SDM® Structured Decision Making®

Improving Outcomes Through Research

The Structured Decision Making® System

for Child Protective Services

Policy and Procedures Manual

Manual Date: October 2018

Minnesota Department of Human Services

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Children's Research Center is a nonprofit social research organization and
a division of the National Council on Crime and Delinquency.

STRUCTURED DECISION MAKING ® MODEL
GOALS

Overall Goals:

1. Safety
2. Permanency
3. Well-being

System Goals:

1. Reduce the rate of subsequent abuse/neglect referrals and substantiations.
2. Reduce the severity of subsequent abuse/neglect complaints or allegations.
3. Reduce the rate of foster care placement.
4. Reduce the length of stay for children in foster care.

Process Goals:

1. Improve assessments of family situations to better ascertain the protection needs of children.
2. Increase consistency and accuracy in case assessment and case management among child abuse/neglect staff within a county and among counties.
3. Increase the efficiency of child protection operations by making the best use of available resources.
4. Provide management with needed data for program administration, planning, evaluation, and budgeting.

STRUCTURED DECISION MAKING ® MODEL
GENERAL DEFINITIONS

Households

Structured Decision Making® (STRUCTURED DECISION MAKING) assessments are completed on households. A household is defined as all persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home. When a child's parents do not live together, the child may be a member of two households. When completing STRUCTURED DECISION MAKING® assessments:

- Always assess the household of the alleged offender. This may or may not be the child's primary residence.

- In situations where the child is a member of two households and there are allegations of abuse/neglect in each household, complete separate STRUCTURED DECISION MAKING assessments for each household.

Other considerations:

- If a child is being removed from a custodial parent household and is being placed or considered for placement with a non-custodial parent household as part of a safety plan or as a potential reunification home, also assess the non-custodial parent household.

Identifying the Primary vs. Secondary Caregiver

"Caregiver" is defined as a parent, guardian, or other adult in the household who provides care and supervision for the child. For some STRUCTURED DECISION MAKING assessments, it is important to accurately identify the primary and, if applicable, the secondary caregiver. Use the following guidance when determining the primary and secondary caregiver:

Circumstance	Primary Caregiver	Secondary Caregiver
Two legal parents living together	The parent living in the household who assumes the most child care responsibility. If parents equally share responsibilities, parent who was an alleged offender should be selected.	The other legal parent
Single parent, no other adult in household	The only parent	None
Single parent and any other adult living in household	The only legal parent	Another adult in the household who contributes the most to care of the child. If none of the other adults contribute to child care, there is no secondary caregiver.

MINNESOTA DEPARTMENT OF HUMAN SERVICES
STRUCTURED DECISION MAKING®
OVERVIEW

Assessment	Which Cases	Who	When	Decision
Safety Assessment	All CPS maltreatment reports assigned for a family investigation or family assessment.	Caseworker	The safety assessment **process** is completed prior to allowing the child to remain in the household. The written documentation is to be completed and entered into SSIS as soon as possible but no later than within three working days of making the initial face-to-face contact to assess safety.	The safety assessment is used to guide decision making in the removal and return of children to families. It also guides decision making on factors that, if not addressed, threaten immediate harm to children.
Risk Assessment	All CPS maltreatment reports assigned for a family investigation or family assessment.	Caseworker	The risk assessment is to be finalized prior to determining the disposition of the investigation/assessment. It is one of the elements considered in making this determination.	The risk assessment identifies the level of risk of future maltreatment and guides the decision to close or open a case for ongoing services. For open cases, the risk level can also inform the intensity of resources for the family.
Family Strengths and Needs Assessment	All family assessments; all ongoing child protection cases	Family assessments: the family assessment caseworker in conjunction with the family; Investigations opened for ongoing services: the investigator or the ongoing child protection caseworker, in conjunction with the family. Parent Support Outreach Program (PSOP) cases opened for services: the PSOP worker in conjunction with the family.	Initial: • Family assessment: within the 45-day assessment period. • Family investigations: within the 45-day family investigation period, or within 30 days of case opening for ongoing services, prior to	Identifies the priority needs of caregivers and children and informs service plan development. Priority needs should be reflected in the goals, objectives, and interventions in the service plan. Identifies a family's priority areas of strengths that should be incorporated into the service plan to the greatest extent possible, as a means to address identified needs.

