

## Resources for Monitoring Qualitative Benchmarks for the SDM<sup>®</sup> System

### Case Reading Strategies

- Supervisors conduct routine spot checks of Structured Decision Making<sup>®</sup> (SDM) assessments and case records at key decision points.
- Supervisors and workers participate in regularly scheduled supervisory case readings and professional developing/coaching intervention.
- A program manager or quality assurance staff member selects a random sample of cases reviewed by supervisors and conducts an independent review. They then compare and discuss the case reading tools with the supervisor.
- Supervisors from one unit read cases from another unit. This could be within a program (e.g., an emergency response [ER] supervisor reads from another ER unit) or across programs (e.g., an ER supervisor reads from a family reunification unit). This is particularly helpful to do on occasion.

### Resources

- Case Reading Services: NCCD Children's Research Center (CRC) staff work onsite to conduct an independent review of a random sample of supervisor-reviewed cases. They then compare and discuss the case reading tools with the supervisor.
- Special Topics: CRC research staff can provide agency-specific management reports and ad hoc management reports on special topics.
- Case Reading Materials: CRC staff have created a protocol for case reading. See below for the location of the California SDM<sup>®</sup> Case Reading Manual and fillable PDF case reading tools.
- Annual and Ad Hoc California Management Reports: CRC staff produce annual statewide SDM management reports and county comparison reports each spring, which they present and discuss at annual California SDM Core Team meetings and distribute via Core Team email communication.

The case reading materials and annual/ad hoc publications, along with many other SDM-related resources, are available on the California SDM Training Materials website.

URL: <http://docs.nccdglobal.org/California>  
Password: training

## Qualitative Measures of a Robust SDM® Implementation

Continuous quality improvement and quality assurance efforts using qualitative measures provide a framework for taking a closer look at case records. Case reading strategies and ad hoc management reports monitor progress toward strengthening SDM practice fidelity, as evidenced when the following occur.

- Case records contain narrative support for correct tool completion.
- Case records contain narrative support, justification, and supervisory review/approval for overrides and for case actions that differ from the SDM presumptive decision.
- Caseworkers conduct SDM assessments at the correct points in the casework process.
- Caseworkers correctly identify households and primary and secondary caregivers.
- Caseworkers complete SDM assessments on the correct households.
- Caseworkers and supervisors use the structure of SDM assessments with families and explain the purpose, process, and results of each assessment with the family.
- Caseworkers and supervisors use SDM assessments to support decision making and planning processes with families.

These qualitative measures can be linked to trends in aggregate outcome indicators related to safety, permanency, and well-being outcomes for children and families.

SDM® Assessment	Special Focus on Key Qualitative Measures
Hotline tools	<ul style="list-style-type: none"> <li>• All screening and response priority overrides that result in screening out a presumptive in-person response or decreasing a presumptive immediate response priority are approved by a supervisor and have supporting evidence in narrative case records.</li> </ul>
Safety assessment	<ul style="list-style-type: none"> <li>• Case records document efforts to engage family members and their networks in safety planning.</li> <li>• Safety plans appropriately link safety threats and are effective in immediately controlling identified safety threats.</li> <li>• No investigations or cases are closed when an active safety threat was documented in the most recent safety assessment.</li> </ul>
Substitute care provider (SCP) safety assessment	<ul style="list-style-type: none"> <li>• No children remain in an SCP home with an active, uncontrolled safety threat.</li> <li>• The SCP safety assessment is used for all out-of-home care provider investigations.</li> </ul>
Risk assessment	<ul style="list-style-type: none"> <li>• Households with high or very high risk classifications are considered for intervention, regardless of allegation conclusion.</li> <li>• Investigations on households with low or moderate risk classifications and no safety threats are closed at the conclusion of the investigation.</li> <li>• Records contain adequate narrative support and supervisory approval of case actions that differ from a presumptive case action.</li> </ul>
Family/child strengths and needs assessment	<ul style="list-style-type: none"> <li>• All caregiver domains rated as “d” are addressed in case plan objectives; domains rated as “a” are considered as planning resources.</li> <li>• All child/youth/young adult needs are addressed in the case plan.</li> </ul>
Risk reassessment	<ul style="list-style-type: none"> <li>• Households reassessed as high or very high risk (and/or safe with a plan) remain open.</li> <li>• Households reassessed as low/moderate (i.e., safe) are closed.</li> </ul>
Reunification reassessment	<ul style="list-style-type: none"> <li>• No children are returned to a household that was assessed as unsafe.</li> </ul>