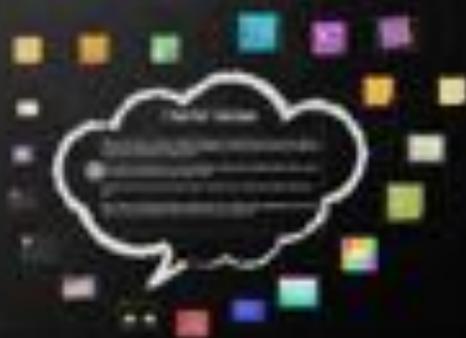
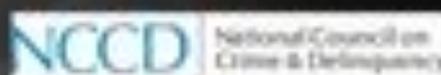


STRUCTURED DECISION MAKING

"SDM"



1 tool for 1 decision

Children's Research Center in Wisconsin, established to help federal, state, and local child welfare agencies reduce child abuse and neglect by developing case management systems and conducting research that improves service delivery to children and families. CRC also works with States to implement SDM

CRC is a division of the National Council on Crime and Delinquency (NCCD), which was established in 1907 to perform a similar role for private and public agencies serving delinquent children.

Currently used in over 39 states and 5 countries (Canada & Australia) (Alaska, Michigan, Kansas, Oklahoma, Pennsylvania etc.).

1980's 1st risk assessment for child protection was developed by CRC with the State of Alaska. Michigan was the 2nd state to follow and created the foundation for what has become the SDM system of assessments.

SDM SYSTEM OVERVIEW

A set of research and evidence based tools for each important decision in the life of a case.

Each tool contains definitions and policies which enhance workers ability to make consistent decisions using the same standards.

Since no tool can capture all circumstances, SDM allows for individual family situations and unique circumstances.

A shared set of criteria for decision making and common language to describe the reasoning behind the decisions.

Composed of 8 research-and evidence based tools for each important decision in the life of a case. SDM helps all workers, regardless of experience, make consistent decisions using the same standards.

All the Tools have "others" and or "overrides" to acknowledge unique circumstances exist with families and no tool can capture all of these.

Implemented in SESAVESA in November 2008, fully implemented state-wide by July 2012.

WHY SDM?

- Improves transparency
- Prioritizes information gathering
- Improves decision making
- Provides a common language
- Helps focus narratives
- Helps verify and support decision making
- Provides framework for consistency

