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Structured Decision Making (SDM)

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Overview

This policy reviews the Structured Decision Making (SDM) system, its component assessment tools, and the WebSDM (SDM Live) application.

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Version Summary

This policy was updated from the 6/24/19 version to revise requirements for SDM Risk Assessments.

POLICY

Structured Decision Making (SDM) is a comprehensive case management system for Child Protective Services (CPS). CPS social workers employ objective assessment procedures at major case decision points -- from intake to reunification -- to improve child welfare decision-making. SDM targets agency services to families and children at high risk of maltreatment and helps ensure that case plans accurately reflect the strengths and needs of such families. When effectively implemented, it can increase the consistency and validity of case decisions, reduce subsequent child maltreatment, and expedite permanency. SDM assessments also provide data that help agency managers monitor, plan, and evaluate service delivery operations.

Although SDM has been implemented in Los Angeles County since 2004, this procedural guide represents the first effort by DCFS to collect and incorporate all prior SDM-related policy and other guidance into a single, comprehensive format.

Goals of SDM

Overall Goals	System Goals	Process Goals
Safety	Reduce the rate of subsequent abuse / neglect referrals and substantiations.	Improve assessments of family situations to better ascertain the protection needs of children.
Permanency	Reduce the severity of subsequent abuse / neglect complaints and allegations.	Increase consistency and accuracy in case assessment and case management among child abuse/neglect staff within a county and among counties.
Well-being	Reduce the rate of foster care placement.	Increase the efficiency of child protection operations by making the best use of available resources.
	Reduce the length of stay for children in foster care.	Provide management with needed data for program administration, planning, evaluation, and budgeting.

Key Practice Points

The Structured Decision Making System is a suite of research-based assessment tools that are designed to assist child welfare staff at critical decision points throughout the life of a child abuse/neglect case. SDM does not make these case-related decisions for workers, but rather provides a structured framework for information gathering and critical thinking that helps guide them to making better decisions.

The SDM system is built on the foundation of a common set of definitions to support consistency, accuracy and equity in conducting these assessments. Staff are strongly encouraged to carefully read each SDM definition in its entirety when completing assessments. The definitions can be quickly accessed by clicking the question mark icons throughout WebSDM or by consulting the CRC Policy and Procedures Manual (which is also contained in the WebSDM system). Workers are advised of the following practice points:

- Item definitions must be used to determine whether the information about the family matches the SDM item being considered; staff should be careful to read each definition in its entirety -- all the way to the period.
- Take special note of the differences between "and," "or," and "and/or" among the definitions.
- Examples provided in SDM are merely examples and are not all-inclusive lists of conditions.
- "Unasked" is different from "unknown;" staff should not list an item as "unknown" if the question was not asked of the family.
- Use common sense when completing items; when unsure, consult with others (colleagues, SCSWs) and use critical thinking.
- SDM tools are prompts for practice; while interviewing families and gathering information for the assessments, workers should adhere to the practice standards, guiding principles, and values of the Core Practice Model (CPM). The CPM, in conjunction with individual policies and procedures, will provide more detailed guidance about how these assessments may be conducted with families. Refer to CRC's "Linking the SDM System to Integrated Core Practice Model Behaviors and Practice Phases" for some examples.
- Since WebSDM is web-based, its tools can be completed by CSWs in the field using a smart phone or tablet with internet access at https://ca.sdmdata.org.

Successful implementation of the SDM system requires staff understand the difference between safety threat and risk; the difference between behavior and underlying needs; the "household" as the unit of analysis; and that assessments are prompts for family engagement.

Understanding Households

Structured Decision Making® (SDM) assessments are completed on "households." For assessment purposes, a household is not simply a dwelling; it is a group of people living under one roof who have significant in-home contact with the child. In SDM, a "household" includes all persons who have contact with the child, including those who have a familial or intimate relationship with any person in the home.

When a child's parents do not live together, the child may be a member of two (2) households. When completing a Risk Assessment, staff should always assess the household of the alleged perpetrator. This may be the child's primary residence if it is also the residence of the alleged perpetrator, or the household of a non-custodial parent if it is the residence of the alleged perpetrator. The most common practice error with the Risk Assessment is completing it on the wrong household. Assessing risk on a household that is not of concern in the current referral often yields a Low or Moderate Risk level, which suggests the referral should be closed. This can mistakenly cause a missed opportunity to intervene in a way that can protect the child in the long run.

In SDM, a "caregiver" is defined as an adult, parent, or guardian in the household who provides care and supervision for the child. SDM assessments further distinguish between primary and secondary caregivers. A primary caregiver must have legal responsibility for the child. If two caregivers in the home have legal responsibility, the one providing the most care is the primary caregiver. It is possible that there will not be a secondary caregiver.

DECISION POINTS & THEIR CORRESPONDING SDM TOOLS

Decision Point	SDM Tool
Accept referral for in-person response? How quickly to respond? Path of Response?	**Hotline Tools**: • Screening Tool • Response Priority Tool • Path Decision Tool
Can the child remain safely at home?	**Safety Assessment**
Can the child remain safely in out-of-home care?	**Substitute Care Provider (SCP) Safety Assessment**
Should an ongoing case be opened?	**Risk Assessment**
What is the focus of the Case Plan?	**Family Strengths and Needs Assessment (FSNA) / Child Strengths and Needs Assessment (CSNA)[1]**
Can case be closed?	**Risk Reassessment**, and, if case action recommended is case closure, **case closing Safety Assessment**
Can child be returned home, or should reunification efforts continue?	**Reunification Reassessment**

Should permanency goal be changed?	

¹ Los Angeles County will be implementing the Child and Adolescent Needs and Strengths (CANS) Assessment. Upon implementation, CANS will replace the FSNA and CSNA tools.

The Children's Research Center has a Document Library containing numerous guides and case reading tools for WebSDM, such as:

- WebSDM User Guide
- California WebSDM Transition Guide
- WebSDM Supervisor Guide

Hotline Tools - Screening and Response Priority Assessment

The purpose of the Hotline Tools is to assess whether or not a referral meets the statutory threshold for an in-person investigatory response, and if so, how quickly (e.g., Immediate Response/Response Within 5-Days) a social worker needs to respond. If a referral does not require an in-person response, the Hotline Tools help screeners determine whether a community response is more appropriate.

