CALIFORNIA SDM® INTAKE SUPERVISORY REFERRAL READING TOOL

• • • • • • • • • • • • • • • • • • • •	Referral Number: <u>3274-9660-1704-7000036</u>
al Date: <u>8 / 22 / 2015</u>	Date of Case Reading: 3 / 25 / 2016
r Name: Student 10	Review Date: _3/ _25/ _2016
ver Name: <u>Supervisor Sam</u>	_
MINARY SCREENING TOOL	
WINART SCREENING TOOL	
Was the screening tool completed according to po	olicy?
✓ Yes. Completed according to policy.	
□ No. Provide details:	
	cy. Both screening and response priority completed as required.
Two reports received within a short period and enter	ered into CMS as separate referrals—second referral adds additiona
	me incident. Local county policies would be followed regarding wheth
a second referral record was entered OR if additional i	information would be added to the first referral. Likely second referral
would have been preliminary screened as duplicate in	many counties.
Was Step I: Preliminary Screening completed app	
 Yes. Review of screening criteria is not required, 	
☑ Yes. Preliminary screening criteria did not apply	and were not selected.
□ No. Provide details:	
Note: If second report was entered as a new CMS refer	ral, preliminary screening, duplicate report, would likely apply.
Does the record narrative match item scores?*	
☐ Yes. Narrative supports all criteria selected.	
\square Yes. No criteria in Step II are selected, and none s	should have been selected.
☑ No. Provide details:	
	ises and reported that "her daddy hurt her last night." Which meets
	other injury. Additional information provided in second report
regarding child needing immediate medical attenti	ion due to symptoms of shock would meet the criteria for non-
accidental or suspicious injury, severe.	
No information to support marking any item in gon	voral pogloct carooning critoria
No information to support marking any item in gen	neral neglect screening criteria.
	neral neglect screening criteria.
□ Area of strength	neral neglect screening criteria.
□ Area of strength☑ Area of opportunity	neral neglect screening criteria.
□ Area of strength☑ Area of opportunity□ Area of demonstrated growth	neral neglect screening criteria.
□ Area of strength☑ Area of opportunity□ Area of demonstrated growth○ Details:	
 □ Area of strength ☑ Area of opportunity □ Area of demonstrated growth □ Details: □ Screener narrative provided information about reports 	orting party's observations of injuries and child statements that
□ Area of strength☑ Area of opportunity□ Area of demonstrated growth○ Details:	orting party's observations of injuries and child statements that
☐ Area of strength ☑ Area of opportunity ☐ Area of demonstrated growth ☐ Details: ☐ Screener narrative provided information about repo	orting party's observations of injuries and child statements that

^{*}Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

For reports in which Step II, CPS Screening Criteria was completed and should have been completed:

	Yes. Referral was screened out, and narrative supports decision. Yes. Referral was screened in, and narrative supports decision.
	No. Provide details:
ln-	person response was correct based upon current injuries and child statement.
	s a response accurately selected regarding sexually exploited and/or sex trafficked information? Yes. Referral details required a response, and one was selected.
	Yes. A response was not required, and neither were selected.
	No. Provide details:
	s the tool recommendation match the action taken?
	Yes. Final screening tool recommendation matches the recommendation in CWS/CMS.

	SPONSE PRIORITY mplete only for reports that were screened in.
	Not applicable/report was screened out
1.	Was the response priority tool completed according to policy? ☐ Yes. Completed according to policy, AND an automatic 24-hour response was selected. ☐ Yes. Completed according to policy, AND the appropriate decision tree was completed. ☐ No. Provide details:
	Tree for physical abuse was appropriately completed but incorrectly coded based on narrative. Item "prior history of physical abuse" should have been marked, not "child vulnerable or fearful."
	Tree for general neglect should not have been completed, as it did not meet screening criteria.
2.	Were the response priority questions completed correctly based upon record narrative?* ☐ Yes. ☑ No. Provide details:
	See above. In addition, there was no information in the narrative about child being fearful.
	 □ Area of strength ☑ Area of opportunity □ Area of demonstrated growth Details:
	Ensure that narrative models structure of the response priority tree when drafting narrative.
3.	Is the final tool recommendation correct? ☑ Yes. □ No. Provide details:
4.	Does the tool recommendation match the action taken?
	 Yes. Priority was accurately assigned, and all answers were accurate. ✓ Yes. Priority was accurately assigned even though not all items were completed accurately. No. Provide details:

