



The Structured Decision Making® System  
for Child Protective Services

# SDM® Risk Assessment Case Reading

June 2019



Florida Department of Children and Families

## **BACKGROUND**

During fiscal year 2018–19, 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 remote access to their electronic case management system, Florida Safe Families Network (FSFN). Using data available in FSFN, CRC selected a random sample of 200 investigations closed between January 1 and September 30, 2018, for evaluation. This case reading report presents findings based on the 188 appropriately completed risk assessments from that sample. Per DCF’s request, CRC provided year-to-year comparison data throughout this year’s report.

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. Caution should be taken when interpreting year-to-year comparison information due to the small sample size.

## **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 DCF involvement (i.e., referral, investigation substantiation) within the next 12 to 18 months.

Initial risk assessments are completed on all child protective services (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 200 cases evaluated, 12 either had no risk assessment completed or had a risk assessment completed when it should not have been. These 12 cases included two "restricted" cases that CRC was unable to access, one that should have had a completed risk assessment and did not, four identified as "No Jurisdiction – Official Capacity," one identified as "Patently Unfounded," and two identified as "Closing – Open Ongoing Case Management Services." The remaining two cases had risk assessments completed, but CRC determined that in both cases, the children were in out-of-home care at the time, making risk assessment completion incorrect. CRC reviewed the remaining 188 cases that included appropriately completed risk assessments.

CRC recommends that all in-home investigation cases of abuse and neglect have a risk assessment completed; however, this is not DCF's current policy. According to Chapter 21-2 of the Child and Families Operating Procedure, the scope of use of the risk assessment states that "a risk assessment must be completed for all Investigation Type – In Home intakes with a 'safe' determination."<sup>1</sup> This excludes in-home cases that are not deemed "safe," which represent most of the cases with no completed risk assessments.<sup>2</sup> Risk classification is important regardless of the safety determination, as using the SDM<sup>®</sup> risk assessment provides an actuarial assessment of the family's likelihood of future CPS involvement, which can provide invaluable information about the family.

Of the 188 cases, 162 (86%) were completed according to policy, an increase of 6% from last year. All 188 were completed on time, consistent with the two previous years' case readings. This demonstrates continued worker understanding that the risk assessment should be completed after determining whether any safety factors are present and before case closure. Of the 26 risk assessments not completed according to policy, three were completed on an incorrect household, 16 identified incorrect primary and/or secondary caregivers, and nine included or excluded household members incorrectly. Note that one risk assessment could have multiple reasons for incorrect completion per policy.

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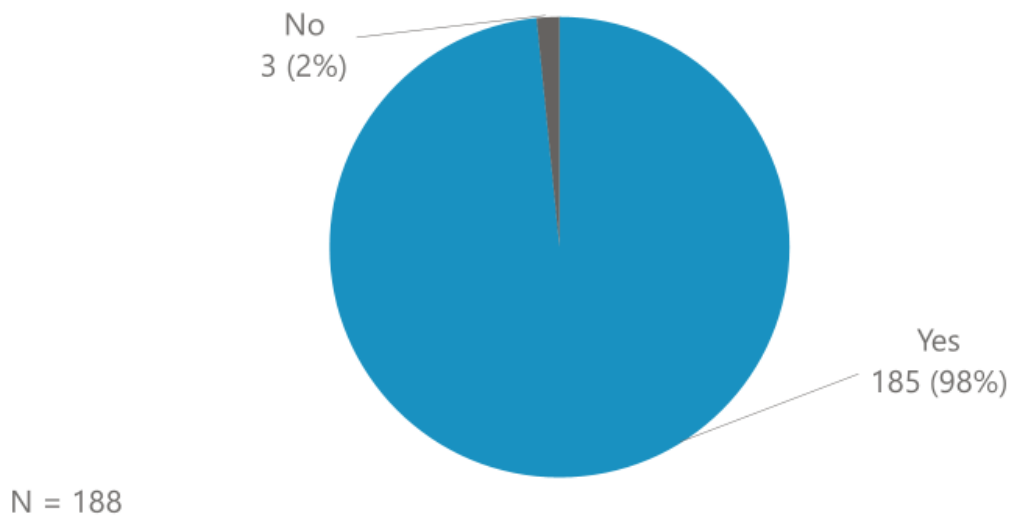
<sup>1</sup> Florida Department of Children and Families. (2019). *CF operating procedure no. 170-5* [p. 75]. Retrieved from <https://www.myflfamilies.com/admin/publications/cfops/CFOP%20170-xx%20Child%20Welfare/CFOP%20170-05%20Child%20Protective%20Investigations/CFOP%20170-05,%20Child%20Protective%20Investigations.pdf>

<sup>2</sup> Ibid, p. 78.

