NCCD Children's Research Center

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

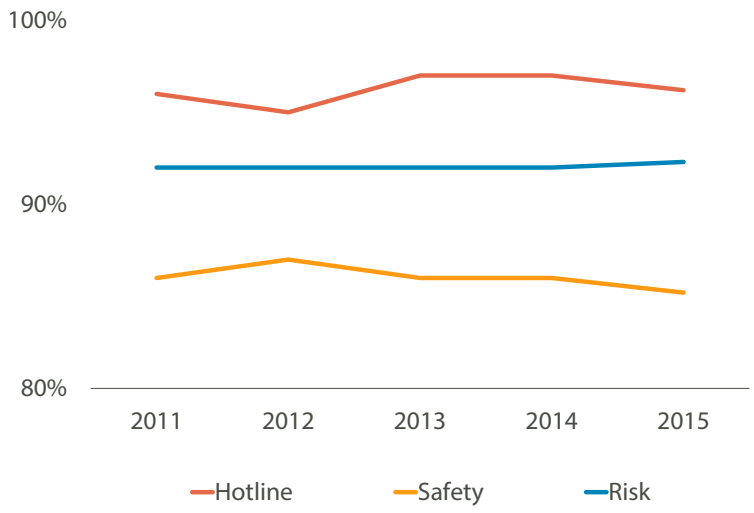
Report Date: April 2016

Report Period:
January 1 – December 31, 2015

PREPARED FOR CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Investigation Referral SDM® Assessments: Five-Year Trends

The Data: SDM® Assessment Completion Rates



Takeaways

- Over time, rates for hotline and risk assessments show favorable rates of completion.
- Results suggest the policy for safety assessments is not being followed consistently, and the safety completion rate could be improved.

Questions for Quality

- Why are safety assessments completed at different rates than risk and hotline assessments?
- How are removal decisions made if a safety assessment is not completed?

Policy and Practice Guidelines for SDM® Assessment Completion, Results, and Overrides

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 or evaluated out.

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, completed on the allegation household, at the first face-to-face contact to evaluate whether immediate danger of serious harm is present for any child during the investigation. Non-allegation household safety assessments were not included in the analysis.

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: NCCD Children's Research Center typically recommends an override rate of approximately 5% to 10% for assessments (except safety).

