

## Introduction to Basic SDM® Concepts



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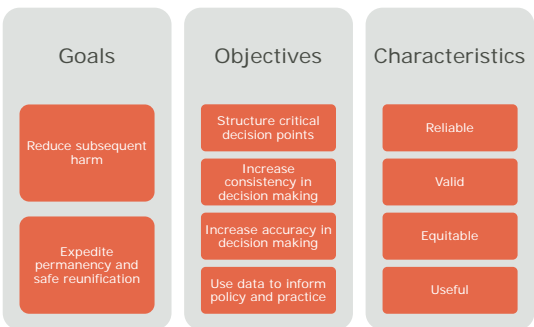
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### The SDM® System for Child Welfare



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### SDM® System Goals for Child Welfare

#### 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.

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## SDM® Policy and Procedures Overview

Tool

Which cases

Who

When

Decision

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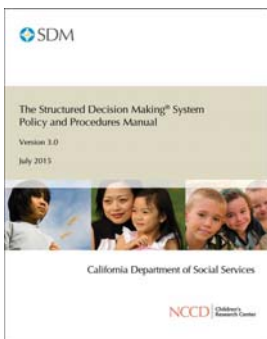
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## SDM® Policy and Procedures Manual



For Each SDM Assessment:

- Paper copy of the assessment tool
- Definitions that support assessment process and tool completion
- Policies and procedures for who, when, and how assessments are completed

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## Key Concepts Underlie the SDM® System



Successful implementation of the SDM system requires an understanding of:

- The difference between needs, risk, and danger/safety threats;
- The "household" as the unit of analysis; and
- The assessments as a prompt for engagement.

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### Household-Based Assessments



For assessment purposes, a household is not simply a dwelling; it is a *group of people* who have contact with the child.

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### Caregiver—Primary and Secondary



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### 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?

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### Basic Definitions

Household:  
All people under  
one "roof"



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Allegations on Mom: Mom and Dad live together



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

Mom's household



Dad's household



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

Mom's household



Dad's household



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

Mom's household



Dad's household



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Allegations on Mom:  
Mom lives with her sister and her sister's family—  
no allegations on sister



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Allegations on Mom AND allegations on sister:  
Mom lives with her sister and her sister's family



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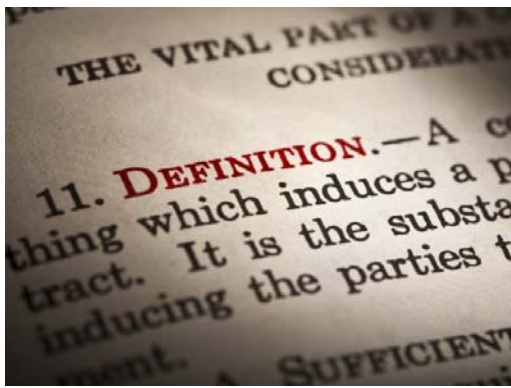
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#### Definitions Matter!

Use item **definitions** to determine whether the information about the family matches the item being considered.

Read to the period.

Examples are just examples and not all-inclusive lists of conditions.

Be aware of "AND," "OR," and "and/or."

When unsure, ask others and use clinical judgment.

"Unasked" is different from "unknown."

Use common sense.

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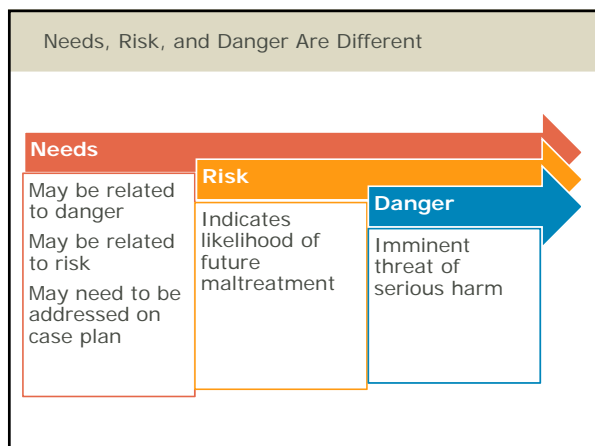
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**NCCD** | Children's Research Center

