North Carolina Department of Health and Human Services Division of Social Services

Risk Assessment Validation: A Prospective Study

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EXECUTIVE SUMMARY

In 2002, North Carolina Department of Health and Human Services, Division of Social Services (the Division), implemented a Structured Decision Making® (SDM) case management system to assist child protection workers in making decisions at critical points during a child protective services (CPS) case. This case management system includes an actuarial risk assessment, which classifies families based on their likelihood of future child maltreatment. Workers complete the risk assessment at the end of an investigation to help determine which families are most likely to benefit from services. When they implemented the case management system, the Division chose to adopt Minnesota Department of Human Services' CPS family risk assessment and validate the risk assessment on a population of families assessed by the Division at a future time. The Division contracted with Children's Research Center (CRC) to conduct the risk assessment validation study in 2008. The objective of this validation study was to assess how well the current risk assessment estimates future maltreatment and, if necessary, to propose revisions to improve its classification abilities.

This research was conducted by sampling families who were assessed for allegations of child abuse or neglect during between April 1 and September 30, 2006, in 23 North Carolina counties.[1] Families were assessed using a traditional investigative approach or an alternative family assessment method. If a family was involved in more than one investigative and/or family assessment during the sample period, the first assessment was selected. To help ensure adequate representation of racial/ethnic groups, Native American and Hispanic/Latino families were over-sampled, while White/Caucasian and Black/African American families were under-sampled.

This research was conducted using information available from SIS and paper forms collected from case files and entered into CRC's data collection system (DCS). The information accessed for the study included data describing the type of abuse or neglect alleged and substantiated, demographics about children and other family members, information describing placements and service contacts, and findings from the safety assessment and risk assessment as recorded by workers at the time of the sample incident. Data describing subsequent CPS outcomes were observed for each family during a standardized follow-up period of 18 months (1.5 years) after their sample assessment. These outcome measures included CPS assessments (family or investigative) for allegations of abuse and/or neglect, traditional investigative assessments of abuse and/or neglect allegations, maltreatment substantiations, subsequent case openings, and subsequent placements during the follow-up period.

CRC staff examined the relationship between the current risk classification and subsequent CPS outcomes to determine how well the current risk assessment estimated future maltreatment. The current assessment performed reasonably well when distinguishing between families classified at low versus higher risk levels for subsequent assessments and case openings resulting from maltreatment allegations. For all CPS outcomes (assessment/investigation, substantiation, and case opening) and among all sample subgroups, the recidivism rates observed among low risk families were significantly lower than those of families classified at higher risk levels. The risk assessment did not always distinguish well, however, between moderate and high/intensive risk

[1] Families were identified using the SIS county case number. This number is used to identify families each time they are reported. However, the county case number does not transfer from one county to the next, so if a family had a subsequent report for abuse and/or neglect outside of the county in which the sample report occurred, the subsequent report would not be captured in the analysis. This may result in an underrepresentation of subsequent reports, substantiations, and placements. During data entry, CRC noted that different county case numbers were occasionally assigned to the same family. If the county case number was not assigned consistently over time, this may also result in an underrepresentation of subsequent reports.

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families. Although there were very few intensive risk families, those classified as high and intensive risk had rates of subsequent assessment and case opening that were similar to those of moderate risk families during the 18-month follow-up period (see Table E1).

The second step of the research involved the construction of an actuarial risk assessment. The proposed assessment presented in this report was developed by observing the actuarial relationship between family characteristics observed at the time of the sample investigation and subsequent assessments and their findings. The proposed risk assessment has three classifications rather than four due to policy considerations and empirical issues. Division policy assigns the same priority for case contacts to high and intensive risk families, so there is little practical difference in terms of agency response.

When evaluated across all measures of subsequent maltreatment, the classification resulting from the proposed family risk assessment provided more distinction between risk levels than the classification obtained with the current risk assessment (see Table E1). The current risk assessment classified families such that those in the moderate risk group had a subsequent investigative assessment and case opening rate similar to the corresponding rates among high risk families. In contrast, the proposed risk assessment resulted in a subsequent investigative assessment rate for high risk families that was more than double the rate among moderate risk families, and a subsequent case opening rate that was three times greater than the rate among moderate risk families. Findings for any subsequent assessment, family or investigative, were also improved.

Table E1

Risk Classification by Subsequent Maltreatment Outcomes

Overall Risk Level	**Sample Distribution**		**Case Outcome Rates During the 18-month Follow-up Period**			
	N	**%**	**Assessment of Any Type**	**Investigative Assessment**	**Maltreatment Substantiation**	**Case Opening**
Current Risk Assessment						
Low	712	55.0%	21.2%	9.0%	3.7%	4.6%
Moderate	459	35.5%	33.6%	17.6%	7.8%	10.7%
High/Intensive	123	9.5%	26.0%	17.1%	11.4%	11.4%
Total Sample	**1,294**	**100.0%**	**26.0%**	**12.8%**	**5.9%**	**7.4%**
Proposed Risk Assessment						
Low	446	34.5%	16.8%	5.6%	3.6%	3.4%
Moderate	641	49.5%	25.1%	12.6%	4.1%	6.1%
High	207	16.0%	48.8%	29.0%	16.4%	20.3%
Total Sample	**1,294**	**100.0%**	**26.0%**	**12.8%**	**5.9%**	**7.4%**

Adopting the proposed risk assessment should help improve workers' estimates of a family's risk of future maltreatment. This, in turn, would permit the agency to reduce subsequent maltreatment by more effectively targeting service interventions to high risk families. Risk assessment is only useful, however, if it informs decision making. Using accurate risk assessment to target limited resources will only happen if workers have the necessary assessment and engagement skills, and if the use of risk assessment to inform decision making is integrated

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into agency practice (Shlonsky & Wagner, 2001). The Division may wish to strengthen implementation by employing efforts used in 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.

- Include a review of risk and other Structured Decision Making® (SDM) assessment scoring as part of routine case reviews conducted by supervisors or other staff.

- Use refresher risk assessment trainings and other feedback mechanisms to solicit worker questions and identify areas for follow-up training or additional emphasis.

- 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 Division staff. Division staff may benefit from systematically monitoring information to describe common safety and risk factors present in families, identify the service needs of their clients, prioritize service interventions with high risk families, and take action necessary to improve service delivery.

One of the most effective strategies for improving child welfare practice statewide identified through the Child and Family Services Review (CFSR) is monitoring practice with data (ACF, 2006). CRC recommends that the Division implement a statewide administrative data system that permits workers to capture assessment findings and links these findings to recommended service actions. Regular examination of assessment findings through data reporting can determine how often workers are completing the assessments, what their findings are, and if findings are consistent with worker decisions about case actions. A statewide data system could support workers by making assessment item definitions easily available and by automating assessment scoring. Managers would benefit from the ability to monitor, and therefore strengthen, field practice.

Implementing a statewide data system would also allow the Division to conduct future validation studies at lower cost. The Division should plan to conduct a second validation study in the next three to five years. Over time, changes to operational policies and procedures, as well as increases in the effectiveness of service delivery, may significantly alter the client population that is assessed and/or substantiated for abuse or neglect. Other changes among the client population itself, such as substance abuse patterns, homelessness, and demographic changes can occur and may also affect the validity of a risk assessment. If Division efforts to improve child protection practices are successful, another validation study will ensure that the risk assessment remains effective at classifying families.

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I. INTRODUCTION

In 2002, North Carolina's Department of Health and Human Services, Division of Social Services (the Division), implemented an SDM® case management system to assist child protection workers in making decisions at critical points during a child protective services (CPS) case. The Division based their approach on the system developed by the Minnesota Department of Human Services in conjunction with Children's Research Center (CRC), a nonprofit social research organization and division of the National Council on Crime and Delinquency. This case management system includes an actuarial risk assessment, which classifies families based on their likelihood of future child maltreatment. Workers complete the risk assessment at the end of an investigation to help determine which families are most likely to benefit from services. When they implemented the case management system, the Division chose to adopt Minnesota's CPS family risk assessment and validate the risk assessment on a population of families assessed by the agency at a future time.

The Division contracted with CRC to conduct a validation study of the risk assessment in 2008. The objective of this validation study was to assess how well the current risk assessment estimates future child maltreatment and, if necessary, propose revisions to improve its classification abilities.

II. BACKGROUND

The primary goal of the SDM case management system in CPS is to reduce the subsequent maltreatment of children in families in which an abuse or neglect incident has occurred. The underlying logic of the approach is that the most effective way to reduce child maltreatment is to accurately identify high risk families, prioritize them for agency service intervention, and deliver effective services appropriate to their needs.

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The objective of a structured approach to case management is to increase the consistency, validity, utility, and equity of decisions at every agency level. Workers complete research-informed assessments at key decision points of a child protection case, and each assessment is designed to inform the relevant decision. This helps ensure that all workers consider the same information when making a decision and that assessment findings inform determinations of service delivery and prioritization. If assessment information is accessible, agency managers can use findings in aggregate to profile their clients, determine service needs and availability, and manage operations. These efforts are likely to increase the effectiveness of the child protection system. The key features of the case management system are as follows:

- A response priority assessment to help workers at intake determine how quickly to respond to a report of abuse and/or neglect;
- A safety assessment to help identify the immediate protective service interventions required during an investigative or family assessment, including removal of a child;
- A research-based risk assessment, which provides workers with an objective estimate of the family's risk of future maltreatment at the close of an investigative or family assessment;
- A family strengths and needs assessment for identifying case plan goals and appropriate service interventions;
- A risk reassessment to help workers monitor family progress toward service goals and make case decisions about continued services and the likelihood of subsequent child maltreatment; and
- A reunification reassessment to help workers monitor family progress toward reunification and make case decisions about reunification and the likelihood of subsequent child maltreatment.

The actuarial risk assessment is a critical component of the case management approach. The risk assessment helps workers estimate, at the close of a CPS assessment, the relative likelihood that a family will maltreat a child in the future. This information helps workers determine if a case should be opened for ongoing protective intervention and helps to establish

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worker/family contact frequency (i.e., more case management service contact is required for high risk families). These are critical case management decisions that impact families, workers, and agency workload.

Actuarial risk assessments result from comprehensive validation studies that examine the relationship between family characteristics observed at the time of a sample investigation and subsequent CPS agency involvement. A 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 whom the risk assessment is applied (Andrews, Bonta, & Wormith, 2006; Altman & Royston, 2000). 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] Differences in service delivery practices and in the families referred for assessment, however, may have an impact on the risk assessment's ability to classify families in different jurisdictions. For example, Minnesota's Department of Human Services initially adopted a risk assessment developed in Michigan in 1994 on a sample of families substantiated for abuse or neglect. They recently conducted a validation study that resulted in changes to the risk assessment that improved its classification abilities (Johnson, Wagner, Scharenbroch, & Healy, 2006). The Division, having adopted the same risk assessment, chose to examine the assessment's operational utility and validity when applied to the families they serve.

This report reviews how the adopted risk assessment performed when classifying families assessed in North Carolina by the likelihood of subsequent child maltreatment. CRC staff first assessed the ability of the current risk assessment to estimate future child maltreatment and then explored revisions that could improve the performance of the risk assessment.

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[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: The Children's Research Center. Also see 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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III. RESEARCH METHODOLOGY

The purpose of this research was to determine how well North Carolina's family risk assessment classified families according to their likelihood of future child maltreatment, to analyze available investigative and family assessment data to independently validate a new risk assessment, and to compare the performance and content of the current risk assessment to the newly validated one.

A. Method of Analysis

This research was conducted by sampling families who were assessed for allegations of child abuse or neglect during between April 1 and September 30, 2006, in 23 North Carolina counties.[3] Families were assessed using traditional investigative assessments or alternative family assessment methods. If a family was involved in more than one investigative and/or family assessment during the sample period, the first assessment was selected.

Table 1 compares the population of families assessed during the sample period to the sample families selected for the study. To enable comparisons between racial/ethnic subpopulations, family race/ethnicity reflects the race/ethnicity of the youngest child listed on the sample report. Over 40.0% of the families assessed during the sample period were White/Caucasian, while 39.2% were Black or African American and 5.2% were American Indian/Alaskan Native. In North Carolina, Hispanic/Latino families are classified as both Hispanic/Latino and one of the other races (White/Caucasian, Black/African American, etc). Therefore, CRC created a separate category to identify families as Hispanic/Latino, but each of those families is also represented in one of the race/ethnicity groups above. Approximately

[3] Families were identified using the SIS county case number. This number is used to identify families each time they are reported. However, the county case number does not transfer from one county to the next, so if a family had a subsequent report for abuse and/or neglect outside of the county in which the sample report occurred, the subsequent report would not be captured in the analysis. This may result in an underrepresentation of subsequent reports, substantiations, and placements. During data entry, CRC noted that different county case numbers were occasionally assigned to the same family. If the county case number was not assigned consistently over time, this may also result in an underrepresentation of subsequent reports.

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10.5% of the families assessed during the sample period were Hispanic/Latino. The ethnicity of the youngest child was not identified for 7.2% of families.

To help ensure adequate representation of racial/ethnic groups, Native American and Hispanic/Latino families were over-sampled, while White/Caucasian and Black/African American families were under-sampled. Table 1 shows that among families in the sample, 36.2% were White/Caucasian, 28.9% were Black/African American, 22.8% were American Indian/Alaskan Native, and 21.2% were Hispanic/Latino.

Table 1

Race/Ethnicity of Youngest Child for Families Assessed During Sample Period and for Sampled Families

	Families Assessed During Sample Period		Sampled Families	
	N	**%**	**N**	**%**
Total	**12,563**	**100.0%**	**1,998**	**100.0%**
White/Caucasian	5,397	43.0%	723	36.2%
Black/African American	4,929	39.2%	577	28.9%
American Indian/Alaskan Native	653	5.2%	455	22.8%
Multiple Races/Ethnicities	431	3.4%	55	2.8%
Other	253	2.0%	39	2.0%
Missing/Unable to Determine	900	7.2%	149	7.5%
Hispanic/Latino	1,323	10.5%	423	21.2%

Data about families served are stored in a county-based electronic SIS system, but case management tools and assessments are completed on paper and are stored in each family's case file. This research was conducted using information available from SIS and paper forms collected from case files and entered into CRC's data collection system (DCS). CRC sampled families from administrative data, then Division staff pulled the necessary assessments from case files and sent copies to CRC for data entry. CRC staff examined and cleaned assessment data prior to analysis.

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The information accessed for the study included data describing the type of abuse or neglect alleged and substantiated, demographics about children and other family members, information describing placements and service contacts, and findings from the safety assessment and risk assessment as recorded by workers at the time of the sample incident. Data describing subsequent CPS outcomes were observed for each family during a standardized follow-up period of 18 months (1.5 years) after their sample assessment. These outcome measures included CPS assessments (family or investigative) for allegations of abuse and/or neglect, traditional investigative assessments of abuse and/or neglect allegations, maltreatment substantiations, and subsequent case opening during the follow-up period.

To ensure that each family in the study had equal opportunity for subsequent involvement with the Division, 255 families with one or more children in placement by the end of the sampled incident were removed from analyses.[4] Because a child was in out-of-home care during a large proportion of the follow-up period, these families were less likely than other families to have a subsequent CPS assessment (see Appendix C for more information).

In addition, CRC staff examined outcome rates for families with an open in-home case (i.e., families receiving services through the agency) to determine if there was any difference in recurrence between families receiving in-home services and those who did not have a case opened for ongoing intervention. Sampled families with an open case had higher rates of involvement with the Division than did families with no open case, except among high/intensive risk families (see Appendix C, Table C3). Since receipt of services did not reduce recurrence, analysis of the risk assessment's performance did not control for in-home service status.

After removing placement cases and ensuring that in-home services did not have an impact on recurrence, CRC staff examined the relationship between the current risk classification and subsequent CPS outcomes to determine how well the assessment estimated future

[4] The families with a child placed had the following distribution by scored risk: low, 19 (7.5%); moderate, 45 (17.6%); high/intensive, 100 (39.2%); and missing, 91 (35.7%).

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maltreatment. This analysis was based on cross-tabulations of the risk classification with CPS outcomes observed during the follow-up period.

The second step of the research involved the construction of an actuarial risk assessment. The proposed risk assessment presented in this report was developed by observing the actuarial relationship between family characteristics observed at the time of the sample assessment and subsequent CPS assessments and their findings. This involved an extensive evaluation of how family risk factors could be combined to construct a risk assessment that could improve worker estimates of future maltreatment.

B. Sampled Family Characteristics

The following tables describe the final sample of 1,743 families assessed between April and September 2006. Table 2 shows that 43.6% of the families had one child and 30.5% had two children listed as part of the household. In 27.2% of the sampled families, the youngest child was 1 year old or younger, and in 30.7%, the youngest child was between 2 and 5 years of age.

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Table 2 Characteristics of Sampled Families			
		N	**%**
Total Sample		**1,743**	**100.0%**
Number of Children	One	760	43.6%
	Two	531	30.5%
	Three	301	17.3%
	Four or More	151	8.7%
Age of Youngest Child	1 or less	474	27.2%
	2–5	535	30.7%
	6–10	338	19.4%
	11–15	305	17.5%
	16–18	88	5.0%
	Missing	3	0.2%
Race/Ethnicity of Youngest Child	White/Caucasian	632	36.3%
	Black/African American	464	26.6%
	American Indian/Alaskan Native	433	24.8%
	Multiple race/ethnicities	43	2.5%
	Other	32	1.8%
	Missing/unable to determine	139	8.0%
Hispanic/Latino	Yes	383	22.0%
	No	1,360	78.0%
Sex of Youngest Child	Male	849	48.7%
	Female	894	51.3%

The Division responds to reported allegations of child abuse or neglect in one of two ways. Workers conduct an investigative assessment to determine whether the alleged incident occurred for all types of abuse reported. Workers also conduct investigative assessments for the following neglect situations:

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- A child fatality when there are surviving children in the family;
- A child in custody of the local Division of Social Services, family foster homes, residential facilities, and child care situations;
- A child taken into protective custody by a physician or law enforcement;
- The medical neglect of disabled infants with life-threatening conditions;
- A child hospitalized (admitted to hospital) due to suspected abuse/neglect;
- Abandonment;
- The suspected or confirmed presence of a methamphetamine lab where children are exposed; and
- A child less than 1 year old who has been shaken or subjected to spanking, hitting, or another form of corporal punishment.

Workers approach all other reports as family assessments to determine a family's risk of future harm and whether they would benefit from services. The family assessment response is designed to support families; workers engage with family members to assess their needs and identify services to help them meet those needs. Workers and family members also identify and incorporate families' strengths and resiliency, social support, and motivation to change. The intention of the family assessment track is to better serve families by engaging them proactively in services to help meet their needs, rather than focusing on whether or not maltreatment occurred and then assessing needs.

Table 3 reviews the nature of the sampled referrals. The most prevalent complaint was for neglect. Over three quarters (85.0%) of families were referred to the Division for neglect, 7.9% were referred for abuse, 7.0% were referred for both abuse and neglect, and 0.6% were referred for dependency.

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Among sampled families, just over half (53.8%) of reports received investigative assessments and 46.2% received family assessments (see Table 3). Among the 938 investigative assessments, 257 (27.4%) were substantiated for some type of maltreatment (data not shown).

Table 3

Characteristics of Sampled Referrals

		N	%
Total Sample		**1,743**	**100.0%**
County	Cabarrus	106	6.1%
	Catawba	81	4.6%
	Cumberland	187	10.7%
	Forsyth	133	7.6%
	Mecklenburg	248	14.2%
	Robeson	283	16.2%
	Wake	151	8.7%
	Wayne	78	4.5%
	Other counties[5]	476	27.3%
Sample Allegations[6]	Neglect	1,482	85.0%
	Abuse	138	7.9%
	Abuse and neglect	122	7.0%
	Dependency	10	0.6%
Multiple Response Track	Investigative assessment	938	53.8%
	Family assessment	805	46.2%

C. Subsequent CPS Involvement of Sampled Families

Outcomes consisted of subsequent CPS involvement observed for each family during the 18 months (1.5 years) following the sampled assessment. This standardized follow-up period ensured that each family in the sample had the same opportunity for subsequent involvement with the Division. Subsequent involvement included any assigned assessment of abuse or

[5] Counties with fewer than 75 sample families compose the "other" counties. For a full list of participating counties, please refer to Appendix C.

