

Common Core 3.0

Structured Decision Making (SDM) Assessment Skills Lab

Trainer Guide



June 30, 2018

Use Evaluation Materials Dated June 30, 2018

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Acknowledgements

California's Common Core Curricula for Child Welfare Workers is the result of the invaluable work and guidance of a great many people throughout the child welfare system in California and across the country. It would be impossible to list all of the individuals who contributed, but some groups of people will be acknowledged here.

The Content Development Oversight Group (CDOG) a subcommittee of the Statewide Training and Education Committee (STEC) provided overall guidance for the development of the curricula. Convened by the California Social Work Education Center (CalSWEC) and the California Department of Social Services (CDSS), CDOG membership includes representatives from the Regional Training Academies (RTAs), the University Consortium for Children and Families in Los Angeles (UCCF), and Los Angeles County Department of Children and Family Services.

In addition to CDOG, a Common Core 3.0 subcommittee comprised of representatives from the RTAs, the Resource Center for Family Focused Practice, and counties provided oversight and approval for the curriculum development process.

Along the way, many other people provided their insight and hard work, attending pilots of the trainings, reviewing sections of curricula, or providing other assistance.

California's child welfare system greatly benefits from this collaborative endeavor, which helps our workforce meet the needs of the state's children and families.

The Children's Research Center provided technical support as well as The Structured Decision Making System that includes the SDM 3.0 Policy and Procedures Manual and Decision Making Tools. These resources are used in compliance with CRC copyright agreements with California. Additionally, content in this curriculum has been adapted from CRC's SDM 3.0 classroom curriculum to meet the training needs in California.

In compliance with the Indian Child Welfare Act (1978) and the California Practice Model, social workers must identify American Indian/Alaska Native children in the system. For an overview of *Implementing the Indian Child Welfare Act* view: <https://www.youtube.com/watch?v=BIQG65KFKGs>

The curriculum is developed with public funds and is intended for public use. For information on use and citation of the curriculum, please refer to:

https://calswec.berkeley.edu/sites/default/files/citation_guideline_6-2018.pdf



FOR MORE INFORMATION on California's Core Curricula, as well as the latest version of this curriculum, please visit the California Social Work Education Center (CalSWEC) website: <http://calswec.berkeley.edu>

Introduction

Please read carefully as a first step in preparing to train this curriculum.

IMPORTANT NOTE: Each curriculum within the Common Core series is mandated and standardized for all new child welfare workers in the state of California. It is essential that all trainers who teach any of the Common Core Curricula in California instruct trainees using the standardized Training Content as provided. The training of standardized content also serves as the foundation for conducting standardized testing to evaluate and improve the effectiveness of new worker training statewide.

GENERAL INFORMATION

Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills and is important for all CWS positions within an agency.

The Common Core Curriculum model is designed to define clearly the content to be covered by the trainer. Each curriculum consists of a *Trainee's Guide* and a *Trainer's Guide*. Except where indicated, the curriculum components outlined below are identical in both the Trainee's and Trainer's Guides. The Trainee's Guide contains the standardized information which is to be conveyed to trainees.

For an overview of the training, it is recommended that trainers first review the Agenda and Lesson Plan. After this overview, trainers can proceed to review the activities for each training segment in the Trainer's Guide and the Training Content in the Trainee's Guide in order to become thoroughly familiar with each topic and the training activities. The components of the Trainer's and Trainee's Guides are described under the subheadings listed below.

The curricula are developed with public funds and intended for public use. For information on use and citation of the curricula, please refer to the Guidelines for Citation:

https://calswec.berkeley.edu/sites/default/files/citation_guideline_6-2018.pdf

Please note that each individual curriculum within the Common Core Curricula is subject to periodic revision. The curricula posted on the CalSWEC website are the most current versions available. For questions regarding the curricula, contact CalSWEC at calswec_rta_cc@berkeley.edu or call CalSWEC at 510-642-9272.

COMPONENTS OF THE TRAINER'S AND TRAINEE'S GUIDES

Learning Objectives

The Learning Objectives serve as the basis for the Training Content that is provided to both the trainer and trainees. All the Learning Objectives for the curriculum are listed in both the Trainer's and Trainee's Guides. The Learning Objectives are subdivided into three categories: Knowledge, Skills, and Values. They are numbered in series beginning with K1 for knowledge, S1 for skills, and V1 for values. The Learning Objectives are also indicated in the Lesson Plan for each segment of the curriculum.

Knowledge Learning Objectives entail the acquisition of new information and often require the ability to recognize or recall that information. *Skill Learning Objectives* involve the application of knowledge and frequently require the demonstration of such application. *Values Learning Objectives* describe attitudes, ethics, and desired goals and outcomes for practice. Generally, *Values Learning Objectives* do not easily lend themselves to measurement, although values acquisition may sometimes be inferred through other responses elicited during the training process.

Agenda

The Agenda is a simple, sequential outline indicating the order of events in the training day, including the coverage of broad topic areas, pre-tests and/or post-tests, training activities, lunch, and break times. The Agenda for trainers differs slightly from the Agenda provided to trainees in that the trainer's agenda indicates duration; duration is not indicated on the agenda for trainees.

Lesson Plan (Trainer's Guide only)

The Lesson Plan in the Trainer's Guide is a mapping of the structure and flow of the training. It presents each topic and activity and indicates the duration of training time for each topic.

The Lesson Plan is divided into major sections by Day 1, Day 2, and Day 3 of the training, as applicable, and contains two column headings: Segment and Methodology and Learning Objectives. The Segment column provides the topic and training time for each segment of the training. The Methodology and Learning Objectives column reflects the specific activities and objectives that are covered in each segment. As applicable, each activity is numbered sequentially within a segment, with activities for Segment 1 beginning with Activity 1A, Segment 2 beginning with Activity 2A, etc.

Evaluation Protocols

It is necessary to follow the step-by-step instructions detailed in this section concerning pre-tests, post-tests, and skill evaluation (as applicable to a particular curriculum) in order to preserve the integrity and consistency of the training evaluation process. Additionally, trainers should not allow trainees to take away or make copies of any test materials so that test security can be maintained.

Training Segments (Trainer's Guide only)

The Training Segments are the main component of the Trainer's Guide. They contain guidance and tips for the trainer to present the content and to conduct each Training Activity. Training Activities are labeled and numbered to match the titles, numbering, and lettering in the Lesson Plan. Training Activities contain detailed descriptions of the activities as well as step-by-step tips for preparing, presenting, and processing the activities. The description also specifies the Training Content that accompanies the activity, and the time and materials required.

Occasionally, a Trainer's Supplement is provided that includes additional information or materials that the trainer needs. The Trainer's Supplement follows the Training Activity to which it applies.

Training Content (Trainee's Guide only)

The Training Content in the Trainee's Guide contains the standardized text of the curriculum and provides the basis for knowledge testing of the trainees. Training activities are labeled and numbered to match the titles and numbering in the Lesson Plan.

Supplemental Handouts

Supplemental Handouts refer to additional handouts not included in the Trainee's Guide. For example, Supplemental Handouts include PowerPoint printouts that accompany in-class presentations or worksheets for training activities. Some documents in the Supplemental Handouts are placed there because their size or format requires that they be printed separately.

References and Bibliography

The Trainer's Guide and Trainee's Guide each contain the same References and Bibliography. The References and Bibliography indicates the sources that were reviewed by the curriculum designer(s) to prepare and to write the main, supplemental and background content information, training tips, training activities and any other information conveyed in the training materials. It also includes additional resources that apply to a particular content area. The References and Bibliography may include the following:

- All-County Letters (ACLs) and All-County Information Notices (ACINs) issued by the California Department of Social Services (CDSS);
- Legal References (as applicable); and
- General References and Bibliography

In certain curricula within the Common Core series, the References and Bibliography may be further divided by topic area.

Materials Checklist (Trainer's Guide only)

In order to facilitate the training preparation process, the Materials Checklist provides a complete listing of all the materials needed for the entire training. Multi-media materials include such items as videos, audio recordings, posters, and other audiovisual aids. Materials specific to each individual training activity are also noted in the Training Segments in the Trainer's Guide.

Posters (Trainer's Guide only)

Some curricula feature materials in the Trainer's Guide that can be used as posters or wall art.

Tips for Training this Curriculum

Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills, and is important for all CWS positions with in an agency.

TRAINING PREPARATION

It is **required** that the trainer preview the following eLearning as prerequisite to the classroom:

1. Overview of Assessment Procedures eLearning

It is **recommended** that the trainer preview the following eLearning(s) and/or classroom trainings prerequisites to training the classroom:

1. Critical Thinking and Assessment classroom
2. CMI eLearning
3. CMI classroom
4. Assessing for Key Child Welfare Issues

It is **suggested** that you orient yourself to all the blocks in preparation for this training in order to make links and dig deeper into skill building:

1. Foundation
2. Engagement
3. Assessment
4. Case Planning and Service Delivery
5. Monitoring and Adapting
6. Transition

Contact your Regional Training Academy/UCCF for more information and to register for the eLearnings as well as to access the classroom curriculum. Visit CalSWEC website for more information at:

<https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/common-core-30>

MATERIALS

The SDM Policy and Procedures Manual and training materials used in this curriculum are produced by the Children’s Research Center. Please contact the Children’s Research Center at 800-306-6223 or at support@sdmdata.org. Because CRC makes regular updates to the materials, please ensure you are using the most recent materials when you present this curriculum.

COUNTY VARIATIONS IN PRACTICE

While all counties using the Structured Decision Making Tools follow the standardized assessment format and use the same SDM tools and definitions, there are some variations in county practice regarding some aspects of implementation, policy and use of supporting materials. Prior to presenting this training module, review the county policies and practices for standardized assessment and confer with county administration regarding specific county practices.

In addition, some counties provide separate staff training regarding the SDM Hotline Tools. Prior to offering this module, determine whether or not the trainees will receive the hotline content. The hotline content is marked optional in the curriculum for this reason. If the hotline content is included, shorten the time allowed for other segments to ensure completion of all the required segments.

USE OF SDM TOOLS FOLLOWING THIS TRAINING

After completing the Assessment Skills Lab curriculum, trainees can begin using the SDM tools as part of their social work practice; however, please ensure trainees understand that this initial training does not make them expert users of the SDM tools. The classroom training, they receive with this module must be reinforced with field learning, regular supervision, and mentoring. We also STRONGLY recommend that social workers participate in the relevant advanced SDM training modules approximately 3 months after using the tools in the field to expand and reinforce their knowledge.

TRAINING ACTIVITIES

Because this training is activity rather than lecture based, trainers should have extensive knowledge of the Structured Decision Making Tools and experience using the tools. Trainers should be prepared to address a wide variety of trainee questions in the moment relying on the SDM Policy Manual and professional experience. Regional Training Academies may have additional resources for preparing trainers to present this curriculum.

FAMILY FRIENDLY LANGUAGE

Trainers are the example for modeling this for participants. The hope is that the work is done with families, not on clients. Use words such as parents, young adults, youth, child, family...rather than clients. We want to model that families involved in child welfare services are not separate from us as social workers, but part of our community. This is the goal of the CA Child Welfare Core Practice Model as well and reflects the behaviors we want to see demonstrated in social workers work with families. For more information on the Californian Child Welfare Core Practice Model visit the CalSWEC website at <http://calswec.berkeley.edu/california-child-welfare-core-practice-model-0>.

SAFETY ORGANIZED PRACTICE

Some content in this curriculum was developed by the National Council on Crime and Delinquency (NCCD) and the Northern California Training Academy as part of the Safety Organized Practice Curriculum. Please note, not all California Counties are actively practicing Safety Organized Practice. However, the framework, principles and concepts are integrated throughout the curriculum as tools and best practices. Safety Organized Practice (SOP) is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief in SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. Safety Organized Practice is informed by an integration of practices and approaches including:

- Solution-focused practice¹
- Signs of Safety²
- Structured Decision making³
- Child and family engagement⁴
- Risk and safety assessment research

¹ Berg, I.K. and De Jong, P. (1996). Solution-building conversations: co-constructing a sense of competence with clients. *Families in Society*, pp. 376-391; de Shazer, S. (1985). *Keys to solution in brief therapy*. NY: Norton; Saleebey, D. (Ed.). (1992). *The strengths perspective in social work practice*. NY: Longman.

² Turnell, A. (2004). Relationship grounded, safety organized child protection practice: dreamtime or real time option for child welfare? *Protecting Children*, 19(2): 14-25; Turnell, A. & Edwards, S. (1999). *Signs of Safety: A safety and solution oriented approach to child protection casework*. NY: WW Norton; Parker, S. (2010). *Family Safety Circles: Identifying people for their safety network*. Perth, Australia: Aspirations Consultancy.

³ Children's Research Center. (2008). *Structured Decision Making: An evidence-based practice approach to human services*. Madison: Author.

⁴ Weld, N. (2008). The three houses tool: building safety and positive change. In M. Calder (Ed.) *Contemporary risk assessment in safeguarding children*. Lyme Regis: Russell House Publishing.

- Group Supervision and Interactional Supervision⁵
- Appreciative Inquiry⁶
- Motivational Interviewing⁷
- Consultation and Information Sharing Framework⁸
- Cultural Humility
- Trauma-informed practice

⁵ Lohrbach, S. (2008). Group supervision in child protection practice. *Social Work Now*, 40, pp. 19-24.

⁶ Cooperrider, D. L. (1990). Positive image, positive action: The affirmative basis of organizing. In S. Srivasta, D.L. Cooperrider and Associates (Eds.). *Appreciative management and leadership: The power of positive thought and action in organization*. San Francisco: Jossey-Bass.

⁷ Miller, W.R., & Rollnick, S. (2012). *Motivational Interviewing*, (3rd Ed.). NY: Guilford Press.

⁸ Lohrbach, S. (1999). *Child Protection Practice Framework - Consultation and Information Sharing*. Unpublished manuscript; Lohrbach, S. & Sawyer, R. (2003). Family Group Decision Making: a process reflecting partnership based practice. *Protecting Children*. 19(2):12-15.

Evaluation

This curriculum uses an embedded evaluation activity to promote learning and to provide evaluative feedback on the curriculum.

Embedded evaluation is most often used to evaluate skill-based competencies. Skill based competencies are competencies that define a desired behavior, activity or interaction; such as interviewing a child, assessing risk, identifying indicators of child maltreatment, writing a court report, writing a case plan, etc. Embedded evaluation either builds on existing exercises or designs new tasks that can be used as both instructional and evaluation opportunities. This linkage enhances trainee learning and provides feedback to trainers for course improvement, while also providing important data on trainees' acquisition of skills (Parry and Berdie, 2004).

In order to use the data collected in the embedded evaluation to improve future versions of the curriculum, there must be high levels of standardization in the content and delivery each time the training is delivered. Trainers must follow the curriculum as it is written and include the activities that lead to the eventual evaluation segment. Further, trainers must follow an evaluation protocol for completing the embedded evaluation activity. This protocol is not included in this document but is available separately from the Regional Training Academy or University Consortium for Children and Families. Please follow this protocol when conducting the evaluation activity and debrief.

Agenda

Day 1:

Segment 1:	Welcome	9:00–9:10 am
Segment 2:	Review of Key Concepts	9:10–9:55 am
Segment 3:	Hotline Assessment	9:55 –10:25 am
BREAK		10:25–10:35 am
Segment 4:	Safety Assessment	10:35–11:15 am
Segment 5:	Safety Planning	11:15–11:40 am
Segment 6:	Substitute Care Provider Safety Assessment	11:40– 11:50 am
LUNCH		11:50 am–12:50 pm
Segment 7:	Risk Assessment	12:50–1:50 pm
Segment 8:	Contact Frequency Guidelines	1:50– 2:05 pm
Segment 9:		2:05–2:45 pm
BREAK	Family Strengths and Needs Assessment	2:45–2:55 pm
Segment 10:	Reunification Assessment	2:55–3:35 pm
Segment 11:	Family Risk Reassessment for In-Home Cases	3:35–3:55 pm
Segment 12:	Wrap Up	3:55–4:00 pm

Day 2

Segment 13:	Review: What have we learned about SDM	9:00– 9:55 am
BREAK		9:55– 10:05 am
Segment 14:	Embedded Evaluation and Debrief	10:05–11:45 am
Segment 15:	Closing/RTA participant Satisfaction Surveys	11:45 am– 12:00 pm

Learning Objectives

Knowledge

K1. The trainee will be able to recognize key definitions used in the SDM assessment system, including:

- a. Excessive discipline
- b. Primary caregiver
- c. Policy override
- d. Substance abuse

Skills

S1. Given multiple case scenarios, the trainee will be able to apply SDM definitions and complete the following tools:

- a. SDM Hotline Tools
- b. SDM Safety Assessment Tool
- c. SDM Risk Assessment Tool
- d. SDM Family Strengths and Needs Assessment (FSNA Tool)
- e. SDM In-Home Risk Assessment Tool
- f. SDM Reunification Reassessment Tool

Values

V1. The trainee will value how the SDM model, SDM tools, and definitions were developed in order to appreciate the accuracy and consistency of recommended decisions.

