Post-implementation Examination of a Risk Assessment's Ability to Classify Families by the Likelihood of Subsequent Child Protective Services Involvement

A Report for Washington Children's Administration

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Advancing Research…Improving Outcomes

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I. INTRODUCTION

The Washington Children's Administration (CA) contracted with the Children's Research Center (CRC), a division of the National Council on Crime and Delinquency, to implement an actuarial risk assessment that classifies families by their likelihood of future referral to child protective services (CPS). CA adopted the risk assessment that was developed for the California Department of Social Services, and plans to validate the risk assessment on a population of Washington families assessed by the agency at a future time. Both CRC staff and an independent researcher have validated the California risk assessment and found that it accurately classifies investigated families by their likelihood of future maltreatment.[1] Past research has shown that a large number of risk factors are common across jurisdictions, and a risk assessment validated in one jurisdiction is likely to work well in another jurisdiction.[2] While this suggests that the California risk assessment will perform well in Washington, CA staff wanted to ensure that the adopted risk assessment will result in an accurate classification of families. In addition, CA added questions to gather data (these items were not scored in the risk assessment) to determine if these issues affected the ability to accurately classify families concerning their risk of future child maltreatment. In the interim, CA contracted with CRC to conduct a preliminary examination of the risk assessment's performance and, if necessary, recalibrate the instrument to improve its ability to accurately classify families by their risk of future child maltreatment. This research uses electronically available information to examine how the risk assessment performs when classifying Washington families by their likelihood of another allegation of child maltreatment in the next six months.

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[1] Wagner, D., & Johnson, K. (2003). *California Structured Decision Making risk assessment revalidation: A prospective study*. Madison, WI: Children's Research Center. Johnson, W. (2004). *Effectiveness of California's child welfare Structured Decision Making® model: A prospective study of the validity of the California family risk assessment*. Oakland, CA: Alameda County Social Services Agency.

[2] For example, see Johnson, K., Wagner, D., Scharenbroch, C., & Healy, T. (2006). *Minnesota Department of Human Services risk assessment validation: A prospective study*. Madison, WI: Children's Research Center. See also Wood, J. (1997). Risk predictors for re-abuse or re-neglect in a predominantly Hispanic population. *Child Abuse and Neglect, 21*(4), 379–389.

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II. BACKGROUND

Actuarial assessment methods were introduced in CPS approximately 20 years ago. Constructing an actuarial risk assessment requires a longitudinal study in which the characteristics of families and alleged maltreatment are observed at the time of a sample investigation and examined relative to CPS involvement during a standardized follow-up period. Analysis determines which combination of family and case characteristics best assesses the likelihood of future child maltreatment.[3] CRC has conducted studies of large random samples in several sites to construct risk assessments that workers complete at the close of a child maltreatment investigation to classify families as high, medium, or low risk based on an actuarial assessment of each jurisdiction's experience with similar cases.

The evidence indicates that an actuarial risk assessment based on simple, empirically validated instruments is superior to other forms of decision making, including consensus-based assessments and an individual case worker's clinical assessments. A large body of research evidence in experimental psychology, as well as in child welfare, supports the conclusion that actuarial instruments can predict future behavior more accurately than individual decision makers, even those who have had extensive clinical training.[4] Research has also shown that actuarial assessments are more reliable and valid than consensus-based risk assessments.[5]

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[3] Both bivariate and multivariate statistical techniques are used to evaluate potential risk factors for inclusion in the risk assessment, to determine appropriate weights for each factor, and to set cut-off scores for the abuse and neglect classifications. A variety of statistical methods could be used to conduct the analyses described. A prior study by Simon (1971) and an exhaustive study by Gottfredson and Gottfredson (1979), later founded by other researchers (see Wilbanks, 1985; and Benda, 1987), found that less precise methods of statistical evaluation (including bivariate analyses or least squares regression) often produce better overall results. More recent studies support the earlier findings: see Silver, Smith, & Banks. (2000). Constructing actuarial devices for predicting recidivism. *Criminal Justice and Behavior*, *29*(5): 733–764; and Silver & Chow-Martin. (2002). A multiple models approach to assessing recidivism risk: Implications for judicial decision making. *Criminal Justice and Behavior*, *29*(5).

[4] See Rossi, P., Schuerman, J., & Budde, S. (1996). *Understanding child maltreatment decisions and those who make them.* Chicago: University of Chicago, Chapin Hall Center for Children. Dawes, R. M., Faust, D., & Meehl, P. E. (1989). Clinical versus actuarial judgment. *Science*, *243*, 1668–1674. Dawes, R. M. (1979). The robust beauty of improper linear models in decision making. *American Psychologist*, *34*, 571–582. Meehl, P. (1954). *Clinical versus statistical prediction: A theoretical analysis and a review of the evidence*. Minneapolis: University of Minnesota Press.

[5] Baird, C., & Wagner, D. (2000). The relative validity of actuarial- and consensus-based risk assessment systems. *Children and Youth Services Review*, *22*(11/12): 839–871. Baird, C., Wagner, D., Healy T., & Johnson, K. (1999). Risk assessment in child protective services: Consensus and actuarial model reliability. *Child Welfare*, *78*(6): 723–748.

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A caseworker can, however, sense things that an actuarial instrument would ignore or could not employ. Many human characteristics simply cannot be quantified empirically, and actuarial models cannot easily account for rare events. The point of actuarial assessment in case management is not to substitute an actuarial procedure for the discretionary judgment or skill of CPS workers, but rather to assess families more accurately and prioritize them for service more effectively by integrating an actuarial assessment tool into current case assessment procedures (see Shlonsky & Wagner, 2005). This practice may prove more effective, because the actuarial assessment model helps practitioners focus their initial assessment on the relatively small set of case characteristics that have demonstrated a strong statistical relationship to future child maltreatment. After making this objective assessment, workers may exercise discretionary judgment more effectively in each case.

When CA decided to move to an actuarial risk assessment, agency staff chose to adopt California's CPS family risk assessment and to validate the risk assessment on a population of Washington families assessed by the agency at a future point in time. CA established a workgroup to ensure that risk assessment items and definitions were consistent with existing policies and procedures, and conducted a preliminary analysis to help ensure that the risk assessment would accurately classify Washington families. CA also involved community stakeholders in reviewing definitions to support culturally sensitive practice.

In addition, CA designed a training plan to support implementation of the new risk assessment. In September 2007, CRC staff provided a two-day training of trainers. This two-day class covered the research and evidence behind the Structured Decision Making® (SDM) risk assessment, the definition and scoring of each item, and the overrides that are incorporated in the risk assessment process. The training included a number of case examples for practice application of risk item definitions.

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To support trainers and to improve the consistency of training and implementation, all trainers and supervisors participated in weekly teleconferences to discuss and document questions that arose during trainings and early implementation. The CA coordinator developed a "frequently asked questions" (FAQ) sheet and circulated it to all trainers and supervisors for reference. By the end of October 2007, all CPS investigators had been trained and were required to complete the new risk assessment prior to completing their investigations.

In February and March 2008, CRC staff provided follow-up technical assistance to support valid implementation of the SDM® risk assessment. This technical assistance consisted of engaging the CPS supervisors in a focused case reading exercise. Materials consisted of a short case reading instrument and instructions. The exercise began with a review of the SDM risk assessment and its related definitions, as well as how to determine whether the risk assessment was completed appropriately and with narrative support. Supervisors completed the case reading instrument on at least five investigations from their unit that had been closed since the implementation of the SDM risk assessment. The case reading exercise focused on risk assessment completion; whether narrative supported the responses documented on the risk assessment; and whether the case open/close decision was supported by the SDM risk assessment and CA policy. Supervisors who participated in this case reading activity commented that the case reading allowed them to better understand the operational definition of many of the risk assessment items; to better understand the risk levels and the CA policy that encouraged opening cases identified as moderately high or high risk; and to determine how they as supervisors could better support and review the implementation of the SDM risk assessment.

This examination of the risk assessment's performance is a continuation of CA's implementation support. The report begins with a profile of the sample, then reviews how well the risk assessment is classifying families investigated by CA. This is followed by a comparison of risk assessment findings to safety assessment results and the service decision.

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III. METHODOLOGY

The objective of this research was to examine how well the adopted risk assessment would classify families investigated in Washington by their likelihood of future child maltreatment during a six-month follow-up period. The study sampled families who were investigated for allegations of child abuse or neglect during December 2007 or January or February 2008. Subsequent CPS involvement was observed for each family during a standardized follow-up period of six months after their sample investigation. Outcomes observed were subsequent investigations involving the same child victims as the sampled investigation.[6] Analysis focused on the relationship of available risk factors observable at the time of the sample investigation to CPS outcomes, such as subsequent investigation or a finding that child maltreatment occurred.

The information referenced for this analysis was obtained from Washington's case and management information system (CAMIS). This included data describing the type of maltreatment alleged and founded, as well as the demographic characteristics of alleged child victims. The observed outcome measures included investigations of abuse or neglect allegations and findings of maltreatment during the follow-up period. The analysis cross-tabulated available information about the families investigated during the sample period and CPS outcomes observed during the follow-up period.