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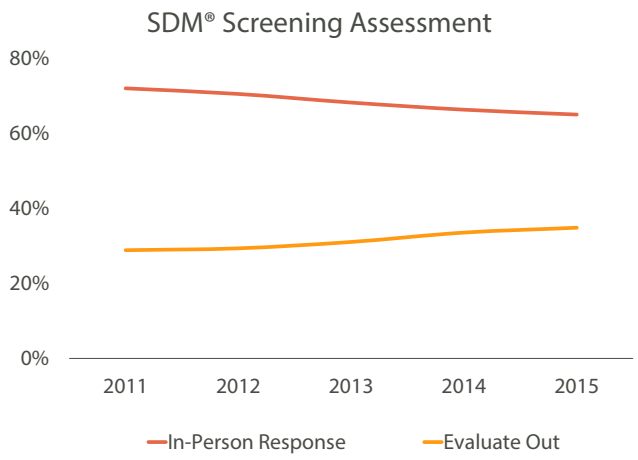
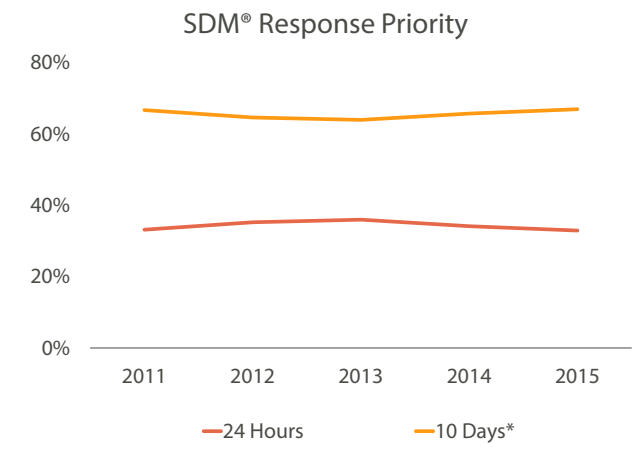
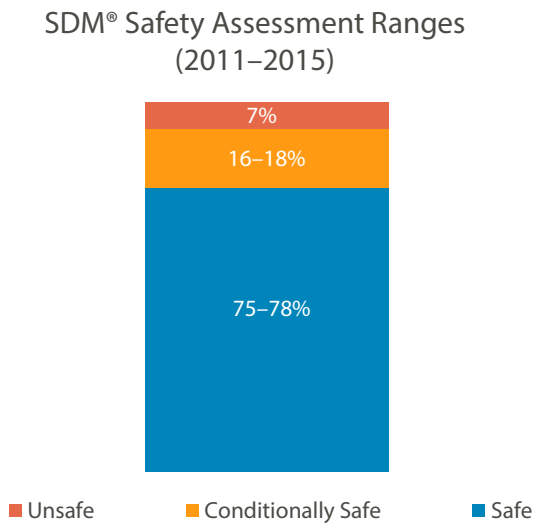
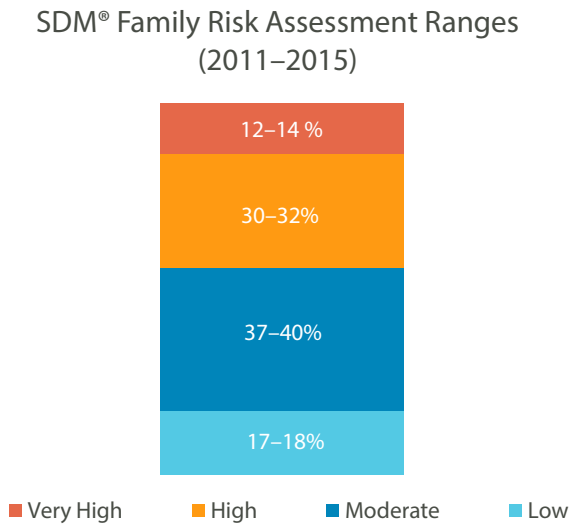
The Data: SDM® Assessment Findings





*Five days in Los Angeles County.





Takeaways

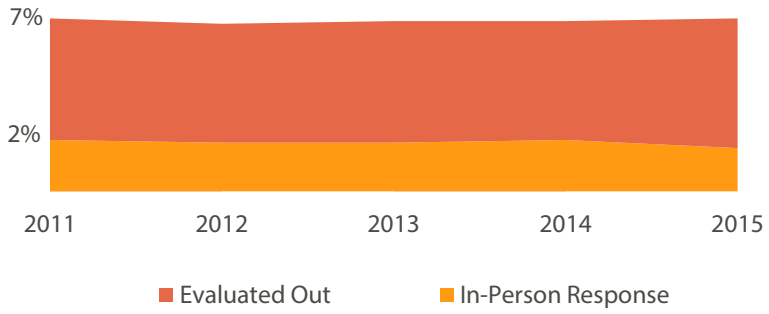
- In-person response is gradually trending down and evaluate out is trending up. This could reflect changes in utilization, policies, or population over time. CDSS should pay attention to trends and influencing factors.
- When the safety assessment is used, it is applied consistently.
- Per the family risk assessment, approximately 50% of screened-in referrals receive open cases.

Questions for Quality

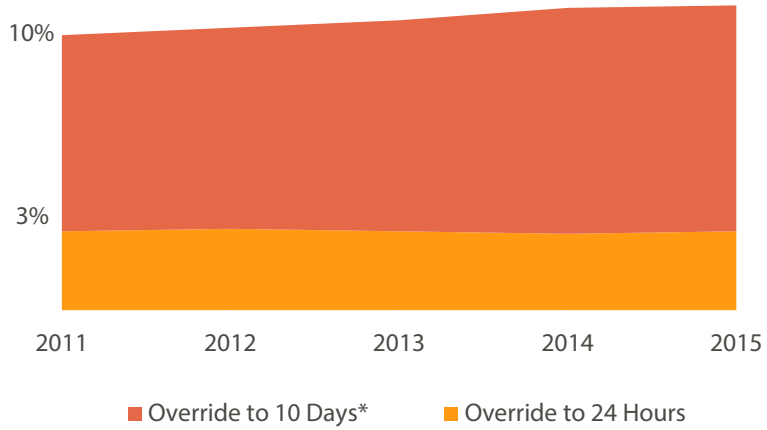
- What are the characteristics of workers and referrals by screening decision?
- Does the approximate 50% case promotion rate of investigations reflect current practice?

