

The Michigan Department of Social Services

Structured Decision Making System

An Evaluation of Its Impact on Child Protection Services

The Highlights

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This report outlines the results of a comprehensive evaluation of Michigan's Structured Decision Making System. The design of this system was a joint effort of the Michigan Department of Social Services and NCCD's Children's Research Center. The primary objective of the system is to improve decision making, case planning, and case management, thus reducing the incidence of child abuse and neglect in families referred to child protective services. The following is a brief summation of the system and the major findings of the evaluation completed in 1995.

ACKNOWLEDGMENTS

The development of this system is the result of substantial and sustained effort of many Michigan administrators, supervisors, and line staff. Without their input and direction, success would not have been possible.

While space prohibits the listing of all individuals who were important to this effort, we want to acknowledge the special contributions of the following people:

Bud Maxey, whose vision provided the impetus for this project; Dr. Gerald Miller, Terry McHoskey, Harold Gazan, and Delois Whitaker Caldwell for their steadfast support throughout the implementation period; Joanne Nagy and David Berns for their invaluable support and input in all phases of the project; Jim Evans, Julia Luttrell, and Bill Patrick who provided advice, training, and technical assistance; and staff and administrators from all the pilot counties who remained committed to the project and helped keep it "on track" when problems arose.

FROM THE DIRECTOR'S OFFICE

The Michigan Department of Social Services (MDSS) is pleased to distribute an executive summary of an evaluation of the children's protective services (CPS) Structured Decision Making (SDM) System.

When a complaint of child abuse and/or neglect has been substantiated, children's protective services staff must make very important decisions. Should a case be opened for services? What services should be provided? When has risk to the child(ren) been ameliorated enough to close the case? These decisions are made thousands of times a year by staff with various levels of education, experience, and skill. Each case requires complex assessments of the family, the child(ren), and the capacity of the service delivery system to intervene positively.

MDSS and the Children's Research Center (CRC) of the National Council on Crime and Delinquency (NCCD) designed SDM to improve consistency, effectiveness, and service delivery for substantiated cases of child abuse and neglect. Key features of SDM are:

- g Research-based risk assessment and reassessment - an objective way of measuring risk;*
- g Needs assessment - an objective way of identifying service needs;*
- g Case decision making policy based on risk and needs assessments - case plans based on risk and needs;*
- g Comprehensive case planning procedures based on identifying family strengths and on working with the family to ameliorate risk;*
- g Standards for contacts with families based on risk - the higher the risk, the more intensive the services;*
- g Workload assessment and resource allocation based on workload - ability to identify staffing and resources needed to reduce risk and strengthen families;*
- g Comprehensive management information system - data which provided local offices and central office with key data needed to implement and evaluate program impact and to advocate for resources.*

The risk assessment scales are based on research conducted in Michigan. The SDM system defines risk as the probability of continued maltreatment in cases which have been substantiated. Risk assessment scores ranging from low to intensive suggest the degree of probability of the recurrence of abuse or neglect. Besides risk, the scales determine standards for frequency of case contacts. Specific services are directed to address the highest need and to strengthen families in the care and protection of their children.

The evaluation results indicate a reduction of recidivism and out-of-home placements in counties that use the SDM process compared to control counties. Aggregated data provide a basis for budgeting and resource allocation.

Structured Decision Making has become one of the key components in our strategies to build strong families and keep Michigan children safe. The results of the evaluation strongly support our plans for statewide implementation of Structured Decision Making.

*Gerald H. Miller
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HIGHLIGHTS

I. DESIGN

- The Michigan risk assessment system is based on actual experience with nearly 3,000 Michigan families. Risk factors were identified using a cohort of nearly 2,000 families and the scales developed were subsequently revalidated on a randomly selected sample of 1,000 families four years after the phased implementation began.
- The Michigan risk assessment system is unquestionably the most thoroughly tested system in operation. It is a valid and reliable assessment of the probability of future harm.
- By design, the system is concise and simple to complete. It has been integrated with other CPS requirements to effect a comprehensive system of case planning and case management.
- While risk assessment forms the foundation of Michigan's Case Management system, other components are of equal importance. These include:
 - < A family needs assessment,
 - < Clearly defined service standards,
 - < Reassessment procedures to move cases through the system expeditiously and account for changes in circumstances,
 - < Workload accounting to assist with resource development and deployment, and
 - < A comprehensive information system to provide data for monitoring, research, and evaluation.

II. THE STUDY

To measure the effects of the new system, the 13 pilot counties were matched to other Michigan counties that were still operating under the “old” policies and procedures. All cases with abuse or neglect substantiated between September 1992 and October 1993 from both the pilot counties and the comparison counties formed the study cohort. Each group totaled approximately 900 families. Data on risk, needs, referrals, program participation, and outcomes were collected on all study cases.

III. PROCESS EVALUATION RESULTS

- Results of this study demonstrate that the use of this system in Michigan resulted in better decisions regarding the selection of cases to be opened for services following substantiation. In counties using the SDM system, cases that were closed without services had fewer new reports and substantiations, fewer subsequent removals, and fewer child injuries reported over a 12-month follow-up period.
- When cases were opened to services, the SDM system resulted in significantly higher rates of service provision, especially in the critical areas of Parenting Skills Training, Family Counseling, and Mental Health Services.
- Data collected within the SDM pilot counties clearly indicate that services designed to improve parenting skills, reduce substance abuse, etc. do work to reduce subsequent incidences of child maltreatment.

IV. OUTCOME EVALUATION RESULTS

The SDM system produced significant reductions in important measures of child maltreatment analyzed over the duration of the study follow-up period. Most significantly:

- In counties using the SDM system, the rate of new substantiations for abuse/neglect was less than half that reported in comparison counties.
- Subsequent placements in foster care were significantly lower in SDM counties.
- Child injuries recorded during the follow-up period were also lower in SDM counties.