



Minnesota Department of Human Services

Structured Decision Making®
Updated Risk Assessment and
Risk Reassessment

Policy and Procedures

July 2007

Case Name: _____ Case #: _____ Current Date: ____/____/____
 Worker Name: _____ Worker #: _____ Date Report Received: ____/____/____

| NEGLECT | SCORE |
|--|-------|
| N1. Allegations of current report | |
| a. Not applicable..... | 0 |
| b. Any type of neglect | 1 |
| c. Inadequate supervision..... | 2 |
| d. Educational neglect | 3 |
| e. Educational neglect and inadequate supervision..... | 4 |
| N2. Number of prior assigned reports | |
| a. None | 0 |
| b. One..... | 1 |
| c. Two or more | 2 |
| N3. Prior CPS history | |
| a. Not applicable..... | 0 |
| b. Prior determination for neglect | 1 |
| c. Prior investigation resulted in case opening | 1 |
| d. Prior determination for neglect and investigation resulted in case opening | 2 |
| N4. Number of children in the home | |
| a. One..... | -1 |
| b. Two or more | 0 |
| N5. Age of youngest child | |
| a. 3 or older..... | 0 |
| b. 2 or younger..... | 1 |
| N6. Child in the home has a developmental disability/emotional impairment | |
| a. No | 0 |
| b. Yes..... | 1 |
| N7. Number of adults in home at time of report | |
| a. Two or more | 0 |
| b. One or none | 1 |
| N8. Age of primary caregiver | |
| a. 30 or older..... | 0 |
| b. 29 or younger..... | 1 |
| N9. Characteristics of primary caregiver | |
| a. Not applicable..... | 0 |
| b. Lacks parenting skills..... | 1 |
| c. Apathetic or hopeless | 1 |
| d. Lacks parenting skills and apathetic or hopeless | 2 |
| N10. Primary caregiver involved in harmful relationships | |
| a. No | 0 |
| b. Yes..... | 1 |
| N11. Either caregiver has/had an alcohol or drug problem during the last 12 months | |
| a. No | 0 |
| b. Yes, primary caregiver | 1 |
| c. Yes, secondary caregiver..... | 1 |
| d. Yes, primary and secondary caregiver | 1 |
| N12. Caregiver(s) response to assessment | |
| a. Not applicable..... | 0 |
| b. Viewed situation less seriously than agency..... | 1 |
| c. Unmotivated to improve parenting skills..... | 1 |
| d. Viewed situation less seriously than agency and unmotivated to improve parenting skills..... | 1 |
| TOTAL NEGLECT RISK SCORE | _____ |

| ABUSE | SCORE |
|---|-------|
| A1. Current report is for abuse | |
| a. Not applicable | 0 |
| b. Allegation of abuse, any type | 1 |
| c. Allegation of abuse and determination for physical abuse.... | 2 |
| A2. Prior CPS history | |
| a. Not applicable | 0 |
| b. Prior assigned report of abuse..... | 1 |
| c. Prior assigned report of abuse that resulted in a determination for abuse | 3 |
| d. Prior investigation for neglect resulted in case opening..... | 1 |
| e. Prior investigation for abuse resulted in case opening | 2 |
| f. Prior determination for abuse and an investigation of abuse or neglect that resulted in case opening..... | 4 |
| A3. Number of children in the home | |
| a. One | -1 |
| b. Two to three | 0 |
| c. Four or more..... | 1 |
| A4. Either caregiver abused as a child | |
| a. No..... | 0 |
| b. Yes..... | 1 |
| A5. Primary caregiver lacks parenting skills | |
| a. No..... | 0 |
| b. Yes..... | 1 |
| A6. Either caregiver employs excessive and/or inappropriate discipline | |
| a. No..... | 0 |
| b. Yes..... | 1 |
| A7. Either caregiver has a history of domestic violence | |
| a. No..... | 0 |
| b. During the last 12 months | 1 |
| c. Prior to the last 12 months | 1 |
| d. During the last 12 months and prior to the last 12 months.... | 1 |
| A8. Either caregiver is a domineering parent | |
| a. No..... | 0 |
| b. Yes..... | 1 |
| A9. Child in the home has a developmental disability or history of delinquency | |
| a. No..... | 0 |
| b. Developmental disability including emotional impairment ... | 2 |
| c. History of delinquency..... | 2 |
| d. Developmental disability including emotional impairment and history of delinquency | 2 |
| TOTAL ABUSE RISK SCORE | _____ |

