



TEXAS
Department of Family
and Protective Services

**Risk
Reassessment
Procedure and
Reference Manual**

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**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
GLOSSARY**

The following definitions apply when completing assessments. *The assessments are not intended to assess the households of out-of-home parents/caregivers, such as foster parents or facility and shelter staff.* Conservatorship (CVS) uses the term “parent”; Alternative Response (AR) , Investigations, and Family-Based Safety Services (FBSS) use the term “parent/caregiver.”

Parent/Caregiver: A person who is responsible for a child’s care, custody, or welfare, such as:

- A. A parent, guardian, or managing or possessory conservator;
- B. Another adult member of the child’s family or household; or
- C. A person with whom the child’s parent cohabits.

Use the table below to distinguish between the primary and secondary parent/caregiver.

Circumstance	Primary Parent/Caregiver	Secondary Parent/Caregiver
Two parents/caregivers (including minor parents) with legal responsibility for the child, living together	The person who provides the most child care. May be 51% of care. If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the parent/caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	The other legal parent/caregiver
Single parent/caregiver (including minor parent) with legal responsibility for the child; no other adult in household	The only legal parent/caregiver	None
Single parent/caregiver (including minor parent) with legal responsibility for the child; any other adult in household	The only legal parent/caregiver	Other adult who provides care to the child
No legal parent, one caregiver in household (e.g., alleged victim resides with relative without a legal parent/caregiver in the home)	The only caregiver	None
No legal parent, two or more caregivers (e.g., alleged victim resides with relatives without a legal parent/caregiver in the home)	The person who provides the most child care. May be 51% of care. If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	Other adult who provides care to the child

A minor may be the primary or secondary parent/caregiver if he/she is the biological parent of the alleged child victim. (A minor is a child under the age of 18. This does not include a child who has been legally emancipated and lives separately from his/her parents.)

A minor may never be considered the primary or secondary parent/caregiver of his/her sibling or other relative.

Family: Two or more people, related by blood, law, or significant relationship with the child or the child's parents/caregivers.

Household: Assessments are completed on households. A household includes all persons who have significant in-home contact with the child and may include persons who do not live full-time in the residence. For example, a household could include a parent's partner or other family member who visits the home routinely. When a child's parents do not live together, the child may be a member of two households.

Be mindful that household composition can change during the life of a case. Take into consideration changes in household composition when completing assessments.

Continue to assess parental child safety placement (PCSP) households under current policy, as found in the DFPS Parental Child Safety Placement Resource Guide (available at dfps.state.tx.us/handbooks/CPS/Resource_Guides/PCSP_Resource_Guide.pdf). Assessment tools should not be applied to PCSP households.

CPS: Child Protective Services. Throughout this manual, "CPS" is used generically to refer to any child protection agency. This may refer to the Texas Department of Family and Protective Services or any child protection agency in any other jurisdiction. When a definition references CPS, the reader should be aware that this includes other states.

DFPS: Department of Family and Protective Services. Throughout this manual, DFPS is used to refer to the Texas Department of Family and Protective Services specifically, rather than to any CPS agency.

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE
SERVICES RISK REASSESSMENT**

Case Name: _____ Case ID: _____

Worker Name: _____ Reassessment Date: _____

Household Assessed: _____ Reassessment #: • 1 • 2 • 3 • 4 • 5 • 6

Primary Parent/Caregiver: _____

Secondary Parent/Caregiver (if present): _____

Score the first four items based on conditions present during the case-opening investigation. Unless new information has been learned about those conditions, these items should be scored the same as on the Initial Risk Assessment. If this case did not have an Initial Risk Assessment, please answer all questions based on any information known at the time of the investigation.

