



The Structured Decision Making[®] System
for Child Welfare Services

Advanced Supervisor Series Trainer Guide

Updated for SDM 3.0
February 2016



California Department of Social Services



TABLE OF CONTENTS

Purpose of the Trainer Guide	1
About This Manual	2
Training Preparation.....	3
Materials Checklist.....	4
Learning Objectives	6
Module 1 Agenda	9
Module 2 Agenda	12
Module 3 Agenda	14
Module 4 Agenda	17
Module 1 Topics.....	18
Module 2 Topics.....	31
Module 3 Topics.....	39
Module 4 Topics.....	48
Fun With Definitions (Answer Key).....	55
Exercise: To Approve or Not To Approve (Answer Key for Hotline)	61
Exercise: To Approve or Not To Approve (Answer Key for ER)	64
Exercise: To Approve or Not To Approve (Answer Key for FM)	67
Exercise: To Approve or Not To Approve (Answer Key for FR)	69
Contact Guidelines Answer Key	72
Critical Case Review Checklist Answer Key.....	73
Case 1 Answer Key.....	76
Case 2 Answer Key.....	95

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PURPOSE OF THE TRAINER GUIDE

Welcome, Training Team!

The purpose of this document is to guide you through the concepts, activities, key learning points, handouts, and PowerPoint presentation developed for the NCCD Children's Research Center (CRC) Structured Decision Making® (SDM) System Advanced Supervisor Series Version 3.0 for California counties.

The trainer guide was created to support successful and effective delivery of this four-module series, which focuses on the supervisor's role in supporting worker practices related to the California SDM® tools in a uniform, consistent manner. This should result in each participant receiving the same learning opportunity and experience and leaving the session prepared to properly use or supervise use of SDM tools.

Basics

This two-day format is designed to be presented from 9:00 a.m. to 4:00 p.m., with a one-hour lunch break and two 15-minute breaks in the morning and afternoon. The curriculum can also be scheduled as two one-day sessions delivered over a period of time. Four three-hour, half-day formats can be considered to allow for a series of briefer sessions focused on specific skill areas that can be reinforced with coaching and practice.

All handouts, which include the California SDM Policy and Procedure Manual (P&P manual), Version 3.0; Supervisory Series Participant Guide (participant guide); Who Wants to Be a One-in-a-Million SDM Expert game; practice case examples; and the California SDM 3.0 Case Reading Manual (case reading manual) and PowerPoint presentation materials are available on CRC's training materials site at <http://docs.nccdglobal.org/California> (password is training). The trainer may need to make a few tear sheets during the course of the session, and these are referenced in the trainer guide.

ABOUT THIS MANUAL

This manual provides everything a trainer needs to provide a training session on the content of the SDM model, including the following.

- Preparation information—what the trainer should do well in advance of training, as well as on the morning of training.
- This trainer guide, which provides course learning objectives, a detailed lesson plan, detailed information about group activities, key learning points for each learning segment, and a course materials checklist.
- A “script” that corresponds with PowerPoint slide presentation content from the notes section of the PowerPoint presentation itself. Individual trainers are expected to put the material in their own words and supplement with local anecdotes and examples. The core of the content, however, should always be presented.
- Several case reading examples for use in practicing critical case reviews and supervisory case reading. Each case example has components that allow supervisors to review portions of the case record relevant to their area of program assignment.
- Additional material is provided using the following icons.



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



TRAINER NOTE: Instructions.



COMPUTER NOTE: While computer training is handled separately, the trainer may wish to be aware of the impact of webSDM at some points in this training.



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

TRAINING PREPARATION

Morning of Training

1. Set up the projector and laptop and verify that the following files are available.
 - California SDM Model Advanced Supervisor Training PowerPoints, Version 3.0 (SDM Advanced Supervisor Trainer Modules 1 and 2.pptx and SDM Advanced Supervisor Modules 3 and 4.pptx)
 - Who Wants to Be a One-in-a-Million SDM Expert PowerPoint (Knowledge_Review Game Show.pptx)
2. Set up the room to accommodate groups of five per table. Distribute name tents.
3. Distribute P&P manuals and participant guides. Have copies of case reading examples ready to hand out.
4. Preprint the following goals for the day on newsprint and post.
 - a. Increase knowledge of overall SDM practice to increase supervisors' value as a staff resource.
 - b. Learn ways to integrate SDM assessments and decisions into key supervisory processes.
 - c. Consider how the SDM model fits with other agency practices, such as family-centered approaches, team decision making, etc.
 - d. Gain knowledge and skill to help motivate workers to contribute to better outcomes through quality SDM implementation

MATERIALS CHECKLIST

Trainee Handouts

(Each separated by divider)

- Participant guide
- Case reading manual
- Blank copies of Critical Case Reading Checklist (two each) and case reading tools (one each) for reading exercises
- Copy of PowerPoint presentations in notes view (optional)
- Supplemental handout: Critical Case Review case notes (California Critical Case Review.pdf)
- Supplemental handout: Critical Case Review Answer Key (California Critical Case Review Answer Key.pdf)
- Supplemental handout: Case Example 1 case notes (California Case Example 1.pdf)
- Supplemental handout: Case Example 1 Answer Key (California Case Example 1 Suggested Completion.pdf)
- Supplemental handout: Case Example 2 case notes (California Case Example 1.pdf)
- Supplemental handout: Case Example 2 Answer Key (California Case Example 1 Suggested Completion.pdf)

Trainer Handouts

- Trainer guide
- Modules 1 and 2 PowerPoint with speaker notes
- Modules 3 and 4 PowerPoint with speaker notes
- P&P manual

Supplies for Each Table

- One or more copies of the P&P manual (Encourage participants to bring their own to each session OR provide the most current version to participants at the start of the training.)
- Pens/pencils for trainees

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

Audiovisuals

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

LEARNING OBJECTIVES

Knowledge

Participants will:

- Understand the outcome and process goals, characteristics, SDM assessment purpose and decisions, associated practice strategies, and key concepts underlying the SDM system in order to support effective caseworker use of the SDM model;
- Increase their expertise in SDM practice in order to serve as a resource to their staff;
- Recognize and understand the importance of using SDM definitions and referencing policy and procedures when completing assessments;
- Understand that all SDM tools are household-based assessments;
- Identify common mistakes associated with SDM assessments and work with their caseworkers to correct them;
- Be able to identify the elements of an effective safety plan and know the process for engaging in safety planning with families;
- Understand how the family's risk level classification and safety decision informs case opening decisions and frequency of ongoing case contact;
- Recognize the importance of narrative support in case documentation for SDM tool completion;
- Understand the process for engaging caseworkers in case conferences related to the SDM model;
- Understand the key supervisory responsibilities in approving overrides, approving assessments, correcting mistakes, and using risk level to assign cases and support caseworker reassessments;
- Understand the importance of training, coaching, and quality assurance through case reading as a primary intervention;
- Understand and practice the process for completing a review of referrals or cases when a critical incident occurs; and
- Learn the principles, process, and suggested guidelines of referral/case reading using the case reading tools.

Skills

Given a case example, participants will be able to:

- Identify households and the primary and secondary caregivers in each household;
- Determine when to complete an SDM tool on a household;
- Carry on a basic conversation with a family about safety, risk, and needs;
- Use SDM definitions to support caseworker use of assessments;
- Use SafeMeasures® data to support SDM practice;
- Identify mistakes in completion of SDM assessments and help caseworkers deepen and strengthen their knowledge of SDM assessments;
- Engage in effective case conferences to support the SDM assessment practices of their caseworkers;
- Understand the purpose of overrides/other in SDM assessments and know the difference between an acceptable override and overrides to avoid;
- Understand the process of reviewing and approving assessments;
- Use information in SafeMeasures to support using risk level to assign cases, monitor caseworker contacts, and support reassessments; and
- Support key SDM practices, including explaining assessment purposes and results to families, ensuring rigorous use of immediate safety plans, and making effective decisions about case actions.

Values

Participants will:

- Understand that the SDM system is a comprehensive case management framework for child welfare practice;
- Understand that the SDM system uses research-supported assessments in combination with effective practice strategies and social worker judgment to help social workers assess families in partnership with them and make critical decisions throughout the life of a case;
- Reflect on key issues regarding their supervisor role in supporting SDM practice;
- Appreciate the supervisor's role in supporting use of SDM assessment and practices in casework with families;

- Appreciate that use of the SDM system supports improvements in child and family outcomes of safety, permanency, and wellbeing;
- Understand that the SDM assessment tools are a prompt for practice in partnership with children, youth, and families; and
- Appreciate and understand the value of SDM tools in supporting transparent conversations with families about safety, risk, and needs.

SDM® SYSTEM 3.0 ADVANCED SUPERVISOR SERIES
MODULE 1 AGENDA
THREE HOURS

Topic and Time	Methodology	Learning Objective
<p>Registration, Welcome and Introductions</p> <p>Review of Learning Objectives and Format of Class</p> <p>10 minutes</p>	<p>Registration, trainer welcome, and introductions. Instructor opening story about supervisory role in supporting effective family assessment and decision making.</p> <p>Instructor should review agenda and learning objectives for the two-day (four-module) course, emphasizing that the workshop will be primarily skill-based in teaching the use of SDM tools combined with learning strategies for incorporating the assessment structure into practice with families.</p>	<p>Participants will:</p> <p>Understand that the SDM system is a comprehensive case management framework for child welfare practice; and that the SDM system uses research-supported assessments in combination with effective practice strategies and social worker judgment to help social workers assess families in partnership with them and make critical decisions throughout the life of a case.</p> <p>Appreciate the supervisor’s role in supporting use of SDM assessment and practices in casework with families.</p>
<p>Supervisor Roundtable for Module 1</p> <p>Supervisor’s Role in Supporting SDM Tools and Practices</p> <p>15 minutes</p>	<p>Suggested format for Module 1 roundtable:</p> <p>On a scale of 0 of 10, where would you rank your knowledge about SDM tools and practices?</p> <p>What are your supervisory practices in supporting use of SDM assessments in making key decisions?</p> <p>Large group report out:</p> <p>Interactive PowerPoint presentation regarding the key components of the supervisor’s role in supporting use of SDM assessments in practice with families.</p>	<p>Reflect on key issues regarding their role as supervisor in supporting SDM practice.</p> <p>Appreciate the supervisor’s role in supporting use of SDM assessment and practices in casework with families.</p>
<p>Overview of the SDM System Process and Outcome Goals and Key Concepts That Underlie the SDM System</p> <p>Basic Concepts: Households, Primary and Secondary</p>	<p>Interactive PowerPoint presentation to provide broad overview of the outcome and process goals and key concepts that underlie the SDM system.</p> <p>Group activity to practice identification of households and primary and secondary caregivers.</p>	<p>Understand the outcome and process goals, characteristics, SDM assessment purpose and decisions, associated practice strategies, and key concepts underlying the SDM system in order to support effective caseworker use of the SDM model.</p> <p>Appreciate and understand how use of research about future child and family outcomes supports</p>

Topic and Time	Methodology	Learning Objective
<p>Caregivers, and Definitions</p> <p>15 minutes</p>		<p>decision making related to interventions with families.</p> <p>Increase expertise in SDM practice in order to serve as a resource to staff.</p> <p>Recognize and understand the importance of using SDM definitions and referencing policy and procedures when completing assessments.</p> <p>Understand that all SDM tools are household-based assessments.</p> <p>Given a case example: Identify households; identify the primary and secondary caregivers in each household; determine when to complete an SDM tool on a household; and have the ability to talk about safety, risk, and needs with the family.</p>
<p>Review of SDM Assessments and the Decisions They Inform</p> <p>Common Mistakes in Assessment Completion</p> <p>What are SDM assessment completion rates in your unit?</p> <p>60 minutes</p>	<p>Review each SDM assessment, covering the purpose and presumptive decisions of each assessment, associated policies and procedures, and common mistakes in completing each assessment.</p> <p>Using data to support SDM practice, starting with completion rates – hotline, safety, risk, FSNA, reunification reassessment, risk reassessment.</p> <p>Use SafeMeasures reports to obtain completion rates of SDM assessments in counties represented in the training room.</p> <p>Table Talk: What can we take away from this and integrate into our practice?</p>	<p>Increase expertise in SDM practice in order to serve as a resource to staff.</p> <p>Be able to use SafeMeasures data to support SDM practice.</p> <p>Identify common mistakes associated with SDM assessments and work with caseworkers to correct them.</p>
<p>The Importance of Definitions in the SDM Model</p> <p>Tips for Using SDM Definitions to Support Safety and Improved Outcomes</p> <p>15 minutes</p>	<p>Reason for definitions: improve consistency, link to actuarial research, ensure all information relevant to decision point is gathered.</p> <p>Exercise: Fun With Definitions</p> <p>Strategies for supporting worker use of definitions and strategies for helping caseworkers prepare for interviews using their knowledge of assessment definitions.</p>	<p>Recognize and understand the importance of using SDM definitions and referencing policy and procedures when completing assessments.</p> <p>Use SDM definitions to support caseworker use of assessments.</p>

