SDM

The Structured Decision Making® System
For Child Welfare Services

Advanced Supervisor Series Participant Guide

Updated for SDM 3.0
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California Department of Social Services

NCCD | Children's Research Center

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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®
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AGENDA

Module 1

10 minutes	Welcome, introductions
15 minutes	Structured Decision Making® (SDM) roundtable and supervisor's role in supporting the tools and practices of the SDM model
15 minutes	SDM® outcome goals and key concepts
60 minutes	SDM fundamentals review
15 minutes	Exercise: Fun with definitions
15 minutes	BREAK
15 minutes	Common mistakes and how to handle them
30 minutes	Case conferences Exercise: Leadership in case conferences

Module 2

10 minutes	Welcome, introductions
15 minutes	SDM roundtable
90 minutes	Key supervisory chores
15 minutes	BREAK
60 minutes	Game show review

Module 3

10 minutes	Welcome, introductions
15 minutes	Supervisory roundtable
60 minutes	Key considerations in supporting SDM casework practices
15 minutes	Break
60 minutes	Critical case reviews

Module 4

10 minutes	Welcome, introductions
15 minutes	Supervisory roundtable
60 minutes	Introduction to case reading and case reading practice
15 minutes	Break
45 minutes	Case reading practice continued
15 minutes	Developing a unit plan for strengthening SDM practice

Supervisor Supports for Practice Change

Adapted from Broad, M. L., & Newstrom, J. W. (1992). *Transfer of training: Action-packed strategies to ensure high payoff from training investments*. Reading, Massachusetts: Addison-Wesley Publishing Co.

Planned integration of new skills into daily work	Communicating explicit support for use of new skills	Providing opportunities to practice
Allowing space and time for new skill development	Role modeling	Positive reinforcement
Creating agreements for trying new skills	Arranging time to practice	Celebrating successes

Supervisors can communicate the important message that SDM tools are not just paperwork, but a prompt for practice.

MODULE ONE

CALIFORNIA
STRUCTURED DECISION MAKING® MODEL GOALS

Overall Goals

1. Safety
2. Permanency
3. Well-being

System Goals

1. Reduce the rate of subsequent abuse/neglect referrals and substantiations.
2. Reduce the severity of subsequent abuse/neglect complaints and allegations.
3. Reduce the rate of foster care placement.
4. Reduce the length of stay for children in foster care.

Process Goals

1. Improve assessments of family situations to better ascertain the protection needs of children.

2. Increase consistency and accuracy in case assessment and case management among child abuse/neglect staff within a county and among counties.

3. Increase the efficiency of child protection operations by making the best use of available resources.

4. Provide management with needed data for program administration, planning, evaluation, and budgeting.

CALIFORNIA
SDM® ASSESSMENT DEFINITIONS

1. Caregiver: An adult, parent, or guardian in the household who provides care and supervision for the child.

Circumstance	Primary Caregiver	Secondary Caregiver
Two legal parents living together	The parent who provides the most child care. May be 51% of care. TIE BREAKER: If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	The other legal parent
Single parent, no other adult in household	The only parent	None
Single parent and any other adult living in household	The only legal parent	Another adult in the household who contributes the most to care of the child. If none of the other adults contribute to child care, there is no secondary caregiver.

2. Family: Parents, adults fulfilling the parental role, guardians, children, and others related by ancestry, adoption, or marriage; or as defined by the family itself.

3. Household: All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home. This may include persons who have an intimate relationship with a parent in the household (boyfriend or girlfriend) but may not physically live in the home, or a relative, if the legal parent allows the relative authority in parenting and child caregiving decisions.

   WHICH HOUSEHOLD IS ASSESSED? Structured Decision Making® (SDM) assessments are completed on households. When a child's parents do not live together, the child may be a member of two households.

   Always assess the household of the alleged perpetrator. This may be the child's primary residence if it is also the residence of the alleged perpetrator, or the household of a non-custodial parent if it is the residence of the alleged perpetrator.

   Conditionally:

   - If the alleged perpetrator is a non-custodial parent, also assess the custodial parent *if there is an allegation of failure to protect*.

   - If a child is being removed from a custodial parent, *also assess any non-custodial parent identified* if he/she will receive child welfare services.

CALIFORNIA
SDM® OVERVIEW

See policy and procedures sections for each tool for complete details.

Decision	SDM® Tool		Which Cases	Who	When
Accept referral for in-person response?	Hotline Tools	Screening tool	All referrals created in CWS/CMS	Worker receiving referral	Immediately
How quickly to respond?		Response priority	All referrals assigned an in-person response		Immediately
Path of response*		Path decision tool—evaluate out	All referrals that are evaluated out	Worker receiving referral OR designated differential response worker	Within five days
		Path decision tool—in-person response	All referrals assigned an in-person response		Immediately, if response priority = 24 hours; within 24 hours if response priority = 10 days
Can the child remain safely at home?	Safety assessment**		All in-person responses	Assigned worker	ALWAYS: prior to completing first face-to-face (record within 48 hours). Additional requirements: see pages 49–50 in the California SDM 3.0 Policy and Procedures Manual
Should an ongoing case be opened? At what service level?	Risk assessment		RECOMMENDED: all in-person responses REQUIRED: all substantiated and inconclusive in-person responses	Assigned worker	Within 30 calendar days of first face-to-face contact
Focus of case plan	Family strengths and needs assessment		All open cases	Worker responsible for case plan	Initial: Prior to initial case plan Review: voluntary, within 30 days prior to case plan; court, within 65 days prior to case plan
Can child be returned home, or should reunification efforts continue, or should permanency goal be changed?	Reunification reassessment		Cases with at least one child in out-of-home care with goal of return home	Assigned worker	Division 31 = review every six months. No more than 65 calendar days prior to case plan completion or reunification recommendation or permanency plan change. Sooner if there are new circumstances or new information that affects risk.
Can case be closed? If not, what level of service?	Risk reassessment Safety assessment		All open cases where ALL children are in the home.	Assigned worker	Division 31 = review every six months. Voluntary cases = No more than 30 calendar days prior to case plan completion or case closure recommendation. Involuntary cases = No more than 65 calendar days prior to case plan completion or case closure recommendation. All cases = sooner if new circumstances or new information that affects risk.

*Differential response counties only.
**The standard safety assessment is used for all referrals except substitute care providers. The substitute care provider safety assessment is used when the referral alleges maltreatment by a substitute care provider.

SDM® Definitions Matter

Read to the Period
When reading SDM definitions, be sure to read the entire "stem" or foundational definition before looking beyond to examples and conditions. If the stem of the definition is not read first, information that follows may be taken out of context and selected or eliminated in error.

Examples Are Just Examples
The purpose of examples in SDM definitions is to illustrate the severity, threshold, or type of situation that might be seen in the family's situation. Examples in definitions are not intended to include every possible circumstance. In some instances, you might see a situation that looks much like the example in the definition; however, the definition stem does not fit the situation. At other times, you will not find your exact situation listed as a definition, but the definition will apply.

Be Aware of "AND," "OR," and "and/or"
When you see "AND," conditions on either side of the "AND" must be true in order for the definition to apply. "OR" means that one of the conditions on either side of the "OR" must be true for the definition to apply. When you see "and/or," either one or both of the conditions may be true. Multiple cases of "AND" or "OR" may appear in one sentence or section of a definition.

Use Your Common Sense
When a situation substantially meets the definition, use your common sense in marking the item. (For example, the definition says the child is 10 years of age or older and the child with whom you are working turns 10 next week.)

When Unsure, Consult With Others and Use Clinical Judgment
SDM tools and their definitions do not make decisions; caseworkers do. The definitions are designed to structure your assessment and thought processes, but they are not a replacement for the value of experience and judgment in making decisions about families.

Unasked Is Different From Unknown
It is important to remember that "form prompts practice" when completing an SDM risk assessment. The questions on the tool are designed to be part of a conversation with the family that helps you assess the likelihood of future maltreatment. Learning how to prepare for that conversation and learning the important questions to ask in completing the assessment are skills that should be developed in learning how to use the SDM risk assessment.

FUN WITH DEFINITIONS

SUPERVISOR TIP: Consistently refer to SDM definitions when discussing key decisions.

The following are examples of SDM items marked by a worker, accompanied by the verbal or written information related to the item. Look up the actual definitions and for each item, mark CORRECT if the narrative matches the item, or INCORRECT if it does not. If it is incorrect, briefly describe why it is incorrect.

Example: (from risk assessment)

#	SDM® Item	Narrative	Supervisor Decision	If Incorrect, Why?
8	Age of youngest child in home a. 2 or older	The family includes three children, ages 7, 5, and 6 months, but the 6-month-old is in foster care as a result of this referral.	• Correct • Incorrect	If a child was removed as a result of this investigation, he/she should be included, so the 6-month-old should be counted.

Hotline

#	SDM® Item	Narrative	Supervisor Decision	If Incorrect, Why?
1	Screening: Severe injury	Report that 2-year old child has a black eye and scratches on his arm. Reporting party has no information about need for medical care.	• Correct • Incorrect	
2	Screening: Emotional abuse	Report that both parents use drugs and pay no attention to children. Children manage to eat enough, but 12-year-old is increasingly withdrawn and sad and is really struggling in school despite a history of good performance. He recently disclosed worry and sadness about his parents' drug use.	• Correct • Incorrect	
3	RP: Physical abuse: Is there a non-perpetrating caregiver aware of the alleged abuse who is demonstrating a response that is appropriate and protective of the child? YES	Report that mother's boyfriend physically abused child. She kicked him out a week ago when it happened. She has not let him back in. She told reporter that she has no intention of letting anyone hurt her child.	• Correct • Incorrect	
4	RP: Neglect: Does the child need immediate medical/mental health evaluation? YES	Doctor believes child requires cochlear implant and parents, who are deaf, refuse. The implant is not necessary for child to live.	• Correct • Incorrect	

Emergency Response (ER) or Dependency Investigation (DI)

#	SDM® Item	Narrative	Supervisor Decision	If Incorrect, Why?
5	Safety threat #6: Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others.	Single mother has been leaving children home alone. They are 8 and 10. There is no one else in the home, and no one has caused harm to the children while alone. Mother also slaps children in the face for talking back, which has resulted in a split lip for the 10-year-old.	• Correct • Incorrect	
6	Household Strengths: At least one caregiver identifies and acknowledges the problem/safety threat and suggests possible solutions.	Parents were not providing insulin for 4-year-old newly diagnosed with Type I diabetes, resulting in emergency room visit. During meeting, parents expressed great remorse and realized that their initial disbelief about the diagnosis and need for insulin could have resulted in child's death. They now understand and accept diagnosis, and were able to provide a return demonstration of proper administration of insulin. They are open to worker following up to be sure all is going well.	• Correct • Incorrect	
7	Risk 14: Primary or secondary caregiver has/had a mental health problem: YES	Primary caregiver describes difficulty sleeping, loss of appetite, and depressed mood.	• Correct • Incorrect	
8	Risk 1: Number of prior neglect investigations c: Three or more prior neglect investigations	CWS/CMS history shows the current abuse investigation and two prior neglect investigations.	• Correct • Incorrect	

Case Planning

#	SDM® Item	Narrative	Supervisor Decision	If Incorrect, Why?
9	SN4. Social support system a. Strong social support	Parents are very skilled at finding community organizations that have resources or other services to meet their needs. They are also able to ask people they know for help.	• Correct • Incorrect	
10	Caregiver's perspective of culture and cultural identity: c. Is a barrier to safety, permanency, and child/youth/young adult well-being	Family recently emigrated from Guatemala. Parents speak no English, but teenage son speaks fluent English. Parents are often upset at how son is dressing and behaving, influenced by his new American friends. Son resents parents' "old country" ideas. Family remains close, but the strain is causing stress and son indicates he is sad as a result.	• Correct • Incorrect	
11	CSN4. Education a. Outstanding academic achievement	Child is at grade level and making straight As on report card.	• Correct • Incorrect	
12	CSN6. Alcohol/Drugs b. No use/experimentation	Child is age 6 and has never tasted any alcoholic beverage or drug.	• Correct • Incorrect	

Family Maintenance (FM) Risk Reassessment

#	SDM® Item	Narrative	Supervisor Decision	If Incorrect, Why?
13	1. Number of prior neglect or abuse CPS investigations c. Two or more	The referral that started this case was received 01/01/08. This review is being conducted on 01/01/09. CWS/CMS shows the following investigations: • 01/01/06 neglect • 01/01/07 abuse • 01/01/08 neglect	• Correct • Incorrect	
14	R6. Caregiver has not addressed alcohol or drug problem since the last assessment c. Yes, alcohol or drug problem, problem is being addressed.	(Narrative did not contain reference to treatment for alcohol or drugs)	• Correct • Incorrect	
15	R9. Primary caregiver provides physical care inconsistent with child needs a. Yes, problems	Substantiated referral related to family living in a rat- and roach-infested home, toilet was stopped up, no running water, clothes went months between washing. Family moved to a new apartment a week prior to this review period. They have kept new apartment clean and regularly use the nearby laundromat.	• Correct • Incorrect	
16	R10. Caregiver's progress with case plan objectives a. Demonstrates new skills consistent with case plan objectives OR is actively engaged in services and activities to gain new skills consistent with case plan objectives	Single caregiver. 1. Substance use. Mother has been clean and sober for six months and is active in AA. 2. Parenting. Mother no longer uses physical discipline. She is using a behavior program she learned from her therapist. 3. Social support. Mother has made some friends in AA. She has been reluctant to meet other friends, but is reading a book about how to be more comfortable in social settings.	• Correct • Incorrect	

Family Reunification (FR) Reunification Reassessment

#	SDM® Item	Narrative	Supervisor Decision	If Incorrect, Why?
17	R1. Risk level on most recent referral c. High	Risk level on referral that led to this case was high. There was a new referral one month prior to reassessment and risk was very high. The first reassessment six months ago was moderate, but child was not returned home due to an unresolved safety threat.	• Correct • Incorrect	
18	Visitation frequency: Total	During past 24 weeks, parents had 48 scheduled visits. They did not show up for two of them, and for four of the one-hour visits, they arrived with only 10 minutes left.	• Correct • Incorrect	
19	Visitation quality: Limited/Destructive	Parents missed most visits. When they did come for visits, they brought age-appropriate toys and spent time playing with children. Mother seemed aware of child's needs. For example, mother noticed 4-year-old becoming withdrawn near end of visits and comforted child and helped transition back to foster mother.	• Correct • Incorrect	
20	Safety interventions: Use of community agencies as safety resources	Mother will continue in therapy.	• Correct • Incorrect	

COMMON MISTAKES AND HOW TO HANDLE THEM: KEY POINTS FOR SDM® IMPLEMENTATION

SUPERVISOR TIP: Think about the key case management question at hand when trying to decide which SDM tool to use on which household and when.

SCREENING

1. Be sure that it was appropriate to create a referral in CWS/CMS.

Common mistake: Screener creates a referral based on caller's concerns about a foster child who seems to be having difficulty with peer relationships at school and declining academic performance.

How to handle: Verify that information is not an allegation of abuse or neglect (if it is, a referral should be created and screening criteria applied). Follow county procedure for communicating information to ongoing worker. If information is urgent and worker is not available, contact worker's supervisor or other appropriate staff to take necessary action.

2. Be sure that it was necessary to review screening criteria.

Common mistake: Instead of using the preliminary screening section, the screener applied screening criteria to decide whether to screen in or evaluate out, even though caller reported neglect of a child who lives in an adjoining county. The child is not currently in your county.

How to handle: The report should be taken and forwarded to the correct county. The receiving county should conduct the screening and response priority assessment.

3. Ensure that the worker carefully reviewed the definitions and that the response is consistent with the definitions.

Common mistake: The report was about domestic violence (DV). The worker marked general neglect/inadequate supervision. The worker was following a tradition of assigning all DV calls to the general neglect category.

How to handle: Direct the worker to gather more details about how DV affects children in this family. Was a child injured during a DV incident? If so, include physical abuse/non-accidental injury (severe or other). Was a child near a physical assault? If so, it could be threat of physical abuse/dangerous behavior toward child or in immediate proximity of a child. Is the child already diagnosed with post-traumatic stress disorder (PTSD) or other DSM-IV criteria? If so, it could include emotional abuse. If exposure to violence has been ongoing and/or severe, it could be threat of emotional abuse/DV. The worker can be guided to unpack the broad term "domestic violence" to gain a greater understanding of what is being alleged and whether or not this particular referral meets the threshold for a response.

Common mistake: Worker marked threat of neglect/prenatal substance abuse. Report shows that mother had a low level of cannabis in her blood test. Mother admits to smoking a joint prior to admission in an attempt to calm down. She has no diagnosis of abuse, and reports smoking one-half to one joint once or twice a month. She plans to stop using completely now that the baby is here. The baby's test was negative. The baby is healthy and the mother has been participating in care.

