

## Plans Underway for the 8th National Structured Decision Making<sup>®</sup> Conference

*Conference To Be Held in Sacramento, California, on November 12 –14, 2008*

### CO-HOSTS

California Department of Social Services

Marin County Department of Health and Human Services

Northern California Training Academy

Sacramento County Child Protective Services

City & County of San Francisco Family and Children's Services

Solano County Department of Health and Social Services

Yolo County Child Welfare Services

The Children's Research Center (CRC) has begun preparations for the 8th National Structured Decision Making<sup>®</sup> (SDM) Conference. It will be held in Sacramento, California, from Wednesday, November 12, to Friday, November 14, 2008.

CRC has chosen "Weaving the SDM<sup>®</sup> Model into Daily Practice" as the theme for this conference. The SDM conference provides an optimum chance for administrators, workers, and supervisors who are using the SDM model or are considering implementing the model to come together and share insights, innovations, and successes, all with the over-arching goal of increasing child safety, permanency, and well-being.

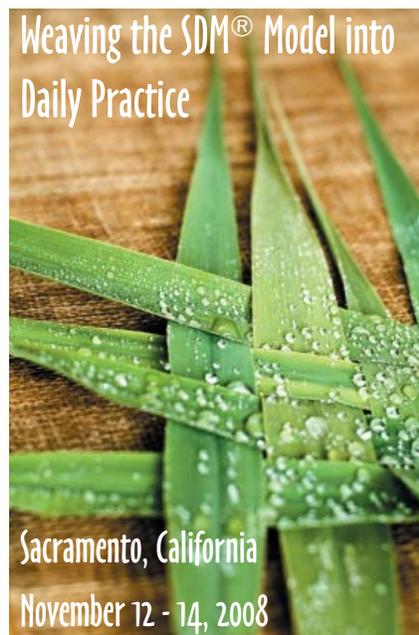
CRC is also pleased to announce that advanced SafeMeasures<sup>®</sup> workshops will be included in the conference line-up. Learn how to get the most out of SafeMeasures and see improved results!

In order for the conference to succeed as a forum for positive change in child

welfare, we need your experiences and your stories. You can come to the conference as an observer, or you can submit a proposal for a workshop. Do you have an innovative method of SDM-related practice that you want to share with others? Do you have some lessons

learned that you think will benefit others? CRC invites you to present those ideas.

We are currently accepting workshop proposals through September 30, 2007. Proposals will be evaluated based on value of information to the intended audience, clarity of ideas expressed in the proposal, and evidence of ability to communicate effectively. Presenters will be notified no later than October 31, 2007.



Please visit our website ([www.nccd-crc.org](http://www.nccd-crc.org)) for further information, including the submission form. If you have specific questions about the conference, submitting a proposal, or a proposed topic, please call our office at (608) 831-1180.

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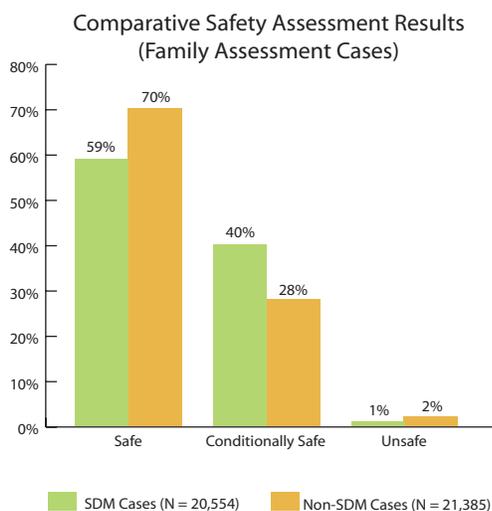
## Virginia Evaluation Shows Positive SDM® Impact

A recent evaluation in Virginia showed that the SDM model had a significant impact on a number of intermediate outcomes (case processing measures) and on recidivism. The evaluation was conducted by the Office of Research, a unit of the Virginia Department of Social Services. The study used a quasi-experimental, pre-post design<sup>1</sup> and compared case outcomes in the 30 SDM pilot localities with the case outcomes in the 100+ non-SDM localities in Virginia.<sup>2</sup> Although sample sizes varied somewhat from measure to measure, the median number of cases involved in the study was 31,000.

