



The Structured Decision Making[®] System in Child Welfare Services in California: Combined Counties

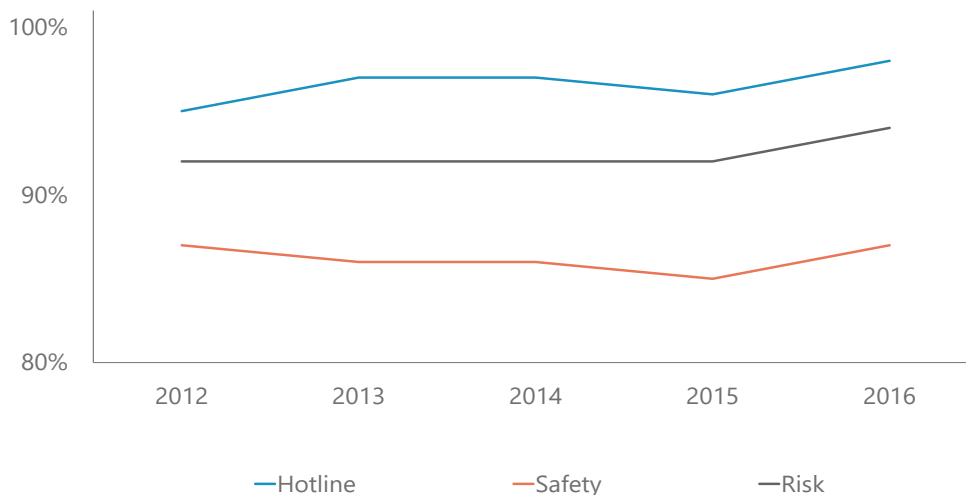
Report Date: May 2017

Report Period:
January 1 – December 31, 2016

Five-Year SDM[®] Assessment Trends



The Data: SDM[®] Assessment Completion



Takeaways

- Completion rates increased slightly across all assessments in 2016.
- The safety assessment completion rates shown above include only those assessments completed for allegation households; it is the lowest overall completion rate during the investigation period among SDM assessments. When including safety assessments completed on non-allegation households or for substitute care providers, safety assessment completion rates rose to 96%.



Questions for Quality

- What factors are contributing to completion rates for the safety assessment?
- What review process could be implemented to ensure the safety assessment is completed for all cases?



SDM[®] Assessment Policy and Practice Guidelines

Screening: All referrals recorded in the child welfare services case management system (CWS/CMS) require the Structured Decision Making[®] (SDM) hotline tools, which include a screening assessment that assists workers in deciding whether the referral should be assigned an in-person response.

Response Priority: Referrals assigned for an in-person response require the SDM[®] response priority decision from the hotline tools to determine the timeframe for the initial investigative contact with the family.

Safety: All referrals assigned for an in-person response require an SDM safety assessment at the first face-to-face contact to evaluate whether immediate danger of serious harm is present for any child during the investigation.

Risk: SDM family risk assessments must be completed at the end of every inconclusive or substantiated investigation to determine the likelihood of a subsequent incident of abuse or neglect.

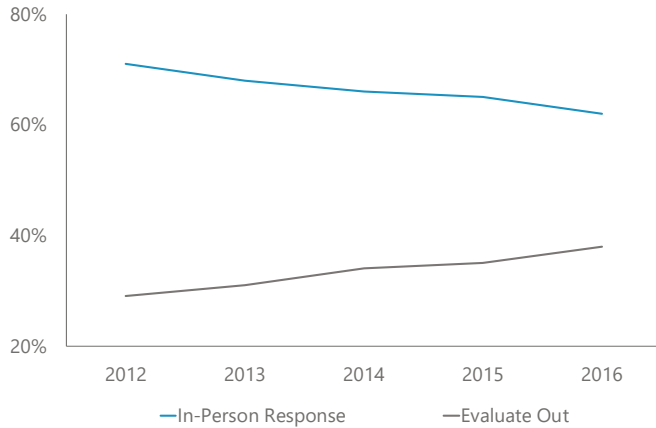
Overrides: Each assessment (except safety) contains an override section for workers to alter the assessment decisions if warranted by policy or discretion. The NCCD Children's Research Center typically recommends an override rate of approximately 5% to 10% for each assessment.

Workgroup input and policy changes led to modifications to the SDM tools. The SDM 3.0 system launched statewide on November 1, 2015.

