



The Structured Decision Making[®] System
for Child Protective Services

SDM[®] Risk Assessment Case Reading

June 2018



Florida Department of Children and Families

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a center of the National Council on Crime and Delinquency.

Structured Decision Making® and SDM® are
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BACKGROUND

During fiscal year 2017–18, NCCD Children’s Research Center (CRC) staff conducted a case reading of Structured Decision Making® (SDM) risk assessments for the Florida Department of Children and Families (DCF). The case reading aimed to assess risk assessment use and appropriate completion as well as identify strengths and opportunities in DCF’s practical application of the assessment.

DCF provided CRC with a sample of child protection cases and remote access to their electronic case management system, Florida Safe Families Network. All cases CRC reviewed commenced January 1 through September 30, 2017. CRC evaluated 201 cases, 197 of which had a risk assessment completed. This case reading report will present findings based on the 197 completed risk assessments.

One limitation of this case reading is the small sample size. Consequently, CRC’s findings should not be viewed as representative of the entire DCF caseload; they should be regarded as a general trend extrapolation.

Risk Assessment Considerations

- Appropriate Completion: Was the risk assessment completed according to policy and CRC recommendations?
- Narrative Support: Did the corresponding case narrative and documentation support the items selected on the risk assessment and the final risk level?
- Action: Did the case action documented in the narrative match the recommended action based on the final risk level? If the recommended action was not followed, did the documentation adequately reflect why and describe what action was taken instead?
- Additional Considerations: Is there evidence in the narrative that the worker discussed the risk assessment with the family? Is there evidence in the record that the worker reflected on the risk assessment results when making decisions?

SDM® RISK ASSESSMENT CASES

Appropriate Completion

The risk assessment identifies families with low, moderate, high, and very high probabilities of subsequent referral and/or substantiation within the next 12 to 18 months.

Initial risk assessments are completed on all CPS investigations, including new investigations of families currently receiving ongoing services. Risk assessments are completed on households prior to the conclusion of the investigation, after the safety assessment has been completed. In the risk assessment training workbook, "household" is defined as all persons who have significant in-home contact with the child(ren), including those who have a familial or intimate relationship with any person in the home. Workers should complete the risk assessment before deciding to open a case for post-investigation services or close the referral with no additional services.

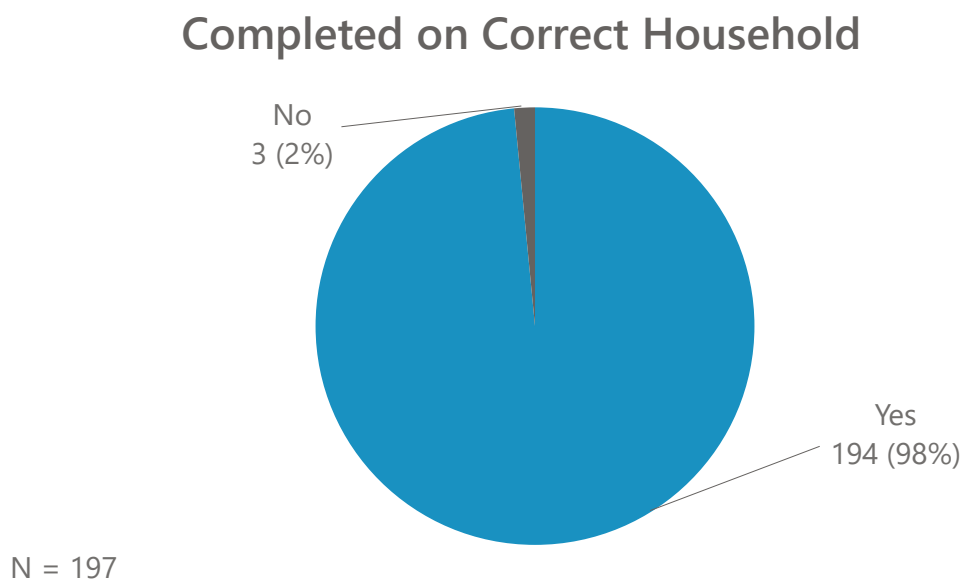
Findings

Of the 201 cases evaluated, four had no risk assessment completed. All four had documentation explaining why the risk assessment was not completed, which included two cases where DCF did not have jurisdiction and two cases where allegations were on non-caregivers. CRC reviewed the remaining 197 cases that included risk assessments.

Of these, 153 (78%) were completed according to policy. All 197 were completed on time, consistent with last year's case reading. This demonstrates workers continued understanding that the risk assessment should be completed after determining whether any safety factors are present and before case closure. Of the 44 risk assessments not completed according to policy, three were completed on the incorrect household, 18 identified incorrect primary and/or secondary caregivers, and 26 included or excluded household members incorrectly.

