

**NORTH CAROLINA
SDM® FAMILY RISK REASSESSMENT**

Case Name: _____ Case #: _____ Date: _____

County Name: _____ Date Report Received: _____

Social Worker Name: _____ Reassessment #: 1 2 3 4 5 _____

Children: _____

Primary Caretaker: _____ Secondary Caretaker: _____

R1. Number of prior CPS assessments	Score
a. None	0
b. One or more family assessments	1
c. One or more investigative assessments	2
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R2. Prior CPS In-Home or Out-of-Home service history	
a. No	0
b. Yes	1
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R3. Either caretaker has history of abuse/neglect	
a. No	0
b. Yes	1

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

R4. Age of youngest child in the home	
a. 3 or older	0
b. 2 or younger	1
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R5. Number of children residing in the home	
a. Two or fewer	0
b. Three or more	1
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R6. Child characteristics	
a. None applicable	0
b. One or more apply	1
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<input type="checkbox"/> Mental health and/or behavioral problems	
<input type="checkbox"/> Medically fragile/failure to thrive diagnosis	
<input type="checkbox"/> Developmental disability	
<input type="checkbox"/> Learning disability	
<input type="checkbox"/> Physical disability	
<hr/>	
R7. Lacks parenting skills	
a. No	0
b. One or more apply	1
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<input type="checkbox"/> Inadequate supervision of children	
<input type="checkbox"/> Uses excessive physical/verbal discipline	
<input type="checkbox"/> Lacks knowledge of child development	

R8. Either caretaker has a drug or alcohol problem

a. No.....0

b. One or more apply.....1 _____

R9. Either caretaker has a mental health problem

a. No.....0

b. One or more apply.....1 _____

R10. Either caretaker currently involved in domestic violence

a. No.....0

b. Yes1 _____

R11. Caretaker's use of treatment/training programs

a. Successfully completed all programs recommended or actively participating in programs; pursuing objectives detailed in service agreement0

b. Minimal participation in pursuing objectives in service agreement1

c. Refuses involvement in programs or failed to comply/participate as required2 _____

TOTAL SCORE _____

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

<u>Score</u>	<u>Risk Level</u>
0-2	_____ Low
3-5	_____ Moderate
6-13	_____ High

OVERRIDES

Policy: Override to high; mark appropriate reason.

- _____ 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 to an infant
- _____ 4. Death (previous or current) of a sibling as a result of abuse or neglect.

Discretionary: Override (increase or decrease **one level** with supervisor approval). Provide reason below.

Reason:

OVERRIDE RISK LEVEL: _____ Low _____ Moderate _____ High

Social Worker: _____ **Date:** _____

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

**NORTH CAROLINA
FAMILY RISK REASSESSMENT
DEFINITIONS**

The primary caretaker is the adult (typically the parent) living in the household who assumes the most responsibility for childcare. When two adult caretakers are present and the worker is in doubt about which one assumes the most child care 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 an alleged perpetrator should be selected. **Only *one* primary caretaker can be identified (per form/household.)**

The secondary caretaker is defined as an adult living in the household who has routine responsibility for childcare, but less responsibility than the primary caretaker. A living together partner can be a secondary caretaker even though they have minimal responsibility for the care of the child(ren).

R1. Number of prior CPS assessments

Use Central Registry to count all maltreatment reports for all children in the home which were assigned for CPS assessment (both family assessments and investigative assessments) for any type of abuse or neglect prior to the report resulting in the current assessment. If information is available, include prior maltreatment assessments conducted in other states.

- a. Score 0 if there were no CPS assessments prior to the current report.
- b. Score 1 if there were one or more family assessments prior to the current report.
- c. Score 2 if there were one or more investigative assessments prior to the current report (if there were both one or more prior family assessments and one or more prior investigative assessments, score 2).

R2. Prior CPS in-home or out-of-home service history

Contact other counties and states where there is believed to be prior CPS service history on this family.

- a. Score 0 if this family has not received CPS in-home or out-of-home services as a result of a prior finding of “substantiated” or “services needed” report of abuse and/or neglect.
- b. Score 1 if this family has received CPS in-home or out-of-home services as a result of a prior finding of “substantiated” or “services needed” report of abuse or neglect, or is receiving CPS in-home or out-of-home services at the time of a new CPS assessment and finding of services needed or substantiation.

R3. Either caretaker has history of abuse/neglect

- a. Score 0 if neither caretaker was abused and or neglected as children, based on credible statements by the caretaker(s) or others.
- b. Score 1 if credible statements were provided by the caretaker(s) or others regarding whether *either or both* caretakers were abused and or neglected as children.

