

**SDM<sup>®</sup> SAFETY  
ASSESSMENT POST-  
IMPLEMENTATION  
ANALYSIS**

## PREPARED FOR IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

November 2023

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# INTRODUCTION AND BACKGROUND

In 2020, Evident Change partnered with the Iowa Department of Health and Human Services (HHS)<sup>1</sup> to develop, customize, and implement a Structured Decision Making<sup>®</sup> (SDM) safety assessment to support decision making related to child safety in child welfare services (CWS). Prior to the SDM safety assessment's implementation in February 2022, HHS child protection workers (CPWs) used a locally customized safety assessment (referred to as the legacy assessment in this report) that assessed signs of present or impending danger in particular household domains to determine the safety decision (safe, conditionally safe, or unsafe). The SDM safety assessment, like the legacy assessment, is used when working with families involved in a child protective assessment (CPA)—including family assessments and child abuse assessments—or an ongoing case.

Assessment of child and family safety is a critical part of child welfare assessment and planning practices. The SDM safety assessment provides CPWs with structured guidance on how to assess safety for children and families to promote accurate, consistent, and equitable assessment practices, a crucial part of a well-functioning child welfare system. The SDM safety assessment includes four sections.

- **Section 1: Factors Influencing Child Vulnerability.** This section captures conditions that may result in a child being more vulnerable to danger and may be used as a lens through which danger indicators, protective capacities, and/or safety interventions are considered.
- **Section 2: Current Danger Indicators.** This section describes behaviors or conditions that contribute to a child being in imminent danger of serious harm.
- **Section 3: Safety Response—Protective Capacities and Safety Interventions.** CPWs complete this section only if current danger indicators are identified in Section 2. It captures caregiver protective capacities that may assist in safety planning and safety interventions that may be implemented to address current danger indicators.
- **Section 4: Safety Decision.** The SDM safety assessment results in a decision of safe (no current danger indicators are present); safe with plan (one or more danger indicators are present and a safety plan can be developed using in-home safety interventions to protect all children); or unsafe (one or more danger indicators are present, and removal is the only intervention possible for one or more children).

The SDM safety assessment includes specific definitions to support CPWs in assessing each item accurately and consistently, as well as policy and procedural guidance. CPWs use the assessment throughout the life of

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<sup>1</sup> Iowa Department of Human Services (DHS) was merged into the Department of Health and Human Services in July 2023. SDM safety assessment development occurred prior to the change when child welfare services was part of DHS.

a case, including at first contact with a family, any time there is a significant change in household composition or safety status, and prior to closure of a CWS or ongoing service case.

In developing the SDM safety assessment, Evident Change and HHS staff emphasized defining danger and what would constitute a safety plan. Two changes that reflect this shift are the consolidation and expansion of the signs of current or impending danger into danger indicators and the change from the “conditionally safe” safety decision to “safe with plan.”

Evident Change conducted a pre-implementation analysis in 2020 to examine the use of the legacy safety assessment and associated safety planning and placement practices, identifying baseline results across several measures. This report builds on the pre-implementation analysis by examining similar safety assessment, safety planning, and placement practices after the SDM safety assessment implementation and, when appropriate, compares pre- and post-implementation practices.

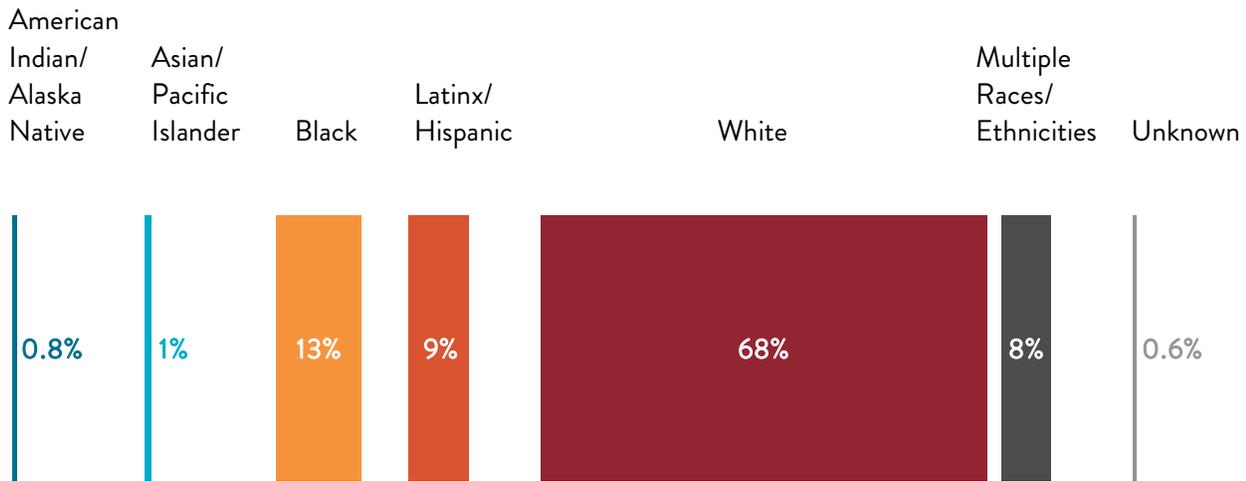
## METHODS

Evident Change analysts received a data extract from Iowa’s Statewide Automated Child Welfare Information System (SACWIS) electronic case management, assessment, and tracking systems: Family and Children’s Services (FACS) and Joining Applications and Reports from Various Information Systems (JARVIS). Using these data, analysts identified 245,177 CPAs that began between January 1, 2015, and February 15, 2023. Analysts then linked those CPAs to other information available in the data extract.

HHS provided a safety assessment identifier that linked each CPA with either an SDM safety assessment or a legacy safety assessment for CPAs that occurred prior to SDM implementation in February 2022. Analysts then determined whether any children listed as alleged victims on a CPA were placed in out-of-home care within the five days before or after a safety assessment was completed.

Analysts grouped families into seven race/ethnicity categories based on the recorded ethnicity and Hispanic origin of children identified as alleged victims on the CPA (Figure 1). To categorize family race/ethnicity, analysts used the recorded race/ethnicity for the youngest child of the family. In cases where more than one race/ethnicity was recorded (for an individual child and/or across children in the family), the family was classified as having multiple races/ethnicities.

**Figure 1**  
**Race/Ethnicity for Families Involved in CPAs, Post-SDM Safety Assessment Implementation**



## RESULTS

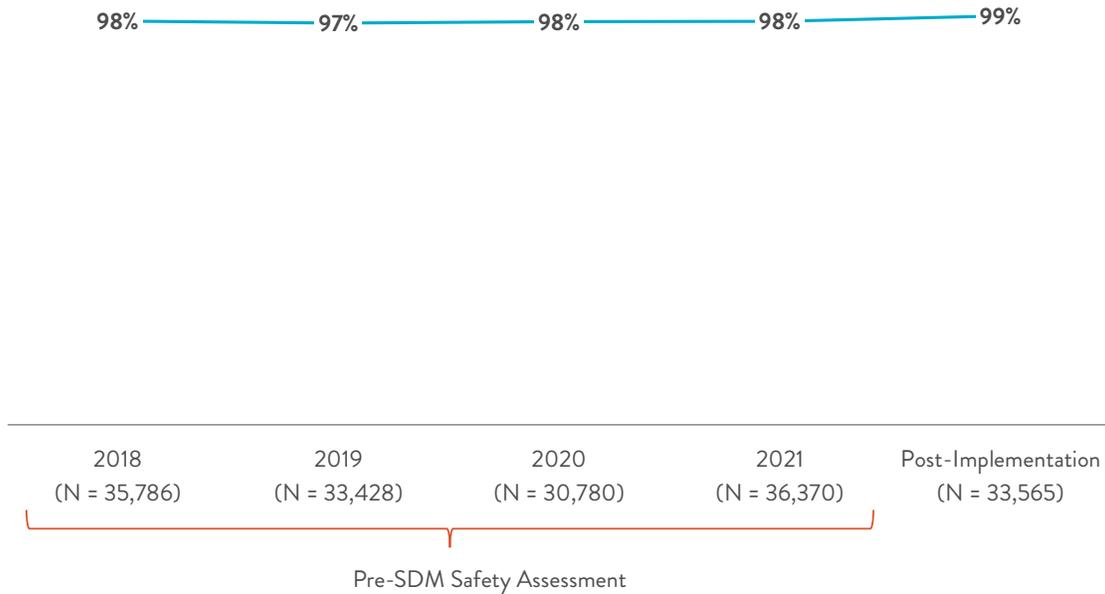
Results examine safety assessment findings, safety planning, and placement practices in Iowa during the first year the SDM safety assessment was implemented. Given that the SDM tool was implemented in February 2022 and to ensure a full year of observation, the post-implementation period in this analysis covers safety assessments completed for CPAs starting between February 15, 2022, and February 15, 2023. When appropriate, Evident Change analysts compared the current and legacy safety assessment practices. For these, it is important to remember the differences in assessments and practices in the two time periods.<sup>2</sup> In addition, given that the COVID-19 pandemic affected every aspect of our lives and social systems, including child welfare, 2019 is often used as a comparison between current and legacy safety assessment practices to capture pre- and post-implementation differences more accurately.