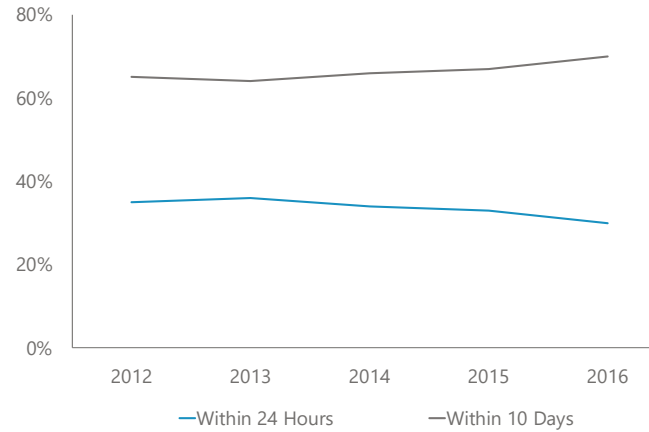


The Data: SDM® Assessment Findings

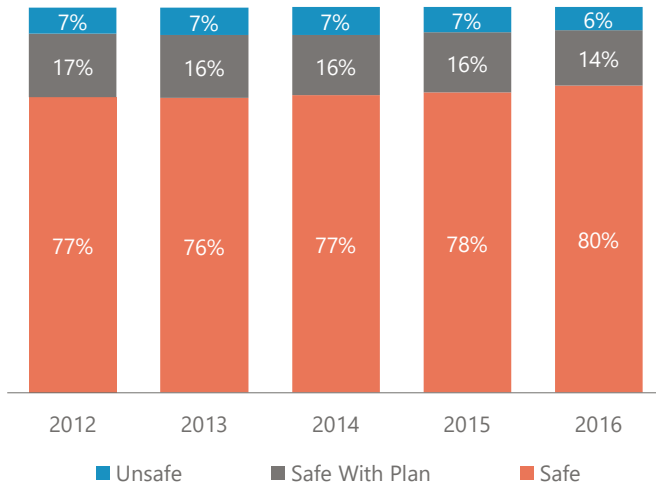
SDM® Screening Assessment



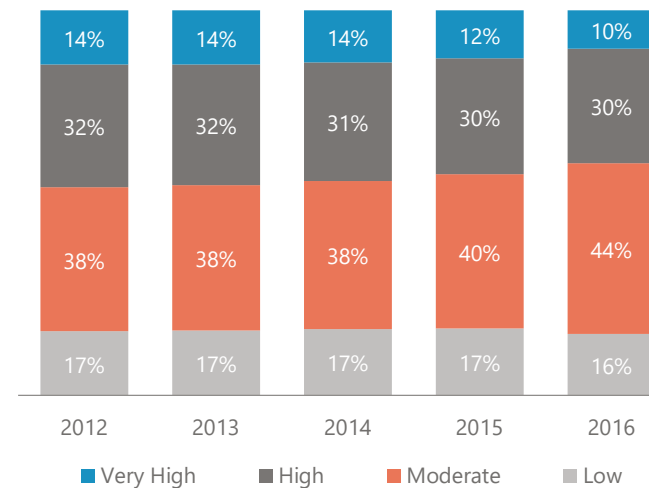
SDM® Response Priority



SDM® Safety Assessment



SDM® Risk Assessment



Takeaways

- The percentage of referrals evaluated out has increased consistently since 2012.
- The percentage of families assessed as very high risk decreased slightly in 2016.
- Just 2%, or 4,027, of response priority assessments were excluded from the analysis due to underlying issues in the assessment. The exclusion of this small percentage does not affect analysis findings.