Lesson Plan

Day 1

Segment	Methodology and Learning Objectives
Segment 1 10 min 9:00 – 9:10 am	Welcome Introduce goals of the training and explain logistics, as well as review the plan for the day.
Welcome and Review of Agenda	<i>PowerPoint slides: 1-4</i> <i>Learning Objectives: K1, S1, V1</i>
Segment 2 45 min 9:10 – 9:55 am	Review of Key Concepts Review content related to SDM and concepts related to decision making.
Discussion and Report Out	<i>PowerPoint slides: 5-16</i> <i>Learning Objectives: K1, V1</i>
Segment 3 (Optional) 30 min 9:55 – 10:25 am	Hotline Assessment Review content related to hotline tools and response times.
Discussion and Report Out	<i>PowerPoint slides: 17-20</i> <i>Learning Objectives: K1, S1, V1</i>
10:25 – 10:35 am 10 min BREAK	
Segment 4 40 min 10:35 – 11:15 am	Safety Assessment Review the Safety Tool and apply to a vignette
Discussion and Report Out	<i>PowerPoint slides: 21-24</i> <i>Learning Objectives: K1, S1, V1</i>
Segment 5 25 min 11:15 – 11:40 am	Safety Planning Write safety plans in groups.
Written Activity	<i>PowerPoint slides: 25-28</i> <i>Learning Objectives: K1, S1, V1</i>
Segment 6 10 minutes 11:40 – 11:50	Substitute Care Provider Safety Assessment Tool Review of SCP Tool
Brief review	PowerPoint slide: 29 Learning Objectives: K1, V1
11:50– 12:50 pm 60 min LUNCH	
Segment 7 60 min	Risk Assessment Review the Risk Assessment Tool and complete a tool.

Segment	Methodology and Learning Objectives
12:50 am – 1:50 pm	
Activity and Discussion	<i>PowerPoint slides: 30-33</i> <i>Learning Objectives: K1, S1, V1</i>
Segment 8 15 minutes 1:50 – 2:05	Contact Frequency Guidelines Risk-based contact frequency guidelines acknowledge that some cases require more time.
Best Practice Recommendation	<i>PowerPoint slides: 34</i> <i>Learning Objectives: S1, V1</i>
Segment 9 40 min 2:05 – 2:45 pm	Family Strengths and Needs Assessment Apply the Family Strengths and Needs Assessment Tool to a vignette.
Discussion and Report Out	<i>PowerPoint slides: 35-40</i> <i>Learning Objectives: K1, S1, V1</i>
2:45 – 3:55 pm 10 min BREAK	
Segment 10 40 min 2:55 – 3:35 pm	Reunification Assessment Review and use of reunification assessment, reassessing risk and visitation plan assessment.
Activity and Report Out	<i>PowerPoint slides: 41-48</i> <i>Learning Objectives: K1, S1, V1</i>
Segment 11 20 min 3:35 – 3:55 pm	Family Risk Reassessment for In-Home Cases Review risk reassessments and complete the Reassessment Tool.
Activity and Report Out	<i>PowerPoint slides: 49-52</i> <i>Learning Objectives: K1, S1, V1</i>
Segment 12 5 min 3:55 – 4:00	Wrap up Questions and closure for the day
Questions and closure for the day	<i>PowerPoint slide: 53</i>

Day 2:

Segment	Methodology and Learning Objectives
Segment 13 55 min 9:00 – 9:55 am	Welcome and Overview of the day Review of Key Concepts Review content related to SDM and decision making tools. <i>PowerPoint slides: 54-56</i>
	9:55 – 10:10 pm 15 min BREAK
Segment 15 95 minutes 10:10 – 11:45 am	Embedded Evaluation Conduct evaluation and debrief activity <i>PowerPoint slide: 57-59</i>
Segment 16 15 minutes 11:45 – 12:00 pm	Closing Questions and RTA participant satisfaction survey <i>PowerPoint slide: 608</i>
Closing	

Segment 1: Welcome and Introduction to the Training

Activity Time:	10 minutes
Materials:	Markers, Chart pad
Slides:	1-4

Description of Activity:

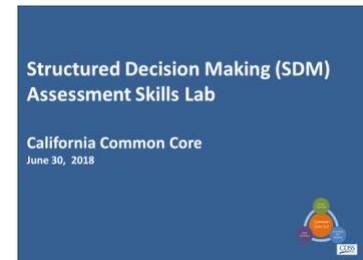
The trainer will introduce the training and explain the Learning Objectives and Agenda.

Before the activity

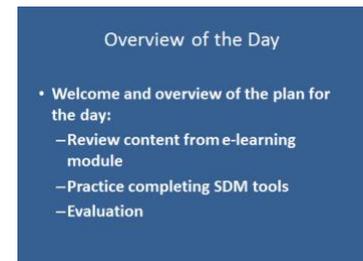
- ❑ Decide whether or not you will establish Group Agreements as part of this activity. If you plan to develop Group Agreements, prepare your chart pad in advance with some initial agreements (see PowerPoint). Leave space for the group to develop their own Group Agreements.

During the activity

- ❑ Welcome trainees and introduce yourself. Explain logistics (cell phones off, breaks, parking, bathrooms, and ground rules for participation in training).



- ❑ Provide an overview of the day.
- ❑ Explain that this module provides skills practice using critical thinking skills in child welfare assessment and incorporates the use of the Structured Decision Making (SDM) assessment system as a tool for assessing safety, risk, protective capacity, priority strengths, and priority needs. Trainees can expect to leave this training with enhanced critical thinking skills and practice using SDM in conjunction with critical thinking and assessment skills.



- ❑ If you are doing Group Agreements, go over the basic Group Agreements included on the slide and use chart pad paper to add agreements or modify the one provided.

Offer the following brief explanations of the Group Agreements⁹ as needed (this will depend on whether or not this group has already worked to establish group agreements). This activity provides a model for the group work social workers will do with child and family teams, so you may wish to make that connection as well.

- **Collaboration** - We need partnership to have engagement and that works best if we trust each other and agree we are not here to blame or shame. We are here because we share a common concern for the safety and well-being of children. Remind them how this skill will be needed when working with families as they are the experts on their family. Social workers must be able to foster collaboration in order to complete a thorough assessment of the situation. Families need to feel trust before they honestly examine themselves and be able to look at a problem and their part in it.
- **Ask lots of questions** - Point out that the trainer can't make the training relevant for each person because there are many people in the room with different experiences and different needs. Participants have to make it relevant for themselves by asking lots of questions and deciding how the experience might be helpful or not helpful to them.
- **Be Open to Trying New Things** - As professional we feel more comfortable and competent sticking with what we know. We don't always like it when new things come along. Sometimes it feels uncomfortable to try new things so we tend to back away from the new thing telling ourselves things like "she doesn't know what she's talking about...she has never worked in our community with the people we work with..."But to learn something new we have to do through the uncomfortable stage to get to the other side where it feels natural and comfortable. With this group agreement, they are agreeing to try new things even if they feel uncomfortable.
- **Make Mistakes** - As professionals we don't like to make mistakes. And when we make mistakes we feel discouraged and beat ourselves up. But, if we are going to learn new things, we have to make mistakes. Even more important than the willingness to make mistakes is the willingness to admit we are wrong even when we don't want to be. Growth requires that we are open to changing our minds based on new information received. We must also be willing to put our own ideas aside to fully hear the views of others.
- **Confidentiality** - This is just a reminder that information about families or other trainees shared in the training room should be kept confidential.
- **Be responsible for your own learning** – As adult learners we realize you come with knowledge, skills and experience. The intention of this



⁹ Shared by trainer Betty Hanna

curriculum is that you will have an opportunity to share this via large and small group discussions. Please come prepared to training having taken any prerequisite eLearning or classroom trainings. Set aside this day for your learning, please do not bring work into the classroom, this is distracting to other participants as well as to the trainer/facilitator. This includes being on time, sharing the floor, cell phones off...

- Let participants know that Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills, and is important for all CWS positions within an agency.

Transition to the next segment: review of key concepts

Segment 2: Review of Key Concepts

Activity Time:	45 minutes
Materials:	Matching cards, chart pad, markers Matching Game Answer Key (page 60 Trainer’s Guide) SDM Policy Manual
Trainee Materials:	NA
Slides:	5-16

Description of Activity:

The trainer will facilitate a discussion and activity related to SDM and key concepts related to making decisions.

Before the Activity:

Create 6 sets of the Matching Cards for this activity

During the activity

- Explain that we’ll use the SDM Policy Manual throughout the training and provide a brief orientation.
 - Let the participants know the manual is organized into one section for each SDM tool. For example, for the safety assessment tool. After the tool, you will find a definitions section. After the definition section is the Policy and Procedures for that tool.
 - Ask trainees to add tabs to the manual using sticky notes or post-its throughout the day to help locate key content easily.
 - If using the computer, definitions are always available as pop-up boxes, and policies and procedures are available on line as well.
 - The definitions are the most important part. You need to **KNOW** the definitions and **USE** them when applying the tools.
 - Facilitate discussion about the reason for using SDM tools in social work practice, noting the following:
 - In child welfare, we don’t want to guess or assume the right way to practice.
 - Bias has no place in child welfare.
 - Using research or evidence-based tools are more effective than what just might “feel right.”
 - SDM Process goals are to:
 - Identify and structure **critical decision points**.
 - Increase **consistency** in decision making.
 - Increase **accuracy** of decision making.
 - **Target resources** to families most at risk.
 - Use case-level data to **inform decisions throughout the agency**.

SDM Policy Manual Organization

- Each section is a tool
- Within each section:
 - Tool
 - Definitions
 - Policy and procedure



Structured Decision Making Model Process Goals are to:

- Identify and structure **critical decision points**.
- Increase **consistency** in decision making.
- Increase **accuracy** of decision making.
- **Target resources** to families most at risk.
- Use case-level data to **inform decisions throughout the agency**.

- SDM does not replace clinical skills. It depends upon good interview and observation skills to conduct thorough, balanced and rigorous assessments. It depends on the skill of the worker to recognize unique conditions.



- Explain that the trainees will now work as teams with their table groups to review the information from the e-learning module on the SDM tools. Distribute matching cards at each table and instruct table groups to match the terms with definitions.

- Distribute the Supplemental Handout: Matching Game Key and review the answers, being sure to highlight the following definitions and emphasize that these are just “headlines.” The SDM Policy Manual includes more detail and should be consulted when completing the tools.

- Structured Decision Making® (SDM) assessments are completed on households. When a child’s parents do not live together, the child may be a member of two households. Always assess the household of the alleged perpetrator. This may be the child’s primary residence if it is also the residence of the alleged perpetrator, or the household of a non-custodial parent if it is the residence of the alleged perpetrator.
- If the alleged perpetrator is a non-custodial parent, also assess the custodial parent *if there is an allegation of failure to protect*.
- If a child is being removed from a custodial parent, *also assess any non-custodial parent identified* if he/she will receive child welfare services.
- The immediacy of a threat to child safety requires a different response than the possibility of danger identified by assessing for risk; treating risk like harm could lead to unnecessary removal.
- Not seeing the immediate need to address a safety threat could result in children being left in unsafe situations without adequate safety plans; treating safety like risk could lead to child injury that could have been prevented with safety planning.
- For assessment purposes, a household is not simply a dwelling; it is a group of people who have contact with the child.



General Definition Tips

- Read to the period.
- Examples are examples.
- Beware of AND and OR.
- Use common sense.
- The definitions are guides and are not a substitute for knowledge or good judgment.
- Live within the definitions, and use overrides if you disagree with where the definition is taking you.

- There are a couple basic definitions that affect multiple SDM assessments: (1) A caregiver is defined as an adult, parent, or guardian in the household who provides care and supervision for the child. (2) Household: all persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home.

- Practice a few descriptions of people and see if they are caregivers and/or household members:

- Mother’s live-in boyfriend who never provides care for child [NO for caregiver, YES for household member]
- Mother’s boyfriend who doesn’t live there, but spends lots of time there and sometimes babysits [YES for both]
- Mother’s ex-boyfriend who no longer contact her [NO for both]

- Uncle who visits occasionally and babysat once in the past 12 months [No for both]
- The SDM assessments further distinguish between primary and secondary caregivers. A primary caregiver **MUST** have legal responsibility for the child. If two caregivers in the home have legal responsibility, the one providing the most care is the primary caregiver. If both legal caregivers provide precisely 50% of care, use the tiebreaker. It is possible that there will not be a secondary caregiver.
- We've described who is part of a household. Generally, it is all the people living under one roof. A child can be a member of more than one household if the parents do not live together and a child spends time with both parents. You will **ALWAYS** complete an SDM assessment on the household where the alleged perpetrator lives. Let's practice a couple scenarios.
- **Allegations on Mom:** Mom and Dad live together [complete SDM assessments on this household. Determine primary and secondary caregivers based on who provide the most care for the child] *Slide 13*
 - **Allegations on Mom:** Mom and Dad live apart, child lives with Mom [complete SDM assessments on mom's household] *Slide 14*
 - **Allegations on Dad:** Mom and Dad live apart, child lives with Mom and visits regularly in Dad's household [complete SDM assessment on Dad's household] *Slide 15*
 - **Allegations on Mom and Dad:** Mom and Dad live apart, child lives with Mom and visits regularly in Dad's household [complete SDM assessment on mom's household AND Dad's household] *Slide 16*
- Key Points
- The SDM model is a set of tools to guide you to prompt practice—not tools to be completed as an afterthought.
 - Assessments are done *with* families, not *on* families.
 - The SDM model guides decisions; social workers make decisions.
 - Always use the **full definitions** to ensure consistency EVERY TIME YOU COMPLETE THE TOOL. Read to the period.
 - Your narrative and SDM assessments support each other. The narrative documents SDM item completion, and selection of items on assessments reflects your documentation.
 - The overall goals of the Structured Decision Making Tools are:
 - Child Safety
 - Child Permanence
 - Child Well-Being
 - The SDM model attempts to:
 - Reduce the subsequent harm
 - Expedite permanency and safe reunification
 - Specifically, the tools were developed to gather reliable, valid, equitable, and useful information to:
 - Help guide social workers decisions related to family assessment

Basic Definitions

- **Caregiver:** an adult, parent, or guardian in the household who provides care and supervision for the child
- **Household:** all persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home

Caregiver and/or Household Member

- Mother's live-in boyfriend who never provides care for child
- Mother's boyfriend who doesn't live there, but spends lots of time there and sometimes babysits
- Mother's ex-boyfriend who no longer has contact with her
- Uncle who visits occasionally and babysat once in the past 12 months

Caregiver Identification Impacts Results

- Follow the logic and ask yourself each question:
 1. Is the caregiver the *legal* parent?
 2. Does the caregiver have more than 50% of the *parenting responsibilities*?
 3. Is the caregiver the *alleged perpetrator*?
 4. Which caregiver has the most *severe allegation*?

Allegations on Mom:
Mom and Dad live together



Allegations on Mom:
Mom and Dad live apart, child lives with Mom



- Increase consistency, accuracy, and equity in case assessment and case management among child abuse/neglect staff within a county and among counties
- Focus on action of caregiver and impact on child
- Increase the efficiency of child protection operations by making the best use of available resources
- Provide management with needed data for program administration, planning, evaluation, and budgeting
- SDM outcomes:
 - Reduce the rate of subsequent abuse/neglect referrals and substantiations
 - Reduce the severity of subsequent abuse/neglect complaints or allegations
 - Reduce the rate of foster care placement
 - Reduce the length of stay for children in foster care
- Your assessment is only as good as the information you put into it. It should be accurate, complete, and reflect the voice of the family.
- It is also important to:
 - Consult your supervisor
 - Examine your feelings and biases
 - Gather information carefully and from multiple sources
 - Consider alternate explanations

Allegations on Dad:
 Mom and Dad live apart, child lives with Mom and visits regularly in Dad's household



Allegations on Mom and Dad:
 Mom and Dad live apart, child lives with Mom and visits regularly in Dad's household



Transition to the next segment: Hotline Assessment

Segment 3: Hotline Assessment

Activity Time:	30 minutes
Materials:	Chart paper, markers Trainer’s Guide: Answer key for Jefferson/Baster Case Example Hotline Form (page 61-62)
Trainee Materials:	SDM Manual: Hotline Tool (pages 4-8 of the SDM Policy and Procedures Manual) SDM Manual: Hotline Definitions (pages 9-28 of the SDM Policy and Procedures Manual) SDM Manual: Hotline Policies and Procedures (pages 29-33 of the SDM Policy and Procedures Manual) Supplemental Handout: Hotline Tool Supplemental Handout: Jefferson/Baxter Case Example (Segment 1, pages 2-3)
Slides:	17-20

Description of Activity:

This activity cover response times and Hotline tools.

Before the activity

Consult with county administration to determine whether or not to use the differential response content. If training a county with differential response, cover the content identified as “For counties with differential response” below. For mixed county groups, cover both, explaining that in California, counties have traditional response categories, differential response, or a combination. In addition, there are many county differences in response time policies. Check with county administration to be sure their policies are reflected in the training materials.

During the activity

- Refer trainees to the SDM Manual: Hotline Policies and Procedures. Provide basic information about child welfare response types and response times. Make sure the group has a basic understanding of the types of response (Evaluate out, 10 days, Immediate). Be sure to reflect local practice.

Trainer Note: Some counties have other response time policies (e.g.; 2-hour responses, 3-day responses). Gather information in advance of the training to be sure you correctly capture local practice.

