In recent years, the National Council on Crime and Delinquency’s (NCCD) Children’s Research Center (CRC) has seen an increase in demand from jurisdictions wanting to integrate Structured Decision Making® (SDM) assessments into a practice framework for working with families. Through these partnerships, we have witnessed the significant benefits of combining research-based assessments with sound engagement strategies. At the same time, we have recognized that these strategies are most successful within an organization ready to change with a plan for ongoing evaluation of implementation.

As we move toward 2012, CRC is charting a new course. We are developing a comprehensive research-practice framework that embeds evidence-based assessments within methods for engaging families. Our intent is to combine the best research with new consultation, support, tools, and guidance to our partners and colleagues. Other potential components of this framework include strategies for organizational change, expanded evaluation, and research support.

### Practice and Research in Partnership

Drawing on some of the best frameworks that exist today—brief solution-focused approaches, Signs of Safety, motivational interviewing, and trauma-informed care—CRC will help jurisdictions customize and develop practice frameworks and/or deepen their existing ones. Within this effort, we will continue to evaluate and refine the SDM® assessments that are now used in more than 31 states and 5 countries around the world. These tools bring evidence to key casework decision points, giving staff clearly defined decision-making criteria and organizations a consistent, measurable approach to child welfare work.

### What Does Successful Implementation Require?

Drawing on the best of the growing field of implementation science, CRC will help jurisdictions with key questions: What conditions are necessary for implementation to be successful? Once the implementation is started, what is needed for it to continue? In time, we hope to build this newest element of our work into an array of services, including readiness assessment, training, and coaching.

### Knowing What Works, Making It Last

At the heart of any change or improvement effort has to be the commitment to ask the hard question: How do we know if it is working? CRC takes this challenge seriously. We have always had an independent research
team, both supporting the development of evidence-based assessment tools and evaluating our work and the work of our partners. We welcome opportunities to help jurisdictions design evaluations of their practices and programs as we continue to ensure a strong research base for our work.

In the coming year, CRC staff will collect lessons learned from past implementations, conduct research on emerging solutions, and seek partners for future work. Our goal is to create fully integrated system change with our partners. **If you are interested in partnering with us in this work, please contact Raelene Freitag at RFreitag@nccdrc.org.**

— Shannon Flasch, Senior Program Specialist and Erin Hanusa, Communications Officer

### The 2011 SDM® Conference: Highlights from Baton Rouge

The 2011 SDM conference, held in Baton Rouge in October, drew attendees from all over the world to share in learning and networking. Thank you to our co-hosts, the Louisiana Department of Children and Family Services, and everyone who was a part of planning the conference.

This year’s conference featured a keynote address by Ronan Rooney, CTO and co-founder of Curam Software, which covered exciting upcoming technological advances, as well as best practice for streamlining how families enter various aspects of the system.

Phil Decter, Associate Director of the Family Centered Services Project, gave a moving keynote presentation about including children’s voices in assessment and planning, which featured techniques rooted in Signs of Safety along with practice examples.

Breakout sessions throughout the conference featured the work and experiences of jurisdictions in various phases of implementing and using the SDM model. Other sessions included discussions regarding how to improve practice, such as using gender-specific programming and policies; implementing the SDM model with First Nations agencies; and the benefits of using family group conferencing, Signs of Safety, and other family- and community-centered practices. Additional sessions explored the challenges and successes experienced in the SDM implementation. These sessions in particular provided opportunities for people to learn from one another, as jurisdictions shared their stories and unique methods in overcoming challenges.

Topics of particular interest at the conference were the application of implementation science to SDM work, developing a practice model for child welfare, and emerging research on issues like disparity. These new directions will continue to yield discussion as we move forward. Ultimately, they will enhance the SDM model.

We know that the SDM model has always had research at its core with the goal of improving decision making. In addition, data collected by SDM assessments can help pinpoint service needs for populations that can then assist in searches for funding and support. Data can also be used to measure systemic racial disparity. In addition to providing a means to keep children safe through the use of structured assessments, data gained through these assessments can be used as a basis for creating systemic and policy change in the realm of racial disparity that is a justice long overdue.

Please join us for our next SDM conference in San Diego in 2013! Whether you attended this year’s conference or were unable to make it, we would like your input on what you would like to see at our next conference. Please contact Angela Noel at 608-831-8882 with your ideas.

