



The Structured Decision Making® System

Trainer's Manual Basic Orientation Version 3.0

October 2015



California Department of Social Services

NCCD | Children's
Research Center

TABLE OF CONTENTS

Introduction.....	i
Preparation	3
Learning Objectives.....	6
Day One: Lesson Plan	8
Day Two: Lesson Plan.....	13
Day One.....	17
Topic 1: Welcome, Introductions, and Review of Learning Objectives	17
Topic 2: Overview of the SDM® System, Introduction to the SDM® Policy and Procedures Manual, Basic Concepts.....	19
Topic 3: SDM® Hotline Tools.....	23
Topic 4: The SDM® Safety Assessment	27
Topic 5: Safety Planning, the SDM® Substitute Care Provider Safety Assessment.....	30
Topic 6: Reflections and Wrap-Up	34
Day Two.....	35
Topic 7: Welcome, Review of Learning Objectives, Understanding the Concept of Risk.....	35
Topic 8: The SDM® Risk Assessment, Contact Frequency Guidelines	39
Topic 9: The SDM® Family Strengths and Needs Assessment.....	42
Topic 10: Linking Safety, Risk, and Priority Needs and Strengths Information to Strategies for Ongoing Casework.....	45
Topic 11: The SDM® Reunification Reassessment	47
Topic 12: The SDM® Family Risk Reassessment for In-Home Cases	51
Topic 13: Course Summary and Closure.....	54
Materials Checklist.....	55
Jefferson/Baxter Case Example.....	57
Answer Key.....	79
Find the Fuel Materials	91

The Children's Research Center is a nonprofit social research organization and
a center of the National Council on Crime and Delinquency (NCCD).

Structured Decision Making® and SDM®
Registered in the US Patent and Trademark Office

INTRODUCTION

About This Manual

Welcome Training Team! This manual provides everything a trainer needs to facilitate a training session on the content of the Structured Decision Making® (SDM) model. It includes:

- Preparation information—what the trainer should do well in advance of training, as well as on the morning of training.
- This trainer’s guide—which provides course learning objectives, a detailed lesson plan, detailed information about group activities, key learning points for each learning segment, and a course materials checklist.
- A PowerPoint presentation with notes and specific suggestions for trainers. It is expected that individual trainers will put the material in their own words and supplement with local anecdotes and examples. The core of the content, however, should always be presented.
- A case example and recommended responses. One case is now included in the basic training; it incorporates all of the tools used in the California SDM® system.
- Additional material is indicated with the following icons:



DIGGING DEEPER: Information to support the trainer if questions arise, or if particularly relevant to the specific group.



TRAINER NOTE: Instructions.



COMPUTER NOTE: While computer training is handled separately, there are moments where the trainer may wish to be aware of the impact of webSDM.



PRACTICE LINKS: Information on how the SDM model fits with other programs or practices.

Purpose of the Trainer’s Guide

The purpose of this document is to guide you through the concepts, activities, key learning points, handouts, and PowerPoint presentation developed for Version 3.0 of the Structured Decision Making® (SDM) system for California counties.

The goal of the trainer’s guide is to support successful and effective delivery of this two-day basic overview of the California SDM® tools, in a uniform and consistent manner, so that each participant receives the same learning experience and leaves the session prepared to properly use or supervise the use of SDM tools.

Basics

This two-day training is designed to be presented from 9:00 a.m. to 4:00 p.m. on both days (with a one-hour lunch break and two 15-minute breaks, one in the morning and one in the afternoon) for counties without a differential response program. For counties with a differential response program, Day One is designed to be presented from 8:30 a.m. to 4:00 p.m. On Day Two, all counties have the same schedule: 9:00 a.m. to 4:00 p.m.

All handouts, which include the California SDM Version 3.0 Policy and Procedures Manual, the Jefferson/Baxter case example, blank SDM forms, "Find the Fuel" materials, and PowerPoint presentation materials, are available on the National Council on Crime and Delinquency's (NCCD) Children's Research Center (CRC) training materials site at <http://docs.sdmdata.org/home>. The username is "california" and the password is "training". The trainer may need to make a few tear sheets during the course of the session, and these are referenced in the trainer's guide.

PREPARATION

A. Advance Preparation

Contact the SDM coordinator in the county you will be training to determine the following:

1.	Differential response	If the county is NOT using a differential response program, the trainer will skip this portion of the training. If the county DOES use differential response, the trainer should inquire about who will complete the path decisions, whether there is local policy about using criteria to reach a specific decision, and how staff will be instructed on related differential response issues (e.g., how to conduct responses for various paths, what to enter in CWS/CMS, etc.).
2.	Other local issues	Determine whether the county has any unique local policies or procedures. Examples include the following: <ul style="list-style-type: none"> • Does county require automatic 24-hour response for all substitute care provider allegations? • When a caller reports concerns in the separate homes of two legal caregivers, does the county create one or two referrals? • In Los Angeles County, all response priority times listed as "10-day" should be interpreted as "five-day." • Some counties have screeners complete SDM tools on paper while clerical staff perform the data entry. • Some counties permit emergency response workers to do safety assessments on immediate response referrals on paper and submit them to clerical staff.
3.	Safety plan	Verify that the county has a safety plan document that meets SDM requirements. Obtain a copy of the safety plan to use for duplication.
4.	Risk policy	The general state policy in California is to complete risk assessments on all substantiated and inconclusive referrals. Unfounded referrals are optional. Some counties, however, require risk assessment on all referrals.
5.	Computer training	CRC recommends that staff receive webSDM training the day following SDM worker training. This should occur in a computer lab and will take one to three hours, depending on worker role.
6.	Training logistics	Determine the number of sessions required (about 25 people per class is ideal), dates, and location for training. Determine whether the county administrator will be available for a five-minute introduction at the beginning of the training session. Determine if the county administrator will provide a letter to insert into the training manual that expresses why the county is implementing the SDM model. Determine the name(s) of county experts for the SDM model and webSDM.
7.	Final preparations Note: Materials should be downloaded from CRC's website prior to each presentation to ensure that the most current version is being used. http://docs.sdmdata.org/home Username: california Password: training	Print sufficient copies of materials: <ul style="list-style-type: none"> • Blank name tents • SDM Policy and Procedures Manual (P&P manual) • Case examples with blank forms • Administrator letter (optional) • County safety plan • Safety field guide <hr/> Make sure audiovisual equipment will be available. <ul style="list-style-type: none"> • Computer projector • Flip chart OR whiteboard and markers

B. Morning of Training

1. Set up the projector and laptop and verify that all files are available:
 - Trainer Overview PowerPoint file
 - Trainer Visuals PowerPoint file
2. Set up the room to accommodate groups of five per table. Distribute name tents.
3. Distribute P&P manuals. Have copies of case examples, safety field guides, and county safety plans ready to hand out.
4. Write on a flip chart and post the following goals for the day:
 - a. Increase knowledge of the overall SDM model.
 - b. Increase specific knowledge of the SDM assessment tools, definitions, and policy and procedures.
 - c. Apply SDM assessment tools to a case.
 - d. Explore how the SDM model fits with other agency practices, such as family-centered approaches, team decision making, etc.
5. Write on a flip chart and post the agenda for Day One and Day Two:

Day One: Counties WITHOUT differential response programs: 9:00 a.m. – 4:00 p.m.
 Counties WITH differential response programs: 8:30 a.m. – 4:00 p.m.

Day One Agenda		
Time		Topic
Without Differential Response	With Differential Response	
9:00	8:30	Welcome and introductions
9:30	9:00	Overview of the SDM system; introduction to P&P manual and basic concepts
10:00	9:45	BREAK
10:15	10:00	Hotline tools; strategies for interview; screener narrative
12:00		LUNCH
1:00		Safety assessment; using the safety assessment to support a balanced evaluation; harm/danger statements
2:15		BREAK
2:30		Safety planning; use of support network; the SCP safety assessment
3:45		Wrap-up

Day Two: All counties: 9:00 a.m. – 4:00 p.m.

Day Two Agenda	
Time	Topic
9:00	Review; questions from Day One; understanding the concept of risk
9:45	Risk assessment; talking to families about safety and risk; contact frequency guidelines
10:45	BREAK
11:00	Family strengths and needs assessment (FSNA); how the FSNA informs behaviorally based case planning
12:00	LUNCH
1:00	Linking safety, risk, and priority needs and strengths to strategies for ongoing casework with children and families; support networks
1:30	Reunification reassessment; use of the FSNA in case plan updates
2:30	BREAK
2:45	Risk reassessment for in-home cases; safety assessment at case closure
3:45	Reflections and wrap-up

LEARNING OBJECTIVES

Knowledge

Participants will:

- Understand the SDM system’s goals (safety, permanency, and well-being), objectives (decision support, consistency, accuracy, and use of data to support targeted use of resources), and characteristics (reliability, validity, equity, and utility).
- Learn how actuarial risk assessment tools help identify for intervention those families who are at the highest risk for future child maltreatment, and what that means for decision making in child welfare services practice.
- Recognize and understand the importance of using SDM definitions and referencing policy and procedures when completing assessments.
- Understand that all SDM tools are household-based assessments.
- Understand the differences and relationships between safety threats, complicating factors, risk, and needs in making key decisions.
- Be able to describe the appropriate use of the substitute care provider safety assessment in Resource Family settings.
- Be able to describe the following SDM assessment tools and identify the decision point that each tool informs:
 - » Hotline tools: Screening, response priority, and differential response path decisions (if applicable).
 - » Safety assessment: Identification of child vulnerabilities, safety threats, protective actions and supporting strengths, and the safety decision for each child in a household.
 - » Family risk assessment: Identification of the family’s risk level classification, which informs the decision to either close a referral or promote to a case.
 - » Family strengths and needs assessment (FSNA): Supports identification of priority strengths and needs for behaviorally based case planning with families.
 - » Reunification reassessment: Assesses changes in a family’s risk level—based on changes in behavior as well as visitation quantity and quality, household safety status, and permanency timelines—to support a decision about reunification.
 - » Family risk reassessment for in-home cases: Assesses how a family’s risk level has changed over time, which supports decisions about whether or not to close a case.

- Be able to identify the elements of an effective safety plan and know the process for engaging in safety planning with families.
- Understand how the family's risk level classification and safety decision inform decisions about case opening and the frequency of ongoing case contact.
- Recognize and understand the importance of narrative support in case documentation for SDM tool completion.

Skills

Given a case scenario, the trainee will be able to:

- Identify the households as well as the primary and secondary caregivers in each household, and know when to complete an SDM tool on a household.
- Have a preliminary ability to talk about safety, risk, and needs with the family.
- Apply SDM definitions and associated policies and procedures when completing the following tools:
 - » Hotline tools
 - » Safety assessment (also substitute care provider safety assessment)
 - » Risk assessment
 - » FSNA
 - » Reunification reassessment
 - » Risk reassessment for in-home cases

Values

Participants will:

- Understand that the SDM system is a comprehensive case management framework for child welfare practice that uses a series of research-supported assessments, in combination with effective practice strategies and social worker judgment, helping social workers to make assessments in partnership with families and to make critical decisions throughout the life of a case.
- Appreciate and understand how the use of research on future child and family outcomes supports decision making related to interventions with families.
- Appreciate that use of the SDM system supports improvements in the key child and family outcomes of safety, permanency, and well-being.
- Understand that the SDM assessment tools are a prompt for practice in partnership with children, youth, and families.
- Appreciate and understand the value of SDM tools in supporting transparent conversation with families about safety, risk, and needs.

DAY ONE: LESSON PLAN

9:00 a.m. – 4:00 p.m. for counties without a differential response program (non-DR counties)

8:30 a.m. – 4:00 p.m. for counties with a differential response program (DR counties)

Topic and Time	Methodology	Learning Objective
<p>Topic 1: Welcome, Introductions, and Review of Learning Objectives</p> <ul style="list-style-type: none"> • Registration, welcome, and introductions • Warm-up for the training day • Review of learning objectives and the format of the class <p>9:00–9:30 a.m. (non-DR counties)</p> <p>8:30–9:00 a.m. (DR counties)</p>	<p>Registration, welcome from instructor, and introductions. Instructor tells an opening story about assessment and decision making.</p> <p>Suggested warm-up activities: Table talk activity: Ask participants to introduce themselves and identify their program assignment. Then ask tables to discuss the following:</p> <ul style="list-style-type: none"> • Each participant should scale their knowledge of the SDM system from 0 (new to system, no knowledge) to 10 (extensive experience with or can teach SDM tools). • Each participant should think of a word or phrase that describes what they have heard about or what they think about the SDM system. <p>Report out to the large group. Instructor charts participants’ program assignment (relates to decision points), experience with the SDM system (supports real-time needs assessment), and word/phrase (surfaces attitudes and beliefs about the SDM system, which can be used to surface important teaching points about SDM).</p> <p>Alternative shorter warm-up: Ask participants to write their name with their non-dominant hand.</p> <p>In large-group format, have them discuss and describe how it felt to try this.</p> <p>Instructor should review the agenda and learning objectives for the two-day course with participants, emphasizing that the workshop will be primarily skills-based in teaching the use of the SDM tools, combined with learning strategies for incorporating the assessment structure into practice with families.</p>	<p>Participants will:</p> <p>Understand that the SDM system is a comprehensive case management framework for child welfare practice that uses a series of research-supported assessments, in combination with effective practice strategies and social worker judgment, helping social workers to make assessments in partnership with families and to make critical decisions throughout the life of a case.</p>
<p>Topic 2: Overview of the SDM® System, Introduction to the SDM® Policy and Procedures Manual, Basic Concepts</p> <ul style="list-style-type: none"> • Overview of SDM system goals, objectives, and characteristics 	<p>Instructor engages in interactional PowerPoint presentation to provide a broad overview of the goals, objectives, and characteristics of the SDM system and key decision points.</p> <p>Brief introduction of the research basis for the SDM system and its integration with practice strategies with families.</p> <p>Instructor familiarizes participants with the SDM Policy and Procedures Manual (P&P manual), emphasizing that each section of the manual has a copy of the corresponding SDM tool, as well as the tool’s accompanying definitions and policy and procedure guidelines, including instructions for appropriate completion and practice tips.</p>	<p>Understand the SDM system’s goals (safety, permanency, and well-being), objectives (decision support, consistency, accuracy, and use of data to support targeted use of resources), and characteristics (reliability, validity, equity, and utility).</p> <p>Learn how actuarial risk assessment tools help identify for intervention those families who are at the highest risk for future child maltreatment, and what that means for decision making in child welfare services practice.</p>

Topic and Time	Methodology	Learning Objective
<ul style="list-style-type: none"> Introduction to use of the SDM Policy and Procedures Manual Introduction of basic concepts: Household-based assessments, primary and secondary caregivers, and the importance of definitions <p>9:30–10:00 a.m. (non-DR counties)</p> <p>9:00–9:45 a.m. (DR counties)</p>	<p>Instructor references webSDM as the data collection system where these assessments will be recorded. (Paper tools are for practice purposes and reference.) Participants will have access to webSDM (with login information and instructional training provided by their county) on their desktop computer and/or tablet, depending on county policy.</p> <p>Instructor references the SDM overview handout and then asks participants to reference the general definitions handout related to households and primary and secondary caregivers.</p> <p>Large-group activity: Participants consider mini-case examples to help them learn to identify households and the primary and secondary caregivers in each household.</p> <p>Instructor emphasizes the importance of definitions in helping to build consistency and accuracy that is supported by actuarial associations.</p> <p>Large-group activity: Look at the definition of “historical information” in the hotline tools definitions section (page 20), as an example of the specific nature of definitions.</p> <p>Review tips for using definitions.</p> <p>Reference the online resource for California SDM definitions, which can be bookmarked on participants’ tablets or smartphones at defs.sdmdata.org/ca.</p>	<p>Recognize and understand the importance of using SDM definitions and referencing policy and procedures when completing assessments.</p> <p>Understand that all SDM tools are household-based assessments.</p> <p>Identify the households as well as the primary and secondary caregivers in each household, and know when to complete an SDM tool on a household.</p> <p>Have a preliminary ability to talk about safety, risk, and needs with the family.</p> <p>Appreciate that use of the SDM system supports improvements in the key child and family outcomes of safety, permanency, and well-being.</p>
BREAK (15 minutes)		
<p>Topic 3: SDM® Hotline Tools</p> <ul style="list-style-type: none"> Hotline tools (with and without differential response) The “Three Questions” structure for the hotline interview and screener narrative Caregiver actions and impact on child 	<p>Instructor orients participants to the section on hotline tools in the P&P manual.</p> <p>In a multi-county setting, the instructor should identify which participants come from counties with differential response programs, or, prior to training in a specific county, inquire about that county’s differential response policies.</p> <p>Instructor reviews concepts that provide the purpose, foundation, and structure for the hotline interview with a caller, and inform decisions about response:</p> <ul style="list-style-type: none"> Screening decision: Do the caller’s worries about this family meet the legal definitions of child abuse or neglect sufficiently enough to warrant an in-person response? Preliminary screening considerations: presence of minor child, geographic jurisdiction, duplicate referrals, group home/CCL. Response priority: How quickly should child welfare services respond? 	<p>Be able to describe the SDM assessment tools and identify the decision point that each tool informs, including:</p> <ul style="list-style-type: none"> Hotline tools: Screening, response priority, and differential response path decisions (if applicable) <p>Apply SDM definitions and associated policies and procedures when completing the following tools:</p> <ul style="list-style-type: none"> Hotline tools <p>Recognize the importance of using SDM definitions and referencing policy and procedures when completing assessments.</p> <p>Understand that the SDM tools are a prompt for practice in partnership with children, youth, and families.</p>

Topic and Time	Methodology	Learning Objective
<ul style="list-style-type: none"> Writing the screener narrative as a provisional harm/danger statement <p>10:15 a.m. – 12:00 p.m. (non-DR counties)</p> <p>10:00 a.m. – 12:00 p.m. (DR counties)</p>	<ul style="list-style-type: none"> Differential response: Which differential response pathway is most appropriate for this family, based on information available from this caller? <p>Brief group activity to focus on hotline worker skills related to:</p> <ul style="list-style-type: none"> Structuring the interview based on varying needs, knowledge, and motivations of the caller. Strategies for eliciting detail in a balanced manner about what’s worrying, what’s working, and what caller thinks needs to happen next. Strategies for eliciting behavioral details about caregiver actions or inactions and their impact on the child. Strategies for eliciting details about the family’s support network. <p>Instructor reviews the structure and policies and procedures for each hotline tool:</p> <ul style="list-style-type: none"> Preliminary screening Appropriateness of a child abuse/neglect report for response, including screening criteria, screening decision, and overrides Response priority, including decision trees, rules for use, and overrides Path of response decision <p>Skill activity: Participants read Segment 1 of the Jefferson/Baxter case example and complete the tool at their tables, using definitions.</p> <p>Report out to large group, encouraging debate and referencing of the definitions.</p> <p>Follow-up emphasis on:</p> <ul style="list-style-type: none"> Using the hotline tools DURING the interview with reporter (even in after-hours work) Importance of learning how to write the screener narrative in a format that supports tool completion and aids the caseworker in assessment and investigations. <p>Review the format of a screener narrative, using a provisional harm and danger statement and “Three Questions” structure.</p> <p>Optional activity: Discuss the pros and cons of using the format of the screener narrative as a provisional harm/danger statement.</p>	<p>Recognize and understand the importance of narrative support in case documentation for SDM tool completion.</p>
<p>LUNCH 12:00–1:00 p.m.</p>		
<p>Topic 4: The SDM® Safety Assessment</p>	<p>Instructor introduces the concept of making the safety decision during the initial assessment and investigation process.</p>	<p>Be able to describe the SDM assessment tools and identify the decision point that each tool informs, including:</p> <ul style="list-style-type: none"> Safety assessment: Identification of child vulnerabilities, safety threats,

Topic and Time	Methodology	Learning Objective
<ul style="list-style-type: none"> • The SDM safety assessment: Key concepts, child vulnerabilities, and safety threats • Using the safety assessment to support a balanced evaluation: What's worrying, what's working, what's next • Harm/danger statements <p>1:00–2:15 p.m.</p>	<p>Learning point: The safety status of children is continually assessed throughout the life of a referral or case.</p> <p>Distinguish between (a) making decisions and taking actions surrounding the immediate safety of children and (b) gathering information to make a dispositional finding, determining future risk of harm, and making decisions about how to intervene.</p> <p>Review the overall purpose, decisions, structure, and policy and procedures of the SDM safety assessment.</p> <p>Focus in on reviewing the header, child vulnerabilities, safety threats, and complicating factors.</p> <p>Skill activity: Participants read Segment 2 of the Jefferson/Baxter case example and complete the header, child vulnerabilities, and safety threats portions of safety assessments for both the mother's and father's household, using SDM definitions.</p> <p>Large group report-out and discussion.</p> <p>Optional follow-up activity: Participants practice writing behaviorally specific harm/danger statements related to any identified safety threats.</p> <p>Discuss the importance of documenting the factual basis for marking safety threats, complicating behaviors, and child vulnerabilities in the case record.</p>	<p>protective actions and supporting strengths, and the safety decision for each child in a household</p> <p>Apply SDM definitions and associated policies and procedures when completing the following tools:</p> <ul style="list-style-type: none"> • Safety assessment • Substitute care provider (SCP) safety assessment <p>Be able to identify the elements of an effective safety plan and know the process for engaging in safety planning with families.</p> <p>Recognize the importance of using SDM definitions and referencing policy and procedures when completing assessments.</p> <p>Understand that the SDM tools are a prompt for practice in partnership with children, youth, and families.</p> <p>Be able to describe the appropriate use of the SCP safety assessment in Resource Family settings.</p> <p>Recognize the importance of narrative support in case documentation for SDM tool completion.</p>
<p>BREAK (15 minutes)</p>		