Remind trainees that the hotline tool focuses on 2 main things:

- Does the call need a response from child welfare?
- How quickly should we respond?

Purpose of Hotline Tools

- Determine whether a referral meets the statutory threshold for an in-person child welfare services (CWS) response (and if not, whether a referral to an alternative community response is appropriate).
- Determine how quickly to respond.

Ask the trainees to refer to the hotline section of the policy manual as they consider their responses in the hotline activity.

- ❑ Emphasize the **importance of using the definitions and reading the entire definition**, all the way to the period. Point out that the examples listed in the policy manual are examples, not an exhaustive list. Advise the trainees to watch out for the word AND/OR in the definitions, to use common sense and to score protectively.
- ❑ Distribute the Jefferson/Baxter Case Example and ask the group to read segment 1 (pages 2-3).
- ❑ Distribute blank tools and complete the Hotline tool together as a large group. Use the completed tools as your discussion guide. Refer trainees to the definitions as needed to reinforce using definitions in completing the tools.

Computer NOTE: On webSDM, the button labeled “Hotline Tools” holds the screening and response priority tools. “Path Decision” is a separate button to allow for completion of the element later, or even by a different worker.

- ❑ Start with Step 1: Preliminary Screening and point out that if any of the boxes are marked in this section, the screening decision has been made and the assessment is completed. No further SDM assessments are required. That is not the case in this case example.
- ❑ When completing the screening criteria, note that the allegations are about physical abuse and include the following screening criteria:
 - Non-accidental or suspicious injury
 - Other injury (other than very minor unless child is under 1 year old)

The screening decision is to make an in-person response, so move to the next section of the tool to determine the response priority.

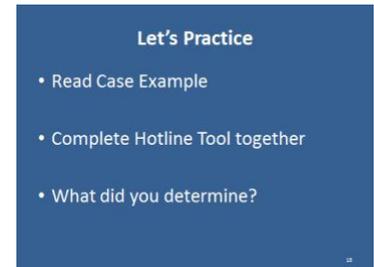
- ❑ Point out the two boxes at the top of page 6: “Response Priority” asking:
 - Do the allegations involve a substitute caregiver and does county policy require immediate response to allegations of maltreatment by a substitute caregiver?
 - Is the child already in custody?

If either of those boxes is marked, the decision is to respond immediately and the decision tree need not be completed. In our case, neither of those boxes applies, so we’ll move on to the questions in the decision tree.

- ❑ This section of the tool would be completed by gathering key information from the reporting party. The responses to the questions will lead to either a decision regarding response time or to another question. The social worker will continue to ask as many questions as are required to arrive at a recommended response time.

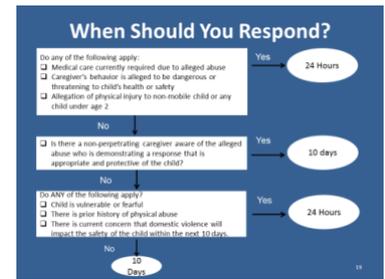
Computer NOTE: On all SDM tools, the worker can get a “pop-up” definition to make it easy to use definitions. Only decision trees that have criteria marked in the screening tool will appear.

- ❑ Using the physical abuse decision tree, conclude that Joshua needs an immediate response within 24 hours.



- An immediate response is indicated. There is an allegation of physical injury to a non-mobile child or any child under age 2 (or capability equivalent). No other answers needed.

Discuss policy overrides. For each tool, there are options to override the tool's final recommendations. Policy overrides are a set of conditions that will be applied regardless of the maltreatment type. It is important to document the reasoning for the override. There are overrides listed for the screening decision. Briefly review the reasons for overriding the decision to respond in person or not. In this case, no policy overrides apply. The final response decision is 24 hours.



□ Key Points

- Explain that Step 1 on the Hotline tool expedites the screening process by identifying that there is no need for further SDM assessments.
- Step II helps social workers elicit concerns from the reporting party leading to a screening decision (B). Each type of child maltreatment (physical abuse, sexual abuse, emotional abuse, neglect) has screening criteria. If any criteria are marked, the report should get an in-person response. If there is more than one allegation, begin with the most serious allegation. Once a response time of 24 hours is reached, it is not necessary to complete additional decision trees, even if there are other allegations. If the first tree leads to a 10-day response time, complete additional decision trees until all allegations are completed or a 24-hour response time has been determined, whichever comes first.
- Point out that the more information they can gather from the reporting party, the better they'll be able to make the hotline determination. Gathering information about what's working well for the family can be especially helpful in making decisions and in informing the next social worker's work with the family.
- Reasons to open a referral for in-person response even if none of the screening criteria is marked:
 - Courtesy interview at law enforcement's request
 - Response required by court order
 - Local protocol
 - Other
- Reasons to evaluate out a referral even if one or more criteria are marked:
 - Insufficient information to locate child/family.
 - Another community agency has jurisdiction
 - Historical information only
- A response time can be changed after going through the decision tree. A response time of 10 days can be increased to 24 hours when:
 - Law enforcement requests an immediate response
 - Forensic considerations would be compromised with a slower response (for example, if a physical allegation of abuse has occurred where bruises, scratches, and other marks are visible, a 10-day response would allow the marks to heal and valuable evidence may be lost).

- There is reasonable suspicion that a family will flee.
- A response time of 24 hours can be decreased to 10 days when:
 - Child safety requires a strategically slower response
 - Child is in an alternative safe environment
 - The alleged abuse occurred more than 6 months ago AND no maltreatment is alleged to have occurred in the intervening time period.
- Discretionary overrides can be made with supervisory approval.
- Once a decision is made, there is an opportunity for supervisors to make overrides based on alternate evidence and other information that social workers may have about the allegation and/or family. New decisions can be related to screening, response priority and path. The new information leading to the change in the decision must be documented on the tool.
- The Hotline tools are recommendations, and the recommendations should be combined with social worker experience, clinical expertise, and historical knowledge about families, when appropriate. The Hotline tools and social workers' expertise should complement each other. If the social worker at the hotline asks for information about what is going well for the family, that information can be included in the assessment decision-making process.
- Every time a referral is created in CWS/CMS, the social worker should use the hotline tools. The social worker responsible for completing the hotline tools is the social worker to whom the referral is assigned. The assignment of cases may be different in different counties. However, typically the social worker that receives the allegation of abuse via phone call or written report in the hotline or screening unit will be the social worker that completes the tool. The hotline tool should be completed immediately upon receipt of the report.

□ Differential Response

For counties with differential response: The hotline social worker assesses reports of neglect and abuse and determines whether or not an in-person response is needed from a child welfare social worker. If no in-person response is needed, that allegation is evaluated out. Historically, that meant a record was kept of the allegation, but no other action was taken. With differential response, once an allegation of abuse is evaluated out, the social worker may decide to document the allegation and take no further action or initiate a Path 1 response which involves passing the information from the referral to a community partner for a community based response.

Discuss the reasons associated with each decision:

- No response is needed from the child welfare agency. There could be many reasons why no response is the most appropriate.
- The allegation does not meet criteria for abuse or neglect
- The allegation occurred when the child was a minor, but the report is presented to the child welfare system after the child has reached the age of adulthood.
- The allegations may be more appropriate for the police department because the perpetrator is not the parent or guardian of the child.

- The allegations may be more appropriate for the mental health system, etc.

A Path 1 Child Welfare Response is indicated if it has been determined that the child welfare agency may not be the appropriate agency to work with the family. If this is the situation, a referral to a more appropriate community partner agency or alternative intervention method can be made to provide supportive services with a goal of preventing further concerns in the future.

If the report meets the criteria for an in person response, the hotline social worker will determine the in-person response priority time.

There are two in-person response types:

- Path 2 (combined CWS/Community response): Path 2 typically refers to a longer response time a longer response time, up to 10 calendar days, but it may be shorter in some cases, requiring in-person contact within 24 hours.
- Path 3 (CWS high priority response): Path 3 typically refers to a faster response time, within 24 hours.
- Trainer note: These response types may or may not correlate with the traditional CWS response times of 10 days or 24 hours. Gather information in advance of the training to be sure you correctly capture local practice for the Differential Response procedures.

Point out that Step 3 assists social workers in considering key factors to determine the path decisions.

Option A refers to path decisions for evaluated out referrals (no response or Path 1).

- Review the questions. Explain that social workers will mark “yes” or “no” to all the items that apply within each question. Note that the social worker will mark “no” for any information that is unknown at the time of the referral.
 - Number of prior investigations.
 - Prior failed reunification or death of a child, not due to abuse or neglect
 - Current substance abuse of the caregiver, current domestic violence to/from the caregiver, or current mental health issues of the caregiver
 - Identified need that could be addressed with assistance from a community agency (clothing, counseling, food, etc.)
 - Other

Note that the tool does not recommend a path based on these responses, it simply leads the social worker through consideration of these key factors. Following consideration of the factors, the social worker will determine if the family will be referred for Path 1 response or if no further action will be taken.

Option B refers to path decisions for in-person child welfare response (Path 2 or Path 3). Option B is divided into a section for immediate response referrals and a section for 10-day response referrals.

- Review the questions. Explain that social workers will mark “yes” or “no” to each question. Note that the social worker will mark “no” for any information that is unknown at the time of the referral.
- For response priorities of 24 hours: (In some counties, an immediate response referral is automatically designated as Path 3. If that is the case,

the social worker will mark the appropriate box on the form and no further answers are needed. If that is not the case, the social worker will respond to the following items.)

- Likelihood of caregiver arrest or juvenile court involvement as a result of alleged incident
- Allegation involves sexual abuse
- Prior investigations (indicate the number of investigations)
- Prior child protective services (previous ongoing case)
- Four or more alleged child victims
- Caregiver has a current mental health issue
- Caregiver has a history of abuse or neglect as a child
- Any child in the family has mental health, behavioral, or developmental problems, a physical disability, is medically fragile or diagnosed with failure to thrive, has a positive toxicology screen at birth or a history of delinquency
- The family is homeless or has unsafe housing
- There is a prior injury to a child due to abuse or neglect
- There has been domestic violence within the past 12 months
- The caregiver has a current substance abuse problem
- Other

Note that the tool does not recommend a path based on these responses; it simply leads the social worker through consideration of these key factors. Following consideration of the factors, the social worker will determine if the family will be referred for Path 1 response or if no further action will be taken.

Transition to the next segment: Safety Assessment

Segment 4: Safety Assessment

Activity Time:	40 minutes
Materials:	Chart paper, markers Trainer’s guide: Answer key for Jefferson/Baxter Safety Assessment (page 63-65) SDM Manual: Safety Assessment Tool (pages 34-36 of the SDM Policy and Procedures Manual) SDM Manual: Safety Assessment Definitions (pages 37-48 of the SDM Policy and Procedures Manual) SDM Manual: Safety Assessment Policies and Procedures (pages 49-55 of the SDM Policy and Procedures Manual)
Trainee Content:	Supplemental Handout: Safety Assessment tool Supplemental Handout: Jefferson/Baxter Case Example (Segment 2, pages 4-6; Segment 3, page 7)
Slides:	21-24

Description of Activity:

The trainer will instruct the groups to review the Safety Assessment Tool and apply it to a vignette.

During the activity

- ❑ Briefly discuss the Safety Assessment Tool:
 - The SDM Safety Assessment is the second decision point in the life of a child welfare case.
 - The goal of using a tool to assess safety is to increase consistency and ensure that every worker in every case considers all critical safety threats.
 - Once a referral is screened in for an in-person response, the question becomes “Can the child remain safely at home?”
 - In most counties, the Emergency Response social worker responds to the referral and completes the Safety Assessment Tool.
- ❑ There are five components to the Safety Assessment Tool:
 1. Child Vulnerabilities
 2. Safety Threats and Caregiver Complicating Behaviors
 3. Household Strengths and Protective Actions
 4. In-home Protective Interventions
 5. Placement Interventions

Safety Assessment Tool

- Once a referral is screened in for an in-person response, the question becomes “Can the child remain safely at home?”
- In most counties, the Emergency Response social worker responds to the referral and completes the Safety Assessment Tool.

Safety Assessment Components

- Child vulnerabilities
- Safety Threats & Caregiver Complicating Behaviors
- Household Strengths and Protective Action
- In-home Protective Interventions
- Placement Interventions

Let's Practice

- Read page 4–6 of the Jefferson/Baxter case example.
- Stop and complete at your table group:
 1. Identify the households to be assessed and the primary and secondary caregivers in each household.
 2. For each household, complete only Child Vulnerabilities, Safety Threats, and Caregiver Complicating Behaviors.

❑ Distribute the Safety Assessment Tool and the next part of the Jefferson/Baxter Case Example (pages 4-6) and ask the trainees to work as table groups to first identify the households to be assessed and the primary and secondary caregivers in each household.

❑ Then, for each household, complete only Child Vulnerabilities, Safety Threats and Caregiver Complicating Behaviors sections of the Safety Assessment. As they work, circulate and assist them as needed. Make note of any issues you will need to focus more attention on in the discussion that follows.

Computer NOTE: You may create multiple safety assessments. Create a new one whenever conditions change. You may also create safety assessments of different households within the same referral. Be sure to NAME the household correctly.

- ❑ Discuss the situation with the group. Review their findings related to households, caregivers, child vulnerabilities, safety threats, and complicating behaviors using the completed safety tool and the answers below as reference.
- What caregiver(s) are you doing a safety assessment with? And, why?
 - Answer: In this case example, Tammy's (the mother) household is assessed because allegation households are always assessed. Tom (father) household is assessed after the mother's home was determined to be unsafe and she was not available for safety planning.

Trainer Note: Be sure to help participants identify households and identify that each legal parent is the primary caregiver in their own household. Importance of considering households contained within a CMS referral – most often all allegations are listed in one CMS referral record under the mother's name, however the household that needs to be assessed using the SDM system may not be the mother's household, but another parent's household OR both.

- What factors are influencing Child Vulnerability?
- What makes Joshua vulnerable?
 - Answer: *age*
- Safety Threats
 - Answers:
 1. *Serious physical harm, serious injury or abuse to the child, other than accidental:* Physician reports that injuries are likely a result of abuse, occurring at different times; there are injuries occurring on his face (placing child at risk for brain trauma). While no specific proof exists that Tammy was the person who injured Joshua, her past history of physical injury to Joshua's sibling and at least two different accounts by mother about how Joshua was injured support this item. Some participants may argue that it is not known who caused the injuries—redirect them toward what is "reasonably" known, including her past history.
 7. *Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of injury suggests that child's safety may be of immediate concern:* Based on physician's report that injuries could not have been caused by mother's reported explanations and past substantiated physical abuse of sibling.

9. *Current circumstances, combined with information that a caregiver has previously maltreated a child:* Based on unexplained injury and prior substantiated investigation with protective removal of sibling.

- Caregiver Complicating Behaviors
 - Answer: While information about the mother included some indicators of possible domestic violence and prior substance use with natural father, marking of items in the Complicating Behaviors section not justified without further assessment, which is not possible due to lack of contact with mother at this point.

- ❑ Have participants read page 7 of the case example. As a large group do the Safety Assessment with Tammy’s household (mom).
- ❑ In their table groups complete the Safety Assessment on Tom’s household (dad).
- ❑ Ask the trainees to work at their table groups to complete the Household strengths and protective actions, in-home protective interventions, and placement interventions sections of the safety assessment tool on their assigned household. Have each group identify a safety decision for mom and a safety decision for dad. As they work, circulate and assist them as needed. Make note of any issues you will need to focus more attention on in the discussion that follows.
- ❑ Discuss the findings with the group using the completed tool and the answers below as reference.

	Mom	Dad
Household Strengths and Protective Actions	Lack of contact with mother makes assessment of household strengths and protective actions impossible at this point.	<p>Caregiver problem solving: Caregiver identifies and acknowledges the problem/safety threat and took action to respond (this is both a household strength and a protective action). Caregiver took action to get medical help and help to protect the child..</p> <p>Caregiver support network: Caregiver has at least one supportive relationship with someone (Sheila Baxter) who is willing to be a part of his support network, is aware of the safety threat, and is willing to provide protection (this is both a household strength and a protective action).</p> <p>Caregiver support network: Caregiver is willing to work</p>

		with the agency to mitigate safety threats.
In-home Protective Interventions	Unable to create a safety plan with mother, so safety decision for her household is "Unsafe."	Use of family as safety resource. 7. Non-offending parent moves to an alternative safe environment with the child.
Safety Decision	Unsafe	Safe with Plan

□ Key Points

- The first safety assessment is done before concluding the first face-to-face contact. You are already making a safety decision every time you leave a child in a situation, or before removing a child. The goal of using a tool to assess safety is to increase consistency and ensure that every worker in every case considers all critical safety threats.
- In the first 24 hours of a referral, we have less information than we will have in the next days, weeks, or months. Safety assessment is based on information currently available and on the worker's good-faith effort to obtain critical information. It focuses on information that addresses safety.
- Safety threats represent serious, immediate danger.
- Using the Safety Assessment to reflect the current household safety status throughout the life of a referral or case – initial, update and referral/case closing.
- Using the Safety Assessment as a framework for conducting the safety evaluation during contact with families.
- Recognizing and explaining the practice and processes of safety planning and its link to the safety decision.
- If Household Strengths and Protective Actions are present, consider whether *any* safety interventions 1-9 are appropriate to immediately protect the child. (In this case example, we identified #7: Non-offending parent moves to an alternative safe environment with the child.)
- The presence of a safety threat means that unless the threat can be controlled, the child will require placement intervention. But first, we must consider alternatives to placement. Even one night removed from primary caregiver can be traumatic for the child and family, so if there is a way to keep the child safe, it is important to find it. The safety intervention section allows us to systematically consider reasonable efforts to prevent removal. It contains a list of categories of interventions, generally ranging from the least to the most intrusive.
- When selecting safety interventions, think about the ACTIONS the parent can take to mitigate the harm or danger and keep the child safe.
- Mark the item number for all In-home Protective Interventions that will be implemented. If there are no available safety decisions that would allow the child to remain in the home, indicate by marking item 10 or 11, and follow procedures for initiating a voluntary agreement for taking the child into protective custody.

