

## APPENDIX B-2

### **STRUCTURED DECISION MAKING TOOLS**

[From Minnesota Department of Human Services

*Policy and Procedures Manual, May 2012]*

1. Minnesota Department of Human Services SDM Safety Assessment
2. Minnesota Department of Human Services SDM Risk Assessment of Abuse/Neglect
3. Minnesota Department of Human Services SDM Strengths and Needs Assessment
4. Minnesota Department of Human Services SDM Risk Reassessment of Abuse/Neglect
5. Minnesota Department of Human Services SDM Reunification Assessment

SDM-01

MINNESOTA DEPARTMENT OF HUMAN SERVICES  
SDM® SAFETY ASSESSMENT

12/11

SSIS Workgroup Name #: \_\_\_\_\_

Assessed By: \_\_\_\_\_ Assessment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tool Status: \_\_\_\_\_ Finalized Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Caregiver: \_\_\_\_\_ Secondary Caregiver: \_\_\_\_\_

**SECTION 1: SAFETY ASSESSMENT**

**Part A. Safety Factor Identification**

Directions: The following is a list of factors that may be associated with a child(ren) being in immediate danger of serious harm. Identify the presence or absence of each by circling either "yes" or "no." Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages 0 through 8 cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization. Complete based on most vulnerable child.

Yes No

- 1. Caregiver's current behavior is violent or out of control.
- 2. Caregiver describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.
- 3. Caregiver caused serious physical harm to the child or has made a plausible threat to cause serious physical harm.
- 4. The family refuses access to the child, there is reason to believe that the family is about to flee, and/or the child's whereabouts cannot be ascertained.
- 5. Caregiver has not, or will not, provide supervision necessary to protect child from potentially serious harm.
- 6. Caregiver is unwilling, or is unable, to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care.
- 7. Caregiver has previously maltreated a child and the severity of the maltreatment, or the caregiver's response to the previous incident(s), suggests that child safety may be an immediate concern.
- 8. Child is fearful of caregiver(s), other family members, or other people living in or having access to the home.
- 9. The child's physical living conditions are hazardous and immediately threatening.
- 10. Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.
- 11. Caregiver's drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.
- 12. Other safety factor (specify): \_\_\_\_\_

**IF NO SAFETY FACTORS ARE PRESENT, GO TO SECTION 3: SAFETY DECISION**

**Part B. Safety Factor Description**

Directions: For all safety factors selected, note the applicable safety factor number and then briefly describe the specific individuals, behaviors, conditions, and/or circumstances associated with that particular safety factor.

### SECTION 2: SAFETY RESPONSE

Directions: For each factor identified in Section 1, consider the resources available in the family and the community that might help to keep the child safe. Select each response taken to protect the child and explain below. Describe *all* safety interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

- 1. Use family resources, neighbors, or other individuals in the community as safety resources.
- 2. Use community agencies or services as safety resources.
- 3. Have the alleged offender leave the home, either voluntarily or in response to legal action.
- 4. Have the non-maltreating caregiver move to a safe environment with the child.
- 5. Other: \_\_\_\_\_
- 6. Have the caregiver(s) place the child outside the home (formal voluntary placement). Note: include explanation below regarding why responses 1–5 could not be used to keep the child(ren) safe.
- 7. Legal action must be taken to place the child(ren) outside the home. Note: include explanation below regarding why responses 1–5 could not be used to keep the child(ren) safe.

Safety response description:

### SECTION 3: SAFETY DECISION

Directions: Identify your safety decision by selecting the appropriate line below. Select one choice only. This decision should be based on the assessment of all safety factors and any other information known about this case. If “B” or “C” is selected, Section 2 must be completed. “A” is to be selected only if no safety factors were indicated in Section 1, Part A.

- A. **Safe:** There are no children likely to be in immediate danger of serious harm.
- B. **Conditionally Safe:** Controlling safety interventions have been implemented since the report was received, and those interventions will adequately provide for the child’s safety for the immediate future.
- C. **Unsafe:** Child(ren) is likely to be in danger of immediate harm. Remove child(ren) from the home.