<sup>2</sup>The legacy period was January 1, 2015 – December 31, 2021. Most analyses presented in this report begin in 2018.

## COMPLETION RATES

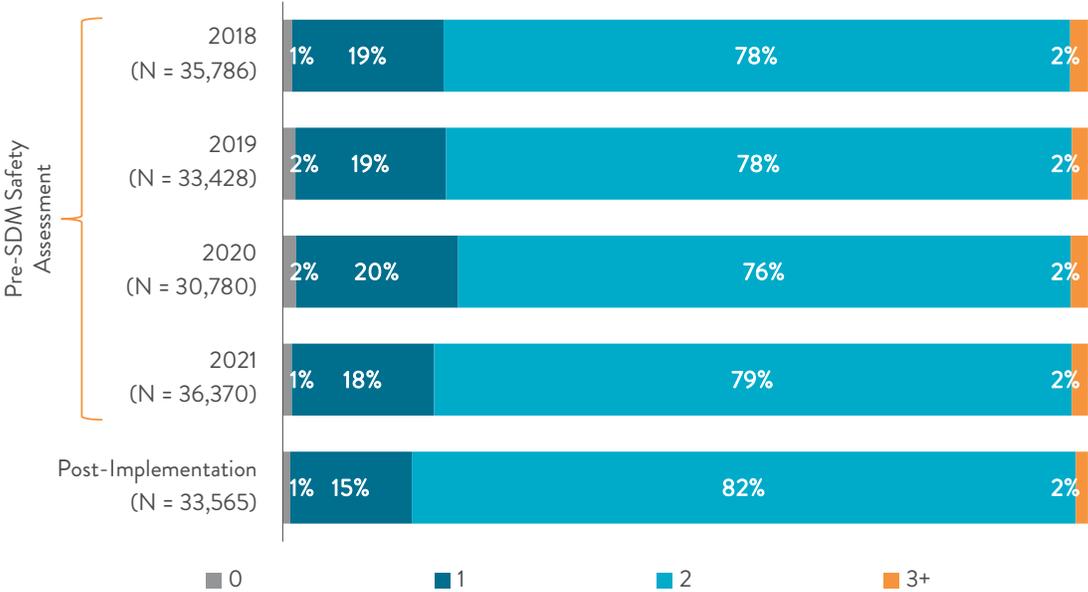
Safety assessment completion rates remained relatively consistent between the pre- and post-implementation timeframe, with a slight increase observed in the post-implementation period (Figure 2). The completion rates by family race/ethnicity in the period following SDM implementation were also similar (98–99%; not shown), which is consistent with completion patterns observed prior to SDM implementation.

**Figure 2**  
**Safety Assessment Completion Rates Over Time**



Following SDM safety assessment implementation, most (82%) CPAs had two safety assessments associated with them, 15% had one assessment, 2% had three or more, and 1% had none. This is different from the pattern observed in the pre-SDM implementation period, during which higher proportions of CPAs (18–20%) had only one safety assessment completed (Figure 3).

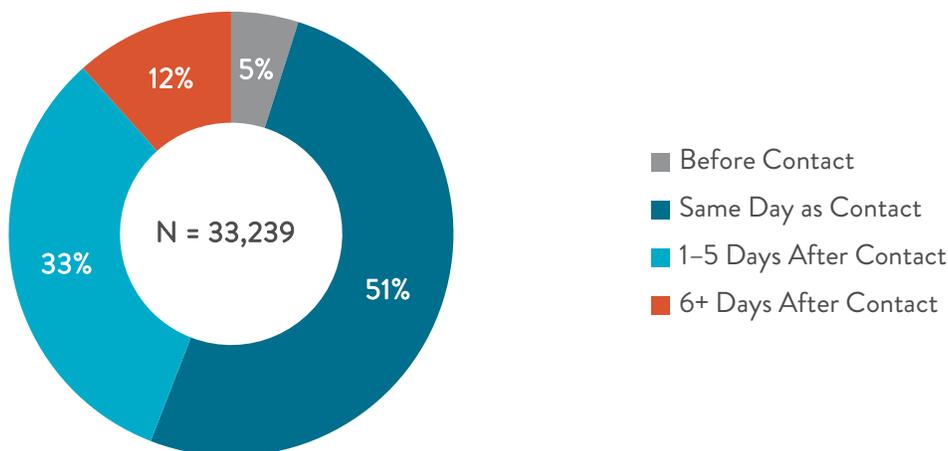
**Figure 3**  
**Number of Safety Assessments per CPA Over Time**



The SDM policy and procedures manual states that the initial safety assessment must be completed within 24 hours of the first contact with the family/child. For just over half (n=16,949, 51%) of CPAs in the post-implementation period with a completed SDM safety assessment, this condition was met (Figure 4). Another 33% of CPAs involved families who had their initial SDM safety assessments completed one to five days after contact (with 21% being completed one day after contact; not shown). Among the 12% of CPA-involved families whose initial SDM safety assessments were completed six or more days after contact, 35 days was the maximum. In 5% of CPAs, the assessment was completed up to 44 days prior to contact. Of these, an additional assessment was completed for 76% after contact (not shown).

**Figure 4**

**Time to Initial Safety Assessment Completion, Year 1 of SDM Safety Assessment Implementation**

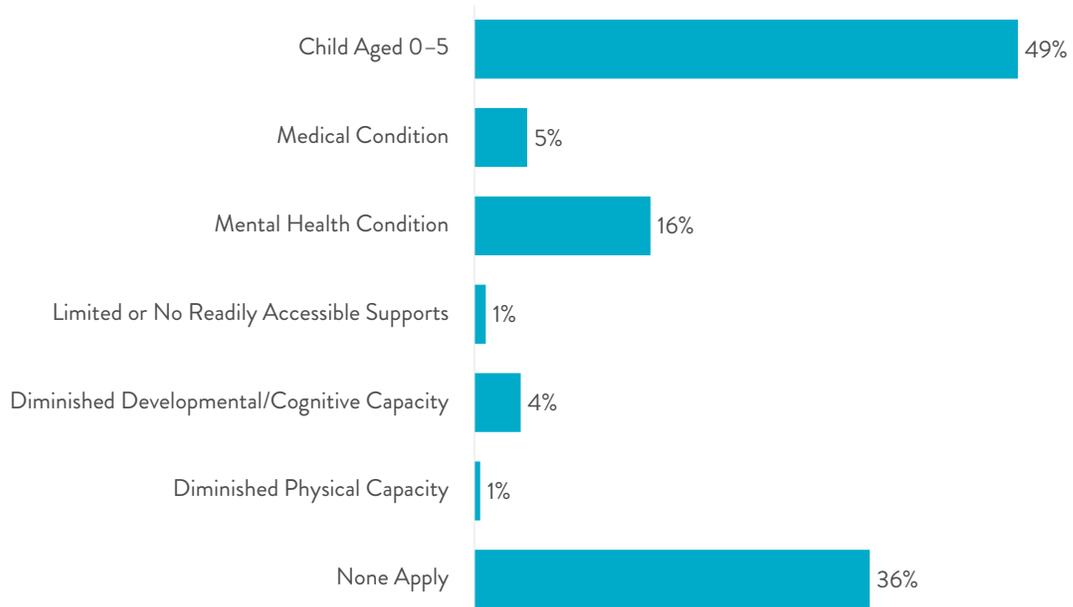


## **SAFETY ASSESSMENT RESULTS**

Evident Change analysts examined the data recorded in each section of the initial safety assessment for CPAs in the first year following SDM safety assessment implementation.

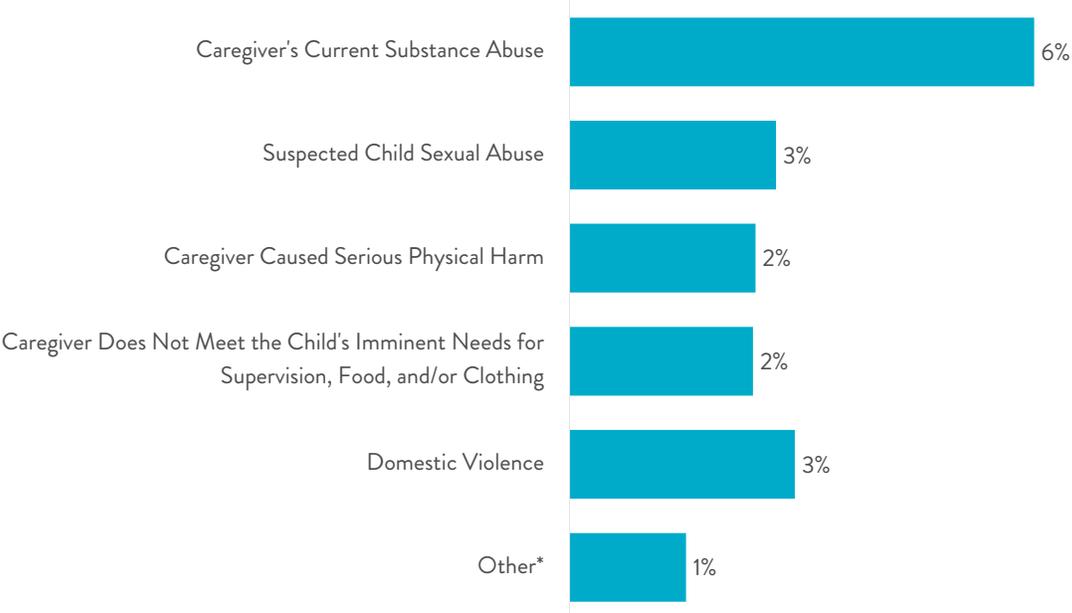
Two thirds (64%) of initial SDM safety assessments included one or more factors influencing child vulnerability. The most common factor selected was “child aged 0–5” (49%), followed by “any child in the household has a diagnosed or a suspected mental health condition” (16%). All other vulnerability factors were identified for 5% or fewer of the initial assessments (Figure 5).

