CRC | Children's Research Center
Advancing Research…Improving Outcomes

An Introduction to the Structured Decision Making® (SDM) System

March 2009

Raelene Freitag, Ph.D.
Director
Children's Research Center
rfreitag@mw.nccd-crc.org

Rick Wiebush
Senior Program Specialist
Children's Research Center
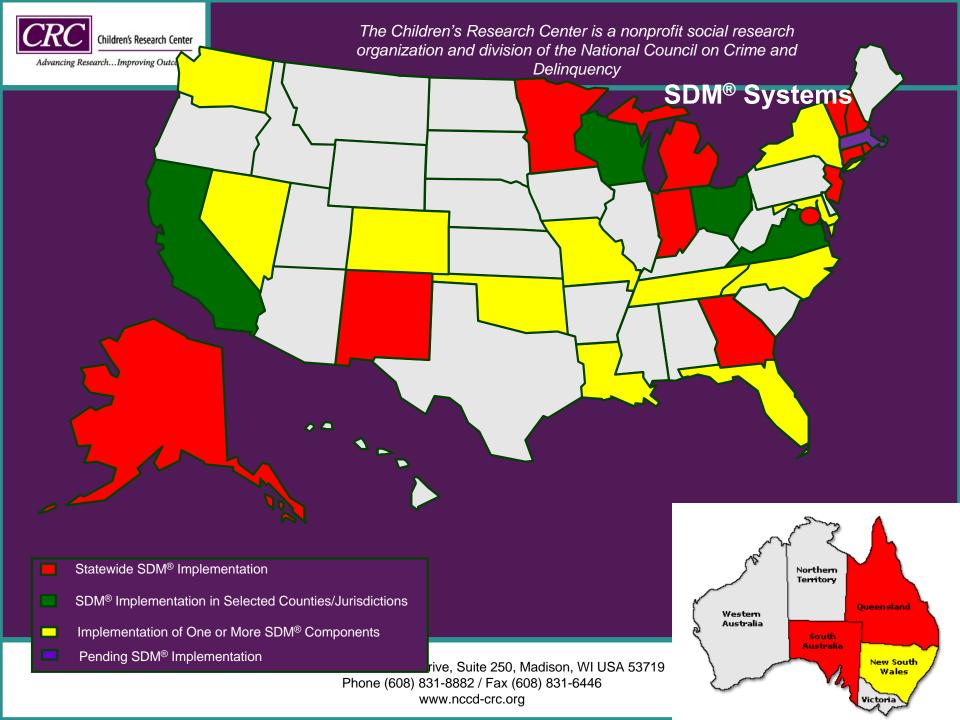rwiebush@mw.nccd-crc.org

Current project

First draft of:

- Mandated reporter guidance

- Screening

- Response priority

Next steps:
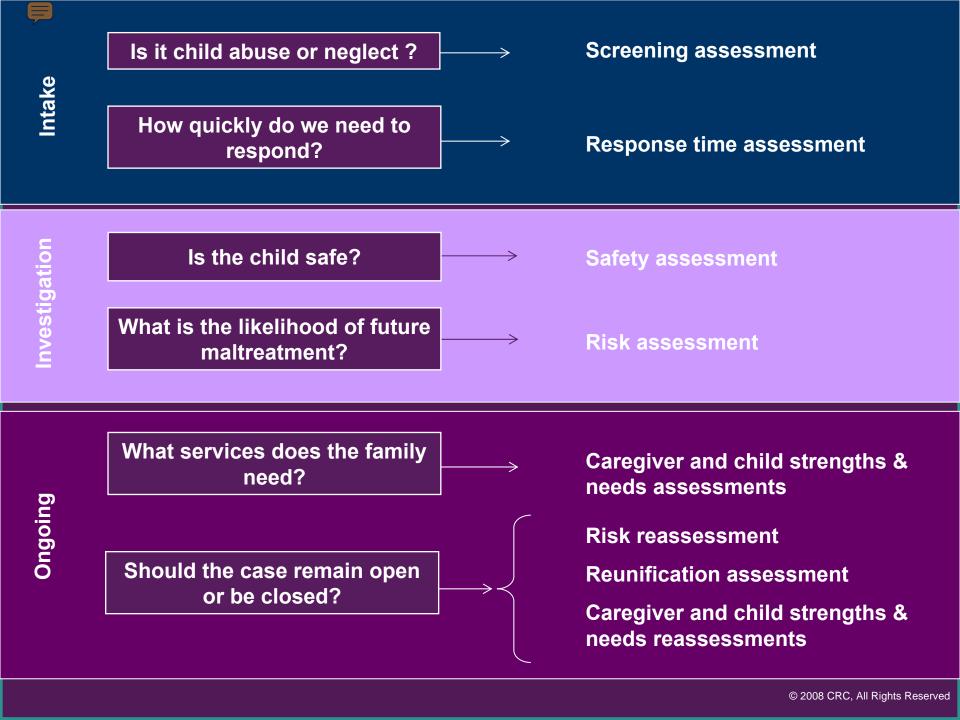
- Refinement

- Field test @ July

SDM® Systems

The Children's Research Center is a nonprofit social research organization and division of the National Council on Crime and Delinquency

Legend:
- Statewide SDM® Implementation
- SDM® Implementation in Selected Counties/Jurisdictions
- Implementation of One or More SDM® Components
- Pending SDM® Implementation

Drive, Suite 250, Madison, WI USA 53719
Phone (608) 831-8882 / Fax (608) 831-6446
www.nccd-crc.org

CRC Children's Research Center
Advancing Research…Improving Outcomes

- Comprehensive case management

- Structures decisions at several key points in case processing
  - through use of assessment tools and
  - decision guidelines or protocols

- Research and evidence-based assessment tools

Customisation

- Build on each previous jurisdiction's experience

- Customise to local statutes, circumstances, organisational structures

- Integrate into local IT

Intake

| Is it child abuse or neglect ? | → | **Screening assessment** |
| How quickly do we need to respond? | → | **Response time assessment** |

Investigation

| Is the child safe? | → | **Safety assessment** |
| What is the likelihood of future maltreatment? | → | **Risk assessment** |

Ongoing

| What services does the family need? | → | **Caregiver and child strengths & needs assessments** |
| Should the case remain open or be closed? | → | **Risk reassessment** **Reunification assessment** **Caregiver and child strengths & needs reassessments** |

Mandated reporter guidance

- New
  - » Value of local knowledge
- Goal: help reporters make accurate decisions
- Introduce new threshold
- Reduce unnecessary reports

Placement

What level of support does this placement home need to ensure placement stability? → Support Assessment

Are there gaps between the carer's ability to provide care and the child's needs?

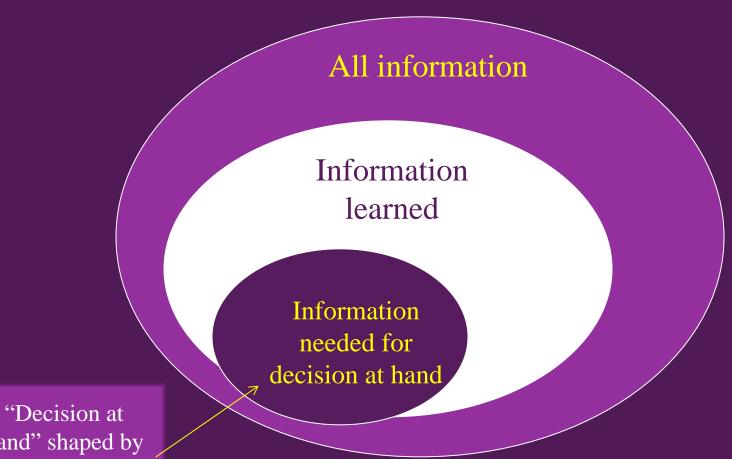If there are gaps, what supports are needed? → Provision of Care Assessment

Is the placement home safe for the child being placed?