The Data: SDM® Screening Assessment, Response Priority, and Family Risk Assessment Overrides

SDM® Screening Assessment



SDM® Response Priority



* Five days in Los Angeles County.

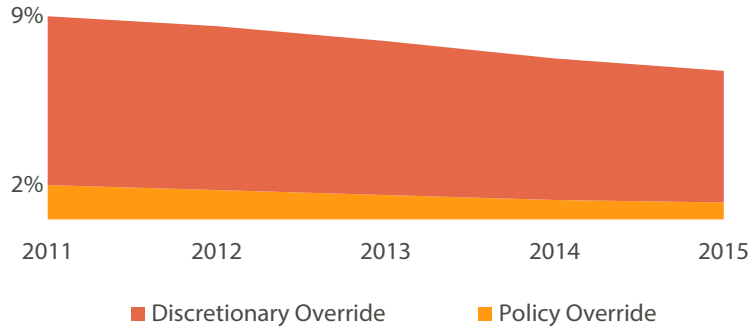
Takeaways

- SDM screening and family risk assessment overrides have consistently fallen within the recommended 5% to 10% range for the past five years and do not warrant concern.
- Response priority overrides are trending upward and beyond the recommended 10% range.

Questions for Quality

- Are workers using the SDM assessments to guide their decisions?
- Why are workers overriding response priority recommendations? Is this due to worker discretion, policy change, and/or tool sensitivity? What are the characteristics of workers and referrals for overrides?

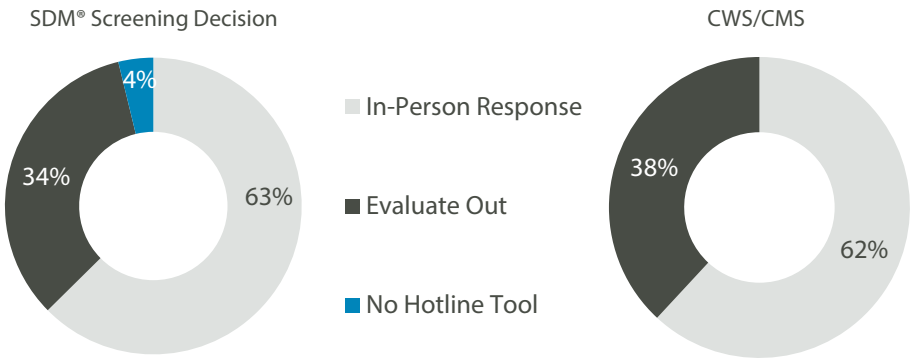
SDM® Family Risk Assessment



The SDM® Hotline Tool Screening Decision and CWS/CMS

The Data: California Screening Decisions

In 2015, California counties received 345,953 referrals.



Policy and Practice Guidelines

According to policy, the SDM hotline tool should be completed for every referral, and the screening decision should match the decision recorded in CWS/CMS.

Completed hotline tools are designed to result in one of two screening decisions: in-person response (i.e., one or more criteria marked) or evaluated out (i.e., no criteria marked or review of criteria not required).

Agreement reflects the percentage of CWS/CMS screening decisions that matched the SDM screening recommendation.

Takeaways

- The percentage of agreement between the SDM hotline tool and CWS/CMS is high. Statewide, California is performing well in meeting the SDM screening recommendation.
- A hotline tool was not completed for 4% of the referrals received, with a decision of "evaluate out" recorded in CWS/CMS for the majority of those.