**Figure 5**  
**Factors Influencing Child Vulnerability Identified on Initial SDM Safety Assessment**  
**N = 33,239**



CPWs selected current danger indicators on the initial SDM safety assessment for 5,134 (15%)<sup>3</sup> CPAs in the post-implementation period. The danger indicator for caregiver substance abuse was most frequently selected at 6% (Figure 6). “Family currently refuses access to or hides the child . . .” was least frequent at 0.1% (not shown). All other danger indicators not shown in Figure 6 were identified in 1% or less of CPAs with a completed SDM safety assessment.

**Figure 6**  
**Current Danger Indicators Selected on SDM Safety Assessment**  
**N = 33,239**

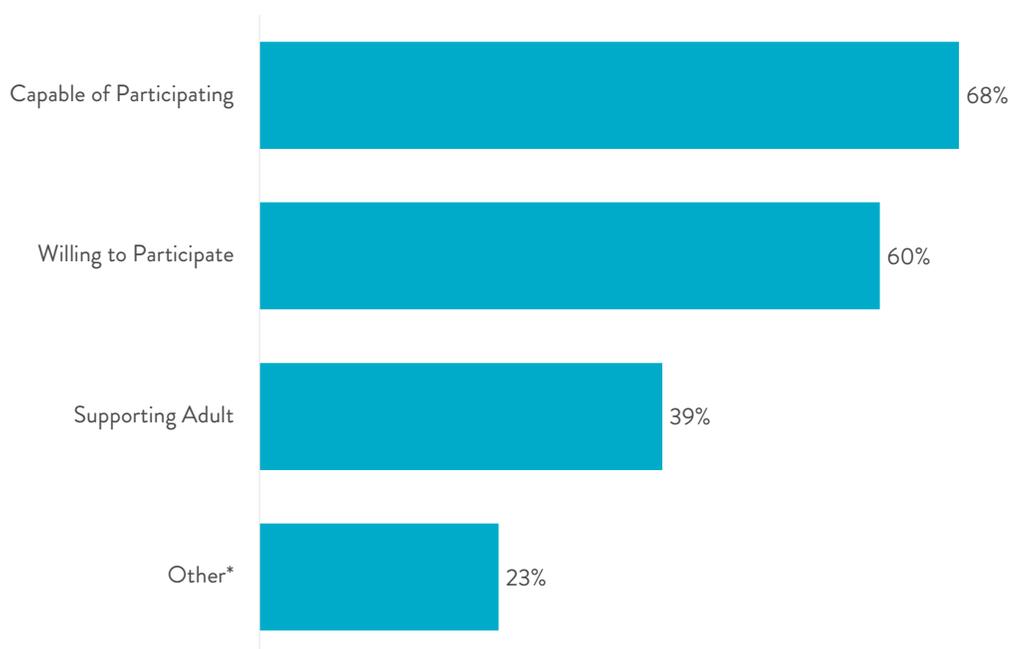


\*“Other” is a specific danger indicator on the SDM safety assessment. It does not include the remaining nine danger indicators, each of which applied for 1% or less of CPAs with a completed safety assessment.

<sup>3</sup> Note that 73 SDM safety assessments had danger indicators selected and a safety decision of “safe,” a combination that does not align with SDM assessment logic. The 5,134 CPAs include these 73 assessments.

After identifying danger indicators on the SDM safety assessment, CPWs next consider the presence of caregiver protective capacities. Two thirds (68%) of safety assessments with current danger indicators involved caregivers with the capacity to participate in an in-home safety plan, 60% involved caregivers who were willing to participate, and 39% had at least one supporting adult who was not involved in the allegation and who was willing and able to participate. CPWs selected the “other” protective capacity for caregivers in 23% of safety assessments with current danger indicators (Figure 7). Overall, one or more protective capacities were identified for the caregivers in 100% of CPAs with current danger indicators (not shown); this likely means that CPWs also use the “other” category when no protective capacities apply.

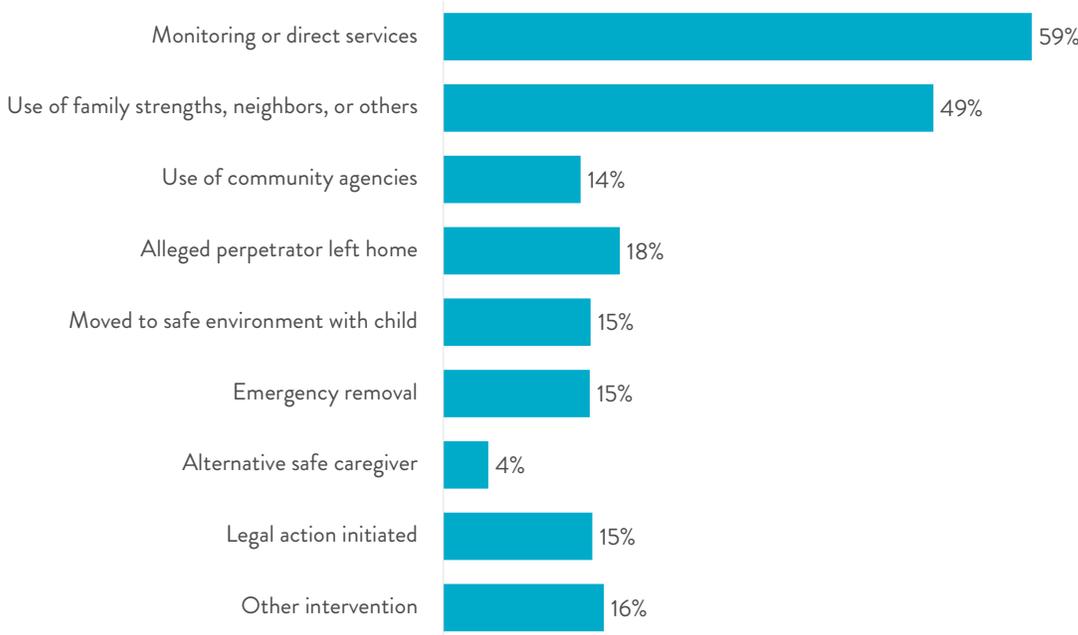
**Figure 7**  
**Protective Capacities for SDM Safety Assessments With Current Danger Indicators Identified**  
**N = 5,134**



\*May also include SDM safety assessments where no protective capacities apply.

After considering protective capacities, CPWs consider safety interventions that can be implemented to address the current danger indicator. For the 5,134 CPAs with danger indicators identified on the initial safety assessment, CPWs most frequently selected monitoring or direct services (59%) to address danger indicators, followed by use of family strengths, neighbors, or others (49%; Figure 8).

**Figure 8**  
**Safety Interventions for SDM Safety Assessments With Current Danger Indicators Identified**  
**N = 5,134**



The resulting safety decision on the SDM safety assessment is derived by considering the current danger indicators and safety interventions identified. If no current danger indicators are identified, the family is considered safe. If one or more danger indicators apply and all children can remain safely in the home with the use of in-home safety interventions, the family is considered safe with plan; and if current danger indicators apply and emergency removal is the only intervention possible for one or more children in the home, the family is considered unsafe. This structured logic of the SDM safety assessment (i.e., danger indicators + safety interventions = safety decision) differs from that of the legacy safety assessment.