Topic and Time	Methodology	Learning Objective
<p>Spotting Common Mistakes and Supporting Caseworker Skill and Knowledge Development in SDM Practice</p> <p>15 minutes</p>	<p>Interactive PowerPoint presentation regarding the process of implementing and sustaining SDM practice.</p> <p>Reference “common mistakes” handout.</p> <p>Fundamental supervisory skill is to be able to recognize and correct common mistakes in SDM assessment completion.</p>	<p>Identify mistakes in completion of SDM assessments and help caseworkers to deepen and strengthen their knowledge of SDM assessments.</p>
<p>Case Conferences</p> <p>Supervisor as the Voice of SDM</p> <p>Case Conferences to Support Caseworker Development</p> <p>30 minutes</p>	<p>Interactive PowerPoint that describes types of case conferences: informal and formal.</p> <p>Presentation of a model for using the structure of SDM assessments as a roadmap for engaging in the supervisory case conference.</p> <p>Concepts of reflective inquiry, Three Questions structure, and focus on behavioral detail to gather and organize case information.</p> <p>Activity: Role-play short case conference based upon provided scenarios and debrief.</p>	<p>Understand the process for engaging caseworkers in case conferences related to the SDM model.</p> <p>Be able to engage in effective case conferences to support the SDM assessment practices of caseworkers.</p> <p>Appreciate the supervisor’s role in supporting use of SDM assessment and practices in casework with families.</p>
<p>Module Reflections and Wrap-Up</p> <p>Transfer of Learning</p> <p>5 minutes</p>	<p>Activity: Table talk reflections of key learning points from training module 1.</p> <p>Plus/delta evaluation and plans for Module 2.</p>	

**SDM® SYSTEM 3.0 ADVANCED SUPERVISOR SERIES
MODULE 2 AGENDA
THREE HOURS**

Topic and Time	Methodology	Learning Objective
<p>Welcome and Introductions</p> <p>Review of Learning Objectives</p> <p>10 minutes</p>	<p>Instructor welcome and review of Module 2 learning objectives regarding key supervisory chores of SDM practice.</p> <p>Check in regarding Module 1 content questions.</p>	<p>Participants will:</p> <p>Understand that the SDM system is a comprehensive case management framework for child welfare practice; and that the SDM system uses research-supported assessments in combination with effective practice strategies and social worker judgment to help social workers assess families in partnership with them and make critical decisions throughout the life of a case.</p>
<p>Supervisor Roundtable for Module 2</p> <p>15 minutes</p>	<p>Suggested format for Module 2 roundtable:</p> <p>What is a word or phrase that describes the “state of” SDM practice in your unit?</p> <p>What is working well and what needs work in SDM practice in your unit?</p> <p>Large group report out</p>	<p>Reflect on key issues regarding their supervisor role in supporting SDM practice.</p> <p>Appreciate the supervisor’s role in supporting use of SDM assessment and practices in casework with families.</p>
<p>Key Supervisory Chores:</p> <ul style="list-style-type: none"> • Approving overrides • Approving assessments • Correcting mistakes • Monitoring case contacts • Assigning cases based upon risk level • Supporting effective reassessment <p>90 minutes</p>	<p>Lecture: PowerPoint overview of the purpose and “other” in SDM assessments and acceptable rates for use of override.</p> <p>Overrides/other to avoid and what makes an acceptable override/other.</p> <p>What are the stakes involved in using an override/other?</p> <p>Activity: To Approve or Not Approve?</p> <p>Lecture: Overview of process for reviewing and approving assessments.</p> <p>Overview of technical aspects of approving an override in webSDM.</p> <p>Supervisory considerations for correcting mistakes in developing accurate completion of assessments.</p>	<p>Understand the key supervisory responsibilities in approving overrides, approving assessments, correcting mistakes, and using risk level to assign cases, and support caseworker reassessments.</p> <p>Understand the purpose of overrides/other in SDM assessments and know the difference between an acceptable override and overrides to avoid.</p> <p>Be able to determine if an override/other is applied correctly in an SDM assessment.</p> <p>Understand the process of reviewing and approving assessments.</p> <p>Use information in SafeMeasures to support using risk level to assign</p>

Topic and Time	Methodology	Learning Objective
	<p>Activity: Turning mistakes into opportunities.</p> <p>Lecture: Supporting caseworker contact with families based upon risk level.</p> <p>Use of SafeMeasures information to support caseworker practice of prioritizing frequent contact with families at highest risk.</p> <p>Pair Share: Turn to a partner and discuss some strategies for helping workers develop contact frequency plans for higher-risk families.</p> <p>Lecture: Overview of concepts and SafeMeasures functionality in considering case assignments based on risk level.</p> <p>Considering the interaction between safety and risk results in prioritizing case contact frequency.</p> <p>Activity: Who gets the next case?</p> <p>Lecture: Using SafeMeasures to support worker practices in reassessment.</p> <p>Demonstration of SafeMeasures functionality in reviewing compliance in ongoing cases.</p>	<p>cases, monitor caseworker contacts, and support re-assessments.</p> <p>Understand how the family’s risk level classification and safety decision inform case opening decisions and frequency of ongoing case contact.</p>
<p>Who Wants to Be a One-in-a-Million SDM Expert? Knowledge Game</p> <p>60 minutes</p>	<p>Instructor divides training participants into team and acts as a “game show” host in the Who Wants to Be a One-in-A-Million SDM Expert? Knowledge Game.</p>	<p>Understand the policy, procedures, and research related to the SDM model and be able to apply definitions in SDM assessments.</p>
<p>Module Reflections and Wrap -Up</p> <p>Transfer of Learning</p> <p>5 minutes</p>	<p>Activity: Table talk reflections of key learning points from training module.</p> <p>Plus/Delta evaluation and plans for Module 3.</p>	

SDM® SYSTEM 3.0 ADVANCED SUPERVISOR SERIES
MODULE 3 AGENDA
THREE HOURS

Topic and Time	Methodology	Learning Objective
<p>Welcome and Introductions</p> <p>Review of Learning Objectives and Format of Class</p> <p>10 minutes</p>	<p>Welcome to Module 3 and agenda review.</p> <p>Overview of supervision elements in SDM practice based on the following key concepts.</p> <ul style="list-style-type: none"> • SDM tools are a prompt for practice and enhanced critical thinking that improve decision making and shared understanding with families. • Relationship matters. Effective interaction/relationship between supervisor and caseworker supports effective interaction/relationship between caseworker and family members. • Most people support what they have a hand in creating—use of reflective inquiry in the supervisory role. 	<p>Participants will:</p> <p>Reflect on key issues regarding their supervisor role in supporting SDM practice.</p> <p>Appreciate the supervisor’s role in supporting use of SDM assessment and practices in casework with families.</p>
<p>Supervisor Roundtable for Module 3</p> <p>15 minutes</p>	<p>Suggested format for Module 3 roundtable:</p> <p>What are some supervisory strategies for ensuring caseworkers use the SDM model to guide decisions and help the families they work with experience the best outcomes?</p> <p>What are some strategies for ensuring that caseworkers develop strong immediate safety plans with families?</p> <p>How can SDM assessments be used to support development of behavioral case plans, monthly case management activities, and processes for making case closure and reunification decisions?</p>	<p>Reflect on key issues regarding their supervisor role in supporting SDM practice.</p> <p>Appreciate the supervisor’s role in supporting use of SDM assessment and practices in casework with families.</p>
<p>Key Considerations in Supporting SDM Casework Practice</p> <p>75 minutes</p>	<p>Lecture: PowerPoint presentation regarding the role of the supervisor in supporting integration of the SDM model into daily casework practice. This includes:</p> <ul style="list-style-type: none"> • Setting expectations for use of SDM assessments with families in daily practice; • Helping workers organize interviews and conversations with families using SDM structures; 	<p>Understand that the SDM assessment tools are a prompt for practice in partnership with children, youth, and families.</p> <p>Support key SDM practices, including explaining assessment purposes and results to families, ensuring rigorous use of immediate safety plans, and</p>

Topic and Time	Methodology	Learning Objective
	<ul style="list-style-type: none"> • Helping workers explain findings of SDM assessments as a strategy for supporting shared understanding; and • Planning and incorporating evidence of SDM practice into case narratives. <p>Optional Activity: Coaching a worker to take an assessment – explaining purpose to a family and supporting caseworker interview preparation.</p> <ul style="list-style-type: none"> • Using the framework of SDM assessments as a structure for case consultation – being the voice of SDM. <p>Optional Activity: Practice using the structure of SDM assessments in a real case or referral to facilitate a case consultation.</p> <ul style="list-style-type: none"> • Supporting safety planning skills in caseworkers. <p>Optional Activity: Compare two safety plans.</p> <ul style="list-style-type: none"> • Supporting use of the SDM FSNA to support family-focused and behavioral case planning. <p>Optional Activity: Practice developing behavior-focused case plan objectives that address underlying needs related to safety threats and complicating factors.</p> <ul style="list-style-type: none"> • Proactive supervisory strategies for supporting reassessments with families. <p>Optional Activity: Help caseworkers structure monthly case contacts with families based upon reassessment structures.</p> <ul style="list-style-type: none"> • Ensuring quality of care documentation through regular referral/case reading. 	<p>making effective decisions about case actions.</p> <p>Appreciate and understand the value of SDM tools in supporting transparent conversations with families about safety, risk, and needs.</p> <p>Be able to identify the elements of an effective safety plan and know the process for engaging in safety planning with families.</p> <p>Recognize the importance of narrative support in case documentation for SDM tool completion.</p> <p>Understand the process for engaging caseworkers in case conferences related to the SDM model.</p> <p>Be able to engage in effective case conferences to support SDM assessment practices of their caseworkers.</p>
<p>Critical Case Reviews</p> <p>45 minutes</p>	<p>Lecture: PowerPoint introduction of the prompts for and types of critical case review, how SDM assessments link to these reviews, and process for using assessments and case narrative to review decisions.</p> <p>Activity: Use referral reading tool to conduct a critical case review on a sample case.</p>	<p>Recognize the importance of narrative support in case documentation for SDM tool completion.</p> <p>Understand and practice the process for completing a review of referrals or cases when a critical incident occurs.</p>

Topic and Time	Methodology	Learning Objective
<p>Module Reflections and Wrap -Up Transfer of Learning</p> <p>5 minutes</p>	<p>Activity: Table talk reflections of key learning points from training module.</p> <p>Plus/Delta evaluation and plans for Module 4.</p>	

SDM® SYSTEM 3.0 ADVANCED SUPERVISOR SERIES
MODULE 4 AGENDA
THREE HOURS

Topic and Time	Methodology	Learning Objective
Welcome and Introductions Review of Learning Objectives and Format of Class 10 minutes	Welcome to Module 4 and agenda review.	Understand that SDM system is a comprehensive case management framework for child welfare practice that uses research-supported assessments in combination with effective practice strategies and social worker judgment to help social workers assess families in partnership with them and make critical decisions throughout the life of a case.
Supervisor Roundtable for Module 4 15 minutes	Suggested format for Module 4 roundtable: What are your supervisory practices in ensuring quality referral/case documentation? How do you use results of your case review to support worker skill development?	Reflect on key issues regarding their supervisor role in supporting SDM practice. Appreciate the supervisor's role in supporting use of SDM assessment and practices in casework with families.
Introduction to Case Reading Case Reading Practice 2 hours	Lecture: Overview of the role of case reading in ensuring quality casework AND supporting and strengthening caseworker skill development, goals of supervisory case reading, structure of case reading tools, strategies for using results to support skill development, and schedule for case reading. Activity: Case reading practice on one or two case examples.	Learn the principles, process, and suggested guidelines of referral/case reading using the case reading tools. Recognize the importance of narrative support in case documentation for SDM tool completion. Understand the importance of training, coaching, and quality assurance through case reading as a primary intervention.
Developing a Unit Plan for Strengthening SDM Practice 15 minutes	Instructor facilitates an interactive model for developing a unit plan for strengthening SDM practice that parallels case planning process with families.	Develop a plan for strengthening SDM practice in their assigned unit using a model that parallels the case planning process that caseworkers use with families.
Course Summary and Closure Transfer of Learning Evaluations 5 minutes	Activity: Table talk reflections of key learning points from training module. Plus/Delta evaluation.	

MODULE 1 TOPICS

Topic

Training Day Welcome, Topic Introduction, and Review of Learning Objectives

Purpose

To orient participants to workshop goals and learning objectives for the four-module series.

Instructor Activities

1. Welcome participants and provide personalized introduction of background and experiences with supervising Child Welfare Services using the SDM model.
2. Provide registration and logistical information for training day and facilitate development of shared group agreements.
3. Facilitate participant introductions, asking each participant to give their name, county, and unit supervised. Ask them to provide a word or phrase that comes into their heads when they hear "SDM." Offer learning points and comments in response, using facilitation and reflective inquiry skills.
4. Facilitate shared agreements for the classroom.
5. Review two-day agenda and learning objectives for the training.

Time

10 minutes (Taking more time for introductions can help build relationships.)

Use

County or RTA sign-in sheets and name tents

PowerPoint slides 1–2 (speaker notes included within)

Handout: Participant guide handout on page 1, titled "Agenda."

Learning Objectives

Participants will:

- Understand that the SDM system is a comprehensive case management framework for child welfare practice that uses a series of research-supported assessments in combination with social worker judgment and effective practice strategies to help social workers assess families in partnership with them and make critical decisions throughout the life of a case; and
- Appreciate the supervisor's role in supporting use of SDM assessment and practices in casework with families.

Topic

Supervisor Roundtable for Module 1 and Supervisor's Role in Supporting the Tools and Practices of the SDM Model

Purpose

To engage supervisors in a reflective discussion of their SDM knowledge and their supervisory practices in using SDM assessments in making key decisions.

Instructor Activities

1. Ask participants to gather in groups (perhaps at their tables or according to unit assignments) and ask them to answer and discuss two questions:
 - On a scale of 0 to 10, where would you rank your knowledge about SDM tools and practices? What accounts for your ranking?
 - What are your supervisory practices in supporting use of SDM assessments in making key decisions with families?

♪ *TRAINER NOTE: You can use these roundtable warm-ups as appropriate, depending upon whether you are delivering the series in four half-day or two one-day formats. You can skip or scale back these roundtable discussions if delivering as a two-day training or if short on time.*
2. Conduct an interactive PowerPoint presentation regarding key components of the supervisor's role in supporting use of SDM assessments in practice with families. (Detailed speaker notes are provided in the notes section of the PowerPoint presentation for Modules 1 and 2.)

