

County of Santa Clara
Social Services Agency



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DATE: February 6, 2024
TO: Honorable Board of Supervisors
FROM: Damion Wright, Director, Department of Family and Children's Services
SUBJECT: E.4 - Structured Decision Making

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At the December 19, 2023 Special Meeting of the Board of Supervisors, the Board requested information relating to Evident Change's Structured Decision-Making Tool.

Structured Decision-Making (SDM)

What is structured decision-making (SDM)?

Structured decision-making (SDM) is a case-management tool comprised of a suite of assessments that are administered by child protective services staff to gather information about the current and future risks to child welfare in a household. According to the California Evidence-Based Clearinghouse for Child Welfare¹, a state-funded repository of evidence-informed strategies and practices, SDM's primary goal is "to reduce the subsequent maltreatment of children in families where an abuse and/or neglect incident has occurred." SDM is intended to provide a systematic, structured approach to assist staff to assess the appropriate response to suspected cases of abuse and/or neglect, as well as to develop a treatment plan. SDM involves multiple layers of assessments that are completed at different stages after a reported referral of abuse or neglect. DFCS social work staff administer SDM assessments at intake, during the process of an investigation, at regular intervals following the investigation depending on the severity of the case, prior to reunification, and after reunification, prior to case closure. SDM is specifically designed to assist child welfare social workers to identify risk to children, and based on that risk, place families in a service-needs category of low, moderate, high, and intensive, with the goal of identifying the right level of intervention for families relevant to the individual child and family's identified needs.² The

¹ The California Evidence-Based Clearinghouse (CEBC) for Child Welfare is funded by the California Department of Social Services and developed by the Chadwick Center for Children & Families – Rady Children's Hospital – San Diego. More information is available here: [CEBC » Leadership » Overview \(cebc4cw.org\)](https://cebc4cw.org)

² The California Evidence-Based Clearinghouse for Child Welfare: Information and Resources for Child Welfare Professionals. [CEBC » Program » Structured Decision Making \(cebc4cw.org\)](https://cebc4cw.org), accessed on 1/19/2024.

completed assessments are stored in a database with a detailed history for each referral and case, and from which information reports can be generated.³

How did the State of California come to adopt SDM?

In 1998, the California Department of Social Services (CDSS) commissioned the National Council on Crime & Delinquency and the Children’s Research Center (CRC), now formally known as Evident Change⁴, to lead a Structured Decision Making (SDM) Project working with seven California counties, Santa Clara County among them.⁵ While this represented the State of California’s adaptation and early piloting of this tool, the use of structured decision-making in child welfare had already been around for at least 20 years prior through initiatives led and sponsored by the federal government in other states around the country.⁷ By 2016, all California child welfare agencies were expected to have implemented SDM in their child welfare assessments and screening practices.⁸

What is the empirical basis for actuarial-based assessments similar to SDM?

There is growing scientific research evidence that actuarial-based assessments⁹, of which the tools like the previously used California Family Risk Assessment (CFRA) and the currently used Structured Decision Making (SDM) tool fall under. Actuarial-based assessments were found to be more effective compared with clinical or consensus-based tools in terms of predicting future risk of child maltreatment.¹⁰ In one study focused on California, researchers retrospectively examined 7,600 reports across five counties and found that the CFRA similarly outperformed consensus-based tools in terms of predictive validity of the risk of maltreatment.¹¹ Finally, a meta-analytic study¹² published in 2017 that looked across 30 research studies with an overall sample size of close to 90,000 cases found that actuarial

³ California Department of Social Services (CDSS). SDM Policy and Procedures Manual. Evident Change, January 2021. The database storing this information is called Safe Measures.

⁴ The National Council on Crime and Delinquency and the Children’s Research Center with locations in Madison, Wisconsin and Oakland, California has a long history of working in juvenile justice and child welfare ([History - Evident Change](#)). The organization changed its name to Evident Change in 2020 ([We Are Now Evident Change! - Evident Change](#)).

⁵ CDSS. Structured Decision Making, [Structured Decision Making \(ca.gov\)](#), accessed on 1/20/2024.

⁶ According to Johnson (2004), Santa Clara County only partially implemented the SDM during the 1999 pilot because the County did not implement all the assessments.

⁷ Gleeson, James P. (1987), “Implementing Structured Decision-making Procedures at Child Intake,” *Child Welfare*, vol. 66, no. 2, pp. 101 – 112.

⁸ CDSS (2016). All County Information Notice No. I-62-16c. [Safety and Risk Assessment Tools \(ca.gov\)](#).

⁹ In general, the research literature recognizes two broad approaches to assessing risk in child welfare settings – actuarial and clinical. Actuarial-based risk approaches use statistical methods to assign risk based on an analysis of factors that are associated with the future recurrence of child maltreatment. Actuarial-based approaches derive those factors from empirically tested and validated measures that have been collected from the field. Clinical-based approaches can be further divided into two sub-types – consensus-based and structured clinical judgment. For both types of clinical-based approaches, the emphasis on determining risk is based on expert judgment – both of the professional assessing the case and the consensus of other experts in the field. Consensus-based assessments typically draw from multiple sources and offer the child welfare workers greater discretion in weighting the different factors that could be associated with risk of maltreatment recurrence (Mickelson et al., 2017; van der Put et al., 2017).