Does the placement of this child present safety concerns for other children in the home? → Placement Assessment

- Woods report concerns:

  » Repeat reports involving children already known to DoCs

  » Need for better assessment of family needs

  » Need for better communication of child needs to out-of-home carers

  » Improving the accuracy and consistency of screening decisions

  » Bringing greater consistency to program implementation

1. Reduce subsequent harm to children:
    - Re-referrals
    - Re-substantiations
    - Injury
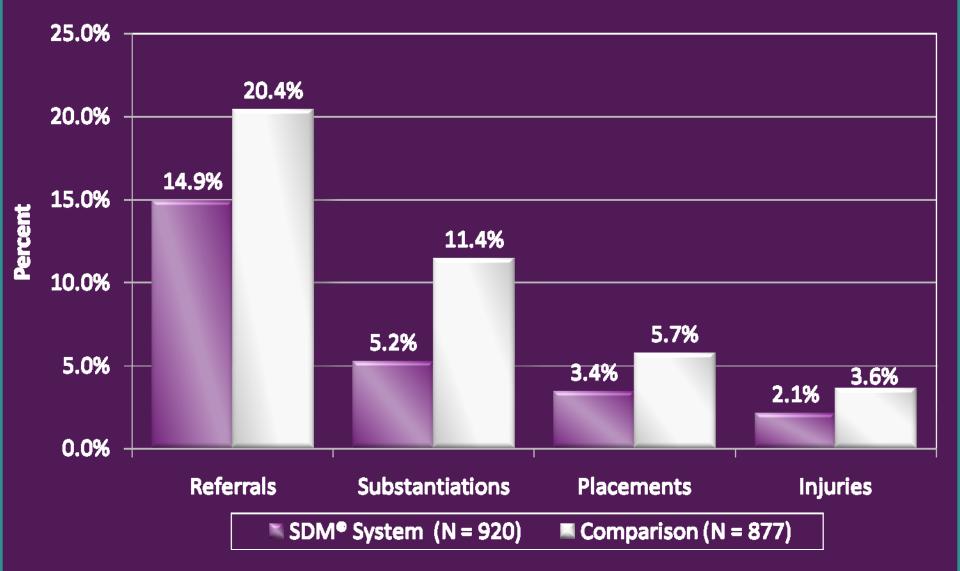   - Foster placement

2. Expedite permanency

SDM Objectives

- Greater consistency in decision making (Reliability)

- Use tools that are based on research (Validity)

- Provide equitable treatment for sub-populations (Fairness)

- Assessments that are useful for staff (Utility)
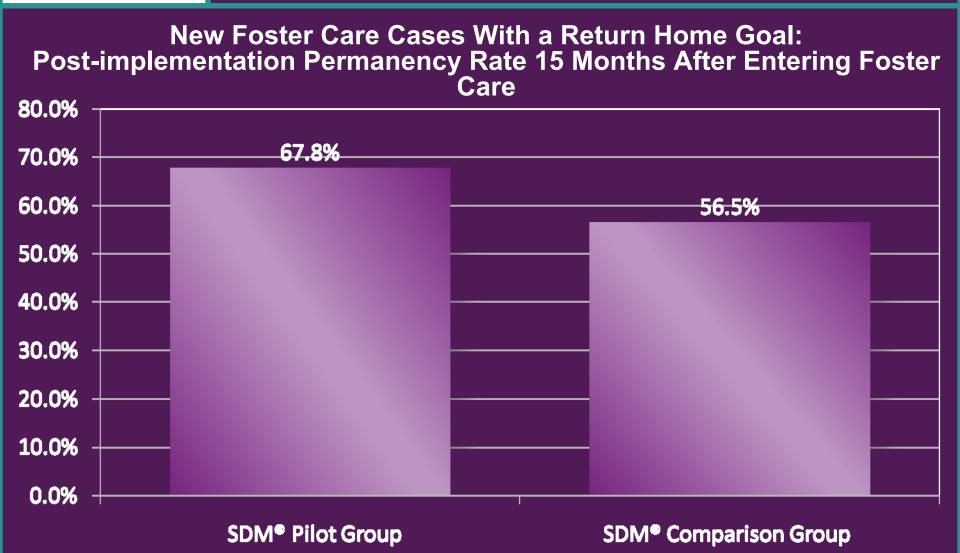
- Promotes positive outcomes (Impact)