While missing data rates were very low, some investigations were missing safety and/or risk assessment data records. Of the 5,932 families investigated during the three month period, 5,687 (95.9%) families had a safety assessment and 5,706 (96.2%) had a risk assessment. Most (5,682 or 95.8%) of the families had both safety and risk assessment data available. Analysis was limited to families with the necessary information available.

[6] Because of data limitations, analysis of outcomes by households was not possible for this report. It is anticipated that with the implementation of FamLink, future analyses will include outcomes by household.

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IV. DESCRIPTION OF FINDINGS

A. Sampled Family Characteristics

The following tables review the characteristics of the 5,932 families investigated during the sample period. Table 1 shows that 69.6% of the families had only one child, 19.2% had two children, and 11.3% had three or more children alleged to be victims of abuse and/or neglect. In 23.4% of the sampled families, the youngest child was 1 year old or younger, and the youngest child was between 2 and 5 years of age in 26.1% of families.

Table 1

Characteristics of Sampled Households

		N	%
Total Sample		**5,932**	**100.0%**
Number of Alleged Child Victims	One	4,128	69.6%
	Two	1,136	19.2%
	Three	419	7.1%
	Four or more	249	4.2%
Age of Youngest Child Victim	1 or younger	1,389	23.4%
	2–5	1,546	26.1%
	6–10	1,772	29.9%
	11–17	1,222	20.6%
	Missing	3	0.1%
Race/Ethnicity of Youngest Child Victim	American Indian/Native American/Alaskan	253	4.3%
	Asian/Pacific Islander	150	2.5%
	Black/African American	381	6.4%
	Hispanic/Latino	843	14.2%
	White	3,338	56.3%
	Other	47	0.8%
	Multiple race/ethnicities noted	645	10.9%
	Missing	275	4.6%

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Race/ethnicity is reported for the youngest child victims in the household. Over half (56.3%) of children were identified as White, 14.2% were Hispanic/Latino, 6.4% were Black/African American, 4.3% were American Indian/Native American/Alaskan, and 10.9% of children had multiple race/ethnicities noted.

Table 2 describes the characteristics of the sampled CPS investigations. The majority (73.0%) of referrals involved a neglect allegation, while over one third (37.7%) involved an allegation of physical abuse (referrals may involve multiple allegations). Less than 20% (15.8%) of the referrals were founded for one or more allegations of child maltreatment.

Table 2

Characteristics of Sampled CPS Investigations

		N	%
Total Sample		**5,932**	**100.0%**
Region	One	976	16.5%
	Two	639	10.8%
	Three	1,041	17.5%
	Four	1,377	23.2%
	Five	969	16.3%
	Six	930	15.7%
Sample Allegations[7]	Neglect	4,328	73.0%
	Physical abuse	2,238	37.7%
	Sexual abuse	434	7.3%
Finding Decision	Not founded	4,994	84.2%
	Founded	938	15.8%

B. Subsequent CPS Involvement of Sampled Families

Outcomes consisted of subsequent CPS involvement observed for each family during the six months following the sampled investigation. The standardized follow-up period ensured that each family in the sample had the same opportunity for subsequent involvement with CA.

[7] More than one allegation may have been received; thus, the sum of percentages will be greater than one hundred.

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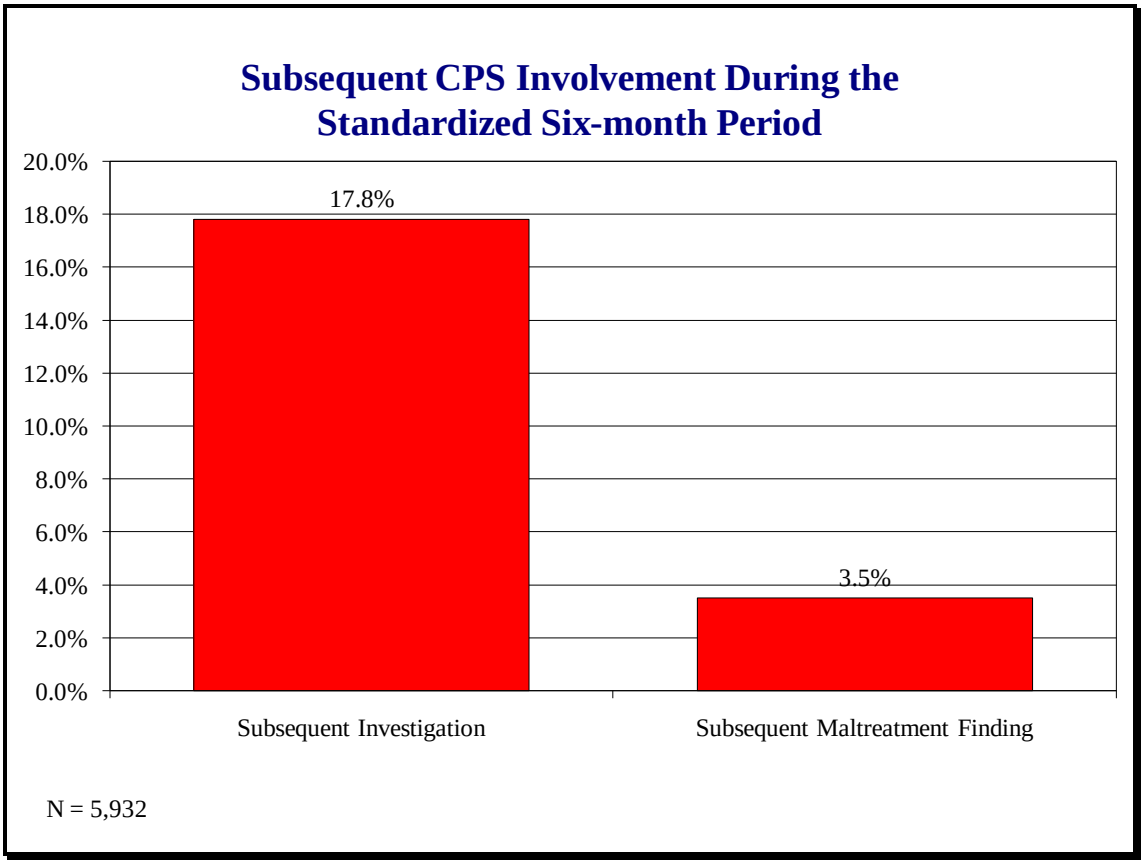
Subsequent involvement consisted of any investigated allegations of abuse or neglect, and investigations that resulted in a finding of maltreatment. Of the families investigated during December 2007 through February 2008, 17.8% were investigated at least once during the six-month follow-up period (see Figure 1). Only 3.5% had a subsequent finding that maltreatment occurred.

Figure 1



The ability to develop and validate an actuarial risk assessment depends on the average rate of outcomes among the population of interest (referred to as a base rate). Accurate risk assessment classification is much more difficult when the base rate of the outcome being estimated is very low (Goodie & Fantino, 1999; Schonemann & Thompson, 1996). To ensure sufficient base rates, most validation studies observe outcomes for a 12–24 month follow-up

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period. The average rate of subsequent founded maltreatment (3.5%) is very low, which impedes evaluation of the risk assessment's classification abilities. A longer follow-up period that results in multiple child protection outcomes with sufficient base rates is necessary for a comprehensive evaluation of the risk assessment and efforts to improve its classification abilities.

Examining families' risk assessment classification by six-month outcomes can, however, provide insight about how the risk assessment is being completed by workers. In particular, the analyses can identify whether an increase in the scored risk level corresponds to an increase in the re-investigation rate, and how workers' completion of the risk assessment compares to other investigation findings, such as safety assessment results and the service decision.

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Table 3 reviews the outcome rates for the sampled families by race/ethnicity of the youngest child. Outcome rates differed slightly by race/ethnicity of the youngest child. American Indian/Native American/Alaskan and families with multiple races/ethnicities noted had higher than average rates of subsequent investigated and founded child maltreatment (the rates were significantly higher than that of White families; z test, $p<.05$); for example, 22.9% of American Indian/Native American/Alaskan families and 20.8% of families with multiple race/ethnicities had a subsequent investigation, compared to 17.8% of the total sample. Latino, Black/African American, and White families had subsequent investigation and finding rates near the sample average. Asian families had lower than average outcome rates for both subsequent investigation and finding of child maltreatment.

Table 3

Subsequent CPS Involvement for Sampled Families by Race/Ethnicity During a Standardized Six-month Follow-up Period

Sample Characteristics	Sample	Subsequent Investigation	Subsequent Substantiation
Total Sample	**5,932**	**17.8%**	**3.5%**
American Indian/Native American/Alaskan	253	22.9%	5.1%
Asian	150	12.0%	2.7%
Black/African American	381	18.1%	3.7%
Hispanic/Latino	843	16.4%	3.2%
White/Caucasian	3,338	18.1%	3.5%
Other	47	12.8%	2.1%
Multiple races noted	645	20.8%	4.2%
Unable to determine	275	11.3%	2.2%

A comprehensive examination of the classification abilities of a risk assessment for sample subgroups (e.g., ethnic groups) typically requires a larger sample than is available here. For example, the number of American Indian, African American, and Asian families is less than 400. When validating a risk assessment for a particular group, sample sizes of 450 or more families are preferred. Thus, both the sample size and the six-month outcome period prevent

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efforts to improve the risk assessment's classification abilities. A longer follow-up period and larger sample is necessary to fully evaluate the risk assessment's performance and determine whether its performance can be improved.