Workers completed the risk assessment on the correct household for 185 (98%) of the cases that included a risk assessment (Figure 1), which matches last year's percentage. 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

### Completed on Correct Household

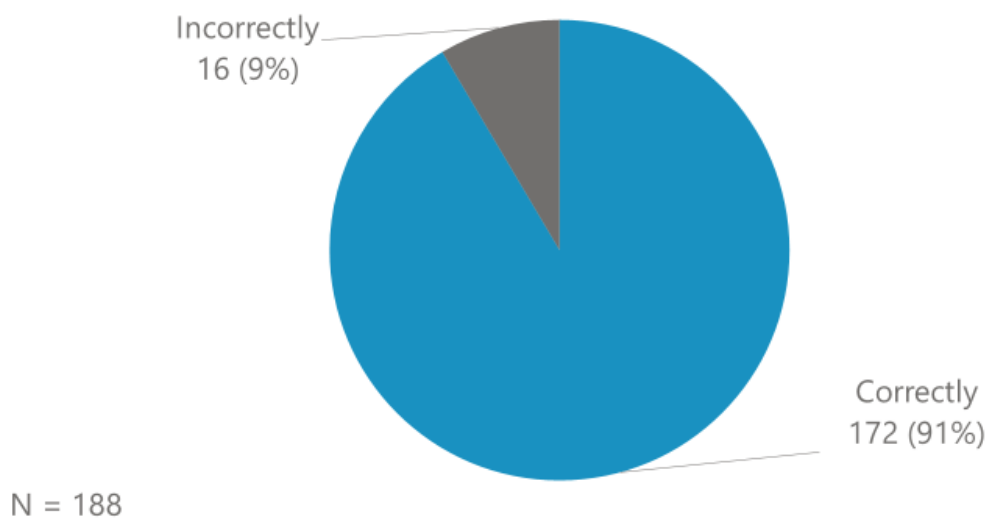


Another measure of accurate assessment completion according to policy is whether primary and secondary caregivers were accurately identified on the risk assessment. Case readers scored completion as incorrect if the worker did not identify a primary or secondary caregiver who should have been identified or identified 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 172 (91%) of the 188 cases where a risk assessment was completed. In 16 (9%) cases, workers misidentified the primary and/or secondary caregiver (Figure 2). These percentages exactly match the rates from last year's case reading, demonstrating that workers have a consistent understanding of how the SDM risk assessment defines primary and secondary caregivers, which is vital to correctly scoring many items on the risk assessment.