Children's Research Center
Advancing Research...Improving Outcomes

Promotes Positive Outcomes
12-month Follow-up

CRC Children's Research Center
Advancing Research...Improving Outcomes

Percent (y-axis, 0.0% to 25.0%)

- Referrals: SDM System 14.9%, Comparison 20.4%
- Substantiations: SDM System 5.2%, Comparison 11.4%
- Placements: SDM System 3.4%, Comparison 5.7%
- Injuries: SDM System 2.1%, Comparison 3.6%

Legend: ■ SDM® System (N = 920)   ■ Comparison (N = 877)

The Michigan Department of Social Services Risk-based Structured Decision Making System: An Evaluation of Its Impact on Child Protection Services Cases, 1995

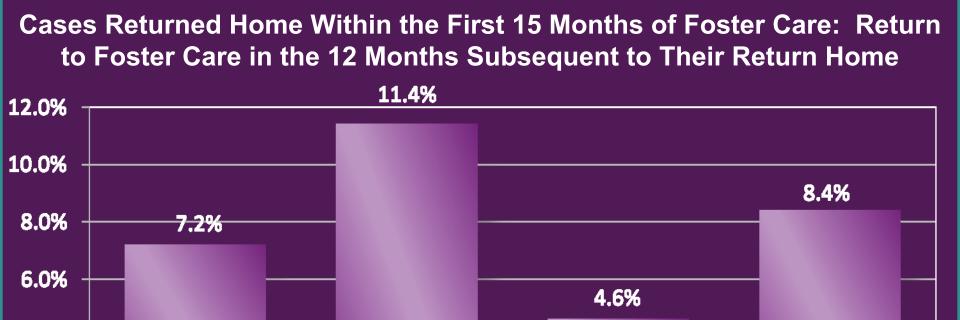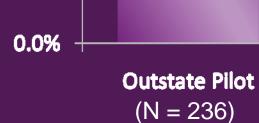**New Foster Care Cases With a Return Home Goal: Post-implementation Permanency Rate 15 Months After Entering Foster Care**

- 67.8% — SDM® Pilot Group (N = 885)
- 56.5% — SDM® Comparison Group (N = 1,222)

Michigan Foster Care Evaluation, 2002

Reentry for Children Returned Home

Cases Returned Home Within the First 15 Months of Foster Care: Return to Foster Care in the 12 Months Subsequent to Their Return Home

- Outstate Pilot (N = 236): 7.2%
- Outstate Comparison (N = 263): 11.4%
- Wayne Private Pilot (N = 131): 4.6%
- Wayne Private Comparison (N = 311): 8.4%

Michigan Foster Care Evaluation Addendum, 2002

What influences outcomes?

- Implementation fidelity

- Support for implementation process

Screening Assessment
Response Priority Assessment

INTAKE ASSESSMENTS

CRC Children's Research Center
Advancing Research…Improving Outcomes

Decision
- Screening: Is this a report of child maltreatment that requires an agency response?
- Response Priority: How swiftly should that response begin?

Cases
- All child maltreatment reports, including new reports on open cases.
- Response priority is only completed if the report is screened in.

When
- Immediately, or within 24 hours of receiving the report.