Safety Assessment

The purpose of the Safety Assessment is: (1) to help assess whether any child is likely to be in immediate danger of serious harm/maltreatment (which requires a protective intervention) and (2) to determine what interventions should be initiated or maintained to provide appropriate protection. This tool helps staff assess the child's present danger of immediate/serious harm and the interventions currently needed to protect the child. The result of the Safety Assessment is either Safe, Unsafe, or Safe with Plan. If Safe With Plan is the Safety Assessment's determination, a Safety Plan is required.

The process of assessing for child safety during an investigative interview should follow the structure of the SDM Safety Assessment tool (staff may opt to use the attached safety assessment field guide to assist them in this practice). This parallel practice can facilitate the most accurate, consistent and timely completion of the tool.

Substitute Care Provider (SCP) Safety Assessment

The purpose of the Substitute Care Provider (SCP) Safety Assessment is: to help assess whether any child is likely to be in immediate danger of serious harm/maltreatment by a caregiver other than a parent, which may require a replacement, and (2) to determine what interventions should be initiated or maintained to provide appropriate protection if no replacement is deemed necessary. The items on the tool are very similar to the items on the SDM Safety Assessment for child protective service investigations.

The SCP Safety Assessment must be used for investigations of alleged abuse/neglect by a substitute care provider
(excluding group homes/STRTPs, institutions, and residential treatment facilities), including:

- Approved Resource Family Homes (including placements approved on an emergency basis prior to Resource Family Approval)

- Emergency placements

- Approved relative and non-related extended family members (NREFM) homes;

- Certified foster family agencies (FFA);

- Small family homes;

- Adoptive parents if the adoption has not yet been finalized; or

- Legal guardians, when a dependency case is still open (i.e., the department has protective responsibility for the child).

Risk Assessment

The SDM Family Risk Assessment helps child welfare staff identify households with characteristics associated with a greater likelihood of future maltreatment to the child in the next eighteen (18) to twenty-four (24) months and supports case promotion/intervention decision making. The tool is based on research of substantiated abuse/neglect cases; the research specifically examined the relationships between family characteristics and outcomes of subsequent substantiated abuse/neglect allegations. Although the tool does not predict recurrence of maltreatment, it assesses whether a family is more or less likely to have another incident without agency intervention, and provides recommendations regarding whether or not intervention should be initiated. The Risk Assessment identifies families with either Low,

Moderate, High, or Very High probabilities of future abuse or neglect. The difference between risk levels is substantial; families classified as High Risk have significantly higher rates of subsequent referral and substantiation than families classified as Low Risk, and they are more often involved in serious abuse or neglect incidents. The Risk Assessment is completed based on conditions that exist at the time the incident is reported and investigated, as well as the prior history of the family.

Family Strengths and Needs Assessment (FSNA) / Child Strengths and Needs Assessment (CSNA)

The purpose of the Family Strengths and Needs Assessment (FSNA) is to help child welfare staff to determine the focus (i.e., priority strengths and needs) of the case plan. The FSNA is used to collaboratively identify critical family needs that underlie safety and helps staff to plan effective interventions with families. The priority strengths and needs identified by the tool can be directly correlated to the most appropriate CWS/CMS Case Plan service objectives and contributing factors by consulting the Family Strengths and Needs Assessment/Case Management System Service Objectives Map located in the Appendix of the Children's Research Center (CRC) SDM Policy & Procedures Manual. The FSNA serves several purposes: it ensures all social workers consistently consider each family's strengths and needs in an objective format; it provides a guide to support the collaborative development of case plans; it permits families and staff to assess changes in family functioning over time; and, in the aggregate, it documents the problems that families face so that child welfare managers may develop resources to address those problems. For PP cases, the Child's Strengths and Needs Assessment (CSNA) may be used, as it omits the parents' portion of the tool.

Los Angeles County will be implementing the Child and Adolescent Needs and Strengths (CANS) Assessment. Upon implementation, CANS will replace the FSNA and CSNA tools.

Risk Reassessment (For In-Home Cases)

The purpose of the Risk Reassessment is to help assess whether risk has been reduced sufficiently to allow a case to be closed, or whether the risk level remains High/Very High and services should continue. The tool assists staff in evaluating whether behaviors and actions of the family have changed as a result of the case plan, thereby lowering the risk level. The Risk Reassessment combines items from the original Risk Assessment with additional items that evaluate a family's progress toward case plan goals.

Reunification Reassessment (for Out-of-Home Cases)

The purpose of the Reunification Reassessment is to help assess whether children in placement who have a reunification goal should be returned home to the removal household (or another household with a legal right to placement); be maintained in placement while reunification services continue; or have a permanency alternative implemented and reunification services terminated. This SDM tool helps staff assess and document a family's progress with their identified case plan objectives, and also provides a useful comparison between the family's initial safety threats and initial risk level with current circumstances. Research indicates that children are less likely to suffer subsequent harm and re-enter care when the recommendations of the Reunification Reassessment are followed.

Time Frames for Assessment and Documentation

Since WebSDM is web-based, its tools can be completed by CSWs in the field using a smart phone or tablet with internet access at https://ca.sdmdata.org. The tools in WebSDM cannot be back-dated, so timely completion is essential. Each tool has different timelines for completion, as summarized in the table below:

SDM Tool	Assessment Completion Guidelines	Time Frame for WebSDM Documentation
Hotline	While conducting the referral assessment, CSWs should use the tool as an available structure for gathering information from the reporting party.	The Hotline tools must be documented in WebSDM before the end of the shift.
Safety Assessment	This SDM tool's definitions and structure should inform the CSW's initial face-to-face contact and interviews with the child and family.	The Safety Assessment tool must be documented in WebSDM within two (2) business days of initial contact.
Substitute Care Provider (SCP) Safety Assessment[2]	This SDM tool's definitions and structure should inform the CSW's initial face-to-face contact and interviews with the child and foster/resource family.	The SCP Safety Assessment tool must be documented in WebSDM within two (2) business days of initial contact.