- | | Score |
|--|--------------|
| 1. Number of prior neglect or abuse CPS investigations/AR family cases on adult members of household prior to the investigation that resulted in the current case | |
| • a. None | 0 |
| • b. One or two | 1 |
| • c. Three or more..... | 2 _____ |
| 2. An adult member of the household has previously had an open CPS FBSS or CVS case | |
| • a. No | 0 |
| • b. Yes | 1 _____ |
| 3. Primary parent/caregiver has a history of abuse and/or neglect as a child | |
| • a. No | 0 |
| • b. Yes | 1 _____ |
| 4. Characteristics of children in the household | |
| • a. Not applicable | 0 |
| • b. One or more present (<i>select all applicable for any child</i>) | 1 _____ |
| • Developmental disability | |
| • Learning disability | |
| • Physical disability | |
| • Medically fragile or failure to thrive | |

The following items pertain to the period of time since the Initial Risk Assessment or most recent Risk Reassessment.

- | | |
|--|---------|
| 5. New abuse/neglect investigation or Alternative Response assessment since the current case's Initial Risk Assessment or most recent Risk Reassessment | |
| • a. No | 0 |
| • b. Yes | 2 _____ |

6. Any parent/caregiver substance abuse, or use that impacts family functioning, since the last Risk Score Assessment/Reassessment (select one)

P	S		
<input type="radio"/>	<input type="radio"/>	a. No history of substance abuse or use	0
<input type="radio"/>	<input type="radio"/>	b. No current substance abuse; no intervention needed	0
<input type="radio"/>	<input type="radio"/>	c. Yes, substance abuse or use; problem is being addressed.....	0
<input type="radio"/>	<input type="radio"/>	d. Yes, substance abuse or use; problem is <u>not</u> being addressed	1
<input type="radio"/>		No secondary parent/caregiver	

If “c” or “d” is selected for Item 6, please indicate each type of substance used during review period:

- Not applicable. No known use during review period.

OR

- Alcohol • Heroin • Marijuana • Cocaine • Methamphetamine • Other: _____

7. Adult relationships in the household

- a. No problematic relationships0
- b. Yes (*select all that apply*).....1

 - Harmful/strained relationships
 - Domestic violence

8. Primary parent/caregiver mental health since the last Risk Assessment/Reassessment (select one)

- a. No history of mental health problems0
- b. No current mental health problem; no intervention needed0
- c. Yes, mental health problem; problem is being addressed0
- d. Yes, mental health problem; problem is not being addressed.....1

9. Primary parent/caregiver provides physical care of the child that is:

- a. Consistent with child needs0
- b. Not consistent with child needs.....1

10. Parent/caregiver’s progress with FPOS goals (as indicated by behavioral change)

(score based on the parent/caregiver demonstrating the least progress)

P	S		
<input type="radio"/>	<input type="radio"/>	a. Demonstrates a majority of the new skills and behaviors consistent with desired outcomes and is actively engaged in activities to achieve desired outcomes.....	0
<input type="radio"/>	<input type="radio"/>	b. Demonstrates some new skills and behaviors consistent with desired outcomes and is actively engaged in activities to achieve desired outcomes.....	0
<input type="radio"/>	<input type="radio"/>	c. Demonstrates few new skills and behaviors consistent with desired outcomes and/or has been inconsistently engaged in activities specified in the FPOS	0
<input type="radio"/>	<input type="radio"/>	d. Does not demonstrate any new skills and behaviors consistent with desired outcomes and/or refuses engagement	1
<input type="radio"/>		No secondary parent/caregiver	

TOTAL SCORE: _____

Describe the reasons for selecting this response for item 10.

SCORED RISK LEVEL. Assign the family’s risk level based on the following chart.

<u>Score</u>	<u>Risk Level</u>
0-1	• Low
2-4	• Moderate
5-7	• High
8+	• Very High

OVERRIDES

- **No Overrides Apply.**

Policy Overrides. Select yes if condition is applicable in the current review period. If any condition is applicable in the current review period, override final risk level to very high.

- Yes • No Parent/caregiver’s action or inaction resulted in non-accidental injury to a child under age 3.
- Yes • No Sexual abuse case AND the perpetrator is likely to have access to the child.
- Yes • No Parent/Caregiver’s action or inaction resulted in severe non-accidental injury to any child younger than age 16.
- Yes • No Parent/Caregiver’s action or inaction resulted in death of a child due to abuse or neglect (previous or current).

Discretionary Override. Select yes if you are making a Discretionary Override, select the new Risk Level, and indicate the reason. Risk level may be overridden one level higher or lower.

