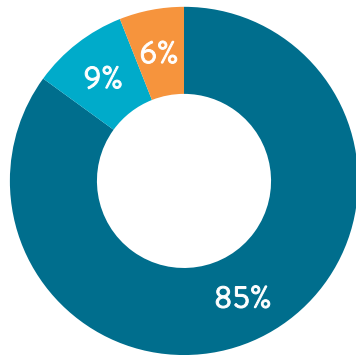
Risk: The SDM risk assessment must be completed at the end of every inconclusive or substantiated investigation (for non-SCP) to determine the likelihood of subsequent child protection involvement. It is recommended that the risk assessment be completed at the end of every unfounded investigation.

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. Please see the SDM policy and procedures manual and [All County Letter 20-142](#) for more information.



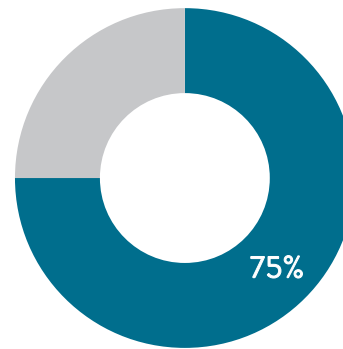
THE DATA: 2021 INVESTIGATIONS

SAFETY ASSESSMENT COMPLETION ON ALLEGATION AND NON-ALLEGATION HOUSEHOLDS



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

RISK ASSESSMENT COMPLETION ON UNFOUNDED INVESTIGATIONS



TAKEAWAYS

- In 2021, the safety assessment completion rate (allegation household) was 85%, down from 87% in 2020. In 2021, another 9% of investigations had only a non-allegation household safety assessment. Including these, the safety assessment completion rate was 94% in 2021, compared with 96% in 2020.
- For 169,948 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 83% of the time (not shown).
- In 2021, 75% of unfounded investigations had a risk assessment completed, compared with 74% in 2020.



CONNECTING DATA TO PRACTICE

The statewide safety assessment completion rate dropped 2 percentage points since 2020. What could explain this decrease? CDSS could use the Comparison Data report to identify if this change in the completion rate reflects completion rate changes for certain counties or is more widespread.

In 2021, 9% of investigations had a safety assessment completed only on a non-allegation household. Per SDM policy, the household on which allegations were made must be assessed for safety concerns. The rate at which investigations have a safety assessment completed only in non-allegation households may indicate a lack of worker or county clarity about policy, or confusion about the purpose of completing a safety assessment on non-allegation households. This issue has been identified for several years; what barriers to completing the safety assessment on allegation households exist? How can Evident Change support CDSS in strengthening completion for allegation households?

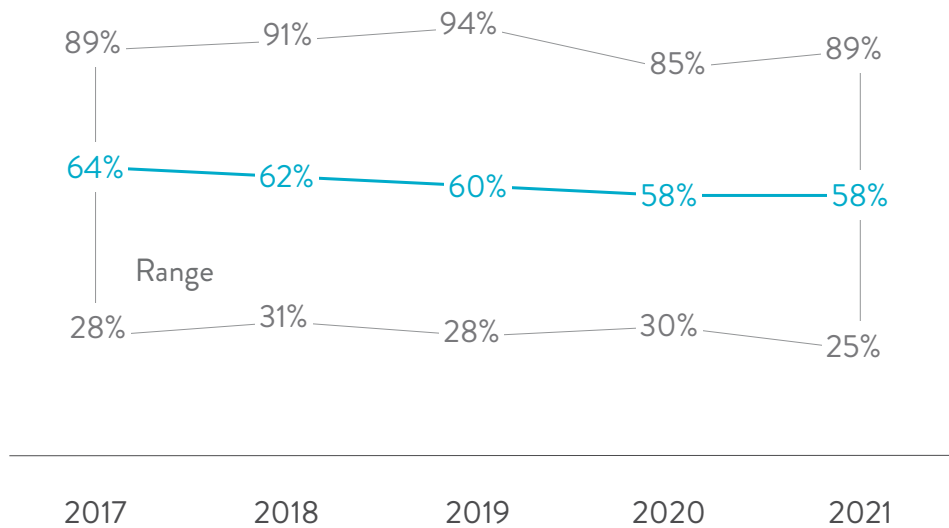
The timely completion of the safety assessment in 2021 was similar to the timely completion rate in 2020. The initial safety assessment was not completed within two days after the first face-to-face contact with an alleged victim in 29,619 (17%) investigations. What is getting in the way of timely completion of the safety assessment? What supports can CDSS provide to counties to address these challenges?



THE DATA: SDM HOTLINE TOOLS FINDINGS

In 2021, 357,788 referrals had a completed hotline screening tool. Screening override decisions were made for the 330,402 referrals without preliminary screening items selected. The analysis excludes 25 referrals that had a data anomaly in the screening tool.

FINAL SCREENING DECISION: IN-PERSON RESPONSE



TAKEAWAYS

- The in-person response rate showed a decreasing trend from 2017 to 2020 and stayed at 58% in 2020 and 2021. The range of the in-person rate (25–89%) expanded 9 percentage points compared with the range in 2020 (30–85%) across the counties.
- The screening decision override rate was within the typical 5–10% range over the past five years.



CONNECTING DATA TO PRACTICE

The overall in-person response rate of the state in 2021 was similar to that of 2020 while the range of the in-person response rate increased compared with 2020, indicating more variance in in-person response rates by individual county. Note that this range has been wide over the past five years. What may account for differences in in-person response rates by county? 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 Comparison Data 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?

SCREENING DECISION OVERRIDE

- Override to In-Person Response
- Override to Evaluate Out

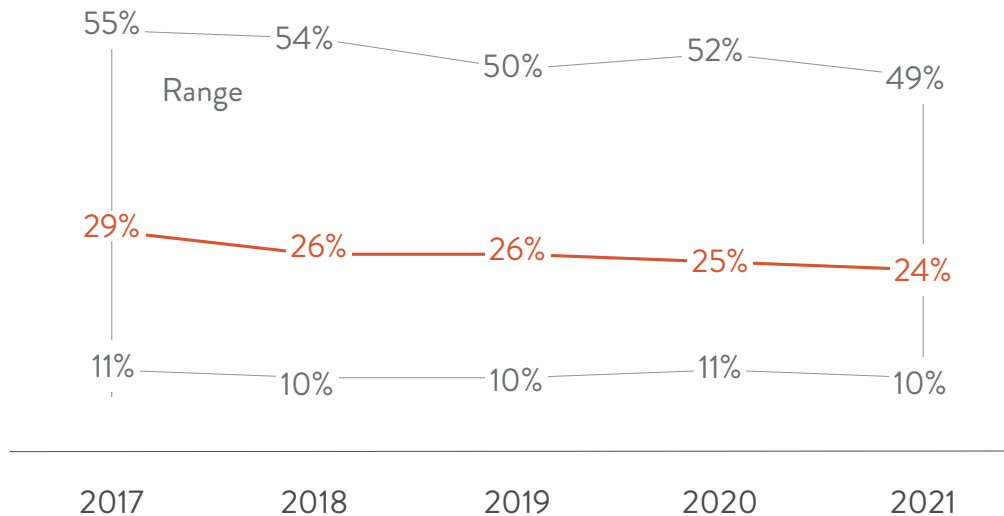
| 2017 | 2018 | 2019 | 2020 | 2021 |
|------|------|------|------|------|
| 1% | 1% | 1% | 1% | 1% |
| 6% | 4% | 4% | 4% | 4% |



THE DATA: SDM RESPONSE PRIORITY

Referrals with an initial and final recommendation for an in-person response (of which there were 202,221 in 2021) are eligible for the response priority section.

FINAL RESPONSE PRIORITY: WITHIN 24 HOURS



CONNECTING DATA TO PRACTICE

What might explain the decreasing trend in 24-hour response rates for the state overall? While the 24-hour response rate decreased overall, there continues to be wide variance in the 24-hour response rate by county (10–49% in 2021; 24-hour response rates for individual counties are available in the Comparison 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?

RESPONSE PRIORITY OVERRIDE

| Override To | 2017 | 2018 | 2019 | 2020 | 2021 |
|-------------|------|------|------|------|------|
| 10 Days | 7% | 7% | 6% | 6% | 5% |
| 24 Hours | 4% | 4% | 3% | 3% | 3% |



TAKEAWAYS

- The 24-hour response rate gradually decreased from 2017 to 2021, from 29% to 24%.
- Response priority overrides gradually decreased from 11% in 2017 to 8% in 2021, falling within the typical range of 5–10%.



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 OVERRIDES | |
|---|-------------|--------------------|-------|---------------------|--------------|
| | | Initial | Final | In-Person Response | Evaluate Out |
| American Indian/Alaskan Native | (n=2,823) | 55% | 54% | (n=2,589) 2.2% | 3.1% |
| Asian/Pacific Islander | (n=14,696) | 56% | 54% | (n=13,651) 0.8% | 3.1% |
| Black/African American | (n=43,434) | 64% | 62% | (n=40,170) 1.4% | 2.7% |
| Household With Multiple Races/Ethnicities | (n=9,784) | 77% | 76% | (n=9,179) 1.1% | 2.3% |
| Latinx/Hispanic | (n=158,177) | 63% | 60% | (n=145,321) 1.1% | 3.9% |
| White | (n=88,289) | 57% | 55% | (n=81,234) 1.0% | 3.1% |
| Unable to Determine/Missing | (n=40,560) | 50% | 46% | (n=38,258) 1.2% | 5.4% |
| Total | (n=357,763) | 60% | 58% | (n=330,402) 1.1% | 3.6% |



OPPORTUNITIES

CDSS could consider examining what is contributing to the differences in in-person response rates by race/ethnicity. Are these differences still present when controlling for other factors, such as location or socioeconomic status? In addition, CDSS could consider examining workers' documented rationale for overrides to better understand variation in override use by family race/ethnicity.

