

MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
FAMILY RISK REASSESSMENT (CS-16E)

FAMILY RISK REASSESSMENT (CS-16E) FOR IN-HOME CASES

The family risk reassessment combines items from the original risk assessment tool with additional items that evaluate a family's progress toward case plan goals.

Research has demonstrated that for the reassessment, a single index best categorizes risk for future maltreatment. Unlike the initial risk assessment, which contains separate indices for risk of neglect and risk of abuse, the risk reassessment tool is comprised of a single index.

Which cases: The risk reassessment (CS-16E) is completed on all open cases in which child(ren) remain in the home.

When: The risk reassessment should be completed every 90 days from the date of the initial risk assessment. A reassessment should be completed sooner if there are new circumstances or new information that would affect risk.

If a new report is received while a case is open, an initial risk assessment (not a risk reassessment) will be completed during the investigation/ assessment, according to risk assessment policy and procedures.

The original reassessment schedule should remain in effect (that is, all reassessments will occur 90 days from the date of the initial risk assessment on the investigation/assessment that resulted in the current open case.)

If all the children are removed from the home the use of the Risk or Risk Reassessment will be suspended until the child(ren) are returned. When children are placed back in the home the family should return to the original reassessment schedule unless it has been more than 90 days. If 90 day schedule period has expired a risk assessment should be completed within a 30 day period.

Who: The assigned worker.

Decisions: The risk reassessment guides the decision to close a case or keep it open for continued services.

- All cases in which risk is reduced to low should be considered for closure unless special circumstances exist.
- Cases in which risk remains or is reduced to moderate should be considered for closure based on a reduction of family needs and case plan participation.
- High and very high risk cases should remain open unless special circumstances exist.

Appropriate Completion:

Items R1-R4: Using the definitions, determine the appropriate response for each item and enter the corresponding score. Note that items R1 and R2 refer to the period of time PRIOR to the investigation that led to the opening of the current case. Scores for these two items should be identical to corresponding items on the initial risk assessment unless additional information has become available.

Item R3 may change if new information is available or if there has been a change in primary caretaker.

Item R4 may change if a child's condition has changed, or if a child with a described condition is no longer part of the household (children in out-of-home placement with a plan to return home are considered part of the household).

Items R5-R10: These items are scored based ONLY on observations since the most recent assessment or reassessment.

Using the definitions, determine the appropriate response for 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.

Policy Overrides: As on the initial risk assessment, the agency has determined that there are certain conditions that are so serious that a risk level of very high should be assigned regardless of the risk assessment score. The policy overrides refer to incidents or conditions that occurred since the initial risk assessment or last reassessment. If one or more policy override condition exists, check the reason for the override.

Discretionary overrides: Discretionary overrides are used by the ongoing worker whenever the worker believes that the risk score does not accurately portray the family's actual risk level. Unlike the initial risk assessment in which the worker could only *increase* the risk level, the risk reassessment permits the worker to increase or *decrease* the risk level by one risk classification. The reason a worker may now decrease the risk level is that after a minimum of three months, the worker has acquired significant knowledge of the family. If the worker applies a discretionary override, the reason should be written in for item #5, discretionary override. Discretionary overrides require supervisory review and approval (indicated by initials).

Indicate the final risk level (after application of any overrides).

Finally, indicate the case status and reason code.

Risk Assessment Definitions:

R1. Number of Prior Neglect or Abuse Investigations/Assessment. Score the item based on the number of all investigations/assessments, substantiated or not, which were assigned for investigation/assessment for any type of abuse or neglect prior to the investigation/assessment that resulted in the current open case. **This is based on information used to score the initial risk assessment that was completed on the original CA/N report that resulted in**

- the case being opened for services.** This should only change if additional information has become available during the reassessment period regarding the family's history prior to the CA/N investigation/assessment that led to the current open case.
- R2. Household has Previously Received Services as a Result of a CA/N Investigation/Assessment.** Score 1 if household has previously received services prior to the current investigation/assessment. Do not include delinquency services or cases opened at family's request (SS-63 open reason=A or E). **Scoring of this item is the same as items N3 and A3 from the initial risk assessment completed on the case that resulted in the current case being opened for services.** This should only change if additional information has become available during the reassessment period regarding the family's CA/N related services history prior to the CA/N investigation/assessment that led to the current open case.
- R3. Primary Caretaker has a History of Abuse or Neglect as a Child.** Score 1 if credible statements by the primary caretaker or others indicate that the primary caretaker was maltreated as a child (maltreatment includes neglect or physical, sexual, or other abuse).
- R4. Child Characteristics.** Score based on each characteristic present and record the sum as the item score:
- Score 1 if any child is developmentally or physically disabled, including any of the following: mental retardation, learning disability, other developmental problem or significant physical handicap;
 - Score 1 if any child in the household is medically fragile, defined as having a long-term (six months or more) physical condition requiring medical intervention) or is diagnosed as failure to thrive;
 - Score 0 if no child in the household exhibits characteristics listed above.
- R5. New Investigation/Assessment of Abuse/Neglect since the Initial Risk Assessment or Last Reassessment.** Score 2 if at least one investigation/assessment has been initiated **since the initial risk assessment or last reassessment**. This includes open or completed investigations/assessments, regardless of investigation/assessment conclusion, that have been initiated since the initial assessment or last reassessment.
- R6. Caretaker(s) Alcohol or Drug Abuse Problem Since Last Assessment/Reassessment.** Indicate whether or not the primary and/or secondary caretaker has a current alcohol/drug abuse problem that interferes with the caretaker's or the family's functioning and he/she is not addressing the problem. If both caretakers have a substance abuse problem, rate the more negative behavior of the two caretakers. Not addressing the problem is evidenced or verified by:
- substance use that affects or affected caretaker's employment; criminal involvement; marital or family relationships; or his/her ability to provide protection, supervision, and care for the child(ren);
 - an arrest since the last assessment/reassessment for driving under the influence or refusing breathalyzer testing;
 - self report of a problem;