- Yes • No If yes, override risk level (select one): • Low • 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

RECOMMENDED DECISION

Final Risk Level	Recommendation
Low	Close, if there are no unresolved dangers
Moderate	Close, if there are no unresolved dangers
High	Continue services
Very High	Continue services

PLANNED ACTION

- Continue services
- Close **Note: A closing Safety Assessment is required.**

If recommended decision and planned action do not match, explain why:

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE
SERVICES RISK REASSESSMENT
DEFINITIONS**

1. Number of prior neglect or abuse CPS investigations/AR family cases on adult members of household prior to the investigation that resulted in the current case

Identify the number of assigned investigations or alternative response cases (regardless of location or jurisdiction, including another state or country) prior to the investigation resulting in the current case, regardless of whether the allegation finding was “Reason to Believe,” “Unable to Determine,” “Unable to Complete,” or “Ruled Out.” This includes parent’s self-reports.

- a. Choose “a” if there were no prior neglect or abuse CPS investigations/AR family cases.
- b. Choose “b” if there were one or two prior neglect or abuse CPS investigations/AR family cases.
- c. Choose “c” if there were three or more prior neglect or abuse CPS investigations/AR family cases.

Do not include:

- 1. Cases that were not assigned for investigation or investigations of out-of-home perpetrators (e.g., daycare) unless one or more parents/caregivers failed to protect.
- 2. Allegations that were perpetrated by an adult who is not currently part of the household;
- 3. Investigations/AR cases in which children in the home were identified as perpetrators of abuse/neglect; or
- 4. Cases that were screened out/not accepted for investigation, to include Priority N (PN) and administrative closures.

2. An adult member of the household has previously had an open CPS FBSS or CVS case

Identify whether the household being investigated has had an open CPS FBSS case with a Family Plan of Service (FPOS) or an open CVS case prior to the investigation resulting in the current case. Do not count an FBSS case if it was closed without having an FPOS.

Service history includes voluntary or court-ordered family services.

- a. Choose “a” if the household has not had a prior open CPS FBSS case with an FPOS or an open CVS case.
- b. Choose “b” if the household has one or more prior open CPS FBSS cases with an FPOS or open CVS cases.

3. Primary parent/caregiver has a history of abuse and/or neglect as a child

Identify whether the primary parent/caregiver was a victim of abuse/neglect as a child. Are there credible statements by the primary parent/caregiver or others and/or documentation that indicates the primary parent/caregiver was maltreated as a child? (Maltreatment includes neglect and physical, sexual, or emotional abuse.)

- a. Choose “a” if the primary parent/caregiver was not maltreated as a child.
- b. Choose “b” if the primary parent/caregiver was maltreated as a child.

4. Characteristics of children in the household

Identify whether any child in the household has a developmental, learning, and/or physical disability, or has been diagnosed as medically fragile or failure to thrive. Base identification on credible information from a parent/caregiver that a child has been diagnosed, statements from a physician or mental health professional, and/or review of records.

- a. Choose “a” if no child in the household exhibits any of the characteristics listed in the “b” response.
- b. Choose “b” if any child in the household exhibits any of the following characteristics; select all characteristics present in the household.

Characteristics include:

- Developmental disability. A severe, chronic condition diagnosed by a physician or mental health professional due to mental and/or physical impairments. Examples include intellectual or developmental disability, autism spectrum disorders, and cerebral palsy.
- Learning disability. Child has an individualized education plan (IEP) to address a learning problem such as dyslexia. Do not include an IEP designed solely to address mental health or behavioral problems. Also include a child with a learning disability diagnosed by a physician or mental health professional who is eligible for an IEP but does not yet have one, or who is in preschool.
- Physical disability. A severe, acute, or chronic condition diagnosed by a physician that impairs mobility, sensory, or motor functions. Examples include paralysis, amputation, and blindness.

- Medically fragile or failure to thrive.
 - » *Medically fragile* describes a child who has any condition diagnosed by a physician that can become unstable and change abruptly, resulting in a life-threatening situation; AND that requires daily, ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members; AND that requires the routine use of a medical device or assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living; AND the child lives with an ongoing threat to his/her continued well-being. Examples include a child who requires a trach-vent for breathing or a g-tube for eating.
 - » *Failure to thrive*: A diagnosis of “failure to thrive” by a physician.