How to handle: The worker may have read the item, but not the entire definition. To mark the item, there must be BOTH positive toxicology AND some indication that mother's continuing substance use makes it unlikely she will be able to fulfill her parenting responsibilities. Review definition with worker. If needed, discuss ways to get necessary information.

RESPONSE PRIORITY

1. **Ensure that the worker carefully reviewed the definitions and that the response is consistent with the definitions.**

Common mistake: On the sexual abuse tree, a worker arrived at the termination point "Within 10 days" by answering no to the question, "Is there current abuse as evidenced by disclosure, credible witnessed account, or medical evidence?" The worker's reasoning was that there had been no disclosure, since the child is only 3 years old and had not made any statements. But the reporter is a daycare teacher who stated that on numerous occasions over the last three days, this girl has been observed pulling down the pants of male classmates and performing oral sex acts.

How to handle: The worker may be directed to the definition, which indicates that disclosures may be nonverbal. As needed, review normative versus non-normative sexualized behavior at various developmental stages to increase worker understanding of types of behavior that would be considered a nonverbal disclosure versus normal sexualized behavior.

2. **If there are multiple allegations, once a 24-hour response is indicated, there is no need to complete additional trees.**

Common mistake: Worker completed decision trees for physical abuse, neglect, and emotional abuse, all of which indicated 24-hour responses.

How to handle: Advise worker that, on future calls, if 24-hour response is reached he/she is not required to complete additional decision trees.

SAFETY ASSESSMENT

1. **Ensure that the worker carefully reviewed the definitions and that the response is consistent with the definitions.**

Common mistake: A worker has marked caregiver complicating factor of development/cognitive impairment because the mother has an IQ of 79.

How to handle: Refer the worker to the definition. Point out that developmental delay alone does not warrant the item being checked. Inquire as to whether there is reason to believe the mother lacks critical knowledge that makes it more difficult to safety plan.

Common mistake: A worker marked item #4 because the house is very dirty and an 8-year-old child is sleeping on a mattress on the floor.

How to handle: Refer the worker to the definitions. Ask the worker to explain what is hazardous or immediately threatening about the environment.

2. Be sure the worker has gathered enough information.

When the referral contains information that, if true, would constitute a safety threat, it is important to thoroughly gather sufficient information before concluding that the threat does not exist. Note: It is reasonable to rely on more general interviews and observations to determine the presence or absence of safety threats that are not part of the referral and for which there are no indicators of presence.

Common mistake: Reporter said that child had a very bad black and blue mark on his jaw. It was swollen, making it hard to talk. The child indicated that his father punched him. Spring break began the day before, and despite efforts to reach the child at home it was nearly two weeks before the worker saw the child. The injury was not visible and the child denied being injured by his father. His father was in the next room during the interview. The worker closed the referral that night with no safety threats marked.

How to handle: The severity of the reported actions by father (punching child in face) warrants further pursuit. An injury that obvious may have been noticed by others. At the very least, consider having the worker re-contact the reporter for more information and attempt to interview the child in a safer place.

3. Worker should make every reasonable attempt to work with family and others to develop an in-home safety intervention before deciding on removal.

Common mistake: There was a safety threat identified and child was removed. No household strengths or protective actions were marked.

How to handle: Ask worker to describe efforts to identify protective capacities and develop a safety plan. If these efforts were absent or insufficient, review circumstances with worker to determine whether a family meeting would be appropriate at this point to attempt to develop a safety plan.

4. A safety plan should be clear and should immediately and sufficiently mitigate all identified safety threats.

Common mistake: The safety threat identified was that child sexual abuse was suspected and child safety may be of immediate concern. The child provided a convincing disclosure of ongoing sexual abuse by mother's boyfriend. The police interviewed him once, and he denied. The district attorney is inclined to believe that something happened, but is holding off on charging because of concerns with the child's ability to testify. The mother is siding with the boyfriend and is angry at the child for disclosing. The worker left the child in the home with a safety plan that included an agreement from mother that she would not let the boyfriend around the child and would not retaliate against the child. That was the full safety plan.

How to handle: Ask worker how plan will be monitored. If there is no plan for monitoring, help worker create one.

5. The safety (and risk) assessment should be done on the household of the caregiver alleged to have maltreated the child.

Common mistake: The child lives with mother, but visits father two nights per week and every other weekend. The report is that while child is visiting father, father is physically abusive. The worker interviewed the child, who confirms extremely abusive corporal punishment by father. The worker met with mother, who is not abusive. The worker closed the referral as substantiated, and the safety assessment, done on mother's household, shows no safety threats.

How to handle: Advise the worker to meet with father and conduct a safety assessment and risk assessment of father's household. The worker should also meet with mother, but SDM assessments on her household would be done only if there is an allegation of failure to protect.

RISK ASSESSMENT

1. Complete risk assessment on the correct household. The risk assessment should be done on a household where a parent or legal guardian alleged to have abused or neglected the child lives.

Common mistake: Risk was scored as moderate, but an override was used to increase risk to high in order to offer services to the foster family.

How to handle: This is incorrect because the risk assessment should not be used to assess risk in a foster home. If the allegation was against the foster parents, the worker should use a substitute care provider safety assessment to assess the safety of the foster home. There is no risk assessment for substitute care providers at this time.

2. Be sure the worker has gathered enough information.

Common mistake: Worker made a single home visit, during which safety threats were identified and a child was placed. The next day the worker submits a completed safety and risk assessment. Risk is moderate.

How to handle: Compare risk assessment to safety assessment, screener narrative, and prior history of family. Identify any risk items that appear incorrect. Additionally, look at risk items scored as "0" and ask worker how he/she reached conclusion (i.e., that primary caregiver was NOT abused or neglected as child). If worker has not gathered sufficient information to conclude that risk factors are absent, remind worker that he/she has up to 30 days to complete, and further interviewing appears necessary. NOTE: If county practice is to transfer to another worker at the point of removal, then county should determine a plan for completing risk assessment.

3. Ensure that the worker carefully reviewed the definitions and that the response is consistent with the definitions.

Common mistake: Several references in contact notes and other assessments indicate that primary caregiver has a serious substance abuse problem, but substance abuse is not marked as a risk factor.

How to handle: Ask worker to explain decision to mark no comment or historic substance abuse problem. Review definition with worker and go over all of the information to the contrary. If worker has a good justification, ask for this to be detailed in narrative. Otherwise, correct the assessment.

Common mistake: Risk factor marked indicating three or more prior neglect allegations, but two of them were when the mother was a minor and was neglected by her parents.

How to handle: Review the definition with worker. Only mark priors in which an adult in the household was an alleged perpetrator.

4. Workers should attempt to engage high-risk and very-high-risk families in ongoing services, regardless of substantiation decision.

Common mistake: Very high risk, inconclusive referral is closed without promoting to a case.

How to handle: Review worker's explanation and ask worker what efforts he/she used to engage family in voluntary services or to at least connect family with community services. If efforts were substantial, be sure worker documented these efforts. If efforts were lacking, discuss with worker the purpose of risk assessment and why it is so important to get services to higher-risk families. Consider re-contacting family with worker in effort to engage. If worker frequently struggles with engagement, consider additional training and/or coaching on engagement.

5. Workers should not offer ongoing services to low-risk or moderate-risk families UNLESS there is an unresolved safety threat.

Common mistake: Scored risk was moderate, and worker applied a discretionary override to high; the reason given was that it was so the family could receive services.

How to handle: Increase risk level only if you believe the family is more likely than the scored risk level indicates to maltreat their child in the future. A rationale for this belief must be provided. Discuss with worker some of the research that suggests that providing services to lower-risk families does not reduce recurrence, but does use up resources that are now unavailable for higher-risk families. Offer ideas for how family's NEEDS may be better met through community resources.

FAMILY STRENGTHS AND NEEDS ASSESSMENT (FSNA)

1. Ensure that the worker carefully reviewed the definitions and that the response is consistent with the definitions.

Common mistake: Worker provided numerous "A" responses, but narrative does not demonstrate any exceptional or proactive measures in these domains.
How to handle: Review definitions with worker and ask for evidence that meets the "A" criteria. Discuss worker motivation. Worker may want to make family feel more positive. Help worker understand that a "B" response is a strength as well, and that a family is not well-served by overstating their strengths.

2. Priority needs should correspond to lowest-scoring items in caregiver section, unless the worker explains why other needs are selected.

Common mistake: Worker selected "parenting practices" as a priority need although it was only the fifth-lowest score.

How to handle: Ask worker why the third- and fourth-lowest-scoring needs were not selected. If there is no good explanation, ask worker to reselect priorities and go over new priorities with family. If there is a good explanation (e.g., family was not willing to address the third- or fourth-lowest-scoring need, and this is a voluntary case), ask worker to document reason in narrative.

CASE PLAN

1. Each priority need item should be addressed in the case plan.

Common mistake: Priority needs include substance use, domestic violence, and social support. Case plan does not address social support.

How to handle: Ask worker to explain more about reasons social support was scored as it was, and what specific issues were identified. Ask if worker discussed social support with family. Encourage worker to meet with, or at least call, family to discuss including some objectives/activities to address social support. Use opportunity to inform worker of the importance of social support in preventing child maltreatment. Review resources/ideas for case planning around social support.

2. The case plan generally should include only issues that were identified as priority needs.

Common mistake: Case plan includes about six to eight objectives that instruct family to do things that were not an issue to begin with and are not related to priority needs (e.g., keep house clean when cleanliness of house was not an issue; get children to school when they have not been missing school).

How to handle: Remind worker that all selected objectives must relate to the three priority needs, and ask how he/she thinks these objectives relate. Talk to worker about the change process and why it is so important to help the family focus on priority issues. Revise case plan to eliminate unrelated objectives.

3. Caregiver strengths should be built into the case plan as ways to address needs.

Common mistake: List of objectives/activities does not seem to build on strengths.

How to handle: Note the priority strengths identified in the FSNA. Ask worker how those strengths are being used to address needs. If strengths are being used, ask worker to make the narrative more clear. If strengths are not incorporated, have a discussion with worker about how strengths could be used in this family.

4. Any child needs that were identified should be addressed.

Common mistake: Child was identified as having needs in the area of development and family relationships, but case plan does not address them.

How to handle: Meet with worker to discuss what must be included and ideas for handling. Have worker call or meet with family to discuss how to incorporate. Revise case plan.

RISK REASSESSMENT

1. Ensure that the risk reassessment is used ONLY to review progress, not to assess a new investigation on an open case.

Common mistake: A worker was assigned to investigate a new referral on an open case and submitted a risk reassessment.

How to handle: Explain to worker that the new referral requires a risk assessment. If needed, show worker correct risk assessment in webSDM. Delete incorrectly completed risk reassessment.

2. Ensure that only the appropriate time periods are considered.

Common mistake: Worker rated family as not having addressed substance use problem. Notes reveal that caregiver has completed treatment and been clean and sober for five months. Worker states that family did not address problem for the first seven months the case was open.

How to handle: Review definitions and ask worker to focus on current review period. Correct rating and adjust score and, if needed, decision.

REUNIFICATION REASSESSMENT

1. Ensure that the response to item #1 reflects the correct, current risk level (i.e., the risk level determined at the end of the most recent investigation using the initial risk assessment).

Common mistake: The initial risk level was very high. At first review, risk was high. This is the second review. Item #1, initial risk level, is marked "high."

How to handle: Review definition with worker. Be sure there was no risk assessment since the initial risk level. If needed, correct R1. If this affects risk level, review entire reunification reassessment and decision.

2. Ensure that visitation is calculated correctly and documented.

Common mistake: Visitation is marked "strong/adequate" but the narrative does not explain how many visits were available, how many were made, or what the quality of visits was.

How to handle: Ask worker for calculation of how many visits were available and how many were missed. Be sure the correct quantity rating is given. Ask worker for details of parent performance on visits. If worker has details, ask for these to be explained in narrative (briefly and concisely). If worker does not have information, help worker identify ways to get input for this review. Then make a plan for explaining expectations to parents now for use during next review period, and discuss ways worker can occasionally observe.

3. Ensure that the correct decision tree is used.

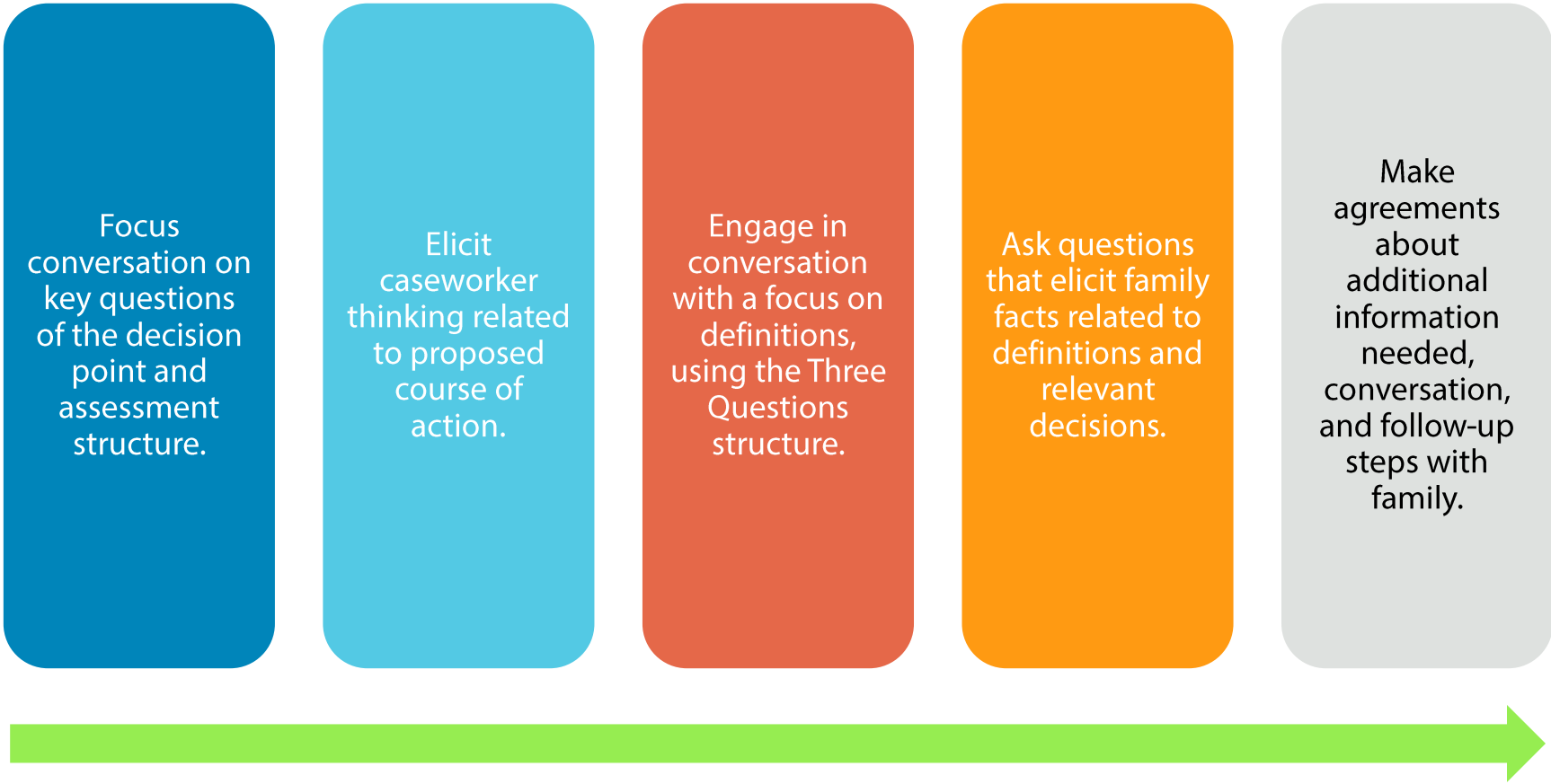
Common mistake: Child was removed two years ago at the age of 2. Worker used decision tree for children over the age of 3.

How to handle: Explain to worker that it is the age of the child at removal that determines which tree to use. Redo tool with correct tree.