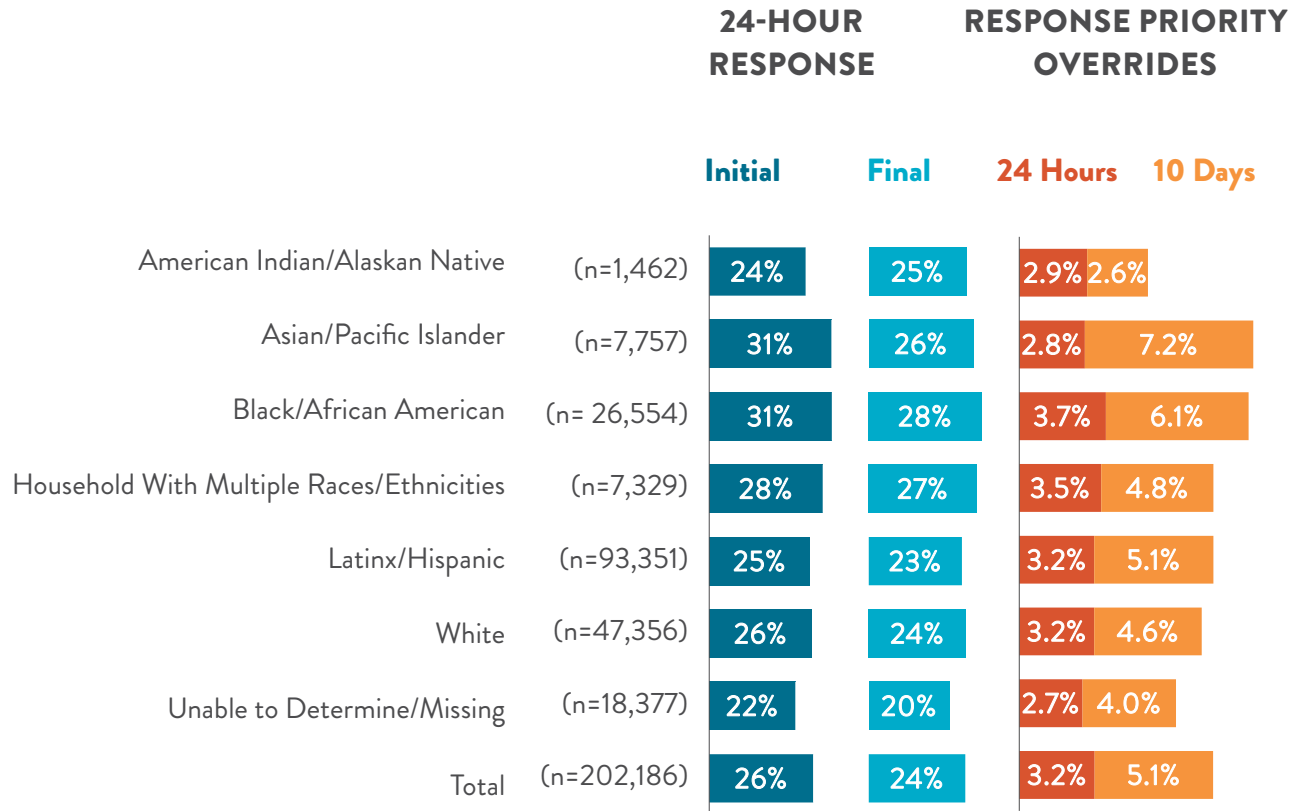


TAKEAWAYS

- Referrals involving households with multiple races/ethnicities had the highest initial and final in-person response rates (77% and 76%, respectively). 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 or was missing had the lowest rates (50% and 46%, respectively) of in-person response rates among the race/ethnicity subgroups.
- Screening overrides were used least often (3.4%) for referrals on households with multiple races/ethnicities and most often (6.6%) for referrals in which family race/ethnicity could not be determined or was missing.



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



OPPORTUNITIES

Investigations involving families who were Asian/Pacific Islander, Black/African American, or that included multiple races/ethnicities more frequently resulted in a 24-hour response priority (initial and final) compared with other race/ethnicity groups. Response priority overrides were used most frequently for investigations involving Asian/Pacific Islander or Black/African American families, though the impact of these overrides on the final response priority differed across the two groups. CDSS may wish to better understand the conditions under which response time overrides are applied; how might these differences impact a family’s overall experience with child welfare services?



TAKEAWAYS

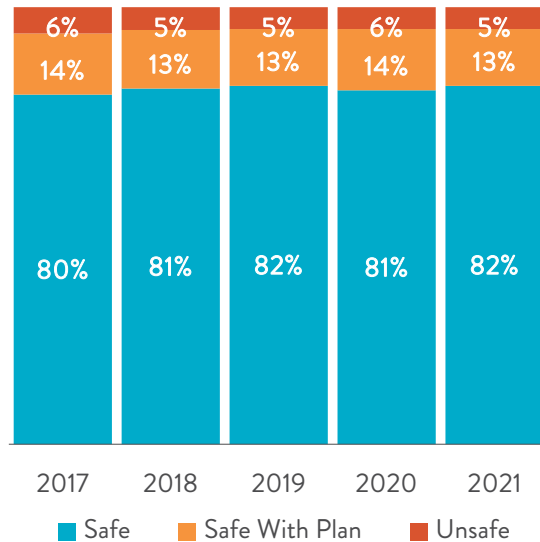
- Investigations involving Black/African American families had the highest 24-hour response priority rates (31% initial, 28% final). Investigations involving Asian/Pacific Islander families had a similar 24-hour initial response priority rate (31%). Investigations involving families whose race/ethnicity could not be determined or was missing had the lowest 24-hour response priority rates (22% initial and 20% final).
- Response priority overrides to 10 days outnumbered overrides to 24 hours across investigations for all family race/ethnicity groups except for those for investigations involving American Indian/Alaskan Native families. Investigations for American Indian/Alaskan Native families had an override to the response priority rate least often (5.5%), and investigations involving Asian/Pacific Islander families had a response priority override applied most often (10.0%), resulting in the largest change between initial and final response priority across race/ethnicity groups. Investigations involving Black/African American families also had higher response priority override rates (9.8%) compared with investigations involving families from other race/ethnicity groups (8.4% or lower).



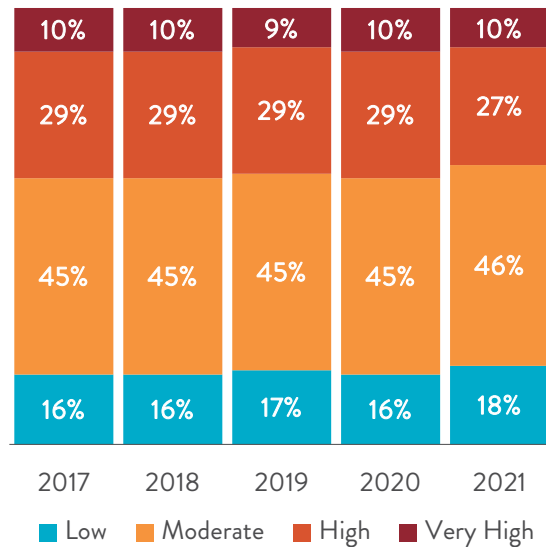
THE DATA: SDM SAFETY AND RISK ASSESSMENT FINDINGS

In 2021, 154,662 investigations had a safety assessment completed on the allegation household. Of substantiated (35,246) or inconclusive (67,982) investigations, 98,158 (95%) had a risk assessment completed (not shown).

SAFETY DECISION



RISK LEVEL



CONNECTING DATA TO PRACTICE

The proportion of investigations involving families with identified safety threats varied widely across counties in 2021. The Comparison 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 safety planning.

The proportion of investigations involving families assessed as high or very high risk also varied widely across counties in 2021. CDSS can work with counties to examine differences in risk assessment item selection and resulting decisions based on risk assessment use. CDSS could offer technical assistance, quality assurance, or training if needed.



TAKEAWAYS

- The proportion of investigations involving families assessed as safe with plan or unsafe fluctuated within 2 percentage points from 2017 to 2021. In 2021, the percentage of investigations with at least one safety threat identified ranged from 7% to 58% across counties. (See Comparison Data report).
- Statewide, the proportion of investigations involving families assessed as high or very high risk undulated within 2 percentage points (39% in 2017 and 37% in 2021). In 2021, the percentage of investigations in which the family was assessed as high or very high risk ranged from 17% to 75% across counties. (See Comparison Data report.)
- The risk override rates have remained within the typical 5–10% range for the past five years.

RISK LEVEL OVERRIDE

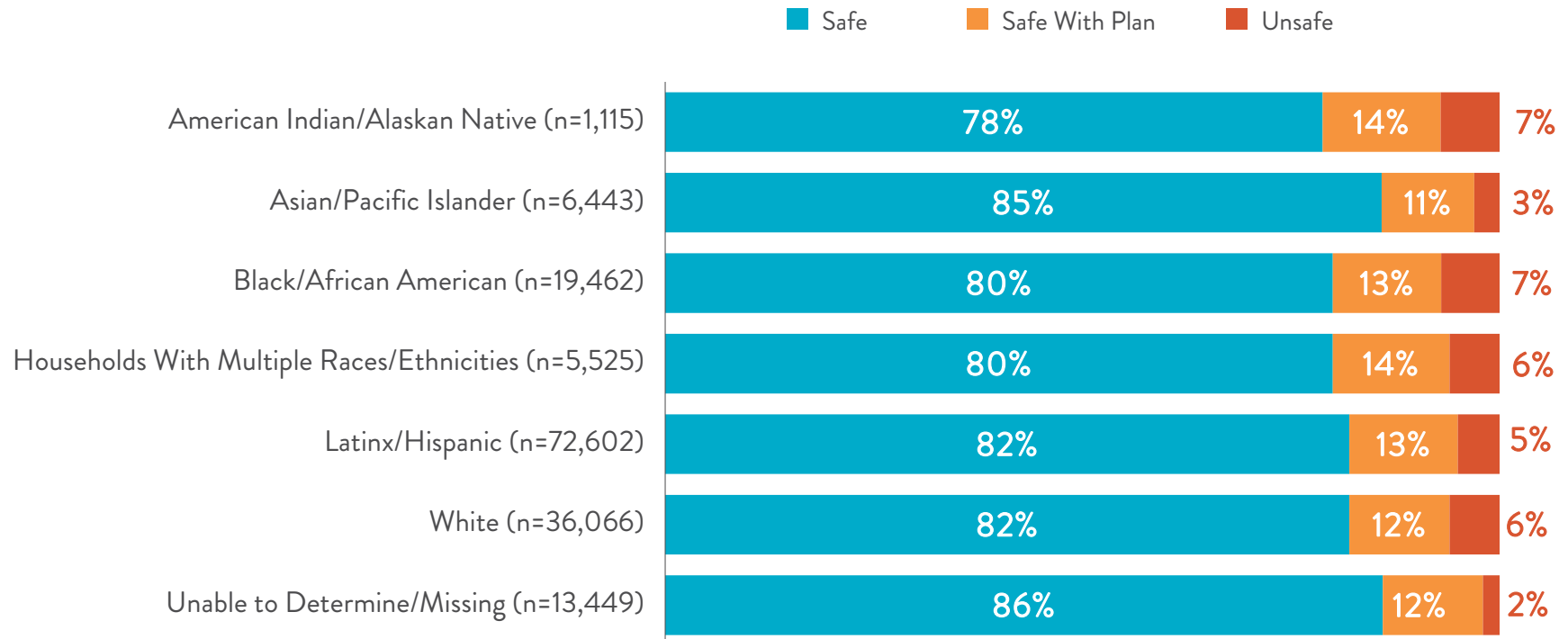
| 2017 | 2018 | 2019 | 2020 | 2021 |
|------|------|------|------|------|
| 1% | 1% | 1% | 1% | 2% |
| 4% | 4% | 5% | 5% | 4% |

Policy

Discretionary



THE DATA: SAFETY DECISION BY FAMILY RACE/ETHNICITY



TAKEAWAYS

- The percentage of investigations with identified safety threats varied by the race/ethnicity of families involved, ranging from 22% for investigations involving American Indian/Alaskan Native families to 14% for investigations involving families whose race/ethnicity was unable to be determined or was missing.
- Investigations involving American Indian/Alaskan Native or Black/African American families were assessed as unsafe at the highest rate (7%) among the race/ethnicity groups.