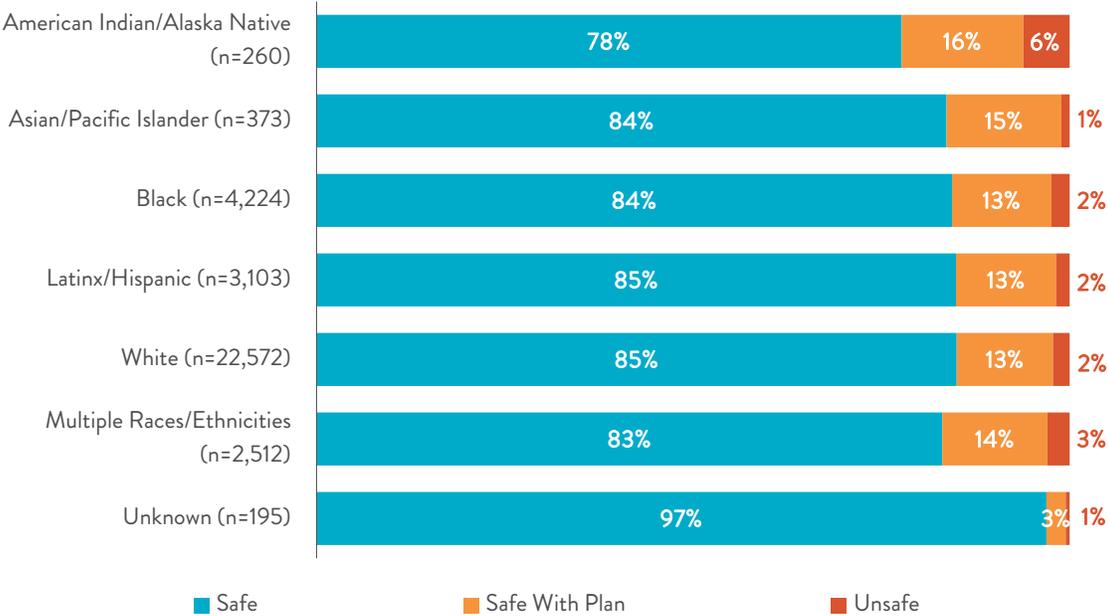
During the pre- and post-implementation timeframes, there was some variation in the distribution of safety decisions on the initial safety assessment (Figure 9). The safety decision distribution observed in the post-implementation period was similar to that observed in 2018: 85% involved families who were assessed as safe; 2–3% involved families who were assessed as unsafe; and 12–13% involved families who were assessed as conditionally safe or safe with plan. However, from 2019 to 2021, the percentage of CPAs involving families assessed as conditionally safe on their initial safety assessment decreased and the percentage involving families assessed as safe increased, with the largest changes in 2020 and 2021. This shift in the safety decision distribution may be an artifact of the COVID-19 pandemic, as the distributions of safety decisions in 2018 and 2019 are more comparable to those observed post-implementation.

**Figure 9**  
**Safety Decisions Over Time**



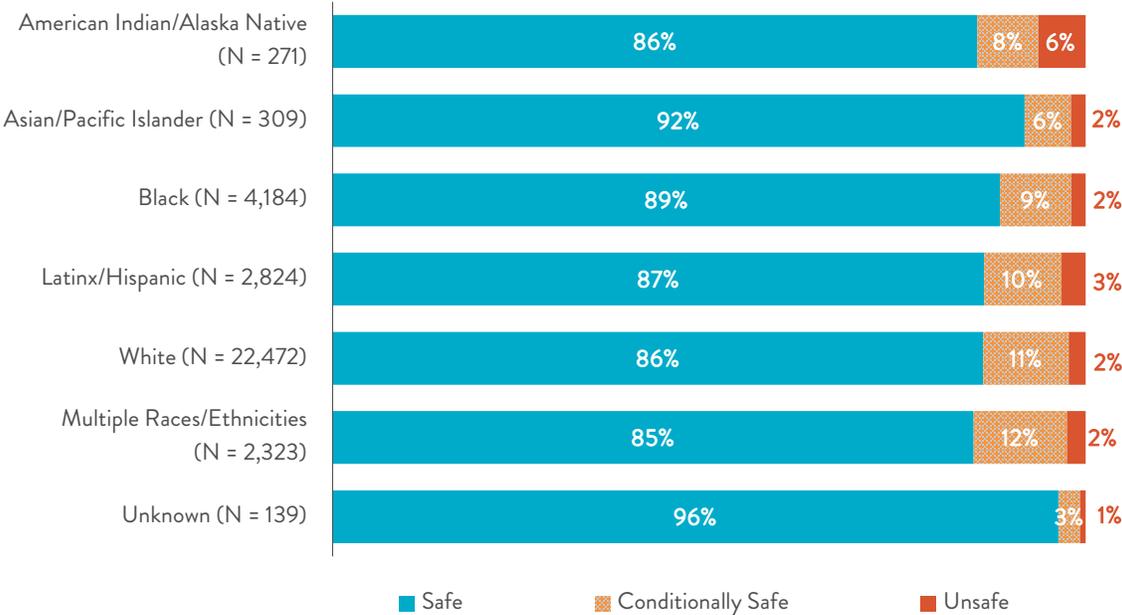
Initial safety decision distributions were similar for most family race/ethnicity groups in the first year of SDM safety assessment implementation. For example, CPAs involving families in most race/ethnicity groups were initially assessed as safe 83–85% of the time. One exception is for CPAs involving American Indian/Alaska Native families, who were assessed as safe 78% of the time, safe with plan 16% of the time, and unsafe 6% of the time. Note that CPAs involving American Indian/Alaska Native families totaled 260, a relatively small number compared with other race/ethnicity groups; a small number of “unsafe” assessments may have an outsized effect on the percentage of CPAs involving families assessed as unsafe compared to other groups. However, CPAs involving Asian/Pacific Islander families also had a smaller sample size and only 1% of those families were assessed as unsafe. Further investigation may be needed to ensure the safety assessment is being applied equitably (Figure 10).

**Figure 10**  
**Safety Decisions by Family Race/Ethnicity, Post-Implementation**  
**N = 33,239**



For additional context, Evident Change analysts looked at the distribution of safety assessment findings by family race/ethnicity in 2019, prior to SDM implementation (Figure 11). There was more variation observed in the percentages of CPAs with an initial safety decision of “conditionally safe” or “unsafe” across race/ethnicity groups. Similar to what was observed in the post-implementation period, CPAs involving American Indian/Alaska Native families were assessed as unsafe 6% of the time, much higher than for other race/ethnicity groups.

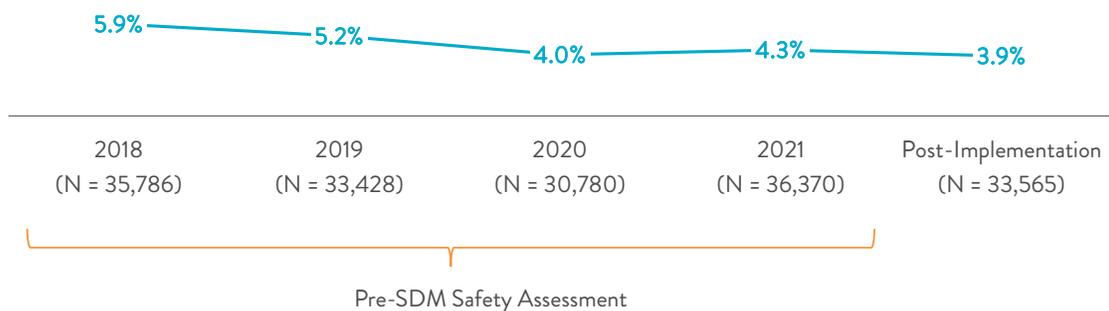
**Figure 11**  
**Safety Decisions by Family Race/Ethnicity, 2019**  
**N = 32,522**



## PLACEMENT ACTIONS

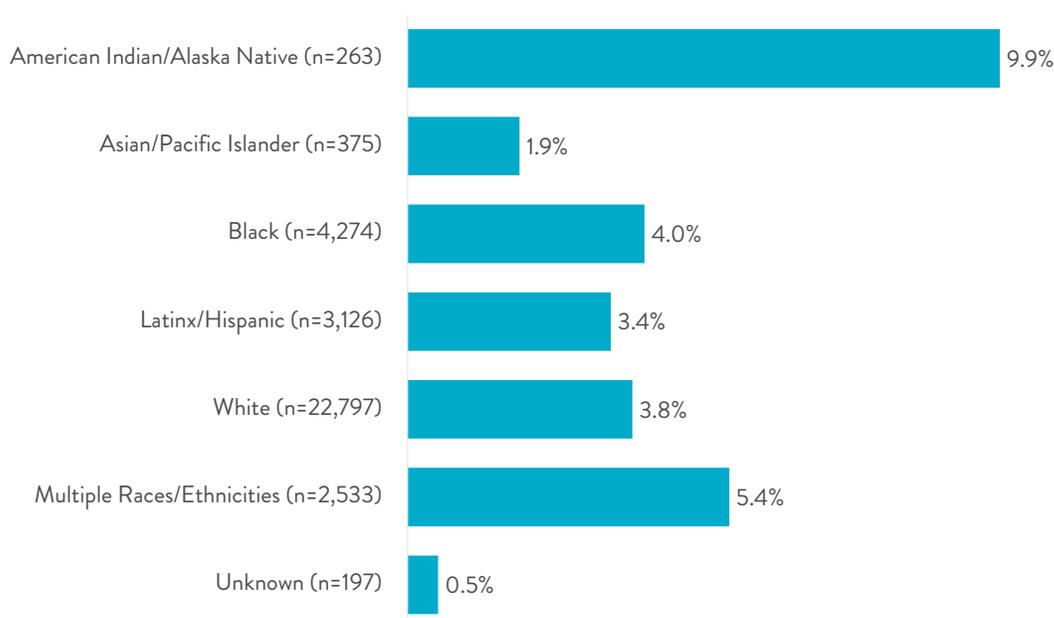
The SDM safety assessment supports CPWs in assessing whether placement in out-of-home care is the only option available to ensure child and family safety when current danger indicators are present. To compare placement practices pre- and post-implementation, Evident Change analysts examined rates at which CPAs resulted in the family having at least one child enter out-of-home care during the four years prior to SDM safety assessment implementation and during the post-implementation period. The rate of CPAs resulting in out-of-home placement has decreased since 2018 and remained around 4% since 2020 (Figure 12). This is slightly higher than the percentage of CPAs in which the family was initially assessed as unsafe (2%, Figure 9). Note that the SDM safety decision of “unsafe” suggests that placement is the only protective intervention possible; therefore, the rate at which CPAs involve families assessed as “unsafe” ought to be similar to the rate at which CPAs result in child placement.

