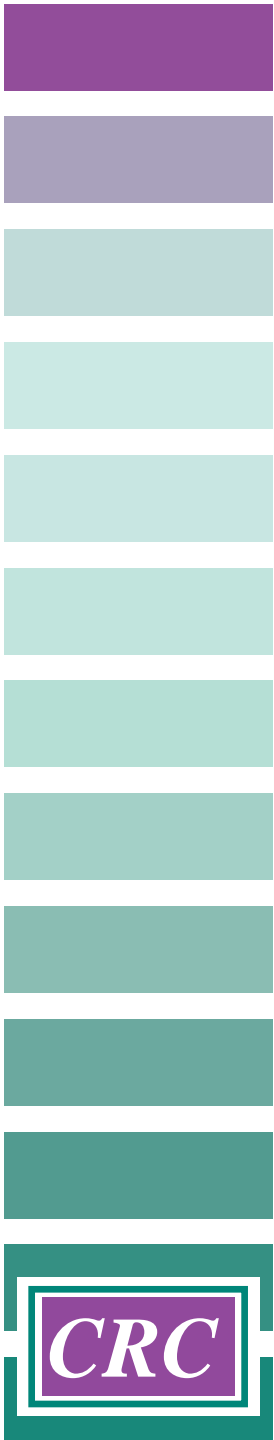


Connecticut's Structured Decision Making®



The Children's Research Center
*A subsidiary of the National Council on
Crime and Delinquency*
www.nccd-crc.org

Structured Decision Making® and SDM®
Registered in the U.S. Patent and Trademark Office



Citizen Review Panel Presentation

March 10, 2008

- Introductions
 - Participants
 - Purpose – SDM® Language, Practice, Culture
- Overview of Children's Research Center (CRC) and Structured Decision Making® (SDM) model
- Connecticut's decision making tools
 - Safety vs. risk vs. need
 - Hotline
 - Investigation
 - Treatment
- Q&A





Goals of the SDM[®] Model

1. Reduce subsequent harm to children:
 - Re-referrals
 - Re-substantiations
 - Injury
 - Foster placement
2. Expedite permanency

EVIDENCE/RESEARCH TO SUPPORT
WEBSITE



CRC

Children's Research Center

Background

NCCD's Children's Research Center (CRC) has worked (or is currently working) with the following jurisdictions:

1986	Alaska	2001	Missouri
1988	Michigan	2002	Vermont
1990	Oklahoma	2003	Virginia
1992	Wisconsin (nine counties)	2003	Florida (Jacksonville)
1994	Rhode Island	2003	New Jersey
1995	Indiana	2004	Tennessee
1996	Georgia	2004	Queensland, Australia
1996	New Mexico	2005	Washington, D.C.
1996	New York	2005	New South Wales, Australia
1996	Washington, D.C.		
1996	South Australia	2006	Connecticut
1998	California (40+ counties)	2007	Massachusetts
1999	Minnesota	2007	Washington
1999	Ohio (Cleveland)	2007	Louisiana
2000	New Hampshire	2007	Nevada
2000	Alaska		



