Overview of the Day

- Welcome and overview of the plan for the day:
  - Review content from e-learning module
  - Practice completing SDM tools
  - Evaluation
Group Agreements

SDM Policy Manual Organization

- Each section is a tool
- Within each section:
  - Tool
  - Definitions
  - Policy and procedure

Structured Decision Making Model Process Goals are to:

- 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.
Structure, Research, and Clinical Judgment:

- Research
- Clinical Judgment
- Structured Tools

Partners in the workplace

What Do You Remember?

General Definition Tips
- Read to the period.
- Examples are examples.
- Beware of AND and OR.
- Use common sense.
- The definitions are guides and are not a substitute for knowledge or good judgment.
- Live within the definitions, and use overrides if you disagree with where the definition is taking you.
Basic Definitions

• Caregiver: an adult, parent, or guardian in the household who provides care and supervision for the child

• Household: all persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home

Caregiver and/or Household Member

• Mother’s live-in boyfriend who never provides care for child
• Mother’s boyfriend who doesn’t live there, but spends lots of time there and sometimes babysits
• Mother’s ex-boyfriend who no longer has contact with her
• Uncle who visits occasionally and babysat once in the past 12 months

Caregiver Identification Impacts Results

• Follow the logic and ask yourself each question:
  1. Is the caregiver the legal parent?
  2. Does the caregiver have more than 50% of the parenting responsibilities?
  3. Is the caregiver the alleged perpetrator?
  4. Which caregiver has the most severe allegation?
Allegations on Mom:
Mom and Dad live together

Allegations on Mom:
Mom and Dad live apart, child lives with Mom

Allegations on Dad:
Mom and Dad live apart, child lives with Mom and visits regularly in Dad’s household
Allegations on Mom and Dad:
Mom and Dad live apart, child lives with Mom and visits regularly in Dad’s household

Purpose of Hotline Tools
• Determine whether a referral meets the statutory threshold for an in-person child welfare services (CWS) response (and if not, whether a referral to an alternative community response is appropriate).
• Determine how quickly to respond.

Let’s Practice
• Read Case Example
• Complete Hotline Tool together
• What did you determine?
When Should You Respond?

Do any of the following apply:
- Medical care currently required due to alleged abuse
- Caregiver’s behavior is alleged to be dangerous or threatening to child’s health or safety
- Allegation of physical injury to non-mobile child or any child under age 2

Yes \[\rightarrow\] 24 Hours

No \[\leftarrow\] 20 Days

Is there a non-perpetrating caregiver aware of the alleged abuse who is demonstrating a response that is appropriate and protective of the child?

No \[\leftarrow\] 20 Days

Do ANY of the following apply?
- Child is vulnerable or fearful
- There is prior history of physical abuse
- There is current concern that domestic violence will impact the safety of the child within the next 10 days

Yes \[\rightarrow\] 24 Hours

24-Hour Response

Allegation of physical injury to non-mobile child or any child under age 2

Yes \[\rightarrow\] 24 Hours

Concerns:
- Child nonverbal
- Mother has history of abuse
- Father substance abuse

Safety Assessment Tool

- Once a referral is screened in for an in-person response, the question becomes “Can the child remain safely at home?”
- In most counties, the Emergency Response social worker responds to the referral and completes the Safety Assessment Tool.
Safety Assessment Components

• Child vulnerabilities
• Safety Threats & Caregiver Complicating Behaviors
• Household Strengths and Protective Action
• In-home Protective Interventions
• Placement Interventions

Let’s Practice

• Read page 4–6 of the Jefferson/Baxter case example.
• Stop and complete at your table group:
  1. Identify the households to be assessed and the primary and secondary caregivers in each household.
  2. For each household, complete only Child Vulnerabilities, Safety Threats, and Caregiver Complicating Behaviors.