**MINNESOTA DEPARTMENT OF HUMAN SERVICES  
SDM® RISK ASSESSMENT OF ABUSE/NEGLECT**

r. 12/11

SSIS Workgroup Name #: \_\_\_\_\_  
 Assessed By: \_\_\_\_\_ Assessment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Tool Status: \_\_\_\_\_ Finalized Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Primary Caregiver: \_\_\_\_\_ Secondary Caregiver: \_\_\_\_\_

NEGLECT	SCORE	ABUSE	SCORE
<b>N1. Current report is for neglect</b>		<b>A1. Current report is for abuse</b>	
a. No.....0		a. No.....0	
b. Yes.....1		b. Yes, allegation of abuse, any type.....1	
<b>N2. Current report is for educational neglect</b>		<b>A2. Current report results in determination of physical abuse</b>	
a. No.....0		a. No.....0	
b. Yes.....1		b. Yes.....1	
<b>N3. Number of prior assigned reports</b>		<b>A3. Number of prior assigned reports of abuse</b>	
a. None.....0		a. None.....0	
b. One or more.....1		b. One or more.....1	
<b>N4. Prior CPS history</b>		<b>A4. Prior investigation resulted in case opening</b>	
a. Not applicable.....0		a. No.....0	
b. Prior determination for neglect <i>and/or</i> prior investigation resulted in case opening.....1		b. Yes.....1	
<b>N5. Number of children in the home</b>		<b>A5. Number of children in the home</b>	
a. One.....0		a. One.....-1	
b. Two or more.....1		b. Two to three.....0	
		c. Four or more.....1	
<b>N6. Age of youngest child</b>		<b>A6. Either caregiver was abused as a child</b>	
a. 3 or older.....0		a. No.....0	
b. 2 or younger.....1		b. Yes.....1	
<b>N7. Child in the home has a developmental disability/emotional impairment</b>		<b>A7. Primary caregiver lacks parenting skills</b>	
a. No.....0		a. No.....0	
b. Yes.....1		b. Yes.....1	
<b>N8. Number of adults in home at time of report</b>		<b>A8. Either caregiver employs harmful and/or developmentally inappropriate discipline</b>	
a. Two or more.....0		a. No.....0	
b. One or none.....1		b. Yes.....1	
<b>N9. Age of primary caregiver</b>		<b>A9. Either caregiver has a history of domestic violence</b>	
a. 30 or older.....0		a. No.....0	
b. 29 or younger.....1		b. Yes.....1	
<b>N10. Either caregiver has a history of domestic violence</b>		<b>A10. Either caregiver's parenting style is over-controlling</b>	
a. No.....0		a. No.....0	
b. Yes.....1		b. Yes.....1	
<b>N11. Either caregiver has/had an alcohol or drug problem during the last 12 months</b>		<b>A11. Child in the home has a developmental disability or history of delinquency</b>	
a. No.....0		a. No.....0	
b. Yes.....1		b. Developmental disability including emotional impairment.....2	
		c. History of delinquency.....2	
<b>N12. Primary caregiver has/had a mental health problem</b>		d. Developmental disability including emotional impairment and history of delinquency.....2	
a. No.....0			
b. Yes.....1		<b>A12. Primary caregiver has/had a mental health problem</b>	
		a. No.....0	
		b. Yes.....1	
		<b>A13. Alleged offender is an unmarried partner of the primary caregiver</b>	
		a. No.....0	
		b. Yes.....1	
		<b>TOTAL ABUSE RISK SCORE</b>	
<b>TOTAL NEGLECT RISK SCORE</b>			

**S1. Father, stepfather, boyfriend, or male roommate provides unsupervised child care to a child under the age of 3**

\_\_\_ a. No

\_\_\_ b. Yes

\_\_\_ c. Not applicable—no father, stepfather, boyfriend, or male roommate in the home

**S2. Is the father, stepfather, boyfriend, or male roommate employed?**

\_\_\_ a. No

\_\_\_ b. Yes

\_\_\_ c. Not applicable—no father, stepfather, boyfriend, or male roommate in the home

**RISK LEVEL:** Assign the family's risk level based on the highest score on either index, using the following chart:

Neglect Score	Abuse Score	Risk Level
0-2	-1-2	Low
3-5	3-5	Moderate
6-12	6-14	High

**OVERRIDES. Policy:** Increase to high risk.

\_\_\_ 1. Sexual abuse cases where the offender is likely to have access to the child victim.

\_\_\_ 2. Cases with non-accidental physical injury to an infant.