**Figure 12**  
**CPAs Resulting in Child Placement Over Time**



Though the overall rate of removal in the post-implementation period was 3.9%, removal rates varied by family race/ethnicity from 0.5% to 9.9%. Of note is the 9.9% removal rate for CPAs involving American Indian/Alaska Native families, which is five percentage points higher than the next highest rate (5.4% for CPAs involving families with multiple races/ethnicities). Again, the sample sizes of CPAs involving families in each race/ethnicity group should be considered (Figure 13).

**Figure 13**  
**CPAs Resulting in Child Placement Post-Implementation**  
**by Family Race/Ethnicity**  
**N = 33,565**

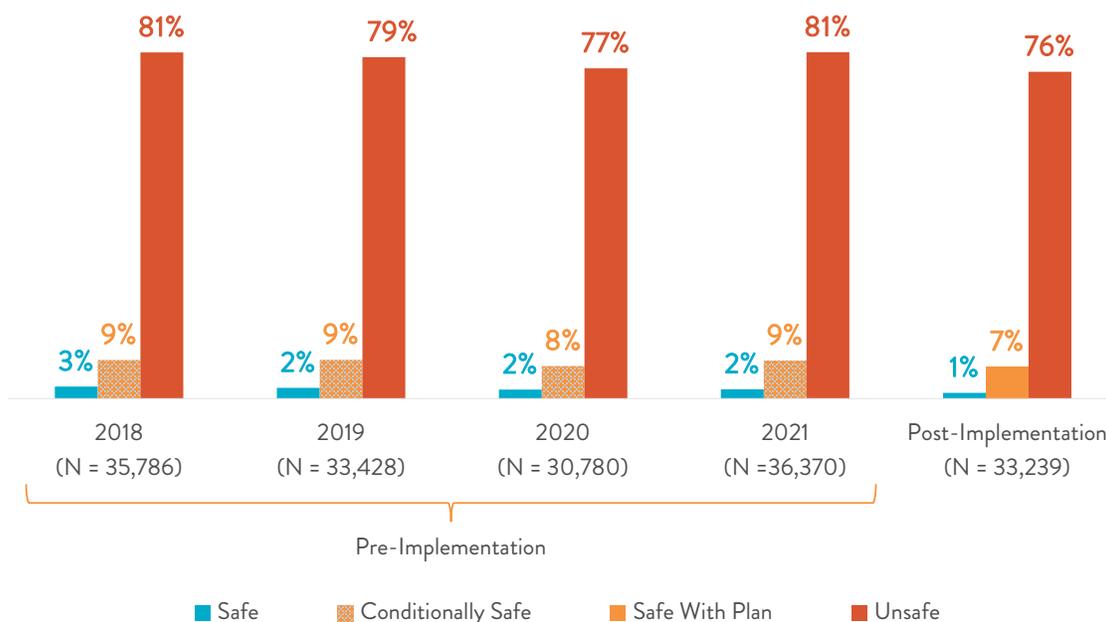


Since SDM safety assessment implementation in 2022, there has been a marked increase in the number of CPAs resulting in removals with a safety assessment completed near the removal. In 2019, only 55% of CPAs with removals had a legacy safety assessment completed five days before or after the first removal, while 77% had an SDM safety assessment completed within this timeframe post-implementation (not shown).

Evident Change analysts explored the extent to which CPWs took actions that aligned with the initial safety decision in the pre- and post-implementation period. CPAs involving families initially assessed as unsafe that resulted in child removal ranged from 76% to 81% over time. When looking at the relationship between safety decisions and placement actions in the first year of SDM safety assessment implementation, 76% of CPAs involving families with an unsafe decision experienced a child removal. This is similar to the rate for families assessed as unsafe in 2020 and lower than the rates observed in other years of the pre-implementation period reviewed. Children in families assessed as safe, conditionally safe (pre-SDM

implementation), or safe with plan (post-SDM implementation) should not enter placement unless the family’s safety status changes to “unsafe.” Child placement rates for CPAs involving families initially assessed as safe ranged from 2–3% in the four years prior to implementation, and the rate was 1% in the post-implementation period. In the pre-implementation period, the placement rates for children in families assessed as conditionally safe were 8–9%; and in the post-implementation period, the placement rate for families assessed as safe with plan was 7% (Figure 14).

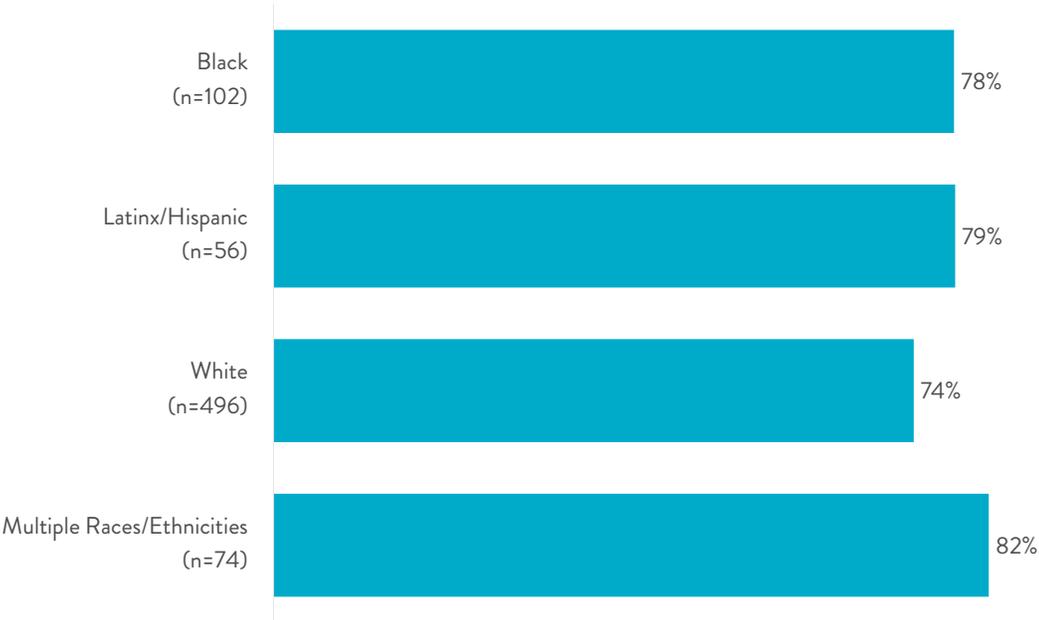
**Figure 14**  
**CPAs Resulting in Child Placement by Initial Safety Decision**



According to SDM safety assessment policy, when household safety conditions change, a new SDM safety assessment should be completed to document the changes; therefore, if a CPA has an initial safety decision of “safe” or “safe with plan” and there is a child placement, an additional SDM safety assessment should be completed to document that household conditions have become unsafe. Of the 217 CPAs involving families initially assessed as safe with plan that resulted in a placement, just 82 (38%; not shown) had another SDM safety assessment completed during the CPA with a decision of “unsafe”; of the 287 CPAs involving families initially assessed as safe that resulted in a placement, 33 (11%; not shown) had another SDM safety assessment completed during the CPA with a decision of “unsafe.”

Evident Change analysts further explored child placement rates for CPAs involving families assessed as unsafe on their initial SDM safety assessment by examining patterns by family race/ethnicity. As shown in Figure 10, the initial SDM safety assessment for CPAs resulted in a safety decision of “unsafe” 1–3% of the time for most race/ethnicity groups. Focusing on just the CPAs initially assessed as unsafe, there was observed variance in child placement rates: When the initial safety decision was unsafe and the family had multiple races/ethnicities, the child placement rate was 82% compared to just 74% for CPAs involving families initially assessed as unsafe who were White (Figure 15).

