

# EVIDENT CHANGE

Inform Systems. Transform Lives.

# THE STRUCTURED DECISION MAKING® SYSTEM IN CHILD WELFARE SERVICES

Report Date: May 2024

Report Period: January 1 – December 31, 2023

PREPARED FOR THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES





## A NOTE ABOUT RACIAL EQUITY DATA

The 2023 *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 from leadership and those in key decision-making positions systemwide transparency of data disaggregated by race/ethnicity as a starting point in understanding the varying experiences of families that can be illuminated by those data. 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.

**Evident Change**

# CONTENTS

Highlights..... 1

Examining the SDM System by Race/Ethnicity.....3

SDM Assessment Trends..... 4

Children Placed in Out-Of-Home Care.....14

New Case Promotion..... 16

Examining the SDM System by Child Race/Ethnicity ..... 19

Maltreatment Investigation and Substantiation Recurrence.....20

SDM Reunification Assessment..... 23

SDM Risk Reassessment.....30


Appendix: Methods for Identifying Race/Ethnicity .....A1

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

# CONSIDERATIONS

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

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

Throughout this report,  indicates that the N value for the group is very small (less than 25), and thus, results for that group are not shown.

# HIGHLIGHTS

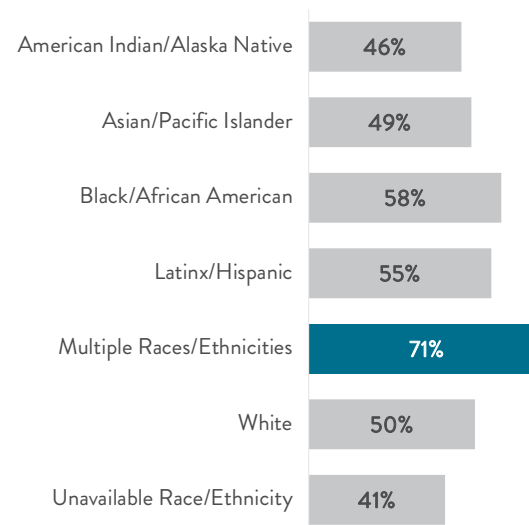
## THE DATA: INVESTIGATIONS INVOLVING FAMILIES AND CHILDREN WITH UNAVAILABLE RACE/ETHNICITY INFORMATION ([Page 3](#) and [Page 19](#))

2023: **8%** of families

2022: **11%** of children

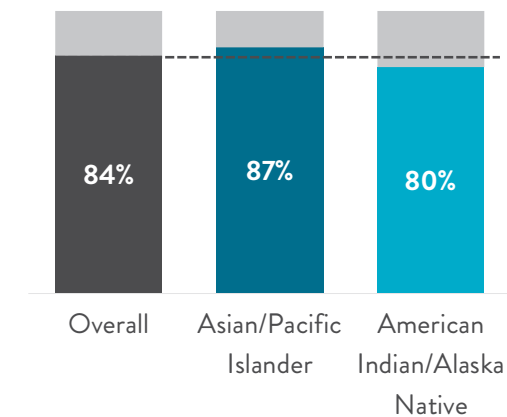
In this report, race/ethnicity information was unavailable for families in 8% of investigations in 2023 and for just over one in 10 (11%) children involved in investigations in 2022. These rates are similar to what was observed in last year's report. When race/ethnicity information is unavailable, it is difficult to analyze and compare child welfare involvement for families and children of different races/ethnicities. How can the California Department of Social Services (CDSS) support strong race/ethnicity data collection practices, especially thinking ahead to how this information will be captured in the California Automated Response and Engagement System (CARES)?

## THE DATA: FINAL IN-PERSON RESPONSE RATE BY REFERRED FAMILY RACE/ETHNICITY ([Page 8](#))



Initial and final in-person response rates for referrals involving families with multiple races/ethnicities were at least 13 percentage points higher than the rates observed for referrals involving families from other race/ethnicity groups. What might explain this difference, and how could it impact experiences with child welfare services (CWS) and outcomes for children and families? What are the potential impacts on racial disproportionality in child welfare services when in-person response rates vary by family race/ethnicity?

## THE DATA: SAFETY ASSESSMENT FINDINGS OF SAFE ([Page 10](#) and [Page 11](#))



No safety threats were identified on the initial safety assessment for about five in six (84%) investigations with a completed allegation household safety assessment. However, the rate at which investigations involved families assessed as safe on the initial safety assessment varied by family race/ethnicity. What might explain the high rate of “safe” findings overall and the differences in rates by family race/ethnicity? What are the potential impacts on families, communities, and agency resources when child welfare services becomes involved in situations in which no child safety concerns are present?

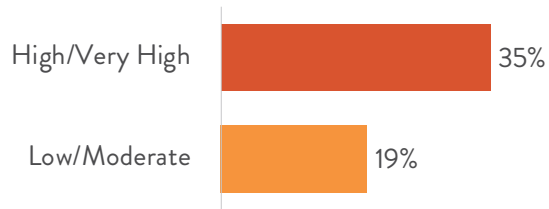


**THE DATA: NEW CASE PROMOTION RATE FOR INVESTIGATIONS INVOLVING FAMILIES ASSESSED AS HIGH/VERY HIGH RISK (Page 18)**

**33%**



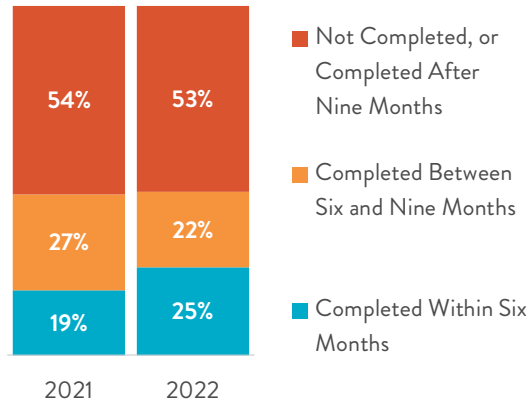
**THE DATA: SUBSEQUENT INVESTIGATION RATE BY INITIAL RISK LEVEL (Page 20)**



The SDM risk level accurately identifies who is most likely to return to CWS for abuse or neglect concerns, yet most investigations involving families assessed as high or very high risk are not opened into a new case. Children in 2022 investigations from families assessed as high or very high risk were involved in a subsequent investigation at a substantially higher rate than children in families assessed as low or moderate risk. The new case promotion rate for 2023 investigations involving families assessed as high or very high risk was 33%. How can using the findings of the risk assessment help counties effectively allocate resources to support families and prevent subsequent child welfare services involvement?



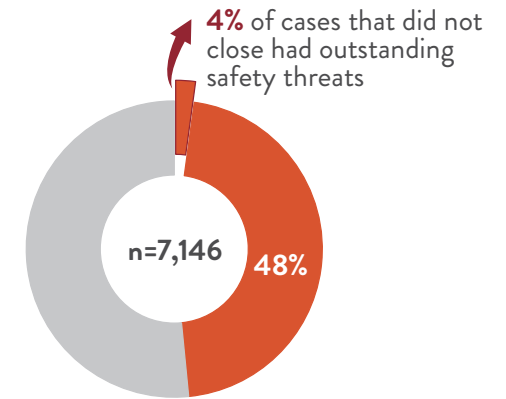
**THE DATA: REUNIFICATION ASSESSMENT COMPLETION (Page 24)**



Completion rates of the reunification assessment within nine months of family reunification (FR) services starting remained similar for new placement episodes starting in 2022 compared with those starting in 2021, yet the six-month completion rate increased 6 percentage points. This suggests that overall use rates of the assessment within nine months of FR services starting has not changed, but the timeliness of completion has improved. Updates to the assessment completion policy were implemented in 2024; how might these updated policies impact completion rates of the assessment overall and help to ensure that children and families are assessed in a way to support timely permanency outcomes?



**THE DATA: LOW/MODERATE-RISK CASES NOT CLOSED WITHIN 90 DAYS AND PRESENCE OF SAFETY THREATS (Page 32)**



Of the cases involving children from families assessed as low or moderate risk on their initial risk reassessment, almost half (48%) did not close within 90 days of the risk reassessment. Of those cases that did not close within 90 days, only 4% had a completed safety assessment documenting outstanding safety threats (i.e., safe with plan or unsafe). What are the impacts on children, families, and agency resources when low- and moderate-risk cases with no safety threats present remain open?

# EXAMINING THE SDM SYSTEM BY RACE/ETHNICITY

## 2023 REFERRALS AND INVESTIGATIONS

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

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

## THE DATA: RACE/ETHNICITY OF REFERRED FAMILIES

In 2023, California counties received 402,945 referrals concerning child abuse or neglect. A total of 176,459 referrals were assigned for an in-person response according to the Child Welfare Services/Case Management System (CWS/CMS), and 11,461 investigations resulted in a child entering foster care. Investigations and investigations resulting in a child entering placement include only those eligible for the SDM safety (in-home) and risk assessments.

## TAKEAWAYS

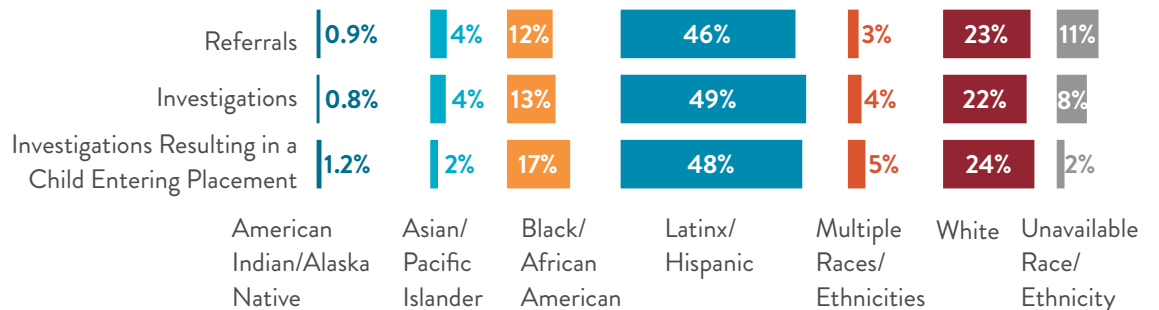
- Family race/ethnicity was unavailable for 11% of referrals, 8% of investigations, and 2% of investigations resulting in a child entering placement, similar to what was observed in 2022 (not shown). If race/ethnicity information were available for these families, findings could change.
- Compared with the proportions of referrals involving families in each race/ethnicity group (excluding unavailable), the proportions of investigations involving families in each race ethnicity group were generally similar, and there were more differences in the proportions of investigations resulting in a child entering placement involving families in each race/ethnicity group. For example, 13% of investigations involved Black/African American families, and 17% of investigations resulting in a child entering placement involved Black/African American families. The patterns of proportions for most race/ethnicity groups involved in referrals, investigations, and investigations resulting in a child entering placement were similar over the past four years (not shown).



## OPPORTUNITIES FOR EQUITY

Division 31 regulations state that workers should try to collect race/ethnicity information at the time of the referral. What guidance does CDSS provide (e.g., using the missing race/ethnicity alert in SafeMeasures®) to support this expectation? As CDSS continues to design and implement CARES, what features may support strong race/ethnicity data collection?

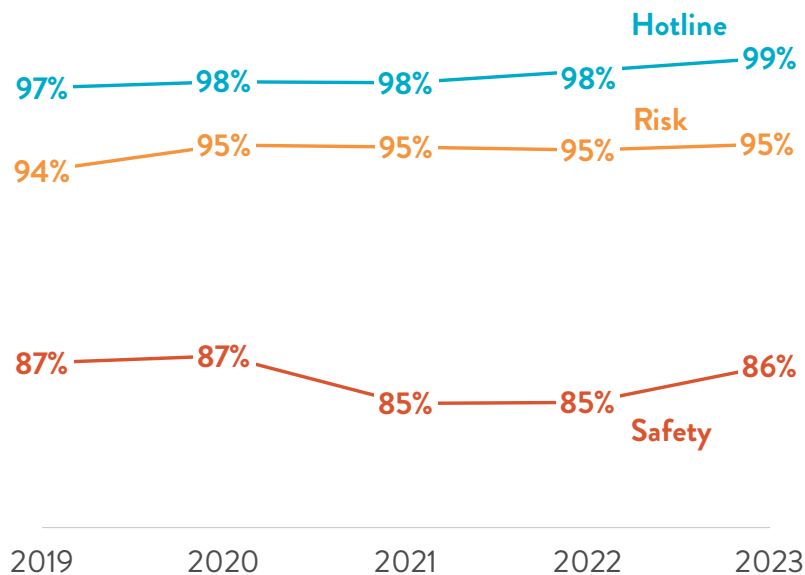
Given the higher proportion of investigations resulting in a child entering placement involving families in some race/ethnicity groups compared with their proportional representation at the point of referral or investigation, CDSS could seek to better understand what might be contributing to this pattern.



# SDM ASSESSMENT TRENDS

## THE DATA: COMPLETION RATES

For 2022 and 2023, referrals overridden to an in-person response on the hotline tools were excluded from the safety and risk assessment completion rates because based on policy, no further SDM assessments are required on these referrals.



## TAKEAWAYS

- 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 hotline completion rate in 2023 reached the highest point of the past five years. The risk assessment completion rate in 2023 was similar to the rate from 2020–22 and was slightly higher than the rate in 2019 (94%). The safety assessment completion rate was 86% in 2023 and has fluctuated within 2 percentage points over the past five years.

## POLICY & PRACTICE GUIDELINES

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

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

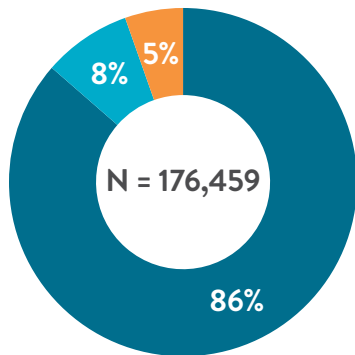
**Risk:** The SDM risk assessment must be completed at the end of every inconclusive or substantiated investigation (for non-SCP) to determine the likelihood of subsequent child protection involvement. It is recommended that the risk assessment be completed at the end of every unfounded investigation.

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



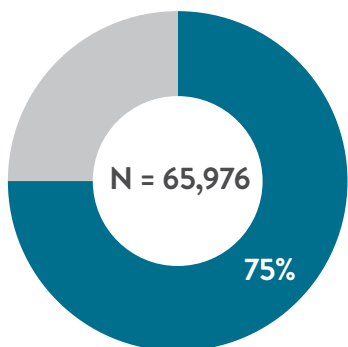
## THE DATA: 2023 INVESTIGATIONS

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



- Allegation Household
- Non-Allegation Household
- Not Completed

### RISK ASSESSMENT COMPLETION ON UNFOUNDED INVESTIGATIONS



## TAKEAWAYS

- In 2023, 8% of investigations had only a non-allegation household safety assessment. Including these, the safety assessment completion rate was 95% in 2023. The percentage of investigations with only a non-allegation household safety assessment varied within 1 percentage point over the past five years (not shown).
- For 165,932 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), just above the percentage observed in 2022 (82%, not shown).
- In 2023, 75% of unfounded investigations had a risk assessment completed. This proportion fluctuated within 1 percentage point over the past four years (not shown).



