

SDM® FAMILY STRENGTHS AND NEEDS ASSESSMENT

California Department of Social Services

r. 11/23

Case Name: _____ Case Number: _____

Date Completed: _____ County: _____

Worker Name: _____ Worker ID Number: _____

Household Name: _____

Primary Caregiver Name: _____

Secondary Caregiver Name: _____

Answer all questions below for primary and secondary caregiver if applicable.

SECTION 1: CAREGIVER STRENGTHS AND NEEDS ASSESSMENT

RACE

Select all that apply.

Primary	Secondary	Race
<input type="checkbox"/>	<input type="checkbox"/>	African American/Black
<input type="checkbox"/>	<input type="checkbox"/>	American Indian/Alaska Native
<input type="checkbox"/>	<input type="checkbox"/>	Asian/Pacific Islander
<input type="checkbox"/>	<input type="checkbox"/>	Latino/a
<input type="checkbox"/>	<input type="checkbox"/>	Multiracial
<input type="checkbox"/>	<input type="checkbox"/>	White
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

ETHNICITY

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TRIBAL AFFILIATION

Primary	Secondary	Tribal Affiliation
<input type="radio"/>	<input type="radio"/>	Yes
<input type="radio"/>	<input type="radio"/>	No
<input type="radio"/>	<input type="radio"/>	Parent not available
<input type="radio"/>	<input type="radio"/>	Parent unsure

If "Yes" is selected, provide name of tribe(s): _____

Federally Recognized

- Yes
- No

SEXUAL ORIENTATION

Primary	Secondary	Sexual Orientation
<input type="radio"/>	<input type="radio"/>	Heterosexual
<input type="radio"/>	<input type="radio"/>	Gay
<input type="radio"/>	<input type="radio"/>	Lesbian
<input type="radio"/>	<input type="radio"/>	Bisexual
<input type="radio"/>	<input type="radio"/>	Other
<input type="radio"/>	<input type="radio"/>	Not discussed

GENDER IDENTITY/EXPRESSION

Primary	Secondary	Gender Identity/Expression
<input type="radio"/>	<input type="radio"/>	Female
<input type="radio"/>	<input type="radio"/>	Male
<input type="radio"/>	<input type="radio"/>	Transgender
<input type="radio"/>	<input type="radio"/>	Other
<input type="radio"/>	<input type="radio"/>	Not discussed

RELIGIOUS/SPIRITUAL AFFILIATION

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OTHER CULTURAL IDENTITY IMPORTANT TO CAREGIVER

e.g., immigration status, disability status

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A. HOUSEHOLD CONTEXT

Answer all the following items for both primary and secondary caregiver (if applicable).

The caregiver's perspective of culture and cultural identity:

Primary	Secondary	Answers
<input type="radio"/>	<input type="radio"/>	a. Actively helps create safety, permanency, and child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	c. Is a barrier to safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Consider how the family's culture, cultural identity, norms, and past/current experiences of discrimination/oppression may influence or shape parenting and caregiving. Are there contacts or services within this culture that can be mobilized in the case plan to enhance safety now or over time?

B. CAREGIVER DOMAINS

Indicate whether the caregiver's behaviors in each domain (a) actively help create safety, permanency, or well-being for the child/youth/young adult; (b) are neither a strength nor a barrier for child/youth/young adult safety, permanency, or well-being; (c) make it difficult to create long-term safety, permanency, or well-being (i.e., are a barrier); or (d) directly contribute to a safety threat.

Always select the highest priority that applies, e.g., if caregiver actions fit definitions "c" and "d," select "d."

Domains and behaviors identified as “d” on the following table must relate directly to a safety threat identified on the most recent SDM safety assessment. If there are no safety threats currently identified, do not rate any of the below domains as “d.”