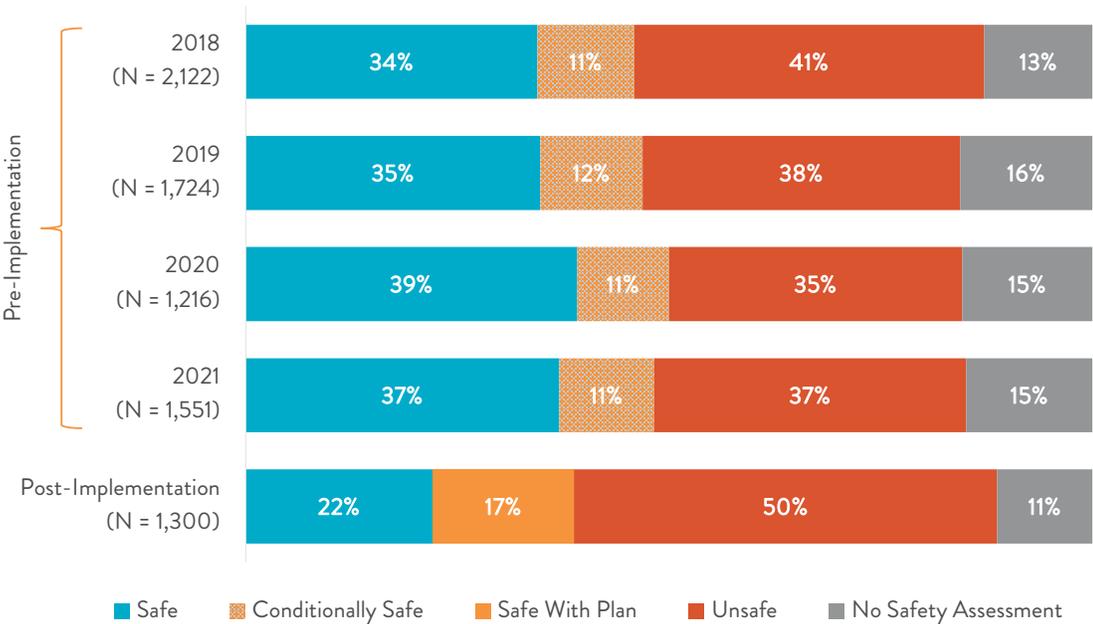
**Figure 15**  
**CPAs Resulting in Child Placement by Initial SDM Safety Decision of “Unsafe” by Family Race/Ethnicity**  
**N = 749\***



\*CPAs involving American Indian/Alaska Native families, Asian/Pacific Islander families, or families whose race/ethnicity was unknown/missing and who were assessed as unsafe are not shown due to small sample sizes (n < 25).

Another way to examine the relationship between child placement decisions and safety assessment findings is to observe the safety decisions for CPAs that resulted in child placement. The SDM safety decision appears to more consistently align with the child placement decision. While prior to implementation, the percentages of CPAs with a child placement resulting from a “safe” decision or an “unsafe” decision were more similar to each other (i.e., the percentages resulting from a “safe” decision ranged from 34% to 39%, and the percentages resulting from an “unsafe” decision ranged from 35% to 41%), post-SDM implementation there is a clear distinction between the percentage of removals resulting from an “unsafe” decision and other decisions, with half of all CPAs with a child placement having an “unsafe” assessment linked to them (Figure 16).

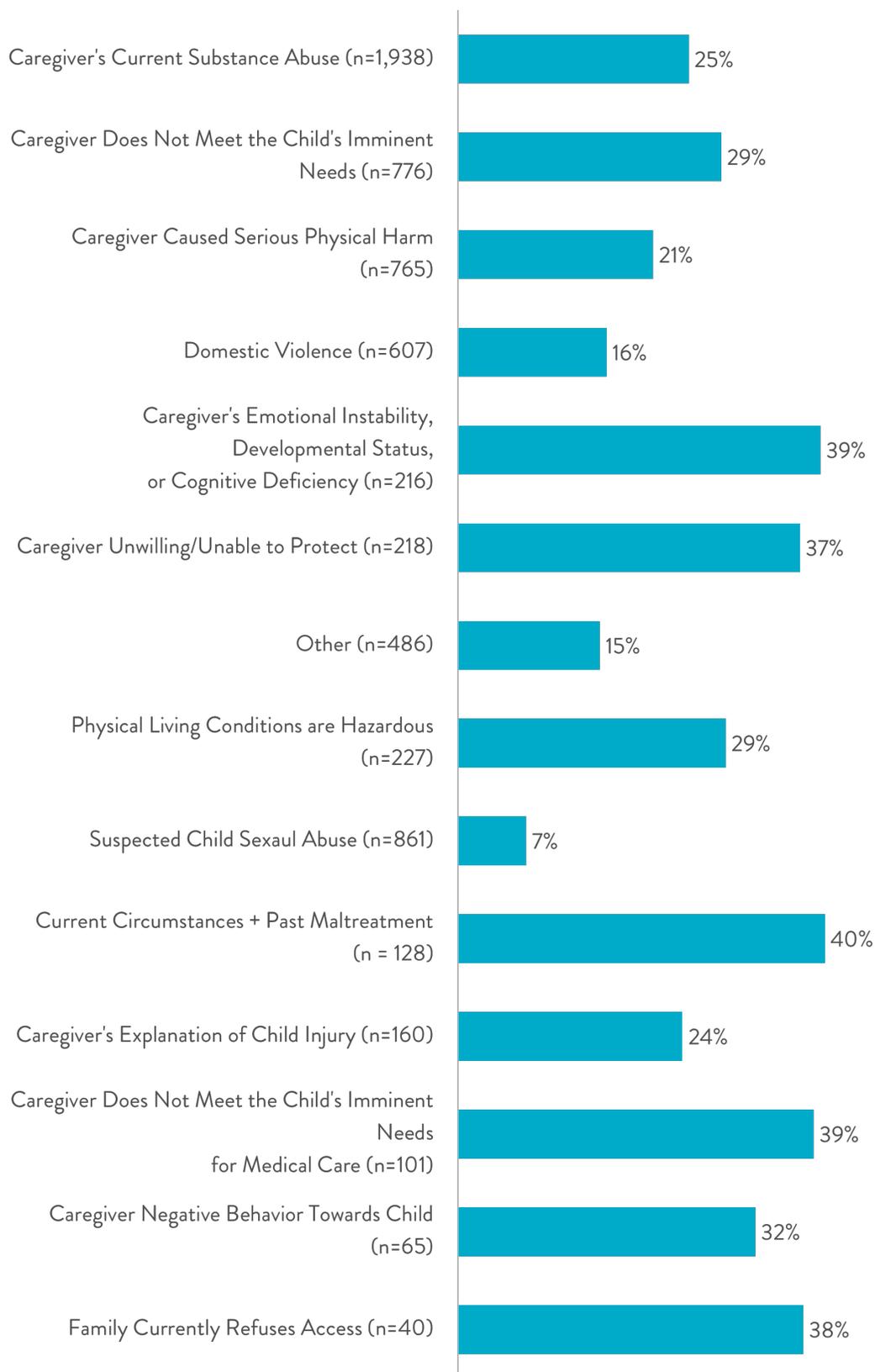
**Figure 16**  
**Initial Safety Decisions for CPAs That Resulted in Child Placement**



When CPWs indicate the presence of a current danger indicator on the SDM safety assessment, they determine if the danger indicator can be controlled with an in-home safety plan or if the child must be placed outside of the home to ensure safety, based on the family’s protective capacities and possible safety interventions. Analysts examined how often a child placement occurred when each current danger indicator was identified (Figure 17). For example, when “Caregiver’s substance abuse . . .” was selected on the SDM safety assessment, 25% of the CPAs resulted in the child entering placement. Note that rates of placement should be considered in the context of how often the specific current danger indicator was selected on the SDM safety assessment.

