

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
SDM® FAMILY RISK ASSESSMENT**

r: 8/20

Case Name: _____ **Case ID:** _____ **Locality:** _____

FSS Name: _____ **Supervisor:** _____

Assessment Date: _____ **Creation Date:** _____

Primary Caretaker: _____ **Secondary Caretaker:** _____

Prior Assessments: _____ **Prior Investigations:** _____

NEGLECT	Score	ABUSE	Score
N1. Current complaint is for neglect ○ a. No.....0 ○ b. Yes2	_____	A1. Current complaint is for abuse ○ a. No.....0 ○ b. Yes.....1	_____
N2. Number of prior <u>neglect</u> Investigations/Assessments ○ a. None.....0 ○ b. One or two1 ○ c. Three or more.....2	_____	A2. Number of prior <u>abuse</u> Investigations/Assessments ○ a. None.....0 ○ b. One1 ○ c. Two or more.....2	_____
N3. Number of prior <u>abuse</u> Investigations/Assessments ○ a. None or one0 ○ b. Two or more1	_____	A3. Number of prior <u>neglect</u> Investigations/Assessments ○ a. None.....0 ○ b. One or more1	_____
N4. Household has previously received ongoing services or foster care as a result of CA/N (voluntary/court-ordered) ○ a. No.....0 ○ b. Yes.....2	_____	A4. Household has previously received ongoing services or foster care as a result of CA/N (voluntary/court-ordered) ○ a. No.....0 ○ b. Yes.....2	_____
N5. Number of alleged victims involved in the ○ a. One or two.....0 ○ b. Three or more2	_____	A5. Prior injury to a child resulting from CA/N ○ a. No.....0 ○ b. Yes.....1	_____
N6. Age of youngest child in the home ○ a. 2 or older0 ○ b. Under 21	_____	A6. Number of alleged victims involved in the ○ a. One, two, or three.....0 ○ b. Four or more.....2	_____
N7. Primary caretaker has a history of abuse or neglect as a child ○ a. No.....0 ○ b. Yes.....1	_____	A7. Primary caretaker blames child for incident ○ a. No.....0 ○ b. Yes.....1	_____

NEGLECT	Score	ABUSE	Score
<p>N8. Primary caretaker has/had a drug or alcohol problem</p> <p><input type="radio"/> a. None/not applicable..... 0</p> <p><input type="radio"/> b. One or more apply..... 2</p> <p style="padding-left: 20px;">(check all that apply)</p> <p><input type="checkbox"/> Alcohol</p> <p style="padding-left: 40px;"><input type="checkbox"/> During the last 12 months</p> <p style="padding-left: 40px;">AND/OR</p> <p style="padding-left: 40px;"><input type="checkbox"/> At any other time prior to that</p> <p><input type="checkbox"/> Drug</p> <p style="padding-left: 40px;"><input type="checkbox"/> During the last 12 months</p> <p style="padding-left: 40px;">AND/OR</p> <p style="padding-left: 40px;"><input type="checkbox"/> At any other time prior to that</p>	_____	<p>A8. Two or more incidents of domestic violence in the household in the past year</p> <p><input type="radio"/> a. No.....0</p> <p><input type="radio"/> b. Yes.....1</p>	_____
<p>N9. Primary caretaker has criminal arrest history as adult or juvenile</p> <p><input type="radio"/> a. No..... 0</p> <p><input type="radio"/> b. Yes..... 1</p>	_____	<p>A9. Primary caretaker has a history of abuse or neglect as a child</p> <p><input type="radio"/> a. No.....0</p> <p><input type="radio"/> b. Yes.....1</p>	_____
<p>N10. Characteristics of children in household</p> <p><input type="radio"/> a. Not applicable..... 0</p> <p><input type="radio"/> b. One or more apply</p> <p style="padding-left: 20px;">(select all that apply and add for score)</p> <p><input type="checkbox"/> Developmental or physical disability..... 1</p> <p><input type="checkbox"/> Medically fragile/failure to thrive..... 1</p>	_____	<p>A10. Characteristics of children in household</p> <p><input type="radio"/> a. Not applicable.....0</p> <p><input type="radio"/> b. One or more apply</p> <p style="padding-left: 20px;">(select applicable items and add for score)</p> <p><input type="checkbox"/> Delinquency history.....1</p> <p><input type="checkbox"/> Mental health/behavioral problem.....1</p>	_____
<p>TOTAL NEGLECT RISK SCORE</p>	=====	<p>TOTAL ABUSE RISK SCORE</p>	=====

SCORED RISK LEVEL

Assign the family's scored risk level based on the highest score on either the neglect or abuse instrument, using the following chart. The family's scored risk level is based on the highest score on either the neglect or abuse instrument according to the following chart.