¹⁰ Baird, Christopher, Dennis Wagner, Thera Healy, and Kristen Johnson. (1999). “Risk Assessment in Child Protective Services: Consensus and Actuarial Model Reliability.” *Child Welfare*, vol. 78, no. 6, pp. 723 – 748. (Accessed on January 20, 2024.)

¹¹ Johnson, Will L. (2011) “The validity and utility of the California Family Risk Assessment under practice conditions in the field: A prospective study”, *Child Abuse and Neglect*, vol. 35, pp. 18 – 28.

¹² Meta-analytic quantitative techniques are used to produce overall summaries of intervention effects across a large number of studies.

based assessment tools are moderately better at predicting child maltreatment recurrence than both clinical-based consensus-building and structured clinical judgment approaches.¹³

What are the limitations of SDM?

While SDM is designed to provide child welfare social workers with assessments that contain standardized and validated measures of the risk of maltreatment recurrence, with the intent being to mitigate the risk that personal biases influence responses, these tools come with important caveats. For one, these assessments are designed to be administered in a prescribed way, and deviations from their intended use are likely to affect the quality of their results.¹⁴ Moreover, the results obtained from administering the assessments inform an intervention, and plan to provide services or take other steps, and SDM's utility is highly dependent on those next steps being taken.¹⁵ Secondly, because actuarial-based assessments draw on quantitative measures of risk factors associated with maltreatment including income, household status, and other characteristics that are frequently associated with poverty, certain racial and ethnic groups could be rated at higher risk for maltreatment recurrence in the household. A review of empirical evidence on the effects of the use of actuarial-based assessments did not reveal systematic evidence of racial disproportionality.¹⁶ However, questions about differential risk assessments by race remain. A 2023 report by Evident Change using Santa Clara County data found that close to half of Black/African American families with identified safety concerns receive an assessment of "unsafe", compared to 19 percent of investigations of families who were not Black/African American. Whereas Black/African American families represent six percent of referrals, approximately 13 percent of investigations resulting in a child entering placement are from Black/African American households. Latinx/Hispanic households make up 59 percent of referrals, but 65 percent of investigations resulting in a child entering placement. American Indian/Alaska Native households similarly make up 0.2 percent of referrals, but one percent of investigations resulting in a child entering placement.¹⁷ Acknowledging these substantial differences in case outcomes by race in Santa Clara County is a critical step to better understanding what structural barriers certain groups may face in receiving the supports they need.

Finally, actuarial-based assessments imply a rigidity in their use when they are intended to be one of a number of tools that child welfare social workers should use in their response,

¹³ van der Put, Claudia E., Mark Assink, Noelle F. Boekhout van Solinge. (2017), "Predicting child maltreatment: A meta-analysis of the predictive validity of risk assessment instruments." *Child Abuse and Neglect*. Accessed on January 19, 2024. The meta-analytic study reported a measure of effect size (Area Under the Curve or AUC) that provides information on how well the assessment was able to predict the risk of maltreatment for a randomly selected child compared to chance. A model that predicts no better than chance would have an AUC of 0.5 and a model that is perfectly able to predict risk would have an AUC of 1. The study found AUC values of 0.704 for actuarial-based assessments, and AUCs of 0.644 and 0.592 for consensus-based and structured clinical judgement-based assessments, respectively.

¹⁴ Mickelson et al. (2017).

¹⁵ For example, using SDM data from Santa Clara County, Evident Change reported that "only 75 percent of investigations involving families assessed as high/very high risk and unsafe were promoted to ongoing agency services." This compared to 97 percent statewide. Quote obtained from p. 1 of Evident Change. (2023) *The Structured Decision Making System in Child Welfare Services*, prepared for Santa Clara County Department of Family and Children's Services.

¹⁶ Martin, J. (2012). The Effect of Risk Assessment on Racial Disproportionality in the Child Welfare System (Master's thesis, Duquesne University). Retrieved from <https://dsc.duq.edu/etd/883>

¹⁷ Information obtained from pp. 1 – 2 in Evident Change. 2023. *The Structured Decision Making System in Child Welfare Services*, prepared for Santa Clara County Department of Family and Children's Services.

clinical assessment, referral, case plan development and case management practices. In other words, tools like the SDM are designed to be integrative with social workers clinical assessments, which continue to be critical in assessing child safety, developing appropriate safety plans and placements, and all other aspects of DFCS's work. A social worker's clinical skills provides the mechanism to engage families while tools such as SDM provide the structure to complete thorough and extensive assessments.

Attachment:

- Attachment A - DFCS Implementation of SDM Timeline

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As part of Program Improvement Plan (PIP), CDSS required counties to choose one of two comprehensive assessment approaches either: Comprehensive Assessment Tool (CAT) or Structured Decision-Making (SDM).