Screening

- Defines threshold criteria for an investigation by DoCS

- Based on jurisdiction-specific statutes and local protocols

- Improves consistency in the screening determination
  - » Concise organization of all allegation types
  - » Detailed definitions for each allegation type

CRC Children's Research Center
Advancing Research...Improving Outcomes

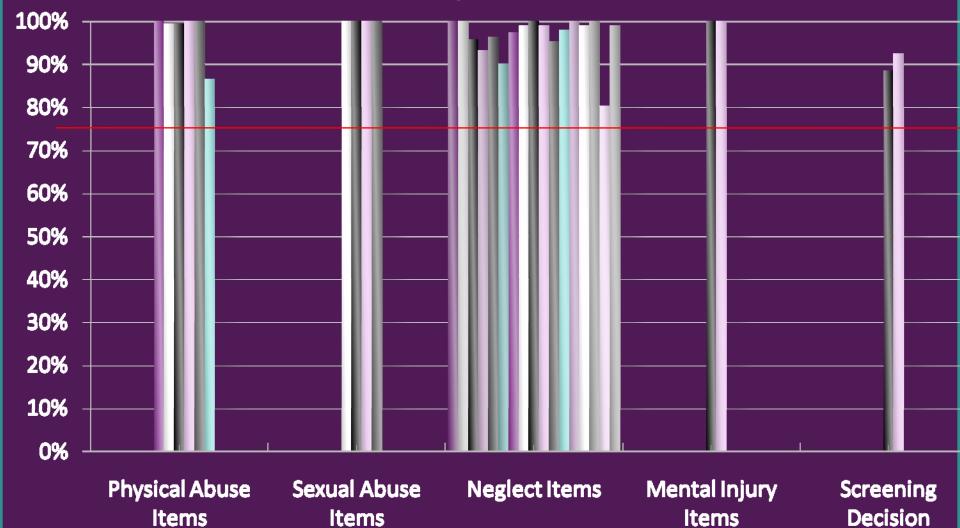| Type of Harm Alleged	Child Reportedly Harmed	Other Abusive or Neglectful Incident Or Condition	Risk of Significant Harm
Physical Abuse	__ serious injury __ other injury __ DV-related injury	__ excess discipline __ threats to injure __ dangerous behavior	___ risk of physical abuse (complete risk factor section of tool)
Neglect	__ serious injury due to neglect __ serious illness due to neglect	__ lack of supervision __ inadequate basic care __ no caregiver available __ failure to protect	__ risk of neglect (complete risk factor section of tool)

- Physical abuse

Serious non-accidental injury:

An injury is non-accidental if it was inflicted willfully or as a result of punishment. *Serious* injuries include those resulting in death or those in which the injury required immediate assessment/treatment by a physician AND such injury posed a danger of death, impairment or disfigurement. Examples include brain damage, skull or bone fracture, subdural haemmorage or hematoma, dislocations, internal injury, poisoning, large or deep burns or severe lacerations. Also include suspected injuries due to symptoms such as loss of consciousness, altered mental status, inability to use an arm, inability to bear weight, etc.

