

SDM[®] NEWS

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PRACTICE MAKES FOR BETTER OUTCOMES: A TRAINER'S PERSPECTIVE

We all share the goal of evolving our child welfare practices to enhance the child and family outcomes of safety, permanency, and well-being. Yet as instructors, supervisors, and managers for our agencies, how many times have we all heard from child welfare line staff that they see Structured Decision Making[®] (SDM) tools as merely “another form to fill out” rather than as a valuable decision-making and engagement process that guides effective practice?

The challenge of how to help workers and supervisors in our communities integrate these tools into their daily practice behaviors and their in-the-moment decision-making processes has eased considerably with the launch of Children's Research Center's (CRC) advanced SDM[®] in child protective services (CPS) training modules. These modules allow workers and supervisors to dig deeper to explore and enhance their proper use of individual SDM tools in a half-day format. They offer new ways to think about how to use the tools during the process of working with families. The curricula provide concrete suggestions and protocols for engaging families in the decision-making and case planning processes.

These skill-focused modules are designed for workers who have been using the tools for several months or years after basic SDM training to take their use of these tools to the next level of practice integration. Agencies can then consider follow-up sessions using transfer-of-

learning resources or unit meetings to further develop workers' skills.

Since CRC introduced the advanced trainings in late 2008, I have had the opportunity as a Central California Training Academy instructor and field-based trainer to work with staff in several central California counties to provide these trainings in large- and small-group formats. The reactions from both workers and supervisors to the protocols and ideas presented in these advanced modules have been consistently positive.

Workers report that the protocols presented in these modules help them to better organize and prioritize their investigation assessments and interviews and to make better use of the tools during their fieldwork processes. Workers find they have a concrete approach for working with families to write more effective safety plans and more focused and individualized case plans. They also find that they are conducting better interviews that focus on making more consistent decisions about responses at the hotline.

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PRACTICE MAKES FOR BETTER OUTCOMES, CONTINUED

California county organizations are encouraged to contact their regional training academies to request these advanced modules. Agencies committed to integrating research-based safety and risk assessment tools into daily practice will find these modules a valuable use of time in achieving their goal.

--Peggy Cordero, M.A., *Child Welfare Services Instructor and Field-based Trainer, Lompoc, California*

ABOUT THE ADVANCED TRAINING CURRICULUM FOR THE SDM® SYSTEM IN CPS

The advanced SDM training curriculum is built in modules that start with a brief review of the relevant tool(s), a discussion of the concepts covered in the training, and large- and small-group practice of those concepts.¹ All trainings last one half-day, except for case planning, which is a full day. The advanced training sessions include the following modules:

- **Intake assessment:** How can intake workers engage with reporters to get the information they need to make good screening and response priority decisions? Practice and discussion focus on identifying and filling in the “missing link” between the information given by the caller and the information required by a definition to rule in or rule out an allegation.
- **Interviewing for the safety assessment:** How can workers prioritize the way they will spend their time assessing for safety threats during the first contact? Practice and discussion focus on how deeply to dig into different safety threats while negotiating a balance between workload demands on worker time and the need to investigate each threat appropriately.
- **Safety planning:** How can workers engage constructively with families to build consensus

¹ The development of the curriculum was funded by the California Department of Social Services.

around the seriousness of safety threats and collaborate to create safety plans that will allow children to remain safely in the home?

- **Interviewing for the family strengths and needs assessment (FSNA):** How can workers collaborate with families to agree on an assessment of the family’s strengths and needs that is both accurate and acceptable to the family? Workers will learn strategies for information gathering and techniques for building consensus around identified priority needs.
- **Case planning in the SDM system:** Currently, case planning is a process that takes place outside of the SDM system, but which flows from the FSNA and must flow back into the risk reassessment or reunification assessment. In this session, workers learn how to build consensus with the family around the needs that will be addressed in the case plan, how to collaborate with the family to write desired outcomes and positive objectives, and how to identify the correct service and activity mix. The session ends with techniques for case plan management and constructive progress monitoring.

These advanced training sessions may be adapted for any jurisdiction that has already completed introductory training. For more information, contact Raelene Freitag at rfreitag@mw.nccd-crc.org.

THE RELIABILITY OF ASSESSMENTS FOR ADULT PROTECTIVE SERVICES CASE MANAGEMENT

In the June 2008 issue of *SDM® News*, the National Council on Crime and Delinquency (NCCD) reported the results of reliability testing on an SDM screening and response priority assessment developed for use in adult protective services (APS). Since that report, NCCD has again collaborated with the New Hampshire Bureau of Elderly and Adult Services (BEAS) to conduct further testing on two additional tools for APS: the safety assessment and the strengths and needs assessment. The testing results were positive and promising as NCCD continues to develop the APS model.