Safety Plans Include:

• A family-friendly description of the identified safety threat
• A safety intervention to address and mitigate each threat
• Considerations should be made in ICWA cases
• A plan for monitoring
• Signatures
Effective Safety Plans
are detailed plans of ACTION made in response to SPECIFICALLY identified dangers
(behavioral and action driven)

Effective Safety Plans
Create clear and observable guidelines about:
• Contact between the children
• The potential danger
• How they are to be protected from the danger

Safety Plans Are ...
• Collaboratively made with the family, child, and network;
• A process, not an event;
• A roadmap to achieve our hopes, not a guarantee;
• A method for keeping children safe; AND
• A intervention and change strategy.
The Difference a Support Network Can Make

• Caregiver has the ability to access resources to provide necessary safety interventions.
• Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.
• At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.
• Caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment.

Substitute Care Provider Safety Assessment Policy

• All investigations of alleged abuse/neglect by a substitute care provider (SCP), including:
  » Licensed foster homes
  » NREFMs
  » Approved relative homes
  » Certified FFAs
  » Small family homes
  » Adoptive parents if the adoption has not yet been finalized
  » Legal guardians where a dependency case is still open (i.e., the department has protective responsibility for the child)

• Do not use with allegations involving:
  » Group homes
  » Institutions
  » Residential treatment centers

Do We Open a Case?

• Utilizing the Risk Assessment Tool—Agency resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.
• Risk assessment identifies families with low, moderate, high, or very high probabilities of future abuse or neglect.
• The risk assessment is based on research on cases with substantiated abuse or neglect that examined the relationships between family characteristics and the outcomes of subsequent substantiated abuse and neglect.
Linking Danger and Risk

- What exactly we are worried about (the danger statement)
- How worried we should be (the risk level)

Work Individually

- Review the continued case example and complete the Risk Assessment Tool.
- What is your Risk level
  - For Mom?
  - For Dad?
- Do you promote the case? Why? Are there any policy overrides? Any discretionary overrides?

Connecting Safety and Risk

Safety Assessment
Informs what we are worried about

Risk Assessment
Informs how worried we should be
Required Contacts

<table>
<thead>
<tr>
<th>Contact with</th>
<th>Contact Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Minor dependent (NMD) residing in out-of-home placement with relative, foster family or legal guardian.</td>
<td>At least one face-to-face contact each calendar month.</td>
</tr>
<tr>
<td>Non-Minor dependent (NMD) residing in a Supervised Independent Living Placement (SILP).</td>
<td>1 Face to Face each Calendar Month</td>
</tr>
<tr>
<td>NMD or NMD residing in group home or Community Treatment Center.</td>
<td>1 Face to Face each Calendar Month with a 2 week time frame between the visits.</td>
</tr>
</tbody>
</table>

Your case is open; now what?

- Assessing Family Strengths and Needs using the FSNA
- Purpose of FSNA—This tool is used to systematically identify critical family needs and help plan for effective interventions.

Valuing the SDM Approach

- Ensures Consistency among social workers
- Ensures strengths and needs are looked at objectively
- Assesses change over time
- Identifies and prioritizes highest needs
Things to Consider

• Requires gathering information from all family members, collaterals, and a review of records.
  – It may be completed or modified during the course of family team meetings.
  – Engage family in culturally appropriate ways to make an accurate assessment.

Shared Definition of Safety

Safety is:

Actions of protection taken by the caregiver that address the danger, demonstrated over time.


Work Individually

• Read case example

• Complete FSNA

• Discuss with your table
After the Plan Is Working

Focus on Safety
- Immediate
- Demonstrated over time

Behavioral change
- Impact on the child’s safety and care

Use of network

Reunification Begins on Day 1!

Working with families during reunification:

- Keep a sense of urgency: Be clear about timelines for decision making.
- Orient the parents to shared understanding of safety threats, risk, and the process for evaluating change.
- Expand the family’s support network.

- Create planned, purposeful, progressive contacts and visits that take family wishes and culture into account.
- Create opportunities for parents to demonstrate “acts of protection” during visits.
- Expect challenges and the “uneven path.”

