

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.