Workers completed the risk assessment on the correct household for 194 (98%) of the cases that included a risk assessment (Figure 1). Workers should always assess the household of the alleged perpetrator. This may be the child's primary residence if it is also the residence of the alleged perpetrator or the household of a non-custodial caregiver if it is the alleged perpetrator's residence.

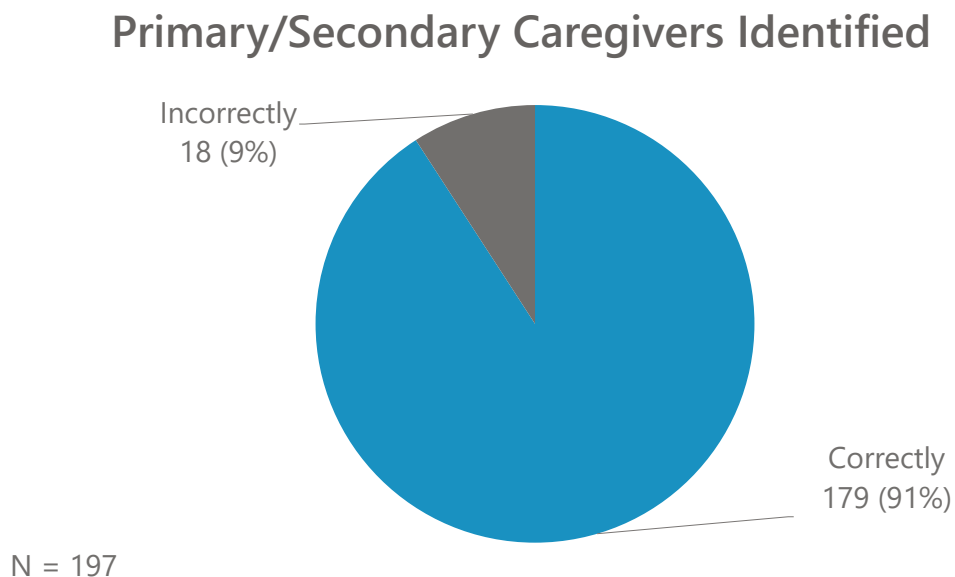
Figure 1



Another measure of accurate assessment completion according to policy is whether primary and secondary caregivers were accurately identified on the risk assessment. Case readers reviewed whether workers identified and listed the correct primary and secondary caregivers on the risk assessment and scored this as incorrect if the worker did not identify a primary or secondary caregiver who should have been identified or the worker assigned a caregiver incorrectly per the definitions in the risk assessment training workbook.

Case readers found that workers correctly identified the primary and secondary caregivers in 179 (91%) of the 197 cases where a risk assessment was completed. In 18 (9%) cases, workers misidentified the primary and/or secondary caregiver (Figure 2).

Figure 2

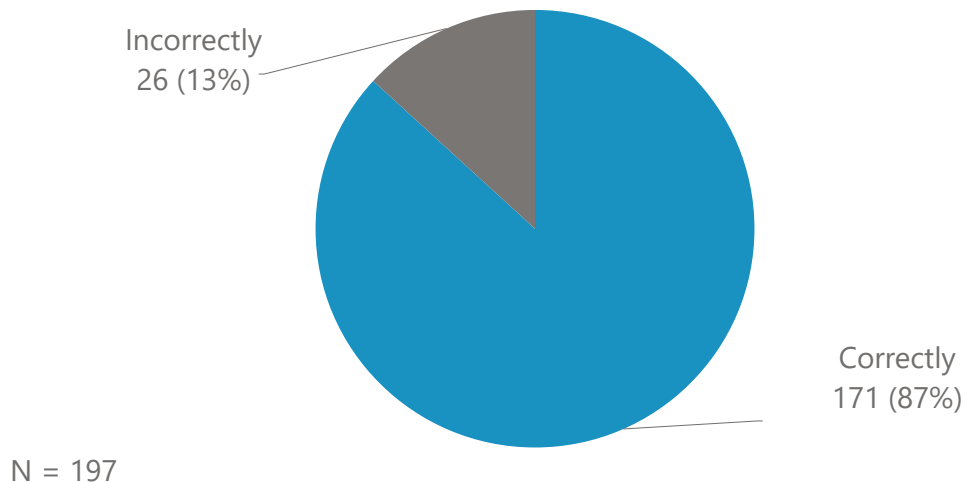


The final measure of accurate risk assessment completion per policy is whether the worker included or excluded household members correctly on the risk assessment, which is separate from whether the worker completed the risk assessment on the correct household overall. The worker should consider all household members when completing the risk assessment.