The safety and strengths and needs assessments were tested for reliability twice. The first test was conducted via conference call in April 2008, and involved 13 workgroup members reading four cases. The second test followed statewide training in September 2008, and involved two groups of 26 social workers and supervisors, with each group reading three different case examples. In both tests, raters were not allowed to consult with one another but were encouraged to refer to the assessment manual.

The purpose of the safety assessment is to determine if the vulnerable adult is currently safe, or if interventions should be recommended to prevent imminent serious harm or the death of the vulnerable adult. The first section of the safety assessment consists of 17 danger factors which, if present in the household at the time of the investigation, may mean that an adult is in danger or is a danger to him/herself if the agency does not intervene. In the second section, the worker records any safety interventions that could be employed to contain the immediate threat of danger. This section is completed only if there are danger indicators in the household. The third section summarizes the first two sections with a safety decision of “safe,” “conditionally safe” (i.e., safe with interventions), or “unsafe.”



In the first round of reliability testing, agreement on safety threats related to the client adult ranged from 75% to 100%, and ranged from 72.7% to 100% on the items related to the caretaker. The safety decision had a 72.9% agreement, which is very close to meeting the minimum threshold for critical decision-making items. Subsequent to this first test, definitions were rewritten for greater clarity, and the structure of the safety decision was revised to help workers make more consistent judgments.

In the second reliability test, agreement on the client and caretaker danger indicators ranged from 70.2% to 100%, and workers agreed on the safety decision 78.7% of the time. This improvement means that all sections of the safety assessment exceeded minimums for inter-rater agreement.

The strengths and needs assessment (SNA) is used by workers to systematically identify service needs and to ensure that the client’s and, if applicable, the caretaker’s strengths are identified. The client section of the SNA consists of 12 areas in which client functioning is assessed and five areas in which to assess caretaker functioning if a caretaker is present. The priority client needs and strengths are then used to frame the case plan.

Based on the April 2008 test, percent agreement for the client section ranged from 65.9% to 89.4%. All items in the client section met the 65% minimum threshold for inter-rater reliability. Only one question in the client section did not meet the minimum 65% threshold for inter-rater reliability; the “quality of care” item had only 54.1% agreement and was revised prior to the second test. In the second reliability test (September 2008), agreement rates ranged from 66.4% to 90.4% on the client section. In the caretaker section, two of the four items did not meet reliability thresholds (“physical/mental health” and “coping skills”). During the testing sessions, trainers reported that workers found the items confusing because the caretaker items grouped physical and mental health into one item, and coping skills into a second item. In the client section, however, the domain for mental health includes coping skills, and the domain for physical health is restricted to physical health issues only. This inconsistency likely explains the lower reliability results on these items. In future revisions to the tool, the caretaker items will be rewritten to be consistent with the construction of the client section.

Overall, the inter-rater reliability testing found that the assessments are reliable, and identified an area of improvement for the next edition of the SNA. For more information about the SDM system for APS, contact Kathy Park at kpark@mw.nccd-crc.org.

U.S. DOJ FUNDS RESEARCH TO DEVELOP AN SDM® RISK ASSESSMENT FOR APS

NCCD/CRC will be working with New Hampshire BEAS APS to develop, implement, and evaluate an actuarial risk assessment.² The risk assessment will be developed by observing the case characteristics of a sample of adults investigated by New Hampshire APS for maltreatment and/or self-neglect. In Phase I, data will be collected and a preliminary risk assessment study will be conducted to develop a simple, objective risk assessment that can identify adults by their likelihood of subsequent maltreatment (e.g., within six months of the APS investigation). The risk assessment will then be implemented, and investigating workers will be trained to employ it to assess clients for preventive service interventions at the close of each investigation. In Phase II, a process evaluation will be conducted to improve implementation fidelity and assess worker utilization. Phase III will evaluate the post-implementation utility of the risk assessment by conducting a prospective validation of its ability to estimate future maltreatment in an independent sample of APS investigations.

A successful actuarial risk assessment for APS in New Hampshire can be adopted by other agencies and has the potential to improve case management of state or county APS agencies nationwide. For more information, contact Kathy Park at kpark@mw.nccd-crc.org.

