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| LOCAL COMMISSIONERS MEMORANDUM |  
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Transmittal No: 90 LCM-170

Date: October 22, 1990

Division: Family and Children  
Services

TO: Local District Commissioners

SUBJECT: Risk Assessment

ATTACHMENTS: There are no attachments to this release.

This memorandum continues our communication with you concerning eventual statewide implementation of risk assessment for child protective services cases. The last memorandum, 90 LCM-97, dated July 10, 1990, contained a first draft of a package of forms developed by the Division's risk assessment workgroup. In response to this LCM, we received numerous comments regarding the principles and framework which form the conceptual foundation for our risk assessment initiative. In addition, we received detailed suggestions for improving the specific forms constituting the risk assessment model. Later in this letter, I will broadly review many of the comments received and, highlight changes we anticipate making in response to your input.

First however, there has been significant interest in whether the Department will promote a single statewide risk assessment model or allow the use of diverse models. As you may know our initial position on this issue, as discussed in 90 LCM-29 (2/23/90), was to support a reasonable amount of flexibility. This interim view was subsequently discussed at a series of risk assessment forums and meetings with you and your staff that we conducted this past Spring. We also carefully

considered the various risk assessment approaches currently being implemented or under development in certain local districts within the State. Our review of these models and the feedback we received from most local districts, persuaded us to revise our initial position. Therefore, pending a successful field-test of a New York State Risk Assessment Model, we anticipate supporting a single State model implementation. Such a field test will consider, among other issues, the workload impact of the risk assessment model. This consistent approach to protecting children and addressing family service needs will be supported by statewide training and technical assistance, which I anticipate will begin in the Fall, 1991 with full implementation completed by the end of 1992.

In our endeavor to reach a decision on this issue, we carefully weighed your input. An overwhelming majority of local districts supported a single statewide approach, although there were a few local districts that strongly disagreed. One argument which was particularly compelling was the impact on voluntary foster care and preventive service agencies that had case planning responsibilities for abusing and maltreating families. Their capacity to accommodate multiple risk assessment models would be particularly difficult. Another factor was the importance attached to integrating risk assessment with the Uniform Case Record and ultimately, with the re-designed State Child Abuse and Maltreatment Register. Achievement of this objective will insure that we eliminate redundant and overlapping documentation requirements.

Training was another topic that proponents of a statewide model emphasized. Many observers stated that risk assessment must be integrated throughout all child welfare training programs to bolster successful implementation. Additionally, it is critical that our continuum of child welfare services support and maintain a common focus and perspective toward risk reduction for all CPS involved families. Adequate training support for multiple risk assessment approaches would not be possible and, at best, would be confusing and not cost effective. The last factor identified that supports a single risk assessment approach relates to case transfers. As you may know, some local districts experience varying degrees of difficulty or misunderstanding when a case must be transferred from one county to another. Individualized risk assessment and case planning models would undoubtedly exacerbate this problem.

Our ability to design a risk assessment model in preparation for field-testing was aided tremendously by the numerous and thoughtful comments we received in response to 90 LCM-97. Many suggestions were received that will result in a better formatted and easier to understand series of risk assessment forms. Perhaps the area that generated the most

substantial comment pertained to the requirement that risk assessment be applied and documented for unfounded CPS cases. The comments received typically were directed toward either the amount of time this activity would demand, and/or the legal and philosophical rationale for assessing risk in families where credible evidence of abuse or maltreatment does not exist.

The first version of the risk assessment model attempted to address the workload concern by designing a form that significantly reduced documentation requirements for cases unfounded within 30 days and where no or very little risk was believed to exist. The legal/philosophical position for not conducting and/or documenting risk assessment for unfounded cases is an argument we cannot support. It is our position that caseworkers should be assessing risk simultaneously with obtaining information that will result in a case determination conclusion. Moreover, interviews with the subject(s), children, and collateral contacts are likely to provide pertinent information to aid a caseworker reach conclusions about both issues: credible evidence of past or existing abuse or maltreatment and the risk to the children that they may be harmed in the future. Therefore, CPS caseworkers should be obtaining information about future risk, in most instances, prior to reaching conclusions about the credibility of the allegations.