Neglect Score	Abuse Score	Scored Risk Level
<input type="radio"/> 0–1	<input type="radio"/> 0–2	<input type="radio"/> Low
<input type="radio"/> 2–4	<input type="radio"/> 3–5	<input type="radio"/> Moderate
<input type="radio"/> 5–7	<input type="radio"/> 6–8	<input type="radio"/> High
<input type="radio"/> 8+	<input type="radio"/> 9+	<input type="radio"/> Very High

POLICY OVERRIDES

Select "Yes" if a condition shown below is applicable in this case. If *any* condition is applicable, override final risk level to *very high*.

- ☐ Yes ☐ No 1. Sexual abuse case AND the alleged abuser/neglector is likely to have access to the child victim
☐ Yes ☐ No 2. Non-accidental injury to a child under age 3
☐ Yes ☐ No 3. Severe non-accidental injury
☐ Yes ☐ No 4. Caretaker action or inaction resulted in death of a child due to abuse or neglect (previous or current)

DISCRETIONARY OVERRIDE

If a discretionary override is made, select "Yes," select override risk level, and indicate reason. Risk level may be overridden one level higher.

- ☐ Yes ☐ No 5. If "Yes," override risk level (select one): ☐ Moderate ☐ High ☐ Very High

Discretionary override reason:

Supervisor's review/approval of discretionary override: _____ Date: _____

FINAL RISK LEVEL (select final level assigned): ☐ Low ☐ Moderate ☐ High ☐ Very High

ACTION

Enter the action taken (opened as a case or not opened as a case). If the recommended action differs from the action taken, provide an explanation.

- ☐ Open
☐ New
☐ Continuing services offered
☐ Risk low or moderate and no identified safety factors, but case was opened (provide explanation below)
- ☐ Did not open
☐ Risk was low or moderate, and no identified safety factors were present
☐ Risk was high or very high, but case was not opened (provide explanation below)

If the recommended action and action taken do not match, explain why:

Date of Supervisory Approval: _____

Supervisor Signature: _____

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
SDM® FAMILY RISK ASSESSMENT
DEFINITIONS

The risk assessment is composed of two indices, the neglect index and the abuse index. Only one household can be assessed on a risk assessment. If two households are involved in the alleged incident(s), separate risk assessments should be completed for each household.

The household includes all persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home.

The primary caretaker is the adult living in the household where the allegation occurs who assumes the most responsibility for childcare. When two adult caretakers are present and the Family Services Specialist is in doubt as to which one assumes the most childcare responsibility, the adult with legal responsibility for the child involved in the incident should be selected as the primary caretaker. For example, when a mother and her boyfriend reside in the same household and appear to equally share caretaking responsibilities for the child, the mother is selected. If this does not resolve the question, the legally responsible adult who was an alleged abuser/neglector should be selected. For example, when a mother and a father reside in the same household and appear to share caretaking responsibilities for the child equally and the mother is the alleged abuser/neglector, the mother is selected. In circumstances where both parents are in the household, equally sharing caretaking responsibilities, and both have been identified as alleged abuser/neglectors, the parent demonstrating the more severe behavior is selected. Only one primary caretaker can be identified.

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 partner may be a secondary caretaker even though that person has minimal responsibility for care of the child.

NEGLECT

N1. Current complaint is for neglect

Score if the current complaint is for any type of neglect. Neglect occurs when a caretaker or other person responsible for child's care neglects or refuses to provide care necessary for child's health; when a child is without parental care or guardianship, caused by the unreasonable absence or the mental or physical incapacity of the child's parent, guardian, legal custodian, or other person standing in loco parentis; when caretakers or other persons responsible for child's care abandon such child. Current complaints for substance-exposed infants should be included in the scoring of this item.

This includes referred allegations as well as allegations made during the course of the Investigation/Family Assessment.

N2. Number of prior neglect Investigations/Assessments

Note: When counting prior Investigations/Assessments, it does not matter whether the prior Investigations were founded or not, or whether the prior Assessments resulted in a determination that services were needed. However, do not count screened-out referrals.