Training Tips and Key Learning Points:

1. Supervisors are in the best position to ensure quality practice and skill development in their caseworkers – they have the largest sphere of influence related to practice change.
2. Supervisors can set the expectation that SDM assessments are not just paperwork – they are a prompt for practice!
3. Solution-focused, interactional supervision is about working in partnership.
4. Use of reflective inquiry and appreciative inquiry builds trust, relationships, shared understanding, and skills.

5. Supervisors can model use of the Three Questions to conduct balanced assessment of skills that include both areas of strength and areas of opportunity that result in shared planning about areas of growth.
6. Beyond ensuring SDM practice compliance, supervisors can engage in concrete strategies to support effective SDM practice in the areas of:
 - » Engagement and interviewing;
 - » Using definitions;
 - » Solution-focused inquiry;
 - » Quality of care documentation;
 - » Various supervisory chores; and
 - » Case reading and review.

Time

15 minutes

Use

Modules 1 and 2 PowerPoint slides 3–11 (speaker notes included within)

Handouts: Participant guide page 2, titled “Supervisor Supports for Practice Change.”

Learning Objectives:

Participants will:

- Reflect on key issues regarding their supervisor role in supporting SDM practice; and
- Appreciate the supervisor’s role in supporting use of SDM assessment and practices in casework with families.

Topic

Overview of SDM Process and Outcome Goals and Key Concepts that Underlie the SDM System

Purpose

To provide supervisors with a brief review of the fundamentals of the SDM model.

Instructor Activities

1. Provide an interactive PowerPoint presentation that offers a broad overview of the outcome and process goals and key concepts at the foundation of the SDM system.
2. Conduct a large-group activity to help participants practice identification of households and primary and secondary caregivers using brief scenarios contained on hyperlinks in the PowerPoint.

♪ *TRAINER NOTE: Hyperlinks are located on various PowerPoint slides and are referenced in the speaker notes.*

Training Tips and Key Learning Points

1. Goals of the SDM model focus on supporting better outcomes for children and families related to safety, permanency, and well-being.
2. The process goals of the SDM model are to:
 - a. Improve assessments;
 - b. Increase consistency and accuracy;
 - c. Make best use of available resources; and
 - d. Use data to guide agency decisions
3. Supervisors need to help caseworkers understand the differences between safety threat, risk, and needs in order to implement the SDM system.
4. SDM assessments are conducted on households in which children live with their caregivers.
5. SDM assessments are a prompt for daily practice with families, rather than stand-alone tools to be completed as paperwork.

Time

15 minutes

Use

PowerPoint slides 12–17 (speaker notes included within)

Handouts: Participant guide handouts on pages 3–5 titled “California Structured Decision Making Model Goals,” “California SDM Assessment Definitions,” and “California SDM Overview

Learning Objectives

Participants will:

- Understand the outcome and process goals, characteristics, SDM assessment purpose and decisions, associated practice strategies, and key concepts underlying the SDM system in order to support effective caseworker use of the SDM model;
- Appreciate and understand how use of research about future child and family outcomes supports decision making related to interventions with families;
- Increase their expertise in SDM practice in order to serve as a resource to their staff;
- Recognize and understand the importance of using of SDM definitions and referencing policy and procedures when completing assessments;
- Understand that all SDM tools are household-based assessments; and
- Given a case example be able to:
 - » Identify households;
 - » Identify the primary and secondary caregivers in each household;
 - » Determine when to complete an SDM tool on a household; and
 - » Carry on a basic conversation with a family about safety, risk, and needs.

Topic

Review of SDM Assessments and the Decisions They Inform, Common Mistakes in Assessment Completion, and Basics of SafeMeasures Reports on Completion and Timeliness Rates

Purpose

To provide a brief, high-level review of each of the SDM assessments, the decision points they inform, and the policies for completion; highlight common mistakes in completing assessments; and provide a basic overview of how to use SafeMeasures to monitor completion and timeliness rates in your unit and with workers.

Instructor Activities

1. Using the PowerPoint presentation, review each SDM assessment's purpose and decision point, policies and procedures, highlights of the SDM 3.0 revisions (optional), and common mistakes associated with completing each assessment.
2. If access to the SafeMeasures training application is available, provide a short demonstration of the SafeMeasures reports related to completion and timeliness by unit and by worker.
3. Engage participants at their table in a short "pair share" or "table talk" with the question: What can we take away from our practice? Have groups share themes or headlines for the large group.

Training Tips and Key Learning Points

1. Supervisors must be knowledgeable about the SDM assessments commonly used by caseworkers assigned to them and must be able to support caseworker practice in this model.
2. Supervisors play a key role in supporting caseworker development in the competent use of SDM assessments.
3. SafeMeasures is a data reporting application that makes it easy to monitor and support caseworker planning to ensure timely completion of assessments.

Time

60 minutes (time in this segment varies widely depending on the needs of the group)

Use

PowerPoint slides 18–48 (speaker notes included within)
P&P manual

SafeMeasures training application: URL links are provided below. Trainers can contact the SafeMeasures helpdesk for login information for both sites.

SafeMeasures: <https://app.safemeasures.org/training>

WebSDM: <https://ca-training.sdmdata.org/>

Contact SafeMeasures help desk: support@safemeasures.org

Learning Objectives

Participants will:

- Increase their expertise in SDM practice in order to serve as a resource to their staff;
- Be able to use SafeMeasures data to support SDM practice; and
- Identify common mistakes associated with SDM assessments and work with their caseworkers to correct them.

Topic

The Importance of Definitions in the SDM Model and Tips for Using SDM Definitions to Support Safety and Improved Outcomes

Purpose

To provide information regarding the importance of SDM definitions and tips for how to use them.

Instructor Activities

1. Present the reasons that SDM definitions are a crucial part of the SDM model. As in, they:
 - a. Improve consistency;
 - b. Ensure item linkage to research findings; and
 - c. Ensure all information relevant to a decision point is gathered.
2. Review some tips for using definitions in the SDM model.
3. Ask participants to engage in Fun With Definitions activity using handout and P&P manual in small groups. Ask participants to choose items they likely will review in SDM assessment in their units. Have the large group practice using the two examples in the PowerPoint presentation and then allow five to seven minutes for them to try a few items in the activity handout. Do a large-group debrief. Answer key is located in the Answer Key section of this trainer guide on page 55.
4. Engage group in reflection regarding strategies for supporting caseworker use of definitions, as well as helping caseworkers prepare for interviews using their knowledge of assessment definitions.

Training Tips and Key Learning Points

1. Definitions are the most *fundamental* fundamentals in the SDM model.
2. Definitions combine with the practice of asking good questions and caseworker judgment based upon education, training, and experience.

Time

15 minutes

Use

PowerPoint slides 49–55 (speaker notes included within)

Handouts: Participant guide handout pages 6–11, titled “Tips for Using Definitions” and “Fun With Definitions.”

Learning Objectives

Participants will:

- Recognize and understand the importance of using of SDM definitions and referencing policy and procedures when completing assessments; and
- Use SDM definitions to support caseworker use of assessments.

Topic

Spotting Common Mistakes and Supporting Caseworker Knowledge and Skill Development in SDM Practice

Purpose

To provide participants with strategies for supporting caseworkers in completing SDM assessments accurately.

Instructor Activities

1. Use PowerPoint presentation to discuss strategies and basic format for spotting and correcting mistakes with workers in SDM assessment item completion.
2. Refer to “Common Mistakes and How to Handle Them: Key Points for SDM Implementation” handout in participant guide on page 12.

Training Tips and Key Learning Points

Supervisory oversight and coaching is a key strategy in effective implementation of SDM practice.

Time

15 minutes.

Use

PowerPoint slides 56–61 (speaker notes included within)

Handouts: Participant guide handouts pages 12–19, titled “Common Mistakes and How to Handle Them: Key Points for SDM Implementation”

Learning Objectives

Participants will:

Identify mistakes in completion of SDM assessments and help caseworkers to deepen and strengthen their knowledge of SDM assessment.

Topic

Case Conference, Supervisor as the Voice of SDM, and Case Conferences to Support Worker Development

Purpose

Provide a structure and strategies for engaging in case conferences using the framework and definitions of the SDM model to support caseworker development.

Instructor Activities

1. Present information regarding types of case conferences and a suggested structure for case conferences with an emphasis on balance and behavioral detail.
2. Organize participants into groups of three. Explain there will be two rounds of this exercise, which is on pages 22 through 25 of their participant guide. The goal is to lead the focus of the conference to the key question, the relevant SDM definitions, and the facts supporting those definitions.

♪ *TRAINER NOTE: If participants are from different work unit types, have them form groups with participants from the same type, e.g., a group should be all ER or all FM. If needed, mix a group.*

For each group, pick the person who MOST wants to avoid role-playing! That person is going to be the observer in both role-play scenes. Direct observer to look on page 25 of the participant guide and familiarize him/herself with the observation task. The observer will be rating the performance of the supervisor.

In each group, one person will begin as the worker and one person will begin as the supervisor. Ask participants to decide now who will play each role.

Direct participants to find the scenes for their unit type on pages 22 through 24. They will have two minutes to read Scene 1 and get an idea of how to play their roles. Also, based on the scene, tell participants to look up the relevant SDM policies and/or definitions in advance. A good supervisor prepares for conferences! Use the case conference handout on page 20 for tips on which SDM tool participants should be prepared to discuss and some important questions. Encourage participants who are role-playing workers to be prepared to give their supervisor a little grief—try to get the discussion to irrelevant facts.

♪ *TRAINER NOTE: Allow two minutes for everyone to read the scene, then five minutes for the conference.*

Training Tip and Key Learning Point

Use of a case conference structure and reflective inquiry, along with SDM definitions, can support caseworker development in using the SDM model.

Time

30 minutes

Use

PowerPoint slides 62–70 (speaker notes included within)

Handouts: Participant guide handouts pages 20–25, titled “Case Conferences,” “Suggested Structure for a Case Conference,” “Case Conference Exercise,” and “Case Conference Exercise: Observer Checksheet.”

Learning Objectives

Participants will:

- Understand the process for engaging caseworkers in case conferences related to the SDM model;
- Be able to engage in effective case conferences to support their caseworkers’ SDM assessment practices; and
- Appreciate the supervisor’s role in supporting use of SDM assessment and practices in casework with families.

Topic

Module/Morning Session Reflections, Wrap-Up, and Transfer of Learning

Purpose

To allow participants to reflect on key learning points from Module 1 and to consider a transfer of training action plan.

Instructor Activities

1. Conduct table talk reflections of key learning points from the module. Ask participants to share an action item to apply what they have learned into their supervisory habits.
2. Conduct a Plus/Delta evaluation and overview content for Module 2/afternoon session.

Time

5 minutes

Use

PowerPoint slide 71 (speaker notes included within)

MODULE 2 TOPICS

Topic

Welcome and Introductions, Review of Learning Objectives

Purpose

To open session (either Module 2 or afternoon) with an overview of learning objectives and to take questions.

Instructor Activities

1. Welcome participants and review module agenda and learning objectives.
2. Solicit questions regarding Module 1 content and ask what participants put into practice between sessions (if there was a break between modules).

Time

10 minutes

Use

PowerPoint slide 72 (speaker notes included within)

Learning Objectives

Participants will:

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

Topic

Supervisor Roundtable for Module 2

Purpose

To engage supervisors in a reflective discussion of their SDM knowledge and their supervisory practices in using SDM assessments when making key decisions.

Instructor Activity

Ask participants to gather in groups (perhaps at their tables or according to unit assignments) and discuss two questions:

- What is a word or phrase that describes the “state of” SDM practice in your unit?
- What is working well and what needs work in SDM practice in your unit?

♪ *TRAINER NOTE: You can use these roundtable warm-ups as appropriate, depending upon whether you are delivering the series in four half-day or two one-day formats. You can skip or scale back these roundtable discussions if delivering as a two-day training or if short on time.*

Time

15 minutes

Use

Modules 1 and 2 PowerPoint slides 72–73 (speaker notes included within).

Learning Objectives

Participants will:

- Reflect on key issues regarding their supervisor role in supporting SDM practice; and
- Appreciate the supervisor’s role in supporting use of SDM assessment and practices in casework with families.

Topic

Key Supervisory Chores in SDM

Purpose

Help participants understand the key supervisory responsibilities in approving overrides, approving assessments, correcting mistakes, using risk level to assign cases, and supporting effective reassessment.

Instructor Activities

1. Begin with an overview of key supervisory chores to be covered in the session.
2. Present PowerPoint overview of the purpose of overrides/others, acceptable rates for use of overrides/other, features of overrides to avoid, and what makes a good override.
3. Lead group activity "To Approve or Not Approve," and then debrief using answer key located in this trainer guide's Answer Key section.

♪ *TRAINER NOTE: This is an individual written exercise but partners can work together. If the group is mixed, it may be helpful to have them sit with supervisors from similar units. Direct them to the exercise related to their unit.*

For each item, read the reason the worker gave for making the indicated override. Mark whether you would approve the override or not. If not, explain why.

When you finish the section, if time remains, pick one of the overrides you did not approve and rewrite the reason so that it supports the override. You can make up whatever facts you want as long as they support making the override.

♪ *TRAINER NOTE: Allow about five minutes, or until most supervisors seem done.*

4. Give overview of the process for reviewing and approving SDM assessments in webSDM and engaging caseworkers in making modifications.
5. Lead group activity "Turning Mistakes into Opportunities."

Instructions for Activity:

Form groups of three.

For Scene 1, select which person will be the worker and which person will be the supervisor. In the participant guide, find the section for your unit and read Scene 1. You will have two minutes to prepare for your role.

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 you need to talk to the worker prior to approving his/her assessment. Review the relevant SDM definitions and/or policies in preparation for the conference. Ask the worker for explanations. Provide information to the worker as needed, and work toward agreement. Attempt to leverage the situation to provide your worker with knowledge and/or skill building.

