

Brief Synopsis of Research on
Child Safety and Child Protective Services
Decision Making

Conducted by the Children's Research Center

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RISK ASSESSMENT: A SUMMARY OF FINDINGS (15 STUDIES)

I. OVERVIEW

Details of the Children's Research Center's (CRC) research methods have been previously published in several venues.¹ General findings are summarized in the following points:

- **Risk of abuse and neglect are best assessed separately. Although some measures of past behavior and some family characteristics relate to both types of maltreatment, there are also different family dynamics that relate to each.**
- **Generally, estimates of risk can be attained by combining ratings from 9 – 12 items. An example of a risk instrument is presented in Appendix A.**
- **When data from all studies are combined, moderate risk families are about twice as likely as low risk families, high risk families are four times more likely, and very high risk families are seven times as likely as low risk families to maltreat their children.**
- **Actuarial risk assessment instruments effectively classify families based on several different measures of risk, including risk of subsequent investigation, risk of subsequent substantiation, risk of subsequent injury, and risk of subsequent placement. Hence, actuarial risk assessment instruments effectively classify families by risk recurrence and risk of serious maltreatment.**
- **Devoting more resources to high risk families appears to be effective in reducing subsequent maltreatment.**

Overall, in the 15 studies combined, **new substantiations for moderate risk cases occurred at 2.2 times the rate recorded for low risk families. For high and very high risk families, the rate was 4.2 and 6.9 times that of low risk families, respectively.**

In seven studies, rates of subsequent injury were recorded. Again, regardless of the length of the follow-up period, **injury rates increased as risk levels increased. The rate for moderate risk families was 2.5 times that of low risk families; rates for high risk and very high risk families were 5.2 and 8.2 times that of low risk cases.**

¹ See for example, *Validating Risk Assessment Instruments in Community Corrections* (Baird 1985) and *Validation Research in CPS Risk Assessment: Three Recent Studies* (Tatara [Ed.] 1988).

Seven studies also included subsequent placement as an outcome measure. **Moderate risk cases were three times as likely as low risk cases to be placed as the result of subsequent maltreatment. High risk cases were 9.4 times as likely and very high risk cases were 17.5 times as likely to be placed.**

**Table 1
Actuarial Risk Assessment Studies in Child Welfare
(in order of completion)**

State	Sample Size	Year Study Completed	Type*	Outcomes Analyzed			Placement
				Reports/ Allegations	Substantiation or Equivalent	Substantiated Injury	
CRC Studies							
Alaska	550	1986	Retrospective	Yes	Yes		
Michigan	1,896	1990	Retrospective	Yes	Yes		
Oklahoma	1,198	1992	Retrospective	Yes	Yes		
Rhode Island	956	1992	Retrospective	Yes	Yes	Yes**	
Michigan	1,000	1995	Prospective	Yes	Yes		Yes
New Mexico	1,450	1997	Retrospective	Yes	Yes		
New York	1,056	1997	Retrospective	Yes	Yes	Yes	
South Australia	966	1997	Retrospective	Yes	Yes	Yes	Yes
California	2,511	1998	Retrospective	Yes	Yes	Yes	Yes
Wisconsin Urban Caucus	1,014	1998	Prospective	Yes	Yes		
Colorado	977	1999	Retrospective	Yes	Yes	Yes	Yes
O CAN (4 jurisdictions)	1,400	1999	Prospective	Yes	Yes		Yes
South Australia	674	2000	Prospective	Yes	Yes	Yes	Yes
New Mexico	9,352	2002	Prospective	Yes	Yes	Yes	
California	5,694	2003	Prospective	Yes	Yes		Yes
Other Studies							
California (Johnson)	6,543	2004	Prospective	Yes	Yes		
New York (Mitchell-Herzfeld Ruppel)	342 Indicated 405 Unfounded	2004	Retrospective	Yes	Yes		

* Retrospective studies are conducted using cases that were investigated 18-24 months prior to the beginning of the study. This allows outcome information to be gathered quickly for analysis. The prospective studies analyzed the relationship between risk assessment models actually in use and outcomes for cases classified to each risk level.

** Hospitalization/medical exam was used as an indicator of severity.

II. VALIDITY

“The primary utility of a risk classification model is in providing a continuum of risk estimates associated with a variety of conditions which can be used to guide a range of decision making responses. This is true whether risk statements are issued in numerical or ranked-categorical terms (i.e., high, medium, and low risk). And it is for this reason that traditional measures of ‘predictive accuracy,’ which carry with them the assumption that dichotomous decisions will be made, have little utility for assessing the potency of a risk classification model” (Silver and Banks 1998).