- Note that the selection of a response on an SDM tool should reflect the social worker's professional assessment, which should include a full understanding and exploration of the family's point of view. When differences exist, the social worker's narrative should clearly explain how the family's perspective differs from the social worker's perspective.
- Clarify that the social worker is not expected to fill out a form while in the middle of an investigation, but he/she IS expected to evaluate for the presence of all safety threats, to note consciously the presence of specific threats, and to consider potential safety interventions for threats that are identified. In this sense, the social worker is expected to conduct a safety assessment during every investigation, even though nothing is being recorded. At the earliest possible time after concluding the initial contact, the social worker should record what he/she observed and decided while in the field. The tool should be completed within two working days of the first contact. When entering the safety tool in the computer, the social worker should use this step as an opportunity to review his/her observations and decisions to verify that nothing was missed.
- Sometimes law enforcement has already placed a child before CPS is aware of the case. In these circumstances, a safety assessment is done within two working days to consider whether there are sufficient safety factors to warrant placement and/or whether a safety plan could now be put into place to allow the child to return home.
- If a referral or case is open to ER or FM workers and conditions affecting safety change, the worker should respond immediately, conducting the safety assessment process in the field and recording his/her observations and decisions within two working days thereafter. As long as a referral has not yet been promoted to a case, children who have been removed can be considered for return using a safety assessment to evaluate whether safety threats are still present and/or whether a safety plan can be established.
- Refer trainees to the SDM Manual: SDM Safety Assessment Field Guide (Supplemental Handout). Note that although social workers do not have time to sit down and do paperwork in the midst of gathering information from the family (you may demonstrate in an exaggerated fashion what NOT to do, such as read a safety threat factor to a parent and ask if it applies), they can use the Field Guide to ensure their decisions include the key assessment factors identified in the SDM Safety Assessment. The Field Guide uses single words or brief phrases to serve as reminders for the critical safety threat factors that need to be assessed.

Transition to the next segment: Safety Planning

Segment 5: Safety Planning

Activity Time:	25 minutes
Materials:	SDM Manual: Safety Assessment Tool (pages 34-36 of the SDM Policy and Procedures Manual) SDM Manual: Safety Assessment Definitions (pages 37-48 of the SDM Policy and Procedures Manual) SDM Manual: Safety Assessment Policies and Procedures (pages 44-49-55 of the SDM Policy and Procedures Manual)
Trainee Content:	Supplemental Handout: Safety Assessment Tool Supplemental Handout: Safety Plan Document (Generic or County Specific) Supplemental Handout: Jefferson/Baxter Case Example (pages 8-10)
Slides:	25-28

Description of Activity:

The trainer will explain the safety planning process.

During the activity

- Begin this activity—a brief discussion of safety planning—by defining the safety plan and explaining when it is completed.
 - Note that if there is to be a safety plan, social workers work with the family to create an agreed-upon document addressing immediate safety concerns prior to leaving the home. Social workers must bring copies of the safety plan in order to do this.
 - When completing the plan, social workers indicate which SDM safety threats are present and for each threat present, describe in behaviorally specific, simple, family-friendly language the specific existing conditions. This should answer the question “What is the danger?” which is known as a *danger statement*. If needed, remind the group of the definition and construction of danger statements and refer them to the danger statements used in the case example. Each danger statement must then be addressed with a safety intervention.
 - For each intervention that will be used, the plan must describe very specifically who will do what, by when. This should answer the question “What needs to happen?” Test each intervention by asking, “Does that create safety today?” Point out that social workers will need to include support systems for the family—you can’t make a safety plan relying only on the people you are worried about. It is best if this is done in a family team meeting with a support system present.
 - Considerations should be made in ICWA cases: Active efforts, rather than reasonable efforts, need to be made in all ICWA cases

Safety Plans Include:

- A family-friendly description of the identified safety threat
- A safety intervention to address and mitigate each threat
- Considerations should be made in ICWA cases
- A plan for monitoring
- Signatures

Effective Safety Plans

are detailed plans of ACTION made in response to SPECIFICALLY identified dangers

(behavioral and action driven)

Effective Safety Plans

Create clear and observable guidelines about:

- Contact between the children
- The potential danger
- How they are to be protected from the danger

Safety Plans Are ...

- Collaboratively made with the family, child, and network;
- A process, not an event;
- A roadmap to achieve our hopes, not a guarantee;
- A method for keeping children safe; AND
- A intervention and change strategy.

The Difference a Support Network Can Make

- Caregiver has the ability to access resources to provide necessary safety interventions.
- Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.
- At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.
- Caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment.

- ICWA mandates the state to make active efforts in every ICWA case in two areas:
 - Provide services to the family to prevent removal of an Indian child from his or her parent or Indian custodian.
 - Reunify an Indian child with his or her parent or Indian custodian after removal.
- A cornerstone in the application of active efforts is active and early participation and consultation with the [child's Tribe](#) in all case planning decisions. Additionally, active efforts are more intensive than "reasonable efforts." For example, reasonable efforts might be only a referral for services, but active efforts would be to arrange for the best-fitting services and help families engage in those services. The federal guidelines referenced above apply whether or not the child's Tribe is involved in the custody proceedings.
- Point out that a safety plan is not a case plan. Safety plan activities are not meant to resolve an underlying problem but simply to control the safety threat for now. For example, if there is no food in the house, having the father get his GED so he can get a better job and be more economically self-sufficient is NOT a safety intervention. Going to a food pantry tonight is a safety intervention. A safety plan is not a long-term solution and should be time limited. Longer-term planning will happen soon with the family to address underlying causes for the current situation.
- The plan must also describe how everyone involved will know if each part of the plan is working. This answers the question "How will we know?" Ask yourself, "What makes me trust this will happen?" Will the family report to the social worker? Will the social worker make unannounced visits? Will the grandmother stop at the house every day and call the social worker if there is a problem?
- Safety plans should be signed by at least one caregiver and any children old enough to sign. Other individuals who are included should also sign (neighbor, grandmother, etc.)
- Hand out a copy of the NCCD/CRC safety plan template and review it briefly with the group. Explain that each county may have developed their own safety plan document, but all safety plans have these elements in common. If there is other information on the document, let participants know when/how they will be instructed on proper completion of those other elements. This class will focus only on the parts related to the SDM model. The following instructions may require slight modification depending on the county's format. If there is to be a safety plan, you will work with the family to create an agreed-upon document prior to leaving. You will need to have copies of the safety plan with you so you can do this.
 - If you are training specific to one county this is when you would use the county specific case plan if applicable.
- Review the safety plan developed in the case example with the group. Test the plan by asking, "Does this create safety for Joshua today?" and "What makes you trust this will happen?" Be sure to include these recommended safety plan components:

- Identify safety threat(s).
- What are the actions that will be taken to address the danger?
- Who will take these steps?
- What will be done if these actions are not working?
- Include name of network support.
Be sure to have family and social worker signatures.

▣ Key Points

- SDM forms are not designed to be completed by the family; they are not “interview guides.” Rather, they are tools the social worker uses to focus on the most critical information and then to collect that information. In the development of the tools, no attempt was made to make the language “family friendly.” This should NOT, however, be construed to mean that the SDM model is something that is done “TO” a family. The intent is for the social worker to use appropriate social work skills to interview and observe, gather collateral information as appropriate, and distill all of this information into the appropriate responses on the tool. While meeting with the family, whether or not the social worker has a copy of the tool in hand is not as important as ensuring that the family understands the assessment process. The social worker should explain, at each step of the way, what decision is being made and on what this decision will be based.

Transition to the next segment: Substitute Care Provider Safety Assessment

Segment 6: Substitute Care Provider Safety Assessment

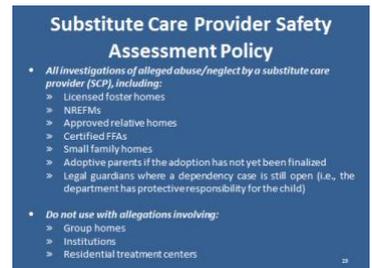
Activity Time:	10 minutes
Materials:	SDM Manual: Substitute Care Provider Safety Assessment Tool (pages 56-58 of the SDM Policy and Procedures Manual) SDM Manual: Substitute Care Provider Safety Assessment Tool Definitions (pages 59-67 of the SDM Policy and Procedures Manual) SDM Manual: Substitute Care Provider Safety Assessment Tool Policies and Procedures (pages 66-69 of the SDM Policy and Procedures Manual)
Trainee Content:	Supplemental Handout: Substitute Care Provider Safety Assessment Tool
Slides:	29

Description of Activity:

The trainer will briefly explain the Substitute Care Provider Safety Assessment process.

During the activity

- ❑ Let participants know there is a version of the safety assessment used when investigating allegations of abuse or neglect by substitute care providers.
 - It is very similar to the other safety assessment, but with important modifications.
- ❑ The SCP Safety Assessment is to be used for all investigations of abuse/ neglect of a foster child by a substitute care provider. SPC include the following:
 - licensed foster homes
 - non-relative extended family members (NREFM)
 - approved relative homes
 - certified foster family agencies (FFA)
 - small family homes
 - adoptive parents if the adoptions has not yet been finalized
 - legal guardians where a dependency case is still open



Transition to the next segment: Risk Assessment

Segment 7: Risk Assessment

Activity Time:	60 minutes
Materials:	Chart paper, markers Trainer’s Guide: Answer key for Jefferson/Baxter Risk Assessment (pages 66-68) SDM Manual: Risk Assessment Tool (pages 70-73 of the SDM Policy and Procedures Manual) SDM Manual: Risk Assessment Definitions (pages 74-82 of the SDM Policy and Procedures Manual) SDM Manual: Risk Assessment Policies and Procedures (pages 83-85 of the SDM Policy and Procedures Manual)
Trainee Content:	Supplemental Handout: Risk Assessment Supplemental Handout: Jefferson/Baxter Case Example (Segment 4, pages 11-14)
Slides:	30-33

Description of Activity:

The trainer will discuss the Risk Assessment Tool and work with the trainees to complete one.

During the activity

- Introduce the Risk Assessment Tool by highlighting that it is a research based tool.
 - Risk in the SDM system is different from how we may currently use the term. When we talk about risk, we are talking about the likelihood of future incident of child abuse or neglect. Families at high risk are more likely to come back into contact with the department with a subsequent referral and investigation, and they are the families we want to target.
 - Research has shown that there are factors related to a family’s likelihood of abuse or maltreatment, such as a parent’s history of abuse or neglect as a child, and the number of children in the household.
 - The SDM risk assessment includes a list of risk factors that have been tested through research and analysis to know that these characteristics have a strong relationship to future maltreatment. The risk assessment assigns families a risk level, which is not a prediction of behavior but rather a measure of how likely we are to see a family in the future; based on characteristics shared with families that had a subsequent event.
 - By identifying family characteristics related to child abuse and neglect, the assessment classifies families as low, moderate, high or very high risk based on these characteristics.

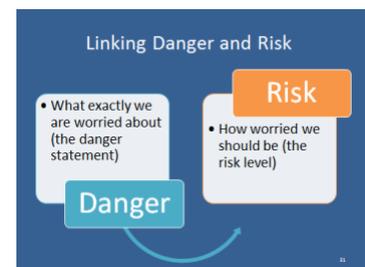
Do We Open a Case?

- Utilizing the Risk Assessment Tool—Agency resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.
- Risk assessment identifies families with low, moderate, high, or very high probabilities of future abuse or neglect.
- The risk assessment is based on research on cases with substantiated abuse or neglect that examined the relationships between family characteristics and the outcomes of subsequent substantiated abuse and neglect.

- ❑ Introduce the Risk Assessment Tool and explain how it is used to inform the next big decision. Remind the trainees that this tool helps determine the level of ongoing intervention each family needs. It estimates the likelihood that maltreatment of any severity will occur in this family in the future. This information is used to guide two key decisions: whether or not to open an ongoing services case after the investigation and, if so, what service intensity to provide.
- ❑ Note that the tool helps us connect family characteristics with outcomes to determine how worried we should be about the family.
- ❑ One very important point must be made before practicing the risk assessment. Often in CPS, risk and safety are used interchangeably. In the SDM model they are very different, but related, concepts. Safety is the immediate danger of serious harm; risk is the probability of future maltreatment of any severity. Data reveal that, while related, each tool is measuring something different. For the majority of families, unsafe situations co-occur with a finding of high risk, but this is not always the case. These two tools support and inform two different decisions and they are not interchangeable. It is vital to do a safety assessment and not simply use risk level to decide whom to remove. As risk increases, so does the proportion of families' experience removals. High- and very high-risk families are included among those who were assessed as safe, and others were assessed as "conditionally safe" using a safety plan. Again, this is why risk is not a basis for removal. So, safety and risk are related, but different. It is also important to note that since the risk tool is validated and safety correlates well with risk, this adds support for the validity of the safety tool.

Ask the trainees to review the continued case example (pages 11-14) and work individually to complete the Risk Assessment Tool. Divide the class into two groups (half the class will be completing the Risk Assessment for Tammy's household and half will complete for Tom's household). Circulate among the tables to ensure the trainees are using the definitions.

Computer NOTE: You will create a risk assessment for a non-removal parent in a case, not in a referral. Only one risk assessment can be created in a referral. In order to complete the second risk assessment in web SDM, open a case in CWS/CMS and complete a second risk assessment.



- ❑ Conduct a large group facilitation. Reinforce the key points below during the facilitation and ensure everyone found the correct risk level:

	Mom	Dad
Total score	Neglect: 5 Abuse: 5	Neglect: 7 Abuse: 3
Scored risk level	Neglect Risk Level: Moderate; Abuse Risk Level: High	Neglect Risk Level: High; Abuse Risk Level: Moderate
Overrides	Policy: 2. Child under 2 and physician stated injuries were non-accidental	none
Final Risk Level	Very High	High
Planned Action	Promote	Promote

Work individually

- Review the continued vignette and complete the Risk Assessment Tool
- What is your Risk level?
- Do you promote the case? Why? Are there any policy overrides? Any discretionary overrides?

- ❑ Help participants connect Safety and Risk: These two assessments work together to help us make critical decisions about how to intervene.
 - The SDM Safety Assessment informs *what* we are worried about and helps us to know what immediate actions need to be taken to create safety.
 - The SDM Risk Assessment informs *how* worried we should be about this family and helps us know whether the family may benefit from continued involvement.



Key Points

- As you talk through the tool, you can share the research basis for the tool. The most recent California risk revalidation study was conducted in 2007, and the current tool is the result of this study. The study found that as risk level goes up, the chances that a family will have subsequent negative outcomes (identified as re-referrals, re-substantiations, and placements) increases significantly.
 - There is about a 20% chance that a low risk family will have a new investigation over the next two years (rate = 18.5%), and there is 7% chance that they will have a new substantiation. It appears that even if there is a substantiation, it is extremely unlikely to be a serious situation, because only about 2% of low-risk families have a child end up in foster care within 18 months.
 - In contrast, a very high-risk family has about a 60% chance of having at least one new investigation. Many of these families, in fact, will have multiple referrals in the next 18 months. Almost one-third of them will be substantiated at least once more, and 18% will result in a foster placement.
- Point out that if we had the resources to serve all families, we would not need to choose. But if we only have enough social workers to serve either a low-risk family or a high-risk family, and if our goal is to prevent future harm, we would want to focus our efforts on the high-risk family.
- It is important to distinguish prediction from classification. Be clear that the SDM system cannot predict who will maltreat a child. Even among the lowest-risk families, a small percentage did maltreat their child again, and in 2% of these families, a child was removed. Even among the highest-risk families, two-thirds did NOT have a new substantiation, and a majority did NOT re-injure their child or require a removal. **THIS IS WHY THE RISK TOOL IS NOT USED TO DECIDE WHICH CHILDREN TO REMOVE.** It is appropriate to use a risk classification to direct services to families at higher risk.
- Emphasize the importance of considering the household risk classification and safety status in making case promotion decisions.
- Most often, caseworkers are making case promotion decisions primarily focused on allegation conclusion and safety status.