## CONNECTING DATA TO PRACTICE

In 2023, 8% of investigations had a safety assessment completed only on a non-allegation household, and 5% of investigations had no completed SDM safety assessment documented in WebSDM at all. Per SDM policy, the households on which allegations were made must be assessed for safety concerns. What barriers to completing and/or documenting the safety assessment exist, especially for allegation households? In January 2024, a pop-up reminder was added to WebSDM to alert workers who conduct the safety assessment in a non-allegation household that they should also complete an assessment in the allegation household, in hopes of improving the safety completion rate for allegation households. Evident Change will continue to monitor the safety assessment completion trends in future reports.

The timely completion rate of the safety assessment in 2023 was similar to the rate in 2022. The initial safety assessment was not completed within two days after the first face-to-face contact with an alleged victim in around one in six (17%, not shown) investigations. What is getting in the way of timely completion of the safety assessment? What supports can CDSS provide to counties to address these challenges?

If no screening criteria are selected on the SDM hotline tools and the worker selects an override to in-person response, the SDM policy and procedures manual states that no further SDM assessments are required. Evident Change observed that such investigations often had SDM safety or risk assessments completed. What might explain this completion trend? How might this practice impact agency resources, and how are SDM safety and risk assessment findings used in such situations?

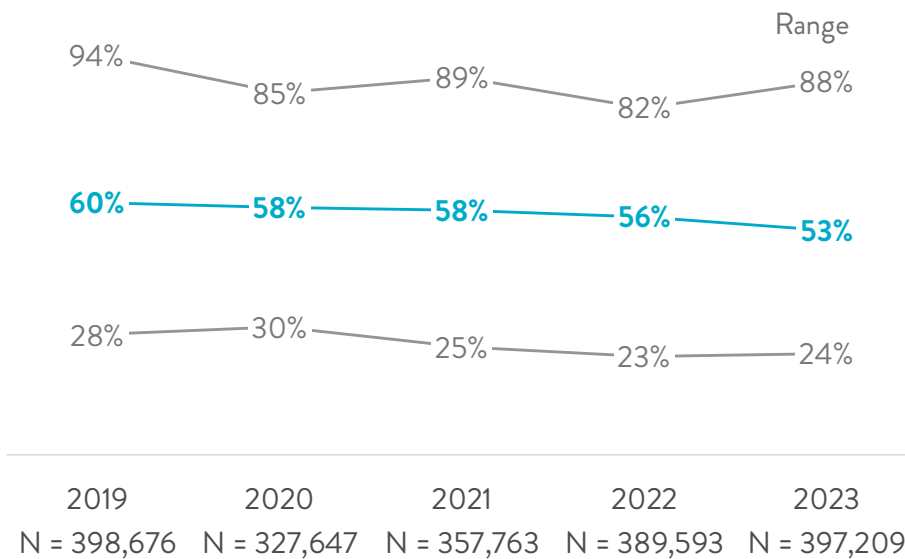




## THE DATA: SDM HOTLINE TOOLS FINDINGS

In 2023, 397,213 referrals had a completed hotline screening tool. Screening override decisions were made for the 364,368 referrals without preliminary screening items selected. The analysis excludes four referrals that had a data anomaly in the screening tool.

### FINAL SCREENING DECISION: IN-PERSON RESPONSE



### SCREENING DECISION OVERRIDE RATES

Override to:	2019	2020	2021	2022	2023
In-Person Response	1%	1%	1%	1%	1%
Evaluate Out	4%	4%	4%	4%	4%



## TAKEAWAYS

- The in-person response rate dropped gradually over the past five years, from 60% to 53%, while the number of referrals received in 2023 was similar to the number received in 2019. In 2023, the counties' in-person response rates across California varied from 24% to 88%.
- The in-person and evaluate-out override rates were consistently 1% and 4%, respectively. The screening decision override rates were within the typical 5-10% range over the past five years.



## CONNECTING DATA TO PRACTICE

The statewide in-person response rate continued its decreasing trajectory over the past year. What might explain this trend (e.g., changes in nature of calls to CWS, policy or practice changes, volume of calls, availability of community supports)?

In 2023, the range of in-person response rates across counties widened compared with 2022. What contributes to the variation of the in-person response rates across counties using the same hotline tools? Do some counties use hotline tools for purposes other than child abuse or neglect reporting? What sources of information could be used to understand these patterns (e.g., survey data, observation, review of county policy, interviews, and focus groups)? What specific guidance does CDSS provide to counties to ensure that hotline tools are used with fidelity?



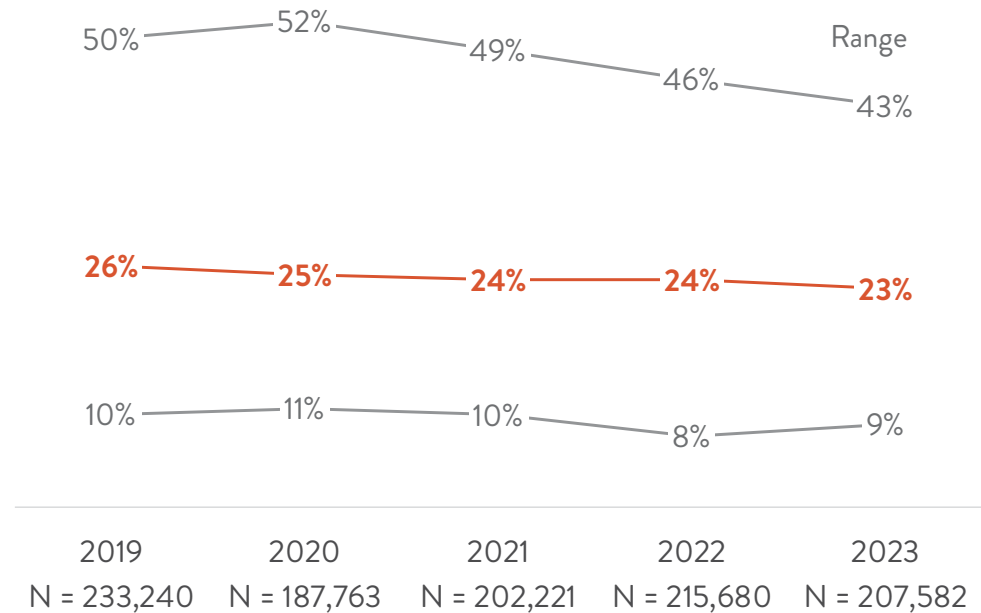
## THE DATA: SDM RESPONSE PRIORITY

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

### RESPONSE PRIORITY OVERRIDE RATES

Override to:	2019	2020	2021	2022	2023
10 Days	6%	6%	5%	5%	4%
24 Hours	3%	3%	3%	3%	2%

### FINAL RESPONSE PRIORITY: WITHIN 24 HOURS



### TAKEAWAYS

- The 24-hour response rate decreased slightly over the past five years, from 26% in 2019 to 23% in 2023. The range of the rates across counties has gradually decreased compared with that observed from 2020 to 2022.
- Response priority override rates gradually decreased, from 9% in 2019 to 6% in 2023. During the five years observed, the total override rate was within the typical range of 5–10%.



### CONNECTING DATA TO PRACTICE

The statewide 24-hour response rate has decreased over the past five years. What might explain this trend? While the statewide 24-hour response rate decreased overall, the rates continue to vary widely by county (9–43% in 2023; 24-hour response rates for individual counties are available in the County-Level Data Report). Given this variance, how can CDSS tailor support to counties with higher rates of 24-hour response investigations to ensure timely contact with children and families in these situations? While variation remains, the range of rates across counties has decreased over the past four years. What are the reasons for the slightly reduced variation in 24-hour response rates across counties?



## THE DATA: 2023 SCREENING DECISION FINDINGS BY REFERRED FAMILY RACE/ETHNICITY

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

		IN-PERSON RESPONSE			SCREENING OVERRIDE TO:	
		Initial	Final		In-Person Response	Evaluate Out
American Indian/Alaska Native	(n=3,468)	48%	46%	(n=3,128)	1.6%	2.8%
Asian/Pacific Islander	(n=16,487)	52%	49%	(n=15,239)	0.6%	3.4%
Black/African American	(n=48,302)	60%	58%	(n=44,311)	1.1%	3.0%
Latinx/Hispanic	(n=183,328)	58%	55%	(n=167,234)	0.8%	3.9%
Multiple Races/Ethnicities	(n=10,668)	73%	71%	(n=9,939)	1.0%	2.4%
White	(n=92,322)	52%	50%	(n=84,430)	0.8%	3.5%
Unavailable Race/Ethnicity	(n=42,634)	46%	41%	(n=40,087)	0.7%	5.5%
Total	(N = 397,209)	56%	53%	(N = 364,368)	0.8%	3.8%



## OPPORTUNITIES FOR EQUITY

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



## TAKEAWAYS

- Final in-person response rates were lower than initial in-person response rates for referrals across all race/ethnicity groups. Referrals involving families with multiple races/ethnicities had the highest initial and final in-person response rates (73% initial and 71% final). Referrals involving American Indian/Alaska Native families had the lowest initial and final in-person response rates (48% initial and 46% final) among the race/ethnicity groups (excluding unavailable).
- Screening overrides to evaluate out were applied at higher rates than overrides to in-person response for referrals across all race/ethnicity groups. Screening overrides (including to evaluate out and to in-person response) were used at the lowest rate for referrals involving families with multiple races/ethnicities (3.4%) and at the highest rate for referrals involving families with unavailable race/ethnicity information (6.2%). Screening overrides to an in-person response were used at the lowest rate for referrals involving Asian/Pacific Islander families (0.6%) and at the highest rate for referrals involving American Indian/Alaska Native families (1.6%) while screening overrides to evaluate out were used at the lowest rate for referrals involving families with multiple races/ethnicities (2.4%) and at the highest rate for referrals involving families with unavailable race/ethnicity information (5.5%).



## THE DATA: 2023 RESPONSE PRIORITY DECISION FINDINGS BY REFERRED FAMILY RACE/ETHNICITY

The analysis excludes 13 referrals with no initial response priority recorded.

		24-HOUR RESPONSE		RESPONSE PRIORITY OVERRIDE TO:	
		Initial	Final	24 Hours	10 Days
American Indian/Alaska Native	(n=1,561)	27%	28%	3.0%	2.5%
Asian/Pacific Islander	(n=8,037)	29%	24%	2.0%	6.5%
Black/African American	(n=27,767)	30%	27%	2.7%	5.1%
Latinx/Hispanic	(n=100,294)	25%	23%	2.4%	4.4%
Multiple Races/Ethnicities	(n=7,497)	28%	27%	2.5%	3.8%
White	(n=45,235)	24%	23%	2.3%	3.6%
Unavailable Race/Ethnicity	(n=17,178)	21%	20%	2.5%	3.6%
Total	(N = 207,569)	25%	23%	2.4%	4.3%



## OPPORTUNITIES FOR EQUITY

What might account for the differences observed in the 24-hour response priority rates and use of response priority overrides by family race/ethnicity? How might differences in in-person response rates by family race/ethnicity relate to the differences observed in the 24-hour response priority rates? CDSS may partner with Evident Change to review the use of response priority overrides for investigations involving families in different race/ethnicity groups to ensure they are properly used in a way to support consistent, timely, and equitable responses to child abuse or neglect concerns.

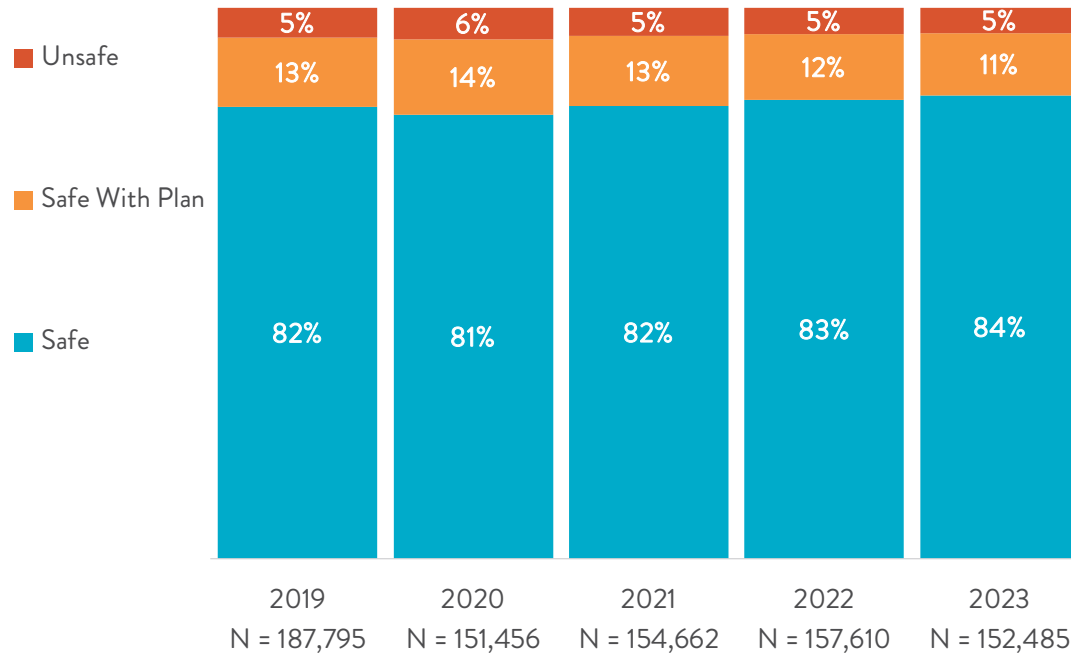


## TAKEAWAYS

- Initial 24-hour response priority rates were higher than the final response priority rates across investigations involving families from all race/ethnicity groups except American Indian/Alaska Native families. Investigations involving families with unavailable race/ethnicity information had the lowest 24-hour response priority rates (21% initial and 20% final). Investigations involving Black/African American families had the highest initial 24-hour response priority rate (30%), and investigations involving American Indian/Alaska Native families had the highest final 24-hour response priority rate (28%).
- Response priority overrides to 10 days outnumbered overrides to 24 hours across investigations involving all family race/ethnicity groups except for American Indian/Alaska Native families. Investigations involving American Indian/Alaska Native families had the lowest response priority override rate (5.5%), with the highest rate of overrides to a 24-hour response (3.0%), and the lowest override rate to a 10-day response (2.5%), resulting in the smallest change (0.5 percentage point) between initial and final 24-hour response priority rates across race/ethnicity groups. Investigations involving Asian/Pacific Islander families had the highest response priority override rate (8.5%), with the lowest rate of overrides to a 24-hour response (2.0%), and the highest override rate to a 10-day response (6.5%), resulting in the largest change (4.5 percentage points) between initial and final response priority rates across race/ethnicity groups.