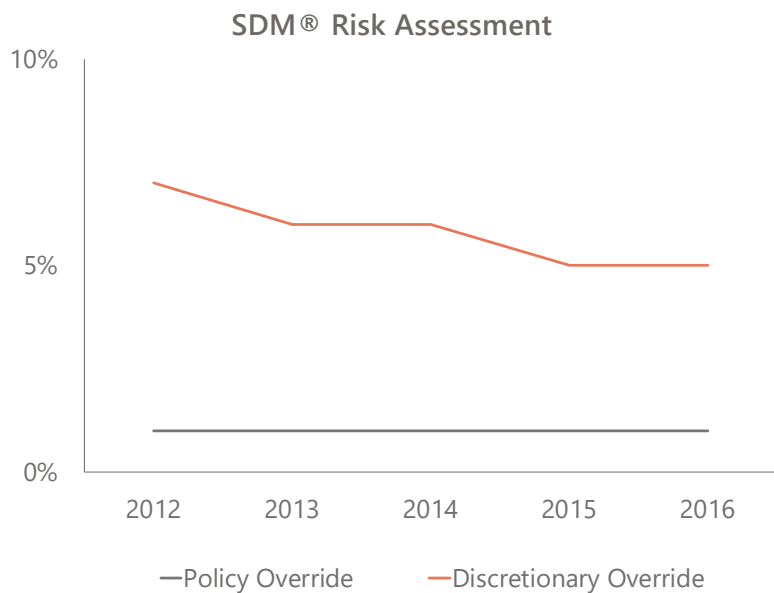
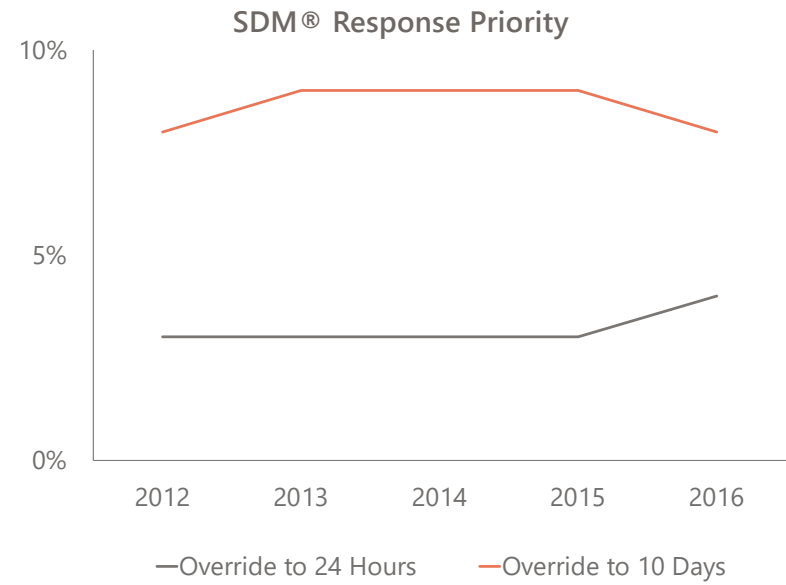
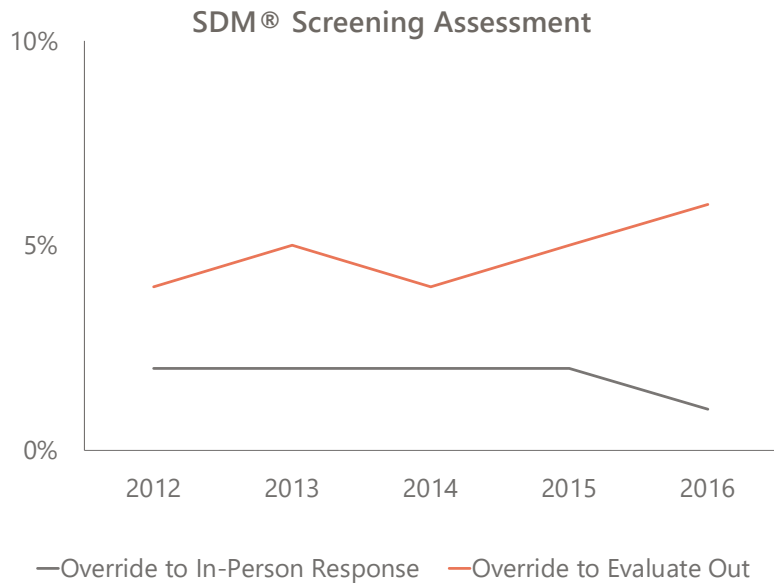


Questions for Quality

- How does the percentage of families assessed as unsafe compare to the percentage of children, in these families, removed during or shortly after investigation?
- How does the prevalence of identified safety threats differ between unsafe and conditionally safe families?



The Data: Overrides



Takeaways

- The percentage of referrals receiving an override to evaluate out increased in 2016.
- Overrides to the recommended SDM response priority decision have been above 10%—above the recommended range—since 2012.
- Discretionary overrides to the SDM family risk assessment have been decreasing since 2012 but still fall within the recommended range.



Questions for Quality

Is the increase in referrals receiving an override to evaluate out related to the new SDM version, a practice change, and/or a change in the population served?

SDM[®] Risk Assessment and Investigation Disposition



Policy and Practice Guidelines

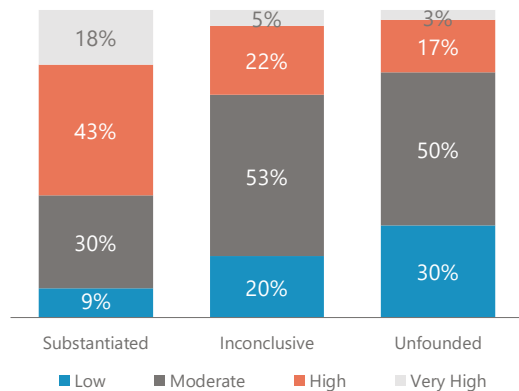
The SDM family risk assessment is required for all substantiated and inconclusive referrals; its completion also is recommended for unfounded referrals.



