SDM® News

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Designing and Implementing a Screening and Response Time Assessment for Maryland Social Services Administration

Child protective services (CPS) agencies receive thousands of child maltreatment reports each year. In each case, a screening worker must decide in a relatively short timeframe which reports necessitate an in-person assessment, often with limited information from anonymous reporters. The in-person assessments require that a worker investigate the allegations to ensure the safety of a child, and involve considerable staff time and effort. These are difficult but critical decisions. Administrators of Maryland's Social Services Administration (SSA) collaborated with Casey Family Programs and the Children's Research Center (CRC) to strengthen the consistency of intake decision making by 1) developing a structured screening and response time assessment; 2) implementing the assessment statewide; and 3) evaluating the impact of implementation on screening decisions.

Why is the reliability of workers' screening decisions important? A state agency wants to ensure that the decision whether or not to investigate a child maltreatment report is made according to policy, and also that policy is applied consistently between workers and across local offices. The implication of unreliable screening assessments is that the decision whether to recommend in-person investigation is based on worker discretion rather than state policy, making it difficult to achieve equity.

The consistency and validity of workers' decisions to recommend that a report be investigated is likely to increase with the use of a screening assessment that clarifies policy in a concise and user-friendly format. Evidence from CPS suggests that completing simple, relatively objective assessments results in more consistent and accurate decision making (Baird, Wagner, Healy, & Johnson, 1999; Baird & Wagner, 2000).

Development and Implementation

The initial screening and response time assessment was developed by a workgroup of SSA staff and CRC consultants. The workgroup translated policy and procedures, both legislative and departmental, into a concise list of observations that workers could reference to determine whether a report should be screened in for further investigation. The resulting screening assessment listed, by maltreatment type, the nature of reported allegations that workers should consistently screen in for further investigation. Each criterion for screening in a report was supplemented with a full definition to help guide workers in their selection.

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Maryland piloted the initial assessment in three jurisdictions. Findings from the field test resulted in significant improvements for statewide implementation, including 1) stronger definitions for allegations and 2) additional training in how to document a report.

Evaluation of Statewide Implementation

The purpose of evaluating statewide implementation was to determine whether the screening and response time assessment helped workers reach reliable decisions given the same information, and whether implementation improved the narrative support that workers provided for the screening and response time decisions they made. Evaluation activities included reliability testing of the assessment, a qualitative review of screening decisions conducted before and after implementation of the assessment, and a survey of workers about the assessment and its implementation.

To test the assessment's inter-rater reliability, 46 workers completed 12 of 36 vignettes constructed from actual reports made to Maryland that were stripped of identifying information. Reliability testing demonstrated that the assessment resulted in significant levels of agreement. The rate of agreement for the screening decision was 75% or greater for all but four cases, and averaged 88% overall. Inter-rater agreement was also high (90% or greater) for each assessment item.

The evaluation also included a qualitative review of referrals completed by Maryland workers for a sampled period before and after implementation of the screening and response time assessment. The objective of the case reading was to assess the impact of implementing the screening assessment on the quality of case narratives as well as on the justification for screening and response time decisions. Findings from the pre- and post-implementation case readings suggest that implementing the screening and response time assessment, including training on report narration, improved workers' documentation within the case narrative and possibly improved the screening decisions they made. In the post-implementation case reading, a significantly greater number of reports had narratives that fully justified all types of maltreatment indicated in the report, and also had narrative justifying the response time.

A web-based survey of screening staff confirmed that the assessment can aid decision making. More than half (60%) of the 73 workers who responded to the web-based solicitation of feedback found the assessment helpful and had referenced the definitions at least once. Workers who found the assessment helpful noted that it clarified policy, provided a decision framework for new workers, and helped when evaluating more difficult reports. Workers who did not find the assessment useful indicated that it is additional documentation and that they often complete the assessment after making a decision about the referral. Some respondents noted that the quality of implementation varied across workers and offices.

These findings strongly suggest that workers can increase the consistency of decisions whether or not to screen in a maltreatment report by using the screening and response time assessment, but improvement requires consistent implementation and use of definitions. Research demonstrates that good implementation involves strong administrative support for the practice change, effective training and supervision, and skilled staff (Toth, Manly, & Nilsen, 2008; Mihalic, Irwin, Fagan, Ballard, & Elliott, 2004).