Safety Plan (Hard Copy Form)	A Safety Plan is created with the family during face-to-face contact. It must cite the specific, numbered Safety Threat(s) identified on the Safety Assessment and contain a description of the conditions/behaviors in the home that place any child at imminent threat of serious harm. CSWs must document the SCSW consultation/approval on the SDM Safety Plan form before leaving the home, including how it was obtained (e.g., by phone, text, or email). Refer to Completing the Structured Decision Making (SDM) Safety Plan.	A Safety Plan is required whenever the Safety Decision on either type of Safety Assessment is "Safe with Plan." The plan must be completed by the end of initial face-to-face visit if Safety Threats exist and one (1) or more children will remain in the home; obtain SCSW approval then family signatures; valid for up to thirty (30) days.
Family Strengths and Needs Assessment (FSNA) / Child's Strengths and Needs Assessment (CSNA)[1]	This assessment is completed prior to creating each Case Plan every six (6) months.	Every six (6) months [3]
Risk Assessment	Using its structure and definitions, this assessment is completed by gathering information from the family during the investigation.	The Risk Assessment tool must be documented in WebSDM within thirty (30) calendar days of first face-to-face contact, and before closing the referral or promoting to a case (regardless of allegation conclusion).
Risk Reassessment	Since the Risk Reassessment supports the decision to either terminate a case or continue services,	Every six (6) months [3]

(for court or voluntary in-home cases)	it is done every six (6) months from the development of the Case Plan.	
Reunification Reassessment (for court or voluntary out-of-home cases)	Since the Reunification Reassessment supports the decision to reunify a child or continue reunification services, it is done every six (6) months (prior to writing the next Status Review court report and prior to updating the Case Plan).	Every six (6) months ³

Staff will receive "Overdue Alert" emails when the time frame for completing the SDM Safety Assessment and Risk Assessment has been exceeded. For CSW submission/SCSW approval time frames, click here.

¹ Los Angeles County will be implementing the Child and Adolescent Needs and Strengths (CANS) Assessment. Upon implementation, CANS will replace the FSNA and CSNA tools.

² The SCP Safety Assessment tool is only used when the child resides in family-based care and not for children residing in residential or institutional care.

³ Refer to the CRC SDM Policy and Procedures Manual for further details.

PROCEDURE

Hotline Tools

Hotline CSW Responsibilities

1. Conduct the screening assessment using the Hotline Tools as an available structure in order to ensure that all relevant questions are asked. Screen calls in accordance with Child Protection Hotline procedures.
2. Elicit all pertinent information known to the caller that enables accurate answering of the questions contained in the SDM Hotline Screening and Response Priority tools.

3. Determine the Screening Decision (Evaluate Out or In Person Response), Response Priority (IR, 5-Day, 5-Day By, etc.) and Path Decision with the support of the SDM Hotline Tools.
4. Determine if any overrides (policy or discretionary) are warranted based on the definitions contained in WebSDM (or accessed via the CRC SDM Policy and Procedures Manual). Obtain supervisory approvals as needed. Document any override decisions within the SDM tool and in CWS/CMS' "Determine Response" fields.
5. In cases where a referral for in-person response is not warranted, elicit all information known to caller that is necessary to appropriately document the reported information.

Safety Assessment Tool / Substitute Care Provider (SCP) Safety Assessment Tool and Use of the SDM Safety Plan

CSW Responsibilities

Investigations should include an assessment of all safety threats and risk factors present beyond the allegations on the referral, using the structure of the Safety Assessment while in the field. If the child to be assessed resides with a relative/NREFM caregiver, utilize the SCP Safety Assessment tool to support assessment and decision making related to household safety.

1. Before concluding the initial face-to-face contact with the child and family, conduct the Safety Assessment process to determine whether or not detention (or another intervention) may be necessary.
2. Assess each safety threat from the Safety Assessment/SCP Safety Assessment tool (and listed on page 2 of the Safety Plan form):
   ● Caregiver/s caused serious physical harm to the child or made a plausible threat to cause serious harm in the current investigation, as indicated by:

      ● Serious injury or abuse to the child other than accidental
      ● Caregiver fears s/he will maltreat the child
      ● Threat to cause harm or retaliate against child
      ● Domestic violence likely to injure child
      ● Excessive discipline or physical force
      ● Drug/alcohol-exposed infant

   ● Child sexual abuse is suspected AND circumstances suggest that child/ren's safety of immediate concern.
   ● Caregiver/s not providing child's immediate need for supervision, food, clothing, medical or mental health care.

- Physical living conditions are hazardous and immediately threatening to the health and safety of the children.
- Caregiver/s describes child/ren in negative terms or acts in negative ways that result in child/ren being in danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
- Caregiver/s unable OR unwilling to protect child/ren from serious harm or threatened harm by others. This may include physical abuse, sexual abuse or neglect.
- Caregiver/s explanation for injury to the child is questionable/inconsistent with type of injury, AND the nature of the injury suggests child's safety may be of immediate concern.
- Family refuses access to child/ren or there is reason to believe family will flee.
- Current circumstances + previous severe maltreatment of children suggests child safety concern is high. Caregiver/s current substance abuse seriously impairs their ability to supervise, protect, or care for child/ren.
- Other safety concerns (specify).

- Item 10 ("Other") should only be used to document safety factors that put a child at imminent risk of danger that are not identified by items 1 – 9. It is not to be used to document that there are not safety factors present, risks of future potential harm, or other non-immediate concerns.

3. When no Safety Threats are identified, the presumptive safety decision for the household is "Safe" and the assessment is complete.
1. Safety Threats, if left unaddressed, represent a type of exigency. When at least one (1) Safety Threat is identified, engage the family in the process of safety planning (considering household strengths, protective actions and protective interventions as outlined in the Safety Assessment) to help determine if (after consulting with the SCSW) a safety plan can be developed that provides sufficient immediate control and monitoring of the safety threat to leave at least one (1) child in the home.
   a. With the family's involvement, complete the Structured Decision Making (SDM) Safety Plan form with specific, short-term interventions to mitigate the safety threats (which are listed on page 2 of the Safety Plan form). Refer to Completing the Structured Decision Making (SDM) Safety Plan.
- Consult with the SCSW to:
- Obtain approval for the safety interventions to be put in place to address the safety threat(s) prior to obtaining signatures of the family members.

- Discuss whether or not a Child and Family Team Meeting is needed to address the safety threats.

c. Obtain signatures from all parties involved (including the child/ren when appropriate) on the Safety Plan form.

a. At least one legal caregiver must be involved in development of the plan and agree to the intervention.

b. Document the SCSW consultation/approval on the SDM Safety Plan form before leaving the home, including how it was obtained (e.g., by phone, text, or email).
c. Provide a copy of the SDM Safety Plan form to the parents/legal guardians.
d. Whenever a referral/case with an active Safety Plan is being transferred/assigned to another CSW or unit (e.g., ERCP to region, ER to CS, unit to unit, region to region, etc.), quick handoff is vital and timely communication between staff is essential. The receiving CSW and SCSW must be immediately about informed and provided with the signed Safety Plan.

