

Program Overview: Structured Decision Making

Category	Programs for Child Welfare Workers	Definitions/ Notes
Program Name	Structured Decision Making	
History of Program	<p>Structured Decision Making is a problem solving model that breaks highly complex decisions into component parts which are then evaluated based on evidence in order to reach decisions that are clearly tied to specified objectives. Based in the science of risk analysis, Structured Decision Making is a set of principles that guides the decision making process, rather than a firmly proscribed procedure. Structured Decision Making models have been successfully applied in a wide variety of fields where decisions must be made quickly and are of significant consequence, where resources are limited, and when transparency in decision making is desired.</p>	
Description of Program as it Relates to addressing Children's Exposure to Violence	<p>The Structured Decision Making model provides child welfare workers with a set of tools that enables them to rapidly assess the risks and strengths of families referred due to maltreatment and to guide agency response in order to focus limited agency resources on the children at greatest risk of further harm. Structured Decision Making recognizes that each child welfare agency has unique priorities, responsibilities, resources, policy mandates; therefore the model is designed to be tailored to the needs of the agency in which it is being implemented. Structured Decision Making can be used to guide investigation responses, placement decisions, and how to best achieve permanency. SDM tools guide the inquiry process and give structure to</p>	

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	the plan of action. The core components of the Structured Decision Making model for child welfare are (1) assessment tools (2) service levels tied to risk and (3) workload measurement system.	
Service Continuum	Primary/Universal Prevention Secondary/Selective Intervention Tertiary/Targeted Intervention Crisis Response	<p>Check all that apply.</p> <p>Tertiary/Targeted- Program intended for individuals known to have been directly exposed to violence (e.g., witnesses of violence) or those with an extremely high probability of violence exposure (e.g., children in foster care) <u>and</u> are demonstrating elevated difficulties due to violence exposure (e.g., diagnosable levels of distress/disorders or incarceration in juvenile detention). <i>Examples</i> include direct services that provide therapy delivered by mental health professionals, such as TF-CBT.</p> <p>Crisis Response- Program intended for individuals in crisis or immediately after an exposure episode. Services are time-limited and delivered to address immediate needs/care. <i>Examples</i> include programs with emergency respite care.</p>
Primary Exposure Type	Domestic Violence Maltreatment (non-specific) Sexual Abuse Physical Abuse Psychological/Emotional Abuse Neglect Community Violence School Violence (e.g., shootings; rape) Gang Violence Violence in the Wake of Mass Trauma Refugee/Immigration/War/Political Military (e.g., exposure resulting from caregiver's military involvement) Historical High Risk for Exposure / Trauma	

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Target Population	Family Systems Individual Children/ Youth Parent/Caregivers(s) Siblings Providers/Staff Housing/Shelter Foster Care Child Welfare Physician/Nursing Mental Health Residential treatment Systems Juvenile Justice/Correctional Child Welfare Schools	
Target Age	0 - 2 Early Childhood (3-5) Middle Childhood (6 - 12) Adolescence (13-21)	The Structured Decision Making model is appropriate for all children involved with the child welfare system.
Target Gender	Males Females Both	
Appropriate for Unique Ethnic, Cultural, or Linguistic Populations?	Has this program been used or evaluated with minority, cultural, or linguistically diverse groups? Yes No If yes, please indicate: Latino/Hispanic African American Indian American Asian American Caucasian	
What Adaptations have been made?	Have any adaptations or modifications been made with respect to specific minority, cultural, or linguistic groups? If yes, please describe: SDM child welfare models have been	

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	adapted for use in evaluation of foster care providers, high risk TANF families, and abuse of elder/dependent adults.	
Primary Settings	Supportive Housing/Shelters Homes (biological/adoptive) Foster Care Homes or System Child Welfare System Hospital/Pediatric Mental Health Community Agency Mental Health Hospital/Inpatient Residential Treatment Juvenile Justice/Correctional Agency/Workplace Schools Neighborhood/Community Settings Religious Entities (e.g., churches, synagogues) Youth Programs Flexible	Primary Setting(s) refers to where the program/intervention is primarily/ most often delivered when serving CEV
Persons or Entities in charge of delivering Program	Home Visitors Supportive Housing/Shelter Staff Foster Care Providers Child Welfare Workers Nurses/Physicians/Health Providers Mental Health Providers (e.g., Social Workers, Therapists) Inpatient Staff/Providers Residential Treatment Staff Juvenile Justice/Correctional Line Staff School Staff & Educators (e.g., Teachers) Community Providers (e.g., mentors) Parent/Caregiver(s)/Family Foster Family	Persons or Entity in charge of delivering program answers the question, " Who is <i>primarily/ most often</i> responsible for actual delivery of the intervention when serving CEV or providers, agencies, and systems serving CEV?"
Primary Components	Assessment/ Triage/Screening Referrals Case Management Home-Visiting Pediatric Services/ Checks	Check all that apply.