- Remind caseworkers to let the initial risk classification stand even when they make a different decision about case promotion than the tool recommends.
- Point out that workers can utilize the same index to assess for neglect and/or abuse.
- Clarify that in scoring each item, include anything that would have been present on the date of the reported incident or which has become present since then. Think of a risk factor like an “on” switch; once it is turned on, it stays on for the purpose of this initial risk assessment. (See page 83 of P&P manual.)
- Low- and moderate-risk referrals are recommended for closures unless there are unresolved safety threats.
- Focus on policy overrides: (Policy and Procedures Manual, pg. 83-84.)
- After completing the risk assessment, the worker determines whether any of the policy override reasons exist. Policy overrides reflect incident seriousness and/or child vulnerability concerns and have been determined by the agency to warrant a risk-level designation of very high regardless of the risk level indicated by the assessment tool. *Policy overrides require supervisory approval.*
- Discretionary Override:
 - A discretionary override is applied by the worker to increase the risk level in any case in which the worker believes that the risk level set by the risk assessment is too low. This may occur when the worker is aware of conditions affecting risk that are not captured within the items on the risk assessment. Discretionary overrides may increase the risk level by 1 unit (e.g., from low to moderate, OR moderate to high, but NOT from low to high).
 - * *Discretionary overrides require supervisory approval.*

Transition to the next segment: Contact Frequency Guidelines

Segment 8: Contact Frequency Guidelines

Activity Time:	15 minutes
Materials:	Chart paper, markers
Trainee Content:	NA
Slides:	34

Description of Activity:

The trainer will facilitate a brief discussion about the suggested Contact Frequency Guidelines.

During the activity

- ❑ Facilitate a brief conversation with the participants regarding: Contact Frequency Guidelines:
- ❑ States requirements for frequency, purpose and criteria for Social Workers Contacts with the Parent/Guardian (CDSS MPP Division 31-325)
 - <http://www.cdss.ca.gov/getinfo/pdf/cws3.pdf>
- ❑ States requirements for frequency, purpose and criteria for Social Workers Contacts with the Out-of-Home Care Provider (CDSS MPP Division 31-330)
 - <http://www.cdss.ca.gov/getinfo/pdf/cws3.pdf>
- ❑ States requirements for frequency, purpose and criteria for Social Workers Contacts with the Parent/Guardian (CDSS MPP Division 31-335)
 - <http://www.cdss.ca.gov/getinfo/pdf/cws3.pdf>

- For on-going workers, do you currently spend exactly the same amount of time each month with every family in your caseload?
- Which cases get more of your time?

Discussion is likely to include that more complicated and more needy cases get the most time. They may say these cases “blow up.” Ask them what they mean by “blowing up.”

- ❑ Risk-based contact frequency guidelines do two things:
 - They acknowledge that some cases require more time than others.
 - They increase the likelihood that the cases receiving the most time are the cases where the investment of time has the greatest potential to reduce future harem. We want to provide preventative services before case “blows up.”

Contact with	Contact Requirement
Child or Non-Minor Dependent (NMD) residing in out-of-home placement with relative, foster family or legal guardian.	At least one face-to-face contact each calendar month.
Non-Minor Dependent (NMD) residing in Supervised Independent Living Placement (SILP)	(1) Face to Face each Calendar Month
Child or NMD residing in group home or Community Treatment Center.	(1) Face to Face each Calendar Month with a 2 week time frame between the visits.

Segment 9: Family Strengths and Needs Assessment

Activity Time:	40 minutes
Materials:	Chart paper, markers Trainer’s Guide: Answer key for Jefferson/Baxter Family Strengths and Needs Assessment (pages 69-72) SDM Manual: Family Strengths and Needs Assessment Tool (pages 86-94 of the SDM Policy and Procedures Manual) SDM Manual: Family Strengths and Needs Assessment Definitions (pages 95-122) of the SDM Policy and Procedures Manual) SDM Manual: Family Strengths and Needs Assessment Policies and Procedures (pages 123-127 of the SDM Policy and Procedures Manual)
Trainee Content:	Physical and Cognitive Development Milestones (page 127-129) of the SDM Policy and Procedures Manual Supplemental Handout: Family Strengths and Needs Assessment Supplemental Handout: Jefferson/Baxter Case Example (Segment 5, pages 15-17)
Slides:	35-40

Description of Activity:

The trainer will introduce the family strengths and needs assessment and use the tool with the vignette.

During the activity

- ❑ So far, we have not attempted to determine the underlying causes for maltreatment. Our focus has been on identifying and controlling imminent danger (safety assessment) and estimating the probability of future harm (risk assessment).
- ❑ Let participants know that now it’s time to open a case and provide services to the family.
- ❑ Distribute the Family Strengths and Needs Assessment and begin a discussion by reminding trainees this tool is used to evaluate the presenting strengths and needs of each family. This tool is used to systematically identify critical family needs, and it helps plan effective interventions. The strengths and needs assessment serves several purposes:

Your case is open; now what?

- Assessing Family Strengths and Needs using the FSNA
- Purpose of FSNA—This tool is used to systematically identify critical family needs and help plan for effective interventions.

- It ensures that all social workers consistently consider each family's strengths and needs in an objective format when assessing need for services.
- It provides an important case planning reference for workers and supervisors.
- The initial strengths and needs assessment, when followed by periodic reassessments, permits social workers and their supervisors to easily assess changes in family functioning and thus assess the impact of services and supports on the case.
- In the aggregate, needs assessment data provide management with information on the problems that families face. These profiles can then be used to develop resources to meet client needs.

Valuing the SDM Approach

- Ensures Consistency among Social Workers
- Ensures strengths and needs are looked at objectively
- Assesses change over time
- Identifies and prioritizes highest needs

□ Things to consider:

- Requires gathering information from all family members, collaterals, and a review of records.
 - FSNA and CSNA assessments can be used to structure and frame the conversation with families related to conducting a balanced and rigorous assessment of strengths and needs that inform case planning. Help caseworkers to think about the FSNA as a planning tool, not paperwork.
 - Focus on the household and cultural context section of the FSNA/CSNA as a key conversation and interview with caregivers and youth that informs case planning practice.
 - FSNA/CSNA are an integrated part of family- and youth-centered behavioral case planning. It may be completed or modified during the course of family team meetings.
 - Engage family in culturally appropriate ways to make an accurate assessment.
 - There are two parts of the FSNA: caregiver and child. If there is more than one caregiver in the home, score each one separately.

Things to Consider

- Requires gathering information from all family members, collaterals, and a review of records.
 - It may be completed or modified during the course of family team meetings.
 - Engage family in culturally appropriate ways to make an accurate assessment.

- It is important that we all mean the same thing when we say the same words. When beginning the conversation about case planning, it is important that the family and agency share one definition of safety.
 - The key concept is that safety is more than just the absence of something. It is the presence of protective behaviors. We need to be mindful of what we expect to see happen in order to be certain that our children are safe.

Shared Definition of Safety



Safety is:
Actions of protection taken by the caregiver that address the danger, demonstrated over time.

Adapted from Boffa, J., & Podesta, H. (2004). Partnership and risk assessment in child protection practice. *Protecting Children*, 19(2), 36–46. Turnell, A., & Essex, S. (2006). *Working with Denied Child Abuse*. Berkshire, UK: Open University Press.

- Reference the Physical and Development milestone table on page 127 of the P&P Manual. Have participants look at the table. Let them know it is a compilation of several tools that provides easily observable ways for the worker to select the age/developmentally appropriate response. NOTE: This is not a formal developmental assessment, but a resource.

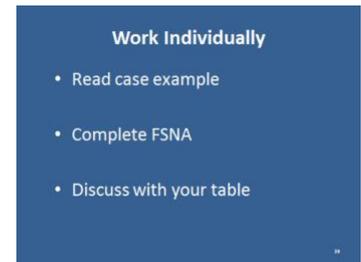
- Ask trainees to work individually to complete the Family Strengths and Needs Assessment Tool. Keep the class working in their two groups (half the class will

be completing the FSNA for Tammy’s household and half will complete for Tom’s household).

- Ask the trainees to discuss their findings as table groups. Circulate among the tables to ensure the group is completing the tool correctly. Reinforce using definitions to resolve differences of opinion among the groups. As you identify common themes, make note of them and conclude the activity by highlighting them for the large group.

Computer NOTE: Scoring will be done automatically by the computer. The computer will generate a list of the items organized by scored rank.

- Help make the link back to safety threats and risk factors that can be affected by sustained behavior changes.
- Key Points
 - Encourage trainees to be balanced in their identification of strengths and needs—don’t over-focus on one or the other.
 - Emphasize that this tool will help the social worker think about the case plan objectives and possible services for the family, including how the family’s support network can be included.
 - Point out that the trainees will have future training on using this information to develop case plans with families—our focus today is on how to best fill in the tool.
 - Highlight the focus of the SDM system is to provide support and guidance in getting the right families the right kind of help for the shortest time needed to support safety, permanency, and wellbeing.
 - Generally, pick the three highest scores as strengths and the three lowest scores as needs.
 - For counties using family meeting, the FSNA can be used to help organize a conference around the question of what the strength and needs of a family are. Once needs are identified, a family meeting could be organized around the question of developing a case plan to address those needs.



Work Individually

- Read case example
- Complete FSNA
- Discuss with your table

11



After the Plan Is Working

Focus on Safety
• Immediate
• Demonstrated over time

Behavioral Change
• Impact on the client's safety and care

Use of network

12

Transition to the next segment: Reunification Reassessment

Segment 10: Reunification Reassessment

Activity Time:	40 minutes
Materials:	Chart paper, markers Trainer’s Guide: Answer key for Jefferson/Baxter Case Example Reunification Reassessment (pages 73-74) SDM Manual: Reunification Reassessment Tool (pages 144-149 of the SDM Policy and Procedures Manual) SDM Manual: Reunification Assessment Definitions (pages 150-169 of the SDM Policy and Procedures Manual) SDM Manual: Reunification Assessment Policies and Procedures (pages 170-172 of the SDM Policy and Procedures Manual)
Trainee Content:	Supplemental Handout: Reunification Reassessment Supplemental Handout: Jefferson/Baxter Case Example (Segment 6: pages 18-20)
Slides:	41-48

Description of Activity:

The trainer will provide a review of the reunification reassessment; reassessing risk and visitation plan assessment and complete the tools with the group.

During the activity

- ❑ Remind participants Reunification begins on day 1! Share the tips for developing a productive partnership with families to support reunification.
- ❑ As you discuss this tool with participants, have them think about how to explain the way the reunification decision will be made with the families they are working with.
- ❑ Families, caregivers and youth should know how the decision will be made at review as soon as possible after children have been removed.
- ❑ Describe the purpose of the reunification reassessment: to structure critical case management decisions for children in placement who have a reunification goal by:
 - Routinely monitoring critical case factors that affect goal achievement;
 - Helping to structure the case review process; and
 - Expediting permanency for children in care.

Reunification Begins on Day 1!

Working with families during reunification:

- Keep a sense of urgency: Be clear about timelines for decision making.
- Orient the parents to shared understanding of safety threats, risk, and the process for evaluating change.
- Expand the family's support network.
- Create planned, purposeful, progressive contacts and visits that take family wishes and culture into account.
- Create opportunities for parents to demonstrate "acts of protection" during visits.
- Expect challenges and the "uneven path."

Reunification Assessment

- Routinely monitoring critical case factors that affect goal achievement;
- Helping to structure the case review process; *and*
- Expediting permanency for children in substitute care.

- ❑ The reunification reassessment guides decision making to:
 - Return a child to the removal household or to another household with a legal right to placement (non-removal household);
 - Maintain out-of-home placement; and/or
 - Terminate reunification services and implement a permanency alternative.
 - Encourage caseworkers to use the components of reassessment in structuring their monthly casework contacts with caregivers.
 - Encourage caseworkers to structure narratives and court reports using the structure of the reassessments.

Guides Decision Making to:

1. Return a child to the removal household* or to another household with a legal right to placement (non-removal household);
2. Maintain out-of-home placement; and/or
3. Terminate reunification services and implement a permanency alternative.

- ❑ 2010 validation studies on the California Reunification Reassessment show strong links between households where all three key reunification considerations: risk level, visitation quality and frequency and household safety are in an acceptable range at the time of reunification and 12-month re-entry rates.

- ❑ Conduct a group activity to complete the Reunification Tool. Keep the class working in their two groups (half the class will be completing the Reunification Reassessment for Tammy's household and half will complete for Tim's household).

Let's Practice

- Read the case example up to the reunification point.
- Stop and complete as a group: the Reunification Assessment tool.

- ❑ Using the completed tool as a discussion guide, point out the value in using the tool with a family to help them understand the assessment process.

- ❑ What is the reunification outcome for:

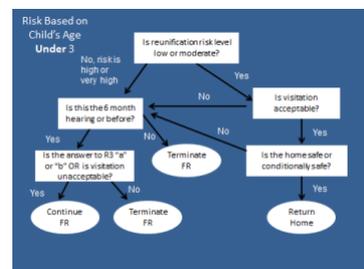
- Tammy?
- Tom?

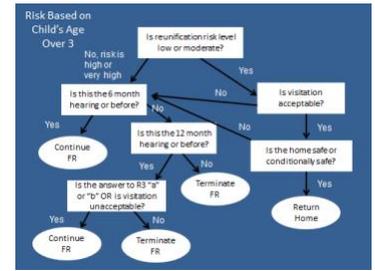
Preparing the Family for Reunification

- Shouldn't be a surprise!
- Share the reunification reassessment form with family so that the household understands exactly what will be used to evaluate reunification potential and the threshold they must reach.
- Inform them of their **original risk level**, and explain that this will serve as the baseline for the reunification reassessment.

What Else?

- Explain that a new substantiation or failure to progress toward case plan goals would increase their risk level.
- Discuss visits—how many and the quality.
- Discuss Safety.





□ Key Points

- As needed, remind trainees of the procedure for completing the reunification reassessment:
 - The reunification reassessment is completed in conjunction with each appropriate household and begins when a case is first opened. Removal household is that household from which the child was removed, or, if due to joint custody that designation is unclear, then the household where the most serious maltreatment occurred is to be designated the removal household. Non-removal households are those with legal rights to the child (father’s home, mother’s home).
- Preparation for Reunification:
 - Like the Risk Reassessment for in-home cases, this tool can be helpful as a way to explain the reunification decision to parents. Social workers can use the tool to tell them how the decision will be made at review as soon as possible after the children have been removed. Specifically inform them of their original risk level and explain that this will serve as the baseline for the reunification assessment (unless a new referral is received, in which case the new risk level will be used).
 - Explain that a new substantiation or failure to progress toward case plan goals would increase their risk level, and that progress toward case plan goals will reduce their risk level.
 - Explain that visitation is a key factor for successful reunification and you’ll work with them to ensure they are able to visit frequently and engage in meaningful activities during the visits.
 - Provide information on the reunification safety assessment and explain that if everything else would permit reunification, the final consideration is safety. They must either demonstrate that no safety threats are present or there must be a plan to address any identified safety threats
- Review the process for reassessing risk:
 - The baseline for all reunification reassessments is the risk level. This is the research-based component of SDM.
 - Referrals: If a household has experienced one or more subsequent referrals, WHETHER OR NOT THE REFERRAL WAS SUBSTANTIATED, there should be a new risk assessment completed on that household. In this case, enter the most recent risk assessment result.

- Determine progress toward case plan goals in consultation with the household and all service providers who have been working with the household toward these goals.
- Consider only the period of time between the original assessment (if this is the first reunification reassessment) and the most recent reunification reassessment.
- If there are two caregivers and progress differ, score based on the least amount of participation/progress.
- Review the policy overrides for this tool. Presence of one or more policy override conditions increases risk to very high. The ongoing worker uses a discretionary override whenever the worker believes that the risk score does not accurately portray the household's actual risk level. The reunification reassessment permits the worker to increase or decrease the risk level by one level.
- Review the process for the visitation plan evaluation.
 - Complete one matrix for each child.
 - Determine visitation frequency. Determine the number of visits that occurred and divide by the number of visits available to the household.
 - Do not count visits that did not occur for reasons not attributable to the household (e.g., foster parent failed to make child available, transportation the agency was required to provide did not occur).
 - Determine visitation quality.
 - Consider multiple sources of information including, but not limited to, social worker observation, caregiver report, foster parent report, child report.
- Review the overrides for this section of the assessment.
 - Policy overrides. The agency has determined that reunification would not be considered if there is a requirement that all visits be supervised for the child's safety.
 - Discretionary override. A worker may determine that unusual circumstances exist that warrant changing an adequate response to an inadequate response or changing inadequate to adequate.

Transition to the next segment: Family Risk Reassessment for In-home Cases

Segment 11: Family Risk Reassessment for In-Home Cases

Activity Time:	20 minutes
Materials:	Chart paper, markers Trainer’s Guide: Answer key for Jefferson/Baxter Risk Reassessment for In-home Cases (74) SDM Manual: Family Risk Reassessment for In-home Cases Tool (pages 132-133 of the SDM Policy and Procedures Manual) SDM Manual: Family Risk Reassessment for In-home Cases Definitions (pages 134-140 of the SDM Policy and Procedures Manual) SDM Manual: Family Risk Reassessment for In-home Cases Policies and Procedures (pages 141-144 of the SDM Policy and Procedures Manual)
Trainee Content:	Supplemental Handout: Family Risk Reassessment for In-home Cases Supplemental Handout: Jefferson/Baxter Case Example (Segment 7 Page 21)
Slides:	49-51

Description of Activity:

The trainer will introduce the reassessment and ask the trainees to complete the Risk Reassessment for In-home Cases Tool in a role play as dyads.