Figure 2

### Primary/Secondary Caregivers Identified

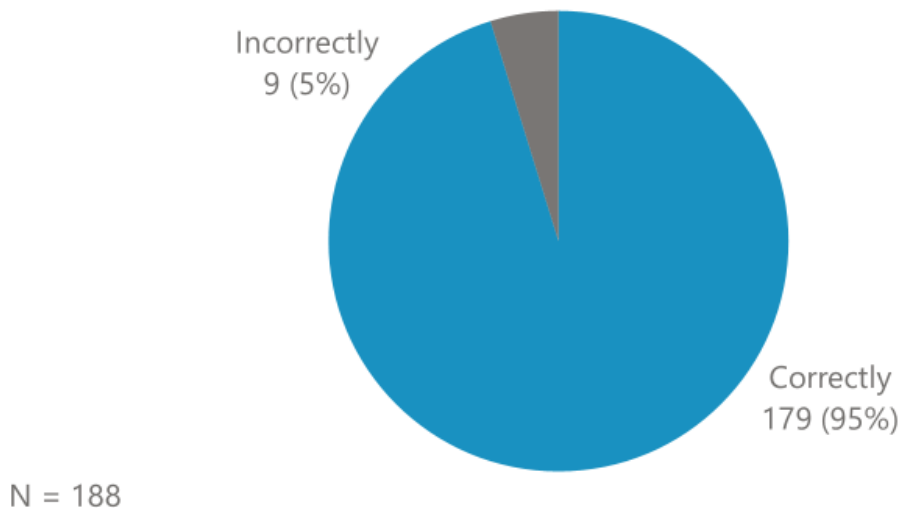


The final measure of accurate risk assessment completion per policy is whether the worker identified household members correctly, which is separate from whether the worker completed the risk assessment on the correct household overall. The worker should consider all household members when completing the risk assessment. This is particularly important for the risk assessment's "prior investigation" items, as the definitions require counting any adult members of the current household who were alleged perpetrators in a prior investigation.

Workers accurately identified household members in 179 (95%) cases where a risk assessment was completed. In nine (5%) cases, workers either included individuals who were not part of the household or did not include actual household members (Figure 3). This is an 8% increase from last year's case reading.

Figure 3

## Household Members Correctly Identified



### Takeaways

DCF staff risk assessment completion and household, caregiver, and household member identification rates were all strong and either unchanged or increased in the last year. Completion according to policy is a strength of DCF workers.

As noted last year, in October 2016, CRC worked with DCS to clarify the SDM definition of "household." This and the continued focus from DCS through the previous years may have contributed to an increase in appropriate completion of the risk assessment. Again, results should be interpreted with caution due to the small sample sizes.

### 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 complete a risk assessment tool at the close of each investigation to classify families as being at low, moderate, high, or very high risk of future CPS contact. The risk assessment determines the risk classification level based on family characteristics at the time of the investigation relative to subsequent CPS outcomes for families with similar characteristics (i.e., families in the same risk classification). Evidence for the presence or absence of items on the risk assessment should appear 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.

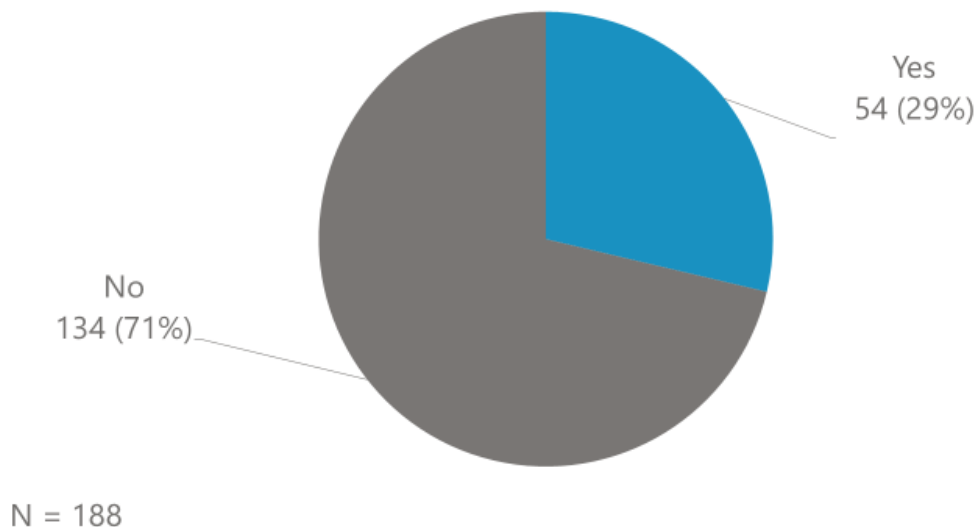
In addition to risk assessment items, case readers looked at the narrative support for the selection of overrides. Policy overrides change the final risk level to very high, while a discretionary override can only increase the risk level by one. Workers must have adequate documentation to support any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

## Findings

Case file information for 134 (71%) of the 188 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). This is an improvement of 4% from last year's case reading.