This report reviews findings for the total sample and sample subgroups by the outcomes of re-investigation and subsequent founded maltreatment rates. While the inferences that can be made are limited, the analyses will provide preliminary information about families' risk assessment profiles, and how risk information compares to case actions. The first section reviews the risk level distribution, while the second section examines outcomes by risk classification. The last section reviews risk information relative to other case actions, to examine the risk assessment findings relative to safety assessment results and service assignments recorded by workers.

C. Risk Level Distribution

Table 4 shows that the current neglect risk index classified more families as high risk than did the abuse risk index. The overall risk level is the higher of the abuse and neglect risk levels. Among the 5,706 families with an investigation during the three-month sample period, less than half (39.4%) were classified as moderately high or high risk by the current risk evaluation (see Figure 2). Nearly half (45.7%) were classified as moderate risk, and 14.9% were classified as low risk.

Table 4

Scored Risk Level Distribution by Classification
(N = 5,706)

Classification	Neglect Risk Level	Abuse Risk Level	Overall Risk Level
Low	25.0%	40.2%	14.9%
Moderate	41.8%	43.0%	45.7%
Moderately High	28.0%	13.0%	31.4%
High	5.3%	3.7%	8.0%

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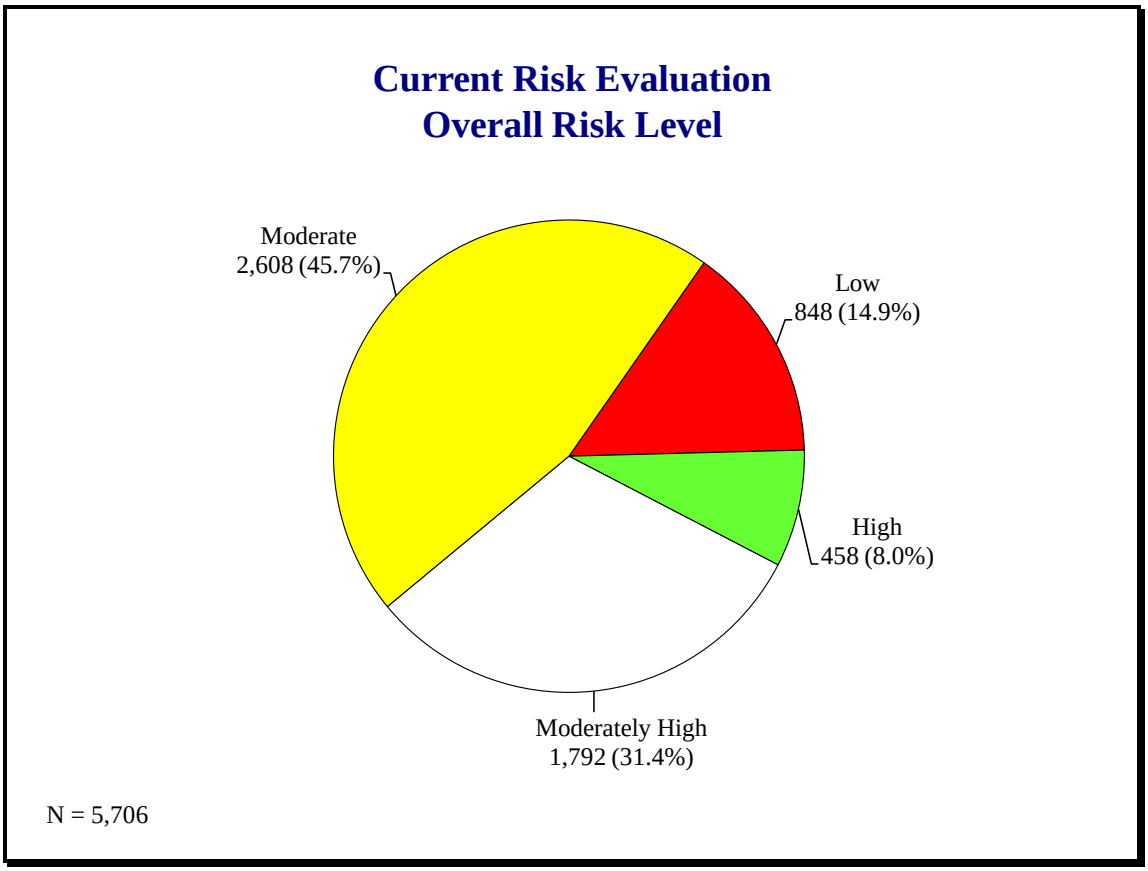
Figure 2



D. Findings by Actuarial Risk Level

During the six-month follow-up period, 13.9% of families were investigated for allegations of neglect and only 2.9% were founded for neglect. Of the families classified as low risk, 4.1% were subsequently investigated for a neglect allegation. Just over 10% of families were classified as being at moderate risk of neglect, while more than 20% of moderately high risk and high risk families were investigated for neglect during the follow-up period. Each increase in the neglect risk level corresponds to an increase in the investigation rate for neglect, although the increase from moderately high risk to high risk of neglect is slight. The distinction between high and moderately high risk was greater when the outcome was subsequent finding for neglect. Of families classified as being at low risk of neglect, 0.4% were subsequently

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founded for neglect, compared to 2.0% of moderate risk, 5.5% of moderately high risk, and 8.0% of high risk families.

Table 5

Current Risk of Neglect Classification by Neglect Outcomes

Neglect Risk Level	Sample		Subsequent Neglect Allegation		Subsequent Neglect Finding	
	N	%	N	%	N	%
Low	1,427	25.0%	59	4.1%	5	0.4%
Moderate	2,382	41.8%	308	12.9%	48	2.0%
Moderately High	1,596	28.0%	354	22.2%	88	5.5%
High	300	5.3%	74	24.7%	24	8.0%
Total Sample	**5,706**	**100.0%**	**795**	**13.9%**	**165**	**2.9%**

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As Table 6 indicates, the majority of sampled families (40.2%) were classified as being at low risk of abuse or moderate risk of abuse (43.0%). Very few families (3.7%) were classified as being at high risk of abuse.

Findings for the abuse risk classification by abuse outcomes had a similar pattern to neglect risk findings. Families classified as being at moderate risk of abuse had higher rates of subsequent abuse investigation and founded abuse than low risk families, and the abuse investigation rate for moderately high and high risk families was greater than that of moderate risk families. Families classified as moderate risk had a follow-up abuse investigation rate of 7.4%, compared to 13.2% of moderately high risk and 15.6% of high risk families.

Table 6

Current Risk of Abuse Classification by Abuse Outcomes

Abuse Risk Level	Sample		Subsequent Abuse Allegation		Subsequent Abuse Finding	
	N	%	N	%	N	%
Low	2,295	40.2%	92	4.0%	5	0.2%
Moderate	2,451	43.0%	184	7.4%	30	1.2%
Moderately High	744	13.0%	98	13.2%	12	1.6%
High	212	3.7%	33	15.6%	5	2.4%
Total Sample	**5,706**	**100.0%**	**407**	**7.1%**	**52**	**0.9%**

The final risk classification, which is the highest risk level assigned by the abuse or neglect index, establishes a risk level that estimates the likelihood of subsequent maltreatment of any kind (i.e., either abuse or neglect). Table 7 and Figure 3 show case outcomes by the overall risk classification obtained from the estimation of risk factors. Outcomes for any type of child maltreatment are reviewed for the overall risk classification. Among families classified as low risk, 5.8% were subsequently investigated for abuse and/or neglect, compared to 14.7% of families classified as moderate risk, 24.9% of moderately high risk families, and 25.5% of families classified as high risk.

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Findings were similar when the outcome was subsequent finding for any type of allegation (abuse and/or neglect). Families classified as low risk had a rate of 0.4%, while the corresponding rate was 2.2% for moderate risk families, 5.9% for moderately high risk, and 7.9% for high risk families.