Agreement

93%

Questions for Quality

- When an SDM hotline tool is not completed, what criteria do workers use to determine whether the report requires an in-person response or should be evaluated out? What quality review is in place to ensure that these decisions are actually correct?
- Are there patterns (e.g., similar allegation and/or reporter type) related to which reports are not being screened with the SDM hotline tool?
- What are the characteristics of referrals and workers by screening decision?

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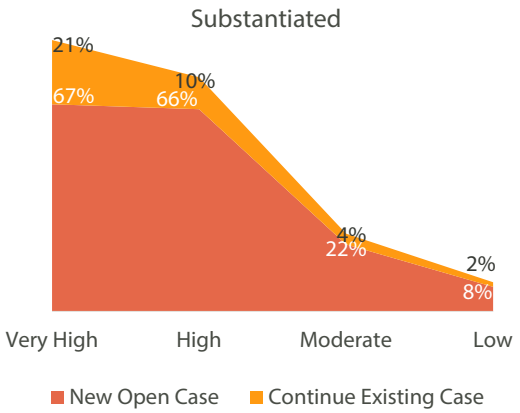
SDM® Family Risk Assessment, SDM® Safety Assessment, and Case Promotion

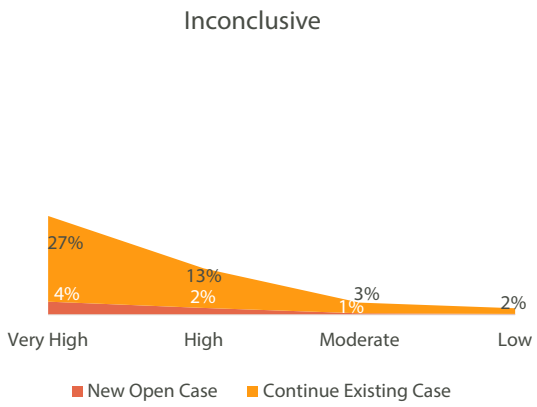
Policy and Practice Guidelines for Case Promotion

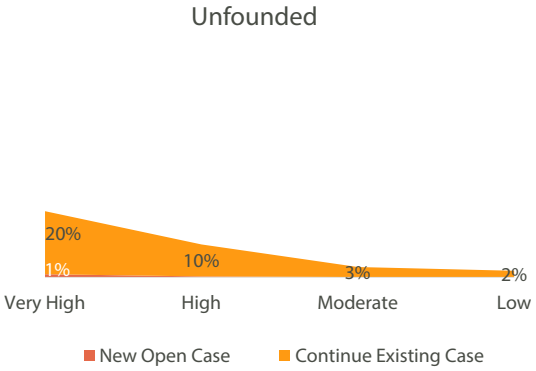
The risk assessment classifies families by their likelihood of subsequent abuse or neglect. Investigations for families at low or moderate risk levels may be closed without services unless outstanding threats to child safety remain at the end of the investigation.

The Data: Case Promotion by Disposition and Risk Level

The graphs below show case promotion decision by risk level for each investigation disposition. For example, of all very high-risk substantiated investigations, 67% were promoted to a new case and 21% were promoted to continue existing case. Overall, 88% of very high-risk substantiated investigations were promoted to services.







Questions for Quality

- How do workers determine that a case should not be opened when risk is high or very high?
- What are the characteristics of investigations and workers by disposition and risk level? Do these characteristics vary by case promotion decision?

Takeaways

- NCCD recommends that workers and supervisors use risk classification to inform and guide all case promotion decisions, regardless of investigation disposition.
- Inconclusive and unfounded dispositions have a low promotion rate for high and very high risk levels.
- Case promotion decisions do not appear to be in accordance with policy or assessment results.