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

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neglect (e.g., investigative or family assessment, referred to generally as CPS assessments), an investigative assessment of abuse or neglect allegations, substantiation of maltreatment as a result of an investigative assessment, and a subsequent open case during the follow-up period.[7]

Table 4 shows rates of subsequent assessment for all maltreatment allegations among the sampled families. Of the sampled families, 27.0% received another CPS assessment at least once during the standardized 18-month follow-up period, while 12.6% had a subsequent investigative assessment (see Table 4, "Total Sample" row). Workers substantiated maltreatment in only 5.7% of families, and 8.8% of families had a case opened for services during the follow-up period. The rate of subsequent case opening was slightly greater than the rate of subsequent maltreatment substantiation. Only assessments assigned to the investigative track can result in substantiation of findings, but any assessment, regardless of track, can result in a case being opened for ongoing services.

Table 4 also shows findings for sample subgroups, such as outcomes by assessment track. Families assigned to family assessment at the time of sampling had the same rate of subsequent CPS assessment as families with a sampled investigative assessment, but had lower rates of subsequent investigative assessments and substantiated allegations. White/Caucasian and Black/African American families had lower than average subsequent assessment rates, while American Indian/Alaskan Native families had higher than average assessment rates. American Indian/Alaskan Native families had much higher outcome rates than other sampled families. For example, their rate of reassessment was approximately 30% higher than that of the overall sample. American Indian/Alaskan Native families had a subsequent case opening rate that was 50% higher than that of White/Caucasian and Black/African American families, and an investigative assessment and substantiation rate that was three times higher. Outcome rates by county also varied (for more details, see Appendix C). Analysis of risk assessment performance

[7] As mentioned previously, a subsequent open case can result from either an investigative or family assessment.

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emphasized subsequent CPS assessment and case opening because these outcomes had less variance between sample subgroups than other outcomes examined.

Table 4

Subsequent CPS Assessments of Sampled Families During a Standardized 18-month Follow-up Period

Sample Characteristics	Sample	Subsequent Assessment of Any Type	Subsequent Investigative Assessment	Subsequent Substantiation	Subsequent Open Case
Total Sample	**1,743**	**27.0%**	**12.6%**	**5.7%**	**8.8%**
Type of Assessment Conducted					
Investigative Assessment	938	27.1%	16.2%	7.1%	8.7%
Family Assessment	805	27.0%	8.3%	4.0%	8.8%
Youngest Child's Race/Ethnicity					
White/Caucasian	632	24.1%	8.2%	4.1%	7.8%
Black/African American	464	26.1%	9.3%	3.0%	8.6%
American Indian/Alaskan Native	433	35.8%	25.4%	12.5%	12.2%
Multiple Races Noted	43	32.6%	16.3%	7.0%	9.3%
Other	32	15.6%	9.4%	3.1%	3.1%
Unable to Determine	139	17.3%	2.9%	0.7%	4.3%
Hispanic/Latino*	383	21.9%	7.6%	3.4%	6.8%
Non-Hispanic/Latino	1,360	28.5%	14.0%	6.3%	9.3%

*The Division classifies each client as a particular race and as Hispanic/Latino or non-Hispanic/Latino. Therefore, the 383 families listed as Hispanic/Latino are also included in one of the race categories above.

D. Current Family Risk Assessment of Abuse and Neglect

The risk assessment currently employed by the Division helps workers observe specific characteristics of families and children involved in assessments of child abuse and/or neglect and objectively estimate the risk of future maltreatment of a child. At the close of the assessment, the assigned worker completes the 11-item family neglect index *and* the 12-item abuse index. Item scores are totaled and used to determine scored risk classification for abuse and neglect for each referral, i.e., "low," "moderate," "high," or "intensive" risk. The initial classification level assigned to the family at the close of the assessment is the highest risk classification reached by

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either the abuse or neglect risk indices. For example, a family scoring low risk for future abuse and high risk for future neglect would have an initial classification of high risk.

The risk classification allows the worker and the agency to prioritize service intervention according to the risk of future maltreatment. Since the agency's mission is to reduce the incidence of abuse and neglect, it is important to ensure that high risk families receive a high priority for service provision and caseworker time. Actuarial risk assessment provides workers with an estimate of future family behavior based on a limited set of observable factors to help caseworkers identify higher risk families more accurately and, thereby, perform this service allocation task more effectively. It is important to note that the risk assessment is a classification tool and is not designed to yield infallible predictions for individual families.

Because risk assessment cannot address all aspects of an individual family case, the Division established reasons for overriding the initial risk level. These guidelines are explicitly defined by the agency and reflect agency policy. If any of the case circumstances described by the policy override reasons (see the current risk assessment on page 15) apply to a family under assessment, the family would be assigned to the intensive risk classification, regardless of the scored risk level.

Investigating caseworkers and supervisors can also exercise a discretionary override (shown on the form) that increases the scored classification by one level. Discretionary overrides are based on the worker's professional judgment and observation of the family. Whether workers exercise a discretionary override or not, their decisions will be informed by a scored risk classification that is objectively determined and has a strong empirical relationship to the incidence of future maltreatment.

The Division's policies and procedures indicate risk be considered when making the decision whether to provide services to a family. In addition, the risk classification guides the

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number of monthly contacts a worker should have with a family; the recommended monthly contact standards increase with each increase in the risk level (see Table 5).

Table 5

Minimum Contact Standards for In-home Services Cases

Risk Level	Contacts
Low	**One** face-to-face contact per month with parent(s) and child **One** support contact
Moderate	**Two** face-to-face contact per month with parent(s) and child **Two** collateral contacts with someone significant to the case
High/Intensive	**Two** face-to-face contacts per month with parent(s) and child **One** face-to-face contact per month with children not identified as "services needed" nor with substantiated maltreatment **Every other week** face-to-face contact with significant family members **Two** collateral contacts with service providers significant to the case

The following analyses observed case outcomes for the initial risk classification that workers completed for each sample family. As mentioned previously, outcomes for each family were observed for an 18-month period following the sample incident to assess subsequent CPS involvement after the risk assessment was completed. Subsequent neglect assessment and substantiation rates are reported for the scored neglect classification; subsequent abuse rates are reported for the scored abuse classification; and overall rates of subsequent assessment or maltreatment substantiation are shown for the overall risk classification (before any overrides).

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NORTH CAROLINA
FAMILY RISK ASSESSMENT OF ABUSE/NEGLECT

Case Name:______________________ Case #:______________________ Date: ______________

County Name:______________________ Social Worker Name:______________________ Date Report Received:______________

Children: ____

Primary Caregiver: ______________________ Secondary Caregiver: ______________________

(Regardless of the type of allegations reported, ALL items on the risk assessment are to be completed.)

NEGLECT **Score**

N1. Current Report is for Neglect
- a. No 0
- b. Yes .... 1 _______

N2. Number of Prior Assigned Reports
- a. None 0
- b. One 1
- c. Two or more .... 2 _______

N3. Number of Children in the Home
- a. Two or fewer 0
- b. Three or more .... 1 _______

N4. Number of Adults in Home at Time of Report
- a. Two or more 0
- b. One or none .... 1 _______

N5. Age of Primary Caregiver
- a. 30 or older 0
- b. 29 or younger .... 1 _______

N6. Characteristics of Primary Caregiver *(check and add for Score)*
- a. Not applicable 0
- b. Lacks parenting skills 1
- c. Lacks self-esteem 1
- d. Apathetic or hopeless .... 1 _______

N7. Primary Caregiver Involved in Harmful Relationships
- a. No 0
- b. Yes, but not a victim of domestic violence 1
- c. Yes, as a victim of domestic violence .... 2 _______

N8. Primary Caregiver has a Current Substance Abuse Problem
- a. No 0
- b. Alcohol only 1
- c. Other drug(s) (with or without alcohol) .... 3 _______

N9. Household is Experiencing Severe Financial Difficulty
- a. No 0
- b. Yes .... 1 _______

N10. Primary Caregiver's Motivation to Improve Parenting Skills
- a. Motivated and realistic 0
- b. Unmotivated 1
- c. Motivated but unrealistic .... 2 _______

N11. Caregiver(s) Response to Assessment
- a. Viewed situation as seriously as social worker and cooperated satisfactorily 0
- b. Viewed situation less seriously than social worker 1
- c. Failed to cooperate satisfactorily 2
- d. Both b and c 3 _______

TOTAL NEGLECT RISK SCORE _______

ABUSE **Score**

A1. Current Report is for Abuse
- a. No 0
- b. Yes .... 1 _______

A2. Prior Assigned Abuse Reports
- a. None 0
- b. Abuse report(s) 1
- c. Sexual abuse report(s) 2
- d. Both b and c .... 3 _______

A3. Prior CPS Service History
- a. No 0
- b. Yes .... 1 _______

A4. Number of Children in the Home
- a. One 0
- b. Two or more .... 1 _______

A5. Caregiver(s) Abused as Child(ren)
- a. No 0
- b. Yes .... 1 _______

A6. Secondary Caregiver has a Current Substance Abuse problem.
- a. No. or no secondary caregiver 0
- b. Yes (check all that apply)
  - _____Alcohol abuse problem
  - _____Drug abuse problem .... 1 _______

A7. Primary or Secondary Caregiver Employs Excessive and/or inappropriate Discipline
- a. No 0
- b. Yes .... 2 _______

A8. Caregiver(s) has a History of Domestic Violence
- a. No 0
- b. Yes .... 1 _______

A9. Caregiver(s) is a Domineering Parent
- a. No 0
- b. Yes .... 1 _______

A10. Child in the Home has a Developmental Disability or History of Delinquency
- a. No 0
- b. Yes (check all that apply) .... 1 _______
  - ____ Developmental disability including emotionally impaired
  - ____ History of delinquency

A11. Secondary Caregiver Motivated to Improve Parenting
- a. Yes, or no secondary caregiver in home 0
- b. No .... 2 _______

A12. Primary Caregiver Views Incident Less Seriously than Agency
- a. No 0
- b. Yes .... 1 _______

TOTAL ABUSE RISK SCORE _______

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RISK LEVEL
Assign the family's risk level based on the highest score on either scale, using the following chart:

Neglect Score	Abuse Score	Risk Level
☐ 0- 4	☐ 0- 2	☐ Low
☐ 5- 7	☐ 3- 5	☐ Moderate
☐ 8-12	☐ 6- 9	☐ High
☐ 13-20	☐ 10-16	☐ Intensive

OVERRIDES

Policy: Override to intensive. Check appropriate reason.

☐ 1. Sexual Abuse cases where the perpetrator is likely to have access to the child victim.
☐ 2. Cases with non-accidental physical injury to an infant.
☐ 3. Serious non-accidental physical injury warranting hospital or medical treatment.
☐ 4. Death (previous or current) of a sibling as a result of abuse or neglect.

Discretionary: Override (increase **one level**)
5. Reason: ____

____

OVERRIDE RISK LEVEL: ☐ Moderate ☐ High ☐ Intensive

Social Worker: ______________________________ Date: ______________

Supervisor's Review/Approval of Override:______________________________ Date: ______________

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IV. FINDINGS

A. Current Family Risk Assessment Classification Findings

An effective and valid risk assessment has progressively higher outcome rates that correspond to each increase in risk classification level across multiple outcomes. Ideally, the rates between consecutive risk levels maximize the separation between the high and low risk groups, as well as between consecutive risk groups. In other words, each increase in risk level should correspond to an increase in subsequent CPS involvement that, across outcomes, is significantly greater. Because only 0.4% of families were classified as intensive risk, high and intensive risk families were analyzed as a single high risk category.

1. Current Family Risk Assessment Classification Findings for Neglect

Table 6 shows the follow-up neglect assessment rates for families classified by the neglect index on current risk assessment. Eighteen months after the initial classification was assigned, 24.7% of the sampled families were involved in a CPS assessment for an allegation of neglect on at least one occasion. Of the families classified as low risk, 21.0% were subsequently assessed for a neglect allegation. The sampled families classified as moderate risk had subsequent assessment rates for neglect that were significantly higher than the rate for low risk families (z test, $p \leq .05$). The subsequent assessment rate for high/intensive risk families was slightly higher, but not significantly higher, than that for low risk families. Families classified as moderate risk of neglect had a subsequent CPS assessment rate of 34.4%. The corresponding outcome rate was 27.1% for families classified as high/intensive risk.

The current neglect index performed similarly when the outcome was subsequent investigative assessment of neglect and when the outcome was substantiated neglect. While only 8.5% of sampled families assigned to the low risk classification had an investigative assessment for neglect during the follow-up period, 16.7% of families classified as moderate risk and 18.8%

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of families classified as high/intensive risk had a subsequent traditional investigative assessment for neglect. When the outcome was subsequent substantiation for neglect, families classified as low risk had a rate of 4.0%, while the rate for families classified as moderate risk was 8.8% and those classified as high/intensive risk had a subsequent substantiation rate for neglect of 12.9%.

Table 6

Current Risk of Neglect Classification by Neglect Outcomes

Neglect Risk Level	Sample Distribution		Case Outcome Rates During the 18-month Follow-up Period		
	N	%	Subsequent CPS Assessment for Neglect	Subsequent Investigative Assessment for Neglect	Subsequent Substantiated Assessment for Neglect
Low	892	68.9%	21.0%	8.5%	4.0%
Moderate	317	24.5%	34.4%	16.7%	8.8%
High/Intensive	85	6.6%	27.1%	18.8%	12.9%
Total Sample	**1,294**	**100.0%**	**24.7%**	**11.2%**	**5.8%**

2. Current Family Risk Assessment Classification Findings for Abuse

The risk assessment performed better when classifying families by their likelihood of subsequent abuse (see Table 7). For example, among the 891 families classified as low risk for subsequent abuse, 3.9% were subsequently assessed for abuse allegations and only 0.6% had an abuse substantiation.[8] Families classified as moderate risk had a significantly higher follow-up abuse assessment rate of 5.9%. Families classified as high/intensive risk had a subsequent CPS assessment for abuse rate of 9.7%, significantly higher than the rate for low risk families.

When the outcome was subsequent traditional investigation for abuse allegations, the follow-up rates for families classified at each risk level were similar to those with a follow-up rate for any type of assessment. Families classified as low risk of abuse had a follow-up

[8] The rate of substantiated abuse was less than 1%, which is too low for comparative analyses; therefore, these data are not shown.

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investigative assessment for abuse rate of 3.6%. Moderate risk families had a corresponding rate of 5.6%, while families classified as high/intensive risk had a rate of 9.7%.

Table 7

Current Risk of Abuse Classification by Abuse Outcomes

Abuse Risk Level	Sample Distribution		Case Outcome Rates During the 18-month Follow-up Period	
	N	%	Subsequent CPS Assessment for Abuse	Subsequent Investigative Assessment for Abuse
Low	891	68.9%	3.9%	3.6%
Moderate	341	26.4%	5.9%	5.6%
High/Intensive	62	4.8%	9.7%	9.7%
Total Sample	**1,294**	**100.0%**	**4.7%**	**4.4%**

3. Current Family Risk Assessment Classification Findings for Any Maltreatment

As mentioned previously, the overall risk classification is the highest risk level assigned by the abuse or neglect index. The overall classification establishes a risk level that estimates the likelihood of subsequent maltreatment of any kind (i.e., either abuse or neglect). This is the classification the agency uses to inform case decisions.

Table 8 and Figures 1 and 2 show the follow-up assessment rates for abuse and/or neglect by the final classification obtained with the current family risk assessment. During the 18 months following completion of the sampled assessment, 26.0% of sampled families had at least one additional CPS assessment for a report of maltreatment. Among families classified as low risk, 21.2% had a follow-up assessment. Families classified as moderate risk had a subsequent assessment rate of 33.6%. Families classified as high/intensive risk had a follow-up rate lower than that of moderate risk families (26.0%). Only 123 (9.5%) families were classified as high/intensive risk, which makes it difficult to evaluate the findings for this classification. Findings were similar when the outcome was subsequent investigative assessment for abuse

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and/or neglect. Families classified as low risk had a rate of 9.0%, while the corresponding rate was 17.6% for moderate risk families and 17.1% for high/intensive risk families.

The risk assessment provided somewhat better estimates for the maltreatment substantiation and case opening outcomes (see Table 8). Families classified as low risk had a 3.7% subsequent maltreatment substantiation rate, moderate risk families had a rate of 7.8%, and high/intensive risk families had a rate of 11.4% (also see Figure 2). When the outcome was subsequent case opening, however, families classified as moderate and high/intensive risk had similar rates. Of families classified as low risk, 4.6% had a subsequent case opening, compared to 10.7% of moderate risk families and 11.4% of high/intensive risk families. The current risk assessment performed well when distinguishing low risk from higher risk families, but did not distinguish as well between moderate and high/intensive risk families.

Table 8

Current Overall Risk Classification by Subsequent Maltreatment Outcomes

Overall Risk Level	Sample Distribution		Case Outcome Rates During the 18-month Follow-up Period			
	N	%	CPS Assessment	Investigative Assessment	Maltreatment Substantiation	Case Opening
Low	712	55.0%	21.2%	9.0%	3.7%	4.6%
Moderate	459	35.5%	33.6%	17.6%	7.8%	10.7%
High/Intensive	123	9.5%	26.0%	17.1%	11.4%	11.4%
Total Sample	**1,294**	**100.0%**	**26.0%**	**12.8%**	**5.9%**	**7.4%**