The following items pertain to the period of time since the Initial Risk Assessment or most recent Risk Reassessment.

5. New abuse/neglect investigation or Alternative Response assessment since the current case’s Initial Risk Assessment or most recent Risk Reassessment

Identify whether there was at least one investigation initiated since the Initial Risk Assessment or most recent Risk Reassessment. This includes open or completed investigations, regardless of the investigation’s conclusion, that have been initiated since the Initial Risk Assessment or last Risk Reassessment. Do not include screened-out or duplicate cases or administrative closures.

6. Any parent/caregiver substance abuse, or use that impacts family functioning, since the last Risk Assessment/Reassessment

Identify substance abuse or use by the parent/caregiver(s) during the review period, whether there is a current problem that interferes with parent/caregiver functioning or family functioning, and if so, how the parent/caregiver(s) has addressed the problem during the review period.

Non-abusive use of legal prescription drugs or over-the-counter medications should not be identified as an issue.

If both parents/caregivers have a substance abuse or use problem, rate the more negative behavior of the two parents/caregivers.

Not addressing the problem since the last assessment/reassessment includes, but is not limited to:

- Substance abuse or use that affects or affected employment, criminal involvement, or marital or family relationships; and/or that affects or affected parent/caregiver's ability to provide protection, supervision, and care for the child;
 - An arrest since the last assessment/reassessment for driving under the influence or refusing breathalyzer testing;
 - Self-report of a problem;
 - Treatment received currently or in the past;
 - Positive drug screening/testing of adult or child in the household and/or failure to comply with agency-requested drug/alcohol testing;
 - Health/medical problems resulting from substance abuse or use; or
 - The child's diagnosis with fetal alcohol syndrome or exposure, or the child's positive toxicology screen at birth and the primary parent/caregiver was the birth parent.
- a. Choose "a" if there is no history of substance abuse or use.
 - b. Choose "b" if there is a history of substance abuse or use that is not current, or current use that did not require intervention during the review period.
 - c. Choose "c" if there is substance abuse or use, and the problem is being addressed.
 - d. Choose "d" if there is substance abuse or use, and the problem is not being addressed.

If "c" or "d" is selected for 6, please indicate each type of substance used during the review period (alcohol, heroin, marijuana, cocaine, methamphetamine, or other):

7. Adult relationships in the household

Identify the current status of adult relationships in the household.

- a. Choose "a" if not applicable because there is only one adult, or because relationships between adults in the household are not problematic.
- b. Choose "b" if there are harmful/strained adult relationships and/or domestic violence.
 - Harmful/strained relationships. There are adult relationships in the household that are harmful to domestic functioning or to the care the child receives (but not at the level of domestic violence). Internal or external stressors are

present, and the household is experiencing increased disruption of positive interactions, coupled with lack of cooperation.

- Domestic violence. The household has had, since the most recent assessment (or opening of most recent stage of service), patterns of coercive power and emotional control, emotional or verbal abuse, physical assault(s), or periods of intimidation/threats/harassment between parents/caregivers (or between a parent/caregiver and his/her intimate partner).

8. Primary parent/caregiver mental health since the last Risk Assessment/Reassessment

Determine the primary parent/caregiver's current mental health status. Does the parent/caregiver have a current diagnosis of a significant mental health problem, as determined by a mental health clinician, that impacts daily functioning; and if so, is the problem being addressed?

Not addressing the problem includes a parent/caregiver who, during the review period:

- Has a mental health condition that affects or affected the parent/caregiver's employment, criminal involvement, or marital or family relationships; or that affects or affected his/her ability to provide protection, supervision, and care for the child;
 - Has had referrals for mental health/psychological evaluations; or
 - Was recommended for treatment/hospitalization or treated/hospitalized for emotional problems.
- a. Choose "a" if the primary parent/caregiver does not have a current or past mental health problem.
 - b. Choose "b" if the primary parent/caregiver has a history of mental health problems, but within the last year, there has been no mental health problem that required intervention.
 - c. Choose "c" if there is a mental health problem, and the problem is being addressed.
 - d. Choose "d" if there is a mental health problem, and the problem is *not* being addressed.