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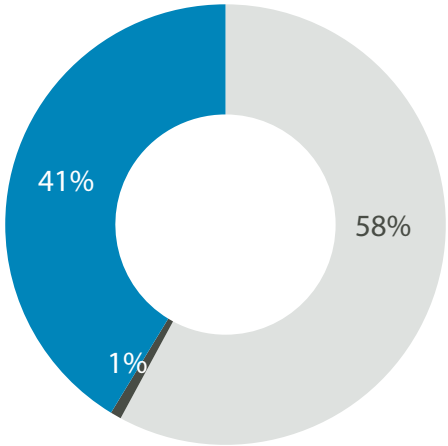
The Data: Safety Analysis by Risk Level and Case Promotion Decision

In 2015, 5,563 investigations classified as low or moderate risk were promoted to cases while 29,040 investigations classified as high or very high risk were not promoted. Case promotion represents either opening a new case or continuing an existing case.

Low and Moderate Risk: Promoted

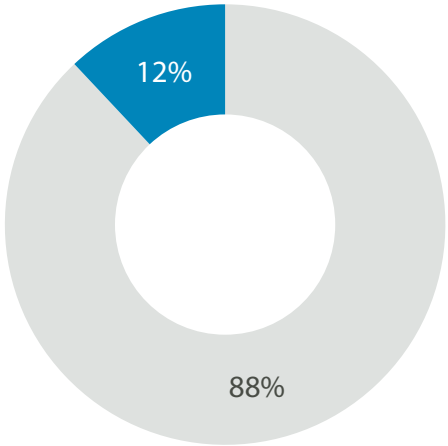


No Safety Threats

No Safety Assessment

Safety Threats

High and Very High Risk: Not Promoted



Takeaways

- Of the high- and very high-risk investigations that were not promoted, 12% had outstanding threats to child safety. A case should never be closed when safety threats are present, regardless of risk level.
- Results indicate that workers are not using SDM-based recommendations to guide case promotion decisions.

Questions for Quality

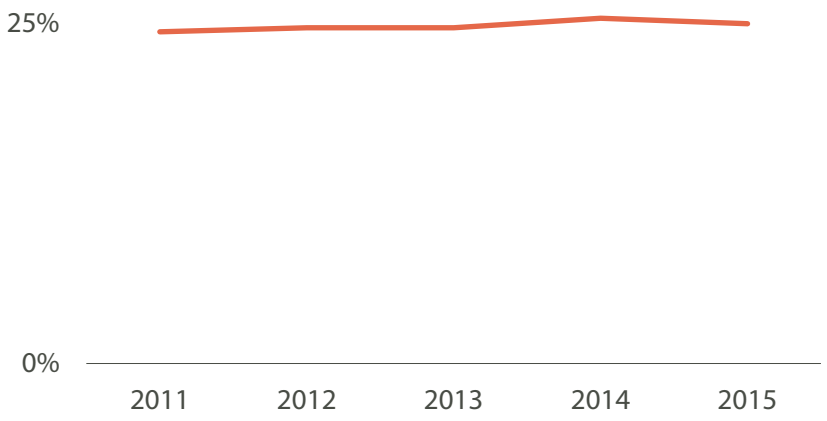
- Why are safety assessments not conducted?
- Why are low- and moderate-risk investigations with no safety threats promoted?
- Do promotion decisions vary by worker or investigation characteristics?

Maltreatment Investigation Recurrence Rates by Risk Level

Policy and Practice Guidelines

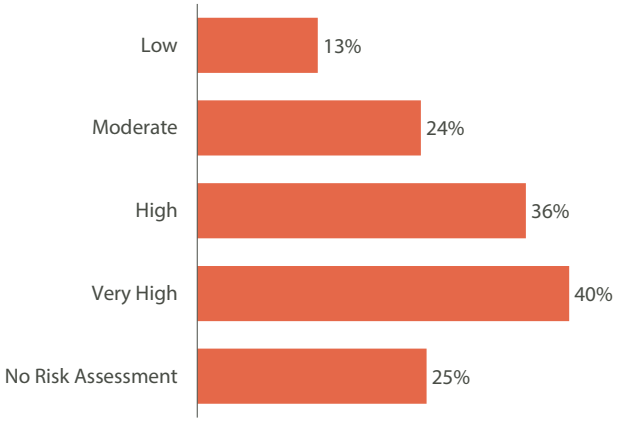
The primary goal of the SDM system for child welfare is to reduce subsequent harm to children.