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Figure 1

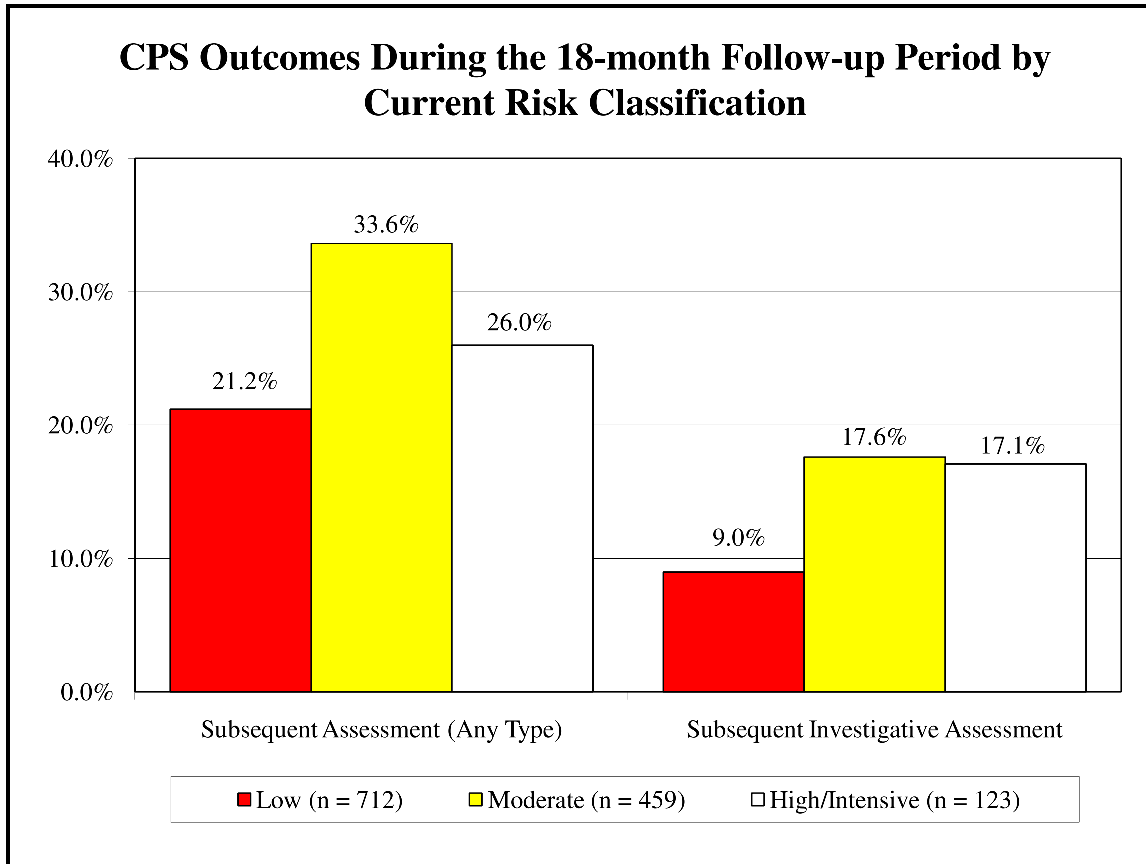

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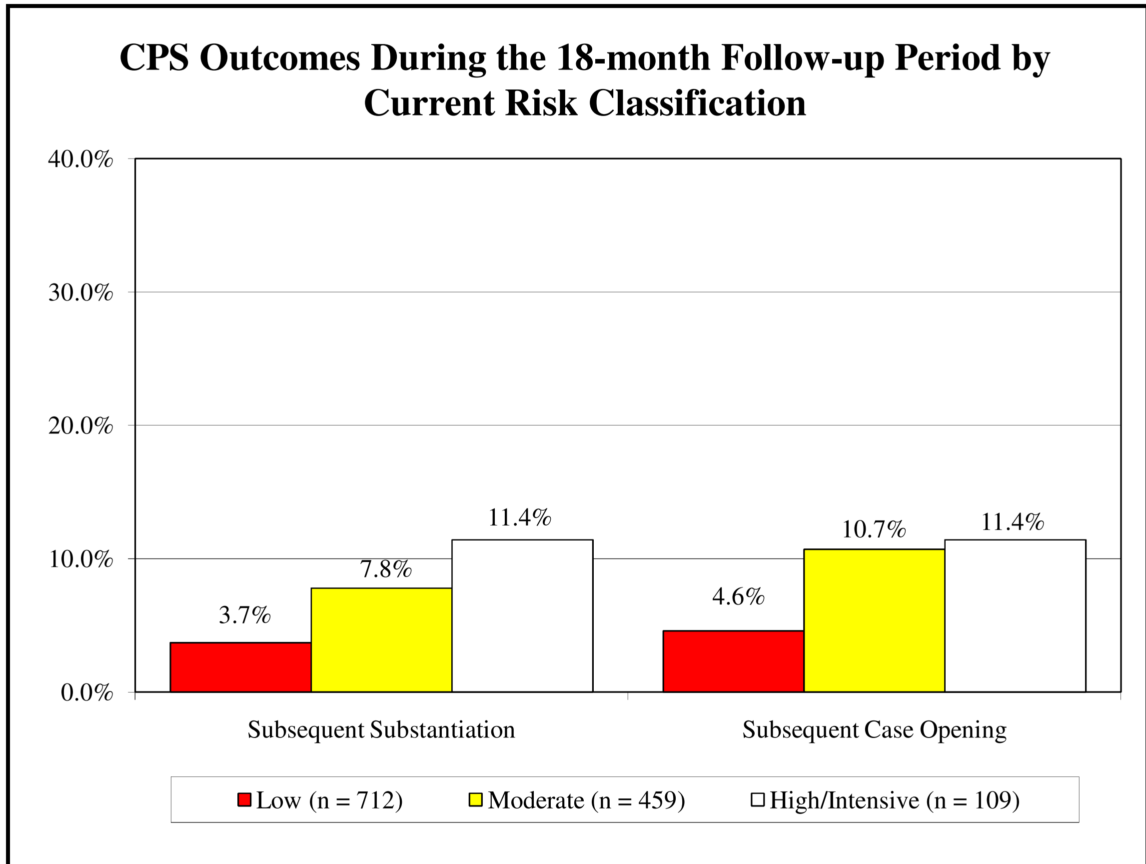
Figure 2



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4. Current Family Risk Assessment Classification Findings by the Type of Sampled Assessment

Table 9 shows separate findings for families with an investigative assessment versus a family assessment. Families with a sampled family assessment were more likely to be classified as lower risk than were families with an investigative assessment. For example, 11.8% of families with an investigative assessment were classified as high or intensive risk, compared to 6.9% of families who received a family assessment.

Among families with a sampled investigative assessment, the risk assessment distinguished between low and moderate risk cases, but rates for high/intensive risk families were lower than moderate risk families across outcomes. For example, 5.2% of low risk families with a sample investigative assessment had a subsequent maltreatment substantiation, compared to 9.7% of moderate risk families. High/intensive risk families, however, had a follow-up substantiation rate of 7.4%.

The risk assessment performed better when classifying families assigned to a family assessment. Outcome rates increased with each risk level increase for each of the four outcomes. For example, low risk families with a sampled family assessment had a follow-up substantiation rate of 2.2%. The corresponding rate for moderate and high/intensive risk families were 5.5% and 19.0% respectively.

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Table 9 Current Overall Risk Classification by Investigation Type by Subsequent Maltreatment Outcomes						
Overall Risk Level	**Sample Distribution**		**Case Outcome Rates During the 18-month Follow-up Period**			
	N	**%**	**CPS Assessment**	**Investigative Assessment**	**Maltreatment Substantiation**	**Case Opening**
Total Sample	**1,294**	**100.0%**	**26.0%**	**12.8%**	**5.9%**	**7.4%**
Investigative Assessments						
Low	347	50.6%	22.5%	12.4%	5.2%	6.6%
Moderate	258	37.6%	36.0%	23.6%	9.7%	10.5%
High/Intensive	81	11.8%	21.0%	12.3%	7.4%	7.4%
Subtotal	**686**	**100.0%**	**27.4%**	**16.6%**	**7.1%**	**8.2%**
Family Assessments						
Low	365	60.0%	20.0%	5.8%	2.2%	2.7%
Moderate	201	33.1%	30.3%	10.0%	5.5%	10.9%
High/Intensive	42	6.9%	35.7%	26.2%	19.0%	19.0%
Subtotal	**608**	**100.0%**	**24.5%**	**8.6%**	**4.4%**	**6.6%**

5. Current Family Risk Assessment Classification Findings by the Race/Ethnicity of Youngest Child

Problems with the performance of the current risk assessment were also found when comparing classification findings by the youngest child's race/ethnicity (see Tables 10 and 11). Classification findings were compared for race/ethnic groups with a sample of 300 or more families to help ensure reliable estimates by risk level. As noted previously, a very small percentage of families were classified as intensive risk, so those cases were collapsed with high risk families. Even when collapsed, there were fewer than 100 high/intensive risk cases for White/Caucasian, Black/African American, and American Indian/Alaskan Native families. This makes it difficult to evaluate findings for this classification. Nonetheless, the risk assessment works reasonably well within each group for low and moderate risk families and for low, moderate, and high/intensive risk American Indian/Alaskan Native families for maltreatment substantiation and case opening. For American Indian/Alaskan Native families, the

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maltreatment rates for low, moderate, and high risk families differed in the expected manner. For Black/African American families, moderate risk cases had subsequent substantiation and case opening rates higher than those of high risk families; for White/Caucasian families, subsequent substantiation rates differed by risk level in the expected manner, but the subsequent case opening rate for moderate risk families was higher than that of high risk families.

There were also differences in substantiation rates within a given risk level between race/ethnic groups. Black/African American families classified as moderate risk had a maltreatment substantiation rate slightly higher than that of White/Caucasian families (4.2% and 3.0%). American Indian/Alaskan Native families classified as low risk had a maltreatment substantiation rate more than twice the rate of moderate risk White/Caucasian and Black/African American families. Similarly, the subsequent case opening rate for American Indian/Alaskan Native families was more than twice the rate of subsequent case openings for White/Caucasian families and Black/African American families.

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Table 10 Current Overall Risk Classification by Youngest Child's Ethnicity by Subsequent Maltreatment Outcomes						
Overall Risk Level	**Sample Distribution**		**Case Outcome Rates During the 18-month Follow-up Period**			
	N	**%**	**CPS Assessment**	**Investigative Assessment**	**Maltreatment Substantiation**	**Case Opening**
Total Sample	**1,294**	**100.0%**	**26.0%**	**12.8%**	**5.9%**	**7.4%**
White/Caucasian						
Low	304	62.4%	21.7%	5.3%	2.3%	4.3%
Moderate	134	27.5%	29.1%	11.2%	3.0%	7.5%
High/Intensive	49	10.1%	16.3%	10.2%	10.2%	6.1%
Subtotal	**487**	**100.0%**	**23.2%**	**7.4%**	**3.3%**	**5.3%**
Black/African American						
Low	155	51.4%	16.1%	5.2%	0.6%	0.6%
Moderate	120	39.9%	27.5%	10.0%	4.2%	11.7%
High/Intensive	26	8.6%	19.2%	11.5%	3.8%	7.7%
Subtotal	**301**	**100.0%**	**20.9%**	**7.6%**	**2.3%**	**5.6%**
American Indian/Alaskan Native						
Low	151	42.8%	33.1%	24.5%	11.9%	10.6%
Moderate	159	45.0%	42.8%	28.9%	14.5%	13.8%
High/Intensive	43	12.2%	37.2%	30.2%	18.6%	18.6%
Subtotal	**353**	**100.0%**	**38.0%**	**27.2%**	**13.9%**	**13.0%**

Note: The total sample consisted of 1,294 families. The race categories "other," "unknown," and Asian/Pacific Islander were included in the construction of the proposed risk assessment, but there were not enough cases in these groups to include them in this table. Therefore, the sum of the three subgroups does not add up to the total sample size.

In North Carolina, family members are classified as one of the racial groups described in Table 10 and are also classified as Hispanic/Latino or non-Hispanic/Latino. Table 11 compares subsequent maltreatment outcomes by risk classification for these two groups. Families classified as Hispanic/Latino had lower follow-up rates than the overall sample as well as families classified as non-Hispanic/Latino. Consistent with the previous findings, the risk assessment did not always distinguish well between moderate and high risk Latino families. Findings should be interpreted with caution, however, given that only 20 Latino families were classified as high risk.

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Table 11 Current Overall Risk Classification by Youngest Child's Hispanic/Latino Ethnicity by Subsequent Maltreatment Outcomes						
Overall Risk Level	**Sample Distribution**		**Case Outcome Rates During the 18-month Follow-up Period**			
	N	**%**	**CPS Assessment**	**Investigative Assessment**	**Maltreatment Substantiation**	**Case Opening**
Total Sample	**1,294**	**100.0%**	**26.0%**	**12.8%**	**5.9%**	**7.4%**
Hispanic/Latino						
Low	189	64.1%	15.9%	4.2%	1.1%	3.7%
Moderate	86	29.2%	31.4%	11.6%	4.7%	8.1%
High/Intensive	20	6.8%	30.0%	15.0%	15.0%	20.0%
Subtotal	**295**	**100.0%**	**21.4%**	**7.1%**	**3.1%**	**6.1%**
Non-Hispanic/Latino						
Low	523	52.4%	23.1%	10.7%	4.6%	5.0%
Moderate	373	37.3%	34.0%	19.0%	8.6%	11.3%
High/Intensive	103	10.3%	25.2%	17.5%	10.7%	9.7%
Subtotal	**999**	**100.0%**	**27.4%**	**14.5%**	**6.7%**	**7.8%**

B. Construction of the Proposed Family Risk Assessment of Abuse and Neglect

The current risk assessment performed reasonably well when distinguishing between families classified at low versus higher risk levels for subsequent assessment and case opening resulting from maltreatment allegations. For all CPS outcomes (assessment/investigation, substantiation, and case opening) and among all sample subgroups, the recidivism rates observed among low risk families were significantly lower than those of families classified at higher risk levels. For example, 3.7% of families classified as low risk had a subsequent substantiation during the 18-month follow-up period, a rate much lower than the average rate (5.9%) for the entire sample (see Table 8).

The risk assessment did not always distinguish well, however, between moderate and high/intensive risk families. Although very few families were classified as either high or

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intensive risk, these families had the same rates of subsequent assessment and case opening as moderate risk families during the 18-month follow-up period (see Table 8).

For subgroups of the sample, the risk assessment also failed to distinguish well between moderate and high risk families. Among families with an investigative assessment, high risk families had lower outcome rates than did families classified as moderate risk (see Table 9). The same pattern occurred between moderate and high risk White/Caucasian and Black/African American families (see Table 10).

The current risk assessment is based on research conducted in Michigan nearly 14 years ago that observed only families in a substantiated maltreatment incident (i.e., the sample excluded assessments with any other finding). A likely explanation for the difference in classification findings by agency are the sample differences in outcome rates (Goodie & Fantino, 1999; Schonemann & Thompson, 1996) and the population assessed (Altman & Royston, 2000). North Carolina's Division also practices a different approach to families then what was employed in Michigan 14 years ago. The Division implemented a multiple-response model beginning in 2000, and this shift in practice may have had an impact on the classification abilities of the risk assessment. For example, diverting a proportion of families from a traditional investigation and case opening would, over time, change the prior CPS history distribution of families assessed by the Division.

Given the limitations of the current risk assessment, CRC developed the proposed risk assessment by examining the relationship between the family case characteristics workers observed and recorded in SIS at the time of the sample assessment and subsequent CPS assessments and findings.[9] Each item on the current risk assessment was examined in the analysis, along with items from the safety assessment, the family strengths and needs assessment,

[9] The standard methods for constructing an actuarial instrument described by Simon (1971), Gottfredson and Gottfredson (1980), and Benda (1987) were confirmed as the most accurate methods by Silver, Smith, and Banks (2000).

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allegations of abuse and neglect made at the time of the sample incident, and CPS involvement of families prior to the sample incident.

The first step in this risk assessment construction was determining the relationship between observable risk factors (e.g., prior CPS investigation, alcohol or drug problem indication, caregiver capacity, child characteristics, etc.) and subsequent child abuse and/or neglect. Risk factors that demonstrated a significant statistical association with subsequent CPS involvement were selected for regression analyses to identify which combination of risk factors to include in the risk assessment. Some regression models included ethnicity as a control variable to help ensure that the risk assessment performed similarly when classifying families by ethnicity. Item weights were determined by assessing their bivariate and multivariate relationship to maltreatment outcome measures, and classification cut points were also derived based on a relationship to outcomes. The abuse and neglect indices were developed separately, and results from both were used to determine the overall risk classification. This approach to risk assessment construction, initially described by Simon (1971) and Gottfredson and Gottfredson (1979), consistently produces the best classification results, even when validated on a different sample (Silver & Chow-Martin, 2002; Silver, Smith, & Banks, 2000; Wilbanks, 1985; and Benda, 1987). Since the instrument must be completed by workers under field conditions, the ease of observing and reliably scoring case characteristics was also considered in the selection of revised instrument items. Once developed, risk scores derived from a preliminary instrument were examined by outcome rates to determine optimal cut-off points for classification categories.

Typically, a newly constructed risk assessment's performance is tested on a validation sample to examine classification abilities with a sample other than the one with which the tool was constructed. Classification results will be the most robust for the sample from which the assessment was constructed. Validating the scale on a separate population better indicates how a

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risk assessment will perform when actually implemented (Silver, Smith, & Banks, 2000). If the validation sample is pulled from the same data source as the construction sample, however, any bias that might affect performance is likely present for both groups, rendering the comparison less meaningful (Altman & Royston, 2000). Because this study's validation sample would be from the same source (assessments collected from paper case files and administrative data), the entire sample was retained for construction to ensure that the risk assessment performed well when classifying sample subgroups such as families by ethnicity.

The proposed risk assessment has three classifications rather than four. Empirical findings suggested that equitable classification results were more likely with fewer classifications. As noted in the preceding findings, the number of intensive risk families in the current sample was very small. In addition, base rates (i.e., the average rate of occurrence for a given group) varied significantly by the race/ethnicity of the youngest child (see Tables 10 and 11). Such dramatic differences in base rates make it difficult to achieve a classification in which families in a given risk level have similar outcome rates. When this proved difficult to attain with a four-level assessment, a three-level risk assessment was constructed. A review of policy indicated that this change would have little impact on practice. Policy prescribes high and intensive risk families the same priority for case opening as well as the same monthly contact standard.

The revalidation effort described previously resulted in a risk assessment that employs similar risk factors to the current one. The proposed risk assessment resulted in revised prior history items (see item N2 and A2 on the proposed risk assessment). Prior service history and caretaker history of maltreatment as a child were added to the neglect index. Housing (N15) and mental health (N10) items were constructed from strength and needs assessment data and added to the neglect assessment. Similarly, a communication item (A11) was added to the abuse assessment.

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Some items from the current risk assessment were not retained on the proposed assessment. Whether the primary caretaker lacks self-esteem or was apathetic was removed from the neglect index, and secondary caretaker substance use and excessive discipline were removed from the abuse index. The Division may wish to collect these items as supplemental data so that future validation studies can explore them as potential risk factors. Another significant change was fewer points assigned to items requiring substantial worker judgment, such as caretaker response to the assessment (A10).

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c: 03/09

NORTH CAROLINA DIVISION OF SOCIAL SERVICES
PROPOSED SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT

Case Name: ________________ **Case #:** ____________ **Date:** ___/___/___

County Name: __________ **Social Worker Name:** __________ **Date Report Received:** ___/___/___

Children: ______________ **Primary Caretaker:** ________ **Secondary Caretaker:** ________

(Regardless of the type of allegations reported, ALL items on the risk assessment are to be completed.)

RISK OF FUTURE NEGLECT **SCORE**

N1. Current report is for neglect or both neglect and abuse
- a. No....................................0
- b. Yes ....1 _____

N2. Number of prior CPS assessments *(take highest score)*
- a. None....................................0
- b. One or more family assessments.............1
- c. One or more investigative assessments....2 _____

N3. Prior CPS in-home/out-of-home service history
- a. No....................................0
- b. Yes ....1 _____

N4. Number of children residing in the home at time of current report
- a. Two or fewer............................0
- b. Three or more...........................1 _____

N5. Age of primary caretaker *(note: score is either 0 or -1)*
- a. 30 or older .... -1
- b. 29 or younger ....0 _____

N6. Age of youngest child in the home
- a. 3 or older...............................0
- b. 2 or younger ....1 _____

N7. Number of adults residing in home at time of report
- a. Two or more.............................0
- b. One or none.............................1 _____

N8. Caretaker(s) history of abuse/neglect
- a. No....................................0
- b. Yes ....1 _____

N9. Either caretaker has/had a drug or alcohol problem
- a. No....................................0
- b. One or more apply.......................1 _____
  - Primary: ☐ Within last 12 months
  - ☐ Prior to last 12 months
  - Secondary: ☐ Within last 12 months
  - ☐ Prior to last 12 months

N10. Either caretaker has/had a mental health problem
- a. No....................................0
- b. One or more apply.......................2 _____
  - Primary: ☐ Within last 12 months
  - ☐ Prior to last 12 months
  - Secondary: ☐ Within last 12 months
  - ☐ Prior to last 12 months

RISK OF FUTURE ABUSE **SCORE**

A1. Current report is for abuse or both neglect and abuse
- a. No 0
- b. Yes....................................1 _____

A2. Number of prior CPS investigative assessments
- a. None 0
- b. One or more ....2 _____

A3. Prior CPS in-home/out-of-home service history
- a. No 0
- b. One or more apply ....1 _____
  - ☐ Prior case open for in-home, CPS services
  - ☐ Prior case open for foster care services

A4. Age of youngest child in the home
- a. 4 or under...............................0
- b. 5 or older...............................1 _____

A5. Number of children residing in home at time of current report
- a. Two or fewer 0
- b. Three or more ....1 _____

A6. Caretaker(s) history of abuse/neglect
- a. No 0
- b. Yes....................................1 _____

A7. Child characteristics
- a. Not applicable...........................0
- b. One or more apply ....1 _____
  - ☐ Developmental disability
  - ☐ Emotionally impaired
  - ☐ History of delinquency

A8. Either caretaker is a domineering parent
- a. No 0
- b. Yes....................................1 _____

CONTINUE TO PAGE 2.

