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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 90 LCM-97

Date: July 10, 1990

Division: Family and Children
Services

TO: Local District Commissioners

SUBJECT: CPS Risk Assessment

ATTACHMENTS: I Preliminary Assessment of Safety
II Risk Summary for Unfounded, No/Low Risk Cases
III Risk Assessment Protocol
IV Risk Assessment Rating Scale Instructions
V UCR Service Plan Pages

(Attachments are not available on-line)

This serves as a follow-up to 90-LCM 74, dated 5/29/90, and is intended to solicit comments from you concerning the work done to date on the development of a State risk assessment system.

Another LCM on risk assessment will be sent to you next month. It will outline the Department's decision in regard to approving the use of one or more risk assessment models for local district and voluntary agency use. The LCM will also provide a projected statewide implementation timetable.

90-LCM 74 presented the basic principles and goals that we followed in developing the system. The attached draft material is derived from those principles and goals. If you disagreed with any of our overriding principles and goals, it would be helpful for you to bring this to our attention and explain how our expectations differ, as well as give us specific comments on the enclosed material. Attention has not yet been given to final formatting (i.e., spacing, print size, etc.). Therefore, while we would be pleased to consider your ideas about this aspect, we would advise that you direct your attention primarily to content.

We would like to provide some background to help you better understand how we developed the draft forms. In order to develop material that would support decision-making throughout the life of a case we considered our expectations of local CPS staff from the time a case is transmitted from the SCR until determination, as well as how the case should be addressed by subsequent service providers.

The initial CPS responsibility is to ensure that the reported child(ren) and other children in the home are safe. Certainly this includes determining whether the child(ren) is in imminent danger regarding life or health. Additionally, it includes assessing whether the child is likely not to be maltreated until such time (as long as 90 days) that a more complete assessment can be completed, which will assess risk of future maltreatment.

Attachment I, "Preliminary Assessment of Safety" will assist a worker to decide whether a child seems to be safe. We envision that eventually a worker would be required to complete this form in lieu of the current DSS-2222, except that necessary demographic information would still be required. Currently, there is a statutory requirement for a preliminary report to be sent to the SCR at seven days. Ideally, this requirement would be amended to fourteen days, in order to ensure sufficient time for the worker to obtain the information necessary to complete this assessment. However, we believe that in the majority of cases, sufficient information can be obtained within seven days.

In relation to our attempt to have any new forms or paperwork requirements support decision-making, we do not believe that caseworkers will be unable to make case decisions prior to case record documentation. However, we do believe strongly that if workers complete an assessment around the point in time when casework decision-making is occurring, this will help promote the workers' internalizing of the established criteria in their thought process. Documentation also makes it easier for the supervisor to ensure that the worker has considered the relevant factors. Finally, we are trying to construct forms that support purposeful interactions between workers and their supervisor. Any comments that you can provide us that promote this interaction will be greatly appreciated.

After ensuring that the child(ren) is safe, a CPS worker has two major responsibilities. The worker has to reach a determination as to whether abuse/maltreatment exists. This information is coded and documented on the DSS-2223. The other primary responsibility is to assess risk of future maltreatment or abuse to the child(ren) in the home. This is necessary because unless one can reach an informed conclusion about whether a child is likely to be maltreated or abused in the future, it is impossible to make the best decision concerning which cases most merit the use of limited services resources. Both of these

responsibilities, reaching an allegation specific determination and assessing future risk, are critical. The work we have done over the past year in relation to risk assessment is a purposeful attempt to ensure that CPS caseworkers give appropriate attention to each responsibility and that we support these efforts.

Although the presence of existing maltreatment or abuse is an important factor in assessing the likelihood of future maltreatment/abuse, it is by no means the only factor. In that a determination of unfounding or indication does not necessarily equate with low or high risk, an assessment of future risk needs to be made in all cases.

Throughout our deliberations, we have tried to maintain a focus on the need to structure worker assessment activities while not creating major new paperwork requirements. Attachment II, "Risk Summary for Unfounded, No/Low Risk Cases" is one result of trying to balance these two considerations. This form is to be utilized for low risk cases that are unfounded within 30 days.

This form takes several factors into account. First, all reports to the SCR have the potential to have significant risk elements present, even unfounded cases. Therefore, CPS staff should focus not only on whether abuse or neglect is present, but also on the extent of risk that is present. However, we also recognize that clearly unfounded cases will often have less risk elements present than cases where abuse or maltreatment is found to have occurred. Consequently, we have developed a form that calls for minimal documentation by the worker that basic risk elements were considered during the worker's interaction with the family. While this form will subsequently be expunged, it provides a basis for the supervisor to review with the caseworker that the worker's assessment included consideration of the risk elements, in addition to the credibility of the allegations. Finally, although one option might be to not require any risk documentation for these cases, we ultimately lean toward supporting the overall objective, which is that caseworkers routinely assess risk for all their cases, just as they gather information about whether credible evidence exists related to the specific allegation.

Attachment III, "Risk Assessment Protocol" is the document that would be used for determining risk in most cases. This form would be completed at (or before) determination for all indicated cases, as well as for cases that are unfounded after 30 days. If the case is indicated and remains open, this form would be incorporated into the Initial Assessment and Service Plan (UCR), and would replace questions #1 and #4.