- a. Score 0 if there were no Investigations/Assessments *prior* to the current Investigation/Family Assessment.
- b. Score 1 if there were one or two Investigations/Assessments for any type of *neglect* prior to the current Investigation/Family Assessment.
- c. Score 2 if there were three or more Investigations/Assessments for any type of *neglect* (alone or in combination with an abuse Investigation/Family Assessment) prior to the current Investigation/Family Assessment.

Where possible, history from other county or state jurisdictions should be selected. Exclude Investigations/Assessments of out-of-home alleged abuser/neglectors (e.g., daycare) unless one or more caretakers failed to protect.

N3. Number of prior abuse Investigations/Assessments

Note: When counting prior Investigations/Assessments, it does not matter whether the prior Investigations were founded or not, or whether the prior Assessments resulted in a determination that services were needed. However, do not count screened-out referrals.

- a. Score 0 if there were zero or one Investigations/Assessments for any type of abuse *prior* to the current Investigation/Family Assessment.
- b. Score 1 if there were two or more Investigations/Assessments for any type of *abuse* prior to the current Investigation/Family Assessment.

Where possible, history from other county or state jurisdictions should be included. Exclude Investigations/Assessments of out-of-home alleged abuser/neglectors (e.g., daycare) unless one or more caretakers failed to protect.

N4. Household has previously received ongoing services or foster care as a result of CA/N (voluntary/court-ordered)

Score 2 if household has previously *received* CPS ongoing or foster care services or is *currently receiving* services as a result of child abuse or neglect. Case may have opened as a result of a referral or court order. Service history includes voluntary or court-ordered family services, but does not include prevention services, delinquency, or CHINS.

N5. Number of alleged victims involved in the CA/N incident

Enter the total number of alleged victims involved in the CA/N incident who live in this home.

N6. Age of youngest child in the home

Score the appropriate amount given the current age of the *youngest child* presently in the household where the CA/N incident reportedly occurred. If a child is removed as a result of the current Investigation/Family Assessment, count the child as residing in the home.

N7. Primary caretaker has a history of abuse or neglect as a child

Score 1 if credible statements by the primary caretaker or others, or state records of past allegations, indicate that the primary caretaker was maltreated as a child (maltreatment includes neglect or abuse of a physical, sexual, or other nature).

N8. Primary caretaker has/had a drug or alcohol problem

- a. Score 0 if the primary caretaker does not have and has never had a drug or alcohol problem.
- b. Score 2 if the primary caretaker has a past or current alcohol/drug abuse problem that interferes with caretaker's or family's functioning. Evidence of such interference includes but is not limited to the following.
 - Substance use that affects or has affected the following:
 - » Employment;
 - » Criminal involvement;
 - » Marital or family relationships; or
 - » Ability to provide protection, supervision, and care for the child.
 - An arrest in the past two years for driving under the influence or refusing breathalyzer testing.
 - Self-report of a problem.
 - Treatment received currently or in the past.
 - Multiple positive urine samples.
 - Health/medical problems resulting from substance use.

- Child was diagnosed with fetal alcohol spectrum or exposure (FAS or FAE), or child had a positive toxicology screen at birth AND primary caretaker was birthing parent.

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

Indicate whether the drug or alcohol problem was/has been present *during* the past 12 months AND/OR was present at any time prior to 12 months.

N9. Primary caretaker has criminal arrest history as adult or juvenile

Indicate whether the primary caretaker has been arrested or convicted prior to the current complaint as either an adult or a juvenile. This includes DUI but excludes all other traffic offenses. Information may be located in the case narrative material, reports from other agencies, etc. Also, review any police reports in the file for this information.

N10. Characteristics of children in household

- a. Score 0 if no child in the household exhibits characteristics listed below.
- b. Score 1 if any child in the household is/has any or all of the following.
 - Developmental or physical disability, including a formal diagnosis of any of the following: intellectual disability, learning disability (as indicated by school records), other developmental problem, or significant physical handicap.
 - Medically fragile, defined as having a long-term (six months or more) physical condition requiring medical intervention or diagnosed as failure to thrive.

ABUSE

A1. Current complaint is for abuse

Score if the current complaint is for abuse. This includes referred allegations as well as allegations made during the course of the Investigation/Family Assessment.

A substance-exposed infant should be accounted for under item N1, "Current complaint is for neglect."

A2. Number of prior abuse Investigations/Assessments

Score the appropriate amount given the count of all Investigations/Assessments, founded or not, for any type of abuse (physical, mental, or sexual abuse/sexual exploitation) *prior* to the complaint resulting in the current Investigation/Family Assessment. Where possible, abuse history from other county or state jurisdictions should be included. Exclude screened-out referrals and Investigations/Assessments of out-of-home alleged abuser/neglectors (e.g., daycare) unless one or more caretakers failed to protect.