Consistency in SDM Screening: Average Inter-Rater Agreement for Intake Screening Items
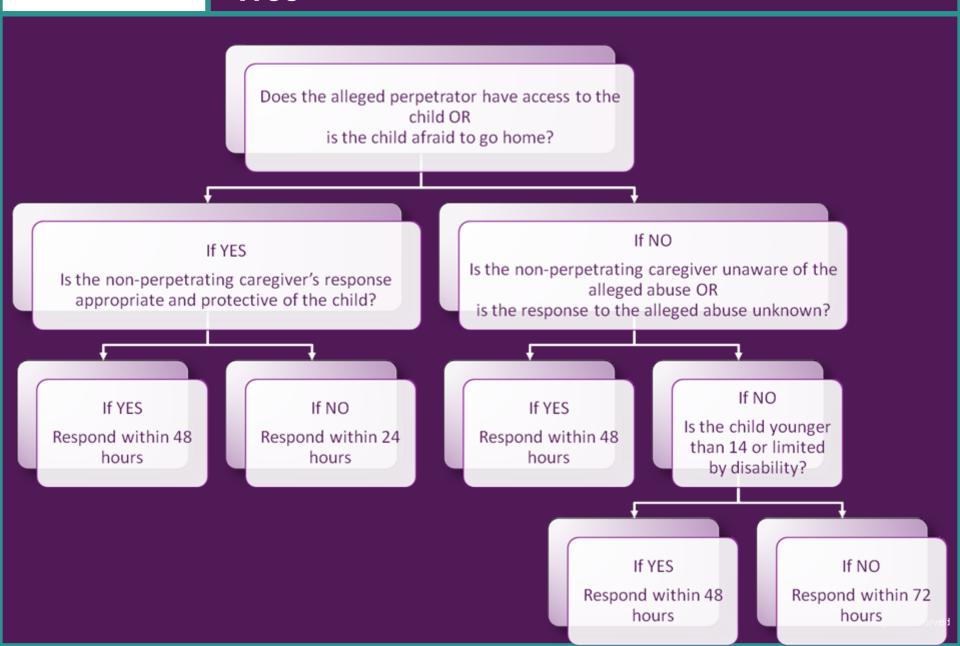
Response Priority

- If a report is screened in, how quickly should the investigation be initiated?

- Is an immediate response required, or can the response can be delayed?

- Based on jurisdiction-specific statutes and local protocols

Does the alleged perpetrator have access to the child OR is the child afraid to go home?

If YES
Is the non-perpetrating caregiver's response appropriate and protective of the child?

If NO
Is the non-perpetrating caregiver unaware of the alleged abuse OR is the response to the alleged abuse unknown?

If YES
Respond within 48 hours

If NO
Respond within 24 hours

If YES
Respond within 48 hours

If NO
Is the child younger than 14 or limited by disability?

If YES
Respond within 48 hours

If NO
Respond within 72 hours

Safety Assessment

INVESTIGATION ASSESSMENTS

Decision
- Are the children in the household safe?
- Is a safety plan needed?
- Should any child be removed from the home?

Cases
- All CPS investigations, including new investigations of open cases.

When
- At the first face-to-fact contact
- Whenever circumstances change
- Whenever considering placing a child in out-of-home care

Safety Assessment

Are safety factors present that place a child in danger of immediate harm?

If so, can safety interventions be implemented now that would allow the child to remain in the home?

If not, must the child be protectively placed?

CRC Children's Research Center
Advancing Research...Improving Outcomes

Are safety factors present that place a child in danger of immediate harm?

1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by any of the following:
   - Serious injury or abuse to the child other than accidental
   - Caregiver fears he/she will maltreat the child
   - Threat to case harm or retaliate against the child
   - Excessive discipline or physical force
   - Drug-exposed infant

Risk Assessment

INVESTIGATION ASSESSMENTS

- A statistical procedure for estimating the probability that a "critical" event will occur.

- In the auto insurance industry, the critical event is a car accident involving a driver insured by the agency. Among breast cancer patients, the critical event is recurrence of cancer.

- In this case, the critical event is the **likelihood of future child maltreatment**.

Decision

- What is the likelihood of future harm?
- Should a case be opened?
- If we open a case, how intensively should we work with the family?

Cases

- All investigations of maltreatment, including new investigations on open cases.
- Substantiated and unsubstantiated investigations.

When

- At the conclusion of the investigation (usually within 30 days of the report)

Neglect Scale (10-12 questions)	**Abuse Scale** (10-12 questions)
1. Current Report for Neglect? No = 0 Yes = 1	1. Current report for abuse? No = 0 Yes = 1
2. Number Prior Reports None = 0 One = 1 Two + = 2	2. Number prior reports for abuse None = 0 One = 1 Two + = 2
3. Number Children in Report One = 0 Two = 1 Three + = 2	3. Prior Child Injury due to CA/N? No = 0 Yes = 2
4. Caregiver has D/A problem No = 0 Yes = 2	4. Two or more DV incidents in past year? No =0 Yes = 1
5. Caregiver has MH problem	

- Risk classifies families by likelihood of subsequent abuse/neglect.