## THE DATA: SDM SAFETY ASSESSMENT FINDINGS

In 2023, 152,485 investigations had a safety assessment completed on the allegation household.



## TAKEAWAYS

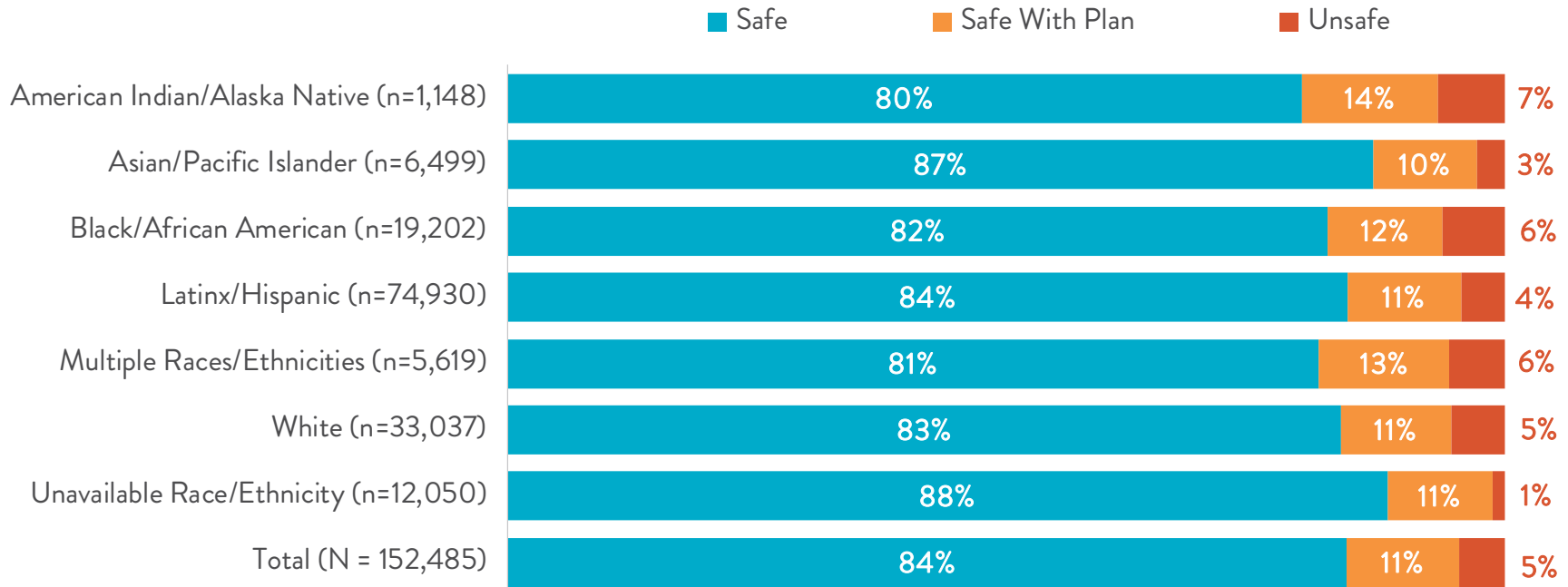
- The proportion of investigations involving families assessed as safe with plan or unsafe decreased from 2020 to 2023 (19% to 16%), mainly due to the decrease in the proportion of investigations involving families assessed as safe with plan (14% to 11%).
- In 2023, the percentage of investigations with at least one safety threat identified ranged from 6% to 53% across counties (not shown; see County-Level Data report). This variation narrowed drastically compared with what was observed in 2022 (6% to 75%, not shown).
- Statewide, in 2023 the three most prevalent safety threats identified in investigations in which the family was assessed as unsafe were child immediate needs not met, physical harm, and failure to protect (53%, 43%, and 24%, respectively, not shown; see County-Level Data report).

## CONNECTING DATA TO PRACTICE

Over the past five years, the proportion of investigations involving families initially assessed as safe is high compared with the proportion of investigations involving families assessed as safe with plan or unsafe: About five in six investigations with a completed allegation household safety assessment had no safety threats identified on the initial safety assessment. This observation is interesting, given that about one in four investigations were assessed as requiring a response within 24 hours; Evident Change typically observes a relationship between 24-hour response investigations and the identification of safety threats. In 2023, among investigations with no safety threats identified, the top three allegations marked on the SDM hotline tools were neglect, physical abuse, or emotional abuse, and 18% had a 24-hour final response priority (not shown). What are the reasons for the observed patterns in safety decision? Does the high rate of “safe” findings indicate that safety threats are being under-identified or that perhaps there may be an opportunity to work with families outside the child welfare system to address concerns? What are the potential impacts on families, communities, and agency resources when CWS becomes involved in situations in which no child safety concerns are present?



## THE DATA: 2023 SAFETY FINDINGS BY FAMILY RACE/ETHNICITY



### TAKEAWAYS

- Investigations involving American Indian/Alaska Native families had safety threats identified (unsafe and safe with plan) at the highest rate (20%), and those involving families with unavailable race/ethnicity information had safety threats identified at the lowest rate (12%) followed by investigations involving Asian/Pacific Islander families (13%).
- Excluding investigations involving families whose race/ethnicity was unavailable, investigations involving American Indian/Alaska Native families were assessed as unsafe at the highest rate (7%), and those involving Asian/Pacific Islander families were assessed as unsafe at the lowest rate (3%).

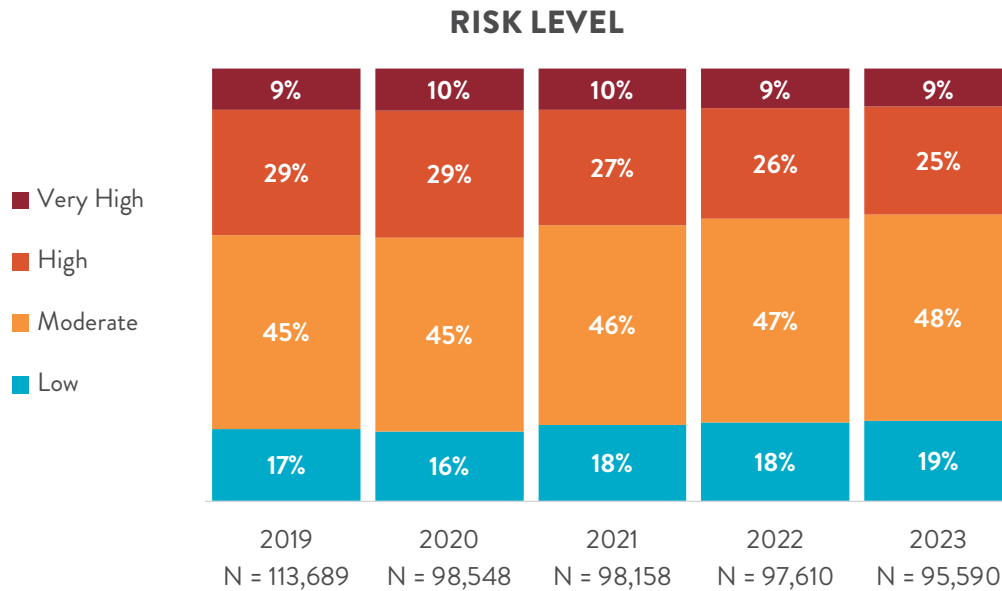


### OPPORTUNITIES FOR EQUITY

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/Alaska Native. CDSS and Evident Change can partner to examine which safety threats are more often selected for investigations involving families in different race/ethnicity groups to develop insights into these findings and what might be getting in the way of in-home safety planning.



## THE DATA: SDM RISK ASSESSMENT FINDINGS



## RISK LEVEL OVERRIDE

Override	2019	2020	2021	2022	2023
Policy	1%	1%	2%	1%	1%
Discretionary	5%	5%	4%	3%	3%



## TAKEAWAYS

- The number of substantiated or inconclusive investigations with a completed SDM risk assessment decreased over the past five years.
- The proportion of substantiated or inconclusive investigations involving families assessed as high or very high risk decreased in the past four years (39%, 36%, 35%, and 34%, respectively). Among unfounded investigations in 2023 with a completed risk assessment, 17% involved families assessed as high or very high risk (not shown).
- In 2023, the percentage of substantiated or inconclusive investigations in which the family was assessed as high or very high risk ranged from 10% to 55% across counties with 25 or more investigations (not shown; see County-Level Data report). This variation in 2022 was from 15% to 52% (not shown).
- The risk level override rate (policy override and discretionary override rates combined) has gradually decreased from 6% to 4% over the past five years. The rate was just below the lower end of the typical 5–10% range in the past two years.



## CONNECTING DATA TO PRACTICE

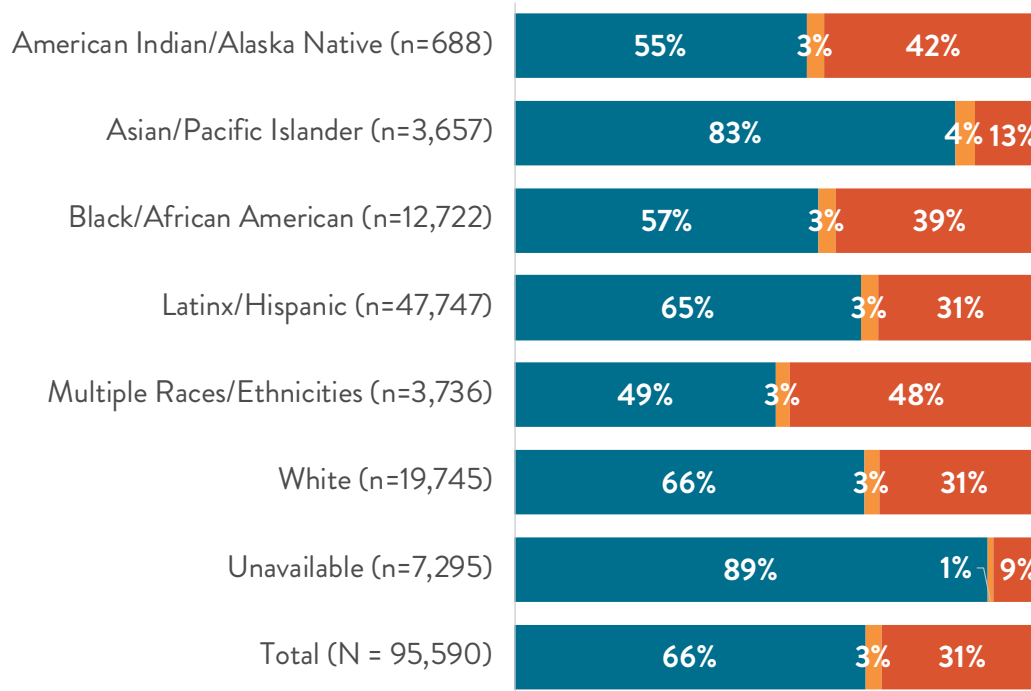
About one third (34%) of substantiated or inconclusive investigations in 2023 with a completed risk assessment involved families assessed as high or very high risk. Families assessed as high or very high risk are more likely to return to the child welfare system for abuse or neglect concerns in the future. What supports does CDSS provide to counties to help prevent subsequent involvement for families assessed as high or very high risk?

There was marked variation by county in the proportion of substantiated or inconclusive investigations involving families assessed as high or very high risk on the risk assessment. CDSS could consider working with counties to examine differences in risk assessment item selection and resulting decisions based on risk assessment use, particularly for counties with larger proportions of investigations involving families who are assessed as high or very high risk. This observed variation may also be evidence that CDSS may benefit from a full risk validation study to update the assessment to ensure accurate and equitable performance across counties.



## THE DATA: 2023 RISK FINDINGS BY FAMILY RACE/ETHNICITY

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



## OPPORTUNITIES FOR EQUITY

The risk findings pattern by family race/ethnicity in 2023 was similar to that observed in 2022 (not shown). Investigations involving families with multiple races/ethnicities were assessed as high or very high risk at a higher rate compared with investigations involving 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. This observed variation may also be evidence that CDSS may benefit from a full risk validation study to update the assessment to ensure accurate and equitable performance by family race/ethnicity.



## TAKEAWAYS

- Investigations involving families with multiple races/ethnicities were assessed as high or very high risk at the highest rates (48% initial and 51% final), and investigations involving Asian/Pacific Islander families were assessed as high or very high risk at the lowest rates (13% initial and 17% final) among the race/ethnicity groups (excluding unavailable). This finding is similar to what was observed in the past three years.
- Risk assessment policy overrides can only increase the risk level to very high, and discretionary overrides can only be used to increase the risk level by one. Overrides to the risk level that moved families from a risk level not recommending services (i.e., low/moderate) to a risk level recommending services (i.e., high/very high) were applied within the range of 1% to 4% for investigations across the race/ethnicity groups. The risk override rate moving the risk level from low/moderate to high/very high risk for investigations involving Asian/Pacific Islander families (4%) was the highest among all race/ethnicity groups.



# CHILDREN PLACED IN OUT-OF-HOME CARE



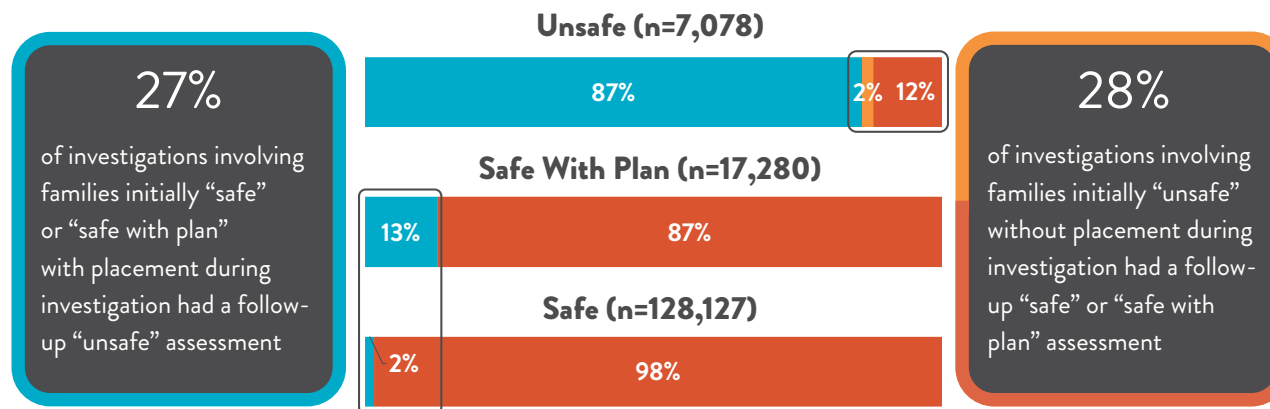
## POLICY & PRACTICE GUIDELINES

A safety decision of unsafe means the worker has determined that placement is the only intervention available to keep the child safe. To examine how often initial safety decisions correspond to children actually entering out-of-home placement, Evident Change identified the first placement episode that began between three days prior to the date the referral was received and the end of the investigation—or, if the investigation was still open, February 26, 2024 (the date this information was collected from CWS/CMS).