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	Legal advice/assistance Child Group Therapy Child Individual Therapy Child Mentoring Parent Training/Therapy Conjoint parent-child treatment Family Treatment/Therapy Parent/ Family Support Services Community Resource Planning Creating School-Home -Community Partnerships Liaisons (e.g., cultural liaison; police liaison; home-school liaisons) Service Provider Training, Supervision, Consultation, Technical Assistance Management reports	

Resource & Capacity Planning

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Length/Duration of Program	Please Describe: Ongoing	
Required Materials	Manuals/Program materials Video/Audio Equipment Computer Software/ Special Technology Fidelity Checklists/Assessments Technical Assistance	
Training Requirements	Face-to-face training On-line training Supervision Consultation	Please provide a brief description of training requirements (e.g., special components, duration, timing, structure).
Provider Certification/ Training/ Requirements	No Degree /Certification/ Training/ requirements stated Program Specific Certification/Training Required Special Service Area Required (e.g., Social Worker, Doctor) Professional Licensure Required	Please check No Degree/Certification/Training when service providers do not need to meet any specific requirements to implement services. Check Program Specific /Certification, Special Service Area Required, and/or Professional Licensure required when service providers must have these requirements to implement the services. Check all that apply Please briefly describe (e.g., 1-2 sentences) other requirements related to the service providers that are necessary to implement the program.
System or Agency Recommendations for Serving CEV Populations	None Specified With-in Agency Support & Infrastructure Cross Systems/Sectors Support & Infrastructure	Within- Agency: Examples include 1/week supervision, staffing replacements during trainings, involvement of CEO and agency leaders.

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Costs of Implementation	Training & Consultation: Materials/Manuals: Technology: Fidelity Monitoring/ Assessments: Estimate based on implementation (costs not disaggregated):	<p>Please briefly describe the costs associated with program/intervention implementation. Checked boxes indicate components upon which the costs are based. Check all that apply. Check "Unknown" only when this information is not known/ has not been estimated.</p> <p>Estimate based on implementation (costs not disaggregated) is selected when costs have been estimated there is a general total cost of program, for example "\$1600+" for 12 sessions, but the disaggregated costs associated with each component is not known/unavailable.</p> <p>For example, if training costs 12,000, please indicate if this is per year, per provider, per client, or lifetime of program.</p> <p>Select both the specific components and "Estimate based on Implementation" if the \$ amount reflects entire program cost only, yet we have enough information to assume that the selected components are a part of that total.</p>

Evidence for Children's Exposure to Violence

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Evidence for Preventing or Addressing Violence Exposure	In general, when implemented with <i>minimal</i> fidelity this program demonstrate <i>promising (perhaps inconsistent)</i> empirical findings showing reductions in risk of exposure or ameliorating the effects of exposure using a <i>reasonable conceptual framework</i> and a	

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	<p><i>limited evaluation</i> design (single group pre-post-test) that requires causal confirmation using more appropriate experimental techniques.</p> <p>Based on available information, in general, when implemented with sufficient fidelity this program demonstrates <i>adequate empirical findings</i> of reducing the risk of exposure or ameliorating the effects of exposure using a <i>sound conceptual framework</i> and an evaluation design of the high quality (<i>quasi-experimental</i>) and has been used with populations known to be at risk for violence exposure (e.g., children in residential settings).</p> <p>In general, when implemented with a high degree of fidelity (effectiveness), these programs demonstrate <i>robust empirical findings</i> in preventing children's exposure to violence or ameliorating the effects of exposure, using a <i>reputable conceptual framework</i> and an evaluation <i>design of the highest quality</i>, and has been used with populations known to be at risk for violence exposure (e.g., children in residential settings).</p>	
Evaluation Design of Studies with CEV	<p>Randomized, control experimental design</p> <p>Waitlist control</p> <p>Quasi-experimental design</p> <p>Pre- and post-test (no comparison group)</p> <p>Feasibility testing</p>	
Violence Exposure-Related Outcomes	<p>System: Evaluations of CW systems implementing Structured Decision Making (SDM)</p>	

