

**CALIFORNIA**  
**SDM® FAMILY STRENGTHS AND NEEDS ASSESSMENT**

r.10/15

**Case Name:** \_\_\_\_\_ **Case #:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**County Name:** \_\_\_\_\_ **Worker Name:** \_\_\_\_\_ **Worker ID#:** \_\_\_\_\_  
**Household Name:** \_\_\_\_\_

**SECTION 1: CAREGIVER STRENGTHS AND NEEDS ASSESSMENT**

Primary **Primary Caregiver Name:** \_\_\_\_\_

Secondary **Secondary Caregiver Name:** \_\_\_\_\_

**Race (mark all that apply):**  African American/Black  American Indian/Alaska Native  Asian/Pacific Islander  Latino/a  
 Multiracial  White  Other

**Ethnicity:** \_\_\_\_\_

**Tribal Affiliation:**  Yes  No  Parent Not Available  Parent Unsure

**Tribe Name:** \_\_\_\_\_ **Federally Recognized:**  Yes  No

**Sexual Orientation:**  Heterosexual  Gay  Lesbian  Bisexual  Other  Not discussed

**Gender Identity/Expression:**  Female  Male  Transgender  Other

**Religious/Spiritual Affiliation:** \_\_\_\_\_

**Other Cultural Identity Important to Caregiver** (e.g., immigration status, disability status): \_\_\_\_\_

**A. Household Context**

**The caregiver's perspective of culture and cultural identity:**

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

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

## B. Caregiver Domains

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

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

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

<b>SN1. Resource Management/Basic Needs</b> The caregiver's resources and management of resources: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively help create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Are barriers to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.
<b>SN2. Physical Health</b> The caregiver's physical health: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively helps create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Is a barrier to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.
<b>SN3. Parenting Practices</b> The caregiver's parenting practices: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively help create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Are not a strength or barrier for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Are a barrier to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.
<b>SN4. Social Support System</b> The caregiver's social support system: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively helps create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Is a barrier to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.
<b>SN5. Household and Family Relationships</b> The caregiver's relationships with other adult household members: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively help create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Are barriers to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.
<b>SN6. Domestic Violence</b> The caregiver's intimate relationships: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively help create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Are barriers to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.
<b>SN7. Substance Use</b> The caregiver's actions regarding substance use: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively help create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Are not a strength or barrier for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Are a barrier to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

**SN8. Mental Health**

The caregiver's mental health:

P S

- a. Actively helps create safety, permanency, and child/youth/young adult well-being.
- b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
- c. Is a barrier to safety, permanency, or child/youth/young adult well-being.
- d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

**SN9. Prior Adverse Experiences/Trauma**

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

P S

- a. Actively helps create safety, permanency, and child/youth/young adult well-being.
- b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
- c. Is a barrier to safety, permanency, or child/youth/young adult well-being.
- d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

**SN10. Cognitive/Developmental Abilities**

The caregiver's developmental and cognitive abilities:

P S

- a. Actively help create safety, permanency, and child/youth/young adult well-being.
- b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
- c. Are barriers to safety, permanency, or child/youth/young adult well-being.
- d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

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

- Not applicable.

An additional need or strength has been identified that:

P S

- a. Actively helps create safety, permanency, and child/youth/young adult well-being.
- b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
- c. Is a barrier to safety, permanency, or child/youth/young adult well-being.
- d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Description of behaviors:

**C. Priority Needs and Strengths**

Enter the item number and description of all of the most serious needs (“d”s first, then “c”s) from items SN1–SN11 for each caregiver (P=Primary; S=Secondary, B=Both). Then identify which are a priority for closure.

The family’s priority needs should all be included in the family case plan.

NEEDS			
Score (“d”s then “c”s)	Domain Name	Caregiver	Priority for Closure? (required if score is “d”)
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No

Enter the item number and description of all of the family’s strengths (“a” answers) from items SN1–SN11 for each caregiver (P=Primary; S=Secondary, B=Both). These family strengths can be used to address the priority needs identified above.

STRENGTHS			
Score (“a”s)	Domain Name	Caregiver	Include in Family Case Plan?
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

**Child/Youth/Young Adult Name:** \_\_\_\_\_

**Race (mark all that apply):**  African American/Black  American Indian/Alaska Native  Asian/Pacific Islander  Latino/a  
 Multiracial  White  Other

**Ethnicity:** \_\_\_\_\_

**Tribal Affiliation:**  Yes  No  Parent Not Available  Parent Unsure

**Tribe Name:** \_\_\_\_\_ **Federally Recognized:**  Yes  No

**Sexual Orientation:**  Heterosexual  Gay  Lesbian  Bisexual  Other  Not discussed

**Gender Identity/Expression:**  Female  Male  Transgender  Other

**Religious/Spiritual Affiliation:** \_\_\_\_\_

**Other Cultural Identity Important to Child/Youth/Young Adult** (e.g., immigration status, disability status):  
\_\_\_\_\_