Table 7

Current Overall Risk Classification by Subsequent Maltreatment Outcomes

Risk Level	Sample		Investigation for Any Allegation		Any Allegation Founded	
	N	%	N	%	N	%
Low	848	14.9%	49	5.8%	3	0.4%
Moderate	2,608	45.7%	383	14.7%	58	2.2%
Moderately High	1,792	31.4%	447	24.9%	105	5.9%
High	458	8.0%	117	25.5%	36	7.9%
Total Sample	**5,706**	**100.0%**	**996**	**17.5%**	**202**	**3.5%**

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Figure 3

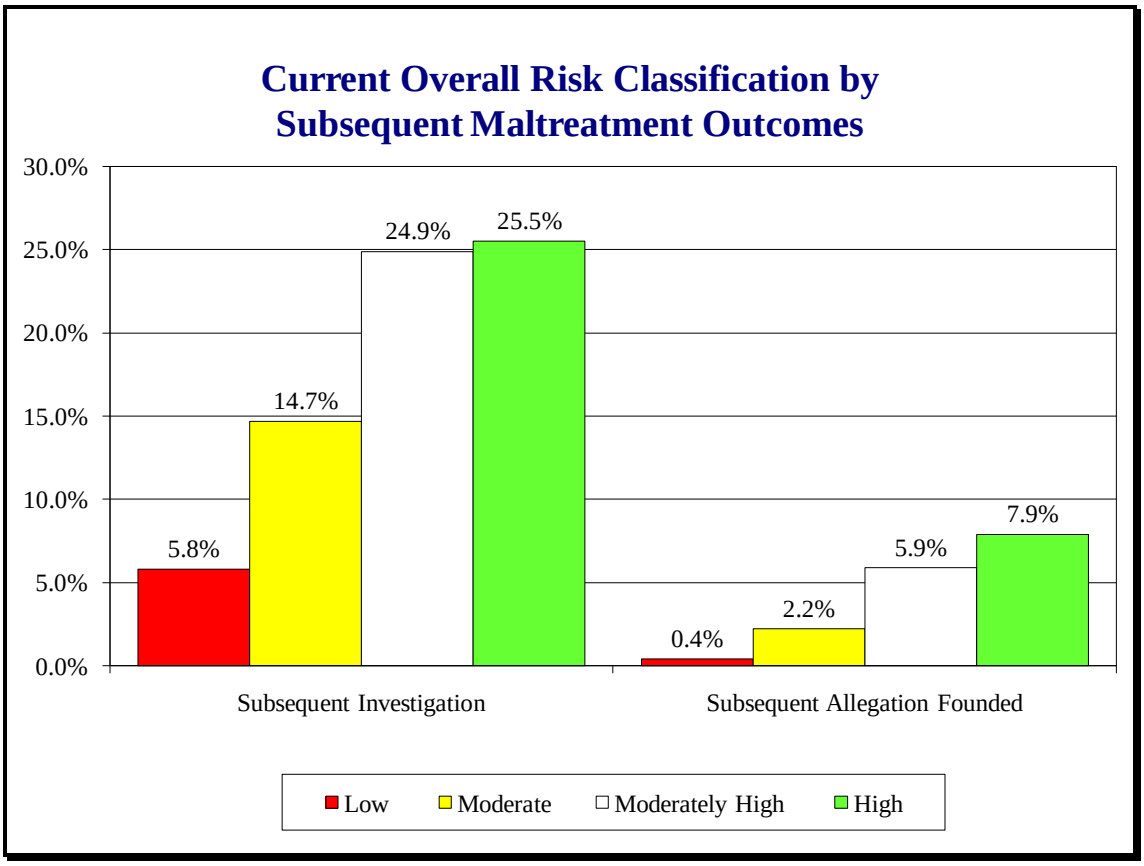

Table 8 reviews the estimated risk level classification by the race/ethnicity of the youngest child in the family. The distribution of families by risk level varied slightly across race/ethnic groups. For example, among White, Black/African American, and multi-racial families, approximately 30% of families were classified as moderately high risk and approximately 8 to 12% were classified as high risk. A slightly greater proportion of American Indian/Native American/Alaskan families were classified as moderately high or high risk. Sample sizes for American Indian/Native American/Alaskan, African American, and Asian families are insufficient for examining risk assessment classifications, however. For example, among the 239 American Indian families in the sample, 19 were classified as low risk and 26 were classified as high risk. These sample sizes are too low for a meaningful comparison of the risk assessment's classification abilities.

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Among race/ethnic groups with a sufficient sample size, an increase in risk level corresponded to an increase in the rate of re-investigation with one exception. The re-investigation rate for Latino families classified as high risk is lower than the rate among Latino moderately high risk families. This may be also be related to sample size; only 48 Latino families were classified as high risk. In addition, the re-investigation rate among high risk White families (27.1%) is only slightly greater than the rate of moderately high risk White families (25.3%). Table 8 also reviews classification findings for subsequent founded maltreatment, although the low base rate prevents meaningful across-group comparisons.

Table 8

Current Overall Risk Classification by Subsequent Maltreatment Outcomes for Families by Race/Ethnicity of Youngest Child

Overall Risk Level	Sample Distribution		Outcome Rates During the Six-month Follow-up Period	
	N	%	Investigation for Any Allegation	Any Allegation Founded
Total Sample	**5,706**	**100.0%**	**17.5%**	**3.5%**
American Indian/Native American/Alaskan				
Low	19	7.9%	5.3%	5.3%
Moderate	98	41.0%	20.4%	4.1%
Moderately High	96	40.2%	25.0%	5.2%
High	26	10.9%	34.6%	11.5%
Subtotal	**239**	**100.0%**	**22.6%**	**5.4%**
Black/African American				
Low	37	10.3%	21.6%	0.0%
Moderate	177	49.2%	13.6%	1.7%
Moderately High	103	28.6%	20.4%	6.8%
High	43	11.9%	11.6%	2.3%
Subtotal	**360**	**100.0%**	**16.1%**	**3.1%**
Hispanic/Latino				
Low	155	19.1%	6.5%	0.0%
Moderate	386	47.5%	15.5%	2.3%
Moderately High	224	27.6%	24.1%	6.3%
High	48	5.9%	14.6%	6.3%
Subtotal	**813**	**100.0%**	**16.1%**	**3.2%**

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Table 8

Current Overall Risk Classification by Subsequent Maltreatment Outcomes for Families by Race/Ethnicity of Youngest Child

Overall Risk Level	Sample Distribution		Outcome Rates During the Six-month Follow-up Period	
	N	%	Investigation for Any Allegation	Any Allegation Founded
White				
Low	452	14.0%	5.3%	0.4%
Moderate	1,429	44.4%	14.3%	2.4%
Moderately High	1,066	33.1%	25.3%	5.3%
High	273	8.5%	27.1%	8.1%
Subtotal	**3,220**	**100.0%**	**17.8%**	**3.5%**
Multiple Races/Ethnicities Noted				
Low	68	11.0%	4.4%	0.0%
Moderate	289	46.7%	17.0%	1.4%
Moderately High	210	33.9%	27.1%	8.1%
High	52	8.4%	36.5%	11.5%
Subtotal	**619**	**100.0%**	**20.7%**	**4.4%**

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Table 9 reviews the classification results of the estimated risk classification for families by the finding for the sample incident. Approximately one fourth (23.6%) of families with a finding of maltreatment were classified as high risk, compared to 5.0% of families with no finding of maltreatment.

The estimated classification results indicate that an increase in the risk level corresponds to an increase in outcome rates whether the sample incident was founded or not. The re-investigation rate among moderately high risk families was only slightly higher than the rate among high risk families. For example, among families with no maltreatment finding, 6.0% of low risk families had a subsequent investigation, compared to 28.6% of high risk families.

Table 9

Scored Risk Classification by Subsequent Maltreatment Outcomes by Finding at the Time of the Sample Incident

Overall Risk Level	Sample Distribution		Outcome Rates During the Six-month Follow-up Period	
	N	%	Investigation for Any Allegation	Any Allegation Founded
Total Sample	**5,706**	**100.0%**	**17.5%**	**3.5%**
Not Founded				
Low	788	16.5%	6.0%	0.4%
Moderate	2,322	48.7%	14.6%	1.9%
Moderately High	1,424	29.8%	26.2%	5.5%
High	238	5.0%	28.6%	6.7%
Subtotal	**4,772**	**100.0%**	**17.3%**	**3.0%**
Founded				
Low	60	6.4%	3.3%	0.0%
Moderate	286	30.6%	15.4%	4.5%
Moderately High	368	39.4%	20.1%	7.3%
High	220	23.6%	22.3%	9.1%
Subtotal	**934**	**100.0%**	**18.1%**	**6.4%**

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These findings suggest that the risk assessment adopted by Washington's CA distinguishes between families with a low, moderate, and high risk of future child maltreatment. The risk assessment performed less well when distinguishing high from moderately high risk families. Families classified as high risk had a re-investigation rate only slightly higher than that of moderately high risk families. Both high risk and moderately high risk families, however, had a much higher rate than moderate risk families, and the rate of moderate risk families was greater than that of low risk families.

These findings were consistent for families by ethnicity as well as whether the sample incident was founded or not. Among both founded and unfounded sample investigations, the re-investigation rate over a standardized six-month observation period increased with each increase in risk level from low to moderate to moderately high, but high risk families had a rate similar to that of moderately high risk families. The classification findings for most ethnic groups with sufficient sample size were similar, with two exceptions. Among Latino and African American families, the re-investigation rate for high risk families was lower than the rate among moderately high risk families. Less than 50 of these families were classified as high risk, however, which should be taken into consideration.

E. Risk Assessment Findings by Case Actions Taken

This section begins with a review of worker overrides of the scored risk classification, followed by a review of safety assessment findings. Lastly, risk assessment findings are examined relative to safety assessment results and service assignments recorded by workers.

1. Use of Risk Level Overrides

Workers completing the risk assessment implemented an override of the scored risk level for only 2.7% of families investigated during the three-month sample period. Table 10 shows

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that 11.8% of these were attributed to referral histories, which is taken into account when calculating the risk assessment scores. Workers indicated that they made 43.4% of these overrides based on information from collaterals, while 44.7% were for some "other" reason (available computer responses may not have explained the circumstances well). After overrides, an additional 1.5% of families were classified as high risk (from 8.0% [shown in Table 7] to 9.5% [shown in Table 10]).