## The SDM® Hotline Tools

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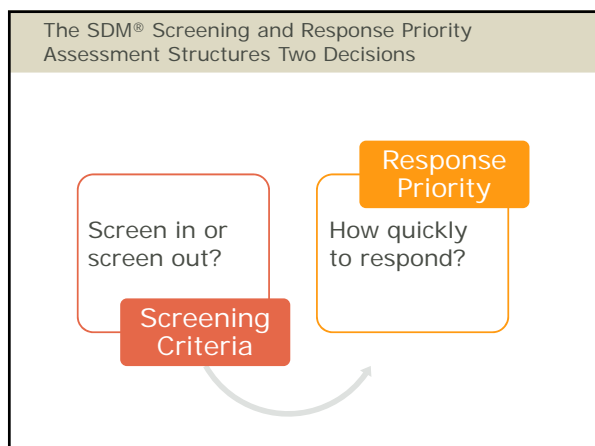
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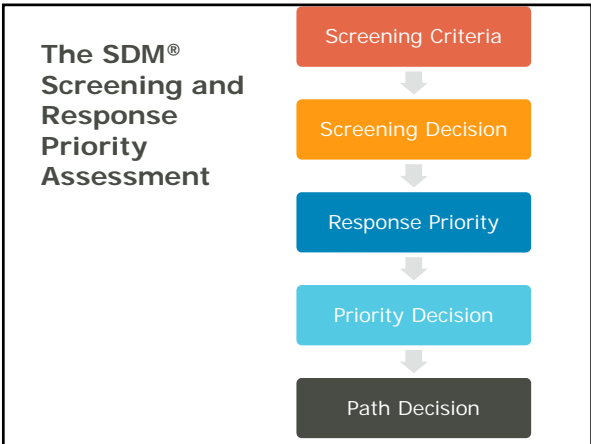
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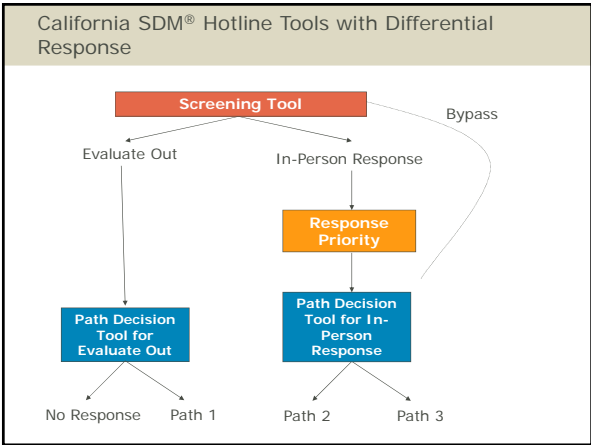
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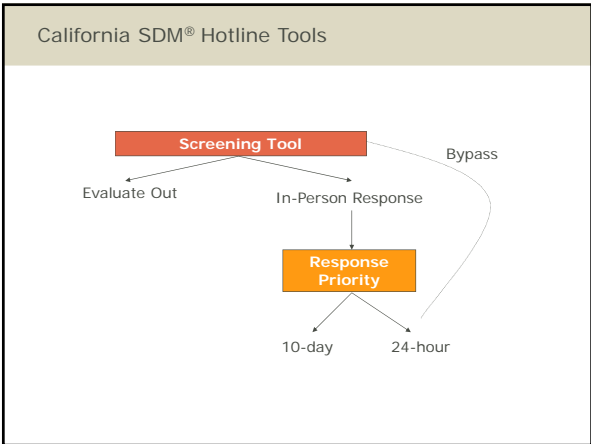
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### Interviewing Strategies



Facilitate interview based on needs, knowledge, and motivations of reporter.

Use the “interview ladder” approach while using the hotline tools

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### Three Questions Can Uncover Relevant Details

What are we worried about?

What is working well?

What needs to happen next?

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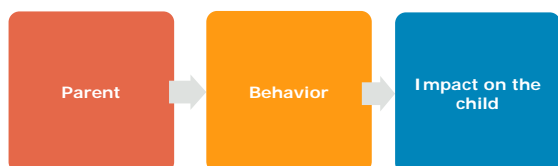
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### Impact on the Child Is a Helpful Construct



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## Support Networks



*Network building begins with the hotline call!*

- Ask about the family's support system!
- Get details about relatives, friends, community connections.

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There Are Five Parts of the SDM® Screening Tool:

Step 1: Preliminary Screening

Step 2A: Screening criteria

Step 2B: Screening decision

Overrides

Commercially Sexually Exploited and/or Sex Trafficked Information

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There are two parts of the SDM® Response Priority Tool:

Part 1: Four Decision Trees

Part 2: Overrides

Final Response Priority

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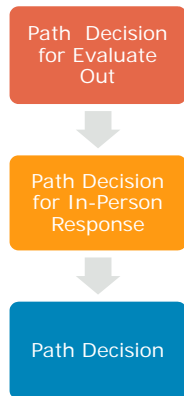
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**There are Two Parts of the SDM® Path Decision Tool**




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**The SDM® Screening and Response Priority Assessment Offers Specific Guidance**

Should we accept the referral? If so, how quickly do we respond?

Screening and Response Priority Assessment

**Which Files:** All referrals that are created in CWS/CMS.

**Who:** Worker receiving referral.

**When:** Immediately upon receipt of the call.

**Decision:** Does referral require investigation? What is the response time?

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**Field Update for Supervisors**

**New Decisions By Field Supervisor**

- Screening
- Response Priority
- Path Decision

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## Hotline Tools



### Practice activity

- Read Segment 1 of the Jefferson/Baxter case
- Complete hotline tools (screening, response priority, and path)
- Use definitions in the P&P manual

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## Narrative

Use screener narrative in CWS/CMS and include relevant facts that support items marked in SDM

Include relevant facts that support items marked in SDM

- Screening criteria
- Response priority questions
- Overrides (if applicable)
- Path decision items

Other narrative required by statute/policy and additional information available from reporter

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## SDM® Assessments Are a Prompt for Practice




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## Format of Screener Narrative



Let's  
examine the  
format of the  
screener's  
narrative

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## SDM<sup>®</sup> Safety Assessment

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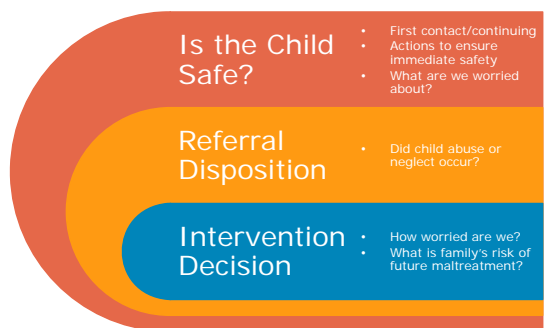
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## Three Decisions in Initial Assessment/Investigations