CASE CONFERENCES

Question	SDM® Tool	Possible Issues
1. Should the referral be evaluated out or assigned?	Screening	• Should a referral have been created? • Is worker considering all possible criteria? • Has worker used the definitions? • Is there an applicable local protocol?
2. Should this be a 24-hour?	Response priority	• Should it have been assigned? • Has worker used the definitions? • Has worker considered overrides?
3. Should the child be removed?	Safety or SCP safety	• Has worker reviewed all safety items? • Has worker used the definitions? • Has worker considered the most vulnerable child for each item? • Has worker reviewed protective capacities? • Has worker considered all possible safety interventions?
4. Should this case be opened?	Risk	• Has worker used the definitions? • Has worker considered overrides? • Are there reasons to open/close contrary to SDM recommendation?
5. What should be included in the case plan?	FSNA	• Has worker used the definitions? • Has worker considered both caregivers? • Has worker selected the three greatest needs as priorities? • Has worker identified priority strengths?
6. Is it time to close this FM case?	Risk reassessment	• Has worker used the definitions? • Has worker considered overrides? • If closing, did worker complete a safety assessment?
7. Should this child be returned?	Reunification	• Did worker start with correct risk level? • Did worker calculate visitation quantity? • Did worker use definitions for visitation quality? • Did worker complete reunification safety if needed? • Did worker specify correct child age? • Did worker specify correct court hearing? • Did worker consider overrides?
8. Should the FR recommendation be terminated?	Reunification	• Did worker start with correct risk level? • Did worker calculate visitation quantity? • Did worker use definitions for visitation quality? • Did worker complete reunification safety if needed? • Did worker specify correct child age? • Did worker specify correct court hearing? • Did worker consider overrides?
9. How should time be allocated?	Risk	• What risk levels represent families with competing demands on worker time?

Suggested Structure for a Case Conference



CASE CONFERENCE EXERCISE

Scene	Person	Role
1	*A*	*Worker*
	B	*Supervisor*
	C	*Observer*
2	*A*	*Supervisor*
	B	*Worker*
	C	*Observer*

WORKER: Read circumstances and presenting question. Be prepared to ask question and/or explain your actions to your supervisor.

SUPERVISOR: Read circumstances. Use case conference handout on page 20 *to get ideas for questions you want to ask. Review relevant SDM definitions and/or policies in preparation for conference.*

OBSERVER: Use observer checksheet on page 50 to record observations of supervisor performance.

In role-play situations, if any participant raises his/her hand, it is a signal that clarification is needed and you are "freezing" the role play while stepping outside of your roles. The instructor will respond, unless you lower your hand and resume role play.

Hotline

Scene	Circumstances	Presenting Question
1	Worker approaches supervisor on duty. Completed SDM screening assessment shows physical abuse/non-accidental injury–severe (assigned for in-person). Response priority shows 24-hour based on automatic 24-hour for severe non-accidental injury.	Worker is frustrated that SDM recommends an immediate response because worker thinks it should be evaluated out. Child is en route to emergency room following a physical assault by a baseball coach.
2	Supervisor was reviewing a submitted assessment. Completed SDM assessment shows general neglect/inadequate food. Screener narrative states reporter indicated parent does not provide adequate food for child.	Supervisor initiates contact.

ER

Scene	Circumstances	Presenting Question
1	Worker calls supervisor from client home. Worker states he/she believes child should be removed due to high risk. Worker describes mother as meth addict who is being very uncooperative. You can hear mother yelling in background. There is a 6-year-old girl with no visible injuries. Allegation is lack of supervision.	Should I remove this child?
2	Supervisor was reviewing a submitted assessment and goes to worker to discuss. Completed risk assessment shows low risk, with only current report being for neglect and child under 2 marked as yes. Item 1, prior neglect investigations, is marked none, and item 2 is marked no prior abuse investigation. The allegation was related to domestic violence, and the narrative does not indicate that there was no confirmed domestic violence. A prior risk assessment on the same caregiver showed both criminal arrest history and history of abuse/neglect.	Supervisor initiates contact.

DI/Court

Scene	Circumstances	Presenting Question
1	Worker submits custody petition. SDM safety assessment marked safety threat #3 and caregiver complicating factor of substance abuse. Court report does not provide factual basis for marking these items, but says, "SDM recommends removal."	Supervisor initiates contact.
2	Worker schedules meeting with supervisor to go over disposition recommendations. FSNA priority needs are domestic violence, social support system, and parenting practice. There are no child needs. The case plan includes drug testing; drug treatment; domestic violence counseling; parenting classes; do not get arrested; keep your house clean; get your children to school; anger management; mental health counseling; family counseling; do not hit your children; able and willing to have custody; do not neglect your children's needs; take responsibility for actions; monitor child's health, safety, and well-being.	Worker asks if the case plan is good.

FM

Scene	Circumstances	Presenting Question
1	Worker is scheduled for routine supervision on cases. For one voluntary case, worker expresses frustration that family is not really participating in case plan. Most recent FSNA was more than a year ago. Risk assessment done yesterday indicates moderate risk. There were two prior child protective services (CPS) investigations.	Should I close the case?
2	Worker comes into supervisor's office to talk about workload. Supervisor looks at SafeMeasures® and sees that worker has quite a few low- and moderate-risk cases open, and quite a few cases that have not been reassessed for anywhere from eight months to nearly two years.	I can't keep up!

FR

Scene	Circumstances	Presenting Question
1	Worker is preparing for a family meeting to consider reunification. The reunification reassessment shows moderate risk and acceptable visitation, but mother has a new boyfriend who has been violent toward her and has a record of domestic violence arrests with previous partners.	Does the boyfriend's presence preclude the child going home?
2	Supervisor is reviewing a court report for approval. The report recommends continued reunification services. The reunification reassessment shows moderate risk, unacceptable visitation (quality unacceptable, quantity acceptable). This is the six-month hearing for a 1-year-old child.	Supervisor initiates contact.

CASE CONFERENCE EXERCISE: OBSERVER CHECKSHEET

Scene 1

	Rate (circle)	To what extent did supervisor:	Comments
1 = No evidence; 2 = Not absent, but little; 3 = Middle; 4 = Not without fail, but often; 5 = Without fail			
1	1 2 3 4 5	Lead focus to key question	
2	1 2 3 4 5	Lead focus to definitions	
3	1 2 3 4 5	Lead focus to facts related to definitions	

Scene 2

	Rate (circle)	To what extent did supervisor:	Comments
1 = No evidence; 2 = Not absent, but little; 3 = Middle; 4 = Not without fail, but often; 5 = Without fail			
1	1 2 3 4 5	Lead focus to key question	
2	1 2 3 4 5	Lead focus to definitions	
3	1 2 3 4 5	Lead focus to facts related to definitions	

MODULE 2
SUPERVISORY APPROVAL OF OVERRIDES

Hotline

Tool	Override Options	Considerations	
Screening	Change to in-person response because of courtesy interview	Does situation meet agency criteria for providing courtesy interview?	Should one or more criteria have been marked?
	Change to in-person response because of residency verification	Does situation meet agency criteria for providing courtesy home study?	
	Change to in-person response because of court order	Does situation warrant discussion with manager to consider speaking to court?	
	Change to in-person response because of local policy	Does situation meet agency criteria for one or more local policies? Did worker specify policy?	
	Change to in-person response because of other reason	Should be rare, and should justify use of agency resources and be within legal parameters of agency operations.	
	Change to evaluate out because unable to locate	Did worker make reasonable efforts to identify child/family?	Is there justification for marking the criteria, based on narrative and definitions?
	Change to evaluate out because another agency has jurisdiction	Should worker have marked "review of criteria not required (e.g., child lives in another county)? Has worker verified that another community agency has assumed responsibility? Is it confirmed that child welfare has no responsibility to act?	
	Change to evaluate out because of historical information	Is child age 10 or older? Was incident at least one year ago? Can you confirm that there were no reports in past year? Is there an indication that conditions have changed? Is the allegation sexual abuse?	
Response Priority	Change to 24-hour because law enforcement is requesting immediate response	Was law enforcement requesting ANY response, or was it specifically immediate? If 24-hour would not otherwise have been indicated, is it possible to confer with law enforcement to respond within 10 days?	Should the screening decision have been evaluate out? Is there justification for the yes/no responses that led to the scored response priority, based on narrative and definitions?
	Change to 24-hour because of forensic considerations	Would it be more appropriate for law enforcement to preserve forensic evidence? Is there actually forensic value?	
	Change to 24-hour because family may flee	What is the evidence? Is family attempting to evade investigation? Do we know where family is going?	
	Change to 10-day because child is in safe place	Are we certain child is no longer where maltreatment occurred? Are we certain that child will not return to where maltreatment is alleged within 10 days? Are we certain alleged perpetrator will have no contact with child for 10 days?	

Tool	Override Options	Considerations	
	Change to 10-day because of need for strategically slower response	Is there no possibility to be both strategic AND respond within 24 hours? Is child safety undermined by waiting?	
	Change to 10-day because alleged incident is more than six months ago	Are we certain that there is no indication of maltreatment within the past six months? Is there any information to suggest that absence of maltreatment for six months was due to absence of alleged perpetrator, who is now again in proximity to child?	
	Discretionary	• Reason given is new information not already considered in decision trees. • Reason given does not fit a policy override. • Reason given includes supporting facts. • Facts support that child would be unsafe if waiting (for override to 24-hour) OR that child would be safe for 10 days (for override to 10-day).	

Investigation/Assessment

Tool	Override Options	Considerations
Safety	#10 "Other" safety factor	• Factor listed does not fit an existing item. • Supporting facts are provided. • Facts are consistent with conditions so serious that a child would require protective placement if there is no intervention.
	"Other" household strengths or protective actions	• Capacity listed does not fit an existing item. • Supporting facts are provided. • Facts are consistent with family capacities that could be relied upon to mitigate immediate threat of serious harm.
	#9 "Other" intervention	• Intervention listed is detailed in safety plan. • Intervention listed does not fit an existing intervention category. • Intervention directly responds to one or more identified safety threats.
Risk	Sexual abuse	• Verify that sexual abuse allegation was not unfounded and there is reason to believe sexual abuse occurred (does not require decision to prosecute criminally, but must be more than speculation). • Verify that the alleged perpetrator has access to child.
	Injury to child under age 2	• Verify that there was a non-accidental injury. • Verify age of child.
	Serious injury	Verify that a non-accidental injury was serious.
	Death	Verify that there is a current or past death of a child in the home that was non-accidental.
	Discretionary	• Facts are provided. • Facts are not covered in existing items and do not contradict items (e.g., if mental health was not marked, do not override up with reason that primary caregiver has mental health issues). • Facts indicate that this family's likelihood for future maltreatment is higher than estimated by the tool.

Case Planning

Tool	Override Options	Considerations
FSNA/CSNA	Use of SN11 or CSN12	• Detail is provided about the nature of the additional strength/need area. • The additional area is not part of the existing items. • The additional area is relevant for case planning.
	Prioritizing other than the lowest three scores as needs OR the highest three scores as strengths	Narrative explains why the selected strength or need would make a more effective case plan than the item that was scored as a priority.

FM Reassessment

Tool	Override Options	Considerations
Risk Reassessment	Sexual abuse	• Verify that sexual abuse allegation was not unfounded and there is reason to believe sexual abuse occurred. • Verify that the alleged perpetrator has access to child.
	Injury to child under age 2	• Verify that there was a NEW non-accidental injury. • Verify age of child.
	Serious injury	Verify that a NEW non-accidental injury was serious.
	Death	Verify that there is NEW non-accidental death of a child in the home.
	Discretionary	• Facts are provided. • Facts are not covered in existing items and do not contradict items (e.g., if mental health was not marked, do not override up with reason that primary caregiver has mental health issues). • Facts indicate that this family's likelihood for future maltreatment is higher OR lower than estimated by the tool.

Case Planning

Tool	Override Options	Considerations
FSNA/CSNA	Use of SN11 or CSN12	• Detail is provided about the nature of the additional strength/need area. • The additional area is not part of the existing items. • The additional area is relevant for case planning.
	Prioritizing other than the lowest three scores as needs OR the highest three scores as strengths	Narrative explains why the selected strength or need would make a more effective case plan than the item that scored as a priority.

FR Reassessment

Tool	Override Options	Considerations
Risk	Sexual abuse	• Verify that sexual abuse was not unfounded and there is still reason to believe sexual abuse occurred. • Verify that the alleged perpetrator has access to child at this time. • Verify that the perpetrator has not successfully completed treatment.
	Non-accidental injury to infant	• Verify that there was a non-accidental injury at any time AND that the perpetrator is a household member who has not successfully completed treatment. • Verify age of child.
	Serious non-accidental injury	Verify that a serious non-accidental injury occurred at any time AND that the perpetrator is a household member who has not successfully completed treatment.
	Death of sibling	Verify that there is a current or past non-accidental death of a child in the home AND that the perpetrator is a household member who has not successfully completed treatment.
	Discretionary	• Facts are provided. • Facts are not covered in existing items and do not contradict items (e.g., if mental health was not marked, do not override up with reason that primary caregiver has mental health issues). • Facts indicate that this family's likelihood for future maltreatment is higher than estimated by the tool. • Be clear about the difference between safety and risk.
Visitation	Policy	Apply only if quality and quantity were in an acceptable range, but visitation is still being supervised for child safety.
	Discretionary	• Facts are provided. • Facts provide explanation for why scored visitation assessment does not adequately reflect visitation results.
Recommendations	Policy: 15 of 22	Apply only if recommendation from tool was continue FR, but child has been in care for 15 of the last 22 months.
	Policy: Continue FR	Apply only if recommendation was terminate FR AND this is no later than twelfth month AND there is reason to believe reunification will occur within six months. Refer to W&I Code §366.21(g)(1).
	Policy: Terminate FR	Apply only if recommendation was to continue FR AND conditions exist to recommend termination.
	Discretionary	• Facts are provided. • Facts are not already considered in any part of tool, including policy overrides, and do not contradict any item already scored. • Facts support that the best interest of the child would be better served by an alternate recommendation.
Sibling Group		Examine both whether it was applied for good cause and the best recommendation was applied to all siblings; OR if it was not applied, should it have been?

Case Planning

Tool	Override Options	Considerations
FSNA/CSNA	Use of SN11 or CSN12	• Detail is provided about the nature of the additional strength/need area. • The additional area is not part of the existing items. • The additional area is relevant for case planning.
	Prioritizing other than the lowest three scores as needs OR the highest three scores as strengths	Narrative explains why the selected strength or need would make a more effective case plan than the item that was scored as a priority.

EXERCISE: TO APPROVE OR NOT TO APPROVE

The following examples are overrides that were marked on assessments submitted for approval. Determine whether or not you would approve the override. If not approving the override, briefly state why not, and what the worker should do instead.

Hotline

Assessment	Override Applied	Supporting Facts	Supervisor Decision
Screening	Insufficient information to locate child/family	Caller does not know child or where child lives, but saw mother strike child hard numerous times on the face outside of the school where caller was picking up his own child. Caller described child and mother. Child appears to be 6 or 7 years old, and had walked out of the school building where he met the woman who caller took to be his mother… believes child called her mommy. There is no attempt to identify child by hotline staff.	• Approve • Not approve Explanation:
	Another community agency has jurisdiction	Call from law enforcement, who is investigating a physical assault on a 14-year-old boy by his mother's live-in boyfriend. The boyfriend is being arrested and will be charged.	• Approve • Not approve Explanation:
	Historical information only	Therapist has been working with family for a year on improving family relationships, mostly with parents, but sometimes children are included in sessions. Last night it came out that there was an incident three years ago in which father spanked child, then 8 years old, so hard it left a bruise. That was the only incident of its kind. There are no CPS referrals on family. Child told therapist privately that it was the last time father spanked or hit him.	• Approve • Not approve Explanation:
	Local protocol	Reporter describes a long history of domestic violence. The children have witnessed many assaults.	• Approve • Not approve Explanation:
	"Other"	Child has an open case; follow-up is required to assess child's continued safety in the area in which the foster home is located.	• Approve • Not approve Explanation:

Assessment	Override Applied	Supporting Facts	Supervisor Decision
Response Priority	Law enforcement is requesting an immediate response	Reporter is a sergeant at the local police department.	• Approve • Not approve Explanation:
	There is reason to believe family may flee	Reporter is hospital social worker. Child has just been diagnosed with pneumonia. Nurse overheard family making plans to leave against medical advice so that they can start their vacation on time. Pneumonia could get worse and cause lung damage—even death—if not treated now.	• Approve • Not approve Explanation:
	Child is in an alternative safe environment	Father was leaving child unsupervised, but got a daycare provider last week.	• Approve • Not approve Explanation:
	Discretionary override to 10 days (five in Los Angeles)	Child is safe.	• Approve • Not approve Explanation:
	Discretionary override to 10 days (five in Los Angeles)	This incident is alleged to have occurred over two weeks ago. This mother has contacted law enforcement, alerted them, and mother is being protective of her children.	• Approve • Not approve Explanation:

Bonus

Pick one override you did not approve and rewrite it with information that would make it an appropriate override:

The following examples are overrides that were marked on assessments submitted for approval. Determine whether or not you would approve the override. If not approving the override, briefly state why not, and what the worker should do instead.