The study's findings, with respect to case processing, support what CRC staff have repeatedly said about the potential benefits of the SDM model. Compared to the non-SDM localities, the SDM localities were *significantly more likely* to:

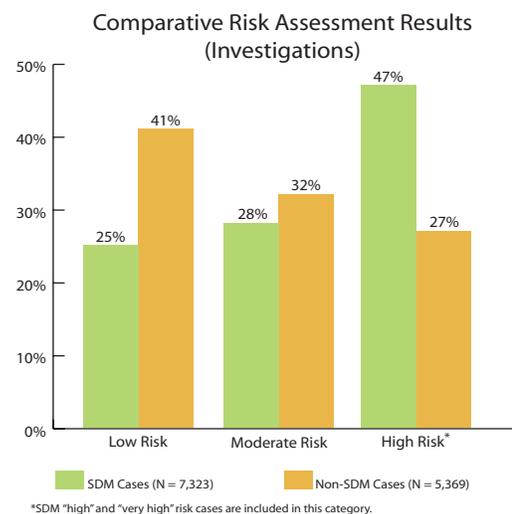
**Screen out referrals.** SDM localities screened out 4% more referrals. This, in a state with approximately 45,000 referrals per year, is a substantial number of cases for which an investigation or family assessment did not have to be conducted.

**Identify safety-related issues in the household at the time of the initial contact and develop safety plans as a result.** In the SDM localities, 40% of the families handled in the family assessment track were considered “conditionally safe,” compared to 28% for the non-SDM localities. This suggests that the use of the SDM safety assessment is more likely to result in the identification of safety factors. However, it did not



result in more removals: there were no statistically significant differences between SDM and non-SDM localities in the percentage of families considered “unsafe.”

**Assess a greater percentage of families as high risk and a smaller percentage of families as low risk.** The use of the SDM risk assessment produced a stunning contrast in assessed risk levels between SDM localities and non-SDM localities. (Non-SDM localities use a non-research-based risk assessment.) Among investigated families in the SDM localities, 47% were identified as high risk (versus 27% of non-SDM families), and 25% were identified as low risk (compared to 41% of non-SDM families). Similar differences were found between SDM and non-SDM localities among the cases handled in the assessment track. Although the researchers did not interpret this finding, CRC believes that it clearly demonstrates how agencies can seriously *underestimate* risk when they do not use a research-based risk assessment.



**Open cases for services.** In the SDM localities, a larger percentage of cases was opened for services following an investigation or family assessment (11% versus 9%). While this has workload implications for ongoing services staff, it should be no surprise that the SDM localities opened more cases, given the larger percentage of cases identified as high risk.

The Virginia evaluation used two measures to assess case outcomes during a standardized follow-up period. The first measure was “repeat valid referral,” meaning

a child had a referral that was screened in during the study period, and there was a subsequent (repeat) valid referral on the same child during the recidivism tracking period. The findings of the investigations or assessments that resulted from the referrals made no difference for this outcome measure.

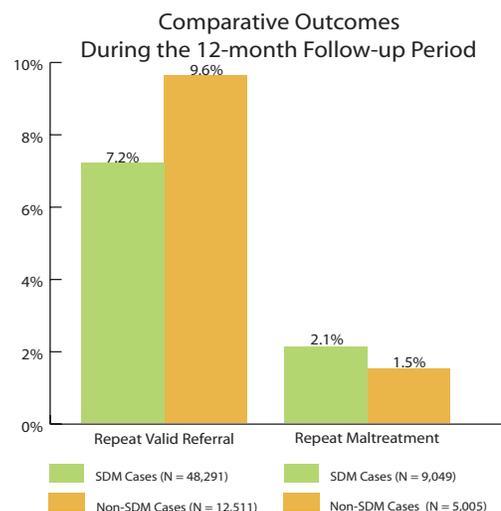
The second measure of recidivism was “repeat maltreatment,” meaning a child had a *founded investigation* during the study period, and this was followed by another *founded investigation* on the same child during the recidivism tracking period. Note that this is a much narrower definition of recidivism than that used in the repeat valid referral analysis.

The recidivism findings showed that:

**Children in SDM localities were significantly less likely to have a repeat valid referral than children in non-SDM localities.** This was true for the six-month follow-up period (5% versus 7%), for the 12-month follow-up period (7.2% versus 9.6%), and during the extended follow-up period (8% versus 10.5%).