A3. Number of prior neglect Investigations/Assessments

Note: When counting prior Investigations/Assessments, it does not matter whether the prior Investigations were founded or not, or whether the prior Assessments resulted in a determination that services were needed. However, do not count screened-out referrals.

- a. Score 0 if there were no Investigations/Assessments for any type of neglect *prior* to the current Investigation/Family Assessment.
- b. Score 1 if there were one or more Investigations/Assessments for any type of neglect prior to the current Investigation/Family Assessment.

A4. Household has previously received ongoing services or foster care as a result of CA/N (voluntary/court-ordered)

Score 2 if household has previously *received* child welfare services or is currently receiving services as a result of child abuse or neglect. Case may have opened as a result of a referral or court order. Service history includes voluntary or court-ordered family services but does not include delinquency or CHINS.

A5. Prior injury to a child resulting from CA/N

Score 1 if prior to the current Investigation/Family Assessment, a child sustained an injury from abuse and/or neglect. Injury sustained as a result of abuse or neglect may range from bruises, cuts, and welts to an injury that requires medical treatment or hospitalization, such as a bone fracture or burn.

A6. Number of alleged victims involved in the CA/N incident

Enter the total number of alleged victims involved in the CA/N incident who live in this home.

A7. Primary caretaker blames child for incident

Score 1 if the primary caretaker blames child for incident. Blaming refers to caretaker's statement that maltreatment incident occurred because of child's action or inaction (for example, claiming that the child seduced them, or child deserved beating because they misbehaved).

A8. Two or more incidents of domestic violence in the household in the past year

Score 1 if in the previous year there have been two or more physical assaults or acts of intimidation/threats/harassment between caretakers or between a caretaker and another adult in the home.

A9. 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).

A10. Characteristics of children in household

a. Score 0 if no child in the household exhibits characteristics listed below.

b. Score 1 for each if any child in the household:

- Has been referred to juvenile court for delinquent or status offense behavior. Status offenses not brought to court attention but that create stress within the household should also be scored, such as children who run away or are habitually truant.
- Has mental health or behavioral problems not related to a physical or developmental disability (includes ADHD/ADD). This could be indicated by the following:
 - » A DSM diagnosis;
 - » Receiving mental health treatment;
 - » Attendance in a special classroom because of behavioral problems; or
 - » Currently taking psychotropic medication.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
SDM® FAMILY RISK ASSESSMENT
POLICY AND PROCEDURES

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

When risk is clearly defined and objectively quantified, the choice between serving one family or another is simplified: agency resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.

The risk assessment is based on research on cases with substantiated abuse or neglect that examined the relationships between family characteristics and the outcomes of subsequent substantiated abuse and neglect. The assessment *does not predict* recurrence, but simply assesses whether a family is more or less likely to have future involvement without intervention by the agency.

WHICH CASES

All Investigations and Assessments except out-of-family caretaker.

WHO

The Family Services Specialist who is conducting the Investigation/Family Assessment.

WHEN

After the safety assessment has been completed and the worker has reached a conclusion regarding the allegation AND prior to the referral being closed or promoted to a case. This is no later than 45 days after the complaint was received, or within 60 days if an extension was granted. For non-removal households, within 45 days of identification.

DECISIONS

The risk assessment identifies the level of risk of future involvement.

The risk level guides the decision of whether to open a case. For open cases, the risk level guides the minimum contact standards (see SDM® Contact Standards section).

Risk-Based CPS Case Open/Close Guide	
Risk Level	Indicated Decision
Low	Close (only if safety decision is "safe")
Moderate	Close (only if safety decision is "safe")
High	Open to CPS
Very High	Open to CPS

APPROPRIATE COMPLETION

The risk assessment is completed based on conditions that exist at the time the incident is reported and investigated as well as on the prior history of the family. Only one household can be assessed on the risk assessment. *Choose the household in which the CA/N incident is alleged. If more than one household is involved, there should be a case on each household and one risk assessment completed for each case.*

Scoring Individual Items

A score for each assessment item is derived from the worker's observation of the characteristics it describes. Some characteristics are objective (such as prior CA/N history or the age of the child). Others require the worker to use discretionary judgment based on his or her assessment of the family. Sources of information used to determine the worker's endorsement of an item may include statements by the child, caretaker, or collateral persons; worker observations; reports; or other reliable sources.

The worker should refer to definitions to determine the selection for each item.