ER

Assessment	Override Applied	Supporting Facts	Supervisor Decision
Safety	#10 "Other" safety factor	Caregiver appears to be immature and unable to adequately parent her four children. She relies heavily on her mother to care for the children and in doing so, the children's medical needs, educational needs, and safety have been compromised.	• Approve • Not approve Explanation:
		Caregiver has disclosed that he is not medicated and does not intend to seek treatment or to take medication.	• Approve • Not approve Explanation:
		Child has ADD—very disruptive and very hard to handle.	• Approve • Not approve Explanation:
		Child ingested non-prescribed medication; mom delayed before taking to hospital.	• Approve • Not approve Explanation:
		Client's current residence has been condemned by the city, according to a letter from her landlord. Client has to vacate premises by next week.	• Approve • Not approve Explanation:
		Mom is a recovering alcoholic.	• Approve • Not approve Explanation:
	"Other" Household Strength or Protective Action	Mother states that her children are her life.	• Approve • Not approve Explanation:

Assessment	Override Applied	Supporting Facts	Supervisor Decision
		Mother has already kicked her boyfriend, who abused child, out of the home, and filed a restraining order.	• Approve • Not approve Explanation:
	#9 "Other" interventions	Worker will check on family in next week.	• Approve • Not approve Explanation:
		Parents will use food bank for food until next check comes.	• Approve • Not approve Explanation:
		Father agreed to attend substance abuse counseling.	• Approve • Not approve Explanation:
Risk Assessment	Discretionary override (increase risk one level)	Mother needs CPS intervention.	• Approve • Not approve Explanation:
		Override risk level to high in order for the family to receive First 5 services.	• Approve • Not approve Explanation:
		Child has a severe injury (third-degree burn); mother's explanation not consistent with the injury. Mother failed to take the child for medical attention immediately.	• Approve • Not approve Explanation:

Bonus

Pick one override you did not approve and rewrite it with information that would make it an appropriate override:

The following examples are overrides that were marked on assessments submitted for approval. Determine whether or not you would approve the override. If not approving the override, briefly state why not, and what the worker should do instead.

FM (also do safety assessment overrides)

Assessment	Override Applied	Supporting Facts	Supervisor Decision
Risk Reassessment	Discretionary to decrease risk	Family states they no longer wish to be involved with services.	• Approve • Not approve Explanation:
		Family is doing well and no longer needs services.	• Approve • Not approve Explanation:
		Mother complied with case plan activity.	• Approve • Not approve Explanation:
	Discretionary to increase risk	Unable to locate family. County counsel requires case remain open until child is age 18.	• Approve • Not approve Explanation:
		Child's behavioral disorder continues to create extreme stress in the family. Along with recent job loss for father, the family stress level is very high, and in the past, maltreatment has occurred under high stress.	• Approve • Not approve Explanation:
		Mother was discharged from therapy and needs a mental health assessment.	• Approve • Not approve Explanation:

Assessment	Override Applied	Supporting Facts	Supervisor Decision
FSNA	#SN11 Other (caregiver)	Mother is a meth addict.	• Approve • Not approve Explanation:
	#CSN12 Other (child)	Johnny does very well in school.	• Approve • Not approve Explanation:

Bonus

Pick one override you did not approve and rewrite it with information that would make it an appropriate override:

The following examples are overrides that were marked on assessments submitted for approval. Determine whether or not you would approve the override. If not approving the override, briefly state why not, and what the worker should do instead.

FR (also do FSNA overrides)

Assessment	Override Applied	Supporting Facts	Supervisor Decision
Reunification Risk	Discretionary to reduce risk	The two minors are in foster care.	• Approve • Not approve Explanation:
		Original risk level of very high was based on policy override applied because at the time child's injury was believed to be a non-accidental injury to child under age 2. Subsequent investigation resulted in determination that injury was accidental. Scored risk level would have been high. Using high risk as a baseline, family's progress would result in moderate risk level at this time.	• Approve • Not approve Explanation:
		We are recommending reunification.	• Approve • Not approve Explanation:
	Discretionary to increase risk	Mother states she needs more time.	• Approve • Not approve Explanation:
		Father has not finished his substance abuse counseling.	• Approve • Not approve Explanation:
Placement/ Permanency Guideline	Discretionary change to return home	No current safety issues.	• Approve • Not approve Explanation:
	Discretionary change from return home to continue FR	Mother states she needs more time.	• Approve • Not approve Explanation:

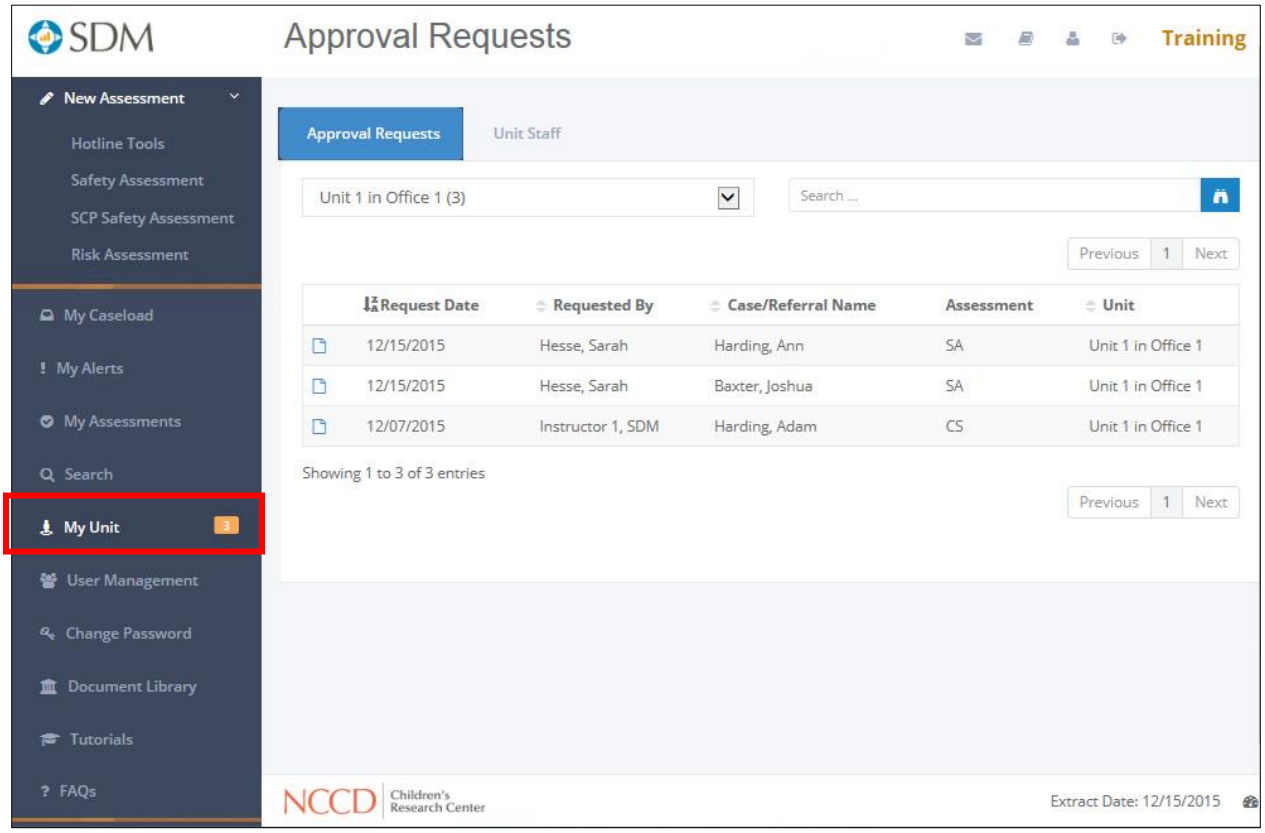
Assessment	Override Applied	Supporting Facts	Supervisor Decision
	Discretionary change from continue FR to terminate FR	Mother does not wish to continue FR. Minor, age 17, is not interested in reunification and wants to work on emancipation.	• Approve • Not approve Explanation:
	Discretionary change from terminate FR to continue FR	There is a reasonable chance of reunification within the next six months.	• Approve • Not approve Explanation:

Bonus

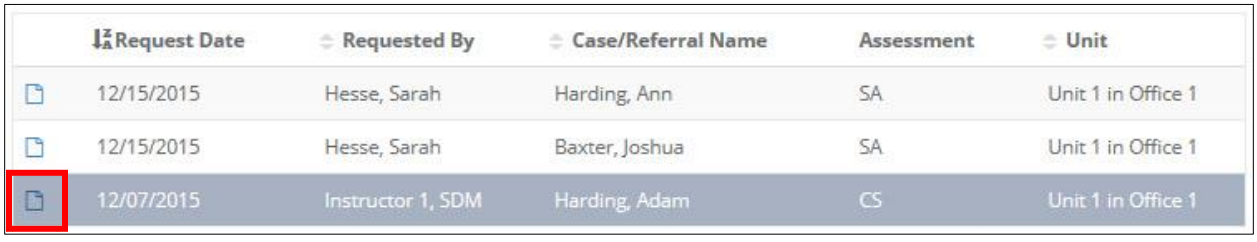
Pick one override you did not approve and rewrite it with information that would make it an appropriate override:

YOUR NAME IS ON IT:
APPROVING ASSESSMENTS

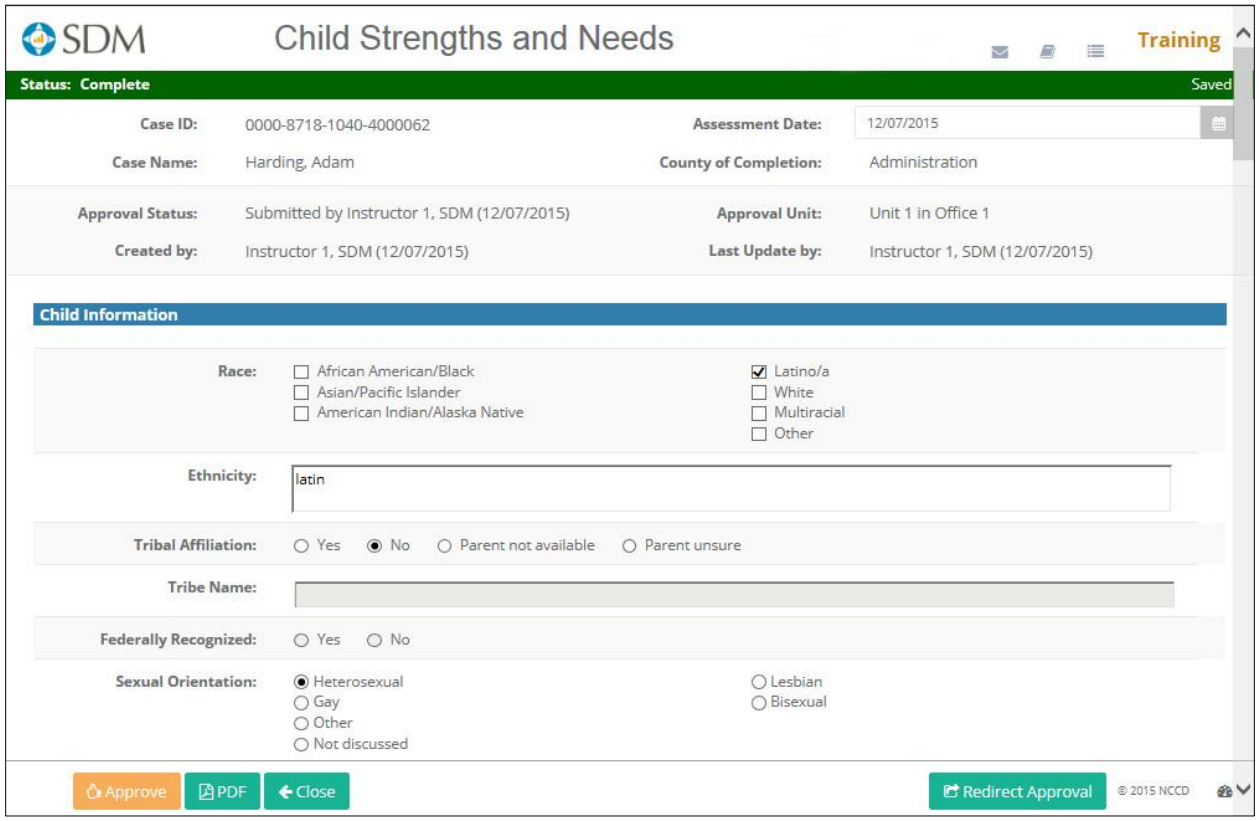
1. Check "My Unit" to see if you have any pending approval requests. Click to open the Approval Requests list.



2. Click the "Open" icon to view the assessment.



3. Review the assessment.



4. If the worker sent the assessment to you when it should have gone to a different supervisor, click Redirect Approval at the bottom of the assessment and forward to the correct supervisor.

5. Guidelines for depth of review prior to approval.

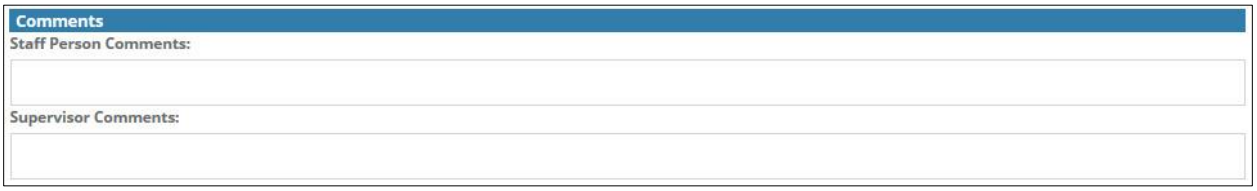
How Often	What
Always	• Review overrides or use of "other." • Compare with your knowledge of family for overall consistency. For example: » You know child was placed in foster care, but safety assessment shows a safety decision of "safe." » You know the mother has serious mental health issues, but the FSNA priority needs do not include mental health/coping skills and you find that the mental health/coping skills item is scored "b." • Look for obvious internal and cross-assessment consistency. For example: » Number of prior investigations in items 1 and 2 are inconsistent with item 3. » Unexplained inconsistency between the safety assessment, which indicates a substance abuse problem, and the risk assessment, which indicates no problem (this is possibly correct but warrants questioning).

How Often	What
	• Look for consistency with bottom-line recommendations in assessment and court reports and/or case actions. For example: » Court report recommends continued reunification, but the reunification reassessment recommends terminate reunification. » Case was opened but the risk level was moderate.
Spot check *Workers with less experience using the assessment should have more frequent spot checks.*	• Compare one or two random item scores with narrative. • Compare prior history items with CWS/CMS record or SafeMeasures history page.
Small random sample	Conduct supervisory case reading prior to approving. See supervisory case reading section of this participant guide.

6. If you are satisfied that the assessment meets standards, click Approve

7. If you find obvious errors or are uncertain if there are errors:

   a. BEST CHOICE. Have worker come to your office and discuss. Make the revisions together. Document the changes in the Supervisor Comments box.



   For example, "Met with worker on 01/08/15 and reviewed risk item N4. Corrected response to a. based on actual number of children in household."

   Click Approve. The assessment will now become read-only and can no longer be edited.

   NOTE: If the worker is not available immediately, you can select Close, and the unmodified and unapproved assessment will remain on your approval list. When the worker is available, you can open it again and proceed as above.

   b. NEXT CHOICE. Make the revision yourself. Enter your comments into the supervisor comment box. For example, "Worker scored 6 as B, that there were four or more children. On review, supervisor determined that there were only three children in the household and modified item."

   Select Approve. The assessment will now have a status of Approved With Modifications. The worker will also see the assessment on his/her My Alerts screen as Assessment Recently Approved w/Modifications. Advise the worker to open the assessment to see your comments.

8. THE MOST IMPORTANT PART: Use revision as an opportunity to coach/mentor. For example:

- Help the worker learn which household to assess and who is part of the household.
- Help the worker become more familiar with definitions.
- Help the worker learn how extensively to pursue missing or conflicting information.
- Coach the worker on ways to elicit information about uncomfortable topics.
- Increase the worker's understanding of complicated topics such as substance abuse, mental health, domestic violence, and developmental disability.
- Increase the worker's knowledge of medical issues, such as osteogenesis imperfecta, diabetes management, and the meaning of various sexually transmitted diseases and their relative value as sexual abuse indicators.
- Increase worker creativity in developing safety plans and case plans.
- Increase worker knowledge of community resources.
- Challenge the worker to deepen critical-thinking skills.
- Help the worker learn correct policies and procedures rather than workarounds.

EXERCISE:
TURNING MISTAKES INTO OPPORTUNITIES

Scene	Person	Role
1	*A*	*Worker*
	B	*Supervisor*
	C	*Observer*
2	*A*	*Supervisor*
	B	*Worker*
	C	*Observer*

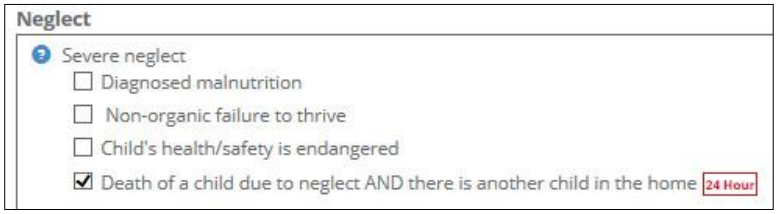
WORKER: Read the SDM information and narrative information you submitted and be prepared to defend your decision. You should "play along" with the need to learn something, but you may attempt to defend your initial assessment to a small degree.