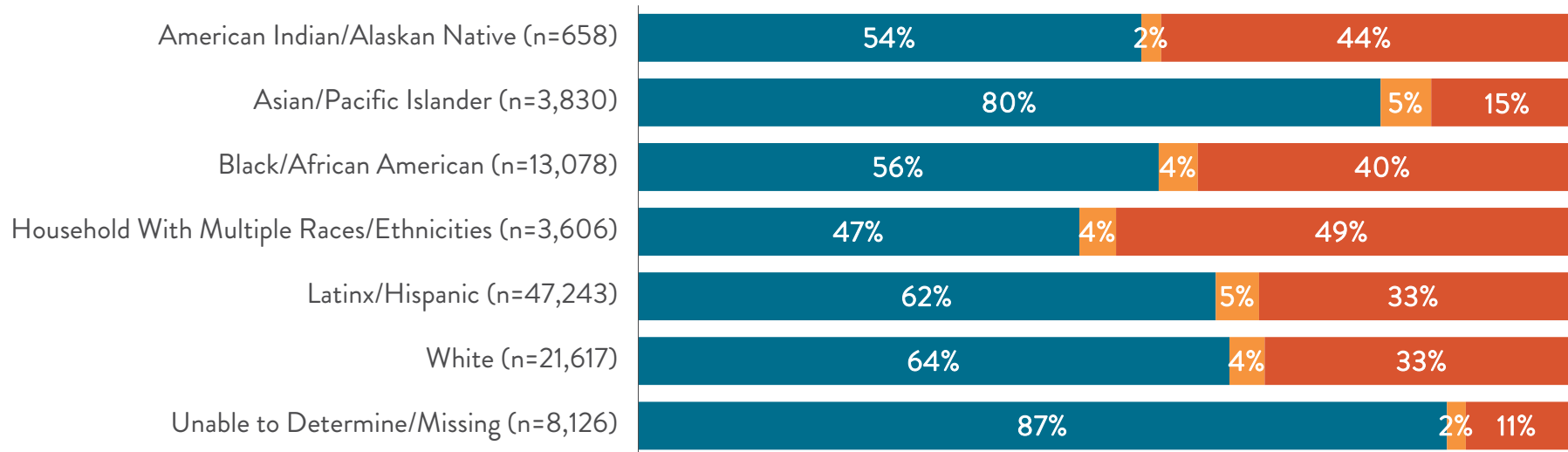
OPPORTUNITIES

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 or Black/African American. 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: RISK ASSESSMENT BY FAMILY RACE/ETHNICITY

■ Initial and Final Low/Moderate ■ Initial Low/Moderate and Final High/Very High ■ Initial and Final High/Very High



TAKEAWAYS

- Investigations involving families with multiple races/ethnicities were assessed as high or very high risk (49% initial, 53% final) more often than other race/ethnicity groups.
- 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 generally applied at similar rates for investigations involving families who were Asian Pacific Islander, Black/African American, Latinx/Hispanic, White, or families with multiple races/ethnicities (4-5%).



OPPORTUNITIES

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.

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 response priority recommendation from the SDM hotline tools 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.



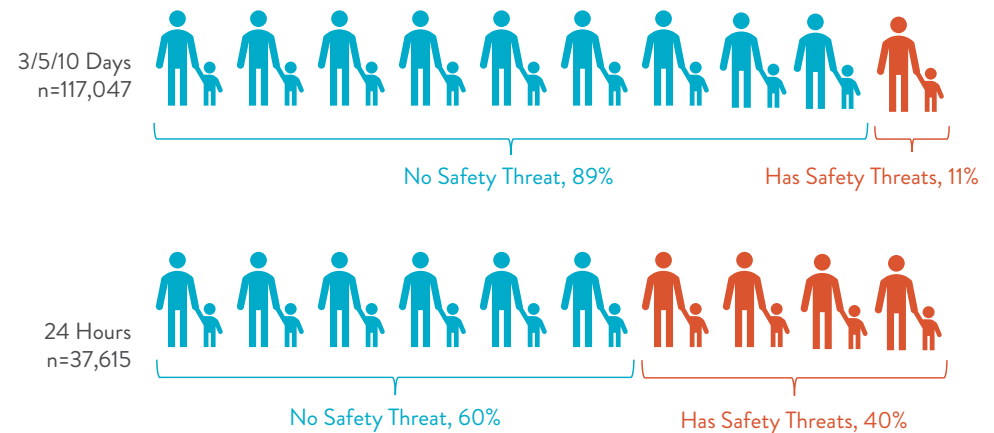
TAKEAWAYS

- 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 about one out of 10 among investigations assigned a response time of three, five, or 10 days. This finding is based on a safety assessment completion rate of 89% for 24-hour response investigations versus 84% for the three-, five-, or 10-day response (not shown).
- Workers assessed 2% of three-, five-, or 10-day response priority investigations as unsafe and 9% as safe with plan (not shown). Among investigations assigned a 24-hour response, workers assessed 15% as unsafe and 24% as safe with plan (not shown).



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 tools, agreement between the response priority recorded in CWS/CMS and the final SDM response priority was over 96% (not shown).



CONNECTING DATA TO PRACTICE

What might account for the difference in the safety assessment completion rate between the 24-hour and three-, five-, or 10-day response investigations? How might these differences impact the consistency of safety planning or removal decisions for children and families involved in investigations?

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.



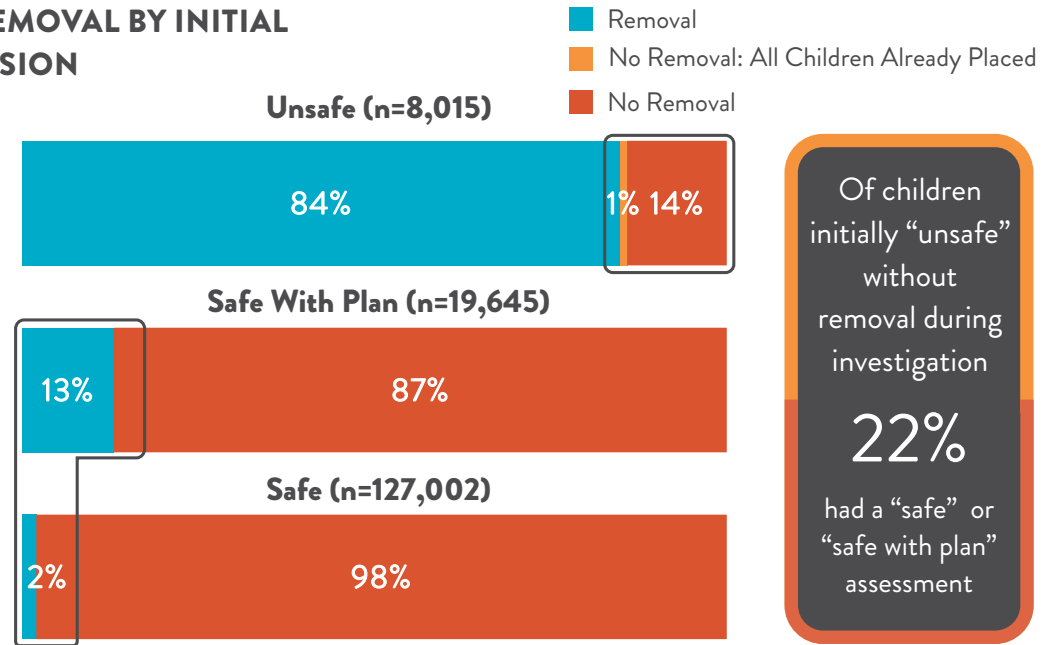
POLICY & PRACTICE GUIDELINES

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, 2022 (the date this information was collected from CWS/CMS).



THE DATA: REMOVAL BY INITIAL SAFETY DECISION

Of children initially “safe” or “safe with plan” and removal during investigation
27%
had an “unsafe” assessment



Of children initially “unsafe” without removal during investigation
22%
had a “safe” or “safe with plan” assessment



TAKEAWAYS

- Of 146,647 investigations in which families were initially assessed as safe with plan or safe, 4,962 (3%, not shown) experienced a removal during the investigation. Of 8,015 investigations in which families were initially assessed as unsafe, 1,144 (14%) experienced no removal during investigation; another 120 (1%) 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, 27% (1,328, not shown) had a subsequent safety assessment reflecting a change in safety to unsafe.
- Of investigations involving families initially assessed as unsafe who had no children removed, including those in which all children had an existing removal, 22% (273, not shown) had a subsequent safety assessment reflecting a change to safe or safe with plan.