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

♪ *TRAINER NOTE: Allow two minutes for everyone to read the scene; then five minutes for the conference.*

For Scene 2, the worker becomes the supervisor and the supervisor becomes the worker.

Read Scene 2 and the relevant SDM policies and/or definitions. Two minutes' preparation, starting now.

♪ *TRAINER NOTE: Allow two minutes for everyone to read the scene; then five minutes for the conference.*

Debrief activity.

6. Engage group in discussion regarding recommended contact guidelines based upon risk, in the Contact Guidelines activity on page 51 of the participant guide, and debriefs using answer key located in this trainer guide's Answer Key section.
7. Present information about using risk level and reports in SafeMeasures to assign cases and demonstrate how risk weightings can be used to manage assignments.
8. End the session by demonstrating some SafeMeasures functionality that can be used to monitor caseworker compliance with reassessments and engaging large group in a brief discussion related to using findings to support caseworker performance and practice.

Training Tips and Key Learning Points

1. Overrides are a safe and rare part of the SDM system, allowing for balance between structure/research and professional judgment.
2. Approving assessments requires review of SDM assessments with case narratives to ensure appropriate completion. Supervisors should know they are a key quality and safety assurance check for SDM practice.

3. Contact guidelines based upon risk were established to ensure that higher-risk families receive the most time and attention in order to monitor safety and support family change.

Time

90 minutes

Use for Overrides

PowerPoint slides 75–83 (speaker notes included within)

Handouts: Participant guide handouts pages 26–39, including handouts titled “Supervisory Approval of Overrides,” “Exercise: To Approve or Not Approve,” and “To Approve or Not Approve Answer Key.”

Use for Approving Assessments

PowerPoint slides 84–97 (speaker notes included within)

Handouts: Participant guide handouts pages 40–50, including handouts titled “Your Name Is on It: Approving Assessments,” “Exercise: Turning Mistakes Into Opportunities,” and “Supervisory Approval Exercise: Observer Checksheet.”

Use for Contact Guidelines

PowerPoint slides 98–100 (speaker notes included within)

Handouts: Participant guide handouts page 51, titled “Contact Guidelines.”

Use for Assigning According to Risk Level

PowerPoint slides 101–105 (speaker notes included within)

Handouts: Participant guide handouts pages 52–54, titled “Assigning Cases.”

Use for Keeping up with Reassessments

PowerPoint slides 106–112 (speaker notes included within)

Handouts: Participant guide handouts pages 55–56, titled “Keeping up With Reassessments.”

Learning Objectives

Participants will:

- Understand the key supervisory responsibilities in approving overrides, approving assessments, correcting mistakes, and using risk level to assign cases and support caseworker reassessments;
- Understand the purpose of overrides/other in SDM assessments and know the difference between an acceptable override and overrides to avoid;
- Be able to determine if an override/other is applied correctly in an SDM assessment;

- Understand the process of reviewing and approving assessments;
- Use information in SafeMeasures to support using risk level to assign cases, monitor caseworker contacts, and support reassessments; and
- Understand how the family's risk level classification and safety decision informs case opening decisions and frequency of ongoing case contact.

Topic

Who Wants To Be a One-In-a-Million SDM Expert? Knowledge Game (Optional)

Purpose

Engage participants in a competitive game to reinforce SDM policy, definition, and practice knowledge.

Instructor Activities

1. Switch to the Knowledge Review Game Show PowerPoint. Introduce the game show by explaining it is a take on "Who Wants to Be a Millionaire?" Divide the class into two teams, each of which should select a "final answer" person. Ask questions of each team, one at a time. Of four possible answers, only one is correct. Each team has up to one minute to arrive at a final answer. The team is one lifeline, and the P&P manual is the other. Lifelines have unlimited use.
2. Create a name for each team and, on a flip chart, write one team on one side of a vertical line and the other team on the other. For each correct answer, one point is scored. No point is scored on an incorrect answer, and the other team has one minute to "steal" the point by answering correctly. They then get their regular turn.
3. There are far too many slides to get through all of them. There is a menu, and if you have a mixed group, you can take a few from each section. If you have mostly ER supervisors, you may work through all of the ER questions and fill in with others as time allows.

Time

Varies – activity is optional.

Use

Knowledge Game PowerPoint

Learning Objectives

Understand the policy, procedures, and research related to the SDM model and be able to apply definitions in SDM assessments.

Topic

Module Reflections and Wrap-Up and Transfer of Learning

Purpose

To allow participants to reflect on key learning points from Module 2 and consider a transfer-of-training action plan.

Activities

1. Conduct table talk reflections of key learning points from the module. Ask participants to share an action item to apply what they have learned into their supervisory habits.
2. Conduct a Plus/Delta evaluation and offer an overview of content for Module 3/next day session.

Time

5 minutes

MODULE 3 TOPICS

Topic

Welcome and Introductions, Review of Learning Objectives

Purpose

To open session (either Module 3 or morning of Day 2) with an overview of learning objectives and to take questions.

Instructor Activities

1. Welcome participants and review module agenda and learning objectives.
2. Solicit questions regarding Module 2 content and ask what participants put into practice between sessions (if there was a break between modules).
3. Open session with an overview of the following key elements of supervision in SDM practice.
 - a. SDM tools are a prompt for practice and enhanced critical thinking that improve decision making and shared understanding with families.
 - b. Relationship matter. Effective interaction/relationship between supervisor and caseworker supports effective interaction/relationship between caseworker and family members.
 - c. People support what they have a hand in creating.¹ Use reflective inquiry in the supervisory role.

Time:

10 minutes

Use

Module 3 and 4 PowerPoint slides 1–3 (speaker notes included within)

Handouts: Participant guide handout on pages 57–58, titled “Key Themes and Areas of Focus.”

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

Learning Objectives

Participants will:

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

Topic

Supervisor Roundtable for Module 3

Purpose

To engage supervisors in a reflective discussion of their SDM knowledge and supervisory practices in using SDM assessments when making key decisions.

Instructor Activity

Ask participants to gather in groups (perhaps at their tables or according to unit assignments) and discuss the following questions.

What are some supervisory strategies for:

- Supporting caseworkers in using the SDM model to guide decisions that result in the best outcomes for families?
- Helping caseworkers develop strong immediate safety plans with families?
- Encouraging caseworkers to use the structure of SDM assessments in their daily work?

♪ *TRAINER NOTE: You can use these roundtable warm-ups as appropriate, depending upon whether you are delivering the series in four half-day or two one-day formats. You can skip or scale back these roundtable discussions if delivering as a two-day training or if short on time.*

Time

15 minutes

Use

Modules 3 and 4 PowerPoint slide 4 (speaker notes included within)

Learning Objectives

Participants will:

- Reflect on key issues regarding their supervisor role in supporting SDM practice; and
- Appreciate the supervisor's role in supporting use of SDM assessment and practices in casework with families.

Topic

Key Considerations in Supporting SDM Casework Practice

Purpose

Provide concrete strategies for supporting caseworkers in integrating the SDM model into daily casework practice in a manner that supports better outcomes.

Instructor Activities

♪ *TRAINER NOTE: Depending on available time and unit specialty, choose one or more of the optional activities in this segment.*

1. Start by sharing some SDM tips from other supervisors found in the participant guide on page 59. Elicit other tips from participants.
2. Open segment by talking about quality implementation of SDM practice and presenting an overview of the SDM practices that need supervisory support.
3. Present concepts for supporting caseworker integration of the SDM model in their daily casework with families. This includes helping workers organize interviews and conversations with families using SDM structures and helping workers explain findings of SDM assessments as a strategy for supporting shared understanding.
4. **Optional group activity:** Ask participants to review an SDM assessment that is routinely used in their unit and discuss how they would coach their caseworker to prepare for conversations with families using the structure/content of the assessment.
5. Discuss the supervisor's role in using "the voice of" SDM in group supervision and case conferences to support SDM practice integration.
6. **Optional group activity:** Ask participants to select a referral or case situation in their unit and identify a recent or upcoming decision point informed by an SDM assessment routinely used in their unit. In pairs, have them practice discussing the case using the structure of the SDM assessment.
7. Cover the concepts of supporting effective safety planning and safety plan writing in their unit. Ask participants to reflect on two safety plans, one that was effective and well written and one that was not effective in controlling danger. Ask participants to reflect on what they learned from each one.
8. **Optional group activity:** Refer participants to the sample safety plans (original and revised) in the participant guide. Ask them to compare the two plans and discuss differences and what they learned about essential elements of safety planning.

9. Present concepts that support the use of the FSNA in engaging families in priority needs and strengths assessment related to safety threat and risk and building behaviorally based case plans. Review concepts for explaining the FSNA assessment to families and a framework for developing a case plan with families.
10. **Optional group activity:** Ask participants to review two sample case plans with goal statements and behaviorally specific objectives and discuss strategies for supporting caseworker skill in case plan writing.
11. Present ideas for supporting integration of the SDM model into ongoing casework, including tips for developing a productive partnership with families, explaining the reassessment structure to families, and engaging in shared reassessment of change with families during monthly case contacts.
12. **Optional group activity:** Ask participants to discuss at their tables some strategies for encouraging caseworkers to use these strategies in their work with families.

Training Tips and Key Learning Points:

1. Supervisors can use their coaching and consultation role with caseworkers to actively support integration of the SDM model into practice.
2. Supervisory awareness and skill building of how to incorporate SDM assessments into key areas of daily work with families can shape the way supervisors engage in their own daily work as supervisors.

Time

75 minutes

Use

Modules 3 and 4 PowerPoint slides 5–26 (speaker notes included within)

Handouts: Participant guide handouts pages 59–70 titled “Tips From Supervisors,” “Supervisory Tips for Supporting Safety Planning Skills,” “Hot Spots in Writing a Safety Plan,” “Safety Plan Example: Before and After,” “Steps for Developing Behaviorally Based Case Plans,” and “Examples of Behaviorally Worded Case Plans.”

Learning Objectives

- Understand that the SDM assessment tools are a prompt for practice in partnership with children, youth, and families.
- Support key SDM practices, including explaining assessment purposes and results to families, ensuring rigorous use of immediate safety plans, and making effective decisions about case actions.

- Appreciate and understand the value of SDM tools in supporting transparent conversations with families about safety, risk, and needs.
- Be able to identify the elements of an effective safety plan and know the process for engaging in safety planning with families.
- Recognize the importance of narrative support in case documentation for SDM tool completion.
- Understand the process for engaging caseworkers in case conferences related to the SDM model.
- Be able to engage in effective case conferences to support SDM assessment practices of their caseworkers.

Topic

Critical Case Review

Purpose

To emphasize the importance of narrative support in case documentation as part of the SDM model.
To teach the process of critical case review of case records and SDM assessments.

Instructor Activities

1. Present information using the PowerPoint presentation on the prompts for and types of critical case review and how SDM assessments link to these reviews. Present the process for conducting a critical case review using the case review checklist.
2. Engage participants in a group activity using the critical case review checklist and a sample case.

Break participants into teams of two.

♪ *TRAINER NOTE: Hand out critical case review handout and blank forms (each participant should receive two blank referral forms).*

Advise participants that these case files will be collected at the end of class and reused, so please do not write on them. Be sure Post-its are available to tab sections and/or make notes. The SDM printouts are from an actual case, but the narrative is entirely fictional. Nothing bad actually happened in this case. All identifying information has been stripped. Instead of names and birthdates, you see relationships and ages, so you can tell when the same person is referenced.

This example never had a case open, so participants will work only with referrals. Have participants complete as many referral grids as they need based on the number of referrals. Participants can work any way they want, but most individuals find it easiest to complete the grids by columns rather than rows.

Allow 30 minutes for this exercise. Debrief using the answer key contained in the answer key section for the critical case review

Key Learning Point

This activity underscores the importance of quality case documentation.

Time

45 minutes

Use

PowerPoint slides 27–37 (speaker notes included within)

Handouts: Participant guide handouts pages 71–75, titled “Critical Case Review,” “Critical Case Review: What Went Wrong?,” “Critical Case Review Checklist” (referrals), and “Critical Case Review Checklist” (cases).

Learning Objectives

- Recognize the importance of narrative support in case documentation for SDM tool completion.
- Understand and practice the process for completing a review of referrals or cases when a critical incident occurs.

Topic

Module 3/Afternoon Session Reflections and Wrap-Up, Transfer of Learning

Purpose

To allow participants to reflect on key learning points from Module 3 and consider a transfer-of-training action plan.

Instructor Activities

1. Conduct table talk reflections of key learning points from the module. Ask participants to share an action item to apply what they have learned to their supervisory habits.
2. Conduct a Plus/Delta evaluation and overview content for Module 4/next-day session.

Time

5 minutes

MODULE 4 TOPICS

Topic

Welcome and Introductions, Review of Learning Objectives

Purpose

To open session (either Module 4 or afternoon of day 2) with an overview of learning objectives and to take questions.

Instructor Activities

1. Welcome participants and review module agenda and learning objectives.
2. Solicit questions regarding Module 3 content and ask what participants put into practice between sessions (if there was a break between modules).

Time

10 minutes

Use

Modules 3 and 4 PowerPoint slide 38 (speaker notes included within)

Learning Objectives

Participants will:

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

Topic

Supervisor Roundtable for Module 4

Purpose

To engage supervisors in a reflective discussion of their SDM knowledge and supervisory practices in using SDM assessments when making key decisions.

Instructor Activity

Ask participants to gather in groups (perhaps at their tables or according to unit assignments) and discuss the following questions.

- What are your supervisory practices in ensuring quality referral/case documentation in your unit?
- How do you use the results of your case review to support worker skill development?

