



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

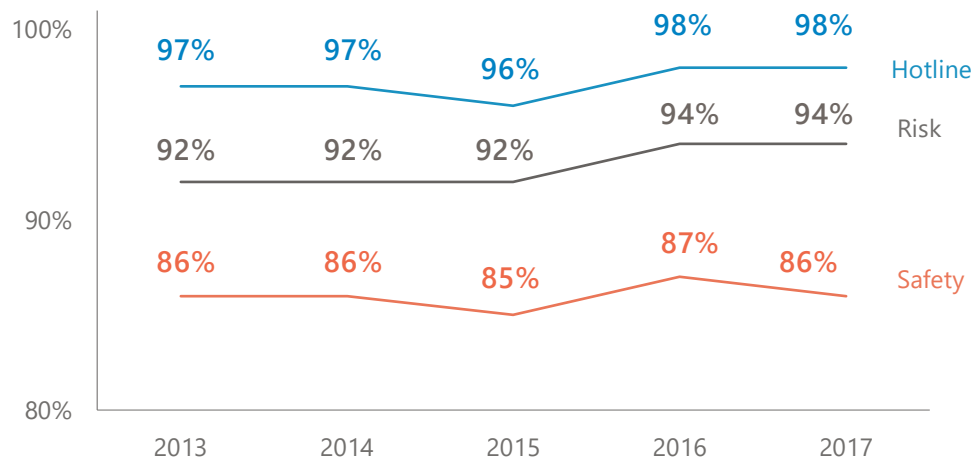
Report Date: April 2018

Report Period:
January 1 – December 31, 2017

Five-Year SDM[®] Assessment Trends



The Data: Completion Rate



Policy and Practice Guidelines

- **Screening:** The Structured Decision Making[®] (SDM) hotline tools, which include a screening assessment, must be used for all referrals recorded in the child welfare services case management system (CWS/ CMS). The screening assessment helps workers decide if referrals should be assigned in-person responses.
- **Response Priority:** An SDM[®] response priority decision must be made regarding any referral assigned for an in-person response. A component of the hotline tools, this decision determines 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. This assessment, which evaluates whether immediate danger of serious harm is present for any child during the investigation, should be done at the first face-to-face contact.
- **Risk:** The SDM family risk assessment must be completed at the end of every inconclusive or substantiated investigation (for non-SCP) to determine the likelihood of a subsequent incident of abuse or neglect.
- **Overrides:** Each SDM assessment (except safety) contains an override section that allows workers to alter 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.



Takeaways

- The risk assessment completion rates shown in the chart include only substantiated and inconclusive investigations. In 2017, 61% of unfounded investigations had a risk assessment completed.
- The safety assessment completion rates include only assessments completed for allegation households; it is the lowest overall completion rate during the investigation period among SDM assessments. When safety assessments completed on non-allegation households were included, safety assessment completion rates rose from 86% to 94% for 2017.



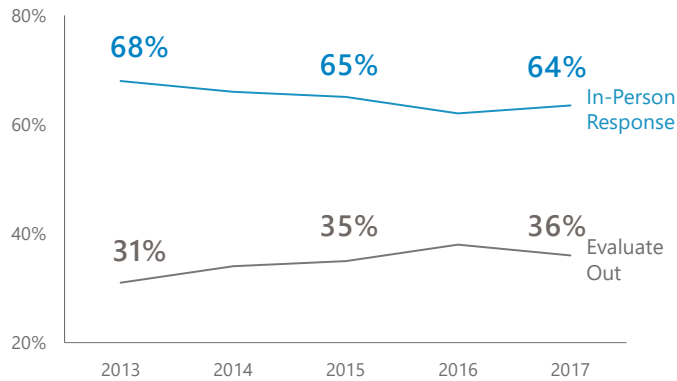
Questions for Quality

- Are staff using the allegation household indicator on the safety assessment incorrectly, or are they completing the safety assessment on the wrong household?
- When a safety assessment is not completed, what criteria do workers use to determine if children can remain safely in the home?