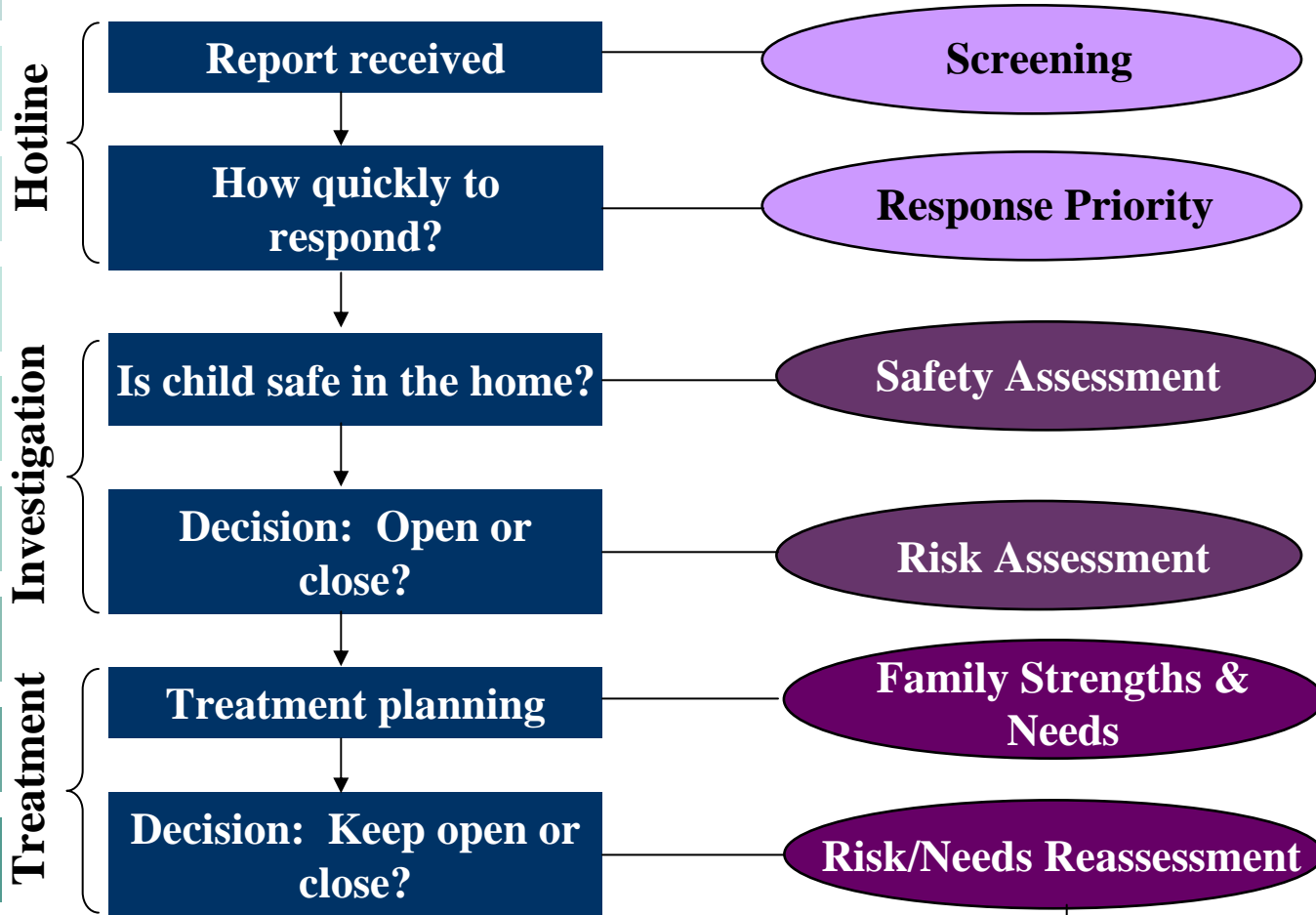
CRC



SDM[®] Model Objectives

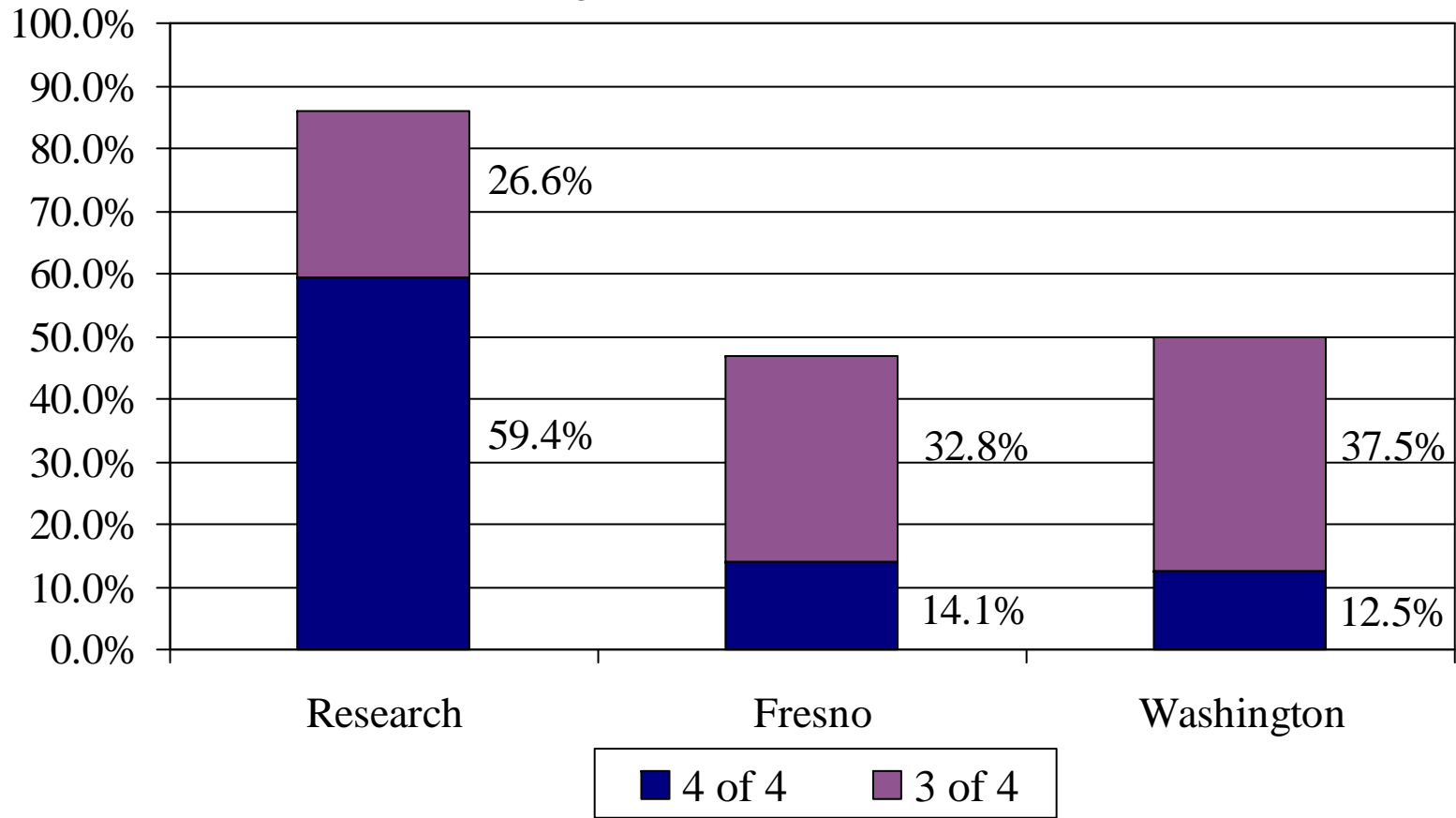
- Identify and structure critical decision points
- Increase consistency in decision making
- Increase accuracy of decision making
- Target resources to families most at risk
- Use case-level data to inform decisions throughout the agency:
 - 📁 Workload
 - 📁 Management information reports
 - 📁 Quality improvement