♪ *TRAINER NOTE: You can use these roundtable warm-ups as appropriate, depending upon whether you are delivering the series in four half-day or two one-day formats. You can skip or scale back these roundtable discussions if delivering as a two-day training or if short on time.*

Time

15 minutes

Use

Modules 3 and 4 PowerPoint slide 39 (speaker notes included within)

Learning Objectives

Participants will:

- Reflect on key issues regarding their supervisor role in supporting SDM practice; and
- Appreciate the supervisor's role in supporting use of SDM assessment and practices in casework with families.

Topic

Introduction to Case Reading in the SDM Model and Case Reading Practice

Purpose

To introduce and practice use of the case reading manual as part of a key supervisory practice.

Instructor Activities

1. Provide an overview of the role of case reading in ensuring quality casework AND strengthening caseworker skill development, goals of supervisory case reading, structure of case reading tools, strategies for using results to support skill development, and a recommended schedule for case reading using PowerPoint presentation.
2. Engage participants in case reading practice using one or two case examples. The two case examples are similar in fact pattern but show two different levels of caseworker performance in case documentation.

♪ *TRAINER NOTE:* Hand out Case 1. These cases can be collected and reused for future training sessions, so instruct participants not to write on the handouts. They can use Post-it notes to make notes.

If supervisors are supervising investigations, use investigation/assessment case reading. If supervisors are DI/FM/FR, use initial case plan case reading.

Hand out Case 2. These cases can be collected and reused for future training sessions, so instruct participants not to write on the handouts. They can use Post-it notes to make notes. If supervisors are ER, use investigation/assessment case reading. If supervisors are DI/FM/FR, use initial case plan case reading.

♪ *TRAINER NOTE:* Time may not allow practice on both case examples, but take time to review differences in the quality of the case documentation.

Key Learning Point

Case reading is a key supervisory task to ensure quality casework and support caseworker skill development.

Time

2 hours

Use

PowerPoint slides 40–62 (speaker notes included within)

Handouts: Case reading manual, blank sets of case reading tools (by stage of service), P&P manual, Case Examples 1 and 2, and answer keys.

Learning Objectives

- Learn the principles, process, and suggested guidelines of referral/case reading using the case reading tools.
- Recognize the importance of narrative support in case documentation for SDM tool completion.
- Understand the importance of training, coaching, and quality assurance through case reading as a primary intervention.

Topic

Developing a Unit Plan for Strengthening SDM Practice

Purpose

To facilitate an interactive model for developing a unit plan for strengthening SDM practice that parallels case planning process with families.

Instructor Activities

1. Present an overview of a process in which participants develop a plan for their units to strengthen SDM practice.
2. Engage participants in developing their unit plan and debrief highlights.

Time

15 minutes

Use

PowerPoint slides 63–71 (speaker notes included within)

Handouts: Participant guide handouts pages 76–77 titled “My Plan” (example) and “My Plan” (blank).

Learning Objectives

Develop a plan for strengthening SDM practice in their assigned unit using a model that parallels the case planning process that caseworkers use with families.

Topic

Module 4/Afternoon Session Reflections and Wrap Up, Transfer of Learning

Purpose

To allow participants to reflect on key learning points from Module 4 and consider a transfer-of-training action plan.

Instructor Activities

1. Conduct table talk reflections of key learning points from the module. Ask participants to share an action item to apply what they have learned to their supervisory habits.
2. Conduct a Plus/Delta evaluation.

Time

5 minutes

Answer Keys

FUN WITH DEFINITIONS (ANSWER KEY)

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. Two years 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.	<ul style="list-style-type: none"> <input type="radio"/> Correct <input checked="" type="radio"/> Incorrect 	If a child was removed as a result of this investigation, he/she should be included. 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.	<ul style="list-style-type: none"> <input type="radio"/> Correct <input checked="" type="radio"/> Incorrect 	Severe injury is one that without medical attention will result in death, disfigurement, or permanent disability. Correct item is "Other injury."
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 struggling in school despite a history of good performance. He recently disclosed worry and sadness about his parents' drug use.	<ul style="list-style-type: none"> <input checked="" type="radio"/> Correct <input type="radio"/> Incorrect 	

#	SDM® Item	Narrative	Supervisor Decision	If incorrect, why?
3	Response Priority (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? Item marked "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.	<ul style="list-style-type: none"> ● Correct ○ Incorrect 	
4	RP, Neglect: Does the child require immediate medical/mental health evaluation or care? "Yes"	Doctor believes child requires cochlear implant and parents, who are deaf, refuse. The implant is not necessary for child to live.	<ul style="list-style-type: none"> ○ Correct ● Incorrect 	No serious or significant injury requires immediate medical care.

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. This may include physical abuse, sexual abuse, or neglect.	Single mother has been leaving children home alone. They are 8 and 10. 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.	<ul style="list-style-type: none"> ○ Correct ● Incorrect 	Correct item would be safety threat 1 (excessive discipline or physical force)
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 follow-up to ensure all is going well.	<ul style="list-style-type: none"> ● Correct ○ Incorrect 	

#	SDM® Item	Narrative	Supervisor Decision	If incorrect, why?
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.	<input type="radio"/> Correct <input checked="" type="radio"/> Incorrect	Caregiver has not been diagnosed or treated in the past, had repeated referrals for evaluation, nor been recommended for treatment.
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.	<input type="radio"/> Correct <input checked="" type="radio"/> Incorrect	The current investigation is not counted.

Case Planning

#	SDM® Item	Narrative	Supervisor Decision	If incorrect, why?
9	SN4. Social support system a. The caregiver's social support system actively helps create safety, permanency, and child/youth/young adult well-being.	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.	<input type="radio"/> Correct <input checked="" type="radio"/> Incorrect	The correct score should be "b." An "a" response requires evidence that the parents are actively engaged in a constructive, mutual support system.
10	The 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.	<input checked="" type="radio"/> Correct <input type="radio"/> Incorrect	
11	CSN4. Education a. The child/youth/young adult has outstanding academic achievement	Child is at grade level and making straight As on report card.	<input type="radio"/> Correct <input checked="" type="radio"/> Incorrect	This meets the definition for a "b" score—satisfactory academic achievement.

#	SDM® Item	Narrative	Supervisor Decision	If incorrect, why?
12	CSN8. Substance abuse b. No use/experimentation	Child is age 6 and has never tasted any alcoholic beverage or drug.	<ul style="list-style-type: none"> ● Correct ○ Incorrect 	

Family Maintenance (FM) Risk Reassessment

#	SDM® Item	Narrative	Supervisor Decision	If incorrect, why?
13	R1. Number of prior neglect investigations b. One prior neglect investigation	<p>The referral that started this case was received 1/1/08. This review is being conducted on 1/1/09.</p> <p>CWS/CMS shows the following investigations:</p> <ul style="list-style-type: none"> ● 1/1/06 neglect ● 1/1/07 abuse ● 1/1/08 neglect 	<ul style="list-style-type: none"> ● 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)	<ul style="list-style-type: none"> ○ Correct ● Incorrect 	If no narrative references treatment, how is the problem being addressed?

#	SDM® Item	Narrative	Supervisor Decision	If incorrect, why?
15	<p>R9. Primary caregiver provides physical care inconsistent with child needs</p> <p>a. Not consistent with child needs</p>	<p>Substantiated referral related to family living in a rat- and roach-infested home with stopped up toilet and no running water. Clothes went months between washings. 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.</p>	<ul style="list-style-type: none"> ○ Correct ● Incorrect 	<p>Issues at substantiated referral. Almost six months later, there is a demonstrated improvement and a new apartment. What we do not know is whether incremental improvements occurred along the way to a new apartment, or just one dramatic change occurred last week. More information is needed to better understand what happened between the substantiation and the last week.</p>
16	<p>R10. Caregiver's progress with case plan objectives</p> <p>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</p>	<p>Single caregiver.</p> <ol style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> ● 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.	<ul style="list-style-type: none"> <input type="radio"/> Correct <input checked="" type="radio"/> Incorrect 	The correct answer should be "d. Very high" from the new referral received one month prior to reassessment.
18	Visitation frequency: Total	During past 24 weeks, parents had 48 scheduled visits. They did not show up for two of them; for four of the one-hour visits, they arrived with only 10 minutes left.	<ul style="list-style-type: none"> <input type="radio"/> Correct <input checked="" type="radio"/> Incorrect 	The four visits for which they showed up with only 10 minutes left count as missed visits. This rates as 87.5% compliance, which is "Routine."
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 needs. For example, mother noticed 4-year-old becoming withdrawn near end of visits and comforted child and helped transition back to foster mother.	<ul style="list-style-type: none"> <input type="radio"/> Correct <input checked="" type="radio"/> Incorrect 	Missed visits would be scored under quantity. While most visits were missed, it appears that the parents had adequate quality of visitation. The examples do not demonstrate enough of a pattern to say that they consistently demonstrated desired behavior ("Strong"), so "Adequate" would be the correct rating.
20	Safety interventions: Use of community agencies as safety resources	Mother will continue in therapy.	<ul style="list-style-type: none"> <input type="radio"/> Correct <input checked="" type="radio"/> Incorrect 	This is not a safety intervention – it is an ongoing service.

EXERCISE: TO APPROVE OR NOT TO APPROVE (ANSWER KEY FOR HOTLINE)

The following examples are overrides that were marked on assessments submitted for approval. Determine whether or not you would approve the override. If not, briefly state the reason and what 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.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: It is possible that the caller can identify the child and knows the school the child attends. Have screener call school to see if anyone else reported the incident. If no other information is gained through that phone call, then approve for insufficient information.
	Another community agency has jurisdiction	Call comes from law enforcement officer, 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.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: This meets criteria for CWS response. Mother's boyfriend is a household member.
	Historical information only	Therapist has been working with family for a year on improving family relationships, mostly with parents. Sometimes children are included in sessions. Last night it came out that an incident occurred 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.	<ul style="list-style-type: none"> ● Approve ○ Not approve Explanation:
	Local protocol	Reporter describes a long history of domestic violence (DV). The children have witnessed many assaults.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: Witnessing multiple DV incidents meets screening criteria for threat of emotional abuse.

Assessment	Override Applied	Supporting Facts	Supervisor Decision
	"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.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: There is no allegation to be screened-in. Without a specific allegation, this is just routine follow-up for the ongoing case manager.
Response Priority	Law enforcement requests an immediate response	Reporter is a sergeant for the local police department.	<ul style="list-style-type: none"> ● Approve ○ Not approve Explanation:
	There is reason to believe that the 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.	<ul style="list-style-type: none"> ● Approve ○ Not approve Explanation:
	The child is in an alternative safe environment	Father was leaving child unsupervised, but hired a daycare provider last week.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: If allegation is that child is unsupervised and Dad has arranged child care, then report does not meet criteria for "unsupervised child" and presumptive response would be 10 days. Regardless, report does not meet criteria for "alternative safe environment" because dad is still the caregiver and the alleged perp.

Assessment	Override Applied	Supporting Facts	Supervisor Decision
	Discretionary override to 10 days (five in Los Angeles)	Child is safe.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: Insufficient information—what is it about the situation that the caller provided to indicate the child is currently “safe”?
	Discretionary override to 10 days (five in Los Angeles)	This incident is alleged to have occurred more than two weeks ago. Mother contacted law enforcement and is being protective of her children.	<ul style="list-style-type: none"> ● Approve ○ Not approve Explanation:

Bonus

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

EXERCISE: TO APPROVE OR NOT TO APPROVE (ANSWER KEY FOR ER)

The following examples are overrides that were marked on assessments submitted for approval. Determine whether or not you would approve the override. If not, briefly state the reason and what 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.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: Fits criteria for safety threat 3.
		Caregiver has disclosed that he is not medicated and does not intend to seek treatment or to take medication.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: This is considered a caregiver complicating behavior and not a safety threat.
		Child has ADD—very disruptive and very hard to handle.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: Need more information to support what about child's behavior suggests imminent threat of maltreatment by the caregiver without some immediate intervention. If caregiver fears he/she will maltreat the child or cannot meet the child's needs, then safety threats 1 and other might apply.
		Child ingested non-prescribed medication; mom delayed before taking to hospital.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: Meets criteria for safety threat 7.
		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.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: Meets criteria for safety threat 8.

Assessment	Override Applied	Supporting Facts	Supervisor Decision
		Mom is a recovering alcoholic.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: Not a safety threat unless current issues seriously impair ability to provide care.
	Other Household Strength or Protective Action	Mother states that her children are her life.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: This does not provide any evidence or support of a protective capacity. Need to know what this means in terms of the current situation? Responses would likely meet criteria of an existing PC.
		Mother kicked her boyfriend, who abused child, out of the home and filed a restraining order.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: Meets criteria for household strength for caregiver support network.
	"Other" interventions	Worker will check on family in next week.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: Meets criteria for in-home protective intervention 1.
		Parents will use food bank for food until next check comes.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: Meets criteria for in-home protective intervention 3.
		Father agreed to attend substance abuse counseling.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: This is an ongoing service intervention.

Assessment	Override Applied	Supporting Facts	Supervisor Decision
Risk Assessment	Discretionary override (increase risk one level)	Mother needs CPS intervention.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: Need more information about why CPS intervention is needed and why the worker thinks increasing risk level is required, rather than promoting at current risk level.
		Override risk level to high in order for the family to receive First 5 services.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: This is not the purpose of the discretionary override.
		Child has a severe injury (third-degree burn); mother's explanation is not consistent with the injury. Mother failed to take the child for immediate medical attention.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: Meets criteria for policy override 3.

Bonus

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

EXERCISE: TO APPROVE OR NOT TO APPROVE (ANSWER KEY FOR FM)

The following examples are overrides that were marked on assessments submitted for approval. Determine whether or not you would approve the override. If not, briefly state the reason and what 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.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: While this may result in closing the case, the case should be closed at the assessed risk level.
		Family is doing well and no longer needs services.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: Need more information on why worker feels risk is decreased or case should be closed at the assessed risk level.
		Mother complied with case plan activity.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: This is already factored into assessment item R10. If historical items are keeping the case at a high risk level despite compliance with case plan activity, the case can be closed but should be closed at the assessed risk level.
	Discretionary to increase risk	Unable to locate family. County counsel requires case remain open until child is age 18.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: The case has to remain open, but should remain open at the assessed risk level.
		Child's behavioral disorder continues to create extreme stress in the family. Father's recent job loss is adding to the family stress level. In the past, maltreatment has occurred under high stress.	<ul style="list-style-type: none"> ● Approve ○ Not approve Explanation:
		Mother was discharged from therapy and needs a mental health assessment.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: This is an issue for needs assessment.