Assessment	Which Cases	Who	When	Decision
			development of the initial service plan. • Parent Support Outreach Program: within 30 days of opening for services, prior to the development of the service plan. Reassessment – Child Protection ongoing cases: within 30 days prior to required service plan updates. Reassessment – PSOP: At the time of case closing for families open for services more than 30 days.	
Risk Reassessment for In-home Cases	All ongoing cases where *all* children are currently in the home (or no reunification efforts exist).	Caseworker	The first review must occur no later than 90 days after completion of the first service plan. Reassessments occur quarterly thereafter. The reassessment may be completed whenever there is a significant change in the case.	The risk reassessment is used to guide decision making following the provision of services to clients. The reassessment takes into account the provision of services and provides an efficient mechanism to assess changes in family risk level. At reassessment, a family may be continued for services or the case may be closed.
Reunification Assessment	All CPS cases with at least one child in placement for at least 90 days with a goal of return home.	Ongoing caseworker	First assessment must occur no later than 90 days after completion of the first service plan. Reassessments occur quarterly thereafter. Prior to court hearings. At any time child(ren) is being considered for return home.	Results indicate if a child(ren) is eligible for return home or if a new recommendation should be made.

MINNESOTA DEPARTMENT OF HUMAN SERVICES 12/11
STRUCTURED DECISION MAKING® SAFETY ASSESSMENT

SSIS Workgroup Name #: _____

Assessed By: _____ **Assessment Date:** ____/____/____

Tool Status: _____ **Finalized Date:** ____/____/____

Primary Caregiver: _____ **Secondary Caregiver:** _____

SECTION 1: SAFETY ASSESSMENT

Part A. Safety Factor Identification

Directions: The following is a list of factors that may be associated with a child(ren) being in immediate danger of serious harm. **Identify the presence or absence of each by circling either "yes" or "no."** Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages 0 through 8 cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization. Complete based on most vulnerable child.

Yes	No		
☐	☐	1.	Caregiver's current behavior is violent or out of control.
☐	☐	2.	Caregiver describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.
☐	☐	3.	Caregiver caused serious physical harm to the child or has made a plausible threat to cause serious physical harm.
☐	☐	4.	The family refuses access to the child, there is reason to believe that the family is about to flee, and/or the child's whereabouts cannot be ascertained.
☐	☐	5.	Caregiver has not, or will not, provide supervision necessary to protect child from potentially serious harm.
☐	☐	6.	Caregiver is unwilling, or is unable, to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care.
☐	☐	7.	Caregiver has previously maltreated a child and the severity of the maltreatment, or the caregiver's response to the previous incident(s), suggests that child safety may be an immediate concern.
☐	☐	8.	Child is fearful of caregiver(s), other family members, or other people living in or having access to the home.
☐	☐	9.	The child's physical living conditions are hazardous and immediately threatening.
☐	☐	10.	Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.
☐	☐	11.	Caregiver's drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.
☐	☐	12.	Other safety factor (specify): _____

IF NO SAFETY FACTORS ARE PRESENT, GO TO SECTION 3: SAFETY DECISION

Part B. Safety Factor Description

Directions: For all safety factors selected, note the applicable safety factor number and then briefly describe the specific individuals, behaviors, conditions, and/or circumstances associated with that particular safety factor.

SECTION 2: SAFETY RESPONSE

Directions: For each factor identified in Section 1, consider the resources available in the family and the community that might help to keep the child safe. Select each response taken to protect the child and explain below. Describe *all* safety interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

- ☐ 1. Use family resources, neighbors, or other individuals in the community as safety resources.
- ☐ 2. Use community agencies or services as safety resources.
- ☐ 3. Have the alleged offender leave the home, either voluntarily or in response to legal action.
- ☐ 4. Have the non-maltreating caregiver move to a safe environment with the child.
- ☐ 5. Other: _____
- ☐ 6. Have the caregiver(s) place the child outside the home (formal voluntary placement). Note: include explanation below regarding why responses 1–5 could not be used to keep the child(ren) safe.
- ☐ 7. Legal action must be taken to place the child(ren) outside the home. Note: include explanation below regarding why responses 1–5 could not be used to keep the child(ren) safe.