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	<p>indicate that the SDM process and tools are effective in helping children attain permanent placement within 15 months of case opening; prevent re-entry 12 months following placement (Michigan Foster Care Case Management System); increase the accuracy of identifying cases that required immediate response at intake; accurately identify families in which developing a safety plan would allow the child to remain in the home during the follow-up period; accurately establish a risk assessment system to correctly classify families according to level of risk; help reduce the disproportionate representation of minority families in the child welfare system (California); and help agencies target the most high-risk families for intervention services in order to significantly reduce subsequent referrals for abuse and neglect (Wisconsin).</p>	
<p>Additional Research Information</p>	<p>Briefly describe the research design, setting, participants, and outcome measures for the above noted CEV outcomes. List by Study 1, Study 2, etc.</p> <p>Study 1: Design, Setting, Participants: Counties in Michigan implementing SDM procedures were compared with counties that made no changes to current child welfare practice. Comparison counties were matched on a wide array of demographic variables including race, poverty rate, urbanicity, and characteristics of the foster care system itself such as caseload size, and percentage of county caseload managed by contract with private agencies. Finally, baselines rates of preimplementation performance were measured to ensure that any differences between counties that existed before SDM implementation could</p>	<p>Please List References</p> <p>Study 1 Johnson, K., & Wagner, D. (2005). Evaluation of Michigan's foster care case management system. <i>Research on Social Work Practice</i>, 15(5), 372-380.</p>

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	<p>be controlled for.</p> <p>Outcome Measures: The primary outcome measure was percentage of children for whom permanency was achieved within 15 months from the time of entering the foster care system. Type of permanency (e.g., return home, adoption, or permanent placement) was also examined. Finally, in order to assess whether Structured Decision Making lead to children being returned to their homes too quickly, likelihood of reentry was examined for a period of twelve months beginning at the time of reunification.</p> <p>Study 2: Design, Setting, Participants: Families investigated for child maltreatment in five California counties were followed for two years from the date of referral in order to assess whether risk ratings made using SDM assessment tools accurately indentified families at high risk for future maltreatment. The sample included 1142 families that received services after investigations, and 6543 families that did not receive services.</p> <p>Outcome Measures: The primary outcome was recurrence of child maltreatment.</p>	<p>Study 2: Johnson, W. (2004). Effectiveness of California’s child welfare Structured Decision Making model: A prospective study of the validity of the California family risk assessment. Sacramento, CA: California Department of Social Services.</p>
<p>Conceptual Framework/ Theoretical Design</p> <p>(For internal use)</p>	<p>Reputable Adequate Reasonable Weak/ New</p>	
<p>Is this Program an Evidence-Based Practice in other Family/ Youth Development</p>	<p>Yes</p> <p>Endorsements OJJDP Model Program Findyouthinfo.gov NREPP</p>	

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Areas?	Blue Prints Model Program California Clearing House Rated	
Evaluation Designs of other evaluations	Randomized, control experimental design Waitlist control (randomized or pseudo randomized) Quasi-experimental design Pre- and post-test (no comparison group) Feasibility testing (no efficacy trials yet; limited data such as satisfaction, engagement)	
Sources	Empirical Studies (peer-reviewed journal) Review Article (peer-reviewed journal) Independent (Published) Evaluation Evaluation Conducted by Program OJJDP Model Programs Find Youth Info NREPP Blue Prints California Clearing House	

Contact Information

Contact name: Raelene Freitag, PhD
 Affiliation/Agency: Children's Research Center
 Email: rfreitag@mw.nccd-crc.org
 Phone: 608-831-1180
 Fax: 608-831-6446
 Website: http://www.nccd-crc.org/crc/c_sdm_about.html

Selected Publications/References

Children's Research Center. (2008). The Structured Decision Making® model: An evidenced-based approach to human services. Madison, WI.

Johnson, K., & Wagner, D. (2005). Evaluation of Michigan's foster care case management system. *Research on Social Work Practice*, 15(5), 372-380.

Johnson, W. (2004). Effectiveness of California's child welfare Structured Decision Making® model: A prospective study of the validity of the California family risk assessment. Sacramento, CA: California Department of Social Services.

Shlonsky, A. & Wagner, D. (2005). The Next Step: Integrating Actuarial Risk Assessment and Clinical Judgment Into an Evidence-Based Practice Framework in CPS Case Management
Children and Youth Services Review, 27(4), 409-427.