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N11. Either caretaker has barriers to accessing community resources

a. No..0
b. One or more apply...................................1 _____
- ☐ Difficulty finding/obtaining resources
- ☐ Refusal to utilize available resources

N12. Either caretaker lacks parenting skills

a. No..0
b. One or more apply...................................1 _____
- ☐ Inadequate supervision of children
- ☐ Uses excessive physical/verbal discipline
- ☐ Lacks knowledge of child development

N13. Either caretaker involved in harmful relationships

a. No..0
b. Yes ....1 _____

N14. Child characteristics

a. Not applicable 0
b. One or more apply...................................1 _____
- ☐ Emotional and/or behavioral problems
- ☐ Medically fragile/failure to thrive diagnosis
- ☐ Developmental disability
- ☐ Learning disability
- ☐ Physical disability

N15. Housing/basic needs unmet

a. Not applicable 0
b. One or more apply...................................1 _____
- ☐ Family lacks clothing and/or food
- ☐ Family lacks housing or housing is unsafe

TOTAL NEGLECT RISK SCORE _____

A9. Either caretaker is/was a victim/perpetrator of domestic violence

a. No 0
b. Yes ....1 _____

Primary:
- ☐ Victim within last 12 months
- ☐ Victim prior to last 12 months
- ☐ Perpetrator within last 12 months
- ☐ Perpetrator prior to last 12 months

Secondary:
- ☐ Victim within last 12 months
- ☐ Victim prior to last 12 months
- ☐ Perpetrator within last 12 months
- ☐ Perpetrator prior to last 12 months

A10. Caretaker(s) response to current assessment

a. Not applicable..0
b. One or more apply ....1 _____
- ☐ Caretaker unmotivated to improve parenting skills
- ☐ Caretaker viewed situation less seriously than worker
- ☐ Caretaker failed to cooperate satisfactorily

A11. Either caretaker has interpersonal communication problems

a. No 0
b. One or more apply ....1 _____
- ☐ Lack of communication impairs functioning
- ☐ Poor communication impairs functioning

TOTAL ABUSE RISK SCORE _____

SCORED RISK LEVEL.

Assign the family's risk level based on the highest score on either scale, using the following chart:

Neglect Score	Abuse Score	Risk Level
____ -1–2	____ 0–2	____ Low
____ 3–5	____ 3–5	____ Moderate
____ 6–16	____ 6–12	____ High

OVERRIDES

Policy: Override to high; mark appropriate reason.

____ 1. Sexual abuse cases where the perpetrator is likely to have access to the child victim.
____ 2. Cases with non-accidental physical injury to an infant.
____ 3. Serious non-accidental physical injury warranting hospital or medical treatment.
____ 4. Death (previous or current) of a sibling as a result of abuse or neglect.

Discretionary: Override (increase or decrease **one level** with supervisor approval). Provide reason below.

Reason: ____

OVERRIDE RISK LEVEL: ___ Low ___ Moderate ___ High

Social Worker: ______________________________________ **Date:** _____/_____/______

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Supervisor's Review/Approval of Override: ____ Date: _____/______/______

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C. Performance of the Proposed Family Risk Assessment of Abuse and Neglect

The following tables and figures review the proposed risk assessment classification results using the same maltreatment outcomes reviewed for assessing the performance of the current family risk assessment. Findings are shown for the proposed neglect index, the proposed abuse index, and the overall risk classification.

1. Proposed Family Risk Assessment Classification Findings for Neglect

Table 12 shows that when risk was classified by the proposed neglect risk assessment, an increase in the neglect risk level corresponded to an increase in rates for every neglect assessment outcome. Among families classified as low risk of neglect, 15.5% had a subsequent CPS assessment for neglect, compared to 25.9% of families classified as moderate risk and 48.8% of families classified as high risk. When the outcome was subsequent investigative assessment for neglect, the rate more than doubled with each increase in risk level. When the outcome was subsequent neglect substantiation, the rate for moderate risk families was 30% higher than that for low risk families, but high risk families had a rate more than four times greater than the substantiation rate among moderate risk families.

Table 12

Proposed Risk of Neglect Classification by Neglect Outcomes

Neglect Risk Level	Sample Distribution		Case Outcome Rates During the 18-month Follow-up Period		
	N	%	Subsequent CPS Assessment for Neglect	Subsequent Investigative Assessment for Neglect	Subsequent Neglect Substantiation
Low	536	41.4%	15.5%	4.7%	3.4%
Moderate	586	45.3%	25.9%	12.3%	4.3%
High	172	13.3%	48.8%	27.9%	18.6%
Total Sample	**1,294**	**100.0%**	**24.7%**	**11.2%**	**5.8%**

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2. Proposed Family Risk Assessment Classification Findings for Abuse

The proposed abuse risk assessment classified families by their likelihood of future abuse of a child more accurately than did the current assessment. Table 13 shows that families classified as high risk had subsequent CPS assessment and investigative assessment rates for abuse that were five times greater than those classified as low risk. Abuse assessment rates, regardless of assessment type, increased significantly with each increase in the abuse risk level.

Table 13

Proposed Risk of Abuse Classification by Abuse Outcomes

Abuse Risk Level	Sample Distribution		Case Outcome Rates During the 18-month Follow-up Period	
	N	%	Subsequent CPS Assessment for Abuse	Subsequent Investigative Assessment for Abuse
Low	736	56.9%	2.9%	2.6%
Moderate	465	35.9%	5.6%	5.2%
High	93	7.2%	15.1%	15.1%
Total Sample	**1,294**	**100.0%**	**4.7%**	**4.4%**

3. Proposed Family Risk Assessment Classification Findings for Any Maltreatment

The proposed neglect and abuse indices resulted in an improved overall risk classification for maltreatment. Table 14 shows subsequent CPS assessment, investigation, substantiation, and case opening rates for either abuse or neglect by the proposed risk assessment's initial classification. Within 18 months of the sampled assessment, 16.8% of the sampled families classified as low risk had a follow-up CPS assessment of either type, compared to 25.1% of moderate risk families and 48.8% of high risk families (also see Figure 3). High risk families had five times the rate of investigative assessments as low risk families, while moderate risk families had more than twice the rate of low risk families. When the outcome was subsequent substantiation, a smaller increase was observed between low and moderate risk families, but the follow-up rate for high risk families was four times the rate for moderate risk families. Finally,

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when the outcome was subsequent case opening, the rate doubled between low and moderate risk and tripled between moderate and high risk (see also Figure 4).

Table 14

Proposed Overall Risk Classification by Subsequent Maltreatment Outcomes

Overall Risk Level	Sample Distribution		Case Outcome Rates During the 18-month Follow-up Period			
	N	%	CPS Assessment	Investigative Assessment	Maltreatment Substantiation	Case Opening
Low	446	34.5%	16.8%	5.6%	3.6%	3.4%
Moderate	641	49.5%	25.1%	12.6%	4.1%	6.1%
High	207	16.0%	48.8%	29.0%	16.4%	20.3%
Total Sample	**1,294**	**100.0%**	**26.0%**	**12.8%**	**5.9%**	**7.4%**

Figure 3

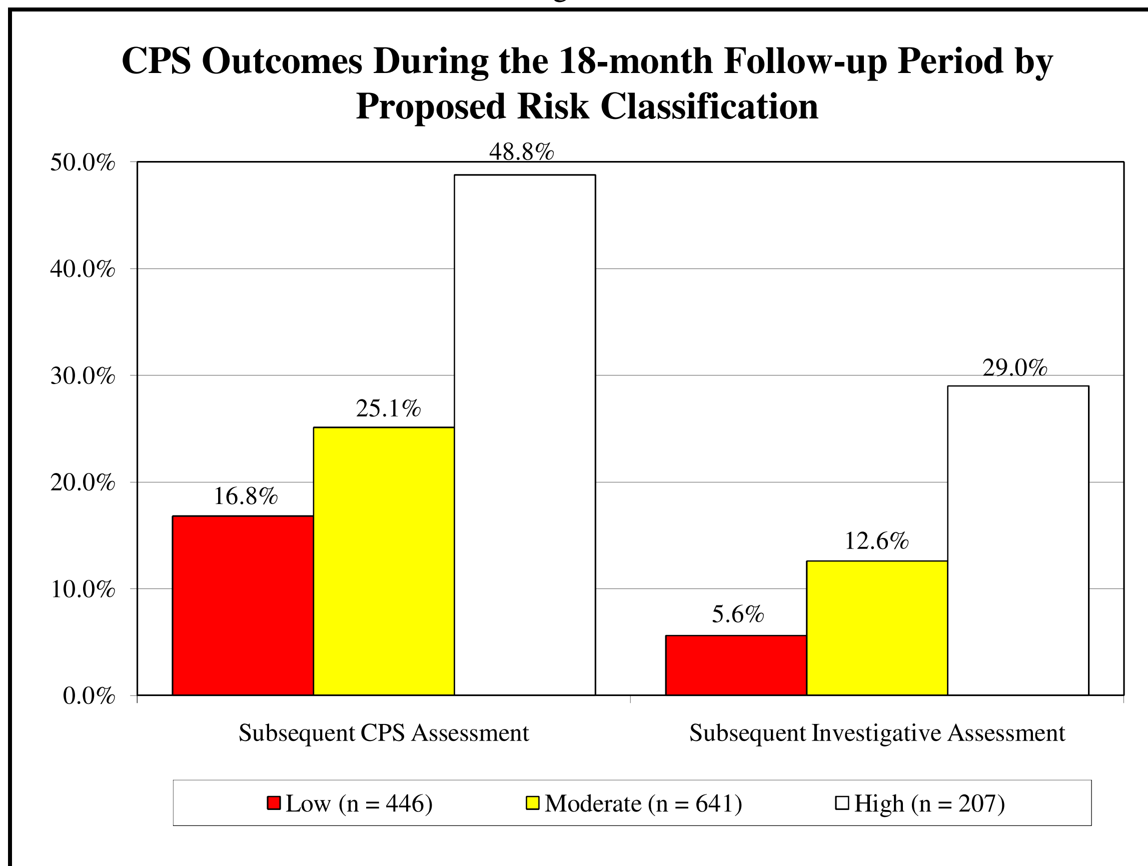

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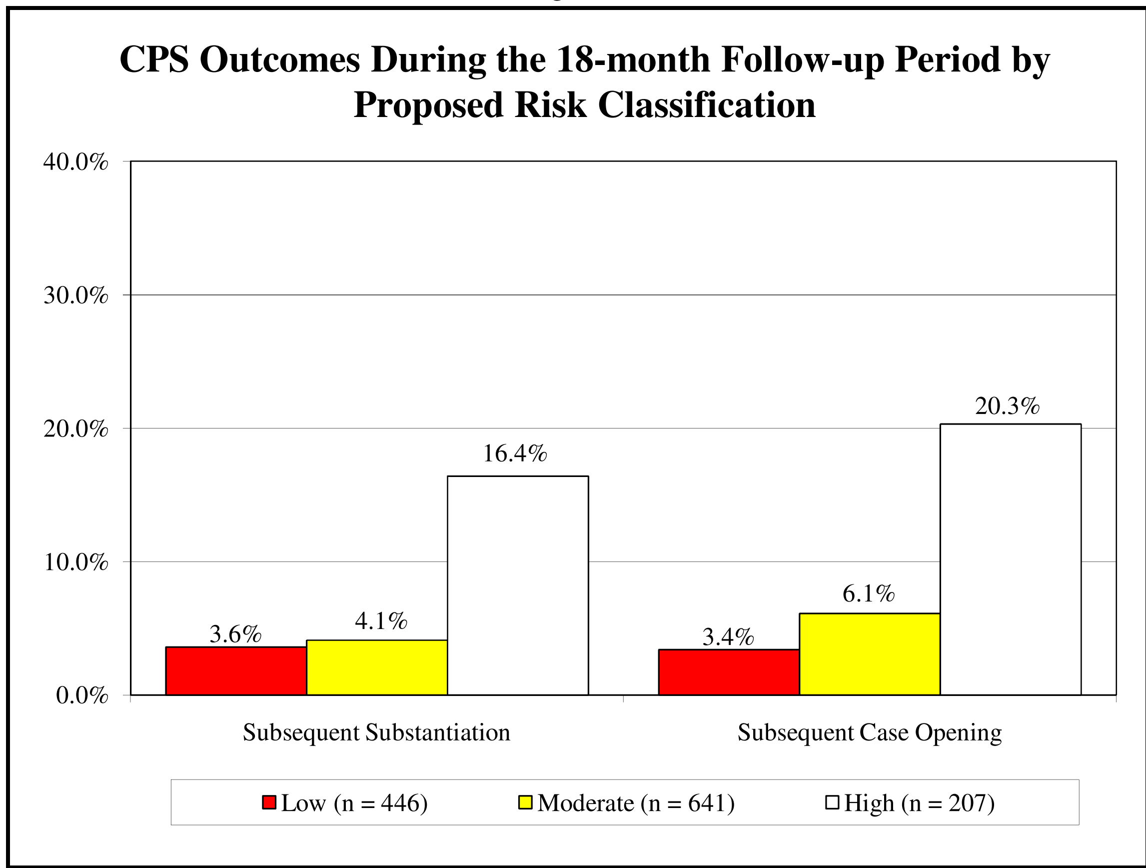
Figure 4



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4. Proposed Family Risk Assessment Classification Findings by the Type of Sampled Assessment

Table 15 reviews the classification results of the proposed risk assessment for families with a sampled investigative assessment compared to families with a sampled family assessment. The distribution of families by risk level did not change under the proposed risk assessment. A greater proportion of families assigned to the investigative assessment track would be assigned to the moderate and high risk levels (52.0% and 18.2%) than those assigned to the family assessment track (46.7% and 13.5%), while a greater proportion of those assigned to the family assessment track would be classified as low risk (39.8% of family assessment cases versus 29.7% investigative assessment cases).

Subsequent CPS assessment rates by risk level for these groups indicated that the risk assessment classified families with a sampled family assessment versus investigative assessment similarly. Of families with a sampled investigative assessment, 15.7% of low risk families had a subsequent CPS assessment, compared to 25.5% of moderate risk and 52.0% of high risk families. Corresponding rates for families with a sampled family assessment were 17.8% of low risk families, 24.6% of moderate risk, and 43.9% of high risk families.

Outcome rates were lower for families assigned for a family assessment when the outcome was a subsequent investigative assessment, maltreatment substantiation, or case opening. This may be expected, as sample families assigned for a family assessment during the sample period were reported for less serious allegations at the time of the sample report. Although the follow-up rates were lower for family assessment cases, within each assessment type an increase in risk level corresponded to a significant increase in the rates of investigative assessment and subsequent case opening. This suggests that the proposed risk assessment performs well when classifying families within assessment tracks.

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Table 15 Proposed Overall Risk Classification by Subsequent Maltreatment Outcomes						
Overall Risk Level	**Sample Distribution**		**Case Outcome Rates During the 18-month Follow-up Period**			
	N	**%**	**CPS Assessment**	**Investigative Assessment**	**Maltreatment Substantiation**	**Case Opening**
Total Sample	**1,294**	**100.0%**	**26.0%**	**12.8%**	**5.9%**	**7.4%**
Investigative Assessment						
Low	204	29.7%	15.7%	7.4%	4.9%	4.9%
Moderate	357	52.0%	25.5%	16.0%	5.0%	7.0%
High	125	18.2%	52.0%	33.6%	16.8%	16.8%
Total Investigative	**686**	**100.0%**	**27.4%**	**16.6%**	**7.1%**	**8.2%**
Family Assessment						
Low	242	39.8%	17.8%	4.1%	2.5%	2.1%
Moderate	284	46.7%	24.6%	8.5%	2.8%	4.9%
High	82	13.5%	43.9%	22.0%	15.9%	25.6%
Total Family	**608**	**100.0%**	**24.5%**	**8.6%**	**4.4%**	**6.6%**

5. Proposed Family Risk Assessment Classification Findings by the Race/Ethnicity of Youngest Child

The proposed risk assessment better classified families within racial/ethnic groups and decreased the disproportionate classification between racial/ethnic groups. Table 16 shows that for each race/ethnic group, an increase in risk level corresponded to a significant increase in the primary outcomes of subsequent assessment and traditional assessment. Among Black/African American and White/Caucasian families, the rate of subsequent substantiation and subsequent case opening for low and moderate risk families were similar. This may be due in part to the low rates of overall substantiation and case opening; accurate risk assessment classification is much more difficult when the base rate of the outcome being estimated is very low (Goodie & Fantino, 1999; Schönemann & Thompson, 1996).

In most cases, outcome rates within risk classifications were similar for White/Caucasian and Black/African American families. For example, White/Caucasian families classified as high

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risk had a subsequent investigative assessment rate of 16.7%, compared to 19.2% for high risk Black/African American families. The rate among high risk American Indian/Alaskan Native families was higher; 47.4% had an investigative assessment during the follow-up period. Across ethnic groups, families classified as high risk had higher assessment and case opening rates than did families classified as moderate risk. The outcome rates for low risk American Indian/Alaskan Native families were sometimes greater than the corresponding rates for moderate risk African American and White families, however. Ideally, moderate risk families would have higher recidivism rates than low risk families in any race/ethnic group.

The differences in outcome rates by risk level observed between American Indian/Alaska Native and other families are understandable given the previously discussed differences in average outcome rates for the groups (see Table 4). Division policies indicate that high risk cases have higher monthly contact standards than low and moderate risk cases. In addition, low and moderate risk investigations can be closed, while high risk cases should be opened for services (unless extenuating circumstances apply). The similarity between low and moderate risk follow-up assessment rates, therefore, has minimal policy implications. Policy implications would be greater if moderate risk outcome rates approached outcome rates of high risk families.

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Table 16 Proposed Overall Risk Classification by Youngest Child's Ethnicity by Subsequent Maltreatment Outcomes						
Overall Risk Level	**Sample Distribution**		**Case Outcome Rates During the 18-month Follow-up Period**			
	N	**%**	**Assessment of Any Type**	**Investigative Assessment**	**Maltreatment Substantiation**	**Case Opening**
Total Sample	**1,294**	**100.0%**	**26.0%**	**12.8%**	**5.9%**	**7.4%**
White/Caucasian						
Low	208	42.7%	17.8%	3.8%	2.4%	3.4%
Moderate	213	43.7%	23.5%	8.0%	1.9%	3.3%
High	66	13.6%	39.4%	16.7%	10.6%	18.2%
Subtotal	**487**	**100.0%**	**23.2%**	**7.4%**	**3.3%**	**5.3%**
Black/African American						
Low	86	28.6%	9.3%	2.3%	1.2%	0.0%
Moderate	163	54.2%	20.9%	6.7%	0.6%	4.3%
High	52	17.3%	40.4%	19.2%	9.6%	19.2%
Subtotal	**301**	**100.0%**	**20.9%**	**7.6%**	**2.3%**	**5.6%**
American Indian/Alaskan Native						
Low	86	24.4%	27.9%	15.1%	11.6%	8.1%
Moderate	189	53.5%	32.8%	24.3%	9.5%	10.6%
High	78	22.1%	61.5%	47.4%	26.9%	24.4%
Subtotal	**353**	**100.0%**	**38.0%**	**27.2%**	**13.9%**	**13.0%**

Note: The total sample consisted of 1,294 families. The race categories "other," "unknown," and Asian/Pacific Islander were included in the construction of the proposed risk assessment, but there were not enough cases in these groups to include them in this table. Therefore, the sum of the three subgroups does not add up to the total sample size.

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Table 17 shows that findings were similar when classification results were examined for Hispanic/Latino and non-Hispanic/Latino families. Among Latino families, an increase in risk corresponded to an increase in each outcome rate. The same was true for non-Latino families, with one exception: non-Latino low and moderate risk families had similar rates of subsequent substantiation. For the primary outcomes of subsequent assessment and subsequent case opening, however, an increase in risk corresponded to an increase in outcome rates regardless of Hispanic/Latino ethnicity.

Table 17

Proposed Overall Risk Classification by Youngest Child's Hispanic/Latino Ethnicity by Subsequent Maltreatment Outcomes

Overall Risk Level	Sample Distribution		Case Outcome Rates During the 18-month Follow-up Period			
	N	%	CPS Assessment	Investigative Assessment	Maltreatment Substantiation	Case Opening
Total Sample	**1,294**	**100.0%**	**26.0%**	**12.8%**	**5.9%**	**7.4%**
Hispanic/Latino						
Low	120	40.7%	10.0%	1.7%	0.8%	1.7%
Moderate	141	47.8%	22.0%	8.5%	1.4%	2.8%
High/Intensive	34	11.5%	58.8%	20.6%	17.6%	35.3%
Subtotal	**295**	**100.0%**	**21.4%**	**7.1%**	**3.1%**	**6.1%**
Non-Hispanic/Latino						
Low	326	32.6%	19.3%	7.1%	4.6%	4.0%
Moderate	500	50.1%	26.0%	13.8%	4.8%	7.0%
High/Intensive	173	17.3%	46.8%	30.6%	16.2%	17.3%
Subtotal	**999**	**100.0%**	**27.4%**	**14.5%**	**6.7%**	**7.8%**

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V. SUMMARY

A. Review of Findings

When evaluated across all measures of subsequent maltreatment, the classification resulting from the proposed family risk assessment provided more distinction between risk levels than the classification obtained with the current risk assessment (see Table 18). The current risk assessment classified families such that those in the moderate risk group had subsequent investigative assessment and case opening rates similar to the corresponding rates among high risk families. In contrast, the proposed risk assessment resulted in a subsequent investigative assessment rate for high risk families that was more than double the rate among moderate risk families, and a subsequent case opening rate that was three times greater than the rate among moderate risk families. Findings for a subsequent CPS assessment were also improved.