Topic and Time	Methodology	Learning Objective
<p>Topic 5: Safety Planning, the SDM® Substitute Care Provider Safety Assessment</p> <ul style="list-style-type: none"> • Household strengths and protective actions • In-home protective interventions • Safety decision • Safety planning • Use of support network • The SCP safety assessment <p>2:30–3:45 p.m.</p>	<p>Pair Share: Participants discuss strategies for getting shared understanding with caregivers of the child’s safety status, explaining the process of safety planning to family members, and using solution-focused questions to identify support network resources.</p> <p>Review the safety assessment definitions sections relating to household strengths, protective actions, in-home protective interventions, and placement interventions.</p> <p>Skill Activity: Participants read Segment 3 of the safety assessment narrative of the Jefferson/Baxter case example and complete the supporting strengths, protective actions, in-home protective interventions, and placement intervention portions of the tool.</p> <p>Group report out and discussion.</p> <p>Discuss the importance of documenting the factual basis for protective actions, supporting strengths, safety interventions, and the safety decision in the case record.</p> <p>Review key elements of safety planning.</p> <p>Activity: Participants consider safety interventions/resources that might be used in the Jefferson/Baxter safety plan.</p> <p>Reference and review the SCP safety assessment and briefly review the policy and procedures for its use.</p> <p>Learning Points: Thresholds for the immediate safety of children in a substitute care provider’s home are different than safety thresholds in the legal caregiver’s home.</p> <p>The SCP safety assessment ensures that the safety of ALL children placed in substitute care is addressed.</p> <p>Explain that there is a separate SDM training on use of the SCP safety assessment.</p>	<p>Be able to describe the SDM assessment tools and identify the decision point that each tool informs, including:</p> <ul style="list-style-type: none"> • Safety assessment: Identification of child vulnerabilities, safety threats, protective actions and supporting strengths, and the safety decision for each child in a household <p>Be able to identify the elements of an effective safety plan and know the process for engaging in safety planning with families.</p> <p>Recognize and understand the importance of narrative support in case documentation for SDM tool completion.</p> <p>Apply SDM definitions and associated policies and procedures when completing the following tools:</p> <ul style="list-style-type: none"> • Safety assessment • SCP safety assessment <p>Understand that the SDM assessment tools are a prompt for practice in partnership with children, youth, and families.</p> <p>Appreciate and understand the value of SDM tools in supporting transparent conversation with families about safety, risk, and needs.</p> <p>Be able to describe the appropriate use of the SCP safety assessment in Resource Family settings.</p>
<p>Topic 6: Reflections and Wrap-Up</p> <p>Transfer of learning</p>	<p>Activity: Table talk reflections on key learning points from the training day.</p> <p>Plus/Delta Evaluation and plans for Day Two of training.</p>	

DAY TWO: LESSON PLAN

9:00 a.m. – 4:00 p.m. for all counties

Topic and Time	Methodology	Learning Objective
<p>Topic 7: Welcome, Review of Learning Objectives, Understanding the Concept of Risk</p> <ul style="list-style-type: none"> • Welcome back! • Warm-up: Find the Fuel • Review of learning objectives • Understanding the concept of risk <p>9:00–9:45 a.m.</p>	<p>Welcome to Day Two; review of agenda.</p> <p>Warm-up activity: Understanding the concept of risk: Find the Fuel activity.</p> <p>Shorter warm-up activity: Examining actuarial assessments in the insurance and medical professions.</p>	<p>Participants will:</p> <p>Understand that the SDM system is a comprehensive case management framework for child welfare practice that uses a series of research-supported assessments, in combination with social worker judgment and effective practice strategies, to help social workers to make assessments in partnership with families and to make critical decisions throughout the life of a case.</p> <p>Learn how actuarial risk assessment tools help identify for intervention those families who are at the highest risk for future child maltreatment.</p>
<p>Topic 8: The SDM® Risk Assessment, Contact Frequency Guidelines</p> <ul style="list-style-type: none"> • The SDM risk assessment • Talking to families about safety and risk • Research regarding targeting resources • Case-opening decision • Contact frequency guidelines <p>9:45–10:45 a.m.</p>	<p>Instructor overview of the SDM risk assessment’s purpose, structure, proper completion, and policy and procedures.</p> <p>Review the sections of the risk assessment tool and instructions for its appropriate completion.</p> <p>Discuss the use of overrides and case action recommendations based on risk level classification and safety decision.</p> <p>Activity: In groups, participants review Segment 4 of the Jefferson/Baxter case example and complete a risk assessment based on available documentation. (Two risk assessments will be completed on two households.)</p> <p>Large-group debrief.</p> <p>Discuss the importance of documenting the factual basis for risk items in the case record.</p> <p>Discussion of the interaction between the safety assessment, the allegation disposition, and the risk assessment in making decisions about opening a case.</p> <p>Follow up with discussion of the risk assessment as a tool to focus agency resources on families where we can have the greatest</p>	<p>Be able to describe the SDM assessment tools and identify the decision point that each tool informs, including:</p> <ul style="list-style-type: none"> • Risk assessment: Identification of the family’s risk level classification, which informs the decision to either close a referral or promote to a case <p>Apply SDM definitions and associated policies and procedures when completing the following tools:</p> <ul style="list-style-type: none"> • Risk assessment <p>Recognize and understand the importance of using SDM definitions and referencing policy and procedures when completing assessments.</p> <p>Identify the households as well as the primary and secondary caregivers in each household, and know when to complete an SDM tool on a household.</p> <p>Have a preliminary ability to talk about safety, risk, and needs with the family.</p> <p>Appreciate and understand how the use of research on future child and family outcomes supports decision making related to interventions with families.</p> <p>Understand that the SDM tools are a prompt for practice in partnership with children, youth, and families.</p>

	<p>impact on the likelihood of future maltreatment. Review the recommended contact frequency guidelines for each risk level classification.</p> <p>Follow-up lecture on ideas for discussing findings of the risk assessment and the use of solution-focused questions.</p> <p>Optional partner practice: Develop a list of solution-focused questions to help a family reflect on risk assessment findings.</p>	<p>Appreciate and understand the value of SDM tools in supporting transparent conversation with families about safety, risk, and needs.</p> <p>Recognize and understand the importance of narrative support in case documentation for SDM tool completion.</p> <p>Understand the differences and relationships between safety threats, complicating factors, risk, and needs in making key decisions.</p> <p>Understand how the family's risk level classification and safety decision inform decisions about case-opening and the frequency of ongoing case contact.</p>
BREAK (15 minutes)		
<p>Topic 9: The SDM® Family Strengths and Needs Assessment (FSNA)</p> <ul style="list-style-type: none"> • The FSNA tool • Linking safety and risk to priority needs and strengths • How the FSNA informs behaviorally based case planning <p>11:00 a.m. – 12:00 p.m.</p>	<p>Instructor overview of the purpose, structure, proper completion, and policy and procedures of the SDM family strengths and needs assessment (FSNA).</p> <p>Review the sections of the FSNA tool and instructions for its proper completion.</p> <p>Discuss how priority strengths and needs can inform behaviorally based case plan objectives and associated services.</p> <p>Activity: Divide the training class into two groups. Assign half of the class to complete an FSNA on mother's household and the other group to complete an FSNA on father's household.</p> <p>In groups, participants review Segment 5 of the Jefferson/Baxter case example and complete an FSNA based on available documentation.</p> <p>Large-group debrief of both households' FSNA tools.</p> <p>Discuss the importance of documenting the factual basis for FSNA scoring in the case record.</p> <p>Learning Point: The FSNA is used as a prompt for conversation with caregivers and children/youth. The FSNA is not an interview guide, but the FSNA structure can facilitate this particular interview in a one-on-one or family team meeting.</p> <p>Tip: Suggest the use of a non-linear note-taking tool for FSNA conversation as well as for monthly contacts during the case plan period.</p>	<p>Be able to describe the SDM assessment tools and identify the decision point that each tool informs, including:</p> <ul style="list-style-type: none"> • Family strengths and needs assessment (FSNA): Supports identification of priority strengths and needs for behaviorally based case planning with families <p>Apply SDM definitions and associated policies and procedures when completing the following tools:</p> <ul style="list-style-type: none"> • FSNA <p>Recognize the importance of using SDM definitions and referencing policy and procedures when completing assessments.</p> <p>Identify the households as well as the primary and secondary caregivers in each household, and know when to complete an SDM tool on a household.</p> <p>Have a preliminary ability to talk about safety, risk, and needs with the family.</p> <p>Understand that the SDM tools are a prompt for practice in partnership with children, youth, and families.</p> <p>Appreciate and understand the value of SDM tools in supporting transparent conversation with families about safety, risk, and needs.</p> <p>Recognize and understand the importance of narrative support in case documentation for SDM tool completion.</p>

<p>LUNCH 12:00–1:00 p.m.</p>		
<p>Topic 10: Linking Safety, Risk, and Priority Needs and Strengths Information to Strategies for Ongoing Casework</p> <ul style="list-style-type: none"> • Linking information about safety, risk, and priority needs and strengths to strategies for ongoing casework • with children and families • Support networks <p>1:00–1:30 p.m.</p>	<p>Strategies for using information about safety, risk, and priority needs in creating shared agreements and providing caregivers with information about how their progress will be measured over time.</p> <p>Strategies for using ongoing monthly contacts with caregivers and children/youth to assess and document case plan progress and supporting the family’s development of a support network, as a key to increasing child safety.</p> <p>Tip: Suggest the use of a non-linear note-taking tool for FSNA conversation as well as for monthly contacts during the case plan period.</p>	<p>Appreciate and understand how the use of research on future child and family outcomes supports decision making related to interventions with families.</p>
<p>Topic 11: The SDM® Reunification Reassessment</p> <ul style="list-style-type: none"> • The SDM reunification reassessment • FSNA use in case plan updates <p>1:30–2:30 p.m.</p>	<p>Introduction to research findings regarding how reunification reassessment components and re-entry rates are related.</p> <p>Instructor overview of the SDM reunification reassessment’s purpose, structure, proper completion, and policy and procedures.</p> <p>Review the sections of the reunification reassessment and instructions for its proper completion.</p> <p>Discuss how behaviorally based case plan objectives, as well as behavioral and progressive visitation plans, are essential to effectively assess reunification and provide the basis for evaluating progress in reducing risk and creating safety.</p> <p>Activity: Divide training class into two equal groups. Assign one group to complete a reunification reassessment on mother’s household, and the other group to complete a reunification reassessment on father’s household. In groups, participants review Segment 6 of the Jefferson/Baxter case example and complete a reunification reassessment based on available documentation.</p> <p>Large-group debrief of both households’ reunification reassessment tools.</p>	<p>Be able to describe the SDM assessment tools and identify the decision point that each tool informs, including:</p> <ul style="list-style-type: none"> • Reunification reassessment: Assesses changes in a family’s risk level—based on changes in behavior as well as visitation quantity and quality, household safety status, and permanency timelines—to support a decision about reunification. <p>Apply SDM definitions and associated policies and procedures when completing the following tools:</p> <ul style="list-style-type: none"> • Reunification reassessment <p>Recognize the importance of using SDM definitions and referencing policy and procedures when completing assessments.</p> <p>Identify the households as well as the primary and secondary caregivers in each household, and know when to complete an SDM tool on a household.</p> <p>Have a preliminary ability to talk about safety, risk, and needs with the family.</p> <p>Understand that the SDM tools are a prompt for practice in partnership with children, youth, and families.</p> <p>Recognize and understand the importance of narrative support in case documentation for SDM tool completion.</p>

	<p>Discuss the importance of documenting in the case record the factual basis for reunification reassessment scoring.</p> <p>Discuss the need to complete an FSNA for purposes of updating the case plan.</p>	<p>Appreciate and understand how the use of research on future child and family outcomes supports decision making related to interventions with families.</p>
BREAK (15 minutes)		
<p>Topic 12: The SDM® Family Risk Reassessment for In-Home Cases</p> <ul style="list-style-type: none"> • The SDM family risk reassessment for in-home cases • Safety assessment at case closure <p>2:45–3:45 p.m.</p>	<p>Instructor overview of the SDM family risk reassessment’s purpose, structure, appropriate completion, and policy and procedures.</p> <p>Emphasize that the risk reassessment recalculates a family’s risk level based on changes in caregiver behaviors over time and a set of dynamic risk factors.</p> <p>Review the sections of the risk reassessment for in-home cases and instructions for its proper completion.</p> <p>Activity: In groups, participants review Segment 7 of the Jefferson/Baxter case example and complete a risk reassessment for father’s household, based on available documentation.</p> <p>Large-group debrief of the risk reassessment tool.</p> <p>Discuss the importance of documenting in the case record the factual basis for risk reassessment scoring.</p> <p>Emphasize that prior to making a decision about case closure, a case-closing safety assessment must also be documented.</p> <p>Follow-up discussion: Importance of support network planning in advance of case closing.</p>	<p>Be able to describe the SDM assessment tools and identify the decision point that each tool informs, including:</p> <ul style="list-style-type: none"> • Risk reassessment for in-home cases: Assesses how a family’s risk level has changed over time, which supports decisions about whether or not to close a case. <p>Apply SDM definitions and associated policies and procedures when completing the following tools:</p> <ul style="list-style-type: none"> • Risk reassessment for in-home cases <p>Recognize the importance of using SDM definitions and referencing policy and procedures when completing assessments.</p> <p>Identify the households as well as the primary and secondary caregivers in each household, and know when to complete an SDM tool on a household.</p> <p>Have a preliminary ability to talk about safety, risk, and needs with the family.</p> <p>Understand that the SDM tools are a prompt for practice in partnership with children, youth, and families.</p> <p>Recognize and understand the importance of narrative support in case documentation for SDM tool completion.</p> <p>Appreciate and understand how the use of research on future child and family outcomes supports decision making related to interventions with families.</p>
<p>Topic 13: Course Summary and Closure</p> <ul style="list-style-type: none"> • Course summary and closure • Transfer of learning • Evaluations <p>3:45–4:00 p.m.</p>	<p>Activity: Table talk reflections on key learning points from the training day.</p> <p>Plus/Delta Evaluation.</p>	

DAY ONE

TOPIC 1: WELCOME, INTRODUCTIONS, AND REVIEW OF LEARNING OBJECTIVES

- **Registration, welcome, and introductions**
- **Warm-up for the training day**
- **Review of learning objectives and the format of the class**

Time

8:30–9:00 a.m. for DR counties; 9:00–9:30 a.m. for non-DR counties and multi-county settings

Purpose

To orient participants to the goals and learning objectives of this training, and to conduct a real-time needs and values assessment as part of an engagement activity.

Activities

1. Instructor welcomes participants and provides personalized introduction describing his/her background and experiences with child welfare services assessments, decision making, and associated practices.
2. Instructor provides registration and logistical information for the training and facilitates the development of group agreements.
3. Instructor facilitates a training day warm-up activity focused on conducting a real-time needs and values assessment.
4. Instructor reviews the two-day agenda and learning objectives for the training.

Suggested Topic Warm-Up Activities

Option 1: Table talk activity

Ask participants to introduce themselves and identify their program assignment.

Ask participants to have a five-minute discussion at their tables about the following questions:

- Scale their knowledge of the SDM system from 0 (new to system, no knowledge) to 10 (extensive experience with or can teach SDM tools).
- Think of a word or phrase that describes what they have heard about or what they think about the SDM system.

Facilitate a report-out to the large group. Chart program assignment (relates to decision point), experience (supports real-time needs assessment) and word/phrase

(surfaces attitudes and beliefs about SDM that can be used to surface important teaching points about SDM).

Option 2: Shorter large-group warm-up
Ask participants to write their name with their non-dominant hand.

In large-group format, have them discuss and describe how it felt to try this.

Training Tips and Learning Points

1. Instructor will have the opportunity throughout the training day to model the principles and values of facilitative discussion and engagement with participants.
2. Participants may or may not be familiar with processes and strategies for safety-organized practice. Prior familiarity with or use of safety-organized practice principles is not necessary for this training.
3. Instructor can be flexible in training day timing and choice of optional activities, depending on the needs of the training group.
4. The SDM system is an integrated system of research-based assessment tools combined with a set of practice strategies, which support completion of SDM assessments in partnership with families.
5. SDM assessment tools are a prompt for practice with families.

Time

30 minutes

Materials

- County or Regional Training Academy sign-in sheets and name tents
- Trainer Overview PowerPoint, slides 1–3 (speaker’s notes included within)
- Handouts: Structured Decision Making System 3.0 Basic Orientation Learning Objectives

Learning Objectives

Participants will:

Understand that the SDM system is a comprehensive case management framework for child welfare practice that uses a series of research-supported assessments, in combination with social worker judgment and effective practice strategies, to help social workers make assessments in partnership with families and to make critical decisions throughout the life of a case.

TOPIC 2: OVERVIEW OF THE SDM® SYSTEM, INTRODUCTION TO THE SDM® POLICY AND PROCEDURES MANUAL, BASIC CONCEPTS

- **Overview of SDM system goals, objectives, and characteristics**
- **Introduction to use of the SDM Policy and Procedures Manual**
- **Introduction of basic concepts: Household-based assessments, primary and secondary caregivers, and the importance of definitions**

Time

9:00–9:45 a.m. for DR counties; 9:30–10:00 a.m. for non-DR counties

Purpose

To provide a high-level overview of the foundations and history of the SDM system, including system goals, objectives, and characteristics.

To orient participants to the organization of the SDM Policy and Procedures Manual (P&P manual) and to review the basic concepts of household-based assessments and identification of primary and secondary caregivers.

To emphasize the importance of using SDM definitions to promote consistency and ensure fidelity of connection to research; to offer tips for applying SDM definitions.

Activities

1. Instructor engages in interactional PowerPoint presentation to provide a broad overview of the goals, objectives, and characteristics of the SDM system and key decision points.
2. Instructor provides a brief introduction to the research basis for the SDM system and its integration with practice strategies with families.
3. Instructor familiarizes participants with the P&P manual, emphasizing that each section of the manual has a copy of the corresponding SDM tool, as well as the tool's accompanying definitions and policy and procedure guidelines, including instructions for appropriate completion and practice tips.
4. Instructor introduces the webSDM computer application as the data collection system where these assessments will be recorded; paper tools are for practice purposes and reference. Participants will have access to webSDM (login information and training provided by their county) on their desktop computer and/or tablet, depending on county policy. A separate training will be provided for webSDM through their county or RTA.

5. Instructor facilitates a group activity to establish a beginning understanding of the tools of the SDM system and the basic concepts of households and primary and secondary caregivers.
6. Instructor facilitates a group activity to help participants understand the importance of the SDM definitions and strategies for using them.
7. Instructor briefly introduces the concepts of safety, risk, and needs, and emphasizes how thinking about these concepts is integrated into the SDM system.
8. Instructor provides information about the available online link to the California SDM definitions and provides information about how to bookmark this link on smartphones or tablets (defs.sdmdata.org/ca).

Suggested Group Activities

Instructor references the SDM overview handout to review the SDM tools and associated decision points, and then asks participants to review the SDM general definitions handout, which is related to households and primary and secondary caregivers.

Large-Group Activity

Participants consider mini-case examples to help them learn to identify households and the primary/secondary caregivers in each household.

Instructor emphasizes the importance of the SDM definitions in helping to build consistency and accuracy that is supported by actuarial associations.

Large-Group Activity

Look at the definition of “historical information” in the hotline tools for an example of the specific nature of definitions.

Training Tips and Learning Points

1. Instructor should manage time spent on the PowerPoint overview of the SDM system by focusing on key introductory learning points. Limit this presentation to 30 minutes and use the speaker notes as a guide, rather than a script. Movement through slides should focus on introduction of the following key points:
 - a. The SDM system has a longstanding history, is used around the world in child protection practice, and has a robust research foundation.
 - b. The SDM system helps support professional judgment in making important decisions about children and families in order to improve future outcomes.

- c. The SDM tools are designed to work in combination with good social work practices to promote partnership with families in decision making. Assessment tools should be viewed as a prompt for practice with families, not as paperwork to be completed or extra time spent at the computer.
 - d. The goals of the SDM system are to reduce subsequent harm to children and increase timely and safe permanency.
 - e. The objectives of the SDM system are: to provide a structure for decision making, to increase consistency and accuracy of decision making, and to use data to inform policy and practice within agencies.
 - f. The SDM system is based on the key characteristics of consistency, accuracy, equity, and utility.
 - g. The SDM system helps workers distinguish between the concepts of safety, risk, and needs, to help focus decisions.
2. Group practice using brief examples is helpful in providing participants with an experiential understanding of the concepts of household-based assessments and the identification of primary and secondary caregivers. Answers to each example are contained in the speaker notes sections of the PowerPoint slides.

Time

30 minutes for non-DR counties; 45 minutes for DR counties

Use

Trainer Overview PowerPoint, slides 4–32

Trainer Visuals PowerPoint, slides 1–19 (suggested speaker notes in presentations)

P&P manual: SDM Policy and Procedures Overview, page 3, and general definitions, page 2

Learning Objectives

Participants will:

- Understand that the SDM system is a comprehensive case management framework for child welfare practice that uses a series of research-supported assessments, in combination with effective practice strategies and social worker judgment, helping social workers to make assessments in partnership with families and to make critical decisions throughout the life of a case.
- Learn how actuarial risk assessment tools help identify for intervention those families who are at the highest risk for future child maltreatment, and what that means for decision making in child welfare practice.

- Recognize and understand the importance of using SDM definitions and referencing policy and procedures when completing assessments.
- Understand that all SDM tools are household-based assessments.
- Identify households as well as the primary and secondary caregivers in each household, and know when to complete an SDM tool on a household.
- Have a preliminary ability to talk about safety, risk, and needs with the family.
- Understand that use of the SDM system supports improvements in the key child and family outcomes of safety, permanency, and well-being.

TOPIC 3: SDM® HOTLINE TOOLS

- **Hotline tools (with and without differential response)**
- **The “Three Questions” structure for the hotline interview and screener narrative**
- **Caregiver actions and impact on child**
- **Writing the screener narrative as a provisional harm/danger statement**

Time

10:00 a.m. – 12:00 p.m. for DR counties; 10:15 a.m. – 12:00 p.m. for non-DR counties

Purpose

To teach and practice the use of the hotline tools in helping to support decisions about response and response priority, as well as path decisions for DR counties.

To introduce strategies for structuring the hotline interview and screener narrative documentation, using key practice strategies.