— Heather Haberman, Program Associate
From the Field: Prioritizing needs from the FSNA

The case plan serves many purposes. It is a roadmap for families to create safety and stability for their children. It is a collaboration between workers and families. It is frequently re-negotiated, and may be discussed by other partners in the process. The first step toward creating a case plan is prioritizing the family’s needs. Families cannot be expected to change everything at once, and a careful discussion may reveal that some needs do not need to be addressed in order to provide for the care and safety of children. Moving from a list of needs identified in the SDM family strengths and needs assessment (FSNA) to three priority needs for the caregivers is a complex decision, informed by each family’s circumstances.

In many jurisdictions, the FSNA includes item weights to assist with the process of prioritization. A significant need in the domain of substance use/abuse might, for example, have a score of -5, whereas a significant need in physical health might have a score of -2, indicating that substance use/abuse should be prioritized for services above physical health. Listing the caregivers’ needs from most negative score to least is a good way to start the process of prioritization, but it is only a start. From there, the process should develop into a conversation about how each need may or may not relate to the concerns at hand.

In your discussions with the family to select their priorities, an important step is discussing how each need relates to any threats to safety (called “dangers” in some SDM safety assessments) that have been identified. Before a case can be recommended for closure, safety within the home must be ensured, so it makes sense to organize the case plan around family needs that create threats to safety. Selecting needs to address through the case plan also provides an opportunity to ask the family for their views, which can inform the strategies used to address the needs. For example, a worker may see a threat to safety as driven by a parent’s lack of stress management skills and recommend prioritizing the coping skills/mental health domain. The family, however, may view the stress as arising from an insecure housing situation and prefer to prioritize the resource management domain. In the end, you may agree to prioritize both, but asking for the family’s help in identifying connections between threats and needs can help you gain additional insight into their situation. If a family does not have any threats to safety identified, the focus could be on conditions that approach, but do not meet, the threshold for a threat to safety.

Although the FSNA is the primary SDM assessment used in creating the case plan, adding information from the safety assessment with the family’s perspective can help build a plan that promotes effective change. In the next issue of SDM® News, we will pick up where we leave off here and discuss how priorities can be used to write goals and case plan actions.

Project Update: SARA Assessments Picked up and Praised by New South Wales

As New South Wales (Australia) staff finish their SDM safety, risk, and reassessment (SARA) tools training, they are quickly starting to use the tools in their family assessments and are praising the tools for adding to their professional judgement and supporting their work in child protection.

Aboriginal practice consultant Lyn Lawrie is one such advocate. She had just finished her two days of training at Gosford CSC when she got an urgent call from the Child Protection Intake Team’s Deb Watson. A report had come in about a struggling Aboriginal family with several children where homelessness and domestic violence were of concern.

Deb asked if Lyn could help her assess the family using SDM tools.

“The SARA training was so fresh in my mind and I thought, here is the perfect case to put the safety assessment tool into practice,” Lyn recalls.

Joe Denaro, manager of SDM Project Operations, says the SDM tools support caseworkers in making
important decisions about immediate safety issues and longer-term risk. “At the first face-to-face contact with the family, caseworkers complete the safety assessment process to assess whether any children are in immediate danger,” he explains.

While sitting with the family and her colleague, Lyn went over the training messages in her head: Are the children in imminent danger? What are the family’s protective abilities? What safety interventions can be put in place?

“The safety assessment tool guided us to make observations that helped us to know that the children would be safe for now and to make a short-term plan for the family with another visit to happen in the next 48 hours,” says Lyn.

“The new tools helped by providing even more information to equip me to evaluate the situation more clearly.”

“From my personal experience, I would say these current safety and risk assessment tools are a ‘user enhancer.’ Along with experience, knowledge, and analytical skills, there is opportunity for assessors to examine the strengths of a family situation, in conjunction with assessing the risk of harm in the family,” says Lyn.

Safe With Plan

The safety plan is a product of a situation where the safety assessment decision is safe with plan. By engaging and interacting with the family, a safety plan can be developed with them to clearly set out the interventions in place and follow-up actions to mitigate dangers so that children can remain in the home, at least for the present time.