Figure 1

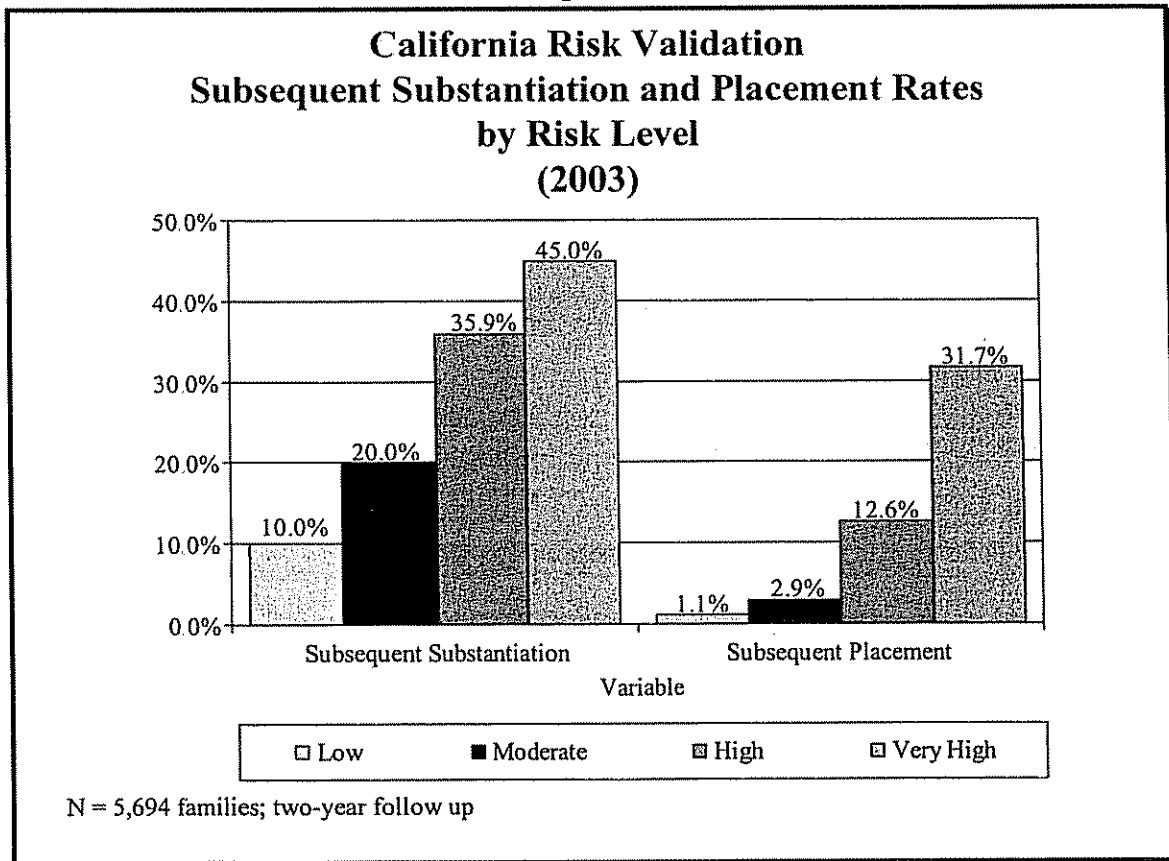


Table 2					
New Mexico Risk Validation Results					
Follow-Up Investigation, Substantiation, and Injury Rates					
2002					
Overall Risk Classification	Sample Cases	% Sample	Subsequent Allegation*	Subsequent Substantiation**	Subsequent Injury
Construction Sample					
Low	758	16.1%	17.8%	5.1%	2.1%
Moderate	2,257	48.0%	36.7%	12.3%	3.9%
High	1,236	26.3%	53.0%	24.2%	6.2%
Very High	449	9.6%	74.6%	40.5%	11.8%
Total	4,700	100.0%	41.6%	17.0%	5.0%
Validation Sample					
Low	793	17.0%	20.2%	3.9%	1.3%
Moderate	2,263	48.6%	35.4%	11.4%	3.7%
High	1,186	25.5%	56.7%	24.8%	6.6%
Very High	410	8.8%	72.4%	36.6%	9.5%
Total	4,652	100.0%	41.5%	15.8%	4.5%

*Investigated allegation (one or more) within 24 months of the sample investigation.

**Substantiated allegation (one or more) within 24 months of the sample investigation.

Figure 2

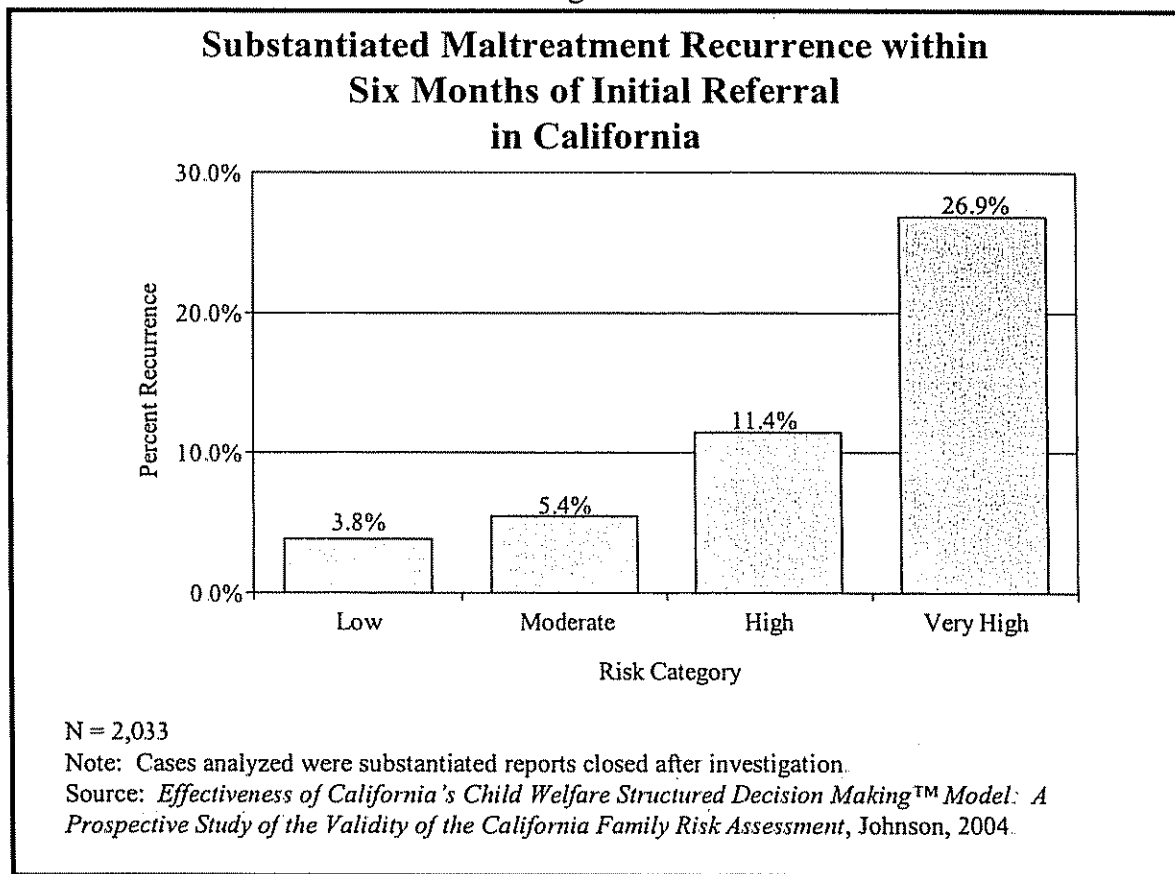
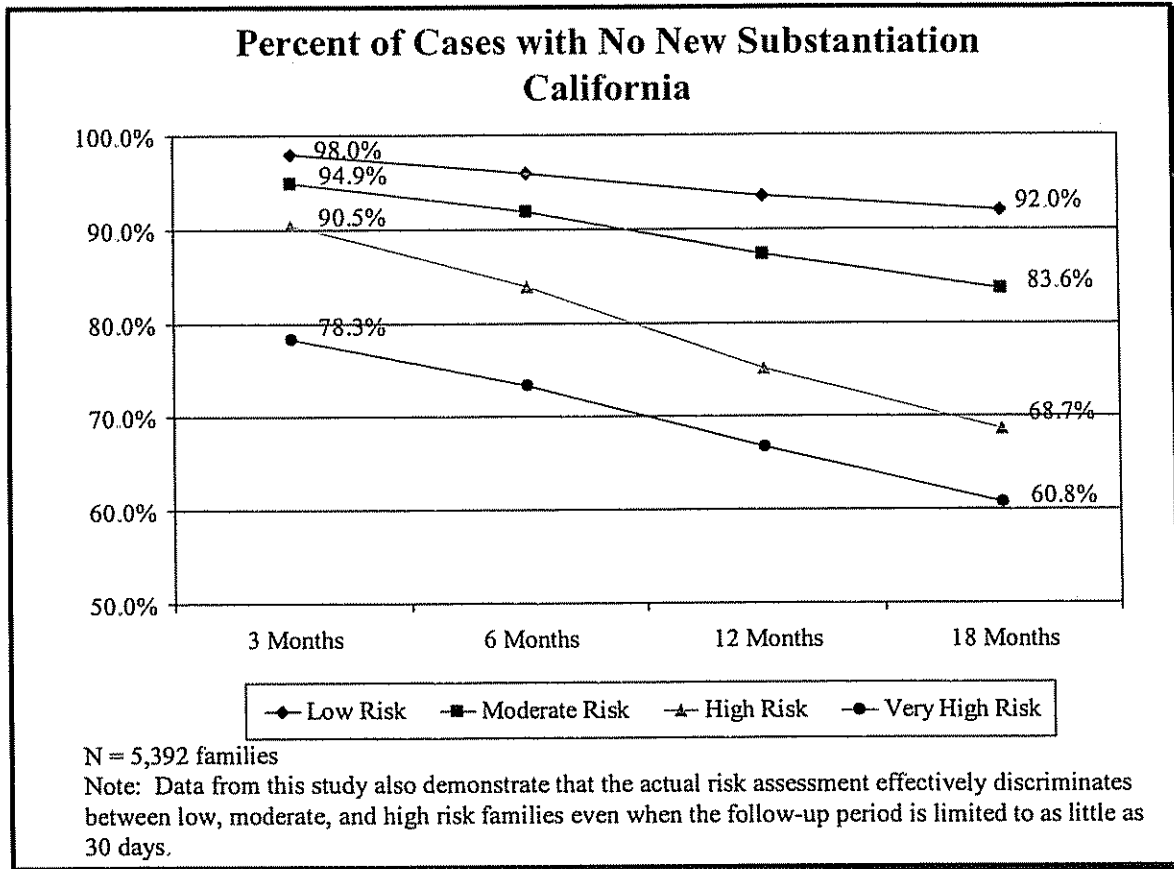


