**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:*

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

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

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| 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:*

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| 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*:

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

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Provide details:*

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| 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:*

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| --- |
| 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:*

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

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

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| 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*:

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| --- |
| 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:*

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| Click or tap here to enter text. |

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

[ ]  Yes. The final assessment recommendation is correct.

[ ]  No. *Provide details*:

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| --- |
| 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:*

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| --- |
| 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:*

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

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

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| 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:*

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| --- |
| 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:*

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| --- |
| 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:*

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| 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:*

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

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

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| 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*:

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

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

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| 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:*

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

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

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| 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:*

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| 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:*

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

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

[ ]  Yes.

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

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| --- |
| 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:*

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

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

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| Click or tap here to enter text. |

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