Activities

1. Instructor first orients participants to the hotline tools section of the P&P manual.
2. Instructor reviews concepts that provide the purpose, foundation, and structure for the hotline interview and decisions about a response by child protective services, including:
 - Screening decision: Do the caller’s worries about this family meet the legal definition of child abuse or neglect sufficiently enough to warrant an in-person response?
 - Preliminary screening considerations: Presence of minor child, geographic jurisdiction, duplicate referrals, and reports about group homes and institutional care.
 - Response priority: How quickly should the child protection agency respond?
 - Differential response path decision: Which differential response pathway is most appropriate for this family, based on information available from this caller?
3. Introduce practice strategies to focus on hotline worker skills related to:
 - Structuring the interview based on the varying needs, knowledge, and motivations of the caller.

- Strategies for eliciting detail in a balanced manner about what’s worrying, what’s working, and what the caller thinks needs to happen next.
 - Strategies for eliciting behavioral details about caregiver actions or inactions and their impact on the child.
 - Strategies for eliciting details about the family’s support network.
4. Instructor reviews the structure and policies and procedures for each hotline tool:
 - Preliminary screening
 - Appropriateness of a child abuse/neglect report for response, including screening criteria, screening decision, and overrides
 - Response priority, including decision trees, rules for use, and overrides
 - Path decisions in DR counties
 5. Instructor facilitates group activity to allow participants to practice using the hotline assessment, using the SDM definitions.
 6. Instructor makes follow-up learning points:
 - Importance of using the hotline tool DURING the interview with reporter (even in after-hours work)
 - Importance of learning how to write the screener narrative in a format that supports tool completion and aids the caseworker in assessment and investigations

Instructor facilitates participant review and discussion of format of the case example’s screener narrative, using provisional harm and danger statements and the Three Questions Structure.

Group Activity

In table groups, have participants read Segment 1 of the Jefferson/Baxter case example and complete the hotline tools at their tables, using the SDM definitions.

- ♪ TRAINER NOTE: If participants are not already situated at tables in groups of about five, reconfigure them now. Five is ideal to ensure adequate input. An odd number is best so that if an item comes to a vote, a clear decision will result. Hand out the case example packet.
- ♪ TRAINER NOTE: Trainer circulates. Make certain the participants have their definitions out and are using them. Use this time to prepare a flip chart page to record small-group answers for each question on the screening tool, decision trees, and the final decision. Also include path decision if needed.

- ♪ **TRAINER NOTE:** Trainer asks one group to report results for each question. Ask if any other groups had different responses. If all agree, point out the consistency. If there are disagreements, ask one side (the one matching the SDM-recommended response, if possible) to explain why they chose their responses. Ask the other side if they accept that. Work toward agreement, especially if it would result in a different response. If the disagreement would not result in a different response and agreement cannot be reached, point out that there can be some difference without affecting the result. If agreement cannot be reached and there is a different result, begin a list of issues to refer to “experts” (may need a moment to explain that each county will have experts who will be resource persons, will periodically provide FAQ sheets to clarify common concerns, and will consider modifications to tools or definitions if needed).

Report out to the large group, encouraging debate and reference of the SDM definitions.

Optional Activity

Have participants review and discuss the pros and cons of using the format of the case example’s screener narrative in the Three Questions Structure with a provisional harm/danger statement.

Training Tips and Learning Points

1. When training a specific county, be sure to ask about the county’s use of a differential response program. Hide the slides related to differential response in the Trainer Visuals PowerPoint presentation when providing training in non-DR counties.
2. The hotline tools provide a structure for thinking through the decisions about response, response priority, and path decision DURING the call with the reporting party. Skillful use of interviewing strategies will elicit a more balanced assessment and behavioral details that can be used when applying the SDM hotline tool definitions.
3. The basis for screening criteria is linked to specific statutory provisions of the California Penal Code Child Abuse and Neglect Reporting Act.
4. Response priority items are questions that help to distinguish circumstances in which a child or children might be in immediate danger, thus guiding response time. Division 31 regulations define two response times: 24 hours and 10-day, but counties have discretion regarding additional response time options.
5. Items related to path decisions are drawn from the research-based risk assessment; as the number of marked items increases, so does the likelihood of a higher risk level classification on subsequent risk assessments.
6. An SDM response priority of 24 hours has been associated with greater likelihood of identification of one or more safety threats on the initial safety assessment.
7. Instructors should be very familiar with the Jefferson/Baxter case example, and it is recommended that instructors complete the assessments prior to training and

compare their answers with the provided answer key. The instructor should consult the SDM definitions for any items he/she scored differently. This preparation will prepare instructors for likely areas of participant disagreement regarding tool completion.

Time

One hour and 45 minutes for non-DR counties; one hour and 30 minutes for DR counties.

Use

Trainer Visuals PowerPoint, slides 20–37

P&P manual: Hotline tools, pages 4–8; hotline tools definitions, pages 9–28, and hotline tools policy and procedures, pages 29–33

Jefferson-Baxter case example, Segment 1 (pages 2–3 of the case example), and one blank set of hotline tools

Learning Objectives

Participants will:

- Be able to describe the SDM assessment tools and identify the decision point that each tool informs, including:
 - » Hotline tools: Screening, response priority, and differential response path decisions (if applicable)
- Apply SDM definitions and associated policies and procedures when completing the following tools:
 - » Hotline tools
- Recognize the importance of using SDM definitions and referencing policy and procedures when completing assessments.
- Understand that the SDM tools are a prompt for practice in partnership with children, youth, and families.
- Recognize and understand the importance of narrative support in case documentation for SDM tool completion.

TOPIC 4: THE SDM® SAFETY ASSESSMENT

- **The SDM safety assessment: Key concepts, child vulnerabilities, and safety threats**
- **Using the safety assessment to support a balanced evaluation: What's worrying, what's working, what's next**
- **Harm/danger statements**

Time

1:00–2:15 p.m.

Purpose

To teach and practice the use of the safety assessment in helping to support decisions about actions needed to support the immediate safety of children, during initial assessment and investigations and throughout the life of a case.

To introduce strategies for conducting a safety assessment in partnership with families.

Activities

1. Instructor introduces the concept of making the safety decision during the initial assessment and investigation process. Instructor distinguishes between (a) making decisions and taking actions surrounding the immediate safety of children and (b) gathering information to make a dispositional finding, determining future risk of harm, and making decisions about how to intervene.
2. Review the overall purpose, decisions, structure, and policy and procedures of the SDM safety assessment. Focus in on reviewing the header information, child vulnerabilities, safety threats, and caregiver complicating behaviors.
3. Instructor facilitates group activity in which participants read Segment 2 of the Jefferson/Baxter case example at their tables and complete the safety assessment header information, child vulnerabilities section, the safety threat section, and the caregiver complicating behaviors section, using the SDM definitions.
4. Instructor conducts optional follow-up activity focused on development of behaviorally specific harm/danger statements to document identified safety threats.
5. Instructor reviews details and importance of documenting the factual basis for marking safety threats, caregiver complicating behaviors, and child vulnerabilities in the case record.

Group Activity

Participants read Segment 2 of the Jefferson/Baxter case example and complete the header information and the child vulnerabilities, caregiver complicating behaviors, and safety threat portions of the safety assessment at their tables, using the SDM definitions.

- ♪ TRAINER NOTE: Trainer circulates. Make certain the participants have their SDM definitions out and are using them. Use this time to prepare a flip chart page to record small-group answers for each question.
- ♪ TRAINER NOTE: Trainer asks one group to report results for each question. Ask if any other groups had different responses. If all agree, point out the consistency. If there are disagreements, ask one side (the one matching the SDM-recommended response, if possible) to explain why they chose their responses. Ask the other side if they accept that. Work toward agreement, especially if it would result in a different response. If the disagreement would not result in a different response and agreement cannot be reached, point out that there can be some difference without affecting the result. If agreement cannot be reached and there is a different result, begin a list of issues to refer to “experts” (may need a moment to explain that each county will have experts who will be resource persons, will periodically provide FAQ sheets to clarify common concerns, and will consider modifications to tools or definitions if needed).

Optional Activity

Participants practice writing behaviorally specific harm/danger statements related to any identified safety threats.

Group report out and discussion.

Training Tips and Learning Points

1. SDM tools provide a structure for interviewing and gathering information related to making key decisions. While they are not to be completed by a family or used directly as an interview checklist, each process represented by the tool should be explained to the family in family-friendly language, and engagement skills should be used to partner with the family to conduct the assessment.
2. The safety status of children is continuously assessed throughout the life of a referral or case.
3. Safety threats are always severe and imminent; however, it is not possible to establish “bright lines” or hard and fast rules about how many minutes, hours, or days constitutes imminent.
4. It is important to emphasize the key linkage of caregiver action or inaction and its impact on the child when assessing safety threats, and the contextual consideration of child vulnerabilities and caregiver factors that complicate or contribute to these behaviors.
5. The safety assessment is first completed based on information obtained during the initial contact with children in the household. SDM forms are not designed to be completed by the family; they are not “interview guides.”

6. Instructors should be very familiar with the Jefferson/Baxter case example, and it is recommended that instructors complete the assessments prior to training and compare their answers with the provided answer key. The instructor should consult the SDM definitions for any items he/she scored differently. This preparation will prepare instructors for likely areas of participant disagreement regarding tool completion.

Time

One hour and 15 minutes

Use

Trainer Visuals PowerPoint, slides 38–53

P&P manual: Safety assessment tool, pages 34–36; safety assessment definitions, pages 37–48; and safety assessment policy and procedures, pages 49–55

Jefferson-Baxter case example, Segment 2 (pages 4–6 of the case example), and two blank safety assessment tools

Learning Objectives

Participants will:

- Be able to describe the following SDM assessment tools and identify the decision point that each tool informs, including:
 - » Safety assessment: Identification of child vulnerabilities, safety threats, protective actions and supporting strengths, and a safety decision for each child in a household.
- Apply SDM definitions and associated policies and procedures when completing the following tools:
 - » Safety assessment
- Be able to identify the elements of an effective safety plan and know the process for engaging in safety planning with families.
- Recognize the importance of using SDM definitions and referencing policy and procedures when completing assessments.
- Understand that the SDM tools are a prompt for practice in partnership with children, youth and families.
- Be able to describe the appropriate use of the substitute care provider safety assessment in Resource Family settings.
- Recognize the importance of narrative support in case documentation for SDM tool completion.

TOPIC 5: SAFETY PLANNING, THE SDM® SUBSTITUTE CARE PROVIDER SAFETY ASSESSMENT

- **Household strengths and protective actions**
- **In-home protective interventions**
- **Safety decision**
- **Safety planning**
- **Use of support network**
- **The SCP safety assessment**

Time

2:30–3:45 p.m.

Purpose

To teach and practice using the safety assessment to help support decisions about actions needed to support the immediate safety of children, during initial assessment and investigations and throughout the life of a case.

To introduce strategies for conducting a safety assessment and safety planning in partnership with families.

To review and discuss purpose and differences in the structure and safety thresholds of the SCP safety assessment.

Activities

1. Instructor facilitates a partner share activity regarding strategies for getting shared understanding with caregivers of the child's safety status, explaining the process of safety planning to family members, and using solution-focused questions to identify support network resources.
2. Instructor reviews the safety assessment definitions relating to household strengths, protective actions, in-home protective interventions, and placement interventions.
3. Instructor facilitates group activity to complete the safety assessment sections related to household strengths, protective actions, in-home protective interventions, and placement interventions for the case example.
4. Instructor reinforces the importance of documenting the factual basis for completion of the safety assessment in the case record.
5. Instructor introduces the key elements of a safety plan and conducts a group activity to consider safety interventions/actions that might be used in the case example.
6. Instructor references and reviews the substitute care provider safety assessment and provides a brief review of its policy and procedures for use.

7. Instructor reinforces the distinction between safety threats, risk, and needs.

Pair Share Activity

Participants discuss strategies for getting a shared understanding with caregivers of the child's safety status, explaining the process of safety planning to family members, and using solution-focused questions to identify support network resources.

Facilitate large-group discussion of the "headlines" of partner discussion and reinforce learning points.

Group Activity

Participants read Segment 3 of the Jefferson/Baxter case example and complete the household strengths, protective actions, in-home protective interventions, and placement intervention portions of the tool.

- ♪ TRAINER NOTE: Trainer circulates. Make certain the participants have definitions out and are using them. Use this time to prepare a flip chart page to record small-group answers for each question. Also include path decision if needed.
- ♪ TRAINER NOTE: Trainer asks one group to report results for each question. Ask if any other groups had different responses. If all agree, point out the consistency. If there are disagreements, ask one side (the one matching the SDM-recommended response, if possible) to explain why they chose their responses. Ask the other side if they accept that. Work toward agreement, especially if it would result in a different response. If the disagreement would not result in a different response and agreement cannot be reached, point out that there can be some difference without affecting the result. If agreement cannot be reached and there is a different result, begin a list of issues to refer to "experts" (may need a moment to explain that each county will have experts who will be resource persons, will periodically provide FAQ sheets to clarify common concerns, and will consider modifications to tools or definitions if needed).

Optional follow-up to safety planning presentation: Participants consider safety interventions/resources that might be used in the Jefferson/Baxter safety plan.

Training Tips and Learning Points:

1. Safety assessment and planning is a process that we complete in partnership with families, rather than a process done to families.
2. Gaining a shared understanding of safety threats, and actions needed to mitigate safety threats, is an essential component of safety planning.
3. Involving the family's support network and the children in the process of safety planning are essential components of safety planning.

4. Thresholds for the immediate safety of children in placement with substitute care providers are different than children in the home of their legal caregiver.
5. The substitute care provider safety assessment ensures that the safety of ALL children placed in substitute care is addressed.
6. Explain that there is a separate SDM training on the use of the SCP safety assessment.
7. Instructors should be very familiar with the Jefferson/Baxter case example, and it is recommended that instructors complete the assessments prior to training and compare their answers with the provided answer key. The instructor should consult the SDM definitions for any items he/she scored differently. This preparation will prepare instructors for likely areas of participant disagreement regarding tool completion.

Time

One hour, 15 minutes

Use

Trainer Visuals PowerPoint, slides 54–56 and slides 57–61

P&P manual: Trainer Visuals PowerPoint,

P&P manual: Safety assessment tool, pages 34–36; safety assessment definitions, pages 37–48; and safety assessment policy and procedures, pages 49–54; and substitute care provider safety assessment tool, pages 56–58, substitute care provider safety assessment definitions, pages 59–65, and substitute care provider safety assessment policy and procedures, pages 66–69.

Jefferson-Baxter case example, Segment 3 (page 7 of the case example), and the two partially completed safety assessments from Segment 2

Learning Objectives

Participants will:

- Be able to describe the following SDM assessment tools and identify the decision point that each tool informs, including:
 - » Safety assessment tool: identification of child vulnerabilities, safety threats, household strengths and protective actions, and the safety decision for each child in a household.
- Be able to identify the elements of an effective safety plan and know the process for engaging in safety planning with families.

- Recognize and understand the importance of narrative support in case documentation for SDM tool completion.
- Apply SDM definitions and associated policies and procedures when completing the following tools:
 - » Safety assessment tool
 - » Substitute care provider safety assessment
- Understand that the SDM assessment tools are a prompt for practice in partnership with children, youth and families.
- Appreciate and understand the value of SDM tools in supporting transparent conversation with families about safety, risk, and needs.
- Be able to describe the appropriate use of the substitute care provider safety assessment in Resource Family settings.

TOPIC 6: REFLECTIONS AND WRAP-UP

- **Reflections and wrap-up**
- **Transfer of learning**

Time

3:45–4:00 p.m.

Purpose

To provide participants with a chance to reflect on key learning points from the training day and gain an overview of the agenda for Day Two.

Activities

1. Instructor conducts a learning reflection group activity of his/her own choice.
2. Instructor conducts a Plus/Delta evaluation of the training day and provides an overview of the Day Two schedule.

Training Tips and Learning Points

1. This time may be used as a buffer for the training day as needed.

Time

15 minutes

DAY TWO

TOPIC 7: WELCOME, REVIEW OF LEARNING OBJECTIVES, UNDERSTANDING THE CONCEPT OF RISK

- **Welcome back!**
- **Warm-up: Find the Fuel**
- **Review of learning objectives**
- **Understanding the concept of risk**

Time

9:00–9:45 a.m.

Purpose

To help participants understand the concept of risk and how actuarial assessments can help to improve decision making related to child welfare outcomes.

Activities

1. Instructor welcomes participants back for Day Two and answers any follow-up questions from Day One. Instructor reviews the Day Two agenda.
2. Instructor facilitates group activity called Find the Fuel (see instructions and materials list below) and conducts a follow-up presentation on the research basis of the SDM tools.

Instructions for Find the Fuel Activity

1. See materials list below. All activity materials are included in this trainer's guide. Be sure that you have materials prepared in advance as outlined.
2. Have participants form groups of five. Ask groups to come up with their own team name. Distribute laminated tractors and gas cans, three scoring sheets (one for each round), and instructions to each team. Review Find the Fuel instructions with participants and address any questions or concerns. Include a preview of the purpose and goals for this activity, which include learning the purpose and benefits of the actuarial risk assessment.
3. Once instructions have been read aloud, allow groups some time to come to consensus on their responses for round 1.
4. After round 1, use the following questions to facilitate discussion:

- a. How did you choose to assign gas containers without any information?
 - b. How confident are you in your assignments in this round (on a scale of one to five, with five being very confident)?
 - c. What would have made your decision easier?
 - d. If given the choice, what type of information would you gather? Why?
5. Trainer Note: Note how selections are informed by participants' prior knowledge/experience with fueling vehicles.
6. Before round 2 begins, distribute the Tractor Tales sheets to each group. Allow groups to do a second assessment on how to distribute the fuel.
7. After round 2, use the following questions to facilitate discussion.
- a. What information factored into choosing how to assign gas containers to tractors?
 - b. Discuss why (reasoning and methodology).
 - c. How did you prioritize the different factors? What methods did you use? Why?
 - d. Did you face any challenges in the matching process?
 - e. Touch on the cognitive challenge of trying to weigh dozens of factors simultaneously in order to prioritize tractors.
 - f. How confident are you in your assignments in this round (on a scale of one to five, with five being very confident)?
8. Link participants' explanations with a discussion of assessments more generally. Mention, if possible, how the risk assessments build upon (or contradict) the strategies used in the game. Use question "f" to transition into a conversation about reliability and validity and to compare methods/strategies/rationale between groups.
9. Before round 3, pass out the fuel level assessment. Discuss how to apply the fuel level assessment to the blue tractor and let participants complete the assessment for the remaining tractors.
10. After participants have completed round 3, use the following questions to facilitate discussion.
- a. How confident are you in your assignment in this round (on a scale of one to five, with five being very confident)?
 - b. What were the benefits and challenges of using the assessment?

- c. Did you agree with the factors used?
11. Use this discussion to segue into a discussion about the purpose of the fuel assessment and how, in theory, it would have been developed as well as presenting content about the research basis of the SDM system.

Training Tips and Learning Points

1. Taking the time to engage the group in the Find the Fuel activity helps participants to understand how powerful use of actuarial assessments can be in the field of child protection. As an alternative, a shorter warm-up activity might include the instructor asking participants in a large-group setting about their understanding of how automobile insurance companies set rates based on risk.
2. Risk assessments focus on the key factors, both static (like prior history) and dynamic (caregiver qualities), that show a significant relationship to risk of future child maltreatment.
3. The risk assessment does not predict future outcomes; instead, it classifies families according to their likelihood of experiencing future child maltreatment.
4. Determining a family’s risk level is a different decision from deciding whether a child can safely remain at home (which is the safety decision).

Answer Key to Find the Fuel:

Tractor Color	Fuel Can Level
Blue	Full
Green	¼
Orange	¾
Purple	½
Red	Empty
Higher number on fuel assessment	More fuel than is needed

Time

45 minutes

Use

Trainer Visuals PowerPoint, slides 62–77

Materials for Find the Fuel Activity

Instructors: Please note the importance of ensuring that you have all of these materials for your training, as they are not included in the participant’s guide.

- Instructions for “Find the Fuel” (one for each participant)
- Set of five laminated cards with different-colored tractors—a set for each table group
- Set of five laminated cards with gas cans with varying fuel levels—a set for each table group
- Sufficient copies of the one-page Find the Fuel Team scorecard—one for each team
- Sufficient copies of the one-page Tractor Tales vignette—one for each participant (handed out separately)
- Sufficient copies of the one-page Fuel Level Assessment—one for each team, handed out separately

Learning Objectives

Participants will:

- Understand that the SDM system is a comprehensive case management framework for child welfare practice that uses a series of research-supported assessments, in combination with social worker judgment and effective practice strategies, to help social workers make assessments in partnership with families and to make critical decisions throughout the life of a case.
- Learn how actuarial risk assessment tools help identify for intervention those families who are at the highest risk for future child maltreatment.

TOPIC 8: THE SDM® RISK ASSESSMENT, CONTACT FREQUENCY GUIDELINES

- **The SDM risk assessment**
- **Talking to families about safety and risk**
- **Research regarding targeting resources**
- **Case-opening decision**
- **Contact frequency guidelines**

Time

9:45–10:45 a.m.

Purpose

To teach and practice using the risk assessment to help support decisions about case opening and intervention intensity, based on a family's risk level classification.

To help participants develop strategies for discussing a child's safety status and the family's risk classification.

Activities

1. Instructor provides an overview of the SDM risk assessment's purpose, structure, proper completion, and policy and procedures.
2. Instructor reviews the sections of the risk assessment and instructions for its appropriate completion.
3. Discuss the use of overrides and case action recommendations, based on a family's risk level classification and the safety decision.
4. Instructor facilitates a group activity and report out in which participants complete risk assessments on the case example. Prior to commencing activities, instructor facilitates discussion on case example households and the identification of a primary and secondary caregiver in each.
5. Instructor provides information about the importance of documenting the factual basis for risk items in the case record.
6. Instructor discusses the interaction between the safety assessment, the allegation disposition, and the risk assessment in making decisions about opening a case.
7. Instructor continues with discussion of the risk assessment as a tool to focus agency resources on families for whom we can have the greatest impact on the likelihood of future maltreatment.
8. Instructor reviews the recommended contact frequency guidelines for each risk level classification.
9. Instructor engages in interactive discussion on ideas for discussing the risk assessment findings with families and the use of solution-focused questions.