THE GOAL

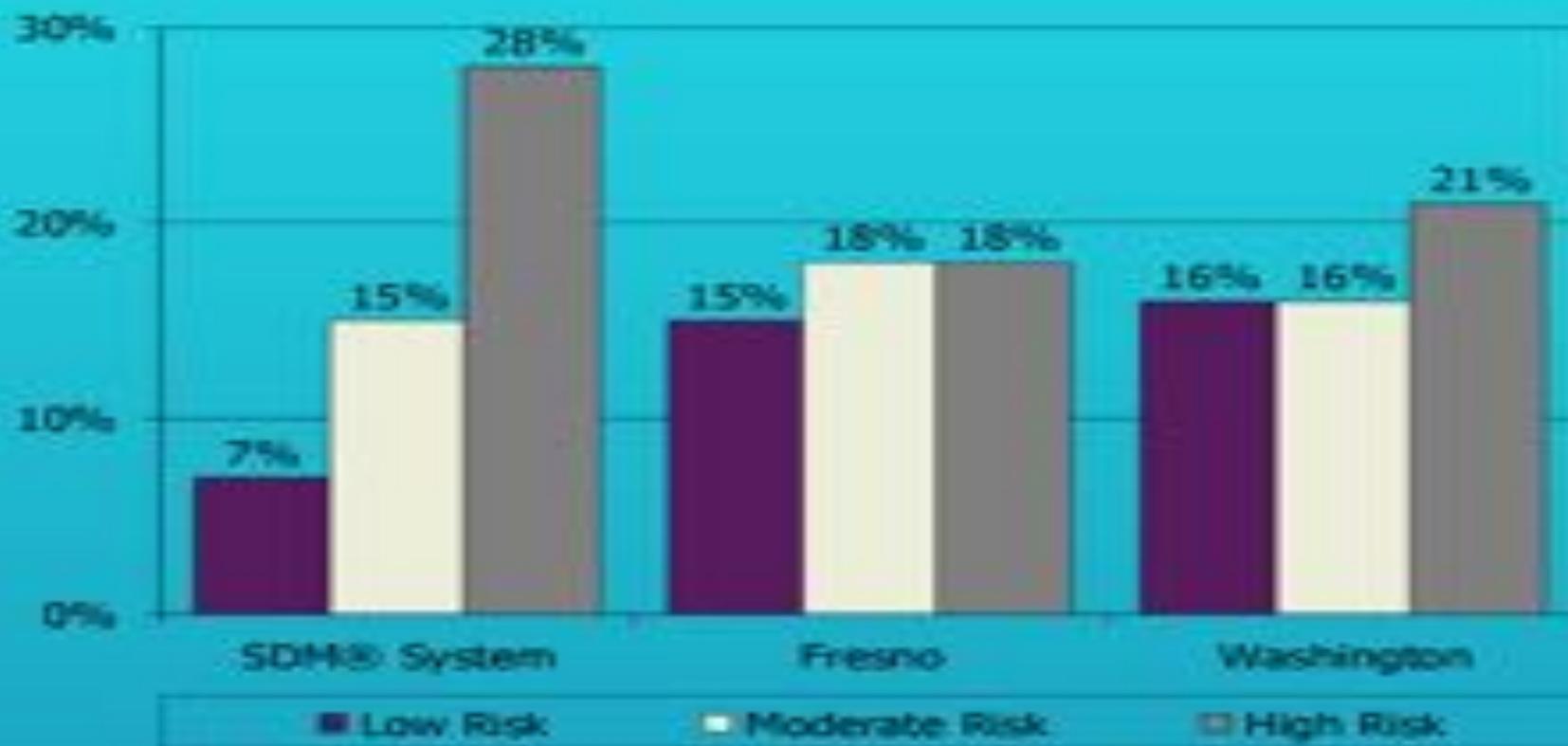
REDUCE SUBSEQUENT HARM TO CHILDREN

ELIMINATE ANOTHER INVESTIGATION

EXPEDITE PERMANENCY

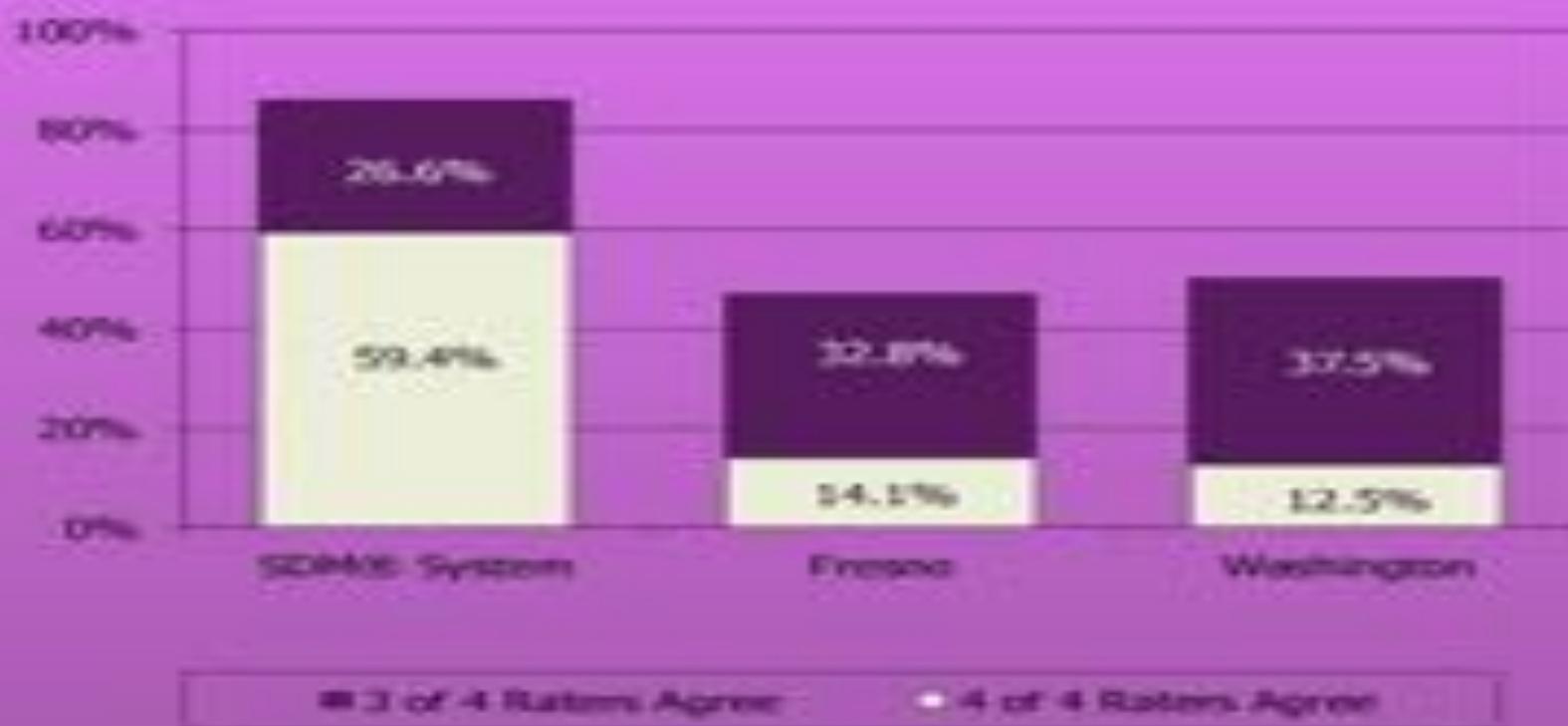


STUDY 1



This means using the SDM assessment helps accurately identify families where a future incident is more likely. Lower risk families, where a future incident is more unlikely, can safely be referred to services in the community.

STUDY 2



This graph illustrates what happens when different workers are given the same information about a case and asked to make an independent recommendation.

SDM ASSESSMENT TOOLS

Should we investigate?
How quickly?

Intake assessment

Can the child safely remain
in the home?

Safety assessment

What is the likelihood of
future maltreatment?

Risk assessment

What are the priority needs
of the family?

Family strengths & needs
assessment

Should the case remain open
or be closed?

Risk Re-assessment

Should a child go home or change
permanency?

Reunification assessment

INTAKE ASSESSMENT

Based on Nebraska Statute and Policy

Implemented in Nebraska 2012

Once the report is accepted, what is the initial assessment process?

- Gather information to make Case Status Determination



SAFETY ASSESSMENT

Can the child remain in the home, with or without a safety plan, or if a child needs to be removed from the home for his/her own protection, if the household presents imminent danger of serious harm.

Child Vulnerabilities



Safety Threats



Safety Interventions



Safety Decision

Safe, Conditionally Safe, Unsafe

1st Family Strengths

Use of family, kin, neighbors or other individuals in the community as safety resources

*Caregiver will appropriately protect the child from the alleged perpetrator

*The non-offending caregiver will move to a safe environment with the child

*The alleged perpetrator will leave the home, either voluntarily or in response to legal action

Conditionally
Safe

In-Home
Safety Plan

2nd Community and Agency Resources

Intervention or direct services by worker

Use of community agencies or services as safety resources

Legal action planned or initiated; the child may remain in the home

Other

Conditionally
Safe

In-Home
Safety Plan

3rd Remove Child from Home

Request emergency protective custody

Family and DHHS agree to out-of-home placement

Other court action

Unsafe

Out-of-Home
Safety Plan

RISK & PREVENTION ASSESSMENT

Decision- Should we provide ongoing services and if so, determine the intensity of services needed.

Important decision because resources are limited. Able to choose which families need help the most. By assessing the likelihood a child in the home will be harmed.