We recognize that completion of the questions in the "Risk Assessment Protocol" create new paperwork requirements, especially for the indicated/closed and unfounded cases. However, the additional documentation requirements are necessary to ensure that the prescribed risk elements are assessed in all cases, that decisions about offering and providing services are informed by objective criteria and professional judgement, and that workers and supervisors actually internalize the thought process associated with assessing risk.

Section A of the "Risk Assessment Protocol" is intended to ensure that workers continue to consider issues pertaining to the children's safety while also assessing and developing a service plan largely directed to risk. In fact, if "yes" is checked, to indicate a question of safety, by definition, the district must try to keep the case open and encourage the family to accept safety oriented intervention. Of course, a family may only be compelled to accept services via an Article X dispositional order.

Please note that we have chosen to co-locate the description of the safety intervention with the safety assessment, rather than having it described in the service plan. This has been done to emphasize the conceptual distinction between intervening to control present danger, as opposed to providing services for the purpose of changing behavior and thereby reducing risk of future harm.

Section B of the Protocol, the Risk Assessment Scales, has incorporated scales previously used in other jurisdictions and additional risk elements which may be important. We are especially interested to know your opinion about whether any important assessment areas may be missing and/or are duplicative. The anchors (descriptors) for each element are contained in Attachment IV, "Risk Assessment Rating Scale Instructions." Do you find the anchors to be sufficiently descriptive to enable workers to accurately differentiate between various family circumstances? Do you have suggestions for improvement?

Section C has workers tabulate their risk ratings by each force. The main purpose of this section is to allow the worker and supervisor to visually scan, in summary form, the force(s) in which the family is particularly vulnerable and/or potentially strong. If this section is eventually incorporated into the redesigned SCR reporting system, as we anticipate, the system would do the tabulation for the worker.

Section D ensures that workers do not focus only on family deficits. Consideration of family strengths, which have the potential to offset risk, provides for a more complete and realistic assessment.

Sections E & F are intended to have the worker consider the high risk factors, both individually and in combination; consider other factors that may impact upon the risk to the children; and reach a conclusion about the risk of future maltreatment for the children in the family. To the extent that some children in the family are more at risk than others, this should be discussed in the narrative. Section F calls for selecting an overall case risk rating for the family. An additional page provides draft operational definitions of these risk ratings.

Section G is intended to ensure that the worker strongly weighs a decision to close a case in which significant risk is present. An explicit purpose for initiating a risk based system is to target those

families, which appear most likely to have future difficulties, for intervening services to reduce the likelihood of future maltreatment. Therefore, such cases should not be closed, especially absent appropriate referral, without good cause.

There are certainly situations where the provision of protective or preventive services, and/or service referrals, may not be a possible course of action. Clearly there is no legal authority to compel services to families where a case has been unfounded. Likewise, some higher risk, indicated cases may not have sufficient evidence to sustain a Family Court petition. However, whether it is possible to compel services or not, in most instances the best chance for a family to change behavior that jeopardizes children will develop when the family agrees that change is necessary. As a result, an implicit purpose for initiating a risk based system is to provide a structure for the worker to openly and empathetically explore various aspects of the client's life situation in order to engage the client and, when appropriate, encourage the family to voluntarily accept or seek out assistance.

Please note that throughout this process a single numerical risk rating is not computed. There are two primary reasons why this system, unlike some other risk assessment systems, does not incorporate a numerical risk summary. First, we do not want to send the message that the process for assessing risk is so mechanical that worker/supervisor skill and judgement are not needed. While the system is designed to standardize the assessment focus across workers, units, and agencies, we do not believe that any assessment system can, even in part, substitute for a skilled workforce.

A second reason to proceed without an overall numerical rating is that there are so few validated research studies that prove that use of a particular risk assessment instrument or individual risk elements will predict future abuse or maltreatment at a specified level of accuracy. Likewise, the elements contained in the New York Risk Assessment Protocol have not been empirically validated, although they have support in the professional literature. Nevertheless, in the absence of a controlled study, we believe that these elements are the most compelling for analyzing risk as a basis for case decision-making.

You will not find any material enclosed concerning ongoing reassessment of risk because we are continuing to work on language for form revisions. As we have stated in 90-LCM 74 and in other forums, we believe that an assessment of risk throughout the life of a CPS case allows one to objectively measure case progress and maintain a singular casework focus. Ongoing risk assessment will be conducted within the timeframe and context of the UCR Assessment and Service Plans. We anticipate requiring that the Risk Assessment Protocol (or a modified version) be completed at each UCR point and that the Protocol would again replace the current UCR Reassessment question. Additionally, for

all the UCR Service Plans, including the Initial, the questions concerning the service plan would be modified to cue for services aimed at reducing risk or providing safety for children in CPS cases. Attachment V shows how these pages would likely be revised.

It has been our goal in this project to develop a structured, rational decision-making approach to child protective services case practice without replacing professional judgement. We have sought to develop a system that would be instructive throughout the life of a CPS case, regardless of whether CPS staff remained as the case planner. In order to develop a consistent approach to risk assessment by all case planners and to facilitate implementation, the system has been developed to integrate with UCR and the UCR timeframes. Finally, we have attempted to balance the need for a risk assessment focus with workload impact.

Your views on our goals and the degree to which we have achieved them will be most appreciated. It would be helpful to receive your feedback by July 27th. Please send written comments to Barry Salovitz, Risk Assessment Project Director. Alternatively, you are invited to have staff call him with any comments at 1-800-342-3715, extension 3-0796, or (518) 473-0796.

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and Children Services