Key Decision Points



Consistency

Agreement on Risk Scores

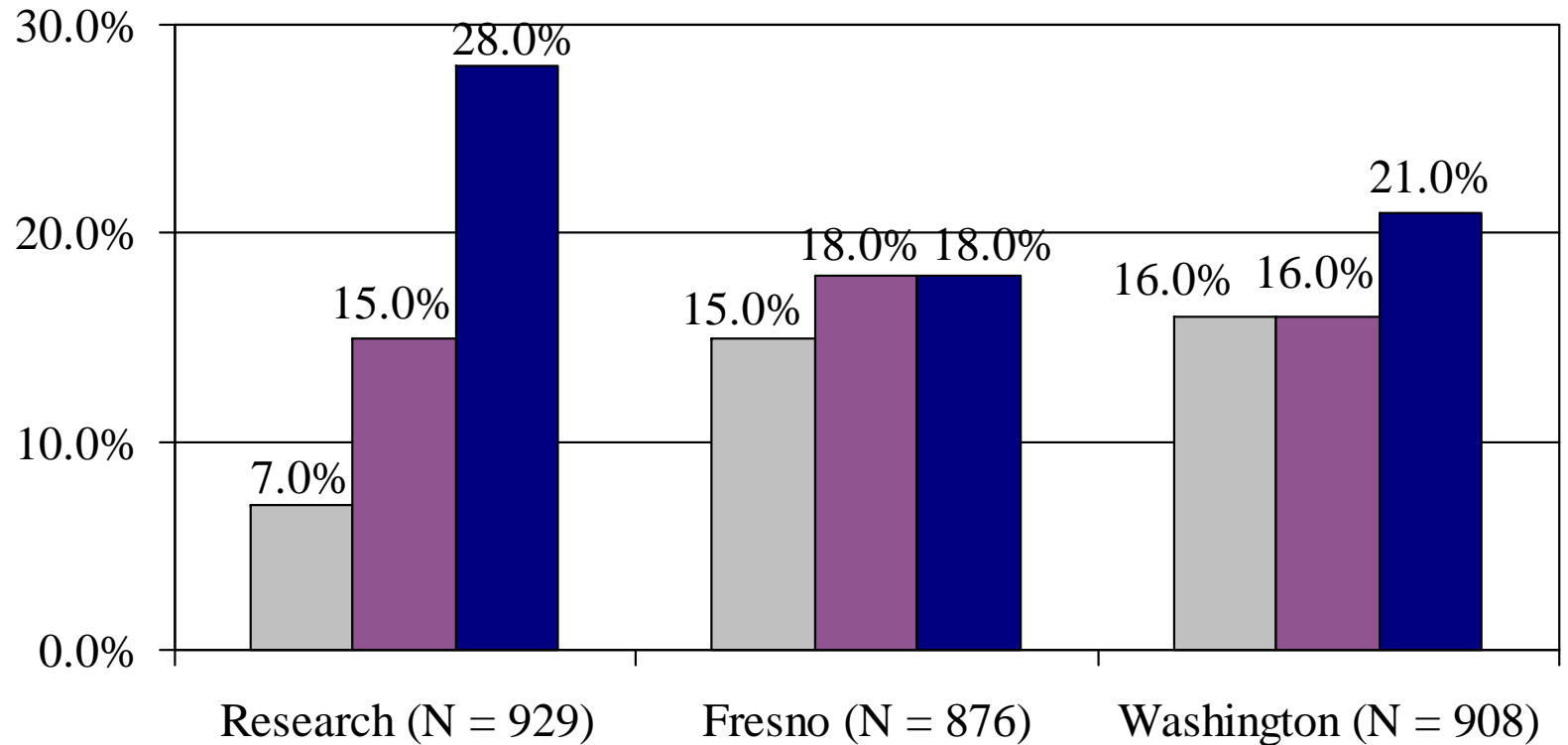


Sample: Four independent ratings of 80 cases.
Child Abuse and Neglect: Improving Consistency in Decision-Making, 1997



Accuracy

18-Month Substantiation Rates



Low	(n=138)	(n=442)	(n=202)
Moderate	(n=541)	(n=304)	(n=475)
High	(n=250)	(n=130)	(n=231)