## THE DATA: PLACEMENT BY INITIAL SAFETY DECISION

■ Placement ■ No Placement: All Children Already Placed ■ No Placement



## TAKEAWAYS

- Of 145,407 investigations in which families were initially assessed as safe with plan or safe, 4,233 (3%, not shown) had any child enter out-of-home placement during the investigation. Of 7,078 investigations in which families were initially assessed as unsafe, 829 (12%) had no child enter out-of-home placement during the investigation; another 114 (2%) resulted in no new out-of-home placement 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 had any child enter out-of-home placement, 27% (1,164, 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 placed in out-of-home care, including those in which all children had an existing out-of-home placement, 28% (264, not shown) had a subsequent safety assessment reflecting a change to safe or safe with plan.

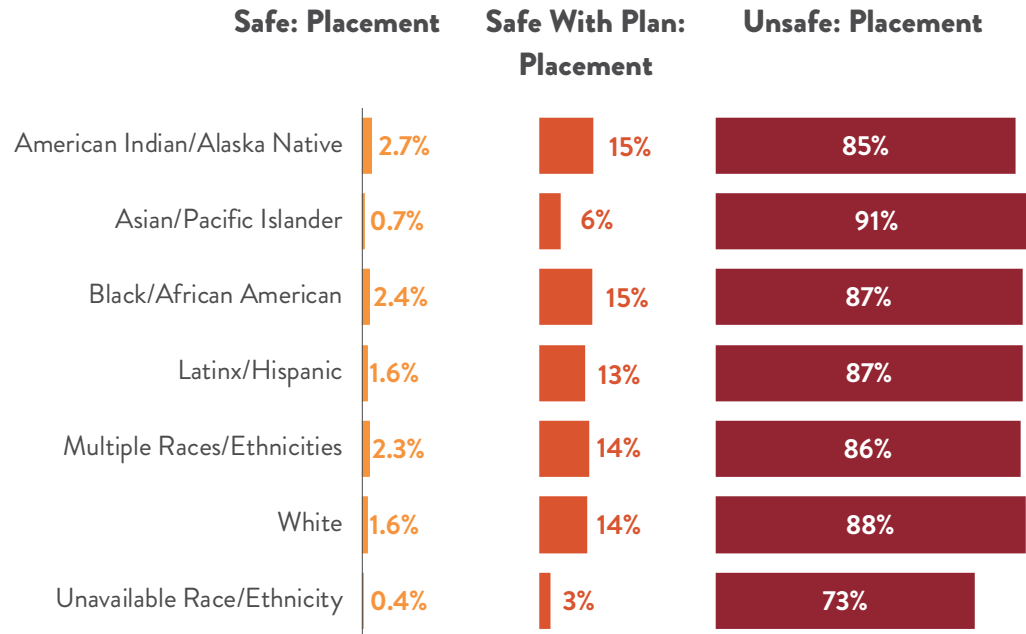


## CONNECTING DATA TO PRACTICE

Among investigations in which the placement action taken by the worker did not align with the initial safety decision for the family, just over a quarter had a new safety assessment documenting a safety decision that aligned with the action taken. Child and family safety is a fluid concept: As circumstances change, safety should be reassessed. How can CDSS encourage using the SDM safety assessment to guide safety planning on an ongoing basis? Which counties have strong adherence to safety assessment recommendations or strong safety reassessment practices, and how can CDSS learn what is working well for those counties and use that to strengthen adherence to SDM safety assessment guidelines statewide?



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



## TAKEAWAYS

- Among investigations in which the family was assessed as unsafe (excluding unavailable race/ethnicity), those involving American Indian/Alaska Native families had the lowest child placement rate (85%) and those involving Asian/Pacific Islander families had the highest child placement rate (91%). Interestingly, investigations involving American Indian/Alaska Native families were assessed as unsafe at the highest rate (7%) and investigations (excluding unavailable race/ethnicity) involving Asian/Pacific Islander families were assessed as unsafe at the lowest rate (3%, see [The Data: 2023 Safety Findings by Family Race/Ethnicity](#)).
- Investigations involving Black/African American or American Indian/Alaska Native families had the highest child placement rates (both 15%) among investigations in which the family was assessed as safe with plan.
- Investigations involving families with unavailable race/ethnicity information experienced the lowest rates of child placement, regardless of safety decision.



## OPPORTUNITIES FOR EQUITY

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

CDSS and Evident Change could partner to examine why adherence to the initial safety assessment decision of unsafe was lower for investigations involving American Indian/Alaska Native families. This could help determine whether SDM definitions and thresholds, worker perception, or a combination is contributing to the variation in safety threat and intervention identification and in the child placement decision, or highlight areas of the SDM safety assessment that could be strengthened to support effective safety planning with children and families.

# NEW 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. Ongoing services following investigation closure should be considered for families who are classified as high or very high risk.



## TAKEAWAYS

- The analysis reflects only investigations with completed safety and risk assessments. Counties conducted an additional 32,372 investigations in 2023 without completed safety and/or risk assessments, 40% of which were substantiated or inconclusive investigations.
- A total of 39,432 investigations involved families who were assessed as high or very high risk and/or had outstanding safety threats at the end of the investigation. Just under a third (12,599, or 32%; not shown) of these investigations were promoted to a new ongoing CWS case.



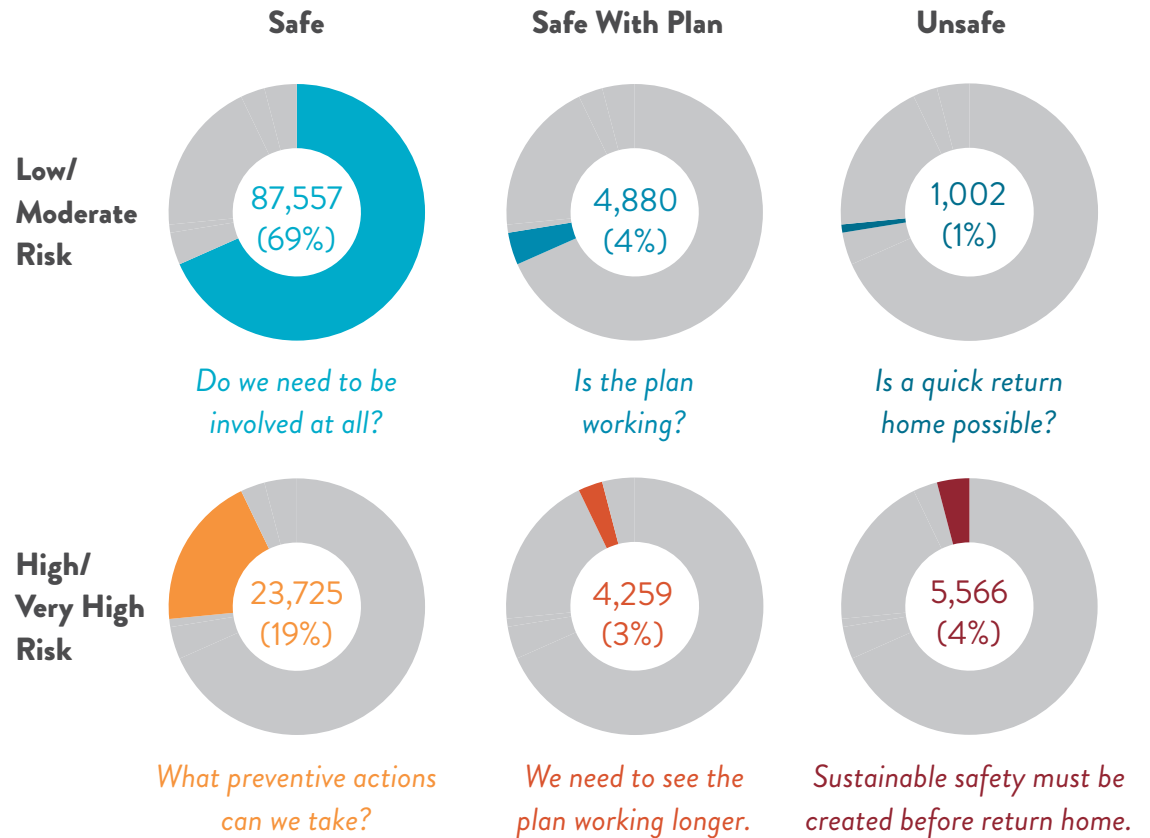
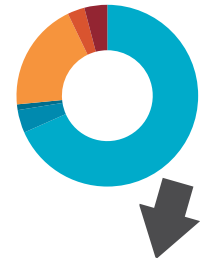
## CONNECTING DATA TO PRACTICE

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



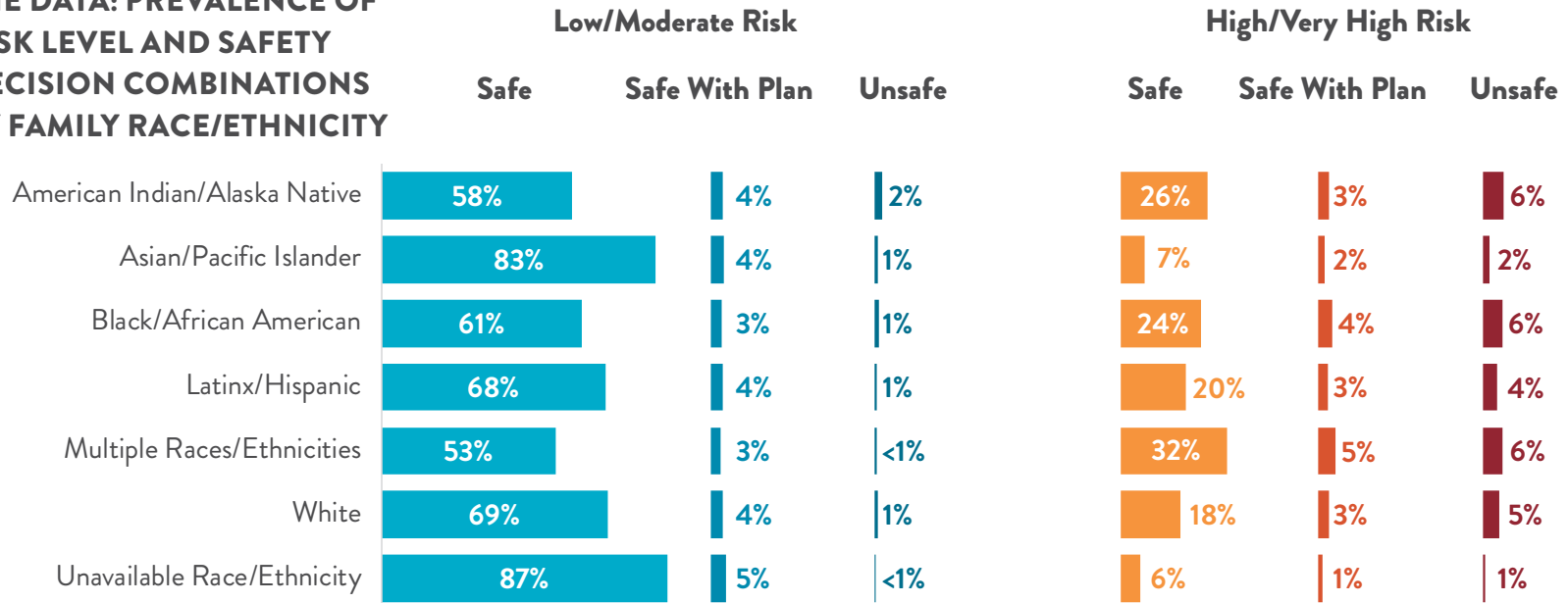
## THE DATA: PREVALENCE OF RISK LEVEL AND SAFETY DECISION COMBINATIONS

In 2023, 126,989 investigations for families that did not already have an open case had a completed safety and risk assessment. The analysis examined findings from the last safety assessment completed during the investigation and the risk assessment.





## THE DATA: PREVALENCE OF RISK LEVEL AND SAFETY DECISION COMBINATIONS BY FAMILY RACE/ETHNICITY



## TAKEAWAYS

- Investigations involving families with multiple races/ethnicities were assessed as high or very high risk and/or had outstanding safety threats at the end of the investigation at the highest rate (47%), and a new case was opened for these investigations at the second lowest rate (30%, not shown). Investigations involving Asian/Pacific Islander families were assessed as high or very high risk and/or had outstanding safety threats at the end of the investigation at the second lowest rate (17%), and a new case was opened for these investigations at the highest rate (37%, not shown).
- The largest variation observed in the prevalence of risk level and safety decision combinations by family race/ethnicity was in the percentage of investigations involving families assessed as safe and low/moderate risk (53–87%) or the percentage of investigations involving families assessed as safe and high/very high risk (6–32%).



