Report and Recommendation to CPAC and CDNDSC
from the Joint Commission Risk Assessment Subcommittee
March 11, 2011

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Meeting Dates: 11/20/09, 8/31/10, 12/13/10, 12/20/10, 1/25/11, 2/14/11, 2/24/11

**What was the original charge of the Risk Assessment Subcommittee?**

1. DSCYF will pursue a grant to fund data analysis of child abuse and neglect reports (CAN reports). The analysis should be comprised of all investigations from the last 10 years and should include:
    a. Which variables predicted substantiation or unsubstantiation;
    b. What percentage of cases came back within 5 years; and
    c. Which variables are consistent among cases that came back within 5 years.

2. CPAC will monitor progress on the CAN reports data analysis, be included in the process, and receive a report from DSCYF upon conclusion such that it can make recommendations for action.
3. CAPC, through an existing or newly created Subcommittee and in partnership with CDNDSC, will research available risk assessment tools for identifying children at risk for dependency, abuse, and/or neglect, and make a recommendation on the most appropriate tool for DFS to use.

As a result of the limitations with the data analysis proposal, the purpose of the Subcommittee is now twofold:

1. To make more informed decisions at the report line level rather than investing resources in unnecessary investigations; and
2. To research various risk assessment tools and make a recommendation on the most appropriate tool for Delaware to adopt and use.

**Why is Delaware considering implementing a new system?**

1. The Division of Family Services received 11,222 reports of abuse, neglect and dependency in FY10 and accepted 6,533 or 58% of those reports. Compared to FY09, the number of reports received increased by 18% while the number investigated increased by 10%. Of all cases investigated 1,386 or 21% were substantiated, a decrease of 3% over the number of cases substantiated in FY09. DFS invested efforts in staff investigating 5,147 reports which did not lead to substantiations. In November 2008, Cabinet Secretary Henry Smith described how the Report Line decision-tree process is not efficiently screening hotline reports in his memorandum to the First State Quality Improvement Fund Review.

Currently, DFS is seeking resources to help caseworkers at intake and investigation with high caseloads. The current intake and investigation process has been described as subjective and intuitive. The portal of entry will remain the same, but the reports need to be screened more objectively.

2. The current risk assessment, created in 1987 by ACTION for Child Protection, uses an ecological approach organized around five fields or forces – child, parent, family, maltreatment, and intervention. A series of 14 open ended, vague questions and anchored rating scales assist workers identify risk influences that may be operating in the family situation. The tool is time consuming, and it is easily manipulated. The details in the narrative sections are usually copied and pasted from the initial interview or other progress notes. Further, the rating system does not drive the decision to provide services or close the case; it really has no significance.

3. The current safety assessment process provides guidance as to the safety threats, but it does not provide a structure which mandates an intervention. The tool allows for manipulation and subjectivity. As a result, there is a lack of consistency in assessing safety for children. Even the best workers can make inconsistent decisions.

4. No current decision support tools are being utilized by DFS.

5. Multiple child death reviews citing concerns with hotline protocol, safety assessment, and risk assessment.

**Other than implementing a new system, are there other options?**

1. DFS can retain its current model and provide training to staff. However, the staff already receives initial and refresher trainings on the tools. A shift in culture is necessary since model fidelity is absent; otherwise training will not address the issue.

**What has the research revealed?**

1. 20 states are currently using the SDM model of assessment tool developed by the Children's Research Center.

2. SDM is the only evidence based risk assessment tool available in child welfare practice.

3. Research suggests that actuarial scales are generally more accurate than clinical judgment.

4. SDM has demonstrated its ability to reduce subsequent harm to children.

5. SDM increases services to families and children who need them the most. The counties using the SDM model were significantly more likely to close low and moderate risk cases following substantiation, while the non-SDM counties closed more high and intensive risk cases.

6. Increases equity in child protection decisions among all racial and ethnic groups.

**What has the subcommittee done to explore the options available?**

1. On December 20, 2010, the Children's Research Center provided a full day presentation to the Subcommittee on the Structured Decision Making Model.

2. On January 25, 2011, the Philadelphia Department of Human Services provided the Subcommittee with a brief overview of its Safety Assessment and Management Process, which is an entire structure designed around safety factors rather than risk. Thus, safety becomes the threshold for who is served rather than risk.

**Why is SDM the appropriate model for Delaware?**

1. SDM is a classification tool or actuarial approach. Risk predictors in a specific jurisdiction are empirically derived from a retrospective analysis of cases to predict risk for cases likely to be substantiated in the future. SDM has two separate risk assessment protocols for abuse and neglect. Each of the identified risk factors in the abuse/neglect scales is given a weight and the worker adds up the weights for each identified risk factor. The subsequent score would then be used to determine the level of risk priority and level of service.

2. SDM improves practice by increasing consistency and validity of decision making. The structured assessment model ensures that each family is systematically evaluated and that critical case characteristics are not overlooked. Significant social work skill and knowledge is still necessary to use the model appropriately.

3. Use of a decision making model such as SDM allows for dialogue with community agencies about how and why decisions are made. Mandated reporters can be given information on precisely how decisions will be made and what information is needed to make good decisions about which referrals to accept and how quickly to respond.

4. These models are easy to score and interpret. For instance, a particular score range mandates a particular course of action, which is useful for newer case workers.

The following components of SDM are recommended:

- **Screening Criteria**: to determine whether or not the report meets agency criteria for investigation.

- **Response Priority**: which helps determine how soon to initiate the investigation

- **Safety Assessment**: for identifying immediate threatened harm to a child

- **Risk Assessment**: based on research, which estimates the risk of future abuse or neglect.

- **Child Strengths and Needs Assessment**: for identifying each child's major needs and establishing a service plan

- **Family Strengths and Needs Assessment**: to help determine a family's level of service and guide the case plan process.

- **Case Planning and Service Standards**: to differentiate levels of service for opened cases.

- **Case Reassessment**: to ensure that ongoing treatment is appropriate.

**What is the Subcommittee's final recommendation?**

The subcommittee recommended that the Department of Services for Children, Youth, and Their Families adopt the Structured Decision Making Model in its entirety and as properly tailored for our state. Further, a separate subcommittee on Differential Response will be created, and it will begin meeting immediately.