- multiple positive urine samples;
- health/medical problems resulting from substance use;
- child(ren) diagnosed with Fetal Alcohol Syndrome or Exposure (FAS or FAE) or child(ren) had positive toxicology screen at birth and primary or secondary caretaker was birthing parent. Note: May include drug-related referrals at birth.

Score the following:

- a) Score 0 if there is no history of a alcohol or drug abuse problem.
- b) Score 0 if there is no current alcohol or drug abuse problem that requires intervention.
- c) Score 0 if there is an alcohol or drug abuse problem and the problem is being addressed.
- d) Score 1 if there is an alcohol or drug abuse problem and the problem is not being addressed.

Legal, non-abusive prescription drug use should not be scored.

R7. Problems with Adult Relationships. Score this item based upon current status of adult relationships in the household:

- a) Score 0 if there are no problems observed;
- b) Score 1 if yes, there are harmful/tumultuous adult relationships. Adult relationships which are harmful to domestic functioning or the care the child(ren) receive (but not at the level of domestic violence);
- c) Score 2 if yes, domestic violence is present. Household has had, since the most recent assessment, incidents of domestic violence, and/or periods of intimidation/threats/ harassment between caretakers or between a caretaker and a past or present intimate partner.

R8. Primary Caretaker Provides Physical Care Inconsistent with Child Needs.

Score 1 if physical care of child(ren) (age-appropriate feeding, clothing, shelter, hygiene, and medical care of child[ren]) threatens the child(ren)'s well-being or results in harm to child(ren). Examples include but are not limited to:

- repeated failure to obtain required immunizations;
- failure to obtain medical care for severe or chronic illness;
- repeated failure to provide child(ren) with clothing appropriate to the weather;
- persistent vermin infestations;
- inadequate or inoperative plumbing or heating;
- poisonous substance or dangerous objects lying within reach of small child(ren);
- child's functioning is impaired due to poor hygiene as indicated by filthy clothes, lack of bathing, dirt caked on skin and hair, and/or strong odor.

R9. Primary Caretaker's Progress with Case Plan. Score this item based on whether the primary caretaker has demonstrated or is beginning to demonstrate skills learned from participation in services:

- a) Score 0 if not applicable. All desired services were unavailable during the last assessment period;
- b) Score 0 if caretaker successfully completed all services recommended or actively participating in services; or is pursuing objectives detailed in case

plans. Observation demonstrates caretaker's application of learned skills in interaction(s) between child(ren)/caretaker, caretaker to caretaker, caretaker to other significant adult(s), self-care, home maintenance, financial management, or demonstration of skills toward reaching the behavioral objectives agreed upon in the case plan;

- c) Score 1 if there was minimal participation in pursuing objectives in case plan. The caretaker is minimally participating in services, has made progress but is not fully complying with the objectives in the case plan;
- c) Score 2 if caretaker has participated in services but is not meeting case plan objectives, refused involvement in services, or failed to comply/participate as required. The caretaker refuses services, sporadically follows the case plan, or has not demonstrated the necessary skills due to a failure or inability to participate.

R10. Secondary Caretaker's Progress with Case Plan. Rate this item based on whether the secondary caretaker has demonstrated or is demonstrating skills learned from participation in services:

- a) Score 0 if not applicable. All desired services were unavailable during the last assessment period;
- b) Score 0 if not applicable; only one caretaker in the home. There is no secondary caretaker in the home;
- c) Score 0 if caretaker successfully completed all services recommended or actively participating in services; or is pursuing objectives detailed in case plans. Observations demonstrate caretaker's application of learned skills in interaction(s) between child(ren)/caretaker, caretaker to caretaker, caretaker to other significant adult(s), self-care, home maintenance, financial management, or demonstration of skills toward reaching the behavioral objectives agreed upon in the case plan;
- d) Score 1 if there was minimal participation in pursuing objectives in case plan. The caretaker is minimally participating in services, has made progress but is not fully complying with the objectives in the case plan;
- e) Score 2 if caretaker has participated in services but is not meeting case plan objectives, refused involvement in services, or failed to comply/participate as required. The caretaker refuses services, sporadically follows the case plan, or has not demonstrated the necessary skills due to a failure or inability to participate.