S1. Primary caregiver has/had a mental health problem

___ a. No

___ b. During the last 12 months

___ c. Prior to the last 12 months

___ d. During the last 12 months **and** prior to the last 12 months

S2. Secondary caregiver has/had a mental health problem

___ a. No, or not applicable

___ b. During the last 12 months

___ c. Prior to the last 12 months

___ d. During the last 12 months **and** prior to the last 12 months

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 |
|---------------|--------------|----------------|
| _____ -1 - 2 | _____ -1 - 1 | _____ Low |
| _____ 3 - 5 | _____ 2 - 5 | _____ Moderate |
| _____ 6 - 17 | _____ 6 - 14 | _____ High |

- OVERRIDES.** Policy: Increase to high risk.
- ___ 1. Sexual abuse cases where the perpetrator 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 FAMILY RISK ASSESSMENT OF ABUSE/NEGLECT DEFINITIONS

Only one household should be assessed on a risk assessment.

The primary caregiver is the adult (typically the parent) living in the household who assumes the most childcare responsibility. When two adult caregivers are present **and** the case manager is in doubt about which one assumes the most childcare responsibility, the adult legally responsible for the children involved in the incident should be selected. If this rule does not resolve the question, the legally responsible adult who is the alleged perpetrator should be selected. **Only one primary caregiver can be identified.**

The secondary caregiver is defined as an adult living in the household who has routine childcare responsibility but less responsibility than the primary caregiver.

NEGLECT

N1. Allegations of current report

Score based on the specified allegations. Allegations include any problem under investigation/assessment even if not identified in the original report.

- a. Not applicable.
- b. Any type of neglect.
- c. Inadequate supervision.
- d. Educational neglect.
- e. Inadequate supervision **and** educational neglect.

N2. Number of prior assigned reports

Count all maltreatment reports, determined or not, that were assigned for CPS family assessment or investigation for any type of abuse or neglect prior to the report resulting in the current family assessment or investigation.

N3. Prior CPS history

Score based on prior CPS history:

- a. Not applicable.
- b. Prior determination for neglect.
- c. Prior investigation resulted in case opening. A family has received traditional CPS or foster care services from the agency (does not include family assessment response case services) as a result of a prior investigated report of abuse and/or

neglect or whether a case was receiving CPS or foster care services at the time of the current report.

d. Prior determination for neglect **and** investigation resulted in case opening.

N4. Number of children in the home

Number of individuals under 18 years of age *residing* in the home at the time of the current report. If a child is removed as a result of the assessment or is on runaway status, count the child as residing in the home.

N5. Age of youngest child

Score as appropriate given the current age of the youngest child presently in the household where the maltreatment incident reportedly occurred. If a child is removed as a result of the current investigation, count the child as residing in the home.

N6. Child in the home has a developmental disability/emotional impairment

Indicate if there is evidence that a child has a special need, including mental retardation, attention deficit disorder, learning disability, or emotional impairment.

N7. Number of adults in home at time of report

Number of individuals 18 years of age or older *residing* in the home at time of current report.

N8. Age of primary caregiver

Age at the time of assessment.

N9. Characteristics of primary caregiver

Score based on identified caregiver characteristics:

a. Not applicable.

b. Lacks parenting skills. Primary caregiver demonstrates an inability or unwillingness to care for/supervise children, lacks knowledge of child development and age-appropriate expectations for children, and/or has poor knowledge or use of age-appropriate disciplinary methods.

c. Apathetic or hopeless. The caregiver appears overwhelmed; is indifferent; and/or exhibits a recent substantial decline in hygiene, energy level, and/or physical appearance not related to a medical problem.

d. Lacks parenting skills **and** apathetic or hopeless.

N10. Primary caregiver involved in harmful relationships

- a. No.
- b. Yes. This includes adult relationships outside the home, such as criminal activities that are harmful to domestic functioning or childcare, or harmful adult relationships inside the home, including domestic violence.

N11. Either caregiver has/had an alcohol or drug problem during the last 12 months

Either caregiver has a *current* alcohol/drug abuse problem, evidenced by use during the last 12 months that has caused conflict in home, extreme behavior/attitudes, financial difficulties, frequent illness, job absenteeism, job changes, or unemployment; or driving under the influence, traffic violations, criminal arrests, or disappearance of household items (especially those easily sold); or life organized around substance use. Includes alcohol and/or other drugs such as cocaine, marijuana, heroin, barbiturate, or prescription.