SN1. Resource Management/Basic Needs

The caregiver’s resources and management of resources:

Primary	Secondary	Answers
<input type="radio"/>	<input type="radio"/>	a. Actively help create safety, permanency, and child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	c. Are barriers to safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

SN2. Physical Health

The caregiver’s physical health:

Primary	Secondary	Answers
<input type="radio"/>	<input type="radio"/>	a. Actively helps create safety, permanency, and child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	c. Is a barrier to safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

SN3. Parenting Practices

The caregiver’s parenting practices:

Primary	Secondary	Answers
<input type="radio"/>	<input type="radio"/>	a. Actively help create safety, permanency, and child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	b. Are not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	c. Are a barrier to safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

SN4. Social Support System

The caregiver's social support system:

Primary	Secondary	Answers
<input type="radio"/>	<input type="radio"/>	a. Actively helps create safety, permanency, and child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	c. Is a barrier to safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

SN5. Household and Family Relationships

The caregiver's relationships with other adult household members:

Primary	Secondary	Answers
<input type="radio"/>	<input type="radio"/>	a. Actively help create safety, permanency, and child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	c. Are barriers to safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

SN6. Domestic Violence

The caregiver's intimate relationships:

Primary	Secondary	Answers
<input type="radio"/>	<input type="radio"/>	a. Actively help create safety, permanency, and child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	c. Are barriers to safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

SN7. Substance Use

The caregiver's actions regarding substance use:

Primary	Secondary	Answers
<input type="radio"/>	<input type="radio"/>	a. Actively help create safety, permanency, and child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	c. Are barriers to safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

SN8. Mental Health

The caregiver's mental health:

Primary	Secondary	Answers
<input type="radio"/>	<input type="radio"/>	a. Actively help create safety, permanency, and child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	c. Are barriers to safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

SN9. Prior Adverse Experiences/Trauma

The caregiver's response to prior adverse experiences/trauma:

Primary	Secondary	Answers
<input type="radio"/>	<input type="radio"/>	a. Actively help create safety, permanency, and child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	c. Are barriers to safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

SN10. Cognitive/Developmental Abilities

The caregiver's developmental and cognitive abilities:

Primary	Secondary	Answers
<input type="radio"/>	<input type="radio"/>	a. Actively help create safety, permanency, and child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	c. Are barriers to safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

SN11. Other Identified Caregiver Strength or Need (not covered in SN1–SN10)

Not applicable

An additional need or strength has been identified that:

Primary	Secondary	Answers
<input type="radio"/>	<input type="radio"/>	a. Actively help create safety, permanency, and child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	c. Are barriers to safety, permanency, or child/youth/young adult well-being.
<input type="radio"/>	<input type="radio"/>	d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Provide description of behaviors.

C. PRIORITY NEEDS AND STRENGTHS

Enter the item number and domain name of all of the most serious needs (“d”s first, then “c”s) from items SN1 – SN11. Describe if the need is for the primary caregiver, the secondary caregiver (if applicable) or for both. Then identify which needs are a priority for closure. Domains identified with a “d” should always be a priority. The family’s priority needs should all be included in the family case plan.

Needs

SCORE (d’s then c s)	DOMAIN NAME	CAREGIVER	PRIORITY FOR CLOSURE? (required if score is d)
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No

Strengths

Enter the item number and domain name of all of the family’s strengths (“a” answers) from items SN1 – SN11. Describe if the strength is for the primary caregiver, the secondary caregiver (if applicable) or for both. These family strengths can be used to address the priority needs identified above. Determine if this strength should be included in the family case plan.

SCORE (d s then c s)	DOMAIN NAME	CAREGIVER	INCLUDE IN FAMILY CASE PLAN?
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No

SECTION 2: CHILD/YOUTH/YOUNG ADULT STRENGTHS AND NEEDS ASSESSMENT

Repeat this section for each child/youth/young adult in the family.

Name of child/youth/young adult: _____

RACE

Select all that apply.