SUPERVISOR: Identify the reason why you need to talk to the worker prior to approving. Review relevant SDM definitions and/or policies in preparation for the conference. Ask the worker for an explanation. Provide information to the worker as needed, and work toward agreement. Attempt to leverage situation to provide the worker with knowledge and/or skill building.

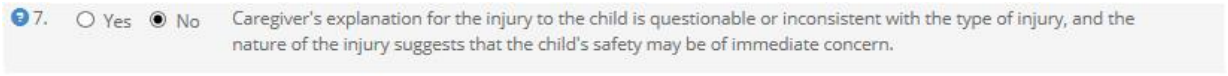
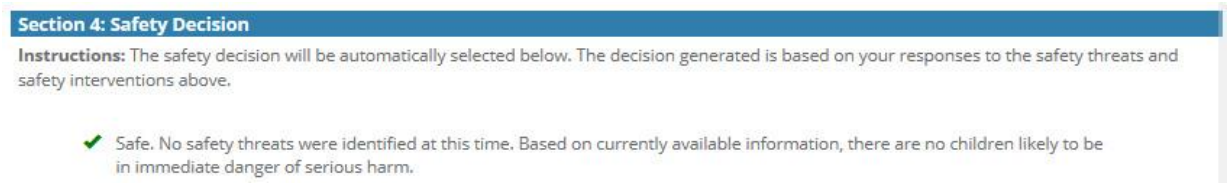
OBSERVER: Use observer checksheet on page 50 to record observations of supervisor performance.

In role-play situations, if any participant raises his/her hand, it is a signal that clarification is needed and you are "freezing" the role play while stepping outside of your roles. The instructor will respond, unless you lower your hand and resume role play.

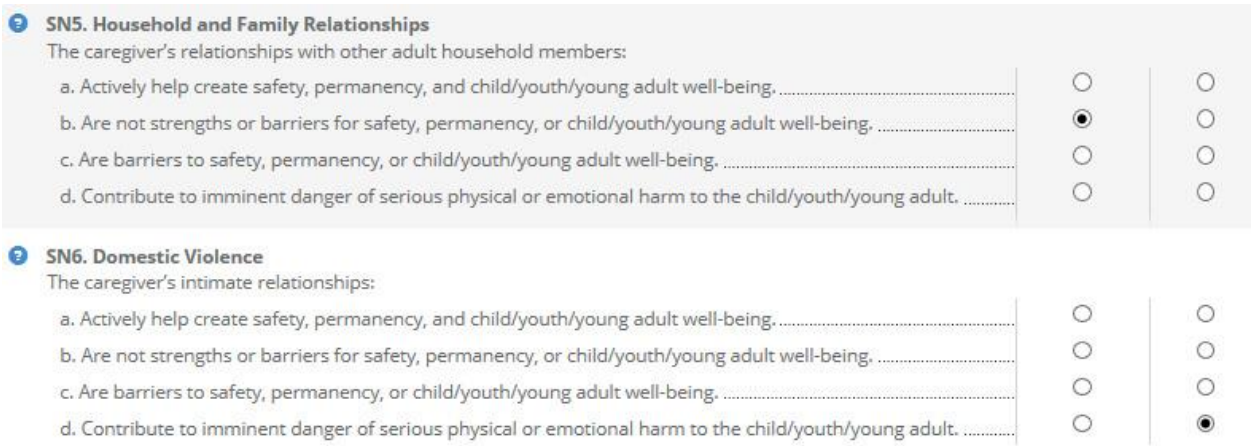
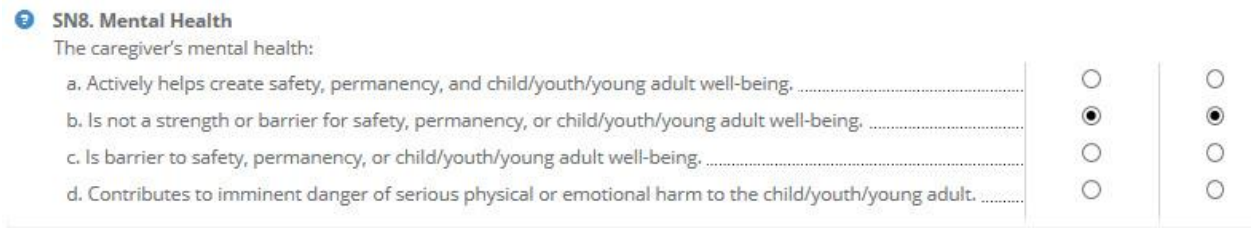
Hotline

Scene	Assessment Requiring Approval
A	 The screener narrative indicates that the child died of natural causes.
B	

ER

Scene	Assessment Requiring Approval
A	Safety threats  7. ○ Yes ◉ No Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern. Safety decision  **Section 4: Safety Decision** **Instructions:** The safety decision will be automatically selected below. The decision generated is based on your responses to the safety threats and safety interventions above. ✔ Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm. Screener narrative: Doctor reported and states that the child has subdural hematoma and skull fracture that crosses suture lines. There are also retinal hemorrhages. The child is 14 months old and is in critical condition. On arrival, the mother said that the child was learning to walk and lost his balance, hitting his head on coffee table. The father was not present initially. When he arrived, he said that the 4-year-old sibling pushed the 14-month-old off of the couch, and the child fell on his head. Doctor states that neither explanation could have caused the injury. Contact note: The worker interviewed the mother, who provided the same explanation that she provided to the doctor. The worker interviewed the father, who now relates mother's story. The worker closed the investigation, calling it inconclusive.
B	Risk  **13. Primary or secondary caregiver history of abuse or neglect as a child** 0 0 ◉ a. No history of abuse or neglect for either caregiver ..... 0 0 ○ b. One or both caregivers have a history of abuse or neglect as a child ..... 1 1 Contact note is for single contact date and does not make any reference to the primary caregiver's childhood history. You have been noticing that this worker has never marked YES on this item.

DI/Court

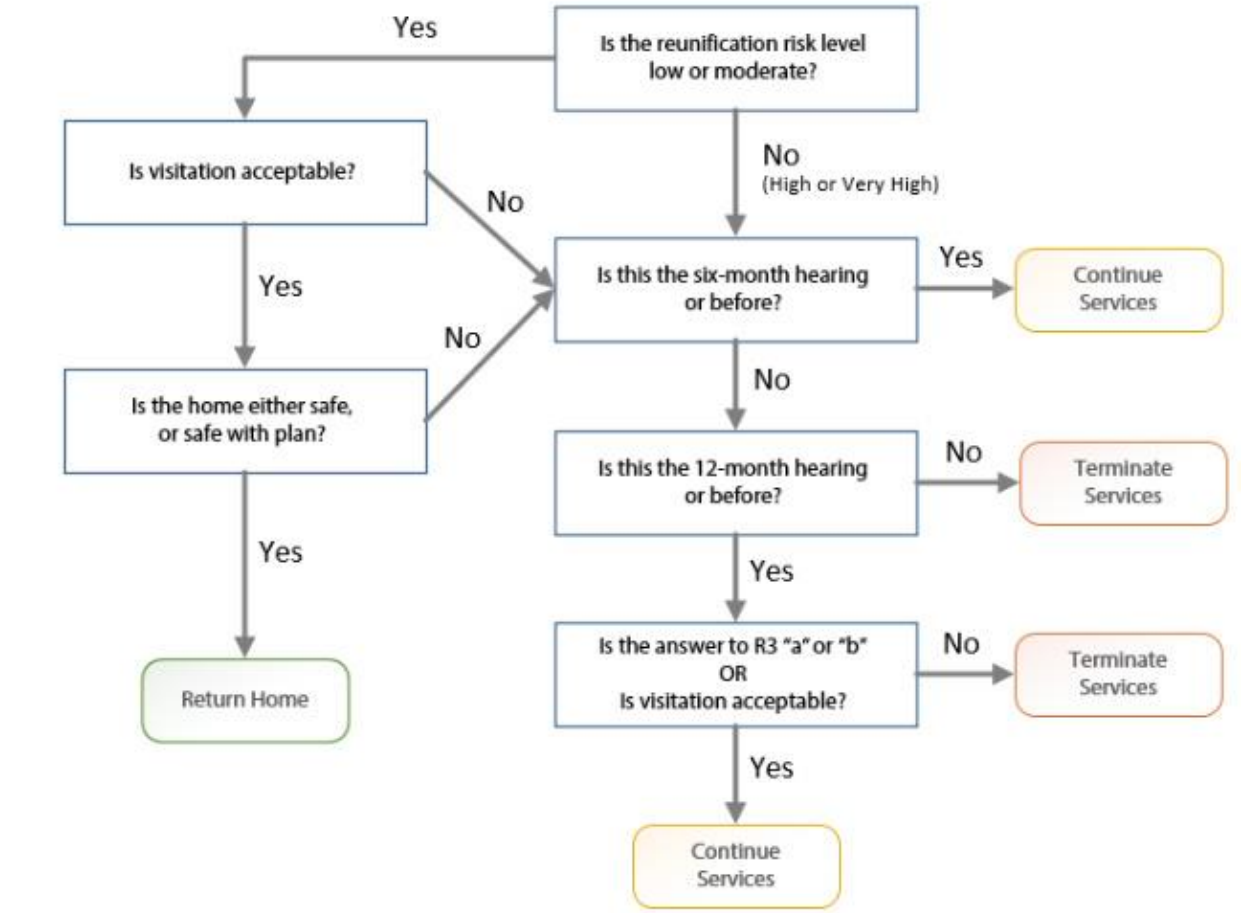
Scene	Assessment Requiring Approval
A	FSNA  **SN5. Household and Family Relationships** The caregiver's relationships with other adult household members: a. Actively help create safety, permanency, and child/youth/young adult well-being. ○ ○ b. Are not strengths or barriers for safety, permanency, or 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. ○ ○ **SN6. Domestic Violence** The caregiver's intimate relationships: 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. ○ ◉ Priority needs **C. Priority Needs and Strengths** **Needs** **Response** **Domain** **Caregiver** d Domestic Violence S c Mental Health P Court report: There is an extensive history of domestic violence between mother and father. The most recent very violent assault was the day prior to the referral. The father was arrested. At least four times in the past two years there has been a violent assault where father was arrested, and father and mother always reunited. Court report indicates that since father is now out of the house, the domestic violence issues are resolved.
B	FSNA  **SN8. Mental Health** The caregiver's mental health: 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 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. ○ ○

Scene	Assessment Requiring Approval
	Priority needs d Parenting Practices P d Domestic Violence S c Parenting Practices S c Mental Health P Based on existing knowledge of the family and informal conversations with worker, supervisor knows that mother is probably schizophrenic. Supervisor overheard conversation between worker and another worker talking about some pretty bizarre things mother said that sounded like she was having hallucinations.

FM (may also do FSNA)

Scene	Assessment Requiring Approval
A	Risk reassessment **R10. Caregiver's progress with case plan objectives (as indicated by behavioral change)** P S ● ○ a. Demonstrates new skills consistent with all family case plan objectives and is actively engaged to maintain objectives ..... 0 ○ ○ b. Demonstrates **some** new skills consistent with case plan objectives, is actively engaged in activities to achieve objectives ..... 0 ○ ○ c. Minimally demonstrates new skills and behaviors and/or inconsistently engaged in obtaining objectives in the case plan ..... 0 ○ ○ d. Does not demonstrate new skills and behaviors consistent with case plan objectives and/or refuses engagement ..... 1 A letter in the file from the substance abuse counselor says mother has not participated in sessions. There are two drug screens showing continued use. A letter in the file indicates mother did not complete parenting classes. Mother is still living with friends though she is supposed to obtain housing. Contact notes all indicate that mother is telling worker she is participating in counseling and parenting classes.
B	Risk reassessment **R6. Primary/secondary caregiver alcohol and/or drug use since the last assessment/reassessment (mark one)** 1 P S ○ ○ a. No history of alcohol or drug abuse ..... 0 ○ ○ b. No current alcohol or drug abuse; no intervention needed ..... 0 ○ ○ c. Yes, alcohol or drug abuse; problem is being addressed ..... 0 ● ○ d. Yes, alcohol or drug abuse; problem is not being addressed ..... 1 Report from substance abuse counselor: Father had a six-year history of drug abuse with cocaine as primary drug of choice. He was clean for 90 days, then smoked one joint, which was followed by another 60 days of being clean (bringing us to the present time). Counselor states father is making excellent progress. They used the smoking of the joint to refine father's relapse prevention plan.

FR (may also do FSNA)

Scene	Assessment Requiring Approval
A	Reunification safety 2. Have any new safety threats been identified since the child's removal or are there any other circumstances or conditions present in the reunification household that, if the child were returned home, would present an immediate danger of serious harm? ○ No ◉ Yes Permanency decision Children Age 3 or Older at Time of Removal  Court report indicates excellent progress in every regard. Worker has always spoken highly of this family and anticipated return home quickly. Supervisor notes that everything is pointing to return home with the exception of safety threat item #7. There is nothing in any note or court report to explain why it is marked. Supervisor suspects that since mother is on CalWORKs and has had a hard time making ends meet, she may lack furniture, clothing, food, etc. Worker who started recently may not realize that there are resources to address these needs.

Scene	Assessment Requiring Approval
B	Reunification visitation  Supervisor has no recollection of any discussion with worker about how visitation has been going, and there is nothing in the contact notes or court report. Supervisor suspects that worker may provide positive feedback in the absence of information to the contrary rather than attempting to determine how visits have actually been going by either observing or interviewing children, parents, or foster parents about visits.

SUPERVISORY APPROVAL EXERCISE:
OBSERVER CHECKSHEET

Scene 1

	Rate (circle)	To what extent did supervisor:	Comments
1 = No evidence; 2 = Not absent, but little; 3 = Middle; 4 = Not without fail, but often; 5 = Without fail			
1	1 2 3 4 5	Explain question	
2	1 2 3 4 5	Listen to worker's perspective	
3	1 2 3 4 5	Refer to SDM policy and/or definitions	
4	1 2 3 4 5	Use issue as a learning opportunity	

Scene 2

	Rate (circle)	To what extent did supervisor:	Comments
1 = No evidence; 2 = Not absent, but little; 3 = Middle; 4 = Not without fail, but often; 5 = Without fail			
1	1 2 3 4 5	Explain question	
2	1 2 3 4 5	Listen to worker's perspective	
3	1 2 3 4 5	Refer to SDM policy and/or definitions	
4	1 2 3 4 5	Use issue as a learning opportunity	

CONTACT GUIDELINES

While most counties are not resourced to meet SDM contact guidelines, it is important to be sure that scarce resources are being used in ways that will have the most potential benefit. The minimum Division 31 requirement is that any open case requires at least one contact per month. In the SDM system, as risk goes up, more contact is desirable. Higher-risk families are likely to have better results when there is adequate ongoing contact with the family.

You can use SafeMeasures to see whether your unit has made minimum contact requirements, and you can see whether "extra" contacts (i.e., a second, third, or fourth contact in a month) are used with higher-risk families. To obtain a picture of your unit, use SDM Measures → SDM for Open Cases → Contacts With Child Based on Risk. Filter for your unit and change the report to % view. Figure 1 shows an example of one unit for the last complete calendar month.

Figure 1

Contacts	Low	Moderate	High	Very High	Total
Zero	3	3	2	0	**8**
One	7	17	10	1	**35**
Two	2	0	5	0	**7**
Three	0	0	0	0	**0**
More Than Three	0	1	0	0	**1**
Total	**12**	**21**	**17**	**1**	**51**

What was the risk level of every case that had more than three contacts? _____

How many very-high-risk families received zero contacts? _____

How many contacts did most moderate-risk families receive? _____

If you supervised this unit, what changes would you like to see next month? _____

_____

Why does the SDM system recommend not keeping low- and moderate-risk cases open? _____

_____

Under what conditions would it be appropriate to provide a second or subsequent contact to a low- or moderate-risk family when there is a high- or very-high-risk family who has not yet been seen? _____

_____

You can track progress during the month to help workers make sure to see all of their cases during the month. Halfway through the month, do the same report, but use the OPEN ON timeframe instead of the last calendar month. Because you can drill down into any part of the graph, you can develop a list of cases that have not been seen yet during the month and dialogue with the worker about strategies for ensuring that the contacts occur. Do this once more with one week to go. When workers ask for help with time management, you can go into SafeMeasures and look at these reports.