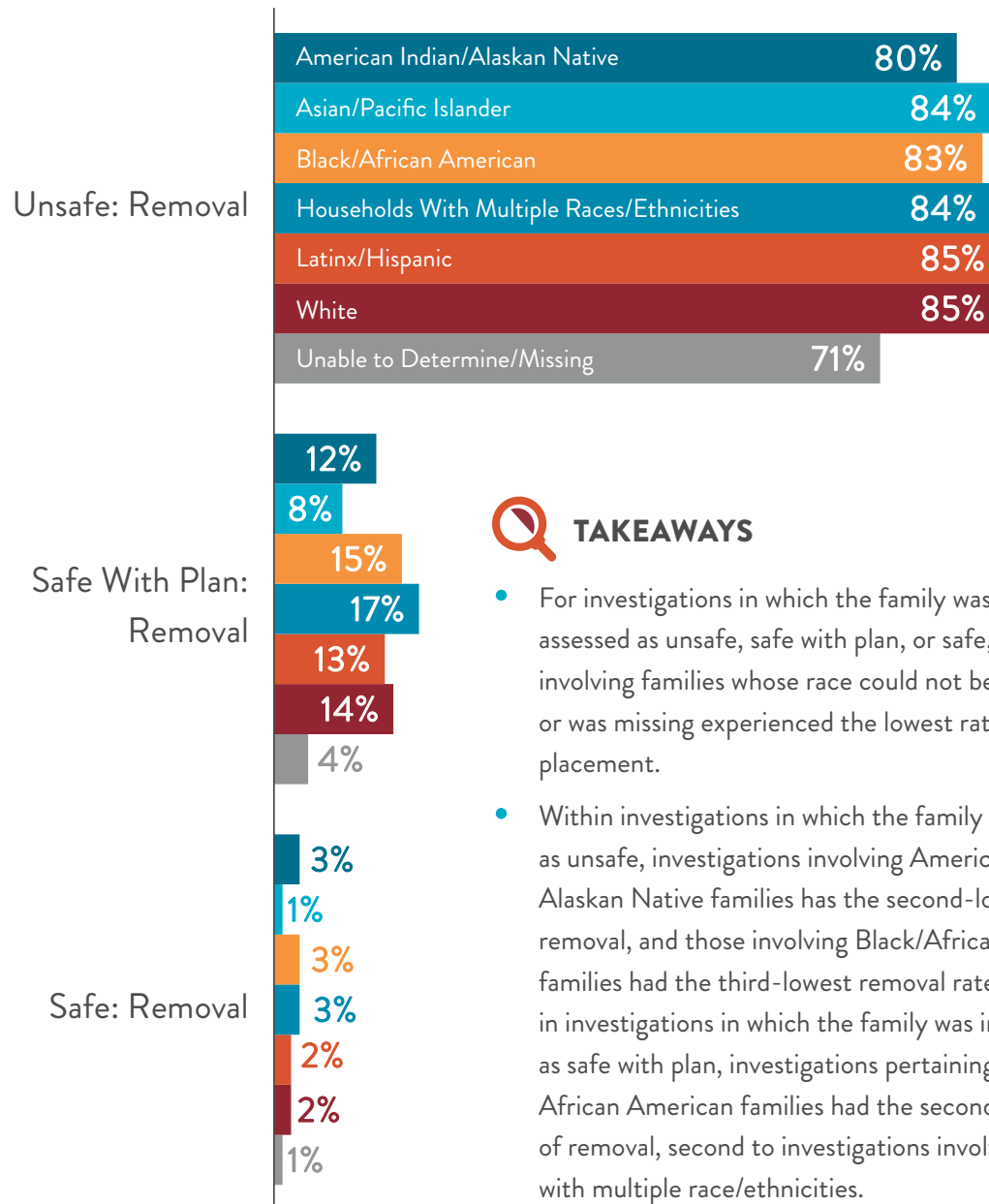
CONNECTING DATA TO PRACTICE

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 strong 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.

Thirteen percent of investigations in which the family was initially assessed as safe with plan eventually resulted in a child removal. CDSS could support a targeted case review to evaluate the safety plans from these investigations 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



TAKEAWAYS

- For investigations in which the family was initially assessed as unsafe, safe with plan, or safe, investigations involving families whose race could not be determined or was missing experienced the lowest rate of child placement.
- Within investigations in which the family was assessed as unsafe, investigations involving American Indian/Alaskan Native families has the second-lowest rate of removal, and those involving Black/African American families had the third-lowest removal rate. Interestingly, in investigations in which the family was initially assessed as safe with plan, investigations pertaining to Black/African American families had the second-highest rate of removal, second to investigations involving families with multiple race/ethnicities.



OPPORTUNITIES

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 or Black/African American families; however, removal rates for these groups of investigations were lower than for investigations involving families from other determined race/ethnicity groups. CDSS and Evident Change could partner to examine which safety threats are more often selected for investigations involving these families, and to examine data from CWS/CMS to develop insights into these findings. For example, was a new safety assessment documented showing that safety threats were resolved or in-home interventions had been secured? Evident Change could assist in selecting a sample of investigations for an in-depth case review to examine safety threat identification and to better understand the processes used when deciding to place a child into foster care. This could assist in determining whether the SDM definitions and thresholds, worker perception, or a combination is contributing to the variation in safety threat identification and in the removal decision, or to highlight areas of the SDM safety assessment that could be strengthened to support practice with children and families.

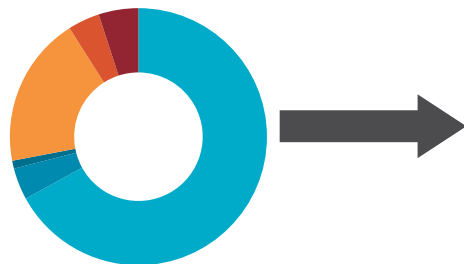
CASE PROMOTION

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.

THE DATA: PREVALENCE OF RISK LEVEL AND SAFETY DECISION COMBINATIONS

In 2021, 126,527 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.

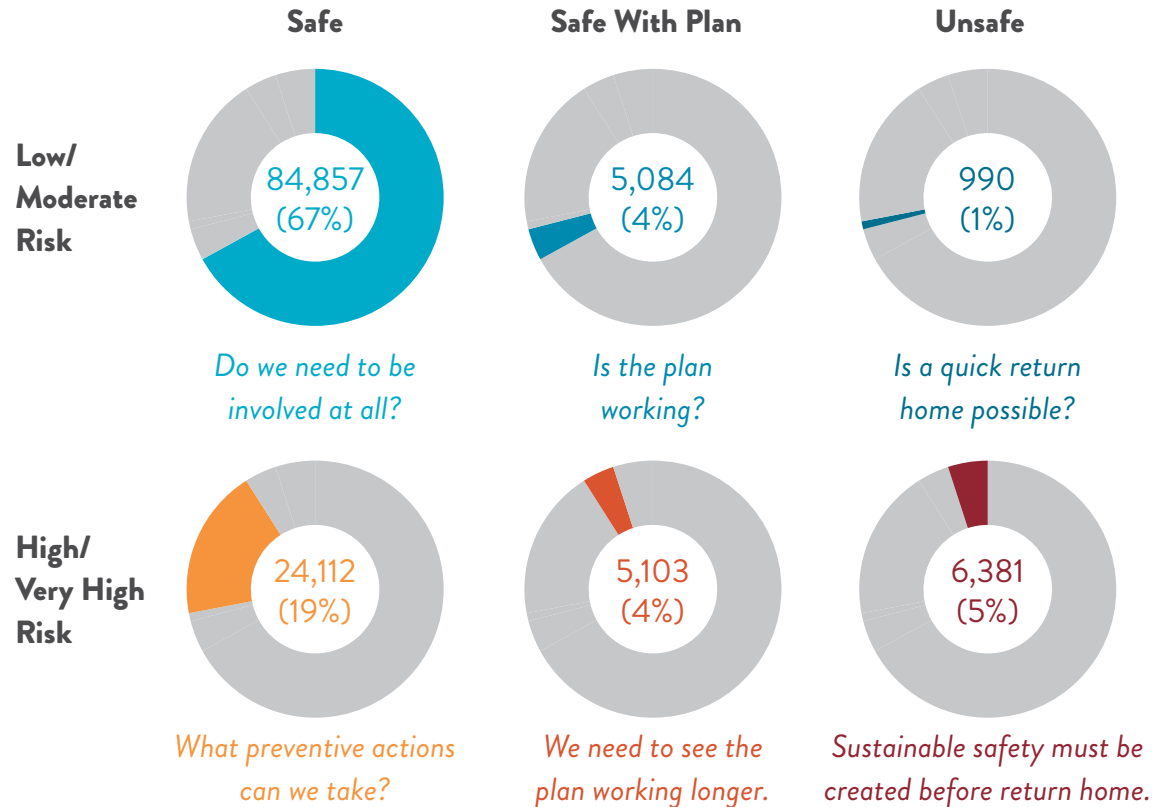


TAKEAWAYS

- The analysis reflects only investigations with completed safety and risk assessments. Counties conducted an additional 33,185 investigations in 2021 without completed safety and/or risk assessments.
- Based on California’s current SDM risk-based case-promotion guidelines, a third (41,670, 33%) 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. Just over a third (35%) of these investigations were promoted to ongoing child welfare service cases (not shown).

CONNECTING DATA TO PRACTICE

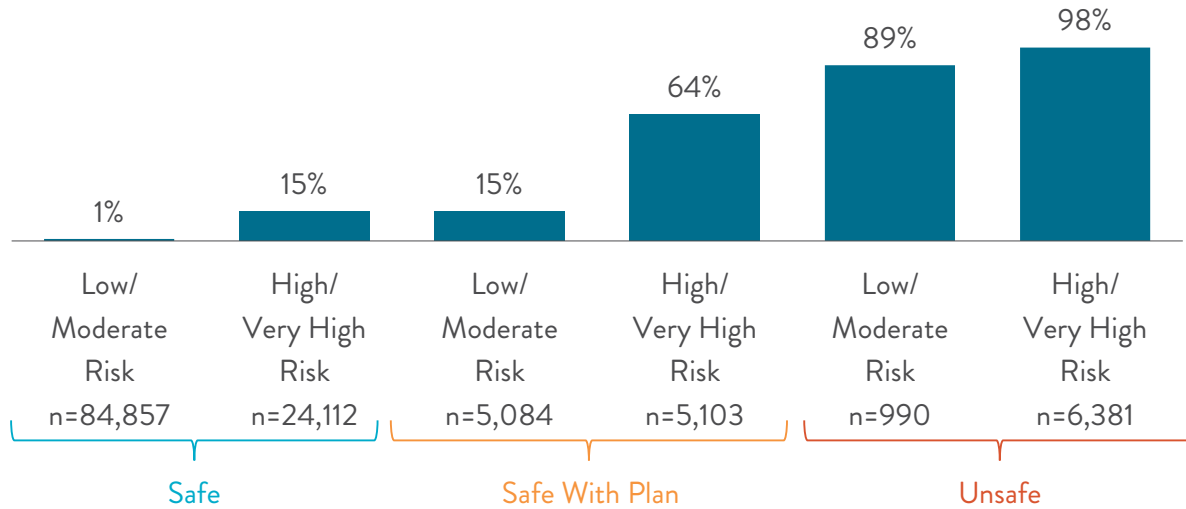
CDSS and Evident Change are partnering to revisit the child welfare services case promotion guidelines based on SDM safety assessment and risk assessment findings. The intersection between safety and risk assessment findings can be used to inform strategies to support families via child welfare or other services.



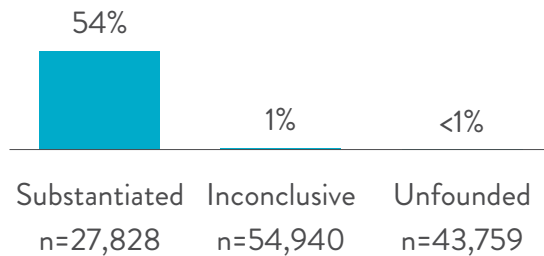


THE DATA: NEW CASE PROMOTIONS

BY RISK LEVEL AND SAFETY DECISION



BY INVESTIGATION CONCLUSION



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, 63% (not shown) of investigations with outstanding safety threats and 54% of substantiated investigations were promoted to a child welfare case compared with only 37% of high or very high-risk investigations (not shown).



CONNECTING DATA TO PRACTICE

Individual counties may be following different procedures other than what is currently outlined in SDM policy to promote families to ongoing services. For example, some counties may be connecting families to services through community providers. The maltreatment investigation and substantiation recurrence analysis section provides support for using SDM risk level as one of the criteria to guide the case promotion decision. CDSS might 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 85% 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 85% 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?