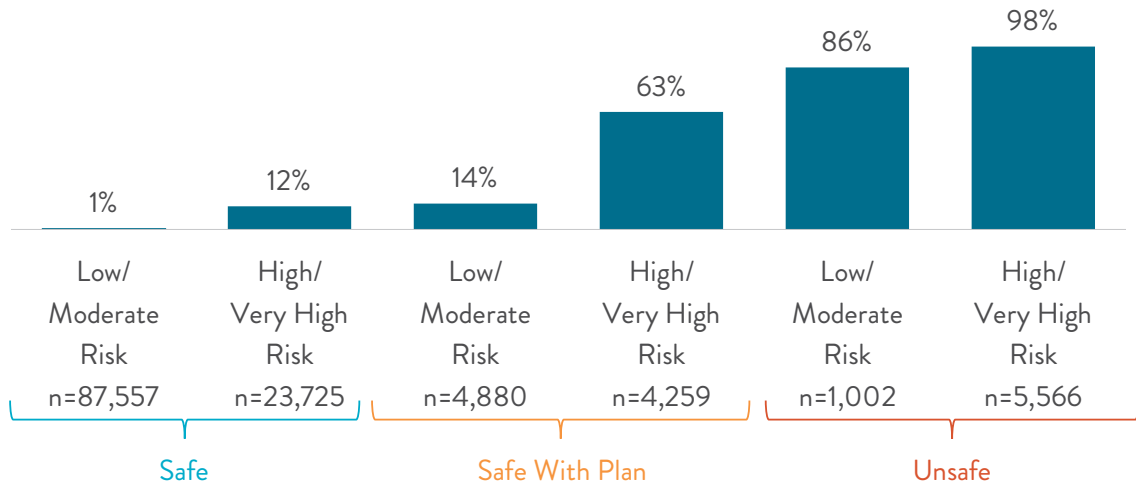
## OPPORTUNITIES FOR EQUITY

The distribution of risk level and safety decision combinations varied by the race/ethnicity of families involved in the investigations. CDSS may wish to further examine what happened after investigation closure for the families involved in investigations in each risk level and safety decision combination group by family race/ethnicity. For example, were ongoing child welfare services provided, and, if so, were there differences in rates by family race/ethnicity? When investigations involved families assessed as high or very high risk and safe, to what extent were families connected with prevention services, how did that vary by family race/ethnicity, and did those services help to prevent families from returning to the child welfare system in the future? How can CDSS help to ensure equitable service delivery and positive outcomes for families in each risk level and safety decision category?

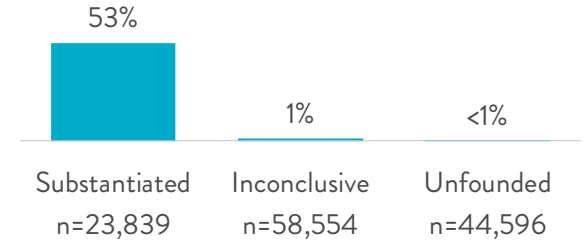


## THE DATA: NEW CASE PROMOTIONS

### 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 or substantiation than to SDM risk levels. Overall, 62% (not shown) of investigations with outstanding safety threats and 53% of substantiated investigations were promoted to a child welfare case compared with only 33% (not shown) of high or very high-risk investigations.



## CONNECTING DATA TO PRACTICE

Individual counties may be following different procedures to connect families to services after an investigation—through ongoing child welfare service cases, community services, or other agencies beyond or adjacent to child welfare. CDSS could review current procedures employed by counties to ensure that resources are used effectively and to understand the extent to which they align with SDM policy. For example, what did counties do to ensure child safety for the 86% of investigations in which families were assessed as low or moderate risk with a most recent safety decision of safe with plan who were not promoted to ongoing services? Similarly, what did counties do to aid in preventing subsequent involvement for the 88% of investigations involving families assessed as high or very high risk with a most recent safety decision of safe who had no ongoing services provided? How is CDSS supporting counties to ensure safety for children from families assessed as low or moderate risk with identified safety threats and encouraging counties to proactively work with the families assessed as high or very high risk and safe to connect them with supports before closing investigations to prevent them from returning to the attention of child welfare in the future?

# EXAMINING THE SDM SYSTEM BY CHILD RACE/ETHNICITY



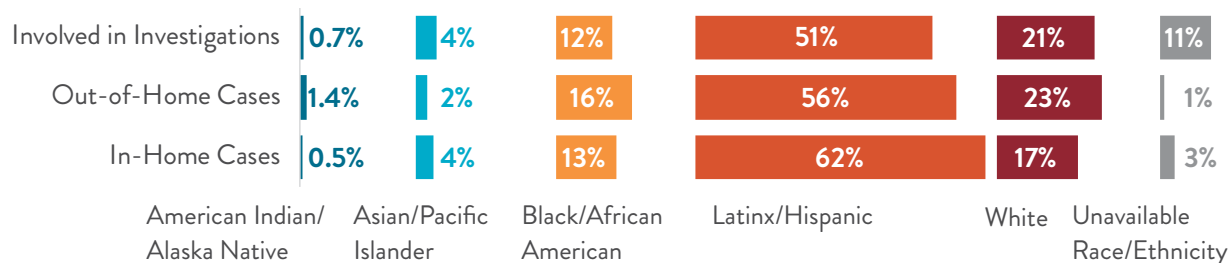
## CHILDREN INVOLVED IN 2022

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



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

In 2022, 282,457 distinct children were alleged victims involved in an investigation. There were 17,689 new placement episodes with FR services active during the placement episode, and 12,649 cases began in FM services. Note that individual children may be part of more than one case in the year; there were 84 children who had more than one out-of-home case and 30 children who had more than one in-home case (not shown).



## OPPORTUNITIES FOR EQUITY

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



## TAKEAWAYS

- The largest proportions of children involved in investigations, out-of-home cases, or in-home cases involved Latinx/Hispanic children (51%, 56%, and 62%, respectively), White children (21%, 23%, and 17%, respectively), or Black/African American children (12%, 16%, and 13%, respectively).
- Compared with the proportions of children involved in investigations in their respective race/ethnicity groups, larger proportions of out-of-home cases involved Latinx/Hispanic children (51% and 56%, respectively), White children (21% and 23%, respectively), Black/African American children (12% and 16%, respectively), or American Indian/Alaska Native children (0.7% and 1.4%, respectively).
- Compared with the proportions of children involved in investigations in their respective race/ethnicity groups, larger proportions of in-home cases involved Latinx/Hispanic children (51% and 62%, respectively), or Black/African American children (12% and 13%, respectively).
- Note that 11% of children involved in investigations did not have race/ethnicity recorded; this missing rate makes it difficult to accurately understand the proportion of children involved in investigations in each race/ethnicity group.

# MALTREATMENT INVESTIGATION AND SUBSTANTIATION RECURRENCE

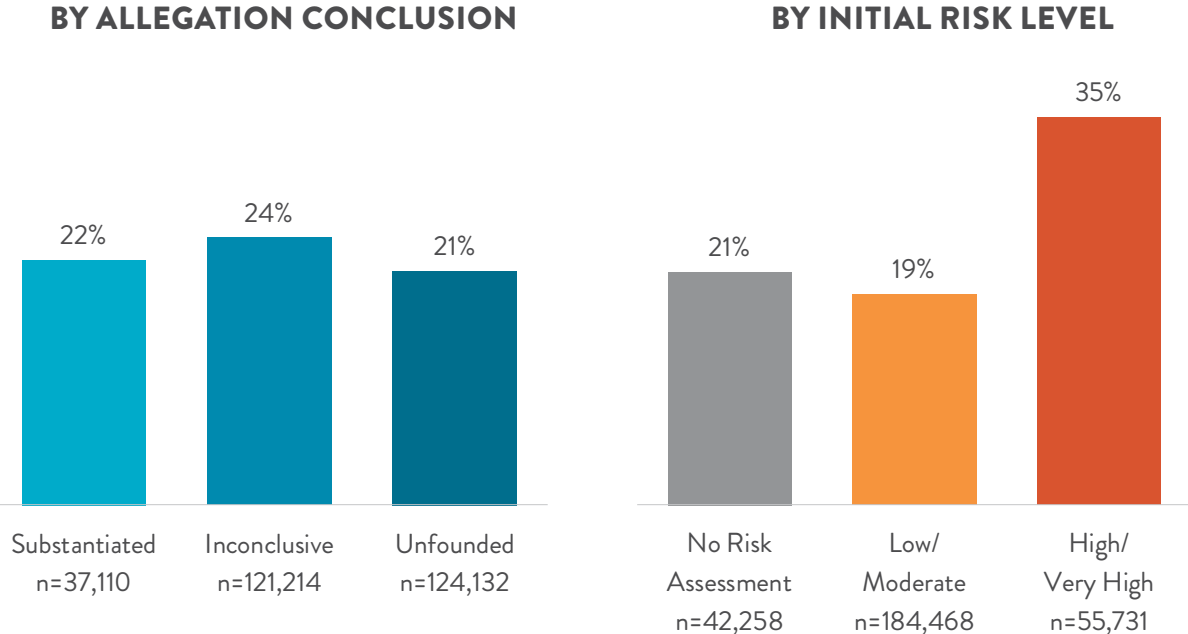
 **POLICY & PRACTICE GUIDELINES**

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

 **THE DATA: SUBSEQUENT CWS INVOLVEMENT**

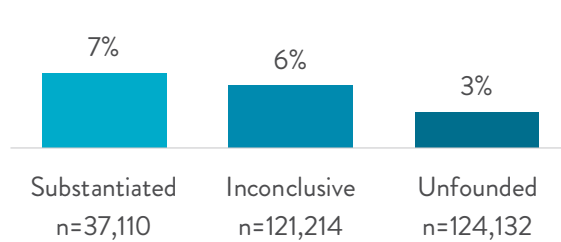
The recurrence sample includes children who were alleged victims involved in investigations in 2022 and compares 12-month subsequent maltreatment investigations and substantiations across investigation conclusion and initial risk level. This analysis does not include children who were placed in out-of-home care for the entire outcome period.

### SUBSEQUENT MALTREATMENT INVESTIGATION

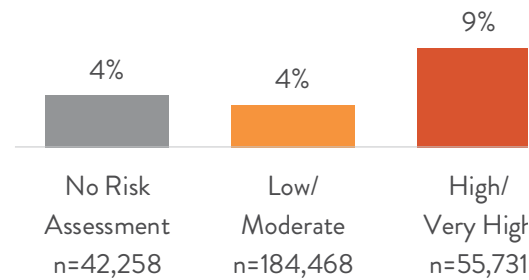


## SUBSEQUENT SUBSTANTIATED MALTREATMENT INVESTIGATION

### BY ALLEGATION CONCLUSION



### BY INITIAL RISK LEVEL



## CONNECTING DATA TO PRACTICE

The 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 that workers understand the information they can get from the allegation conclusion and the risk levels and that workers are supported in using both pieces of information when making decisions related to ongoing service provision?

More than one in five (21%) children whose 2022 investigation had unfounded allegation conclusions were part of a new investigation within 12 months. Completing a risk assessment for every family investigation, regardless of investigation conclusion, can be used to connect families who are at high risk of subsequent child welfare system involvement with prevention resources.

A large proportion (43%, not shown) of children involved in investigation in 2022 had an investigation finding of inconclusive; almost a quarter of these children had a subsequent investigation within a year. Does the elevated rate of reinvolvement for these children reflect unresolved issues from the child's initial investigation? What might explain the high rate of inconclusive allegation findings?



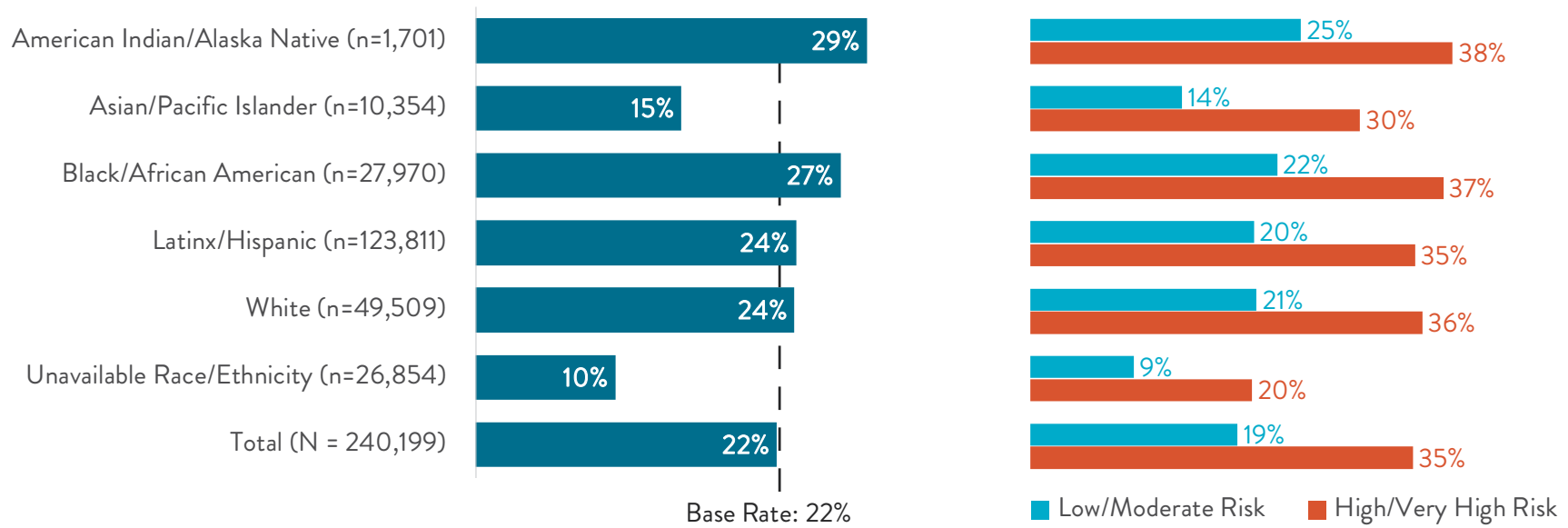
### TAKEAWAYS

- Note that the allegation conclusion figures exclude one child with no allegation conclusion on their 2022 investigation.
- Rates of subsequent investigation did not vary substantially for children with differing allegation conclusions. Subsequent maltreatment investigations occurred at a slightly higher rate for children with inconclusive allegations (24%) at the time of the 2022 investigations than for those with substantiated or unfounded allegations (22% and 21%, respectively).
- There were 42,258 children in families who did not have a completed risk assessment. Of those, 21% had a new investigation, and 4% had a new substantiation. The new investigation and substantiation rates were slightly lower than the base rates (22% and 5%, respectively, not shown). Among the children whose 2022 investigations had no completed risk assessment, 3% were substantiated, 35% were inconclusive, and 62% were unfounded (not shown).
- Compared with the investigation conclusion, SDM risk level more accurately identifies who is most likely to return to the child protection system for abuse or neglect concerns. Children in families assessed as high or very high risk experienced subsequent system involvement at substantially higher rates than children in families assessed as low or moderate risk.





## THE DATA: SUBSEQUENT INVESTIGATION BY CHILD RACE/ETHNICITY



## TAKEAWAYS

- Across all race/ethnicity groups, children whose families were assessed as high/very high risk experienced subsequent investigation at higher rates than those whose families were assessed as low/moderate risk.
- Among children whose families were assessed as high or very high risk (excluding the unavailable race/ethnicity group), American Indian/Alaska Native children had the highest rate of subsequent investigation within 12 months (38%; note that 35% of children were from families assessed as high or very high risk, not shown), and Asian/Pacific Islander children had the lowest rate of subsequent investigation within 12 months (30%; note that only 10% of children were from families assessed as high or very high risk, not shown).