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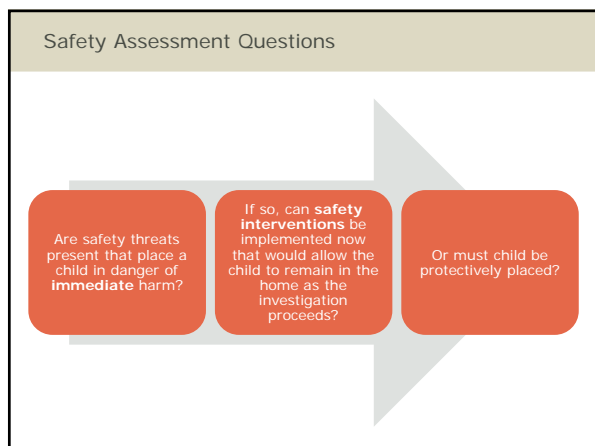
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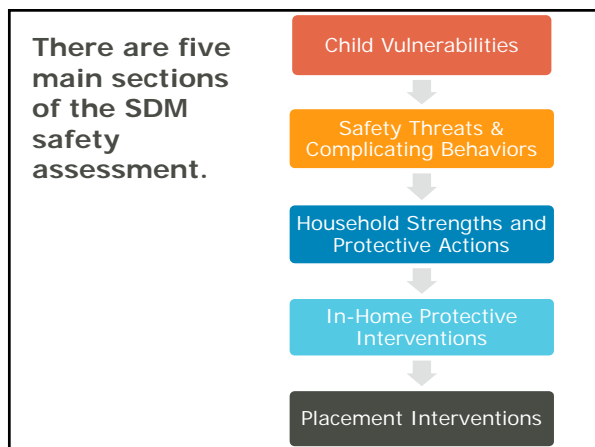
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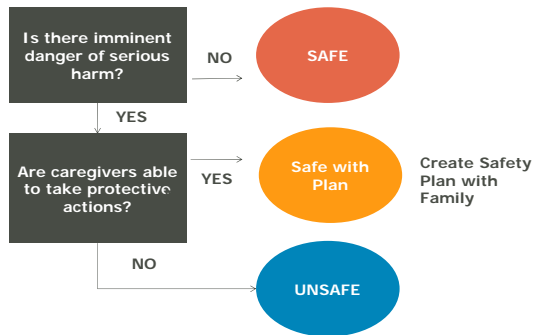
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### The SDM® Safety Assessment – What Are We Worried About?




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### The SDM® Safety Assessment Helps Identify Safety Threats

Can the child remain safely in the home, with or without a safety plan?

Safety Assessment

- Which Files:** All referrals that are assigned for in-person response.
- Who:** Social worker responding to the referral.
- When:** Typically completed after the first face-to-face contact with child victims, prior to leaving a child in the home.
- Decision:** Concerns threat of immediate, serious harm. Should child remain in the home? If so, with interventions?

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### Safety Assessment – Child Vulnerabilities and Safety Threats



#### Practice activity

- Read Segment 2 of the Jefferson/Baxter case
- Complete safety assessment header, Factors Influencing Child Vulnerability, Safety Threats, and Complicating Behaviors.
- Use definitions in the P&P manual.

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Harm Statements

Harm statements are clear and specific statements about the harm or maltreatment that has happened to the child.

Details, not judgment!

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Harm Statements

*It was reported [or] law enforcement reported that Adam's dad, Matt, hit Adam last night on the face and back, leaving multiple bruises on both parts of his body and requiring Adam to get medical care at the local emergency room.*

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Danger Statements

Simple behavioral statements of the specific worries we have about this child **now** and for the **future**.

Details, not judgment!

The danger statement can go in the investigation report and on the first page of the case plan.

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Danger Statements

Sam (age 6) may become physically harmed (hit or caught in the middle of the violence) when Jerry becomes drunk and yells at or hits Helen.

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Harm and Danger Statement Practice

Harm Statements

Who says (or it was reported)

What caregiver actions/inaction

Impact on the child

Danger Statements

Child

Could be impacted how?

In what context?

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SDM® Safety Assessment Is Enhanced by Engagement With the Family

How would you help Tom and Tammy understand worries about Joshua's safety?  
How would you explain the process of safety planning?

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Safety Assessment – Protective Actions, Household Strengths, Safety Interventions and Safety Decision



Practice activity

- Read Segment 3 of the Jefferson/Baxter case
- Complete remaining sections of safety assessment
- Use definitions in the P&P manual

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Safety Assessment Documentation

Evidence that supports item responses

Specifics for safety interventions

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Safety Plan

Safety threat

Family-friendly description

Safety intervention

Monitoring

Signatures

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### Safety Planning With the Family



Collaborate with the family

Ask good questions



Create monitoring and feedback loops

Involve the child



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### Safety Planning With Children

- Simple language
- Developmentally appropriate strategies
- Network of support
- Practice!



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## SDM® Substitute Care Provider Safety Assessment