After all index items are scored, the Family Services Specialist totals the score and indicates the corresponding risk level for each index. Next, the scored risk level (which is the higher of the abuse or neglect indices) is entered.

Policy Overrides

After completing the risk assessment, the Family Services Specialist determines whether any policy override reasons apply. Policy overrides reflect incident seriousness and/or child vulnerability concerns, and the agency has determined that they warrant a risk level designation of very high regardless of the risk level indicated by the assessment tool. Policy overrides require supervisor approval.

Note: Select "Yes" or "No" as appropriate for each policy override.

1. Sexual abuse case AND the abuser is likely to have access to the child victim.
2. Non-accidental injury to a child under age 3.

3. Severe non-accidental injury (e.g., brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injury, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impairs the health or well-being of the child and requires medical treatment).
4. Caretaker action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

Discretionary Overrides

A discretionary override is applied by the Family Services Specialist to increase the risk level in any case in which the Family Services Specialist believes that the risk level set by the assessment is too low. This may occur when the Family Services Specialist is aware of conditions affecting risk that are not captured within the items on the risk assessment. Discretionary overrides may increase the risk level by one unit (for example, from low to medium, or medium to high, but NOT from low to high).¹ Discretionary overrides require supervisor approval.

After completing the override section the highest risk level obtained is the final risk level.

¹ At the time of risk reassessment, discretionary overrides may increase *or decrease* risk by one level. However, at the time of initial assessment, risk level may only be increased.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
SDM® CONTACT STANDARDS

ONGOING WORKER SDM® MINIMUM CONTACT STANDARDS FOR CPS		
Risk Level	Parent/Guardian and Child Contacts	Location
Low	One face-to-face contact per month with parent/guardian and child One collateral contact	Must be in parent/guardian's residence
Moderate	Two face-to-face contacts per month with parent/guardian and child Two collateral contacts	One must be in parent/guardian's residence
High	Three face-to-face contacts per month with parent/guardian and child Three collateral contacts	One must be in parent/guardian's residence
Very High	Four face-to-face per contacts month with parent/guardian and child Four collateral contacts	Two must be in parent/guardian's residence
Additional Considerations		
Contact Definition	<p>Each required contact shall include at least one parent/guardian and one child. During the course of a month, each parent/guardian and each child in the household shall be contacted at least once.</p> <p>Collateral contacts are defined as contacts with people who have information about the family and/or are providing interventions for the family/children. This includes police, attorneys, teachers, neighbors, relatives, and treatment providers, among others. Collaterals do not include the principals in the case, such as the child, parents, or foster parents.</p>	
Designated Contacts	<p>The ongoing worker/supervisor/service team may delegate face-to-face contacts to providers with contractual relationship to the agency and/or to other agency staff, such as social work aides or other service providers outlined in the case plan.</p> <p>However, the ongoing worker must always maintain at least one face-to-face contact with the parent/guardian and child per month, as well as monthly contact with the service provider designated to replace the ongoing worker in face-to-face contacts.</p>	
Child Placed Out of Home	<p>If a child in an ongoing CPS case is placed out of the home, the ongoing worker should use the foster care contact standards for as long as the child remains out of the home.</p>	

ONGOING WORKER SDM® MINIMUM CONTACT STANDARDS FOR FOSTER CARE CASES WITH GOAL OF RETURN HOME	
Risk Level	Documented Contacts With Parent/Guardian
Low	One face-to-face contact per month with parent/guardian One collateral contact
Moderate	Two face-to-face contacts per month with parent/guardian Two collateral contacts
High	Three face-to-face contacts per month with parent/guardian Three collateral contacts
Very High	Three face-to-face contacts per month with parent/guardian Three collateral contacts
Documented Contacts With Children	
At least one face-to-face contact per month with each child in the out-of-home residence.	
Additional Considerations	
Contact Definition	During the course of a month, each parent/guardian and each child shall be contacted at least once.
Designated Contacts with Parent/Guardian	The ongoing worker must always maintain at least one face-to-face contact per month with the parent/guardian. However, the ongoing worker may delegate remaining contacts to service providers outlined in the service plan, or to other agency staff.
Designated Contacts with Child	The ongoing worker may delegate some of the contacts to service providers outlined in the service plan, or to other agency staff. However, the ongoing worker must always maintain at least one face-to-face contact per quarter with the child in the out-of-home residence.
Overrides	
A discretionary override to these contact standards is permitted based on unique case circumstances that are documented by the ongoing worker and approved by the supervisor.	