\_\_\_ 3. Serious non-accidental physical injury requiring hospital or medical treatment.

\_\_\_ 4. Death (previous or current) of a sibling as a result of abuse or neglect.

**Discretionary:** Increase one level.

\_\_\_ 5. Reason: \_\_\_\_\_

**FINAL RISK LEVEL:** \_\_\_\_\_ Low      \_\_\_\_\_ Moderate      \_\_\_\_\_ High

Supervisor Review/Approval: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

MINNESOTA DEPARTMENT OF HUMAN SERVICES  
 SDM® STRENGTHS AND NEEDS ASSESSMENT

r-0901/10

SSIS Workgroup Name #: \_\_\_\_\_

Assessed By: \_\_\_\_\_ Assessment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tool Status: \_\_\_\_\_ Finalized Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Caregiver: \_\_\_\_\_ Secondary Caregiver: \_\_\_\_\_

- |                      |               |                      |               |
|----------------------|---------------|----------------------|---------------|
| 1. Child Name: _____ | Case #: _____ | 4. Child Name: _____ | Case #: _____ |
| 2. Child Name: _____ | Case #: _____ | 5. Child Name: _____ | Case #: _____ |
| 3. Child Name: _____ | Case #: _____ | 6. Child Name: _____ | Case #: _____ |

Family's perspective on culture and cultural identity:

  
  
  

Score each item, taking into account the family's perspective, the child's perspective where appropriate, worker observations, collateral contacts, and available records. Refer to item definitions to determine the most appropriate response. In part A, enter the score for each item for both the primary and secondary caregiver (if applicable). In part B, enter the score for each item for each child being assessed.

		<u>Caregiver Score</u>	
		Primary	Secondary
<b>SN1. Household Relationships/Domestic Violence</b>			
a. Supportive .....	+3		
b. Minor or occasional discord .....	0		
c. Frequent discord or some domestic violence .....	-3		
d. Chronic discord or severe domestic violence .....	-5		
<b>SN2. Resource Management/Basic Needs</b>			
a. Resources are sufficient to meet basic needs and are adequately managed .....	+3		
b. Resources may be limited but are adequately managed .....	0		
c. Resources are insufficient or not well managed .....	-3		
d. No resources, or resources are severely limited and/or mismanaged .....	-5		
<b>SN3. Alcohol and Other Drug Use</b> (Substances: alcohol, illegal drugs, inhalants, prescription/over-the-counter medications)			
a. Promotes and demonstrates a healthy understanding of alcohol and drugs .....	+3		
b. Alcohol or prescribed medication use/no use .....	0		
c. Alcohol or drug abuse .....	-3		
d. Chronic alcohol or drug abuse .....	-5		
<b>SN4. Mental Health/Coping Skills</b>			
a. Strong coping skills .....	+2		
b. Adequate coping skills .....	0		
c. Mild to moderate symptoms .....	-2		
d. Chronic/severe symptoms .....	-4		
<b>SN5. Social Support System</b>			
a. Strong support system .....	+2		
b. Adequate support system .....	0		
c. Limited support system .....	-2		
d. No support system .....	-4		
<b>SN6. Physical Health</b>			
a. No physical health issues and preventive health care is practiced .....	+1		
b. Health issues do not affect family functioning .....	0		
c. Health concerns/disabilities affect family functioning .....	-1		
d. Serious health concerns/disabilities result in inability to care for the child .....	-2		
<b>SN7. Parenting Skills</b>			
a. Strong skills .....	+1		
b. Adequately parents and protects child .....	0		
c. Some difficulty parenting and protecting the child .....	-1		
d. Significant difficulty parenting and protecting the child .....	-2		

**CAREGIVER PRIORITY STRENGTHS AND NEEDS**

Enter item number and description of up to three priority needs (lowest scores) and strengths (highest scores) as assessed for either the primary and/or secondary caregivers. Indicate whether the priority need/strength relates to the primary caregiver, secondary caregiver, or both. If any needs are identified, at least one must be selected as a priority.