Table 18

Risk Classification by Subsequent Maltreatment Outcomes

Overall Risk Level	Sample Distribution		Case Outcome Rates During the 18-month Follow-up Period			
	N	%	Assessment of Any Type	Investigative Assessment	Maltreatment Substantiation	Case Opening
Current Risk Assessment						
Low	712	55.0%	21.2%	9.0%	3.7%	4.6%
Moderate	459	35.5%	33.6%	17.6%	7.8%	10.7%
High/Intensive	123	9.5%	26.0%	17.1%	11.4%	11.4%
Total Sample	**1,294**	**100.0%**	**26.0%**	**12.8%**	**5.9%**	**7.4%**
Proposed Risk Assessment						
Low	446	34.5%	16.8%	5.6%	3.6%	3.4%
Moderate	641	49.5%	25.1%	12.6%	4.1%	6.1%
High	207	16.0%	48.8%	29.0%	16.4%	20.3%
Total Sample	**1,294**	**100.0%**	**26.0%**	**12.8%**	**5.9%**	**7.4%**

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The proposed risk assessment also classified subgroups of families more similarly than did the current risk assessment. Families assigned to a family assessment or an investigative assessment had similar outcome rates within each classification, and each increase in the risk classification corresponded to a significant increase in outcome rates.

Similarity in outcome rates within a given risk level was more difficult to achieve when comparing families by the race or ethnicity of the youngest child, because base outcome rates differed significantly across racial/ethnic groups. For example, American Indian/Alaskan Native families had an investigative assessment rate three times and a case opening rate that was more than double that of other families. The proposed risk assessment classified families across racial/ethnic groups such that subsequent assessment and case opening rates at each risk level were distinct from those of other risk levels and increased in the expected direction. The exception was that outcome rates among low risk American Indian/Alaskan Native families were similar to or greater than the corresponding rates for moderate risk White/Caucasian and Black/African American families. The policy implications are minimal, given that Division policies assign high risk cases priority for case opening, while low and moderate risk cases are considered for closure. In addition, risk is only one piece of information considered in the case opening decision.

B. Risk Assessment Practice Considerations

A dichotomous decision such as whether or not to open a case is not necessarily the best use of an actuarial risk assessment's potential. An actuarial risk assessment yields a score that is on a continuum; as the score increases, so does the likelihood of future child maltreatment. By identifying groups with lower than average, average, and higher than average likelihood of future child maltreatment, an actuarial risk assessment can summarize key case information observed during an investigation into what is currently the most reliable and valid estimate of the risk of

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future harm (Shlonsky & Wagner, 2005). Armed with this information, a worker can then make appropriate decisions about the service level needed for each group.

Research indicates that actuarial risk-based contact standards such as those implemented by the Division (see page 14 for reference) are effective in reducing the overall likelihood of a critical event. For example, a quasi-experimental study conducted in Michigan evaluated the effectiveness of a structured decision making case management approach in child protective services (Wagner, Hull, & Luttrell, 1995). Workers in pilot counties completed a validated actuarial risk assessment at the end of an investigation that informed the decision whether or not to open a case, but more importantly, prescribed monthly contact standards that increased as the risk level increased. Outcomes showed a significant reduction in the overall maltreatment rates for pilot counties compared to comparison counties. A study of four Wisconsin counties showed similar findings (Wagner & Bell, 1998).

The Division and most CPS agencies that use an actuarial risk assessment in practice allow workers to override the scored risk classification. Essentially, these agencies are supplying risk information to workers, but allowing them to make the final risk evaluation based on clinical observations (Swets, Dawes, & Monahan, 2000). If the reason for an override is well-documented and relates to factors not already accounted for in the actuarial estimate of risk, workers should be able to override risk up or down.

Adopting the proposed risk assessment should help improve workers' estimates of a family's risk of future maltreatment. This, in turn, would permit the agency to reduce subsequent maltreatment by more effectively targeting service interventions to high risk families. Risk assessment is only useful, however, if it informs decision making. Accurate risk assessment used to target limited resources will only happen if workers have the necessary assessment and engagement skills, and the use of risk assessment to inform decision-making is integrated into agency practice (Shlonsky & Wagner, 2001). The Division may wish to

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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.

- Include a review of risk and other SDM assessment scoring as part of routine case reviews conducted by supervisors or other staff. For example, Michigan's Department of Human Services developed a comparative case reading program, designed to improve supervisors' evaluation of SDM practices as well as workers' SDM-related assessment practices. Supervisors review a sample of case files, and then quality experts review the same file. The supervisors' findings can then be compared to the experts' findings. These findings are reviewed in a summary meeting with supervisors and area managers.

- 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 Division staff. Managers and supervisors may benefit from systematically monitoring information such as:

  » Safety factors indicated at the time of assessment and the interventions used to help ensure child safety.

  » The risk and needs profiles of the families served using family or investigative assessment methods.

  » The frequency and nature of overrides to the risk classification.

  » The case opening decision by the risk classification after any overrides.

  » Information about the availability and use of service interventions. Service interventions could be examined relative to priority needs identified on the family strength and needs assessment.

  This kind of information makes it possible for local managers to identify the service needs of their clients, prioritize service interventions with high risk families, and take action necessary to improve service delivery.

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One of the most effective strategies for improving child welfare practice statewide identified through the CFSR is monitoring practice with data (ACF, 2006). CRC recommends that the Division implement a statewide administrative data system that permits workers to capture assessment findings and links these findings to recommended service actions. Regular examination of assessment findings through data reporting can determine how often workers are completing the assessments; what their findings are; and, if findings are consistent with worker decisions about case actions taken. A statewide data system could support workers by making assessment item definitions easily available and automating assessment scoring. Managers would benefit from the ability to monitor and therefore strengthen field practice.

Implementing a statewide data system would also allow the Division to conduct future validation studies at lower cost. The Division should plan to conduct a second validation study in the next three to five years. Over time, changes to operational policies and procedures, as well as increases in the effectiveness of service delivery, may significantly alter the client population that is assessed and/or substantiated for abuse or neglect. Other changes among the client population itself, such as substance abuse patterns, homelessness and demographic changes, can occur and may also affect the validity of a risk assessment. If Division efforts to improve child protection practices are successful, another validation study will ensure that the risk assessment remains effective at classifying families.

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Appendix A

Current Family Risk Assessment Form and Item Analysis

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NORTH CAROLINA
FAMILY RISK ASSESSMENT OF ABUSE/NEGLECT

Case Name:______________________ Case #:______________________ Date: ______________

County Name:______________________ Social Worker Name:______________________ Date Report Received:______________

Children: ____

Primary Caregiver: ______________________ Secondary Caregiver: ______________________

(Regardless of the type of allegations reported, ALL items on the risk assessment are to be completed.)

NEGLECT	Score
N1. Current Report is for Neglect	
a. No 0	
b. Yes 1	_______
N2. Number of Prior Assigned Reports	
a. None 0	
b. One 1	
c. Two or more 2	_______
N3. Number of Children in the Home	
a. Two or fewer 0	
b. Three or more 1	_______
N4. Number of Adults in Home at Time of Report	
a. Two or more 0	
b. One or none 1	_______
N5. Age of Primary Caregiver	
a. 30 or older 0	
b. 29 or younger 1	_______
N6. Characteristics of Primary Caregiver *(check and add for Score)*	
a. Not applicable 0	
b. Lacks parenting skills 1	
c. Lacks self-esteem 1	
d. Apathetic or hopeless 1	_______
N7. Primary Caregiver Involved in Harmful Relationships	
a. No 0	
b. Yes, but not a victim of domestic violence 1	
c. Yes, as a victim of domestic violence 2	_______
N8. Primary Caregiver has a Current Substance Abuse Problem	
a. No 0	
b. Alcohol only 1	
c. Other drug(s) (with or without alcohol) 3	_______
N9. Household is Experiencing Severe Financial Difficulty	
a. No 0	
b. Yes 1	_______
N10. Primary Caregiver's Motivation to Improve Parenting Skills	
a. Motivated and realistic 0	
b. Unmotivated 1	
c. Motivated but unrealistic 2	_______
N11. Caregiver(s) Response to Assessment	
a. Viewed situation as seriously as social worker and cooperated satisfactorily 0	
b. Viewed situation less seriously than social worker 1	
c. Failed to cooperate satisfactorily 2	
d. Both b and c 3	_______
TOTAL NEGLECT RISK SCORE	_______

ABUSE	Score
A1. Current Report is for Abuse	
a. No 0	
b. Yes 1	_______
A2. Prior Assigned Abuse Reports	
a. None 0	
b. Abuse report(s) 1	
c. Sexual abuse report(s) 2	
d. Both b and c 3	_______
A3. Prior CPS Service History	
a. No 0	
b. Yes 1	_______
A4. Number of Children in the Home	
a. One 0	
b. Two or more 1	_______
A5. Caregiver(s) Abused as Child(ren)	
a. No 0	
b. Yes 1	_______
A6. Secondary Caregiver has a Current Substance Abuse problem.	
a. No. or no secondary caregiver 0	
b. Yes (check all that apply) _____Alcohol abuse problem _____Drug abuse problem 1	_______
A7. Primary or Secondary Caregiver Employs Excessive and/or inappropriate Discipline	
a. No 0	
b. Yes 2	_______
A8. Caregiver(s) has a History of Domestic Violence	
a. No 0	
b. Yes 1	_______
A9. Caregiver(s) is a Domineering Parent	
a. No 0	
b. Yes 1	_______
A10. Child in the Home has a Developmental Disability or History of Delinquency	
a. No 0	
b. Yes (check all that apply) ..... 1 ____ Developmental disability including emotionally impaired ____ History of delinquency	_______
A11. Secondary Caregiver Motivated to Improve Parenting	
a. Yes, or no secondary caregiver in home 0	
b. No 2	_______
A12. Primary Caregiver Views Incident Less Seriously than Agency	
a. No 0	
b. Yes 1	_______
TOTAL ABUSE RISK SCORE	_______

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Family Support and Child Welfare Services

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RISK LEVEL
Assign the family's risk level based on the highest score on either scale, using the following chart:

Neglect Score	Abuse Score	Risk Level
☐ 0- 4	☐ 0- 2	☐ Low
☐ 5- 7	☐ 3- 5	☐ Moderate
☐ 8-12	☐ 6- 9	☐ High
☐ 13-20	☐ 10-16	☐ Intensive

OVERRIDES

Policy: Override to intensive. Check appropriate reason.

☐ 1. Sexual Abuse cases where the perpetrator is likely to have access to the child victim.
☐ 2. Cases with non-accidental physical injury to an infant.
☐ 3. Serious non-accidental physical injury warranting hospital or medical treatment.
☐ 4. Death (previous or current) of a sibling as a result of abuse or neglect.

Discretionary: Override (increase **one level**)
5. Reason: ____

____

OVERRIDE RISK LEVEL: ☐ Moderate ☐ High ☐ Intensive

Social Worker: ______________________________ Date: ______________

Supervisor's Review/Approval of Override: ______________________________ Date: ______________

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Family Support and Child Welfare Services

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Table A1

Neglect Index Item Analysis of Current North Carolina Family Risk Assessment: Total Sample

Item	Sample Distribution		Cases With Subsequent Neglect Assessment of Any Type				Cases With Subsequent Neglect Investigative Assessment				Cases With Subsequent Neglect Substantiation			
	N	%	N	%	Corr.	P Value	N	%	Corr.	P Value	N	%	Corr.	P Value
Total Sample	**1,294**	**100.0%**	**319**	**24.7%**			**145**	**11.2%**			**75**	**5.8%**		
N1. Current Report Is for Neglect					.050	.037			.050	.037			.031	.132
No	136	10.5%	25	18.4%			9	6.6%			5	3.7%		
Yes	1,158	89.5%	294	25.4%			136	11.7%			70	6.0%		
N2. Number of Prior Assigned Reports					.208	.037			.158	.000			.102	.000
None	645	49.8%	101	15.7%			40	6.2%			22	3.4%		
One	278	21.5%	80	28.8%			34	12.2%			15	5.4%		
Two or more	371	28.7%	138	37.2%			71	19.1%			38	10.2%		
N3. Number of Children in the Home					.094	.000			.081	.002			.075	.004
Two or fewer	778	60.1%	166	21.3%			71	9.1%			34	4.4%		
Three or more	516	39.9%	153	29.7%			74	14.3%			41	7.9%		
N4. Number of Adults in Home at Time of Report					.059	.017			.019	.251			.007	.399
Two or more	897	69.3%	206	23.0%			97	10.8%			51	5.7%		
One or none	397	30.7%	113	28.5%			48	12.1%			24	6.0%		
N5. Age of Primary Caregiver					.071	.005			.051	.032			.062	.013
30 or older	796	61.5%	177	22.2%			79	9.9%			37	4.6%		
29 or younger	498	38.5%	142	28.5%			66	13.3%			38	7.6%		
N6. Characteristics of Primary Caregiver					.061	.014			.087	.001			.094	.000
a. Lacks parenting skills					.044	.117			.071	.011			.075	.007
No	1,180	91.2%	284	24.1%			124	10.5%			62	5.3%		
Yes	114	8.8%	35	30.7%			21	18.4%			13	11.4%		
b. Lacks self-esteem					.014	.615			.016	.562			.028	.317
No	1,251	96.7%	307	24.5%			139	11.1%			71	5.7%		
Yes	43	3.3%	12	27.9%			6	14.0%			4	9.3%		
c. Apathetic or hopeless					-.015	.582			-.018	.528			.002	.938
No	1,278	98.8%	316	24.7%			144	11.3%			74	5.8%		
Yes	16	1.2%	3	18.8%			1	6.3%			1	6.3%		

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Table A1

Neglect Index Item Analysis of Current North Carolina Family Risk Assessment: Total Sample

Item	Sample Distribution		Cases With Subsequent Neglect Assessment of Any Type				Cases With Subsequent Neglect Investigative Assessment				Cases With Subsequent Neglect Substantiation			
	N	**%**	**N**	**%**	**Corr.**	**P Value**	**N**	**%**	**Corr.**	**P Value**	**N**	**%**	**Corr.**	**P Value**
Total Sample	**1,294**	**100.0%**	**319**	**24.7%**			**145**	**11.2%**			**75**	**5.8%**		
N7. Primary Caregiver Involved in Harmful Relationships					-.017	.273			-.004	.449			-.010	.353
No	1,102	85.2%	275	25.0%			124	11.3%			65	5.9%		
Yes, but not a victim of domestic violence	68	5.3%	15	22.1%			8	11.8%			3	4.4%		
Yes, as a victim of domestic violence	124	9.6%	29	23.4%			13	10.5%			7	5.6%		
N8. Primary Caregiver Has a Current Substance Abuse Problem					.026	.178			.088	.001			.034	.111
No	1,173	90.6%	285	24.3%			121	10.3%			65	5.5%		
Alcohol **only**	31	2.4%	9	29.0%			7	22.6%			3	9.7%		
Other drug(s) (with or without alcohol)	90	7.0%	25	27.8%			17	18.9%			7	7.8%		
N9. Household Is Experiencing Severe Financial Difficulty					.017	.267			.022	.212			.025	.186
No	1,191	92.0%	291	24.4%			131	11.0%			67	5.6%		
Yes	103	8.0%	28	27.2%			14	13.6%			8	7.8%		
N10. Primary Caregiver's Motivation to Improve Parenting Skills					-.024	.194			.057	.020			.109	.000
Motivated and realistic	1,190	92.0%	297	25.0%			127	10.7%			60	5.0%		
Unmotivated	73	5.6%	18	24.7%			14	19.2%			12	16.4%		
Motivated but unrealistic	31	2.4%	4	12.9%			4	12.9%			3	9.7%		
N11. Caregiver(s) Response to Assessment					-.039	.078			.021	.224			.065	.010
Viewed situation as seriously as investigator and cooperated satisfactorily	1,157	89.4%	292	25.2%			127	11.0%			61	5.3%		
Viewed situation less seriously than investigator	101	7.8%	21	20.8%			13	12.9%			9	8.9%		
Failed to cooperate satisfactorily	16	1.2%	2	12.5%			1	6.3%			1	6.3%		
Both b and c	20	1.5%	4	20.0%			4	20.0%			4	20.0%		

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Table A2

Abuse Index Item Analysis of Current North Carolina Family Risk Assessment: Total Sample

Item		Sample Distribution		Cases With Subsequent Abuse Assessment Any Type				Cases With Subsequent Abuse Investigative Assessment				Cases With Subsequent Abuse Substantiation			
		N	%	N	%	Corr.	P Value	N	%	Corr.	P Value	N	%	Corr.	P Value
Total Sample		**1,294**	**100.0%**	**61**	**4.7%**			**57**	**4.4%**			**6**	**0.5%**		
A1.	**Current Report Is for Abuse**					.048	.041			.056	.021			-.029	.150
	No	1,098	84.9%	47	4.3%			43	3.9%			6	0.5%		
	Yes	196	15.1%	14	7.1%			14	7.1%			0	0.0%		
A2.	**Prior Assigned Abuse Reports**					.059	.017			.066	.009			-.024	.191
	None	1,148	88.7%	49	4.3%			45	3.9%			6	0.5%		
	Abuse report(s)	107	8.3%	9	8.4%			9	8.4%			0	0.0%		
	Sexual abuse report(s)	32	2.5%	2	6.3%			2	6.3%			0	0.0%		
	Both b and c	7	0.5%	1	14.3%			1	14.3%			0	0.0%		
A3.	**Prior CPS Service History**					.051	.033			.056	.023			.000	.499
	No	862	66.6%	34	3.9%			31	3.6%			4	0.5%		
	Yes	432	33.4%	27	6.3%			26	6.0%			2	0.5%		
A4.	**Number of Children in the Home**					-.021	.223			-.032	.127			.020	.237
	One	389	30.1%	21	5.4%			21	5.4%			1	0.3%		
	Two or more	905	69.9%	40	4.4%			36	4.0%			5	0.6%		
A5.	**Caregiver(s) Abused as Child(ren)**					.072	.005			.064	.011			.027	.162
	No	1,208	93.4%	52	4.3%			49	4.1%			5	0.4%		
	Yes	86	6.6%	9	10.5%			8	9.3%			1	1.2%		
A6.	**Secondary Caregiver Has a Current Substance Abuse Problem**					.025	.183			.030	.139			-.019	.251
	No, or no secondary caregiver	1,204	93.0%	55	4.6%			51	4.2%			6	0.5%		
	Yes	90	7.0%	6	6.7%			6	6.7%			0	0.0%		
	a. Alcohol abuse problem					.025	.373			.028	.310			-.012	.665
	No	1,255	97.0%	58	4.6%			54	4.3%			6	0.5%		
	Yes	39	3.0%	3	7.7%			3	7.7%			0	0.0%		
	b. Drug abuse problem					-.004	.880			-.001	.959			-.013	.634
	No	1,247	96.4%	59	4.7%			55	4.4%			6	0.5%		
	Yes	47	3.6%	2	4.3%			2	4.3%			0	0.0%		

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Table A2

Abuse Index Item Analysis of Current North Carolina Family Risk Assessment: Total Sample

Item	Sample Distribution		Cases With Subsequent Abuse Assessment Any Type				Cases With Subsequent Abuse Investigative Assessment				Cases With Subsequent Abuse Substantiation			
	N	**%**	**N**	**%**	**Corr.**	**P Value**	**N**	**%**	**Corr.**	**P Value**	**N**	**%**	**Corr.**	**P Value**
Total Sample	**1,294**	**100.0%**	**61**	**4.7%**			**57**	**4.4%**			**6**	**0.5%**		
A7. Primary or Secondary Caregiver Employs Excessive and/or Inappropriate Discipline					-.034	.113			-.045	.052			-.019	.247
No	1,201	92.8%	59	4.9%			56	4.7%			6	0.5%		
Yes	93	7.2%	2	2.2%			1	1.1%			0	0.0%		
A8. Caregiver(s) Has a History of Domestic Violence					.009	.371			.007	.404			-.032	.125
No	1,060	81.9%	49	4.6%			46	4.3%			6	0.5%		
Yes	234	18.1%	12	5.1%			11	4.7%			0	0.0%		
A9. Caregiver(s) Is a Domineering Parent					.019	.243			.023	.201			-.015	.293
No	1,233	95.3%	57	4.6%			53	4.3%			6	0.5%		
Yes	61	4.7%	4	6.6%			4	6.6%			0	0.0%		
A10. Child in the Home Has a Developmental Disability or History of Delinquency					.057	.020			.065	.010			-.026	.174
No	1,129	87.2%	48	4.3%			44	3.9%			6	0.5%		
Yes	165	12.8%	13	7.9%			13	7.9%			0	0.0%		
a. Developmental disability, including emotionally impaired					.021	.461			.025	.360			-.019	.487
No	1,198	92.6%	55	4.6%			51	4.3%			6	0.5%		
Yes	96	7.4%	6	6.3%			6	6.3%			0	0.0%		
b. History of delinquency					.103	.000			.109	.000			-.014	.616
No	1,242	96.0%	53	4.3%			49	3.9%			6	0.5%		
Yes	52	4.0%	8	15.4%			8	15.4%			0	0.0%		
A11. Secondary Caregiver Motivated to Improve Parenting					.040	.075			.044	.056			.051	.034
Yes, or no secondary caretaker in home	1,251	96.7%	57	4.6%			53	4.2%			5	0.4%		
No	43	3.3%	4	9.3%			4	9.3%			1	2.3%		
A12. Primary Caregiver Views Incident Less Seriously Than Agency					.039	.080			.045	.053			.021	.227
No	1,187	91.7%	53	4.5%			49	4.1%			5	0.4%		
Yes	107	8.3%	8	7.5%			8	7.5%			1	0.9%		

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Appendix B

Proposed Family Risk Assessment Form and Item Analysis

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c: 03/09

NORTH CAROLINA DIVISION OF SOCIAL SERVICES
PROPOSED SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT

Case Name: ________________________ **Case #:** ______________ **Date:** ___/___/___

County Name: ____________ **Social Worker Name:** ____________ **Date Report Received:** ___/___/___

Children: ________________ **Primary Caretaker:** __________ **Secondary Caretaker:** __________

(Regardless of the type of allegations reported, ALL items on the risk assessment are to be completed.)

