SDM® News

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Applying the Structured Decision Making® Model in New Ways

Kathy Park, Assistant Director, CRC

The Structured Decision Making® (SDM) model is an evidence-based approach to assessment. The SDM® model has been applied in a variety of social service fields and is based on the following objectives:

- Support front-line staff at critical decision-making junctures from intake to case closure;
- Promote the principles of reliability, validity, equity, and utility in assessment practices;
- Target limited agency resources to clients most in need of services;
- Reduce harm and negative outcomes over time for clients;
- Provide supervisors and managers with critical management information for policy development, resource allocation, and workload distribution.

The SDM system originated almost 30 years ago with the use of research-based risk assessment in adult corrections and, subsequently, juvenile justice. In the mid-1980s, the first research-based risk assessment for child protection was developed by Children's Research Center (CRC) with the State of Alaska. Michigan followed in the late 1980s, starting with risk assessment, and created the foundation for what has become the SDM system of assessments for child protective services (CPS). The SDM system in CPS is currently composed of eight core tools used at different points in the case management process.

While the acronym "SDM" is most commonly associated with child welfare, the objectives described above are universal to a number of social services programs. CRC has collaborated with several of our partner sites to explore the feasibility of developing SDM systems of assessment in other areas, including the following:

- Placement stability for children in foster and relative care;
- Child maltreatment prevention among families receiving Temporary Assistance for Needy Families (TANF);
- Welfare-to-Work program participation; and
- Adult protective services.

continued on page 2

Contents

Previous issues of *SDM® News* have provided summaries and highlights of CRC's work related to placement stability and the SDM system for prevention services in TANF. In this issue, we highlight recent milestones in the development of the SDM systems for Welfare-to-Work and adult protective services.

The SDM System for Welfare-to-Work (WTW)

In June 2010, CRC trained employment services counselors in Riverside County, California, on three assessments that were developed in partnership with the Riverside County Department of Public Social Services GAIN Program and the Riverside County Department of Mental Health. This training marked the end of a year-long development process and the beginning of a new practice approach. The goals of the SDM system for WTW are to identify customers (i.e., clients) in need of increased agency support to achieve successful program participation and employment, and to reach greater consistency in decisions around work activity assignments and service referrals.

The cornerstone of the SDM in WTW model is called the appraisal screening tool. The appraisal screening tool is based on a study conducted by CRC using actuarial risk assessment methodology. It classifies customers into low, moderate, and high support classifications. The higher a customer's support level, the more contact and engagement the agency will have with that customer to increase success in assigned work activities and increase the likelihood of employment.

Figure 1

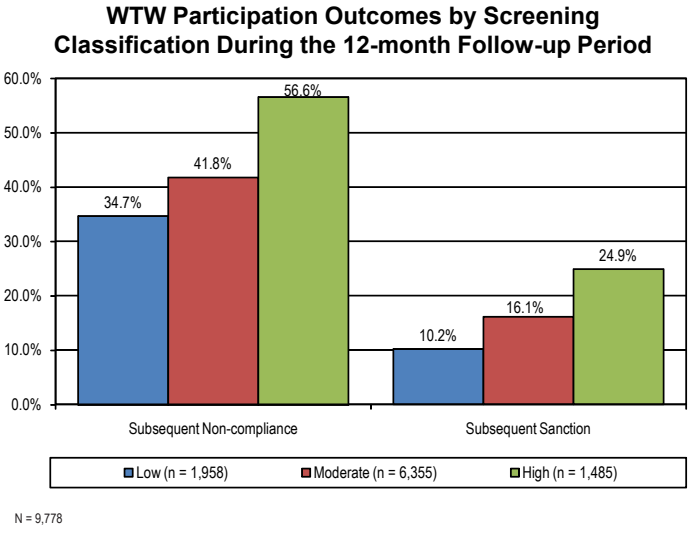


Figure 1 shows that 34.7% of customers classified as low support in the study experienced non-compliance and 10.2% experienced a sanction during the 12-month follow-up period, while more than half (56.6%) of customers classified as being in need of high support experienced non-compliance, and almost 1 in 4 (24.9%) experienced a sanction.