9. Primary parent/caregiver provides physical care of the child that is:

Determine whether the child's physical care is consistent with the child's needs (age-appropriate feeding, clothing, shelter, hygiene, and medical care). Physical care that is not consistent with the child's needs threatens the child's well-being or results in harm to the child.

Examples include but are not limited to:

- Repeated failure to obtain physician-recommended medical treatment.
 - Failure to obtain medical care for severe or chronic illness.
 - Repeated failure to provide the child with weather-appropriate clothing.
 - Persistent rat or roach infestations.
 - Inadequate or inoperative plumbing or heating.
 - Poisonous substances or dangerous objects lying within reach of small child.
 - The child wears filthy clothes for extended periods of time.
 - The child is not being bathed on a regular basis, resulting in dirt caked on skin and hair and a strong odor.
- a. Choose “a” if physical care is consistent with child needs.
- b. Choose “b” if physical care is not consistent with child needs.

10. Parent/caregiver’s progress with FPOS goals (as indicated by behavioral change)

Identify whether a parent/caregiver is actively engaged in achieving the goals specified in the FPOS and is demonstrating skills/behaviors that will enable the parent/caregiver to create, and maintain, safety for the child (e.g., ability to manage substance use/abuse; ability to resolve conflict constructively and respectfully; using age-appropriate, non-physical discipline in conjunction with appropriate boundary setting; developing a mutually supportive relationship with a partner).

Compliance with/attendance of services is not sufficient to indicate behavioral change.

If there are two parents/caregivers, rate progress for each. If progress differs between parents/caregivers, score the item based on the parent/caregiver who is demonstrating the least amount of participation/progress.

- a. Demonstrates a majority of the new skills and behaviors consistent with desired outcomes and is actively engaged in activities to achieve desired outcomes.

Choose “a” if the parent/caregiver is regularly demonstrating all behavioral changes identified in FPOS goals and is able to create long-term safety for children in the household. The parent/caregiver is actively engaged in activities to maintain the goals.

- b. Demonstrates some new skills and behaviors consistent with desired outcomes and is actively engaged in activities to achieve desired outcomes.

Choose “b” if the parent/caregiver is demonstrating some new skills and behavioral change consistent with FPOS goals and is actively engaged in achieving the goals, but is not regularly demonstrating the behaviors necessary to create long-term safety in all areas.

- c. Demonstrates few new skills and behaviors consistent with desired outcomes and/or has been inconsistently engaged in activities specified in the FPOS.

Choose “c” if the parent/caregiver is demonstrating minor behavioral change consistent with family plan outcomes but has made little progress toward changing his/her behavior and is not actively engaged in achieving the goals. Parent/caregiver behavior continues to make it difficult to create safety or may contribute to immediate danger of serious harm.

- d. Does not demonstrate any new skills and behaviors consistent with desired outcomes and/or refuses engagement.

Choose “d” if the parent/caregiver has not demonstrated behavioral change consistent with the goals of the FPOS. The parent/caregiver refuses services, sporadically follows the plan, or has not demonstrated the necessary skills/behaviors due to a failure or inability to participate. The parent/caregiver is unable to create or maintain safety or his/her behavior is likely to contribute to immediate danger of serious harm.

Risk Reassessment discussion box: Describe the reasons for selecting your specific response to Item 10. Bullet points are acceptable. List the specific parent/caregiver actions or behaviors that justify why you marked Item 10 as you did. Avoid jargon and labels. Use plain language consistent with the FPOS.

OVERRIDES

After determining the scored risk level, assess whether any override conditions are present. Consider only the most recent review period. If this is the first Risk Reassessment, consider the period since the Initial Risk Assessment. If this is not the Initial Risk Reassessment, consider the period since the most recent Risk Reassessment.

No Overrides Apply

Select if none of the following overrides apply.

Policy Overrides

Select yes for each policy override condition that is present during the current review period. The presence of any of these conditions increases the risk level to very high.