ASSIGNING CASES

Most workers have as many cases as they can handle (or more). As a supervisor, you may have a new referral to be assigned. To whom do you assign it? Some supervisors keep handwritten logs of case assignments, but you can use SafeMeasures to show assignments per worker for your unit. Figure 2 shows an example. (If you are unfamiliar with using SafeMeasures for this purpose, attend a SafeMeasures training or just explore on your own.) Go to the main menu → Caseload Management → Primary Assignments by Service Component report. If necessary, change the timeframe to Open on [Extract Date]. Filter for your unit and choose All Caseloads from the drop-down menu.

Figure 2

All Caseloads

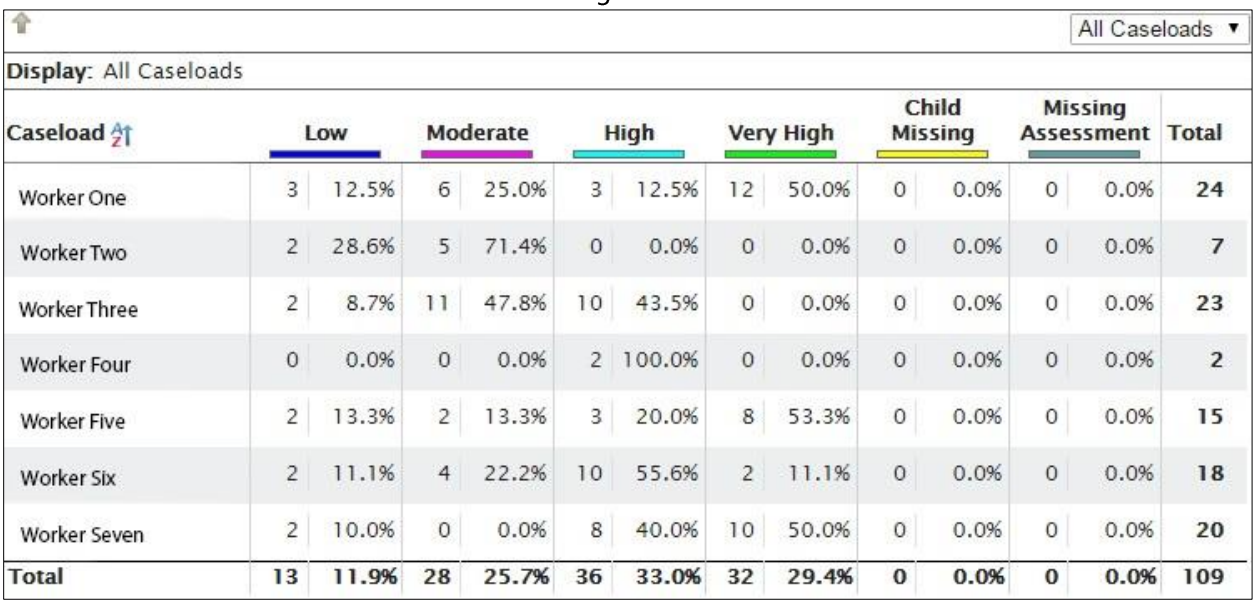
Display: All Caseloads

Caseload	Investigation		ER		FM		FR		PP		ST		Total
Worker One	0	0.0%	0	0.0%	6	24.0%	15	60.0%	4	16.0%	0	0.0%	**25**
Worker Two	0	0.0%	0	0.0%	8	100.0%	0	0.0%	0	0.0%	0	0.0%	**8**
Worker Three	0	0.0%	0	0.0%	14	48.3%	12	41.4%	3	10.3%	0	0.0%	**29**
Worker Four	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	**2**
Worker Five	0	0.0%	0	0.0%	6	23.1%	11	42.3%	9	34.6%	0	0.0%	**26**
Worker Six	0	0.0%	0	0.0%	6	27.3%	10	45.5%	6	27.3%	0	0.0%	**22**
Worker Seven	0	0.0%	0	0.0%	10	45.5%	12	54.5%	0	0.0%	0	0.0%	**22**
Total	**0**	**0.0%**	**0**	**0.0%**	**50**	**37.3%**	**62**	**46.3%**	**22**	**16.4%**	**0**	**0.0%**	**134**

Most likely, Workers Two and Four are new workers in training. If this were your unit, you would know. Which worker has the most cases? Which worker has the most work? The answer is not necessarily the one with the most cases.

You can also use SafeMeasures to determine the risk level for each case. Select SDM Measures → SDM for Open Cases → SDM Risk Level. Again, filter for your unit, open the Comparison tab, and select All Caseloads from the drop-down box. You can save this report as a favorite if you want, and then you won't have to filter every time.

Figure 3



All Caseloads

Display: All Caseloads

Caseload	Low		Moderate		High		Very High		Child Missing		Missing Assessment		Total
Worker One	3	12.5%	6	25.0%	3	12.5%	12	50.0%	0	0.0%	0	0.0%	24
Worker Two	2	28.6%	5	71.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7
Worker Three	2	8.7%	11	47.8%	10	43.5%	0	0.0%	0	0.0%	0	0.0%	23
Worker Four	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	2
Worker Five	2	13.3%	2	13.3%	3	20.0%	8	53.3%	0	0.0%	0	0.0%	15
Worker Six	2	11.1%	4	22.2%	10	55.6%	2	11.1%	0	0.0%	0	0.0%	18
Worker Seven	2	10.0%	0	0.0%	8	40.0%	10	50.0%	0	0.0%	0	0.0%	20
Total	**13**	**11.9%**	**28**	**25.7%**	**36**	**33.0%**	**32**	**29.4%**	**0**	**0.0%**	**0**	**0.0%**	**109**

Notice that once you consider risk, the actual workload shifts. When we looked at just the total number of cases assigned, Workers One, Three, and Five looked more equal (25 to 29 cases each). When we are adjusting for risk, we are looking only at FM and FR cases assigned.

Applying the math to adjust for risk level (low = 1, moderate = 2, high = 3, very high = 4), the relative workload for each worker is as follows:

- Worker One: 3 x 1 (3), 6 x 2 (12), 3 x 3 (9), 12 x 4 (48) = 72; 25 cases
- Worker Two: 2 x 1 (2), 5 x 2 (10), 0 x 3 (0), 0 x 4 (0) = 12; 8 cases
- Worker Three: 2 x 1 (2), 11 x 2 (22), 10 x 3 (30), 0 x 4 (0) = 54; 29 cases
- Worker Four: 0 x 1 (0), 0 x 2 (0), 2 x 2 (4), 0 x 4 (0) = 4; 2 cases
- Worker Five: 2 x 1 (2), 2 x 2 (4), 3 x 3 (9), 8 x 4 (32) = 47; 26 cases
- Worker Six: 2 x 1 (2), 4 x 2 (8), 10 x 3 (30), 2 x 4 (8) = 48; 22 cases
- Worker Seven: 2 x 1 (2), 0 x 2 (0), 8 x 3 (24), 10 x 4 (40) = 66; 22 cases

Worker	Relative Low	Relative Medium	Relative High	Relative Very High	Relative Total	Actual Total
Worker One	3	12	9	48	72	25
Worker Two	2	10	0	0	12	8
Worker Three	2	1	30	0	54	29
Worker Four	0	0	4	0	4	2
Worker Five	2	4	9	32	47	26
Worker Six	2	8	30	8	48	22
Worker Seven	2	0	24	20	66	22

When looking only at the number of total cases assigned for all program types, Workers Six and Seven had the same number of cases (22). However, Worker Seven has a larger workload based on the number of very-high-risk cases.

If you were to assign solely based on number of cases assigned (excluding Workers Two and Four), then you might decide the next case should go to either Worker Six or Seven because they have fewer cases than Workers One, Three, or Five. But when you adjust for risk, it makes more sense for the next case to be assigned to Worker Five or Six.

NOTE: There would not be a risk level on PP cases, so for mixed caseloads, remember to consider the number of PP cases as well. Because risk level will only be displayed for cases with a risk level, the SafeMeasures report for risk level on open cases will not display open cases that have no risk level. This is a good incentive for workers to be sure that all of their cases have a risk level!

KEEPING UP WITH REASSESSMENTS

You supervise six to 12 workers or more. Each worker has 15 to 25 cases—or more. That means you supervise work on 90 to 300 cases every month. Each case requires periodic reassessment. Not only is each case on its own schedule, but due to court hearing delays, those schedules can change. How do you keep up? Some supervisors keep handwritten logbooks, but there is an easier way.

In SafeMeasures, select Open Cases → Case Plan Status, and filter for your unit.

Figure 4

Plan in Place		Plan Missing or Expired		Pending Plan		Total
18	58.1%	13	41.9%	0	0.0%	**31**
7	100.0%	0	0.0%	0	0.0%	**7**
23	88.5%	3	11.5%	0	0.0%	**26**
2	100.0%	0	0.0%	0	0.0%	**2**
24	100.0%	0	0.0%	0	0.0%	**24**
16	66.7%	8	33.3%	0	0.0%	**24**
16	80.0%	4	20.0%	0	0.0%	**20**
106	**79.1%**	**28**	**20.9%**	**0**	**0.0%**	**134**

You can drill deeper into individual worker caseloads and identify which case is missing a case plan or has an expired case plan.

The case plan timeline is set by Division 31. Timelines for SDM assessments are all triggered by the case plan. Workers should start each case plan review process by completing either a risk reassessment (FM) or reunification reassessment (FR). If the case will remain open, they should also do an FSNA to guide the next case plan. If they plan to close the case, they should do a safety assessment to confirm that the child is safe.

SafeMeasures looks at each case plan and looks into the 30-day (voluntary) or 65-day (court) window immediately preceding it to see whether these SDM assessments were done. Figure 6 shows FSNA timeliness prior to case plan. To see this information, go to SDM Measures → SDM for Open Cases → FSNA Timeliness Prior to Case Plan. Filter to your unit.

Figure 5

FSNA Timeliness	Count	%
FSNA Timely to Plan	48	44.0%
Open Less Than 6 Months	18	16.5%
Missing Current Case Plan	22	20.2%
Timely FSNA Not Found	12	11.0%
Incomplete Assessment	0	0.0%
Pending Ongoing Plan	7	6.4%
NA-Exempt	2	1.8%
Total	**109**	**100%**

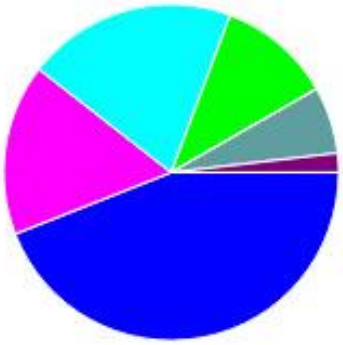
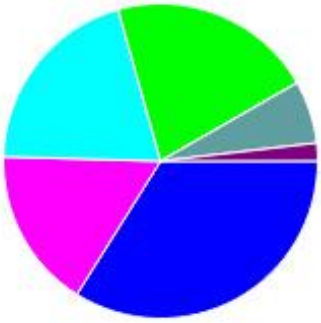


Figure 7 shows risk reassessment timeliness prior to the case plan. To see this information, go to SDM Measures → SDM for Open Cases → Risk Reassessment Timeliness Prior to Case Plan. Filter to your unit.

Figure 6

Reassessment Timeliness	Count	%
Risk Timely to Plan	37	33.9%
Open Less Than 6 Months	18	16.5%
Missing Current Case Plan	22	20.2%
Timely Risk Not Found	23	21.1%
Incomplete Assessment	0	0.0%
Pending Ongoing Plan	7	6.4%
N/A-Exempt	2	1.8%
Total	**109**	**100%**



MODULE 3
KEY THEMES AND AREAS OF FOCUS

Key Themes of Supervising Casework Using the SDM® Model

- SDM tools are a prompt for practice. Strengthening integration of the SDM model into daily practice supports shared assessment and decision making with families.

- "People support what they have a hand in creating."[1] Supervisors can use reflective inquiry to support caseworker skill development.

- Relationship matters. Effective interaction/communication between supervisors and caseworkers ultimately translates to better relationships and casework practices between workers and family members.

Key Areas of Supervisory Focus

- Model engagement and interviewing. Set the expectation with caseworkers that SDM assessments should be an integrated part of their daily casework with families. Supervisors can model for caseworkers how to organize interviews, family meetings, and monthly visits using the structure of the SDM tools.

- Be the "Voice of SDM" in group supervision and case consultation. Use the structure of SDM assessments and their definitions to bring focus to case consultations and group supervision sessions.

- Support rigorous and effective safety planning and well-written safety plans. Strengthen your own knowledge and skill regarding safety planning and safety plan writing and support and strengthen caseworker skills in safety planning and safety plan writing.

- Support skill building in family-focused and behaviorally specific case plans with families. Set the expectation that caseworkers conduct the FSNA and case planning conversations with families and incorporate priority needs and strengths into family case plans.

- Help caseworkers frame their monthly casework with families in the context of SDM reassessments. Set the expectation that caseworkers share the components of the SDM reassessments with families at the start of this important work together. Encourage caseworkers to structure monthly case contacts with families to cover all areas of reassessment and reflect the structure of the reassessment when writing of case narratives and court reports.

[1] Wheatley, M. (2011, January/February). Leadership in the age of complexity: From hero to host. Resurgence & Ecologist, 264.

- Use case reading as a regular strategy for quality assurance AND caseworker development. Help workers develop skills in reflecting their good practices with families in referral and case records and court reports by developing regular habits related to referral/case reading and using case reading results in supervision with caseworkers to coach and develop their practice.

TIPS FOR SUPERVISORS, FROM SUPERVISORS

1. Use the definitions when determining how to mark any item on any SDM assessment.

2. The more you guide workers to write clear and concise narratives, the easier it is to make supervisory decisions.

3. Use a few minutes of each unit meeting to review one SDM definition as a group.

4. Talk about SDM assessments as a way of making good decisions, not as paperwork.

5. Understand each worker's individual reasons for resistance and select strategies specific to that worker.

6. Teach workers to use SafeMeasures to track when reassessments are due for their own cases.

7. Be consistent in asking for SDM assessment results before talking about making a decision.

8. Open webSDM when you review cases/referrals and take care of approvals right away.

SUPERVISORY TIPS FOR SUPPORTING SAFETY PLANNING SKILLS

Understand Link Between SDM® Safety Assessment and Safety Plans

The SDM safety assessment structure provides the framework and process for safety planning. When one or more safety threats are present in a household, steps must be taken to assess and utilize actions of protection and household and support network strengths to build a set of immediate actions that can control the safety threat until it is resolved.

Know Essential Elements of a Well-Written and Rigorous Safety Plan

- The safety plan should link each identified safety threat to a household-specific behavioral description of the caregiver action/inaction that results in danger to the child.

- Plans should include a specific set of immediate actions by family members, network members, and others that is sufficient to control and monitor the danger.

- Specific time limits for review and updating of the plan and signatures (your signature may be verbal while the worker is in the field) that represent agreement to the plan by at least one legal caregiver, support network members, and the agency.

Provide Support to Caseworkers in the Field

While caseworkers are in the field working with families, supervisors can support information gathering, critical thinking, and planning with the family regarding the details about the immediacy and severity of the caregiver's behaviors and the resulting danger (safety threat) to a child or children. It can be difficult to think through options for safety interventions in the midst of family crisis, and a supervisor's support in asking good questions and using the SDM safety assessment framework and definitions can provide needed support.

Supervisors should consult with caseworkers in the field to ensure that each family's safety plan is sufficient to control immediate danger, the family and support network have been involved in creating and agree to the plan, and a reasonable way to monitor how the plan is working exists.

Provide Opportunities to Write/Review and Improve Safety Plans

Finally, in addition to supporting the growth of caseworker skills in the safety planning process, supervisors should help caseworkers strengthen their skills in writing strong safety plans during non-crisis moments. This could include the provision of time for writing practice and/or reviewing and improving safety plans during a unit meeting.

HOT SPOTS IN WRITING A SAFETY PLAN

The following problems ("hot spots") are commonly seen in safety plans. Appropriate measures to correct them are included below.

- Hot spot: The only intervention in the safety plan is to have the caregiver promise not to do something again. If the caregiver could do that on his/her own, protective placement would not be under consideration at all.

  How to fix it: Make sure at least one other protective participant involved in the intervention will act or call for help.

- Hot spot: The safety plan does not clearly spell out in a behavioral way the actions of the caregiver and the impact on the child. Instead, it simply mentions drug use, mental illness, general neglect, etc.

  How to fix it: Use a harm and danger statement format to describe the concern.

- Hot spot: Safety planning was done only with a friend, neighbor, or relative of the family. Remember, the safety plan is a voluntary agreement between a legal parent and the agency that controls a danger that otherwise would require protective placement.

  How to fix it: At least one legal parent must agree to an intervention, verbally or in writing.

- Hot spot: The safety plan was written FOR the caregiver, who was told to sign it or face child removal.