RISK OF FUTURE NEGLECT — **SCORE**

N1. Current report is for neglect or both neglect and abuse
a. No..0
b. Yes ....1 _____

N2. Number of prior CPS assessments *(take highest score)*
a. None..0
b. One or more family assessments.............1
c. One or more investigative assessments....2 _____

N3. Prior CPS in-home/out-of-home service history
a. No..0
b. Yes ....1 _____

N4. Number of children residing in the home at time of current report
a. Two or fewer.......................................0
b. Three or more......................................1 _____

N5. Age of primary caretaker *(note: score is either 0 or -1)*
a. 30 or older.. -1
b. 29 or younger ....0 _____

N6. Age of youngest child in the home
a. 3 or older..0
b. 2 or younger ....1 _____

N7. Number of adults residing in home at time of report
a. Two or more.......................................0
b. One or none..1 _____

N8. Caretaker(s) history of abuse/neglect
a. No..0
b. Yes ....1 _____

N9. Either caretaker has/had a drug or alcohol problem
a. No..0
b. One or more apply...............................1 _____
Primary: ☐ Within last 12 months
☐ Prior to last 12 months
Secondary: ☐ Within last 12 months
☐ Prior to last 12 months

N10. Either caretaker has/had a mental health problem
a. No..0
b. One or more apply...............................2 _____
Primary: ☐ Within last 12 months
☐ Prior to last 12 months
Secondary: ☐ Within last 12 months
☐ Prior to last 12 months

RISK OF FUTURE ABUSE — **SCORE**

A1. Current report is for abuse or both neglect and abuse
a. No 0
b. Yes...1 _____

A2. Number of prior CPS investigative assessments
a. None 0
b. One or more ....2 _____

A3. Prior CPS in-home/out-of-home service history
a. No 0
b. One or more apply ....1 _____
☐ Prior case open for in-home, CPS services
☐ Prior case open for foster care services

A4. Age of youngest child in the home
a. 4 or under..0
b. 5 or older...1 _____

A5. Number of children residing in home at time of current report
a. Two or fewer 0
b. Three or more ....1 _____

A6. Caretaker(s) history of abuse/neglect
a. No 0
b. Yes...1 _____

A7. Child characteristics
a. Not applicable......................................0
b. One or more apply ....1 _____
☐ Developmental disability
☐ Emotionally impaired
☐ History of delinquency

A8. Either caretaker is a domineering parent
a. No 0
b. Yes...1 _____

CONTINUE TO PAGE 2.

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N11. Either caretaker has barriers to accessing resources
a. No....0
b. One or more apply....1 _____
☐ Difficulty finding/obtaining resources
☐ Refusal to utilize available resources

N12. Either caretaker lacks parenting skills
a. No....0
b. One or more apply....1 _____
☐ Inadequate supervision of children
☐ Uses excessive physical/verbal discipline
☐ Lacks knowledge of child development

N13. Either caretaker involved in harmful relationships
a. No....0
b. Yes....1 _____

N14. Child characteristics
a. Not applicable....0
b. One or more apply....1 _____
☐ Emotional and/or behavioral problems
☐ Medically fragile/failure to thrive diagnosis
☐ Developmental disability
☐ Learning disability
☐ Physical disability

N15. Housing/basic needs unmet
a. Not applicable....0
b. One or more apply....1 _____
☐ Family lacks clothing and/or food
☐ Family lacks housing or housing is unsafe

A9. Either caretaker is/was a victim/perpetrator of domestic violence
a. No....0
b. Yes....1 _____
Primary:
☐ Victim within last 12 months
☐ Victim prior to last 12 months
☐ Perpetrator within last 12 months
☐ Perpetrator prior to last 12 months
Secondary:
☐ Victim within last 12 months
☐ Victim prior to last 12 months
☐ Perpetrator within last 12 months
☐ Perpetrator prior to last 12 months

A10. Caretaker(s) response to current assessment
a. Not applicable....0
b. One or more apply....1 _____
☐ Caretaker unmotivated to improve parenting skills
☐ Caretaker viewed situation less seriously than worker
☐ Caretaker failed to cooperate satisfactorily

A11. Either caretaker has interpersonal communication problems
a. No....0
b. One or more apply....1 _____
☐ Lack of communication impairs functioning
☐ Poor communication impairs functioning

TOTAL NEGLECT RISK SCORE _____

TOTAL ABUSE RISK SCORE _____

SCORED RISK LEVEL.
Assign the family's risk level based on the highest score on either scale, using the following chart:

Neglect Score	Abuse Score	Risk Level
____ -1–2	____ 0–2	____ Low
____ 3–5	____ 3–5	____ Moderate
____ 6–16	____ 6–12	____ High

OVERRIDES
Policy: Override to high; mark appropriate reason.

____ 1. Sexual abuse cases where the perpetrator is likely to have access to the child victim.
____ 2. Cases with non-accidental physical injury to an infant.
____ 3. Serious non-accidental physical injury warranting hospital or medical treatment.
____ 4. Death (previous or current) of a sibling as a result of abuse or neglect.

Discretionary: Override (increase or decrease **one level** with supervisor approval). Provide reason below.

Reason: ____________________

OVERRIDE RISK LEVEL: ___ Low ___ Moderate ___ High

Social Worker: ____________________ **Date:** ____/____/____

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Supervisor's Review/Approval of Override: ____ Date: _____/______/______

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NORTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
SDM® FAMILY RISK ASSESSMENT OF ABUSE/NEGLECT
DEFINITIONS

Only one household should be assessed on a risk assessment form. If the allegations involve maltreatment in two households and both have responsibilities for child care, complete **two** separate risk assessments. In situations where the parents are not living together, a family risk assessment of abuse/neglect will **only** be completed on the home of the alleged perpetrator.

The primary caretaker is the adult (typically, the parent) living in the household who assumes the most responsibility for child care. When two adult caretakers are present and the worker is in doubt about which one assumes the most child care responsibility, the adult legally responsible for the child involved in the incident should be selected. If this rule does not resolve the question, the legally responsible adult who is an alleged perpetrator should be selected. **Only *one* primary caretaker can be identified (per form/household).**

The secondary caretaker is defined as an adult living in the household who has routine responsibility for child care, but less responsibility than the primary caretaker. A live-in partner can be a secondary caretaker even though he/she has minimal responsibility for the care of the child.

NEGLECT SCALE

N1. Current report is for neglect or both neglect and abuse

a. Score 0 if the current report is not for neglect.

b. Score 1 if the current report is for neglect or both abuse and neglect. This includes any allegations under assessment even if not identified in the original report.

N2. Number of prior CPS assessments

Use Central Registry to count all maltreatment reports for all children in the home which were assigned for CPS assessment (both family assessments and investigative assessments) for any type of abuse or neglect prior to the report resulting in the current assessment. Include prior assessments that resulted in temporary or permanent placement of a child, even if that child is no longer in the home. If information is available, include prior maltreatment assessments conducted in other states.

a. Score 0 if there were no CPS assessments prior to the current report.

b. Score 1 if there were one or more family assessments prior to the current report.

c. Score 2 if there were one or more investigative assessments prior to the current report (if there were both one or more prior family assessments and one or more prior investigative assessments, score 2).

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N3. Prior CPS in-home or out-of-home service history

Contact other counties and states where there is believed to be prior CPS service history on this family.

a. Score 0 if this family has not received CPS in-home or out-of-home services as a result of a prior finding of "substantiated" or "services needed" report of abuse and/or neglect.

b. Score 1 if this family has received CPS in-home or out-of-home services as a result of a prior finding of "substantiated" or "services needed" report of abuse or neglect, or is receiving CPS in-home or out-of-home services at the time of the current assessment.

N4. Number of children residing in the home at time current report

Number of individuals under 18 years of age *residing* in the home at the time of the current report. If multiple families reside in the home, count all children. If a child is removed, whether placed in foster care or with a safety resource as a result of the current assessment, or is on runaway status, count the child as residing in the home. Children within a mental health residential placement but in the custody of the caretaker(s) should be counted as residing in the home.

a. Score 0 if two or fewer children were residing in the home at the time of the current report.

b. Score 1 if three or more children were residing in the home at the time of the current report.

N5. Age of primary caretaker

Age at the time of current assessment.

a. Score -1 if the primary caretaker is 30 or older at the time of the current report.

b. Score 0 if the primary caretaker is 29 or younger at the time of the current report.

N6. Age of youngest child in the home

Choose the appropriate score given the current age of the youngest child in the household where the maltreatment incident reportedly occurred. If a child is removed, whether placed in foster care or with a safety resource as a result of the current assessment, or is on runaway status, count the child as residing in the home. Youngest children within a mental health residential placement but in the custody of the caretaker(s) should be counted as residing in the home.

a. Score 0 if the youngest child is 3 years old or older at the time of the current report.

b. Score 1 the youngest child is 2 years old or younger at the time of the current report.

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N7. Number of adults residing in home at time of report

Count number of individuals 18 years of age or older *residing* in the home at time of the current report.

a. Score 0 if two or more adults were residing in the home at the time of the current report.

b. Score 1 if one or no adults were residing in the home at the time of the current report.

N8. Either caretaker has history of abuse/neglect

a. Score 0 if neither caretaker was abused and/or neglected as a child, based on credible statements by the caretaker(s) or others.

b. Score 1 if credible statements were provided by the caretaker(s) or others regarding whether *either or both* caretakers were maltreated as children *and/or* either caretaker as a child was a substantiated perpetrator of physical and/or sexual abuse.

N9. Either caretaker has/had a drug or alcohol problem

Either caretaker has/had alcohol/drug abuse problems, evidenced by use causing conflict in home, extreme behavior/attitudes, financial difficulties, frequent illness, job absenteeism, job changes or unemployment, driving under the influence (DUI), traffic violations, criminal arrests, disappearance of household items (especially those easily sold), or life organized around substance use.

a. Score 0 if neither caretaker has or has ever had a drug or alcohol problem, or has some substance use problems that minimally impact family functioning.

b. Score 1 if either caretaker has a past or current alcohol/drug abuse problem that interferes with his/her or the family's functioning. Such interference is evidenced by the following:

- Substance use that affects or affected employment; criminal involvement; marital or family relationships; and/or caretaker's ability to provide protection, supervision, and care for the child;
- An arrest in the past two years for DUI or refusing breathalyzer testing;
- Self-report of a problem;
- Treatment received currently or in the past;
- Multiple positive urine samples;
- Health/medical problems resulting from substance use and/or abuse;

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- The child's diagnosis with fetal alcohol syndrome or exposure (FAS or FAE), or the child's positive toxicology screen at birth and the primary caretaker was the birthing parent.

Legal, non-abusive prescription drug use should not be scored. Abuse of legal, prescription drugs should be scored.

Indicate whether the drug and/or alcohol problem was/is present DURING the last 12 months and/or was present PRIOR to the last 12 months by the primary or secondary caretaker.

N10. Either caretaker has/had a mental health problem

a. Score 0 if the caretaker(s) does not have a current or past mental health problem and caretaker demonstrates good coping skills.

b. Score 2 if credible and/or verifiable statements by either caretaker or other indicate that either caretaker:

- Has been diagnosed as having a significant mental health disorder as indicated by a DSM Axis I condition determined by a mental health professional;
- Has had repeated referrals for mental health/psychological evaluations; or
- Was recommended for treatment/hospitalization or was treated/ hospitalized for emotional problems.

Indicate whether the mental health problem was/is present DURING the last 12 months and/or was present PRIOR to the last 12 months by the primary or secondary caretaker.

N11. Either caretaker has barriers to accessing community resources

a. Score 0 if the caretaker(s) has no need for community resources; caretaker(s) seeks out resources that are not immediately available; or caretaker(s) accesses and utilizes community resources.

b. Score 1 if the caretaker(s) experiences resource utilization problems as evidenced by the following:

- Caretaker(s) do not know about resources available in the community or caretaker(s) cannot or do not attempt to identify available resources;
- Caretaker(s) are unable to access available resources; or
- Caretaker(s) refuse to utilize/accept available community resources.

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N12. Either caretaker lacks parenting skills

a. Score 0 if caretaker(s) displays parenting patterns which are age-appropriate for children in the home, including realistic expectations and appropriate discipline.

b. Score 1 if caretaker(s) lacks parenting skills as evidenced by the following:

- Inadequate supervision of children;
- Use of excessive physical/verbal discipline; or
- Lacks knowledge of child development: Caretaker's lack of knowledge regarding child development and/or age-appropriate expectations for children.

N13. Either caretaker involved in harmful relationships

a. Score 0 if neither caretaker is involved in harmful relationships.

b. Score 1 if either caretaker is involved in any harmful adult relationships, including any of the following:

- Adult relationships outside the home which are harmful to domestic functioning or child care, such as criminal activities;
- Current relationship or domestic discord inside the home, including frequent arguments, degradation, or blaming. Open disagreement on how to handle child problems/discipline. Frequent and/or multiple transient household members. Violent acts that cause minor or no injury to any household member and are not assessed as "domestic violence;" or
- Domestic violence, defined as the establishment of control and fear in an intimate relationship through the use of violence and other forms of abuse including but not limited to physical, emotional, or sexual abuse; economic oppression; isolation; threats; intimidation; and maltreatment of the children to control the non-offending parent/adult victim. Domestic violence may be evidenced by repeated history of leaving and returning to abusive partner(s), repeated history of violating court orders by the perpetrator of domestic violence, repeated history of violating safety plans, involvement of law enforcement and/or restraining orders, or serious or repeated injuries to any household member.

N14. Child characteristics

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

b. Score 1 if any child in the household exhibits any of the characteristics described below. Mark all that apply.

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- Mental health or behavioral 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 Axis I diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking prescribed psychoactive medications.

- Any child is medically fragile or diagnosed with failure to thrive.

  » Medically fragile: 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 which requires daily, ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members, and requires the routine use of a medical device or of assistive technology to compensate for the loss of usefulness of a body function needed to participate in the activities of daily living, and child lives with ongoing threat to his or 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 by a physician that the child has failure to thrive.

- Developmental disability: A severe, chronic condition due to mental and/or physical impairments which has been diagnosed by a physician or mental health professional. Examples include mental retardation, autism spectrum disorders, and cerebral palsy.

- Learning disability: Child has an individualized education program (IEP) to address a learning disability 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.

N15. Housing/basic needs unmet

a. Score 0 if the family has adequate housing, clothing, and food; or if the family has minor housing, clothing, and food problems that can be corrected using resources available to the family, and the family is willing to correct these problems.

b. Score 1 if the family has serious housing, clothing, and food problems that are not easily correctable or which the family is not willing to correct. This may include

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condemned or inhabitable housing, chronic homelessness, and lack of clothing and/or food.

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ABUSE SCALE

A1. Current report is for abuse or both neglect and abuse

a. Score 0 if the current report is not for abuse.
b. Score 1 of the current report is for abuse or both abuse and neglect. This includes any allegations under assessment even if not identified in the original report.

A2. Number of Prior CPS investigative assessments
Use Central Registry to count all CPS investigative assessments for all children in the home for any type of abuse or neglect prior to the report resulting in the current assessment. If information is available, include prior maltreatment investigations conducted in other states.

a. Score 0 if there were no CPS investigative assessments prior to the current report.

b. Score 2 if there were one or more CPS investigative assessments prior to the current report.

A3. Prior CPS in-home or out-of-home service history
Contact other counties and states where there is believed to be prior CPS history on this family.

a. Score 0 if this family has not received CPS **in-home or out-of-home** services as a result of a prior finding of "substantiated" or "services needed" report of abuse and/or neglect.

b. Score 1 if this family has received CPS **in-home or out-of-home** services as a result of a prior finding of "substantiated" or "services needed" report of abuse or neglect, or is receiving CPS **in-home or out-of-home** services at the time of the current assessment.

A4. Age of youngest child in the home
Choose the appropriate score given the current age of the youngest child in the household where the maltreatment incident reportedly occurred. If a child is removed, whether placed in foster care or with a safety resource as a result of the current assessment, or is on runaway status, count the child as residing in the home. Youngest children within a mental health residential placement but in the custody of the caretaker(s) should be counted as residing in the home.

a. Score 0 if the youngest child in the home was 4 years of age or younger at the time of the current report.

b. Score 1 if the youngest child in the home was 5 years of age or older at the time of the current report.

A5. Number of children residing in home at time of current report
Number of individuals under 18 years of age *residing* in the home at the time of the current report. If a child is removed, whether placed in foster care or with a safety

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resource as a result of the assessment, or is on runaway status, count the child as residing in the home. Children within a mental health residential placement but in the custody of the caretaker(s) should be counted as residing in the home.

a. Score 0 if two or fewer children were residing in the home at the time of the current report.

b. Score 1 if three or more children were residing in the home at the time of the current report.

A6. Either caretaker has history of abuse/neglect

a. Score 0 if neither caretaker was abused and/or neglected as a child, based on credible statements by the caretaker(s) or others.

b. Score 1 if credible statements were provided by the caretaker(s) or others regarding whether *either or both* caretakers were maltreated as children *and/or* either caretaker as a child was a substantiated perpetrator of physical and/or sexual abuse.

A7. Child characteristics

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

b. Score 1 if any child in the household exhibits any of the characteristics described below. Mark all that apply.

- Developmental disability: A severe, chronic condition due to mental and/or physical impairments which has been diagnosed by a physician or mental health professional. Examples include mental retardation, autism spectrum disorders, and cerebral palsy.

- Mental health or behavioral 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 Axis I diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking prescribed psychoactive medications.

- History of delinquency: Any child has been referred to juvenile court for delinquent behavior, being undisciplined, entering into diversion plans, or status offense behavior. Status offenses not brought to court attention but which create stress within the household should also be scored here, such as children who run away from home, are habitually truant from school, or have drug or alcohol problems.

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A8. Either caretaker(s) is a domineering parent

a. Score 0 if neither caretaker is a domineering parent.

b. Score 1 if *either* caretaker is domineering over child(ren), evidenced by rude remarks/behavior or controlling, abusive, unreasonable and/or excessive rules; or is overly restrictive, overreacts, is unfair, or is berating.