For example, using the safety assessment tool, Lyn was able to quickly determine that while there were dangers around the home, the safety decision was safe with plan, meaning the children could stay with their parents if some issues were quickly controlled and addressed to provide appropriate protection.

“There was definitely more scope to work together with the family on a safety plan using the safety assessment tool,” Lyn says.

The safety plan identified what the danger was, what would be done about it, who would do it, when it would be done, and who would check it. With the safety plan in place, it meant the children could remain in the home as long as the interventions were kept up.

“These were parents who had been pushed to the brink by their homelessness and had become angry with each other, not with the children,” says Lyn.

Going back two days later, the child protection caseworkers were able to gauge the effectiveness of the safety plan to consider how the family was doing. The parents expressed remorse about the violence that had been witnessed by their children, had tidied up their home and yard, and asked for counseling for themselves. The older children are also now enrolled at school and the family is coping much better.

Feedback From Western Region

Lucille Miles, a SARA Coordinator in Western Region, trained caseworkers in SARA tools use and is standing by to support caseworkers as they start applying the tools to their cases.

She says there has been a recent success involving a family with domestic violence issues.

“We were able to help this family to make the home safer by using SARA. Instead of removing the children, we worked with the family to write up the safety plan, using the safety assessment tool—looking at the question of how do we make this home...
safer? We recommended an AVO [apprehended violence order] to remove the perpetrator. That made the home safer for the children almost immediately.”

The safety plan also called for other family members to help with the children, which has happened, and the family is doing better.

Lucille also noted that another group of caseworkers had used the tools after a less-than-24-hour response report came in.

“We went through the safety assessment together, talking about the dangers they thought they might see, based on the issues raised in the report, and the protective factors they would need to identify and observe if those dangers were present.

“Workers reported that the safety assessment was very easy to use, helping them to focus on those issues that really created danger for the child and encouraging them not to be distracted,” says Lucille.

“The caseworkers said they felt the tool really supported their decision making the first time they used it. They came back after their training and shared with us their experience of using the safety assessment tool in the field. It was better advertising for the tools than any we could have thought of!”

Reprinted with permission from the October 2011 edition of InsideStory, the newsletter for Community Services staff, Family & Community Services (FACS), New South Wales (NSW), Australia. Author Kim Carter is senior communications officer with FACS, NSW.

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PROJECT UPDATE: SASKATCHEWAN

The Saskatchewan Ministry of Social Services (MSS) and First Nations Child and Family Services (FNCFS) are charged with protecting the safety and well-being of children in Saskatchewan, Canada.

One service the MSS and FNCFS agencies provide to achieve this charge is child protection services, responding to reports of child abuse and neglect and intervening in families when necessary. These services are carried out by child welfare case workers in 20 ministry offices and 18 FNCFS agencies. It was acknowledged by the ministry, FNCFS agency leaders, and other system stakeholders such as the Saskatchewan Children’s Advocate Office that the assessment tool and practice model currently used by child welfare caseworkers needed to be replaced. Ministry officials evaluated a number of assessment models, and selected the Structured Decision Making model developed by the Children’s Research Center for implementation in Saskatchewan.

Since September 2010, representatives from the ministry and First Nations have been meeting to plan for the customization and implementation of the SDM model. On November 5, 2010, ministry officials, the First Nation Child and Family Services agencies, and the Federation of Saskatchewan Indian Nations (FSIN) agreed that First Nations would participate in a working group to customize the SDM tools as well as participate on the SDM steering committee. The working group continued throughout the spring and summer of 2011 to customize the tools and plan for field testing and implementation.

The MSS and FNCFS agencies have collaborated on an implementation plan for the SDM model that includes a testing phase, which began November 15, 2011. The MSS office in the center service area of the province and two First Nations agencies have volunteered to participate in this testing. Phases 1 and 2 of SDM implementation (for the remainder of MSS and other FNCFS agencies that choose to participate), will begin in April 2012 and be completed by the fall of 2012. It is expected that the SDM model will also be integrated into a new, electronic case management system in 2012.

As with any new and collaborative effort, there have been challenges. Both groups have been diligent in identifying issues and working toward the common goal of better outcomes for the children and families to whom they provide services.

— Rod Caskey, Senior Program Specialist
Kathy Park, Chief Program Officer for NCCD, received the 2011 Rosalie S. Wolf Memorial Award from the National Adult Protective Services Association (NAPSA). The award was presented on September 22 at the NAPSA conference in Buffalo, NY.