Reunification Assessment

- Routinely monitoring critical case factors that affect goal achievement;
- Helping to structure the case review process; and
- Expediting permanency for children in substitute care.
Guides Decision Making to:
1. Return a child to the removal household* or to another household with a legal right to placement (non-removal household);
2. Maintain out-of-home placement; and/or
3. Terminate reunification services and implement a permanency alternative.

Let’s Practice
• Read the case example up to the reunification point.
• Stop and complete as a group: the Reunification Assessment tool.

Preparing the Family for Reunification
• Shouldn’t be a surprise!
• Share the reunification reassessment form with family so that the household understands exactly what will be used to evaluate reunification potential and the threshold they must reach.
• Inform them of their original risk level, and explain that this will serve as the baseline for the reunification reassessment.
What Else?

- Explain that a new substantiation or failure to progress toward case plan goals would increase their risk level.
- Discuss visits—how many and the quality.
- Discuss Safety.

Risk Based on Child’s Age

Under 3

Is reunification risk level low or moderate?

- No, risk is high or very high
  - Is this the 6-month hearing or before?
    - Yes
      - Is the answer to R3 “a” or “b” OR is visitation acceptable?
        - Yes
          - Is visitation acceptable?
            - Yes
              - Return Home
            - No
              - Terminate FR
        - No
          - Terminate FR
    - No
      - Terminate FR

Over 3

Is reunification risk level low or moderate?

- No, risk is high or very high
  - Is this the 6-month hearing or before?
    - Yes
      - Is the answer to R3 “a” or “b” OR is visitation acceptable?
        - Yes
          - Is visitation acceptable?
            - Yes
              - Return Home
            - No
              - Terminate FR
        - No
          - Terminate FR
    - No
      - Terminate FR

Is this the 12-month hearing or before?

- Yes
  - Is the home safe or conditionally safe?
    - Yes
      - Return Home
    - No
      - Continue FR
- No
  - Is the home safe or conditionally safe?
    - Yes
      - Return Home
    - No
      - Continue FR
Risk/Safety Assessment

• Family risk reassessment for in-home cases
• If the case will remain open, the reassessment also includes a family strengths and needs reassessment and a case plan update.

Risk Reassessment

• Completed for In-Home Cases NOT Reunification cases
• The risk reassessment determines whether the case should remain open or be closed
• Completed at minimum every 6 months
• Updated FSNA and case plan completed

Can the Case Be Closed Safely?

• Voluntary—30 days prior to case plan completion or case closure recommendation
• Involuntary—65 days prior to case plan completion or case closure recommendation
• All in home cases where new circumstances/new risk
Let’s Practice

• Read page 21 of the case example.
• In dyads, complete the Family Risk Reassessment for In-home Cases Tool.

Wrap Up

Welcome Back

• Review content from day 1 activity
• Embedded Evaluation
Review:
What have we learned about SDM

Review of Key Points
SDM are a set of tools, not forms...
SDM guides decisions; workers make decisions.
Read the definitions, to the period.
SDM is part of a larger practice framework of decision making.

Evaluation
Preliminary Evaluation Materials

ID codes:
- First 3 letters of MOTHER’S MAIDEN NAME
- The first 3 letters of MOTHER’S FIRST NAME
- The NUMERAL FOR THE DAY YOU WERE BORN
  Example: November 9, 1970 or 11/09/1970
- The NUMERAL FOR THE YEAR YOU WERE BORN
  Example: November 9, 1970 or 11/09/1970

Trainee ID Code

Embedded Evaluation

Answer a set of questions based on the Hernandez family vignette:
Section 1: Safety Threats
Section 2: Household Strengths and Protective Actions
Section 3: In-Home Protective Interventions
Section 4: Placement Interventions
Section 5: Family Risk Assessment Factors

Closing
- What did you learn?
- Any questions?
- Next Steps