

## The Stewards of Change Thought Leadership Symposium Highlights the SDM<sup>®</sup> System as a Best Practice in Child Welfare

Leaders in child welfare practice and technology from across the United States and other parts of the world, including Ireland and Australia, convened in Sacramento, California, on November 11–12, 2008, at a thought leadership symposium hosted by Stewards of Change. As an organization, Stewards of Change focuses on bringing best practices to the human services field through the use of leading-edge information technology solutions. Stewards of Change co-founder Michael Smith opened the symposium by articulating the need to break down service silos in order to achieve the level of effectiveness and efficiency required for continued progress in child welfare. (For more information on Stewards of Change, visit [www.stewardsofchange.org](http://www.stewardsofchange.org).) Below are some of the highlights of the symposium.

### A Story of Success

The symposium highlighted the remarkable progress made in one of the nation's largest child welfare agencies, the Los Angeles County Department of Children and Family Services (DCFS), and proved to be an interactive, thought-provoking event where participants shared their experiences with child welfare and technology leaders from around the world.

Recent progress in Los Angeles County is a testament to what is achievable. Just a few years ago, Los Angeles County had over 28,000 children in out-of-home care. Today that number has been reduced to 18,000. Despite serving more children in their own homes, the rate of subsequent maltreatment in Los Angeles also declined from 8.2% (at six months) to 6.4% in 2007. Progress in Los Angeles is due to a number of factors including new and better programs, improved family engagement skills, improved decision making,

and the use of technology to support and monitor operations. These accomplishments were presented by Patricia Ploehn, Director, and Mitch Mason, Chief of Governmental Relations, Los Angeles County DCFS.

### CRC Partners With Cúram Software to Integrate Best Practices With Innovative Technology Solutions

From the technology side of child welfare, symposium participants heard from Colleen Daly, Vice President of Government Strategies for Cúram Software, who shared her thoughts on the need for innovative systems to better serve children and families. Increasingly, human services agencies, especially those in child welfare, are being measured by their ability to improve outcomes. These new standards of accountability are driving organizations to find solutions that are proven through research and experience to improve agency case practice and effectiveness. The focus on outcomes is also leading agencies to complement practice improvements with a multidisciplinary approach to case management, integrating caseworkers, partner agencies, service providers, and community organizations in achieving successful outcomes for client families.

Cúram Software enables technology solutions for multidisciplinary teaming with secure access to case and family information, and provides outcome management tools to support caseworker decision making in assessment, planning, service delivery, and outcome evaluation.

As part of Cúram's mission to promote improved service delivery and allow organizations to focus on client outcomes, Cúram and the Children's Research

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Center (CRC) have formed a partnership to integrate the Structured Decision Making® (SDM) model with Cúram's industry-leading commercial-off-the-shelf (COTS) software solution. This partnership will provide agencies with solutions that synthesize best practices, business processes, and information technology across agency and partner boundaries. Over the past several months, CRC and Cúram have been working closely on specifications for integration of the SDM® assessment and decision-support methodology with the Cúram Child Services™ module in order to provide a new approach for child welfare agencies. For more information on the Cúram/CRC partnership, visit [www.curamsoftware.com/co.pr.php](http://www.curamsoftware.com/co.pr.php).

## NCCD/CRC Honors Dr. David Sanders

The National Council on Crime and Delinquency (NCCD), of which CRC is a division, presented Dr. David Sanders with the Grace B. Flandreau Award in

recognition of his outstanding service in child welfare. The Flandreau Award is given by NCCD to an individual in the field of juvenile justice or child welfare who, through writing and actions, has advanced the compassionate care of troubled youngsters. Past recipients include Senator Nancy Kassebaum, the Honorable Myrna Field, and the Honorable Michael Skwierawski.

Dr. Sanders has spent his entire career in the human services field. He is the former director of Family and Adult Services in Hennepin County, Minnesota. Next, he directed all operations for Los Angeles County DCFS, the largest county system in the country. During his tenure, the department saw its foster care population decrease while safety and stability improved. Dr. Sanders is currently the Executive Vice President of Systems Improvement for Casey Family Programs.