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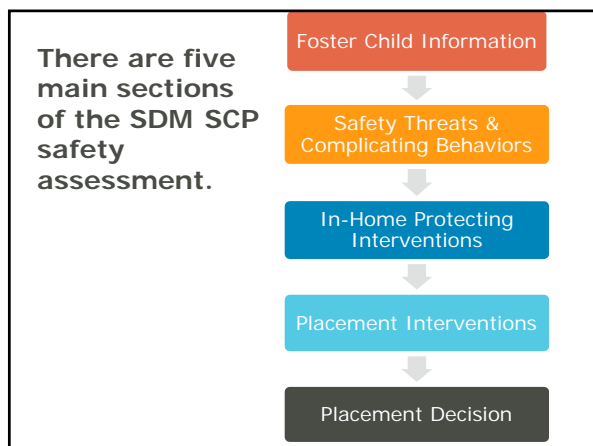
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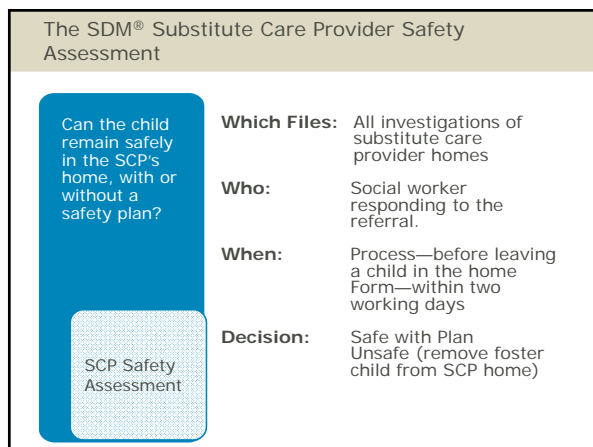
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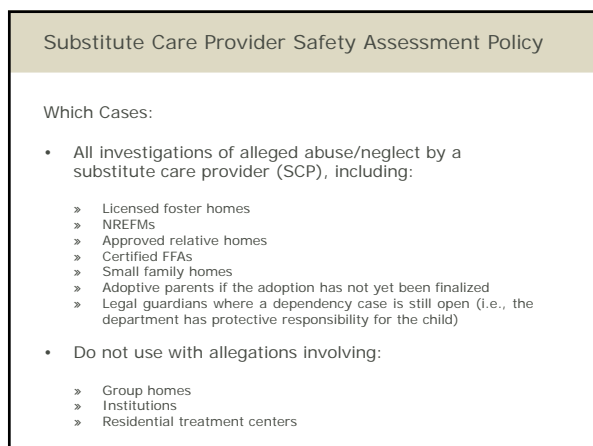
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### Discrete Decisions, Different Tools

	Safety	Risk	Need
<b>Question</b>	Is child in danger of immediate harm?	What is the probability of future harm?	What are priority needs?
<b>Basis</b>	Consensus	Research	Consensus
<b>Decisions</b>	Should child be placed or remain in home while investigation/ case continues?	Should case be opened after investigation and, if so, at what service level?	What priority needs should be addressed in case plan?

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## Understanding Risk: Practice Activity

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### Instructions




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Round 1



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Round 2



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How did you consider these different factors?



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### Round 3



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What is the fuel level assessment?



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Unveiling of the Results!



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Does the fuel assessment predict fuel needs?



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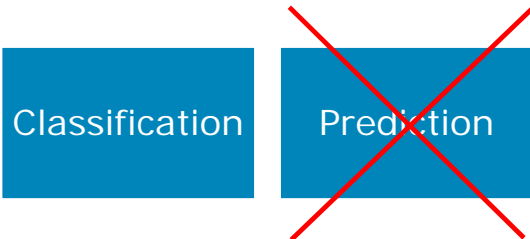
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Risk Assessment Offers a Classification System



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Risk Is About Likelihood



Would you be glad to know whether the family  
you were working with had ...

*A 1:2 chance of coming back in?*

*A 1:6 chance?*

*A 1:12 chance?*

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### How Structured Risk Assessment Is Helpful




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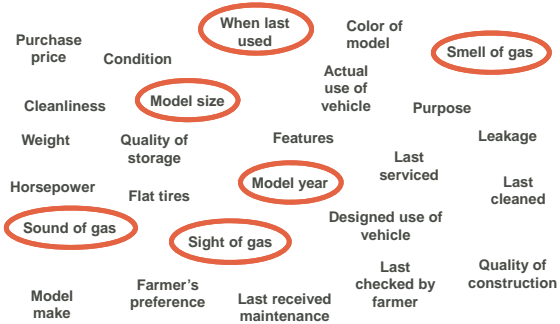
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### How does the fuel level assessment help?




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### Actuarial Risk Assessment



- Limited set of factors that have a proven relationship to future adverse events
- Consistency
- Accuracy
- Equity
- Utility

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Concept of Risk in the SDM® Model Is Vital



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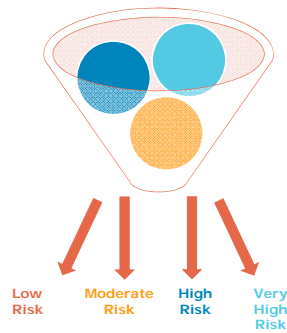
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The SDM® Risk Assessment Classifies Families and Measures Likelihood of Future Child Maltreatment



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**Research-Based  
Risk Assessment**

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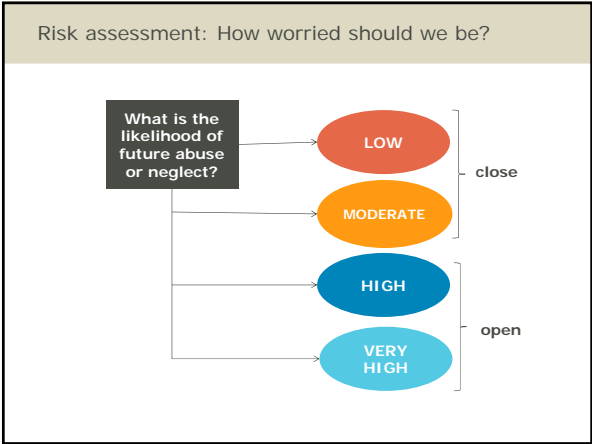
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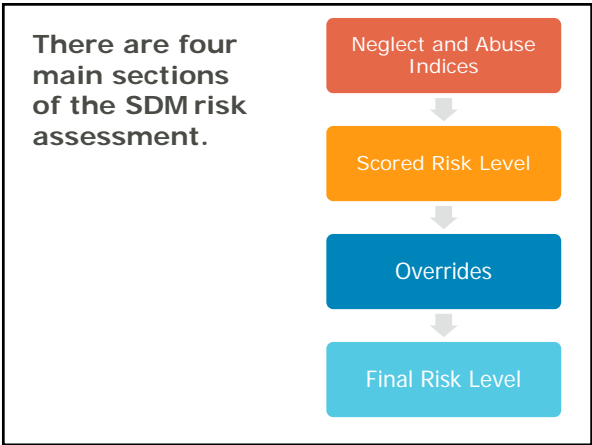
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The SDM® Risk Assessment Helps Determine Risk Level Classification and Appropriate Services

