



COMPREHENSIVE ASSESSMENT TOOL QUESTIONS AND ANSWERS

1. What is the CAT?

The Comprehensive Assessment Tool (CAT) Safety and Risk Assessment System is a set of tools that support assessment practice and improve the ability of social workers, supervisors, and managers to prevent, or reduce, the chance future harm will occur. The CAT is an evidence-based assessment model that uses the Standard Areas for Review at each assessment point. It features new assessment tools and methods of gathering and reporting data to document and support safety and risk assessment decisions through the life of a child welfare case. The components of the system include:

- Five safety and risk assessment tools for use at seven critical decision points
- Data collection strategies that support safety and risk assessment
- Training and technical assistance required to implement the tools and gather assessment data
- Analyses of CAT assessment and California Child Welfare Services Outcome and Accountability System (AB636) outcomes data
- Training and technical assistance in how to use data in the context of a comprehensive safety and risk management system

2. Who came up with the Standard Areas for Review and what were they based on?

In an effort to improve the major outcomes addressed in the Program Improvement Plan for the federal Child and Family Services Review (child safety, permanency, and the well-being of children and families), the CWS Stakeholders recommended the development of an evidence-informed assessment process that would be more uniform throughout California. The California Department of Social Services and representatives from the 11 Redesign Pilot Counties came together and developed the Standard Areas for Review. The Standard Areas for Review were then approved by the County Welfare Director's Association. This standardized approach to the assessment of safety, risk and protective capacity is intended to assure basic levels of protective responses statewide and to assure that fairness and equity is embedded in criteria used for case decisions.

Please find the Recommended Statewide Safety Assessment System matrix attached to this document. This matrix illustrates the seven decision points for assessment and the Standard Areas for Review that accompany them.

3. Why will using the CAT help children, youth and families?

Using the CAT will help build an evidence-based practice model that will allow social workers to better address families' needs and improve outcomes for families. Furthermore, the CAT tools will help the social worker focus on key issues and avoid being distracted by "hot-button" issues or "red herrings" in the assessment process. The tools will assist social workers in gathering critical information and ensure that the key pieces of information (standard areas) are reviewed at each decision point in the life of a case. The tools are meant to promote family engagement; the Placement tool also offers a special focus on the participation of youth in the placement process. This participation can be empowering and gives the social worker an opportunity to work with youth around all the elements associated with an appropriate placement.

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4. How can using the CAT affect disproportionality?

Proper use of the CAT tools will ensure that all families are assessed using the same criteria and will develop evidence to show which criteria are more important than others in determining outcomes for families. As we gather this data, we will be able to compare factors associated with outcomes for families, including whether any differences in the importance of the factors are related to a family's race or ethnicity. This will provide us with key evidence to use in our efforts to improve disproportionality.

Additionally, each CAT tool requires the social worker to consider the impact of culture and cultural differences on the family's situation and the assessment process. CAT training in the use of the tools reinforces the content in the tools, which asks the social worker to confirm that she explored cultural considerations in assessing the family's situation. Requiring social workers to formulate assessment conclusions in light of cultural considerations helps them shift away from a "colorblind" approach and encourages them to consider when and how culture may be affecting their decisions. Considering the impact of culture on the assessment process helps make the social worker's role explicit and can help reduce the disproportionate representation of minorities in the child welfare system.

5. I have heard that actuarial tools are better than consensus developed tools; which one is the CAT?

The CAT is evidence-based. The assessment forms were designed by social workers based on content that research and experience have shown to be correlated with child abuse and neglect. Though the forms were designed by consensus, the CAT is an evidence-based, predictive safety and risk assessment system. We will build evidence to help guide practice as we submit CAT assessment and CWS/CMS data to probabilistic statistical analyses, which are similar to the types of analyses that generate actuarial data.

Because the focus of CAT analyses is the probability, or chance, that a child will be harmed, we can use the data collected on child, family and environmental characteristics through the life of a case to better understand how they are related to social workers' decisions and client outcomes. Over time, we can learn what characteristics, or factors, help predict better results for children and families served by the child welfare system.

6. What is the research basis for developing the questions on the tools?

The CAT was developed by child welfare workers to strengthen social work practice and support families by incorporating the Standard Areas for Review into decision making practice. Some of the SAR content has never been tested by research to understand its relationship to outcomes. Until the past year, no tool used in California has included this content, so no research is yet available to show whether the SAR content can predict certain outcomes.