Group Activity

At tables, participants read Segment 4 of the Jefferson/Baxter case example and complete risk assessments on the mother's AND father's households, based on available documentation.

- ♪ TRAINER NOTE: Trainer circulates. Make certain the participants have definitions out and are using them. Use this time to prepare a flip chart page to record small group answers for each question.

- ♪ TRAINER NOTE: Trainer asks one group to report results for each question. Ask if any other groups had different responses. If all agree, point out the consistency. If there are disagreements, ask one side (the one matching the SDM-recommended response, if possible) to explain why they chose their responses. Ask the other side if they accept that. Work toward agreement, especially if it would result in a different response. If the disagreement would not result in a different response and agreement cannot be reached, point out that there can be some difference without affecting the result. If agreement cannot be reached and there is a different result, begin a list of issues to refer to "experts" (may need a moment to explain that each county will have experts who will be resource persons, will periodically provide FAQ sheets to clarify common concerns, and will consider modifications to tools or definitions if needed).

Optional partner practice

Develop a list of solution-focused questions to help the family reflect on risk assessment findings.

Training Tips and Learning Points

1. Ask for ideas about why both indices are used for every referral. Elicit answers such as: "Risk assessment looks at future harm, and it's not uncommon for there to be multiple types of maltreatment in a household."
2. Participants frequently object to including prior reports in the risk assessment, arguing that the family may have been unfairly reported by others. Explain that risk assessment items related to prior history show the strongest association with future child maltreatment. Prior report history is one of the static risk items that cannot be changed, but the worker can exercise judgment about the history item in making his/her final decision about case action.
3. Instructors are encouraged to review the 2013 California Risk Validation study results at the SDM training materials website. You can download a copy at docs.sdmdata.org. The user name is "california" and the password is "training". Select Trainer Resources and select Risk Revalidation Report 2013.
4. Instructor emphasizes the value of engaging fathers in the assessment process.
5. Instructor reinforces the difference between safety threats and risk.

Time

One hour

Use

Trainer Visuals PowerPoint, slides 78–94 and slides 95–102

P&P manual: family risk assessment tool, pages 70–73; family risk assessment definitions, pages 74–82; family risk assessment policy and procedures, pages 83–85; contact frequency guidelines, pages 130–131

Jefferson-Baxter case example, Segment 4 (pages 11–14 of the case example), and two blank risk assessment tools.

Learning Objectives

Participants will:

- Be able to describe the following SDM assessment tools and identify the decision point that each tool informs, including:
 - » Risk assessment: Identification of family risk level, which informs whether or not to close a referral or promote to a case.
- Apply SDM definitions and associated policies and procedures when completing the following tools:
 - » Risk assessment
- Recognize and understand the importance of using SDM definitions and referencing policy and procedures when completing assessments.
- Identify households as well as the primary and secondary caregivers in each household, and know when to complete an SDM tool on a household.
- Have a preliminary ability to talk about safety, risk, and needs with the family.
- Appreciate and understand how the use of research on future child and family outcomes supports decision making related to interventions with families.
- Understand that the SDM tools are a prompt for practice in partnership with children, youth, and families.
- Appreciate and understand the value of SDM tools in supporting transparent conversation with families about safety, risk, and needs.
- Recognize and understand the importance of narrative support in case documentation for SDM tool completion.
- Recognize the differences between safety threats, complicating behaviors, risk, and needs in making key decisions.
- Understand how the family's risk level classification and safety decision inform case-opening decisions and the frequency of ongoing case contact.

TOPIC 9: THE SDM® FAMILY STRENGTHS AND NEEDS ASSESSMENT

- **The FSNA tool**
- **Linking safety and risk to priority needs and strengths**
- **How the FSNA informs behaviorally based case planning**

Time

11:00 a.m. – 12:00 p.m.

Purpose

To teach and practice using the family strengths and needs assessment to help support decisions about case planning.

To help participants understand the link between safety and risk findings and priority needs and strengths.

Activities

1. Instructor provides an overview of the purpose, structure, proper completion, and policy and procedures of the SDM family strengths and needs assessment (FSNA).
2. Instructor reviews the FSNA tool and instructions for its proper completion.
3. Instructor discusses how priority strengths and needs can inform behaviorally based case plan objectives and associated services.
4. Instructor facilitates a group activity and report out in which participants complete FSNA assessments on the case example. Prior to commencing activities, instructor facilitates discussion on case example households and the identification of a primary and secondary caregiver in each.
5. Instructor discusses the importance of documenting the factual basis for FSNA scoring in the case record.
6. Discuss the use of the cultural context section of the FSNA and its caregiver and child domains when conducting a case planning interview or family meeting.

Group Activity

Divide the training class into two groups. Assign half of the class to complete an FSNA on mother's household and the other half to complete an FSNA on father's household.

In groups, participants review Segment 5 of the Jefferson/Baxter case example and complete the FSNA based on available documentation.

- ♪ TRAINER NOTE: Trainer circulates. Make certain the participants have definitions out and are using them. Use this time to prepare a flip chart page to record small group answers for each question.
- ♪ TRAINER NOTE: Trainer asks one group to report results for each question. Ask if any other groups had different responses. If all agree, point out the consistency. If there are disagreements, ask one side (the one matching the SDM-recommended response, if possible) to explain why they chose their responses. Ask the other side if they accept that. Work toward agreement, especially if it would result in a different response. If the disagreement would not result in a different response and agreement cannot be reached, point out that there can be some difference without affecting the result. If agreement cannot be reached and there is a different result, begin a list of issues to refer to “experts” (may need a moment to explain that each county will have experts who will be resource persons, will periodically provide FAQ sheets to clarify common concerns, and will consider modifications to tools or definitions if needed).

Training Tips and Learning Points

1. The FSNA is used as a prompt for conversation with caregivers and children/youth. The FSNA is not an interview guide, but the FSNA structure can facilitate this particular interview in a one-on-one or family team meeting.
2. For counties using family conferencing, the FSNA can be used to help organize a conference around case planning.
3. Suggest the use of a non-linear note-taking tool for FSNA conversation as well as monthly contacts during the case plan period.
4. Definitions in the FSNA are linked to their relationship to and impact on the identified safety threats.
5. It is important to identify priority needs and strengths for all children and youth in a case plan that focuses on addressing trauma, developmental, emotional, social, and health needs.

Time

One hour

Use

Trainer Visuals PowerPoint, slides 103–117

P&P manual: family strengths and needs assessment (FSNA) tool, pages 86–94; FSNA definitions, pages 95–122; FSNA policy and procedures, pages 123–126

Supplemental Handout: Family Strengths and Needs Assessment Interview Notes

Jefferson-Baxter case example, Segment 5 (pages 15–17 of the case example), and one blank FSNA tool.

Learning Objectives

Participants will:

- Be able to describe the following SDM assessment tools and identify the decision point that each tool informs, including:
 - » Family strengths and needs assessment (FSNA) tool: Supports identification of priority strengths and needs for behaviorally based case planning with families.
- Apply SDM definitions and associated policies and procedures when completing the following tools:
 - » Family strengths and needs assessment
- Recognize the importance of using SDM definitions and referencing policy and procedures when completing assessments.
- Identify households as well as the primary and secondary caregivers in each household, and know when to complete an SDM tool on a household.
- Have a preliminary ability to talk about safety, risk, and needs with the family.
- Understand that the SDM tools are a prompt for practice in partnership with children, youth, and families.
- Appreciate and understand the value of SDM tools in supporting transparent conversation with families about safety, risk, and needs.
- Recognize and understand the importance of narrative support in case documentation for SDM tool completion.

TOPIC 10: LINKING SAFETY, RISK, AND PRIORITY NEEDS AND STRENGTHS INFORMATION TO STRATEGIES FOR ONGOING CASEWORK

- **Linking information about safety, risk, and priority needs and strengths to strategies for ongoing casework with children and families**
- **Support networks**

Time

1:00–1:30 p.m.

Purpose

To help participants understand the importance of linking the results of the safety, risk, and FSNA tools with ongoing casework with caregivers and children/youth.

Activities

1. Instructor introduces this topic by reminding participants that the purpose of SDM assessments is to provide support and guidance for getting the right families the right kind of help for the shortest possible time, to support the key outcomes of safety, permanency, and well-being.
2. Instructor presents strategies for using assessment information about safety, risk, and priority needs to help create shared agreements and provide caregivers with information about how their progress will be measured over time.
3. Instructor presents strategies for using ongoing monthly contacts with caregivers and children/youth to assess and document case plan progress and supporting the family's development of a support network, as a key to increasing child safety.

Training Tips and Learning Points

1. Linking front-end SDM assessments with ongoing casework helps participants to think through how to engage caregivers in shared agreements about goals, evaluation of progress and decision making.
2. Point out that reassessment structures can be used to guide monthly conversations with caregivers regarding their plans and progress toward reunification and case closure.
3. Orienting families to the reunification assessment process can create clear understanding about how the reunification decision is made.

Time

30 minutes

Use

Trainer Visuals PowerPoint, slides 118–126

Supplemental handout: Monthly Case Plan Action Steps

Learning Objectives

Participants will:

- Appreciate the value of SDM tools in supporting transparent conversation with families about safety, risk, and needs.
- Recognize and understand the importance of narrative support in case documentation for SDM tool completion.
- Appreciate and understand how the use of research about future child and family outcomes supports decision making related to interventions with families.

TOPIC 11: THE SDM® REUNIFICATION REASSESSMENT

- **The SDM reunification reassessment**
- **FSNA use in case plan updates**

Time

1:30–2:30 p.m.

Purpose

To teach and practice the use of the reunification reassessment in helping support decisions about reunification and permanency.

Activities

1. Instructor provides an overview of the SDM reunification reassessment's purpose, structure, proper completion, and policy and procedures.
2. Instructor reviews the sections of the reunification reassessment and instructions for its proper completion, including policy overrides related to permanency timelines and decisions related to sibling groups.
3. Instructor shares 2010 research findings regarding how reunification reassessment components and re-entry rates are related.
4. Instructor facilitates a group activity and report out in which participants complete reunification reassessments on the case example. Prior to commencing activities, instructor facilitates discussion on case example households and the identification of a primary and secondary caregiver in each.
5. Instructor discusses how behaviorally based case plan objectives, as well as behavioral and progressive visitation plans, are essential to effectively assess reunification and provide the basis for evaluating progress in reducing risk and creating safety.
6. Instructor discusses the importance of documenting in the case record the factual basis for reunification reassessment scoring.
7. Instructor discusses the need to complete an FSNA for purposes of updating the case plan.

Group Activity

Divide training class into two equal groups. Assign one group to complete a reunification reassessment on mother's household and the other group to complete a reunification reassessment on father's household. In groups, participants read Segment 6 of the Jefferson/Baxter case example and complete a reunification reassessment based on available documentation.

- ♪ TRAINER NOTE: Trainer circulates. Make certain the participants have definitions out and are using them. Use this time to prepare a flip chart page to record small group answers for each question.
- ♪ TRAINER NOTE: Trainer asks one group to report results for each question. Ask if any other groups had different responses. If all agree, point out the consistency. If there are disagreements, ask one side (the one matching the SDM-recommended response, if possible) to explain why they chose their responses. Ask the other side if they accept that. Work toward agreement, especially if it would result in a different response. If the disagreement would not result in a different response and agreement cannot be reached, point out that there can be some difference without affecting the result. If agreement cannot be reached and there is a different result, begin a list of issues to refer to “experts” (may need a moment to explain that each county will have experts who will be resource persons, will periodically provide FAQ sheets to clarify common concerns, and will consider modifications to tools or definitions if needed).

Training Tips and Learning Points

1. Discuss how behaviorally based case plan objectives and behavioral and progressive visitation plans are essential to effective reunification and provide the basis for evaluation of a family’s progress in reducing risk and creating safety.
2. This is an ideal time for a family meeting. With the family (and possibly the support network) gathered, explain that everything is in place for the child to return home except for [list the applicable safety threats, expressed as danger statements if you are using SOP, or use behavioral descriptions in a family’s language that describe why the safety threat was marked]. Ask the family (and network) to help develop a plan.
3. As soon as you begin working with caregivers, let them know what is expected during visits. Let them know how important it is to visit, and that if they do not, it is unlikely that you will recommend return home. Look at the definition of acceptable visitation. Explain it for the caregivers to give them concrete ideas about how they can show you they are ready to have their children returned.
4. TWO CAREGIVERS, TWO PROGRESS PATTERNS. If there are two caregivers and each progresses differently on the case plan, rate the caregiver with the least progress. Some workers feel this penalizes the better parent. It may. But the reality is that if there are two caregivers, they are both in the environment to which the child would return, so the behavior of the least effective parent must be measured. If it emerges that one caregiver’s poor progress is the only thing standing between foster care and reunification, there is a clinical judgment to be made. The worker should evaluate the impact IN THIS FAMILY of the least effective parent. Was that person the alleged perpetrator? How much of a role will he/she play in parenting? What is the relationship of that caregiver with the child? How effective is the other caregiver—marginal or strong? It may be that the worker will OVERRIDE the risk level, using the reason that one caregiver’s progress has been going well and the other caregiver is a stepparent who is not very involved anyway. On the other hand, the worker may need to have a frank discussion with the family.

5. Workers can use the reunification reassessment to structure their court reports and prepare for testimony. Testimony should never be: "Because the SDM model said . . ." Rather, "Because of a review of current risk, visitation, or safety, specifically, . . ."

Time

1 hour

Use

Trainer Visuals PowerPoint, slides 127–137

P&P manual: reunification reassessment tool, pages 144–149; reunification reassessment definitions, pages 150–169; reunification reassessment policy and procedures, pages 170–172

Jefferson-Baxter case example, Segment 6 (pages 18–20 of the case example), and two blank reunification reassessment tools

Learning Objectives

Participants will:

- Be able to describe the following SDM assessment tools and identify the decision point that each tool informs, including:
 - » Reunification reassessment tool: Assesses changes in risk based on changes in behavior as well as visitation quantity and quality, household safety status, and permanency timelines to support a decision about reunification.
- Apply SDM definitions and associated policies and procedures when completing the following tools:
 - » Reunification reassessment
- Recognize the importance of using SDM definitions and referencing policy and procedures when completing assessments.
- Identify households as well as the primary and secondary caregivers in each household and know when to complete an SDM tool on a household.
- Have a preliminary ability to talk about safety, risk, and needs with the family.
- Understand that the SDM tools are a prompt for practice in partnership with children, youth, and families.
- Recognize and understand the importance of narrative support in case documentation for SDM tool completion.

- Appreciate and understand how the use of research on future child and family outcomes supports decision making related to interventions with families.

TOPIC 12: THE SDM® FAMILY RISK REASSESSMENT FOR IN-HOME CASES

- **The SDM family risk reassessment for in-home cases**
- **Safety assessment at case closure**

Time

2:45–3:45 p.m.

Purpose

To teach and practice the use of the risk reassessment for in-home cases in helping to support decisions about case closure.

Activities

1. Instructor provides an overview of the purpose, structure, appropriate completion, and policy and procedures of the SDM risk reassessment for in-home cases.
2. Instructor facilitates a group activity and report out in which participants complete a risk reassessment for in-home cases on the case example.
3. Instructor discusses the importance of documenting the factual basis for risk reassessment scoring in the case record.
4. Instructor reminds participants that prior to making a case closure decision, a case-closing safety assessment must also be documented.
5. Instructor closes this topic by discussing the importance of support network planning in advance of case closing.

Group Activity

In groups, participants review Segment 7 of the Jefferson-Baxter case example and complete a risk reassessment for the father's household based on available documentation.

- ♪ **TRAINER NOTE:** Trainer circulates. Make certain the participants have definitions out and are using them. Use this time to prepare a flip chart page to record small-group answers for each question.
- ♪ **TRAINER NOTE:** Trainer asks one group to report results for each question. Ask if any other groups had different responses. If all agree, point out the consistency. If there are disagreements, ask one side (the one matching the SDM-recommended response, if possible) to explain why they chose their responses. Ask the other side if they accept that. Work toward agreement, especially if it would result in a different response. If the disagreement would not result in a different response and agreement cannot be reached, point out that there can be some difference without affecting the result. If agreement cannot be reached and there is a

different result, begin a list of issues to refer to “experts” (may need a moment to explain that each county will have experts who will be resource persons, will periodically provide FAQ sheets to clarify common concerns, and will consider modifications to tools or definitions if needed).

Training Tips and Learning Points

1. Emphasize that the risk reassessment recalculates a family’s risk level based on changes in caregiver behaviors over time and a set of dynamic risk factors.
2. Items on the risk reassessment are research-based; the assessment takes into account caregiver progress in behavioral change and is relevant to making the case closure decision.
3. TWO CAREGIVERS, TWO PROGRESS PATTERNS. If there are two caregivers and each progresses differently on the case plan, score the caregiver with the least progress. Some workers feel this penalizes the better parent. It may. But the reality is that if there are two caregivers, they are both in the child’s environment, so the behavior of the least effective parent must be measured. If it emerges that one caregiver’s poor progress is the only thing that keeps risk higher, there is a clinical judgment to be made. The worker should evaluate the impact IN THIS FAMILY of the least effective parent. Was that person the alleged perpetrator? How much of a role will he/she play in parenting? What is the relationship of that caregiver with the child? How effective is the other caregiver—marginal or strong? It may be that the worker will OVERRIDE the risk level using the reason that one caregiver’s progress has been going well and the other caregiver is a stepparent who is not very involved anyway. On the other hand, the worker may need to have a frank discussion with the family.

Time

1 hour

Use

Trainer Visuals PowerPoint, slides 138–148

P&P manual: Family risk reassessment for in-home cases, pages 132–133; definitions, pages 134–140; policy and procedures, pages 141–143

Jefferson/Baxter case example, Segment 7 (page 21 of the case example), and one blank risk reassessment tool.

Learning Objectives

Participants will:

- Be able to describe the following SDM assessment tools and identify the decision point that each tool informs, including:
 - » Risk reassessment for in-home cases: Assesses how a family's risk level has changed over time to support decisions about whether or not to close a case.
- Apply SDM definitions and associated policies and procedures when completing the following tools:
 - » Risk reassessment for in-home cases
- Recognize the importance of using SDM definitions and referencing policy and procedures when completing assessments.
- Identify households as well as the primary and secondary caregivers in each household, and know when to complete an SDM tool on a household.
- Understand that the SDM tools are a prompt for practice in partnership with children, youth, and families.
- Recognize and understand the importance of narrative support in case documentation for SDM tool completion.
- Appreciate and understand how the use of research on future child and family outcomes supports decision making related to interventions with families.

TOPIC 13: COURSE SUMMARY AND CLOSURE

- **Course summary and closure**
- **Transfer of learning**
- **Evaluations**

Time

3:45–4:00 p.m.

Materials

Trainer Visuals PowerPoint, slides 149–151

Purpose

To provide participants with a chance to reflect on key learning points from the training and set goals for future coaching and practice.

Activities

1. Instructor reviews key points regarding the SDM system.
2. Instructor conducts a learning reflection group activity of his/her own choice.
3. Instructor conducts a Plus/Delta evaluation of the training day.

Training Tips and Learning Points

1. This time may be used as a buffer for training day as needed.

Time

15 minutes

MATERIALS CHECKLIST

TRAINEE HANDOUTS

(Each separated by divider)

- Structured Decision Making® System Policy and Procedures Manual, Version 3.0
- Jefferson/Baxter case example
- Blank SDM forms (for practice with case example): hotline tools, safety assessment, two family risk assessments, FSNA, reunification reassessment, and family risk reassessment for in-home cases
- Supplemental handouts: Family Strengths and Needs Assessment Interview Notes and Monthly Case Plan Action Steps
- Supplemental handout: Safety Plan 3.0 (this is a sample)
- Supplemental handout: Field Guide 3.0 cards (laminated)

TRAINER HANDOUTS

- Trainer's guide
- California Trainer Overview PowerPoint, Version 3.0 with speaker notes
- California Trainer Visuals PowerPoint, Version 3.0 with speaker notes
- SDM® System Policy and Procedures Manual, Version 3.0
- Jefferson/Baxter case example and answer key (included in trainer's guide)
- Find the Fuel materials (camera-ready materials included in trainer's guide)
 - » Instructions for "Find the Fuel" (one for each participant)
 - » Set of five laminated cards with different-colored tractors—a set for each table group
 - » Set of five laminated cards with gas cans with varying fuel levels—a set for each table group
 - » Sufficient copies of the one-page Find the Fuel team scorecard—one for each team
 - » Sufficient copies of the one-page Tractor Tales vignette—one for each participant (handed out separately)
 - » Sufficient copies of the one-page Fuel Level Assessment—one for each team, handed out separately

SUPPLIES FOR EACH TABLE

- Pens/pencils for trainees
- Name tents for the trainees
- Markers (for trainer and trainees)
- Masking tape (to affix flip chart paper)
- Highlighters
- Scratch paper, post-it notes for trainees

AUDIOVISUALS

- Flip charts
- Flip chart markers (for trainer and trainees to use)
- Screen
- LCD projector and cables
- Laptop computer and cables (for PowerPoint presentation)
- PowerPoint presentation for curriculum

JEFFERSON/BAXTER CASE EXAMPLE

Jefferson/Baxter Case Example

JEFFERSON/BAXTER CASE EXAMPLE

SEGMENT 1: REFERRAL

Child Victim: Joshua Baxter
Birth Mother: Tammy Jefferson
Birth Father: Tom Baxter
Siblings: None

What is the reporter worried about? University Hospital social worker called to report that Tom Baxter brought his 18-month-old son, Joshua Baxter, to the ER with a black right eye, as well as a bruise and small gash on his left cheek. According to the reporter, the father says he went to the mother's house to care for Joshua (who lives with his mother) for the weekend because the mother, Tammy Jefferson, was going to Las Vegas with her boyfriend. The mother's boyfriend's name is Juan Martinez and they have recently moved in together. The father expressed concern due to Juan being controlling. The father states Juan gets upset about Tammy being in contact with him, even though it is just to talk about Joshua. He has no further information about her whereabouts other than a cell phone number that she left with him. He noticed the bruises and cut immediately upon his arrival. When he asked the mother how the injuries happened, she stated, "He fell."