<p>What is the likelihood of future harm? Should the family receive ongoing protection services?</p> <p>Risk Assessment</p>	<b>Which Files:</b>	Required for all substantiated and inconclusive referrals.
	<b>Who:</b>	Social worker responding to the referral.
	<b>When:</b>	After the safety assessment and before the end of the investigation; prior to decision to promote or not.
	<b>Decision:</b>	Risk level guides the decision to promote or close without further intervention; determines minimum contact standards.

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## Risk Assessment Policy – Non-Removal Households



For children in alternate care with return home goal and a second parent receiving reunification services who lives in a different household



Complete baseline risk assessment upon identification

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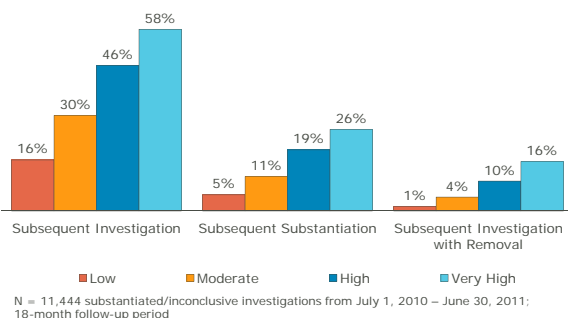
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## 2013 California Risk Validation Results




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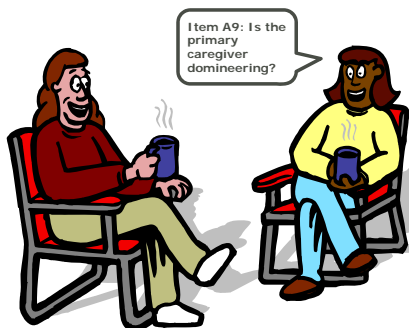
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## SDM® Assessments Are Not an Interview Guide




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### Conversations to Understand Risk

- Tell me your story.
- What is working well?
- What are the worries?

Listening to details of the family story that impact risk

Asking narrative-anchored questions to cover areas the family did not surface

- How did your own childhood influence how you are a mom?
- Has anything ever happened in your life that involved the police?
- How do you and your partner work it out when you disagree?

- Have you received some help for your sad feelings?
- Was Billy injured when that happened?
- On a scale of 0 to 10, where 10 means you instantly regretted what happened and 0 is you have no regrets at all, where are you?
- You told me about some of the rules in the house. What happens when a rule is broken?

Use definitions to ask follow-up questions, as needed, to score each item

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### Risk-Based Case Opening/Closing Guide

Risk-Based Case Open/Close Guide	
Risk Level	Recommendation
Low	Close*
Moderate	Close*
High	Open
Very High	Open

\*When unresolved safety threats are still present at the end of the investigation, the referral should be promoted to a case regardless of risk level.

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### Overrides



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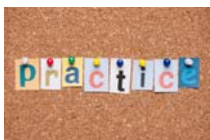
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## The SDM® Family Risk Assessment

### Practice activity



- Read Segment 4 of the Jefferson/Baxter case
- Complete the family risk assessment
- Use definitions from the P&P manual

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## Risk Assessment Documentation

Evidence that supports item responses

Case opening decision/action differs from recommendation

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## Integrating What We Learn From Safety and Risk

Safe Low/Moderate Risk 39.2%	Safe With Plan Low/Moderate Risk 13.5%	Unsafe Low/Moderate Risk 1.7%
Safe High/Very High Risk 20.1%	Safe With Plan High/Very High Risk 13.3%	Unsafe High/very High Risk 12.2%

2014 Combined California Management Report N = 82,047  
\* Does not represent all referrals because risk is often not determined for unfounded reports.




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### Triaging From Safety and Risk Assessments

<b>Safe</b> Low/Moderate Risk <i>Do we need to be involved at all?</i>	<b>Safe With Plan</b> Low/Moderate Risk <i>Is the plan working?</i>	<b>Unsafe</b> Low/Moderate Risk <i>Is a quick return home possible?</i>
<b>Safe</b> High/Very High Risk <i>What preventive measures can we take?</i>	<b>Safe With Plan</b> High/Very High Risk <i>We will need to see a plan working longer</i>	<b>Unsafe</b> High/Very High Risk <i>We need to establish sustainable safety in home before return</i>

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### Connecting Safety and Risk

**Safety Assessment**

Informs *what* we are worried about

**Risk Assessment**

Informs *how* worried we should be

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### The Difference Between Risk and Safety Threat

**RISK**



**SAFETY THREAT**



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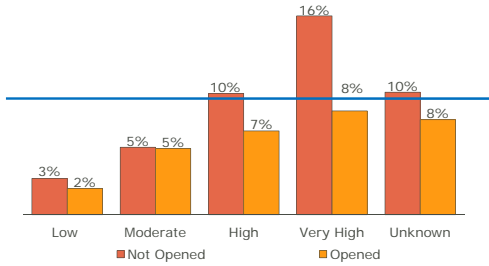
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### Re-Substantiation Within Six Months by Risk and Case Opening Status



Case promotion decisions made January through June 2014.  
Note: The horizontal blue line indicates an 8.9% PIP goal.