**A. Household Context**

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

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

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

## B. Child/Youth/Young Adult Domains

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

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

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

<b>CSN1. Emotional/Behavioral Health</b> <ul style="list-style-type: none"><li><input type="checkbox"/> a. The child/youth/young adult's emotional/behavioral health contributes to his/her safety.</li><li><input type="checkbox"/> b. The child/youth/young adult does not have an emotional/behavioral concern OR the child/youth/young adult has an emotional/behavioral health concern, but no additional intervention is needed.</li><li><input type="checkbox"/> c. The child/youth/young adult has an emotional/behavioral health concern, AND it is an ongoing unmet need.</li><li><input type="checkbox"/> d. The child/youth/young adult has an emotional/behavioral health concern that directly contributes to danger to the child/youth/young adult.</li></ul>
<b>CSN2. Trauma</b> <ul style="list-style-type: none"><li><input type="checkbox"/> a. The child/youth/young adult's response to prior trauma contributes to his/her safety.</li><li><input type="checkbox"/> b. The child/youth/young adult has not experienced trauma OR the child/youth/young adult has experienced trauma but no additional intervention is needed.</li><li><input type="checkbox"/> c. The child/youth/young adult's response to prior trauma is a concern AND it is an ongoing unmet need.</li><li><input type="checkbox"/> d. The child/youth/young adult's response to prior trauma is a concern that directly contributes to danger to the child/youth/young adult.</li></ul>
<b>CSN3. Child Development</b> <ul style="list-style-type: none"><li><input type="checkbox"/> a. The child/youth/young adult's development is advanced.</li><li><input type="checkbox"/> b. The child/youth/young adult's development is age-appropriate.</li><li><input type="checkbox"/> c. The child/youth/young adult's development is limited.</li><li><input type="checkbox"/> d. The child/youth/young adult's development is severely limited.</li></ul> <p>(shown in webSDM if "d" is marked)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> A regional center referral has been completed.</li></ul>
<b>CSN4. Education</b> <ul style="list-style-type: none"><li><input type="checkbox"/> a. The child/youth/young adult has outstanding academic achievement.</li><li><input type="checkbox"/> b. The child/youth/young adult has satisfactory academic achievement OR the child/youth/young adult is not of school age.</li><li><input type="checkbox"/> c. The child/youth/young adult has academic difficulty.</li><li><input type="checkbox"/> d. The child/youth/young adult has severe academic difficulty.</li></ul> <p>Also indicate if:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> The child/youth/young adult has an individualized education plan.</li><li><input type="checkbox"/> The child/youth/young adult has an educational surrogate parent.</li><li><input type="checkbox"/> The child/youth/young adult needs an educational surrogate parent.</li><li><input type="checkbox"/> The child/youth/young adult is required by law to attend school but is not attending.</li></ul>
<b>CSN5. Social Relationships</b> <ul style="list-style-type: none"><li><input type="checkbox"/> a. The child/youth/young adult has strong social relationships.</li><li><input type="checkbox"/> b. The child/youth/young adult has adequate social relationships.</li><li><input type="checkbox"/> c. The child/youth/young adult has limited social relationships.</li><li><input type="checkbox"/> d. The child/youth/young adult has poor social relationships.</li></ul>
<b>CSN6. Family Relationships</b> <ul style="list-style-type: none"><li><input type="checkbox"/> a. The child/youth/young adult's relationships within his/her family contribute to his/her safety.</li><li><input type="checkbox"/> b. The child/youth/young adult's relationships within his/her family do not impact his/her safety.</li><li><input type="checkbox"/> c. The child/youth/young adult's relationships within his/her family interfere with long-term safety.</li><li><input type="checkbox"/> d. The child/youth/young adult's relationships within his/her family contribute to danger of serious physical or emotional harm to the child/youth/young adult.</li></ul>

**CSN7. Physical Health/Disability**

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

**CSN8. Alcohol/Drugs**

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

**CSN9. Delinquency**

- a. The child/youth/young adult has no delinquent behavior. There is no indication of delinquent history or behavior.
- b. The child/youth/young adult has no delinquent behavior in the past two years.
- c. The child/youth/young adult is/has engaged in delinquent behavior and may have been arrested or placed on probation in the past two years.
- d. The child/youth/young adult is or has been involved in any violent, or repeated nonviolent, delinquent behavior.

Also indicate "d" if:

- The child/youth/young adult has been adjudicated a WIC Section 602 ward.
- The child/youth/young adult is in need of a WIC Section 241.1 hearing.

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

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

**CSN11. Independent Living (if age 15.5 or older)**

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

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

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

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

Not applicable.

An additional need or strength has been identified that:

- a. Actively helps him/her create safety, permanency, and well-being for him/herself.
- b. Is not a strength or barrier for safety, permanency, or well-being.
- c. Is a barrier to his/her safety, permanency, or well-being.
- d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Description of behaviors:

