**CALIFORNIA**

**SDM® FAMILY MAINTENANCE REVIEW**

## Supervisory Case Reading Tool

**Referral Name:** Click or tap here to enter text. **Referral Number:** Click or tap here to enter text.

**Referral Date:**Click or tap here to enter text. **Review Date:** Click or tap here to enter text.

**Worker Name:** Click or tap here to enter text. **Reviewer Name:** Click or tap here to enter text.

**First Face-to-Face Contact:** Click or tap here to enter text. **Referral Close Date:** Click or tap here to enter text.

**SERVICE PERIOD CASE NOTE REVIEW**

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

Yes.

No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

Area of strength

Area of opportunity

Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

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

Yes

No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

Area of strength

Area of opportunity

Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

\*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:*

|  |
| --- |
| Click or tap here to enter text. |

Area of strength

Area of opportunity

Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

\*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*:

|  |
| --- |
| Click or tap here to enter text. |

**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*:

|  |
| --- |
| Click or tap here to enter text. |

Area of strength

Area of opportunity

Area of demonstrated growth

*Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

**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:*

|  |
| --- |
| Click or tap here to enter text. |

Area of strength

Area of opportunity

Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

\*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:*

|  |
| --- |
| Click or tap here to enter text. |

Area of strength

Area of opportunity

Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

**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.

**FAMILY STRENGTHS AND NEEDS ASSESSMENT**

**1. Was the tool completed according to policy?**

Yes. Completed according to policy.

No. *Provide details*:

|  |
| --- |
| Click or tap here to enter text. |

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

Yes. All items marked are supported by narrative.

No. Narrative does not support marked items.

No. Narrative includes information that an item should have been marked, but was not.

No. *Provide details*:

|  |
| --- |
| Click or tap here to enter text. |

Area of strength

Area of opportunity

Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

**3. Is the final assessment recommendation correct?**

Yes. The final assessment recommendation is correct.

No. *Provide details*:

|  |
| --- |
| Click or tap here to enter text. |

**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:*

|  |
| --- |
| Click or tap here to enter text. |

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

**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:*

|  |
| --- |
| Click or tap here to enter text. |

Area of strength

Area of opportunity

Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

**SAFETY ASSESSMENT**

**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:*

|  |
| --- |
| Click or tap here to enter text. |

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

Yes.

No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

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

Yes.

No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

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

Yes.

No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

**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:*

|  |
| --- |
| Click or tap here to enter text. |

\*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:*

|  |
| --- |
| Click or tap here to enter text. |

**6. Does the narrative support the 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:*

|  |
| --- |
| Click or tap here to enter text. |

Area of strength

Area of opportunity

Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

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

Yes. Household strengths and protective actions were supported in the narrative, as was their appropriate use in safety planning.

No. *Provide details*:

|  |
| --- |
| Click or tap here to enter text. |

Area of strength

Area of opportunity

Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

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

**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 caregiver.

No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

Area of strength

Area of opportunity

Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

**9. Was the safety plan completed appropriately?** (See item definition for needed elements.)

N/A. Safety plan was not needed.

No. Safety plan was created but does not include needed elements.

Yes. Safety plan was created and includes needed elements.

Area of strength

Area of opportunity

Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

**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 was “Unsafe,” and a placement intervention was selected.

No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

**11. Was the final safety decision correct?**

Yes.

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

|  |
| --- |
| Click or tap here to enter text. |

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

**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 did 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 risk assessment results with the family?\***

Yes.

No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

Area of strength

Area of opportunity

Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

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