## OPPORTUNITIES FOR EQUITY

The SDM risk assessment is functioning accurately within individual race/ethnicity groups and equitably across known race/ethnicity groups, yet the functioning of the SDM risk assessment could improve. For example, the subsequent investigation rate for American Indian/Alaska Native children from families assessed as low or moderate risk is 25% compared with 38% for American Indian/Alaska Native children from families assessed as high or very high risk; these outcome rates between the risk levels are less distinct than what was observed for other known/determined race/ethnicity groups. Furthermore, the high- and very high-risk outcome rate for this group is only 9 percentage points higher than the group's base rate. Evident Change continues to recommend a collaborative, stakeholder-informed risk validation study to update and improve the performance of the SDM risk assessment.

# SDM REUNIFICATION ASSESSMENT



## POLICY & PRACTICE GUIDELINES

The SDM reunification assessment (called the reunification reassessment prior to 2024) 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 assessment 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 assessment’s permanency plan recommendation is either to terminate FR services or to return home.



## RECENT UPDATES

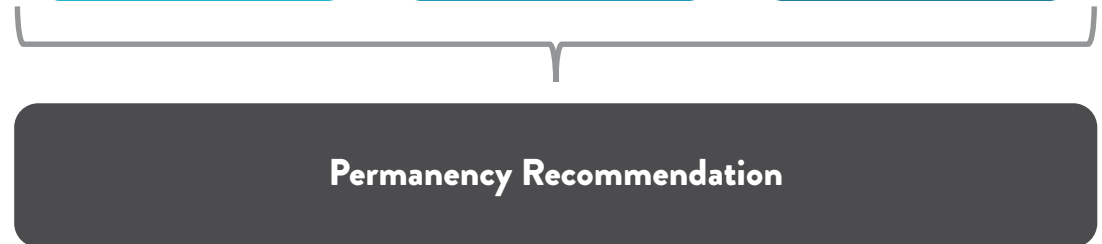
In January 2024, an updated version of the SDM reunification assessment was released in California. The update resulted in language changes, including renaming the tool from “reunification reassessment” to “reunification assessment,” and using “pursue permanency alternative” in place of “terminate FR services.” Another major change was the policy regarding timely completion: the reunification assessment should now be completed every six months from the point of removal. If adequate time has passed to demonstrate progress on the case plan, it is recommended to complete the assessment every 90 days. The assessment should also be completed prior to any court hearing at which the permanency goal or progress toward case plan goals is reviewed or any time the child is being considered for return home.

The timeframe covered in the management report predates the 2024 updates. Therefore, the reunification assessment recommendation terminology and policy reflect what was in place prior to 2024.



## COMPONENTS OF THE SDM REUNIFICATION ASSESSMENT

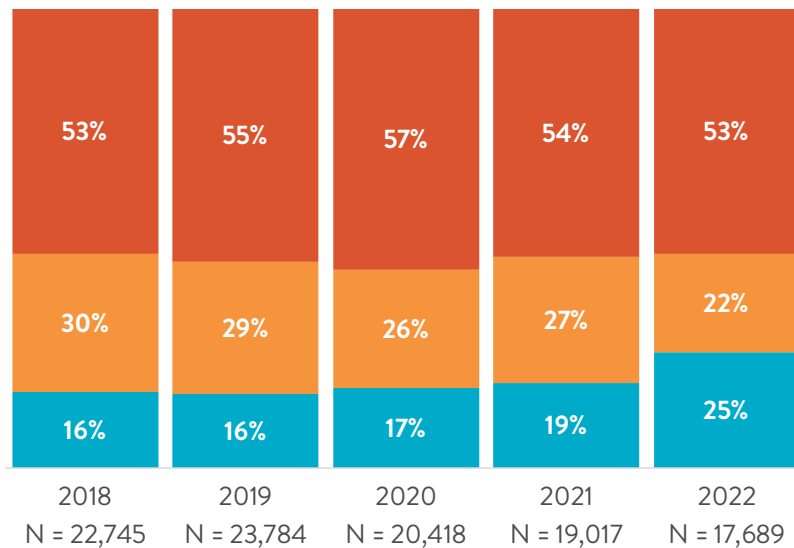
The reunification assessment includes a risk reassessment, visitation plan evaluation, and safety assessment. The safety assessment is completed only when the risk level from the risk reassessment and visitation plan evaluation are acceptable.





## THE DATA: COMPLETION TREND

Evident Change identified children in placement episodes that began in each year and examined whether workers completed a reunification assessment within six or nine months of the start of a child’s FR services. Placement episodes lasting less than eight days were excluded from the analysis; probate guardianship, Kinship Guardianship Assistance Payment Program, and Interstate Compact on the Placement of Children placement episodes were also excluded; note that the dates on which these started and whether the young person reached their 18th birthday were used for exclusions in the 2021 and 2022 trends. Placement episodes with FR services active less than nine months—and still open as of the extract date during each year examined (e.g., the extract for the current year was February 19, 2024)—were excluded to allow equal opportunity (i.e., at least nine months) to complete the reunification assessment.



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



## TAKEAWAYS

- For children who entered care in 2022, less than half (47%) of cases (8,269, not shown) had a completed reunification assessment within nine months of the child’s FR services starting. Nine-month completion rates varied from 0% to 94% across counties (not shown; see County-Level Data report).
- The reunification assessment nine-month completion rate has fluctuated within 4 percentage points over the past five years (43–47%). However, the reunification assessment six-month completion rate increased from 16% to 25% from 2018 to 2022, and there was a 6-percentage-point increase from 2021 to 2022.



## CONNECTING DATA TO PRACTICE

The nine-month completion rate of the reunification assessment for children who entered care in 2022 was similar to the rate observed for children who entered care in 2018, showing that use of the reunification assessment within nine months of FR services starting has not significantly changed over time. However, the increase in the six-month completion rate from 2021 to 2022 suggests use of the reunification assessment in a timely way has improved. What accounts for this increase in the six-month completion rate, and might it relate to the Reunification Peer Learning Sessions conducted in 2022? How does the increase in the six-month completion rate relate to timely permanency rates?

The SDM reunification assessment completion policy was updated in 2024. Timing of the first reunification assessment is now based on the start of the child’s placement episode. To what extent will this more concrete guidance support timely completion of the assessment?

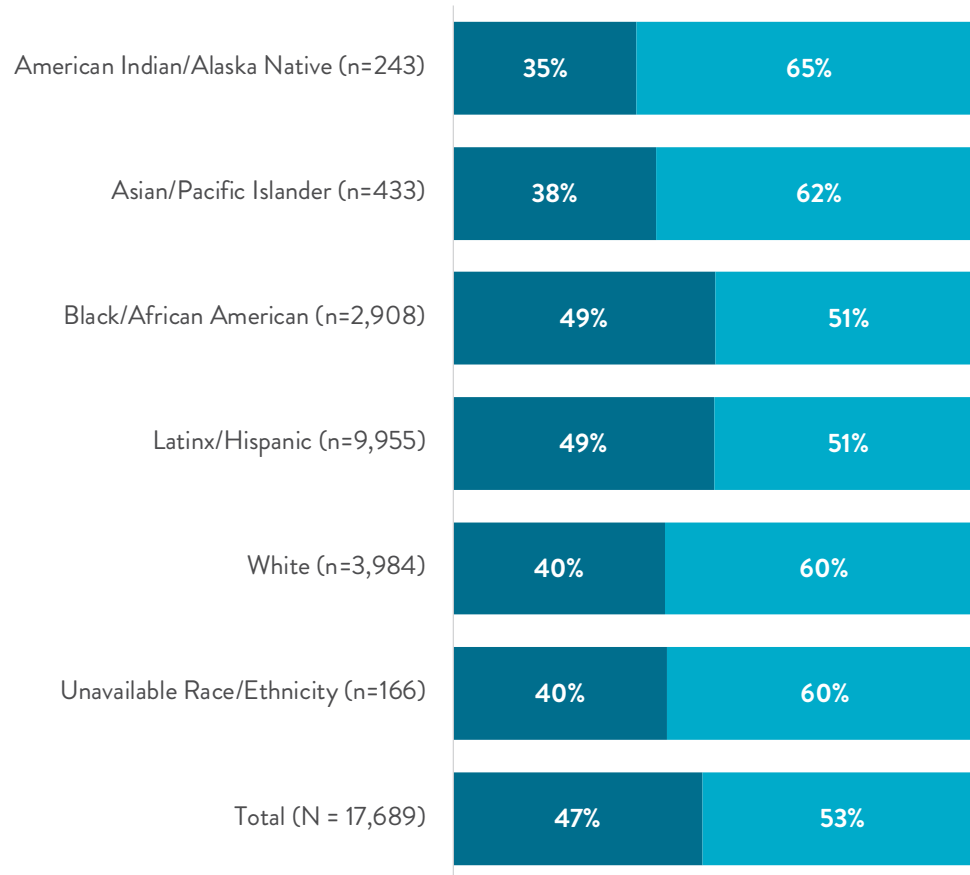
There was variance in reunification assessment completion rates by county. What accounts for this variance?



## THE DATA: 2022 REUNIFICATION ASSESSMENT COMPLETION WITHIN NINE MONTHS BY CHILD RACE/ETHNICITY

In 2022, there were 17,689 placement episodes for children with FR services active during the placement episode. Of these, 8,269 (47%) had a reunification assessment completed.

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



## TAKEAWAYS

Among new placement episodes in 2022, those involving American Indian/Alaska Native children had the lowest reunification assessment completion rate (35%) within nine months of FR services starting, and those involving Black/African American or Latinx/Hispanic children had the highest completion rates (both 49%).

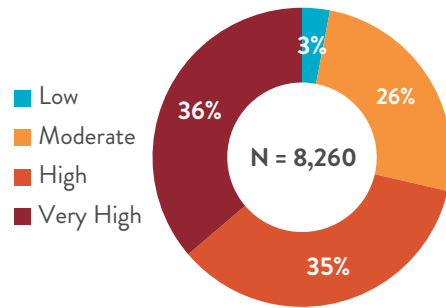


## OPPORTUNITIES FOR EQUITY

Nine-month completion rates of the reunification assessment varied greatly by child race/ethnicity. This finding may be a result of differing county practices (e.g., variation could reflect county practices rather than actual differences for race/ethnicity groups), as significant variation was observed in completion rates by county. (See County-Level Data report.) Low completion rates create a barrier in the ability to understand and seek to improve racial equity with respect to the SDM reunification assessment. The risk, safety, and visitation components of the reunification assessment can give workers useful information during case consultations for children in out-of-home care. On an aggregate level, these data also can help agencies examine factors that are preventing safe return home and identify opportunities to improve reasonable efforts. In what ways can CDSS promote proper use of the reunification assessment with a goal of improving equitable service delivery and permanency outcomes for children in out-of-home care?



## THE DATA: SCORED RISK LEVEL



## TAKEAWAYS

- Nine reunification assessments were missing an initial recommendation and therefore were excluded from remaining analyses.
- Over two thirds (5,896, or 71%) of 8,260 placement episodes involving children with a completed reunification assessment were from families initially assessed as high or very high risk on the reunification assessment. Of all placement episodes with a reunification assessment within nine months, 313 (4%, not shown) had an override to the scored risk level.
- Over a third (34%, or 2,811) of placement episodes involving children with a completed reunification assessment involved caregivers who did not demonstrate new skills and/or refused engagement. More than a third (38%, or 3,123; not shown) of the placement episodes involved children who had had both primary and secondary caregivers assessed on their initial reunification assessment; case plan progress is scored for each caregiver, individually, and the item score is the higher of the two scores. Among this group, about a third of the case plan progress scores (29%, or 891; not shown) were secondary caregivers' progress scores, meaning that the primary caregiver had a lower case plan progress score.



## THE DATA: CASE PLAN PROGRESS

### POINTS

4	34%	Does not demonstrate new skills and behaviors consistent with case plan objectives and/or refuses engagement
0	30%	Minimally demonstrates new skills and behaviors consistent with case plan objectives and/or has been inconsistently engaged in obtaining the objectives specified in the case plan
-1	25%	Demonstrates some new skills and behaviors consistent with family case plan objectives and actively engaged in activities to achieve objectives
-2	11%	Demonstrates new skills and behaviors consistent with all family case plan objectives and actively engaged to maintain objectives



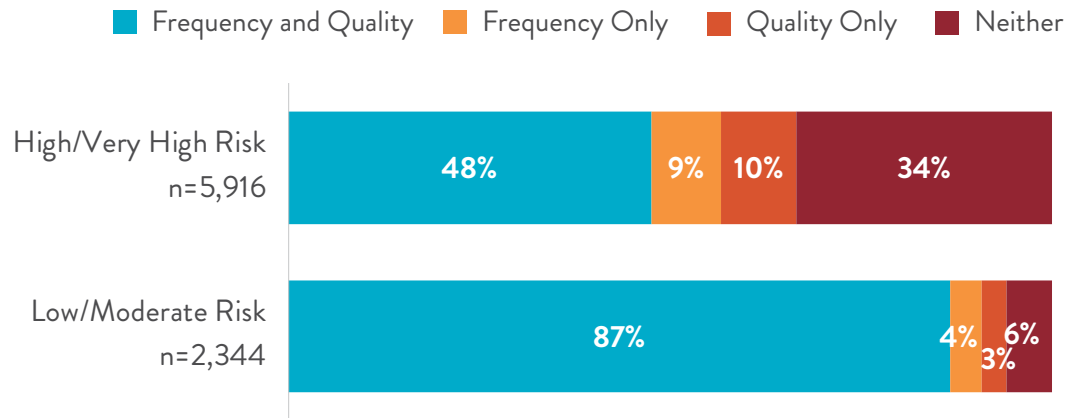
## CONNECTING DATA TO PRACTICE

More than a third of the placement episodes involving children with a completed reunification assessment within nine months had a caregiver case plan progress score of 4, which results in a scored risk level of high or very high risk. This item is the only one that has a negative score that could lower the reunification assessment risk score and potentially the scored risk level; otherwise, an override must be used to lower the risk level. The proportion of placement episodes involving children from families assessed as high or very high risk on their first reunification assessment is related to the scoring of this item.

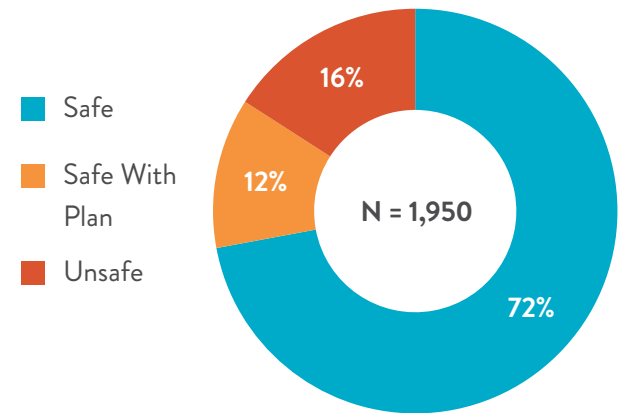
How can CDSS support counties in providing guidance to workers around creating actionable and clear case plan objectives based on behavioral change instead of service compliance to set up families for success? In what ways are counties supported to ensure case plan objectives continue to focus on parental needs most related to initial safety concerns? Additionally, when a child's primary and secondary caregivers have different case plan progress scores, what strategies can be used or encouraged to improve the case plan progress for one caregiver while maintaining consistent progress with the other? How might the new reunification assessment completion policies support more frequent assessment and more opportunities for caregivers to demonstrate improved case plan progress?