Neglect index & Abuse index

Scored Risk Level

Overrides

Final Risk Level

Family
Functioning
Narratives

Gathering
During 30 day
period

What does
this include?

Maltreatment

Evidence, who said what, does the story match the injury? Explain case status determination. "Finding"

Circumstances

What are the underlying causes of the maltreatment? What are the patterns? What are the triggers?

Child Functioning

What does the child's functioning look like?
School, medical, sports, mental health, etc.

Parenting

Parents perception of child, rules, discipline, are the child's needs met

All adults in household
Adult Functioning

Substance Use, Domestic Violence, Mental Health, Employment, Family Relationships, education, etc.

Protective Capacities

Do the caregivers understand the needs and safety of the child? Are they capable of caring for the child, etc.

FAMILY STRENGTHS & NEEDS ASSESSMENT:

Decision: used to guide case planning by identifying areas of family functioning where caregivers and children are doing well, and areas where they could benefit from additional assistance. Completed prior to initial case plan & minimally every 3 months...

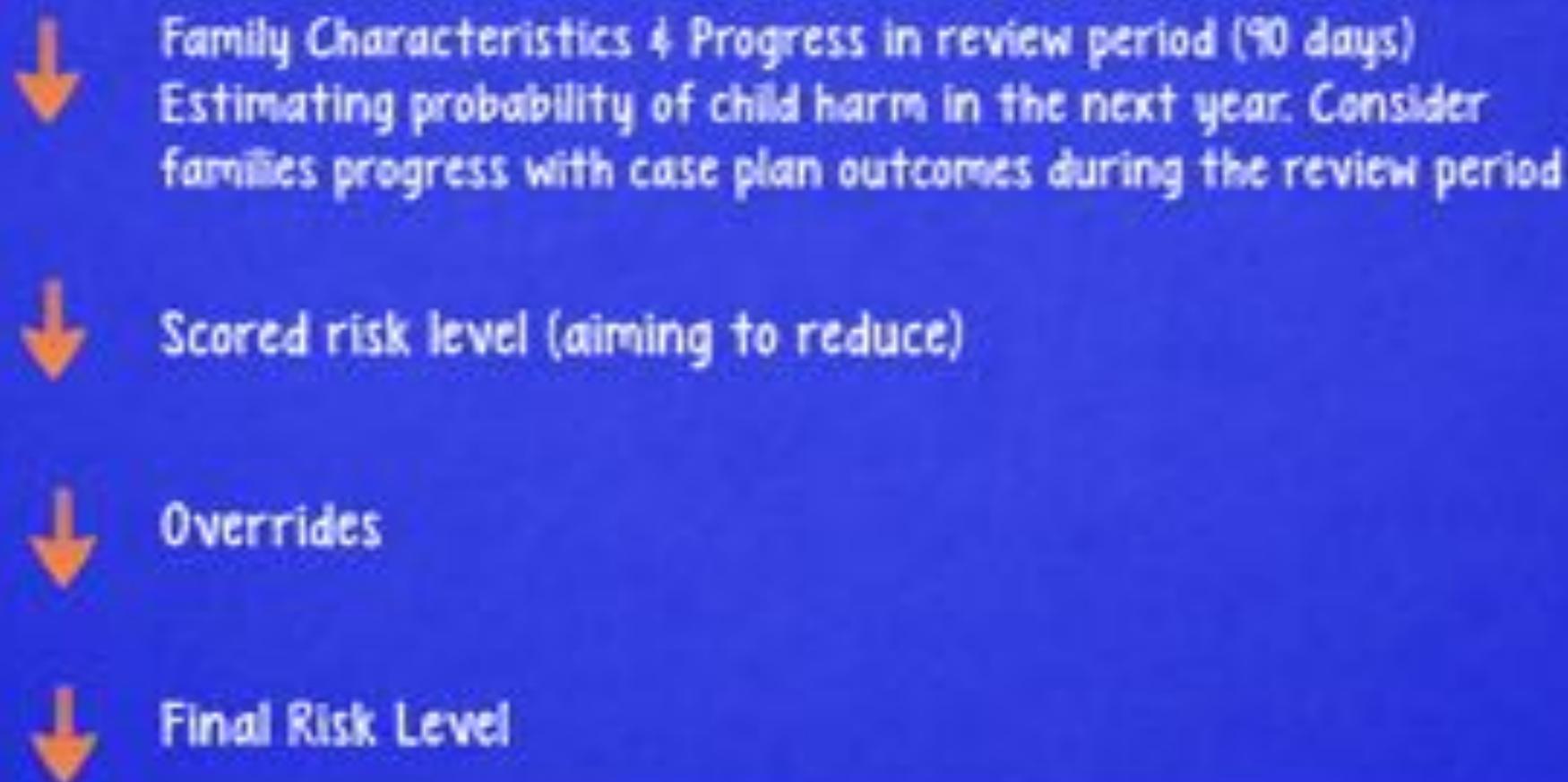
Assesses areas of household functioning such as substance use, social support system, resource management that research and expert opinion indicate are important to preventing future maltreatment.