Figure 3



III. EQUITY (FAIRNESS)

Criterion

“Examinees of equal standing with respect to the construct the test is intended to measure should, on average, earn the same test score, irrespective of group membership.” (American Educational Research Association on Measurement in Education 1999)

Risk Level	Whites (N = 6,651)	African Americans (N = 5,296)
Low	10.5%	11.3%
Moderate	30.7%	30.0%
High	45.1%	46.0%
Very High	13.7%	12.7%

Source: Michigan Family Independent Agency

Risk Level	African Americans	Whites
Low/Moderate*	6.0%	5.0%
High	15.0%	12.0%
Very High	28.0%	30.0%

* Because of the small number of cases rated low risk (when the sample is divided by race), the low and moderate risk categories have been combined.

From Johnson (2004):

“Collectively, the findings reported here support two hypotheses: 1) That the California Family Risk Assessment (CFRA) is a fair and equitable means of assessing the likelihood of future maltreatment when used with major U.S. population subgroups – African Americans, Hispanics, and Whites, and 2) That use of the CFRA will reduce disproportionate representation of minorities including African Americans, relative to Whites in the child welfare population.”

IV. DECISION MAKING

Complexities involved in assessing risk to children preclude the use of a single instrument for different decisions. Consider, for example, just the issues encountered during the first 30 days after receipt of a report of child maltreatment. The agency must decide:

- If the report constitutes possible maltreatment and, if so, how quickly the agency should respond to the report;
- If the child is safe and can remain at home while a more comprehensive assessment proceeds;
- If a case should be opened for services, and if the child(ren) can remain at home (or be returned to their parents if removed during the investigation); and
- What level and type of services are required to help ensure safety.

The following recommendations summarize what we have learned from more than 30 years of risk assessment development, involvement in the North American Resource Center on Child Welfare colloquy on risk assessment, and through work with dozens of agencies to implement SDM systems.

1. **Decision protocols should be simple. Criteria considered at each decision point should be explicit and easily articulated to staff, the judiciary, and the community.**
2. **Decision tools should consist only of criteria that can be assessed with some degree of reliability at the point in time each decision is made, and relate specifically to the decision at hand.**
3. **Decision tools should lead *directly* to presumptive decisions. This requires the structure of an additive index, a decision tree or, at a minimum, clear rules on the role of each factor in reaching each decision.**
4. **Overrides to tools should be allowed, but reasons for overrides should be documented, approved by a supervisor, and monitored to determine their role in the case management process.**
5. **Decision tools, regardless of their origin (research based, consensus based, or clinical based) should be tested for reliability, equity, and efficacy. Evidence**

regarding the effectiveness of each decision tool should be routinely collected, analyzed, and reported back to staff and administrators.

6. Finally, it is essential that the child protection field recognizes that it is not enough to simply identify factors with a demonstrated relationship to risk and allow these factors to be applied in different ways by different staff members at each decision point. A high level of *structure* is required to ensure that staff make consistent and appropriate decisions to expedite the safety and well being of children in the care of the child welfare system.

V. THE SDM™ REUNIFICATION MODEL

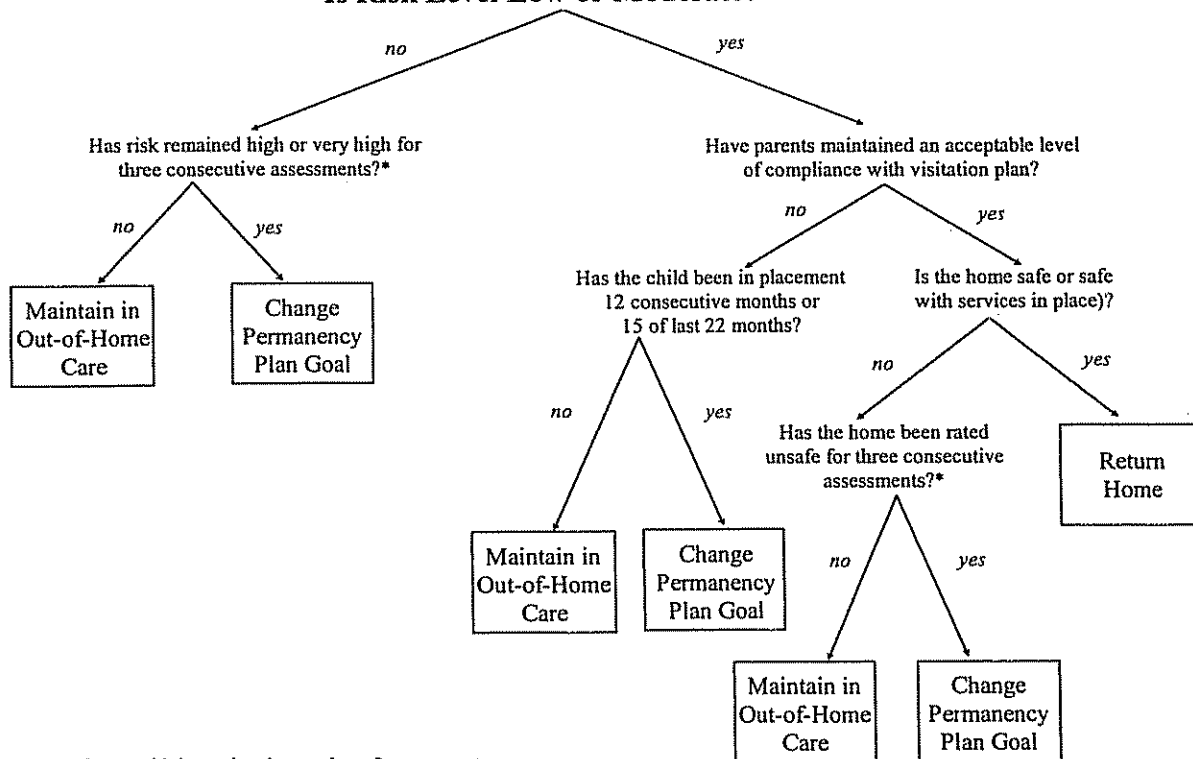
The reunification model consists of four *assessment* components:

- a structured risk reassessment;
- a structured evaluation of parental compliance with visitation schedules;
- a reunification safety assessment; and
- structured guidelines for changing the permanency planning goal.