N12. Caregiver(s) response to assessment

Score based on the caregiver who is least in agreement with the investigator and/or least motivated to improve parenting skills.

- a. Not applicable.
- b. Viewed situation less seriously than agency. *Either* caregiver views the incident less seriously than the investigator or minimizes the level of harm to the child.
- c. Unmotivated to improve parenting skills. *Either* caregiver has not demonstrated a willingness to address parenting skills issues within established timeframes, based on case manager judgment made by observing the caregiver's response to a tentative service plan or other offers of agency assistance made during the assessment.
- d. Viewed situation less seriously than agency **and** unmotivated to improve parenting skills.

ABUSE

A1. Current report is for abuse

Score based on the specified allegations. Allegations include any problem under assessment even if not identified in the original report.

- a. Not applicable.
- b. Allegation of abuse, any type.
- c. Allegation of abuse **and** determination for physical abuse.

A2. Prior CPS history

Score based on prior CPS history:

- a. Not applicable.
- b. Prior assigned report of abuse.
- c. Prior assigned report of abuse that resulted in a determination for abuse.
- d. Prior investigation for neglect resulted in case opening. A family has received traditional CPS or foster care services from the agency (does not include family assessment response case services) as a result of a prior investigated report of neglect, or a case was receiving CPS or foster care services at the time of the current report.
- e. Prior investigation for abuse resulted in case opening. A family has received traditional CPS or foster care services from the agency (does not include family assessment response case services) as a result of a prior investigated report of abuse, or a case was receiving CPS or foster care services at the time of the current report.
- f. Prior determination for abuse **and** an investigation of abuse or neglect that resulted in case opening.

A3. Number of children in the home

The number of individuals under 18 years of age *residing* in the home at the time of the current report, including those who were removed as a result of the assessment or who are on runaway status.

A4. Either caregiver abused as a child

Mark “Yes” if credible statements provided by the caregiver(s) or others indicate that *either or both* caregivers were abused as children. Abuse includes physical, sexual, and any other type of abuse. Mark “No” if neither caregiver was abused as a child, based on credible statements by the caregiver(s) or others.

A5. Primary caregiver lacks parenting skills

Primary caregiver demonstrates an inability or unwillingness to care for/supervise children, lacks knowledge of child development and age-appropriate expectations for children, and/or has poor knowledge or use of age-appropriate disciplinary methods.

A6. Either caregiver employs excessive and/or inappropriate discipline

Mark “Yes” if either caregiver’s disciplinary practices caused or threatened harm to a child because they were excessively harsh physically, excessively harsh emotionally, and/or inappropriate to the child’s age or development. This may include consistent deprivation of affection or emotional support to a child or persistent berating, belittling, and/or demeaning of a child.

- A7. Either caregiver has a history of domestic violence**
Mark “Yes” if *either* caregiver has a history of domestic violence, defined as adult mistreatment of one another and evidenced by hitting, slapping, yelling, berating, verbal/physical abuse, arguments (may involve, or be blamed on, children), physical fighting (with or without injury), continuing threats, ultimatums, intimidation, frequent separation/reconciliation, involvement of law enforcement and/or domestic violence programs, restraining orders, or criminal reports. Mark “No” if neither caregiver has a history of domestic violence. Score based on whether domestic violence was/is present DURING the past 12 months AND/OR was present prior to the last 12 months.
- A8. Either caregiver is a domineering parent**
Mark “Yes” if either caregiver over-controls the child and/or expects immediate compliance. This may be characterized by a caregiver seeing his/her own way as the only way or little two-way communication between the caregiver and child.
- A9. Child in the home has a developmental disability or a history of delinquency**
- a. No. No history of either.
 - b. Developmental disability including emotional impairment. There is evidence that a child has a special need, including mental retardation, attention deficit disorder, learning disability, or emotional impairment.
 - a. History of delinquency. Any child has been referred to juvenile court for delinquent or status offense behavior. Status offenses not brought to court attention but which create stress within the household should also be scored here, such as children who run away from home, are habitually truant from school, or have drug or alcohol problems.
 - b. Developmental disability **and** history of delinquency.