**Figure 17**

**Child Placement Rates for Current Danger Indicators Selected on Initial SDM Safety Assessment**

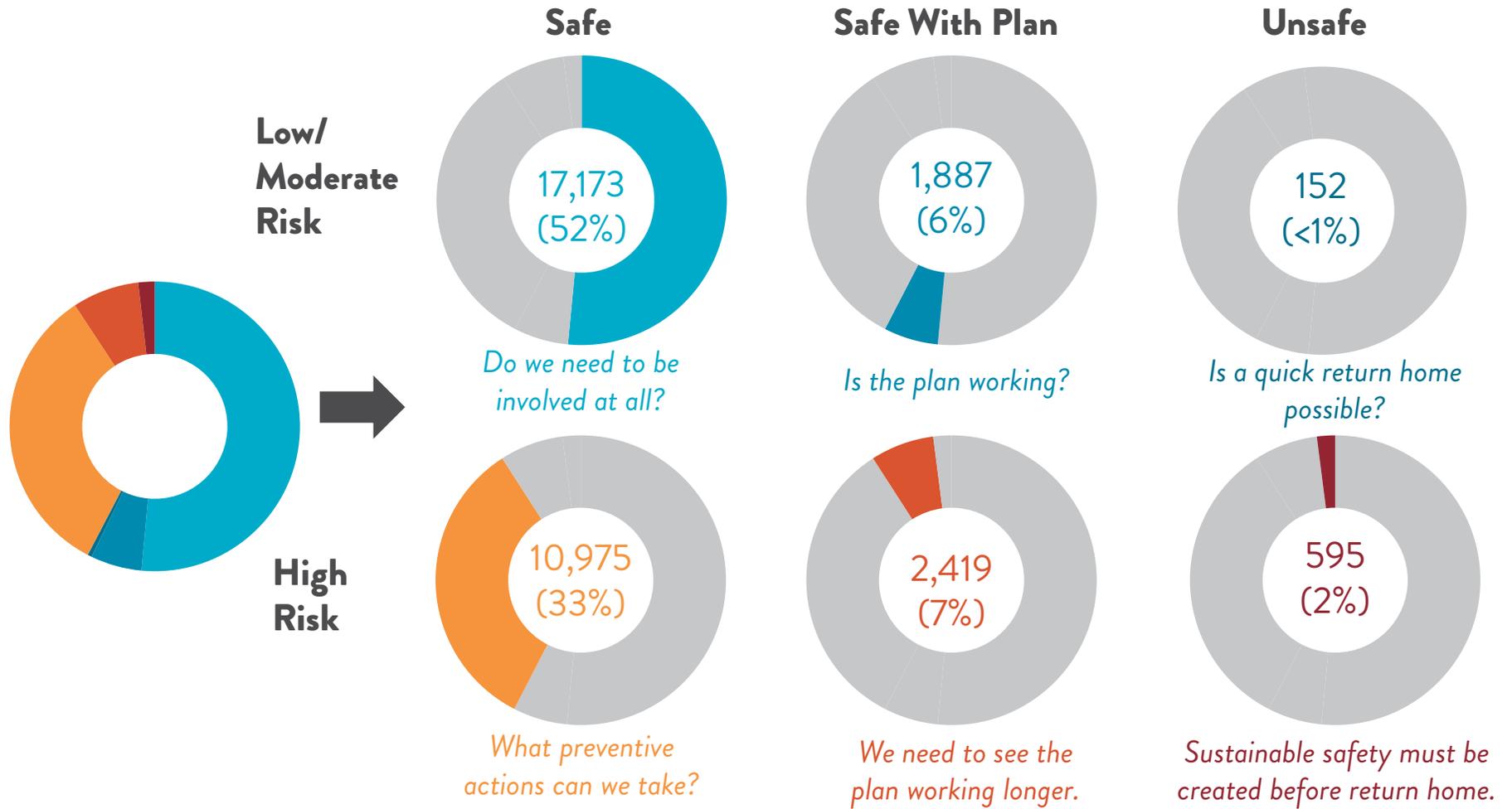


## SDM SAFETY ASSESSMENT AND RISK ASSESSMENT FINDINGS

Evident Change recommends that agencies use the SDM safety assessment findings in conjunction with other critical information, such as a family’s likelihood of becoming reinvolved in the child welfare service system in the future (i.e., risk), to support decision making with respect to providing support to families following the completion of a CPA. Based on agency policy, this support could be in the form of a HHS ongoing service case; or, in some circumstances, it can be provided through other avenues, such as community providers. HHS currently employs a risk assessment that was adapted from the SDM risk assessment, which is an actuarial tool designed to classify families by their expected likelihood of experiencing subsequent child welfare service involvement.

Examining the distribution of CPAs involving families assessed as safe, safe with plan, and unsafe in conjunction with their risk assessment results can help HHS to understand the big picture of how safety and risk intersect for families who are involved in CPAs. They can then use this information to strategically direct CPWs to consider what level of intervention is needed at the end of the CPA (Figure 18). The safety and risk matrix sorts CPAs into one of six categories based on the CPW’s assessment of safety and risk. Using this matrix, more than half (52%) of CPAs fall into the “safe and low/moderate risk” category, potentially allowing HHS to close a significant amount of CPAs with no further involvement. A third (33%) of CPAs involved families who were assessed as safe and high risk, potentially allowing the families involved to be provided with intensive community-based prevention services following CPA closure. A smaller proportion (15%) of families were assessed as safe with plan or unsafe, which are key assessment findings that might indicate a need for further direct assistance (e.g., ongoing service case).

**Figure 18**  
**SDM Safety Assessment Findings by Risk Classification**  
**N = 33,201**



# SUMMARY AND DISCUSSION

Evident Change and HHS partnered to develop a new SDM safety assessment to support decision-making processes when conducting CPAs with families to identify and address danger to help ensure child and family safety. This report contains analyses of current SDM safety assessment data from HHS and, when possible, provides a comparison with a similar analyses of HHS legacy safety assessment data in recent pre-implementation years. This post-implementation analysis allows HHS and Evident Change to consider changes that have occurred during this time. It also provides opportunities for additional exploration and ideas to support continuous quality improvement (CQI) efforts.

## KEY DIFFERENCES BETWEEN SDM SAFETY ASSESSMENT AND HHS LEGACY SAFETY ASSESSMENT

The SDM safety assessment is structurally different from the legacy safety assessment. The SDM safety assessment guides CPWs to take into account specific factors influencing child vulnerability, current danger indicators, caregiver protective capacities, and safety interventions to arrive at a safety decision—safe, safe with plan, or unsafe. Unlike with the legacy assessment, the resulting SDM safety decision is derived using a formula based on the presence of current danger indicators and the safety interventions implemented: Families with no current danger indicators are assessed as safe, while those with current danger indicators are assessed as safe with plan if safety interventions can keep the children safely in the home, or as unsafe if any child requires emergency placement outside of the home. The SDM safety assessment was created in partnership with HHS and was developed using principles of consistency, accuracy, equity, and utility. Items in each section of the SDM safety assessment include clear definitions specifically developed and refined to support consistent assessment using inter-rater reliability testing processes prior to implementation. The SDM safety assessment also relates to a shift in safety assessment practices for CPWs. For example, using the legacy safety assessment, CPWs gathered information on signs of present and impending danger and now have shifted to identifying current danger indicators—concerns related to immediate safety of children in the home—on the SDM safety assessment.

## COMPLETION PRACTICES

It is important to pay attention to completion rates when a new decision-support tool is implemented. Unexpected changes in completion rates can signify that there is a lack of clarity about how or when a new tool should be used, that there are concerns with respect to CPW buy-in regarding the new tool, or that the tool is not meeting the needs of CPWs to support their decision making. The completion rates of the safety assessment have remained high during this change. This is a strength of HHS's practice. The completion rate

of the SDM safety assessment was high (99%, Figure 2) and is similar to—even slightly higher than—pre-implementation completion rates. There were no observed differences in completion rates by family race/ethnicity, which is a first step when assessing equitable use of decision-support tools.

SDM policy outlines when safety should be assessed. For child abuse assessments, the SDM safety assessment should be completed a minimum of two times: at the time of initial visit with the family and at the end of the CPA. For family assessments, the SDM safety assessment should be completed at the time of the initial visit with the family, and a minimum of two times if the family’s initial SDM safety decision is not “safe.” Note that safety should be continually assessed, and there are other circumstances requiring completion of a new SDM safety assessment. Evident Change analysts observed a change in the percentage of CPAs that had more than one safety assessment completed from the pre- to the post-SDM implementation period: Prior to SDM implementation, 78–81% of CPAs had more than one safety assessment completed; and after SDM implementation, the rate increased to 84%. This could suggest a shift in how CPWs are assessing safety on an ongoing basis, a positive practice change. However, this analysis cannot indicate the extent to which this corresponds to the implementation of the SDM safety assessment and/or to the slight increase in safety reassessment practices in 2021 prior to SDM implementation.

SDM policy stipulates that the decision to place a child into out-of-home care should be guided by the SDM safety decision. Evident Change analysts observed a large increase in the rate at which CPAs resulting in a child being placed into out-of-home care had a safety assessment completed near the time of the removal (i.e., within five days of the first removal date). In 2019, only 55% of CPAs resulting in a removal had a safety assessment completed near the time of the removal. This rate increased considerably to 77% in the post-implementation period. This increase could indicate significant improvement in CPWs using the safety assessment as part of their decision-making process when deciding if out-of-home care is necessary.

## **SAFETY ASSESSMENT FINDINGS**

The SDM safety assessment findings are used to guide in-home safety planning and out-of-home placement decisions. The rate at which CPAs involve families who require safety planning or placement is useful for HHS to understand in order to ensure that the agency can support families in achieving or maintaining safety. For example, understanding the prevalence of current danger indicators may help with determining necessary safety interventions and associated resources to support families. CPWs identified current danger indicators on the initial SDM safety assessment for the families involved in 15% of CPAs, similar to the rate at which CPAs involved families who were assessed as conditionally safe or unsafe in 2019 using the legacy assessment. However, this was slightly higher than the percentages of CPAs involving families initially assessed as conditionally safe or unsafe between 2019 and 2021. Given this rate of identification of current danger indicators, HHS may wish to consider what resources may be needed to support effective safety planning or out-of-home placement. The distribution of SDM safety decisions was relatively similar across CPAs involving most race/ethnicity groups, though CPAs involving American Indian/Alaska Native families

had current danger indicators identified at a higher rate and were assessed as unsafe at a higher rate. This may warrant additional review to learn what may account for this observed difference: How does HHS help to ensure equitable use of culturally relevant safety planning practices?