A9. Either caretaker involved in domestic violence

a. Score 0 if neither caretaker is a victim/perpetrator of domestic violence.

b. Score 1 if either caretaker is in a relationship characterized by domestic violence, defined as the establishment of control and fear in an intimate relationship through the use of violence and other forms of abuse, including but not limited to physical, emotional, or sexual abuse; economic oppression; isolation; threats; intimidation; and maltreatment of the children to control the non-offending parent/adult victim. Domestic violence may be evidenced by repeated history of leaving and returning to abusive partner(s), repeated history of violating court orders by the perpetrator of domestic violence, repeated history of violating safety plans, involvement of law enforcement and/or restraining orders, or serious or repeated injuries to any household member.

Indicate whether the domestic violence occurred DURING the last 12 months and/or was PRIOR to the last 12 months by the primary or secondary caretaker.

A10. Caretaker(s) response to current assessment

a. Score 0 if the caretaker(s) responded appropriately to the current assessment; the caretaker(s) regard the incident as serious and cooperate with the worker and are motivated to improve parenting skills.

b. Score 1 if any of the following apply to the current situation:

- Either caretaker is unmotivated to take steps necessary or recommended to improve parenting skills;
- Either caretaker views the current situation less seriously than worker or minimizes the level of harm to the child; and/or
- Either caretaker fails to cooperate satisfactorily by refusing involvement in the assessment and/or refuses access to the child(ren) during the assessment, etc.

An initial reaction of fear or anger at the process of being reported to CPS should be addressed through a discussion with the caretaker(s) before considering scoring any of the above.

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A11. Either caretaker has interpersonal communication problems

a. Score 0 if family communication is functional and personal boundaries and emotional attachments are appropriate. Minor disagreements and/or lack of communication may occur, but only occasionally interfere with family interactions.

b. Score 1 if either caretaker's communication problems impair the ability to maintain positive relationships, make friends, keep a job, or meet the needs of family members.

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Table B1

Neglect Index Item Analysis of *Proposed* North Carolina Family Risk Assessment

Item		Sample Distribution		Cases With Subsequent Neglect Assessment of Any Type				Cases With Subsequent Neglect Investigative Assessment				Cases With Subsequent Neglect Substantiation			
		N	%	N	%	Corr.	P Value	N	%	Corr.	P Value	N	%	Corr.	P Value
Total Sample		**1,294**	**100.0%**	**319**	**24.7%**			**145**	**11.2%**			**75**	**5.8%**		
N1.	**Current Report Is for Neglect**					.046	.097			.056	.043			.027	.332
	No	87	6.7%	15	17.2%			4	4.6%			3	3.4%		
	Yes	1,207	93.3%	304	25.2%			141	11.7%			72	6.0%		
N2.	**Number of Prior CPS Assessments**					.218	.000			.198	.000			.120	.000
	None	783	60.5%	130	16.6%			49	6.3%			27	3.4%		
	One or more family assessments	59	4.6%	26	44.1%			8	13.6%			6	10.2%		
	One or more investigative assessments	452	34.9%	163	36.1%			88	19.5%			42	9.3%		
N3.	**Prior CPS Service History**					.188	.000			.223	.000			.200	.000
	No	1,079	83.4%	227	21.0%			87	8.1%			40	3.7%		
	Yes	215	16.6%	92	42.8%			58	27.0%			35	16.3%		
N4.	**Number of Children in the Home**					.094	.000			.081	.004			.075	.007
	Two or fewer	778	60.1%	166	21.3%			71	9.1%			34	4.4%		
	Three or more	516	39.9%	153	29.7%			74	14.3%			41	7.9%		
N5.	**Age of Primary Caretaker**					.071	.011			.051	.065			.062	.025
	30 or older	796	61.5%	177	22.2%			79	9.9%			37	4.6%		
	29 or younger	498	38.5%	142	28.5%			66	13.3%			38	7.6%		
N6.	**Age of Youngest Child in the Home**					.026	.356			-.008	.775			.012	.663
	Three or older	807	62.4%	192	23.8%			92	11.4%			45	5.6%		
	Two or younger	487	37.6%	127	26.1%			53	10.9%			30	6.2%		
N7.	**Number of Adults in Home at Time of Report**					.059	.034			.019	.502			.007	.799
	Two or more	897	69.3%	206	23.0%			97	10.8%			51	5.7%		
	One or none	397	30.7%	113	28.5%			48	12.1%			24	6.0%		
N8.	**Caretaker(s) History of Abuse/Neglect**					.149	.000			.168	.000			.142	.000
	No	1,095	84.6%	240	21.9%			98	8.9%			48	4.4%		
	Yes	199	15.4%	79	39.7%			47	23.6%			27	13.6%		

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Table B1

Neglect Index Item Analysis of *Proposed* North Carolina Family Risk Assessment

Item	Sample Distribution		Cases With Subsequent Neglect Assessment of Any Type				Cases With Subsequent Neglect Investigative Assessment				Cases With Subsequent Neglect Substantiation			
	N	%	N	%	Corr.	P Value	N	%	Corr.	P Value	N	%	Corr.	P Value
Total Sample	**1,294**	**100.0%**	**319**	**24.7%**			**145**	**11.2%**			**75**	**5.8%**		
N9. Caretaker Has/Had a Drug and/or Alcohol Problem					.064	.022			.139	.000			.071	.011
No	1,138	87.9%	269	23.6%			109	9.6%			59	5.2%		
Yes	156	12.1%	50	32.1%			36	23.1%			16	10.3%		
N10. Caretaker Has/Had a Mental Health Problem					.057	.040			.013	.635			.013	.651
No	1,191	92.0%	285	23.9%			132	11.1%			68	5.7%		
Yes	103	8.0%	34	33.0%			13	12.6%			7	6.8%		
N11. Difficulty With Community Resource Utilization					.002	.946			.026	.348			.090	.001
No	1,226	94.7%	302	24.6%			135	11.0%			65	5.3%		
Yes	68	5.3%	17	25.0%			10	14.7%			10	14.7%		
N12. Lacks Parenting Skills					.104	.000			.124	.000			.094	.001
No	1,105	85.4%	252	22.8%			106	9.6%			54	4.9%		
Yes	189	14.6%	67	35.4%			39	20.6%			21	11.1%		
N13. Caretaker Involved in Harmful Relationships					-.017	.546			-.004	.899			-.010	.706
No	1,102	85.2%	275	25.0%			124	11.3%			65	5.9%		
Yes	192	14.8%	44	22.9%			21	10.9%			10	5.2%		
N14. Child Characteristics					.052	.059			.086	.002			.080	.004
Not applicable	1,185	91.6%	284	24.0%			123	10.4%			62	5.2%		
One or more apply	109	8.4%	35	32.1%			22	20.2%			13	11.9%		
N15. Housing/Basic Needs Unmet					.055	.050			.062	.025			.083	.003
Not applicable	1,276	98.6%	311	24.4%			140	11.0%			71	5.6%		
One or more apply	18	1.4%	8	44.4%			5	27.8%			4	22.2%		

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Table B2

Abuse Index Item Analysis of *Proposed* North Carolina Family Risk Assessment

Item		Sample Distribution		Cases With Subsequent Abuse Assessment Any Type				Cases With Subsequent Abuse Investigative Assessment				Cases With Subsequent Abuse Substantiation			
		N	%	N	%	Corr.	P Value	N	%	Corr.	P Value	N	%	Corr.	P Value
Total Sample		**1,294**	**100.0%**	**61**	**4.7%**			**57**	**4.4%**			**6**	**0.5%**		
A1.	**Current Report Is for Abuse**					.057	.041			.055	.049			-.029	.296
	No	1,095	84.6%	46	4.2%			43	3.9%			6	0.5%		
	Yes	199	15.4%	15	7.5%			14	7.0%			0	0.0%		
A2.	**Number of Prior Investigative Assessments**					.082	.003			.088	.002			-.026	.347
	None	842	65.1%	29	3.4%			26	3.1%			5	0.6%		
	One or more	452	34.9%	32	7.1%			31	6.9%			1	0.2%		
A3.	**Prior CPS Service History**					.126	.000			.137	.000			.061	.028
	No	1,079	83.4%	38	3.5%			34	3.2%			3	0.3%		
	One or more apply	215	16.6%	23	10.7%			23	10.7%			3	1.4%		
A4.	**Age of Youngest Child in the Home**					.022	.429			.022	.419			.001	.967
	Four or younger	658	50.9%	28	4.3%			26	4.0%			3	0.5%		
	Five or older	636	49.1%	33	5.2%			31	4.9%			3	0.5%		
A5.	**Number of Children in Home at the Time of Current Report**					.027	.325			.017	.530			.037	.179
	Two or fewer	778	60.1%	33	4.2%			32	4.1%			2	0.3%		
	Three or more	516	39.9%	28	5.4%			25	4.8%			4	0.8%		
A6.	**Caretaker(s) History of Abuse/Neglect**					.087	.002			.086	.002			.034	.222
	No	1,095	84.6%	43	3.9%			40	3.7%			4	0.4%		
	Yes	199	15.4%	18	9.0%			17	8.5%			2	1.0%		
A7.	**Child Characteristics**					.057	.040			.065	.020			-.026	.348
	Not applicable	1,129	87.2%	48	4.3%			44	3.9%			6	0.5%		
	One or more apply	165	12.8%	13	7.9%			13	7.9%			0	0.0%		

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Table B2

Abuse Index Item Analysis of *Proposed* North Carolina Family Risk Assessment

Item	Sample Distribution		Cases With Subsequent Abuse Assessment Any Type				Cases With Subsequent Abuse Investigative Assessment				Cases With Subsequent Abuse Substantiation			
	N	**%**	**N**	**%**	**Corr.**	**P Value**	**N**	**%**	**Corr.**	**P Value**	**N**	**%**	**Corr.**	**P Value**
Total Sample	**1,294**	**100.0%**	**61**	**4.7%**			**57**	**4.4%**			**6**	**0.5%**		
A8. Caretaker(s) Is a Domineering Parent					.019	.487			.023	.402			-.015	.585
No	1,233	95.3%	57	4.6%			53	4.3%			6	0.5%		
Yes	61	4.7%	4	6.6%			4	6.6%			0	0.0%		
A9. Either Caretaker Is/Was a Victim/Perpetrator of Domestic Violence					.002	.945			.007	.805			-.022	.425
No	1,170	90.4%	55	4.7%			51	4.4%			6	0.5%		
Yes	124	9.6%	6	4.8%			6	4.8%			0	0.0%		
A10. Caretaker's Response to Current Assessment					.057	.041			.063	.023			.064	.020
Not applicable	1,192	92.1%	52	4.4%			48	4.0%			4	0.3%		
One or more apply	102	7.9%	9	8.8%			9	8.8%			2	2.0%		
A11. Difficulty With Communication/Interpersonal Skills					.058	.038			.049	.081			.027	.324
No	1,208	93.4%	53	4.4%			50	4.1%			5	0.4%		
One or more apply	86	6.6%	8	9.3%			7	8.1%			1	1.2%		

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Appendix C

Additional Sample Information

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Table C1 shows outcome rates for the families classified by the current risk assessment. This illustrates that outcome rates for the intensive group were higher than those of the high risk group, but only eight families were classified as intensive risk.

Table C1

Current Overall Risk Classification by Subsequent Maltreatment Outcomes

Overall Risk Level	Sample Distribution		Case Outcome Rates During the 18-month Follow-up Period		
	N	%	Assessment of Any Type	Investigative Assessment	Maltreatment Substantiation
Low	712	55.0%	21.2%	9.0%	3.7%
Moderate	459	35.5%	33.6%	17.6%	7.8%
High	115	8.9%	25.2%	15.7%	10.4%
Intensive	8	0.6%	37.5%	37.5%	25.0%
Total Sample	**1,294**	**100.0%**	**26.0%**	**12.8%**	**5.9%**

Table C2 reviews outcomes for all of the families initially sampled, by whether or not the sampled incident resulted in a child placed out of the home.

Table C2

Placement During the Follow-up Period by Subsequent Maltreatment Outcomes

Minimum Placement Length	Sample Distribution		Case Outcome Rates During the 18-month Follow-up Period		
	N	%	Assessment of Any Type	Investigative Assessment	Maltreatment Substantiation
No placement	1,743	87.2%	27.0%	12.6%	5.7%
Placed as a result of samples incident for less than one year	132	6.6%	17.4%	7.6%	4.6%
Placed as a result of samples incident for over one year	123	6.2%	18.7%	16.3%	2.4%
Total Sample	**1,998**	**100.0%**	**25.9%**	**12.5%**	**5.4%**

Note: Placement decisions are made for each individual child in the household. Therefore, it is possible that all children in some families were placed while only one or some of the children in other placement families experienced a placement. In order to ensure that each family had an equal opportunity for subsequent involvement with the Division, CRC removed all cases with any child in placement at any time during the follow-up period from the analysis.

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Table C3

Current Overall Risk Classification by In-home Services by Subsequent Maltreatment Outcomes

In-home Services During Current Investigation	Sample Distribution		Case Outcome Rates During the 18-month Follow-up Period			
	N	%	Assessment of Any Type	Investigative Assessment	Maltreatment Substantiation	Placement in Out-of-home Care
Low Risk						
In-home services	22	3.1%	27.3%	18.2%	9.1%	0.0%
No services	690	96.9%	21.0%	8.7%	3.5%	1.9%
Subtotal	**712**	**100.0%**	**21.2%**	**9.0%**	**3.7%**	**1.8%**
Moderate Risk						
In-home services	116	25.3%	32.8%	22.4%	9.5%	10.3%
No services	343	74.7%	33.8%	16.0%	7.3%	3.2%
Subtotal	**459**	**100.0%**	**33.6%**	**17.6%**	**7.8%**	**5.0%**
High/Intensive Risk						
In-home services	77	62.6%	23.4%	13.0%	9.1%	13.0%
No services	46	37.4%	30.4%	23.9%	15.2%	17.4%
Subtotal	**123**	**100.0%**	**26.0%**	**17.1%**	**11.4%**	**14.6%**
Overall						
In-home services	215	16.6%	28.8%	18.6%	9.3%	10.2%
No services	1,079	83.4%	25.6%	11.7%	5.2%	3.0%
Total Sample	**1,294**	**100.0%**	**26.0%**	**12.8%**	**5.9%**	**4.2%**

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Table C4 North Carolina County by Subsequent Maltreatment Outcomes						
County	**Sample**		**Subsequent CPS Assessment**	**Subsequent Investigative Assessment**	**Subsequent Substantiation**	**Subsequent Out-of-home Placement**
Total Sample	**1,743**	**100.0%**	**27.0%**	**12.6%**	**5.7%**	**5.3%**
Cabarrus	106	6.1%	22.6%	15.1%	4.7%	1.9%
Catawba	81	4.6%	37.0%	4.9%	3.7%	8.6%
Cumberland	187	10.7%	27.8%	9.6%	4.3%	5.9%
Forsyth	133	7.6%	21.1%	9.8%	3.0%	2.3%
Mecklenburg	248	14.2%	22.2%	6.0%	0.8%	8.9%
Robeson	283	16.2%	38.2%	27.9%	12.7%	5.7%
Wake	151	8.7%	21.2%	4.6%	2.6%	4.6%
Wayne	78	4.5%	19.2%	6.4%	2.6%	1.3%
Other counties[10]	476	27.3%	26.7%	13.0%	7.4%	5.0%

[10] There were 23 sample counties. Counties with fewer than 75 sample referrals are not shown; "other" includes Alamance, Granville, Harnett, Hoke, Jackson, Johnston, Moore, Nash, Pasquotank, Person, Sampson, Scotland, Swain, Washington, and Wilson County.

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Appendix D

Review of the Risk Reassessment

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Validated risk factors from the initial risk assessment also appear on the risk reassessment. The purpose of risk reassessment is to measure change in families' risk of future maltreatment based on response to services, as well as other changes in the household. For every family receiving in-home services, a risk reassessment is completed at least every time the service plan is updated (every three months), each time a significant change occurs in the family, and within 30 days of case closure.

As with the actuarial risk assessment, the Division adopted a risk reassessment used in Minnesota and developed in Michigan. The risk reassessment was based on a sample of families substantiated for abuse or neglect of a child over a decade ago. The reassessment (on pages D2 and D3) combines items from the original risk assessment with additional items that evaluate a family's progress toward case plan goals. Unlike the initial risk assessment, which contains separate indices for risk of neglect and risk of abuse, the risk reassessment tool is comprised of a single index. As indicated in the report, changes to the current risk assessment greatly improved its ability to classify families by the likelihood of future child maltreatment. It is probable that these or similar changes may improve the risk reassessment's performance.

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NORTH CAROLINA
FAMILY RISK REASSESSMENT OF ABUSE/NEGLECT

Case Name:______________________________ Case #_________________ **Date:**__________________________
County Name:____ **Date Report Received:**_____________________
Social Worker Name:____ Reassessment #: 1 2 3 4 5____________________
Children:____
Primary Caregiver ____________________________________ Secondary Caregiver: _____________________________________

CODE	TITLE	SCORE

R1. Number of Prior Assigned Maltreatment Reports
- a. None 0
- b. One 1
- c. Two or more ....2 _______

R2. Number of Prior Assigned Reports for Abuse/Sexual Abuse
- a. None 0
- b. Physical abuse only 1
- c. Sexual abuse 2
- d. Both ....3 _______

R3. Number of Children in the Home
- a. Two or fewer 0
- b. Three or more ....1 _______

R4. Age of Primary Caregiver
- a. 30 or older 0
- b. 29 or younger ....1 _______

R5. Caregiver(s) has a Current Substance Abuse Problem
- a. No 0
- b. Alcohol only 1
- c. Other drug(s) (with or without alcohol) 2
- d. Yes, and refuses treatment ....4 _______

R6. Household is Currently Experiencing Severe Economic Difficulty
- a. No 0
- b. Yes .... 1 _______

R7. Primary or Secondary Caregiver Currently Employs Excessive Discipline and/or Inappropriate Discipline
- a. No 0
- b. Yes .... 2 _______

R8. Primary Caregiver's Use of Treatment/Training Programs
- a. Successfully completed all programs recommended or actively participating in programs; pursuing objectives detailed in service agreement..0
- b. Minimal participation in pursuing objectives in service agreement 1
- c. Refuses involvement in programs or failed to comply/participate as required .... 2 _______

R9. Secondary Caregiver's Use of Treatment/Training Programs
- a. Not applicable; only one caregiver in home 0
- b. Successfully completed all programs recommended or actively participating in programs; pursuing objectives in service agreement 0
- c. Minimal participation in pursuing objectives in service agreement 1
- d. Refuses involvement in programs or failed to comply/participate as required .... 2 _______

TOTAL SCORE _______

DSS-5226 Revised 01/07
Family Support and Child Welfare Services

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RISK LEVEL - Assign the family's risk level based on the following chart:

Score	**Risk Level**
☐ 0-3	☐ Low
☐ 4-7	☐ Moderate
☐ 8-11	☐ High
☐ 12-18	☐ Intensive

OVERRIDES

Policy: Override to intensive. Check appropriate reason.
☐ 1. Sexual Abuse cases where the perpetrator is likely to have access to the child victim.
☐ 2. Cases with non-accidental physical injury to an infant.
☐ 3. Serious non-accidental physical injury warranting hospital or medical treatment,
☐ 4. Death (previous or current) of a sibling as a result of abuse or neglect**.**
☐ Other

Discretionary: Override (increase one level only)
☐ 5.Reason:____

Override Risk Level: ☐ Moderate ☐ High ☐ Intensive

Social Worker:________________________________ **Date**:________________

Supervisor's Review/Approval of Override:________________________ **Date:**________________

DSS-5226 Revised 01/07
Family Support and Child Welfare Services

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A formal validation of the risk reassessment is difficult for many reasons. Workers complete this instrument for families served by the agency. If services are effective, then these families are less likely to subsequently maltreat a child. While the case is open, however, service providers have more contact with the families and may report allegations that otherwise would not have been reported. If a family does not comply with the case plan and child safety is a concern, the Division may remove a child from the home. Each of these factors would affect the likelihood that a caretaker would maltreat a child in the future.