^{*}Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

PATH OF RESPONSE DECISION

For differential response counties only

☑ Not applicable/not a differential response county

	s the path decision tool completed according to policy?
	Yes. Path decision tool was completed within required timeframes and on the correct household.
	No. Provide details:
_	
 -	
	ere path decision tool questions completed correctly based on record narrative?*
	Yes. All items were marked or not marked consistent with available narrative and CWS/CMS records.
	No. Provide details:
	Area of strength
	Area of opportunity
	Area of demonstrated growth
Dei	tails:
<u> </u>	
1-4	L. C. I. C. I. C.
	the final tool recommendation correct?
_	Yes. All items were scored correctly, OR any differences in item scores would not have affected final recommendat
	No. Provide details:
Do	es the tool recommendation match the action taken?
	Yes. Tool-recommended path and CWS/CMS-recommended path are the same.
	No. Provide details:

^{*}Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

CALIFORNIA SDM®INVESTIGATION/ASSESSMENT AND EMERGENCY RESPONSE **SUPERVISORY REFERRAL CASE READING TOOL**

Refe	rral Name: Maria Conseco	Referral Number: <u>3274-9660-1704-7000036</u>
Refe	rral Date: <u>8 / 22 / 2015</u>	Review Date: 3 / 25 / 2016
Work	ker Name: Student 10	Reviewer Name: Supervisor Sam
First	Face-to-Face Contact: <u>8</u> / <u>22</u> / <u>2015</u>	Referral Close Date: <u>8</u> / <u>25</u> / <u>2015</u>
C A E E		
SAFE		lditional household, places review on a congrete case reading form
II a sc	nety assessment and safety plan were completed for an ad	lditional household, please review on a separate case reading form.
□ Ur	nable to locate family. (If selected, please choose another	r referral to review.)
1.	Was the tool completed according to policy?	
	☐ Yes. Completed according to policy.	
	☑ No. Provide details:	
	Safety assessment was dated 8/23/15, the day after the 8/22/15.	he children were protectively placed, so date should have been
2.	Does the date of the safety assessment match the c	late of the first face-to-face contact?
	☑ Yes.	
	□ No. Provide details:	
3.	Does the narrative support the worker's answer to	the header question about Native American ancestry?
	☐ Yes.	
	☑ No. Provide details:	
	No information in narrative related to ICWA inquiry to	o support a "no" response.
4.	Does the narrative support the worker's answers in	the child vulnerabilities section?
	☐ Yes.	
	☑ No. Provide details:	
	"Age 0–5" correctly marked but criteria were met for Peter was described as having Down syndrome.	"diminished mental capacity;" this should also be marked because