- File the SDM Safety Plan in the green Case Activity Recording Folder if no case is being opened. If opening a case, file the Safety Plan in the orange Structured Decision Making (SDM) folder in accordance with Model Case Format.

- Note: pdf files can be imported into CWS/CMS in the green Case Management Services section by clicking on the "Create New Documents" icon and then "import," selecting the file from the drive and directory it is in, naming it and saving to database.
- Follow up with the family according to the time frame agreed upon on the signed Safety Plan to ensure that the intervention(s) are mitigating the safety threat(s) and the parents/guardians/caregivers are in compliance with the Safety Plan.
- If the parent(s) or legal guardian(s) are not complying with the Safety Plan and the child's safety continues to be at risk, consult with the SCSW to determine the next course of action.

1. If, when one (1) or more safety threats are present and the development of a sufficient safety intervention is not possible using safety planning practices (e.g., no available caregiver, absence of adequate safety interventions or monitoring, or the legal caregiver does not agree to participate in safety planning), consult with the SCSW regarding actions needed to place the child protectively.
2. Within two (2) business days of the initial face-to-face contact, complete the Safety Assessment Tool (or SCP Safety Assessment Tool, as applicable) in WebSDM.
a. Indicate the date of the assessment, the household name, and whether or not there are allegations in the household.
b. Select an Assessment Type -- Initial, Review/Update, or Referral Closing, or Case Closing.
    - Initial: Each referral should have one (1) initial assessment, completed during the first face-to-face contact with at least one (1) child victim in the household where there are allegations. [There may be two initial safety assessments if there are allegations in two (2) households within a single referral].

    - Review/Update: Any additional safety assessment after the initial one is most likely a review/update, unless it is completed at the point of closing a referral or case. A review/update includes a safety assessment completed on a second

household where there are no allegations.

- Referral Closing: This is a specialized review/update that is completed when considering closing a referral without promoting it to a case when a safety threat has been documented at some point during the investigation. This option only appears in WebSDM when completing a safety assessment on a referral.

- Case Closing: This is a specialized review/update that is completed when considering closing a case. This option only appears in WebSDM when completing a safety reassessment on an open ongoing case.

a. Indicate whether or not the caregiver has American Indian ancestry.
b. Check all "Factors Influencing Child Vulnerability" that apply to any child in the household:
    - Age 0-5 years
    - Significant diagnosed medical or mental disorder
    - Not readily accessible to community oversight
    - Diminished developmental/cognitive capacity (e.g., developmental delay, non-verbal)
    - Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)
c. In WebSDM's Safety Assessment tool (or SCP Safety Assessment Tool, as applicable), select all applicable Safety Threats by marking "Yes" for all threats that apply and marking "No" for any threats that do not apply.
d. If any Safety Threats are marked "Yes," indicate whether any Caregiver Complicating Behaviors are also present by marking all that apply to the household in Section 1A of WebSDM. (These are conditions that make it more difficult or complicated to create safety for a child, but do not by themselves create a safety threat. These behaviors must be considered when assessing for and planning to mitigate safety threats with a safety plan). These Caregiver Complicating Behaviors include:
    - Substance abuse
    - Domestic violence
    - Mental health
    - Developmental/cognitive impairment
    - Physical condition
    - Other (specify)
e. In Section 2, select any applicable Household Strengths and Protective Actions for the caregiver and child in the following areas:
- Caregiver Problem Solving

- Household Strengths: At least one caregiver identifies and acknowledges the problem/safety threat(s) and suggests possible solutions.

- Protective Actions: At least one caregiver articulates specific strategies that, in the past, have been at least partially successful in mitigating the identified safety threat(s), and the caregiver has used or could use these strategies in the current situation.

- Caregiver Support Network

- Household Strengths:

  - At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network.

  - At least one non-offending caregiver exists and is willing and able to protect the child from future harm.

  - At least one caregiver is willing to work with the agency to mitigate safety threats, including allowing the caseworker(s) access to the child.

- Protective Actions: At least one caregiver has a stable support network that is aware of the safety threat(s), has been or is responding to the threat(s), and is willing to provide protections for the child.
- Child Problem Solving

- Household Strengths: At least one child is emotionally/intellectually capable of acting to protect him/herself from a safety threat.

- Protective Actions: At least one child, in the past or currently, acts in ways that protect him/herself from a safety threat(s).

- Child Support Network

- Household Strengths: At least one child is aware of his/her support network members and knows how to contact these individuals when needed.

- Protective Actions: At least one child has successfully pursued support, in the past or currently, from a member of his/her support network, and that person(s) was able to help address the safety threat and keep the child safe.
- Other Household Strengths and Protective Actions (specify in text field)

a. Complete Section 3, Safety Interventions as follows:
b. Review available protective capacities for each identified safety threat.

a. Consider whether the threat to safety appears related to the caregiver's knowledge, skill, or motivational issue.
b. Assess whether the available interventions control the threat(s) to safety.
c. Consider whether safety interventions 1-8 will allow the child to remain in the home for the present time if one or more safety threats are present, mark the item number for all safety interventions that will be implemented, and complete a Safety Plan form documenting the intervention.
i. If there are no available safety interventions that would allow the child to remain in the home, indicate by marking item 9 or 10 (Unsafe), and follow procedures for:

- Initiating a Voluntary Placement Agreement or

- Taking the child into protective custody (through exigency or the warrant request process).

1. For Section 4, the Safety Decision will be automatically selected in WebSDM. The decision generated is based on previous responses to the safety threats and safety interventions.
2. Save the Safety Assessment and request SCSW approval.
3. If a Safety Threat was previously identified and has since been resolved, complete an updated or referral closing SDM Safety Assessment to indicate that safety threat(s) no longer exists.
    a. Do not close a referral if there are current safety threats, even if it is covered by a Safety Plan.
    b. If unresolved safety threats remain present at the end of the investigation, promote the referral to a case regardless of risk level and incorporate the unresolved safety threat(s) and interventions into the Initial Case Plan.
4. If completing the Safety Assessment for an Emergency Response Referral, follow procedural steps outlined in Disposition of Allegations and Closure of Emergency Response Referrals.