List All Caregiver Strengths	Which Caregiver(s)			Priority Indicator
	Primary	Secondary	Both	
SN ___ :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SN ___ :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SN ___ :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SN ___ :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SN ___ :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SN ___ :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List All Caregiver Needs	Which Caregiver(s)			Priority Indicator
	Primary	Secondary	Both	
SN ___ :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SN ___ :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SN ___ :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SN ___ :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SN ___ :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SN ___ :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. CHILD	Child 1 Score	Child 2 Score	Child 3 Score	Child 4 Score	Child 5 Score	Child 6 Score
<b>CSN1. Emotional/Behavioral</b>						
a. Strong emotional/behavioral adjustment.....+3						
b. Adequate emotional/behavioral adjustment.....0						
c. Limited emotional/behavioral adjustment.....-3						
d. Severely limited emotional/behavioral adjustment.....-5						
<b>CSN2. Physical Health/Disability</b>						
a. Good health.....+3						
b. Adequate health.....0						
c. Minor health/disability needs.....-3						
d. Serious health/disability needs.....-5						
<b>CSN3. Family Relationships</b>						
a. Nurturing/supportive relationships.....+2						
b. Adequate relationships.....0						
c. Strained relationships.....-2						
d. Harmful relationships.....-4						
<b>CSN4. Alcohol and Other Drug Use</b>						
<input type="checkbox"/> Not applicable (Select this if child is too young to assess)						
a. Chooses drug-free lifestyle.....+2						
b. No use/experimentation.....0						
c. Alcohol or other drug use.....-2						
d. Chronic alcohol or other drug use.....-4						
<b>CSN5. Education</b>						
<input type="checkbox"/> Not applicable (Select this if child is too young to assess)						
a. Outstanding academic achievement.....+1						
b. Satisfactory academic achievement or child not of school age.....0						
c. Academic difficulty.....-1						
d. Severe academic difficulty.....-3						
<b>CSN6. Peer/Adult Social Relationships</b>						
a. Strong social relationships.....+1						
b. Adequate social relationships.....0						
c. Limited social relationships.....-1						
d. Poor social relationships.....-2						
<b>CSN7. Child Development</b>						
a. Advanced development.....+1						
b. Age-appropriate development.....0						
c. Limited development.....-1						
d. Severely limited development.....-3						
Referral for early childhood developmental screening: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required						

**CHILD PRIORITY STRENGTHS AND NEEDS**

Enter item number and description for ALL needs and strengths identified for each child. Indicate which needs and strengths will be addressed in the service plan. If any needs are identified, at least one must be selected as a priority.

Child 1: \_\_\_\_\_

List All Child Strengths	Priority Indicator	List All Child Needs	Priority Indicator
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>

Child 2: \_\_\_\_\_

List All Child Strengths	Priority Indicator	List All Child Needs	Priority Indicator
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>

Child 3: \_\_\_\_\_

List All Child Strengths	Priority Indicator	List All Child Needs	Priority Indicator
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>

Child 4: \_\_\_\_\_

List All Child Strengths	Priority Indicator	List All Child Needs	Priority Indicator
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>

Child 5: \_\_\_\_\_

List All Child Strengths	Priority Indicator	List All Child Needs	Priority Indicator
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>

Child 6: \_\_\_\_\_

List All Child Strengths	Priority Indicator	List All Child Needs	Priority Indicator
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>
CSN _____	<input type="checkbox"/>	CSN _____	<input type="checkbox"/>

Caseworker: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**MINNESOTA DEPARTMENT OF HUMAN SERVICES  
SDM® RISK REASSESSMENT OF ABUSE/NEGLECT**

r. 12-11

SSIS Workgroup Name #: \_\_\_\_\_

Assessed By: \_\_\_\_\_ Assessment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tool Status: \_\_\_\_\_ Finalized Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Caregiver: \_\_\_\_\_ Secondary Caregiver: \_\_\_\_\_