Evaluates families equally and globally to assess ALL needs and ALL strengths. Does not only focus on maltreatment or what brought them to our attention.

Information from the FSNA drives the Case Plans. Developed with the family based on their strengths and needs and used to develop a road map of what the family/child needs to work on in order to alleviate the threat or risk of harm to the child.

RISK RE-ASSESSMENT

Decision: guides the decision to keep a family preservation case open or to close the case AND helps the worker prioritize the intensity of services



REUNIFICATION ASSESSMENT

OUT OF HOME CARE

Decision- guides whether a child can be safely returned home or if it is time to pursue a different permanency goal

Included within the reunification assessment:

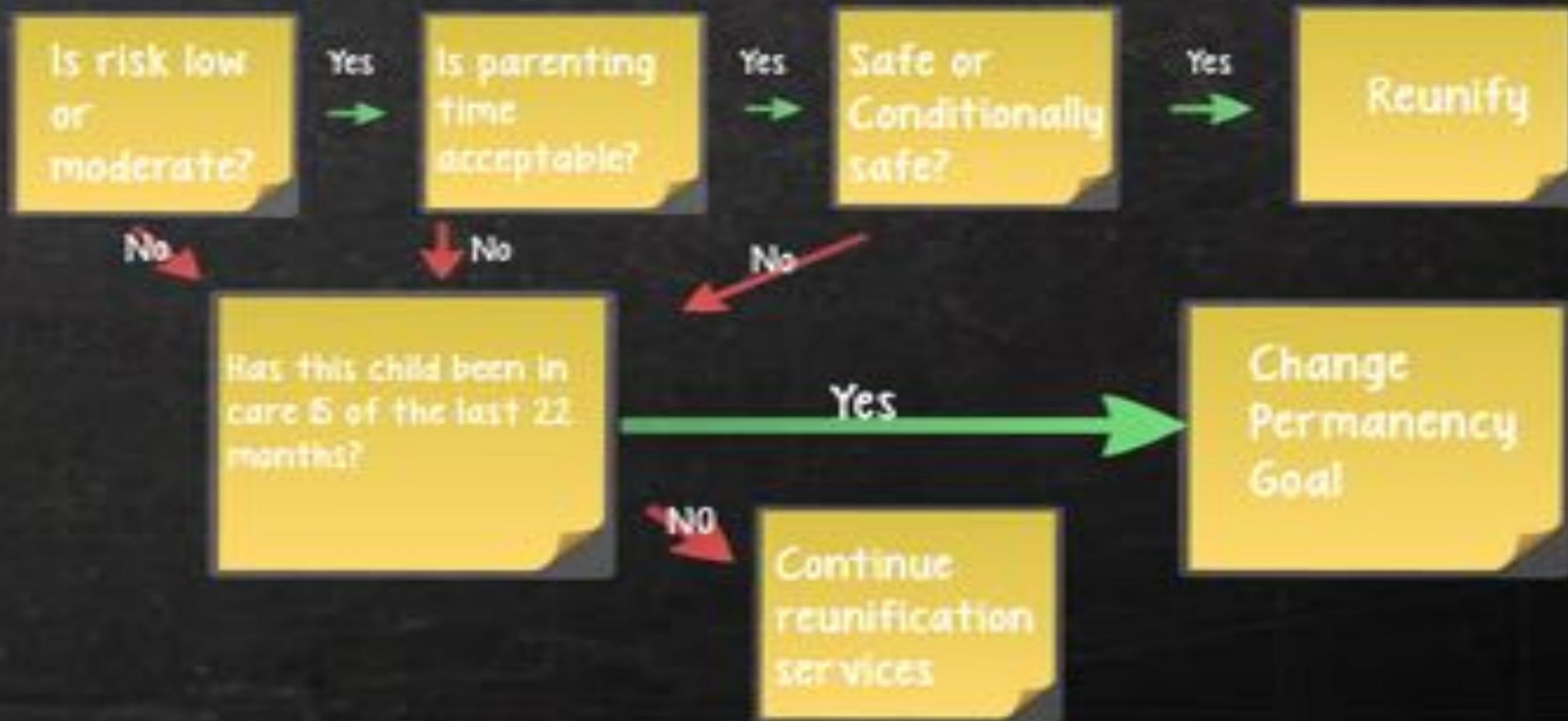
- Risk re-assessment
- Parenting/Visitation evaluation
- Safety re-assessment
- Recommendations