- African American/Black
- American Indian/Alaska Native
- Asian/Pacific Islander
- Latino/a
- Multiracial
- White
- Other

ETHNICITY

TRIBAL AFFILIATION

- Yes. Provide name of tribe(s): _____
- No
- Parent not available
- Parent unsure

Federally Recognized

- Yes
- No

SEXUAL ORIENTATION

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Other
- Not discussed

GENDER IDENTITY/EXPRESSION

- Female
- Male
- Transgender
- Other
- Not discussed

RELIGIOUS/SPIRITUAL AFFILIATION

OTHER CULTURAL IDENTITY IMPORTANT TO CHILD/YOUTH/YOUNG ADULT

e.g., immigration status, disability status

A. HOUSEHOLD CONTEXT

The child/youth/young adult’s perspective of culture, cultural identity, norms, and past/current experiences of discrimination:

- a. Help them create safety, permanency, and well-being.
- b. Have no effect on their safety, permanency, or well-being.
- c. Make it difficult for them to experience long-term safety, permanency, or well-being.
- d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Consider how the child/youth/young adult’s culture, cultural identity, norms, and past/current experiences of discrimination/oppression may influence them. Are there contacts or services within this culture that can be mobilized in the case plan?

B. CHILD/YOUTH/YOUNG ADULT DOMAINS

Indicate whether the behaviors of the child/youth/young adult in each domain (a) actively help create safety, permanency, or well-being; (b) are neither a strength nor a barrier for their safety, permanency, or well-being; (c) make it difficult to create long-term safety, permanency, or well-being (i.e., are a barrier); or (d) directly contribute to a safety threat.

Always select the highest priority that applies, e.g., if child/youth/young adult actions fit definitions "c" and "d," select "d."

Domains and behaviors identified as "d" on the following table must relate directly to a safety threat identified on the most recent SDM safety assessment. If there are no safety threats currently identified, do not rate any of the below domains as "d".

CSN1. Emotional/Behavioral Health

- a. The child/youth/young adult's emotional/behavioral health contributes to their safety
- b. The child/youth/young adult does not have an emotional/behavioral concern OR the child/youth/young adult has an emotional/behavioral health concern, but no additional intervention is needed
- c. The child/youth/young adult has an emotional/behavioral health concern, AND it is an ongoing unmet need
- d. The child/youth/young adult has an emotional/behavioral health concern that directly contributes to danger to the child/youth/young adult

CSN2. Trauma

- a. The child/youth/young adult's response to prior trauma contributes to their safety
- b. The child/youth/young adult has not experienced trauma OR the child/youth/young adult has experienced trauma but no additional intervention is needed
- c. The child/youth/young adult's response to prior trauma is a concern AND it is an ongoing unmet need
- d. The child/youth/young adult's response to prior trauma is a concern that directly contributes to danger to the child/youth/young adult

CSN3. Child Development

- a. The child/youth/young adult's development is advanced
- b. The child/youth/young adult's development is age-appropriate
- c. The child/youth/young adult's development is limited
- d. The child/youth/young adult's development is severely limited. If "d" is selected, also answer:
Has a regional center referral been completed?
 - Yes
 - No

CSN4. Education

- a. The child/youth/young adult has outstanding academic achievement
- b. The child/youth/young adult has satisfactory academic achievement OR the child/youth/young adult is not of school age
- c. The child/youth/young adult has academic difficulty
- d. The child/youth/young adult has severe academic difficulty

Also indicate all that apply.

- The child/youth/young adult has an individualized education plan
- The child/youth/young adult has an educational surrogate parent
- The child/youth/young adult needs an educational surrogate parent
- The child/youth/young adult is required by law to attend school but is not attending

CSN5. Social Relationships

- a. The child/youth/young adult has strong social relationships
- b. The child/youth/young adult has adequate social relationships
- c. The child/youth/young adult has limited social relationships
- d. The child/youth/young adult has poor social relationships

CSN6. Family Relationships

- a. The child/youth/young adult's relationships within their family contribute to their safety
- b. The child/youth/young adult's relationships within their family do not impact their safety
- c. The child/youth/young adult's relationships within their family interfere with long-term safety
- d. The child/youth/young adult's relationships within their family contribute to danger of serious physical or emotional harm to the child/youth/young adult