Figure 4

Placement/Permanency Plan Guidelines
Is Risk Level Low or Moderate?

c: 8/99



*Agency policy would determine the number of assessments conducted before a change in the permanency plan is indicated.

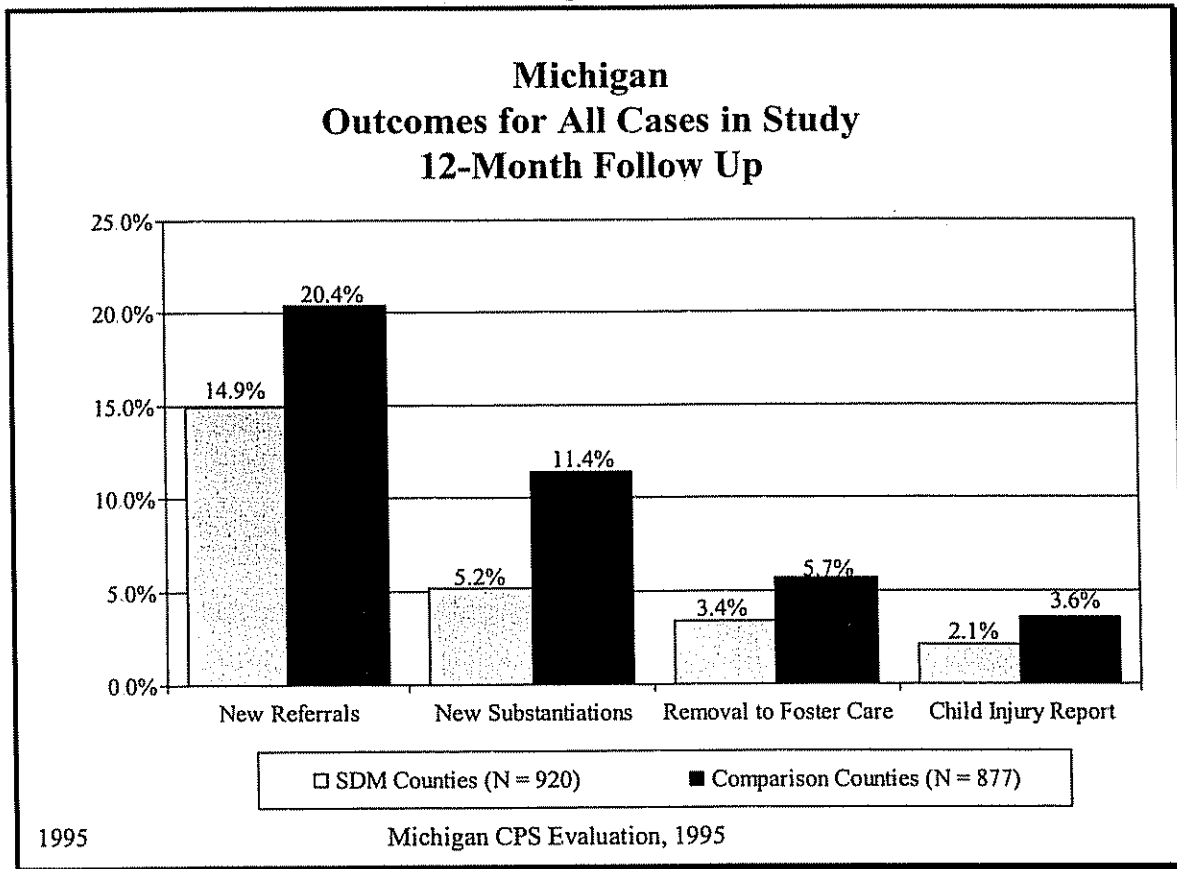
VI. IMPACT EVALUATION

A. Child Protection

A formal evaluation, comparing Structured Decision Making™ (SDM) with traditional social work practices in Michigan's child protective services system, demonstrated that SDM protocol:

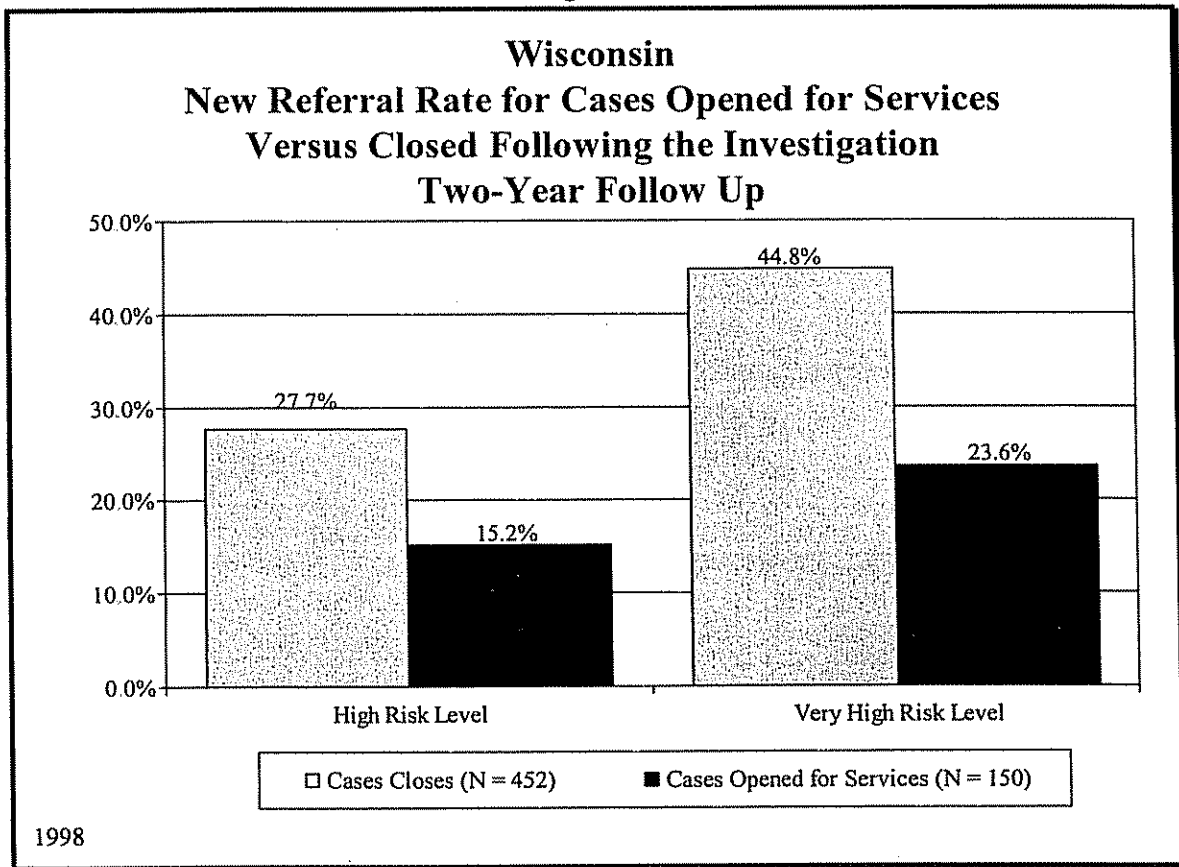
- Significant reductions in all measures of child maltreatment ($P < .05$). Rates of new referrals, substantiations, removals, and injuries reported were all lower in SDM counties.