The father states he had not seen his son since last week and he said that Joshua didn't have any bruises or cuts when he saw him then. As soon as the mother left on her trip, the father reports, he came straight to the hospital. The father further states that the mother has a previous child, not his, who is in the custody of the child's father. He does not know the details of their parenting arrangement. He states that the mother is 36 years old. The father was unable to provide information about the mother's support network but shared that he has a sister on his side of the family. The father reported not having many friends due to some life choices he is not proud of.

The attending physician has examined Joshua's face and eye. The attending physician reported that the bruise on the left cheek is a blue and yellowish color. The bruising around the child's eye appears to be a black and bluish color. The eye alone might not have raised concerns, but the cheek was unlikely to have been bruised and cut in a fall and could not have been bruised during the same reported fall as the black eye. The explanation that he fell is inconsistent with the injuries and is more likely a result of abuse. Staff will continue to examine the child and do an X-ray, and the doctor will treat the facial gash using a butterfly bandage and prescribe antibiotics.

What does the reporter know about what is working well? The father took his son to the hospital as soon as he saw the injuries. The father has a sister who may be able to provide support. Hospital staff have observed that the child seeks father for comfort and the father appears caring and concerned about the child's injuries.

What does the reporter think needs to happen next? The hospital staff will continue to examine the child and will do an X-ray. Reporter believes a worker needs to be assigned to go to the hospital and investigate the referral.

Provisional Harm Statement: University Hospital social worker reports that Joshua, who is 18 months old, while in the care of his mother, Tammy Jefferson, suffered bruising around the eye and a bruise and cut on his cheek. It is unknown how the child received the injuries.

Agency History:

Tammy Jefferson:

- One investigation inconclusive in 1999 for physical abuse by the mother (bruises). Victim: John Jefferson
- One investigation substantiated in 2000 for physical abuse by the mother (bruises). Victim: John Jefferson

Referral resulted in petition being filed but petition was dismissed at the disposition hearing: Care and custody to the father with a juvenile court exit order.

Tammy Jefferson was child victim—physical abuse by father in 1985.

Tom Baxter:

- No agency history

Mother's criminal history includes a petty theft charge at the age of 24.

Father's criminal history includes a motor vehicle theft at age 18 and a breaking and entering charge at the age of 22, and two DUI charges at ages of 23 and 28.

STOP HERE: COMPLETE THE HOTLINE TOOLS.

SEGMENT 2: DAY OF REFERRAL, 2:45 p.m.

The child welfare worker arrives at the ER. Hospital social worker Melanie Wright reports that the child has been examined, and they are waiting for him in X-ray. The child's overall appearance is clean; he was wearing a clean shirt, pants, and diaper when he arrived at the hospital. Doctors indicate that Joshua is well nourished and within normal height and weight for his age. Nursing staff report he appears "bonded" to his father and relaxed in his care, and hospital staff have observed the father responding effectively to Joshua's curiosity and playfulness.

Hospital social workers have been unable to locate the mother using the cell phone number they were given by the father. They left a message for her to contact the hospital as soon as possible. They report that Dr. Davis has seen the child in the past.

Hospital staff reported to the worker that they had been looking for the father for the last 45 minutes to obtain medical consent for an X-ray, but had been unable to locate him. About 30 minutes after the worker arrived, the father showed up at his son's examining room and provided consent. When the worker began interviewing the father, he could smell alcohol on father's breath and noticed slurring of speech. When asked, the father admitted to feeling great stress over this incident because his father used to hit him when he was a child, and he can't stand to see the same thing happen to his own son. He wants his son to live with him, but he is currently living in a halfway house for recovering drug addicts and he can't take his son to live with him there. He is proud to say that he has been clean from crack cocaine since completing rehab three months ago. The alcohol was a slip, and he has had several slips since becoming clean. Joshua's mother and the staff at the halfway house know of only one other slip with alcohol, and he is afraid that they may evict him from the program if they learn of this one. When asked what his plan was for caring for his son, he shrugged.

The father states that he and the mother used to "party" together. The father states the mother stopped using cocaine and drinking alcohol a few months before she got pregnant with Joshua. The father admits that he continued to use drugs after the mother stopped. The mother kept him from seeing Joshua while he was using drugs, and he just resumed his relationship with Joshua two months ago following rehab. Tom stated that he and Tammy have an informal agreement (no court order) that he can visit with Joshua weekly as long as he is not using drugs or alcohol. The worker inquired whether the father has any extended family support or any friends that are a support for him. The father stated that he has a sister, Sheila Baxter, but he has not had much contact with her in the last year, though he still thinks of her as a support. He stated that due to his struggles with addiction, he does not have many supportive friends. Tom agreed to allow the child welfare worker to contact his sister to learn what she knows about Tom's care of Joshua in the past and to talk about ways she might be able to help in this situation.

Hospital staff also filed a police report, and police have now arrived at the hospital. The attending physician met with the father, the worker, and law enforcement to report that the X-ray results showed there to be no serious injury to Joshua's eye or cheek. Police photographed the injuries. There was also no sign or evidence at birth of drug use by the mother. It appears to have been a perfectly normal birth. The staff attempted to contact Dr. Davis, but the on-call physician reports that Dr. Davis will not be available until Monday. The on-call physician did not have any knowledge of this family or child. The child's current injuries do not require hospitalization. There are no apparent signs of concussion, but the doctor will include instructions in discharge papers on what to watch for. The doctor also recommends infant Tylenol for pain and discomfort over the next 48 hours, as needed, and to follow up in one week with the child's regular pediatrician.

Law enforcement requested an interview with the father, to which he agreed. Following the interview, based on observation of the father with the child, the timeline of the injuries, discussions with the worker as to the mother's history, and medical facts, the detective stated she does not believe the father caused the injuries.

With Tom present, the child welfare worker called Sheila Baxter to further assess Tom's ability to provide safe care for Joshua. Sheila stated that she loves her brother and nephew, but she drew a line with Tom after he took advantage of her a number of times. When asked to describe her knowledge of Tom's care of Joshua in the past, Sheila stated that Tom wants to be a good father, but his substance abuse problems have prevented him from making good choices about Joshua's care. He largely has left Joshua's care to Tammy.

On one occasion about a year ago, Tom arranged to leave Joshua in Sheila's care for a couple of hours during his scheduled weekend visit. Tom failed to return at the scheduled time. When he did return, nearly eight hours late, he clearly was "on something," so Sheila kept Joshua overnight until Tom was no longer under the influence.

On another occasion just a few weeks later, Tom showed up with Joshua on Sheila's doorstep, asking for a place to spend the night and money to buy food and diapers for Joshua. She helped out then, but gave Tom a "good talking to" about Joshua's care and has not seen them since. She has worried whether Tom was leaving Joshua with others who might not be safe with him and how he was providing for Joshua's basic needs for food, diapers, and shelter without a consistent source of income.

Sheila told the child welfare worker that she was willing to be a safety resource for Joshua as long as Tom was really willing to work on his recovery.

While the child welfare worker stayed with Tom and Joshua at the emergency room, the detective went to the mother's address, which is approximately eight blocks from the hospital, in an attempt to locate her. There was no response at the door, but the mother's name is on the mailbox, and a DMV check found no other address listed for her. The detective had the calls for service to the mother's address pulled from police records. The list references several calls for service due to verbal altercations between the mother and her boyfriend in the last six months. No arrests ever resulted from any of the calls.

The detective met with the mother's apartment manager. The apartment manager inquired as to why the detective was there. When told, the manager stated that he had seen the mother and child alone yesterday, and Joshua had the black eye and bruised cheek at that time. He asked the mother how Joshua got the black eye, and she stated that he had hit himself in the eye with a toy truck. The manager stated that he often hears the mother and her boyfriend yelling at Joshua and each other. Although the manager stated he has not seen any injuries to the child after hearing them fight, he did mention having to repair a hole in the wall and a door that was knocked off the hinge during the past few months.

The manager said the mother has a friend who lives in the building, on the second floor. He took the detective to the friend's apartment. Kim Bush was home and invited the detective in. She said that the mother was away for the weekend with her boyfriend. She was in the apartment with the mother, the mother's boyfriend, and Joshua before his father arrived, and she saw the black eye and bruise. She has only the same cell phone number for the mother that the father gave to the detective earlier, and no further information.

When the detective returned to the hospital, she met with the child welfare worker and the attending physician. The physician determined that the injuries are not consistent with the mother's explanation, but they are consistent with abuse. The detective said a criminal report will be made, but she is not confident that it will result in criminal charges being brought because it is not clear whether the cause of the injuries is the mother or her boyfriend.

STOP HERE: FIRST IDENTIFY THE HOUSEHOLDS TO BE ASSESSED AND THE PRIMARY AND SECONDARY CAREGIVERS IN EACH HOUSEHOLD. THEN, FOR EACH HOUSEHOLD, COMPLETE ONLY THE CHILD VULNERABILITIES, SAFETY THREATS, AND CAREGIVER COMPLICATING BEHAVIORS SECTIONS OF THE SAFETY ASSESSMENT.

SEGMENT 3: CREATING A SAFETY PLAN

The worker met with Tom Baxter to come up with a plan for Joshua's immediate safety and supervision.

The worker explained to Tom that children with Native American heritage are eligible for special protections when child welfare services is involved. The worker asked the father if he or the mother has any Native American heritage; Tom stated that his mother's side of the family has Cherokee heritage, but he doesn't know about Tammy. The worker asked the father whether he wanted to be identified by a particular ethnicity, and Tom said he thinks of himself and his son as Native American and Black. The father stated that he is listed on his son's birth certificate and that he will do anything he can to get full custody of his son, even if it means staying both clean and sober. The father does not want his son to return to the home of the mother. The father reports Joshua cries whenever he sees Juan and whenever the father returns Joshua to the home of the mother. The father expressed worry about his son being placed in a foster home. The father reported that he can move into an apartment by Monday and that he thinks his sister, Sheila, who has a toddler son named Bobby, would be willing to allow him and Joshua to stay with her until he gets an apartment. The worker informed the father that in order to make a plan for Joshua's safety, the worker would need Sheila to come to the hospital to be a part of the conversation. The father called his sister and she agreed to meet with the worker and the father at the hospital.

The worker met with the father and his sister Sheila to discuss creating a short-term plan for Joshua's safety. Sheila provided the worker with her Social Security number, driver's license information, and date of birth, in order for the worker to complete a background check on her. Tom explained to his sister the events that have brought him to contacting her. The father informed his sister that there is a worry about his sobriety and his ability to maintain the safety of his son. Tom admitted to his sister that he had a relapse due to the helplessness he felt when he realized his son had been injured; the incident made him think about their abusive father. He would like for his sister to be part of his support system and be a safe person for his son.

The worker informed Tom and Sheila that immediate action was needed due to the injuries Joshua suffered. In order to keep Joshua safe, they could use one of two options: either place Joshua in protective custody, or create a shared plan between the worker, Tom, and Sheila that will ensure Joshua's immediate safety. Sheila agreed that she, too, would be worried if Tom were allowed to care for Joshua on his own without some support. If the decision is to protectively place Joshua, Sheila expressed that she would like to be considered for Joshua's placement. She admitted she had not seen him in a long time due to some problems in her relationship with her brother Tom, but she feels confident, because she is caring for her own son, Bobby, that she can meet his needs. The father asked the worker and his sister if he could be permitted to spend the weekend at Sheila's home with Joshua. He would like to help his sister with providing care for Joshua. The worker, Tom, and Sheila agreed that Tom and Joshua would spend the weekend in Sheila's home. The father agreed to remain sober for the duration of this safety plan. Sheila agreed to call child welfare services if the father does not follow the safety plan. The team will come together on Monday and discuss a more long-term plan.

While hospital staff was feeding Joshua prior to preparing his discharge, the worker attempted once again to locate the mother. He called her cell phone number to no avail. The worker also drove to the home of the mother and left a note under the door for her to call the agency as soon as she returns.

STOP HERE: FOR EACH HOUSEHOLD, COMPLETE THE HOUSEHOLD STRENGTHS AND PROTECTIVE ACTIONS, IN-HOME PROTECTIVE INTERVENTIONS, AND PLACEMENT INTERVENTION SECTIONS OF THE SAFETY ASSESSMENT. IDENTIFY A SAFETY DECISION FOR EACH HOUSEHOLD.

SAFETY PLAN

Family Name: Tom Baxter **Referral/case #:** _____

Date: 7/11/15 This plan will be reviewed on 7/13/15 or no more than 30 days from the safety plan's date.

Today, at least one child in the Jefferson and Baxter families is in some danger, and immediate actions must be taken so everyone feels sure that the child will be safe. The family, its support network, and the agency have worked together to identify ways to ensure the safety of the children while everyone works together to resolve the identified worries. Everyone in the family, its support network, and the county child protective service workers believe that if we work together, we can help all children in the family stay at home safely while these worries are resolved. This plan describes our shared understanding of why people are worried and what we agree to do to make sure the children remain safe until the plan is reviewed.

WHAT IS THE DANGER? (SDM® SAFETY THREAT)

Safety Threat #	Describe the specific situation or actions that cause the child to be unsafe (danger statement)	Name(s) of Child(ren) in Danger
1 and 7	<p>Harm Statement (Tammy Jefferson's household)</p> <p>University Hospital social worker reports that Joshua, who is 18 months old, was injured (black eye and bruise/cut to cheek) while in the care of his mother Tammy Jefferson and her boyfriend Juan Martinez. The hospital has determined the injuries are not consistent with an accidental injury and are consistent with abuse. The explanations that Tammy gave to Tom and a neighbor about how Joshua got hurt were different, and the doctor stated the injuries could not have occurred at the same time or in the way she reported to others .</p>	Joshua Baxter
1, 7, and 9	<p>Danger Statement (Tammy Jefferson's household)</p> <p>Child Welfare Services (CWS) is worried that Joshua could be physically harmed (black eyes, bruising, or more serious head injuries) when he is in Tammy's care and is without the help, support, and supervision he needs, especially because no one knows how Joshua got hurt and there have been concerns about Tammy physically injuring Joshua's half-brother in the past.</p>	Joshua Baxter
3	<p>Danger Statement (Tom Baxter's household)</p> <p>CWS, Sheila, and Tom are worried that:</p> <ul style="list-style-type: none"> • When Tom drinks alcohol or uses drugs and becomes distracted and unavailable, Joshua could be physically harmed (be unsupervised and/or get out of the house, be taken advantage of and get hurt) or emotionally harmed (become scared and confused). 	Joshua Baxter

WHAT IS THE PLAN TO KEEP THE CHILD SAFE?

Safety Threat #	What are the actions that will be taken to address the danger?	Who will take these steps?	What will be done if these actions are not working?
1, 7, and 9	<ol style="list-style-type: none"> 1. Sheila and Tom agree to immediately contact the worker (or an on-call worker) for help if Tammy comes to the home. Because Tammy has shared legal custody and physical placement of Joshua, Sheila and Tom may need to call police or CWS to help if she comes to try to pick Joshua up. 2. Sheila and Tom will both contact the worker if the mother shows up at Sheila's home. 3. Sheila and Tom agree to ask the mother to contact the worker if she gets in touch with either of them. 	Tom and Sheila	Either Sheila or Tom will call for help from the after-hours CWS worker or police.
3	<ol style="list-style-type: none"> 1. Tom will remain sober (no alcohol or drug use) for the next two days while he is responsible for Joshua's care. 2. Tom will make sure Sheila is available to provide substitute care for Joshua if Tom needs to be away from him. 3. Sheila will supervise all interactions between Tom and Joshua until they all meet with the CWS worker on Monday, July 13. 	Tom and Sheila	Either Tom or Sheila will call the after-hours CWS worker or police if there are any concerns about the plan not working. Sheila will call for help if Tom tries to leave with Joshua, or if she observes him being unsafe with Joshua.

While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We understand that if the plan does not keep all children safe, we will need to work together again to create a new plan, or the children may have to stay with someone other than their parents/legal guardians.

Parents/Legal Guardians <hr/> <hr/>	Worker/Supervisor <hr/> <hr/>
Children <hr/> <hr/> <hr/>	Other Participants <hr/> <hr/> <hr/>

WHO TO CALL IF THE PLAN IS NOT WORKING:

Assigned Child Welfare Worker Name: _____ Darran Huntsman _____	Telephone Number <u>555-555-5555</u>
Child Welfare Supervisor Name: _____ Kathy Danver _____	Telephone Number <u>555-555-5556</u>
After-Hours Child Welfare Services Worker <i>(Before and after business hours; weekends and holidays)</i> Instructions: _____ Call sheriff's dispatch and ask for the on-call CWS worker. _____	Telephone Number <u>555-555-5557</u>

SEGMENT 4: CONTINUED ASSESSMENT/INVESTIGATION

The worker received a report from the overnight on-call child welfare worker that Sheila Baxter called to inform the worker that Tom left the house on Saturday to get some milk for Joshua and never returned. She has tried to call him but has not had any success. Joshua is still in her care.

The worker met with Sheila at her home. Sheila stated that Tom still has not returned and has not responded to her calls. Sheila is worried Tom may have relapsed. The worker thanked Sheila for following the safety plan and explained that because the plan is not being successful, the worker will need to place Joshua into protective custody. Efforts to reach Tom by telephone were unsuccessful. Sheila expressed worry about Joshua being placed in “foster care.” The worker explained that Joshua could be placed in Sheila’s home as an emergency relative approved placement while the investigation continues into the mother’s whereabouts and the status of the father. The worker asked Sheila to have Tom call the worker if he tries to return to her home or contacts her. Sheila agreed not to allow Tom to have contact with Joshua until approved by the worker.

The worker made a note to update the safety assessment for the father’s household to a safety decision of “unsafe.” The worker coordinated with police to place Joshua into protective custody, and completed emergency relative approval processes and paperwork with Sheila. The worker added an allegation of general neglect in Joshua’s household, based upon the incident.

The worker again attempted to reach the father by telephone but he did not answer. The worker left a message for the father to contact the worker when he receives the message.

The worker reviewed the mother’s previous agency history. The mother was physically abused as a child and spent nine months in foster care. The worker then reviewed the police calls for service to the mother’s home. There were four calls for service to her home during the past six months. All the calls were for verbal disputes between the mother and her boyfriend, Juan Martinez. There was never any evidence of any physical harm to either adult or the child when the police arrived at the home. None of the calls for service resulted in any arrests or charges. Tammy has previous history with CWS as an adult. She had one inconclusive finding and one substantiated finding for similar abuse on her older son. During the investigation of her past substantiated referral, Tammy was reported to have said that she never wanted a son. She was hoping for a girl. When the agency placed her older son with his father, mom said, “That’s okay—I will have my girl one day.”

The mother did not contest her previous case due to having problems caring for her son, and she would drink alcohol to cope. She has no known history of mental health issues. The worker reviewed the mother’s criminal history, which consists of a petty theft charge. The mother has a history of drug usage, but has reportedly been sober for two years.

One Day After Referral

The worker attempted again to reach the mother using the same phone number, but the call continued to go straight to voicemail. The worker left an additional note in the mother’s mailbox.

The father called the worker to apologize for not being able to follow the safety plan. The father reported that he was feeling overwhelmed and stressed about what had happened to his son. He felt that he should have protected his son, and this caused him to feel like a “bad father.” When he went to buy the milk, Tom found himself in the alcohol aisle, and before he knew it he began drinking and was

not able to recall the events of most of the weekend. The father stated he was calling from a friend's house, where he is now staying. The father provided the worker with the address and contact information. The father stated that he now knows he needs help with his substance abuse and is willing to do whatever he needs to do to be a "good" father for Joshua. The worker thanked the father for updating the worker. The worker informed the father that Joshua will remain in the home of Sheila Baxter and that he will be provided with supervised visits. Another family team meeting with Tom and his support network determined that Joshua cannot safely live with either of his parents at this time and he should remain in the relative placement with Sheila Baxter.

Two Days After Referral

The worker received a call from Tammy. The mother sounded upset on the phone and expressed that she was confused about what is going on with her son. She stated that she is currently in Las Vegas, Nevada, with her boyfriend; her phone battery had died and she had forgotten her power cord. She was able to purchase a cord and just finished charging her phone. She stated that she contacted the worker once she heard the message. The worker informed the mother that the father had taken Joshua to the hospital due to her son having a visible black eye and a bruised cheek. The mother expressed her frustration with Tom and stated that she had told the father that Joshua had fallen down. The worker informed the mother that the worker would need to meet with the mother and her boyfriend, Juan Martinez. Tammy seemed apprehensive about including her boyfriend in the investigation, but stated that she and her boyfriend were on their way back from Las Vegas and that they would agree to meet with the worker tomorrow at the detention hearing. The worker asked the mother if she has any Native American heritage; Tammy denied having any Native American heritage and stated that she identifies as Caucasian.

Three Days After Referral: Detention Hearing

Custody was granted to the agency and Joshua was placed with Sheila Baxter, the paternal aunt. The father, the mother, Juan Martinez, and Sheila Baxter were all present in court. Tom was adjudicated as the presumed father. The court found that ICWA may apply due to the father being Cherokee, and directed the agency to notify tribal organizations. An ICWA representative was also present.

Assessment with the father prior to the court hearing

The worker asked about the father's history. He and his sister were very close, growing up as allies in a frequently chaotic household. He feels terrible about stealing his sister's rent money when she had been so good to him, letting him live with her, feeding him, etc. He had a crack cocaine habit, but he states he has not used since completing rehab three months ago. He did admit to having a few beers when he gets anxious. He was previously employed as a roofer before he got into drugs and fell off a roof. He hopes to get full-time employment in that area again soon when he is physically able. The father admitted his multiple slips with alcohol to the halfway house. By policy, he has been kicked out. He plans to stay with friends or find a rooming house for now. He can re-apply to the halfway house after 30 days if he remains clean.

The worker has contacted the halfway house, and staff there confirmed that Tom has entered their program on a probationary status, due to his recent relapse with alcohol. He will be allowed to resume his residency program after a 30-day waiting period. The staff member who spoke to the worker stated that the father is getting along well with the other members of the group, and that he will be starting counseling with the staff psychologist for his depression, which he has suffered from since adolescence. The staff member stated that they are working with the father on building up his supports to help him to be successful and sober when he leaves the facility.