Figure 4

### All Selected Items Supported by Case File



Of the 134 cases not supported by the narrative:

- A total of 103 (77%) included narrative support for an item that was not selected, which is nearly identical to last year; and
- An item was selected but not supported by narrative in 78 (58%) cases, which represents a 12% increase from last year.<sup>3</sup>

The two-stream risk assessment includes separate indices for neglect and abuse. For some assessment items, neglect and abuse answers should match. In 18 (17%) cases with risk assessments not supported by the narrative, 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 is a 5% increase from last year's case reading. As last year's report stated, this issue can be easily resolved by adjusting to a single-stream tool, which eliminates this issue

<sup>3</sup> The total exceeds 100% because some risk assessments fell into both categories. For example, narrative for item N10, Housing, supported "Current housing is physically unsafe" and the item was not selected, *and* the worker selected "Homeless" but narrative did not support the definition.

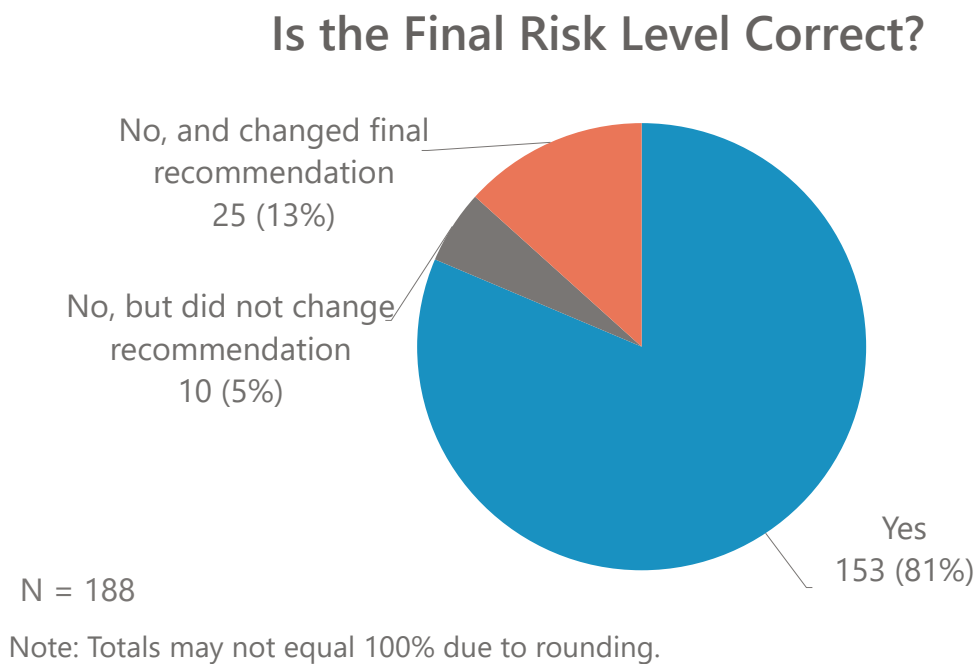


entirely. An adjustment to a single-stream tool can take place when the risk assessment is validated.

Case readers also evaluated the number of overrides applied to the risk assessment and whether they were supported by the narrative. In last year's case ready, 2% of cases used overrides. This year, CRC found no overrides used on any risk assessments in the 188 reviewed cases; however, CRC found two cases in which the policy override "sexual abuse case AND the perpetrator is likely to have access to the child" was supported but not selected. In both cases, the scored risk levels were very high, which may have factored into workers' decisions to not select an override, as it would not have changed the final risk level of the assessment.

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 153 (81%) risk assessments, which is an 11% increase from last year. For 10 (5%) risk assessments, the final risk level was not supported by the narrative, but the final recommendation remained the same. For 25 (13%) 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 5); this is a 9% increase from last year.

Figure 5



### 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 information that 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. Workers showed improvement on this compared with last year's case reading.

No cases had an override selected. As CRC noted last year, generally, 5–8% should have an override, so it is important to ensure that overrides are applied in all appropriate cases. CRC found two cases where a policy override was supported but not selected. This may have been due to the "very high" scored risk level on both cases; however, CRC recommends workers complete the assessment by selecting all items that are supported. While selecting a policy override when it will not result in a change to the final risk level does not impact the recommended action, not doing so prohibits DCF from understanding the types of cases they have, collecting accurate data, and being able to inform future policy and practice.