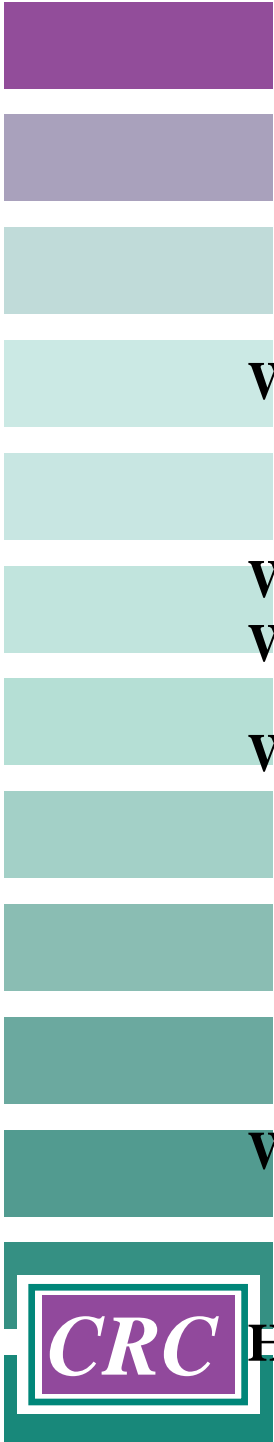
Structure, Research, Evidence and Clinical Judgment