Park was nominated for the award by Carol Dayton, chair of the NAPSA-NCPEA Research Committee, for organizing and hosting the quarterly Research-to-Practice webinars as well as for the introduction of the SDM model into the field of adult protective services (APS).

According to the award citation, “Kathy’s work exemplifies the link between research and practice. Her research pioneered the development of the SDM model to provide an evidence-based model for assessing and predicting risk. Kathy has offered the National Council on Crime and Delinquency as the host for the quarterly Research-to-Practice webinars, for which all of APS is grateful.”

The Rosalie S. Wolf Memorial Award is given in recognition of a significant contribution to the knowledge and development in the fields of abuse of elders or persons with disabilities or APS. A national nonprofit organization, NAPSA was formed in 1989 to provide state APS program administrators and staff with a forum for sharing information, solving problems, and improving the quality of services for victims of elder and vulnerable adult abuse.

The Council of State Governments (CSG) gave an Innovations Award to the SDM system in APS of the New Hampshire Department of Health and Human Services (DHHS) Bureau of Elderly and Adult Services (BEAS). The Innovations Award recognizes exemplary state programs and facilitates their replication in other states.

“This is wonderful recognition for BEAS staff who have worked so diligently over the past several years to transform APS field practice,” said Nancy Rollins, DHHS Associate Commissioner and Director of the Division of Community Based Care Services.

The BEAS APS program is charged with providing protection for vulnerable adults who are abused, neglected, exploited, or experience self-neglect. Their SDM system, developed in collaboration with NCCD, includes a number of assessments designed to establish consistency of decision making at critical points in the life of a report to APS. Included in the system are intake, safety, and strengths and needs assessments, as well as an actuarial risk assessment to determine the likelihood of harm recurrence. Given the challenges of increasingly complex cases and dwindling state and community-based resources, these assessments provide information that assists APS staff and supervisors in prioritizing cases.

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http://www.facebook.com/childrensresearchcenter
The SDM system was added to CrimeSolutions.gov, a website of the Federal Office of Justice Programs. According to the website, CrimeSolutions.gov uses “rigorous research to inform practitioners and policy makers about what works in criminal justice, juvenile justice, and crime victim services.”

CrimeSolutions.gov includes a program profile for the SDM system. The site’s researchers and reviewers assessed the SDM system as “promising,” meaning that programs have some evidence indicating they achieve their intended outcomes, and additional research is recommended.

To get directly to the SDM system profile page, go to [http://www.crimesolutions.gov/ProgramDetails.aspx?ID=134](http://www.crimesolutions.gov/ProgramDetails.aspx?ID=134)

The SDM system is also cited in a report by the Southern Area Consortium of Human Services, a program of the Academy for Professional Excellence at San Diego State University School of Social Work. For the report, the authors reviewed the available literature regarding child maltreatment fatalities to understand risk factors and identify prevention strategies. Among the report’s recommendations to minimize the risk of harm to children is the use of standardized safety and risk assessment tools, with specific mention of California’s use of the SDM system.


### Staff Updates

Meet some of the newest NCCD staff:

Karen Martin, who is based in San Diego, has worked in child welfare for the past 20 years. From 2004 to 2010, she managed a high-performing child welfare team for the award-winning Neighborhoods for Kids program. As a consultant for Casey Family Programs, she served as the coach for integrating Signs of Safety and the SDM system in San Diego County. Also, for the past 10 years, Karen has been a trainer in child welfare and created the Better Outcomes: One Family’s Journey through the Child Welfare System curriculum. Most recently, before joining NCCD as a full-time senior program specialist, she taught a social work policy course at USC’s Graduate School of Social Work. She continues to work as a coach, a trainer, and on curriculum writing for CRC’s new practice model.

Heather Haberman joins NCCD as a program associate in the Madison office, where she is working to develop and implement SDM systems and conduct research on disproportionate contact. Her prior experience includes serving as a coordinated community response specialist for the Wisconsin Coalition Against Sexual Assault. Heather also has experience as a case manager for CPS and court-involved youth and families in a number of rural Wisconsin counties, as well as experience as a youth mentor and foster parent. She is currently completing her M.A. in psychology with a focus in international psychology.