Figure 5



A study conducted in three Wisconsin counties demonstrated that intensive services to the highest risk families substantially reduced the rate of subsequent referrals for abuse and neglect. Similar results were observed in a 2002 replication of the study by one California county (Will Johnson 2002).

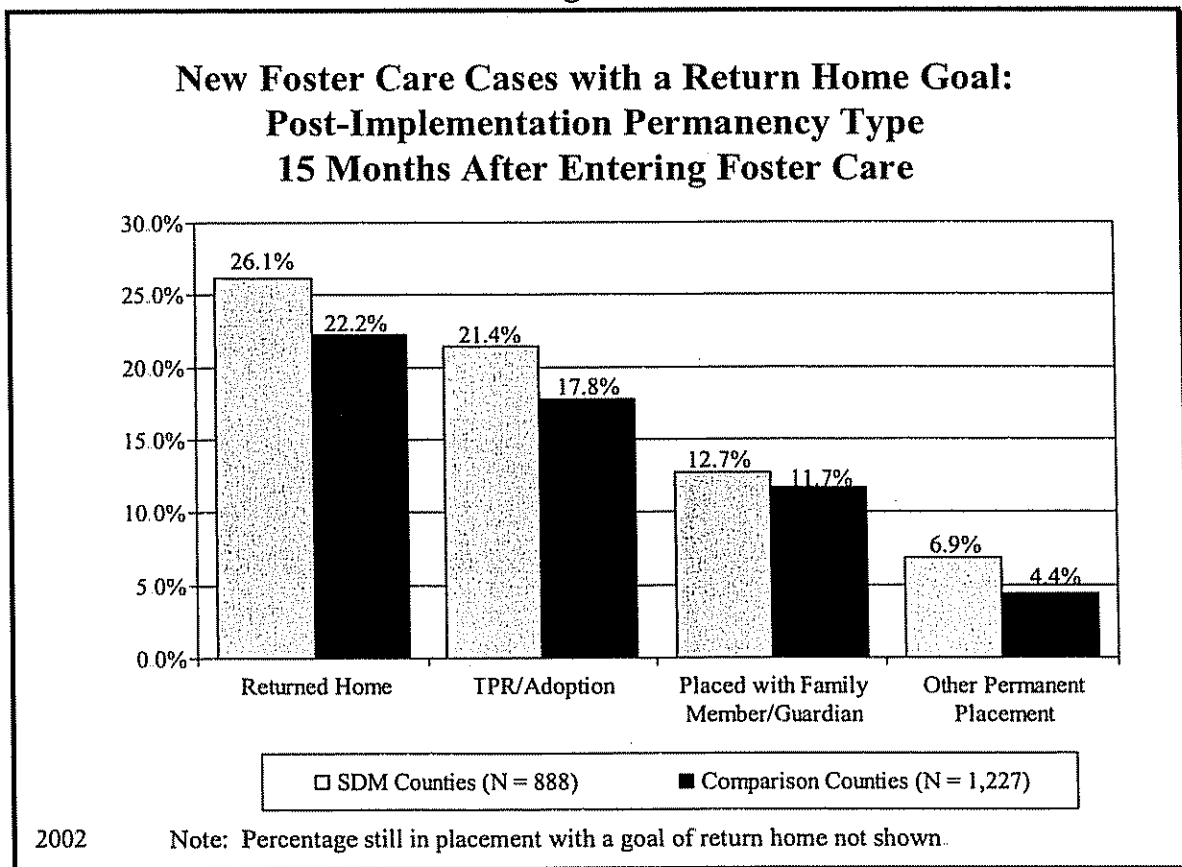
Figure 6



B. Foster Care

SDM for foster care was initially piloted in nine Michigan counties. Large cohorts of children placed in foster care in both the pilot and comparison counties were identified and tracked over a 15-month follow-up period. The SDM counties achieved permanency within 15 months for two of every three children placed. The SDM counties had a higher proportion of children returned home, termination of parental rights, and placement with permanent legal guardians.

Figure 7



While a higher percentage of children returned home within 15 months of placement in SDM counties, fewer of these children (7.2% vs. 11.4%) re-entered placement over the next 12 months.

APPENDIX A
EXAMPLES OF DECISION TOOLS

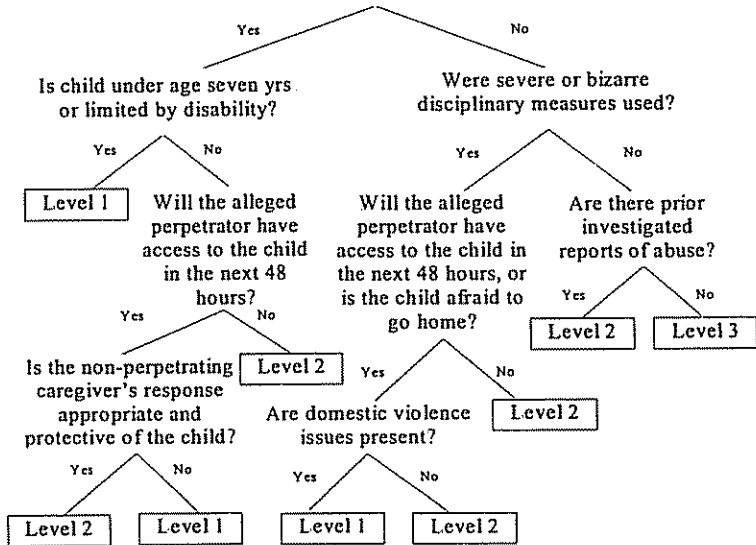
SDM™ RESPONSE PRIORITY

C Name: _____ Case #: _____ Referral Time: _____ a.m./p.m.
 District Office: _____ Worker: _____ Referral Date: ____/____/____