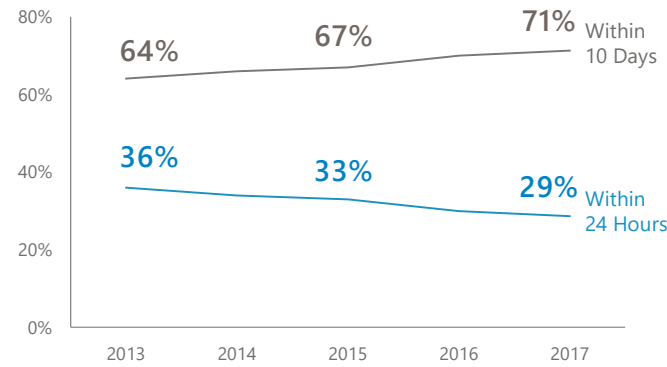


The Data: SDM® Assessment Findings

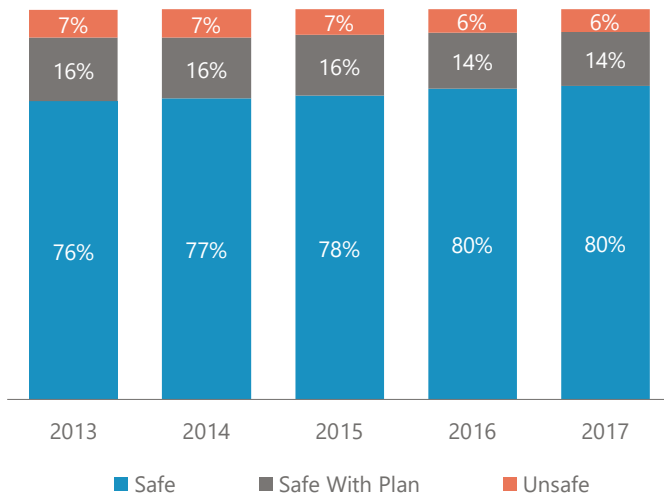
SDM® Screening Assessment



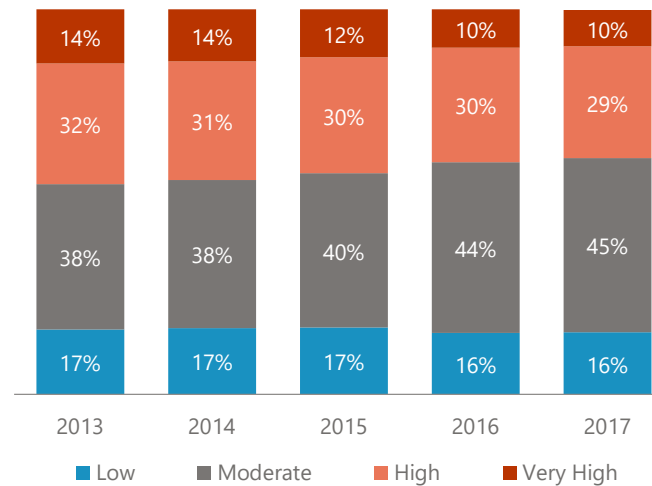
SDM® Response Priority



SDM® Safety Assessment



SDM® Risk Assessment



Takeaways

- The proportion of 10-day responses steadily increased from 64% in 2013 to 71% in 2017.
- Risk and safety findings were consistent between 2016 and 2017.



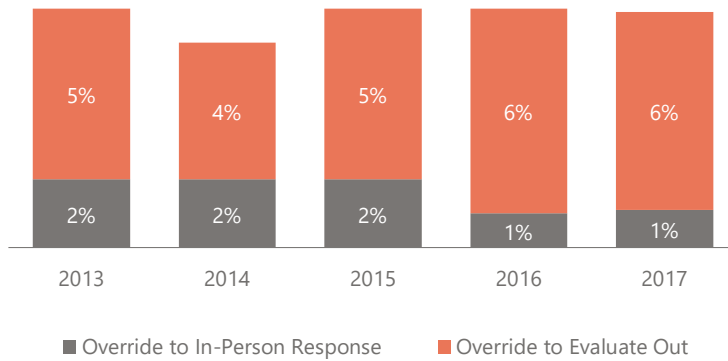
Questions for Quality

- Are the types of reports received (e.g., allegation types, family composition, etc.) changing and contributing to continued decreases in 24-hour responses?
- How do safety threats compare across families assessed as safe with a plan versus unsafe?