Assessment	Override Applied	Supporting Facts	Supervisor Decision
FSNA	SN11 Other (caregiver)	Mother is a meth addict.	<input type="radio"/> Approve <input checked="" type="radio"/> Not approve Explanation: Should be assessed in SN7.
	CSN12 Other (child)	Johnny does very well in school.	<input type="radio"/> Approve <input checked="" type="radio"/> Not approve Explanation: Should be assessed in CSN4.

Bonus

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

EXERCISE: TO APPROVE OR NOT TO APPROVE (ANSWER KEY FOR FR)

The following examples are overrides that were marked on assessments submitted for approval. Determine whether or not you would approve the override. If not, briefly state the reason and what 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.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: The risk reassessment section assesses risk of parent’s home, not current placement of children.
		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.	<ul style="list-style-type: none"> ● Approve ○ Not approve Explanation:
		We are recommending reunification.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: If risk is high or very high but reunification is being recommended, the correct place to override is in the permanency plan recommendation section.
	Discretionary to increase risk	Mother states she needs more time.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: This does not impact risk. If the case will remain open, it should remain open at the assessed risk level.

Assessment	Override Applied	Supporting Facts	Supervisor Decision
		Father has not finished his substance abuse counseling.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: Need more information. If the father has two more sessions to go, has consistently had negative urine screens, has a relapse prevention plan in place, and has otherwise done well with case plan goals, this should not necessarily preclude reunification.
Placement/ Permanency Guideline	Discretionary change to return home	No current safety issues.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: Presumably, risk would have been either high or very high OR visitation was unacceptable.
	Discretionary change from return home to continue FR	Mother states she needs more time.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: Need more information. What does mother feel she requires with provision of additional time? Can needs be adequately met through FM services?
	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.	<ul style="list-style-type: none"> ● Approve ○ Not approve Explanation:
	Discretionary change from terminate FR to continue FR	There is a reasonable chance of reunification within next six months.	<ul style="list-style-type: none"> ○ Approve ● Not approve Explanation: Need specific information about what constitutes "reasonable chance of reunification" in order to arrive at a decision to terminate FR services.

Bonus

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

CONTACT GUIDELINES ANSWER KEY

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

What percentage of very high-risk families received zero contacts? 0%

How many contacts did most moderate-risk families receive? Two (2)

If you supervised this unit, what would you like to see done differently next month? Very high risk cases get at least three contacts; no cases without contacts; more high than moderate risk cases with two contacts.

Why does the SDM system recommend not keeping low and moderate risk cases open? Research demonstrates they have similar recurrence rates regardless of service.

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 that has not yet been seen? Safety concern

CRITICAL CASE REVIEW CHECKLIST ANSWER KEY

Referrals

Referral # 1111-1111-1111-1111111

Date received: 8/4/11 Allegations: General neglect	Hotline tool date: 8/4/11 OR <input type="radio"/> Missing <input type="radio"/> N/A	Hotline tool accurate? <input checked="" type="radio"/> Yes <input type="radio"/> No	Was first contact/attempt within timeframe? <input checked="" type="radio"/> Yes—8/10/11 attempted <input type="radio"/> No <input type="radio"/> N/A
First actual contact date: 8/19/11	Safety assessment date: 8/20/11 OR <input type="radio"/> Missing <i>Should be dated 8/19/11 first face to face with child</i>	Safety assessment accurate? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>Safety threat identified without narrative support</i>	Was correct action taken? <input checked="" type="radio"/> Yes <input type="radio"/> No If safety plan was required, was it adequate? <input type="radio"/> Yes <input checked="" type="radio"/> No— <i>Safety decision was incorrect AND there was no safety plan</i> <input type="radio"/> N/A
Disposition decision date: 8/20/11	Risk assessment date: 8/20/11 OR <input type="radio"/> Missing <input type="radio"/> N/A	Risk assessment accurate? <input checked="" type="radio"/> Yes <input type="radio"/> No	Was case opened or closed correctly based on risk? <input checked="" type="radio"/> Yes— <i>Safety assessment decision incorrect, no safety threat and risk is moderate</i> <input type="radio"/> No

Referral #2222-2222-2222-2222222

Date received: 10/15/11 Allegations: None	Hotline tool date: 10/15/11 OR <input type="radio"/> Missing <input type="radio"/> N/A	Hotline tool accurate? <input checked="" type="radio"/> Yes <input type="radio"/> No	Was first contact/attempt within timeframe? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
First actual contact date: / /	Safety assessment date: / / OR <input type="radio"/> Missing	Safety assessment accurate? <input type="radio"/> Yes <input type="radio"/> No	Was correct action taken? <input type="radio"/> Yes <input type="radio"/> No If safety plan was required, was it adequate? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Substantiation decision date: / /	Risk assessment date: / / OR <input type="radio"/> Missing <input type="radio"/> N/A	Risk assessment accurate? <input type="radio"/> Yes <input type="radio"/> No	Was case opened or closed correctly based on risk? <input type="radio"/> Yes <input type="radio"/> No

#3333-3333-3333-0000000

Date received: 5/25/14 Allegations: Physical abuse	Hotline tool date: 5/25/14 OR <input type="radio"/> Missing <input type="radio"/> N/A	Hotline tool accurate? <input type="radio"/> Yes <input checked="" type="radio"/> No— <i>Should be 24 hour</i>	Was first contact/attempt within timeframe? <input checked="" type="radio"/> Yes— <i>But response decision should have been 24 hours.</i> <input type="radio"/> No <input type="radio"/> N/A
First actual contact date: 6/4/14	Safety assessment date: / / OR <input checked="" type="radio"/> Missing	Safety assessment accurate? <input type="radio"/> Yes <input type="radio"/> No	Was correct action taken? <input type="radio"/> Yes <input type="radio"/> No If safety plan was required, was it adequate? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Disposition decision date: 8/7/14	Risk assessment date: / / OR <input checked="" type="radio"/> Missing <input type="radio"/> N/A	Risk assessment accurate? <input type="radio"/> Yes <input type="radio"/> No	Was case opened or closed correctly based on risk? <input type="radio"/> Yes <input type="radio"/> No

#0000-0000-4444-0000000

Date received: 4/1/15 Allegations: Physical abuse	Hotline tool date: 4/1/15 OR <input type="radio"/> Missing <input type="radio"/> N/A	Hotline tool accurate? <input checked="" type="radio"/> Yes <input type="radio"/> No	Was first contact/attempt within timeframe? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
First actual contact date: 4/1/15	Safety assessment date: 4/1/15 OR <input type="radio"/> Missing	Safety assessment accurate? <input type="radio"/> Yes <input checked="" type="radio"/> No— <i>Safety threat 7 should have been marked as yes and child vulnerability not noted.</i>	Was correct action taken? <input type="radio"/> Yes <input checked="" type="radio"/> No If safety plan was required, was it adequate? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Disposition decision date: 4/16/15	Risk assessment date: / / OR <input checked="" type="radio"/> Missing <input type="radio"/> N/A	Risk assessment accurate? <input type="radio"/> Yes <input type="radio"/> No	Was case opened or closed correctly based on risk? <input type="radio"/> Yes <input type="radio"/> No

#0000-5555-0000-0000000

<p>Date received: 6/13/2015</p> <p>Allegations: Physical abuse</p>	<p>Hotline tool date: 6/13/15 OR <input type="radio"/> Missing <input type="radio"/> N/A</p>	<p>Hotline tool accurate? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><i>Inadequate information in the screener narrative to determine timeframe of incident, whether uncle is or is not a household member, and whether parents were aware of uncle's behavior toward 13-year old girl. Item likely should be marked General Neglect, Failure to Protect.</i></p>	<p>Was first contact/attempt within timeframe? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p>
<p>First actual contact date: / /</p>	<p>Safety assessment date: / / OR <input type="radio"/> Missing <input type="radio"/> N/A</p>	<p>Safety assessment accurate? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Was correct action taken? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If safety plan was required, was it adequate? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>
<p>Substantiation decision date: / /</p>	<p>Risk assessment date: / / OR <input type="radio"/> Missing <input type="radio"/> N/A</p>	<p>Risk assessment accurate? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Was case opened or closed correctly based on risk? <input type="radio"/> Yes <input type="radio"/> No</p>

CASE 1 ANSWER KEY

**CALIFORNIA
SDM® INTAKE
SUPERVISORY REFERRAL READING TOOL**

Referral Name: Maria Conseco
Referral Date: 8 / 22 / 2015
Worker Name: Student 10
Reviewer Name: Supervisor Sam

Referral Number: 3274-9660-1704-7000036
Date of Case Reading: 3 / 25 / 2016
Review Date: 3 / 25 / 2016

PRELIMINARY SCREENING TOOL

1. Was the screening tool completed according to policy?

- Yes. Completed according to policy.
 No. *Provide details:*

One tool completed on the day of referral, per policy. Both screening and response priority completed as required.

Two reports received within a short period and entered into CMS as separate referrals—second referral adds additional information relevant to the first but is regarding same incident. *Local county policies would be followed regarding whether a second referral record was entered OR if additional information would be added to the first referral. Likely second referral would have been preliminary screened as duplicate in many counties.*

2. Was Step I: Preliminary Screening completed appropriately?

- Yes. Review of screening criteria is not required, and this was selected.
 Yes. Preliminary screening criteria did not apply and were not selected.
 No. *Provide details:*

Note: If second report was entered as a new CMS referral, preliminary screening, duplicate report, would likely apply.

3. Does the record narrative match item scores?*

- Yes. Narrative supports all criteria selected.
 Yes. No criteria in Step II are selected, and none should have been selected.
 No. *Provide details:*

Screeener narrative indicated child had multiple bruises and reported that "her daddy hurt her last night." Which meets the criteria for non-accidental or suspicious injury, other injury. Additional information provided in second report regarding child needing immediate medical attention due to symptoms of shock would meet the criteria for non-accidental or suspicious injury, severe.

No information to support marking any item in general neglect screening criteria.

- Area of strength
 Area of opportunity
 Area of demonstrated growth

Details:

Screeener narrative provided information about reporting party's observations of injuries and child statements that helped to meet definition for physical abuse. Consider crafting of a provisional harm statement.

Can screeener narrative include specific efforts to gather additional information, rather than simply stating "no further information provided"?

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

For reports in which Step II, CPS Screening Criteria was completed and should have been completed:

4. Was the correct screening decision reached?

- Yes. Referral was screened out, and narrative supports decision.
- Yes. Referral was screened in, and narrative supports decision.
- No. *Provide details:*

In-person response was correct based upon current injuries and child statement.

5. Was a response accurately selected regarding sexually exploited and/or sex trafficked information?

- Yes. Referral details required a response, and one was selected.
- Yes. A response was not required, and neither were selected.
- No. *Provide details:*

6. Does the tool recommendation match the action taken?

- Yes. Final screening tool recommendation matches the recommendation in CWS/CMS.
- No. *Provide details:*

RESPONSE PRIORITY

Complete only for reports that were screened in.

Not applicable/report was screened out

1. Was the response priority tool completed according to policy?

- Yes. Completed according to policy, AND an automatic 24-hour response was selected.
- Yes. Completed according to policy, AND the appropriate decision tree was completed.
- No. *Provide details:*

Tree for physical abuse was appropriately completed but incorrectly coded based on narrative. Item "prior history of physical abuse" should have been marked, not "child vulnerable or fearful."

Tree for general neglect should not have been completed, as it did not meet screening criteria.

2. Were the response priority questions completed correctly based upon record narrative?*

- Yes.
- No. *Provide details:*

See above. In addition, there was no information in the narrative about child being fearful.

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

Ensure that narrative models structure of the response priority tree when drafting narrative.

3. Is the final tool recommendation correct?

- Yes.
- No. *Provide details:*

4. Does the tool recommendation match the action taken?

- Yes. Priority was accurately assigned, and all answers were accurate.
- Yes. Priority was accurately assigned even though not all items were completed accurately.
- No. *Provide details:*

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

No, insufficient narrative. *Provide details:*

PATH OF RESPONSE DECISION

For differential response counties only

Not applicable/not a differential response county

1. Was the path decision tool completed according to policy?

- Yes. Path decision tool was completed within required timeframes and on the correct household.
- No. *Provide details:*

2. Were path decision tool questions completed correctly based on record narrative?*

- Yes. All items were marked or not marked consistent with available narrative and CWS/CMS records.
- No. *Provide details:*

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

3. Is the final tool recommendation correct?

- Yes. All items were scored correctly, OR any differences in item scores would not have affected final recommendation.
- No. *Provide details:*

4. Does the tool recommendation match the action taken?

- Yes. Tool-recommended path and CWS/CMS-recommended path are the same.
- No. *Provide details:*

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

CALIFORNIA
SDM®INVESTIGATION/ASSESSMENT AND EMERGENCY RESPONSE
SUPERVISORY REFERRAL CASE READING TOOL

Referral Name: Maria Conseco
Referral Date: 8 / 22 / 2015
Worker Name: Student 10
First Face-to-Face Contact: 8 / 22 / 2015

Referral Number: 3274-9660-1704-7000036
Review Date: 3 / 25 / 2016
Reviewer Name: Supervisor Sam
Referral Close Date: 8 / 25 / 2015

SAFETY

If a safety assessment and safety plan were completed for an additional household, please review on a separate case reading form.