Risk Assessment Tool

CSW Responsibilities

a. Using the structure and definitions of the Risk Assessment, gather information from the family during the investigation that will allow for an accurate completion of the tool.
b. Determine which household(s) requires a Risk Assessment, noting the following:
    ○ Only one **household** can be assessed on each Risk Assessment.
    ○ Always assess the household in which the child abuse/neglect incident is alleged (i.e., the household of the alleged perpetrator). This may be the child's primary

residence if it is also the residence of the alleged perpetrator, or the household of a non-custodial parent if it is the residence of the alleged perpetrator.

- If a child is a member of two (2) households and there are allegations in both households, complete a Risk Assessment on both households. A child may be a member of two (2) households if:

  - S/he has two (2) legal parents who live separately and the child spends time with each legal parent.

  - S/he resides with a legal guardian but also spends time with a legal parent.

- Complete a Risk Assessment for non-custodial parents who will receive reunification services. If the alleged perpetrator is a non-custodial parent, also assess the custodial parent if there is an allegation of failure to protect.
- If more than one (1) Risk Assessment is necessary, complete the tool on the most concerning household in WebSDM and the second risk assessment using a paper form that should be part of investigation documentation.
- In a Referral record, WebSDM will only allow one (1) initial Risk Assessment to be generated. A second Risk Assessment may be created and completed manually; or, after a referral is promoted to a case, an additional Risk Assessment can be created in the Case record in WebSDM.

c. In WebSDM, create a new Risk Assessment tool and complete the following items in the Prior Investigations section according to prior intervention history (Note: Click the Light bulb icon to access the Support Panel, which displays prior history information from CWS/CMS):
   - Prior Neglect investigations
   - Prior Abuse investigations
   - Household has previous or current open ongoing CPS case (voluntary/court-ordered)
   - Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse of a child
d. Complete the Current Investigations section of the Risk Assessment, consisting of:
   - Current report maltreatment type
   - Number of children involved in the child abuse/neglect incident
   - Primary caregiver assessment of the incident
e. Complete the Family Characteristics section of the Risk Assessment, consisting of the following items:
f. Age of youngest child in the home
g. Characteristics of children in the household
h. Housing

i. Incidents of domestic violence in the household in the past year
j. Primary caregiver discipline practices
k. Primary or secondary caregiver history of abuse or neglect as a child
l. Primary or secondary caregiver mental health
m. Primary or secondary caregiver alcohol and/or drug use
n. Primary or secondary caregiver criminal arrest history
o. Complete the Risk Assessment tool within thirty (30) days of initial face-to-face contact regardless of allegation conclusion.
p. The Children's Research Center SDM Policy and Procedures Manual recommends to close Low and Moderate Risk referrals (unless there is a current Safety Decision of "safe with plan" or "unsafe"), and to promote High and Very High Risk referrals to cases.
    ○ The CSW (in consultation with the SCSW) should determine what level of intervention, if provided to the family, would mitigate the identified risk factors. For example, in some circumstances, an intervention such as Alternative Response Services or Partnerships for Families (neither of which requires an open case) may appropriately mitigate the risk; in other situations, an ongoing voluntary case (VFM/VFR) or even court intervention (i.e., non-detained petition, removal warrant, detention, etc.) may be necessary.
q. Explain/summarize any complicating factors, protective capacities and protective actions in the comments portion of the tool.
r. Complete the Scoring and Overrides Section. Consider whether or not there are valid reasons to override the scored risk level, and if so, document the explanation and obtain SCSW approval:
s. Policy overrides reflect the seriousness of the incident(s) and/or child vulnerability concerns; when used, the final risk level is increased to Very High Risk regardless of the initial determination of the tool to support increased frequency of monitoring the household. The conditions are summarized as follows (Note: refer to the WebSDM definitions for complete explanations):
a. Sexual abuse case AND the perpetrator is likely to have access to the child
b. Non-accidental injury to a child under age 2
c. Severe non-accidental injury
d. Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current)

e. Discretionary overrides can be used only to increase the risk level by one (1) when the CSW determines that the scored risk level is too low based upon one (1) or more unique household or caregiver circumstances that place the household at higher risk of future maltreatment.
f. When using a discretionary override, document the rationale for increasing the risk level and obtain supervisory approval.
g. Documented rationale should include specific details of the circumstances that place the household at higher risk and these circumstances should be distinct from characteristics of the household's history, current incident or caregiver or child characteristics already

included in the Risk Assessment tool.

a. Review the Scored Risk Level, apply any approved overrides to obtain a Final Risk Level, and review the Recommended Decision.
b. WebSDM's risk-based case open/close guide will recommend promoting to cases all High and Very High Risk referrals, and closing all Low and Moderate Risk referrals (except when there is one or more identified safety threats) -- therefore:
i. Before promoting a Low or Moderate Risk referral to a case, consult with the SCSW regarding the appropriateness of referring the family to Community-Based Resources (e.g., Alternative Response Services, Prevention & Aftercare) as an alternative.

- If a Low or Moderate Risk referral is being promoted to a case when the most recent SDM Safety Assessment tool resulted in a determination of "Safe," ARA approval is required.
ii. Before closing a High or Very High Risk referral, engage with the family to strongly consider whether there are interventions or services to address their risk factors.
    - If a High or Very High Risk referral is being submitted for closure when there is no current open case, ARA approval is required. Consult with the family, the SCSW (and ARA, when required) regarding all possible alternatives, such as the appropriateness of:
    - A Child and Family Team Meeting (CFTM)
    - Partnerships for Families (PFF)
    - Prevention and Aftercare (P&A)
    - Voluntary Family Maintenance (VFM) services or Voluntary Placement (VFR) services -- with or without Family Preservation
    - Random drug test(s)
    - Referring a victim to a domestic violence shelter
    - Referring a client for housing assistance [e.g., through the Los Angeles Homeless Services Authority (LAHSA), the DPSS Linkages program, the CalWORKS Homeless Case Managers (HCM) program]
    - A restraining order
    - A referral to the Victims of Crime (VOC) program
    - An assessment through the Family Preservation Assessment Services (FPAS) program [formerly Up-Front Assessment (UFA)]
    - Consulting with a Public Health Nurse (PHN)
    - Referring a child to a Medical HUB and/or requesting a forensic exam
    - Consulting the DCFS Regional Center Unit/referring to Regional Center
    - Working with the DPSS Linkages GAIN Services Workers (LGSW) to expedite the verification and processing of Medi-Cal for potentially eligible families.
    - Consulting with Coordinated Services Action Team (CSAT) leads, Service Linkage Specialists (SLS), or the Multi-Disciplinary Assessment Team (MAT) Coordinator