## Contact Frequency Guidelines

ONGOING WORKER MINIMUM CONTACT GUIDELINES FOR IN-HOME SERVICES		
Risk Level	Caregiver and Child Contacts	Location
Low	One face-to-face per month with caregiver and child One collateral contact	Must be in caregiver's residence
Moderate	Two face-to-face per month with caregiver and child Two collateral contacts	One must be in caregiver's residence
High	Three face-to-face per month with caregiver and child Three collateral contacts	One must be in caregiver's residence
Very High	Four face-to-face per month with caregiver and child Four collateral contacts	Two must be in caregiver's residence
<b>Additional Considerations</b>		
Contact Definition	Each required contact shall include at least one caregiver and one child. During the course of a month, each caregiver and each child in the household shall be contacted at least once.	
Designated Contacts	The ongoing worker/supervisor/service team may delegate face-to-face contacts to providers with a contractual relationship to the agency and/or other agency staff, such as social work aides. However, the ongoing worker must always maintain at least one face-to-face contact with the caregiver and child per month, as well as monthly contact with the service provider designated to replace the ongoing worker's face-to-face contacts.	



CONTACT GUIDELINES FOR FAMILY REUNIFICATION CASES	
Risk Level	Documented Contacts with Caregiver
Low	One face-to-face per month with caregiver One collateral contact
Moderate	Two face-to-face per month with caregiver Two collateral contacts
High	Three face-to-face per month with caregiver Three collateral contacts
Very High	Three face-to-face per month with caregiver Three collateral contacts
	Documented Contacts with Children
	At least one face-to-face per month with each child
Additional Considerations	
Contact Definition	During the course of a month, each caregiver and each child shall be contacted at least once.
Designated Contacts	The ongoing worker must always maintain at least one face-to-face contact per month with the caregiver. However, the ongoing worker may delegate remaining contacts to service providers outlined in the case plan or other agency staff.
Overrides	A discretionary override to these contact guidelines is permitted based on unique case circumstances that are documented by the ongoing worker and approved by the supervisor. All case contacts must at least meet Division 31 regulations.

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### Using Risk Level to Motivate for Change



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### Explaining Risk Level to Families

Purpose

- What are the chances that there is anything to prevent?
- Whether to recommend ongoing services

Factors

- Some are not within control
- Not about blame
- Objective, standard, research-based

Examples

- Health
- Insurance
- Weather

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## Explaining Risk Level to Families

### Have you ever heard of the concept of a high-risk pregnancy?

- It doesn't mean there *will be* a problem.
- It means that of all the pregnancies, the doctors will follow the women with high-risk pregnancies *more closely*.
- It is a way of looking at a population and using science to determine how to best allocate resources.



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## Explaining Risk Level to Families

### Risk level helps answer the question:

"Based on the family's characteristics, how likely are they to abuse or neglect their child in the next 12 to 18 months?"

#### How worried should we be?

#### Actuarial Risk Assessment

- Classification, not prediction
- Done once at the beginning of the work
- Related follow-up assessments help gauge changes in risk level

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## Nonjudgmental Conversation About Risk ...



... Helps to motivate families.

**Knowing your risk level is the first step in being able to do something about it.**

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## The SDM® Family Strengths and Needs Assessment (FSNA)

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### The SDM® FSNA Informs Case Planning



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### Shared Definition of Safety



#### Safety is:

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

Adapted from Boffa, J., & Podesta, H. (2004). Partnership and risk assessment in child protection practice, *Protecting Children*, 19(2): 36–48. Turnell, Andrew & Susie Essex *Working with Denied Child Abuse*, Open University Press, 2006

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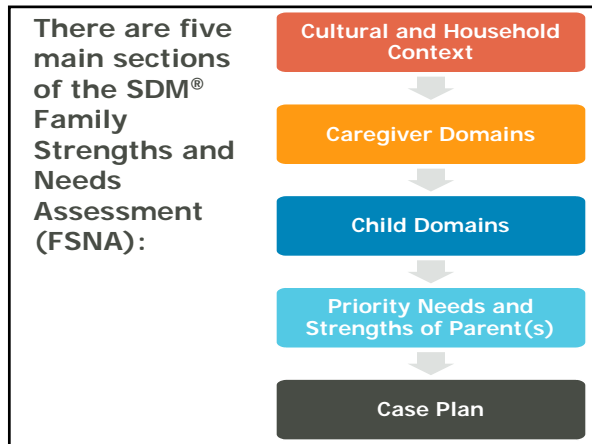
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**Family Strength and Needs Assessment**

**Domain Format:**

- A. Actively help create safety, permanency, and child/youth/young adult well-being.
- B. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
- C. Are barriers to safety, permanency, or child/youth/young adult well-being.
- D. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

NODD

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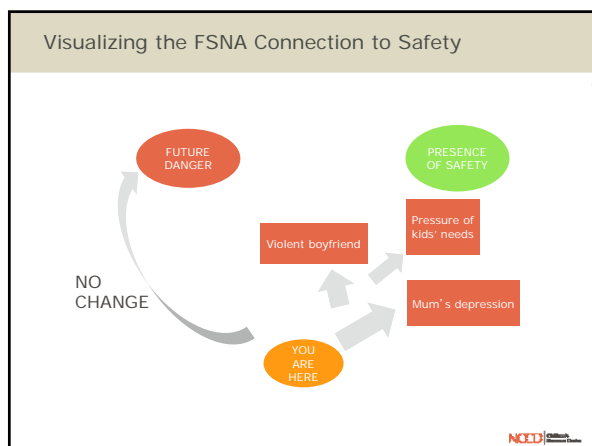
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### After the Plan Is Working...