We can Reunify if there is a safety threat because safety threats are about the short term. The threat can be contained with a plan and then resolved for the long-term through the case plan.

A high risk family is likely to have a future incident of maltreatment (at an unknown time, & unknown reasons), we want to reduce the risk before allowing the children to return home to eliminate subsequent removals.

A study conducted in California found the likelihood of successful reunification increased when each of the criteria (risk, parenting time, safety) were met, and increased further when all three were met.

Reunification decisions:



ASSESSMENT OF PLACEMENT AND SUITABILITY

Decision: Can remain in the foster/relative/kinship home or whether interventions are available and appropriate to maintain the placement

Structurally similar to the SDM Safety Assessment; however, this tool also addresses care concerns which are provider actions that do not concern safety but that represent inappropriate behavior.

INTERVENTIONS not Safety plan

Used by "out of home assessment unit": concerns regarding behaviors among children in a placement or there are changes in a placement that could impact child safety

Child vulnerabilities

Safety concerns

Care concerns

Interventions

Safety and suitability decision



REQUIRED CONTACTS: CONTACT STANDARDS

For contacts with children, parents and providers

Is crucial to safety, permanency, and well being of the child.

Allows development of a positive, trusting relationship. Also increases sense of urgency to assure permanency.

From the child's point of view, the contact can serve to reassure that someone is paying attention and is available for questions and concerns.

There are Contact Standards for SDM dependent on the Risk level: i.e. low risk with children in the home only have to be seen once per month in the home, where as a very high risk family would need to be seen four times per month this increases the success of the case.



JUVENILE COURT

SDM assists workers with organizing the evidence used to support recommendations.

Risk reassessment: What was the evidence used to assess progress on case plan goals?

Describe visitation schedule and attendance record to establish the frequency. Describe quality of parental behavior: What did they specifically do or not do during visits with their children to earn their quality evaluation?

Safety: What were the threats that brought the child into care? What evidence shows threats have or have not been resolved? Is there evidence that new threats have or have not emerged?

Articulate efforts worker and family made to address each issue.

Using observations, facts and collateral information to answer the questions about the case help workers be prepared to make recommendations to the court base on facts and evidence giving more credibility to the recommendations.

http://dhs.ne.gov/children_family_services/Training/Pages/CFSTraining.aspxThis website holds the SDM manuals and other training materials as well as desk aides.

<http://www.nccdglobal.org/assessment/structured-decision-making-sdm-system>This website has good articles on SDM and how it used in other states and you can review more about the SDM system. You can also review the research that has been conducted as well.

*Thank
You*

Questions

*Thank
You*