Yes, No safety threats were identified and supported by the narrative, and the safety decision of "Safe" was correct. Yes, Safey threats were identified and supported by the narrative, including specific caregiver behaviors and the impact/potential impact on the child or children. No. Provide details: While Safety Threat item 1 was correctly marked based upon narrative, the subcategory "serious injury or abuse to cother than accidental" should have been selected instead of excessive discipline or physical force. Item 4 regarding hazardous living conditions has insufficient information to support marking because there is no information about whether the tools are within reach of children. Area of strength Area of strength Area of strength Area of demonstrated growth Details: Insufficient narrative related to interviews. Work to structure investigation narrative using both the abuse allegation and the structure of the safety assessment. Attend to providing information linking caregiver action/inaction and in on children. No information regarding exploration of support network or safety planning. Does the narrative support identified caregiver complicating behaviors?* Yes. No caregiver complicating behaviors were identified within the narrative, and none were marked on the safe assessment. Yes. Complicating behaviors were identified and supported by narrative. No. Provide details: Area of strength Area of opportunity Area of demonstrated growth Area of opportunity Area of demonstrated growth Area of opportunity Area of demonstrated growth Area of strength Area of opportunity Area of demonstrated growth No. Provide details: No. Provide details:	 ✓ Yes. Safety threats were identified and supported by the narrative, including specific caregiver behaviors and impact/potential impact on the child or children. ☐ No. Provide details: While Safety Threat item 1 was correctly marked based upon narrative, the subcategory "serious injury or abuse other than accidental" should have been selected instead of excessive discipline or physical force. 	
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No information in narrative to support marking any item. No evidence in narrative of efforts to safety plan or explor	☐ Yes. Household strengths and protective actions were supported in narrative, as was their appropriate use in	ı safe
	, g	
	☑ No. Provide details:	
	 ☑ No. Provide details: No information in narrative to support marking any item. No evidence in narrative of efforts to safety plan or ex 	plor

^{*}Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

		nd narrative to e ate next steps.	explore supporting stre	eng
	e narrative?³ ble) were ider		ty decision was "Safe v	vith
vidence of ef	fforts to safety	/ plan using in-h	nome protective interv	renti
ee item defir	nitions and er	nhanced practice	e elements for needed	l
ude needed eded elemen				
plan or safety	y plan writing	even though sa	afety decision was safe	wit
lyn's biologic	cal father as a	potential safety	planning resource.	

^{*}Refer to enhanced practice elements and pay careful attention to definitions when evaluating definitions when this item.

10.	 If the safety decision was Onsafe, is the placement intervention supported by the narrative? ✓ N/A. Safety decision was either "Safe" or "Safe with plan." ✓ Yes. Safety decision is "Unsafe," and a placement intervention was selected. ✓ No. Provide details:
11.	Was the final safety decision correct? ☐ Yes. ☐ No. The final decision was incorrect. Provide details: Based upon narrative, decision should have been unsafe.
12.	 Does the final recommendation match the action taken? Yes. No. Decision was "Safe" or "Safe with plan," but child was removed. No. Decision was "Unsafe," but child remained in home. No. Decision was "Safe with plan," and child remained in the home; but there was no safety plan, OR safety plan does not adequately address all safety factors.
13.	Should another safety assessment have been completed during the referral because conditions changed? ✓ Yes. □ No.
13a.	 If yes, was another safety assessment completed? □ Yes. (Please review the next completed safety assessment on a separate case reading form.) ☑ No.
14.	Did the worker accurately identify other households that may have required the completion of an additional safety assessment? ☐ Yes. Worker accurately identified an additional household, and the household was appropriately assessed for safety. (Please review the additional completed safety assessment on a separate case reading form.) ☐ Yes. Worker accurately identified no additional households; therefore, no additional safety assessments were needed. ☐ No. Another household was identified in the narrative; however, the worker did not complete an additional safety assessment.
15.	Is there evidence in the record that the worker discussed safety assessment results with the family?* ☐ Yes. ☑ No. Provide details:

^{*}Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

Area of strength			
☐ Area of opportunity			
☐ Area of demonstrate	d growth		
Details:			

	A. If referral was unfounded and county policy does not require risk assessment for unfounded referrals, mark this box and do not red with review. It is not necessary to select another referral for review unless risk assessments have not been reviewed for two rhs.
1.	Was the tool completed according to policy? ☐ Yes. Completed according to policy. ☐ No. Provide details:
	Completed too soon.
2.	Were the risk assessment questions completed correctly based upon record narrative?* ☐ Yes. ☐ No. Provide details:
	Items 1, 2, 5, 8, 11, and 13 were coded incorrectly based upon narrative. Policy override for severe non-accidental injury should have applied based upon narrative.
	☐ Area of strength ☐ Area of opportunity ☐ Area of demonstrated growth Details:
3.	 Are overrides supported by narrative?* □ Yes. An override was selected and is supported by narrative. □ Yes. No override was selected and none should have been, as supported by narrative. □ No. An override was selected and is NOT supported by narrative. ☑ No. No override was selected, and information in the narrative indicates one should have been. Details:
	Severe non-accidental injury applied.
	☐ Area of strength ☐ Area of opportunity ☐ Area of demonstrated growth Details:
	Details.