*Dr. David Sanders,  
Casey Family Programs*

## The 8th National SDM® Conference

CRC held its 8<sup>th</sup> National SDM Conference in Sacramento on November 12–14, 2008. The conference brought together current SDM jurisdictions, who shared implementation experiences and discussed how to strengthen practice, with jurisdictions that were new to the SDM system. Colleagues from Queensland and New South Wales, Australia, also came to share the challenges and rewards of their use of the SDM model in child welfare practice.

In all, over 30 workshops were offered across three different tracks: SDM master classes, each of which focused on a specific SDM assessment and explored practice integration strategies for that assessment; research, which focused on data-driven and research-based initiatives that CRC has been engaged in over the last two years; and implementation stories, which were presented by jurisdictions in various stages of implementation to share lessons they have learned.

The conference included two plenary presentations from accomplished child welfare professionals: Pat Rideout, Senior Consultant and National Lead Consultant on Team Decisionmaking with the Annie E. Casey Foundation; and Dr. David Sanders, Executive Vice President of Systems Improvement for Casey Family Programs.

Ms. Rideout's plenary presentation focused on the value of reliable and valid assessments as well as the importance of a family's story. In his plenary

presentation, Dr. Sanders described the developmental path his own professional career has taken. He emphasized an unwavering focus on outcomes and the use of data gathering and research to guide decision making toward achievement of those outcomes, as well as the importance of maintaining accountability to the public.

CRC would like to extend its thanks to all who attended and contributed to the ongoing discussion about research-based practice in child welfare. Special thanks go to conference sponsors Cúram Software, Deloitte, and CGI; and to CRC's co-hosts, who assisted in planning the conference: California Department of Social Services, City and County of San Francisco Family and Children's Services, Marin County Department of Health and Human Services, Northern California Training Academy, Sacramento County Child Protective Services, Solano County Department of Health and Social Services, and Yolo County Department of Employment and Social Services.



*Pat Rideout,  
Annie E. Casey Foundation*

## What Is a Risk Assessment Validation Study and Why Is It Important?

A comprehensive risk assessment validation study examines the relationship between family characteristics observed at the time of a sample child protective services (CPS) investigation and subsequent maltreatment allegations. It is conducted to develop, test, and/or improve an actuarial risk assessment.

A validation study ensures that the risk assessment 1) is composed of the best combination of risk factors; 2) has risk classification cut points best suited to the client population; and 3) accurately classifies families within subgroups, such as family ethnicity or investigation finding.

### Can Our Agency Adopt Another Agency's Risk Assessment?

Research has shown that risk factors that are valid in one jurisdiction are often valid in another; in other words, a risk assessment validated in one jurisdiction is likely to work well in another jurisdiction, at least for a while.<sup>1</sup> Consequently, many agencies choose to adopt another agency's risk assessment and validate it later, because a full validation study can delay implementation of a risk-based case management system.

### When Should an Agency Conduct a Validation Study?

Differences in agency practice and families served can affect a risk assessment's ability to accurately classify families by the likelihood of maltreatment. An adopted assessment should be validated with a sample of local families within approximately three years of implementation. In addition, an agency should conduct a validation study after substantial policy or program changes like implementing an alternative response program, restructuring intake procedures, expanding services to families with unsubstantiated allegations, or increasing the intensity of services to families; or when the client population served by the agency changes significantly as a result of demographic, economic, or other changes.

If the risk assessment was constructed in your jurisdiction, it should be revalidated every five to seven years to ensure that it is accurately classifying families by the likelihood of future child maltreatment.

<sup>1</sup> For example, see Johnson, K., Wagner, D., Scharenbroch, C., & Healy, T. (2006). *Minnesota Department of Human Services risk assessment validation: A prospective study*. Madison, WI: Children's Research Center. Also see Wood, J. (1997). Risk predictors for re-abuse or re-neglect in a predominantly Hispanic population. *Child Abuse and Neglect*, 21(4), 379–389.