  How to fix it: Explain the process of safety assessment and planning and involve the caregiver and support network in developing a plan on which they all agree.

- Hot spot: The situation involves domestic violence. Specific examples follow.

  » The victim is told that he/she must keep the aggressor out of the home if the aggressor has not agreed to leave. When safety planning, remember that people cannot be forced from their own homes without due process.

    How to fix it: Get agreement from the aggressor to leave the home as part of the safety plan and have him/her sign an agreement. OR have the victim parent and child go somewhere else. OR have a family member stay in the home to protect the children at all times.

  » The only safety intervention is a victim's promise to get a restraining order. A restraining order takes time, and help is required to get an emergency protective order. Also, restraining orders often are not effective—other safety interventions that provide protection must be in place.

How to fix it: Ask police to provide an emergency protective order and make sure that at least one method of providing safety as described above is in the safety plan.

» The victim is expected to "protect" the child when he/she cannot protect him/herself.

How to fix it: A child who is sufficiently old enough and capable of doing so can take some action to keep him/herself and siblings safe. Have another friend or family member involved in the safety plan make sure these actions are effective.

- Hot spot: A parent's constitutional rights are violated. For example, a plan requires a parent to leave the family home that he/she has a right to occupy; a parent with a valid order giving him/her the right to visit is told he/she cannot visit; or someone is allowed to care for a child without the parent's consent or knowledge.

  How to fix it: If separation from the parent is needed, the child and protective parent may need to find another place to stay. Get the parent's agreement for the temporary plan. If a parent is unavailable to help with a safety plan, protective placement is the only option.

- Hot spot: A safety plan is written for a case for which protective placement of a child is not under consideration.

  How to fix it: Get verbal agreement from the parent and document in the record. Write a "referral closing" letter detailing the verbal agreements.

- Hot spot: Safety plan does not have a time limit.

  How to fix it: Always record on the safety plan that it is in effect for a maximum of 30 days. Provide a time and date for plan review and updating.

- Hot spot: Safety plan does not include a clear way to monitor whether it is working.

  How to fix it: Write a statement that clearly describes who will act if he/she determines that the plan is failing and who he/she will contact.

SAFETY PLAN EXAMPLE: BEFORE AND AFTER

Safety Plan as Originally Written

Safety Threat
Excessive discipline used with children in the home by mother and stepfather.

Plan to Mitigate the Safety Threat
Mother and stepfather need to meet with agency for family meeting on [date]. Aunt Sue (maternal) will maintain supervision of children in the home and report any physical discipline to police and/or the agency depending on the time of incident.

Monitoring and Verification of Safety Plan
Aunt Sue
Police

Safety Threat
Domestic violence (DV) between mother and stepfather in the home in front of the children.

Plan to Mitigate the Safety Threat
Aunt Sue will maintain supervision of the children in the home and report DV to police and/or agency. MO and SFA will meet with agency for a family meeting on [date].

Monitoring and Verification of Safety Plan
Aunt Sue
Police

Safety Threat
No one in the home with the children will discuss the allegations or ongoing investigation of allegations.

Plan to Mitigate the Safety Threat
Aunt Sue will supervise the children and be able to hear all conversations between the children and parents.

Monitoring and Verification of Safety Plan
Aunt Sue

Signatures
Aunt
Worker
Supervisor's approval

Same Safety Plan, Revised to Include All Essential Elements

Safety Threat
It was reported that Sandy (mother) and Bob (stepfather) used excessive physical discipline with the children, including using a belt when spanking. As a result, the children got bruises and red marks on their backs and legs, and one got a bloody lip.

The agency is worried that Sandy and Bob will use physical discipline again with the children and tell them what to say about it. As a result, the children may be hurt again physically and emotionally.

Plan to Mitigate Safety Threat
Sandy agrees that Aunt Sue will provide continuous supervision of the children, Sandy, and Bob to make sure that neither Sandy nor Bob use physical discipline on the children.

Everyone agrees that no adult family or network member (Sandy, Bob, Sue, etc.) will talk with or around the children about what may have happened or about the agency's work with Sandy and Bob to make sure the children are physically and emotionally safe.

If Aunt Sue is worried that Sandy or Bob are interacting with the children in a physically unsafe way, she will call for help from police immediately at [number] or the agency at [number], depending on when she needs help.

Monitoring and Verification of Safety Plan
Sandy agrees that Aunt Sue has her permission to participate in this safety plan to mitigate the safety threat.

Safety Threat
The agency and Aunt Sue are worried that Sandy and Bob will fight physically in front of the children and, as a result, one or more of the children might be physically or emotionally harmed.

Plan to Mitigate Safety Threat
Sandy agrees that Aunt Sue will provide continuous supervision of the children, Sandy, and Bob to ensure that neither Sandy nor Bob fight physically in front of the children.

Everyone agrees that no adult family or network member (Sandy, Bob, Aunt Sue, etc.) will talk with or around the children about what may have happened or about the agency's work with Sandy and Bob to make sure the children are physically and emotionally safe.

If Aunt Sue is worried that Sandy and Bob are interacting with each other in a physically unsafe way, she will call the police immediately at [number] or the agency at [number], depending on when she needs help.

Everyone agrees this plan will remain in effect until Sandy and Bob meet with the agency for a family meeting on [date].

Signatures
Mother
Aunt
Worker
Supervisor's approval

STEPS FOR DEVELOPING BEHAVIORALLY BASED CASE PLANS

To support families in the change process, it is important to combine the FSNA with rigorous, culturally responsive, trauma-informed social work practice. Following is a suggested practice framework for developing shared agreements with families regarding behavioral case plan objectives. It offers ideas for using practical strategies to plan and develop shared agreements about future child safety with families and features social work skills and strategies that workers, supervisors, and managers often use in day-to-day casework. The goal is to help everyone who is working with the child stay focused on assessing and enhancing child safety throughout the case.

Historically, case plans often contained service-based objectives that focused primarily on program attendance and completion, which is related to behavioral change indirectly. This framework focuses on using the FSNA and an enhanced practice process to develop effective behaviorally based case plans that can be monitored and effectively reassessed in full partnership with families and their support networks.

As with the emergency safety plan, case plans get started when the agency worker, family, support network, and child think through the critical question, "What needs to change in the care of this child so we all know he/she will be safe?"

Prepare for contact with the family.

- Complete a pre-contact review using the Three Questions structure. Include a provisional harm and/or danger statement; support network information; and a review of the intake assessment, safety assessment, and family risk assessment of child abuse/neglect and related documentation to get a clear picture of past harm, current danger, and the family's risk level from an agency perspective.

- Engage in any necessary consultation with the agency supervisor or team leader regarding bottom lines related to case planning decisions.

- Reflect on what is known about cultural and family support resources and take time to learn the child's perspective of events through effective interviewing strategies.

- Prepare for the FSNA interview by developing reflective questions and collaborative note-taking strategies that will help complete the FSNA assessment.

- Consider strategies for engaging the family across difference, including differences in authority, culture, and community.

- Schedule a family meeting or one-on-one meeting in the home or office.

Orient the family to the task and engage in FSNA conversation.

- Begin any conversation or meeting with the family by clearly explaining your role, the meeting's purpose, and desired outcomes. The purpose of the case planning meeting is to develop a plan and supporting activities that describe the key behaviors needed to ensure that sustainable child safety can be readily observed and measured.
- Share a common definition of safety: Actions of protection taken by a caregiver that address the danger to the child and are demonstrated over time.
- Discuss case plan goals: remain home, return home, or concurrent planning.
- Emphasize that the planning effort is more about behavior than services and focuses on shared understandings of how to create and measure safety.
- Review the agency's process steps with the family.
- Use reflective and solution-focused questions to ensure an understanding of process and develop agreements for working together.
- Talk about the process for reassessing and measuring changes in safety and risk, timeframes, and consequences.

Construct shared danger and goal statements.

- Engage the family in mapping the worries and what is working regarding what brought them to the agency's attention.
- Engage the family in conversation about the household strengths and areas of need using the FSNA structure. Ask scaling questions and create agreements about priority needs and strengths. Share any "non-negotiables" related to child safety and agency interventions.
- Write or revise and finalize a harm and danger statement, followed by a goal statement using the formula. Establish case plan goals and check in for a shared understanding of the meaning and timeframes of these goals.

Identify and involve the network.

- Discuss the support network with the family and organize this information for later use in developing the case plan.
- Consider the role of support network members and their commitment to ensuring child safety.

- Complete background checks if necessary to determine safety limits on contact with children by support network members.

Break down the goal statement into a set of key behaviors.

- Make agreements about three key changes in caregiver behavior that would represent safety goal achievement.
- Write a statement for each that describes the presence of the desired behavior that can be observed.
- Consider how the behavior can be practiced and observed.
- Ask the caregiver to reflect on the developmental, behavioral, and trauma recovery needs of the children involved in the case plan; and ask for their perspective on the key aspects of child safety, well-being, and permanency.

Identify informal and formal activities/services that support development of new behaviors.
Ask the caregiver to think about one or more formal service that might be helpful to the caregiver in achieving this new behavior. Share what might be available. Also ask about in-home or informal services (including visitation activities) that use the family's support network and cultural and community supports.

Develop a progressive visitation plan.
In out-of-home cases, a separate conversation about progressive visitation planning may be needed.

Document the plan.

- Describe to the family how these conversations are translated into a written document, assuring them of their ability to review and sign the completed case plan. Explain that many visitation and reunification decisions will be based on their progress and adherence to this document.
- Share examples of behavioral objectives for each person participating in the case plan, and then help the family to personalize these objectives for their situation. Document these in the standard case plan document using the family's language.
- Finalize and document any planning for visitation, including visitation by grandparents, siblings, and important others.
- Identify and document activities and services that are chosen for the supporting case plan goals.
- Develop and document clear methods for observing and documenting changes in behavior.

- Review the written case plan with the family.

Monitor, adapt, and strengthen.

- Ask: "How can we see the new behaviors and their effects on safety?"
- Make sure there is a clear timeline for reviewing progress with family members and the support network.
- Use regularly scheduled meetings with families to review, document, and revise strategies for demonstrating new behaviors.
- Use the family risk reassessment or family reunification assessment to reassess progress and support decision making for next steps.

EXAMPLES OF BEHAVIORALLY WORDED CASE PLANS

Lewis Case Plan

Goal Statement

Bobby will always be cared for by a safe, sober, and responsible adult who supervises him at all times and always meets his basic needs.

Need Area	Objectives	Services	Agency
Substance Abuse	Steve 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 Bobby. He will show everyone that he can and will use a plan for safe care of Bobby if he ever experiences a relapse.	Residency in halfway house. Counseling as provided by the halfway house, including individual and group therapy and educational classes. Random drug and alcohol screenings. Steve will explore options with the local First Nations health center for services to support his recovery.	Monitor, support, and fund (if necessary) Steve's continued participation in counseling and participation in 12-step programs. Monitor and support Steve through face-to-face contacts per policy and through collateral contacts and support network development.
Parenting Skills	Steve will be able to show everyone that he can engage with and set limits for Bobby so that he is always physically and emotionally safe. Steve will be able to show everyone he can take the lead parenting role so that Bobby feels calm and assured that Steve is taking care of him.	Parenting skills/child development classes at the rehabilitation center or other approved service provider. Education, modeling of parenting skills, and observations and reports to the agency by Steve's sister, Jolene. Regular progressive visitation that allows Steve to demonstrate his parenting skills and ability to provide for Bobby's needs. Steve will explore options with the local First Nations 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 Steve in planning and participating in visitation with Bobby to develop and demonstrate his parenting skills.
Resource Management/ Basic Needs	Steve 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 Bobby. Steve will always make sure that everyone living in the home can safely be around Bobby.	Monitor, support, and fund (if necessary) medical care and job development services. Refer Steve to reunification housing services.	Monitor and support Steve's progress through attendance at visits and other face-to-face contacts; encourage development of a support network. Follow up with service provider and Jolene in support of their efforts.

Johnson Case Plan

Goal Statement

Bobby will be cared for by at least one safe and responsible adult who knows how to safely provide for his physical and behavioral needs and 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	Linda will be able to show everyone that she can recognize and safely manage her reactions to Bobby's behaviors that result from her own childhood experiences. Linda 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 Bobby until she feels calm and in control.	Counseling by a licensed provider, including individual and group therapy and educational classes. Supervised visitation activities, which can progress to unsupervised visitation that will allow Linda to demonstrate her ability to safely manage Bobby's behaviors.	Monitor, support, and fund (if necessary) continued participation in counseling; encourage development of a support network. Monitor and support Linda through face-to-face contacts per policy and through collateral contacts.
Parenting Skills	Linda will be able to show everyone that she can engage and set limits with Bobby so that he is always physically and emotionally safe.	Parenting skills/child development classes offered by an approved service provider. Education, modeling of parenting skills, and measurement offered by whoever provides supervision of visits.	Monitor, support, and fund (if necessary) parenting skills/child development service provision. Follow up with service provider and Linda's brother, Jack, in support of their efforts; encourage development of a support network.

CRITICAL CASE REVIEW

Question	SDM® Tool	Possible Issues
1. Should this referral have been assigned?	Screening	Did worker use definitions? Were all allegations marked?
2. Should this have been a 24-hour response?	Response priority	Did worker: • Use the definitions? • Use all applicable trees? • Considered overrides?
3. Should child have been removed?	Safety	Did worker: • Review all safety items? • Use the definitions? • Consider the most vulnerable child for each item? • Consider all possible safety interventions? If required, was there a safety plan? Was it adequate?
4. Should a case have been opened?	Risk	Did worker: • Complete all risk items? • Use the definitions? • Consider overrides? Are there reasons to open/close contrary to SDM recommendation?
5. Were appropriate services offered?	FSNA	Did worker: • Complete all FSNA items? • Use the definitions? • Consider all caregivers? • Select the three greatest needs as priorities? • Identify priority strengths? Does the case plan address priority needs? Is the case plan focused on ONLY priority needs?
6. Should the FM case have been closed?	Risk reassessment and possibly FSNA	Did worker: • Complete all items? • Use the definitions? • Consider overrides? • Complete a final safety assessment? Was child safe?
7. Should the child have been returned?	Reunification	Did worker: • Start with correct risk value? • Calculate visitation quantity? • Use definitions for visitation quality? • Complete reunification safety if needed? • Specify correct child age? • Specify correct court hearing? • Consider overrides?
8. Should permanency plan goal have been changed?	Reunification	Did worker: • Start with correct risk value? • Calculate visitation quantity? • Use definitions for visitation quality? • Complete reunification safety if needed? • Specify correct child age? • Consider overrides?
9. Was adequate contact maintained?	Risk	While Division 31 requires only monthly contact, was actual contact commensurate with risk?

CRITICAL CASE REVIEW: WHAT WENT WRONG?

It is every supervisor's worst nightmare: The story of a child's death appears on the front page of the morning newspaper. Quickly, you scan the copy and see the dreaded words: "… family was known to child protective services."

You arrive in the office and learn that the case belonged to one of your workers.

This session is not about specific procedures to follow. Your county will have its own, and nothing said here should be construed as taking precedent. This exercise simply explores how you can use two tools, SafeMeasures and the SDM system, to help understand what happened. There is never a "good" result from such a review; the review cannot bring the child back. But the steps we are about to go through can clarify what happened and lead to an appropriate response. In some instances, worker error will be found. In others, the review will reveal that the worker did everything right. Sometimes bad things happen even when we do the best anyone can. It is vital that critical case review begin objectively as a search for facts. It cannot be a search for a scapegoat or a defense for the worker or agency.

1. Create a timeline of key decision points, required assessments, and case actions based on SDM policy. Use the table on next page as an outline. You can create any format you prefer.

2. Review records to determine whether appropriate assessments were completed within required timeframes.

3. For each assessment, review narrative (contact notes, court reports, collateral documents) that were known at the time of the assessment. Compare information known with assessment scoring, including definitions. Was assessment accurate? Was sufficient information gathered?