Assessing the performance of the risk reassessment is also difficult because the instrument is applied to different groups of families at multiple times during the life of a case. Families' likelihood of being assessed for child maltreatment allegations may be very different at the time of the first reassessment compared to the likelihood at the time of the second or the last reassessment. The performance of the risk reassessment can still be reviewed, but results of analysis and proposed changes based on the results need to be evaluated within this context.

To review the performance of the risk reassessment factors, CRC selected the first risk reassessment completed for sample families with both an initial risk assessment and at least one risk reassessment completed. CPS outcomes were observed for each family during a standardized follow-up period of six months from the sampled reassessment date. These outcomes included CPS assessments (either type) of abuse or neglect allegations and investigative assessments.

The resulting sample consisted of 150 families with a risk reassessment completed for a case opened between April 1 and September 30, 2006. Among sampled families, 15.3% were assessed for abuse or neglect allegations during the six-month follow-up period and 12.0% had a subsequent investigative assessment (see Table D1).

Only 6.0% of sampled families were classified as high risk and less than 1.0% were classified as intensive risk. With so few intensive risk families, it is difficult to make reliable

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comparisons between intensive risk and other families. Therefore, high and intensive risk families were collapsed into one group for this analysis (see Table D1).

A comparison of families classified as low and moderate risk shows that moderate risk families had similar subsequent assessment as well as investigative assessment rates to low risk families. For example, 10.6% of moderate risk families had a subsequent investigation, compared to 11.0% of low risk families. Rates for high risk families were nearly double those of moderate risk families, but with only 11 families in the high/intensive risk group, results should be interpreted with caution.

Table D1

Current Risk Reassessment Classification by Subsequent Maltreatment Outcomes

Risk Reassessment Level	Sample Distribution		Case Outcome Rates During the Six-month Follow-up Period	
	N	%	CPS Assessment	Investigative Assessment
Low	73	48.7%	13.7%	11.0%
Moderate	66	44.0%	15.2%	10.6%
High/Intensive	11	7.3%	27.3%	27.3%
Total Sample	**150**	**100.0%**	**15.3%**	**12.0%**

Table D2 reviews the individual reassessment items by subsequent CPS involvement. The item analysis indicates that some risk reassessment factors could be modified based on their relationship to outcomes. For example, workers evaluated caretakers' use of treatment/training programs (see items R8 and R9), and caretakers who demonstrated minimal participation had the same or lower rates of subsequent assessment than did caretakers who successfully completed or were actively participating in treatment/training programs. Similarly, outcomes rates were similar regardless of the number of children in the home (see item R3).

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Table D2 Item Analysis of Current Risk Reassessment For the First Risk Reassessment Sample										
Item	Sample Distribution		Cases With Subsequent CPS Assessment				Cases With Subsequent Investigative Assessment			
	N	%	N	%	Corr.	P Value	N	%	Corr.	P Value
Total Sample	**150**	**100.0%**	**23**	**15.3%**			**18**	**12.0%**		
R1. Number of Prior Assigned Maltreatment Reports					.137	.094			.121	.139
None	57	38.0%	6	10.5%			4	7.0%		
One	44	29.3%	6	13.6%			6	13.6%		
Two or more	49	32.7%	11	22.4%			8	16.3%		
R2. Number of Prior Assigned Reports for Abuse/Sexual Abuse					.013	.871			.052	.528
None	129	86.0%	20	15.5%			15	11.6%		
Physical abuse only	14	9.3%	1	7.1%			1	7.1%		
Sexual abuse	5	3.3%	2	40.0%			2	40.0%		
Both	2	1.3%	0	0.0%			0	0.0%		
R3. Number of Children in the Home					.022	.792			.017	.836
Two or fewer	95	63.3%	14	14.7%			11	11.6%		
Three or more	55	36.7%	9	16.4%			7	12.7%		
R4. Age of Primary Caregiver					-.175	.032			-.200	.014
30 or older	94	62.7%	19	20.2%			16	17.0%		
29 or younger	56	37.3%	4	7.1%			2	3.6%		
R5. Caregiver(s) Has a Current Substance Abuse Problem					.010	.901			.003	.970
No	98	65.3%	14	14.3%			11	11.2%		
Alcohol only	7	4.7%	1	14.3%			1	14.3%		
Other drug(s) (with or without alcohol)	40	26.7%	8	20.0%			6	15.0%		
Yes, and refuses treatment	5	3.3%	0	0.0%			0	0.0%		
R6. Household Is Currently Experiencing Severe Economic Difficulty					-.072	.382			-.095	.247
No	128	85.3%	21	16.4%			17	13.3%		
Yes	22	14.7%	2	9.1%			1	4.5%		
R7. Primary or Secondary Caregiver Currently Employs Excessive Discipline and/or Inappropriate Discipline					.216	.008			.208	.011
No	133	88.7%	17	12.8%			13	9.8%		
Yes	17	11.3%	6	35.3%			5	29.4%		
R8. Primary Caregiver's Use of Treatment/Training Programs					.052	.528			.013	.872
Successfully completed or actively participating	80	53.3%	12	15.0%			10	12.5%		
Minimal participation	60	40.0%	8	13.3%			6	10.0%		
Refuses involvement in programs/failed to comply/participate as required	10	6.7%	3	30.0%			2	20.0%		

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Table D2 Item Analysis of Current Risk Reassessment For the First Risk Reassessment Sample										
Item	**Sample Distribution**		**Cases With Subsequent CPS Assessment**				**Cases With Subsequent Investigative Assessment**			
	N	**%**	**N**	**%**	**Corr.**	**P Value**	**N**	**%**	**Corr.**	**P Value**
Total Sample	**150**	**100.0%**	**23**	**15.3%**			**18**	**12.0%**		
R9. Secondary Caregiver's Use of Treatment/Training Programs					.010	.904			.000	1.000
Not applicable; only one caregiver in home Successfully completed all programs	112	74.7%	17	15.2%			14	12.5%		
Minimal participation	26	17.3%	4	15.4%			2	7.7%		
Refuses involvement in programs/failed to comply/participate as required	12	8.0%	2	16.7%			2	16.7%		

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These findings suggest that changes may improve the classification abilities of the risk reassessment. Typically, a risk reassessment is constructed from a sample of 1,000 or more families. As described previously, CRC received unique risk reassessments for 150 families who also had an initial risk assessment received. Given this sample size, CRC referenced an alternative sample to construct a revised risk assessment, with plans to test the predictive validity of recommended changes for the risk reassessment sample of 150 families.

A subset of the families sampled for the initial risk assessment validation study served as a risk reassessment construct sample. CRC selected cases from the initial risk assessment validation study that resulted in an open in-home services case as a result of the sampled investigation/assessment (n=215). Hypothetically, workers would complete a risk reassessment for this subgroup of families. Analyses included bivariate and multivariate analyses of the risk factors found on the proposed risk assessment and outcomes observed in the six months subsequent to the sample investigation/assessment (using the same methods applied for the proposed initial risk assessment).

As mentioned previously, the sample described here of families with an observed risk reassessment served as a validation sample to test the changes that arose out of analysis of the construct sample. This enabled the revised risk reassessment's performance to be observed on a sample of families for whom workers noted actual reassessment findings. Findings for the construct sample are not shown, and findings for the validation sample are reviewed below.

To correspond with the initial risk assessment, the proposed risk reassessment has three rather than four classifications. This change is consistent with the proposed initial risk assessment, and is based on the same policy and empirical considerations. The policy justification for the decision is that high and intensive risk families are assigned the same priority for case opening and monthly contacts with the family, so there is little practical difference in terms of agency response.

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Changes to the revised reassessment (shown on page D10) corresponded to changes in the initial risk assessment. Given their weak relationship to subsequent CPS involvement, the items "Household is experiencing severe economic difficulty" (R6) and "Caretaker employs excessive and/or inappropriate discipline" (R7) were removed. Items with a stronger relationship to outcomes were added, such as age of youngest child, whether the caretaker has a history of or current domestic violence, and whether a child in the home has a developmental disability or emotional impairment (items R3, R10, and R6 on the proposed reassessment). Minor changes were also made to the prior reports item (R1), number of children in the home (R4), and caretakers' substance abuse (R5 on the current reassessment and R8 on the proposed reassessment).

The items for worker assessment of caretaker's progress toward case plan goals was combined into one item so that households with one caretaker would be scored in the same way as households with two caretakers. If two caretakers reside in the home but have different levels of involvement toward case plan goals, workers should score the item for the caretaker demonstrating the least progress.

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r: 01-09

PROPOSED NORTH CAROLINA
SDM® FAMILY RISK REASSESSMENT

Case Name: ______________________ **Case #:** ______________________ **Date:** ___/___/___

County Name: ______________________ **Date Report Received:** ___/___/___

Social Worker Name: ______________________ **Reassessment #:** 1 2 3 4 5 __________

Children: ______________________

Primary Caretaker: ______________________ **Secondary Caretaker:** ______________________

		Score
R1.	**Number of prior CPS assessments**	
	a. None 0	
	b. One or more family assessments 1	
	c. One or more investigative assessments 2	______
R2.	**Prior CPS In-Home or Out-of-Home service history**	
	a. No 0	
	b. Yes 1	______
R3.	**Either caretaker(s) history of abuse/neglect**	
	a. No 0	
	b. Yes 1	______

The following case observations pertain to the period since the last assessment/reassessment.

		Score
R4.	**Age of youngest child in the home**	
	a. 3 or older 0	
	b. 2 or younger 1	______
R5.	**Number of children residing in the home**	
	a. Two or fewer 0	
	b. Three or more 1	______
R6.	**Child characteristics**	
	a. None applicable 0	
	b. One or more apply 1	______
	☐ Emotional and/or behavioral problems	
	☐ Medically fragile/failure to thrive diagnosis	
	☐ Developmental disability	
	☐ Learning disability	
	☐ Physical disability	
R7.	**Lacks parenting skills**	
	a. No 0	
	b. One or more apply 1	______
	☐ Inadequate supervision of children	
	☐ Uses excessive physical/verbal discipline	
	☐ Lacks knowledge of child development	
R8.	**Either caretaker has a drug or alcohol problem**	
	a. No 0	
	b. One or more apply 1	______
R9.	**Either caretaker has a mental health problem**	
	a. No 0	
	b. One or more apply 1	______
R10.	**Either caretaker currently involved in domestic violence**	
	a. No 0	
	b. Yes 1	______
R11.	**Caretaker's use of treatment/training programs**	
	a. Successfully completed all programs recommended or actively participating in programs; pursuing objectives Detailed in service agreement 0	
	b. Minimal participation in pursuing objectives in service agreement 1	
	c. Refuses involvement in programs or failed to comply/participate as required 2	______
	TOTAL SCORE	______

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

Score	Risk Level	
0–2	______	Low
3–5	______	Moderate
6–13	______	High

OVERRIDES
Policy: Override to high; mark appropriate reason.

____ 1. Sexual abuse cases where the perpetrator is likely to have access to the child victim.
____ 2. Cases with non-accidental physical injury to an infant.
____ 3. Serious non-accidental physical injury to an infant
____ 4. Death (previous or current) of a sibling as a result of abuse or neglect.
____ 5. Other.

Discretionary: Override (increase or decrease **one level** with supervisor approval). Provide reason below.

Reason: ____

OVERRIDE RISK LEVEL: ___ Low ___ Moderate ___ High

Social Worker: ____ **Date:** ____/____/____

Supervisor's Review/Approval of Override: ____________________________________ **Date:** ____/____/____

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The proposed risk reassessment resulted in a better classification of families in that an increase in risk level corresponded to an increase in every outcome rate. It is important to note that when the case plan progress item was added to the risk reassessment, the classification abilities of the assessment suffered slightly. For example, high risk families had a 22.2% rate of subsequent assessment during the six-month follow-up period (see Table D3), compared to 33.3% without the progress item (see Table D4). Worker scoring of the case plan progress item resulted in an additional 13.3% of families being classified as high risk, and the families identified as high risk had an investigative assessment rate the same as families classified as moderate risk.

Table D3

Proposed Risk Reassessment Classification by Subsequent Maltreatment Outcomes Including Caretaker Case Plan Progress Item

Risk Reassessment Level	Sample Distribution		Case Outcome Rates During the Six-month Follow-up Period	
	N	%	CPS Assessment	Investigative Assessment
Low	34	22.7%	11.8%	11.8%
Moderate	75	50.0%	13.3%	12.0%
High	41	27.3%	22.0%	12.2%
Total Sample	**150**	**100.0%**	**15.3%**	**12.0%**

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Table D4 shows the classification findings for the combined actuarial risk reassessment items, excluding case plan progress. Most families (58.0%) were classified as moderate risk and 14.0% were classified as high risk. Among families classified as low risk, 9.5% had a subsequent CPS assessment of any type, compared to 13.8% of moderate risk and 33.3% of high risk families.

Table D4

Proposed Risk Reassessment Classification by Subsequent Maltreatment Outcomes Excluding Caretaker Case Plan Progress Item

Risk Reassessment Level	Sample Distribution		Case Outcome Rates During the Six-month Follow-up Period	
	N	%	CPS Assessment	Investigative Assessment
Low	42	28.0%	9.5%	9.5%
Moderate	87	58.0%	13.8%	12.6%
High	21	14.0%	33.3%	14.3%
Total Sample	**150**	**100.0%**	**15.3%**	**12.0%**

The Division may wish to structure workers' evaluation of case plan progress to improve the predictive validity of this item. Even with this limitation, however, adopting the proposed risk reassessment should assist workers' estimates of a family's risk of future maltreatment relative to response to services and other changes in the household.

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Risk Reassessment Definitions

R1. Number of prior CPS assessments

Use Central Registry to count all maltreatment reports for all children in the home which were assigned for CPS assessment (both family assessments and investigative assessments) for any type of abuse or neglect prior to the report resulting in the current assessment. If information is available, include prior maltreatment assessments conducted in other states.

a. Score 0 if there were no CPS assessments prior to the current report.

b. Score 1 if there were one or more family assessments prior to the current report.

c. Score 2 if there were one or more investigative assessments prior to the current report (if there were both one or more prior family assessments and one or more prior investigative assessments, score 2).

R2. Prior CPS in-home or out-of-home service history

Contact other counties and states where there is believed to be prior CPS service history on this family.

a. Score 0 if this family has not received CPS in-home or out-of-home services as a result of a prior finding of "substantiated" or "services needed" report of abuse and/or neglect.

b. Score 1 if this family has received CPS in-home or out-of-home services as a result of a prior finding of "substantiated" or "services needed" report of abuse or neglect, or is receiving CPS in-home or out-of-home services at the time of the current assessment.

R3. Either caretaker has history of abuse/neglect

a. Score 0 if neither caretaker was abused and/or neglected as a child, based on credible statements by the caretaker(s) or others.

b. Score 1 if credible statements were provided by the caretaker(s) or others regarding whether *either or both* caretakers were maltreated as children *and/or* either caretaker as a child was a substantiated perpetrator of physical and/or sexual abuse.

R4. Age of youngest child in the home

Choose the appropriate score given the current age of the youngest child in the household where the maltreatment incident reportedly occurred. If a child is removed, whether placed in foster care or with a safety resource as a result of the current assessment, or is on runaway status, count the child as residing in the home. Youngest children within a mental health residential placement but in the custody of the caretaker(s) should be counted as residing in the home.

a. Score 0 if the youngest child is 3 years old or older.

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b. Score 1 the youngest child is 2 years old or younger.

R5. Number of children residing in the home

Number of individuals under 18 years of age *residing* in the home at the time of the current report. If a child is removed, whether placed in foster care or with a safety resource as a result of the current assessment, or is on runaway status, count the child as residing in the home. Children within a mental health residential placement but in the custody of the caretaker(s) should be counted as residing in the home.

a. Score 0 if two or fewer children were residing in the home at the time of the current report.

b. Score 1 if three or more children were residing in the home at the time of the current report.

R6. Child characteristics

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

b. Score 1 if any child in the household exhibits any of the characteristics described below. Mark all that apply.

- Mental health or behavioral 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 Axis I diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking prescribed psychoactive medications.

- Any child is medically fragile or diagnosed with failure to thrive.

  » Medically fragile: 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 which requires daily, ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members, and requires the routine use of a medical device or of assistive technology to compensate for the loss of usefulness of a body function needed to participate in the activities of daily living, and child lives with ongoing threat to his or 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 by a physician that the child has failure to thrive.

- Developmental disability: A severe, chronic condition due to mental and/or physical impairments which has been diagnosed by a physician or

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mental health professional. Examples include mental retardation, autism spectrum disorders, and cerebral palsy.

- Learning disability: Child has an individualized education program (IEP) to address a learning disability 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.

R7. Either caretaker lacks parenting skills

a. Score 0 if caretaker(s) displays parenting patterns which are age-appropriate for children in the home, including realistic expectations and appropriate discipline.

b. Score 1 if caretaker(s) lacks parenting skills as evidenced by the following:

- Inadequate supervision of children;

- Use of excessive physical/verbal discipline; or

- Lacks knowledge of child development: Caretaker's lack of knowledge regarding child development and/or age-appropriate expectations for children.

R8. Either caretaker has a drug or alcohol problem

Either caretaker has alcohol/drug abuse problems, evidenced by use causing conflict in home, extreme behavior/attitudes, financial difficulties, frequent illness, job absenteeism, job changes or unemployment, driving under the influence (DUI), traffic violations, criminal arrests, disappearance of household items (especially those easily sold), or life organized around substance use.

a. Score 0 if neither caretaker has a drug or alcohol problem, or has some substance use problems that minimally impact family functioning.

b. Score 1 if either caretaker has a current alcohol/drug abuse problem (within the last 12 months) that interferes with his/her or the family's functioning. Such interference is evidenced by the following:

- Substance use that affects or affected employment; criminal involvement; marital or family relationships; and/or caretaker's ability to provide protection, supervision, and care for the child;

- An arrest in the past year for DUI or refusing breathalyzer testing;

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- Self-report of a problem;
- Treatment received currently;
- Multiple positive urine samples;
- Health/medical problems resulting from substance use and/or abuse;
- The child's diagnosis with fetal alcohol syndrome or exposure (FAS or FAE), or the child's positive toxicology screen at birth and the primary caretaker was the birthing parent.

Legal, non-abusive prescription drug use should not be scored. Abuse of legal, prescription drugs should be scored.

R9. Either caretaker has a mental health problem

a. Score 0 if the caretaker(s) does not have a current mental health problem (diagnosed within the past 12 months) OR caretaker demonstrates good coping skills.

b. Score 1 if credible and/or verifiable statements by either caretaker or other indicate that either caretaker:

- Has a current diagnosis of a significant mental health disorder as indicated by a DSM Axis I condition determined by a mental health professional;
- Has had repeated referrals for mental health/psychological evaluations; or
- Was recommended for treatment/hospitalization or was treated/hospitalized for emotional problems within the last 12 months.

R10. Either caretaker involved in domestic violence

a. Score 0 if neither caretaker is involved in domestic violence, or if caretakers have had an identified existence of domestic violence in a relationship but after receiving services are able to understand the impact of violence on the children and can demonstrate a respectful, non-violent relationship that is free of power and control.

b. Score 1 if either caretaker is involved in domestic violence, defined as the establishment of control and fear in an intimate relationship through the use of violence and other forms of abuse including but not limited to physical, emotional, or sexual abuse; economic oppression; isolation; threats; intimidation; and maltreatment of the children to control the non-offending parent/adult victim. Domestic violence may be evidenced by repeated history of leaving and returning to abusive partner(s), repeated history of violating court orders by the perpetrator of domestic violence, repeated history of violating safety plans, involvement of

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law enforcement and/or restraining orders, or serious or repeated injuries to any household member.

R11. Caretaker's use of treatment/training programs

Rate this item based on whether the primary caregiver has mastered or is mastering skills learned from participation in program(s). If two or more caretakers are present, indicate the least progress made among the most frequent caretaker(s).

a. Score 0 if observation demonstrates caregiver's application of learned skills in interaction(s) between child and caretaker, caretaker and caretaker, caretaker and other significant adult(s); in self-care, home maintenance, or financial management; or if observation demonstrates caretaker's mastery of skills toward reaching the behavioral objectives agreed upon in the service agreement.

b. Score 1 if the caretaker is minimally participating in services, has made progress but is not fully complying with the objectives in the service agreement.

c. Score 2 if the caretaker refuses services, sporadically follows the service agreement or has not mastered the necessary skills due to a failure or inability to participate.

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