- High and very high risk families are significantly more likely to experience subsequent maltreatment.

- Using risk to decide whether to provide services, and the intensity of services, can reduce repeat maltreatment.

How well do these risk tools work?

Scored Risk Level	Number Families	Percent With New Report w/i 18 Mos.
Low Risk	150	15%
Moderate Risk	350	27%
High Risk	225	40%
Very High Risk	125	53%

Risk Classification	Presumptive Decision
Low Risk	Close
Moderate Risk	Open or Close
High Risk	Open
Very High Risk	Open

Targeting Resources Reduces Risk

Re-referral Rates for Cases Opened vs. Closed After Investigation: A Two-year Follow-up

Chart data:

Low/Moderate
- Closed: 14.1% (n = 562)
- Opened: 14.6% (n = 48)

High
- Closed: 27.7% (n = 347)
- Opened: 15.2% (n = 79)

Very High
- Closed: 44.8% (n = 105)
- Opened: 23.6% (n = 89)

Legend: ■ Closed (N = 1,014)   ■ Opened (N = 216)

Wisconsin Urban Caucus, 1998

Equity in SDM

Re-substantiation Within Two Years

N=5,694 California Risk Validation Study, 1995

Family Strengths and Needs Assessment

ONGOING SERVICES ASSESSMENTS

- ***Comprehensive*** assessment of key domains for primary and secondary caregiver and all children

- Relevant to ***case planning***

  » What are the priority ***needs*** of the family that will be addressed in the case plan?

  » What ***strengths*** does the family have on which to build?

Decision

- What are the services needs of all children in the family?
- What are the three priority needs of the caregivers?
- What are the family strengths that can be used to address these needs?

Cases

- All ongoing service cases

When

- Within 30 days of opening a case
- Reassessment every 90 days thereafter
- BEFORE developing each case plan

Which SDM® reassessment?

SDM® Reassessment	Which Cases	Decision
Risk Reassessment	All children remain in the home or have been returned home	Remain open for services or not? Intensity of services?
Reunification Assessment	Cases in which at least one child is in out-of-home placement with a goal of reunification	Considering risk, visitation, and safety, can child be reunified with parent?

Risk Reassessment

ONGOING SERVICES ASSESSMENTS

CRC | Children's Research Center
Advancing Research...Improving Outcomes

Decision
- Should the service case remain open?
- If the case will remain open, what is the appropriate service intensity?

Cases
- All open cases in which all children remain in the home.
- Cases in which all children have been returned to the home and family services are provided.

When
- In conjunction with each judicial review hearing
- At least every six months

- Research-based items with strongest relationship to outcomes

- Case progress items
  - » Service plan goals
  - » New incidents

Reunification Assessment

ONGOING SERVICES ASSESSMENTS

- Reduce time to permanency

- Achieve reunification whenever it is safe to do so

Decision

- Should the child return home?
- If the child will not return home, should reunification services be continued, or should a different goal be recommended?
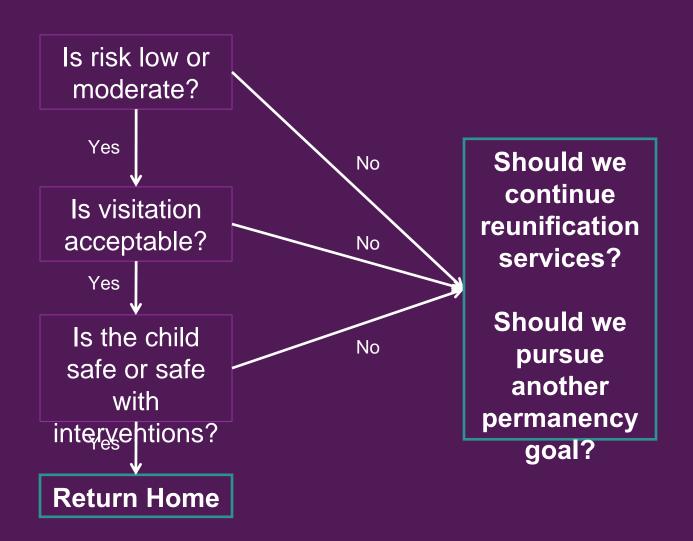
Cases

- Any ongoing case in which at least one child is in out-of-home placement with a goal of returning home.