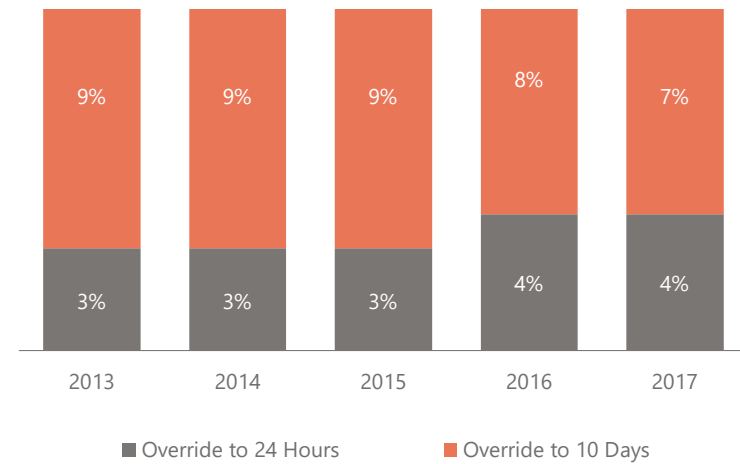


The Data: Overrides

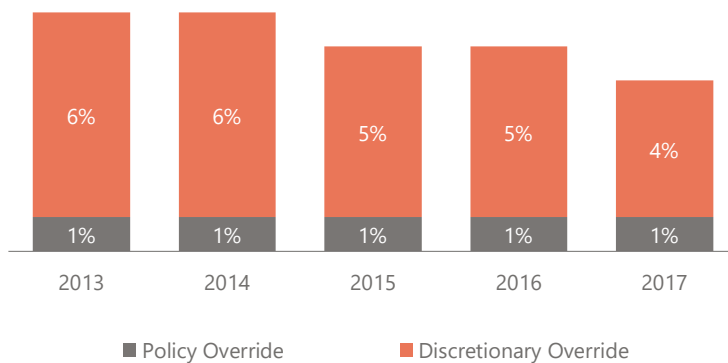
SDM® Screening Assessment



SDM® Response Priority



SDM® Risk Assessment



Takeaways

- Overrides to the SDM screening and response priority decisions remained generally stable over the last five years.
- Discretionary overrides to the SDM risk assessment decreased between 2014 and 2017 but still fell within the recommended range.
- Most (89%) of the overrides to the recommended risk level were administered for substantiated investigations.



Questions for Quality

- Do families on referrals overridden on the SDM screening decision from in-person to evaluate out experience subsequent reports in a short time period?
- Are overrides to the recommended risk level used more often when certain risk factors or family characteristics are present?

SDM[®] Safety Assessment

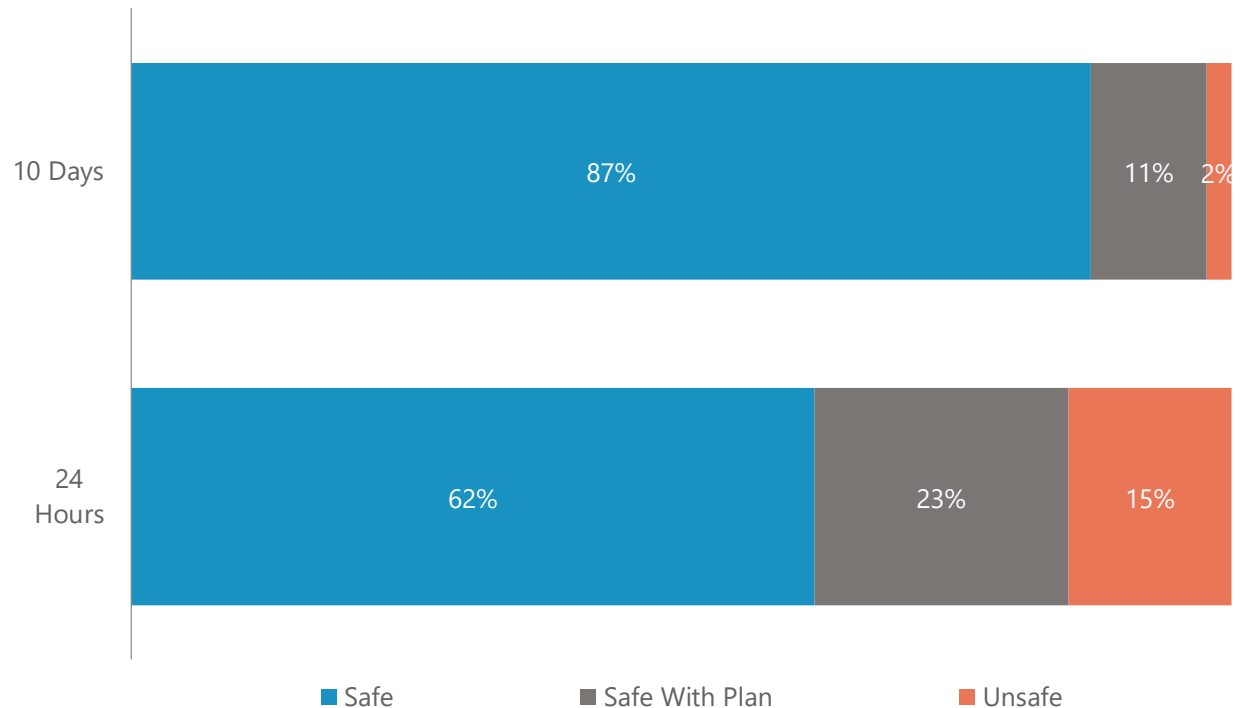


Policy and Practice Guidelines for Comparing Response Priority and Safety Decision

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



The Data: Initial Safety Decision by Response Priority



Takeaways

As expected, workers assessed a higher proportion (almost 40%) of referrals with a 24-hour response priority as having at least one safety threat compared to referrals with a 10-day response priority (13%).