Table 10

Characteristics of Scored Risk Level Overrides

	N	**%**
Total Sample	**5,706**	**100.0%**
Risk Level Override		
No	5,554	97.3%
Yes	152	2.7%
Override Reason		
Chronic referral history	18	11.8%
Collateral information is credible; indicates higher risk	66	43.4%
Other	68	44.7%
Final Risk Level		
Low	837	14.7%
Moderate	2,528	44.3%
Moderately High	1,800	31.5%
High	541	9.5%

2. Safety Assessment Results and Service Decisions

As mentioned previously, not all of the families investigated during the three-month sample period had safety information available. Of the 5,932 families investigated, 245 (4.1%) of families were missing safety information. An additional 413 families had a child placed immediately into custody, and policy indicates that safety assessments do not have to be completed for these cases.

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Table 11 shows that among the 5,274 (88.9%) of families for whom safety data were available, workers identified nearly three fourths of families (71.0%) as safe with no immediate threats of harm. Among the nearly one third (29.0%) of families with identified safety concerns, most were addressed with family-supported planning. Only 9.4% of families required safety monitoring by CA workers, and an additional 3.6% required a child placement.

Table 11

Safety Assessment Findings

	N	%
Total Sample	**5,706**	**100.0%**
Safety factor identified		
No	3,746	71.0%
Yes, factor identified	1,528	29.0%
Safety intervention noted		
Aftercare plan developed; family or professional support	843	16.0%
Safety monitoring by CA	493	9.4%
Child placed in DCFS or tribal care after safety assessment	192	3.6%
Safety assessment result		
No safety issue	3,746	71.0%
Safety issue resolved by family	843	16.0%
Safety threat; services and monitoring needed	685	13.0%

One fourth of the families investigated during the three-month sample period received services post-investigation (data not shown). Table 12 reviews the nature of service decisions for the investigated families. Most were assigned to either family voluntary services or child and family welfare services.

Of the families not assigned to CA services, workers referred 30.3% of families to community services (data not shown). They developed an aftercare plan to be monitored by family members for another 8.0% of the families. In 52.8% of investigations with no service assignment, workers indicated that the family was low risk or did not need services.

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Table 12 Service Decision Noted		
	N	**%**
Total Sample	**5,932**	**100.0%**
Service worker assignment noted		
No	4,441	74.9%
Yes, service assigned	1,491	25.1%
Service assignment		
Child and family welfare services	490	8.3%
Family reconciliation	91	1.5%
Family voluntary services	784	13.2%
Other	126	2.1%

3. Service Decision by Risk and Safety Assessment Results

Table 13 shows families' scored risk classification by the safety findings completed by workers. As expected, the majority (69%) of families with no identified safety factors were classified as low or moderate risk. The majority of families with identified safety factors requiring services and monitoring were moderately high to high risk (77.1%).

Table 13 Scored Risk Classification by Families' Safety Assessment Result					
	Low	**Moderate**	**Moderately High**	**High**	**Total**
Total Sample	**14.7%**	**44.3%**	**31.5%**	**9.5%**	**5,706**
No safety issues	18.8%	50.2%	27.8%	3.2%	**3,742**
Safety issue resolved by family	12.7%	51.7%	30.5%	5.1%	**843**
Safety threats; services and/or monitoring needed	1.8%	21.2%	49.9%	27.2%	**685**
Safety assessment not completed; child placed	1.5%	15.0%	37.6%	45.9%	**412**
Safety information not available	29.2%	33.3%	20.8%	16.7%	**24**

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Policy indicates that the service decision should be based on the results of the safety and risk assessments. Table 14 shows the proportion of families assigned to services by their scored risk level and safety assessment results. For example, workers indicated that 705 families had no safety issues and classified them as low risk. Of these 705 families, 3.4% were assigned services. Service rates were higher among families monitored as a result of the safety assessment (50–92.7%) and those who had a child placed (33.3–94.7%), compared to families whose issues were resolved by aftercare planning with family or other community supports (0.9–30.2%).

The shaded cells in Table 14 indicate the families who were classified as high risk, had a child placed, or were monitored by CA after safety concerns were identified. Among these 1,263 families (21.3% of the sample), workers noted service assignments for 81.1% (data not shown).

Table 14

Service Assignment by Families' Safety and Risk Findings

Families by Safety Assessment Result	Scored Risk Classification				Total
	Low	Moderate	Moderately High	High	
	% Assigned Services (Total N for Cell)				
Total Sample	**3.9% (837)**	**12.7% (2,528)**	**40.0% (1,800)**	**76.9% (541)**	**5,706**
No safety issues	3.4% (705)	7.8% (1,877)	22.6% (1,041)	41.2% (119)	**3,742**
Safety issue resolved by family	0.9% (107)	5.7% (436)	13.6% (257)	30.2% (43)	**843**
Safety threats; services and/or monitoring needed	50.0% (12)	82.1% (145)	92.7% (342)	91.1% (186)	**685**
Safety assessment not completed; child placed	33.3% (6)	51.6% (62)	85.8% (155)	94.7% (189)	**412**
Safety information not available	0.0% (7)	0.0% (8)	0.0% (5)	0.0% (4)	**24**

These data show that safety assessment results and service decisions are generally consistent with the risk classification assigned. Families with safety concerns identified were more likely to be classified as moderately high or high risk. In addition, the majority (82.5%) of

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families recommended for service assignment by policy (families assigned to CA safety assessment monitoring or identified as high risk) had services identified.

V. Summary

This preliminary examination suggests that the risk assessment adopted by Washington's CA distinguishes between families with a low, moderate, and high risk of future child maltreatment. The risk assessment performed less well when distinguishing high from moderately high risk families. While families classified as high risk had a re-investigation rate only slightly higher than that of moderately high risk families, their rates were much higher than the rate of moderate risk families, and the rate of moderate risk families was greater than that of low risk families. These findings were consistent for families by ethnicity as well as whether the sample incident was founded or not.

If funding can be identified, CA plans to conduct a full-scale validation of the risk evaluation in the next 12 to 24 months. A comprehensive validation study is necessary to ensure that the risk assessment is composed of the best combination of risk factors with the most appropriate statistical weights, and that the cut points defining the classifications are best suited to the population for which the risk assessment is applied. A comprehensive validation also ensures that the risk assessment classifies families well within sample subgroups, such as those defined by family ethnicity or geography.

An agency can maximize the benefits of a validation study by supporting the integration of risk assessment into practice. For example, a report completed by the Institute of Applied Research (IAR) in 2004 for the state of Minnesota indicated some practice issues which affect the classification abilities of the risk assessment:

- The IAR report found that the point in time that the risk assessment was completed varied. In some cases, the risk assessment was completed shortly after

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the worker's first visit. If the risk assessment is completed prior to the end of the assessment process, then the resulting risk scores may not accurately reflect characteristics of the family and the situation.

- IAR also conducted a content analysis of case files for 41 low risk American Indian/Alaskan Native families who were subsequently re-reported for child maltreatment. Their content analysis indicated that a number of problems (such as domestic violence or substance abuse) were present at the time the risk assessment was completed or appeared later, but were not always scored on the risk assessment.

When workers complete the risk assessment and how they score the items will affect the classification abilities of the risk assessment. Determining how workers are using the risk assessment in practice and improving the consistency of its use will result in better practice. Agency monitoring and additional worker training may also improve the accuracy of worker risk assessment estimates and the management of service delivery. CA may wish to strengthen implementation by employing efforts used by other jurisdictions, such as the following:

- Emphasize worker use of risk assessment scoring definitions to promote accurate and consistent assessment scoring. Ensuring that scoring definitions are easily accessible to workers may increase the accuracy of their risk estimates.

- Conduct case review sessions similar to the one described in the "Background" section of this report, and/or include a review of risk assessment scoring as part of routine case reviews conducted by supervisors or other staff. These comparative case reading activities can improve supervisors' evaluation of risk assessment practices, which will also improve workers' risk assessment practices.

- Use refresher risk assessment trainings and other feedback mechanisms to solicit worker questions and identify areas for follow-up training or additional emphasis. If clarification is needed (for example, how to assess risk when parents are living in separate households), staff may want to respond with a written question and answer list, ask supervisors to review the subject at a future staff meeting, or revise training materials to include a case example that addresses the issue.

- Encourage supervisors to routinely review risk scoring and include it in case discussions with workers.

- Ensure that assessment and service delivery data for CPS cases are easily accessible to CA staff. The agency will benefit from systematically monitoring information such as the following:

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- » Safety factors indicated at the time of assessment and the interventions used to help ensure child safety;
- » The risk classification and safety assessment results of investigated families;
- » The frequency and nature of overrides to the risk classification;
- » The case opening decision by the risk classification after any overrides.

This kind of information makes it possible for local managers to identify the service needs of their clients, prioritize service interventions for high risk families, and take action necessary to improve service delivery. The tables provided in Section E (Risk Assessment Findings by Case Actions Taken) could serve as a starting basis for regular reporting. In addition, CA may wish to regularly examine the consistency of data. Key data such as risk level distribution, override rates, and rates of service delivery by risk and safety assessment findings could also be examined by office and region, and should be shared with workers and supervisors. Showing workers and supervisors how collected data are being used may increase the consistency and quality of their data entry.