In addition to the appraisal screening tool, the SDM system for WTW consists of a family strengths and needs assessment (FSNA) and a support level reassessment (SLR). The FSNA is used to conduct a comprehensive assessment of common barriers to program participation and employment. Results are used to inform development of the WTW contract and the action plans for each customer. The SLR is used at specific points during ongoing case management to identify agency support requirements.

The SDM System for Adult Protective Services (APS)

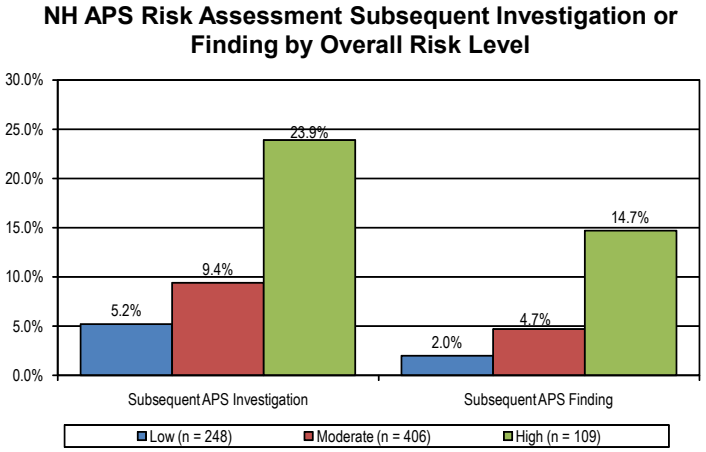
Like SDM development in CPS and WTW, it was the foresight and innovative thinking of direct service agencies that spurred our work with adult protection. Starting in 2003, we developed structured screening and response priority assessments for intake staff and a safety assessment to support front-line investigators in Riverside County, California. In 2006, we began working with the State of New Hampshire to develop similar assessments for their intake and investigations staff, and added a strengths and needs assessment to support the service planning process in ongoing services. Most recently, six counties in Minnesota, referred to as the Minnesota County Collaborative, contracted with us to develop and implement intake, safety, and strengths and needs assessment tools as part of their APS practice.

In April, we completed the first phase of analysis under a National Institute of Justice (NIJ) grant to develop a research-based risk assessment for use by front-line APS practitioners. The risk assessment is the newest

continued on page 3

component of the SDM system for APS.[1] The goal of the risk assessment is to classify adults investigated by APS according to low, moderate, or high likelihoods of experiencing future harm. Study outcomes included subsequent investigation by APS and subsequent confirmed finding of allegations. Figure 2 shows overall outcomes by risk level. Of investigated adults classified as low risk, 5.2% experienced a subsequent APS investigation during the six-month follow-up period compared to 23.9% of adults classified as high risk. Similarly, only 2.0% of adults classified as low risk had a subsequent substantiated finding of harm compared to 14.7% of adults classified as high risk.

Figure 2



N = 763; base rate, investigation = 10.1%; base rate, finding = 5.2%

The implications of using risk assessment in APS are significant given traditionally limited resources and an increasing elder population. A valid, objective, research-based tool that estimates the likelihood that a client will experience harm in the future can serve as a valuable component of the overall assessment process, helping workers make difficult decisions about which clients are most in need of interventions and continued engagement. This is especially important given that APS clients have the right to self-determination regarding acceptance of agency services. For low risk clients, exercising the right of refusal can be of lesser concern than for those who are at moderate or high risk and who may benefit from additional, alternative strategies of engagement in planning for safety, whether that is with the agency, in the community, or on their own.

APS social workers in New Hampshire will implement the risk assessment in August 2010. We will provide ongoing technical assistance, including a process evaluation to better understand how the risk assessment functions under field conditions. We will also conduct a validation study that will examine outcomes over a 12-month follow-up period.

For information about any of these emerging applications of SDM system principles in social services, please contact Kathy Park at kpark@nccdcrc.org.

The 2010 SDM® E-Conference

The 2010 SDM E-Conference is on summer break, which makes this a perfect time to catch up on e-conference sessions you may have missed. All sessions are available at http://www.nccd-crc.org/crc/crc/c_conference_previous.html. Sessions available for viewing are as follows:

- *Integrating Signs of Safety and the SDM System*, presented by Sophia Chin, Training Manager, and John Vogel, Associate Director, Massachusetts Child Welfare Institute, Massachusetts Department of Children and Families; Susan Getman, Senior Director, and Peter Pecora, Managing Director of Research Services, Casey Family Programs; and Raelene Freitag, Director, CRC

- *Revitalizing SDM Implementation*, presented by Barry Dewing, Regional Manager, Mark Kisselburg, Staff Development Officer, and Ryan Uhlenkott, Regional Manager, Riverside County Department of Social Services, California; and Kathy Park, Assistant Director, CRC

continued on page 4

[1] NIJ grant No. 2008-IJ-CX-0025, "Developing an Actuarial Risk Assessment for Adult Protective Services."