Supplemental Data Collection Items:

- S1. Primary caregiver has/had a mental health problem**
Assess whether credible and/or verifiable statements by a caregiver or others indicate that the primary caregiver has been diagnosed with a significant mental health disorder by a mental health clinician, had repeated referrals for mental health/psychological evaluations, or was recommended for treatment/hospitalization or treated/hospitalized for emotional problems. Indicate whether the mental health problem was/is present DURING the past 12 months AND/OR was present prior to the last 12 months.
- S2. Secondary caregiver has/had a mental health problem**
Assess whether credible and/or verifiable statements by a caregiver or others indicate that the secondary caregiver has been diagnosed with a significant mental health disorder by a mental health clinician, had repeated referrals for mental health/psychological evaluations, or was recommended for treatment/hospitalization or treated/hospitalized for emotional problems. Indicate whether the mental health problem was/is present

DURING the past 12 months AND/OR was present prior to the last 12 months. If there is not a secondary caregiver in the household, mark “a. No, or not applicable.”

MINNESOTA FAMILY RISK ASSESSMENT OF ABUSE/NEGLECT POLICY AND PROCEDURES

Risk assessment identifies families with high, moderate, or low probabilities of future abuse or neglect. By completing the risk assessment, the case manager obtains an objective appraisal of the likelihood that a family will maltreat their children in the next 18 to 24 months. The difference between the risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and they are more often involved in serious abuse or neglect incidents.

The risk indices are based on research on cases with determined abuse or neglect that examined the relationships between family characteristics and the outcomes of subsequent abuse and neglect. The indices do not predict recurrence but simply assess whether a family is more or less likely to have another incident without intervention by the agency. One important result of the research is that a single instrument should not be used to assess the risk of both abuse and neglect. Different family dynamics are present in abuse and neglect situations. Hence, separate indices are used to assess the future probability of abuse or neglect.

Which Cases: All CPS maltreatment reports assigned for an investigation or family assessment that involves a family caregiver. This does not apply to institutional abuse cases.

Who: The assigned case manager who is completing the investigation/assessment.

When: The risk assessment is to be finalized prior to determining the disposition of the investigation/assessment. It is one of the elements considered in making this determination.

A risk assessment is conducted when a new CPS incident occurs in an ongoing case.

Decision: The risk assessment identifies the level of risk of future maltreatment and guides the decision to close a report or open a case for ongoing services.

Low and moderate risk cases should be considered for closure unless there are unresolved safety concerns that require continued services, or there is agreement between the family and the agency for the family to receive family support services.

For open cases, the risk level guides minimum contact standards.

Appropriate Completion:

Only **one** household can be assessed on the risk assessment form. When a child's parents do not live together, the child may be a member of two households. Use the following guidelines to determine which household should be assessed.

- Always assess the household of the alleged perpetrator. This may be the child's primary residence if it is also the residence of the alleged perpetrator, or it may be the household of a non-custodial parent if it is the residence of the alleged perpetrator.
- If the alleged perpetrator is a non-custodial parent, also assess the custodial parent *if there is an allegation of failure to protect*.
- If a child is being removed from a custodial parent, *also assess any non-custodial parent identified* if he/she will receive CPS.

Some items are very objective (such as prior child abuse/neglect history or the age of the caregiver). Others require the case manager to use discretionary judgment based on his/her assessment of the family.

Identifying the Primary and Secondary Caregivers

Some items refer to the primary or secondary caregiver of the children involved in the incident. First, identify the primary caregiver. The primary caregiver is simply the **adult** (typically the mother) **living in the household** who assumes the most childcare responsibility. When two adult caregivers are present *and* the case manager is in doubt about which one assumes the most childcare responsibility, the adult legally responsible for the children involved in the incident should be selected. If this rule does not resolve the question, the legally responsible adult who was an alleged perpetrator should be selected. The secondary caregiver is defined as an **adult living in the household** who has routine childcare responsibility but less responsibility than the primary caregiver.

Each index (abuse and neglect) is completed regardless of the type of allegation(s) reported or assessed. All items on the risk assessment index are completed. *The assigned case manager must make every effort throughout the assessment to obtain the information needed to answer each assessment question.* However, if information cannot be obtained to answer a specific item, score the item as "0."

After scoring all items in each index, the assigned case manager totals the score for each index and determines the risk level by using the chart in the risk level section. **The highest score from either index determines the risk level.**

Policy Overrides

Policy overrides reflect incident seriousness and child vulnerability concerns and have been determined by the agency to be case situations that warrant the highest level of service regardless of the risk index score. If any policy override reasons exist, the risk level is increased to high.

After identifying the scored risk level, the assigned case manager indicates if any policy override reasons exist. If more than one reason exists, indicate the *primary* override reason. Only one reason can be selected. All overrides must be approved by the supervisor.