4. Review record to determine whether correct action was taken based on assessment results.

CRITICAL CASE REVIEW CHECKLIST

Referrals

Referral #____-____-____-_____

Date received: / / Allegations:	Hotline tool date: / / OR o Missing o N/A	Hotline tool accurate? o Yes o No	Was first contact/attempt within timeframe? o Yes o No o N/A
First actual contact date: / /	Safety assessment date: / / OR o Missing	Safety assessment accurate? o Yes o No	Was correct action taken? o Yes o No If safety plan was required, was it adequate? o Yes o No o N/A
Substantiation decision date: / /	Risk assessment date: / / OR o Missing o N/A	Risk assessment accurate? o Yes o No	Was case opened or closed correctly based on risk? o Yes o No

#____-____-____-_____

Date received: / / Allegations:	Hotline tool date: / / OR o Missing o N/A	Hotline tool accurate? o Yes o No	Was first contact/attempt within timeframe? o Yes o No o N/A
First actual contact date: / /	Safety assessment date: / / OR o Missing	Safety assessment accurate? o Yes o No	Was correct action taken? o Yes o No If safety plan was required, was it adequate? o Yes o No o N/A
Substantiation decision date: / /	Risk assessment date: / / OR o Missing o N/A	Risk assessment accurate? o Yes o No	Was case opened or closed correctly based on risk? o Yes o No

#____-____-____-_____

Date received: / / Allegations:	Hotline tool date: / / OR o Missing o N/A	Hotline tool accurate? o Yes o No	Was first contact/attempt within timeframe? o Yes o No o N/A
First actual contact date: / /	Safety assessment date: / / OR o Missing	Safety assessment accurate? o Yes o No	Was correct action taken? o Yes o No If safety plan was required, was it adequate? o Yes o No o N/A
Substantiation decision date: / /	Risk assessment date: / / OR o Missing o N/A	Risk assessment accurate? o Yes o No	Was case opened or closed correctly based on risk? o Yes o No

CASE REVIEW (cont.)

Case # _____-_____-_____-_____

First actual contact date: / / Initial case plan date: / /	Initial FSNA completion date: / / OR o Missing	FSNA accurate? o Yes o No	Case plan accurately guided by FSNA? o Yes o No
Number of months between case opening and review: _____ Number of months with at least one visit: _____ [Months with: 0 visits _____ 1 visit _____ 2 visits _____ 3 visits _____ 4+ visits _____]			
Next case plan date or closure date: / /	Risk reassessment or reunification reassessment completion date: / / OR o Missing	Reassessment accurate? o Yes o No	Case remains open or closed according to risk? o Yes o No Reunification decision according to risk? o Yes o No
	FSNA review completion date: / / OR o Missing o N/A	FSNA accurate? o Yes o No	Case plan accurately guided by FSNA? o Yes o No
Date of a new protective placement or other change in safety, if applicable: / / OR o N/A	Safety assessment date: / / OR o Missing	Safety assessment accurate? o Yes o No	Protective placement, safety plan, or no action consistent with safety assessment? o Yes o No
Number of months between last review and current review: _____ Number of months with at least one visit: _____ [Months with: 0 visits _____ 1 visit _____ 2 visits _____ 3 visits _____ 4+ visits _____]			
Next case plan date or closure date: / /	Risk reassessment or reunification reassessment completion date: / / OR o Missing	Reassessment accurate? o Yes o No	Case remains open or closed according to risk? o Yes o No Reunification decision according to risk? o Yes o No
	FSNA review completion date: / / OR o Missing o N/A	FSNA accurate? o Yes o No	Case plan accurately guided by FSNA? o Yes o No
Date of a new protective placement or other change in safety, if applicable: / / OR o N/A	Safety assessment date: / / OR o Missing	Safety assessment accurate? o Yes o No	Protective placement, safety plan, or no action consistent with safety assessment? o Yes o No

CASE REVIEW (cont.)

Case # _____-_____-_____-_____

<table>
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Number of months with at least one visit: _____
[Months with: 0 visits _____ 1 visit _____ 2 visits _____ 3 visits _____ 4+ visits _____]</td></tr>
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o No

Reunification decision according to risk?
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o No

Reunification decision according to risk?
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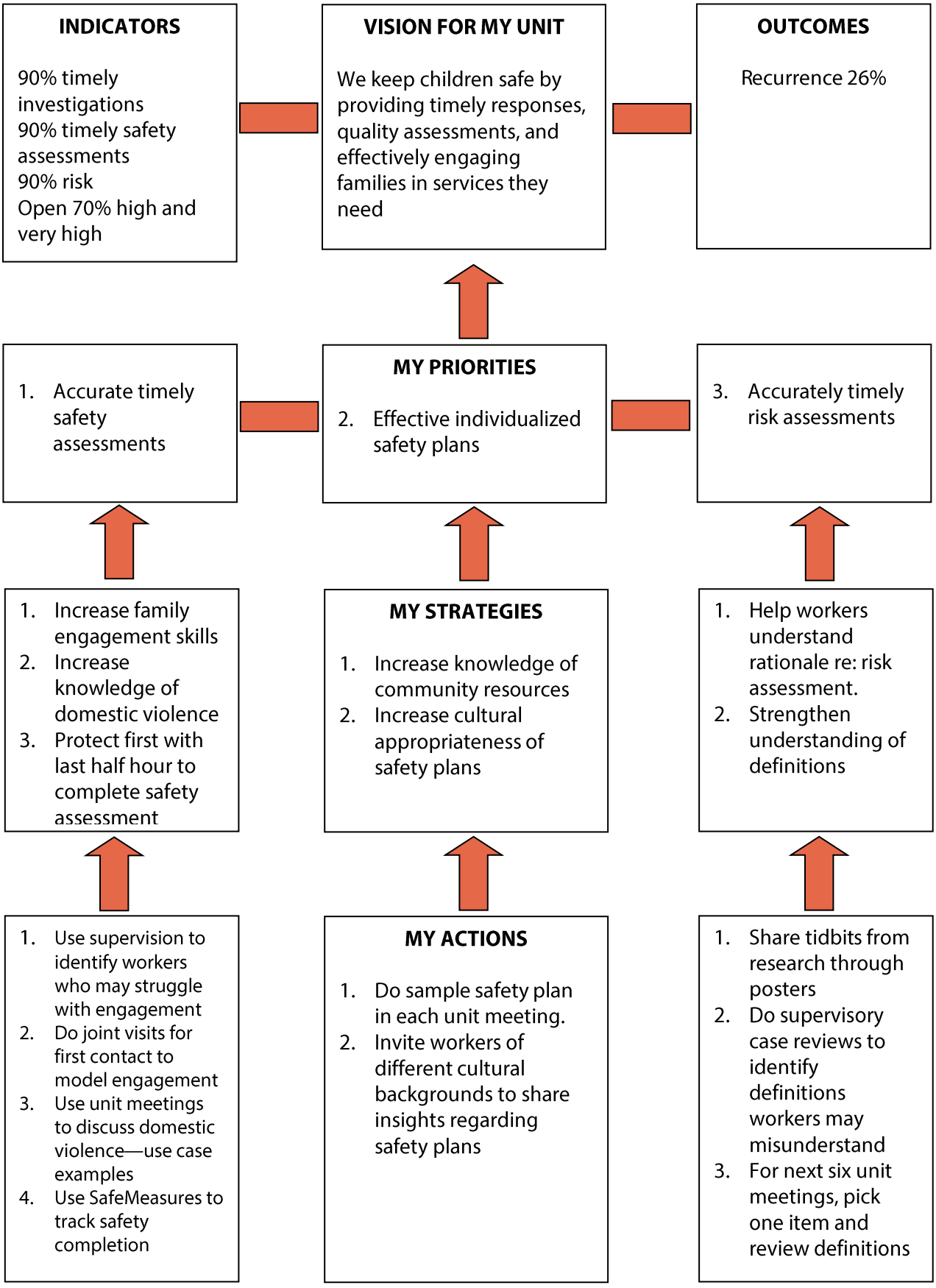
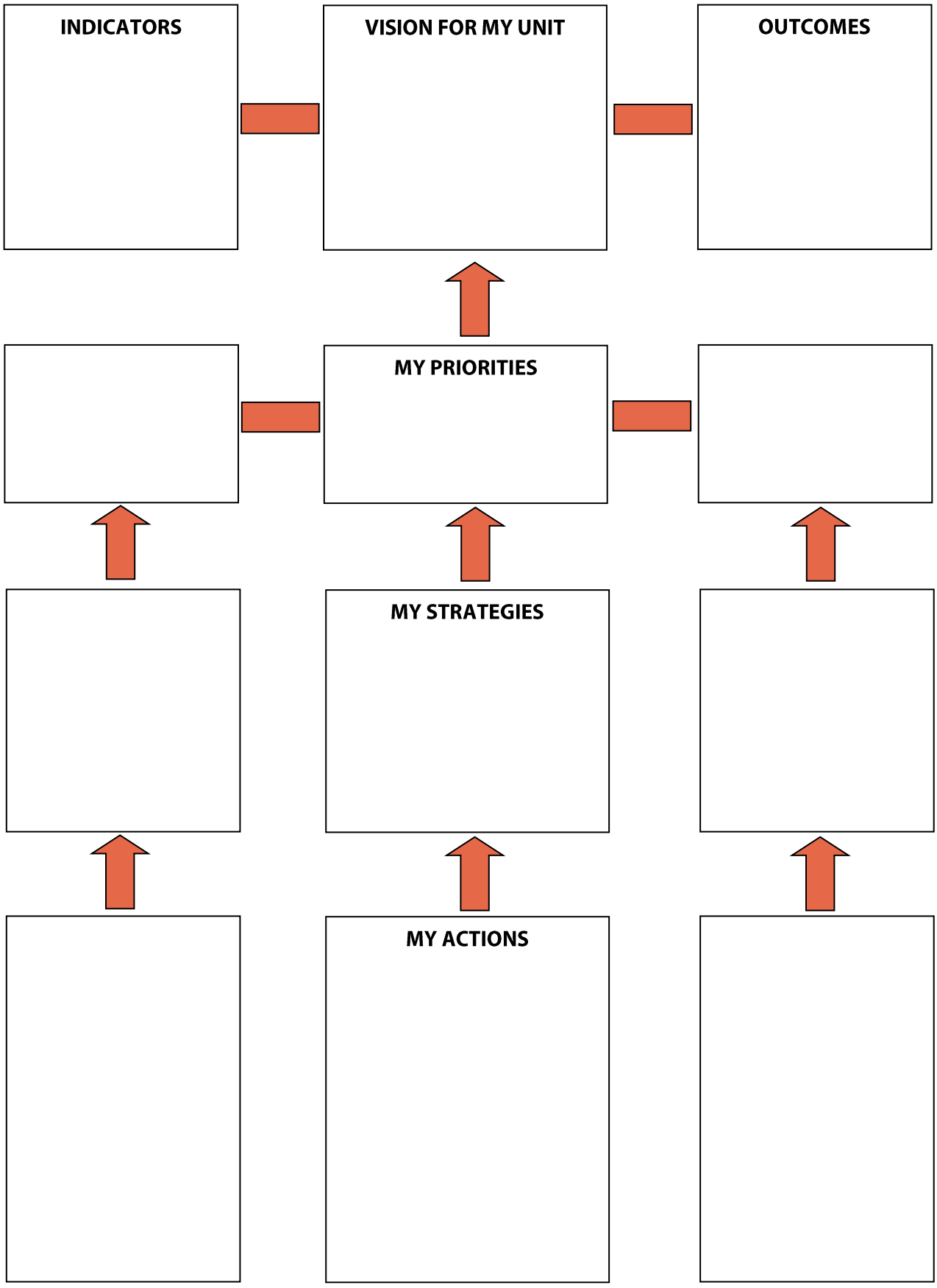
MODULE 4

MY PLAN





APPENDIX

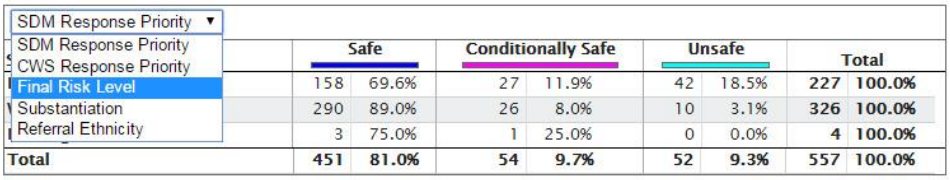
SafeMeasures® Tips

SafeMeasures® Tips

During this training, several SafeMeasures reports were discussed. Specific instructions are provided for each report so you can recreate that report for your unit.

Training Module/ Page	**Fundamentals Review (PowerPoint only)** **What percentage of referrals are evaluated out?**
SafeMeasures menu	
Section	
Report title	Hotline Screening Decision
View	Select "percent" view.
Drill-down ideas	Select "evaluate out" and do targeted case reading to confirm appropriateness of evaluated-out decision.

Training Module/ Page	**Fundamentals Review (PowerPoint only)** **What percentage of referrals are made 24-hour vs. 10-day response?**
SafeMeasures menu	SDM Measures
Section	SDM for Referrals and Investigations
Report title	Hotline Response Priority
View	Select "percent" view.
Drill-down ideas	Select either "immediate" or "within 10 days" and do targeted case reading to determine appropriateness of response priority decision.

Training Module/ Page	Fundamentals Review (PowerPoint only) What is the correlation between safety and risk decisions?
SafeMeasures menu	SDM Measures
Section	SDM for Referrals and Investigations
Report title	Safety Decision
View	Select crosstab; change row to risk level.
Drill-down ideas	 Select low risk, unsafe. Conduct targeted case reading to be sure both safety and risk were accurate.

Training Module/ Page	Fundamentals Review (PowerPoint only) What percentage of referrals are recommended for case opening?
SafeMeasures menu	SDM Measures
Section	
Report title	Decision to Promote at Investigation Close
View	Crosstab; change row to risk level
Drill-down ideas	Select high- or very high-risk cases that were closed and conduct targeted case reading to determine appropriateness of decision.

Training Module/ Page	Fundamentals Review (PowerPoint only) What percentage of cases have an initial FSNA?
SafeMeasures menu	SDM Measures
Section	SDM for Referrals and Investigations
Report title	Initial FSNA Completion
View	Select "percent" view.
Drill-down ideas	Select "no initial FSNA" and select cases for targeted case reading to look for patterns.

Training Module/ Page	Fundamentals Review (PowerPoint only) What percentage of children are reunified within 12 months?
SafeMeasures Menu	
Section	
Report title	Measure C1.3: Reunification Within 12 Months
View	
Drill-down ideas	Select cases not reunified and do targeted case reading to look for patterns.

Training Module/ Page	Fundamentals Review (PowerPoint only) What percentage of reunified children enter care?
SafeMeasures menu	Child and Family Services Review
Section	Permanency Composite 1: Timelines and Permanency of Reunification
Report title	Measure C1.4: Reentry Following Reunification
View	Select “percent” view.
Drill-down ideas	Select cases ”reentry within 12 months” and do targeted case reading to look for patterns.

Training Module/ Page	Fundamentals Review (PowerPoint only) What percentage of cases have a current risk reassessment and case plan?
SafeMeasures menu	SDM Measures
Section	SDM for Open Cases
Report title	SDM Risk Reassessment Timeliness Prior to Case Plan
View	Select “percent” view.
Drill-down ideas	Select “missing case plan” or “timely risk not found” and do targeted case reading to look for patterns.

Training Module/ Page	Contact Guidelines How often were families at each risk level contacted last month? In current month?
SafeMeasures menu	SDM Measures
Section	SDM for Open Cases
Report title	Contacts with Child Based on Risk
View	Choose desired timeframe.
Drill-down ideas	Select "zero" contacts and sort list by risk level. Select high- and very high-risk cases with no contacts and do a targeted case reading to look for patterns.

Training Module/ Page	Approving Overrides What percentage of risk assessments are overridden?
SafeMeasures menu	SDM Measures
Section	SDM for Referrals and Investigations
Report title	Risk Assessment Overrides
View	Select "percent" view.
Drill-down ideas	Select cases with either a policy or discretionary override and do targeted case reading to confirm appropriateness.

Training Module/ Page	Assigning Cases How many cases of each type do my workers currently have open?
SafeMeasures menu	Main Menu
Section	Caseload Management
Report title	Primary Assignment by Service Component
View	Select the unit you want to view.
Drill-down ideas	Select a specific worker to see a specific caseload.

Training Module/ Page	Assigning Cases What is the risk-adjusted workload for workers in my unit?
SafeMeasures menu	SDM Measures
Section	SDM for Open Cases
Report title	SDM Risk Level
View	Comparison tab
Drill-down ideas	Drill down to desired office unit; calculate workload according to how many low/moderate-, high-, and very high-risk cases each worker has.
SafeMeasures menu	SDM Measures
Section	SDM for Open Cases

Training Module/ Page	Assigning Cases What is the risk-adjusted workload for workers in my unit?
Report title	SDM Risk Level
View	Select full list; filter for desired unit and worker; sort by risk level.
Drill-down ideas	Provide workers with a list of high- and very high-risk cases to prioritize contacts.

Training Module/ Page	Keeping up With Reassessments Which cases are coming due for review?
SafeMeasures menu	SDM Measures
Section	SDM for Open Cases
Report title	SDM Risk Reassessment Timeliness
View	Select full list; filter for desired caseload.
Drill-down ideas	Sort list by plan effective date (Reassessment due within 30 days of effective case plan, or within 65 days for court-dependent cases.)

Training Module/ Page	Critical Case Review What are key dates and actions for the referrals and cases related to this family?
SafeMeasures menu	Main Menu: Use Search function to search for the specific referral or case.
Section	N/A
Report title	N/A
View	History page
Drill-down ideas	N/A