EXAMINING THE SDM SYSTEM BY RACE/ETHNICITY OF CHILDREN INVOLVED

CHILDREN INVOLVED IN 2020

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

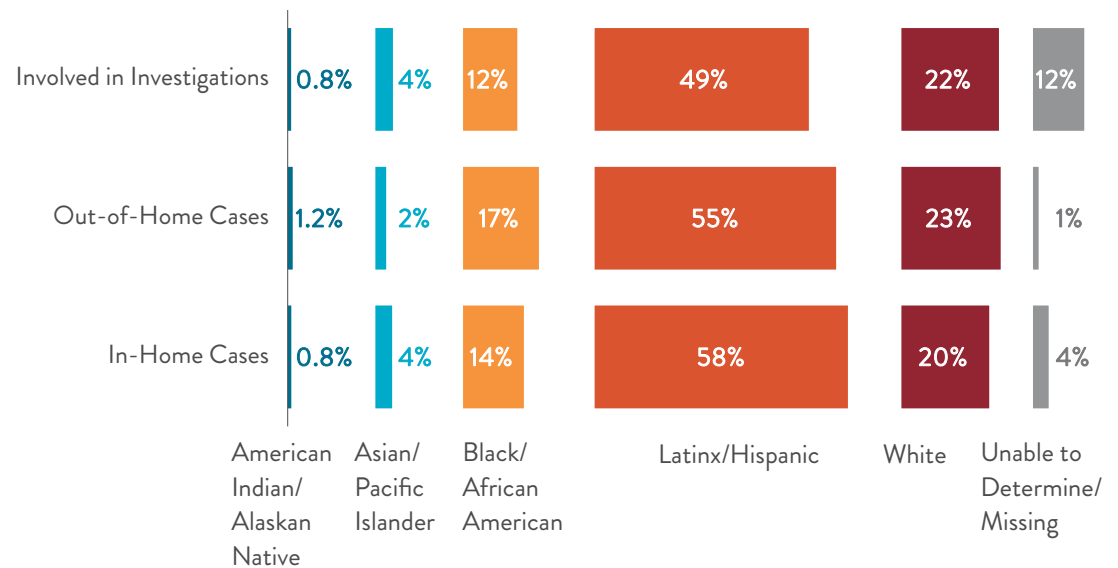
TAKEAWAYS

- The largest proportion of in-home cases involved children who were Latinx/Hispanic (58%); a slightly smaller proportion of out-of-home cases involved children in this race/ethnicity group (55%), and just under half of children on investigations (49%) were Latinx/Hispanic. A larger proportion of children in out-of-home cases (17%) were Black/African American compared with the 12% of children on investigations who were Black/African American; and 14% of children in in-home cases were Black/African American.
- Note that 12% 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.



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

In 2020, 258,735 children were alleged victims involved in an investigation. There were 20,418 removals with FR services active during the removal, and 15,932 cases began in FM services. Note that individual children may be part of more than one case in the year; there were 99 children who had more than one out-of-home case and 39 children who had more than one in-home case (not shown).



OPPORTUNITIES

Children who are Black/African American or Latinx/Hispanic make up a larger proportion of children involved in ongoing FM or FR services compared with the proportion of children on investigations. What factors may account for the disproportionality across these three child welfare service populations?

MALTREATMENT INVESTIGATION AND SUBSTANTIATION RECURRENCE

POLICY & PRACTICE GUIDELINES

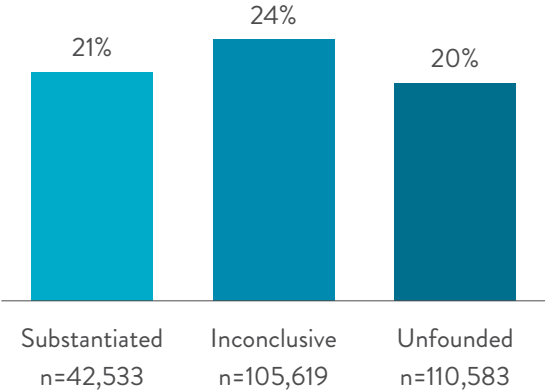
The SDM risk assessment is an actuarial tool that, when completed with fidelity, classifies families based on shared characteristics that relate to the likelihood of experiencing subsequent child protection involvement. The investigation conclusion is a determination, made without structured support,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

THE DATA: SUBSEQUENT CPS INVOLVEMENT

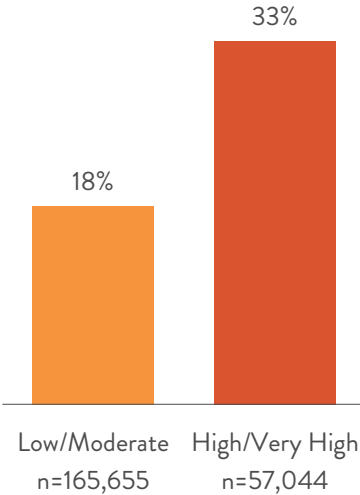
The recurrence sample, composed of children who were alleged victims involved in investigations in 2020, compares 12-month subsequent maltreatment investigations and substantiations across investigation conclusion and initial risk level.

SUBSEQUENT MALTREATMENT INVESTIGATION

BY ALLEGATION CONCLUSION

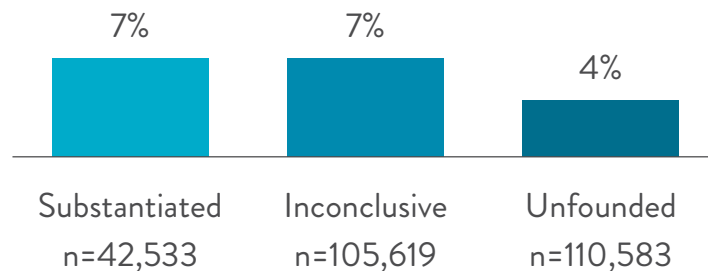


BY INITIAL RISK LEVEL

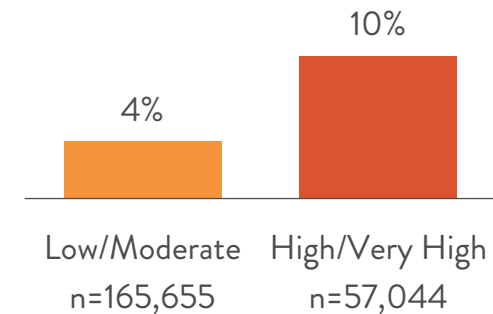


SUBSEQUENT MALTREATMENT SUBSTANTIATION

BY ALLEGATION CONCLUSION



BY INITIAL RISK LEVEL



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 2020 investigation than unfounded allegations (7% versus 4%).
- There were 36,036 children in families who did not have a completed risk assessment. Of those, 22% had a new investigation, and 5% had new substantiation (not shown). These two rates are equal to the base rates.
- 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.

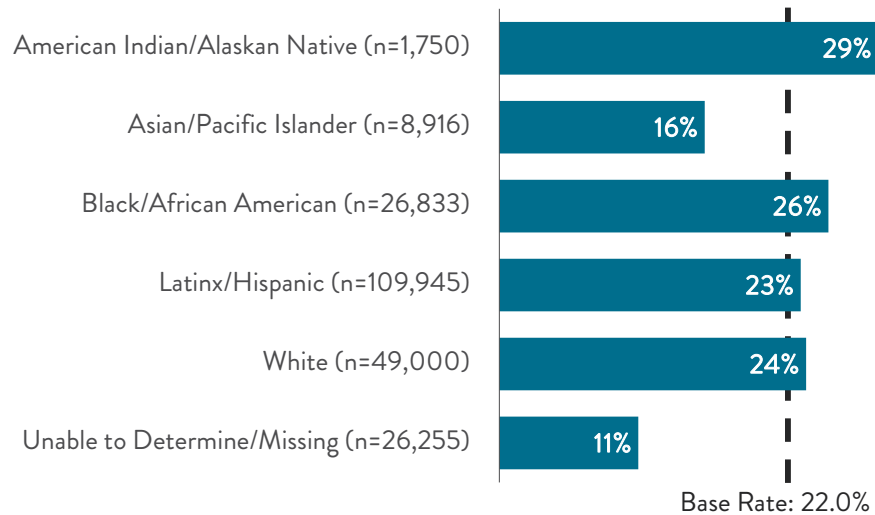


CONNECTING DATA TO PRACTICE

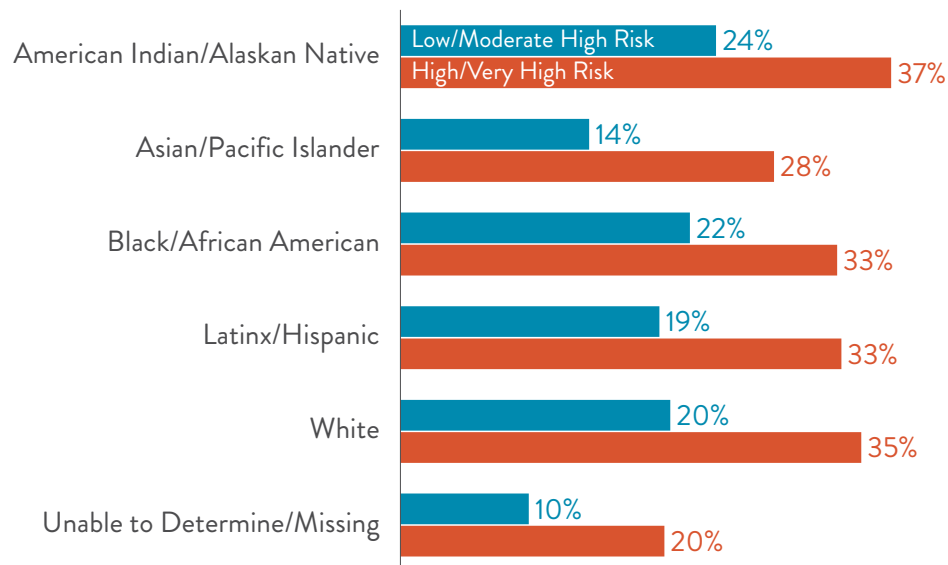
This analysis shows that the risk assessment classification provides better distinction than the investigation finding regarding which children and families are most likely to have subsequent child welfare system involvement. How can CDSS help counties make sure workers understand the different information 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?



THE DATA: SUBSEQUENT INVESTIGATION BY CHILD RACE/ETHNICITY



THE DATA: SUBSEQUENT INVESTIGATION BY INITIAL SDM RISK LEVEL AND CHILD RACE/ETHNICITY



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 (37%; note that 43% 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 (20%; note that only 11% were from families assessed as high or very high risk, not shown).
- For children from families assessed as low or moderate risk, American Indian/Alaskan Native children had the highest rate of subsequent investigation within 12 months; this rate was lower than the subsequent investigation rates for children from other determined race/ethnicity groups from high- and very high-risk families.



