

**Structured Decision Making (SDM) and
Child Welfare Service Delivery Project**

Final Report

EXECUTIVE SUMMARY

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Introduction

The purpose of this California Social Work Education Center funded project was to evaluate the Structured Decision Making (SDM) model on child welfare service delivery and outcomes in the Los Angeles County Department of Children and Family Services (DCFS). SDM is a comprehensive model that assists public child welfare agencies by providing assessment and decision-making tools for use with families at each service component, guidance for service level provisions to individual families, and department workload management tools. The overarching goals of SDM are to improve case-level decision making, child outcomes, resource allocation, and department decisions. For the purposes of this project we investigated the following three broad research questions:

- (1) What are the challenges related to implementing the full SDM model in the Los Angeles County DCFS?**
- (2) What impact does implementation of the full SDM model have on child welfare service delivery?**
- (3) What impact does implementation of the full SDM model have on child permanency outcomes?**

Literature Review

Background. Over the last four decades, the number of children and families reported to child welfare agencies has increased exponentially (Barbell & Freundlich, 2001). The reasons for this increase are largely due to child abuse and neglect legislation, tighter reporting requirements for community professionals, increasing societal awareness, and increasing rates of societal problems. In the state of California in 2004, there were 505,000 cases involving children with one or more referrals for abuse or neglect, resulting in 111,000 substantiated cases. Los Angeles County DCFS currently has approximately 30,000 children living in out-of-home care, out of approximately 83,000 for the entire state of California (Needell et al., 2005).

Public child welfare agencies have long struggled with issues such as reducing the number of foster placements for children, preventing re-entry into the system, and providing permanent placements for children. This is largely due to limitations in agencies' ability to accurately assess safety and risk in maltreatment situations and to determine the delivery of appropriate services while children are in out-of-home care (Brooks & Barth, 1998). In order to address this issue, child welfare agencies in at least 42 states, including California, have adopted, adapted, or developed some form of risk assessment and made it an integral part of caseworkers' decision-making practices (Berkowitz, 1991; Cicchinelli, 1991).

The Structured Decision Making Model. Structured Decision Making (SDM), developed by the Children's Research Center (CRC), is an actuarial, or empirically- based, decision making

model. According to the CRC, the SDM model consists of three basic components. The first component is a series of actuarial assessment tools that are used to assess families, and to structure the agency's responses. These tools include a response priority decision system, a safety assessment, a risk assessment, standardized assessments of family and child strengths and needs, and reassessment tools. The second component is the use of service levels, with defined minimum standards for each level. An example of this would be defining risk levels as very high, high, moderate, and low risk. The third component is comprised of two management related pieces – namely, a workload measurement and accounting system used to determine staffing needs, and a management information mechanism that uses collected SDM data to inform management-level decisions (CRC, 1999). The purpose of the model is to assist social workers in making accurate and consistent decisions about the levels of risk for maltreatment found in families, to provide guidance about service provision, and to assist with reunification and permanency planning. It is also designed to provide administrators with information that can be used in agency planning and program evaluation.

The SDM model was first adopted by the Los Angeles County DCFS in 1999 as a limited-release pilot program. Since then, it has been implemented throughout all of Los Angeles County. Los Angeles County is divided into eight County Service Planning Areas (SPAs). For the purpose of this study, we will be focusing on SPA 6, and the rate of SDM implementation in the four offices that comprise this SPA. In particular, we focus our attention to the implementation process as experienced by child welfare workers and administrators in DCFS, including the extent to which the model is implemented as intended, and successes and barriers related to successful implementation, as well as data outcomes for children involved with DCFS before and during the implementation of the SDM model.

Study Methods

This project consists of three component sub-studies: a Key Informant sub-study, a DCFS Worker sub-study, and an Administrative Data sub-study.

Key Informant Sub-study

This sub-study involves in-person interviews with purposively selected, upper level DCFS managers and administrators who were active in the planning and/or implementation of SDM. The interview questions examined the complex issues and factors involved in social workers' decision making at the various levels of the child welfare system and issues related to implementation of the SDM model. The questions fell under the broader categories of worker demographics and background, implementation of SDM, and strengths and barriers.

DCFS Worker Sub-study

This sub-study is comprised of an online worker questionnaire, which included both closed- and open-ended questions. The questions were designed to examine the social workers' experiences with the DCFS-led training and implementation of SDM, their feelings regarding the usability and perceived effectiveness of the SDM tools, and any changes in their decision-making techniques overall.

Administrative Data Sub-study

This sub-study examines administrative data collected from DCFS's SDM database, in order to determine the extent to which the SDM model was incorporated and utilized by the agency, using the monthly SDM utilization data. These data were used to assess the implementation over a 10-month period of each of the five SDM tools by the agency workers and administration within each office in SPA 6.