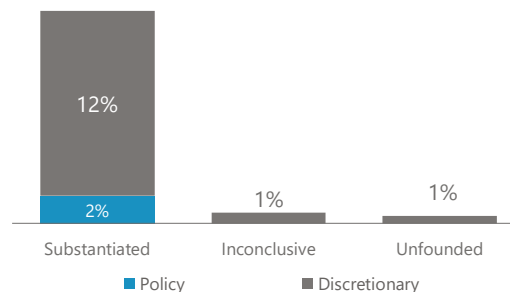
The Data: Risk Findings by Investigation Disposition

In 2016, California workers found 40,303 investigations to be substantiated, 66,825 investigations to be inconclusive, and 88,631 investigations to be unfounded.

Final Risk Level by Investigation Disposition



Risk Overrides by Investigation Disposition



The Data: Risk Assessment Completion by Investigation Disposition



Takeaways

- Risk assessments were completed for almost all substantiated and inconclusive investigations; in addition, risk assessments were completed for 65% of unfounded investigations.
- Workers assigned a high or very high risk level to 61% of substantiated investigations, as compared to 27% of inconclusive investigations and 20% of unfounded investigations.
- Workers applied risk assessment overrides to 14% of substantiated investigations.



Questions for Quality

- Why do workers override recommended risk levels for substantiated investigations more often than for inconclusive or unfounded investigations?
- What practices and policies are in place for inconclusive and unfounded investigations where the families are at high or very high risk?

Risk, Safety, and Case Promotion

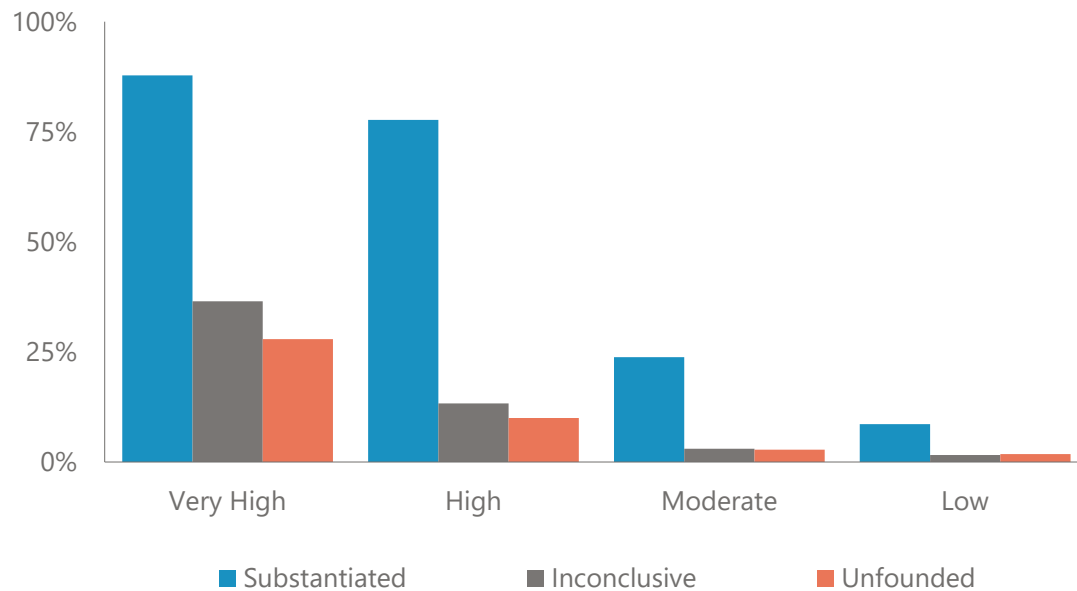


Policy and Practice Guidelines

The SDM risk assessment classifies families by their likelihood of subsequent abuse or neglect. 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 promoted to cases, which means either opening a new case or continuing an existing case.



The Data: Case Promotions by Investigation Disposition and SDM® Risk Level



Takeaways

According to SDM policy, 100% of investigations in which the family is assessed as high or very high risk should be promoted to cases, regardless of investigation disposition. Only about one third of very high-risk and 13% of high-risk inconclusive investigations were promoted. This does not conform to NCCD's recommendations.