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



The Data: Maltreatment Investigation Recurrence by SDM® Risk Level

Recurrence rates represent the percentage of children in 2014 who had a subsequent investigation within 12 months.



Takeaways

- Recurrence rates have not decreased over the past five years.
- When no risk assessment was completed, 25% of children experienced a subsequent investigation.

Questions for Quality

- Are practice decisions aligning with the risk assessment? How are workers serving high- and very high-risk families?
- Why are risk assessments not completed and how are case promotion decisions made without the information gained by completing them?

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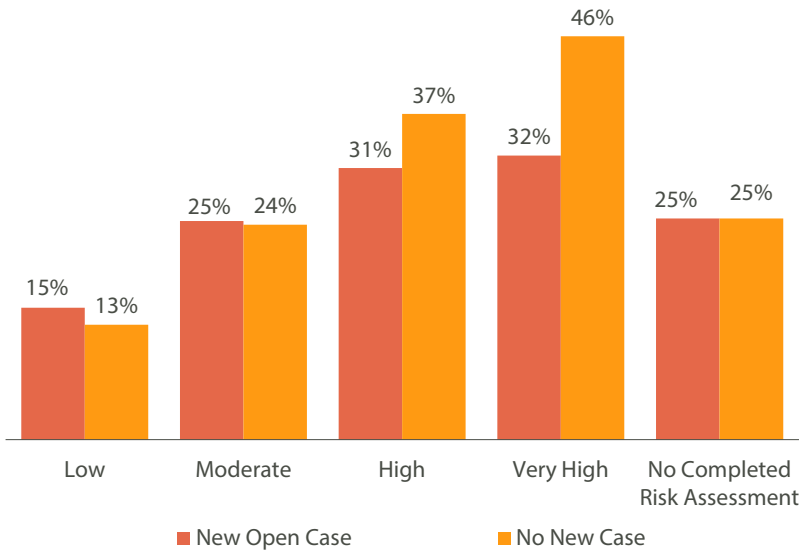
Policy and Practice Guidelines

At the end of each investigation, workers must make a case promotion decision for the referral based on 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 high- and very high-risk investigation households to ongoing service cases. Children in investigation households assessed as low or moderate risk should only receive ongoing services 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 2014 included 315,780 children with a case promotion decision of either new opened case or no case.



Takeaways

- Among high- and very high-risk cases, the investigation recurrence rate was greater when the SDM recommendation was not followed (i.e., no new case was opened) compared with when the SDM recommendation was followed (i.e., new case was opened). This suggests that failure to follow case promotion recommendations for high- and very high-risk cases may be related to children experiencing subsequent harm.
- Recurrence looked similar when a risk assessment was missing, regardless of promotion decision.

Questions for Quality

- How are case promotion decisions made without a risk assessment?
- Does investigation recurrence by risk level differ sufficiently between investigation dispositions to support the practice of basing case promotion decisions primarily on disposition?
- How are cases with low or moderate risk being handled?
- What are the characteristics of cases and workers by risk level or promotion decision?

SDM® Initial Strengths and Needs Assessments

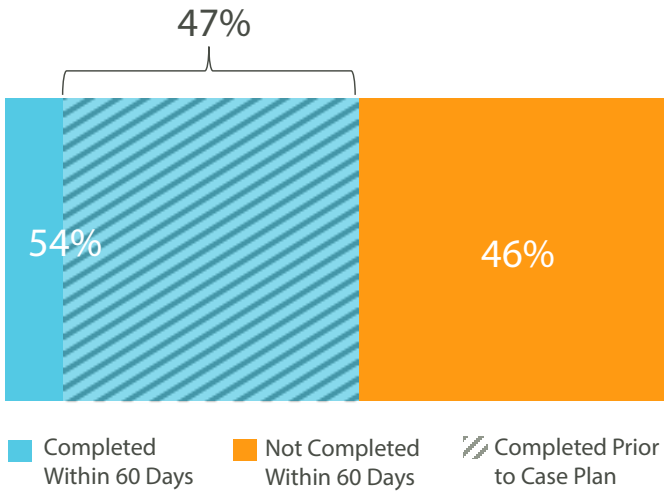
Policy and Practice Guidelines for Completing Strengths and Needs Assessments

An initial SDM family strengths and needs assessment (FSNA) should be completed for each case plan that names parent(s) and child(ren). 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 to ensure adequate time for workers to enter assessments into the system.