Questions for Quality

How do the different safety factors align with the response priority information gathered at intake?

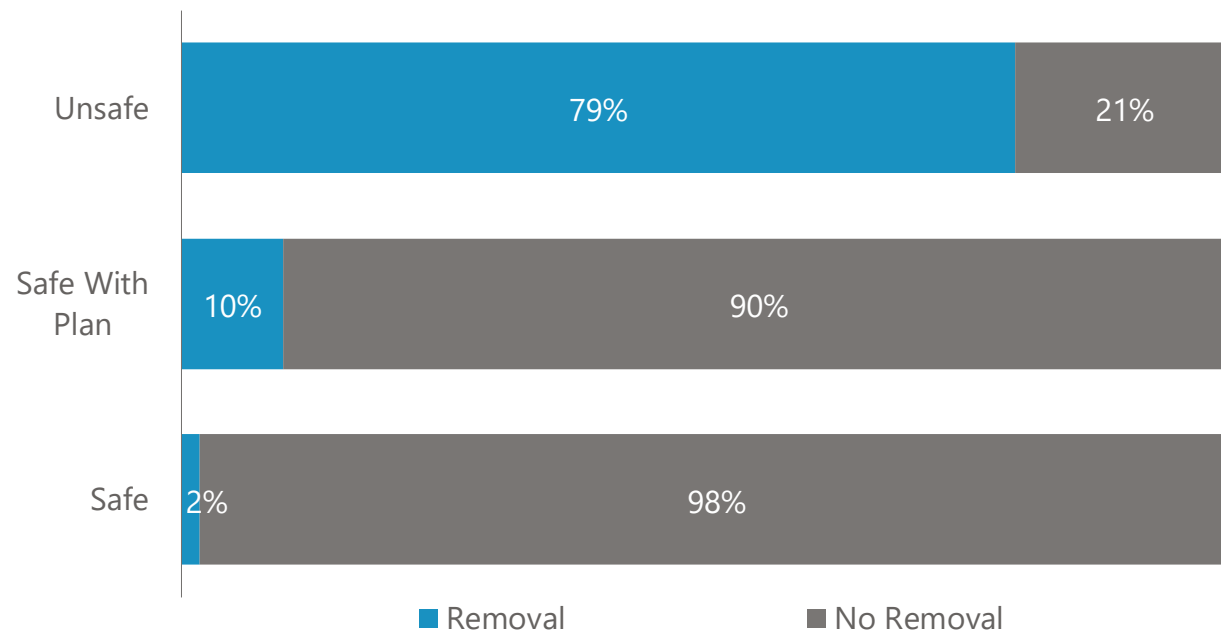


Policy and Practice Guidelines for Examining Removals by Safety Decision

A safety decision of unsafe means the worker has determined that removal is the only intervention available to keep the child safe. To examine how often initial safety decisions correspond to actual child removals, we identified the first placement episode that began between three days prior to the completion of the initial safety assessment to the end of the investigation—or February 28, 2018 (the date this information was collected from CWS/CMS and WebSDM), if the investigation was still open at that time.



The Data: Removal by Initial Safety Decision



Takeaways

- Of those investigations during which children were assessed as unsafe at the initial assessment, 79% experienced the removal of a child.
- Of families initially assessed as safe with a plan or safe, 5,426 (3%) experienced a removal during the investigation. Of these families, 1,115 (21%) had an additional safety assessment completed to document the change in child safety (i.e., a second safety assessment with a finding of unsafe), while 79% of these families had no safety finding of unsafe recorded.



Questions for Quality

- Are children removed more often when certain safety threats are present?
- What reasons might explain the 21% of families with no child removal following an unsafe safety assessment?
- What safety interventions are used to keep children safe in the home when the only intervention identified on the safety assessment is child removal?

Case Promotion

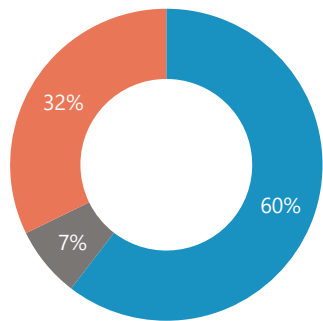


Policy and Practice Guidelines

The SDM risk assessment classifies families by their likelihood of subsequent child protection involvement. Investigations for families at low or moderate risk levels may be closed without services unless outstanding threats to child safety remain at the end of the investigation. Investigations for families classified as high or very high risk should be promoted to cases, which means either opening a new case or continuing an existing case.