Questions for Quality

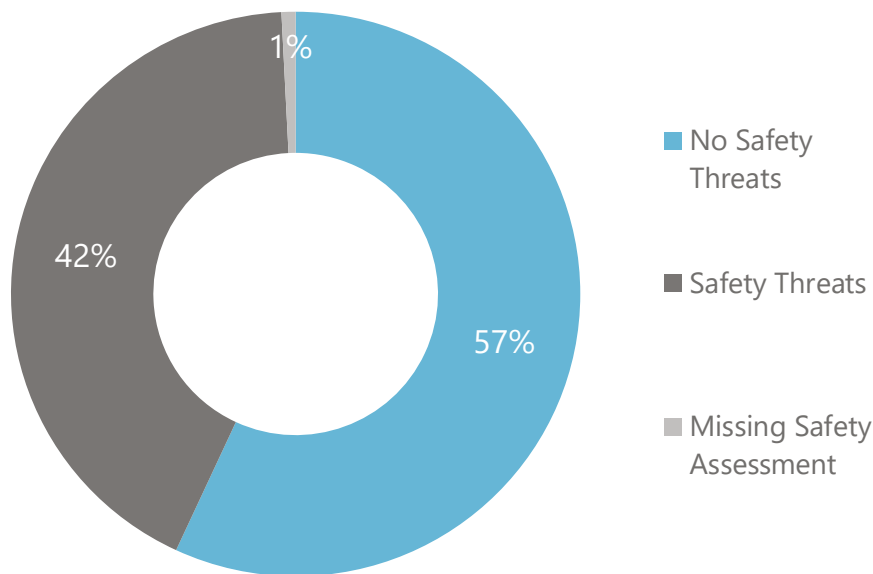
- Why are high- and very high-risk investigations not being promoted to cases?
- How do workers determine that a case should not be opened when the family's risk level is high or very high?
- What review process is in place to ensure families are receiving appropriate services that take their risk levels and investigation dispositions into account?



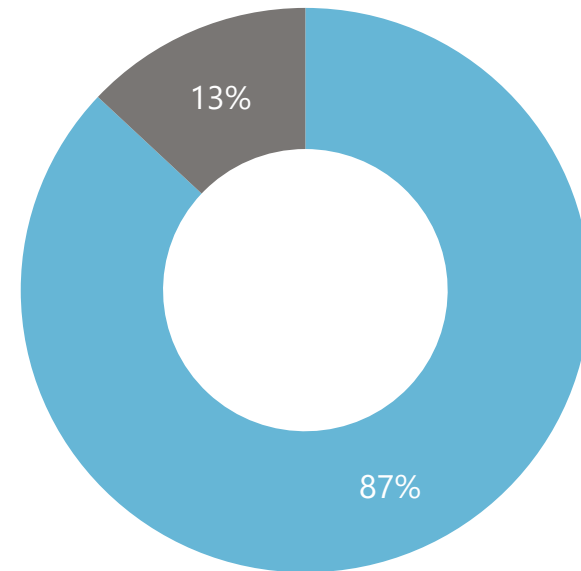
The Data: Risk, Safety, and Case Promotion Decisions

In 2016, 5,311 investigations classified as low or moderate risk were promoted to cases, which means either a new case was opened or an existing case continued. A total of 28,844 investigations classified as high or very high risk were not promoted.

Low and Moderate Risk: Promoted



High and Very High Risk: Not Promoted



Takeaways

Safety threats were present on the investigation-closing safety assessments in 13% of high- and very high-risk investigations that were not promoted to cases.



Questions for Quality

- What characteristics do low- and moderate-risk, safe families promoted to cases have? What amount of resources is the county using to serve these families?
- How often do families assessed as high or very high risk—with safety threats and not promoted to cases—come back to California county child protective services?

Maltreatment Investigation Recurrence



Policy and Practice Guidelines

The primary goal of the SDM system for child welfare is to reduce subsequent harm to children—in other words, to reduce the recurrence of maltreatment.



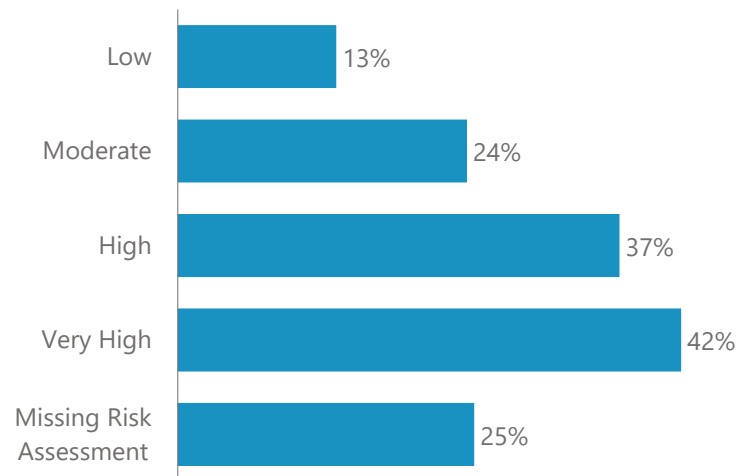
The Data: 12-Month Maltreatment Investigation Recurrence Over the Past Five Years

25%



The Data: Maltreatment Investigation Recurrence by Risk Level

Recurrence rates represent the percentage of children investigated in 2015 who experienced a subsequent investigation within 12 months.