Current Report – Complete for each alleged maltreatment type

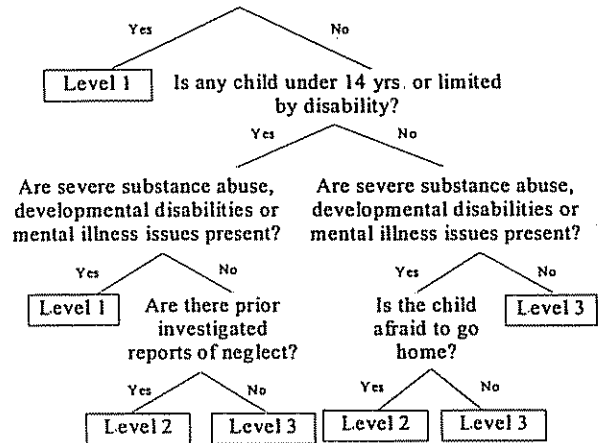
PHYSICAL ABUSE

Are significant injuries evident or is medical care required?



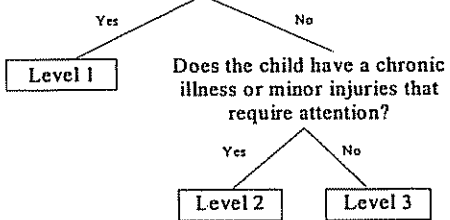
NEGLECT

Is the living situation immediately dangerous or unhealthy, or is any child currently left unsupervised who is under age eight yrs or limited by disability?



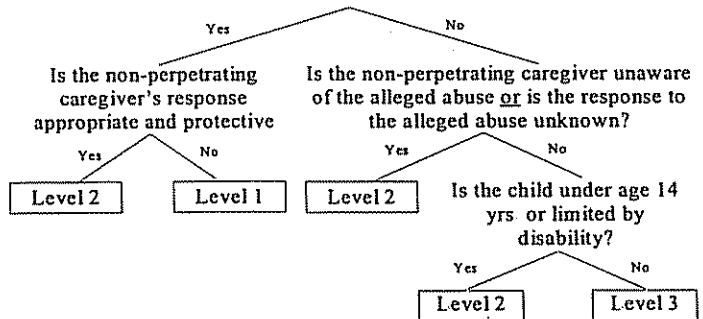
MEDICAL/PSYCHIATRIC NEGLECT

Does the child appear seriously ill or injured or is the child in need of immediate care?



SEXUAL ABUSE

Does the alleged perpetrator have access to the child or is the child afraid to go home?



Recommended Response (select one): Level 1 = immediate
 Level 2 = within 48 hours
 Level 3 = within 72 hours

Policy Override to Level 1: Family is about to flee or has a history of fleeing
 Forensic investigation would be compromised if investigation is delayed
 Law enforcement is requesting an immediate response

Policy Override one Level Lower: Child is in alternative safe environment

Discretionary Override to Any Level: No Yes (specify): _____

Assigned Response (select one): Level 1 Level 2 Level 3

Intake Worker: _____ **Date:** ____/____/____

Supervisor Approval: _____ **Date:** ____/____/____

SDM™ MODEL SAFETY ASSESSMENT

CPS Referral Date: ____/____/____

Safety Assessment Date: ____/____/____

Referral Name: _____

Referral #: _____

County: _____

Names of Children Assessed:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

(If more than six children are assessed, add additional names on reverse side)

SECTION 1: SAFETY FACTORS

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence or absence of each factor by checking either "yes" or "no." **Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages 0 through 6 cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.**

Yes No

- 1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by:
 - Serious injury or abuse to child other than accidental;
 - Caretaker fears s/he will maltreat child;
 - Threat to cause harm or retaliate against child;
 - Excessive discipline or physical force; or,
 - Drug-exposed infant.
- 2. Child sexual abuse is suspected and circumstances suggest that child's safety may be of immediate concern.
- 3. Caretaker fails to protect child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect
- 4. Caretaker' explanation for the injury to the child is questionable or inconsistent with type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
- 5. The family refuses access to the child or there is reason to believe that the family is about to flee.
- 6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
- 7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
- 8. Caretaker' current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
- 9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.
- 10. Caretaker describes child in predominantly negative terms or acts toward child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
- 11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs their current ability to supervise, protect, or care for the child.
- 12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
- 13. Other (specify): _____

IF NO SAFETY FACTORS ARE OBSERVED, PROCEED TO SECTION 3.

SECTION 2: SAFETY INTERVENTIONS

If no safety factors are present, go to Section 3. If one or more safety factors are present, consider whether safety interventions 1-8 will allow child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking child into protective custody.

Check all that apply:

Interventions that will enable Children to Remain in the Home for the Present Time:	
<input type="checkbox"/>	1. Intervention or direct services by worker as part of a safety plan.
<input type="checkbox"/>	2. Use of family, neighbors, or other individuals in the community as safety resources.
<input type="checkbox"/>	3. Use of community agencies or services as safety resources.
<input type="checkbox"/>	4. Have caretaker appropriately protect victim from the alleged perpetrator.
<input type="checkbox"/>	5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
<input type="checkbox"/>	6. Have the non-offending caretaker move to a safe environment with the child.
<input type="checkbox"/>	7. Legal action planned or initiated -- child remains in the home.
<input type="checkbox"/>	8. Other (specify): _____
Interventions to Remove a Child From the Home:	
<input type="checkbox"/>	9. Caretaker voluntarily places the child outside the home.
<input type="checkbox"/>	10. Child placed in protective custody because no interventions are available to adequately ensure child's safety.

SECTION 3: SAFETY DECISION

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

- 1. **Safe.** No safety factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more safety factors are present, and protecting safety interventions have been planned or taken. Based on protecting interventions, child will remain in the home at this time.
- 3. **Unsafe.** One or more safety factors are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
- All children placed.
- If one or more children will be placed in protective custody, but others remain in the home, complete the status of each child below:

Children Removed	Children Not Removed
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

Worker: _____

Date: ____ / ____ / ____

Supervisor: _____

Date: ____ / ____ / ____

SECTION 4: SAFETY PLAN

If any child will remain in the home and a safety factor was identified, describe the safety plan which will be implemented to specifically address the identified safety factors.