Questions included in the CAT are based on existing research in the field that has shown certain factors are correlated with child abuse and neglect. The CAT collects additional information to reflect new SAR content, and a strength-based and culturally aware approach to social work practice, building a research and evidence base that will support child welfare practice in California. As the CAT generates more data, SPHERE will be able to analyze it across time and produce reports that show how the tools measure what they are intended to measure (validity) and the degree to which they

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are used consistently by all social workers (reliability). CAT reports will also link assessment outcomes to AB636 outcomes, to frame the evidence-base for practice in a context that will help inform decisions about how to improve outcomes for children and families.

7. If my county implements the tool do I have to participate in the evaluation component?

Yes. The evaluation component is built into the system, and is what makes the CAT evidence-based.

8. I've been a social worker for many years; why do I have to do this additional step now?

The CAT tools are intended to help social workers move to an evidence based practice model which is implemented across all participants in a standardized way. The use of a tool will help social workers to assess every family using the same criteria, ensuring that the social worker doesn't overlook or overvalue some factors over others. Furthermore, proper use of the tools will allow for data collection so that social workers can learn more about what factors can predict better or worse outcomes for families. This information will help inform practice and allow social workers to better serve families.

9. I've heard that social workers complete the CAT electronically. Do the tools interface with CWS/CMS? How long does it take to complete the tools?

The CAT tools are created and saved in CWS/CMS as templates, and are accessed and saved within each referral or case. The tools are user friendly and simple to fill out once the user has received training. There are 5 separate tools, four of which are completed by "wizard" data entry functionality, whereby social workers are guided through a series of windows (like Turbo Tax) that allow them to answer each question by checking the appropriate button and moving to the next window. Since each tool is different, each takes a different amount of time to complete.

- The *Response Determination Assessment* (screening) tool is completed during the conversation with the reporting party; it, therefore, is completed in the amount of time the reporting party needs to explain the situation and answer any outstanding questions. The time added to recording the average referral is minimal.
- The *Emergency Response Assessment* tool can be completed in approximately 5-10 minutes by a social worker practiced in completing the tool and well informed about the referral at hand.
- The *Continuing Services* and *Case Closure Assessment* tools can be completed in less than 10 minutes if the social worker is well informed about the case, history, case plan compliance, and other issues that are explored in the assessment. This tool can also be completed at case planning meetings or in conversations with clients or supervisors.
- The *Placement* tool is intended to be filled in over several different interviews with key participants (child, parent, foster parent). The time needed to complete this tool will fluctuate widely, depending on the situation.

10. Which counties have implemented the CAT?

To date, Contra Costa, Glenn, San Mateo, Sonoma and Stanislaus counties have implemented the CAT. Santa Clara is currently training staff and will be fully implemented soon.

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11. Do the counties that have implemented the CAT find the tools useful?

Yes. Social workers find the tools useful in allowing them to focus their concerns on key issues related to child safety and well-being. Supervisors find the tools useful in guiding supervision conferences and in understanding the key factors driving the decisions made by staff. Emergency response staff find the use of the screening tool has increased the quality of information received from the telephone screener. The tools can also be used to assist Team Decision Making participants in recognizing key risk, safety and protective capacity factors.

12. If my County chooses to implement CAT, what will we need to do first? What is involved in implementing the CAT?

SPHERE staff are available to meet with key personnel at your county to discuss your existing practice and how to best integrate the CAT into your workflow. This meeting is an opportunity for you to ask questions, learn how SPHERE will support you, and explore the best implementation strategy for your County.

If you choose to implement CAT, you should be prepared to assemble a team comprised of program, administrative, and IT staff, which will oversee implementation and perform monitoring functions. Members of this team will work with SPHERE to map workflow and IT processes prior to implementation, and will participate in a Statewide CAT User Group as we continue to develop the CAT and refine analyses and reports. SPHERE will support the team in preparing staff for upcoming changes, and consult with the County to organize training to meet your implementation schedule.

13. When will the RTAs be able to train CAT in my County?

The RTAs will be ready to train CAT in December 2006.

14. What does SPHERE stand for?

SPHERE stands for **S**ocial **P**olicy and **H**ealth **E**conomics **R**esearch and **E**valuation. The **SPHERE Institute** is a not-for-profit policy analysis and research firm established by scholars from Stanford University in 1996. It is our mission to improve the information provided to policy makers who design and implement welfare, health, education, and labor programs at the national, state and local levels.