- Consulting with co-located Department of Mental Health (DMH) staff and/or referring the family to DMH
- Intensive Services
- Consult with County Counsel about the appropriateness of filing a petition
- Consult with County Counsel about the appropriateness of requesting a removal warrant
- A child must not be left in a home when an active, unresolved Safety Threat exists and no safety intervention has been implemented that mitigates the threat to the child.

a. Enter the Planned Action (i.e., promote to a case or do not promote to a case); if the recommended response in WebSDM differs from the actual disposition, provide an explanation and obtain SCSW approval. Examples of explanations include, but are not limited to, the following:
b. Not promoting a High or Very High Risk referral to a case (i.e., closing the referral – with no active, unresolved safety threats present):
- The family declined Voluntary Family Maintenance (VFM) services and no petition is to be filed. The family was informed of their High or Very High Risk level and was encouraged to accept VFM (or other specified) services. The family declined and, after CSW/SCSW consultation with County Counsel, no petition will be filed.

- The family is receiving or has been connected with community services that will address priority needs and/or contributing factors. The family is already engaged in services or the CSW will assist the family in making connections to community services (the CSW verifies that an appointment was made and verifies follow-through).

- Promoting a Low or Moderate Risk referral to a case:
- Unresolved safety threats remain. Based on SDM Safety Assessment, one or more safety threats could not be resolved.
a. Complete the Supplemental Questions (for data collection only; responses will not impact risk level or recommended decision):
b. Either caregiver demonstrates difficulty accepting one or more children's gender or sexual orientation.
c. Alleged perpetrator is an unmarried partner of the primary caregiver.
d. Another adult in the household provides unsupervised child care to a child under the age of 3.
e. Either caregiver is isolated in the community.
f. Caregiver has provided safe and stable housing for at least the past 12 months.
g. Enter comments in the Staff Person Comments box, save and click Request Approval to submit for SCSW approval.

Family Strengths and Needs Assessment (FSNA) / Child's Strengths and Needs Assessment (CSNA)

Initial Case Plans

CSW Responsibilities

- Engage with the family in a collaborative case planning process to review and discuss the domains of the FSNA. Help the family to connect their unique strengths and barriers to specific case plan goals, interventions, and objectives. This discussion may occur in a setting such as:

- A "strengths and needs assessment interview,"

- A Family Engagement Meeting (or other type of family meeting)

- A Child and Family Team Meeting

- Complete the Family, Strengths and Needs Assessment prior to creating the Initial Case Plan and requesting approval.
- Domains and behaviors identified as "d" in each section must relate directly to a Safety Threat identified on the most recent SDM Safety Assessment. If there are no safety threats currently identified, do not rate any of those domains as "d."

    - Items scored as "a" represent family strengths, while items scored as "d" or "c" represent barriers/needs.

    - Any "a" responses are automatically listed in the Strengths section, and any items with "c" or "d" responses are automatically listed in the Needs section.

    - If there are no "d" responses, select at least one "c" item as the Priority Need.

- Once the FSNA is complete, request SCSW approval.
- Consult the Family Strengths and Needs Assessment/Case Management System Service Objective Map in the Appendix of the SDM Policy and Procedures Manual to correlate the FSNA Priority Strengths and Needs with specific CWS/CMS case plan service objectives, contributing factors, and CWS/CMS strengths. In each Service Objectives Description section, describe the desired objective in behavioral terms wherever appropriate.

Case Plan Updates

1. Prior to creating the Case Plan update and requesting approval, complete the Family, Strengths and Needs Assessment (or, for PP cases, the Child's Strengths and Needs Assessment).
2. Domains and behaviors identified as "d" in each section must relate directly to a safety threat identified on the most recent SDM Safety Assessment. If there are no safety threats currently identified, do not rate any of those domains as "d." Items scored as "a" represent family strengths, while items scored as "d" or "c" represent barriers/needs.
3. Once the FSNA is complete, request SCSW approval.
4. Consult the Family Strengths and Needs Assessment/Case Management System Service Objective Map in the Appendix of the SDM Policy and Procedures Manual to correlate the FSNA Priority Strengths and Needs with specific CWS/CMS case plan service objectives, contributing factors, and CWS/CMS strengths. In each Service Objectives Description section, describe the desired objective in behavioral terms wherever appropriate.

Los Angeles County will be implementing the Child and Adolescent Needs and Strengths (CANS) Assessment. Upon implementation, CANS will replace the FSNA and CSNA tools. In the interim, if a CANS assessment is completed prior to the development of the Case Plan, the FSNA or CSNA does not need to be completed.

Risk Reassessment (For In-Home/FM Cases)

CS CSW Responsibilities

1. During home visits (or other contacts/meetings with the family), engage the family in a discussion about the progress they have made on their case plan goals.
2. Based on a review of the initial Risk Assessment, and considering the definitions for each item; prior interviews with household members (child, caregivers, and others) and collaterals; observations; reports and case records; and any other reliable sources detailing the family's progress in demonstrating behavioral change and meeting case plan objectives; complete the Risk Reassessment tool according to the following timelines:
    1. For Court Family Maintenance (FM) cases, complete the Risk Reassessment every six (6) months, prior to recommending case closure in a court report or completing a Case Plan Update (i.e., prior to each Division 31 required six-month review hearing); complete the tool sooner if there are new circumstances or new information that would affect risk.
    2. For Voluntary Family Maintenance (FM) cases, complete the Risk Reassessment every six (6) months, prior to recommending case closure or completing a Case Plan Update; complete the tool sooner if there are new circumstances or new information that would affect risk.

3. For Risk items R1-R4, score these items the same as the first four (4) items on the initial Risk Assessment, unless new information has become available about conditions that existed at the time of the initial Risk Assessment.
4. For Risk items R5-R10, score these items based only on observations made since the most recent assessment or reassessment. Complete item R10 based on observed/documented behavioral change during this period.
5. Considering only the most recent review period, assess whether or not overrides are warranted:
6. Policy overrides (if any condition is applicable within the review period, override final risk level to Very High):
7. Sexual abuse case and the perpetrator is likely to have access to the child
8. Non-accidental injury to a child under age two (2)
9. Severe non-accidental injury
10. Caregiver action or inaction resulted in death of a child due to abuse or neglect

11. Discretionary overrides (if a discretionary override is made, mark yes, mark the override risk level, and indicate the reason; the risk level may be overridden one level higher or lower).
12. Determine the final risk level and obtain SCSW approval.
13. Note the Recommended Decision and enter the final case disposition (i.e., close the case or provide continued services). If the response recommended by WebSDM differs from the actual final disposition, provide an explanation.
14. If recommending closure of the case, complete a SDM Safety Assessment tool.

