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In March, representatives from Norfolk, surrounding counties, and the State of Virginia formed a Core Team. Dividing into workgroups that also included staff and supervisors, members worked with CRC staff to adapt existing assessment tools to Virginia. A field test was conducted in July and August and curriculum materials were completed by late September.

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Several of them returned the following week to use their newly-learned skills in SDM™ to train supervisors. Worker training took place throughout October. Chesapeake and Newport News are joining Norfolk in the pilot. The State of Virginia has also committed to expanding SDM™ statewide. A state-wide steering committee will review the Norfolk pilot, a Web-based SDM™ application system will be developed, and new counties will be able to join the project in 2004.

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To supplement SDM™ in development, SRS developed two additional tools that the agency will implement in practice: a case disposition tool that will guide the substantiation decision, and a caregiver responsibility agreement that links identified child needs with the specific responsibilities of caregivers based on the child’s needs for care, supervision, and structure. CRC has received several inquiries about the LOC component. This tool is a product of collaboration between CRC and SRS. There are five levels of care in Vermont’s system, each containing specific descriptions for the intensity of supervision, structure, and treatment services associated with that level. The LOC decision tree is designed to assist workers in making consistent and appropriate decisions regarding placement based on what living situation, services and supports that are needed to successfully meet each child’s needs for care, supervision, and structure. For more information about the SDM™ LOC tool, please contact your CRC representative. If you are not currently using SDM™ in your jurisdiction and would like additional information, contact Kathy Park at 608-831-1180 or kpark@mw.nccd-crc.org.

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Behind the Scenes at CRC

One of the friendly faces behind the scenes at CRC belongs to Amy Rockland. For more than two years, Amy has worked as a word processor in the Administrative Department, making certain that every document that leaves the office meets formatting standards and is properly distributed. She plays a vital role at the center of our organization by creating reports, manuals, and presentation materials. She is an expert in a myriad of software and is often called upon to assist other staff with her computer skills.

Amy grew up on a Wisconsin farm as one of four children. She still loves the country life and owns three horses. Her personal five-year plan is to purchase a house, get married, and acquire more horses. Amy is a big fan of country music and recently attended the Shania Twain concert. She plans to one day travel to Greece and Rome.

SDM™ Works for Los Angeles County

In 1998, Los Angeles (LA) County joined with six other pilot counties in California to design and launch the implementation of SDM™ for their child welfare services. The California SDM™ model was initially implemented as a pilot in LA. The Hotline staff utilized the Response Priority decision making tools on all new referrals and the Santa Fe Springs Emergency Response (ER) staff utilized the Safety, Risk, and Family Strengths and Needs Assessment components.

Last fall, LA made the commitment to take the SDM™ pilot to scale. A planning committee was created to manage the “roll out” of the comprehensive SDM™ model county wide. The achievements of the planning committee and its subcommittees have been monumental. In mid December, a symposium for key stakeholders and managers was held to announce LA’s SDM™ roll out plans. Marjorie Kelly, the acting Director for LA, opened the session and indicated that SDM™ was supported by her administration for one simple reason. There is a growing body of research showing that the model protects children from harm and expedites permanency. SDM™ works. A review of the research documenting the benefits of SDM™ was presented and details about next steps and expectations were shared.

Since the symposium, LA County has been enabling line staff and ER specialists to replace the SDM™ tools required for the completion of an investigation. The IT staff worked collaboratively with CRC staff to replace the SDM™ computer application with a new Web-based SDM™ application.

Numerous staff from the various regional offices were trained on this new application so that they could provide technical assistance to workers in the various LA sites. With the completion of these activities, the first phase of expanded use of SDM™ has been launched. The SDM™ model is currently being used by the Hotline staff and ER staff to guide each of the critical decisions that relate to the initiation and completion of a CPS investigation.

For more detailed information about the LA planning and implementation process, contact Dick Santa Cruz at santad@dcfs.ca.la.us.

Michigan Wins Award

The Michigan child welfare initiative was recently awarded a $10,000 grant for their innovative case management model, SDM™, by the Institute for Government Innovation. “This award underscores Michigan’s continuing role as a leader in human services,” said Governor Jennifer M. Granholm.

Gowher Rizvi, Director of the Institute for Government Innovation at Harvard University said, “Thanks to this important innovation, Michigan is now better able to protect thousands of children from potentially dangerous environments and has led the way for other jurisdictions to do the same.”

Labeling it an “important innovation” and “first of its kind child protection system,” Harvard’s Kennedy School of Government said SDM™ has established levels of validity and accountability rarely found in human service agencies. In 1988, the Michigan Family Independence Agency worked with the Children’s Research Center to develop and implement SDM™. A subsequent study of Michigan child protection systems found that 67% of children placed in foster care in SDM™ counties achieved permanent placement within 15 months of entering the system; only 56% of cases ended similarly in counties that had not used SDM™.

“SDM™ creates a new standard for making the right decisions on behalf of children in need,” said Gail Christopher, Executive Director of the Institute for Government Innovation. “Fortunately, it’s also an extremely flexible innovation that can be replicated to mesh with specific priorities and laws in other states.”

“Because of SDM™, vulnerable children in Michigan have additional protection and case specialists have a research-based tool to help their decision making,” said Nanette M. Bowler, Director of the Family Independence Agency. “We are very, very proud of this honor.”
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SDM Works for LA continued from page 2

incorporating the SDM™ criteria for response times. About 1,000 ER staff in the Child Protection Bureau were trained on the SDM™ tools required for the completion of an investigation. The IT staff worked collaboratively with CRC staff to replace the SDM™ computer application with a new Web-based SDM™ application. Numerous staff from the training center, hotline, and various regional offices were trained on this new application so that they could provide technical assistance to workers in the various LA sites. With the completion of these activities, the first phase of expanded use of SDM™ has been launched. The SDM™ model is currently being used by the Hotline staff and ER staff to guide each of the critical decisions that relate to the initiation and completion of a CPS investigation.

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Figure 1. Vermont Social and Rehabilitation Services Level of Care Decision Tree

- Does the child have a severe, emotional, behavioral, and/or physical need, and/or cognitive disability that seriously impairs daily living activities?
- Level 5
- Level 4
- Level 3
- Level 2
- Level 1
- Does the child require placement in a locked treatment facility?
- Yes
- No
- Does the child’s need for care, supervision and treatment services associated with that level.
- Yes
- No
- Does the child require the structure and supervision of a staff member setting?
- Yes
- No
- If a formalized treatment intervention required?
- Yes
- No

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