During the activity

- ❑ Introduce the Family Risk Reassessment for In-home Cases Tool by reminding the trainees that it is similar to the family risk assessment and is used to determine whether the case should remain open or be closed. This assessment refers to situation where children were never removed or to the point after which all children in out-of-home placements have been returned home and a decision needs to be made about when to close and ongoing case.
- ❑ For cases that will remain open, the reassessment includes updating the case plan based on current needs and strengths and sets new contact guideline levels. The reassessment begins with the risk reassessment tool. This tool includes several of the items from the initial risk assessment tool and adds questions related to progress toward the case plan goals. The information is focused on what is important for deciding whether or not to close the case at this time.
- ❑ For cases that will be closed, it is required you do a closing safety assessment.
- ❑ Distribute the Risk Reassessment Tool and refer trainees to the related policy (Policy and Procedures Manual, pg. 140). Note that at a minimum, each ongoing case is reviewed in conjunction with each judicial review hearing (at least every six months) to assess progress toward objectives and long-term

Risk/Safety Assessment

- Family risk reassessment for in-home cases
- If the case will remain open, the reassessment also includes a family strengths and needs reassessment and a case plan update.

Risk Reassessment

- Completed for In-Home Cases NOT Reunification cases
- The risk reassessment determines whether the case should remain open or be closed
- Completed at minimum every 6 months
- Updated FSNA and case plan completed

goals, including reduction of risk and needs. A reassessment may be done earlier if there have been significant changes that affect risk and needs.

□ Each reassessment includes:

- Family risk reassessment for in-home cases
- If the case will remain open, the reassessment also includes family strengths and needs reassessment and a case plan update. Reassessment should be completed as follows:
 - Voluntary: 30 days prior to case plan completion or case closure recommendation
 - Involuntary: 65 days prior to case plan completion or case closure recommendation
 - All in-home cases where new circumstances/new risk

□ Ask the trainees to form dyads and explain that they will read the next section of the case example (page 21) and practice completing the risk reassessment in a role play with one person acting as Tom and one person acting as the social worker. Ask them to:

- Focus on how the social worker might talk through the tool with a family member to explore progress and ongoing needs.
- Ask solution-focused questions to get at progress.
- Ask who in the network has contributed to progress.
- Pay close attention to R10. This item evaluates progress toward case plan goals. Look at the goals and objectives of the plan and try to reach consensus about how far Tom has come toward meeting them.

□ Facilitate a report out. Reinforce using definitions to resolve differences of opinion among the groups. Review the findings using the completed tool as a discussion guide. Note that the risk score is low and the decision is to close. Remind workers that a safety assessment must be completed prior to case closure.

□ Key Points

- Any time a case might be closed and all the children are in the home, this tool should be completed.
- This tool can be very impactful if done with the family so they can clearly see how the assessment is made and understand the basis for the social worker's recommendations regarding closing the case or keeping it open.
- If the decision is to recommend closure, social workers will develop aftercare plans to address ongoing needs and to plan for addressing new issues that may arise.
- If there are two caregivers and each progresses differently on the case plan, score the caregiver with the least progress. Some social workers feel this penalizes the better parent. It may. But the reality is that if there are two caregivers, they are both in the child's environment, so the behavior of the least effective parent must be measured. If it emerges that one caregiver's poor progress is the only thing that keeps risk higher, there is a clinical judgment to be made. The social worker should consult with the family, the support network, and a supervisor or peer group to evaluate the impact IN THIS FAMILY of the least effective parent. Was that person the alleged

Can the Case Be Closed Safely?

- Voluntary—30 days prior to case plan completion or case closure recommendation
- Involuntary—65 days prior to case plan completion or case closure recommendation
- All in home cases where new circumstances/new risk

Let's Practice

- Read page 21 of the case example
- In dyads, complete the Family Risk Reassessment for In-home Cases Tool

perpetrator? How much of a role will he/she play in parenting? What is the relationship of that caregiver with the child? How effective is the other caregiver—marginal or strong? It may be that the social worker will OVERRIDE the risk level using the reason that one caregiver’s progress has been going well and the other caregiver is a step-parent who is not very involved anyway. On the other hand, the worker may need to have a frank discussion with the family.

- Only cases in which ALL children are in the home use this reassessment. If one or more children in the family are in out-of-home care, then ALL children are assessed using the reunification reassessment.
- If the case will remain open due to risk level or unresolved safety issues, a new case plan will be required. The FSNA helps focus the case plan, so it is important to reassess the family’s strengths and needs to determine whether anything has changed. This process is exactly the same as we discussed earlier, so we will not go over it in detail. You should interview the family and collateral sources, review reports from service providers, and make your own observations. Design the new case plan to address the priority need areas for the caregivers and all child needs. Build on the family’s strengths. Hopefully, with each review, the family gains strengths and reduces needs. If this does not occur, it may be useful to review the objectives and services to see if there are more effective interventions.

Transition to the next segment: wrap up of the day

Segment 12: Wrap up

Activity Time:	10 minutes
Materials:	Note paper
Trainee Content:	NA
Slides:	53

Description of Activity:

The trainer will lead the trainees through a reflection activity where they write their responses on a piece of paper.

During the activity

- ❑ In closing ask the participant the following questions:
 - On a scale of 1– 10 (1: NO experience; 10: I could do it with my eyes closed), how comfortable are you with the SDM tools?
 - What would it take to raise your score by one level?
 - What did you learn today? And, how will you transfer that into your child welfare practice?
 - What would you like to improve on?
 - Any questions?

Wrap Up



Segment 13: What have we learned about SDM?

Activity Time:	55 minutes
Materials:	Chart paper, markers Tick Tack Toe Answer Key (Trainer’s Guide pgs. 75-77) SDM Policy and Procedures Manual
Trainee Content:	NA
Slides:	54-56

Description of Activity:

Welcome back the trainees and provide an overview of the day.

The Tick-Tac-Toe activity is designed to review day one SDM material, to prepare trainees for the embedded evaluation. This activity is also designed to have participants find the answers to the question presented by using the Policy and Procedures Manual, reinforcing the on-going need to use the Policy and Procedures Manual. This activity will also help the trainees become more comfortable with locating information in the policy and Procedures Manual.

Before the Activity:

- Draw two large hashtags (#) on one piece of chart paper. The chart paper should be put on the wall in the classroom, in various locations, but near the tables. The number of chart papers needed will be dependent on the number of tables that you have. If you have six tables you will need three chart papers, with two hashtags each. If you have four tables, you will need two chart papers with two hashtags on each.
- There are more questions than it normally takes to win one game, which gives the opportunity to play a second game and have two winners.
- The goal is to complete all questions as they are a review, and will provide assistance with the embedded evaluation. If after the second game, there are still answers left over, the trainer should ask the questions to the larger group and complete all questions.

During the activity

- ❑ The trainer will welcome back the group, review the group agreement and do an overview of the day.





- ❑ Tic-tac-toe is a game, generally designed, for two players. In our version of the tic-tac-toe game, each table will represent a single player. Each table will complete with each other. The trainer will assign each table either an “X” or an “O”. There should be equal numbers of “X” and “O” tables. The trainer will then pair an “X” and an “O” together and they will complete the game together.
 - Example: If you have a classroom with six tables you will have six teams, and a total of three games of tic-tac-toe. If you have an uneven number of tables in the classroom, have one of the table groups disperse among the other table group, making an even number of tables. You want the number of trainees at each table to be as equal as possible.
- ❑ The trainer will pass out the chart paper with drawn hashtags (#) on it to each set of “X” and “O”s. In a room with six tables or three games of tic-tac-toe going at one time, so three chart papers will be needed. The game can be played at the table tops or on the wall, whatever is more fun for the group.
- ❑ The trainer will remind the trainees that this is a competitive game, with the goal to win, but the real winning is when we deepen our learning. The trainees should use their SDM Policy and Procedures Manual to look up the answers to the questions.
 - Trainer Note: Much like when they are in the field making assessments they do not want to guess definitions used in SDM. If they are unclear of the definition, we want them to rely on the SDM Policy and Procedures Manual to make sure they are clear on the definition.
- ❑ The trainer will explain that they will read a question out loud to the entire group. Each team will be given time to look the answer up. When the team has the answer, they should raise their hand. The first team that raises their hand and has the correct response will get to put their “X” or “O” on their chart paper. The trainer will facilitate a discussion to explain why the answer is right, provide additional information if needed, and ask for additional input from the participants.
 - If you have six teams (3 “X” and 3 “O”) only one team will have a mark. There are a couple of questions that do have multiple answers, and you could allow the other tables to provide the additional answers; and if correct, put their “X” or “O” on their chart paper.
- ❑ If a team’s answer is wrong, provide an opportunity for another team to answer until all correct answers are provided.
- ❑ The first team to succeed in placing three of their marks in a horizontal, vertical, or diagonal row wins the game.
- ❑ There are more questions than it normally takes to win one game, which gives the opportunity to play a second game and have two winners.
- ❑ The goal is to complete all questions provided in the game because they are a review and will provide assistance with the embedded evaluation. If after the second game there are still answers left over the trainer should ask the questions to the larger group and complete all questions.

- Review the key points of SDM:
 - The SDM model is tools, not forms...use the assessments not only because you have to, but to help guide decisions.
 - The SDM model guides decisions; workers make decisions.
 - Read the definitions. Coordinate your narrative with the SDM assessments.
 - The SDM model is part of a larger practice framework of decision making.

A blue rectangular graphic titled "Review of Key Points" containing four white boxes with text. The boxes are arranged in a 2x2 grid. The top-left box says "SDM are a set of tools, not forms...". The top-right box says "SDM guides decisions; workers make decisions.". The bottom-left box says "Read the definitions, to the period.". The bottom-right box says "SDM is part of a larger practice framework of decision making.". There is a small "x" in the bottom right corner of the graphic.

Transition to the next segment: Embedded Evaluation

Segment 14: Embedded Evaluation

Segment Time:	95 minutes
Materials:	Common Core 3.0 Preliminary Materials Hernandez Family Vignette Embedded Evaluation answer sheet for participants Embedded Evaluation answer key for debrief
Trainee Content:	None
Slides:	57-59

Description of Activity:

The trainer will follow the evaluation process and protocols.

Training Activity:

Trainers: Please follow all instructions below; following the complete instructions from beginning to end will ensure that you have successfully facilitated the embedded evaluation portion of this training.

General Tips:

Trainers should carefully read the content contained within this Trainer's Guide and consult with your respective RTA/UCCF to access the [Overview of Evaluation Protocol](#) document, vignette(s), and embedded evaluation materials prior to proceeding with any type of evaluation.

In addition, trainers should review this activity in its entirety well before attempting to facilitate the embedded evaluation process. This evaluation process consists of many steps and details; some trainers may be unfamiliar with this type of evaluation as it is fairly new to California child welfare training. When facilitated well, this activity is an invaluable learning tool for trainees and provides critical information about the fidelity of the curriculum.

The overview document and all up-to-date evaluation materials listed below are located in the [CalSWEC's Canvas Platform found under CalSWEC's Child Welfare In-Service Training Evaluation page](#). Contact your respective RTA/UCCF point person to request this information and to ensure you have the most up-to-date evaluation materials.

Materials:

- PowerPoint Slide: 57-59
- Pens for filling out evaluation answer sheets (**Please make sure that trainees use only ballpoint pens with black ink. Do not use pencils, pens with blue ink, or pens that bleed through paper, such as felt-tip pens.**)
- **Trainer Supplemental Materials** (contact your respective RTA/UCCF to provide the following information):
 - Overview of Evaluation Protocol
 - SDM Answer Key
- **Common Core 3.0 Preliminary Evaluation Materials:** To be distributed during Step 1 of this activity. (Trainers, ensure that there are enough copies of each of the following documents for all trainees.)
 - Informed Consent, UCCF and RTA (Test Administrators, please ensure that all trainees receive the informed consent **prior** to the completion of any evaluation activity.)
 - School Codes (needed for question 3b of the demographics survey)

- California Common Core 3.0 Curricula Demographics Survey, electronic version for gathering demographic data from training participants (*Please note: The electronic survey link in Qualtrics is meant for those RTAs that are able to gather this information electronically.*)
- Demographics paper (Teleform) version (*Trainers, please make sure that trainees fill out the Trainee ID Code, County Code, RTA/UCCF Code (4 characters for RTAs and 5 for UCCF), and Date on every page of the answer sheet.*)

Note that the Demographics survey should be administered once and in the beginning of core.

- **SDM Embedded Evaluation Tools:** To be distributed during Step 4 of this activity (**and not before Step 4**).
Trainer: Ensure there are enough copies for all trainees of these material.
 - **Embedded evaluation scenarios** on non-NCR paper; Case Vignette: “**Hernandez Family**”. (*Trainer: Copy the evaluation scenario document onto brightly colored paper, to distinguish from the NCR forms and other handouts/content. Also, please ensure that this scenario says ‘SDM v3.1’ at the bottom of each page.*)
 - An evaluation **answer sheet** on NCR paper that corresponds with the scenario (*Trainers: ask your RTA/UCCF or county point-person for the already- prepared tests on NCR paper. If the answer sheets are not on NCR paper, please ensure these are printed on WHITE PAPER ONLY. Otherwise, the scanner will have difficulty capturing the data.). The electronic version of this evaluation is provided (trainees will still need to be provided with case scenario to complete the evaluation electronically). Contact your respective RTA/UCCF point person to request this information.*
- Two 9x12 envelopes:
 - 1 in which trainer collects completed embedded evaluations—the top page (white copy) of NCR paper (see Step 5)
 - 1 in which trainer collects all remaining evaluation materials—all scenarios (sample and embedded evaluation scenarios) and test forms (2nd page of NCR paper), see Step 7 below.

Before the activity

Ensure there are enough copies for all trainees of the respective materials noted above. Up-to-date copies of **all evaluation materials** can be found on the CalSWEC website under a secure link. **Contact your respective RTA/UCCF point person to request this information and to ensure you have the most up-to-date evaluation materials.** The materials are subject to change, so check in frequently.

During the activity

- Follow the evaluation protocols below to conduct the embedded evaluation using the vignettes.
- 1. Distribute the **Common Core 3.0 Preliminary Evaluation Materials** to all trainees at this time. (*Trainer: Wait to distribute the **SDM Embedded Evaluation Tools** until Step 4.*)
- 2. Explain how to generate the ID code. **Disclaimer: Trainees who do not wish to participate in the research study do not have to enter their unique ID Code.**
 - Ask trainees to put their 10-character ID **code on every page** of their answer sheet using only capital letters in their best print. Directions can be found at the top of the participant’s embedded evaluation answer sheets.
 - Also explain to the trainees that code numbers are needed because evaluation results will be linked to demographics they provide to be sure that the



embedded evaluation is fair and that bias does not exist in how different groups of people answer the questions (based not just on race, but gender, experience, education or region, etc). Only aggregate results will be reported and only the participants themselves will know their code. The purpose of the assessment and confidentiality are also explained in the informed consent participants receive.

Preliminary Evaluation Materials

- Informed Consent
- ID code assignment instruction sheet
- Demographics Survey

ID codes:

- First 3 letters of MOTHER'S MAIDEN NAME
- The first 3 letters of MOTHER'S FIRST NAME
- The NUMERAL FOR THE DAY YOU WERE BORN
- The NUMERAL FOR THE YEAR YOU WERE BORN

Example: November 8, 1970 or 11/08/1970

Example: November 8, 1970 or 11/09/1970

Trainee ID Code

- c. Discuss that ID codes will be generated by the participants from the first three letters of their mothers' maiden names, the first three letters of their mothers' first names, the two digits for the DAY of their birth, and the numerals for the last two digits of the YEAR of participant's birth.

3. Instruct participants on how to take the test (script):

- a. "For the embedded skills assessment, you will be given a scenario with 5 sections. For each part, you will answer a set of questions. You will first read about the child/children and family.
- b. Section 1: *Safety Threats* – you will be asked to assess the household(s) for safety factors and indicate whether currently available information results in reason to believe safety factor is present. You will mark all that apply.
- c. Section 2: Household Strengths and protective Actions
- d. Section 3: In-Home Protective Interventions
- e. Section 4: *Placement Interventions*
- f. Section 5: *Family Risk Assessment Factors* - assess household for risk factors. Indicate whether currently available information results in reason to believe the risk factor is present. For each question, completely fill in the bubble corresponding to your choice and write in your score.

Embedded Evaluation

Answer a set of questions based on the Hernandez family vignette:

- Section 1: *Safety Threats*
- Section 2: *Household Strengths and Protective Actions*
- Section 3: *In-Home Protective Interventions*
- Section 4: *Placement Interventions*
- Section 5: *Family Risk Assessment Factors*

4. Trainees complete the formal embedded evaluations/tests:

- a. Trainer should allow 60 minutes for trainees to complete the embedded evaluation.
- b. Remind trainees to focus on/use only the information that is made available in the scenario when answering questions about the scenario.
- c. Inform trainees that they may refer to Participant Guide and materials received throughout the day while they take the actual evaluation.
- d. Remind trainees to be cautious of doing 'information synthesis' too soon (avoid jumping to conclusions, read to the period), and that the trainees should consider the information that is known at the time the tool is being completed.
- e. Remind trainees to PRESS HARD on the NCR paper answer forms, so that their answers register on both sheets of paper.
- f. **Distribute the SDM Embedded Evaluation Tools** to each trainee; this includes the evaluation scenario. Begin evaluation.