### 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 whenever information supports their selection.

### **Action**

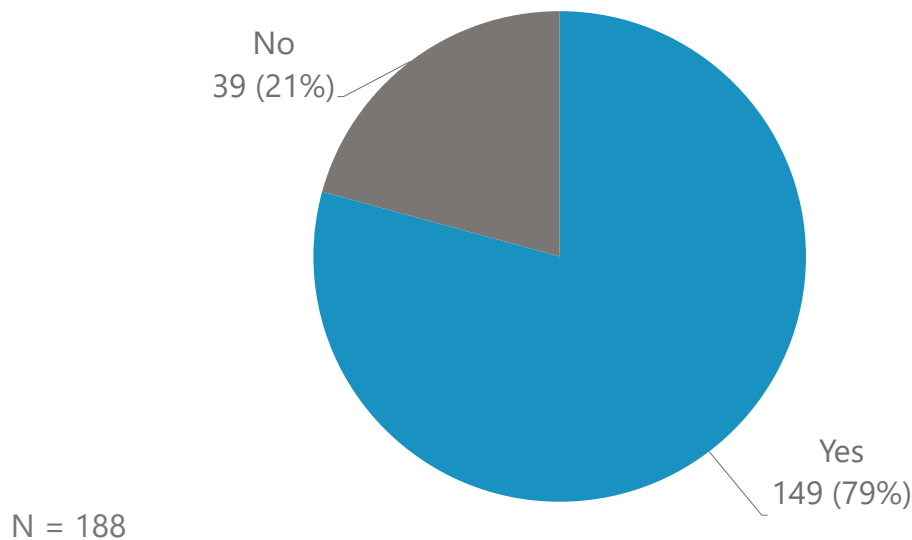
Case readers determined if the final tool recommendation of whether to offer services matched whether a worker subsequently did so. Generally, if the risk level is low or moderate and the safety decision is safe, the recommendation is to not offer services. If the risk level is high or very high *or* 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 6) which is consistent with last year's findings. Of the 39 (21%) cases where the final tool recommendation did not match the action taken, 18 had a risk level of low or moderate with no safety factors, and services were provided but no adequate explanation was included. In 21 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 6

## Does Final Recommendation Match Action Taken?



## Takeaways

The risk level is used to guide whether services should be offered. The risk assessment's goal is to identify families at highest risk of subsequent CPS involvement, allowing targeting of agency resources to these families to reduce and prevent the occurrence of harm. Due to the small sample size, it is unclear whether the proportion of high- or very high-risk families not offered services is representative of the statewide proportion. DCF may want to examine why cases were not opened for high and very-high risk families, including whether the family refused services. One way to explore this is to encourage workers to document and provide rationale for why they do not offer services for high- or very high-risk families.

## Next Steps for Workers

- Understand in what situations workers are 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 188 cases with a completed risk assessment, case readers found evidence in the narrative that the worker discussed the risk assessment with the family in 11 (6%) cases, which is double the rate from last year's case reading. In 177 (94%) cases, no evidence existed that the worker discussed the risk assessment with the family. For 54 (29%) cases, some documentation appeared in the narrative that the worker reflected on the risk assessment results when deciding whether to offer services, which represents a 6% increase from last year.

### **CONCLUSION**

This case reading analyzed the quality of practical SDM risk assessment implementation after a period of use. Workers demonstrated timely tool completion for the third year in a row, completing all risk assessments for each case on time. Workers completed the risk assessment per policy at a higher rate this year compared to last, demonstrating improvement in identifying household members. Despite showing improvement in accurately completing risk assessments based on the available case documentation, many assessments were nonetheless completed inaccurately or lacked supporting documentation. These trends were similar to those in previous case readings, with the noted improvements.

Last year, CRC recommended that DCF workers using the risk assessment focus on correctly identifying household members and caregivers; DCF has shown improvement in this area. DCF should continue to focus on reviewing the risk assessment structure, item definitions, and thresholds, as appropriate tool completion depends on understanding the two-stream tool format and the thresholds set out in item definitions. DCF should ensure that workers thoroughly understand the risk assessment's purpose of targeting services to families at the highest likelihood of future CPS contact.

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. Workers should always clearly document their rationale for risk assessment item selection.

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