Reunification Reassessment (for Out-of-Home Cases)

CS/DI CSW Responsibilities

a. Since the reunification process begins when a case is first opened, discuss the case plan and Reunification Reassessment with the family during initial home visits (and/or at a CFTM) so they are aware of what is expected and what will be used to evaluate potential reunification. In addition:

b. Inform the family of their original risk level and explain its role as a baseline for future assessments (unless a new referral is received, in which case the new risk level will be used)

c. Inform the family that both quality and quantity of visitation will be considered

d. Inform the family they must demonstrate that the safety threats that led to placement have either been mitigated or can be controlled by a safety plan, and that either no safety threats are currently present or there is a safety plan in place to address any identified safety threats.

e. Review the case and any new referral investigations that may have occurred, and consider: the definitions for each item; interviews with household members and collaterals during home visits; observations; other assessments, reports and case records; and any other reliable sources detailing the family's progress in demonstrating behavioral change and meeting their case plan objectives.

f. Complete a Reunification Reassessment for all ongoing cases in which at least one (1) child is residing in placement with a goal of "return home;" if more than one (1) household is receiving reunification services, complete one (1) assessment on each household. Complete the tool as follows:

g. For Court cases, complete the Reunification Reassessment every six (6) months, prior to recommending case closure or completing a Case Plan Update (i.e., prior to each Division 31 required six-month review hearing); complete the tool sooner if there are new circumstances or new information that would affect risk.

h. For Voluntary cases, complete the Reunification Reassessment every six (6) months, prior to recommending reunification, permanency plan change, or case plan completion; complete the tool sooner if there are new circumstances or new information that would affect risk.

i. Beginning with the household risk level from the most recent Risk Assessment, complete all risk items using the definitions; for item R3, consider all available information that addresses each caregiver's progress in demonstrating behavioral change. Determine the scored reunification risk level, consider if any overrides are needed (Policy or Discretionary), and then determine the final risk level.

j. Complete the Visitation Plan evaluation for each child in the household based on the participation of the caregiver demonstrating the least progress, using the definitions and considering overrides for each child.

k. Complete the Reunification Safety Assessment section if required by the results of the reunification risk assessment and visitation plan evaluation. Risk must be either Low or Moderate and visitation must be acceptable. Consider how the safety threats that led to removal have been mitigated; whether additional safety threats have been identified since removal and if so, whether those threats have been mitigated; or if current safety threats can be controlled in-home through a safety plan.

l. Select the appropriate decision tree based on the child's age at the time of removal (i.e., under/over age 3). Begin at the top of the tree; proceed to the left if the reunification risk level is High or Very High, and to the right if the reunification risk level is Low or Moderate. Continue following the pathway answering all questions until one of the following termination points are reached:

m. Return Home

n. Continue Family Reunification (FR) Services

o. Terminate Family Reunification (FR) Services and implement a permanency alternative

p. Consider whether any overrides are applicable, using the definitions.

q. If no overrides apply, mark "No overrides applicable" (policy or discretionary)."

r. If an override will be applied, indicate whether it is a policy or discretionary override and mark the specific reason; provide an explanation where required.

s. Request online SCSW approval in WebSDM.

SCSW Responsibilities (all functions):

1. During case conferences and/or unit meetings, discuss the process and time frames by which WebSDM assessments will be approved (e.g., reviewing contact narratives, comparing tools against court reports and case plans, in individual case conferences, etc.).
1. Consult the WebSDM Supervisor Guide as needed. (password: training)
1. In WebSDM, check My Unit for any pending approval requests. Click to open the Approval Requests list.
1. Click the Open Assessment icon to view an assessment.
a. Review the pending assessment(s). Always:
b. Review all overrides and use of the "other" category for appropriateness, proper supportive documentation (e.g., Contact Notebook, Investigation Narrative, court report) and consistency.
c. Be sure to carefully review Risk Assessments that contain differences between the Planned Action and the Recommended case promotion Decision
d. Compare the assessments against your own knowledge of the family, as well as what is documented in contacts/case notes, for overall consistency (e.g., the Safety Assessment shows "safe" but you are aware the child was placed in foster care).
e. Look for obvious internal and cross-assessment consistency (e.g., a Safety Assessment that lists substance abuse as a safety threat but substance abuse the Risk Assessment does not reference a problem in this area).
f. Look for consistency across recommendations in assessments, court reports and/or case actions (e.g., a Low/Moderate risk case was opened, court report recommends reunification while the Reunification Reassessment recommends termination of reunification).
g. Conduct random spot checks of SDM assessments (more frequently with less-experienced WebSDM users) for inconsistencies/inaccuracies, such as:
● Compare one or two item scores against the narrative documentation.
● Compare prior history items with the CWS/CMS history or the SafeMeasures history page.

a. When satisfied the assessment(s) meet(s) standards, click "Approve." The assessment will now become read-only and can no longer be edited.
b. If errors are located in the assessment, discuss the assessment with the CSW in a case conference. Make the SDM revisions together whenever possible. Document the changes in the Supervisor Comments box. If the CSW is unavailable, there are two options:

   ● Select "Close," and the unmodified/unapproved assessment will remain on your approval list. When the CSW is available, you can open it again and proceed as

above. (The unapproved assessment will remain on the approval list so when the CSW is available you can open it and proceed as above), or

- Make the revision yourself and enter your comments into the supervisor comment box. When done, click "Approved with Modifications." The worker will also see the assessment on his/her My Alerts screen in the Assessment Recently Approved w/ Modifications section. Advise the worker to open the assessment to see your comments.

c. Use the review and approval process as a coaching/mentoring opportunity to discuss individual practice areas, such as:
d. Using and consulting the SDM definitions
e. Households and which households to assess
f. How to address missing, conflicting or incomplete information
g. Documenting SDM tool findings in court reports (without referencing the tools themselves)
h. How extensively to pursue missing or conflicting information
i. Ways to elicit information about uncomfortable topics
j. Increasing the worker's understanding of complicated topics such as substance abuse, mental health, domestic violence, developmental disability, medical issues such as osteogenesis imperfecta, diabetes management, and the meaning of various sexually transmitted diseases and their relative value as sexual abuse indicators
k. Creativity in developing Safety Plans and case plans
l. Knowledge of community resources and how to refer/link to them:
m. For referrals/cases that will be closed despite a family's High or Very High Risk score on the Risk Assessment, strongly encourage CSWs to make referrals to community resources or alternative services before closing the referral/case.

n. Critical thinking skills
o. Following correct policies and procedures rather than workarounds

ARA Responsibilities

a. Review the online referral in its entirety, including all prior referrals/cases and when appropriate, hard copy case files.
b. Within five (5) calendar days of the referral being submitted for closure or promotion to a case, approve the decision by:
c. Signing and dating the Investigation Narrative
d. Approving the Client Disposition for each child on CWS/CMS
e. Returning the referral and supporting reports to the SCSW
f. If necessary, return the referral to the SCSW for corrective action.