Safety response description:

SECTION 3: SAFETY DECISION

Directions: Identify your safety decision by selecting the appropriate line below. Select one choice only. This decision should be based on the assessment of all safety factors and any other information known about this case. If "B" or "C" is selected, Section 2 must be completed. "A" is to be selected only if no safety factors were indicated in Section 1, Part A.

- ☐ **A. Safe**: There are no children likely to be in immediate danger of serious harm.

- ☐ **B. Conditionally Safe:** Controlling safety interventions have been implemented since the report was received, and those interventions will adequately provide for the child's safety for the immediate future.

- ☐ **C. Unsafe**: Child(ren) is likely to be in danger of immediate harm. Remove child(ren) from the home.

STRUCTURED DECISION MAKING® SAFETY ASSESSMENT DEFINITIONS

SECTION 1: SAFETY ASSESSMENT

Part A. Safety Factor Identification

Safety factor examples which establish parameters for selecting a particular safety factor are provided below. The examples should not be considered complete descriptions of all possible circumstances related to the factors. Other behaviors or conditions may be associated with each listed factor and may also be indicative of the **possibility of immediate danger of serious harm.** Recency of the behavior or condition should also be considered; that is, is the situation currently present, likely to occur in the immediate future, or occurred in the recent past. The examples should not be construed as necessarily equating with an "unsafe" decision but rather as "red flag alerts" to the possibility that the child may be unsafe.

1. Caregiver's current behavior is violent or out of control.

- Extreme physical or verbal, angry or hostile outbursts at child.
- Use of brutal or bizarre punishment (e.g., scalding with hot water, burning with cigarettes, forced feeding).
- Domestic violence likely to have a negative impact on the child.
- Use of guns, knives, or other instruments in a violent way.
- Shakes or chokes baby or young child to stop a particular behavior.
- Behavior that seems out of touch with reality, fanatical, or bizarre.
- Behavior that seems to indicate a serious lack of self-control (e.g., reckless, unstable, raving, explosive).

2. Caregiver describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.

- Describes child as evil, stupid, ugly, or in some other demeaning or degrading manner.
- Curses and/or repeatedly puts child down.
- Scapegoats a particular child in the family.
- Expects a child to perform or act in a way that is impossible or improbable for the child's age (e.g., babies and young children expected not to cry, expected to be

still for extended periods, expected to be toilet trained or eat neatly, expected to care for younger siblings, expected to stay alone).

- Child is seen by either parent as responsible for the parents' problems.

- Uses sexualized language to describe child or in name calling (e.g., whore, slut, etc.).

3. Caregiver caused serious physical harm to the child or has made a plausible threat to cause serious physical harm.

- Caregiver caused serious non-accidental abuse or injury (e.g., fractures, poisoning, suffocating, shooting, burns, bruises/welts, bite marks, choke marks, etc.).

- An action, inaction, or threat which would result in serious harm (e.g., kill, starve, lock out of home, etc.).

- Plans to retaliate against child for CPS assessment.

- Caregiver has used torture or physical force which bears no resemblance to reasonable discipline, or punished child beyond the duration of the child's endurance.

- One or both parents fear they will maltreat child and/or request placement.

4. The family refuses access to the child, there is reason to believe that the family is about to flee and/or the child's whereabouts cannot be ascertained.

- Family has previously fled in response to a CPS assessment.

- Family has removed child from a hospital against medical advice.

- Family has history of keeping child at home, away from peers, school, or other outsiders for extended periods.

5. Caregiver has not, or will not, provide supervision necessary to protect child from potentially serious harm.

- Caregiver does not attend to child to the extent that need for care goes unnoticed or unmet (e.g., although caregiver is present, child wanders outdoors alone, plays with dangerous objects, plays on unprotected window ledge, or is exposed to other serious hazards).

- Caregiver leaves child alone (time period varies with age and developmental stage).

- Caregiver makes inadequate and/or inappropriate babysitting or child care arrangements or demonstrates very poor planning for child's care.