The father plans to attend 90 AA meetings in the next 90 days. The worker asked how important AA is to the father, and he indicated that he believes it is a very important element for maintaining his sobriety. When asked how close he is to people at AA, he said he has some good friends there. He has a sponsor, but hasn't had that much contact with him. He hasn't started to work his steps. He is hopeful that AA will become an important part of his life.

He describes Joshua's mother, Tammy, as having a lot of brothers and sisters, but they all ran away as soon as they could to get away from their physically abusive father. He was a barber who used his barber strap on them at least a couple of times every week. They all ran in different directions, and she does not know where any of them are. Tom reports that he and the mother used to use crack cocaine together, but as far as he knows the mother has been sober for more than two years.

The father states that he has seen the mother, and she blames him for overreacting to the bruises and reporting her to the agency. She expressed concern about what the father might have said about her boyfriend to the worker, and blames the father for the worker even knowing she even has a boyfriend. Tammy told the father she is worried about going through this again with Joshua. She says all the agency will do is try to keep her from seeing her son. She also told the father that if he ends up taking care of Joshua for more than a few hours or a day that he better learn to not be so lenient when disciplining him.

Assessment with the mother following the detention hearing: The mother agreed to meet with the worker at her home after court.

The worker went to the mother's house after the court hearing for their scheduled meeting. Both the mother and her boyfriend, Juan, were at the home. The apartment is clean and neat and contains all the appropriate supplies to care for an infant. The worker informed the couple that he needed to speak with each of them separately. Juan went into the bedroom while the worker met with the mother. The mother appeared nervous as she fidgeted in her seat and played with her fingers. Tammy stated that she does not trust anyone from the agency and will not reveal personal information to anyone from the agency ever again. The last time she dealt with the agency, she thought what she told the worker was confidential, but then they talked about it in court. The worker apologized for any misunderstanding that may have taken place in the mother's previous case and informed the mother that anything that may be reflected in a court document will be shared with the mother. The worker tried to help the mother understand that providing safety for her child will take a partnership between the worker, the mother, her boyfriend, and the father.

The mother admitted to having a history with drugs, but denies any current usage, stating: "I have not used any drugs since before I had Joshua." The mother states the reason her relationship with the father ended is that he would not stop using drugs. The mother has stable employment. She has been employed with the same company as a receptionist for the past three years. The mother continued to express her fears about Joshua being involved with the agency. She stated that when her older son was removed from her care, his father was able to get custody of him before she was able to complete her case plan. The mother stated that she is worried this will happen again.

The worker asked Tammy about Joshua's injuries. The mother stated that he fell down and stated that Joshua tends to fall a lot. She stated that she loves her son and would never do anything to hurt him. She stated that he does need to be disciplined because he can be "out of control" at times. She stated that Joshua has major tantrums, and she worries that he might hurt himself if she does not intervene. Tammy stated that at times she has to restrain Joshua to keep him safe. When the worker tried to ask

Tammy for more information about her “intervening” and “restraining” during a tantrum, the mother did not want to talk about it and again stated that she would never hurt her son.

The worker asked the mother about the police calls for service to her home. The mother again appeared nervous and started to fidget. The mother said that her neighbors are nosy and try to cause problems in her relationship by calling the police for everything. She went on to say that she is passionate and there are times when she talks loud, and her boyfriend is equally passionate and he can be loud as well. Tammy said they have a wonderful and loving relationship and they hardly ever disagree. She stated that if there was anything wrong, the police would have done something.

The worker met with Juan Martinez, the mother’s boyfriend. The worker discussed Joshua’s injuries with Juan and asked if he knew how the injuries had occurred. Juan stated: “How would I know, the kid is clumsy. Kids fall all the time, what is the big deal? He is a boy and in order for him to become a man he should be able to shake off an injury.” Juan denied ever disciplining the child and stated: “That’s his mother’s job.” Juan admitted to watching Joshua once in a while for Tammy when she goes to work, but continued to deny disciplining the child. Juan reported that he met the mother nine months ago at a gas station, and they dated for a few months and moved in together two months ago. Juan states that he loves Tammy and will do anything for her. Juan states he has never seen the mother harm Joshua. The worker asked Juan about the calls for service to the home. Juan stated that he feels the neighbors call the police because he is Mexican. Juan stated that he and Tammy have a great relationship and they never argue. Juan did admit to drinking beer. He stated he usually has two to three beers after work to relax. Juan is currently working at the gas station where he and Tammy first met. Juan denies having a history of abusing any substances, and he does not have any biological children of his own. The worker looked into Juan’s criminal history and discovered that Juan had been arrested eight years ago for domestic violence, but he was not charged. Juan also has a CWS history—he spent a few years in foster care due to substantiated physical abuse by his father. When the worker tried to explore Juan’s history with him, he refused to talk about it.

The worker asked Tammy if she had any family or friends whom she felt would be a good support system and whom she would like to invite to any family meeting held by the agency. The mother stated that she did not at this time and stated that she is okay with Joshua being with Tom’s sister. She does not want Joshua in foster care, and she wants access to him at Sheila’s home at any time. The worker explained the need for her to have only supervised visits with Joshua, due to the substantiated finding of her abuse of him. Tammy and Juan neither denied nor admitted harming Joshua. Tammy agreed to the plan of having Sheila supervise her visits with Joshua and to occasionally having the worker be present. She agreed to meet with Tom and the worker to review both of their case plans for reunification and to establish a clear visitation agreement for her to see Joshua.

STOP HERE: COMPLETE TWO RISK ASSESSMENTS.

SEGMENT 5: FAMILY TEAM MEETING, TWO WEEKS AFTER REFERRAL

Present were the mother, Tammy Jefferson; the mother's friend, Kim Bush; the mother's boyfriend, Juan Martinez; the father, Tom Baxter; the father's sponsor, Bill Smith; and the paternal aunt, Sheila Baxter. The worker explained the purpose of the family team meeting by sharing the danger statements for each household with the group.

CWS is worried that:

- Because Joshua got hurt (black eyes, gash, and bruising) when he was in Tammy's and Juan's care and no one is sure how it happened, that he might get hurt again (black eyes, bruising, or more serious head injuries).

CWS, Sheila, and Tom are worried that:

- When Tom drinks alcohol or uses drugs and becomes distracted and unavailable, Joshua could be physically harmed (be unsupervised and/or get out of the house, be taken advantage of and get hurt) or emotionally harmed (become scared and confused).

The worker explained his concerns to the group: that the agency is worried that if Joshua does not have an identified support network to ensure he is provided with age appropriate supervision and a safe environment and that his needs are met, he could be left without supervision or physically harmed in the future.

The worker explored the culture of the parents by having Tammy and Tom share how they identify themselves. Tammy stated that she identifies as a Caucasian, heterosexual female and stated she feels that her cultural identity and support network is a resource. Tom stated he identifies as both a Black and Native American heterosexual male. Tom stated that while he has never had much contact with his tribal community, he has always felt connected to some of the stories his family told about their Native American spiritual traditions.

The worker had the mother and father share their relationship story with the group. Tom and Tammy stated that their relationship lasted about a year. They met when Tom's company was replacing the roof on her apartment building. They moved in together after only a few weeks of dating. Tammy states their relationship fell apart because she decided to stop using drugs as Tom's drug usage continued to escalate. He would disappear for days at a time, until one day she packed all his belongings and changed the locks. Both report that there was never any violence in their relationship. Both agree that Tom tried to support Tammy during the pregnancy. Tammy admittedly did not allow Tom access to Joshua for seven to eight months prior to his completion of rehab. They both agree that she was just trying to keep their son safe.

Tammy reports that she is healthy and that she has started to use exercise to relieve stress. Tammy stated that she loves Joshua and would never do anything to hurt him. Tammy was tearful throughout the meeting. Tammy expressed frustration with the danger statement and feels that she and Juan are being blamed for everything unfairly. The worker took this opportunity to state that the purpose of the family team meeting is not to blame or shame anyone, but to create a plan for Joshua's long-term safety. Tammy thanked Sheila for allowing Joshua to be placed in her home and not allowing him to

be placed with strangers. Tammy admitted that her relationship with Juan is not perfect, but that no relationship is perfect. Tammy then stated that for the most part, she and Juan get along well.

Juan did not say much during the meeting. He did not admit to or deny harming Joshua, but he stated it is not his job to “discipline” Joshua because he is not his son. Juan states that he will support Tammy the best he can but he will not do any services. Juan shared that in his culture, people do not go outside family for help, with the exception of church. He does not believe in sharing problems with “outsiders.”

The worker asked the group to create a case plan to help the parents make the changes needed to provide long-term safety for their child. Creating the case plan is a joint effort between the worker and the parents. The case plan utilizes services to support the desired change in behaviors to ensure safety of the child. The worker expressed a worry about the father’s substance abuse issues possibly preventing him from providing long-term safety for his son.

Tom agreed that he needs help to be successful with his efforts to remain in recovery; he wants Sheila, the other members of his support network, and the worker to help him be accountable for participating in his substance abuse treatment and random drug screens. He admitted to being quite uncertain about how to care for Joshua full time and is open to any type of parenting skills training. Sheila agreed, stating that Tom really has no idea how to care for a small child. For example, he has asked her why Joshua is not potty-trained yet. Tom stated that he has several friends who have been clean and sober for several years who are willing to help him by coaching him. Tom also suggested that he would like the assistance of the job placement center so that when he is medically cleared to return to work, he can work full time and have the resources to get a place for himself and his son. Tom says he was a licensed master roofer. He does temporary day labor work to cover his expenses while he is at the halfway house, but that won’t be enough to support his son.

Tom agreed to keep the worker informed of his living arrangements at all times and to have regular contact with the worker. He hopes to be back in the halfway house within 30 days. Tom will find out how to renew his roofing license to get full-time work to support his son.

Since he fell from the roof, Tom has been under the care of an orthopedist for treatment of broken ribs and a punctured lung. He has not been medically cleared to return to work, which is why he is working as a day laborer. The doctor supplied a free sample of the antibiotic Tom is using for a recurring infection in his lung, which had been aggravated by his cocaine use. He is pretty down about not being able to work. Tom is hoping that three months of being drug-free will help the infection clear so he can return to work.

The worker then discussed the agency’s current worries with Tammy, in an effort to continue trying to partner with the mother in the reunification and case planning process. The worker shared a worry about age-appropriate discipline. The worker talked with Tammy about how much she loves her child, so much that she kept her child safe from Tom when he was using drugs. Tammy shared that no one understands how Joshua can behave at times and how out of control his tantrums can be. She admitted to struggling with calming him down at times, especially after a long day of work. The worker then stated the agency would like to support Tammy with being able to safely discipline her son by having her take parenting classes. Tammy agreed that she could benefit from parenting classes. Tammy also stated that she at times struggles with her feelings about the abuse she was subjected to as a child and the sadness she feels when she thinks about her older son. The worker

explored Tammy's willingness to participate in therapy to help her process her past traumas; the mother agreed to attend therapy and stated that it might actually help her.

Sheila described Joshua as being developmentally on target. He is adjusting to his new environment nicely. Joshua is starting to form more words and enjoys having books read to him. He especially enjoys being with his cousin Bobby, and he likes having the dog sleep with him. Joshua seems very anxious whenever voices are raised. He flinches and draws back if he is approached quickly. There have been several incidents in which he has hit Bobby or the dog. Joshua has seen Bobby's pediatrician for follow-up, and the pediatrician said his eye is healing well and the X-rays did not show any signs of internal damage to his eye or face.

Sheila described her brother as having been an incredible source of support to her when she went through her divorce, and that he is seen by everyone as willing to do for others. Sheila agreed to be part of Joshua's long-term support system. Sheila shared that there are other family members who would also be able to join the support system, and she agreed to provide the worker with their names and contact information.

The mother tearfully expressed that she really misses her son and would like to be able to see him. After discussion, it was agreed that the mother could see Joshua three times a week for a one-hour supervised visit, with the aunt doing the supervision. The mother must call 24 hours in advance to confirm that she will attend. The father will be allowed thrice-weekly visits as well and must also call to confirm his attendance. The worker will meet with each parent to help them plan activities for visits that support their behavioral goals.

The worker spoke with the halfway house staff member, who reports that Tom has good relationships with the other residents and helps others whenever they need it. He has a strong support group, including his sponsor and friends in recovery. Tom has a diagnosis of depression from when he was 17 years old. He has recently been diagnosed with chemical dependency and is doing well in treatment, with his last relapse having been on the day Joshua went to the hospital. The staff feel that the father is serious about recovery, but that he still needs the external support of the halfway house. He has started Antabuse to add a layer of protection against another relapse, and he needs to learn ways to manage stress better. The father is described as having pretty low self-esteem and being mildly depressed. They believe he is having trouble coping with being off work. Part of his program at the halfway house will include weekly sessions with a staff counselor to address depression and self-esteem issues.

STOP HERE: COMPLETE THE FAMILY STRENGTHS AND NEEDS ASSESSMENT.

SEGMENT 6: CASE PLANS

Baxter Case Plan

Goal Statement:

Joshua will always be taken care of by a safe, sober, and responsible adult who cares for and supervises him at all times and always meets his basic needs.

Need Area	Objectives	Services	Agency
Substance Abuse	Tom will be able to show everyone that he can stay clean and sober and use his recovery skills to manage daily stresses so that he is physically and emotionally available and able to parent Joshua. He will show everyone that he can and will use a plan for safe care of Joshua if he ever experiences a relapse.	Residency in halfway house. Counseling as provided by the halfway house, including individual and group therapy as well as educational classes. Random drug and alcohol screens. Tom will explore options with the local ICWA health center for services to support his recovery.	Monitor, support, and fund (if necessary) Tom's continued participation in counseling and participation in 12-step programs. Monitor and support parent through face-to-face contacts per policy and through collateral contacts and support network development.
Parenting Skills	Tom will be able to show everyone that he can engage and set limits with Joshua so that he is always physically and emotionally safe. Tom will be able to show everyone he can take the lead parenting role so that Joshua feels calm and sure that Tom is taking care of him.	Parenting skills/child development classes at the rehab center or other approved service provider. Education, modeling of parenting skills, and measurement by parent's sister, Sheila. Regular progressive visitation that allows Tom to demonstrate his parenting skills and ability to provide for Joshua's needs. Tom will explore options with the local ICWA health center for services to support development of his parenting skills.	Monitor, support, and fund (if necessary) parenting skills/child development service provision and development of a support network. Follow up with service provider and relative caregiver in support of their efforts. Support Tom in planning and participating in visitation with Joshua to develop and demonstrate his parenting skills.
Resource Management/ Basic Needs	Tom will be able to show everyone that he can provide a safe and stable home and enough self-sufficient legal income to take care of Joshua. Tom will always make sure that everyone living in the home is safe to be around Joshua.	Monitor, support, and fund (if necessary) medical care and job development services. Refer Tom to reunification housing services. Monitor and support parent through face-to-face contacts per policy and through collateral contacts.	Monitor and support parent's progress through attendance at visits and other face-to-face contacts; encourage development of a support network. Follow up with service provider and relative caregiver in support of their efforts.

Jefferson Case Plan

Goal Statement:

Joshua will be cared for by at least one safe and responsible adult who knows how to safely care for his physical and behavioral needs, and who is knowledgeable about and skilled in meeting his developmental need for a secure attachment with his caregiver.

Need Area	Objectives	Services	Agency
Physical Abuse/Trauma History	<p>Tammy will be able to show everyone that she can recognize and safely manage her reactions to Joshua's behaviors that result from her own childhood experiences.</p> <p>Tammy will show everyone that when she becomes overwhelmed by memories and feelings from her own experiences, she can get help from another safe adult to care for Joshua until she feels calm and in control.</p>	<p>Counseling as provided by a licensed provider, including individual and group therapy as well as educational classes.</p> <p>Supervised visitation activities, which can progress to unsupervised visitation that will allow Tammy to demonstrate her ability to safely manage Joshua's behaviors.</p>	<p>Monitor, support, and fund (if necessary) continued participation in counseling; encourage development of a support network.</p> <p>Monitor and support parent through face-to-face contacts per policy and through collateral contacts.</p>
Parenting Skills	<p>Tammy will be able to show everyone that she can engage and set limits with Joshua so that he is always physically and emotionally safe.</p>	<p>Parenting skills/child development classes offered by an approved service provider.</p> <p>Education, modeling of parenting skills, and measurement offered by whomever provides supervision of visits.</p>	<p>Monitor, support, and fund (if necessary) parenting skills/child development service provision.</p> <p>Follow up with service provider and relative caregiver in support of their efforts; encourage development of a support network.</p>

Six-Month Hearing/Permanency Hearing

Joshua has continued to grow and develop and is experiencing no medical problems. Sheila reports a substantial reduction in Joshua's anxiety and aggressive behavior. He is now up-to-date on all immunizations. Joshua is starting to form three-word sentences and is very active. Joshua has been observed by the worker and his aunt to be positively attached to his father, and becomes very excited when his father comes for visits. Recently, Sheila reports, Joshua has begun to cry when his father leaves at the end of the visits and must be consoled and assured that he will return. Sheila has placed a picture of Tom and Joshua on the nightstand in his room.

Tammy participated in one parenting class and kept her first two visits with Joshua, but has not been seen or heard from since. Tammy became upset at her last visit because Juan was not permitted to participate in the visit. When she and Juan were instructed to contact the worker in order for Juan to be able to visit with Joshua, they both left and Tammy did not visit with Joshua. Tammy did not participate in any of her scheduled therapy sessions. The worker has made efforts to contact Tammy,

with no success. The worker contacted the mother's friend, Kim Bush, in an effort to locate the mother. Kim stated that the mother and her boyfriend had moved out of the apartment complex and she has not heard from or seen the mother since they moved. When the worker tried to contact the mother by phone, it was discovered that the mother's phone number is no longer in service. The worker was able to make contact by phone with the mother at her place of employment. The mother agreed to meet with the worker on two separate occasions, but never showed up. Sheila and Tom have agreed that if they hear from the mother, they will tell her she has to contact the worker before she can have contact with her son. The worker has continued making efforts to contact Tammy on a monthly basis during the entire six-month period.

The father continued treatment for drug and alcohol abuse. He has been drug-free for almost nine months and sober for six months. He has not had a relapse since the day he went to buy some milk at the start of the case. He missed one visit due to a conflict with a substance abuse treatment class, but has attended 45 of the 48 scheduled visits. During visits, he has shown that he can be very nurturing with Joshua and is generally attentive toward him. In the beginning at times, he seemed at a loss on how to handle situations, such as when Joshua was climbing all over the furniture in potentially dangerous ways, the father in the beginning just kept saying "Be careful," without actually intervening. He has utilized a parenting class to explore different ways to handle situations such as these and has made good use of coaching from his sister. Tom has now begun to demonstrate an ability to prevent Joshua from climbing in dangerous ways with child-safe barriers, and at times physically picking Joshua up and redirecting the behavior. Tom and Joshua continue to work on Tom being able to manage Joshua's outbursts when Tom sets limits, and Tom frequently struggles in this area. Tom is in the process of completing his parenting education classes through his substance abuse treatment facility. During the past six months, the father has been able to complete his "90 in 90" meetings, attend 12-step meetings at least three times a week since then, and has a positive support system in place. He has regular contact with his sponsor and has started to build a circle of support of sober friends. Tom was able to renew his roofing license and obtain employment as a roofer, and he wants to stay with his sister while he is on a waiting list to rent a small apartment.

A family team meeting was held to discuss modifying Tom's visitation plan. Sheila and Tom were both in attendance. Tom asked for his visits to progress to overnight visits. The team discussed the progress Tom has made with his parenting skills and ability to redirect Joshua's behaviors. The team discussed the bond between Joshua and his father and agreed to modify the visitation plan. Tom was granted overnight visits with his son. Prior to the start of overnight visits, the worker visited the apartment while Tom and Joshua were there. The apartment is adequately furnished, clean, neat, and meets the safety needs of a two-year-old. Tom has obtained a crib that will convert to a twin bed when Joshua is ready. There is also a toy box with toys appropriate for Joshua's age and stage of development. Tom has also started taking Joshua to his doctor and dental appointments.

Visitation continued to be successful and Tom's time spent caring for Joshua was extended to two days straight.

STOP HERE: COMPLETE THE REUNIFICATION REASSESSMENT.

SEGMENT 7: TWELVE-MONTH REVIEW/FAMILY MAINTENANCE

At the six-month family reunification status review hearing, the judge returned Joshua to Tom's care and custody and ordered family maintenance services. During the review period, Tom has demonstrated sobriety from drugs for more than a year and from alcohol for nearly 12 months. There have been no new referrals for Tom's home during this review period. Tom has been managing his feelings of depression and his self-esteem by becoming physically fit. Tom has found the feeling he gets from working out is better than any drug and he feels great. He now has more energy and is able to keep up with Joshua. He has completed his substance abuse counseling, and his counselor states that Tom demonstrates good insight and has worked out good plans for maintaining sobriety. His sponsor has become his strongest mentor, and he feels that AA has totally changed his life. Both his counselor and sponsor note that Tom has been able to recognize his feelings related to his own childhood experiences, and as a result, his mood has remained quite stable and he expresses feeling hopeful and confident as a single parent. He now uses the Serenity Prayer whenever he feels himself getting stressed. Sayings from AA punctuate his conversations, and he uses them to think through decisions. Most of his friends are now AA friends. Tom continues to build his circle of support and has continued to add people to his long-term safety plan for Joshua. Tom has started to build a relationship with a woman named Carol he met three months ago at an AA meeting. He made sure to provide Carol's information to the worker for a background check prior to introducing her to Joshua. Carol does not have any CWS history, but had an arrest for a DUI 10 years ago. She reports that she has been in active recovery ever since. Carol is a good support person for Tom and Joshua. Tom has been able to provide a list of his emotional triggers to his support system so they can identify if he is not in a "safe" place. Tom continues to work full time as a roofer. Tom and Joshua have moved into a two-bedroom apartment, which allows Joshua to have his own room.