	<u>SCORE</u>
<b>R1. Number of prior assigned maltreatment reports</b>	
a. None .....	0
b. One .....	1
c. Two or more .....	2
<b>R2. Type of prior maltreatment reports</b>	
a. Not applicable .....	0
b. Prior assigned report for abuse .....	1
c. Prior determination for neglect .....	1
d. Prior assigned report for abuse and prior determination for neglect .....	2
<b>R3. Number of children in the home</b>	
a. One .....	-1
b. Two to three .....	0
c. Four or more .....	1
<b>R4. Age of youngest child</b>	
a. 3 or older .....	0
b. 2 or younger .....	1
<b>R5. Age of primary caregiver</b>	
a. 30 or older .....	0
b. 29 or younger .....	1
<b>R6. Either caregiver has had an alcohol or drug problem since the last assessment/reassessment</b>	
a. No .....	0
b. Yes .....	1
<b>R7. Caregiver(s) has experienced domestic violence since the last assessment/reassessment</b>	
a. No .....	0
b. Yes .....	1
<b>R8. Child in the home has a developmental disability/emotional impairment</b>	
a. No .....	0
b. Yes .....	1
<b>R9. Caregiver use of treatment/training programs (score based on the caregiver with the <i>least</i> progress)</b>	
a. Primary: Successfully completed all recommended programs or actively participating in programs; pursuing objectives detailed in case plan .....	0
b. Primary: Minimal participation in pursuing case plan objectives .....	2
c. Primary: Refuses involvement in programs or failed to comply/participate as required .....	4
d. Secondary: Successfully completed all recommended programs or actively participating in programs; pursuing objectives detailed in case plan .....	0
e. Secondary: Minimal participation in pursuing case plan objectives .....	2
f. Secondary: Refuses involvement in programs or failed to comply/participate as required .....	4

<b>RISK LEVEL:</b> Assign the family's risk level based on the following chart:	<b>TOTAL SCORE</b>
<u>Score</u>	<u>Risk Level</u>
____ -1-2	____ Low
____ 3-5	____ Moderate
____ 6-14	____ High

**OVERRIDES.** Policy: Increase to high risk.

\_\_\_ 1. Sexual abuse cases where the offender is likely to have access to the child victim.

\_\_\_ 2. Cases with non-accidental physical injury to an infant.

\_\_\_ 3. Serious non-accidental physical injury requiring hospital or medical treatment.

\_\_\_ 4. Death (previous or current) of a sibling as a result of abuse or neglect.

Discretionary: Increase or decrease one level.

\_\_\_ 5. Reason: \_\_\_\_\_

**FINAL RISK LEVEL:**      \_\_\_\_ Low      \_\_\_\_ Moderate      \_\_\_\_ High

Supervisor Review/Approval: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SDM-05

**MINNESOTA DEPARTMENT OF HUMAN SERVICES  
SDM® REUNIFICATION ASSESSMENT**

SSIS Workgroup Name #: \_\_\_\_\_

Assessed By: \_\_\_\_\_ Assessment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tool Status: \_\_\_\_\_ Finalized Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Caregiver: \_\_\_\_\_ Secondary Caregiver: \_\_\_\_\_

**A. RISK REASSESSMENT FOR OUT-OF-HOME CASES**

	Score
<b>R1. Initial Risk Level</b>	
a. Low .....	0
b. Moderate .....	3
c. High .....	4
<b>R2. Household's Progress Toward Treatment Goals</b>	
a. Successfully met all service plan objectives and/or significant progress in ongoing programs .....	-2
b. Actively participating in programs; pursuing objectives detailed in service plan; significant progress .....	-1
c. Partial participation in pursuing objectives in service plan; some progress .....	0
d. Refuses involvement in programs or has exhibited a minimal level of participation with service plan; made little or no progress toward ameliorating needs .....	4
<b>R3. Has There Been a New Determination Since the Last Assessment?</b>	
a. No .....	0
b. Yes .....	6
<b>Total Score</b> .....	_____

**RISK LEVEL**

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

Score	Risk Level
-2 to 1	Low
2 to 3	Moderate
4 and above	High

**OVERRIDES**

Override to High. Select appropriate reason.

Policy Overrides:

- \_\_\_\_\_ 1. Prior sexual abuse; offender has access to child(ren) and has not successfully completed treatment.
- \_\_\_\_\_ 2. Cases with non-accidental physical injury to an infant and parent(s) have not successfully completed treatment.
- \_\_\_\_\_ 3. Serious non-accidental physical injury requiring hospital or medical treatment and parent(s) have not successfully completed treatment.
- \_\_\_\_\_ 4. Death of a sibling as a result of abuse or neglect.

Discretionary Override:

\_\_\_\_\_ 5. Reason: \_\_\_\_\_

**OVERRIDE RISK LEVEL:** \_\_\_\_\_ Low    \_\_\_\_\_ Moderate    \_\_\_\_\_ High

**Supervisor's Review/Approval of Override:**

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**B. VISITATION PLAN EVALUATION** (Check Select appropriate box response for each child.)