The Data: Completion of Initial Strengths and Needs Assessments Within 60 Days of Case Start

In 2015, 44,534 new cases with a first case service of family maintenance, family reunification, or permanent placement were opened and remained open for at least 60 days.



Takeaways

- Initial strengths and needs assessments are not consistently used for case planning.
- An assessment was completed within 60 days for 54% of 44,534 new cases opened during 2015 and within 60 days and prior to the case plan for 47%.
- An initial strengths and needs assessment was completed for 3,734 additional cases prior to the initial case plan; however, assessments and case plans for those cases were completed more than 60 days after the case start.

Questions for Quality

- What drives a case plan if an FSNA is not completed?
- Why is the FSNA applied inconsistently across cases?
- What are the characteristics of cases and workers and how do these characteristics relate to FSNA use?

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Policy and Practice Guidelines for Priority Strengths and Needs

Workers may identify up to three priority caregiver needs that must be addressed in the case plan. They also may identify priority strengths that should be incorporated to the extent possible to help address the identified needs.

The Data: Priority Family Strengths and Needs at Initial Assessment

Due to assessment changes in November 2015, only the SDM 2.8.2 version of the FSNA was used to identify family strengths and needs. This version was selected over the newest version (SDM 3.0) to maximize the number of assessments that could be examined. The 19,207 initial FSNAs completed within 60 days for cases opened during the period represent 10,559 families. Priority strengths and needs represent the greatest strengths and most serious needs of families upon entering services. The top four in each category are shown here.

Needs		Strengths	
59%	Parenting Skills	31%	Physical Health
58%	Substance Abuse	30%	Social Support System
48%	Mental Health/ Coping Skills	23%	Cultural/Community Identity
38%	Household Relationships	22%	Resource Management/Basic Needs

Questions for Quality

- How are strengths and needs incorporated into case planning?
- How often are mental health and substance abuse needs noted on the same assessment as physical health as a strength?
- What proportion of cases are related to caregiver mental health and/or substance abuse issues?
- How do the criteria selected at intake and investigation correspond to the FSNA results?
- What is the prevalence of substance abuse at the state level? How does that correspond to the prevalence reported in the FSNA?

Takeaways

- Mental health/coping skills, substance abuse, and parenting skills are significant needs for caregivers.
- Further discussion about the interplay between the strengths and needs, particularly between physical health, mental health, and substance abuse, may be beneficial.

SDM® Family Risk Reassessment

Policy and Practice Guidelines for Risk Reassessment Completion and Case Closure

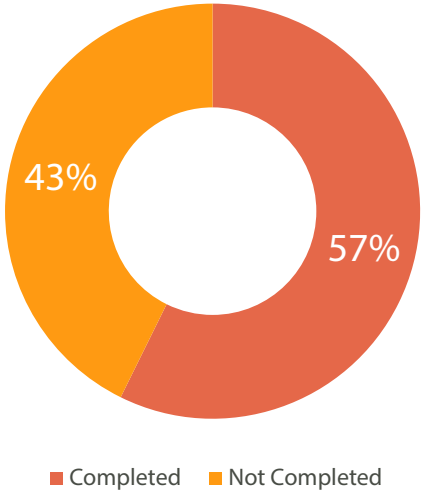
A risk reassessment must be completed within 30 days of recommending case closure for voluntary family maintenance (FM) cases and within 65 days for court-ordered FM services.

The risk reassessment provides a recommendation for whether families receiving in-home (i.e., FM) services should continue receiving services or have their cases closed. Unless unresolved safety threats remain, a final risk reassessment classification of low or moderate recommends case closure, while a classification of high or very high recommends continued services.

Analyses examined reassessment completion within 90 days prior to or 30 days following the case close date. This extension of the policy-established period allows time for worker completion in the online data collection system.