OPPORTUNITIES

The SDM risk assessment is functioning accurately within individual race/ethnicity groups, yet there is potential for improving equitable functioning of the SDM risk assessment. For example, the subsequent investigation rate for Black/African American children from families assessed as low or moderate risk is 22% compared with a rate of 33% for Black/African American children from families assessed as high or very high risk, which is less distinction in outcomes between the risk level groups than what was observed for other determined race/ethnicity groups. 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.

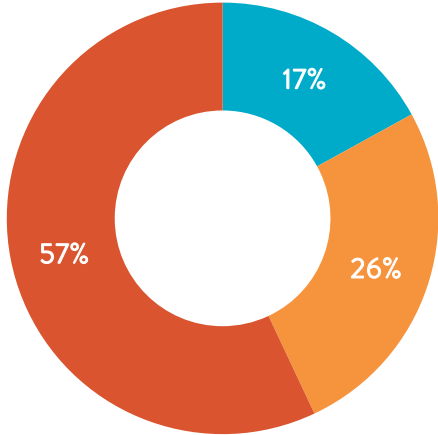
TAKEAWAYS

Less than half (43%) of cases (8,791, not shown) had a completed reunification reassessment within nine months of a child’s FR services starting, compared with 45% in the report from 2020. More than half (57%) of children in placement episodes did not have a completed reunification reassessment within nine months of FR services starting.

THE DATA: COMPLETION RATES

The analysis examined whether workers completed a reunification reassessment within six or nine months of the start of a child’s FR services. 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, 2022)—were excluded to allow equal opportunity (i.e., at least nine months) to complete the reunification reassessment.

In 2020, there were 20,418 removals with FR services active during the removal.



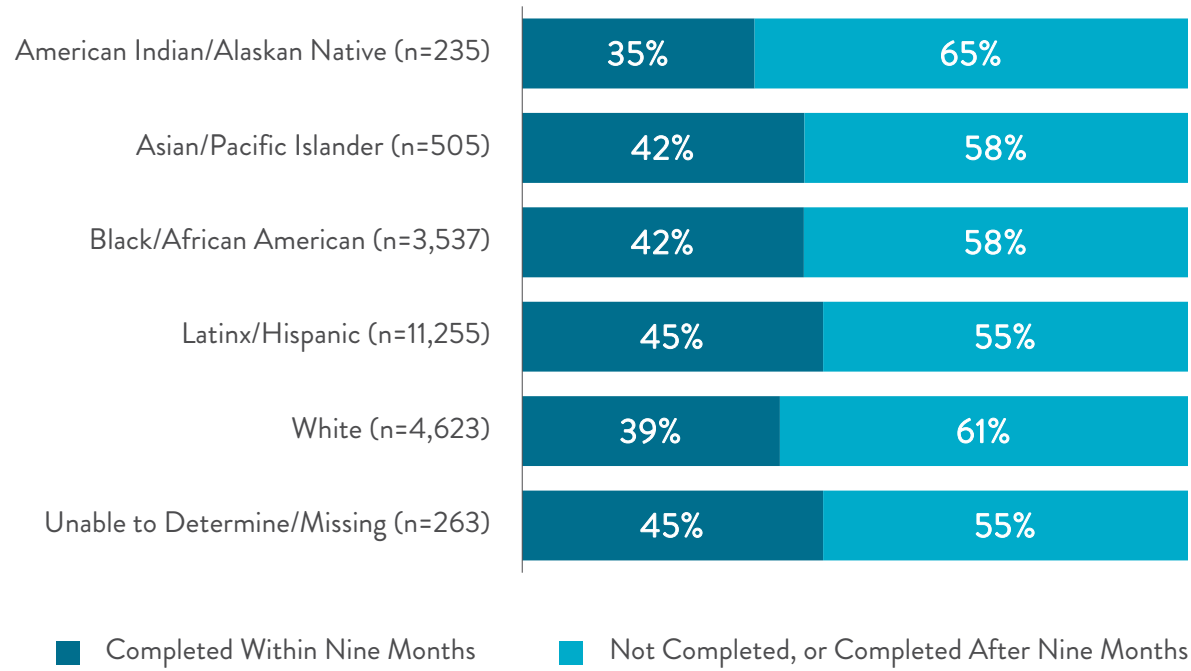
- Completed Within Six Months
- Completed Between Six and Nine Months
- Not Completed, or Completed After Nine Months

CONNECTING DATA TO PRACTICE

Currently, CDSS statewide policy does not require completion of the reunification reassessment or any alternate set of criteria that should be used to guide decisions related to safe reunification or permanency decisions for children in out-of-home care. This current policy and practice gap can significantly 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. How would increasing clarity in state policy, and/or increased reassessment completion, help to support safe and timely permanency for children? CDSS and Evident Change are partnering to use technical assistance resources to convene Reunification Peer Learning Sessions this fiscal year; future research could focus on the impacts of these efforts.



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



OPPORTUNITIES

CDSS could consider requiring reunification reassessment completion in policy. Until CDSS requires this, Evident Change expects to see variation by race/ethnicity as a result of county practice (e.g., variation could reflect county practices rather than actual differences for race/ethnicity groups). 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, this data can help agencies also examine areas that are preventing safe return home, and opportunities to improve reasonable efforts. 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?

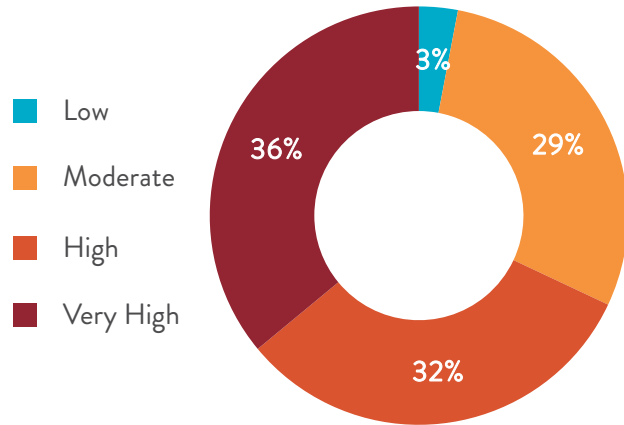


TAKEAWAYS

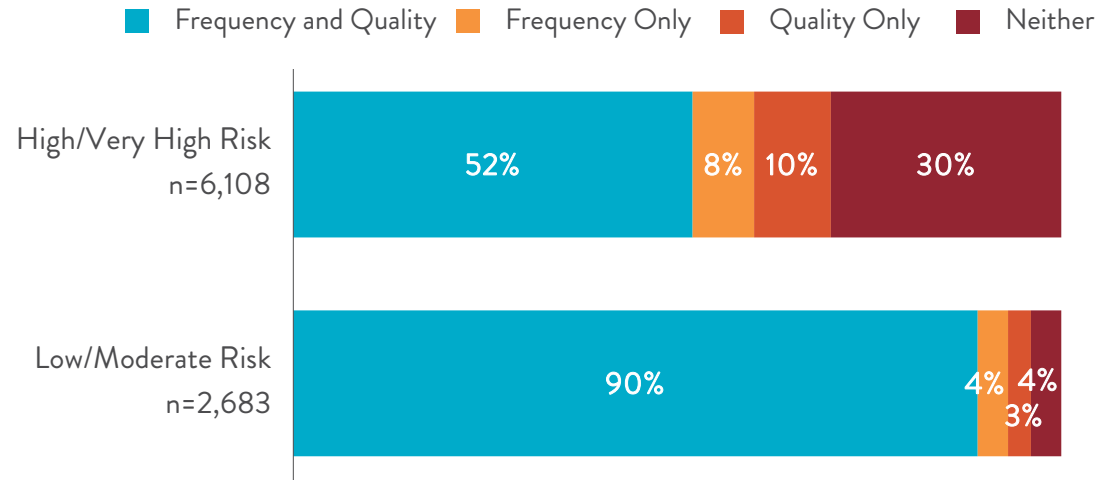
American Indian/Alaskan Native children had the lowest completion rate (35%) within nine months of FR services starting, and Latinx/Hispanic children and children whose race ethnicity could not be determined or was missing had the highest completion rates (45%).



THE DATA: SCORED RISK LEVEL



THE DATA: VISITATION COMPLIANCE BY FINAL RISK LEVEL



TAKEAWAYS

- Two thirds (6,014, or 68%) of cases were initially assessed as high or very high risk on the reunification reassessment. Of all cases with a reunification reassessment, 363 (4%, not shown) had an override to the scored risk level.
- Workers evaluated most (90%) cases 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 (30%) of high- or very high-risk cases were evaluated as neither meeting visitation quality nor frequency compliance.
- Workers overrode the evaluated visitation compliance in 945 (11%, not shown) cases. After visitation overrides, 3,097 (51%) cases with high or very high final risk level and 2,292 (85%) of cases with low or moderate risk level were assessed as having acceptable visitation frequency and quality (not shown).



CONNECTING DATA TO PRACTICE

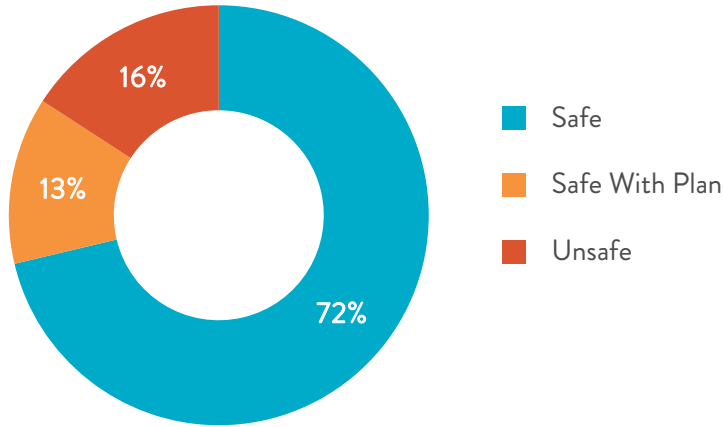
More than two thirds (68%, 6,014) of cases were classified as high or very high on the risk portion of the child's first reunification reassessment. A caregiver's progress on case plan objectives contributes largely to the scored risk level. How can CDSS support counties in providing guidance to workers 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 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?