	Child #	Child #	Child #	Child #
<b>1. Compliance with Plan</b>				
a. Cannot visit				
b. Failed to visit or suspended - (Parent(s) have failed to visit or visits have been suspended due to parental behavior.				
c. Low compliance - parent(s) have met few objectives of plan or visitation has been changed from unsupervised to supervised due to parental behavior. <i>(Definition: More than one missed visit without legitimate explanation and/or advance notice and/or parent has demonstrated poor parenting techniques or parent-child interaction during visitation.)</i>				
d. Moderate compliance - parent(s) have met some objectives of plan. <i>(Definition: Parent-child interaction appropriate or improving during visits but continued improvement required. No more than one missed visit without legitimate explanation or advance notice.)</i>				
e. High compliance - parent(s) have met most objectives of plan. <i>(Definition: Parent-child interaction positive throughout all visits, visitation changed from supervised to unsupervised due to parental behavior, visits may have been rescheduled but arrangements made in advance.)</i>				
f. Very High compliance - parent(s) have met all objectives outlined in the visitation plan, no missed visits.				

**C. REUNIFICATION SAFETY ASSESSMENT** (If risk level is low or moderate and parents have attained at least a moderate level of compliance with the Visitation Plan, complete a Reunification Safety Assessment. Otherwise go to Section D, Placement/Permanency Plan Guidelines.)

**SECTION 1: SAFETY ASSESSMENT**

**A. Safety Factor Identification** (Assessment must include a home visit.)

Directions: The following is a list of factors that *may be associated with a child(ren) being in danger of serious harm. Identify the presence or absence of each factor by selecting either "yes" or "no" if factor applies to any child in the household or to be returned to the household. Note: The vulnerability of each child needs to be considered throughout the assessment.*

1. Yes No Caregiver(s)' current behavior is violent or out of control.
2. Yes No Caregiver(s) describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.
3. Yes No The family refuses access to the child, or there is reason to believe that the family is about to flee, or the child's whereabouts cannot be ascertained.
4. Yes No Caregiver(s) is unwilling, or is unable to provide supervision or to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care.
5. Yes No Child is fearful of caregiver(s), other family members, or other people living in or having access to the home.
6. Yes No The child's physical living conditions are hazardous and immediately threatening.
7. Yes No Caregiver(s)' drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.
8. Yes No Caregiver has a new live-in partner with history of child maltreatment, domestic violence, or a criminal history.
9. Yes No Other safety factor (specify): \_\_\_\_\_

**IF ALL SAFETY FACTORS ARE "NO," CHILD IS SAFE**

**IF ANY SAFETY FACTOR IS "YES," COMPLETE THE SAFETY ASSESSMENT SECTIONS 1B, 2, and 3.**

**B. Safety Factor Description**

Directions: For all safety factors which are circled selected "Yes," note the applicable safety factor number and then briefly describe the specific individuals behaviors, conditions, and/or circumstances associated with that particular safety factor.

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**SECTION 2: SAFETY RESPONSE**

For each factor identified in Section 1, consider the resources available in the family and the community that might help to keep the child safe. Check Select each intervention taken to protect the child and explain below. Describe all protecting safety interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

- 1. Direct services provided by foster care worker or other social caseworker.
- 2. Use of family resources (relatives), neighbors, or other individuals in the community as safety resources.
- 3. Use of intensive home-based services as a safety resource
- 4. Use of other community agencies or services as a safety resource
- 5. Have the alleged offender leave the home, either voluntarily or in response to legal action.
- 6. Other safety response (specify): \_\_\_\_\_

For each intervention selected, describe all protecting interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

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**SECTION 3: SAFETY DECISION**

Identify your safety decision by checking selecting the appropriate line below. Check Select one line only. This decision should be based on the assessment of all safety factors, protecting interventions, and any other information known about this case.

- 1. **Safe**  No safety factors apply
- 2. **Safe with Services/Intervention:**  Protecting safety interventions allow child to return home.
- 3. **Unsafe:**  Placement remains the only protecting intervention possible for the child(ren). Without continued placement, the child(ren) will likely be in danger of immediate or serious harm.