Maryland SSA plans to further strengthen screening practices by:

- Incorporating the screening and response priority assessment into the electronic case management information system and requiring workers to complete the assessment prior to recording the actual screening decision;
- Emphasizing staff use of definitions to promote accurate and consistent assessment scoring;
- Encouraging supervisors to routinely review assessment completion and incorporate it into case discussions with workers; and
- Regularly examining assessment findings through data reporting to determine how often workers

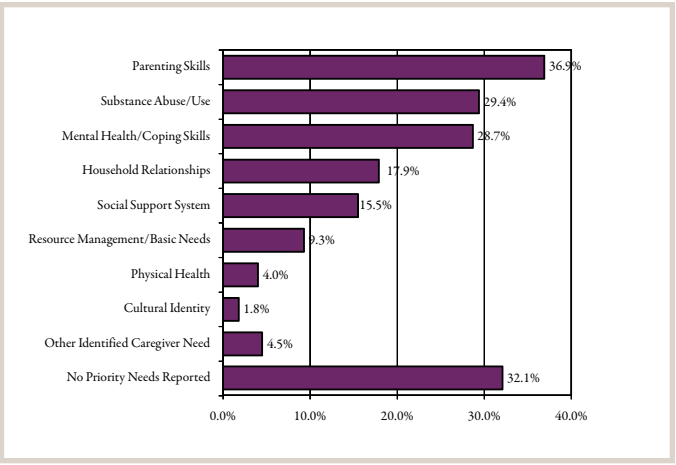
are completing the assessment, what evidence is provided for the screening decision, and if assessment findings are consistent with the final screening decision.

What Can Data Do for You?: Using Aggregate Data From the SDM® Family Strengths and Needs Assessment

One of the objectives of the Structured Decision Making® (SDM) system is to use aggregate assessment data to inform agency-level decisions. Each SDM® system (for child protection, placement support, adult protection, and Temporary Assistance for Needy Families) includes an assessment focused on the strengths and needs of household members.

In individual cases, these data are used to match clients (parents, children, foster parents, elders, caregivers) to services that will improve their functioning as a household and increase their chances of achieving agency goals (e.g., preventing future maltreatment, increasing participation in required activities).

However, if the data from many households are collected over a period of time and summarized, or aggregated, they can give a snapshot of the total needs of an agency's client population. For example, the graph below shows that for this child protection agency, the three most common need areas are parenting skills, substance abuse/use, and mental health/coping skills.



How Can You Use These Data?

- *When making decisions about allocating resources within your agency*: Should you hire more workers in mental health services?

- *If the number of families identified as having substance abuse needs is lower than what you and your community partners believe it to be*: Is there a need to develop targeted training to ensure that workers are sufficiently trained to identify and assess the signs of substance abuse?

- *To start a conversation with your community partners*: How do your client's needs match with the services provided in the community? Can you work together to develop new programs in high-needs domains?

- *When advocating for your agency with policymakers*: Quantitative data, which describe the number of people affected by a problem, are some of the most persuasive forms of evidence in policymaking. Moreover, if data can be analyzed at the electoral district level (i.e., summarizing the needs only of families in the zip codes served by a legislator), it is possible to tell a policymaker about the needs of his or her constituents. While evidence is persuasive, evidence about voters can be even more crucial.

These are just a few examples of how case-level data can be used by administrators to inform and support larger organizational decisions about resource needs and allocation. For more information on how CRC can assist your agency in using aggregate SDM data to advocate for needed funding and resources, please contact your SDM program liaison or CRC's Data Services Manager, Theresa Healy, at thealy@nccdcrc.org.

Chris Baird Named New President of NCCD

The Board of Directors of the National Council on Crime and Delinquency (NCCD) is pleased to announce that Executive Vice President Chris Baird has accepted the position of President of the organization, effective December 1, 2009. Mr. Baird becomes the sixth president of NCCD.

Chris Baird Named New President of NCCD Continued

Mr. Baird has served as a vice president at NCCD since 1988. He has directed the Midwest office since 1985, working in juvenile justice, adult corrections, and child welfare. From 1993 to 1997 he served as the director of CRC.

Mr. Baird has designed risk assessment, classification, and case management systems for child welfare, adult probation and parole, and juvenile justice systems. He developed and managed the National Institute of Corrections Model Probation and Parole program, which was implemented in 31 state agencies and hundreds of county probation departments throughout the United States.

Chris Baird, NCCD President

Mr. Baird has authored numerous journal articles and other publications on research, program development, and management issues in child welfare, juvenile justice, and corrections. In 1992 he received the University of Cincinnati Award from the American Probation and Parole Association for outstanding research contributions to the field. In 2001 he and colleague Dennis Wagner received the Pro Humanitate Literary Award for "The Relative Validity of Actuarial and Consensus based Risk Assessment Systems" from the North American Resource Center for Child Welfare. In 2004 he received the Grace B. Flandreau Award for his contributions to child welfare. His educational background includes a master's degree in economics.