Tom was able to complete his parenting classes at the substance abuse treatment center, and during the worker's monthly unannounced visits, he has demonstrated his knowledge and skills in child-rearing. With his father's assistance, Joshua has now been potty-trained, and he will be able to continue to attend Sheila's in-home daycare at a reduced rate if he remains in his father's care. Tom has made sure that Joshua is up-to-date with his immunizations. Joshua continues to test his father's limits, and Tom is learning how to create a time-out space and routine for him.

The mother has not had any contact with the agency or the family. Tom states that if he should hear from Tammy, he will have no difficulty informing her that he will not let her have contact with Joshua until she first contacts the worker or obtains an attorney and has the matter heard in court.

STOP HERE: COMPLETE THE RISK REASSESSMENT FOR IN-HOME CASES.

JEFFERSON/BAXTER ANSWER KEY

Hotline Tools	
Assessment Section	Notes/Support for Scoring
Header Information	CWS/CMS referral name: Tammy Jefferson
Step I: Preliminary Screening	No criteria apply; proceed to Step II
Step II: Appropriateness of a Child Abuse/Neglect Report for Response	
<p>A. Screening Criteria</p> <ul style="list-style-type: none"> • Physical Abuse, Non-accidental or suspicious injury marked • Physical Abuse, Other injury marked • No other items marked 	<p>Facial and eye bruising, and small gash on cheek, observed by father and medical staff. Father stated that mother's explanation of injury was "he fell"; medical professionals report that child's injuries were unlikely to have occurred in a fall or at the same time.</p> <p>Injuries do not meet definition of "severe," which means an injury that "if left untreated, would cause permanent physical disfigurement, permanent physical disability, or death."</p> <p>Some participants may be tempted to mark "General Neglect: inadequate medical/mental health care" or "Caregiver absence/abandonment." Arguments for not marking include:</p> <ol style="list-style-type: none"> 1. While the injuries are reported as suspicious, it is unclear if medical care for the injuries was required. 2. Information in the report indicates the mother left the child in the care of another legal parent.
<p>B. Screening Decision</p> <ul style="list-style-type: none"> • In-person response 	One or more criteria marked.
<ul style="list-style-type: none"> • Overrides 	No overrides apply.
<ul style="list-style-type: none"> • Commercially Sexually Exploited and/or Sex Trafficked Information 	No criteria apply.
Step III: Response Priority	
Mark if applicable	No criteria apply.
<p>1. Decision Trees</p> <p>Physical Abuse: Allegation of physical injury to non-mobile child or any child under age 2 (or capability equivalent) marked</p>	<p>Item marked based on child's age and physician's statement that injuries were likely the result of abuse.</p> <p>The "Medical care currently required" item is not marked because the medical care being provided is not "immediately necessary and if not provided will seriously and possibly permanently affect the child's health and well-being." However, due to the pending X-ray results and the unexplained injuries, this item could be marked with justification.</p>
2. Overrides	No overrides apply.
Final response priority	24 hours
<p>Step IV: Path of Response Decision</p> <p>B. Path Decision for In-Person Response</p>	<p>Automatic Path 3: No</p> <p>Yes to the following questions:</p> <ul style="list-style-type: none"> • Prior investigations, one or two • Prior child protective services • Primary caregiver has a history of abuse/neglect as a child • Prior injury to a child due to abuse or neglect
Path Decision	According to local differential response policy

Training Note: Segments 2 and 3 of this case example replicate common processes of assessing the safety of children when they are part of two different households. In this case example, the mother’s household is assessed because allegation households are always assessed. The father’s household is assessed after the mother’s home was determined to be unsafe and she was not available for safety planning. Be sure to help participants identify households and identify that each legal parent is the primary caregiver in their own household. In addition, Segment 4 will contain information that the safety assessment for the father’s household needs to be updated. The case example will provide these details, but participants are not expected to complete a third safety assessment.

Safety Assessment on Tammy Jefferson’s Household	
Assessment Section	Notes/Support for Scoring
Household being assessed	Tammy Jefferson (mother primary/Juan secondary caregiver)
Header information	Indian Ancestry: Parent not available Assessment Type: Initial Name of Child Assessed: Joshua Baxter Household Name: Tammy Jefferson; Yes, there were allegations
Factors Influencing Child Vulnerability	Age 0–5 years Some participants might be tempted to mark “Not readily accessible to community oversight,” but Joshua and his mother are regularly seen in the apartment complex and his father visits him.
Section 1: Safety Threats	<ol style="list-style-type: none"> 1. Serious physical harm, serious injury or abuse to the child, other than accidental: Physician reports that injuries are likely a result of abuse, occurring at different times; there are injuries occurring on his face (placing child at risk for brain trauma). While no specific proof exists that Tammy was the person who injured Joshua, her past history of physical injury to Joshua’s sibling and at least two different accounts by mother about how Joshua was injured support this item. Some participants may argue that it is not known who caused the injuries—redirect them toward what is “reasonably” known, including her past history. 7. Caregiver’s explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of injury suggests that child’s safety may be of immediate concern: Based on physician’s report that injuries could not have been caused by mother’s reported explanations and past substantiated physical abuse of sibling. 9. Current circumstances, combined with information that a caregiver has previously maltreated a child: Based on unexplained injury and prior substantiated investigation with protective removal of sibling. <p>Items not marked or other comments:</p> <p>Documentation should note that a safety assessment was completed on the mother’s household without direct interview with mother; assessment was based on interviews</p>

Safety Assessment on Tammy Jefferson's Household	
Assessment Section	Notes/Support for Scoring
	with father, apartment manager, and mother's friend, as well as medical professionals. Item 3 should not be marked, because mother left child in care of legal father. No evidence of failure to seek medical care, because injuries did not require treatment.
Section 1A: Caregiver Complicating Behaviors	While information about the mother included some indicators of possible domestic violence and prior substance use with natural father, marking of items in the Complicating Behaviors section not justified without further assessment, which is not possible due to lack of contact with mother at this point.
Section 2: Household Strengths and Protective Actions	Lack of contact with mother makes assessment of household strengths and protective actions impossible at this point.
Section 3: In-Home Protective Interventions	Unable to create a safety plan with mother, so safety decision for her household is "Unsafe."
Safety Decision	Unsafe

Safety Assessment on Tom Baxter's Household	
Assessment Section	Notes/Support for Scoring
Household being assessed	Tom Baxter
Header Information	Indian Ancestry: Cherokee Assessment Type: Initial Name of Child Assessed: Joshua Baxter Household Name: Tom Baxter; there were no allegations
Factors Influencing Child Vulnerability	Age 0–5 years
Section 1: Safety Threats	3. Caregiver does not meet the child's immediate needs for food, diapers, and shelter on at least two other occasions; leaves the child with another caregiver and does not return
Section 1A: Caregiver Complicating Behaviors	Substance abuse
Section 2: Household Strengths and Protective Actions	Caregiver problem solving: Caregiver identifies and acknowledges the problem/safety threat and took action to respond (this is both a household strength and a protective action). Caregiver took action to get medical help and help to protect the child. Caregiver support network: Caregiver has at least one supportive relationship with someone (Sheila Baxter) who is willing to be a part of his support network, is aware of the safety threat, and is willing to provide protection (this is both a household strength and a protective action). Caregiver support network: Caregiver is willing to work with the agency to mitigate safety threats.
Section 3: In-Home Protective Interventions	2. Use of family as safety resource. 7. Non-offending parent moves to an alternative safe environment with the child.
Safety Decision	Safe with Plan

Over the course of the weekend, the safety decision for the father’s household became “Unsafe,” because he left the child, while using substances, without making arrangements for his care. Trainer should advise group that an updated safety assessment should be completed on the father’s household in response to the aunt’s call to the after-hours CWS worker.

Training Note: There are two risk assessments for this case because we always do a risk assessment on the household with allegations AND a risk assessment for a non-custodial parent wanting reunification services as a baseline.

WebSDM Note: One risk assessment may be completed in a referral for the household with allegations. In order to complete the second risk assessment in webSDM, open a case in CWS/CMS and complete a second risk assessment.

Risk Assessment on Tammy Jefferson’s Household	
Section/Item	Notes/Support for Scoring
Prior Investigations	
1. Prior neglect investigations	a. None
2. Prior abuse investigations	c. Two; sibling no longer in the home
3. Previous or current open CPS case	b. Yes, but not open now; half-sibling case
4. Prior physical injury resulting from child abuse/neglect or prior substantiated physical abuse of a child	b. Bruising on sibling and prior substantiation: both items marked
Current Investigation	
5. Current report maltreatment type	b. Physical and/or emotional abuse
6. Number of children involved	a. One
7. Primary caregiver assessment of the incident	a. Definition not met based on available case information
Family Characteristics	
8. Age of youngest child in the home	b. Under 2
9. Characteristics of children in the household	a. None applicable
10. Housing	a. Household has physically safe housing
11. Incidents of domestic violence in the household in the past year	a. None. While there were calls for service to the home for verbal altercations, there is no specific evidence of domestic violence except for some damage in the home and reports of verbal conflict. (This is an area of considerable debate, with some participants stating that “red flags” indicate the presence of domestic violence.)
12. Primary caregiver disciplinary practices	a. Employs appropriate discipline. There is no specific information that injuries were caused by disciplinary practices.
13. Caregiver history of abuse or neglect as a child	b. One or both caregivers have a history of abuse or neglect as a child.
14. Caregiver mental health	a. No past or current mental health problem
15. Caregiver alcohol or drug use	a. None that interferes with family functioning. While both use substances, there no information that use interfered with family functioning.
16. Caregiver criminal arrest history	b. Either caregiver has one or more criminal arrests. Both mother and Juan.

Risk Assessment on Tammy Jefferson's Household	
Section/Item	Notes/Support for Scoring
Total Score	Neglect: 5 Abuse: 5
Scored Risk Level	Neglect Risk Level: Moderate; Abuse Risk Level: High
Policy Overrides	2. Child under 2 and physician stated injuries were non-accidental
Discretionary Override	No.
Final Risk Level	Very High
Planned Action	Promote
Supplemental Items 1. Difficulty accepting child's gender/sexual orientation 2. Alleged perpetrator is unmarried partner of primary caregiver 3. Another adult provides unsupervised care to child under 3 3a. Is other adult employed? 4. Caregiver is isolated in the community 5. Caregiver has provided safe and stable housing	1. a, no 2. a, no 3. b, yes 3a. b, yes 4. a, no 5. b, yes

Risk Assessment on Tom Baxter's Household	
Section/Item	Notes/Support for Scoring
Prior Investigations	
1. Prior neglect investigations	a. None
2. Prior abuse investigations	a. None (Tom not father to Joshua's sibling)
3. Previous or current open CPS case	a. None (Tom not father to Joshua's sibling)
4. Prior physical injury resulting from child abuse/neglect or prior substantiated physical abuse of a child	a. None (Tom not father to Joshua's sibling)
Current Investigation	
5. Current report maltreatment type	a. Allegation of general neglect added.
6. Number of children involved	a. One
7. Primary caregiver assessment of the incident	a. Caregiver does not blame the child
Family Characteristics	
8. Age of youngest child in the home	b. Under 2
9. Characteristics of children in the household	a. None applicable
10. Housing	b. Family homeless
11. Incidents of domestic violence in the household in the past year	a. None
12. Primary caregiver disciplinary practices	a. Employs appropriate discipline
13. Caregiver history of abuse or neglect as a child	b. Primary caregiver has history of abuse as a child
14. Caregiver mental health	b. Past or current mental health problem: depression
15. Caregiver alcohol or drug use	b. Alcohol and drugs, past and prior

Risk Assessment on Tom Baxter's Household	
Section/Item	Notes/Support for Scoring
16. Caregiver criminal arrest history	b: Petty theft, motor vehicle theft, breaking and entering, DUIs
Total Score	Neglect: 7 Abuse: 3
Scored Risk Level	Neglect Risk Level: High; Abuse Risk Level: Moderate
Policy Overrides	None
Discretionary Override	No
Final Risk Level	High
Planned Action	Promote
Supplemental Items 1. Difficulty accepting child's gender/sexual orientation 2. Alleged perpetrator is unmarried partner of primary caregiver 3. Another adult provides unsupervised care to child under 3 3a. Is other adult employed? 4. Caregiver is isolated in the community 5. Caregiver has provided safe and stable housing	1. a, no 2. a, no 3. c, N/A 3a. c, N/A 4. a, no 5. a, no

Trainer's Note: FSNA tools should be completed on each household, as both parents are seeking reunification services and reside in separate households.

Family Strengths and Needs Assessment on Tammy Jefferson's Household	
Section/Item	Notes/Support for Scoring
Household	Primary caregiver is Tammy, secondary caregiver is Juan
Section 1: Caregiver Strengths and Needs Assessment	
A. Household Context	Tammy is Caucasian, Juan is Mexican, no tribal affiliation, both heterosexual. Tammy assesses that her cultural identity is a strength in creating safety.
B. Caregiver Domains	
SN1. Resource Management/Basic Needs	b/b: Both caregivers employed, housing and resource needs met.
SN2: Physical Health	a/b: Tammy is using proactive strategies for health, including exercise, which can also be a strategy to mitigate trauma
SN3: Parenting Practices	d/b: Tammy expresses frustration with Joshua's tantrum behaviors; while no direct admission, concerns about disciplinary practices and frustration levels that cause a safety threat.
SN4: Social Support System	b/b
SN5: Household and Family Relationships	c/c: Calls for service; apartment manager is aware of verbal altercations in home with child present.
SN6: Domestic Violence	b/b: See above, no direct evidence of domestic violence, though some worries about this are present. Documentation should identify this area as a "watch" area during ongoing services.

Family Strengths and Needs Assessment on Tammy Jefferson's Household	
Section/Item	Notes/Support for Scoring
SN7: Substance Use	b/b: Substance use, past and current, does not interfere with family functioning or child safety.
SN8: Mental Health	b/b
SN9: Prior Adverse Experiences/Trauma	d/b: Impacts of trauma triggers on patience and care of Joshua make this domain a direct contributor to child safety threats.
SN10: Cognitive/Developmental Abilities	b/b
SN11: Other Identified Caregiver Strength or Need	N/A
C. Priority Needs and Strengths	Needs: 1. Trauma – case plan 2. Parenting – case plan 3. Household Relationships – “watch” area Strengths: 1. Physical health – strategies can be generalized to support case plan objectives 2. Resource management – area of stability
Section 2: Child Strengths and Needs Assessment	
Cultural context	Child is Native American, Black, and White; possible Cherokee tribal affiliation; sexuality and gender expression not discussed
CSN1: Emotional/Behavioral Health	b
CSN2: Trauma	c: Aggressive and flinching behaviors
CSN3: Child Development	b
CSN4: Education	b
CSN5: Social Relationships	b
CSN6: Family Relationships	d: Child's family relationships within this household put him in danger of suffering serious physical or emotional harm.
CSN7: Physical Health/Disability	b
CSN8: Alcohol/Drugs	b
CSN9: Delinquency	b
CSN10: Relationship with SCP	a
CSN11: Independent Living	N/A
CSN12: Other Identified Child Strength or Need	N/A
C. Priority Needs and Strengths	Needs: Trauma Family relationships Strengths: Relationship with SCP

Family Strengths and Needs Assessment on Tom Baxter's Household	
Section/Item	Notes/Support for Scoring
Household	Primary caregiver is Tom, no secondary caregiver
Section 1: Caregiver Strengths and Needs Assessment	
A. Household Context	Native American (Cherokee) and Black, heterosexual. Connected to spiritual traditions of Native American culture. Feels culture can be a resource
B. Caregiver Domains	
SN1: Resource Management/Basic Needs	c.: Homeless, unemployed due to injury and substance abuse issues
SN2: Physical Health	c: Broken ribs injury contributes to resource management issues
SN3: Parenting Practices	c: Inexperienced with care of young children, need basic toddler care skill development
SN4: Social Support System	a: Actively using relative for temporary care, engaged in social support for recovery
SN5: Household and Family Relationships	b
SN6: Domestic Violence	b
SN7: Substance Use	d: Father's resolution of his substance abuse issue is key to his ability to provide safe care
SN8: Mental Health	c: Depression—may contribute to substance abuse relapse
SN9: Prior Adverse Experiences/Trauma	c: Father's trauma resulted in relapse
SN10: Cognitive/Developmental Abilities	b
SN11: Other Identified Caregiver Strength or Need	N/A
C. Priority Needs and Strengths	Needs: 1. Substance Abuse – case plan 2. Parenting Practices – case plan 3. Resource Management/Basic Needs – case plan 4. Mental Health – “watch” area 5. Physical Health Strengths: 1. Social Support System
Section 2: Child Strengths and Needs Assessment	
Cultural context	Same as in Tammy's household
CSN1: Emotional/Behavioral Health	b
CSN2: Trauma	c
CSN3: Child Development	b
CSN4: Education	b
CSN5: Social Relationships	b
CSN6: Family Relationships	a
CSN7: Physical Health/Disability	b
CSN8: Alcohol/Drugs	b

Family Strengths and Needs Assessment on Tom Baxter's Household	
Section/Item	Notes/Support for Scoring
CSN9: Delinquency	b
CSN10: Relationship with SCP	a
CSN11: Independent Living	N/A
CSN12: Other Identified Child Strength or Need	N/A
C. Priority Needs and Strengths	Needs: Trauma Strengths: Relationship with SCP Family relationships

Trainer's note: Remind participants that reunification reassessments are also household-based, and therefore two assessments should be completed, one on Tammy's household and one on Joshua's household.

Reunification Reassessment on Tammy Jefferson's Household	
Section/Assessment Item	Notes/Support for Scoring
Header information	This is the removal household, assessment #1
A. Reunification Risk Reassessment	
R1: Risk level on most recent referral	d, very high
R2: New substantiation	a, no
R3: Caregiver's progress with case plan objectives	d, does not demonstrate new skills and behaviors consistent with case plan objectives
Total Score	9
Reunification Risk Level	Very High
Overrides	Policy :none, discretionary: none
Final Reunification Risk Level	Very High
B. Visitation Plan Evaluation	Unacceptable visitation, based on scoring of "Rare or Never" for compliance with visitation plan and "Limited/Destructive" evaluation; no overrides
C. Reunification Safety Assessment	Not completed
D. Placement/Permanency Plan Guidelines	Child Under Age 3 decision tree: Reunification risk level low or moderate: no Is this the six-month hearing or before: yes Is the answer to R3 a or b OR is visitation acceptable: no Decision tree points to "Terminate FR"
Overrides	None apply
E. Recommendation Summary	Terminate FR, implement permanent alternative
F. Sibling Group	N/A

Reunification Reassessment on Tom Baxter's Household	
Section/Assessment Item	Notes
Header information	Tom is primary caregiver, this is not the removal household; assessment #1
A. Reunification Risk Reassessment	
R1: Risk level on most recent referral	c, high
R2: New substantiation	a, no
R3: Caregiver's progress with case plan objectives	a
Total Score	2
Reunification Risk Level	Moderate
Overrides	Policy none, discretionary none
Final Reunification Risk Level	Moderate
B. Visitation Plan Evaluation	
	Acceptable, based upon compliance with visitation plan (attended 94% of visits) and strong/adequate quality of visit
C. Reunification Safety Assessment	
	1. a, no. Father has maintained his sobriety and is now employed and has obtained housing. 2. a, no Safety Decision: Safe
D. Placement/Permanency Plan Guidelines	
	Child Under Age 3 decision tree: Reunification risk level low or moderate: yes Is visitation acceptable: yes Is the home either safe, or safe with plan: yes Decision tree points to "Return Home"
Overrides	None apply
E. Recommendation Summary	
	Return Home
F. Sibling Group	
	N/A

Risk Reassessment on Tom Baxter's Household	
Assessment Item	Notes/Support for Scoring
Header information	Household: Tom Baxter, no secondary caregiver
R1. Number of prior neglect or abuse investigations	a. None
R2. Previous open CWS case	a. No
R3. Caregiver has a history of abuse or neglect as a child	b. Yes
R4. Characteristics of children in the household	a. Not applicable
R5. New investigation since the initial risk assessment	a. No
R6. Alcohol or drug use since the last assessment	c. Yes, problem is being addressed
R7: Adult relationships in the home	a. None applicable
R8: Caregiver mental health since the last assessment	b. No current mental health problem

Risk Reassessment on Tom Baxter's Household	
Assessment Item	Notes/Support for Scoring
R9: Caregiver's physical care of child	a. Consistent with child needs
R10: Caregiver's progress with case plan objectives	a. Demonstrates new skills and behaviors consistent with all family case plan objectives and is actively engaged to maintain objectives
Total Score	1
Scored Risk Level	Low
Overrides	None
Final Risk Level	Low
Recommended Decision	Close. Remind workers that a safety assessment must be completed prior to case closure.