CSN7. Physical Health/Disability

- The child/youth/young adult's immunizations are current
- a. The child/youth/young adult has no health care needs or disabilities
- b. The child/youth/young adult has minor health problems or disabilities that are being addressed with minimal intervention and/or medication
- c. The child/youth/young adult has health care needs or disabilities that require routine interventions
- d. The child/youth/young adult has serious health/disability needs that require ongoing treatment and interventions by professionals or trained caregivers AND/OR the child/youth/young adult has an unmet medical need

CSN8. Alcohol/Drugs

- a. The child/youth/young adult actively chooses an alcohol- and drug-free lifestyle
- b. The child/youth/young adult does not use or experiment with alcohol/drugs
- c. The child/youth/young adult's alcohol and/or other drug use results in disruptive behavior and conflict
- d. The child/youth/young adult's chronic alcohol and/or other drug use results in severe disruption of functioning

CSN9. Delinquency

- a. The child/youth/young adult has no delinquent behavior. There is no indication of delinquent history or behavior.
- b. The child/youth/young adult has no delinquent behavior in the past two years
- c. The child/youth/young adult is/has engaged in delinquent behavior and may have been arrested or placed on probation in the past two years
- d. The child/youth/young adult is or has been involved in any violent, or repeated nonviolent, delinquent behavior. If selected, also indicate if:
 - The child/youth/young adult has been adjudicated a WIC Section 602 ward.
 - The child/youth/young adult is in need of a WIC Section 241.1 hearing.

CSN10. Relationship With Substitute Care Provider (if child/youth/young adult is in care)

- Not applicable; child/youth/young adult is not in care. If selected go to CSN11.
- a. The child/youth/young adult has developed a strong attachment to at least one substitute care provider
- b. The child/youth/young adult has no conflicts with the substitute care provider
- c. The child/youth/young adult has some conflicts with the substitute care provider that have resulted or may result in the child/youth/young adult feeling unsafe or unaccepted in the placement; however, with support, these issues can be mitigated
- d. The child/youth/young adult has serious conflicts with one or more members of the current substitute care provider's household

CSN11. Independent Living (if age 15.5 or older)

- Not applicable. If selected, go to CSN12.
- a. The youth/young adult is prepared to function as an adult
- b. The youth/young adult is making progress toward being prepared for adulthood
- c. The youth/young adult is attempting to prepare for adulthood but lacks the confidence, emotional maturity, and/or sufficient skills to live independently
- d. The youth/young adult is not prepared or is refusing to prepare for adulthood

For youth/young adult age 15.5 and older, select all that apply to preparation for adulthood.

- The youth/young adult is receiving assistance from a regional center
- The 15.5-year-old assessment has been completed
- For youth/young adults age 16 or older, a referral to formal services and a credit check application have been completed
- For youth/young adults age 17 and older, an independent living plan has been completed
 - A 90-Day Transition Meeting has been held
 - An Emancipation Conference has been held
 - The youth/young adult is participating in the extension foster care program (AB 12)

CSN12. Other Identified Child/Youth/Young Adult Strength or Need (not covered in CSN1 – CSN11)

- Not applicable. If selected, go to prioritization below.
- a. Actively helps them create safety, permanency and well-being for themself
- b. Is not a strength or a barrier for safety, permanency and well-being
- c. Is a barrier to their safety, permanency and well-being
- d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult

Provide description of behaviors:

C. PRIORITY NEEDS AND STRENGTHS

Enter the item number, domain name and description of all of the most serious needs (“d”s first, then “c”s) from items CSN1 – CSN12 for each child/youth/young adult.

Domains identified with a “d” should always be a priority and should all be included in the family case plan.

SCORE (d s, then c s)	DOMAIN NAME AND DESCRIPTION

Enter the item number and domain name of all the family’s strengths (“a” answers) from items CSN1 – CSN12.

These child/youth/young adult strengths can be used to address the priority needs identified above. Determine if this strength should be included in the family case plan.

SCORE (a’s)	DOMAIN NAME	INCLUDE IN FAMILY CASE PLAN?
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No