Questions for Quality

- Why have recurrence rates not changed over the last five years? What factors or practices at the community level might be impacting recurrence?
- Are practice decisions aligning with risk assessment recommendations? How are workers serving high- and very high-risk families?
- Why are risk assessments not completed for all cases? What are the characteristics of investigations in which risk assessments are not completed and of the children involved in those investigations?



Takeaways

- Recurrence rates have remained consistent over the past five years.
- The risk assessment, completed by workers, is accurately classifying families by their likelihood of a subsequent investigation.

Case Promotion Decisions



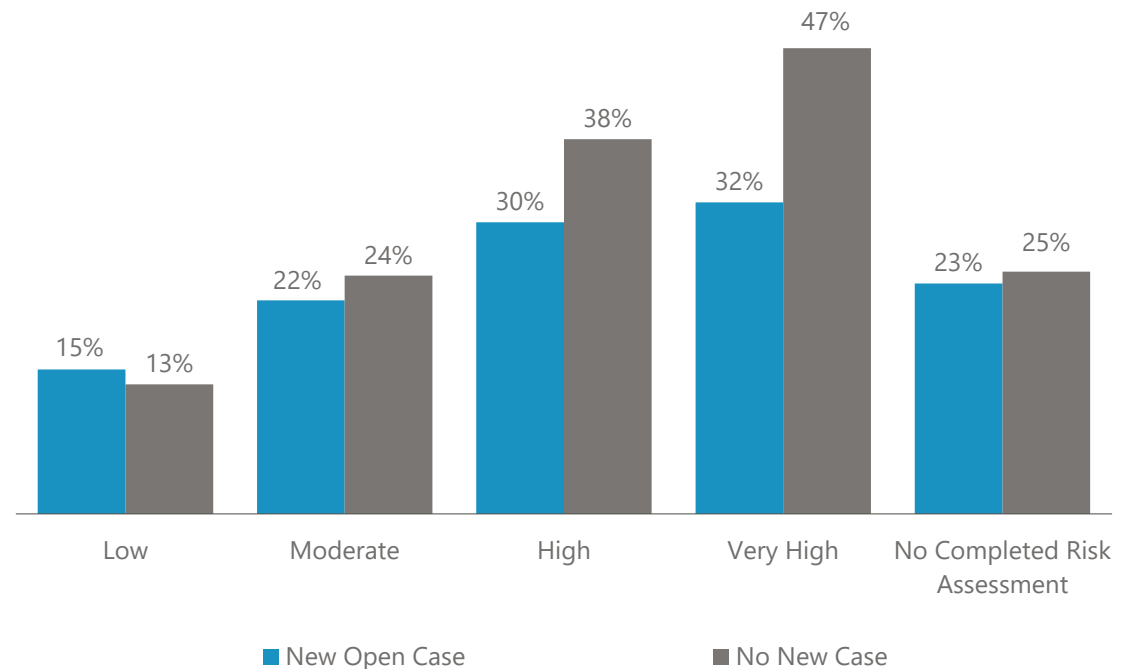
Policy and Practice Guidelines

At the end of each investigation, a worker must make a case promotion decision for the referral informed by the household's risk level. Each child on the referral then receives or does not receive services based on the referral's case promotion decision. Guidelines suggest promoting all children in households assessed as high and very high risk at the time of investigation to ongoing services. Children in investigation households assessed as low or moderate risk should receive ongoing services only if an unresolved safety threat remains; otherwise, no ongoing services are recommended.



The Data: Case Promotion Decisions and Maltreatment Investigation Recurrence by Risk Level

Households investigated in 2015 included 321,361 children with a case promotion decision of either new opened case or no case.



Takeaways

The case opening pattern suggests that following case promotion recommendations for high- and very high-risk households may help reduce subsequent harm. Opening a case for low- and moderate-risk households had a negative or obsolete impact on reducing subsequent investigations.



Questions for Quality

Does investigation recurrence by risk level differ sufficiently between investigation dispositions?