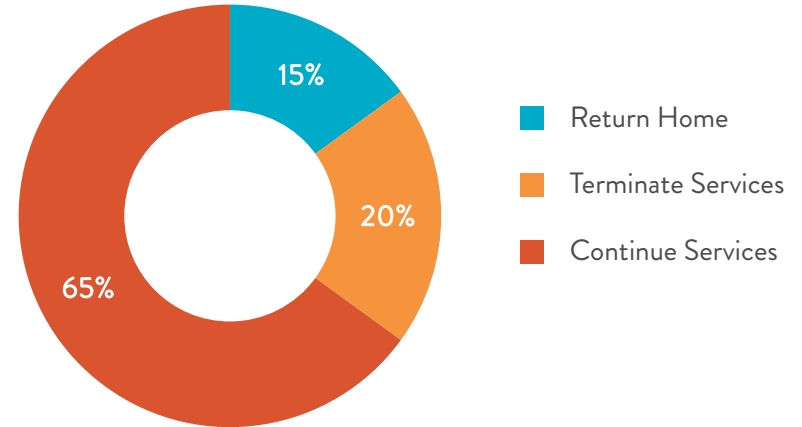


THE DATA: SDM REUNIFICATION REASSESSMENT RESULTS

SAFETY DECISION FOR ACCEPTABLE RISK AND VISITATION



FINAL RECOMMENDATION



TAKEAWAYS

- Over four fifths (1,934, 84%) of cases with acceptable risk and visitation were assessed as safe with plan or safe.
- Of the 8,791 cases with a completed reunification reassessment, 65% had a final recommendation to continue FR services, 20% had a final recommendation to terminate services, and 15% had a final recommendation to return home.
- Workers overrode the initial permanency recommendation for 1,427 cases (16%, not shown). About 42% (606, not shown) of overrides switched the permanency recommendation from return home to continue services, and an additional 35% (493, not shown) switched the permanency recommendation from continue services to terminate services.

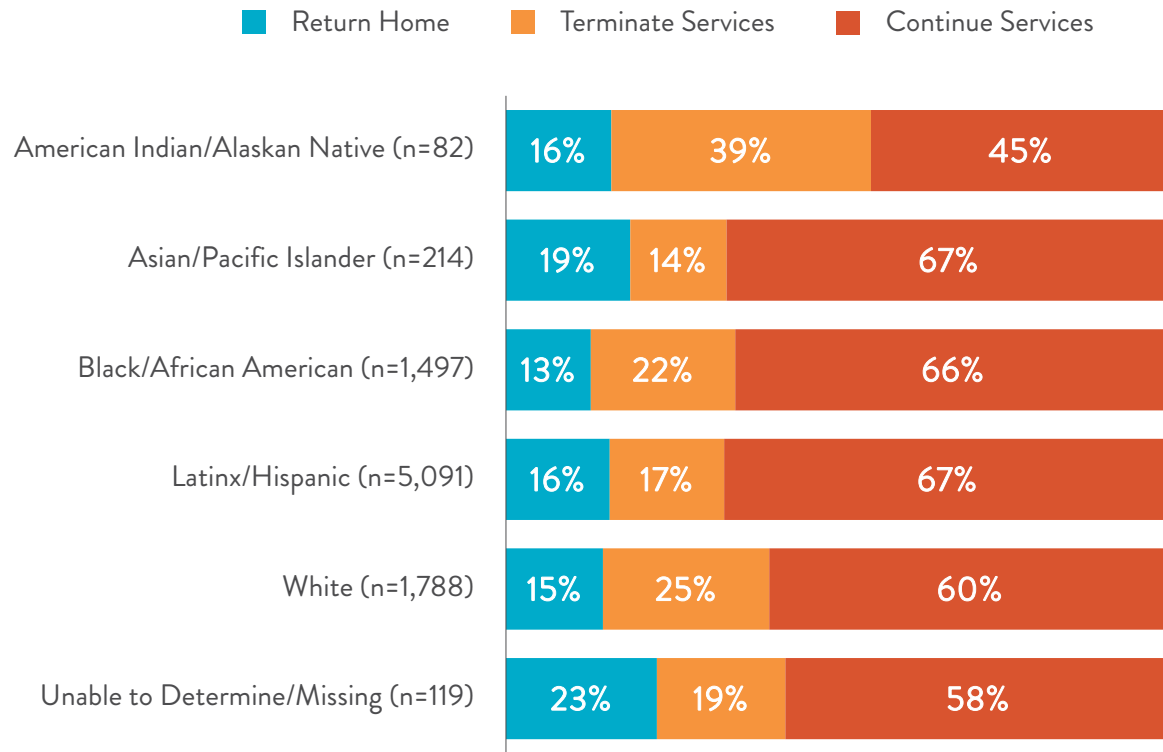


CONNECTING DATA TO PRACTICE

The permanency plan recommendation was overridden in 16% of cases, which is higher than the typical override rate for SDM assessments. What guidance could CDSS issue to the counties to support and ensure proper use of overrides on this assessment? CDSS could partner with Evident Change to conduct an in-depth review of cases in which permanency decision overrides were used to understand whether overrides are being applied appropriately. This review could provide further insights regarding the structure or policy and procedures of the reunification reassessment, highlighting areas of potential improvement to effectively fit the needs of counties.



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



OPPORTUNITIES

American Indian/Alaskan Native children had the lowest completion rate of the SDM reunification reassessment within nine months of FR services across all race/ethnicity groups; children in this group were much more likely to have an assessment finding to terminate services on their first reunification reassessment. What might account for these differences in completion rates and assessment findings by race/ethnicity? What are the implications for children and families in situations where the first reunification reassessment recommends that FR services are terminated? CDSS may wish to further explore the findings of the reunification reassessment with a racial equity lens.



TAKEAWAYS

- Children whose race/ethnicity could not be determined or was missing had the highest rate of the “return home” final recommendation, and Black/African American children had the lowest rate of the “return home” final recommendation on their first SDM reunification reassessment.
- The final recommendation of the first reunification reassessment for more than one third (39%) of American Indian/Alaskan Native children 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 in the American Indian/Alaskan Native race/ethnicity group represent a small number of cases, and findings can be influenced by small fluctuations.

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 received a completed risk reassessment within six or nine months of their FM services starting.



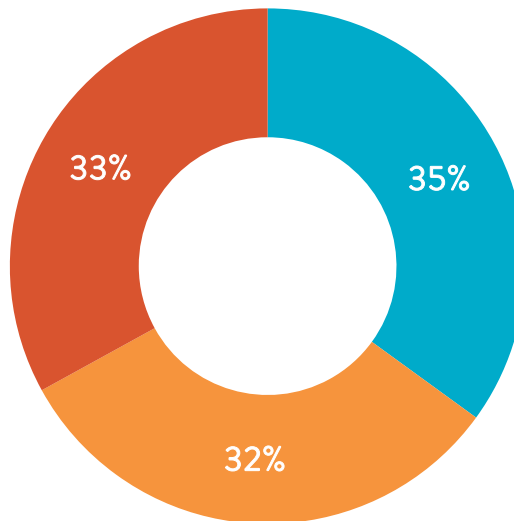
TAKEAWAYS

Workers completed a risk reassessment within nine months of FM services starting for over two thirds (10,626, 67%) of cases. The completion rate dropped 2 percentage points compared with the 2020 report.



THE DATA: COMPLETION RATES

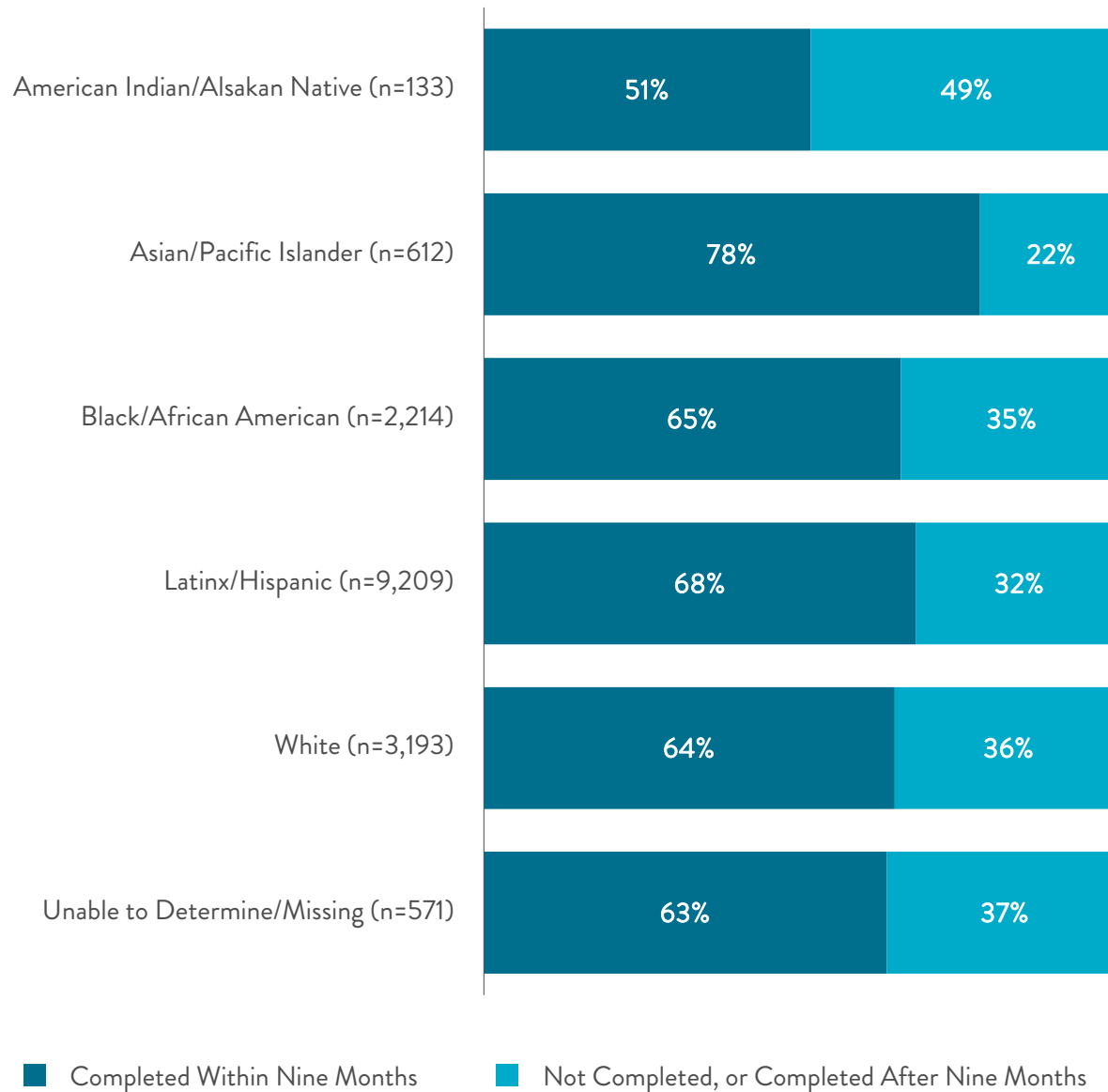
In 2020, there were 15,932 cases that began in FM services. The children in these cases received FM services for at least nine months, or the case was active for less than nine months but received FM services for the life of the case.