In addition to the process considerations, we believe that solely focusing on past and present abuse or maltreatment has significant limitations. It is true that the existence of abuse or maltreatment provides the sole basis for compelling, through Family Court, the acceptance of safety interventions and rehabilitative services. However, without the added component of attempting to assess whether conditions support a likelihood of future harm to a child, one is unable to make informed decisions about allocating limited resources. Relatedly, it is short-sighted not to actively encourage a family's acceptance of rehabilitative services in situations where significant risk factors are present.

Nevertheless, we agree that in most instances, families that have already harmed their children are more likely to repeat the abuse or maltreatment. In addition, we are trying to be responsive to the amount of time caseworkers devote to documentation and accountability requirements. Consequently, during the field-test, risk assessment documentation for all unfounded cases will only require the use of an abbreviated risk summary form (see Attachment II, 90 LCM-97).

Several comments were received asking for an additional category for each risk scale entitled "insufficient information". For the initial risk assessment, we have added this category despite some reservations about its potential overuse. Another specific request was made to eliminate the Risk Rating Summary section (see Attachment III, Part C, 90 LCM-97). The value of compiling a numerical summary was not viewed as useful without including aggregate scores to reach a risk assessment conclusion. Insofar as we do not want professional judgment supplanted by aggregate scoring, we will eliminate this section. We have not,

however, ruled out the potential benefit of providing an automated risk scoring summary. This would be one example where risk assessment integration with the SCR redesigned system would not create any additional work for your staff, and might present information in a manner that supported case decision making.

Although there were other comments that were received and considered, summarizing each one would greatly extend the length of this communication. Although we may have disagreed with some comments or were unable to accommodate all suggestions, I want to emphasize that we consider the testing and implementation of risk assessment to be an evolving process that will be modified and improved as we all accumulate more field experience. Knowledge about risk assessment, both in terms of instrument development, and training and implementation strategies, is expanding rapidly. We have already benefited from the burgeoning professional literature that is now available and the experiences of other States implementing risk assessment. I am convinced that by approaching this critically important initiative together and with open minds, we will improve our ability to protect children and strengthen families.

A tentative workplan for statewide implementation has been developed, contingent on a successful field-test. While it is ambitious, and may require future adjustment, I believe that it is attainable. Broadly outlined, it would proceed as follows:

1. October, 1990. Completion of a redraft of the risk assessment forms, taking into account comments received on the first draft and input from nationally recognized risk assessment experts.
2. October, 1990. Selection of 2 or 3 field test districts.
3. January, 1991 - February, 1991. Train all staff in field test districts and begin a 6 month model test.
4. July - August, 1991. Analysis of field-test evaluation findings and complete necessary risk assessment model modifications.
5. September, 1991 - September, 1992. Implement training and subsequent implementation statewide. This effort will require participation by all local district CPS, Foster Care, and Preventive Services supervisors and caseworkers. We anticipate a two day training program that will include risk assessment principles and information and activities designed to initiate risk assessment model implementation. It is likely that voluntary agency staff will be trained utilizing a train-the-trainers approach.
6. September, 1991 - March, 1993. Provide regionally based, on-going technical assistance to local districts and voluntary agencies.

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We will continue to keep you informed on our progress through NYPWA committee meetings, regional directors of services meetings, and written correspondence. I again invite you or your staff to contact Regional Office staff and/or Barry Salovitz, Risk Assessment Project Director (1-800-342-3715, ext. 30796), at any point, to obtain up to date information or to offer additional thoughts and comments about our risk assessment implementation activities.

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Joseph Semidei  
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Division of Family  
and Children Services