

# SDM® FAMILY RISK REASSESSMENT FOR IN-HOME CASES

California Department of Social Services

r:11/23

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Date Completed: \_\_\_\_\_ County: \_\_\_\_\_

Worker Name: \_\_\_\_\_ Worker ID Number: \_\_\_\_\_

**The first four items are scored based on conditions that were present at the time of the referral that resulted in the case opening.** Unless new information has been learned about those conditions, these should be scored the same as on the initial risk assessment.

## R1. NUMBER OF PRIOR NEGLECT OR ABUSE CPS INVESTIGATIONS

Answers	Score
<input type="radio"/> a. None	0
<input type="radio"/> b. One or two	1
<input type="radio"/> c. Three or more	2

## R2. HOUSEHOLD HAS PREVIOUSLY HAD AN OPEN CPS CASE (VOLUNTARY/COURT ORDERED)

Answers	Score
<input type="radio"/> a. No	0
<input type="radio"/> b. Yes	1

## R3. PRIMARY CAREGIVER HAS A HISTORY OF ABUSE AND/OR NEGLECT AS A CHILD

Answers	Score
<input type="radio"/> a. No	0
<input type="radio"/> b. Yes	1

## R4. CHARACTERISTICS OF CHILDREN IN THE HOUSEHOLD

Answers	Score
<input type="radio"/> a. Not applicable	0
<input type="radio"/> b. One or more present ( <i>select all that apply for any child</i> )	1
<input type="checkbox"/> Developmental disability	
<input type="checkbox"/> Learning disability	
<input type="checkbox"/> Physical disability	
<input type="checkbox"/> Medically fragile or failure to thrive	

The following case observations pertain to the **period since the last assessment/reassessment**.

## R5. NEW INVESTIGATION OF ABUSE OR NEGLECT SINCE THE INITIAL RISK ASSESSMENT OR THE LAST REASSESSMENT

Answers	Score
<input type="radio"/> a. No	0
<input type="radio"/> b. Yes	2

## R6. PRIMARY/SECONDARY CAREGIVER ALCOHOL AND/OR DRUG USE SINCE THE LAST ASSESSMENT/REASSESSMENT

Select one for each caregiver

Primary	Secondary	Answers	Score
<input type="radio"/>	<input type="radio"/>	a. No history of alcohol or drug abuse	0
<input type="radio"/>	<input type="radio"/>	b. No current alcohol or drug abuse; no intervention needed	0
<input type="radio"/>	<input type="radio"/>	c. Yes, alcohol or drug abuse; problem is being addressed	0
<input type="radio"/>	<input type="radio"/>	d. Yes, alcohol or drug abuse; problem is <u>not</u> being addressed	1

## R7. ADULT RELATIONSHIPS IN THE HOME

Answers	Score
<input type="radio"/> a. None applicable	0
<input type="radio"/> b. Yes (select all that apply)	1
<input type="checkbox"/> Harmful/tumultuous relationships	
<input type="checkbox"/> Domestic violence	

## R8. PRIMARY CAREGIVER MENTAL HEALTH SINCE THE LAST ASSESSMENT/REASSESSMENT

Answers	Score
<input type="radio"/> a. No history of mental health problem	0
<input type="radio"/> b. No current mental health problem; no intervention needed	0
<input type="radio"/> c. Yes, mental health problem; problem is being addressed	0
<input type="radio"/> d. Yes, mental health problem; problem is <u>not</u> being addressed	1

## R9. PRIMARY CAREGIVER PROVIDES PHYSICAL CARE OF THE CHILD THAT IS:

Answers	Score
<input type="radio"/> a. Consistent with child needs	0
<input type="radio"/> b. Not consistent with child needs	1

## R10. CAREGIVER'S PROGRESS WITH CASE PLAN OBJECTIVES (AS INDICATED BY BEHAVIORAL CHANGE)

Score for each caregiver. Score based on the caregiver demonstrating the least progress

Primary	Secondary	Answers	Score
<input type="radio"/>	<input type="radio"/>	a. Demonstrates new skills and behaviors consistent with all family case plan objectives and is actively engaged to maintain objectives	0
<input type="radio"/>	<input type="radio"/>	b. Demonstrates some new skills and behaviors consistent with family case plan objectives and is actively engaged in activities to achieve objectives	0
<input type="radio"/>	<input type="radio"/>	c. Minimally demonstrates new skills and behaviors consistent with case plan objectives and/or has been inconsistently engaged in obtaining the objectives specified in the case plan	0
<input type="radio"/>	<input type="radio"/>	d. Does not demonstrate new skills and behaviors consistent with case plan objectives and/or refuses engagement	1

**TOTAL:** \_\_\_\_\_

## SCORED RISK LEVEL

Assign the family's risk level based on the following chart.

SCORE	RISK LEVEL
0–1	<input type="radio"/> Low
2–4	<input type="radio"/> Moderate
5–7	<input type="radio"/> High
8+	<input type="radio"/> Very High

## OVERRIDES

### POLICY OVERRIDES

Select yes if condition is applicable in the current review period. If any condition is applicable, override final risk level to very high.

**1. Sexual abuse case AND the perpetrator is likely to have access to the child**

- Yes
- No

**2. Non-accidental injury to a child under age 2**

- Yes
- No

**3. Severe non-accidental injury**

- Yes
- No

**4. Caregiver action or inaction resulted in death of a child due to abuse or neglect**

- Yes
- No

**Is a policy override needed?**

- Yes
- No

**DISCRETIONARY OVERRIDE**

Is a discretionary override needed? Risk level may be overridden one level higher or lower.

- Yes. If yes, select override risk level, and indicate the reason:
  - Low
  - Moderate
  - High
  - Very High
- No

Reason:

**FINAL RISK LEVEL**

Select final level assigned.

- Low
- Moderate
- High
- Very High

**RECOMMENDED DECISION**

FINAL RISK LEVEL	RECOMMENDATION
<input type="radio"/> <b>Low</b>	Close (unless there are unresolved safety threats)
<input type="radio"/> <b>Moderate</b>	Close (unless there are unresolved safety threats)
<input type="radio"/> <b>High</b>	Continue Services
<input type="radio"/> <b>Very High</b>	Continue Services

**PLANNED ACTION**

- Continue Services
- Close. **Note: A closing safety assessment is required.**

If recommended decision and planned action do not match, explain why.