## THE DATA: VISITATION COMPLIANCE BY FINAL RISK LEVEL



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



## TAKEAWAYS

- In 2022, 87% of placement episodes involving children whose families were assessed as low or moderate risk and 48% of placement episodes involving children whose families were assessed as high or very high risk had acceptable visitation frequency and quality. Over a third (34%) of placement episodes involving children whose families were assessed as high or very high risk met neither frequency nor quality visitation compliance.
- Workers overrode the evaluated visitation compliance in 786 (10%, not shown) placement episodes. After visitation overrides, 2,816 (48%) placement episodes involving children from families with a high or very high final risk level and 1,950 (83%) placement episodes involving children from families with a low or moderate final risk level were assessed as having acceptable visitation frequency and quality (not shown).
- Close to five in six placement episodes (1,639, or 84%) with acceptable risk and visitation involved children whose families were assessed as safe with plan or safe.



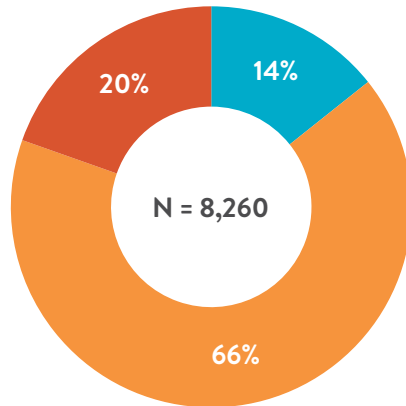
## CONNECTING DATA TO PRACTICE

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



## THE DATA: SDM REUNIFICATION ASSESSMENT RESULTS

### FINAL RECOMMENDATION



■ Return Home   
 ■ Continue Services   
 ■ Terminate Services

### OVERRIDES TO PERMANENCY PLAN RECOMMENDATION

# 14%



### TAKEAWAYS

- Of the placement episodes involving children with a completed reunification assessment within nine months, about two thirds (66%) had a final recommendation to continue FR services, 20% had a final recommendation to terminate services, and 14% had a final recommendation to return home.
- Workers overrode the initial permanency recommendation for children in 1,176 placement episodes (14%). About 40% (465, not shown) of overrides switched the permanency recommendation from return home to continue services, and an additional 35% (412, not shown) switched the permanency recommendation from continue services to terminate services.



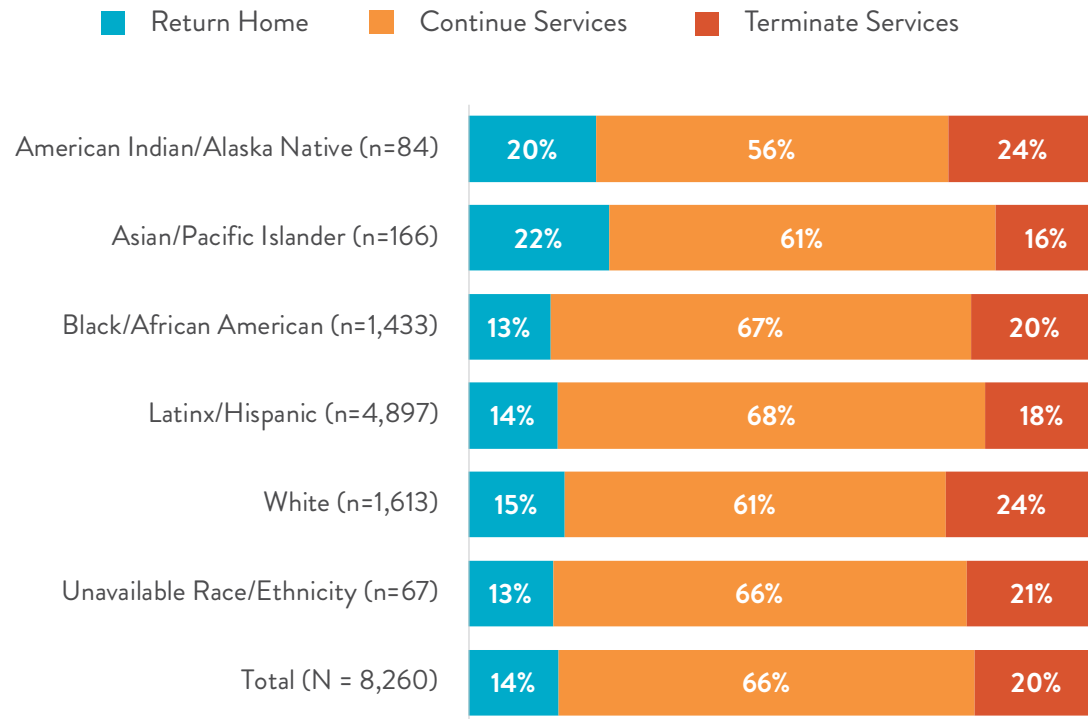
### CONNECTING DATA TO PRACTICE

One in five (20%) placement episodes involved children who were recommended to terminate FR services on their first reunification assessment within nine months of FR services starting. How can visitation, safety planning, and case plan goals be strengthened earlier in FR services in a way that could support a safe return home or continuation of reunification services beyond the first review period? How might the updated policy regarding timely completion of the reunification assessment allow for families to “course correct” in time for their review and permanency hearings, and how might this impact reunification and permanency outcomes?

The permanency plan recommendation was overridden in 14% of cases, which is higher than the typical override rate for SDM assessments. Most overrides were used to change the permanency decision or goal away from reunification (e.g., from return home to continue services or continue services to terminate services). CDSS could review the use of permanency plan recommendation overrides and whether they were applied appropriately. CDSS and Evident Change recently updated the SDM reunification assessment to better support practitioners in their work with children and families, and additional updates may be considered in the future.



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



## OPPORTUNITIES FOR EQUITY

Placement episodes involving American Indian/Alaska Native children had the lowest completion rate of the SDM reunification assessment within nine months of FR services and the second-highest rate of the “return home” recommendation across all race/ethnicity groups. How can strengthening timely completion of the reunification assessment support workers to get children home safely and sooner to ensure equitable outcomes for children and families?

Reunification assessment final recommendations varied by race/ethnicity. What might account for these differences? What are the implications for children and families in situations where the first reunification assessment recommends that FR services be terminated? CDSS may wish to further explore the findings of the reunification assessment with a racial equity lens. CDSS could examine what happened to children after completion of the reunification assessment. Did actions align with the reunification assessment recommendation?



## TAKEAWAYS

- Placement episodes involving Asian/Pacific Islander children had the highest rate of the “return home” final recommendation (22%), and placement episodes involving Black/African American children or children whose race/ethnicity was unavailable had the lowest rates of the “return home” final recommendation (both 13%) on their first SDM reunification assessment within nine months of FR services starting.
- The final recommendation of the first reunification assessment for about one quarter (24%) of placement episodes involving American Indian/Alaska Native or White children was to terminate FR services. This was the final recommendation for 20% or less of placement episodes involving children in other race/ethnicity groups (excluding unavailable). Note that the unavailable race/ethnicity and American Indian/Alaska Native race/ethnicity groups represent a small number of placement episodes, and findings can be influenced by small fluctuations.



# SDM RISK REASSESSMENT



## POLICY & PRACTICE GUIDELINES

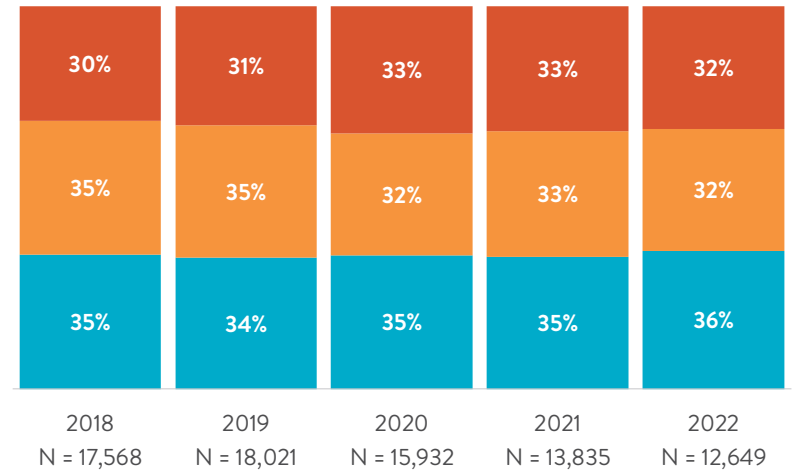
The SDM risk reassessment should be completed for all open cases in which all children remain in the home, or for cases in which all children have returned home and are in FM services. The assessment should be completed prior to each Division 31–required review, which occurs at least once every six months. 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 identified children in cases that began in each year and examined whether children whose cases began in FM services received a completed risk reassessment within six or nine months of their FM services starting. Children who were included received FM services for at least nine months or for the life of a case that was active for less than nine months.



## THE DATA: COMPLETION TREND

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



## TAKEAWAYS

- The children in over two thirds (8,590, 68%) of cases that started in 2022 had completed a risk reassessment within nine months of FM services starting. Nine-month completion rates varied from 7% to 96% across counties with 25 or more new FM cases in 2022 (not shown; see County-Level Data Report). The statewide completion rate fluctuated within 3 percentage points (67–70%) over the past five years.
- The six-month risk reassessment completion rate was relatively steady; there was an increase of 1 percentage point from 2021 to 2022.



## CONNECTING DATA TO PRACTICE

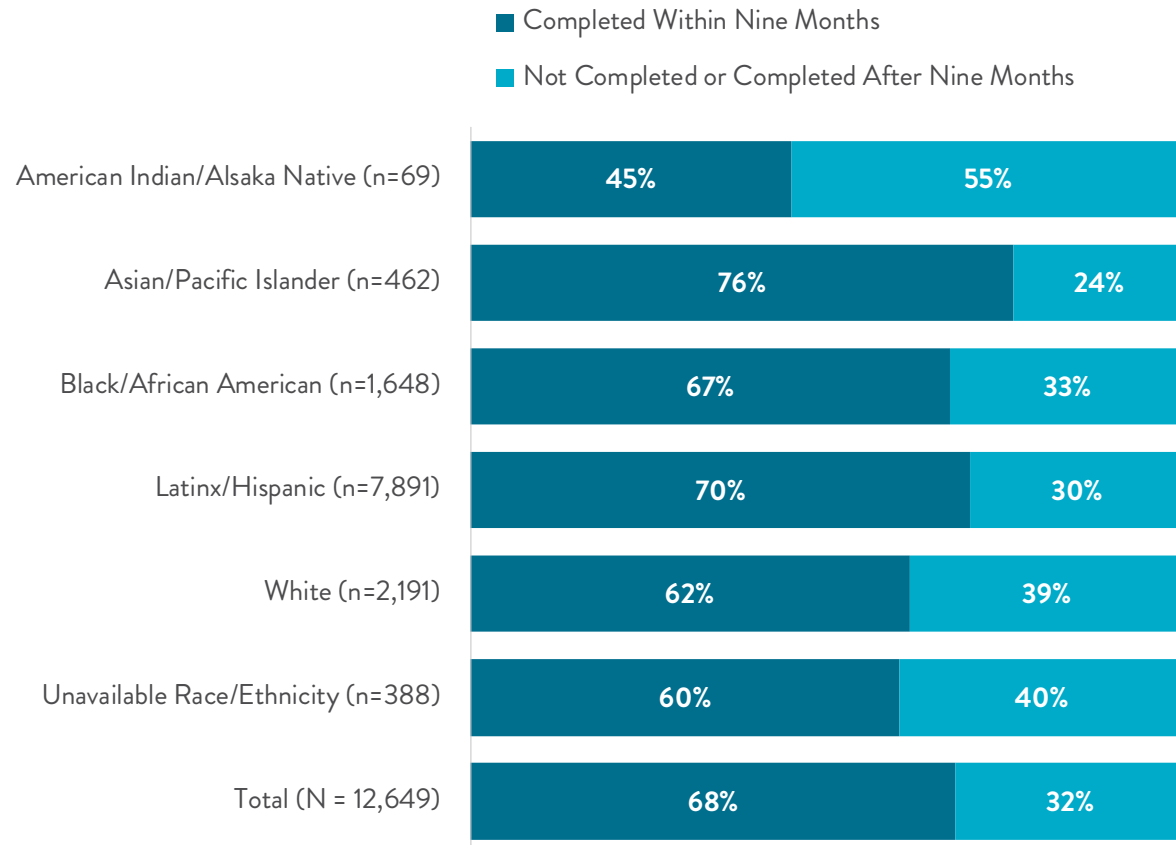
How can understanding the risk reassessment classification and its relationship to subsequent child welfare service involvement be used to help support decisions related to timely case closure? When the risk reassessment is not used, what critical information might workers be missing when making decisions related to FM service continuance or closure, and how may this information gap impact children and families and agency resources?

For 55 counties that had new FM cases start in 2022, seven counties did not complete the risk reassessment at all (not shown). These seven counties had 15 or fewer FM cases.



## THE DATA: 2022 RISK REASSESSMENT COMPLETION WITHIN NINE MONTHS BY CHILD RACE/ETHNICITY

In 2022, 12,649 cases began in FM services. The children in these cases received FM services for at least nine months or, for cases that were active for less than nine months, received FM services for the life of the case.



### OPPORTUNITIES FOR EQUITY

Completion rates of the risk reassessment within nine months of FM services starting varied by child race/ethnicity. Given the low completion rate for cases involving American Indian/Alaska Native children, it is worth reflecting on what might be getting in the way of completing the risk reassessment for families of American Indian/Alaska Native children. What other factors may explain the variation in completion rates by child race/ethnicity (e.g., county-level practices)? How does completion of the risk reassessment relate to timely case closure for children receiving FM services? Low completion rates hinder the ability to understand and seek to improve racial equity with respect to the SDM risk reassessment.