In-Home Safety Plan			
(1) Safety Factor	(2) Plan/Services to be Implemented to Mitigate the Safety Factor	(3) Monitoring and Verification of Compliance <i>(What is the plan for monitoring compliance and who is responsible)</i>	(4) Expected Completion Date
			_ / _ / _
			_ / _ / _
			_ / _ / _
			_ / _ / _
			_ / _ / _

Caretaker: _____
 Caretaker: _____
 Worker: _____
 Supervisor: _____

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

cc: Assigned workers for any other children in this household

**CALIFORNIA
FAMILY RISK ASSESSMENT**

c: 06/02

Referral Name: _____ Referral #: _____ County: _____

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

NEGLECT	Score	ABUSE	Score
N1. Current Complaint is for Neglect a. No 0 b. Yes 1	_____	A1. Current Complaint is for Abuse a. No 0 b. Yes 1	_____
N2. Prior Investigations (assign highest score that applies) a. None 0 b. One or more, <u>abuse</u> only 1 c. One or two for <u>neglect</u> 2 d. Three or more for neglect 3	_____	A2. Number of Prior Abuse Investigations/Assessments a. None 0 b. One 1 c. Two or more 2 (actual number: _____)	_____
N3. Household has Previously Received CPS (voluntary/court-order) a. No 0 b. Yes 1	_____	A3. Household has Previously Received CPS (voluntary/court-ordered) a. No 0 b. Yes 1	_____
N4. Number of Children Involved in the CA/N Incident a. One, two, or three 0 b. Four or more 1	_____	A4. Prior Injury to a Child Resulting from CA/N a. No 0 b. Yes 1	_____
N5. Age of Youngest Child in the Home a. Two or older 0 b. Under two 1	_____	A5. Primary Caretaker's Assessment of Incident (check applicable items and add for score) a. Not applicable 0 b. Blames child 1 c. Justifies maltreatment of a child 2	_____
N6. Primary Caretaker Provides Physical Care Inconsistent with Child Needs a. No 0 b. Yes 1	_____	A6. Domestic Violence in the Household in the Past Year a. No 0 b. Yes 2	_____
N7. Primary Caretaker has a Past or Current Mental Health Problem a. No 0 b. Yes 1	_____	A7. Primary Caretaker Characteristics (check applicable items and add for score) a. Not applicable 0 b. Provides insufficient emotional/psychological support 1 c. Employs excessive/inappropriate discipline 1 d. Domineering caretaker(s) 1	_____
Primary Caretaker has Historic or Current Alcohol or Drug Problem (Check applicable items and add for score) a. Not applicable 0 b. Alcohol (current or historic) 1 c. Drug (current or historic) 1	_____	A8. Primary Caretaker has a History of Abuse or Neglect as a Child a. No 0 b. Yes 1	_____
N9. Characteristics of Children in Household (Check applicable items and add for score) a. Not applicable 0 b. Medically fragile/failure to thrive 1 c. Developmental or physical disability 1 d. Positive toxicology screen at birth 1	_____	A9. Secondary Caretaker has Historic or Current Alcohol or Drug Problem a. No 0 b. Yes, alcohol and/or drug (check all applicable) 1 Alcohol Drug	_____
N10. Housing (check applicable items and add for score) a. Not applicable 0 b. Current housing is physically unsafe 1 c. Homeless at time of investigation 2	_____	A10. Characteristics of Children in Household (check appropriate items and add for score) a. Not applicable 0 b. Delinquency history 1 c. Developmental disability 1 d. Mental health/behavioral problem 1	_____
TOTAL NEGLECT RISK SCORE	=====	TOTAL ABUSE RISK SCORE	=====

SCORED RISK LEVEL. Assign the family's scored risk level based on the highest score on either the neglect or abuse instrument, using the following chart:

Neglect Score	Abuse Score	Scored Risk Level
_____ 0 - 1	_____ 0 - 1	_____ Low
_____ 2 - 4	_____ 2 - 4	_____ Moderate
_____ 5 - 8	_____ 5 - 7	_____ High
_____ 9 +	_____ 8 +	_____ Very High

POLICY OVERRIDES Circle yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to very high.

- | | | |
|-----|----|--|
| Yes | No | 1. Sexual abuse case AND the perpetrator is likely to have access to the child victim |
| Yes | No | 2. Non-accidental injury to a child under age two. |
| Yes | No | 3. Severe non-accidental injury. |
| Yes | No | 4. Caretaker(s) action or inaction resulted in death of a child due to abuse or neglect (previous or current). |

CRETIONARY OVERRIDE. If a discretionary override is made, circle yes, circle override risk level, and indicate reason Risk level may be overridden one level higher

Yes No 5. If yes, override risk level (circle one): Low Moderate High Very High

Discretionary override reason: _____

Supervisors Review/Approval of Discretionary Override: _____ Date: ____ / ____ / ____

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

SDM™ MODEL FAMILY STRENGTHS AND NEEDS ASSESSMENT/REASSESSMENT

Case Name: _____

Case #: _____

Office: _____

Worker Name: _____

Assessment Type (check one): Initial Reassessment #: 1 2 3 4 5 _____

CPS Referral Date: _____ / _____ / _____

Assessment Date: _____ / _____ / _____

A. CARETAKERS - For each item, record the score for both the primary and secondary caretakers

		Primary Caretaker	Secondary Caretaker
SN1. Substance Abuse/Use (Substances: alcohol, illegal drugs, inhalants, prescription/over-the-counter drugs.)			
a. Teaches and demonstrates healthy understanding of alcohol and drug use.....	+3		
b. No use or Alcohol or prescribed drug use.....	0		
c. Alcohol or drug abuse.....	-3		
d. Alcohol or drug dependency.....	-5	_____	_____
SN2. Household Relationships			
a. Supportive.....	+3		
b. Minor/occasional discord.....	0		
c. Frequent discord.....	-3		
d. Chronic and/or violent discord.....	-5	_____	_____
SN4. Social Support System			
a. Strong support system.....	+2		
b. Adequate support system.....	0		
c. Limited support system.....	-2		
d. No support system.....	-4	_____	_____
SN5. Parenting Skills			
a. Strong skills.....	+2		
b. Adequately parents and protects child.....	0		
c. Inadequately parents and protects child.....	-2		
d. Destructive/abusive parenting.....	-4	_____	_____
SN6. Mental Health/Coping Skills			
a. Strong coping skills.....	+2		
b. Adequate coping skills.....	0		
c. Mild to moderate symptoms.....	-2		
d. Chronic/severe symptoms.....	-4	_____	_____
SN7. History of Child Abuse and Neglect (CA/N)			
a. Draws skills and strengths from childhood experiences.....	+1		
b. No child maltreatment history,.....	0		
c. Maltreated as child, none to minor current negative effects.....	-1		
d. Maltreated as child, major current negative effects.....	-3	_____	_____
SN8. Resource Management/Basic Needs			
a. Resources sufficient to meet basic needs and are adequately managed.....	+1		
b. Resources adequate or limited but are adequately managed.....	0		
c. Resources are insufficient or not well-managed.....	-1		
d. No resources or resources severely limited and/or mismanaged.....	-3	_____	_____
SN9. Physical Health			
a. 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 provide care.....	-3	_____	_____

Does the family identify areas of needs or strengths that are not included in the above areas?

___ No ___ Yes, describe: _____

Identifying Priority Needs and Strengths: List all assessed needs/strengths for both caretakers, then identify up to three priority needs/strengths to guide initial services.