- *Increasing Placement Stability: A Proactive, Research-based Approach to Preventing Placement Disruptions*, presented by Kathy Park, Assistant Director, and Kristen Johnson, Senior Researcher, CRC

- *Using SafeMeasures® to Drive System Improvement Efforts: New Jersey's Story*, presented by Donna Younkin, Director of Information Technology and Reporting, New Jersey Department of Children and Families, and Joel Ehrlich, Director of Analytic Systems, CRC

- *Structuring the Decision to Report: New South Wales*, presented by Raelene Freitag, Director, CRC

The E-Conference will resume in September. Watch the E-Conference webpage for more details.

How and When to Revise SDM® Definitions: Strategies for Early Implementation

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In the first stages of implementation of the SDM system, starting with training, suggestions are frequently generated for definition improvements. It can be tempting to make these changes before using the assessments under field conditions. There are potential drawbacks to responding quickly to feedback as well as advantages afforded by waiting. With a measured approach to change, jurisdictions and their clients can reap the benefit of balanced, stable, and useful definitions.

To create SDM assessment definitions specific to each jurisdiction, CRC begins with an agency's applicable policies, regulations, and laws and then collaborates with a workgroup convened by the agency. This workgroup is composed of supervisors, managers, front-line workers, and other agency staff to customize the SDM tools and definitions for the jurisdiction. By collaborating with CRC, the workgroup has access to the experiences of other jurisdictions, including successes and obstacles. The workgroup often goes through several drafts to create relevant and useful definitions.

During training, it is a natural reaction for staff to mentally apply the definitions to cases they have worked on, including unusual cases or "outliers." However, it is important to remember the design principle of definitions: *aim for moderate detail that is relevant to 90–95% of your agency's population*. Attempting to address every unique situation or family will result in unwieldy and exhaustive definitions, and ultimately reduce their utility. Also, revising definitions immediately in response to early feedback can result in a policy and procedures manual that changes several times over the first few months, which robs workers of the opportunity to feel secure and confident in their growing knowledge of the definitions.

CRC recommends a "wait and observe" strategy. An SDM workgroup should continue to meet at least quarterly during the first year of implementation. This meeting schedule allows time to gather information from the field regarding challenges and successes. It also enables the use of aggregate data to identify trends and inform options for problem resolution. Some early concerns about definitions or practice may resolve themselves as staff become more familiar and comfortable with assessments. In other cases, living with a difficult definition for a period of time may allow workers to suggest new solutions that they could not have discovered during training. Workgroup meetings can decrease in frequency as implementation stabilizes, but should occur at least annually.

Semiannual meetings of an SDM workgroup are also beneficial for jurisdictions where SDM assessments have been implemented for a longer period of time. When assessments have been in use for a long while, they may be regarded as complete and unchanging. As local policies and practices change, however, corresponding changes in assessment items, definitions, or policies may be necessary. If elements of the SDM system are not adapted in response to new conditions, they may begin to feel irrelevant or their utility may be reduced.

continued on page 5

For example, if your agency has recently implemented a differential response model for intake, the SDM intake screening and response priority tools and the risk assessment should be reevaluated for necessary revisions and updates.

The approach of regularly revisiting and revising SDM assessments balances the stability of knowing that the policy and procedures manual will remain current for six months or a year with the ability to carefully consider revisions and make changes when necessary, and supports a data-driven approach to modifying definitions.

From the Field: Talking to Families About Risk

Have you ever used an online tool to find out how likely you may be to have a heart attack? (Here's one from the National Cholesterol Education Program: http://hp2010.nhlbihin.net/atpiii/calculator.asp.) This type of tool is essentially a risk assessment for heart attack. It is a good example of how to think and talk about risk. You enter information about yourself (the questions are actuarial risk items) and the tool provides you with a risk level. This risk level estimates the likelihood that you will have a heart attack in the next 10 years.