RISK ASSESSMENT

^{*}Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

	No. The final recommendation was incorrect. <i>Provide details</i> :
	es the final tool recommendation match the action taken? Yes.
	No. Risk was low or moderate with no safety factors, but case was opened with no/inadequate explanation provided. No. Risk was low or moderate with safety factors, but case was not opened and no/inadequate explanation was provided.
	No. Risk was high or very high, but case was not opened and no/inadequate explanation was provided.
ls t	there evidence in the record that the worker discussed risk assessment results with the family?*
	Yes. Narrative includes information indicating the worker shared results with the family.
	Yes. Narrative includes information indicating the worker attempted to share results with the family.
$ \sqrt{} $	No. Provide details:
	Area of strength
	Area of opportunity
	Area of demonstrated growth
Det	tails:
1	

^{*}Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

CALIFORNIA SDM® VOLUNTARY/COURT INTAKE SUPERVISORY CASE READING TOOL

erral Name: Maria Conseco	Referral Number: 3274-9660-1704-7000036
erral Date: 8 / 22 / 2015	Review Date: 3 / 25 / 2016
rker Name: Student 10	Reviewer Name: Supervisor Sam
te of Face-to-Face for FSNA Contact: 8 / 22 / 2015	Referral Close Date: <u>8</u> / <u>25</u> / <u>2015</u>
MILY STRENGTHS AND NEEDS ASSESSMENT	
Was the tool completed according to policy?	
Was the tool completed according to policy? ☐ Yes. Completed according to policy.	
✓ No. <i>Provide details</i> :	
Date of assessment was not the same as face-to-face contact interview.	for family strengths and needs assessment (FSNA)
Were the FSNA domains completed correctly based upon a ☐ Yes. All items marked are supported by narrative. ☑ No. Narrative does not support items marked.	record narrative?*
☐ No. Narrative includes information that an item should ha	ve been marked, but was not.
☐ No. Provide details:	
No narrative detail regarding discussion of cultural and hous upon narrative. No evidence for coding SN5 and SN6.	ehold context. SN3 should have been coded as d based
☐ Area of strength ☐ Area of opportunity ☐ Area of demonstrated growth Details:	
Is the final assessment of priority needs and strengths corn ☐ Yes. The final assessment recommendation is correct.	rect!
 ☐ Yes. The final assessment recommendation is correct. ☑ No. Provide details: 	
No. Provide details: No evidence that substance abuse was an issue for the moth	er Key areas to address are support system and household
relationships.	ci. Ney areas to address are support system and nodsellold
Telutioniships.	

^{*}Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

	No. Case plan includes objectives that are unrelated to priority needs. No. <i>Provide details:</i>
	o many objectives and many not related to the primary issues of assuring that the caregiver protects children fror ysical abuse by others.
safe □	s the case plan show evidence of behaviorally descriptive objectives and/or a goal statement that is releva ty threats and risk?* Yes. No. Provide details:
	Area of strength
	Area of opportunity
	Area of demonstrated growth
Deta	nns: rrative and case plan should also include information related to child domains.
INA	Tative and case plan should also include information related to child domains.