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Appendix A

Washington Risk Assessment and Policy Guidelines

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Structured Decision Making® Risk Assessment

Wizard: Referral ID: _____ _____ _____
Wizard: Person ID: _____
Wizard: IRA ID: _____
Same as current IA functioning: Date Completed: _____

Question Design for CAMIS GUI	Neglect Score	Abuse Score	Item Definitions
1. Current referral/investigation CA/N type. *(Check all that apply)* O Abuse O Neglect	Abuse: 0 Neglect: 1	Abuse: 1 Neglect: 0	Identify the nature of the current referral. Referrals may include allegations of abuse, neglect, or both. Abuse includes physical abuse, sexual abuse and sexual exploitation. Abandonment is scored as negligent treatment/maltreatment. Referrals for imminent risk only should be scored based on what the child is at risk for (abuse or neglect).
2. Prior number of CPS referrals assigned for investigation. *(Check all that apply)* O None O One for abuse O Two or more for abuse O One or two for neglect O Three or more for neglect	*Highest Score* • 0 • 1 • 1 • 2 • 3 *Maximum score = 3*	*Highest Score* • 0 • 1 • 2 • 0 • 0 *Maximum score = 2*	Determine the number of prior referrals that were assigned for CPS investigations. Exclude the following: • Information only, third party and alterative response(i.e. low standard referrals); • Investigations of out of home perpetrators (i.e. daycare); • Sexually Aggressive Youth, unless one or more caregivers failed to protect.
3. Household has previously had a child abuse or neglect investigation that resulted in a case being open for services (voluntary or court ordered). O No O Yes	No: 0 Yes: 1	No: 0 Yes: 1	Assess "yes" if household has previously had a child abuse or neglect investigation that resulted in a case being open for services. Service history includes voluntary or court-ordered family services or family preservation services. Service history does *not* include ARS (Alternative Response Services) unless provided as a service to address maltreatment issues **post investigation**, CWS intake or FRS (Family Reconciliation Services). CPS history from other jurisdictions should be considered.
4. Four or more children are involved in the current child abuse/neglect incident. O No O Yes	No: 0 Yes: 1		Determine the number of children under 18 years of age identified as victims in the current investigation. Include victims identified post-intake.
5. Prior injury to a child resulting from CA/N. O No O Yes		No: 0 Yes: 1	Assess "yes" if any child sustained a prior injury resulting from abuse and/or neglect **as defined by WAC**. Do not include any injury currently being investigated. Injury sustained as a result of abuse or neglect may range from bruises, cuts and welts to an injury which requires medical treatment or hospitalization such as a bone fracture or burn. Prior injury may or may not have been investigated by CA.

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6. The youngest child in the household is under age two years. O No O Yes	No: 0 Yes: 1		Determine the current age of the youngest child presently in the household where the maltreatment incident reportedly occurred. If a child is removed as a result of the current investigation, consider the child a member of the household. 0-23 months old –score as Yes 2 years old and older –score as No
7. Characteristics of children in the household. *(Check all that apply)* O Medically fragile or failure to thrive O Positive toxicology screen at birth O Physical disability O Developmental disability O Delinquency history O Mental health/behavior problem O None of the above	*Add for score (1 point for physical &/or development)* • 1 • 1 •] =1 • 0 • 0 • 0 Total_____ *Maximum score = 3*	*Add for score* • 0 • 0 • 0 • 1 • 1 • 1 • 0 Total_____ *Maximum score = 3*	Assess for each child for any of the following characteristics: **Medically fragile or failure to thrive,** as determined by a medical professional. Medically fragile is a term used to describe children who have intensive medical needs including the use of medical devices such as feeding tubes or tracheotomy tubes and skilled supervision and monitoring. A more complete definition can be found in the Washington State Developmental Disabilities Council, Policy 109, 1990. **Positive toxicology screen at birth** for alcohol, illegal drugs, or mother's abuse of legal drugs. **Physical disability** as evidenced by a significant physical handicap. **Developmentally disability** as evidenced by any of the following: mental retardation, learning disability, other developmental problem, including ADHD/ADD. **Delinquency history** for any child in the household includes: • Criminal behavior • Involvement in the juvenile justice system • High-risk youth behaviors (e.g. truancy, runaway, substance use) which create stress within the household. **Mental Health/behavior problem,** any child in the household has mental health or behavioral problems not related to a physical or developmental disability. This could be indicated by: • A DSM diagnosis (excluding ADHD/ADD); • Receiving mental health treatment; • Attendance in a special classroom because of behavioral problems; or • Currently taking psychotropic medication. **None of the above**, no child in the household exhibits characteristics listed above.
8. Number of adults in household at time of the most recent alleged incident. O None O One O Two O Three O Four or more			Number of adults residing in the household at the time the alleged incident occurred.

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9. Primary caregiver's assessment of incident. *(Check all that apply)* O Blames child O Justifies maltreatment of child O None of the above		*Add for score:* • 1 • 2 • 0 Total_____ *Maximum score = 3*	Evaluate the primary caregiver's assessment of the incident for the following characteristics. **Blames child** for incident by making statements that child's action or inaction caused maltreatment to occur.(e.g. two year old was injured because six year old did not appropriately supervise sibling; claiming that the child seduced him/her.) **Justifies maltreatment of the child** by making statements that caregiver's action or inaction was appropriate, even though it resulted in harm to the child, (e.g., claiming that this form of discipline was how he/she was raised, so it is all right; there is nothing wrong with leaving preschooler alone for a short time). **None of the above** characteristics are applicable.
10. Primary caregiver provides physical care consistent with child needs. O No O Yes	No: 1 Yes: 0		Assess "yes" if the primary caregiver is providing age appropriate physical care for all children in the household. Examples may include: • obtaining medical care for severe or chronic illness; • providing adequately clean clothing appropriate to the weather; • preventing/addressing rodent or insect infestations; • providing adequate housing (consider plumbing, electricity, heating and cooling); • ensuring poisonous substance or dangerous objects are not within reach of small child(ren); • supporting/providing appropriate hygiene (bathing, brushing teeth, changing diapers).

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11. Caregiver characteristics. *(Check all that apply)* Primary Caregiver / Secondary Caregiver O O Provides insufficient emotional/ psychological support O O Employs excessive/ inappropriate discipline O O Domineering parent O O Lacks parenting skills O O Apathetic or hopeless O O Involved in harmful relationships O O None of the above		*Add for score* Primary Caregiver Only • 1 • 1 • 1 • 0 • 0 • 0 • 0 Total_____ *Maximum score = 3*	Assess primary and secondary caregiver for each characteristic listed below, taking into consideration cultural differences. **Check all that apply**: • **Provides insufficient emotional/ psychological support** to the child(ren), such as depriving child(ren) of affection or emotional support. • **Employs excessive/inappropriate discipline** includes disciplinary practices that are inappropriate for the children's age, development and/or the nature of the child's misconduct whether not it reaches a level of physical abuse. • **Domineering parent** Over controlling persistent unrealistic demands of a child and a lack of tolerance for behavior that is developmentally appropriate. • **Lacks parenting skills** as indicated by failure to care for/supervise children, lacks knowledge of child development and age-appropriate expectations for children, and/or has poor knowledge or use of age-appropriate disciplinary methods. • **Apathetic or hopeless** as indicated by an appearance of being overwhelmed; is indifferent; and/or exhibits a substantial decline in hygiene and/or energy level. • **Involved in harmful relationships** This includes harmful adult relationships, criminal activities that are harmful to household functioning or childcare, and/or domestic violence • **None of the above** characteristics are evidenced by the caregiver.
12. Caregiver has a past or current mental health problem. *(Check all that apply)* Primary Caregiver / Secondary Caregiver O O No O O During the last 12 months O O Prior to the last 12 months	*Highest Score* Primary Caregiver Only No: 0 Yes: 1 Yes: 1 *Maximum score = 1*		Determine if credible and/or verifiable statements by caregivers or others indicate that either caregiver has a past or current mental health problem as indicated by: • Having been diagnosed with a Diagnostic and Statistical Manual (DSM) condition by a mental health or medical clinician, excluding diagnoses of substance abuse/dependency; • Having had repeated referrals for mental health/psychological evaluations; or • Was recommended for treatment/ hospitalization or treated/ hospitalized for mental health issues at any time.