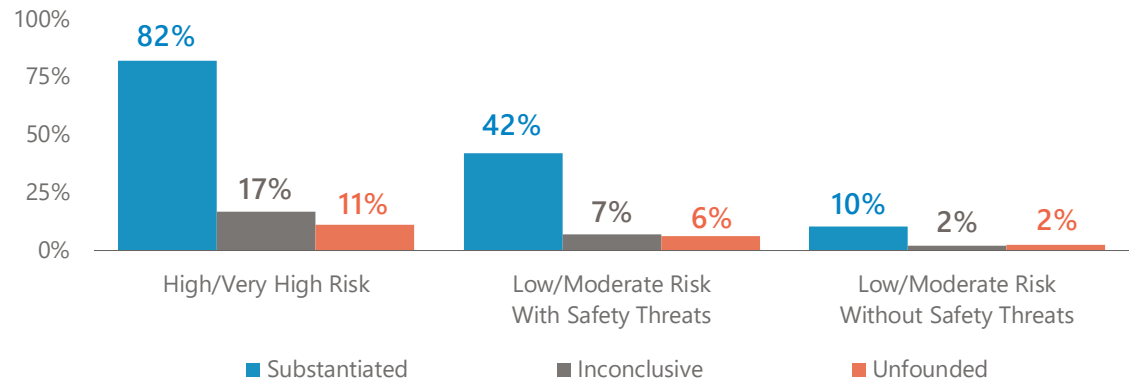
The Data: Distribution of Risk Level and Safety Threats



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



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



Takeaways

- Adhering to California's SDM risk-based case-promotion guidelines, 40% of investigations (all high- or very high-risk investigations and all low- or moderate-risk investigations with outstanding safety threats) should have been promoted to ongoing services.
- Case-promotion decisions appear to be more strongly related to substantiation than to SDM safety and risk levels.



Questions for Quality

- Does agency capacity impact the decision to offer ongoing services?
- What characteristics of low- and moderate-risk, safe families are related to the decision to open a case?
- For families recommended for case promotion who are not promoted, are services from other agencies leveraged to address child protection concerns and meet the needs of the family?

Maltreatment Investigation Recurrence, Investigation Disposition, and Risk Level



Policy and Practice Guidelines

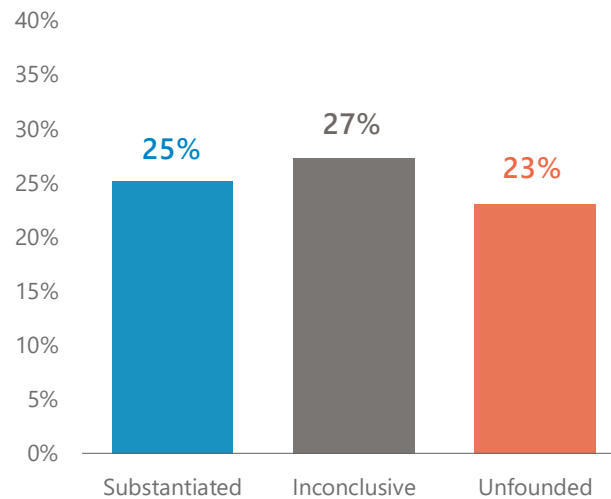
The SDM risk assessment is an actuarial tool that when completed with fidelity classifies families based on their likelihood to experience subsequent involvement with child protection. The investigation disposition is a determination, made without structured support, on whether the alleged maltreatment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



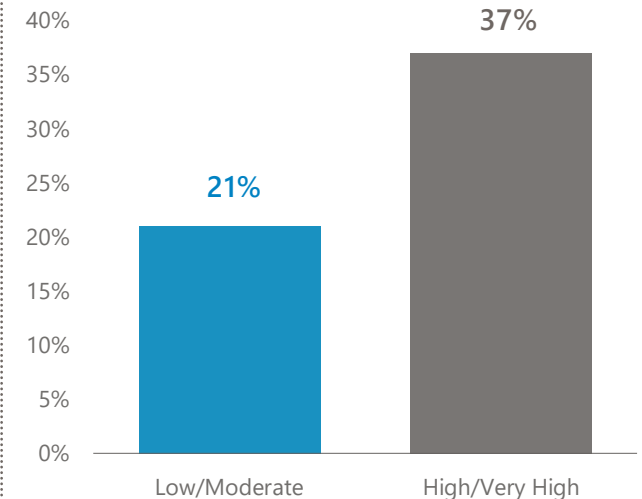
The Data

The recurrence sample includes all alleged victims involved in investigations in 2016. This group of children on investigations from an earlier timeframe is used to provide a comparison of 12-month subsequent maltreatment investigations across investigation disposition and risk level.