Discretionary Overrides

The assigned case manager also indicates if there are any discretionary override reasons. A discretionary override is used to increase the risk level by one increment in any case where the assigned case manager feels the risk level set by the indices is too low. All overrides must be approved by the supervisor.

Case Name: _____ Case #: _____ Current Date: ____/____/____

Worker Name: _____ Reassessment #: ____ Date Report Received: ____/____/____

- R1. Number of prior assigned maltreatment reports** SCORE
- a. None0
- b. One1
- c. Two or more2

- R2. Type of prior maltreatment reports**
- a. Not applicable.....0
- b. Prior assigned report for abuse1
- c. Prior determination for neglect1
- d. Prior assigned report for abuse **and** prior determination for neglect.....2

- R3. Number of children in the home**
- a. One -1
- b. Two to three.....0
- c. Four or more1

- R4. Age of youngest child**
- a. 3 or older.....0
- b. 2 or younger.....1

- R5. Age of primary caregiver**
- a. 30 or older.....0
- b. 29 or younger.....1

- R6. Either caregiver has had an alcohol or drug problem since the last assessment/reassessment**
- a. No0
- b. Yes1

- R7. Caregiver(s) has experienced domestic violence since the last assessment/reassessment**
- a. No0
- b. Yes1

- R8. Child in the home has a developmental disability/emotional impairment**
- a. No0
- b. Yes1

- R9. Caregiver use of treatment/training programs** *(score based on the caregiver with the least progress)*
- 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 objectives2
- c. Primary: Refuses involvement in programs or failed to comply/participate as required.....4
- d. Secondary: Successfully completed all programs recommended or actively participating in programs; pursuing objectives detailed in case plan.....0
- e. Secondary: Minimal participation in pursuing case plan objectives2
- f. Secondary: Refuses involvement in programs or failed to comply/participate as required.....4

RISK LEVEL: Assign the family’s risk level based on the following chart:

TOTAL SCORE _____

| | |
|--------------|-------------------|
| <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 perpetrator 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:** ____/____/____

MINNESOTA FAMILY RISK REASSESSMENT OF ABUSE/NEGLECT DEFINITIONS

R1. Number of prior assigned maltreatment reports

Count all maltreatment reports, determined or not, that were assigned for CPS family assessment or investigation for any type of abuse or neglect prior to the report resulting in the current open CPS case.

R2. Type of prior maltreatment reports

- a. Not applicable.
- b. Prior assigned report for abuse.
- c. Prior determination for neglect.
- d. Prior assigned report for abuse **and** prior determination for neglect.

R3. Number of children in the home

Score this based on the number of individuals younger than 18 years old residing in the home at the time of the most recent report. If a child is on runaway status, count the child as residing in the home.

R4. Age of youngest child

Score as appropriate given the current age of the youngest child presently in the household where the maltreatment incident reportedly occurred.

R5. Age of primary caregiver

The *current* age of the primary caregiver.

R6. Either caregiver has had an alcohol or drug problem since the last assessment/reassessment

Mark “Yes” if either caregiver has experienced an alcohol/drug abuse problem during the current review period that has caused conflict in the home, extreme behavior/attitudes, financial difficulties, frequent illness, job absenteeism, job changes, or unemployment; or driving under the influence, traffic violations, criminal arrests, or disappearance of household items (especially those easily sold); or life organized around substance use. Includes alcohol and/or other drugs such as cocaine, marijuana, heroin, barbiturate, or prescription.

R7. Caregiver(s) has experienced domestic violence since the last assessment/reassessment

Mark “Yes” if *either* caregiver has experienced domestic violence during the current review period, defined as adult mistreatment of one another and evidenced by hitting, slapping, yelling, berating, verbal/physical abuse, arguments (may involve, or be blamed on, children), physical fighting (with or without injury), continuing threats, ultimata, intimidation, frequent separation/reconciliation, involvement of law enforcement and/or domestic violence programs, restraining orders, or criminal reports. Mark “No” if neither caregiver has a history of domestic violence.

R8. Child in the home has a developmental disability/emotional impairment

Indicate if there is evidence that a child has a special need including mental retardation, attention deficit disorder, learning disability, or emotional impairment.

R9. Caregiver use of treatment/training programs

Rate this item based on whether the caregiver has mastered or is mastering skills learned from participation in programs. Score based on the caregiver with the least progress.