SDM® Initial Strengths and Needs Assessments



Policy and Practice Guidelines

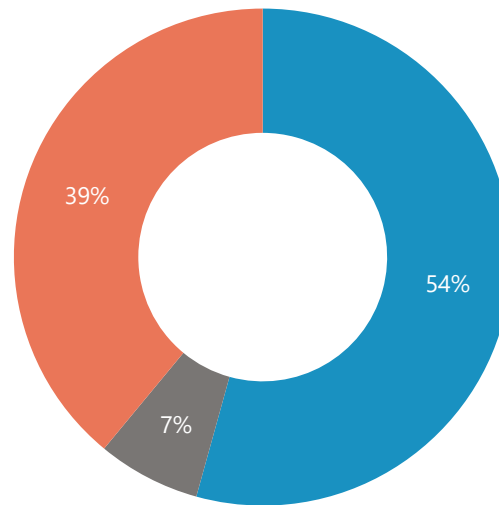
An initial SDM family strengths and needs assessment (FSNA) should be completed for each case plan that names at least one parent and one child. The child strengths and needs assessment (CSNA) should be completed for every child in permanency planning. These assessments must be completed on new cases prior to developing the case plan, or within 30 days of the first face-to-face contact.

Although policy requires completion of a strengths and needs assessment within 30 days of the first face-to-face contact, a 60-day timeframe was used for this analysis so that workers had adequate time to enter paper-based assessments into the computer system.



The Data: Initial Strengths and Needs Assessment Completion Rates

In 2016, 36,991 new cases with an initial service component of family maintenance (FM), family reunification, or permanent placement were opened and remained open for at least 60 days.



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



Takeaways

- Initial strengths and needs assessments are not consistently used for case planning.
- An assessment was completed within 60 days for 60% of the new cases opened during 2016.



Questions for Quality

- When no strengths and needs assessment is completed, what information is the worker using to determine case plan goals and objectives?
- Is FSNA completion related to shorter time to case closure?

Strengths and Needs



Policy and Practice Guidelines

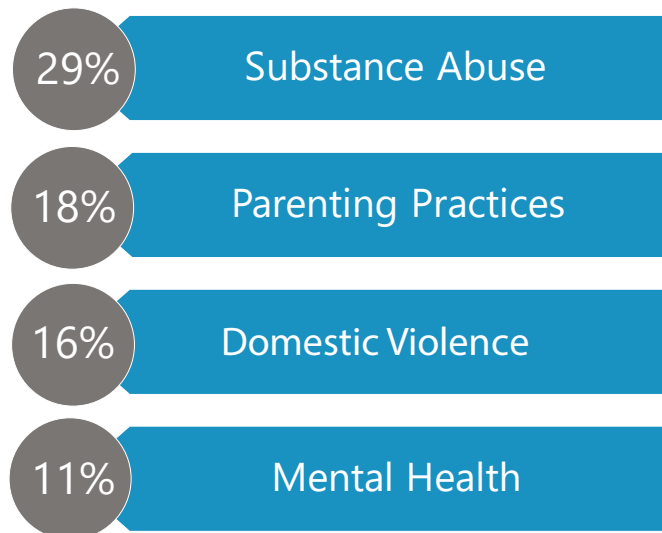
Workers assess family functioning by responding to each of 11 caregiver domains with an A, B, C, or D. "A" responses indicate a family strength and should be considered potential resources and aids. "D" responses indicate an area that is an imminent danger; a "D" response should prompt a danger statement that is addressed in the safety and case plan.



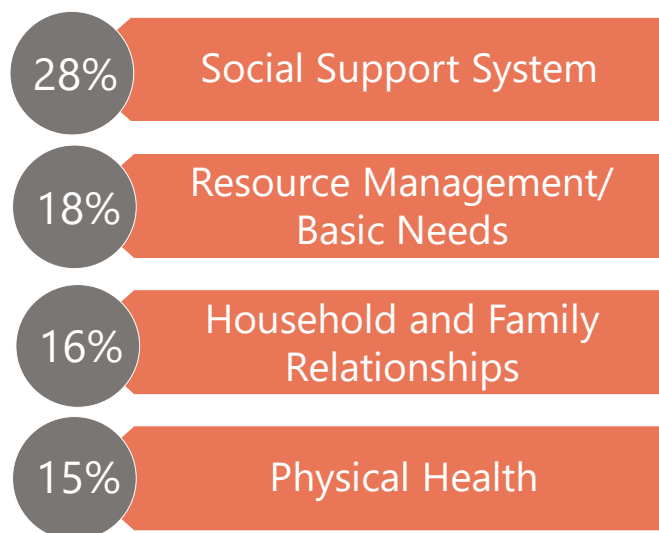
The Data: Priority Family Strengths and Needs at Initial Assessment

The 22,577 initial FSNA's completed within 60 days for cases opened during the period represent 12,402 distinct families. The following indicates the prevalence of priority strengths (items marked "A") and needs (items marked "D") for these families. The top four in each category are shown here.