SCSW Approval

- [Electronic approval](#) (in WebSDM) of all SDM tools
- All SDM Policy and Discretionary Overrides
- All Risk Assessments where the Planned Action differs from the Recommended Decision for case promotion

ARA Approval

- To close a High or Very High Risk referral (as determined by the SDM Risk Assessment tool) when there is no current open case
- To close a Low or Moderate Risk referral when the most recent SDM Safety Assessment results in a determination of "Unsafe" and there is no current open case
- To open any Low or Moderate Risk referral (i.e., promote it to a case) when the most recent SDM Safety Assessment tool results in a determination of "Safe"

HELPFUL LINKS

Attachments

[Background of SDM in Los Angeles County](#)

[Children's Research Center SDM Policy and Procedures Manual (pdf)](#)

[California Safety Threats Field Guide](#)

[DCFS Shared Core Practice Model and Structured Decision Making (SDM) -- Integration](#)

[Email Alerts for Overdue SDM Assessments](#)

[FYI 19-15](#), Timely Submission and Approval of Structured Decision Making (SDM) Tools

[Linking the SDM System to Integrated Core Practice Model Behaviors and Practice Phases](#)

[NCCD CRC SDM Case Promotion Guidance Matrix](#)

[Pathways to Mental Health Services -- Core Practice Model Guide](#)

[Submission and Approval of Structured Decision Making (SDM) Tools](#)

[SDM Caregivers and Households Guide](#)

[SDM Timeline: Referral to Case](#)

Forms

LA Kids

SDM Safety Plan (Spanish)

Referenced Policy Guides

0050-502.10, Child Protection Hotline
0070-515.10, Changing Response Times, Evaluating Out, and Re-Mapping Emergency Response Referrals by Regional Staff
0070-516.15, Screening and Assessing Children for Mental Health Services and Referring to the Coordinated Services Action Team (CSAT)
0070-548.00, Community-Based Resources
0070-548.01, Child and Family Teams
0070-548.04, Intensive Services
0070-548.05, Emergency Response Referrals Alleging Abuse In Out-of-Home Care Regarding Children Who Are Under DCFS Supervision
0070-548.10, Disposition of Allegations and Closure of Emergency Response Referrals
0070-548.20, Taking Children into Temporary Custody
0070-548.25, Completing the Structured Decision Making (SDM) Safety Plan
0070-570.10, Obtaining Warrants and/or Removal Orders
0080-502.10, Case Plans
0080-502.25, Family Maintenance Services for Court and Voluntary Cases
0080-506.10, Selecting and Arranging Appropriate Services for Families
0100-510.21, Voluntary Placement
0100-520.05, Placement Prior to Resource Family Approval
0300-301.05, Filing Petitions
0600-500.00, Medical Hubs
0600-500.05, Multidisciplinary Assessment Team (MAT) Assessments and Meetings
0600-530.00, Public Health Nurses: Roles and Responsibilities
1200-500.05, Adopting and Serving Children Under the Indian Child Welfare Act (ICWA)
1200-500.30, DCFS Countywide Drug and Alcohol Testing Program
1200-500.80, Services Linkages Between the Department of Public Social Services (DPSS) and DCFS
1200-500.90, Model Case Format (MCF)

Statutes

All County Information Notice (ACIN) I-62-16 – Structured Decision Making: Enhancements to the Safety and Risk Assessment Tools and Integration Into New-System

All County Letter (ACL) 09-31 – Safety and Risk Assessments

California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Division 31-084.4 – Sets forth the Emergency Response protocol and general intake requirements.

California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Division 31-125 – Summarizes the protocol for the social worker initially investigating a referral to determine the potential for the existence of any condition(s) which places the child, or any other child in the family or household, at risk and in need of services and which would cause the child to be a person described by WIC Sections 300(a) through 300(j).

California Rules of Court, Rule 5.481 – Mandates that the juvenile court and DCFS inquire whether a child is or may be an Indian child.

Civil Code (CIV) 56.10 (c) – Describes when a provider of health care or a health care service plan may disclose medical information.

CIV 56.103 – Describes the situations in which a health care provider may disclose medical information for the purpose of coordinating health care services and medical treatment provided to a child.

Penal Code Section (PEN) 11165.12 – Provides the definitions of unfounded, substantiated and inconclusive reports.

PEN 11166.1 – Agency notice to licensing officer and attorney; alleged child abuse or death.

PEN 11169 – Provides regulations pertaining to the provisions of a written report to the Department of Justice.

PEN 11170(b)(2) -- States in pertinent part that when a report is made pursuant to subdivision (a) of section 11166 or Section 11166.058, the investigating agency, upon completion of the investigation or after there has been a final disposition in the matter, shall inform the person required to report or authorized to report of the results of the investigation and of any action the agency is taking with regard to the child or family.

Welfare and Institutions Code (WIC) Section 224 -- Legislative findings and declarations on the importance of maintaining Indian families together by providing active efforts to prevent the out-of-home placement of the child or to return an Indian child home.

WIC Section 224.3 -- States that child welfare department have a duty to inquire whether a child may be an Indian child.

WIC 16504 – States in part, that any child reported to the county welfare department to be endangered by abuse, neglect, or exploitation shall be eligible for initial intake and evaluation of risk services. Each county welfare department shall maintain and operate 24-hour response system.

WIC 18961.7 – Allows the formation of a child abuse multidisciplinary team for the purpose of investigating reports of child abuse or neglect made pursuant to Section 11160, 11166, or 11166.05 of the Penal Code, or for the purpose of child welfare agencies making a detention determination.