Caretaker Needs				
Item	Domain	Score	Caretaker	Priority
_____	_____	_____	[] Primary [] Secondary	<input type="checkbox"/>
_____	_____	_____	[] Primary [] Secondary	<input type="checkbox"/>
_____	_____	_____	[] Primary [] Secondary	<input type="checkbox"/>
_____	_____	_____	[] Primary [] Secondary	<input type="checkbox"/>
_____	_____	_____	[] Primary [] Secondary	<input type="checkbox"/>
_____	_____	_____	[] Primary [] Secondary	<input type="checkbox"/>
_____	_____	_____	[] Primary [] Secondary	<input type="checkbox"/>

Caretaker Strengths				
Item	Domain	Score	Caretaker	Priority
_____	_____	_____	[] Primary [] Secondary	<input type="checkbox"/>
_____	_____	_____	[] Primary [] Secondary	<input type="checkbox"/>
_____	_____	_____	[] Primary [] Secondary	<input type="checkbox"/>
_____	_____	_____	[] Primary [] Secondary	<input type="checkbox"/>
_____	_____	_____	[] Primary [] Secondary	<input type="checkbox"/>
_____	_____	_____	[] Primary [] Secondary	<input type="checkbox"/>
_____	_____	_____	[] Primary [] Secondary	<input type="checkbox"/>

B. CHILD - Rate each child according to the current level of functioning.

Child 1: Child 2: Child 3: Child 4:

CSN1. Physical Health

- a. Good health+3
- b. Adequate health..... 0
- c. Minor health needs-3
- d. Serious health needs.....-5

CSN2. Emotional/Behavioral

- a. Strong adjustment+3
- b. Adequate adjustment..... 0
- c. Limited adjustment-3
- d. Severely limited adjustment.....-5

CSN3. Education/Development

Does the child have a specialized education plan?
Answer yes or no for each child:

- | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |

- a. Advanced achievement/development+3
- b. Satisfactory achievement/development..... 0
- c. Some educational difficulty/development issues-3
- d. Severe educational difficulty/development issues.....-5

CSN4. Substance Abuse

- a. Conscious decision to avoid use+2
- b. No use/minor experimentation..... 0
- c. Alcohol or other drug use-2
- d. Abuse/dependency-4

CSN5. Social/Community Relationships

- a. Positive support network+2
- b. Adequate support network 0
- c. Limited support network-2
- d. Lacks support network.....-4

For each child, list the assessed needs and strengths in the correct column according to score.

Child	Priority Needs*	Additional Needs	Strengths
	Domains with scores of -3, -4 or -5	Domains with scores of -2	Domains with scores of 0, +2 or +3
Child 1:			
Child 2:			
Child 3:			
Child 4:			

* All child needs with scores of -3, -4 or -5 MUST be addressed on the case plan. If less than three priority needs are identified, select from any additional child needs (up to three total) to incorporate into the case plan.

Worker: _____ Date: ____/____/____

Supervisor: _____ Date: ____/____/____

SDM™ MODEL FAMILY RISK REASSESSMENT FOR IN-HOME CASES

Case Name: _____ Case #: _____ Referral Date: ____/____/____
 Worker Name: _____ Supervisor: _____ Reassessment Date: ____/____/____

Review # 1 2 3 4 _____

- | | |
|--|--------------|
| R1. Number of Prior Neglect or Abuse CPS Investigations/Assessments | Score |
| a. None | 0 |
| b. One | 1 |
| c. Two or more | 2 |
| R2. Household has Previously Received Child Protective Services | |
| a. No | 0 |
| b. Yes | 1 |
| R3. Primary Caretaker has a History of Abuse or Neglect as a Child | |
| a. No | 0 |
| b. Yes | 1 |
| R4. Child Characteristics (check applicable items and add for score) | |
| a. One or more children in household is developmentally or physically disabled | 1 |
| b. One or more children in household is medically fragile or diagnosed with failure to thrive. | 1 |
| c. No child has any of the above characteristics | 0 |

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

- | | |
|--|---|
| R5. New Investigation/Assessment of Abuse/Neglect since the Initial Risk Assessment or Last Reassessment | |
| a. No | 0 |
| b. Yes | 2 |
| R6. Caretaker has not Addressed Alcohol or Drug Abuse Problem Since Last Risk Assessment/Reassessment (check one) | |
| a. No history of alcohol or drug abuse problem | 0 |
| b. No current alcohol or drug abuse problem; no intervention needed | 0 |
| c. Yes, alcohol or drug abuse problem; problem is being addressed | 0 |
| d. Yes, alcohol or drug abuse problem; problem is <u>not</u> being addressed | 1 |
| R7. Problems with Adult Relationships | |
| a. None of the following apply | 0 |
| b. Yes, harmful/tumultuous relationships with adults | 1 |
| c. Yes, domestic violence | 2 |
| R8. Primary Caretaker Provides Physical Care Inconsistent with Child Needs | |
| a. No problems | 0 |
| b. Yes, problems | 1 |
| R9. Primary Caretaker's Progress with Service Plan (check one) | |
| a. Not applicable; all services unavailable | 0 |
| b. Successfully completed all services recommended or actively participating in services; pursuing objectives detailed in service plan | 0 |
| c. Minimal participation in pursuing objectives in service plan | 1 |
| d. Has participated but is not meeting objectives; refuses involvement in services or failed to comply/participate as required | 2 |
| R10. Secondary Caretaker's Progress with Service Plan (check one) | |
| a. Not applicable; all services unavailable | 0 |
| b. Not applicable; only one caretaker in home | 0 |
| c. Successfully completed all services recommended or actively participating in services; pursuing objectives in service plan | 0 |
| d. Minimal participation in pursuing objectives in service plan | 1 |
| e. Has participated but is not meeting objectives; refuses involvement in services or failed to comply/participate as required | 2 |

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

<u>Score</u>	<u>Risk Level</u>
0 - 2	<input type="checkbox"/> Low
3 - 5	<input type="checkbox"/> Moderate
6 - 8	<input type="checkbox"/> High
9 - 16	<input type="checkbox"/> Very High

TOTAL SCORE _____

- POLICY OVERRIDE TO VERY HIGH:** Circle yes if any condition is applicable during the current review period - override to very high.
- | | | |
|-----|----|--|
| Yes | No | 1. Sexual abuse case AND the perpetrator is likely to have access to the child victim. |
| Yes | No | 2. Non-accidental injury to a child under age three. |
| Yes | No | 3. Severe non-accidental injury. |
| Yes | No | 4. Parent/caretaker action or inaction resulted in death of a child due to abuse or neglect. |

DISCRETIONARY OVERRIDE. If a discretionary override is used, circle yes, indicate the override risk level (may increase or decrease by one level).

Yes No 5. If yes, override risk level (circle one): Low Moderate High Very High Reason: _____
 Supervisors Review/Approval of Discretionary Override: _____ Date: ____/____/____

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

- CASE STATUS (at close of review):** Case remains open for CPS services
 Case transferred to foster care services
 Case closed