- Parents' whereabouts are unknown.

6. Caregiver is unwilling, or is unable, to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care.

- No food provided or available to child, or child starved or deprived of food or drink for prolonged periods.

- Child without minimally warm clothing in cold months.

- No housing or emergency shelter; child must or is forced to sleep in the street, car, etc.; housing is unsafe, without heat, etc.

- Caregiver does not seek treatment for child's immediate and dangerous medical condition(s) or does not follow prescribed treatment for such condition(s).

- Child appears malnourished.

- Child has exceptional needs, which parents cannot/will not meet.

- Child is suicidal and parents will not take protective action.

- Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavior control or serious physical symptoms.

7. Caregiver has previously maltreated a child and the severity of the maltreatment, or the caregiver's response to the previous incident(s), suggests that child safety may be an immediate concern.

- Previous maltreatment that was serious enough to cause or could have caused severe injury or harm.

- Caregiver has retaliated or threatened retribution against child for past incidents.

- Escalating pattern of maltreatment.

- Caregiver does not acknowledge or take responsibility for prior inflicted harm to the child or explains incident(s) as justified.

- Both parents cannot/do not explain injuries and/or conditions.

8. Child is fearful of caregiver(s), other family members, or other people living in or having access to the home.

- Child cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.
- Child exhibits severe anxiety (i.e., nightmares, insomnia) related to situation(s) associated with a person(s) in the home.
- Child has reasonable fears of retribution or retaliation from caregivers.

9. The child's physical living conditions are hazardous and immediately threatening.

- Leaking gas from stove or heating unit.
- Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or in open.
- Lack of water or utilities (heat, plumbing, electricity) and no alternate provisions made, or alternate provisions are inappropriate (e.g., stove, unsafe space heaters for heat).
- Open/broken/missing windows.
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food which threats health.
- Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
- Evidence of human or animal waste throughout living quarters.
- Guns and other weapons are not locked.

10. Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.

- Access by possible or confirmed offender to child continues to exist.
- It appears that caregiver or other has committed rape, sodomy, or has had other sexual contact with child.
- Caregiver or others have forced or encouraged child to engage in sexual performances or activities.

11. Caregiver's drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.

Caregiver has misused a drug(s) or alcoholic beverage(s) to the extent that control of his or her actions is lost or significantly impaired. As a result, the caregiver is unable, or will likely be unable, to care for the child, has harmed the child, or is likely to harm the child.

12. Other safety factor (specify):

Possible examples:

- Child's behavior likely to provoke caregiver to harm the child.
- Unexplained injuries.
- Abuse or neglect related to child death, or unexplained child death.
- Serious allegations with significant discrepancies or contradictions by caregiver, or between caregiver and collateral contacts.
- Caregiver refuses to cooperate or is evasive.
- Criminal behavior occurring in the presence of the child, or the child is forced to commit a crime(s) or engage in criminal behavior.

MINNESOTA DEPARTMENT OF HUMAN SERVICES
STRUCTURED DECISION MAKING® SAFETY ASSESSMENT
POLICY AND PROCEDURES

The purpose of the safety assessment is to help assess whether a child(ren) is likely to be in immediate danger of serious physical harm which may require a protecting intervention and to determine what interventions should be maintained or initiated to provide appropriate protection.

It is important to keep in mind the difference between safety and risk when completing this form. Safety assessment differs from risk assessment in that safety assesses the child's present danger and determines the interventions immediately needed to protect the child for the duration of the investigation period. In contrast, the family risk assessment looks at the likelihood of *future* maltreatment.

Which cases: All CPS maltreatment reports assigned for an assessment that involve a family caregiver. This does not apply to institutional abuse cases. This tool may be used to determine if immediate danger of harm is present in a non-licensed living arrangement, such as non-custodial parent.

Who completes: Caseworker assigned to complete the assessment.

When: The safety assessment **process** is completed prior to allowing the child to remain in the household. The written documentation is to be completed and entered into SSIS electronic or family's paper case file as soon as possible but no later than within three working days of making the initial face-to-face contact to assess safety.