5. Close the embedded evaluation by collecting the top page of the NCR forms when the group has finished:

- a. Remind trainees to put their ID codes at the top of each page of the answer sheet.
- b. **As you collect them, please check for missing, or incorrectly generated ID codes, and encourage people to fill them in or correct them.** If any codes are missing, we can't use the data.

- c. Trainers should place all completed assessment forms in the envelope provided and give it to your RTA/UCCF/county contact for the training.
 - d. *** RTA/UCCF contacts should forward the top (white) copy of ALL completed NCR forms to CalSWEC for data entry and analysis. ***
6. Debrief the evaluation (about 30 min total):
- a. Correct answers may be given and discussed for the scenario, with trainees able to look at the bottom (2nd) copy of the NCR paper for reference. *(If you are administering this tool electronically, ensure that Trainees' submit their evaluation in Qualtrics so that they are not able to change their answers once submitted. Once their evaluation is submitted, they will be advanced to a summary that will allow them to see the evaluation questions and their answer.)*
 - b. Allow about 30 minutes for debrief. This is a learning opportunity for the trainees. Facilitate a large discussion about the answers. Begin with asking the group what concerns they identified in question 1. Was there consistency? What were the differences? Have trainees explain how they came to the answer(s) they did. Repeat for the remaining question in each scenario.
 - c. When processing the content from the scenario, trainers should acknowledge with trainees that the trainer might not always have a 'right' or 'wrong' answer, because there are a lot of grey areas in the identification of child maltreatment.
7. Collect ALL of the remaining pages of the assessment scenario and forms:
- a. Trainer should be sure to collect the scenario and **ALL** second copy (yellow) evaluation forms.
 - b. We ask that no copies of the scenario, assessment forms, or written answer keys be allowed to leave the room.
 - c. At this time there is only a single form of the assessment. **We ask that you NOT allow participants to take any copies of the assessment scenarios or forms with them. If any of the assessment scenarios or forms leave the classroom and circulate, the validity of the tests will be compromised.**
 - d. Trainers, RTAs, or others responsible for administering the embedded evaluations should keep ALL scenarios for use with future Child Maltreatment Identification Skills Lab *(Version 3.1) classes*. Make sure there is no writing on the scenarios from previous trainees before using with other training classes.
 - e. The second copy of ALL remaining test forms should be given to the respective RTA/UCCF contact to keep for RTA/UCCF records.

Transition to the next segment: closing of the day

Segment 15: Closing

Activity Time:	15 minutes
Materials:	Note paper
Trainee Content:	NA
Slides:	60

Description of Activity:

The trainer will close the training and distribute RTA Participant Satisfaction Surveys.



Appendix

Mix and Match template for matching game

Caregiver	Adults, parents, or guardians in the household who provide care and supervision for the child.
Family	Parents, adults fulfilling the parental role, guardians, children, and others related by ancestry, adoption, or marriage; or as defined by family.
Household	All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home.
Excessive Discipline	Physical abuse that results from excessive physical discipline where a parent or caretaker in anger may be unaware of the magnitude of force which he or she strikes the child.
Domestic Violence	The child has witnessed or is otherwise aware of physical altercations between adults in the home on one or more occasion, or a single occasion that involved weapons or resulted in any injury to an adult.
Drug and Alcohol Abuse	The caregiver continues to use despite negative consequences in some areas such as family, social, health, legal, or financial. The caregiver needs help to achieve and/or maintain abstinence from alcohol or drugs.
Chronic alcohol or drug abuse	The caregiver's use of alcohol or drugs results in behaviors that impede ability to meet his/her own and/or his/her child's basic needs. He/she experiences some degree of impairment in most areas including family, social, health, legal, and financial. He/she needs intensive structure and support to achieve abstinence from alcohol or drugs.
Danger	Detailed current worries or future worries of harm. Imminent threat of serious harm. Based on recent past or current threat of harm.
Protective capacity	The ability and willingness to utilize internal and external resources to mitigate or ameliorate the identified safety and risk concerns, and to support the on-going safety of the child.
Harm	Past actions by the caregiver that hurt the children physically, developmentally, or emotionally.
Complicating factors	Conditions that are worrisome and concerning, but not to the level of harm. May include risk or needs.
Safety Goals	Clear, simple statements about what the caregiver will do that will keep the child safe now and in the future.

Mix and Match Game Answer Key

Caregiver	Adults, parents, or guardians in the household who provide care and supervision for the child.
Family	Parents, adults fulfilling the parental role, guardians, children, and others related by ancestry, adoption, or marriage; or as defined by family.
Household	All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home.
Excessive Discipline	Physical abuse that results from excessive physical discipline where a parent or caretaker in anger may be unaware of the magnitude of force which he or she strikes the child.
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Chronic alcohol or drug abuse	The caregiver's use of alcohol or drugs results in behaviors that impede ability to meet his/her own and/or his/her child's basic needs. He/she experiences some degree of impairment in most areas including family, social, health, legal, and financial. He/she needs intensive structure and support to achieve abstinence from alcohol or drugs.
Danger	Detailed current worries or future worries of harm. Imminent threat of serious harm. Based on recent past or current threat of harm.
Protective capacity	The ability and willingness to utilize internal and external resources to mitigate or ameliorate the identified safety and risk concerns, and to support the on-going safety of the child.
Harm	Past actions by the caregiver that hurt the children physically, developmentally, or emotionally.
Complicating factors	Conditions that are worrisome and concerning, but not to the level of harm. May include risk or needs.
Safety Goals	Clear, simple statements about what the caregiver will do that will keep the child safe now and in the future.

Jefferson/Baxter Answer Key

Hotline Tools	
Assessment Section	Notes/Support for Scoring
Header Information	CWS/CMS referral name: Tammy Jefferson
Step I: Preliminary Screening	No criteria apply; proceed to Step II
Step II: Appropriateness of a Child Abuse/Neglect Report for Response	
<p>A. Screening Criteria</p> <ul style="list-style-type: none"> • Physical Abuse, Non-accidental or suspicious injury marked • Physical Abuse, Other injury marked • No other items marked 	<p>Facial and eye bruising, and small gash on cheek, observed by father and medical staff. Father stated that mother’s explanation of injury was “he fell”; medical professionals report that child’s injuries were unlikely to have occurred in a fall or at the same time.</p> <p>Injuries do not meet definition of “severe,” which means an injury that “if left untreated, would cause permanent physical disfigurement, permanent physical disability, or death.”</p> <p>Some participants may be tempted to mark “General Neglect: inadequate medical/mental health care” or “Caregiver absence/abandonment.” Arguments for not marking include:</p> <ol style="list-style-type: none"> 1. While the injuries are reported as suspicious, it is unclear if medical care for the injuries was required. 2. Information in the report indicates the mother left the child in the care of another legal parent.
<p>B. Screening Decision</p> <ul style="list-style-type: none"> • In-person response 	One or more criteria marked.
<ul style="list-style-type: none"> • Overrides 	No overrides apply.
<ul style="list-style-type: none"> • Commercially Sexually Exploited and/or Sex Trafficked Information 	No criteria apply.
Step III: Response Priority	
Mark if applicable	No criteria apply.
<p>1. Decision Trees</p> <p>Physical Abuse: Allegation of physical injury to non-mobile child or any child under age 2 (or capability equivalent) marked</p>	<p>Item marked based on child’s age and physician’s statement that injuries were likely the result of abuse.</p> <p>The “Medical care currently required” item is not marked because the medical care being provided is not “immediately necessary and if not provided will seriously and possibly permanently affect the child’s health and well-being.” However, due to the pending X-ray results and the unexplained injuries, this item could be marked with justification.</p>
<p>2. Overrides</p>	No overrides apply.
Final response priority	24 hours
<p>Step IV: Path of Response Decision</p> <p>B. Path Decision for In-Person Response</p>	<p>Automatic Path 3: No</p> <p>Yes to the following questions:</p>

	<ul style="list-style-type: none">• Prior investigations, one or two• Prior child protective services• Primary caregiver has a history of abuse/neglect as a child• Prior injury to a child due to abuse or neglect
Path Decision	According to local differential response policy

Training Note: Segments 2 and 3 of this case example replicate common processes of assessing the safety of children when they are part of two different households. In this case example, the mother’s household is assessed because allegation households are always assessed. The father’s household is assessed after the mother’s home was determined to be unsafe and she was not available for safety planning. Be sure to help participants identify households and identify that each legal parent is the primary caregiver in their own household. In addition, Segment 4 will contain information that the safety assessment for the father’s household needs to be updated. The case example will provide these details, but participants are not expected to complete a third safety assessment.

Safety Assessment on Tammy Jefferson’s Household	
Assessment Section	Notes/Support for Scoring
Household being assessed	Tammy Jefferson (mother primary/Juan secondary caregiver)
Header information	Indian Ancestry: Parent not available Assessment Type: Initial Name of Child Assessed: Joshua Baxter Household Name: Tammy Jefferson; Yes, there were allegations
Factors Influencing Child Vulnerability	Age 0–5 years Some participants might be tempted to mark “Not readily accessible to community oversight,” but Joshua and his mother are regularly seen in the apartment complex and his father visits him.
Section 1: Safety Threats	<ol style="list-style-type: none"> 1. Serious physical harm, serious injury or abuse to the child, other than accidental: Physician reports that injuries are likely a result of abuse, occurring at different times; there are injuries occurring on his face (placing child at risk for brain trauma). While no specific proof exists that Tammy was the person who injured Joshua, her past history of physical injury to Joshua’s sibling and at least two different accounts by mother about how Joshua was injured support this item. Some participants may argue that it is not known who caused the injuries—redirect them toward what is “reasonably” known, including her past history. 7. Caregiver’s explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of injury suggests that child’s safety may be of immediate concern: Based on physician’s report that injuries could not have been caused by mother’s reported explanations and past substantiated physical abuse of sibling. 9. Current circumstances, combined with information that a caregiver has previously maltreated a child: Based on unexplained injury and prior substantiated investigation with protective removal of sibling.

Safety Assessment on Tammy Jefferson’s Household	
Assessment Section	Notes/Support for Scoring
	<p>Items not marked or other comments:</p> <p>Documentation should note that a safety assessment was completed on the mother’s household without direct interview with mother; assessment was based on interviews with father, apartment manager, and mother’s friend, as well as medical professionals. Item 3 should not be marked, because mother left child in care of legal father. No evidence of failure to seek medical care, because injuries did not require treatment.</p>
Section 1A: Caregiver Complicating Behaviors	While information about the mother included some indicators of possible domestic violence and prior substance use with natural father, marking of items in the Complicating Behaviors section not justified without further assessment, which is not possible due to lack of contact with mother at this point.
Section 2: Household Strengths and Protective Actions	Lack of contact with mother makes assessment of household strengths and protective actions impossible at this point.
Section 3: In-Home Protective Interventions	Unable to create a safety plan with mother, so safety decision for her household is “Unsafe.”
Safety Decision	Unsafe

Safety Assessment on Tom Baxter’s Household	
Assessment Section	Notes/Support for Scoring
Household being assessed	Tom Baxter
Header Information	<p>Indian Ancestry: Cherokee</p> <p>Assessment Type: Initial</p> <p>Name of Child Assessed: Joshua Baxter</p> <p>Household Name: Tom Baxter; there were no allegations</p>
Factors Influencing Child Vulnerability	Age 0–5 years
Section 1: Safety Threats	3. Caregiver does not meet the child’s immediate needs for food, diapers, and shelter on at least two other occasions; leaves the child with another caregiver and does not return
Section 1A: Caregiver Complicating Behaviors	Substance abuse
Section 2: Household Strengths and Protective Actions	<p>Caregiver problem solving: Caregiver identifies and acknowledges the problem/safety threat and took action to respond (this is both a household strength and a protective action). Caregiver took action to get medical help and help to protect the child.</p> <p>Caregiver support network: Caregiver has at least one supportive relationship with someone (Sheila Baxter) who</p>

	<p>is willing to be a part of his support network, is aware of the safety threat, and is willing to provide protection (this is both a household strength and a protective action).</p> <p>Caregiver support network: Caregiver is willing to work with the agency to mitigate safety threats.</p>
Section 3: In-Home Protective Interventions	<p>2. Use of family as safety resource.</p> <p>7. Non-offending parent moves to an alternative safe environment with the child.</p>
Safety Decision	Safe with Plan

Over the course of the weekend, the safety decision for the father’s household became “Unsafe,” because he left the child, while using substances, without making arrangements for his care. Trainer should advise group that an updated safety assessment should be completed on the father’s household in response to the aunt’s call to the after-hours CWS worker.

Training Note: There are two risk assessments for this case because we always do a risk assessment on the household with allegations AND a risk assessment for a non-custodial parent wanting reunification services as a baseline.

WebSDM Note: One risk assessment may be completed in a referral for the household with allegations. In order to complete the second risk assessment in webSDM, open a case in CWS/CMS and complete a second risk assessment.

Risk Assessment on Tammy Jefferson’s Household	
Section/Item	Notes/Support for Scoring
Prior Investigations	
1. Prior neglect investigations	a. None
2. Prior abuse investigations	c. Two; sibling no longer in the home
3. Previous or current open CPS case	b. Yes, but not open now; half-sibling case
4. Prior physical injury resulting from child abuse/neglect or prior substantiated physical abuse of a child	b. Bruising on sibling and prior substantiation: both items marked
Current Investigation	
5. Current report maltreatment type	b. Physical and/or emotional abuse
6. Number of children involved	a. One
7. Primary caregiver assessment of the incident	a. Definition not met based on available case information
Family Characteristics	
8. Age of youngest child in the home	b. Under 2
9. Characteristics of children in the household	a. None applicable
10. Housing	a. Household has physically safe housing
11. Incidents of domestic violence in the household in the past year	a. None. While there were calls for service to the home for verbal altercations, there is no specific evidence of domestic violence except for some damage in the home and reports of verbal conflict. (This is an area of considerable debate, with some participants stating that “red flags” indicate the presence of domestic violence.)
12. Primary caregiver disciplinary practices	a. Employs appropriate discipline. There is no specific information that injuries were caused by disciplinary practices.
13. Caregiver history of abuse or neglect as a child	b. One or both caregivers have a history of abuse or neglect as a child.
14. Caregiver mental health	a. No past or current mental health problem
15. Caregiver alcohol or drug use	a. None that interferes with family functioning. While both use substances, there no information that use interfered with family functioning.
16. Caregiver criminal arrest history	b. Either caregiver has one or more criminal arrests. Both mother and Juan.

Risk Assessment on Tammy Jefferson's Household	
Section/Item	Notes/Support for Scoring
Total Score	Neglect: 5 Abuse: 5
Scored Risk Level	Neglect Risk Level: Moderate; Abuse Risk Level: High
Policy Overrides	2. Child under 2 and physician stated injuries were non-accidental
Discretionary Override	No.
Final Risk Level	Very High
Planned Action	Promote
Supplemental Items 1. Difficulty accepting child's gender/sexual orientation 2. Alleged perpetrator is unmarried partner of primary caregiver 3. Another adult provides unsupervised care to child under 3 3a. Is other adult employed? 4. Caregiver is isolated in the community 5. Caregiver has provided safe and stable housing	1. a, no 2. a, no 3. b, yes 3a. b, yes 4. a, no 5. b, yes

Risk Assessment on Tom Baxter's Household	
Section/Item	Notes/Support for Scoring
Prior Investigations	
1. Prior neglect investigations	a. None
2. Prior abuse investigations	a. None (Tom not father to Joshua's sibling)
3. Previous or current open CPS case	a. None (Tom not father to Joshua's sibling)
4. Prior physical injury resulting from child abuse/neglect or prior substantiated physical abuse of a child	a. None (Tom not father to Joshua's sibling)
Current Investigation	
5. Current report maltreatment type	a. Allegation of general neglect added.
6. Number of children involved	a. One
7. Primary caregiver assessment of the incident	a. Caregiver does not blame the child
Family Characteristics	
8. Age of youngest child in the home	b. Under 2
9. Characteristics of children in the household	a. None applicable
10. Housing	b. Family homeless
11. Incidents of domestic violence in the household in the past year	a. None
12. Primary caregiver disciplinary practices	a. Employs appropriate discipline
13. Caregiver history of abuse or neglect as a child	b. Primary caregiver has history of abuse as a child
14. Caregiver mental health	b. Past or current mental health problem: depression

Risk Assessment on Tom Baxter's Household	
Section/Item	Notes/Support for Scoring
15. Caregiver alcohol or drug use	b. Alcohol and drugs, past and prior
16. Caregiver criminal arrest history	b: Petty theft, motor vehicle theft, breaking and entering, DUIs
Total Score	Neglect: 7 Abuse: 3
Scored Risk Level	Neglect Risk Level: High; Abuse Risk Level: Moderate
Policy Overrides	None
Discretionary Override	No
Final Risk Level	High
Planned Action	Promote
Supplemental Items	
1. Difficulty accepting child's gender/sexual orientation	1. a, no
2. Alleged perpetrator is unmarried partner of primary caregiver	2. a, no
3. Another adult provides unsupervised care to child under 3	3. c, N/A 3a. c, N/A
3a. Is other adult employed?	4. a, no
4. Caregiver is isolated in the community	5. a, no
5. Caregiver has provided safe and stable housing	

Trainer’s Note: FSNA tools should be completed on each household, as both parents are seeking reunification services and reside in separate households.