R4. Age of youngest child in the home

Choose the appropriate score given the current age of the youngest child in the household where the maltreatment incident reportedly occurred. Youngest children within a residential placement but in the custody of the caretaker(s) should be counted as residing in the home. If a child is on runaway status, is removed, whether placed in foster care or with a safety resource as a result of current CPS involvement, count the child as residing in the home (I.E. if there was never closure of current CPS Services whether In-Home or Out-of-Home being provided and a new report is made, count the child as in the home).

- a. Score 0 if the youngest child is 3 years old or older.
- b. Score 1 the youngest child is 2 years old or younger.

R5. Number of children residing in the home

Number of individuals under 18 years of age *residing* in the home at the time of the current report. If multiple families reside in the home, count all children. Children within a residential placement but in the custody of the caretaker(s) should be counted as residing in the home. If a child is on runaway status, is removed, whether placed in foster care or with a safety resource as a result of current CPS involvement, count the child as residing in the home (I.E. if there was never closure of current CPS Services whether In-Home or Out-of-Home being provided and a new report is made, count the child as in the home).

- a. Score 0 if two or fewer children were residing in the home at the time of the current report.
- b. Score 1 if three or more children were residing in the home at the time of the current report.

R6. Child characteristics

- a. Score 0 if no child in the household exhibits characteristics described below.
- b. Score 1 if any child in the household exhibits any of the characteristics described below. Mark all that apply.
 - Mental health and/or behavioral problem: Any child in the household has mental health or behavioral problems not related to a physical or developmental disability. This could be indicated by a DSM Axis I diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking prescribed psychoactive medications.
 - Any child is medically fragile or diagnosed with failure to thrive.
 - » Medically fragile: Medically fragile describes a child who has any condition diagnosed by a physician that can become unstable and change abruptly, resulting in a life-threatening situation; and which requires daily, ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members, and requires the routine use of a medical device or of assistive technology to compensate for the loss of usefulness of a body function needed to participate in the activities of daily living, and child lives with ongoing threat to his or her continued well-being. Examples include a child who requires a trach-vent for breathing or a g-tube for eating.
 - » Failure to thrive: A diagnosis by a physician that the child has failure to thrive.
 - Developmental disability: A severe, chronic condition due to mental and/or physical impairments which has been diagnosed by a physician or mental health professional. Examples include mental retardation, autism spectrum disorders, and cerebral palsy.
 - Learning disability: Child has an individualized education program (IEP) to address a learning disability such as dyslexia. Do not include an IEP designed solely to address mental health or behavioral problems. Also include a child with a learning disability diagnosed by a physician or mental health professional who is eligible for an IEP but does not yet have one, or who is in preschool.

- Physical disability: A severe acute or chronic condition diagnosed by a physician that impairs mobility, sensory, or motor functions. Examples include paralysis, amputation, and blindness.

R7. Either caretaker lacks parenting skills

- a. Score 0 if caretaker(s) displays parenting patterns which are age-appropriate for children in the home, including realistic expectations and appropriate discipline.
- b. Score 1 if caretaker(s) lacks parenting skills as evidenced by the following:
 - Inadequate supervision of children;
 - Use of excessive physical/verbal discipline; or
 - Lacks knowledge of child development: Caretaker's lack of knowledge regarding child development and/or age-appropriate expectations for children.

R8. Either caretaker has a drug or alcohol problem

Either caretaker has alcohol/drug abuse problems, evidenced by use causing conflict in home, extreme behavior/attitudes, financial difficulties, frequent illness, job absenteeism, job changes or unemployment, driving under the influence (DUI), traffic violations, criminal arrests, disappearance of household items (especially those easily sold), or life organized around substance use.

- a. Score 0 if neither caretaker has a drug or alcohol problem, or has some substance use problems that minimally impact family functioning.
- b. Score 1 if either caretaker has a current alcohol/drug abuse problem (within the last 12 months) that interferes with his/her or the family's functioning. Such interference is evidenced by the following:
 - Substance use that affects or affected employment; criminal involvement; marital or family relationships; and/or caretaker's ability to provide protection, supervision, and care for the child;
 - An arrest in the past year for DUI or refusing breathalyzer testing;
 - Self-report of a problem;
 - Treatment currently received ;
 - Multiple positive urine samples;
 - Health/medical problems resulting from substance use and/or abuse;
 - The child's diagnosis with fetal alcohol syndrome or exposure (FAS or FAE), or the child's positive toxicology screen at birth and the primary caretaker was the birthing parent.

Legal, non-abusive prescription drug use should not be scored. Abuse of legal, prescription drugs should be scored.

R9. Either caretaker has a mental health problem

- a. Score 0 if the caretaker(s) does not have a current mental health problem (diagnosed within the last 12 months) OR caretaker demonstrates good coping skills.
- b. Score 1 if credible and/or verifiable statements by either caretaker or other indicate that either caretaker:
 - Has a current diagnosis of a significant mental health disorder as indicated by a DSM Axis I condition determined by a mental health professional;
 - Has had repeated referrals for mental health/psychological evaluations; or
 - Was recommended for treatment/hospitalization or was treated/ hospitalized for emotional problems within the last 12 months.