- **Non-accidental injury to a child under age 3.**
Any child in the household younger than the age of 3 has a physical injury resulting from the actions or inactions of a parent/caregiver.
- **Sexual abuse case AND the perpetrator is likely to have access to the child.**
One or more of the children in this household are victims of sexual abuse and actions by the parent/caregiver indicate that the perpetrator is likely to have access to the child, resulting in danger to the child.
- **Severe non-accidental injury to any child younger than age 16.**
Any child in the household younger than 16 has a severe physical injury resulting from the action or inaction of the parent/caregiver. The parent/caregiver caused serious injury, defined as 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 (e.g., suffocating, shooting, bruises/welts, bite marks, choke marks) *and requires medical treatment.*
- **Parent/caregiver's action or inaction resulted in death of a child due to abuse or neglect (previous or current).**
Any child in the household died as a result of actions or inactions by the parent/caregiver.

Discretionary Override

A discretionary override is used by the ongoing worker whenever the worker believes that the risk score does not accurately portray the household'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 level. The reason a worker may now decrease the risk level is that the worker has acquired significant knowledge of the household. If the worker applies a discretionary override, the final risk level and override reason must be specified.

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE
SERVICES RISK REASSESSMENT
POLICY**

The purpose of the Risk Reassessment is to help assess whether risk has been reduced sufficiently to allow a case to be closed, or whether the risk level remains high and services should continue. This is accomplished through evaluating whether **behaviors and actions** of the family have changed as a result of the Family Plan of Service (FPOS).

The family Risk Reassessment combines items from the original Risk Assessment with additional items that evaluate a family's progress toward the goals specified in the FPOS.

Research has demonstrated that for the reassessment, a single index best categorizes risk for future involvement in the child protection system. Unlike the Initial Risk Assessment, which contains separate indices for risk of future involvement related to neglect and risk of future involvement related to abuse, the Risk Reassessment is composed of a single index.

FOR FAMILY-BASED SAFETY SERVICES (FBSS):

Which cases

FBSS cases in which no child has been legally removed from the home.

Who

The primary caseworker.

When

- 90 days from completion of the Initial FPOS and every 90 days thereafter.
- No more than 30 calendar days prior to submitting the case for closure.
- NOTE: If extraordinary circumstances do not allow completion of a Risk Reassessment, consult your supervisor and follow CPS Handbook policy.
- Should be completed sooner if there are new circumstances or new information that would affect risk.

FOR CONSERVATORSHIP (CVS):

Which cases

CVS return-and-monitor cases in which all children whose plan was reunification to the parent from whom they were removed have been returned to the home.

Who

The primary caseworker.

When

- 90 days after the FRE stage is open and every 90 days thereafter until dismissal.
Exception: If the children have been removed from the home and placed in substitute care, then a Risk Reassessment is not required prior to submitting the case for closure.
- Should be completed sooner if there are new circumstances or new information that would affect risk.

Decision

The Risk Reassessment guides the decision to keep a case open or close a case.

Risk-Based Case Opening/Closing Guide	
Risk Level	Recommendation
Low	Close, if there are no unresolved dangers
Moderate	Close, if there are no unresolved dangers
High	Continue services
Very High	Continue services

For cases that remain open following reassessment, the NEW risk level guides the recommended minimum contact standards until the next Risk Reassessment is completed. Use the contact frequency guidelines.

For CVS cases, the caseworker must make face-to-face contact with the child at least weekly for the first eight weeks after the child is returned home. However, the supervisor or program director may approve and document less or more contact after reviewing the circumstances.

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE
SERVICES RISK REASSESSMENT
PROCEDURES**

APPROPRIATE COMPLETION

Scoring Individual Items

Workers should familiarize themselves with the items that are included on the Risk Reassessment and the accompanying definitions for those items. A score for each item is derived from the worker's observation of the characteristics it describes during his/her interviews with household members and collaterals, review of reports and case records, and discussion/consultation with other reliable sources concerning the parent/caregiver's progress in demonstrating behavioral change and meeting the goals of the FPOS.

Some characteristics are objective, such as the parent/caregiver's prior child abuse/neglect history or the age of the child. Others require the worker to use discretionary professional judgment, based on his/her assessment of the family.