Unable to locate family. *(If selected, please choose another referral to review.)*

1. Was the tool completed according to policy?

- Yes. Completed according to policy.
 No. *Provide details:*

Safety assessment was dated 8/23/15, the day after the children were protectively placed, so date should have been 8/22/15.

2. Does the date of the safety assessment match the date of the first face-to-face contact?

- Yes.
 No. *Provide details:*

3. Does the narrative support the worker's answer to the header question about Native American ancestry?

- Yes.
 No. *Provide details:*

No information in narrative related to ICWA inquiry to support a "no" response.

4. Does the narrative support the worker's answers in the child vulnerabilities section?

- Yes.
 No. *Provide details:*

"Age 0-5" correctly marked but criteria were met for "diminished mental capacity;" this should also be marked because Peter was described as having Down syndrome.

5. Does the narrative support the safety threats identified?*

- Yes. No safety threats were identified within the narrative, and the safety decision of "Safe" was correct.
- Yes. Safety threats were identified and supported by the narrative, including specific caregiver behaviors and their impact/potential impact on the child or children.
- No. *Provide details:*

While Safety Threat item 1 was correctly marked based upon narrative, the subcategory "serious injury or abuse to child other than accidental" should have been selected instead of excessive discipline or physical force.

Item 4 regarding hazardous living conditions has insufficient information to support marking because there is no information about whether the tools are within reach of children.

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

Insufficient narrative related to interviews. Work to structure investigation narrative using both the abuse allegations and the structure of the safety assessment. Attend to providing information linking caregiver action/inaction and impact on children. No information regarding exploration of support network or safety planning.

6. Does the narrative support identified caregiver complicating behaviors?*

- Yes. No caregiver complicating behaviors were identified within the narrative, and none were marked on the safety assessment.
- Yes. Complicating behaviors were identified and supported by narrative.
- No. *Provide details:*

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

7. Are the identified household strengths and protective actions supported by the narrative?*

- Yes. Household strengths and protective actions were supported in narrative, as was their appropriate use in safety planning.
- No. *Provide details:*

No information in narrative to support marking any item. No evidence in narrative of efforts to safety plan or explore in-home safety interventions.

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

See notes above. Consider using Three Questions structure in interview and narrative to explore supporting strengths and protective actions as well as to identify support network and immediate next steps.

8. Are the in-home protective interventions supported by the narrative?*

- Yes. Safety threats and complicating behaviors (if applicable) were identified, and safety decision was "Safe with plan." A safety plan was developed with at least one parent.
- No. *Provide details:*

No information in narrative to support and no evidence of efforts to safety plan using in-home protective interventions in the narrative.

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

See above.

9. Was a safety plan completed appropriately? (See item definitions and enhanced practice elements for needed elements.)

- N/A. Safety plan was not needed/developed.
- No. Safety plan was written but does not include needed elements.
- Yes. Safety plan was written and includes needed elements.

Details:

No evidence in the narrative of efforts to safety plan or safety plan writing even though safety decision was safe with a plan.

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

Ask worker about efforts to inquire about Madelyn's biological father as a potential safety planning resource.

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating definitions when this item.

10. If the safety decision was "Unsafe," is the placement intervention supported by the narrative?

- N/A. Safety decision was either "Safe" or "Safe with plan."
- Yes. Safety decision is "Unsafe," and a placement intervention was selected.
- No. *Provide details:*

11. Was the final safety decision correct?

- Yes.
- No. The final decision was incorrect. *Provide details:*

Based upon narrative, decision should have been unsafe.

12. Does the final recommendation match the action taken?

- Yes.
- No. Decision was "Safe" or "Safe with plan," but child was removed.
- No. Decision was "Unsafe," but child remained in home.
- No. Decision was "Safe with plan," and child remained in the home; but there was no safety plan, OR safety plan does not adequately address all safety factors.

13. Should another safety assessment have been completed during the referral because conditions changed?

- Yes.
- No.

13a. If yes, was another safety assessment completed?

- Yes. *(Please review the next completed safety assessment on a separate case reading form.)*
- No.

14. Did the worker accurately identify other households that may have required the completion of an additional safety assessment?

- Yes. Worker accurately identified an additional household, and the household was appropriately assessed for safety. *(Please review the additional completed safety assessment on a separate case reading form.)*
- Yes. Worker accurately identified no additional households; therefore, no additional safety assessments were needed.
- No. Another household was identified in the narrative; however, the worker did not complete an additional safety assessment.

15. Is there evidence in the record that the worker discussed safety assessment results with the family?*

- Yes.
- No. *Provide details:*

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

RISK ASSESSMENT

N/A. *If referral was unfounded and county policy does not require risk assessment for unfounded referrals, mark this box and do not proceed with review. It is not necessary to select another referral for review unless risk assessments have not been reviewed for two months.*

1. Was the tool completed according to policy?

Yes. Completed according to policy.

No. *Provide details:*

Completed too soon.

2. Were the risk assessment questions completed correctly based upon record narrative?*

Yes.

No. *Provide details:*

Items 1, 2, 5, 8, 11, and 13 were coded incorrectly based upon narrative. Policy override for severe non-accidental injury should have applied based upon narrative.

Area of strength

Area of opportunity

Area of demonstrated growth

Details:

3. Are overrides supported by narrative?*

Yes. An override was selected and is supported by narrative.

Yes. No override was selected and none should have been, as supported by narrative.

No. An override was selected and is NOT supported by narrative.

No. No override was selected, and information in the narrative indicates one should have been.

Details:

Severe non-accidental injury applied.

Area of strength

Area of opportunity

Area of demonstrated growth

Details:

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

4. Is the final tool recommendation correct?

- Yes. The final recommendation was correct.
- No. The final recommendation was incorrect. *Provide details:*

5. Does the final tool recommendation match the action taken?

- Yes.
- No. Risk was low or moderate with no safety factors, but case was opened with no/inadequate explanation provided.
- No. Risk was low or moderate with safety factors, but case was not opened and no/inadequate explanation was provided.
- No. Risk was high or very high, but case was not opened and no/inadequate explanation was provided.

6. Is there evidence in the record that the worker discussed risk assessment results with the family?*

- Yes. Narrative includes information indicating the worker shared results with the family.
- Yes. Narrative includes information indicating the worker attempted to share results with the family.
- No. *Provide details:*

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

**CALIFORNIA
SDM® VOLUNTARY/COURT INTAKE
SUPERVISORY CASE READING TOOL**

Referral Name: Maria Conseco

Referral Number: 3274-9660-1704-7000036

Referral Date: 8 / 22 / 2015

Review Date: 3 / 25 / 2016

Worker Name: Student 10

Reviewer Name: Supervisor Sam

Date of Face-to-Face for FSNA Contact: 8 / 22 / 2015

Referral Close Date: 8 / 25 / 2015

FAMILY STRENGTHS AND NEEDS ASSESSMENT

1. Was the tool completed according to policy?

- Yes. Completed according to policy.
 No. *Provide details:*

Date of assessment was not the same as face-to-face contact for family strengths and needs assessment (FSNA) interview.

2. Were the FSNA domains completed correctly based upon record narrative?*

- Yes. All items marked are supported by narrative.
 No. Narrative does not support items marked.
 No. Narrative includes information that an item should have been marked, but was not.
 No. *Provide details:*

No narrative detail regarding discussion of cultural and household context. SN3 should have been coded as d based upon narrative. No evidence for coding SN5 and SN6.

- Area of strength
 Area of opportunity
 Area of demonstrated growth

Details:

3. Is the final assessment of priority needs and strengths correct?

- Yes. The final assessment recommendation is correct.
 No. *Provide details:*

No evidence that substance abuse was an issue for the mother. Key areas to address are support system and household relationships.

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

4. Does the assessment recommendation match the action taken?

- Yes. Case plan addresses all priority need areas AND builds on strengths.
- No. Case plan does not address priority needs, AND/OR strengths were not considered.
- No. Case plan includes objectives that are unrelated to priority needs.
- No. *Provide details:*

Too many objectives and many not related to the primary issues of assuring that the caregiver protects children from physical abuse by others.

4a. Does the case plan show evidence of behaviorally descriptive objectives and/or a goal statement that is relevant to safety threats and risk?*

- Yes.
- No. *Provide details:*

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

Narrative and case plan should also include information related to child domains.

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

**CALIFORNIA
SDM® FAMILY MAINTENANCE REVIEW
SUPERVISORY CASE READING TOOL**

Referral Name: Maria Conseco
Referral Date: 8 / 22 / 2015
Worker Name: Student 10
First Face-to-Face Contact: 9 / 2 / 2015

Referral Number: 3274-9660-1704-7000036
Review Date: 3 / 25 / 2016
Reviewer Name: Supervisor Sam
Referral Close Date: 8 / 25 / 2015

SERVICE PERIOD CASE NOTE REVIEW

1. Does each case note show evidence that worker explained the method for reassessment?*

- Yes.
- No. *Provide details:*

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

Discuss strategies with worker regarding using the structure of the reassessment to inform monthly contacts and supporting narrative.

2. Does each case note show evidence of the risk reassessment structure?*

- Yes.
- No. *Provide details:*

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

3. Does each case note show evidence of engagement strategies?*

Yes.

No. *Provide details:*

Area of strength

Area of opportunity

Area of demonstrated growth

Details:

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

RISK REASSESSMENT

1. Was the tool completed according to policy?

Yes. Completed according to policy.

No. *Provide details:*

Date of assessment should have corresponded to face-to-face contacts on 1/27/15 or 12/15/15.

2. Were the risk reassessment questions completed correctly based upon narrative support?*

Yes. All items marked are clearly supported by narrative.

No. Narrative conflicts with item marked.

No. Item is marked, but no narrative supports selection.

No. There are discrepancies in item selected and information in narrative.

No. *Provide details:*

Area of strength

Area of opportunity

Area of demonstrated growth

Details:

3. Are overrides supported by narrative?*

Yes. An override was selected and is supported by narrative.

Yes. No override was selected, and none should have been, as supported by narrative.

No. An override was selected and is *not* supported by narrative.

No. No override was selected, and information in the narrative indicates that one should have been.

Provide details:

Area of strength

Area of opportunity

Area of demonstrated growth

Details:

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

4. Is the final tool recommendation correct?

- Yes. All items were scored correctly, OR any difference in scoring would not have affected the final recommendation.
- No. One or more errors were made in scoring items, AND this led to a recommendation that is different than what a properly scored tool would have recommended.

5. Does the tool recommendation match the action taken?

- Yes.
- No. Risk was low or moderate with no safety factors, but case remained open with no/inadequate explanation provided.
- No. Risk was low or moderate and there were safety factors, but case was closed and no/inadequate explanation was provided.
- No. Risk was high or very high, but case was closed and no/inadequate explanation was provided.

6. Is there evidence in the record that the worker discussed risk reassessment results with the family?*

- Yes.
- No. *Provide details:*

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

7. Was a new FSNA needed to update the case plan?

- Yes.
- No.

If yes, was a new FSNA completed?

- Yes. *If yes, complete the FSNA portion of this tool.*
- No. An FSNA was not completed.

8. Was a case closing safety assessment needed?

- Yes.
- No.

If yes, was the case-closing safety assessment completed?

- Yes. *If yes, complete the safety assessment portion of this tool.*
- No. A closing safety assessment was not completed.

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

CASE 2 ANSWER KEY

**CALIFORNIA
SDM® INTAKE
SUPERVISORY REFERRAL READING TOOL**

Referral Name: Ann Harding

Referral Number: 3274-9660-1704-7000036

Referral Date: 8 / 22 / 2015

Date of Case Reading: _____ / _____ / _____

Worker Name: Student 10

Review Date: 3 / 25 / 2016

Reviewer Name: Supervisor Sam

PRELIMINARY SCREENING TOOL

1. Was the screening tool completed according to policy?

Yes. Completed according to policy.

No. *Provide details:*

Two referrals and two SDM hotline tools completed as appropriate.

2. Was Step I: Preliminary Screening completed appropriately?

Yes. Review of screening criteria is not required, and this was selected.

Yes. Preliminary screening criteria did not apply and were not selected.

No. *Provide details:*

Duplicate referral criteria did not apply here additional information about severity of child's injuries affected response priority.

3. Does the record narrative match item scores?*

Yes. Narrative supports all criteria selected.

Yes. No criteria in Step II are selected, and none should have been selected.

No. *Provide details:*

Strong behavioral detail on observations of injuries in both referrals. Information regarding father's actions described as well as child's fearful demeanor.

In first referral, narrative met threshold for other injury.
In second referral, narrative met threshold marked for severe injury, increasing to automatic 24 hour.

Area of strength

Area of opportunity

Area of demonstrated growth

Details:

Consider including provisional harm statement in screener narrative. Consider additional questioning about family situation, using Three Questions format. Ask and provide detail about support system known to the reporter.

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

For reports in which Step II, CPS Screening Criteria was completed and should have been completed:

4. Was the correct screening decision reached?

- Yes. Referral was screened out, and narrative supports decision.
- Yes. Referral was screened in, and narrative supports decision.
- No. *Provide details:*

5. Was a response accurately selected regarding sexually exploited and/or sex trafficked information?

- Yes. Referral details required a response, and one was selected.
- Yes. A response was not required, and neither were selected.
- No. *Provide details:*

6. Does the tool recommendation match the action taken?

- Yes. Final screening tool recommendation matches the recommendation in CWS/CMS.
- No. *Provide details:*

RESPONSE PRIORITY

Complete only for reports that were screened in.

Not applicable/report was screened out

1. Was the response priority tool completed according to policy?

- Yes. Completed according to policy, AND an automatic 24-hour response was selected.
- Yes. Completed according to policy, AND the appropriate decision tree was completed.
- No. *Provide details:*

Referral 1: Appropriate decision tree completed
Referral 2: Automatic 24 hour

2. Were the response priority questions completed correctly based upon record narrative?*

- Yes.
- No. *Provide details:*

Referral 1: Item was marked incorrectly that there is a non-perpetrating caregiver aware and demonstrating protection. Item should have been marked as "prior history of physical abuse" and "child is vulnerable or fearful" (crying) that would have prompted a 24-hour response.
Referral 2: Automatic 24 hour.