Workers accurately included or excluded household members in 171 (87%) cases where a risk assessment was completed. In 26 (13%) cases, workers either included individuals who were not a part of the household or did not include actual household members (Figure 3).

Figure 3

Household Members Included/Excluded



Takeaways

Most workers successfully completed the risk assessment on time per policy and on the correct household. Often, workers accurately identified the correct primary and secondary caregivers. There is some opportunity for improvement in identifying the correct household members.

In October 2016, CRC worked with DCS to clarify the SDM® definition of “household.” This should clarify whom to include as household members when workers complete the risk assessment.

Next Steps for Workers

- Continue to complete a risk assessment before case closure, as stated in policy; or thoroughly document the reason for breaking with policy.
- Continue to ensure that all assessments are completed on the correct household.
- Review the definitions of primary and secondary caregiver and ensure that the correct caregivers are identified on the risk assessment.

- Review the current definition of “household” and ensure that all household members are included and that non-household members are not included on the risk assessment.

Narrative Support

Workers assess risk by considering the presence or absence of several items that increase the likelihood of future abuse or neglect. Evidence for the presence or absence of items on the risk assessment should be present in the narrative support (i.e., documentation) the worker provides. CRC case readers examined whether risk assessment items (selected or not) were supported by the accompanying narrative.

In addition to risk assessment items, case readers looked at the narrative support for the selection of overrides. Policy overrides change the final risk level to very high, while a discretionary override can only increase the risk level by one. Workers must have adequate documentation to support any override selected.

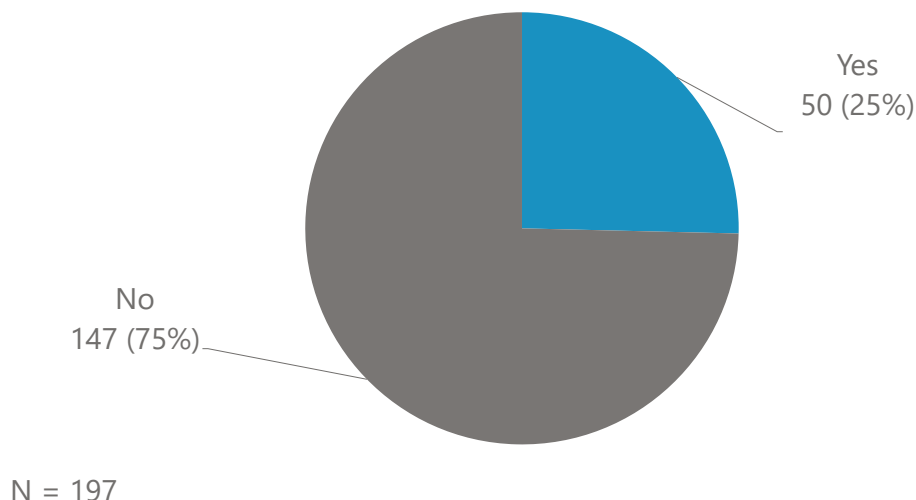
Case readers also determined whether narrative information supported the final risk level after overrides.

Findings

Case file information for 147 (75%) of the 197 cases with a completed risk assessment either did not support at least one selected assessment item or *did* support at least one non-selected item (Figure 4).

Figure 4

All Selected Items Supported by Case File



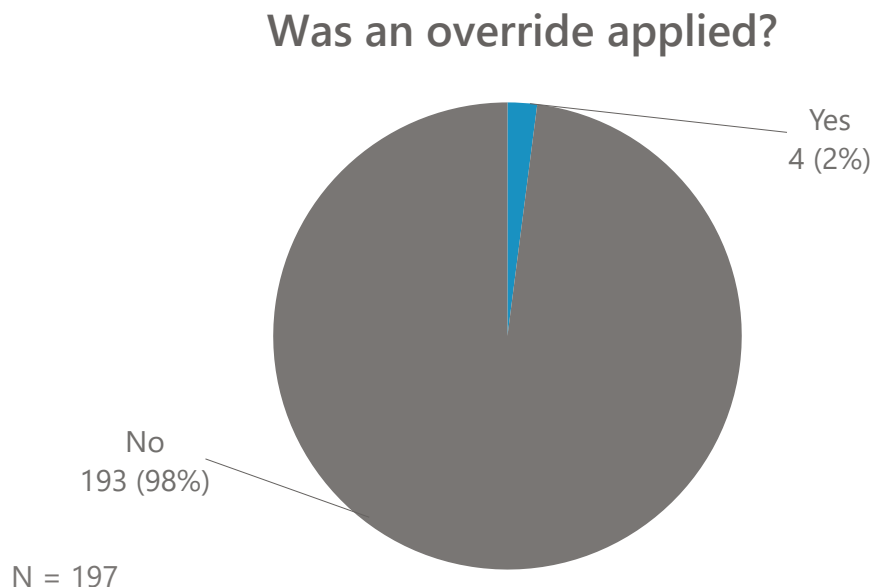
Of the 147 cases not supported by the narrative:

- A total of 114 (78%) included narrative support for an item that was not selected; and
- An item was selected but not supported by narrative in 67 (46%) cases.¹

The two-stream risk assessment includes separate indices for neglect and abuse. For some items on the risk assessment, neglect and abuse answers should match. In 19 cases, case readers found that items should have had consistent answers across indices but did not. For example, a worker might indicate that there was at least one prior abuse investigation on the neglect index but no prior investigations on the abuse index. This issue can be easily resolved by adjusting to a single-stream tool, which can take place when the risk assessment is validated.

Case readers also evaluated the number of overrides applied to the risk assessment and whether they were supported by the narrative. Of the four (2%) cases with overrides, one involved a policy override and three involved discretionary overrides. Additionally, one override was not supported by information in the narrative (Figure 5).

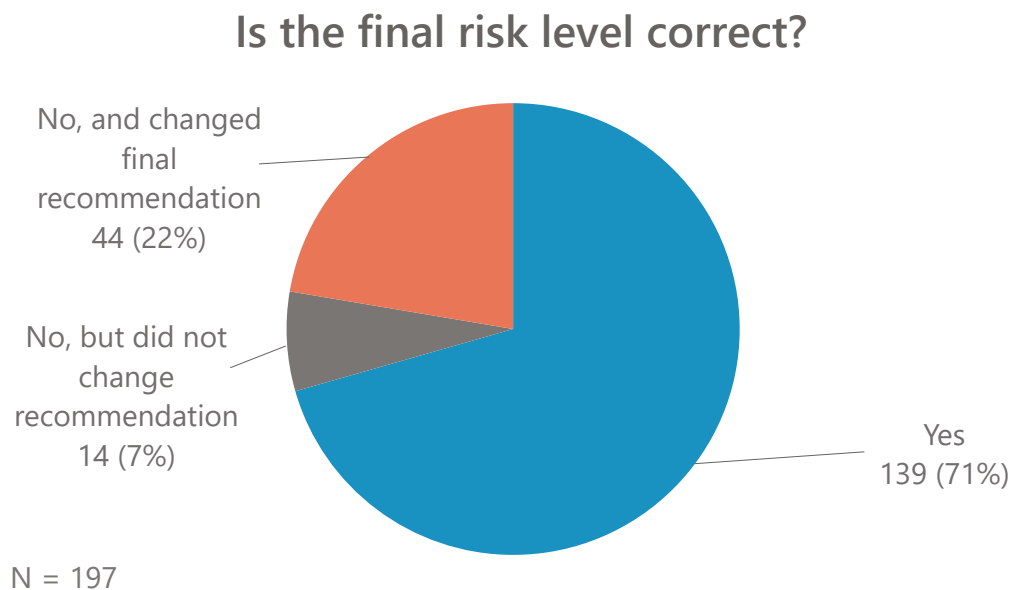
Figure 5



¹ Some risk assessments fell into both categories. For example: for item N10. Housing, narrative supported “Current housing is physically unsafe” and it was not selected; *and* the worker selected “Homeless” but narrative did not support the definition.

After examining overrides, case readers evaluated whether the final risk level was correct and supported by the narrative. In cases where the final risk level was not correct, case readers also determined whether this risk level changed the final recommendation. They found that the final risk level was supported by narrative for 139 (71%) risk assessments. For 14 (7%), the final risk level was not supported by the narrative but the final recommendation remained the same. For 44 (22%) cases, the final risk level was not supported by the narrative and the final recommendation would have been different if the tool had been completed correctly (Figure 6).

Figure 6



Takeaways

Workers should ensure that selected items are supported by information in the case file. Furthermore, documentation should include what workers see in the field and provide evidence for selecting various risk assessment items. Documentation is important because it is the only way the case file can include what the worker's decisions were based on. Even if a worker selects the correct item on the risk assessment based on the information gathered, it will not appear correct if the selection is not supported by subsequent documentation.

Only 2% of cases had a policy or discretionary override. Generally, 5–8% should have an override, so it is important to ensure that overrides are applied in all appropriate cases.