FIND THE FUEL MATERIALS

“Find the Fuel” Instructions

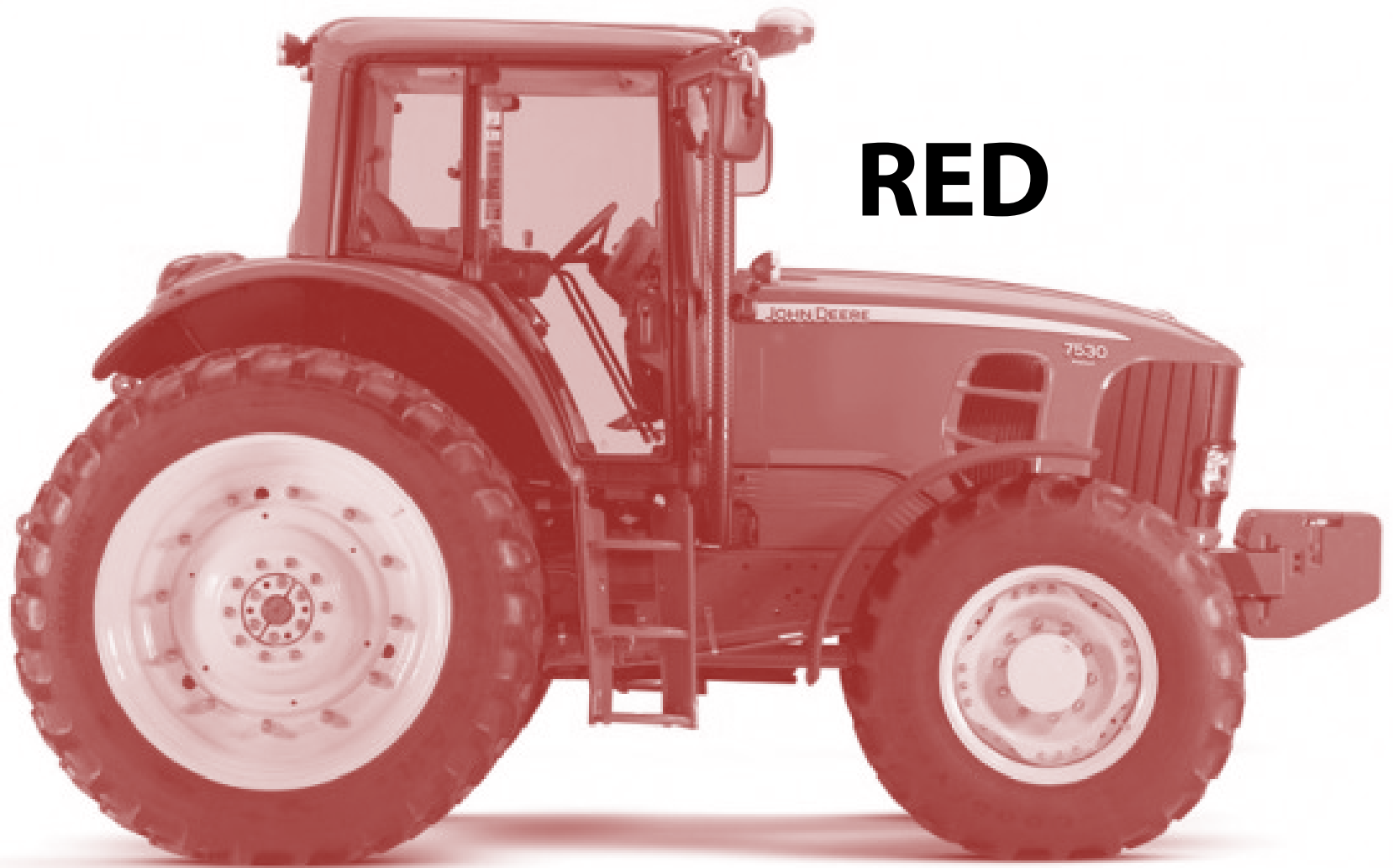
Objective: Help Farmer Jesse harvest as much crop as possible by matching the correct fuel containers to his fleet of tractors.

Famer Jesse has a total of five tractors in his fleet. He is about to take them into the field to harvest his fall crop, but before he can go he must fill his tanks with gas. Unfortunately for Jesse, his fuel gauges have malfunctioned and now he has only limited information about how much fuel is left in each tank. To play the game, match each tractor with one can of gas. Each can of gasoline may be matched to only one tractor. Five separate gas containers are provided: empty, $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, and full. When matched to a tractor, the gas from the container will be added to the unknown amount of gas in the tractor’s tank. For example, if you apply the $\frac{1}{4}$ container to a tractor that is already $\frac{3}{4}$ full of gas, the tank will be filled completely. Conversely, if you match the full container of gas to a tractor that is already full, the gasoline will be wasted.

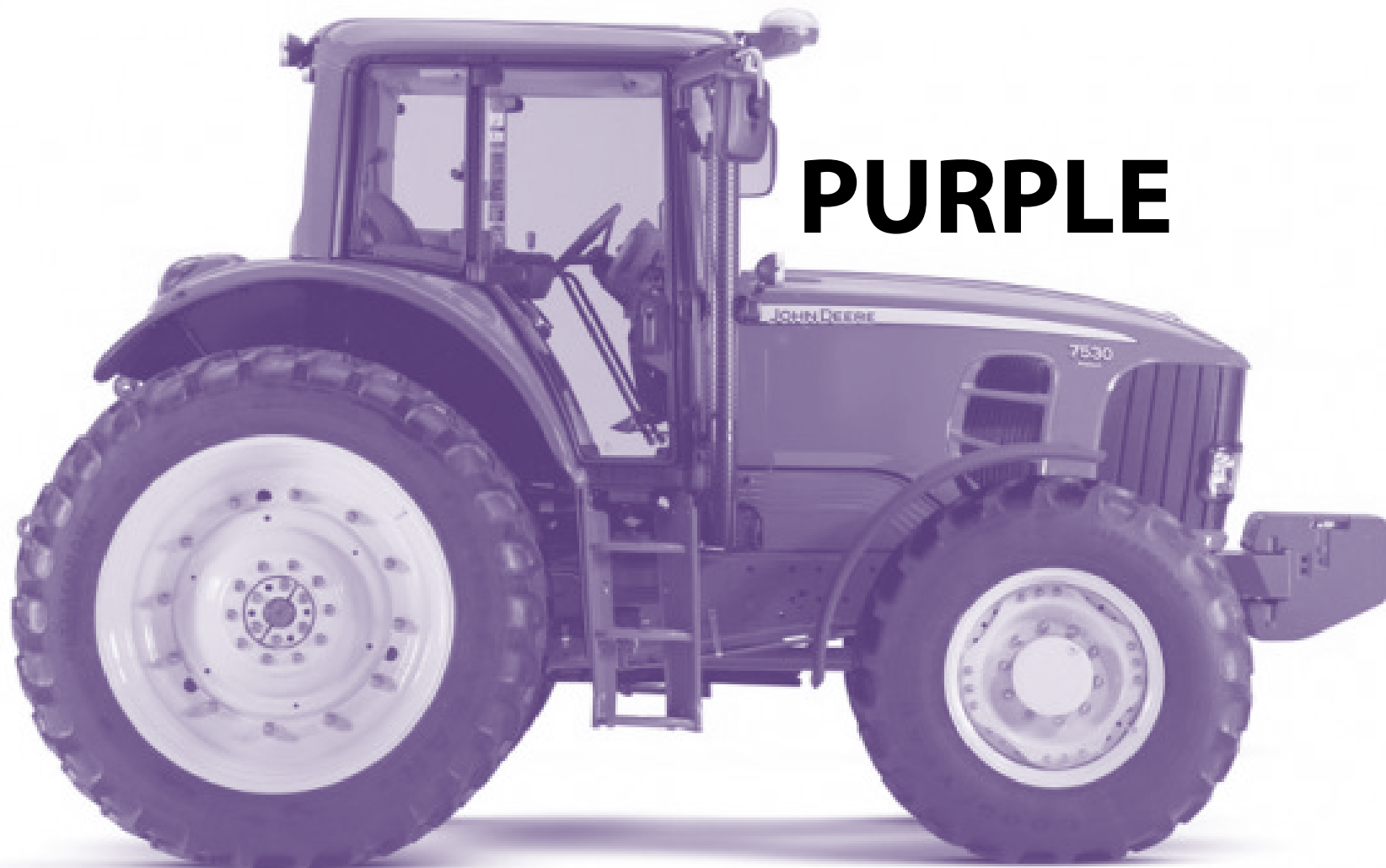
It is your job to use all available information to best estimate how much gas the tractor may have left in its tank. Then use this information to match your available gas resources to best supply Farmer Jesse’s fleet. If gas resources are applied correctly, Farmer Jesse will fill each tractor completely.

The game will be played in three rounds. With each passing round new information will be provided to help match the gas containers with the tractors. After each round we will record how the groups applied the tanks, and at the end of the game we hope to show how structuring information can help improve the consistency and accuracy of decision making.

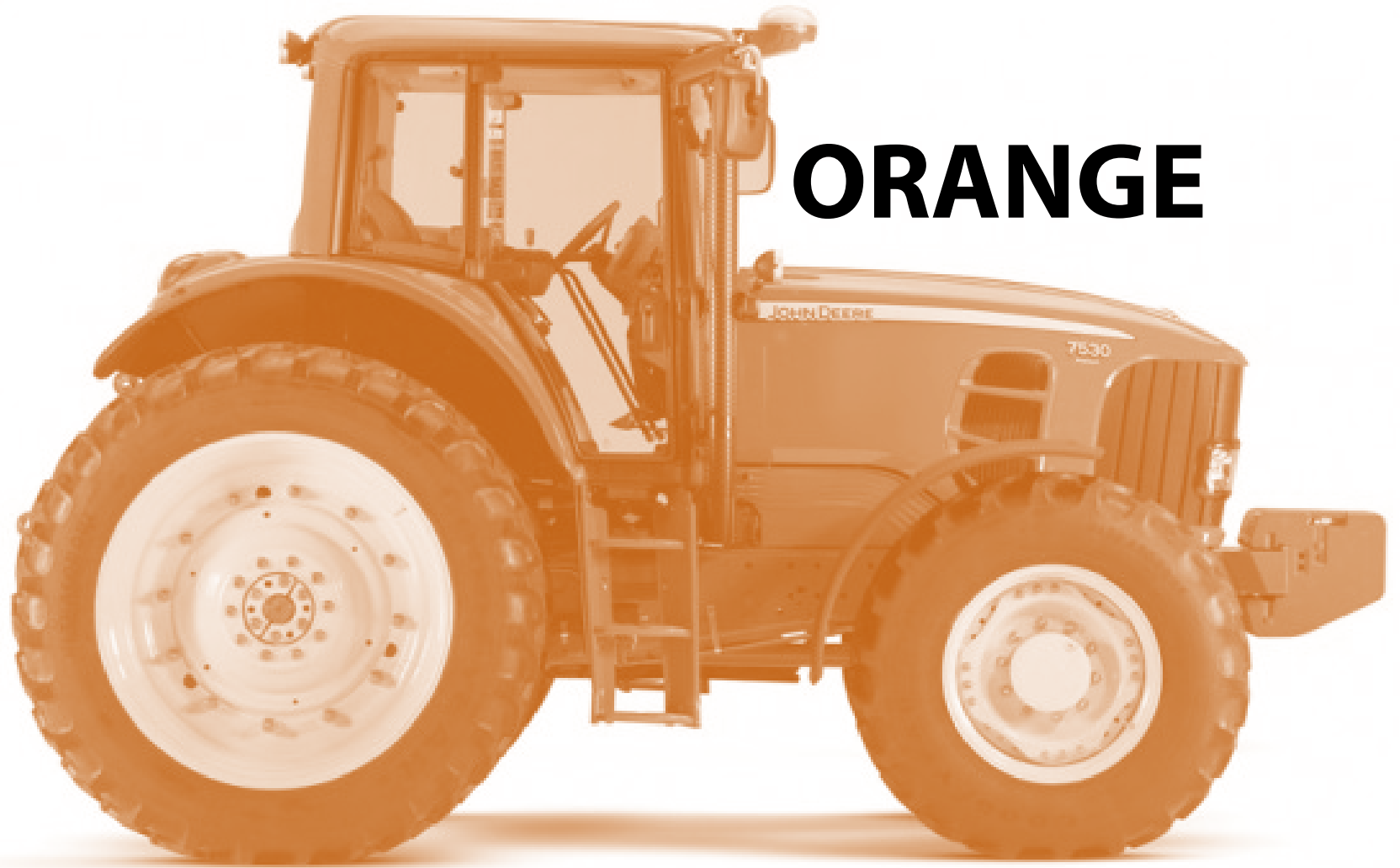
Good luck!



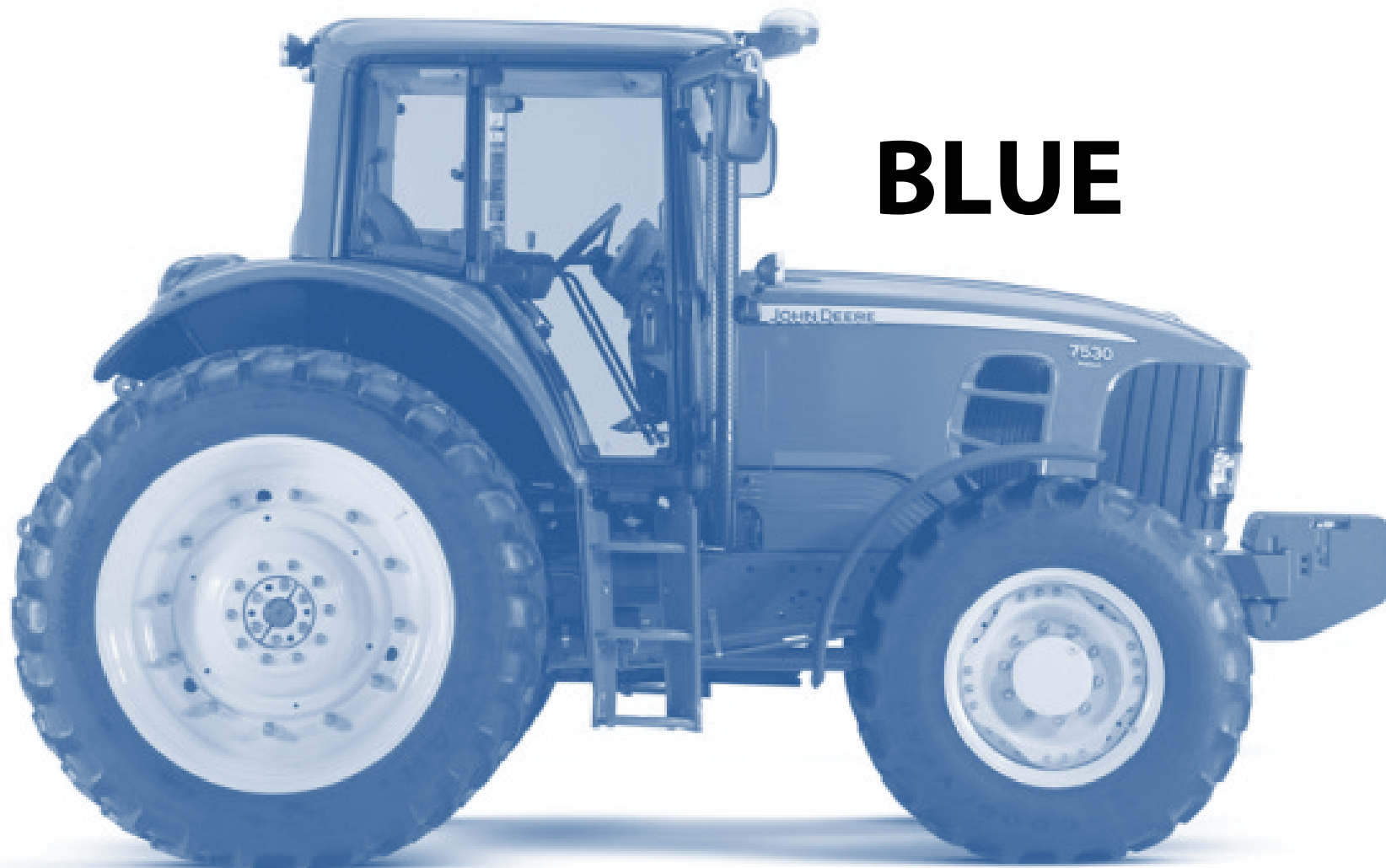
RED



PURPLE



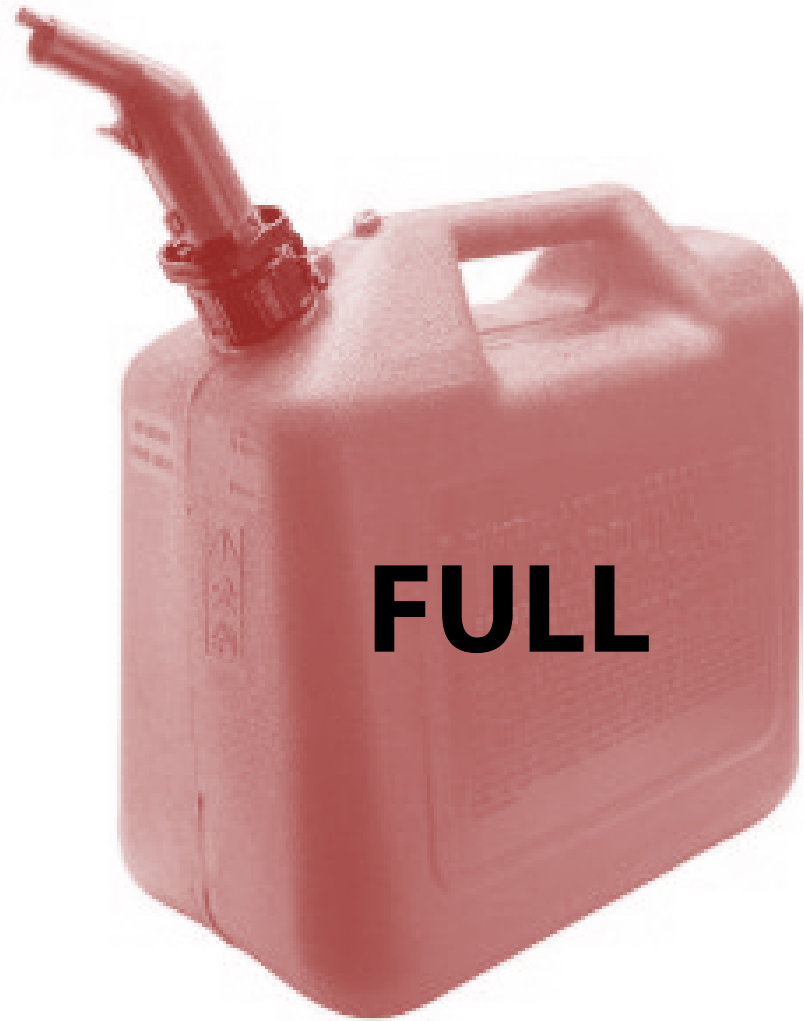
ORANGE



BLUE



GREEN



FULL



EMPTY



3/4



1/4



1/2

Find the Fuel: Round 1

Team Name: _____

Which fuel can fills the tractor? E.g., full can goes to empty tractor.

Gas Container Applied

Blue Tractor: _____

Green Tractor: _____

Orange Tractor: _____

Purple Tractor: _____

Red Tractor: _____

Find the Fuel: Round 2

Team Name: _____

Which fuel can fills the tractor? E.g., full can goes to empty tractor.

Gas Container Applied

Blue Tractor: _____

Green Tractor: _____

Orange Tractor: _____

Purple Tractor: _____

Red Tractor: _____

Find the Fuel: Round 3

Team Name: _____

Which fuel can fills the tractor? E.g., full can goes to empty tractor.

Gas Container Applied

Blue Tractor: _____

Green Tractor: _____

Orange Tractor: _____

Purple Tractor: _____

Red Tractor: _____

TRACTOR TALES

BLUE

Blue is a large utility tractor equipped to pull trailers and plow fields. It was manufactured in the late 1990s and has many modern features. The cab is equipped with a two-way radio, CD deck, and air conditioning. This is clearly Farmer Jesse's favorite piece of equipment. The tractor is in pristine condition, with no dings, dents, or rust. The cab windows are clear and the chrome is polished. The tractor was just washed and serviced yesterday after it came off the field. Farmer Jesse reports when last he checked he could not see, smell or hear gas in the tank.

GREEN

Green is the smallest tractor in the fleet. It has only a 75-horsepower engine and no cab in which to sit. The tractor itself is in decent shape, considering it was built in the 1980s. It has not been serviced for a long time. Green has one noticeably flat tire, and some leakage is pooling under the cab. It has been in storage for at least a month. Farmer Jesse is fairly confident the tank is not empty; he says he could see and smell gas, but he did not hear anything when he knocked on the tank.

ORANGE

Orange is a six-ton, 150-horsepower workhorse. This all-purpose unit is nearly brand new—built in 2012 and purchased off the shelf for \$78,000. Its medium size allows for versatility, and Farmer Jesse uses it for everything from seeding to harvesting. It was last out of the storage barn a few days ago to take down some corn. At that time, Farmer Jesse took a look inside the tank but could not see any gas. He also did not smell gas or notice any sloshing around when he knocked on the tank.

PURPLE

Purple is the heaviest of the fleet, weighing nearly eight tons. This mass is necessary to account for its 185-horsepower engine. The tractor's 1980s construction is becoming outdated, but its large size and heavy horsepower is a perfect combination to pull Farmer Jesse's 15-foot-wide grain drill he uses to plant wheat seed in the fall. Purple is scheduled for an annual maintenance check next week. This will be the first time it leaves covered storage since last fall. When storing tractors for long periods of time, Farmer Jesse always makes sure he can see, smell, and hear at least some gas in the tank.

RED

Red is a medium-sized utility tractor used mainly for landscaping. Farmer Jesse bought the 2006 model last year for \$35,000. It has a number of conditional issues: The undercarriage is starting to rust, and the seat and windows are cracked. It has been stored uncovered, outside since it was purchased. Farmer Jesse last used it about a month ago. He says he could see, smell, and hear gas in it.

FUEL LEVEL ASSESSMENT

Note: Higher score = greater need for fuel.

	Blue	Green	Orange	Purple	Red
Q1: Usage: When was the tractor last used?					
a. Yesterday.....2	_____	_____	_____	_____	_____
b. Two to seven days ago1	_____	_____	_____	_____	_____
c. More than seven days ago0	_____	_____	_____	_____	_____
Q2: Model size: How large is the tractor?					
a. Large2	_____	_____	_____	_____	_____
b. Medium.....1	_____	_____	_____	_____	_____
c. Small.....0	_____	_____	_____	_____	_____
Q3: Model year: When was the tractor built?					
a. 1980s.....2	_____	_____	_____	_____	_____
b. 1990s.....1	_____	_____	_____	_____	_____
c. 2000s to present0	_____	_____	_____	_____	_____
Q4: Ear test: Was gas heard sloshing in the tank?					
a. No.....1	_____	_____	_____	_____	_____
b. Yes.....0	_____	_____	_____	_____	_____
Q5: Eye test: Was gas seen in the tank?					
a. No.....1	_____	_____	_____	_____	_____
b. Yes.....0	_____	_____	_____	_____	_____
Q6: Smell test: Was gas odor detected?					
a. No.....1	_____	_____	_____	_____	_____
b. Yes.....0	_____	_____	_____	_____	_____
Total Score	=====	=====	=====	=====	=====