Hubert Locke, chair of NCCD's Board of Directors, stated, "We are immensely pleased that Chris Baird has accepted the Board's invitation to become president of the National Council on Crime and Delinquency. Chris brings an exceptional record of research and advocacy in the criminal justice field. We look forward, under Chris's guidance, to an exciting new era for one of the nation's most esteemed criminal justice organizations."

The 2010 SDM® E-Conference

In lieu of its national SDM conference, CRC will offer a series of free e-conference sessions throughout 2010. Information on the e-conference sessions will be updated monthly on CRC's website, www.nccd-crc.org. The first two sessions will occur in January and February 2010.

Winter 2010 Sessions

Integrating Signs of Safety and the SDM® System
12:00 p.m. CST, January 12, 2010

Jurisdictions using the SDM system sometimes struggle with helping workers use SDM assessments dynamically with families. Several jurisdictions have addressed this issue by integrating Andrew Turnell's practice model, known as Signs of Safety (SOS), with the SDM system. Casey Family Programs is interested in evaluating this promising integration, and has launched a learning and evaluation collaborative to support and study it.

This workshop will identify issues arising from integration of the SDM model and SOS in Massachusetts. Representatives of other jurisdictions also integrating the two models will be invited as panelists to respond to questions. Finally, Casey Family Programs staff will explain the proposed research and evaluation as well as the learning and evaluation collaborative.

Revitalizing SDM® Implementation
12:00 p.m. CST, February 9, 2010

How do you sustain implementation of the SDM system for CPS year after year? This webinar will present Riverside County Department of Social Services' campaign to renew and revive implementation of the SDM system for CPS. Presenters will describe their systematic, multi-pronged, and innovative approach to refocus use of the SDM system as a critical component of CPS practice.

For more information on the 2010 SDM E-conference, please contact Angela Noel at (608) 831-1180 or anoel@mw.nccd-crc.org.

From the Field: Talking With Families About SDM® Assessments

Would families on your caseload know their current risk level, safety status, or priority needs? If not, there is a good chance that you are filling out SDM forms without truly using SDM assessments to guide practice. SDM assessments and the decisions they guide should be completely transparent to families.

Many workers are taking hard copies of SDM assessments into the field and going over them with families. This can be a valuable clinical practice when done in a family engagement framework. Here are some ideas for talking to families about SDM assessments.

- Create some rapport before pulling out the form.
- Explain the purpose of each assessment. For example, explain that the risk assessment is a way to help figure out whether the family has a lower or higher chance of experiencing a future report to child protection.
- Explain how you will integrate the family's perspective. For example, you will interview family members, and will answer the items in a way that best captures what the family tells you, along with your observations and review of records.
- Explain how you will use results. For example, explain that the risk assessment results will help guide your decision about whether to recommend ongoing services.
- Use good interviewing skills in shaping questions, beginning with the most open-ended questions and using follow-up questions as needed to be sure you have enough information to determine whether definitions are met. (Do NOT use the SDM form as an interview guide.)

An SDM assessment can be as "strengths-based" as you make it. For example, upon completing a risk assessment that results in low or moderate risk classification, you can use that information to reinforce the efforts the family has made to keep their risk lower. If instead they are high or very high risk, it is important to help them understand that this may simply mean that they are experiencing more than the average stressors, not necessarily through any fault of their own. Few families abuse or neglect their children because they choose to. For most, abuse or neglect happens when the stressors overwhelm the family's good intentions. The good news about learning that risk is high is that something can be done to prevent future abuse or neglect. Knowing your risk is the first step in being able to do something about it. Use a higher risk classification to tap into the family's desire to keep their children safe by offering interventions to help the family reach their goal. High risk does not need to be a disparaging statement; it can become an empowering piece of information. Think of someone you know, perhaps yourself, who learned he or she was at high risk for something like heart disease or cancer, and initiated positive life changes as a result of learning about that risk.

As a good clinical practitioner, you will identify some situations where bringing out a hard copy of an SDM assessment isn't indicated. Some first-time visits are too chaotic, or the family too angry. In most other settings, however, it will often serve you and the family well. It can reassure the family that you are not making capricious decisions. It is transparent. It can create an opportunity to help the family begin to learn about the differences between safety, risk, and needs. It can help everyone stay focused on priority needs. Send us your stories about experiences using SDM assessments with families!

Raelene Freitag, Director of CRC

CRC

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