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13. Caregiver has historic or current alcohol or drug problem. *(Check all that apply)* Primary Caregiver / Secondary Caregiver O O No O O Alcohol during past 12 months O O Alcohol prior to past 12 months O O Drugs during past 12 months O O Drugs prior to past 12 months	*Add for score (1 point for any or all alcohol & 1 point for any or all drug)* Primary Caregiver Only: • 0 • =1 • =1 Total_____ *Maximum score = 2*	*Highest score* Secondary Caregiver Only: • 0 • 1 • 1 • 1 • 1 *Maximum score = 1*	Assess each caregiver in regards to alcohol/drug abuse. Abuse is evidenced by substance use that affects or affected employment; criminal involvement; marital or family relationships; or ability to provide protection, supervision, and care for the child. Examples may include: • Self-report of a problem; • Received or is receiving treatment; • Multiple positive urine samples; • Health/medical problems resulting from substance use; • A biological child of a female caregiver was diagnosed with Fetal Alcohol Syndrome (FAS or FAE), or the child had a positive toxicology screen at birth.
14. Caregiver has a history of abuse or neglect as a child. Primary Caregiver / Secondary Caregiver O O No O O Yes		Primary Caregiver Only: No: 0 Yes: 1	Assess "yes" for appropriate caregiver if credible statements by the caregivers or others, including history check, indicate that either caregiver was maltreated as a child (maltreatment includes neglect or physical, sexual, or other abuse). Maltreatment may or may not have been investigated by a CPS agency. Information may be located in the case narrative material, reports from other agencies, etc.
15. Two or more incidents of domestic violence in the household. O No O Yes – Two or more within the last 12 months O Yes – Two or more over one year ago		No: 0 Yes: 2 Yes: 0	Assess if there have been two or more physical assaults or periods of intimidation/threats/harassment between caregivers or between a caregiver and intimate partner.
16. Housing. *(Check all that apply)* O Current housing is physically unsafe O Homeless or about to be evicted when investigation began O None of the above	*Add for score* • 1 • 2 • 0 Total_____ *Maximum score = 3*		Assess housing for the family that is the subject of the investigation, **endorse all that apply**: • **Current housing is physically unsafe.** Examples may include: exposed wiring, human/animal waste on floors. Inadequate shelter from elements, no access to clean water. • **Homeless or about to be evicted** when the investigation began. • **None of the above,** family has housing that is physically safe.

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17. Caregiver has a criminal arrest or conviction history. *(Check all that apply)* Primary Caregiver / Secondary Caregiver O O No known history O O Arrest during the last 12 months O O Arrest prior to the last 12 months O O Conviction during the last 12 months O O Conviction prior to the last 12 months			Using credible information which may include a criminal background check or self-disclosure, either caregiver has been arrested or convicted prior to the current referral. This includes DUI, but excludes all other traffic offenses and hunting/fishing rights violations. Information may be located in the case narrative material, reports from other agencies, etc.
18. Attachment and nurturing issues. (Check all that apply) Primary Caregiver / Secondary Caregiver O O Caregiver rejection of a child O O Caregiver lack of involvement in parenting O O None of the above			Assess each caregiver for the characteristics below and check all that apply: **Caregiver rejection of a child** Examples include frequently rejecting a child's/adolescent's outreach for affection or attention; statements expressing regret of having the child/adolescent (i.e., I wish I never had you, I wish I'd had an abortion); making belittling, rejecting, and/or demoralizing statements about a child/adolescent. **Caregiver lacks engagement in caretaking:** Examples include leaving an infant/toddler for long periods in a car seat, crib or playpen; leaving the child with strangers or acquaintances for long periods of time; leaving the child/adolescent with multiple caregivers (social worker will consider cultural norms as part of the risk assessment process). **None of the above** characteristics apply to the caregiver's treatment of any child in the household.
TOTAL SCORE	NEGLECT _____	ABUSE _____	

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SCORED RISK LEVEL

The family's scored risk level is based on the highest score on either the neglect or abuse scale.

(Ranges on Neglect and Abuse Scores may change April 1, 2008)

Neglect Score	Abuse Score	Scored Risk Level
_____ 0-1	_____ 0-1	_____ Low
_____ 2-4	_____ 2-4	_____ Moderate
_____ 5-8	_____ 5-7	_____ High
_____ 9+	_____ 8+	_____ Very High

DISCRETIONARY RISK OVERRIDE

Should the Scored Risk Level be overridden to a higher level?

O No

O Yes

If yes, indicate risk level and reason:

Risk Level:

O Moderate

O High

O Very High

Reason for Override: *Provide explanation below:* _____

_____

_____

_____

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INDICATED ON THE SAFETY ASSESSMENT

The Safety Assessment should be completed before this section is done and should only reflect the results of the most recent Safety Assessment.

Was there an "Indicated" on the most recent Safety Assessment?

O N/A – Child placed in DCFS or tribal custody before Safety Assessment was completed and remains in placement

O NO – None Indicated

O YES – One or more items were Indicated

If YES, does the family need ongoing services or monitoring to address the safety threat?

O NO – Safety Plan was developed with the family and is monitored through family supports or other community professionals

O YES – Child NOT in placement and Safety Plan requires monitoring

O YES – Child was placed in DCFS or tribal custody after Safety Assessment was completed

DISPOSITION

Final Risk Level: O Low O Moderate O High O Very High **Safety Assessment Result:** O No Safety Issue O Safety Issue Resolved by Family O Safety threat; monitoring of safety plan needed. O Not Completed; child placed **Child Placed:** O Child in placement	Beyond the investigation: Is the family being referred for ongoing services that require Children's Administration to monitor? *Shows when Final Risk Level is Low, Moderate or High* NO – Check most appropriate reason below: O Investigation only; no referral for services was needed O Investigation; referral to community resources O Investigation; non-agency monitored aftercare plan developed O Investigation; transferred to Tribal authority O Other _____ *Shows when Final Risk Level is Very High* NO – Check most appropriate reason below: O Family refused services and a determination was made that there was insufficient evidence to file a dependency petition O Family moved and cannot be located O Family moved out of the state and local CPS office notified O Other _____ *Shows for all Final Risk Levels* YES – Check program type below: O Family Voluntary Services O Child and Family Welfare Services O Family Reconciliation Services O Other _____

One risk assessment should be completed for each household if subjects in the investigation reside in different households. CAMIS does not support this requirement, so the second risk assessment must be completed on paper and filed in the file.

O Check this box if a paper-based risk assessment was completed for another household.

Same as current IA Disposition tab If the risk assessment cannot be completed, explain:

O Unable to complete investigation

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STRUCTURED DECISION MAKING®
FAMILY RISK ASSESSMENT
PROCEDURES

Risk assessment identifies families who have high, moderately high, moderate, or low probabilities of abusing or neglecting their children in the future. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their children in the next 12 to 18 months. The difference between the risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and they are more often involved in serious abuse or neglect incidents.

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

The risk instrument is based on research on abuse/neglect cases that examined the relationships between family characteristics and the outcomes of subsequent confirmed abuse and neglect. The instrument does not predict recurrence; it simply assesses whether a family is more or less likely to have another abuse/neglect incident without intervention by the agency. One important result of the research is that different family dynamics are present in abuse and neglect situations. Different characteristics are used to assess the future probability of abuse or neglect. Information for all characteristics must be gathered and assessed for every family under investigation.

Which Cases: All CPS investigations except investigations involving non-related children (i.e., foster care investigations), regardless of finding, including new investigations on existing cases.

Who: The investigative worker.

When: The risk assessment is completed prior to the closing of the investigation (within 45 days of report received). If services are offered prior to the completion of the investigation, the SDM risk assessment tab should be completed prior to the transfer to ongoing services.

Decision: The SDM risk assessment is one source of information for the worker and supervisor to consider when making the decision to provide ongoing services to families or simply close the investigation.

During the initial implementation (prior to FamLink), data will be gathered and analyzed to determine the distribution of Washington families by risk level. This information will be used to establish risk-based case opening procedures/expectations.

Appropriate Completion:

1. **Identify the household for which the SDM risk assessment will be completed.** Only one household can be assessed on the SDM risk assessment. **When a child's parents do not live together**,

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the child may be a member of two households. In some instances it may be necessary to complete the SDM risk assessment on two households, one in CAMIS and one on paper, *if the child is a resident in two households.*

a. If the alleged subject is a parent, guardian, or legal/American Indian custodian, always assess the household of the subject (alleged perpetrator). This may be the child's primary residence (i.e., the child victim lives with the subject/alleged perpetrator), or it may be the household of a non-custodial parent, where the child visits.

b. If there is one referral, and the alleged victim's parents have separate households, **and** both parents are identified as subjects, complete an SDM risk assessment on both households. The SDM risk assessment in CAMIS should be completed on the household for which the case is established (case name); complete a paper version of the SDM risk assessment on the other parent's household. The social worker then documents the paper version of the SDM risk assessment in a closing/transfer summary, including the final risk score.

c. When a child is removed from the custodial parent and the non-custodial parent is being considered and/or assessed as a placement resource, completing a SDM risk assessment is encouraged if the child has been in care less than 60 days. The SDM risk assessment on the non-custodial parent will be completed on paper and documented in a closing/transfer summary, including the final risk score. For children who have been in out-of-home care 60 days or longer, a reunification assessment is required.

d. When the Department is considering placement of a child because of risk of future maltreatment and there is no CPS referral, completing a safety assessment and SDM risk assessment is encouraged. The social worker then documents the paper version of the SDM risk assessment in a closing/transfer summary, including the final risk score.

2. **Complete all items on the SDM risk assessment to establish the scored risk level**. **The investigator must make every effort throughout the investigation to obtain the information needed to answer each assessment question.** The risk assessment is completed based on conditions that exist ***when determining if ongoing services should be provided.*** Some items ask about prior history (e.g., prior investigations, primary caregiver history of abuse or neglect as a child). Other items ask about current conditions. Refer to the item definitions for additional guidance.