Items 1–4: Review the Initial Risk Assessment and using the definitions, determine the appropriate response for each item. Items 1 and 2 refer to the time period PRIOR to the investigation that led to the opening of the current case. Scores for these items should be identical to corresponding items on the Initial Risk Assessment unless additional information has become available. If this case did not have an Initial Risk Assessment, please answer all questions given known information at the time of investigation.

Item 3 may change if new information is available or if there has been a change in who is primary caregiver.

Item 4 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, and the family should be reassessed using the Reunification Assessment).

Items 5–9: These items should be scored based *only* on observations since the most recent Risk Assessment or reassessment. Using the definitions, determine the appropriate response for each item. IMPACT will calculate each item score and the total score, and indicate the corresponding risk level.

Item 10: This is an assessment of the parent/caregiver's progress toward FPOS goals. Select the most appropriate response for each parent/caregiver. If there are two parents/caregivers and progress differs between them, score based on the parent/caregiver demonstrating the least amount of participation/progress. *NOTE: An explanation of your response to item 10 is required.*

Override

Consider both policy and discretionary overrides. If any are present, then determine the final risk level. If no overrides are present, then the scored and final risk level are the same.

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 Reassessment score. The policy overrides refer to incidents or conditions that have occurred since the Initial Risk Assessment or the last reassessment. If one or more policy override conditions exist, select “yes” for each reason and select “very high” for the final risk level. Policy overrides require supervisory review.

Discretionary Override

A discretionary override is used by the 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 step. The reason a worker may now decrease the risk level is that after a minimum of six months, the worker has acquired significant knowledge of the family. If a discretionary override applies, select “yes,” select the new risk level, and indicate the reason. Discretionary overrides require supervisory approval in IMPACT.

Recommended Decision/Planned Action

IMPACT will display the recommended decision based on the risk-based case open/close guide. Enter the actual planned action (continuing the case or closing the case). If the recommended decision differs from the planned action, provide an explanation. For CVS, if despite presenting concerns to the court for continued services the case is dismissed, include attempts to engage family to continue services voluntarily, or state how community services or network will address the existing needs in documentation prior to case closure.

Examples of explanations include the following:

- Continuing a low- or moderate-risk family in FBSS/CVS
 - » Unresolved danger indicators. Based on the Safety Assessment, one or more danger indicators could not be resolved. Case will remain open for services and monitoring of the safety plan or in CVS the family’s compliance with the FPOS and court orders until DFPS intervention is no longer needed to ensure child safety and a low or moderate risk level.

- Not continuing a high- or very high-risk family in FBSS
 - » Family has a very active network AND/OR is receiving or has been connected with community services that will address priority needs and/or contributing factors. The family has an active safety network whose members are aware of the danger and are willing to take action to prevent harm; and/or the family is engaged in services that specifically address risk factors as verified by the worker (this could be an FBSS or investigations worker), OR the worker will assist the family in making connections to community services (worker must be certain that an appointment was made and verify follow-through). These services are directly related to the risk factors and priority needs already identified using the Family Strengths and Needs Assessment (FSNA). Decision to close the case was discussed with and approved by a supervisor.
 - » Family declined to continue FBSS services, AND no legal intervention was possible. Family was informed of their high or very high risk level in addition to unresolved danger indicators and was encouraged to continue FBSS services. The family declined, AND after consulting with legal, no petition will be filed, OR court order services were sought and not granted.

PRACTICE CONSIDERATIONS

Caseworkers should explain to the family, at the start of the service period, the structure and process for conducting the Risk Reassessment, and should make connections between the reassessment process and the FSNA and revise the FPOS accordingly. Include any actions the family should take to continue to address needs and increase safety over the long term, after the case is closed.

Caseworkers should use formal and informal family engagement strategies during monthly in-person contacts or periodically scheduled family meetings to gather information about change over time, which should be documented in the case record. This aggregate information can then form the basis for scoring the formal Risk Reassessment.

Use of formal engagement strategies, such as family team meetings, is highly recommended for conducting the formal reassessment and developing an updated FPOS, or engaging in planning for case closure.