Subsequent Maltreatment Investigation by Allegation Disposition



Subsequent Maltreatment Investigation by Risk Level



Takeaways

- Rates of subsequent maltreatment did not substantially differ by allegation finding, suggesting children with unfounded allegations are as likely to experience subsequent child protective services involvement as those with substantiated allegations.
- Children assessed as high or very high risk are more likely than those assessed as low or moderate risk to experience future investigations for maltreatment.

Case-Promotion Decisions



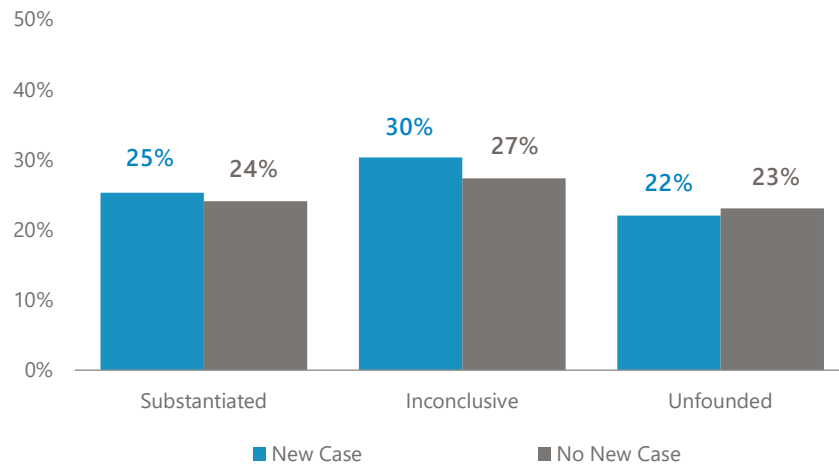
Policy and Practice Guidelines

At the end of each investigation, a worker must determine whether the family could benefit from ongoing services. Per California SDM policy, case-promotion decisions should be informed by the household's risk level at the time of the investigation. Each child on the referral then receives or does not receive services based on the referral's case-promotion decision.

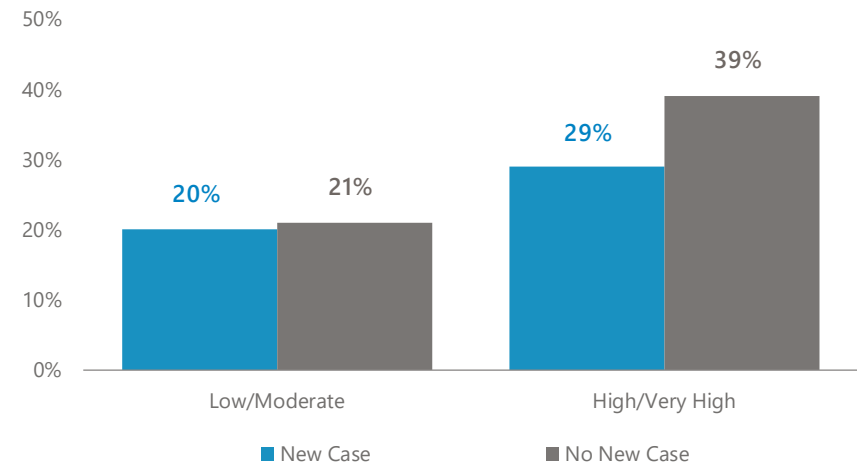


The Data

Subsequent Maltreatment Investigation by Allegation Disposition and Case Promotion



Subsequent Maltreatment Investigation by Risk Level and Case Promotion



Takeaways

- Recurrence rates by investigation disposition were similar regardless of whether or not ongoing services were provided.
- The recurrence pattern by risk level and case-promotion decision 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 does not appear to reduce recurrence.



Questions for Quality

- What barriers prevent provision of services to some high- and very high-risk families?
- What can be done to reiterate the importance of risk-based case-opening decisions for workers, supervisors, and other agency staff?

SDM[®] Initial Strengths and Needs Assessments



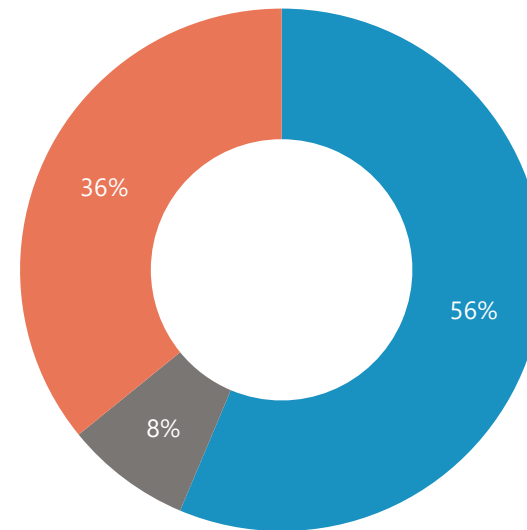
Policy and Practice Guidelines

An initial SDM family strengths and needs assessment (FSNA), including the child strengths and needs assessment (CSNA), should be completed for families receiving family maintenance (FM) and/or family reunification (FR) services. Completion of the CSNA is recommended 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. Despite this 30-day requirement, a 60-day timeframe was used for this analysis to allow workers adequate time to enter paper-based assessments into the computer system.