DEVELOPING AN SDM® SYSTEM FOR TANF WORKFORCE PARTICIPATION IN RIVERSIDE COUNTY, CALIFORNIA

Through a grant from the Riverside County Department of Mental Health (RCDMH), CRC will conduct a joint research project between RCDMH and the Riverside County Department of Public Social Services (DPSS) to develop an assessment model that will improve early identification of Temporary Assistance for Needy

² This research is being funded through the U.S. Department of Justice (DOJ), National Institute of Justice, Office of Justice Programs with support from the DOJ Elder Justice and Nursing Home Initiative (Grant No. 2008-IJ-CX-0025).

Families (TANF) clients at high risk of Welfare-to-Work (WTW) non-participation due to client barriers to employment, and provide a structured assessment process to improve the development of coordinated service plans. The following steps will be undertaken during this research:

- Determine the feasibility of developing an actuarial assessment procedure for estimating risk of non-participation among CalWORKs recipients in Riverside County.³ The initial research study will result in either a preliminary risk assessment or a data collection instrument to be implemented by workers for subsequent analysis (Year 1).
- Develop an FSNA to assess high and very high risk WTW clients, which will help target services toward identified barriers to self-sufficiency and support successful WTW participation (Year 1).
- Design a web-based data collection system for completion of SDM assessments (Year 1).
- Conduct training on use of the preliminary risk assessment (or data collection instrument) and the FSNA (Year 2).
- Conduct a process evaluation and provide general technical assistance and support during initial implementation (Year 2).
- Conduct a prospective validation study of the preliminary risk assessment or analyze data from the data collection instrument to construct a risk assessment, and provide general technical assistance and support (Years 3–3.5).

This partnership was kicked off in March 2009, and all parties are very excited about the potential opportunities that this research represents. For more information, contact Sheri Studebaker of Riverside DPSS at sstudeba@riversidedpss.org or CRC's Kathy Park at kpark@mw.nccd-crc.org.

³ CalWORKs is California's version of TANF.

TO OUR READERS

We received feedback from several of you expressing concerns about the way the SDM system was characterized in a recent *Los Angeles Times* article titled “How Computers Call the Shots in L.A. County: Children in Peril” (March 8, 2009). This piece followed an L.A. child protection worker as she made the decision to remove a child from a parent.

First, CRC would like to thank news reporter Garrett Therolf for highlighting the difficult and complex work that CPS workers undertake on a daily basis. It is refreshing to see the media work in partnership with a CPS agency to enlighten the general public about the types of issues that families involved in the CPS system face, as well as the dedicated professionals who work with them.

CRC would like to offer a few points of clarification in response to Mr. Therolf’s portrayal of the SDM system, which may have given readers the impression that child protection investigators in L.A. County defer life-changing decisions about children and families to a computer. Some of the more provocative statements in the article include the following:

“Chances are [the caseworker] will not be making the decision. A computer will.”

“Social workers’ answers to certain questions prompt action. In a safety assessment, for example, a caregiver found not to be supervising or feeding a child must be directed to immediate assistance; otherwise, the computer requires that the child be detained.”

“Although humans can overrule the computer, SDM’s call has stood in 91% of decisions in the county on whether to open an investigation, 92% of recommendations on removing a child from a home, and 99% of decisions on whether to return a child.”

To clarify, the SDM system is not a computer. It is a model approach to assessment that is supported by a body of evidence demonstrating that use of the system greatly improves both the consistency and validity of decision making in a field wrought with complexity. SDM assessments are automated in a computer application that gives L.A. County workers the ease and efficiency of completing them online, but this is quite different from saying that the computer itself makes decisions.

A second point of clarification is that the SDM system does not *make* decisions; child protection professionals do. What the SDM case management system does is help organize the large amount of facts and evidence gathered by child protection workers and lead to a recommendation that must be endorsed by the caseworker and, in some cases, a supervisor.

Consequently, neither the computer nor the SDM system are calling the shots for caseworkers or families.

Since the implementation of the SDM system, L.A. County has seen enormous improvements in its child protection outcomes. Rates of child maltreatment recurrence have

decreased; the average length of a child’s stay in foster care has been reduced by nearly 15 months; and the rate of children being reunified with their families within 12 months of out-of-home placement has climbed by almost 20%.⁴

Use of the SDM system by L.A. County demonstrates a commitment to evidence-based practice where research is integrated with professional judgment to improve outcomes for children and families.



⁴ For more information on improved practice and outcomes in L.A. County, see “Hand in Hand: How One of the Nation’s Largest Child Welfare Agencies Transformed Itself for Better Outcomes for Children,” available at www.nccd-crc.org.

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