Needs



Strengths



Takeaways

- Substance use, parenting practices, domestic violence, and mental health are significant needs for caregivers.
- More than one quarter of families had a strong social support system.



Questions for Quality

- How often do items indicated as a need ("D") relate to a safety threat identified on the most recent SDM safety assessment?
- Would targeting case plan interventions around family characteristics improve outcomes?
- Which family characteristics could be used to match effective case management interventions?

SDM[®] Family Risk Reassessment



Policy and Practice Guidelines

A risk reassessment must be completed within 30 days of recommending case closure for voluntary FM cases and within 65 days for cases with court-ordered FM services.

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

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



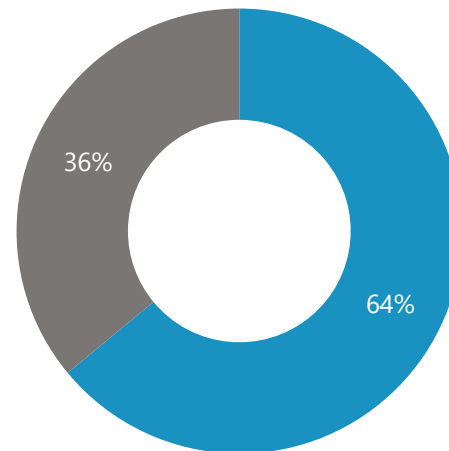
Questions for Quality

- How do workers determine that a case should be closed when a risk reassessment is not completed?
- What regional characteristics are correlated with risk reassessment completion?
- Do families with risk reassessments have lower rates of recurrence than families missing risk reassessments?
- What risk reassessment items are correlated with longer time to case closure? For example, what combination of static and dynamic items increase time to case closure?



The Data: Risk Reassessment Completion Rates at Case Closure

In 2016, 24,672 cases that were open for at least 90 days were closed in FM services.



■ Completed ■ Not Completed



The Data: Cases Closed With a Low or Moderate Risk Level

93%



Takeaways

- More than one third of all cases closed in FM services during the period did not have a recently completed risk reassessment, falling short of the recommended timeline.
- Most risk reassessments completed at case closure showed that the family was at low or moderate risk, which matches the SDM policy on risk levels at case closure.

NCCCD

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SDM[®] Reunification Reassessment



Policy and Practice Guidelines

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

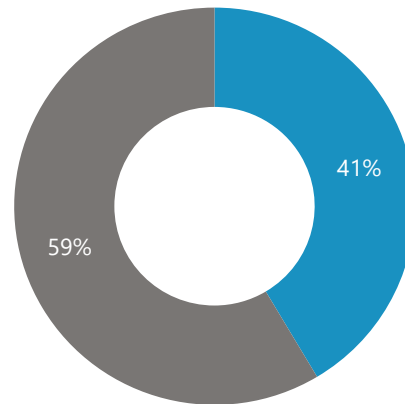
The reunification reassessment's recommendation guides a worker's decision about the permanency plan: to terminate FR services, continue FR services, or return a child to the removal home. For cases in which FR services are being terminated, it is expected that the reunification reassessment's permanency plan recommendation for these children would have been either "terminate FR services" or "return home."

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



The Data: Reunification Reassessment Completion Rates (FR Cases)

FR services that were open for at least 90 days were closed for 19,064 children in California in 2016.



■ Completed ■ Not Completed



Takeaways

- More than half of the cases did not meet the policy guidelines for timely completion of the reunification reassessment in 2016.
- Most of the cases closed had permanency plan recommendations from the reunification reassessment of either "return home" or "terminate FR services," indicating that workers followed the SDM recommendation.



The Data: Cases With Recommendations of "Return Home" or "Terminate FR Services"

81%



Questions for Quality

- What review processes are in place to ensure children are returned home to safe households or that FR services are ended if reunification is unlikely?
- How often does the worker's permanency recommendation to the court match the SDM recommendation?
- How can the reunification reassessment be used more effectively in a court decision-making process?
- What characteristics of visitation (e.g., proximity of meeting to removal household, time of meeting, family team meetings, number of caregivers) increase quality and quantity of face-to-face visits?



NCCD | Children's
Research Center

(800) 306-6223

research@nccdglobal.org

nccdglobal.org

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