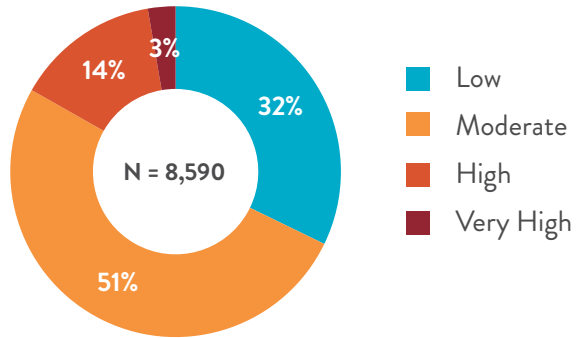
### TAKEAWAYS

Cases involving Asian/Pacific Islander children had the highest nine-month risk reassessment completion rate (76%) while cases involving American Indian/Alaska Native children had the lowest completion rate (45%) among the race/ethnicity groups. Note that American Indian/Alaska Native children represent a small number of cases, and findings can be influenced by small fluctuations.

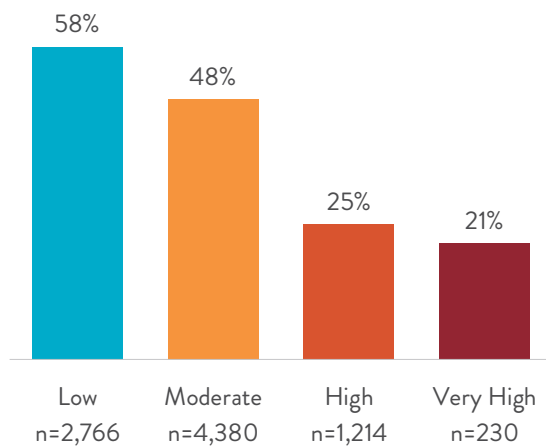


## THE DATA: FIRST RISK REASSESSMENT

### FINAL RISK LEVEL



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



## TAKEAWAYS

- Of the cases involving children from families with a risk reassessment completed within nine months, 83% (7,146) were assessed as low or moderate risk.
- Overall, 690 cases (8%, not shown) with a completed risk reassessment had a risk level override. Most (79% or 547, not shown) overrides were discretionary, and 84% (581, not shown) of all overrides were used to increase the risk reassessment level.
- Cases for children in families assessed as low or moderate risk on their first risk reassessment closed within 90 days of the reassessment at higher rates compared with cases for children from families assessed as high or very high risk. There were 3,463 (48%, not shown) cases involving children from families assessed as low or moderate risk that did not close within 90 days; of these, only 154 (4%, not shown) had a safety assessment completed within 30 days before or after the initial risk reassessment documenting outstanding safety threats (i.e., safe with plan or unsafe). This observation has remained stable over the past four years.
- Of the 350 cases closed within 90 days of the first risk reassessment with a high or very high risk level on the risk reassessment, 64 (18%) had an additional risk reassessment completed prior to case closure that reflected a low or moderate risk reassessment level; 27 (8%) only had an additional risk reassessment with a high or very high risk level, and 259 (74%) had no new risk reassessment (not shown). It is unknown why cases with no subsequent low or moderate risk reassessment were closed.

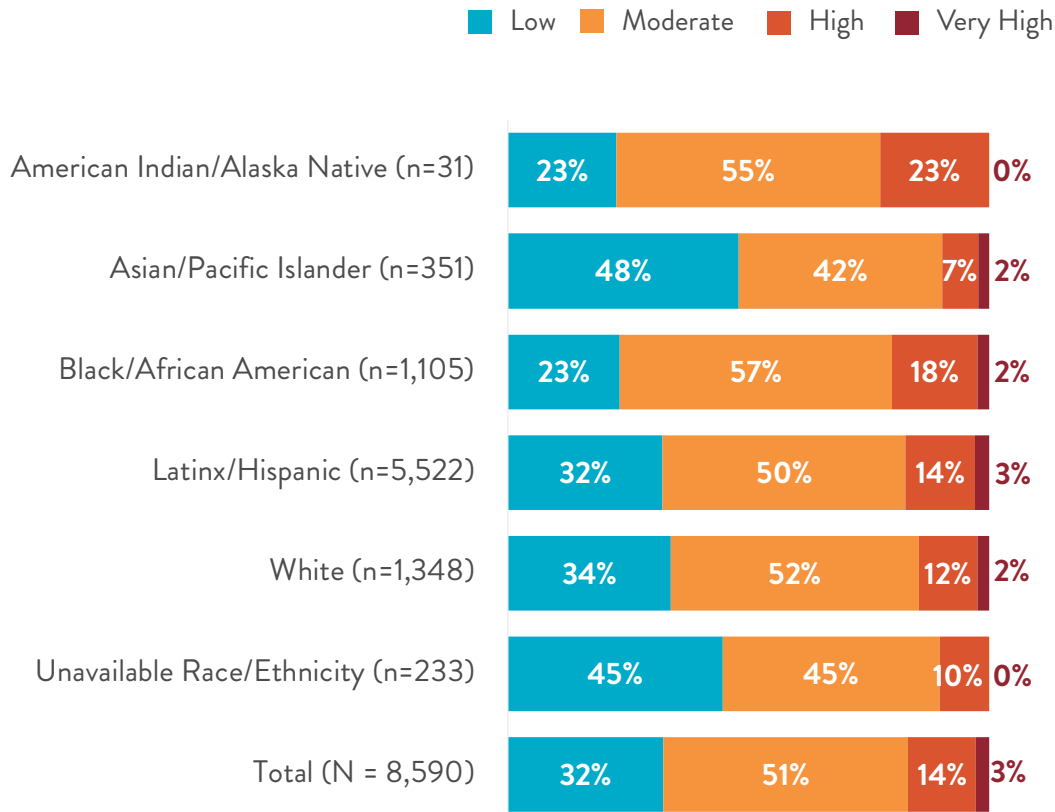


## CONNECTING DATA TO PRACTICE

SDM policy recommends that cases involving children from families assessed as low or moderate risk with no outstanding safety threats may be closed; 96% (not shown) of the cases involving children from families assessed as low or moderate risk that did not close within 90 days of the reassessment either had no safety threats identified or had no safety assessment completed within 30 days before or after the risk reassessment. What circumstances may lead to continuation of cases when the risk reassessment level is low or moderate and the children are safe? CDSS could consider partnering with Evident Change to examine use of the risk reassessment and safety assessment at case closure and any relationship to subsequent child protective services involvement following case closure. What are the impacts on children, families, and agency resources when low- and moderate-risk cases with no safety threats present remain open?



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



### TAKEAWAYS

Cases involving Asian/Pacific Islander children and children for whom race/ethnicity was unavailable were from families assessed as low or moderate risk at the highest rates (90%), and cases involving American Indian/Alaska Native children were from families assessed as low or moderate risk at the lowest rate (77%) among the race/ethnicity groups. Note that cases involving American Indian/Alaska Native children represent a small number of cases, and findings can be influenced by small fluctuations.

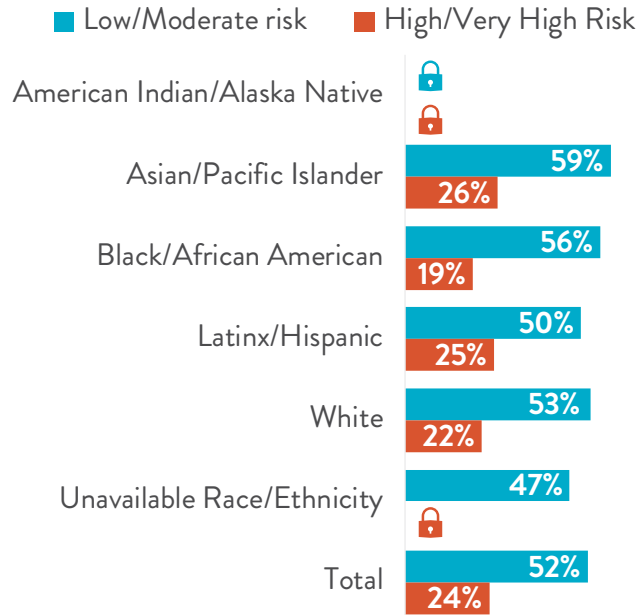


### OPPORTUNITIES FOR EQUITY

There is variance in the risk reassessment risk level distribution by child race/ethnicity. To what extent is this variance impacted by differing completion rates by race/ethnicity? CDSS could further explore the variation by examining how item selection or application of risk level overrides on the risk reassessment differs by child race/ethnicity.



## THE DATA: CASE CLOSED WITHIN 90 DAYS BY FINAL RISK LEVEL OF FIRST RISK REASSESSMENT AND CHILD RACE/ETHNICITY



## TAKEAWAYS

- Case closure rates within 90 days of the risk reassessment were higher for children from families assessed as low or moderate risk than for children from families assessed as high or very high risk on the first risk reassessment, regardless of race/ethnicity.
- For cases involving children with available race/ethnicity information from families assessed as low or moderate risk on the first risk reassessment, cases involving Asian/Pacific Islander children closed within 90 days at the highest rate (59%), and cases involving Latinx/Hispanic children closed within 90 days at the lowest rate (50%). Interestingly, cases for Asian/Pacific Islander children were from families assessed as low or moderate risk at the highest rate (90%, see [The Data: Final Risk Level of First Risk Reassessment by Child Race/Ethnicity](#)).
- For cases involving children in families assessed as high or very high risk on the first risk reassessment, cases for Asian/Pacific Islander children had the highest rate of case closure within 90 days (26%), and cases for Black/African American children had the lowest rate of case closure within 90 days (19%). There were fewer than 25 cases for American Indian/Alaska Native children and children with unavailable race/ethnicity information from families assessed as high or very high risk, and for American Indian/Alaska Native children from families assessed as low or moderate risk; results for those groups are not shown.



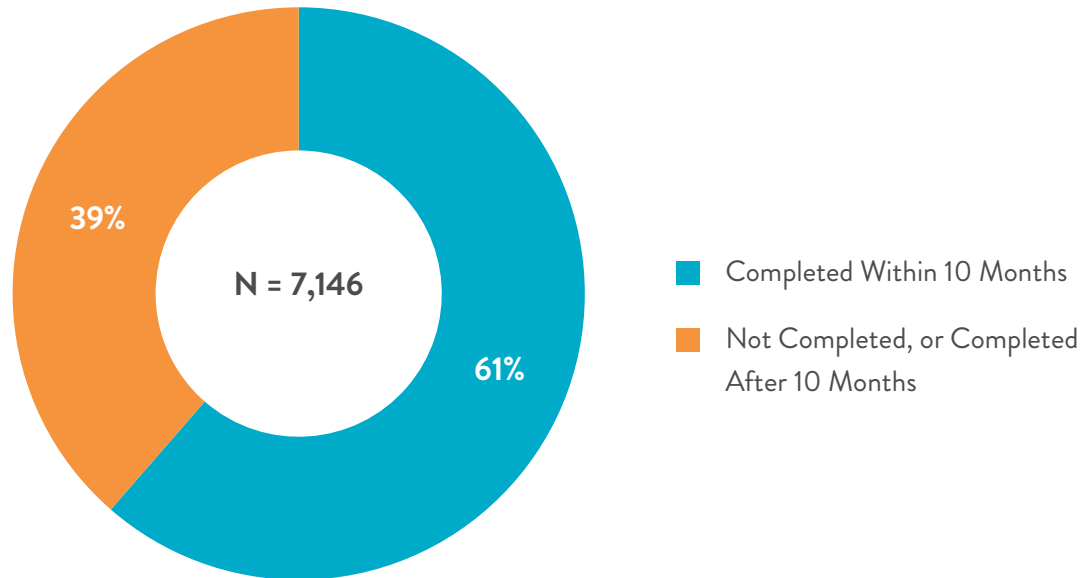
## OPPORTUNITIES FOR EQUITY

There was variation in the rates at which risk reassessment case closure guidelines were followed by race/ethnicity. Low/moderate-risk case closure guidance was followed at a higher rate for FM cases involving Asian/Pacific Islander children from families assessed as low or moderate risk on their first risk reassessment (i.e., cases were closed within 90 days at a higher rate) compared with cases involving children from other race/ethnicity groups from families assessed as low or moderate risk. However, high/very high-risk case closure guidance was followed at a lower rate for FM cases involving Asian/Pacific Islander children from families assessed as high or very high risk on their first risk reassessment (i.e., cases were closed within 90 days at a higher rate despite being assessed as high or very high risk). What might account for the differences in adherence to SDM case closure guidelines by child/race/ethnicity, and how might this impact equitable outcomes for children and families? What are the impacts on children, families, and agency resources when the risk reassessment guidance is not followed?



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

Per SDM recommendation, cases assessed as low or moderate risk on the risk reassessment should be considered for case closure unless outstanding safety threats exist. A case will not be closed if household safety threats are present. The analysis examined safety assessment completion for the 7,146 cases with low or moderate risk on their first risk reassessment, which were therefore eligible for case closure.



### TAKEAWAYS

Only 61% (4,387) of cases involving children from families assessed as low or moderate on their first risk reassessment had a safety assessment completed within 10 months of FM services starting. For those with a safety assessment completed within 10 months of FM services starting, 71% were conducted within 30 days before or 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 rate get in the way of closing cases in which the child's family is assessed as low or moderate risk on the risk reassessment? How might keeping these cases open impact agency resources? What additional supports or guidance can be offered to help counties close cases when the family is at low or moderate risk and any remaining safety threats are managed with a safety plan? What training and guidance is offered to ensure practitioners understand how the risk reassessment and closing safety assessment can be used to guide decisions when they are considering closing a case?



## **ABOUT EVIDENT CHANGE**

Evident Change promotes just and equitable social systems for individuals, families and communities through research, public policy, and practice. For more information, call (800) 306-6223 or visit [EvidentChange.org](https://EvidentChange.org). Connect with us at [Linktr.ee/EvidentChange](https://Linktr.ee/EvidentChange).

## APPENDIX: METHODS FOR IDENTIFYING RACE/ETHNICITY

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

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/Alaska 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/children or referrals/investigations/families.

<sup>1</sup>Primary 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.

<sup>2</sup>For 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-, INVESTIGATION-, AND FAMILY-BASED ANALYSES

For referral-, investigation-, 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/investigation. 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/investigation. When children on a single referral/investigation had races/ethnicities that differed from each other, the family was defined as having multiple races/ethnicities within the household.

### CASE- AND CHILD-BASED RACE/ETHNICITY DEFINITIONS

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

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

Latinx/  
Hispanic

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

- Alaskan Native
- American Indian

American Indian/  
Alaska Native

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

Asian/  
Pacific Islander

- Black
- Ethiopian

Black/  
African American

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

White

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

Unavailable Race/  
Ethnicity

Note: "American Indian/Alaska Native" matches the federal government's category label. Past SDM management reports used "American Indian/Alaskan Native" for the same group, as recorded in CWS/CMS. Additionally, past reports used "Unable to Determine/Missing" for "Unavailable Race/Ethnicity."