While the families you work with will not be entering information into the SDM risk assessment themselves, there are important parallels between the heart attack risk calculator and how SDM risk assessments can best be used with families. The first is that having a risk factor does not make you a "bad" person. It is not a judgment; it just *is*. Some heart disease risk factors, like smoking, are choices, but acknowledging that they increase risk does not mean passing judgment on a person. Other risk factors, like HDL cholesterol, are not entirely in one's control but still affect risk level. Still others *are* out of one's control, like family history of heart disease. It would be imprudent to exclude HDL cholesterol or family history from a heart attack risk assessment simply because you have limited ability to influence your score on those items.

Similarly, on the SDM risk assessment, each abuse and neglect item affects the final risk level one way or the other. No item contains a moral judgment about the family. Essentially, identifying risk factors is a way of acknowledging that the family is experiencing circumstances that would be difficult for anyone. It is important that, as workers, we treat the presence or absence of risk factors as objective observations. If we misunderstand and think that marking an item punishes the family, we will communicate a negative impression of risk that could cause defensiveness.

The second important parallel with heart disease risk assessment is that the purpose of completing a risk assessment is to *do something* about risk that is higher than average. Knowing your risk level is the first step in being able to do something about it.

Having an objective conversation with a family about risk level can be one of the most empowering things we can do for them. If risk is low or moderate, we can reassure the family that even if something has already happened (i.e., an allegation has been substantiated), their chances of abuse or neglect in the future are low.

continued on page 6

Important Notice

The 2011 SDM Conference dates have changed. The new dates are October 19–21, 2011, at the Hilton Baton Rouge in Baton Rouge, Louisiana. Registration materials will be available in early 2011.

If risk is high or very high, we can inform the family of this information. We must explain that this does not mean that they *will* maltreat a child, but there is enough going on now, and/or enough history, that they are at higher risk for abuse or neglect happening in the future. I believe that the vast majority of families do not want to harm their children, and if given an opportunity to *proactively* reduce their risk, will do so.

Conversations with families about risk, using family-centered, solution-focused engagement strategies, are central to child protection work. If we have a desire to avoid "labeling" a family, it can be tempting to get into the pattern of ignoring real risk. If we minimize risk level, most of the time it will turn out okay. Only about half of very high risk families have a new substantiation. For other families, however, our sense of not wanting to "ding" them with risk factors (a common reaction, especially to risk factors that reflect past events or behavior) may contribute to a preventable recurrence of maltreatment.

In summary, I encourage you to practice talking to families about risk. Tell them you are going to apply the information from your various interviews and record checks to a standardized, research-based risk assessment, and that you will review the results with them. Tell them *in advance* what the different risk levels mean (i.e., low means the chances of maltreatment are below average, moderate means the chances are about average, high and very high mean the chances of maltreatment are higher than average, and the family has a chance to do something to change the course of their future). Given accurate, objective information, most families will be able to come to an understanding that they can benefit from continued engagement with the agency and participation in ongoing services.

Raelene Freitag, Director of CRC

Links of Interest

Adult Protective Services

"Totaled Recall: Is an Alzheimer's Memory Screening Test Worth It?" by Lindsey Konkel, from *Scientific American*

http://www.scientificamerican.com/article.cfm?id=is-an-alzheimers-memory-screening-test-worth-it

"Zen and the Art of Coping With Alzheimer's" by Denise Grady, from *The New York Times*

http://health.nytimes.com/ref/health/healthguide/esn-alzheimers-ess.html

"Making Homes Safer for Dementia Patients" by Dale Russakoff, from *The New York Times*

http://newoldage.blogs.nytimes.com/2010/07/19/making-homes-safer-for-dementia-patients/?scp=6&sq=alzheimer's%20disease&st=cse

Child Protective Services

"Drugging Kids for Parents' Relief Called Abusive" by Madison Park, from CNN.com

http://www.cnn.com/2010/HEALTH/07/22/drugged.children.parenting/index.html?eref=mrss_igoogle_cnn

TANF/Welfare-to-Work

"Frontline Worker Responses to Domestic Violence Disclosure in Public Welfare Offices"

http://www.thefreelibrary.com/ (enter article title into search bar at the top of the page)

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