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### FSNA Child Development Item

	Physical	Cognitive
0 – 4 Weeks	Lifts head when on abdomen. Head momentarily to midline when on back. Equal extremity movements. Sucking reflex. Grasp reflex (no reaching, and hand usually closed). Increasing body tone and stabilization of basic body functions, growing capacity to stay awake.	Looks at face transiently. By three to four weeks, smiles selectively to mother's voice and human voice leads to quieting of cries. Cries if uncomfortable or in state of tension; undifferentiated initially, but gradually varies with cause (i.e., hungry, tired, pain).

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### The SDM® FSNA Assessment Informs Case Planning

What are the top areas of need related to child safety?  
What will be the focus of the case plan?

Family Strengths and Needs Assessment

**Which Files:** Every referral promoted to a case.

**Who:** Social worker responsible for developing initial case plan with family.

**When:** Initial: Prior to initial case plan  
Review: Voluntary—within 30 days; prior to case plan  
Court—within 65 days; prior to case plan.

**Decision:** Identifies the three highest priority needs of caregivers and all needs of children that must be addressed in the case plan.

NODD

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## The FSNA and Service Objectives

Family Strengths and Needs Assessment Priority Need	Service Objective (select one or more most appropriate)	Contributing Factor	CMS Strength
SN7: Substance Abuse/Use	<b>Do not abuse alcohol.</b> <b>Do not abuse drugs.</b>  Able and willing to have custody. Acquire adequate resources. Do not neglect your child's needs. Do not physically abuse your child. Do not sexually abuse your child. Eliminate danger to physical health. Have no contact with child. Improve basic self care, grooming, dressing, and hygiene. Monitor child's health, safety, and well-being. Obtain/maintain legal source of income.	<b>Parent skills hindered by alcohol abuse.</b> <b>Parent skills hindered by drug abuse.</b>  Child born with drugs in his/her system. Child has no caregiver. Parent unable/unwilling to supervise child.	<b>Free from alcohol/drug dependency.</b>  Appropriate involvement with child.

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## FSNA Documentation

Evidence that supports item responses

Case plan objectives should be linked to results of FSNA or document reasons for difference

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## Writing the FSNA Narrative

Final Scoring	Narrative
Strong evidence, clear fit with definition	Facts supporting item
Clear "b" responses	General statement regarding nominal functioning
Equivocal, does not quite meet definition	Reasons and known facts that relate to item
Family has a different view	Facts supporting scoring and family perspective
Use clear, jargon-free behavioral terms!	

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### A Word About Court Reports

Court Hearing	SDM Tool
Detention Hearing	Safety Assessment
Jurisdiction/Disposition Hearing	Risk Assessment FSNA
Family Reunification Review Hearings	Reunification Reassessment
Family Maintenance Review Hearing	Risk Reassessment for In-Home Cases
Use the structure of the tools!	

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### A Word About Case Plans

FSNA guides us to areas to address

Clinical judgment guides us about them

- Are further assessments needed to add specificity to the need area?
- What specific objectives are most appropriate in this case?
- What specific services are most appropriate in this case? (Consider available strengths.)
- How will you know when things are better?

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### FSNA



#### Practice Activity

- Divide into two groups – Jefferson and Baxter households
- Review Segment 5 of the Jefferson/Baxter case
- Complete the FSNA
- Use definitions in the P&P manual

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## Linking Information about Safety, Risk and Needs to Ongoing Casework

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### The SDM® System Supports Families and Children

The SDM system ensures the safety, permanency, and well-being of children and families by:

- Reducing subsequent harm to children; and
- Expediting permanency.



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### Reunifying Families

Think about a time you or someone you know helped to support a family reunification that went really well.

- What did you do that contributed to its success?
- What did the family do?
- What did the child do?
- What did the extended family/network do?
- What did your organization do?
- What else helped?

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#### Contact Content

Assess for any change in safety (vulnerability, safety threats, protective capacity, interventions).

#### Progress toward case plan objectives:

- Demonstration of skills
- Participation in services

Change in needs (identification of new needs/needs reduction).

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#### What Helps?

Reunification  
Begins on Day  
One

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#### 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"

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### Orienting Families to the Reunification Process

- Explain the process (why, what, how).
- Review and clarify the harm/danger statements.
- Review and clarify the safety goal.
- Talk with families about ...

#### Demonstrating Safety

- Think together: how can the parent demonstrate acts of protection during this time?

#### Developing the Network

- Who cares about the child and parent?
- How can we get them involved?
- Share the danger statements and safety goals.

#### Reunification Assessment

- Starting risk level
- **Progress** toward goals
- **Actions** during visits
- Changes in safety

### Quality Contacts as an Intervention Over Time

- Behaviorally worded objectives that link to danger and goal statements serve as a foundation for monthly conversations about building protective actions.
- Partner with families to reflect on and assess progress and change strategies on a monthly basis.
- Use visitation as an opportunity to practice and demonstrate actions of protection.
- Use information from monthly check-ins to complete formal reassessments.

### Staying Focused: The SDM® Connection

#### Reunification Assessment Key Questions:

1. **Reduced risk level** = low or moderate  
Includes no new reports and progress toward case plan goals = meaningful behavior change
2. **Visitation frequency and quality** = consistent demonstration of acts of protection during visits that mitigate the danger
3. **Safety threats resolved** = safe or safe with plan now

 Some actions

 More actions

 Regular actions

## The SDM® Reunification Reassessment

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The SDM® Reunification Assessment Helps Evaluate  
Permanency Goals



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There are four  
main sections  
of the SDM®  
Reunification  
Assessment.