**Children in the SDM localities were no more or less likely to experience repeat maltreatment than children in non-SDM localities.** This was true during the six-month follow-up period (1.2% versus 0.5%), during the 12-month follow-up period (2.1% versus 1.5%), and during the extended follow-up period (3% versus 2%). None of these differences were statistically or substantively significant.

CRC staff believe that the evaluation results are very supportive of the SDM model. First, most of the case processing measures showed that the SDM model is having a positive impact. More impressive is that these results were achieved in spite of some unevenness in the quality of SDM implementation in Virginia. CRC



believes that the results will be more dramatic as implementation is strengthened.

Second, and more importantly, it appears that the SDM model is having a direct impact on child safety, as evidenced by the outcome data on repeat valid referrals. While it would be great to have seen a positive impact on the repeat maltreatment measure, CRC believes that the repeat valid referral measure is the most appropriate recidivism measure to capture the impact of the SDM model in this evaluation because it takes into account the outcomes of far more children.<sup>3</sup>

This was a rigorous evaluation that has important implications for the SDM model and for Virginia. CRC applauds the state of Virginia for committing the time and resources to conduct the study and promoting best practice through research.

If you have any questions or would like more information, please contact Rick Wiebush, a CRC senior program specialist, at 410-788-1241 or [rwiebush@mw.nccd-crc.org](mailto:rwiebush@mw.nccd-crc.org).

<sup>1</sup> Technically, the design is referred to as a “difference-in-difference” analysis. It involves the comparison of pre-post changes in the SDM sites to pre-post changes in the non-SDM sites. The purpose of the design is to control for any potential pre-existing differences between the SDM and non-SDM sites.

<sup>2</sup> In Virginia, counties and most cities are incorporated separately. The term “localities” refers to both types of jurisdictions. The state is phasing in the SDM model over a multi-year period, which is why some sites are using the model and some are not.

<sup>3</sup> The repeat maltreatment measure is very limited in scope because it applies only to repeat founded investigations. In Virginia, approximately 70% of all cases are handled through the family assessment track rather than by investigation. Additionally, less than half of investigated cases result in a founded disposition. Consequently, the vast majority of children are not even taken into account (i.e., they are, by definition, excluded) when the repeat maltreatment measure is used to capture recidivism. To illustrate, this evaluation included over 60,000 children in the repeat valid referral analysis, but it only included 14,000 children in the repeat maltreatment analysis, despite both samples being drawn from the same time period.

## From the Field

### Getting Accurate Answers to SDM® Questions

Years ago, I heard a supervisor describe a conversation she had with her staff. She was trying to understand why so many assessments were submitted that did not show any substance abuse issues. “How are you getting information on whether or not a parent is abusing alcohol or other drugs?” she asked. One worker spoke up: “I ask them, ‘Are you abusing alcohol or other drugs?’ If they say no, I mark it ‘no.’”

One real danger in using tools is mistaking them for the interview. A tool is the summary of the assessment process, not the process itself. Let’s take as an example the substance abuse question on a typical SDM risk assessment. How does a worker decide whether to mark “yes” or “no”? Of course, safety must be addressed before continuing the assessment process. The following discussion assumes that there are no imminent threats to safety or that a safety plan is already in place.

The foundation for an accurate answer is in the relationship the worker builds with the caregiver before even getting to this question. From the first knock on the door, everything a worker does influences whether the caregiver will trust the worker enough to answer honestly if there is a substance abuse issue. We must be mindful of the inherent power a worker has in the helping relationship and realize that this power imbalance can be very intimidating to families. Their fear of losing their children can motivate them to attempt to cover up or minimize problems. As one parent in a recent study said, “Come in my house and show attitude with me and see where you are going to get because it is just rude. They [workers] have the higher power but that [rudeness] is enough to make anybody crazy...”<sup>1</sup>

Next, the approach to asking questions influences the completeness and accuracy of the response. If you simply “tick off” a list of close-ended questions, you will learn very little that matters. Rather, show a genuine interest in learning about the family, from the family’s point of view, in the family’s words. Start with general, open-ended questions. If substance use does not come

up, and you have established enough rapport to proceed, ask in general about the role of substances in the family. There are some very good follow-up questions suggested in the workbook *Screening and Assessments for Family Engagement, Retention, and Recovery* (pp. 42 and 45).<sup>2</sup> A skilled worker balances interviews with enough open-ended questions to hear the family’s voice and enough follow-up questions to focus in on important areas that the family may not bring up on their own. Be sure that you know the definition for the item so you can ask follow-up questions that will help determine the best fitting response.