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



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



TAKEAWAYS

Asian/Pacific Islander children had the highest risk reassessment completion rate while American Indian/Alaskan Native children had the lowest completion rate among the race/ethnicity groups.



OPPORTUNITIES

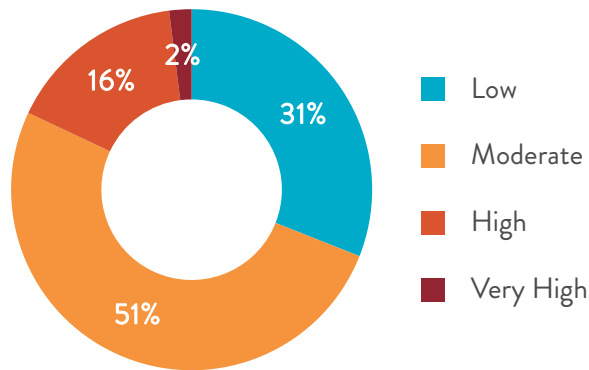
Do workers encounter any barriers or difficulties that get in the way of completing the risk reassessment for families of American Indian/Alaskan Native children? Low completion was also noted for the reunification reassessment for children in this race/ethnicity group.

CDSS could consider requiring risk reassessment completion in policy. Until CDSS requires this, Evident Change expects to see variation by race/ethnicity as a result of county practice. Low completion rates hinder the ability to understand and seek to improve racial equity with respect to the SDM risk reassessment.

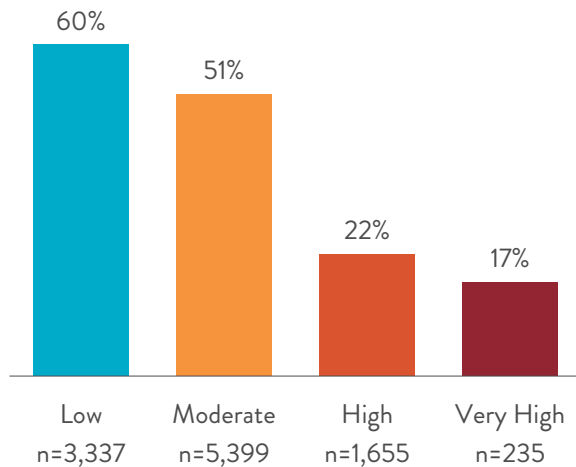


THE DATA: FIRST RISK REASSESSMENT

FINAL RISK LEVEL



CASE CLOSE WITHIN 90 DAYS BY FINAL RISK LEVEL



TAKEAWAYS

- Of the cases with a risk reassessment completed within nine months, over 82% were assessed as low or moderate risk.
- Overall, 834 cases (8%, not shown) with a completed risk reassessment had a risk override. Most (88%, 737, not shown) overrides were discretionary, and 84% (704, not shown) 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 4,000 (46%) cases assessed as low or moderate risk that did not close within 90 days, only 142 (4%) 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). It is unknown why the other 3,858 cases remained open.
- Of the 398 cases closed within 90 days with a high or very high level on the risk reassessment, 56 (14%) had an additional risk reassessment completed prior to case closure that reflected a low or moderate risk reassessment level; 27 closed with a high or very high risk level; and 315 had no new risk reassessment. It is unknown why cases with no subsequent low or moderate risk reassessment were closed.



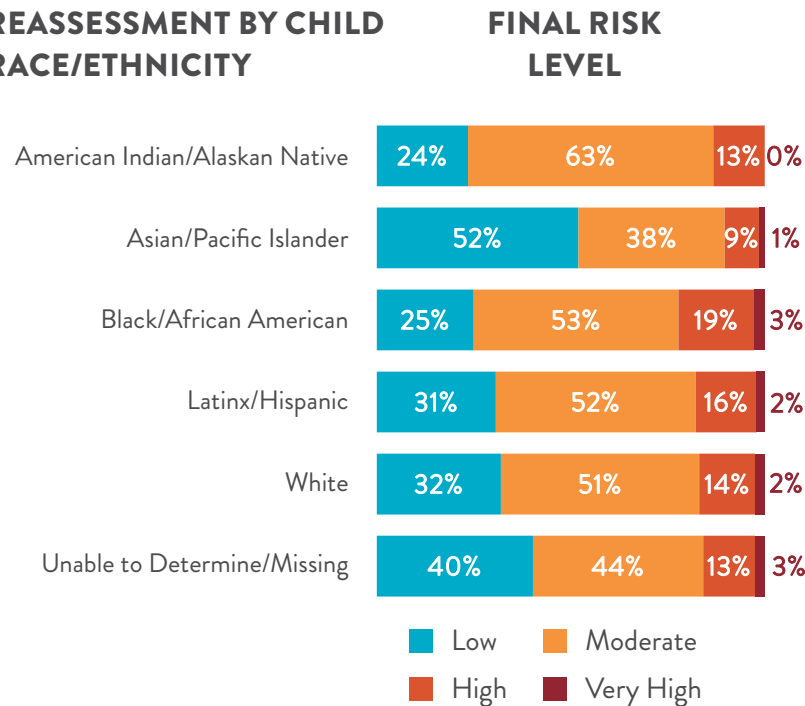
CONNECTING DATA TO PRACTICE

While two thirds of cases had a risk reassessment completed within the first nine months of FM services, 33% did not. How did workers assess families' case progress when they did not complete a risk reassessment, and what guidance could CDSS provide to help county staff decide when cases can be closed, and families are moved out of the child welfare system? SDM policy recommends 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?

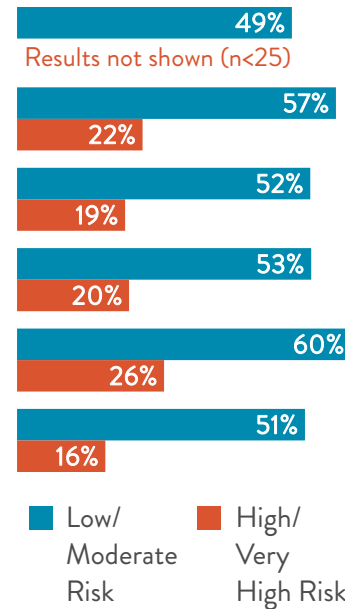
The nine-month completion rate has ranged from 69% in the 2019 report to 67% in this report; completion within six months has remained low. CDSS may wish to examine the Comparison Data report to see which counties are using the assessment more or less frequently and which counties are having more success completing the assessment within six months. How can these successes be leveraged to support strong practice in other counties?



THE DATA: FIRST RISK REASSESSMENT BY CHILD RACE/ETHNICITY



CASE CLOSE WITHIN 90 DAYS BY FINAL RISK LEVEL



TAKEAWAYS

- Among the race/ethnicity groups, Black/African American children in cases had the highest proportion assessed as high or very high risk (22%) on the first risk reassessment; Asian/Pacific Islander children in cases had the lowest rate (10%).
- For children in cases that were assessed as low or moderate risk on the first risk reassessment, White children had the highest rate (60%) and Asian/Pacific Islander children had the second-highest rate (57%) of case closure within 90 days. American Indian/Alaskan Native children experienced the lowest case closure rates within 90 days (49%).
- For children in cases that were assessed as high or very high risk on the first risk reassessment, White children and Asian/Pacific Islander children had the higher rate of case closure within 90 days (26% and 22%, respectively). Children whose race/ethnicity was not determined or missing experienced the lowest rate of case closure within 90 days (16%). Fewer than 25 American Indian/Alaskan Native children were classified as high or very high risk; results for that group are not shown.



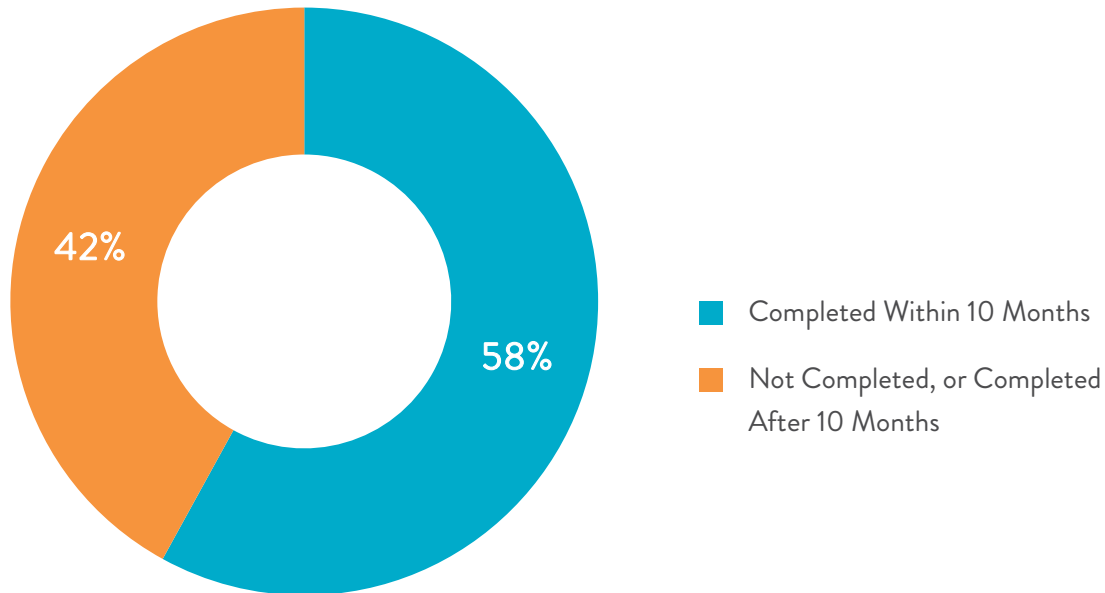
OPPORTUNITIES

There is variance in the risk level distribution by child race/ethnicity. CDSS may wish to further understand these differences. Are these differences an artifact of the low completion rates of the risk reassessment for families? Furthermore, CDSS may seek to understand why adherence to risk reassessment guidance differed by race/ethnicity: Risk reassessment guidance for children in cases assessed as low or moderate risk was followed more often for Asian/Pacific Islander children and White children than for the other race/ethnicity groups (i.e., cases were closed within 90 days more often). However, risk reassessment guidance for children in cases assessed as high or very high risk was followed less often for Asian/Pacific Islander children and White children compared with the other race/ethnicity groups (i.e., cases were closed within 90 days more often 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 safety threats in the household are present. The analysis examined safety assessment completion for the 8,736 cases with low or moderate risk on their first risk reassessment and were therefore eligible for case closure.



TAKEAWAYS

- Only 58% (5,094) 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 5,094 cases with a safety assessment completed, 3,730 (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 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 and [@Evident_Change](https://twitter.com/Evident_Change) on Twitter.

APPENDIX: METHODS FOR IDENTIFYING RACE/ETHNICITY

For the purposes of this analysis, researchers 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 Researchers 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