- a. Primary: Successfully completed all recommended programs or actively participating in programs; pursuing objectives detailed in case plan. Observation demonstrates the primary caregiver's application of learned skills in interactions between child/caregiver, caregiver to caregiver, caregiver to other significant adult, self-care, home maintenance, financial management, or mastery of skills toward reaching the behavioral objectives agreed on in the case plan.
- b. Primary: Minimal participation in pursuing case plan objectives. The primary caregiver is minimally participating in services; he/she has made progress but is not fully complying with the case plan objectives.
- c. Primary: Refuses involvement in programs or failed to comply/participate as required. The primary caregiver refuses services, sporadically follows the service agreement, or has not mastered the necessary skills due to a failure or inability to participate.
- d. Secondary: Successfully completed all recommended programs or actively participating in programs; pursuing objectives detailed in case plan. Observation demonstrates the secondary caregiver's application of learned skills in interaction between child/caregiver, caregiver to caregiver, caregiver to other significant adult, self-care, home maintenance, financial management, or mastery of skills toward reaching the behavioral objectives agreed upon in the case plan.
- e. Secondary: Minimal participation in pursuing case plan objectives. The secondary caregiver is minimally participating in services; he/she has made progress but is not fully complying with the case plan objectives.
- f. Secondary: Refuses involvement in programs or failed to comply/participate as required. The secondary caregiver refuses services, sporadically follows the service agreement, or has not mastered the necessary skills due to a failure or inability to participate.

MINNESOTA FAMILY RISK REASSESSMENT OF ABUSE/NEGLECT POLICY AND PROCEDURES

The family risk reassessment is used to assist the case manager in determining risk of abuse and/or neglect. Together with the family strengths and needs reassessment and the progress made in the treatment plan, it assists the case manager in determining the required service level intensity.

Reassessments are performed at established intervals throughout the life of the case. Case reassessment ensures that both risk of maltreatment and family service needs will be considered in later stages of the service delivery process and that case decisions will be made accordingly. At each reassessment, case managers reevaluate the family, using tools that help them systematically assess changes in risk levels. Case progress will determine if a case should remain open or if the case can be closed.

While the initial risk assessment has separate indices for abuse and neglect, there is only one risk index for reassessment. The focus at reassessment is the impact of services provided to the family or whether certain events in the family have occurred since the last assessment. Many items on the reassessment are those strongly related to the probability of subsequent abuse and/or neglect and generally do not change from the initial assessment. Other items relate to events that did or did not occur since the last assessment/reassessment. The final item specifically relates to the caregivers' use of treatment/training programs.

Which Cases: All ongoing cases where *all* children are currently in the home (or no reunification efforts exist).

Who: The assigned case manager.

When: The first review must occur no later than 90 days after completion of the first treatment plan. Reassessments occur quarterly thereafter. The reassessment may be completed whenever there is a significant change in the case.

Decision: The risk reassessment is used to guide decision making following the provision of services to clients. While the initial assessment projects a risk level prior to agency service provision, the reassessment takes into account the provision of services. The reassessment of each family provides an efficient mechanism to assess changes in family risk due to the provision of services. At reassessment, a family may be continued for services or the case may be closed.

Consider case closure for low and moderate risk cases unless there are any unresolved safety concerns, or there is agreement between the family and agency for the family to continue receiving family support services. The risk level following reassessment sets minimum contact standards.

Appropriate Completion:

Complete all header information. Indicate the risk reassessment number in the “Reassessment #” field.

As on the initial risk assessment, each reassessment item is scored by the case manager. Score based on the status of the case since the last assessment/reassessment. Note, however, that some items generally do not change from one reassessment period to the next.

After scoring each item, total the item scores in the space provided. Based on the total score, determine the reassessment risk level by finding the appropriate range on the risk level chart. This level is used to set the appropriate family service level.

Policy Override

Policy overrides, as determined by the agency, apply to specific case situations that warrant the highest level of service from the agency regardless of the risk score at reassessment.

The case manager indicates if any of the policy override reasons exist. If more than one reason exists, indicate the primary override reason. Only one reason can be selected.

At reassessment, a policy override identified at the initial assessment is no longer a mandatory increase to high. If the case manager determines that the case warrants an increase to high (due to a failure of service or of the parents to make progress in services), a discretionary override should be used to increase the risk level. A policy override is only used at reassessment if the event has occurred since the last assessment. All overrides must be approved by the supervisor.

Discretionary Override

The case manager indicates if there are any discretionary override reasons. At reassessment, a discretionary override can be used to increase or decrease the risk level by one increment in any case where the case manager feels the risk level set by the indices is too low or too high. All overrides must be approved by the supervisor.

After consideration of overrides, indicate the final risk level by marking the appropriate level.