Evaluation  
of Progress



Visitation



Safety



Permanency

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## The SDM® Reunification Assessment Guides Placement and Removal

Can the child be reunified with the family at this time?

### Reunification Assessment

**Which Cases:** All open FR cases where at least one child remains in placement for a household

**Who:** The social worker responsible for the case

**When:** Prior to each status review hearing and/or Division 31 required review and prior to a recommendation to return a child to the removal home, continue or terminate FR services

**Decision:** Return a child to the removal household or to another household; Maintain out-of-home placement; Terminate reunification services and develop an alternate permanency goal

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## Reunification Reassessment: Overrides

### Policy

- 15 of the last 22 months
- Reunification likely within six months
- Reason to recommend termination

### Discretionary

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## Reunification Reassessment: Sibling Groups

If there is at least one child under age 3 at time of removal with a recommendation of "Terminate FR Services," do you want to treat as sibling group?

Yes, recommendation for all siblings will be Terminate FR Services

No, identify permanency goal for each child.

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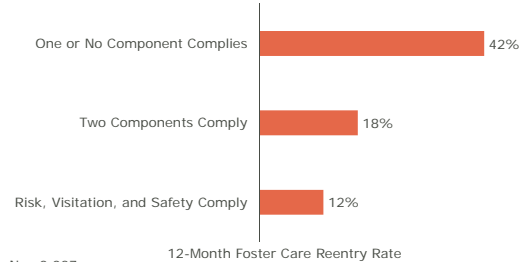
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The SDM® Reunification Reassessment is Related to Decreased Rates of Foster Care Re-Entry

Compliance with SDM Reunification Reassessment



N = 2,327

12-Month Foster Care Reentry Rate

Wagner, D., & Bogie, A. (2010). *California Department of Social Services validation of the SDM reunification reassessment*. Retrieved from [http://www.nccdglobal.org/sites/default/cases/publication\\_pdf/crr\\_validation\\_report.pdf](http://www.nccdglobal.org/sites/default/cases/publication_pdf/crr_validation_report.pdf)

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SDM® Assessments Are a Prompt for Best Practice

Reunification Reassessment



What helps keep this logic front and center?

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Reunification Reassessment



Practice activity

- Read Segment 6 of the Jefferson/Baxter case
- Complete reunification reassessment
- Use definitions in the P&P manual

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Reunification Reassessment Documentation

Evidence that supports  
item responses

Document reasons for a  
decision that differs  
from the tool guidance

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**Reminder: Complete New  
FSNA to Support Updating  
the Case Plan**



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**The SDM® Risk  
Reassessment  
For In-Home Cases**

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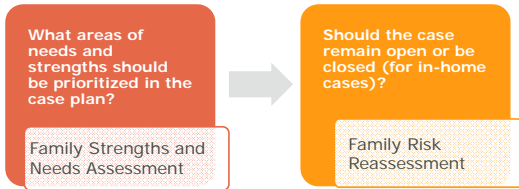
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The SDM® Risk Reassessment Is Completed at Regular Intervals



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Risk Reassessment for In-Home Cases: Information



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There are four main sections of the SDM® Family Risk Reassessment:



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### The SDM® Risk Reassessment Evaluates Progress Towards Case Closure

Should the case remain open or be closed (for in-home cases)?

Family Risk Reassessment

**Which cases:** All open FM cases in which all children remain in the home or cases in which all children have been returned home.

**Who:** The case carrying worker responsible for the case.

**When:** Prior to each Division 31 required review and any recommendation to close the case or continue services

**Decision:** The risk level guides the decision to keep a case open or close a case and may reset contact standards.

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### Risk-Based Case Opening/Closing Guide

Risk-Based Case Opening/Closing Guide	
Risk Level	Recommendation
Low	Close, if there are no unresolved safety threats
Moderate	Close, if there are no unresolved safety threats
High	Case remains open
Very High	Case remains open

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### Risk Reassessment for In-Home Cases

When:

#### Voluntary Cases:

- No more than **30 calendar days** prior to completing each case plan.
- No more than **30 calendar days** prior to recommending case closure.

#### Involuntary Cases:

- No more than **65 calendar days** prior to completing each case plan.
- No more than **65 calendar days** prior to recommending case closure.

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**Reminder: Complete New  
FSNA to Support  
Updating the Case Plan**



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The SDM® Family Risk Reassessment



Practice activity

- Read Segment 7 of the Jefferson/Baxter case
- Complete the risk reassessment
- Use definitions in the P&P manual

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Risk Reassessment Documentation

Evidence that supports  
item responses

Document reasons for a  
decision that differs  
from the tool guidance

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### Before Closing Your Case



#### Remember!

*Complete a case-closing safety assessment.*

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### Review of Key Points

SDM is tools, not forms...use the assessments not only because you have to, but also to help guide decisions.

SDM guides decisions; workers make decisions.

Read the definitions. Coordinate your narrative with the SDM assessments. Working together, caseworkers and SDM can achieve reduced harm to children.

SDM is part of a larger practice framework of decision making.

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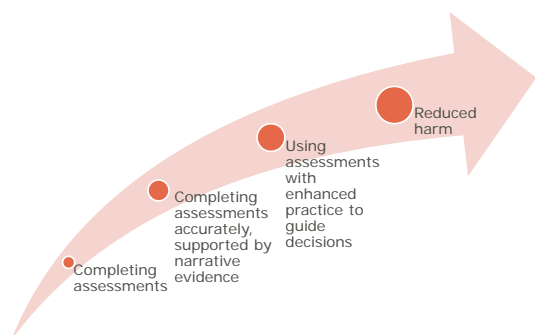
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### Building Toward Achieving SDM® System Goals



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The SDM® System Goals Benefit Families, Social Workers, and California



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