The Data: SDM® Family Risk Reassessment Completion at Case Closure

In 2015, 30,143 cases that had been active for at least 90 days closed in FM services.



Takeaways

- Almost half 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 matched the policy for case closure, i.e., were low or moderate risk.

Questions for Quality

- How are workers determining that a case should be closed when a risk reassessment is not completed?
- What are the characteristics of workers and cases by risk reassessment completion?

The Data: Low or Moderate SDM® Family Risk Reassessment Level at Case Closure

94%

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SDM® Reunification Reassessment

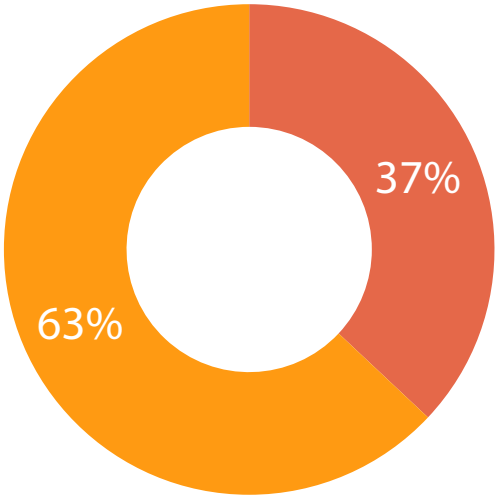
Policy and Practice Guidelines for SDM® Reunification Reassessment Completion

A reunification reassessment should be completed for children moving from family reunification (FR) services to FM or permanent placement services or whose cases end in FR services. A reunification reassessment should be completed no more than 65 days prior to reunification or a change in the permanency planning goal.

Analyses examined reassessment completion within 90 days prior to or 30 days following the case close date. This extension of the policy-established period allows time for worker completion in the online data collection system.

The Data: SDM® Reunification Reassessment Completion

FR services were closed for 22,373 children in 2015. Additionally, FR services had to be active for at least 90 days before closing.



Completed Not Completed

Takeaways

California is not meeting the guideline for reunification reassessment, as 63% of cases did not have a completed reassessment.

Questions for Quality

- How are reunification decisions made without the information gained from completed reunification reassessments?
- Why did only 37% of cases have a completed reassessment?
- What are the characteristics of cases and workers by reassessment completion?
- How can the reunification reassessment be used more effectively in a court decision-making process?

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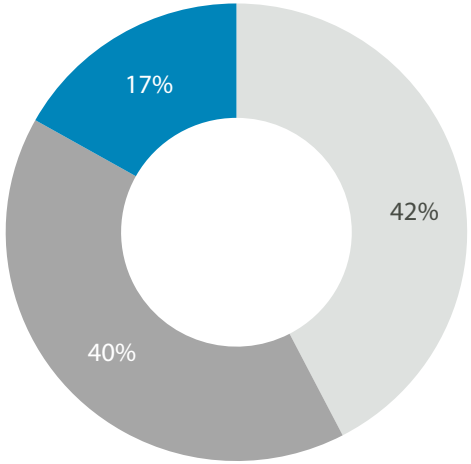
Policy and Practice Guidelines for Permanency Planning Recommendations

Permanency plan recommendations should guide a worker's decision to terminate FR services, continue services, or return a child to the removal home. In order to return home, the child should have a low or moderate reunification risk level, acceptable visitation, and a safe or conditionally safe safety decision. If those conditions are not met, the recommendation should be to continue or terminate FR services.

For cases in which FR services are terminated, it is expected that the permanency plan recommendation for these children would be to terminate services or return home.

The Data: Permanency Plan Recommendation at FR Service Close



Return Home Terminate FR Services Continue FR Services

Takeaways

The majority of plan recommendations were to return home or terminate services.

Questions for Quality

- How did workers determine that FR services should end when a reunification reassessment was not completed?
- How do the risk, visitation, and safety portions of the reassessment relate to permanency decisions?
- What percentage of those in the terminated FR services category still had a high risk level, failed visitation, and/or safety treats?
- What is and is not working for families trying to reunify? How can CDSS work more effectively with parents?
- What are the characteristics of families that do and do not reunify?

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