Family Strengths and Needs Assessment on Tammy Jefferson’s Household	
Section/Item	Notes/Support for Scoring
Household	Primary caregiver is Tammy, secondary caregiver is Juan
Section 1: Caregiver Strengths and Needs Assessment	
A. Household Context	Tammy is Caucasian, Juan is Mexican, no tribal affiliation, both heterosexual. Tammy assesses that her cultural identity is a strength in creating safety.
B. Caregiver Domains	
SN1: Resource Management/Basic Needs	b/b: Both caregivers employed, housing and resource needs met.
SN2: Physical Health	a/b: Tammy is using proactive strategies for health, including exercise, which can also be a strategy to mitigate trauma
SN3: Parenting Practices	d/b: Tammy expresses frustration with Joshua’s tantrum behaviors; while no direct admission, concerns about disciplinary practices and frustration levels that cause a safety threat.
SN4: Social Support System	b/b
SN5: Household and Family Relationships	c/c: Calls for service; apartment manager is aware of verbal altercations in home with child present.
SN6: Domestic Violence	b/b: See above, no direct evidence of domestic violence, though some worries about this are present. Documentation should identify this area as a “watch” area during ongoing services.
SN7: Substance Use	b/b: Substance use, past and current, does not interfere with family functioning or child safety.
SN8: Mental Health	b/b
SN9: Prior Adverse Experiences/Trauma	d/b: Impacts of trauma triggers on patience and care of Joshua make this domain a direct contributor to child safety threats.
SN10: Cognitive/Developmental Abilities	b/b
SN11: Other Identified Caregiver Strength or Need	N/A
C. Priority Needs and Strengths	Needs: 1. Trauma – case plan 2. Parenting – case plan 3. Household Relationships – “watch” area Strengths: 1. Physical health – strategies can be generalized to support case plan objectives 2. Resource management – area of stability

Family Strengths and Needs Assessment on Tammy Jefferson's Household	
Section/Item	Notes/Support for Scoring
Section 2: Child Strengths and Needs Assessment	
Cultural context	Child is Native American, Black, and White; possible Cherokee tribal affiliation; sexuality and gender expression not discussed
CSN1: Emotional/Behavioral Health	b
CSN2: Trauma	c: Aggressive and flinching behaviors
CSN3: Child Development	b
CSN4: Education	b
CSN5: Social Relationships	b
CSN6: Family Relationships	d: Child's family relationships within this household put him in danger of suffering serious physical or emotional harm.
CSN7: Physical Health/Disability	b
CSN8: Alcohol/Drugs	b
CSN9: Delinquency	b
CSN10: Relationship with SCP	a
CSN11: Independent Living	N/A
CSN12: Other Identified Child Strength or Need	N/A
C. Priority Needs and Strengths	Needs: Trauma Family relationships Strengths: Relationship with SCP

Family Strengths and Needs Assessment on Tom Baxter’s Household	
Section/Item	Notes/Support for Scoring
Household	Primary caregiver is Tom, no secondary caregiver
Section 1: Caregiver Strengths and Needs Assessment	
A. Household Context	Native American (Cherokee) and Black, heterosexual. Connected to spiritual traditions of Native American culture. Feels culture can be a resource
B. Caregiver Domains	
SN1: Resource Management/Basic Needs	c.: Homeless, unemployed due to injury and substance abuse issues
SN2: Physical Health	c: Broken ribs injury contributes to resource management issues
SN3: Parenting Practices	c: Inexperienced with care of young children, need basic toddler care skill development
SN4: Social Support System	a: Actively using relative for temporary care, engaged in social support for recovery
SN5: Household and Family Relationships	b
SN6: Domestic Violence	b
SN7: Substance Use	d: Father’s resolution of his substance abuse issue is key to his ability to provide safe care
SN8: Mental Health	c: Depression—may contribute to substance abuse relapse
SN9: Prior Adverse Experiences/Trauma	c: Father’s trauma resulted in relapse
SN10: Cognitive/Developmental Abilities	b
SN11: Other Identified Caregiver Strength or Need	N/A
C. Priority Needs and Strengths	Needs: 1. Substance Abuse – case plan 2. Parenting Practices – case plan 3. Resource Management/Basic Needs – case plan 4. Mental Health – “watch” area 5. Physical Health Strengths: 1. Social Support System
Section 2: Child Strengths and Needs Assessment	
Cultural context	Same as in Tammy’s household
CSN1: Emotional/Behavioral Health	b
CSN2: Trauma	c
CSN3: Child Development	b
CSN4: Education	b
CSN5: Social Relationships	b
CSN6: Family Relationships	a

Family Strengths and Needs Assessment on Tom Baxter's Household	
Section/Item	Notes/Support for Scoring
CSN7: Physical Health/Disability	b
CSN8: Alcohol/Drugs	b
CSN9: Delinquency	b
CSN10: Relationship with SCP	a
CSN11: Independent Living	N/A
CSN12: Other Identified Child Strength or Need	N/A
C. Priority Needs and Strengths	Needs: Trauma Strengths: Relationship with SCP Family relationships

Trainer’s note: Remind participants that reunification reassessments are also household-based, and therefore two assessments should be completed, one on Tammy’s household and one on Joshua’s household.

Reunification Reassessment on Tammy Jefferson’s Household	
Section/Assessment Item	Notes/Support for Scoring
Header information	This is the removal household, assessment #1
A. Reunification Risk Reassessment	
R1: Risk level on most recent referral	d, very high
R2: New substantiation	a, no
R3: Caregiver’s progress with case plan objectives	d, does not demonstrate new skills and behaviors consistent with case plan objectives
Total Score	9
Reunification Risk Level	Very High
Overrides	Policy :none, discretionary: none
Final Reunification Risk Level	Very High
B. Visitation Plan Evaluation	Unacceptable visitation, based on scoring of “Rare or Never” for compliance with visitation plan and “Limited/Destructive” evaluation; no overrides
C. Reunification Safety Assessment	Not completed
D. Placement/Permanency Plan Guidelines	Child Under Age 3 decision tree: Reunification risk level low or moderate: no Is this the six-month hearing or before: yes Is the answer to R3 a or b OR is visitation acceptable: no Decision tree points to “Terminate FR”
Overrides	None apply
E. Recommendation Summary	Terminate FR, implement permanent alternative
F. Sibling Group	N/A
Reunification Reassessment on Tom Baxter’s Household	
Section/Assessment Item	Notes
Header information	Tom is primary caregiver, this is not the removal household; assessment #1
A. Reunification Risk Reassessment	
R1: Risk level on most recent referral	c, high
R2: New substantiation	a, no
R3: Caregiver’s progress with case plan objectives	a
Total Score	2
Reunification Risk Level	Moderate
Overrides	Policy none, discretionary none
Final Reunification Risk Level	Moderate

B. Visitation Plan Evaluation	Acceptable, based upon compliance with visitation plan (attended 94% of visits) and strong/adequate quality of visit
C. Reunification Safety Assessment	1. a, no. Father has maintained his sobriety and is now employed and has obtained housing. 2. a, no Safety Decision: Safe
D. Placement/Permanency Plan Guidelines	Child Under Age 3 decision tree: Reunification risk level low or moderate: yes Is visitation acceptable: yes Is the home either safe, or safe with plan: yes Decision tree points to "Return Home"
Overrides	None apply
E. Recommendation Summary	Return Home
F. Sibling Group	N/A

Risk Reassessment on Tom Baxter's Household	
Assessment Item	Notes/Support for Scoring
Header information	Household: Tom Baxter, no secondary caregiver
R1. Number of prior neglect or abuse investigations	a. None
R2. Previous open CWS case	a. No
R3. Caregiver has a history of abuse or neglect as a child	b. Yes
R4. Characteristics of children in the household	a. Not applicable
R5. New investigation since the initial risk assessment	a. No
R6. Alcohol or drug use since the last assessment	c. Yes, problem is being addressed
R7: Adult relationships in the home	a. None applicable
R8: Caregiver mental health since the last assessment	b. No current mental health problem
R9: Caregiver's physical care of child	a. Consistent with child needs
R10: Caregiver's progress with case plan objectives	a. Demonstrates new skills and behaviors consistent with all family case plan objectives and is actively engaged to maintain objectives
Total Score	1
Scored Risk Level	Low
Overrides	None
Final Risk Level	Low
Recommended Decision	Close. Remind workers that a safety assessment must be completed prior to case closure.

Tic-Tac-Toe Questions and Answers pulled from the SDM Policy and Procedures Manual Nov 2015, updated Dec 2017

The SDM Policy and Procedures Manual contains the tools, definitions to use for each tool, and policies related to each tool. Why is important to keep in mind when utilizing the Policy and Procedures Manual? (answer is part of the training and not in the P&P)

Always use the definitions

Read the entire definition, to the period

The examples listed are examples, and not an exhaustive list Watch out for the word "AND/OR"

The Hotline Tool focuses on 2 main things. What are they? (SDM Policy and Procedures Manual, page 33)

1. To determine whether a referral meets the threshold for an in-person child welfare services response. (If DR County: if not, whether a referral to an alternative community response is appropriate).
2. To determine how quickly to respond

Once, the decision is made for an in-person response, what is the next SDM tool that would be used?

The SDM Safety Assessment

What is the goal of using a tool to assess safety?

To increase consistency in decision making and ensure that every worker in every case considers all critical safety threats

What are the 4 components of the Safety Assessment Tool? (SDM Policy and Procedures Manual, pages 38-40)

1. Safety Threats and Caregiver Complicating Behaviors
2. Household Strengths and Protective Capacities
3. In-home Protective Interventions & Safety Decision
4. Placement Interventions

What is the purpose of safety planning with the family? (SDM Policy and Procedures Manual, pages 60-61)

To work with the family to create an agreed-upon document, prior to leaving to ensure the safety of any children left in the home. The goal is to immediately control the safety threat(s) for now.

When talking about risk, what are we talking about in child welfare? (SDM Policy and Procedures Manual, page 92)

The likelihood of future incidents of child abuse or neglect. Families at high risk are more likely to come back into contact with the department with a subsequent referral and investigation.

The Safety Assessment and Risk Assessment work together to help guide social workers in critical decisions about how to intervene with a family. Describe the difference between the Safety Assessment and Risk Assessment:

- Safety Assessment: informs child welfare about **what** we are worried about
- Risk Assessment: informs us about **how** worried we should be

In the Risk Assessment, what referrals are recommended for closure as long as there are not any safety threats? (SDM Policy and Procedures Manual, page 94)

Low and moderate.

TRAINER NOTE: Point out that if we had the resources to serve all families, we would not need to choose. But if we only have enough social workers to serve either a low risk family or a high risk family, and our goal is to prevent future harm, we would want to focus our efforts on the high and very risk families.

It is now time to open a case and provide services to the family? What tool is used to determine the most appropriate services for the parents, children, and nonminor dependents?

Family Strength and Needs Assessment

What is the purpose of the Family Strength and Needs Assessment? (SDM Policy and Procedures Manual, page 136)

This tool will help the social worker think about the case plan objectives and possible services for the family, including how the family's support network can be included.

What is the definition of Safety?

Actions of protection taken by the caregiver that address the danger, demonstrated over time.

When does Reunification with a family begin?

Day 1!

What are some tips for developing a productive partnership with families to support reunification?

- Keep a sense of urgency: Be clear about timelines for decision making.
- Orient the parents to shared understanding of safety threats, risk, and the process for evaluating change.
- Expand the family's support network
- Create planned, purposeful, progressive contacts and visits that take family wishes and culture into account
- Create opportunities for parents to demonstrate "acts of protection" during visits
- Expect challenges and the "uneven path"

What is the purpose of the Family Risk Reassessment for In-home Cases? (SDM Policy and Procedures Manual, page 155)

To help assess whether risk has been reduced sufficiently to allow a case to be closed, or whether the risk level remains high and services should continue.

What is the purpose of the reunification reassessment? (SDM Policy and Procedures Manual, page 188)

Is to help assess whether children in placement who have a reunification goal should:

1. Be returned home to the removal household or another household with a legal right to placement;
2. Be maintained in placement while reunification services continue; or
3. Have a permanency alternative implemented and reunification services terminated

For cases that will remain open, what does the social worker need to do?

Update the FSNA, and based on the FSNA update the case plan based on current needs and strengths Set new contact guideline levels

For cases that will be closed, the social worker must?

Complete a closing safety assessment

Materials Checklist

- SDM Policy and Procedures Manual, updated December 2017
- Easels
- Chart paper, preferably with self-adhesive
- 6 sets of Mix and Match cards for matching game
- Markers
- Tape
- Post it Notes (sticky)

Bibliography

- Azar, Joe, illustration from: Wells, S. J. (1985). How we make decisions in child protective services intake and investigation. Washington, DC: American Bar Association.
- Brittain, C.R., & Hunt, D.E. (Eds.). (2004). *Helping in child protective services, a competency based handbook*. New York: Oxford University Press.
- California Department of Social Services. (2004). Improving the lives of California's children and families: Facts at a glance, 2. Retrieved June 23, 2008, from <http://www.dss.cahwnet.gov/cdssweb/PG52.htm>. (Revised 2005). Child Welfare Training Project, California State University, Fresno, California.
- California Social Work Education Center. (1997) Standards and values for public child welfare practice in California. Retrieved February 3, 2005, from http://calswec.berkeley.edu/CalSWEC/CalSWEC_Standards.html#Anchor-Standard-64402
- California Social Work Education Center (2007). Critical Thinking in Child Welfare Assessment: Safety, Risk and Protective Capacity – Version 1.1. Training Curriculum, University of California at Berkeley.
- Child and Family Policy Institute of California, Inc. (2006). Child Welfare Services System Improvements 11 County Pilot Implementation Evaluation Initial Assessment Phase. Retrieved April 14, 2008, from http://www.cfpic.org/children/pdfs/11_County_Eval_Phase1.pdf.
- Children's Research Center (1998c). New Mexico risk assessment research. Children's Research Center/National Council on Crime and Delinquency, Madison, WI.
- Child Welfare League of America (2003). Children of Color, 2004. Retrieved June 23, 2008 from http://ndas.cwla.org/research_info/minority_child/
- Johnson, K., Caskey, R., & Wagner, D. (2003). Addendum to the evaluation of Michigan's foster care Structured Decision Making case management system. Children's Research Center, Madison, WI.
- Johnson, W. (2011). The validity and utility of the California Family Risk Assessment under practice conditions in the field: A prospective study. *Child Abuse & Neglect*, 35, 18–28.
- Johnson, W. (2004). An examination of the racial/ethnic equity of child protection decisions made using a research-based risk assessment instrument. In *Race Matters: Examining the Overrepresentation of African Americans in the Child Welfare System*, Derezotes, D.M., Testa, M.F., and Poertner, J. Eds. CWLA Press, Washington, DC.
- Johnson, W. (2004). Effectiveness of California's child welfare Structured Decision Making model: A prospective study of the validity of the California family risk assessment. California Department of Social Services, Sacramento, CA.
- Jonson-Reid, M. (2003). Foster care and future risk of maltreatment. *Children and Youth Services Review*, 25(4), 271–294
- National Council on Crime and Disability (2010). The Structured Decision-Making system: Policy and procedures manual. Children's Research Center/National Council on Crime and Delinquency, Madison, WI.
- National Council on Crime and Disability (2015). The Structured Decision-Making system: Trainer manual. Children's Research Center/National Council on Crime and Delinquency, Madison, WI.

- Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., Jacobs, L., & King, B. (2011). *Child Welfare Services Reports for California*. Retrieved 6/20/2011, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>
- Rossi, P., Scheurman, J., & Budde, S. (1997). Understanding child maltreatment decisions and those who make them. Chapin Hall Center for Children, University of Chicago, Chicago, IL.
- State of California (2003). CWS Redesign: The future of California's child welfare services, final report. State of California, Sacramento, CA.
- State of California (1999). Manual of Policies and Procedures: Child Welfare Services. State of California, Sacramento, CA.
- Stein, T. and Rzepnicki, T in Brenda G. McGowan and William Meezan, eds., *Child Welfare: Current Dilemmas, Future Directions*, (3rd. ed.; Illinois: F. E. Peacock, 1983).
- Wagner, D., Hull, S., & Luttrell, J. (1995). The Michigan department of social services risk based Structured Decision Making system: An evaluation of its impact on child protection service cases, in a presentation to the Ninth National Roundtable on CPS Risk Assessment. Children's Research Center, Madison, WI.
- Wagner, D. & Bell, P. (1998). The use of risk assessment to evaluate the impact of intensive protective service intervention in a practice setting, in the Twelfth National Roundtable on CPS Risk Assessment. Children's Research Center, Madison, WI.
- Wagner, D., Johnson, K. & Caskey, R. (2002). Evaluation of Michigan's foster care Structured Decision Making system. Children's Research Center, Madison, WI.
- Wagner, D., Johnson, K. & Caskey, R. (2003). Evaluation of Michigan's foster care Structured Decision Making case management system. Children's Research Center, Madison, WI.