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The item definitions must be used when answering each risk question.

a. For cases scored as high risk that will **not** be provided with ongoing services, the assigned social worker shall document the reason under the disposition tab by choosing "transferred to Tribal authority" (if a Tribe is assuming responsibility for providing services and monitoring the family) or "other." If a Tribe is not assuming responsibility for the case, the social worker shall provide a brief explanation in the text box for "other" about why the case is not opened for services. The reasons to not open the case should be related to items on the assessment that caused the family to rate as high risk and protective factors. This decision should be made in consultation with the supervisor.

b. For cases scored as high risk when the decision is made that ongoing services will not be provided, the assigned social worker shall document the reason by completing questions under the disposition tab labeled: "reason services are not being provided to the family by CA (Final risk level is very high)." See above for direction as to what should be included in that justification.

3. **Consider discretionary overrides.** If circumstances exist for the family that are not captured by the SDM risk assessment **and** the investigator has reason to believe the family's risk is higher than that measured by the SDM risk assessment, the investigator may increase the risk level through a discretionary override. The supervisor must review the discretionary override. Supervisory approval is documented by the supervisor approving the investigation and finding.

4. **Indicate the final risk level.** If an override has been exercised, the final risk level should differ from the scored risk level. If an override has not been used, the final risk level will be the same as the scored risk level.

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Appendix B

Frequency of Risk Assessment Items

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Table B1

SDM® Risk Assessment
Neglect Items
(N = 5,706)

		N	%
1. Current referral/ investigation CA/N type neglect	No	1,819	31.9%
	Yes	3,887	68.1%
2. Prior number of CPS referrals assigned for investigation	None	2,389	41.9%
	One or more for abuse	630	11.0%
	One or two for neglect	1,443	25.3%
	Three or more for neglect	1,244	21.8%
3. Household has previously had a child abuse or neglect investigation that resulted in a case being open for services (voluntary or court ordered)	No	4,233	74.2%
	Yes	1,473	25.8%
4. Four or more children are involved in the current child abuse/neglect incident	No	5,317	93.2%
	Yes	389	6.8%
5. Prior injury to a child resulting from CA/N	*Not applicable for neglect*		
6. The youngest child in the home is under age two years	No	4,022	70.5%
	Yes	1,684	29.5%
7. Characteristics of children in the household	Medically fragile/failure to thrive	180	3.2%
	Positive toxicology screen at birth	148	2.6%
	Physical or developmental disability	605	10.6%
8. Number of adults in household at time of the most recent alleged incident	*Supplemental item, no scoring*		
9. Primary caregiver's assessment of incident	*Not applicable for neglect*		
10. Primary caregiver provides physical care consistent with child needs	No	773	13.5%
	Yes	4,933	86.5%
11. Caregiver characteristics	*Not applicable for neglect*		
12. Caregiver has a past or current mental health problem	No	4,396	77.0%
	Yes	1,310	23.0%
13. Caregiver has historic or current alcohol or drug problem	No problem	3,943	69.1%
	Yes, alcohol problem	1,338	23.4%
	Yes, drug problem	425	7.4%
14. Caregiver has a history of abuse or neglect as a child	*Not applicable for neglect*		
15. Two or more incidents of domestic violence in the household	*Not applicable for neglect*		

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Table B1 SDM® Risk Assessment Neglect Items (N = 5,706)			
		N	**%**
16. Housing	Current housing is unsafe	201	3.5%
	Homeless or about to be evicted when investigation began	310	5.4%
17. Caregiver has a criminal arrest or conviction history	*Supplemental item, no scoring*		
18. Attachment and nurturing issues	*Supplemental item, no scoring*		

Table B2 SDM® Risk Assessment Abuse Items (N = 5,706)			
		N	**%**
1. Current referral/ investigation CA/N type abuse	No	3,174	55.6%
	Yes	2,532	44.4%
2. Prior number of CPS referrals assigned for investigation	None	4,040	70.8%
	One for abuse	806	14.1%
	Two or more for abuse	860	15.1%
3. Household has previously had a child abuse or neglect investigation that resulted in a case being open for services (voluntary or court ordered)	No	4,233	74.2%
	Yes	1,473	25.8%
4. Four or more children are involved in the current child abuse/neglect incident	*Not applicable for abuse*		
5. Prior injury to a child resulting from CA/N	No	5,063	88.7%
	Yes	643	11.3%
6. The youngest child in the home is under age two years	*Not applicable for abuse*		
7. Characteristics of children in the household	Developmental disability	551	9.7%
	Delinquency history	236	4.1%
	Mental health/behavior problem	972	17.0%
8. Number of adults in household at time of the most recent alleged incident	*Supplemental item, no scoring*		
9. Primary caregiver's assessment of incident	Blames child	401	7.0%
	Justifies maltreatment	383	6.7%
10. Primary caregiver provides physical care consistent with child needs	*Not applicable for abuse*		

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Table B2

SDM® Risk Assessment
Abuse Items
(N = 5,706)

		N	%
11. Caregiver characteristics	Provides insufficient emotional/ psychological support	639	11.2%
	Employs excessive/inappropriate discipline	291	5.1%
	Domineering parent	177	3.1%
12. Caregiver has a past or current mental health problem	*Not applicable for abuse*		
13. Caregiver has historic or current alcohol or drug problem	No problem	4,723	82.8%
	Yes, alcohol or drug problem	983	17.2%
14. Caregiver has a history of abuse or neglect as a child	No	4,366	76.5%
	Yes	1,340	23.5%
15. Two or more incidents of domestic violence in the household	No	5,238	91.8%
	Yes, two or more within the last 12 months	468	8.2%
16. Housing	*Not applicable for abuse*		
17. Caregiver has a criminal arrest or conviction history	*Supplemental item, no scoring*		
18. Attachment and nurturing issues	*Supplemental item, no scoring*		

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Appendix C

Additional Information About Services Provided

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Decision to Offer Child Protective Services (Family Reconciliation Services Excluded) by Safety by Risk

Policy indicates that the service decision should be based on results of the safety and risk assessments. Table 14 in the report shows the proportion of families assigned to services by their scored risk level and safety assessment results. Table C1 is the same table, but Family Reconciliation Services were excluded from the calculation of service receipt. The data patterns observed in the previous comparison remained constant; that is, service rates were higher among families monitored as a result of the safety assessment or having a child placed, compared to families whose issues were resolved by aftercare planning with family or other community supports.

Table C1

Service Assignment (Family Reconciliation Services Excluded) by Families' Safety and Risk Findings

Families by Safety Assessment Result	Scored Risk Classification				Total
	Low	Moderate	Moderately High	High	
	% Assigned CPS Services (Total N for Cell)				
Total Sample	**2.6% (837)**	**11.1% (2,528)**	**38.2% (1,800)**	**75.8% (541)**	**5,706**
No safety issues	2.0% (705)	6.2% (1,877)	20.7% (1,041)	39.5% (119)	**3,742**
Safety issue resolved by family	0.9% (107)	4.6% (436)	12.1% (257)	30.2% (43)	**843**
Safety threats; services and/or monitoring needed	50.0% (12)	77.9% (145)	90.9% (342)	92.5% (186)	**685**
Safety assessment not completed; child placed	16.7% (6)	50.0% (62)	85.8% (155)	94.2% (189)	**412**
Safety information not available	0.0% (7)	0.0% (8)	0.0% (5)	0.0% (4)	**24**

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Outcomes by Scored Risk Level, Placement Cases Excluded

The final risk classification, which is the highest risk level assigned by the abuse or neglect index, establishes a risk level that estimates the likelihood of subsequent maltreatment of any kind (i.e., either abuse or neglect). Table C2 shows that even when sampled assessments that resulted in CA custody of a child were excluded, an increase in risk level corresponded to an increase in rates of subsequent CA involvement.

Table C2

Risk Classification by Subsequent Maltreatment Outcomes Among Families Assessed With No Child Removal (Sample Assessments That Resulted in Child Placement Excluded)

Risk Level	Sample		Investigation for Any Allegation		Any Allegation Founded	
	N	%	N	%	N	%
Low	840	16.5%	47	5.6%	3	0.4%
Moderate	2,495	48.9%	365	14.6%	55	2.2%
Moderately High	1,533	30.0%	399	26.0%	85	5.5%
High	234	4.6%	76	32.5%	21	9.0%
Total Sample	**5,102**	**100.0%**	**887**	**17.4%**	**164**	**3.2%**

Table C3 shows that families with a child placed were re-investigated at a similar rate as families with no removal, but had allegations founded twice as often.

Table C3

Placement Resulted From Sampled Assessment by Subsequent Maltreatment Outcomes Among Families Assessed With No Child Removal (Sample Assessments That Resulted in Child Placement Excluded)

Child Placed	Sample		Investigation for Any Allegation		Any Allegation Founded	
	N	%	N	%	N	%
No	5,327	89.8%	947	17.8%	170	3.2%
Yes	605	10.2%	110	18.2%	39	6.4%
Total Sample	**5,932**	**100.0%**	**1,057**	**17.8%**	**209**	**3.5%**

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