### If Our Agency Adopts Another Jurisdiction's Risk Assessment, What Can We Do Until We Validate?

Your agency's administrative data can be referenced to examine the performance of an adopted risk assessment at two points in time:

- A pre-implementation comparison of jurisdictions examines how similar your client population is to the client population on which the adopted risk assessment was originally constructed. This analysis begins with a comparison of client demographics and outcomes (i.e., rates of subsequent CPS involvement). It is often possible to estimate the risk level that would result from the adopted risk assessment, based on families' prior CPS history, sampled allegations, and identification of family issues like substance abuse. This estimate of how the adopted risk assessment would classify families served by your agency provides valuable information about the accuracy of the resulting risk classification as well as workload estimates for service delivery, such as the proportion of families classified as high and very high risk.
- A post-implementation review of the adopted risk assessment's performance can also be conducted using data collected by CPS workers under field conditions. This examination provides a similar analysis of the classification's accuracy and the proportion of high risk families. The analysis also supports successful implementation by examining risk assessment completion rates, overrides to the actuarial risk level, and service delivery by risk classification. This analysis may occur in the first 12–15 months following implementation, when the risk assessment has been applied to a sufficient number of families for whom short-term CPS outcomes can be observed. If the CPS outcomes associated with the risk classifications vary from the expected pattern and/or the distribution of families across the risk continuum has minimal practical application, risk classification cut points can be recalibrated to improve performance.

These analyses are cost-effective, and help agencies plan for successful implementation. Because they are based on administrative data, they cost significantly less than a full validation study. However, while preliminary examination is a step that may precede a comprehensive validation study, it is not a substitute for it. A comprehensive validation study can examine individual risk factors, their assigned statistical weights, and client subgroup outcomes over a longer follow-up period (typically 12 months or longer).

For more information, please visit [www.nccd-crc.org](http://www.nccd-crc.org), or contact Kristen Johnson or Theresa Healy at (608) 831-1180 or by email ([kjohnson@mw.nccd-crc.org](mailto:kjohnson@mw.nccd-crc.org) or [thealy@mw.nccd-crc.org](mailto:thealy@mw.nccd-crc.org)).

## From the Field

### Balancing Family and Professional Perspectives

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Imagine you have been having intense chest pain and are rushed to the emergency room. The doctors ask you what you are feeling, and you tell them it feels like an elephant is sitting on your chest and it is hard to breathe. After some tests, the doctor tells you that it looks like you have significant blockage in your arteries. How would you react if the doctor turned to you at that point and said, “So what do you think we should do about that?” We expect medical professionals to know things that we don’t, and we rely on their knowledge to help us.

On the other hand, if the doctor ignored you when you tried to say how you were feeling or what has been happening, you might doubt that the doctor could accurately assess your condition. If the doctor just handed you a treatment plan without carefully explaining it or why you should follow it, or what options may be available, the chances that you will follow that plan are pretty low.

treatments are available, and the risks and benefits of each.

Child protection has a history of being too professionally driven. For many reasons, we lost sight of the family’s role in our work. Our field needed to change those old “professional knows best” patterns. However, we have to be careful that we don’t abdicate our responsibilities along the way.

During assessment, we have to listen carefully to what the family says. This requires good interviewing skills, cultural awareness, and genuine interest in families. At the same time, we are responsible for knowing what critical information is needed for each key decision point. We have to know about substance abuse, mental health, child development, and more so that we know when deeper exploration is critical for child safety and when it would be unnecessarily intrusive.



During case planning, we have to listen carefully to what the family says and incorporate their strengths, interests, culture, preferences, and more into effective case plans. At the same time, we are responsible for knowing the resources available in our communities. We are responsible for knowing the best evidence about which interventions are effective for which families under which circumstances. We are responsible for coaching and mentoring a family who may be too overwhelmed to figure out the next step they should take.

Good medicine occurs when there is a dialogue between doctor and patient. The patient is the expert on his or her symptoms, but the doctor may know more about what the symptoms mean. The patient is the expert on which course of treatment is more likely to be followed, and the patient is ultimately in charge of his or her choices. But the doctor knows what

Listen to the family’s story, gather collateral information, make your own observations, and complete SDM assessments as accurately as you can. Explain your findings to the family, and if there are differences of opinion, note the family’s perspective AND explain your perspective to the family. SDM assessments can and should be used in this balanced way.



#### The Children’s Research Center

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