When

- At the time of scheduled case reviews
- Prior to court hearings
- Any time reunification is being considered
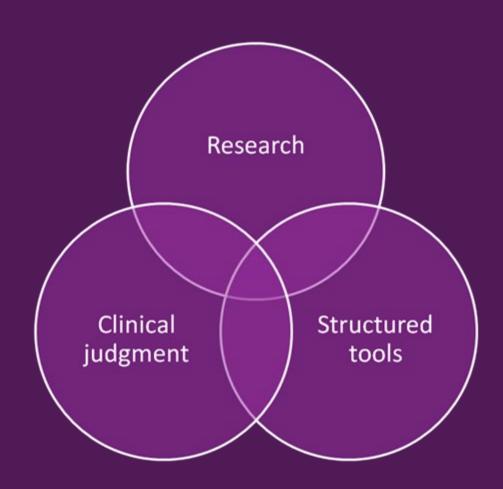- At least every six months

IMPLEMENTATION

Partners in the workplace
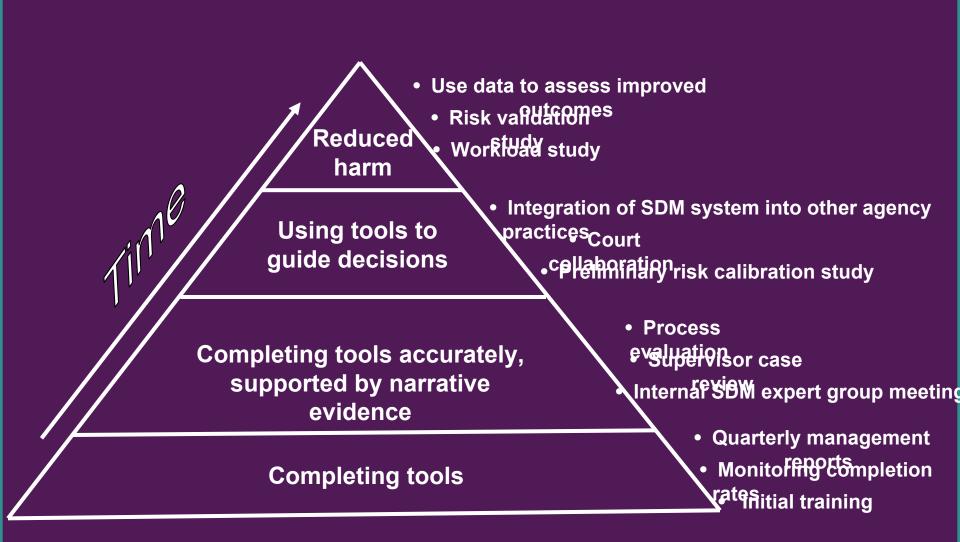
CRC Children's Research Center
Advancing Research…Improving Outcomes

- Use data to assess improved outcomes
- Risk validation study
- Workload study

Reduced harm

- Integration of SDM system into other agency practices
- Court collaboration
- Preliminary risk calibration study

Using tools to guide decisions

- Process evaluation
- Supervisor case review
- Internal SDM expert group meeting

Completing tools accurately, supported by narrative evidence

- Quarterly management reports
- Monitoring completion rates
- Initial training

Completing tools

Time

Opportunities for involvement

- Workgroup

- Field test

- Focus groups

- Comments

YOUR PARTICIPATION IS KEY TO SUCCESS!

QUESTIONS?