The safety factors are to be considered throughout the life of the case, from the point of report through case closure. At any point that an unsafe factor becomes operant, a new safety assessment should be completed. If the unsafe factor requires removing a child(ren) from the home, a new safety assessment should be completed.

Decision: The safety assessment is used to guide decision making in the removal and return of children to families. It also guides decision making on factors that, if not addressed, threaten immediate harm to children. A safety plan is required for all children assessed unsafe on any safety factor.

Appropriate completion:
Only **one** household can be assessed on the safety assessment. See the general definitions section of this manual for additional guidance on which household to assess.

The safety assessment has three sections: safety assessment, safety response, and safety decision. Each section is preceded by instructions for appropriate completion. The list of safety factors are behaviors or conditions that may be associated with a child being in danger of serious harm. The vulnerability of each child needs to be considered throughout the assessment. Children who are between the ages of 0–8 years cannot protect themselves. For older children, an inability to

protect themselves may result from diminished mental capacity or repeated victimization. Complete based on most vulnerable child.

Section 1: Safety Assessment
The list of factors under Part A are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence or absence of each factor by selecting either "yes" or "no." Also consider conditions that were present at the time of the alleged incident and the current impact on child safety, always using item definitions to determine whether each factor is present or not. If yes, an intervention is required to support the child's safety for the duration of the investigation/assessment period.

In Part B, for all safety factors selected, note the applicable safety factor number and then briefly describe the specific individual's behaviors, conditions, and/or circumstances associated with that particular safety factor. If no safety factors are present, skip Part B and go to Section 3: Safety Decision.

Section 2: Safety Response
A safety intervention is any action taken by staff or others that remediate the unsafe condition identified in the assessment while services are provided to the family. Safety Responses one through seven are used to indicate the controlling intervention utilized by the assigned caseworker.

In filling out this section, keep in mind: 1) are the safety response actions sufficient? and 2) is the family willing and able to participate in these actions at a level sufficient to protect the child(ren)?

Section 3: Safety Decision
The assigned caseworker completing the assessment makes a determination of **safe, conditionally safe, or unsafe,** based on whether controlling interventions can mitigate the unsafe factor(s) identified. The safety decision should reflect the situation *at the time* the safety assessment is being completed.

A. A child is "safe" if no child in the family is in danger of immediate harm as indicated by scoring all safety factors in Section 1A. "no."

B. A child is "conditionally safe" if Safety Responses one through five allow the child to remain in the family home while services are provided.

C. A child is "unsafe" if the *only* controlling intervention is removal of the child(ren) from the family home. This includes both short- and long-term placement.

MINNESOTA DEPARTMENT OF HUMAN SERVICES
STRUCTURED DECISION MAKING® FAMILY RISK ASSESSMENT OF ABUSE/NEGLECT r. 12/16

SSIS Workgroup Name #: _____
Assessed by:_____ **Assessment date:** _____ / _____ / _____
Tool status: _____ **Finalized date:** _____/ _____ / _____
Primary Caregiver: _____ **Secondary caregiver:**
_____

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 or more ..... 1 ☐

N3. Prior CPS history
a. Not applicable 0
b. Prior determination for neglect *and/or* prior investigation resulted in case opening ..... 1 ☐

N4. Number of children in the home
a. One or two 0
b. Three or more ..... 2 ☐

N5. Age of youngest child
a. 3 or older 0
b. 2 or younger ..... 1 ☐

N6. Child in the home has a developmental disability/emotional impairment
a. No 0
b. Yes ..... 1 ☐

N7. Primary caregiver lacks parenting skills
a. No 0
b. Yes ..... 1 ☐

N8. Age of primary caregiver
a. 30 or older 0
b. 29 or younger ..... 1 ☐

N9. Either caregiver was abused as a child
a. No 0
b. Yes ..... 1 ☐

N10. Either caregiver has a history of domestic violence
a. No 0
b. Yes ..... 1 ☐

N11. Either caregiver has/had an alcohol or drug problem during the last 12 months
a. No 0
b. Yes ..... 1 ☐

N12. Primary caregiver has/had a mental health problem
a. No 0
b. Yes ..... 1 ☐

N13. Father, stepfather, boyfriend, or male roommate provides unsupervised child care to a child under the age of 3 and is not employed
a. No 0
b. Yes ..... 1 ☐