Results

Key Informant Sub-study

Several major themes emerged from this sub-study including, (a) SDM and DCFS decision making, and (b) perceptions of SDM's strengths and barriers. Within the theme of SDM and DCFS decision making, the following sub-themes were discussed: decision-making problems prior to SDM implementation, smooth SDM incorporation into decision-making practices, positive changes in performance observed since SDM implementation, the use of overrides, workers' thoughts and feelings regarding the use of the SDM safety assessment, and worker views regarding case opening versus case closing based on risk. In general, the participants tended to be positive regarding the implementation and impact of SDM. While there was some criticism regarding certain aspects of SDM implementation, on the whole, participants felt that decision making had been enhanced by the model.

Within the theme of perceptions of SDM's strengths and barriers, interviewees discussed the unintended consequences in the use of SDM, as well as the perceived strengths and barriers to SDM implementation and use. Perceived strengths of SDM included case-related benefits (e.g., more thorough investigations and better assessments), greater job security and support for workers, and benefits to the organization to the whole (e.g., more focused use of resources and consistent case progress). The perceived barriers to SDM included worker time burden, tool-related difficulties, negative worker attitudes and behaviors, and organizational level barriers. The participants made some suggestions for overcoming the perceived SDM barriers; however, many reported that most of the problematic issues had already been resolved. The suggestions for improvement included allowing more time for the model to become entrenched before making modifications, tailoring the tools to be more pertinent to certain communities, and redefining or clarifying specific risk factors.

DCFS Worker Sub-study

This sub-study consisted of an online questionnaire that was completed by child social workers (CSWs) and supervisors (SCSWs) in the four SPA 6 offices – Century, Compton, Hawthorne, and Wateridge. While the questions covered a range of topics, they largely fell under the categories of worker and office demographics, SDM training and preparedness, SDM utilization, the helpfulness of SDM tools, achievement of SDM goals, effect on worker decision making, and worker satisfaction with SDM. A content analysis was also completed on the two open-ended questions of the questionnaire. We then also expanded the analyses to include all of the questionnaire responses department-wide. A comparison of SPA 6 to the other SPAs and offices revealed no significant differences between SPA 6 and the rest of the county.

When reporting their feelings of preparedness for SDM implementation and use of SDM tools, most workers reported feeling prepared for SDM after receiving training. Likewise, workers tended to find the tools both accurate and easy to use. A lesser percentage of workers felt that the tools were reliable; however, three quarters of the workers stated that they tended to agree with the tools' levels all or most of the time. When trying to ascertain how helpful the SDM tools are when making key case decisions, the workers tended to find SDM at least somewhat helpful in most respects. They find the tools less helpful when making particular service recommendations or when trying to determine whether to terminate parental rights. In regards to effectiveness, there was more variation in worker responses. Participants found SDM to be very effective in achieving certain goals (e.g., protecting children), but not that effective in achieving other goals, including reducing the rate of foster care placements and reducing the length of stay in foster care—arguably two of the most important goals of the Department. In general, workers reported that their decision making had improved to some extent as a result of SDM, and a little over half stated that they were very satisfied or satisfied with SDM. When asked whether they would recommend SDM to other agencies, 78% of the respondents said “yes.”

Administrative Data (Utilization) Sub-study

The administrative data sub-study focused on implementation of the SDM model within SPA 6. In order to understand implementation, we examined data on the utilization of the various SDM tools in SPA 6 as a whole and within individual offices. Though we present results by overall SPA and then by individual office, it is important to point out that we were not interested in comparing individual offices. Utilization data suggest that the SDM model, consisting of the five case worker assessment tools (Response Priority assessment, Safety assessment, Risk assessment, Family Strengths and Needs assessment, and Reassessment) was not fully implemented during this study period. For the purposes of this project, we defined *full implementation* as occurring when the full range of SDM tools are fully utilized as conceptualized by the SDM model. The tool that was most often completed was the Response Priority (i.e., Hotline) assessment tool, with an average of 98% utilization across the SPA. The average utilization for the Safety assessment tool was 89% and for the Risk assessment tool, 79%. Utilization of the Family Strengths and Needs assessment tool and the Reassessment tool was 50% and 56% respectively.

Discussion

Utilization data from the administrative data sub-study suggests that the full model of SDM as originally conceptualized by the Children's Resource Center (CRC)—that is the more general conceptual SDM model—is not implemented in Los Angeles County . The SDM model that is currently being used by the State of California was adapted (with the guidance of CRC) to meet the particular needs of the jurisdiction. This modified version of the model has been further tailored for the use of Los Angeles County. Because the original SDM conceptual model has been modified, a next step in the evaluation of the Los Angeles County SDM model might include an assessment of how the Los Angeles DCFS model of SDM compares with and differs from the CRC model. Such an assessment would allow comparisons with applications of SDM in other jurisdictions across the county. It would also provide

empirical data that be used to validate and/or inform the development of the SDM model from a conceptual standpoint.