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

Screeener narrative could include more detailed information about what is working well in household to assess if there was a non-perpetrating caregiver.

3. Is the final tool recommendation correct?

- Yes.
- No. *Provide details:*

Should have been 24 hours based upon response priority question.

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

4. Does the tool recommendation match the action taken?

- Yes. Priority was accurately assigned, and all answers were accurate.
- Yes. Priority was accurately assigned even though not all items were completed accurately.
- No. *Provide details:*

Worker responded immediately, not 10 days, in first referral. Second referral had correct response.

- No, insufficient narrative. *Provide details:*

PATH OF RESPONSE DECISION

For differential response counties only

Not applicable/not a differential response county

1. Was the path decision tool completed according to policy?

- Yes. Path decision tool was completed within required timeframes and on the correct household.
- No. *Provide details:*

2. Were the path decision tool questions completed correctly based on record narrative?*

- Yes. All items were marked or not marked consistent with available narrative and CWS/CMS records.
- No. *Provide details:*

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

3. Is the final tool recommendation correct?

- Yes. All items were scored correctly, OR any differences in item scores would not have affected final recommendation.
- No. *Provide details:*

4. Does the tool recommendation match the action taken?

- Yes. Tool-recommended path and CWS/CMS-recommended path are the same.
- No. *Provide details:*

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

CALIFORNIA
SDM®INVESTIGATION/ASSESSMENT AND EMERGENCY RESPONSE
SUPERVISORY REFERRAL CASE READING TOOL

Referral Name: Ann Harding

Referral Number: 3274-9660-1704-7000036

Referral Date: 8 / 22 / 2015

Review Date: 3 / 25 / 2016

Worker Name: Student 10

Reviewer Name: Supervisor Sam

First Face-to-Face Contact: 8 / 22 / 2015

Referral Close Date: / /

SAFETY

If a safety assessment and safety plan were completed for an additional household, please review on a separate case reading form.

Unable to locate family. *(If selected, please choose another referral to review.)*

1. Was the tool completed according to policy?

Yes. Completed according to policy.

No. *Provide details:*

Initial safety assessment completed at first face-to-face with child and updated when safety was reassessed and conditions changed.

2. Does the date of the safety assessment match the date of the first face-to-face contact?

Yes.

No. *Provide details:*

3. Does the narrative support the worker's answer to the header question about Native American ancestry?

Yes.

No. *Provide details:*

Both safety assessments marked "parent not available." While this was correct response in initial assessment, mother was available and no narrative mentioned inquiry. Follow up with worker to discuss reasons for ICWA inquiry at this decision point and importance of this in narrative documentation.

4. Does the narrative support the worker's answers in the child vulnerabilities section?

Yes.

No. *Provide details:*

Updated safety assessment reflected additional knowledge regarding evaluation for Down syndrome.

5. Does the narrative support the safety threats identified?*

- Yes. No safety threats were identified within the narrative, and the safety decision of "Safe" was correct.
- Yes. Safety threats were identified and supported by narrative, including specific caregiver behaviors and their impact/potential impact on the child or children.
- No. *Provide details:*

Clearly explained details of safety threat using caregiver action/impact on child, each safety threat item well described and the narrative was organized in the structure of the Safety Assessment.

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

Good example of well-written investigation narrative that incorporates structure of the safety assessment into narrative. Excellent and detailed description of nature of impact on child as related to identified caregiver actions. Consider use of provisional harm and danger statements.

6. Does the narrative support identified caregiver complicating behaviors?*

- Yes. No caregiver complicating behaviors were identified within the narrative, and none were marked on the safety assessment.
- Yes. Complicating behaviors were identified and supported by narrative.
- No. *Provide details:*

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

7. Are the identified household strengths and/or protective actions supported by the narrative?*

- Yes. Household strengths and protective actions were supported in narrative, as was their appropriate use in safety planning.
- No. *Provide details:*

Narrative included information regarding why efforts to safety plan and evaluate household strengths and protective actions were not completed at initial safety assessment. Narrative detail available to support household strengths and protective actions in updated safety assessment.

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

8. Are the in-home protective interventions supported by the narrative?*

- Yes. Safety threats and complicating behaviors (if applicable) were identified, and safety decision was "Safe with plan." A safety plan was developed with at least one parent.
- No. *Provide details:*

The narrative included details of the safety plan but neglected to include the involvement of the network and that the only plan relies on a caregiver without a history of being able to protect. Good unit example to share as the details of the safety plan were included in the narrative.

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

Narrative included shared understanding of danger with parent and agreements about actions that will be taken to control danger. Area of demonstrated growth might include additional support network member to ensure that mother continues to maintain actions of protection. Consider adding a safety goal.

9. Was a safety plan completed appropriately? (See item definitions and enhanced practice elements for needed elements.)

- N/A. Safety plan was not needed/developed.
- No. Safety plan was written but does not include needed elements.
- Yes. Safety plan was written and includes needed elements.

Details:

Consider adding additional monitoring with additional support network member.

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

Encourage worker to detail efforts to engage the family's network and add a safety goal.

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

10. If the safety decision was "Unsafe," is the placement intervention supported by the narrative?

- N/A. Safety decision was either "Safe" or "Safe with plan."
- Yes. Safety decision is "Unsafe," and a placement intervention was selected.
- No. *Provide details:*

11. Was the final safety decision correct?

- Yes.
- No. The final decision was incorrect. *Provide details:*

12. Does the final recommendation match the action taken?

- Yes.
- No. Decision was "Safe" or "Safe with plan," but child was removed.
- No. Decision was "Unsafe," but child remained in home.
- No. Decision was "Safe with plan," and child remained in the home; but there was no safety plan, OR safety plan does not adequately address all safety factors.

13. Should another safety assessment have been completed during the referral because conditions changed?

- Yes.
- No.

13a. If yes, was another safety assessment completed?

- Yes. *(Please review the next completed safety assessment on a separate case reading form.)*
- No.

14. Did the worker accurately identify other households that may have required the completion of an additional safety assessment?

- Yes. Worker accurately identified an additional household, and the household was appropriately assessed for safety. *(Please review the additional completed safety assessment on a separate case reading form.)*
- Yes. Worker accurately identified no additional households; therefore, no additional safety assessments were needed.
- No. Another household was identified in the narrative; however, the worker did not complete an additional safety assessment. (Madelyn's birth father's household)

15. Is there evidence in the record that the worker discussed safety assessment results with the family?*

- Yes.
- No. *Provide details:*

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

Conduct a search of the father to determine whether he is a capable non-offending parent and include a network member in safety planning.

RISK ASSESSMENT

N/A. If referral was unfounded and county policy does not require risk assessment for unfounded referrals, mark this box and do not proceed with review. It is not necessary to select another referral for review unless risk assessments have not been reviewed for two months.

1. Was the tool completed according to policy?

- Yes. Completed according to policy.
- No. *Provide details:*

Date of allegation conclusion was 8/25/15.

2. Were the risk assessment questions completed correctly based upon record narrative?*

- Yes.
- No. *Provide details:*

Item 1 should be b based on one prior neglect investigation. Item 10 at time of investigation should have been b, physically unsafe. Item 15 has no narrative to support response. Item 16 also has no narrative to support response.

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

Follow up with worker on (1) using risk items to prepare for interview, (2) including narrative support for all items marked, and (3) review of overrides.

3. Are overrides supported by narrative?*

- Yes. An override was selected and is supported by narrative.
- Yes. No override was selected and none should have been, as supported by narrative.
- No. An override was selected and is NOT supported by narrative.
- No. No override was selected, and information in the narrative indicates one should have been.

Details:

Should have been "severe non-accidental injury." Follow up with worker on override and contact frequency guidelines.

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

4. Is the final tool recommendation correct?

- Yes. The final recommendation was correct.
- No. The final recommendation was incorrect. *Provide details:*

5. Does the final tool recommendation match the action taken?

- Yes.
- No. Risk was low or moderate with no safety factors, but case was opened with no/inadequate explanation provided.
- No. Risk was low or moderate with safety factors, but case was not opened and no/inadequate explanation was provided.
- No. Risk was high or very high, but case was not opened and no/inadequate explanation was provided.

6. Is there evidence in the record that the worker discussed risk assessment results with the family?*

- Yes. Narrative includes information indicating the worker shared results with the family.
- Yes. Narrative includes information indicating the worker attempted to share results with the family.
- No. *Provide details:*

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

**CALIFORNIA
SDM® VOLUNTARY/COURT INTAKE
SUPERVISORY CASE READING TOOL**

Referral Name: Ann Harding

Referral Number: 3274-9660-1704-7000036

Referral Date: 8 / 22 / 2015

Review Date: 3 / 25 / 2016

Worker Name: Student 10

Reviewer Name: Supervisor Sam

Date of Face-to-Face for FSNA Contact: 10 / 6 / 2015

Referral Close Date: _____ / _____ / _____

FAMILY STRENGTHS AND NEEDS ASSESSMENT

1. Was the tool completed according to policy?

- Yes. Completed according to policy.
 No. *Provide details:*

2. Were the FSNA domains completed correctly based upon record narrative?*

- Yes. All items marked are supported by narrative.
 No. Narrative does not support items marked.
 No. Narrative includes information that an item should have been marked, but was not.
 No. *Provide details:*

Follow up with worker to ensure that child domains are included in case planning assessment section.

- Area of strength
 Area of opportunity
 Area of demonstrated growth

Details:

Worker described cultural context of household within social study. Case planning assessment provides a detailed summary of underlying needs and strengths related to safety threats.

3. Is the final assessment of priority needs and strengths correct?

- Yes. The final assessment recommendation is correct.
 No. *Provide details:*

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

4. Does the assessment recommendation match the action taken?

- Yes. Case plan addresses all priority need areas AND builds on strengths.
- No. Case plan does not address priority needs, AND/OR strengths were not considered.
- No. Case plan includes objectives that are unrelated to priority needs.
- No. *Provide details:*

Outstanding example of well-written behavioral case plan objectives that describe the presence of safety when achieved. Great work!

4a. Does the case plan show evidence of behaviorally descriptive objectives and/or a goal statement that is relevant to safety threats and risk?*

- Yes.
- No. *Provide details:*

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

Great example of excellent case planning that is well linked to a shared assessment!

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

**CALIFORNIA
SDM® FAMILY MAINTENANCE REVIEW
SUPERVISORY CASE READING TOOL**

Referral Name: Ann Harding
Referral Date: 8 / 22 / 2015
Worker Name: Student 10
First Face-to-Face Contact: 8 / 22 / 2015

Referral Number: 3274-9660-1704-7000036
Review Date: 3 / 25 / 2016
Reviewer Name: Supervisor Sam
Referral Close Date: 8 / 25 / 2015

SERVICE PERIOD CASE NOTE REVIEW

1. Does each case note show evidence that worker explained the method for reassessment?*

- Yes.
 No. *Provide details:*

No obvious detail in case notes, though case notes are structured using the case plan objectives, which implies that the worker and caregiver are focused on assessing progress based upon case plan objectives.

- Area of strength
 Area of opportunity
 Area of demonstrated growth

Details:

Nice job of structuring monthly case contacts based upon case plan objectives and providing behavioral detail about progress.

2. Does each case note show evidence of the risk reassessment structure?*

- Yes.
 No. *Provide details:*

- Area of strength
 Area of opportunity
 Area of demonstrated growth

Details:

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

3. Does each case note show evidence of engagement strategies?*

Yes.

No. *Provide details:*

Area of strength

Area of opportunity

Area of demonstrated growth

Details:

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

RISK REASSESSMENT

1. Was the tool completed according to policy?

- Yes. Completed according to policy.
- No. *Provide details:*

Melissa was not listed as a household member. Add her to the assessment.

2. Were the risk reassessment questions completed correctly based upon narrative support?*

- Yes. All items marked are clearly supported by narrative.
- No. Narrative conflicts with item marked.
- No. Item is marked, but no narrative supports selection.
- No. There are discrepancies in item selected and information in narrative.
- No. *Provide details:*

R10 meets criteria for b, not a.

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

3. Are overrides supported by narrative?*

- Yes. An override was selected and is supported by narrative.
- Yes. No override was selected, and none should have been, as supported by narrative.
- No. An override was selected and is *not* supported by narrative.
- No. No override was selected, and information in the narrative indicates that one should have been.

Details:

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

4. Is the final tool recommendation correct?

- Yes. All items were scored correctly, OR any difference in scoring would not have affected the final recommendation.
- No. One or more errors were made in scoring items, AND this led to a recommendation that is different than what a properly scored tool would have recommended.

5. Does the tool recommendation match the action taken?

- Yes.
- No. Risk was low or moderate with no safety factors, but case remained open with no/inadequate explanation provided.
- No. Risk was low or moderate and there were safety factors, but case was closed and no/inadequate explanation was provided.
- No. Risk was high or very high, but case was closed and no/inadequate explanation was provided.

6. Is there evidence in the record that the worker discussed risk reassessment results with the family?*

- Yes.
- No. *Provide details:*

- Area of strength
- Area of opportunity
- Area of demonstrated growth

Details:

7. Was a new FSNA needed to update the case plan?

- Yes.
- No.

If yes, was a new FSNA completed?

- Yes. *If yes, complete the FSNA portion of this tool.*
- No. An FSNA was not completed.

8. Was a case-closing safety assessment needed?

- Yes.
- No.

If yes, was the case-closing safety assessment completed?

- Yes. *If yes, complete the safety assessment portion of this tool.*
- No. A closing safety assessment was not completed.

*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.