CALIFORNIA
SDM® FAMILY RISK REASSESSMENT FOR IN-HOME CASES

Case Name: _____   Case #: _____-_____-_____-_____   Date: _____/_____/_____

County Name: _____   Worker Name: _____   Worker ID#: _____

The first four items are scored based on conditions that were present at the time of the referral that resulted in the case opening. Unless new information has been learned about those conditions, these should be scored the same as on the initial risk assessment.

R1.   Number of prior neglect or abuse CPS investigations   **Score**
    ○ a. None 0
    ○ b. One or two 1
    ○ c. Three or more 2   _____

R2.   Household has previously had an open CPS case (voluntary/court ordered)
    ○ a. No 0
    ○ b. Yes 1   _____

R3.   Primary caregiver has a history of abuse and/or neglect as a child
    ○ a. No 0
    ○ b. Yes 1   _____

R4.   Characteristics of children in the household
    ○ a. Not applicable 0
    ○ b. One or more present (*select all applicable for any child*) 1   _____
        ☐ Developmental disability
        ☐ Learning disability
        ☐ Physical disability
        ☐ Medically fragile or failure to thrive

The following case observations pertain to the period since the last assessment/reassessment.

R5.   New investigation of abuse or neglect since the initial risk assessment or the last reassessment
    ○ a. No 0
    ○ b. Yes 2   _____

R6.   Primary/secondary caregiver alcohol and/or drug use since the last assessment/reassessment (*select one*)
    P   S
    ○   ○   a. No history of alcohol or drug abuse 0
    ○   ○   b. No current alcohol or drug abuse; no intervention needed 0
    ○   ○   c. Yes, alcohol or drug abuse; problem is being addressed 0
    ○   ○   d. Yes, alcohol or drug abuse; problem is <u>not</u> being addressed 1   _____

R7.   Adult relationships in the home
    ○ a. None applicable 0
    ○ b. Yes (*select all that apply*) 1   _____
        ☐ Harmful/tumultuous relationships
        ☐ Domestic violence

R8.   Primary caregiver mental health since the last assessment/reassessment (*select one*)
    ○ a. No history of mental health problem 0
    ○ b. No current mental health problem; no intervention needed 0
    ○ c. Yes, mental health problem; problem is being addressed 0
    ○ d. Yes, mental health problem; problem is <u>not</u> being addressed 1   _____

R9.   Primary caregiver provides physical care of the child that is:
    ○ a. Consistent with child needs 0
    ○ b. Not consistent with child needs 1   _____

R10. Caregiver's progress with case plan objectives (as indicated by behavioral change)   **Score**
(score based on the caregiver demonstrating the least progress)

P   S

O   O   a. Demonstrates new skills and behaviors consistent with all family case plan objectives and is actively engaged to maintain objectives..0

O   O   b. Demonstrates some new skills and behaviors consistent with family case plan objectives and is actively engaged in activities to achieve objectives..0

O   O   c. Minimally demonstrates new skills and behaviors consistent with case plan objectives and/or has been inconsistently engaged in obtaining the objectives specified in the case plan.............................0

O   O   d. Does not demonstrate new skills and behaviors consistent with case plan objectives and/or refuses engagement 1   _____

O No secondary caregiver

TOTAL SCORE   _____

SCORED RISK LEVEL. Assign the family's risk level based on the following chart.

Score   Risk Level
0–1   O Low
2–4   O Moderate
5–7   O High
8+   O Very High

OVERRIDES

Policy Overrides. Select <u>yes</u> if condition is applicable in the current review period. If <u>any</u> condition is applicable, override final risk level to very high.

O Yes   O No   1. Sexual abuse case AND the perpetrator is likely to have access to the child.
O Yes   O No   2. Non-accidental injury to a child under age 2.
O Yes   O No   3. Severe non-accidental injury.
O Yes   O No   4. Caregiver action or inaction resulted in death of a child due to abuse or neglect.

Discretionary Override. If a discretionary override is made, select yes, select override risk level, and indicate the reason. Risk level may be overridden one level higher or lower.

O Yes   O No   5. If <u>yes</u>, override risk level (select one):   O Low   O Moderate   O High   O Very High
Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____   Date: _____/_____/_____

FINAL RISK LEVEL (select final level assigned):   O Low   O Moderate   O High   O Very High

RECOMMENDED DECISION

Final Risk Level	Recommendation
Low	Close*
Moderate	Close*
High	Continue Services
Very High	Continue Services

*Unless there are unresolved safety threats.

PLANNED ACTION
O Continue Services
O Close   **Note: A closing safety assessment is required.**

If recommended decision and planned action do not match, explain why:
_____