Next Steps for Workers

- Ensure that items selected on the risk assessment are supported by information in the case file.
- Correctly identify items on the risk assessment and appropriately document the justification for item selection.
- Continue to apply policy and discretionary overrides accurately and appropriately.

Action

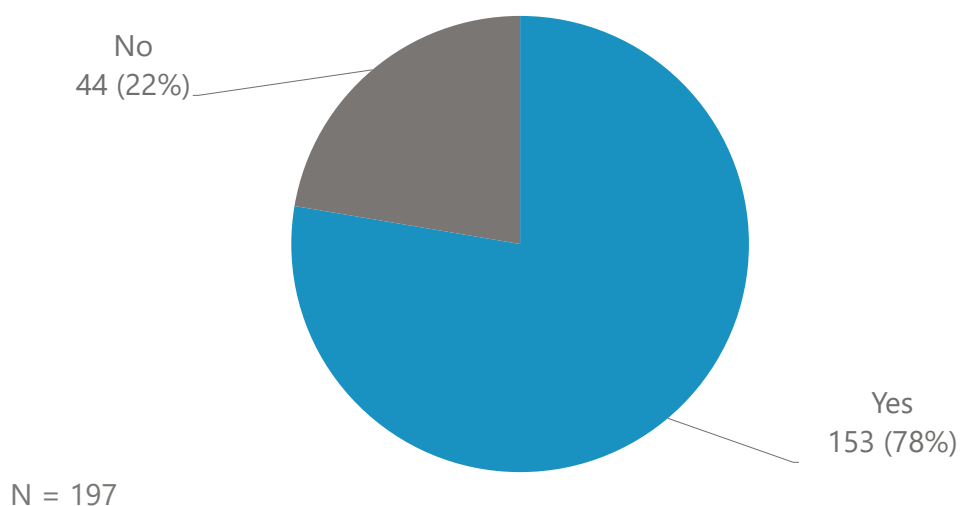
Case readers determined if the final tool recommendation of whether to offer services matched whether a worker subsequently did so. Generally, if the risk level is low or moderate and the safety decision is safe, the recommendation is to not offer services. If the risk level is high or very high or at least one safety factor remains, the recommendation is to offer services. Occasionally, a worker's decision may not match the recommendation, in which case the worker should document a clear, supportable reason in the narrative.

Findings

For most cases, the recommended action was the same as the action taken by the worker (Figure 7). Of the 44 (22%) cases where the final tool recommendation did not match the action taken, 25 cases had a risk level of low or moderate with no safety factors and services were provided, but no adequate explanation was included. For the remaining 19 cases, the risk level was high or very high; but the family was not offered services, and no adequate explanation was provided (not shown).

Figure 7

Does final recommendation match action taken?



Takeaways

The risk level is used to determine whether services should be offered. As risk level increases, more families are offered services with the goal of reducing maltreatment recurrence. DCF should ensure workers document and provide rationale for why they do not offer services for high- or very high-risk families.

Due to the small sample size, it is not clear whether the proportion of high- or very high-risk families not offered services is representative of the statewide proportion. However, the data show this action occurring in many instances, so DCF should track this and ensure that workers follow recommendations.

Next Steps for Workers

- Ensure that workers are offering and not offering services based on CRC guidelines and recommendations.
- Continue to ensure that the action taken on a case either matches the recommended action or documents clear justification for not doing so.

Additional Considerations

CRC case readers also evaluated whether the narrative contained evidence that the worker discussed risk assessment results with the family and reflected on those results when deciding whether to offer services. Of the 197 cases with a completed risk assessment, case readers found evidence in the narrative that the worker discussed the risk assessment with the family in five (3%) cases. In 192 (97%) cases, no evidence existed that the worker discussed the risk assessment with the family. For 45 (23%) cases, some documentation appeared in the narrative that the worker reflected on the risk assessment results when deciding whether to offer services.

CONCLUSION

This case reading analyzed the quality of practical implementation of the SDM risk assessment after a period of use. While workers demonstrated timely tool completion, many assessments were completed inaccurately or lacked documentation in support of workers' item selections. The trends found in this case reading were similar to those found in last year's case reading. However, workers did increase the number of cases with enough narrative documentation to support the items selected on the risk assessment.

CRC recommends that DCF workers using the risk assessment focus on correctly identifying household members and caregivers, reviewing the risk assessment item definitions and thresholds, and understanding the purpose of the risk assessment classification to provide services to families with higher likelihood of future maltreatment recurrence. In addition, CRC can only determine what workers did or did not do based on information documented in the case file, which speaks to the importance of workers completing accurate and thorough documentation of conversations and information gathered.