Notwithstanding lack of *full* implementation of the SDM model, results from our key informant sub-study and social worker sub-study reveal numerous implementation challenges worth discussing. These challenges can generally be classified as relating to the design and use of the SDM model and tools, social worker attitudes and beliefs related to SDM, and organizational issues.

The lack of implementation of a fuller SDM model precludes the direct analyses of the impact of SDM on child welfare service delivery and on permanency outcomes at an organizational level. Further, other initiatives in place make it difficult to determine the impact—again at the organizational level—of using SDM. However, data from our key informant and social worker interviews provide some indication of the effectiveness of SDM with regard to organizational outcomes and to a greater extent, indication of the effectiveness of SDM at the individual social worker level. According to participants' perceptions, use of SDM has most been most effective in helping the Department achieve its goals of protecting children, improving assessment of family situations, increasing consistency in case assessments and case management, and providing management with data that is needed for program administration, planning, evaluation, and budgeting. Our data speak more directly to workers' perceptions of the impact of SDM on their own decision making and on the usefulness of the SDM tools. About two-thirds of the participants indicated that using SDM had improved their decision making significantly or somewhat. About one-third of workers said that their decision making had not really changed, and 3% said that their decision making had gotten worse.

Overall, participants in our study reported finding SDM helpful when making decisions about whether a child is currently safe, whether to promote a referral to a case, whether to remove a child, whether to return a child to her/his family and whether to close a case. They reported finding SDM not helpful when making decisions about whether to recommend a particular service or intervention to a client and whether to terminate parental rights.

Limitations

The initial proposal intended to provide an examination of the impact of a conceptual Structured Decision Making model on child welfare service delivery and permanency outcomes. However, to date, an idealized version of the Structured Decision Making model has not been realized. Additionally, other initiatives are being implemented by the Department, which make it difficult to isolate any observed effects and to attribute them solely or primarily to SDM. Further, different workers are usually involved in completing different tools for a single case. Together, these conceptual and logistical issues, along with the uniqueness of individual offices (and SPAs) argue for examination of the impact of SDM on immediate outcomes rather than distal outcomes. Our initial plan to examine the impact of SDM on organizational (distal) outcomes was hampered most significantly by low utilization of the various SDM tools and thus by a diffused or “weakened” model of SDM. To address this limitation, our study paid more attention than originally planned to the immediate outcomes relating to the impact of SDM utilization more directly on the decision making of social workers. However, we used a single self-reported item to assess impact on social worker decision making, whereas a non self-reported measure or series of items could be more valid and reliable. Other limitations of our study have to do with possible

biases in our sample related to the nature of our sampling procedures. Additionally, there may exist some limitations of our data related to the nature of measurement.

Implications for Policy and Best Practices

Overwhelmingly, data from our study suggests that the SDM model is worth pursuing in Los Angeles County and in other child welfare agencies. Findings suggest that use of SDM positively impacts workers decision making and that it offers several other benefits to workers. Yet, despite any actual improvements in decision making and benefits, it is necessary for the Department to consider whether other issues, such as the time burden to complete the tools that is reported by some workers, warrants continued use of the model. Even if the Department opts to continue usage of SDM, it may want to examine whether a modified version of SDM is more appropriate and effective for Los Angeles County than the CRC model of SDM.

Our findings suggest that the focus of SDM efforts in the near future should be on utilization, with an eye towards examining impact in the future. To this end, training efforts are critical (particularly with regard to the goals of SDM and how to accurately complete and be informed by the tools), as are communications with workers about the benefits of using SDM. Creating a culture that appreciates and addresses workers' legitimate concerns about the SDM tools and incorporating SDM into the Department's practices in a non-threatening and -punitive way is critical at this stage of implementation.

Ultimately, participants in our study were largely satisfied or indifferent to using SDM. The greatest percentage, just over half, reported being either very satisfied or satisfied, while the next largest percentage, just over one-third, reported being neither satisfied nor dissatisfied. About 13%, the smallest percentage, reported being dissatisfied or very dissatisfied with SDM. At this stage in the development of Structured Decision Making and its implementation by the Los Angeles County DCFS, rather than dismissing those who express concerns or negative opinions about SDM as naysayers, it seems important to consider these perspectives in future investigations of SDM. When asked whether they would recommend SDM to other child welfare agencies, about 80% of participants replied that they would. This finding suggests that the social workers who participated in our study were able to discern between possible limitations of the SDM model and/or tools, and its overall benefit. Such an endorsement, we believe, speaks to the potential of the SDM model and the importance of continuing to refine the model based on feedback from professionals experienced in child welfare and the use of SDM, like the line workers and supervisors participating in our study.