#### THREE KEYS TO ACCURATE ASSESSMENTS:

1. Create positive helping relationships.
2. Balance open-ended and focused questions.
3. Gather and integrate different perspectives.

A third vital component for accurate assessment is gathering and integrating multiple perspectives. A single interview with one person does not form the basis

for an item response. Rather, the worker must take into account the perspective of the reporter, each family member interviewed, agency records, collateral sources, plus the worker’s own observations. If each source points in the same direction, the answer is clear. Often, different perspectives point in different directions. Carefully sifting through the available evidence and conducting further conversations to clarify conflicting information is part of the assessment process. If a caregiver denies a problem, but other sources suggest that there is a problem, it is important to approach the discrepant information objectively without jumping to conclusions.

In a busy workday, it is not always easy to take the time necessary to carefully answer each item on an SDM assessment. The above ideas do not always take MORE time; rather, they focus on how to use the time that is spent. Investing a little time in building a relationship will pay big dividends in the accuracy of assessments. Taking the time to get the KEY decisions right means that an agency can accurately identify higher risk families, provide services, and reduce revolving door assessments.

—Raelene Freitag

<sup>1</sup> Catherine de Boer, C., & Coady, N. (2007). Good helping relationships in child welfare: Learning from stories of success. *Child and Family Social Work*, 12, 32-42.

<sup>2</sup> Young, N. K., Nakashian, M., & Amatetti, S. (2007). Screening and assessment for family engagement, retention, and recovery (SAFERR). DHHS Pub. No. (SMA) 07-4261. Rockville, MD: Substance Abuse and Mental Health Services Administration.

## Users Respond Positively to SafeMeasures® 4.0



On August 27, 2007, NCCD/CRC released SafeMeasures® 4.0. The feedback has been overwhelmingly positive. Here is what some SafeMeasures users are saying:

“I appreciate NCCD/CRC’s excellent service. SafeMeasures 4.0 is a much improved product and I love the new interface. We will be exploring the data available to us through SafeMeasures and will be using that to target our efforts to further SDM implementation and improve performance across key outcome measures. I’m also quite pleased to see the reports on the back-end SDM tools.” – *Martin Graff, Marin County*

“I like the home page main menu and being able to view most of the menu on that page. It is much more user-friendly. I also really like the SDM monitoring tool, as we have not had a way to see [a usage] overview of [the SDM model]. I can locate the specifics regarding [the] caseworker and supervisor responsible for completed, missing, and incomplete assessments, and this also tells me what program applies. This is...very helpful...for monitoring SDM usage!” – *Sarah Wales, Alameda County Social Services Agency*

“I regularly use SafeMeasures to produce my monthly SDM management report to help office managers monitor their use of [the SDM model] and evaluate individual unit and staff performance. SafeMeasures 4.0 has several new features. Besides being more user-friendly, I find the new ‘compliance’ button, ‘subset’ feature, and ‘rank’ button extremely helpful. The compliance button displays the data in a more concise view that focuses on the completion of the tool versus which tools are missing. The ‘subset’ feature allows you to view the data using any combination of specific demographic factors. When viewing a report, you can click on the ‘ranking’ button, which displays the state average for that particular report measure, plus the county with the highest average, the county with the lowest average, and your own county average.” – *Dick SantaCruz, Los Angeles County*

“We are really pleased with SafeMeasures [4.0]. The ‘My Caseload’ and ‘My Unit’ sections of the main menu are far more user-friendly compared to requiring social workers to filter...their own caseload. This will help give our social workers more confidence in both using the application and the data presented. Great job, CRC!” – *Bob Balunda, ITCSS Sacramento County*

If you would like more information about SafeMeasures and how it can assist you with assessing your agency’s compliance with key performance indicators, please contact Peter Quigley, Vice President for Information Services, at 608-831-8882 or [pquigley@mw.nccd-crc.org](mailto:pquigley@mw.nccd-crc.org).



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