To learn more, please contact:

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Recommended Statewide Safety Assessment System April 4, 2005

DECISION POINTS FOR ASSMINT	DETERMINE RESPONSE	INITIAL SAFETY DETERMINATION	PLACEMENT	REFERRAL DISPOSITION	CASE PLANNING: (INITIAL/CHANGE)	REUNIFICATION	CASE CLOSURE
<p>Standard Areas For Review</p> <ol style="list-style-type: none"> 1. Current and Prior Maltreatment. 2. Current and Prior CWS history. 3. Child's strengths and vulnerability. 4. Cultural and language considerations. 5. Perpetrator access to child. 6. Violence Propensity. 7. Social Environment. 8. Caregiver Protective Capacity. 9. Home Environment. 10. Ability to meet child's needs. 11. Caregiver / child interaction. 12. Ability to locate. 	<ol style="list-style-type: none"> 1. Current and prior maltreatment. 3. Child's strengths and vulnerability. 4. Cultural and language considerations. 5. Perpetrator access to child. 6. Violence propensity. 7. Social environment. 8. Caregiver protective capacity. 9. Home environment. 10. Ability to meet child's needs. 11. Caregiver / child interaction. 13. Safety interventions. 14. Pre-placement preventive services. 	<ol style="list-style-type: none"> 2. Current and prior CWS history. 3. Child's strengths and vulnerability. 4. Cultural and language considerations. 15. Child's immediate and ongoing needs. 16. Level of care to meet child's needs. 17. Substitute Care provider's willingness and ability to provide care and ensure safety. 18. Substitute care provider's strengths and willingness to support child's case plan. 19. Sibling placement considerations. 20. Child's permanency needs. 21. Visitation. 	<ol style="list-style-type: none"> 1. Current and prior maltreatment. 2. Current and prior CWS history. 3. Child's strengths and vulnerability. 4. Cultural and language considerations. 5. Perpetrator access to child. 6. Violence Propensity. 7. Social Environment. 8. Caregiver Protective Capacity. 9. Home Environment. 10. Ability to meet child's needs. 11. Caregiver / child interaction. 12. Ability to locate. 13. Safety interventions. 22. Caregiver willingness to change. 	<ol style="list-style-type: none"> 1. Current and prior maltreatment. 3. Child's strengths and vulnerability. 4. Cultural and language considerations. 7. Social Environment. 20. Child's permanency needs. 21. Visitation. 23. Contributing factors requiring intervention. 24. Current and previous social services. 25. History of criminal behavior. 26. Basic needs. 27. Medical / Dental Care. 28. Mental Health / Coping Skills. 29. Child Development. 30. Education needs. 31. Parenting Skills and practices. 32. Child's relationships with peers and adults. 33. Substance abuse. 34. Domestic violence. 35. Delinquent behavior. 	<ol style="list-style-type: none"> 1. Current and prior maltreatment. 2. CWS history. 3. Child strengths and vulnerability. 4. Cultural and language considerations. 5. Perpetrator access to child. 6. Violence propensity. 7. Social Environment. 8. Caregiver protective capacity. 9. Home Environment. 10. Ability to meet child's needs. 11. Caregiver / child interaction. 12. Ability to locate. 20. Child's permanency needs. 21. Visitation. 36. Subsequent referrals. 37. Caregiver's compliance / progress toward objectives within case plan. 	<ol style="list-style-type: none"> 1. Current and prior maltreatment. 3. Child's strengths and vulnerability. 4. Cultural and language considerations. 5. Perpetrator access to child. 6. Violence Propensity. 7. Social Environment. 8. Caregiver protective capacity. 9. Home Environment. 10. Ability to meet child's needs. 11. Caregiver / child interaction. 12. Ability to locate. 20. Child's permanency needs. 36. Subsequent referrals. 37. Caregiver's compliance / progress toward objectives within case plan. 	
<p>Statutory/ Regulatory Authorities</p>	<p>WIC 16501.(f) (Div 31)</p>	<p>Div 31-125</p>		<p>WIC 16501.1(a)-(e) et seq Div 31-2-1 specifically 31-201.1.13.133.1</p>		<p>WIC 16501.1(a)-(e) et seq Div 31-2-1 specifically 31-201.1.13.133.1</p>	