



**A Commentary on the WSIPP Report:
Evaluating Whether a Risk Assessment
Reduces Racial Disparity**

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The Washington State Institute for Public Policy (WSIPP) recently released a brief report by Dr. Marna Miller on whether or not implementation of a risk assessment reduced racial disproportionality (<http://www.wsipp.wa.gov/rptfiles/11-05-3901.pdf>). The conclusions that were drawn from the study's findings are troubling given the questionable relevance of the research hypotheses and limitations of the study design.

This response to the report briefly reviews the findings, discusses the appropriateness of the research question, and describes limitations of the research design that undermine the credibility of the conclusions drawn from the study. Finally, it describes a more comprehensive approach to reducing racial disparity and evaluating the success of these efforts.

Background

As stated in the WSIPP report, the Washington Children's Administration (WCA) adopted an actuarial risk assessment that was developed in California and implemented it statewide in October 2007. WCA refers to the assessment as the Structured Decision Making[®] (SDM) risk assessment.

The research question asked in the WSIPP study was whether use of the SDM[®] risk assessment reduced racial disparity. The specific hypotheses tested were whether implementation of the SDM risk assessment (1) affected the rate of out-of-home placements, and (2) reduced the rate of subsequent referrals for child maltreatment. To evaluate these hypotheses, WSIPP compared the outcomes of child placement and subsequent child protective services (CPS) referral before and after implementation of the SDM risk assessment (known as a "pre/post" evaluation design). The independent measure used in the study was whether an SDM risk assessment was completed or not, rather than the risk level resulting from tool completion.

Study Findings and Limitations

In regression models estimating the likelihood of child placement given an accepted referral, the author found that use of the SDM risk assessment was not significantly related to child placement overall, but was significantly related to a greater likelihood of placement for Black/African American children. The author concluded that, as implemented, use of the risk assessment did not reduce racial disproportionality in foster care placements.

This conclusion is premature, however, given flaws in the study design and hypotheses tested. First, the SDM risk assessment is not designed or intended to influence placement decisions. WCA workers complete a *safety assessment* to help determine if a child must be placed out of the home in order to ensure his/her safety. Thus, the hypothesis that use of the risk assessment would influence the placement decision is not useful or relevant. To analyze the influence of an assessment on placement decisions, one would need to look at the impact of completing the safety assessment. WCA policy and procedures indicate that workers should consider the risk assessment findings when deciding whether or not to open a service case and when determining the intensity of services to be provided. Consequently, a more appropriate inquiry related to the risk assessment would be, for example, what is the impact of completing the risk assessment on the decision whether or not to provide services?

The second hypothesis tested in the study was whether SDM risk assessment implementation reduced the likelihood of subsequent referrals for child maltreatment. Again, the relationship between the research question and the outcome being measured is problematic. The rate of re-referral is a measure of service effectiveness; it is not clear how this hypothesis relates to reductions in racial disproportionality or disparity. In addition, the study estimated the likelihood of subsequent referrals based on whether or not the SDM risk assessment was completed, rather than on the risk level assigned to the family by the caseworker and whether or not services were delivered following an investigation. In order to reduce the rate of subsequent

referrals, caseworkers must target services to high risk families, and the services assigned to families must then also be effective. If workers fail to follow policy guidelines and/or the services provided are not effective, use of the risk assessment would be unlikely to have an impact on the rate of subsequent referrals. Use of the risk assessment may have reduced the likelihood of subsequent referrals among high risk families who received services, but this could only be determined by including service receipt and the family's risk level in the estimate.

The study has a number of other limitations that should be considered when reviewing the findings. A pre/post design was perhaps the only logistically or financially feasible option given statewide implementation, but without a comparison group to control for changes over time, the results lack clarity. For example, policy changes, caseload sizes, and/or other workload conditions may have changed over time, which could have affected study findings. Secondly, no process evaluation was completed to assess the degree of implementation fidelity or to determine how well the agency supported implementation of the new risk assessment. Lastly, the accuracy of regression estimates may have been improved by including the actual risk level and whether or not services were delivered by the agency.

Reducing Racial Disproportionality and Disparity in Child Welfare

Child welfare agencies seek to reduce racial disparity at every decision point in the case process, and need studies to evaluate the success of their efforts. Both the efforts and evaluations must be comprehensive. Agencies should begin by identifying the degree of disparity at each child welfare decision point (including the substantiation/confirmation of child abuse/neglect allegations and the decision to open a case). Agencies often also engage with community stakeholders and cultural brokers to share information, identify service gaps and other aspects of practice that may contribute to disparity, and develop an action plan that includes monitoring and evaluating practice. Examples of methods employed to reduce disparity at one or more decision

points include increasing staff awareness of the issue, using decision-support systems to increase the accuracy and consistency of decisions, instituting a team approach to deciding whether or not to place a child, finding alternatives to foster care placement when possible, and monitoring practice to increase accountability at every level of the agency.

To be successful in these efforts, agencies need comprehensive evaluation. This includes a process evaluation to measure the fidelity of implementation as well as an outcome evaluation that employs a comparison or control group to control for changes that occur over time. It can also be informative to include worker and/or office or regional characteristics in estimates of program impact using hierarchical modeling regression techniques, which is a type of multi-level modeling to incorporate factors with different units of analysis (i.e., case versus worker versus community).

As part of a comprehensive action plan to reduce racial disparity, implementing an actuarial risk assessment like the SDM risk assessment can be valuable in several ways. Having workers complete a risk assessment can increase the accuracy and consistency of case service decisions, and can facilitate case conferences, court hearings, and other conversations by clearly articulating decision thresholds. Aggregated risk assessment findings can be used to identify the degree of disparity at each child welfare decision point in the case process after controlling for family risks and needs such as substance abuse or mental health diagnosis. Managers can use risk assessment information to help monitor and evaluate workload, the appropriateness of service decisions, and the effectiveness of assessment and treatment practices.

Washington state's legislature and the WCA are to be commended for acting to reduce disparity, but the WSIPP evaluation of their efforts has a number of limitations that undermine the findings. A more comprehensive and pertinent evaluation is needed before one can conclude that a risk assessment is not effective at reducing disparity.