Partners in the workplace

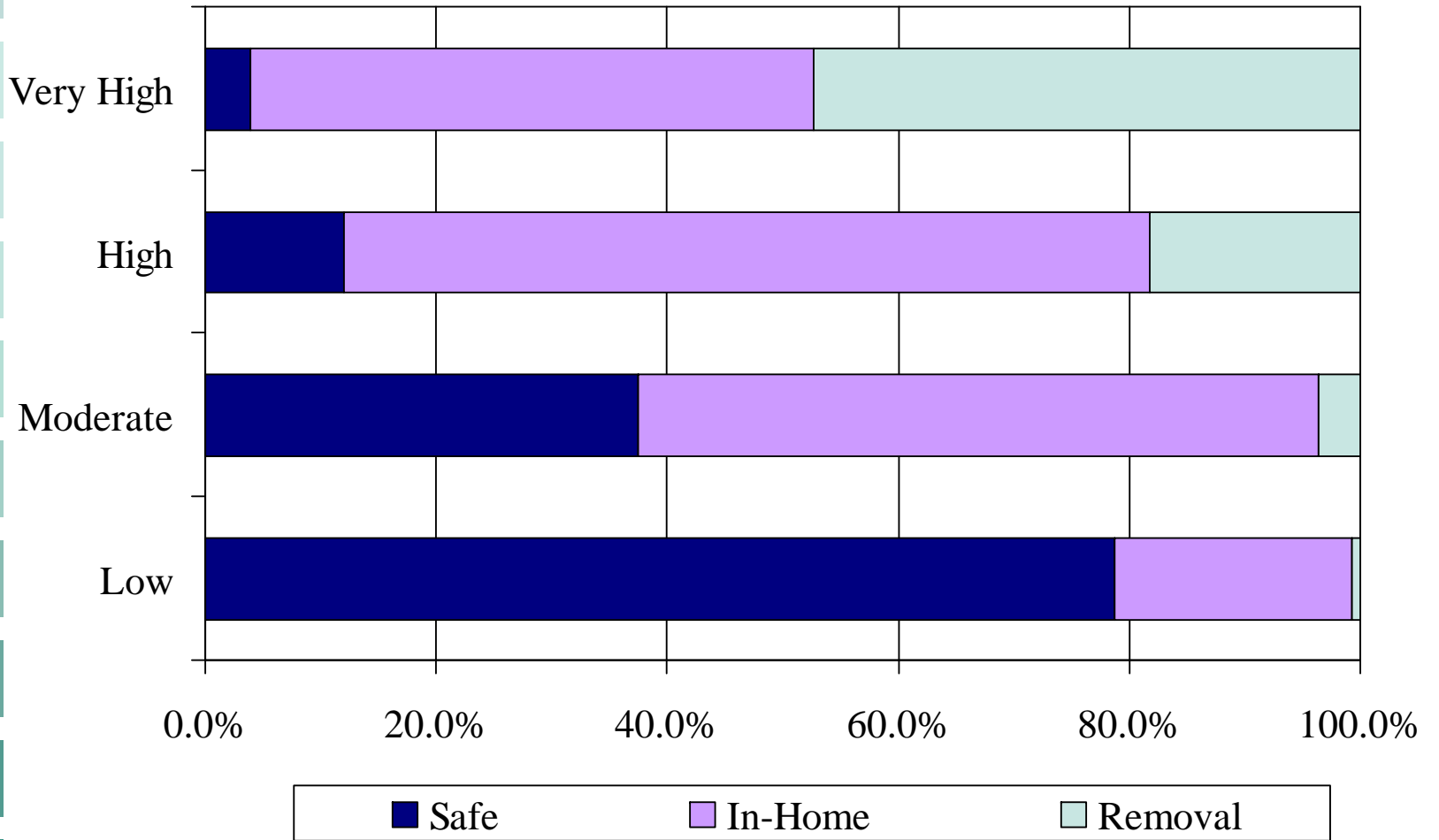
CRC

Safety vs. Risk vs. Needs



	Safety	vs.	Risk	vs.	Needs
When	Immediate		Future, i.e., next 18-24 months		Future, i.e., next three-six months
Who or Whom	Child-focused		Caregiver-focused		Family-focused
What	Immediate danger of serious harm		Likelihood of subsequent maltreatment		Identify underlying issues leading to abuse/neglect
			Any harm regardless of seriousness		
Why	Informs “removal of child” decision		Informs case open/close decision		Inform and prioritize treatment plan service(s)
How	Evidence-based		Research-based		Evidence-based

Risk Assessment Compared to Safety Decision



N = 8,236

Combined California Counties
January 1 – June 30, 2000



Hotline

- **Child abuse and neglect Screening Assessment**

Does reported information meet threshold in
Connecticut State Statutes for
In person Response

- **Response priority**

If Yes = How quickly to respond

Investigation/Ongoing

- **Safety assessment**

Is any child in the household in immediate danger of serious harm? Household of Parent(s), Guardian(s), Other Adult Household Member

If no, then children appear safe at this time.

If yes, are there interventions that can immediately mitigate the safety factors?

If no, child is protectively placed.

If yes, those factors and interventions are documented in a written safety plan between worker and family.



Investigation

Risk Assessment of Abuse/Neglect

Research Based – Actuarial Assessment

Likelihood of Subsequent Harm

CLASSIFICATION

**Risk Levels = Very Low, Low, Moderate
High**

**Guides Decision to Close or Open to
Ongoing Treatment**

Treatment

- **Family strengths and needs assessment**
 - ☐ Consistently assess 8 **key domains** for all adults in **Household**
 - ☐ Consistently assess 5 **key domains** for all children
 - ☐ ID **Strengths** family has on which to build
 - ☐ ID the **priority needs** contributing to abuse/neglect
- ☐ **INFORMS the Treatment Plan**
 - Services, Providers, Behavioral Objectives



Treatment

Reassessment

In-Home – all children

Risk, Safety or FSNA

Informs close or continue to serve
decision

Out of Home – any child with goal of Reunification

Risk, Visitation, Safety, Per. Plan

Informs reunify, continue to serve
or change permanency plan goal

Reunification Assessment Principles

- Return when:
 - » Risk is low/moderate AND
 - » Visitation is acceptable AND
 - » Home is safe
- Do NOT return when:
 - » Risk is high/very high OR
 - » Visitation is unacceptable OR
 - » Home is unsafe
- Change permanency plan when risk, visitation, or safety are unresolved over specified timeframe

Building Toward SDM[®]'s Goal