R10. Either caretaker involved in domestic violence

- a. Score 0 if neither caretaker is involved in domestic violence, or if caretakers have had an identified existence of domestic violence in a relationship but after receiving services are able to understand the impact of violence on the children and can demonstrate a respectful, non-violent relationship that is free of power and control.
- b. Score 1 if either caretaker is involved in domestic violence, defined as the establishment of control and fear in an intimate relationship through the use of violence and other forms of abuse including but not limited to physical, emotional, or sexual abuse; economic oppression; isolation; threats; intimidation; and maltreatment of the children to control the non-offending parent/adult victim. Domestic violence may be evidenced by repeated history of leaving and returning to abusive partner(s), repeated history of violating court orders by the perpetrator of domestic violence, repeated history of violating safety plans, involvement of law enforcement and/or restraining orders, or serious or repeated injuries to any household member.

R11. Caretaker's use of treatment/training programs

Rate this item based on whether the primary caretaker has mastered or is mastering skills learned from participation in program(s). If two or more caretakers are present, indicate the least progress made among the most frequent caretaker(s).

- a. Score 0 if observation demonstrates caretaker's application of learned skills in interaction(s) between child and caretaker, caretaker and caretaker, caretaker and other significant adult(s); in self-care, home maintenance, or financial management; or if observation demonstrates caretaker's mastery of skills toward reaching the behavioral objectives agreed upon in the service agreement.
- b. Score 1 if the caretaker is minimally participating in services, has made progress but is not fully complying with the objectives in the service agreement.
- c. Score 2 if the caretaker refuses services, sporadically follows the service agreement or has not mastered the necessary skills due to a failure or inability to participate.

**NORTH CAROLINA
FAMILY RISK REASSESSMENT
POLICY AND PROCEDURES**

The Family Risk Reassessment is a tool used to assist the CPS In-Home and Out-of-Home Services social worker in determining risk of future abuse and/or neglect. Together with the Family Strengths and Needs Assessment and the progress made in the service agreement, it assists the social worker in determining the required service level intensity.

Reassessments are performed at established intervals as long as the case is open. 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, the social worker reevaluates the family, using instruments which help 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 scales for abuse and neglect, there is only one risk scale for reassessment. The focus at reassessment is the impact of services provided to the family during the period assessed or on whether certain events in the family have occurred since the last assessment.

Which cases: All CPS In-Home Services cases or Out-of-Home Services cases when the agency has legal custody and the children have not been removed from the home.

Who completes: Social worker assigned to the case.

When: **CPS In-Home Services:** Risk Reassessments shall be completed:

- a) At the time of the Service Agreement updates
- b) Whenever a significant change occurs in the family
- c) Within 30 days prior to case closure.

CPS Out-of-Home Services: In cases where the agency has legal custody of the child(ren) and the child(ren) has not been removed from the home, the Family Risk Reassessment of Abuse and Neglect shall track with the required scheduled Permanency Planning Action Team meetings and shall occur within 30 days prior to any court hearing or review. (If reviews are held frequently, documentation on the Risk Reassessment form may state that there have been no changes since the last update and that the current information is correct)

Trial Home Visit: The Family Risk Reassessment shall be completed when the agency has legal custody and the child has been placed back in the home for a trial home visit and a Permanency Planning Action Team meeting falls within that trial home visit period.

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.

Appropriate Completion: Complete all identifying information. Indicate appropriate Risk Reassessment by circling #1, 2, 3, 4, or 5. If the family has had more than five Risk Reassessments, indicate the reassessment number in the blank provided.

As on the initial Family Risk Assessment, each Risk Reassessment item is scored by the social worker. All scoring is completed based on the status of the case since the last Risk

Assessment/Reassessment, although the first three items, (R1 – R3), generally do not change from one reassessment period to the next.

Using the definitions, determine the appropriate response to each item and enter the corresponding score. After entering the score for each individual item, enter the total score and indicate the corresponding risk level. This level is used to set the appropriate family service level, or to determine whether the risk level is now low enough to close the case.

Policy Override

Policy overrides have been determined by the agency as applying to specific case situations that warrant the highest level of service from the agency regardless of the risk scale score at reassessments. If any policy override reasons exist; the risk level is increased to high.

The social worker then 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.

Discretionary Override

Discretionary overrides are used by the social worker whenever s/he believes that the risk score does not accurately portray the family's actual risk level. The social worker can increase or decrease the risk level by one step with supervisory approval.

If the social worker applies a discretionary override, the reason should be written in on the available line for discretionary override, and a check should be placed next to the appropriate level.

All overrides must be approved in writing by the supervisor.