Examining the current danger indicators selected on the SDM safety assessment can provide insight into the specific types of support that families need to identify safety concerns. “Caregiver’s current substance abuse impairs their ability to supervise . . .” was the most frequently selected SDM current danger indicator on the initial safety assessment during the CPA; and when this item was identified on the initial safety assessment during the CPA, one in four CPAs resulted in a child entering out-of-home care. Given the rate at which this particular current danger indicator was identified and the rate at which CPAs resulted in a removal, HHS may wish to pay close attention to safety-planning practices related to caregiver substance abuse and think about what resources may be needed to support families in navigating challenges with substance abuse. HHS may want to pay close attention to the selection of current danger indicators connected to *neglect*. For example, “caregiver does not meet the child’s imminent needs for supervision, food, and/or clothing” was one of the most frequently selected danger indicators; and when it was selected on the initial safety assessment for the CPA, there was a removal in 29% of instances. While “not meeting imminent needs” should be considered on a safety assessment, it is possible that CPWs can use the item incorrectly and indicate a danger exists when poverty is the primary concern. Conducting in-depth reviews of CPAs in which this current danger indicator is selected is one way to further understand the extent to which the item is being selected with fidelity to the SDM safety assessment definitions. Any concerns regarding fidelity of use could be addressed through additional coaching, training, or revisions to the definition for strengthened clarity.

The SDM safety assessment includes an assessment of caregiver protective capacities to help CPWs to strategize about how to effectively develop safety plans with the family. While a caregiver is not required to have protective capacities in order for an assessment to be “safe with plan,” generally these align to some extent. Of CPAs involving families assessed as safe with plan, 88% (not shown) had a protective capacity selected on their assessment (excluding the “other” category). This is a strong indication that when CPWs identified protective capacities, they saw them as critical ingredients for in-home safety planning. HHS may wish to further explore the situations in which in-home safety plans were established in the absence of a caregiver protective capacities. Through this exploration, HHS staff could evaluate the extent to which those safety plans were able to be maintained in the absence of protective capacities; they could also consider whether any additional protective capacities should be listed on the SDM safety assessment. In addition, it is possible that the “other” category is being used to mean “none.” It may be useful to add “none” as its own category to better distinguish cases where there are no protective capacities observed and instances where the protective capacity does not fall into the first three categories.

## PLACEMENT ACTIONS

The rate at which the placement action matched the guidance from the initial SDM safety assessment varied by safety decision. For example, 76% of CPAs involving families initially assessed as unsafe had a child enter out-of-home care, which is lower than expected. HHS may wish to further explore this finding; for example, it could mean that the family's safety status changed at some point, allowing for children to remain in the home; that CPWs are struggling with understanding use of the term "unsafe" in the SDM safety assessment; or that the court ultimately arrived at a different decision. A review of CPAs where "unsafe" was selected but no placement occurred would facilitate better understanding of this phenomenon. HHS may want to remind staff and supervisors in particular that an "unsafe" finding on the safety assessment should lead to emergency placement; "safe with plan" should lead to the child staying in the home with an in-home safety plan.

As expected, child placement was rarer for CPAs involving families assessed as safe or safe with plan on their initial SDM safety assessment. SDM assessment guidance was followed for 93% of CPAs involving families assessed as safe with plan (i.e., children remained at home with a safety plan) and for 99% of CPAs involving families assessed as safe (i.e., children remained at home). For the 217 CPAs involving families assessed as safe with plan who experienced a child placement during the CPA, more than a third (n=82, 38%) had an additional SDM safety assessment completed during the CPA documenting a change in the safety decision to "unsafe" (not shown). Of the 287 removals (i.e., placements) where CPAs involved families assessed as safe, only 33 had an additional safety assessment documenting a change in the safety decision to "unsafe" during the CPA. For the other 254 CPAs, it is unclear what information guided the decision to place a child into out-of-home care. This highlights an opportunity to strengthen SDM safety reassessment practices and ensure that a new SDM safety assessment is completed when a family's safety circumstances change.

Removal rates for CPAs involving families initially assessed as unsafe varied slightly by race/ethnicity and ranged from 74% for CPAs involving White families to 84% for CPAs involving families with multiple races/ethnicities. These findings should be interpreted in the context of the sample sizes (i.e., 701 CPAs involved White families assessed as unsafe compared to 120 CPAs involving families with multiple races/ethnicities and assessed as unsafe). HHS may wish to explore reasons for these differing removal rate findings for CPAs involving families in different race/ethnicity groups. Additionally, strengthening overall adherence to recommended SDM actions may bring greater consistency in removal rates across race/ethnicity.

Among only those CPAs during which a child entered placement, there was not a clear relationship between removals and a safety decision of "unsafe" using the legacy assessment—generally, the families involved in these CPAs resulting in child placement were initially assessed as safe at rates similar to those at which families were initially assessed as unsafe (34% to 39% versus 35% to 41%, respectively). With the SDM safety assessment, there was a stronger correlation. Half (50%) of CPAs in which one or more children

entered out-of-home placement had an initial safety decision of “unsafe,” and the percentage of CPAs involving families initially assessed as safe was much lower than in the pre-SDM implementation timeframe.

In the post-SDM implementation timeframe, around 4% of CPAs resulted in a child entering out-of-home care; the rate varied greatly by the race/ethnicity of the family involved in the CPA (i.e., between 1.9% and 9.9% among CPAs involving families with known races/ethnicities). The variance in placement rates is somewhat surprising given that the rates at which CPA-involved families assessed as unsafe were generally similar across most race/ethnicity groups (i.e., between 1% and 3%), with the exception of CPAs involving American Indian/Alaska Native families (6%). HHS may wish to conduct a more detailed case reading to understand possible explanations for the differences in safety decisions, adherence to SDM safety decision guidance, and removal rates by family race/ethnicity to ensure that safety concerns are assessed and addressed for families using a racial equity lens and culturally relevant practices.

## LIMITATIONS

The findings in this report are based on readily available administrative data. While these data can provide insights into safety assessment and planning practices in Iowa, they do not address accurate completion of the assessment (e.g., are items on the assessment being selected with fidelity to the definitions?) or the quality of engagement strategies or safety-planning practices with families. Evident Change suggests further case reading and discussions between CPWs and families to learn more about these topics.

Additionally, the analysis presented in this report is not a replacement for an evaluation of the impact of the SDM safety assessment on HHS practices. It is also important to keep in mind that some changes between the pre- and post-implementation analyses may reflect other factors at work (e.g., legislation changes, changes in the state’s population, COVID-19, other child welfare initiatives, staffing changes). Nevertheless, the findings from this analysis provide a valuable perspective on how HHS is using the SDM safety assessment.

In conducting this analysis, Evident Change analysts observed that there may be an error in the logic of the assessment as it is currently programmed in HHS’s administrative system. Of the 5,134 SDM safety assessments with current danger indicators recorded, 73 had a safety decision of “safe.” This was unexpected, as SDM policy indicates that an assessment result should be “safe” only if no danger indicators were identified. All 73 assessments had a protective capacity and a safety intervention indicated, with 44 assessments where legal action was initiated and 35 cases where the alleged perpetrator left the home. It is unknown if these represent assessments in which the CPW “backed up” after identifying a current danger indicator and there was an error in how the data were stored, or if there is something allowing CPWs to select items in areas of the assessment that should be disabled if no current danger indicators are selected. Evident Change can provide this list of assessments to HHS for further exploration.

## NEXT STEPS

As already mentioned, this post-implementation analysis is not a replacement for a full evaluation study. HHS may wish to conduct a comprehensive evaluation to better understand the impact of implementing the SDM safety assessment. This evaluation could include examining the impact of the SDM safety assessment on child placement rates over time, which has remained around 4% for the last three years. Given the influence of COVID-19 on child welfare during 2020–22, more time may reveal whether SDM implementation has an effect on placement rates. It will be critical to see if HHS maintains this low rate of child placement and if placement rates decline any further.

Evident Change recommends that HHS continue to monitor the use of the SDM safety assessment over time as part of a CQI process. Continuing to track completion rates, assessment findings, and whether actions align with recommendations will allow for deeper understanding of how the assessment is being used to support safety planning with families in Iowa and to identify opportunities for improvement. Reviewing rates at which individual items are selected on the SDM safety assessment may also help to shed light on specific resources that may be needed to support families.

Additionally, HHS could continue gathering feedback from CPWs regarding their experiences using the SDM safety assessment in their work with children and families. Using staff surveys, interviews, or focus groups can provide a rich source of information that is otherwise unavailable in administrative data. The feedback from these qualitative sources could be used to further strengthen assessment and safety planning processes, as well as finding ways to more effectively collaborate with community agencies, tribal partners, and the courts when implementing safety plans with families.

Evident Change staff appreciate the opportunity to partner with HHS on this important endeavor. Child welfare work is difficult, and system change is slow work. Evident Change congratulates HHS on their commitment to improving child and family safety assessment processes to achieve safety, permanency, and well-being for all children and families.