The Data: Completion Rates

In 2017, 40,804 new cases with an initial service component of FM, FR, 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 were not consistently completed prior to case planning; this likely implies that the assessment did not inform case planning for these cases.
- Assessment completion within 60 days increased by almost 10% from 2015 (55%) to 2017 (64%).



Questions for Quality

- When no strengths and needs assessment is completed, what information does the worker use to determine case plan goals and objectives?
- Is FSNA/CSNA completion and incorporation into case planning related to shorter time to case closure (i.e., are the needs of families addressed more quickly and accurately)?

Priority Strengths and Needs



Policy and Practice Guidelines

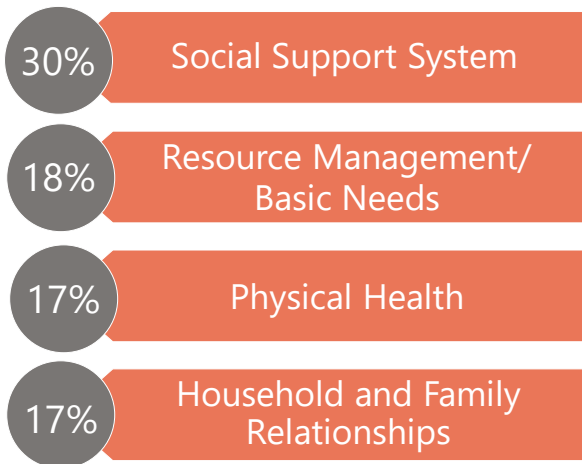
Workers assess family functioning by responding to each of 11 caregiver domains with an A, B, C, or D. "A" responses indicate a family strength and should be considered a potential resource and aid. "C" and "D" responses indicate an area that is a need. At the end of the assessment workers select the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



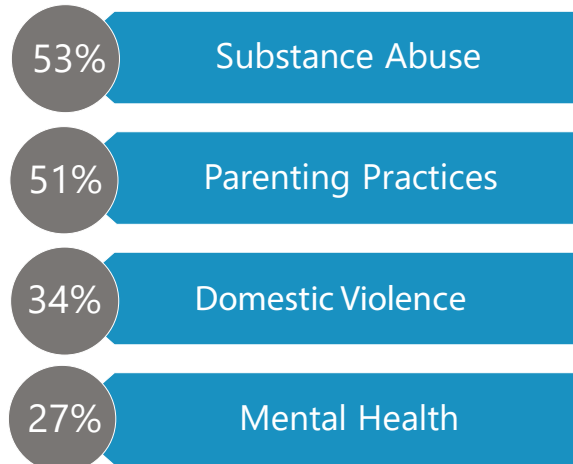
The Data

The 26,171 initial FSNA's completed within 60 days for cases opened during the period represent 14,433 distinct families. The items most frequently identified as priority strengths and priority needs for families are shown below.

Strengths



Needs



Takeaways

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



Questions for Quality

- How do the priority needs of families relate to case length and time in care?
- How often do case plan interventions align with identified needs?
- Are workers able to leverage identified family strengths to support effective case plans?

SDM[®] Family Risk Reassessment



Policy and Practice Guidelines

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

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

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



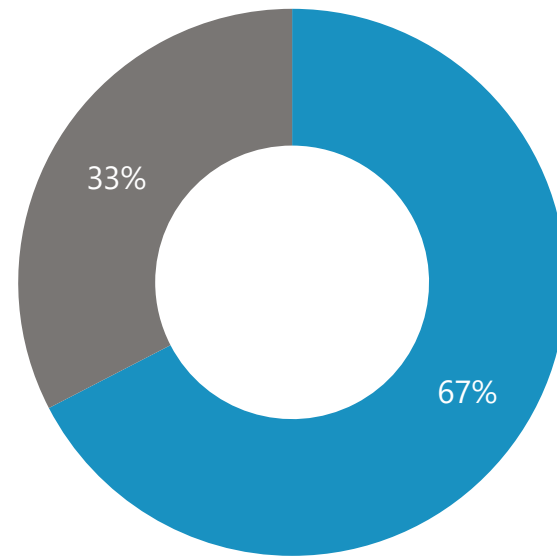
The Data: Cases Closed With a Low or Moderate Risk Level

93%



The Data: Completion Rates at Case Closure

In 2017, 26,207 cases that were open for at least 90 days were closed in FM services.



