Hi there Lily,

I observe that in 2013 we saw a large dip in exits to reunification to family when looking at the exit cohort. I think it's because our visitation services have been undefined, lack family engagement in what meaningful visitation is to them, and a lack of trained staff performing support of visits.

Are you talking here about the *likelihood* of exiting to reunification or relative? If so, you should be looking at the entry cohort analysis for that. Tab 1 answers the question: Of all children who entered care for the first time each year, what percent reunified/exited to relative within 12 months? I'm seeing Tuolumne more or less comparable to the state (with some hiccups embedded – which we can expect due to the size of the county)…

I observe that in 2010-2014 aggregated, there is a greater rate of re-entry for youth who were in care 1-3 months (very short stay) *and* for youth who were in care 18-36 months (long stay). I think it's because (1) for the short term stay kids, I believe implementing use of Safety Organized Practice may have given social workers a decision tool to return children early with a safety plan that did not successfully rectify or prevent abuse/neglect. (2) for those with long stays, I think it is because our visitation services have been undefined, lack family engagement in what meaningful visitation is to them, and a lack of trained staff performing support of visits.

I'd focus in on this second paragraph. You really have two observations here, each with their own hypothesis. I would suggest starting with the first for now: **Of all children exiting to reunification/relative between 2010 and 2014, I observe that children in care for 1 to < 3 months were more likely to reenter within a year of exit than children in care for 3 to < 18 months.** (I'm leaving out the mega short stayers for the time being; I'm also leaving out the 18+ month children because as you note above, their situation is likely quite different.)

If I'm understanding correctly, you suspect that SOP has provided tools that structure the path to reunification…but may in fact lead workers to discharge children too early. An important element of this hypothesis, though, is when SOP was implemented. In Tab 9 for Tuolumne, I see that 24% of children who had a duration of 1 to <3 months reentered within one year. That's 7 out of 29 children who were in care for that long. But when I disaggregated that group by the exit year, I saw that all 7 of those children exited care between 2010 and 2012. Would those children have been exposed to SOP? If not, you would not be able to link SOP specifically to the reentry rate for this group.

However, notwithstanding SOP, I do think there is something to be said for the hypothesis that a high re-entry rate for "1 to <3 monthers" could be attributed to a premature decision to discharge. If you agree, I'd recommend the following analysis:

To investigate whether "premature discharge" is unique to "1 to <3 monthers" who reenter, you'd want to review cases from the following four groups:

Duration	Reentered within 12 months	Did not reenter within 12 months (reentered after 12 months or not at all)
1 to < 3 months	I expect these records to show evidence that the case was discharged prematurely.	I **don't** expect these records to show evidence that the case was discharged prematurely.
3 to < 18 months	I **don't** expect these records to show evidence that the case was discharged prematurely. These children reentered within one year, but I don't	I **don't** expect these records to show evidence that the case was discharged prematurely.

	suspect that premature exit had anything to do with it.	

According to the FCDA data in the workbook we provided, the populations above shake out as follows (all exits happened between 2010 and 2014):

Duration	Reentered within 12 months	Did not reenter within 12 months (reentered after 12 months or not at all)
1 to < 3 months	7	22
3 to < 18 months	26	156

In the table below, I extracted for you a random sample of 7 children per category (with the exception of short stayers who reentered – this group contains **all** 7 children – i.e., the only children – who met that criterion):

Duration	Reentered within 12 months	Did not reenter within 12 months (reentered after 12 months or not at all)
1 to < 3 months	7 Samples ids	7 Sample ids
3 to < 18 months	7 Sample ids	7 Sample ids

In order to look up specific cases in CWS/CMS, I believe you need to do a business objects request to link the encrypted ID we have on the Chapin Hall website to the CWS id on the electronic case record. If you need additional information about that process, let me know, and I will get those details for you.

I suspect that reading all 28 cases may be too heavy a lift for you to accomplish prior to the next class. But you could shoot for 5 of each. I'd suggest you get as many done as you can, alternating categories one at a time so that, no matter how many you finish, you wind up with a similar number of each. That is, do a short stayer who reentered, then a short stayer who did not, then a longer stayer who reentered, then a longer stayer who did not, then the next short stayer who reentered, and so on…

Now, the question is, what research questions will you ask as part of your review in order to test your hypothesis that premature discharge is associated with reentry for short stayers? To stay organized, set yourself up with a spreadsheet that allows you to record the answers to all the questions you think are relevant to that issue. Err on the side of parsimonious. I've started you off below, add on columns as you see fit:

Child ID	Actual duration (number of months)	Duration category	Reentry status	What was the reason for initial placement?	If applicable, what was the reason for reentry (was it the same?)	Is there evidence in the record that the discharge was premature?
Id 1		1 to <3	Reentered <12			
Id 2		1 to <3	Did not reenter <12			
Id 3		3 to <18	Reentered <12			
Id 4		3 to <18	Did not reenter <12			
…						
…						