^{*}Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

CALIFORNIA SDM® FAMILY MAINTENANCE REVIEW SUPERVISORY CASE READING TOOL

rral Name: Maria Conseco	Referral Number: <u>3274-9660-1704-7000036</u> Review Date: <u>3</u> / <u>25</u> / <u>2016</u>	
ral Date: 8 / 22 / 2015		
er Name: Student 10	Reviewer Name: Supervisor Sam	
Face-to-Face Contact: 9 / 2 / 2015	Referral Close Date: 8 / 25 / 2015	
ICE PERIOD CASE NOTE REVIEW		
Does each case note show evidence that worker exp	plained the method for reassessment?*	
Yes.		
☑ No. Provide details:		
☐ Area of strength		
✓ Area of opportunity		
☐ Area of demonstrated growth		
Details:		
Discuss strategies with worker regarding using the str	ructure of the reassessment to inform monthly contacts and	
supporting narrative.		
Does each case note show evidence of the risk reass	sessment structure?*	
☐ Yes.		
☑ No. Provide details:		
☐ Area of strength		
☐ Area of opportunity		
☐ Area of demonstrated growth		
Details:		
Detuiis.		

^{*}Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

$ \sqrt{} $	es each case note show evidence of engagement strategies?* Yes.		
	No. Provide details:		
	Area of strength		
	Area of opportunity		
	Area of opportunity Area of demonstrated growth		
	Area of opportunity		
	Area of opportunity Area of demonstrated growth		
	Area of opportunity Area of demonstrated growth		
	Area of opportunity Area of demonstrated growth		
	Area of opportunity Area of demonstrated growth		

^{*}Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

RISK REASSESSMENT

D	No. Provide details:
	ate of assessment should have corresponded to face-to-face contacts on 1/27/15 or 12/15/15.
We	re the risk reassessment questions completed correctly based upon narrative support?*
	Yes. All items marked are clearly supported by narrative.
\checkmark	No. Narrative conflicts with item marked.
$ \sqrt{} $	No. Item is marked, but no narrative supports selection.
	No. There are discrepancies in item selected and information in narrative.
	No. Provide details:
ł	
	Area of strength
	Area of opportunity
	Area of demonstrated growth
Det	ails:
Α	24.
	overrides supported by narrative?*
	Yes. An override was selected and is supported by narrative.
	Yes. An override was selected and is supported by narrative. Yes. No override was selected, and none should have been, as supported by narrative.
	Yes. An override was selected and is supported by narrative. Yes. No override was selected, and none should have been, as supported by narrative. No. An override was selected and is <i>not</i> supported by narrative.
	Yes. An override was selected and is supported by narrative. Yes. No override was selected, and none should have been, as supported by narrative. No. An override was selected and is <i>not</i> supported by narrative. No. No override was selected, and information in the narrative indicates that one should have been.
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^{*}Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

4.	Is the final tool recommendation correct?
	☐ Yes. All items were scored correctly, OR any difference in scoring would not have affected the final recommendation.
	☑ No. One or more errors were made in scoring items, AND this led to a recommendation that is different than what a
	properly scored tool would have recommended.
5.	Does the tool recommendation match the action taken?
	□ Yes.
	☐ No. Risk was low or moderate with no safety factors, but case remained open with no/inadequate explanation
	provided.
	□ No. Risk was low or moderate and there were safety factors, but case was closed and no/inadequate explanation was
	provided.
	☑ No. Risk was high or very high, but case was closed and no/inadequate explanation was provided.
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6.	Is there evidence in the record that the worker discussed risk reassessment results with the family?*
	☐ Yes.
	☑ No. Provide details:
	☐ Area of strength
	☐ Area of opportunity
	☐ Area of demonstrated growth
	Details:
7.	Was a new FSNA needed to update the case plan?
	□ Yes.
	☑ No.
	If yes, was a new FSNA completed?
	☐ Yes. If yes, complete the FSNA portion of this tool.
	□ No. An FSNA was not completed.
8.	Was a case closing safety assessment needed?
	☑ Yes.
	□ No.
	If yes, was the case-closing safety assessment completed?
	☐ Yes. If yes, complete the safety assessment portion of this tool.
	☑ No. A closing safety assessment was not completed.

^{*}Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.