■ Completed

■ Not Completed



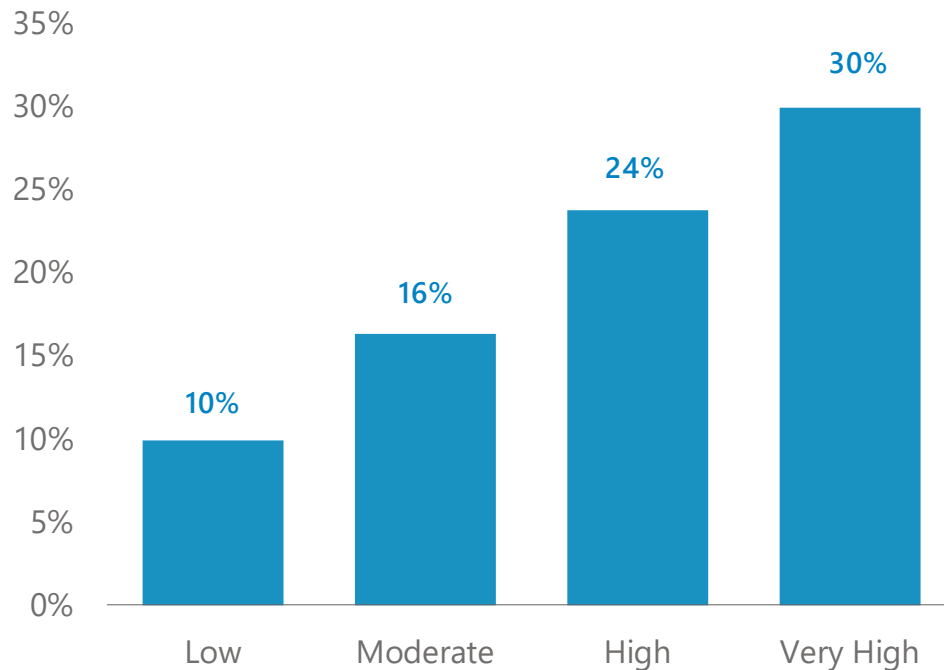
Takeaways

- One third of cases closed in FM services during the period did not have a risk reassessment completed prior to closure within the recommended timeframe, although risk reassessment completion did increase from 57% in 2015.
- Most risk reassessments completed at case closure showed that the family was at low or moderate risk, which matches California's SDM policy on risk levels at case closure.



The Data: Subsequent Maltreatment Investigations by Risk Level

In the first six months of 2017, 13,943 cases that were open for at least 90 days were closed in FM services. Of these, 9,442 (68%) had a completed risk reassessment within 90 days before to 30 days after the case end date. The figure below presents six-month subsequent maltreatment investigation outcomes for these cases.



Takeaways

- Overall, 15% of the 13,943 clients experienced a subsequent maltreatment investigation within six months of their case closing.
- FM cases closed with a most recent risk reassessment level of high or very high had the highest proportion of subsequent maltreatment investigations.



Questions for Quality

- How do workers determine that a case should be closed when a risk reassessment is not completed?
- What criteria were used to determine case closure when the family was high or very high risk?
- How did case progress and other factors measured on the risk reassessment compare for high- or very high-risk families compared to low- and moderate-risk families?

SDM[®] Reunification Assessment



Policy and Practice Guidelines

A reunification reassessment should be completed for children who are moving from 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.

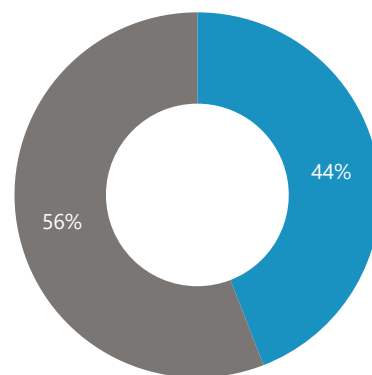
The recommendation from the reunification reassessment guides a worker's decision about the permanency plan: to terminate FR services, continue FR services, or return a child to the removal home. For cases in which FR services are being terminated, it is expected that the reunification reassessment's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

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



The Data: Completion Rates

FR services that were open for at least 90 days were closed for 21,084 children in California in 2017.



■ Completed ■ Not Completed



Takeaways

- Less than half of cases met the policy guidelines for timely completion of the reunification reassessment in 2017, with completion rates increasing from 38% in 2015.
- 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 Closed With Recommendations of Return Home or Terminate FR Services

80%



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?



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