TOTAL NEGLECT RISK SCORE ☐

ABUSE SCORE

A1. Current report is for abuse
a. No 0
b. Yes, allegation of abuse, any type ..... 1 ☐

A2. Current report results in determination of physical abuse
a. No 0
b. Yes ..... 1 ☐

A3. Number of prior assigned reports of abuse
a. None 0
b. One or more ..... 1 ☐

A4. Prior investigation resulted in case opening
a. No 0
b. Yes ..... 1 ☐

A5. Number of children in the home
a. One to three 0
b. Four or more ..... 1 ☐

A6. Either caregiver was abused as a child
a. No 0
b. Yes ..... 1 ☐

A7. Primary caregiver lacks parenting skills
a. No 0
b. Yes ..... 1 ☐

A8. Either caregiver employs harmful and/or developmentally inappropriate disciplir
a. No 0
b. Yes ..... 1 ☐

A9. Either caregiver has a history of domestic violence
a. No 0
b. Yes ..... 1 ☐

A10. Either caregiver's parenting style is over-controlling
a. No 0
b. Yes ..... 2 ☐

A11. Child in the home has a developmental disability/emotional impairment
a. No 0
b. Yes ..... 1 ☐

A12. Primary caregiver has/had a mental health problem
a. No 0
b. Yes ..... 1 ☐

A13. Alleged offender is an unmarried partner of the primary caregiver
a. No 0
b. Yes ..... 1 ☐

TOTAL ABUSE RISK SCORE ☐

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

Neglect Score	Abuse Score	Risk Level
○ 0 – 3	○ 0 – 2	○ Low
○ 4– 6	○ 3 – 6	○ Moderate
○ 7 – 14	○ 7 – 14	○ High

OVERRIDES. Policy: Increase to high risk.
☐ 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 requiring hospital or medical treatment.
☐ 4. Death (previous or current) of a sibling as a result of abuse or neglect.

Discretionary: Increase or decrease one level with supervisory consent.

☐ 5. Reason: _____

FINAL RISK LEVEL: ○ Low ○ Moderate ○ High

Supervisor Review/Approval:_____ **Date**: _____ / _____ / _____

MINNESOTA DEPARTMENT OF HUMAN SERVICES

STRUCTURED DECISION MAKING® RISK ASSESSMENT OF ABUSE/NEGLECT DEFINITIONS

Only one household should be assessed on a risk assessment.

The primary caregiver is the adult (typically the parent) living in the household who assumes the most child care responsibility. When two adult caregivers are present **and** the caseworker is in doubt about which one assumes the most child care responsibility, the adult legally responsible for the children involved in the incident should be selected. If this rule does not resolve the question, the legally responsible adult who is the alleged offender should be selected. **Only *one* primary caregiver can be identified.**

The secondary caregiver is defined as an adult living in the household who has routine child care responsibility but less responsibility than the primary caregiver.

NEGLECT

N1. Current report is for neglect

Score based on the specified allegations. Allegations include any concerns under investigation/assessment even if not identified in the original report.

a. No: Current report is not for any type of neglect.

b. Yes: Current report is for any type of neglect.

N2. Number of prior assigned reports

Count all maltreatment reports, determined or not, that were assigned for CPS family assessment or investigation for any type of abuse or neglect in which one or more adult household members were the alleged offender, prior to the report resulting in the current family assessment or investigation. Do not count prior maltreatment reports assigned for CPS family assessment or investigation in which the adult household members were child victims at the time, or those involving alleged offenders who are not part of the current household.

N3. Prior CPS history

Score based on prior CPS history:

a. Not applicable.

b. Prior determination for neglect *and/or* prior investigation resulted in case opening:

- Prior determination for neglect: An adult household member had at least one prior investigation that resulted in a determination for neglect.
- Prior investigation resulted in case opening: A caregiver/adult household member received traditional CPS or foster care services from the agency (does not include family assessment response case services) as a result of a prior investigated report of abuse and/or neglect, or was receiving CPS or foster care services at the time of the current report.

N4. Number of children 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 as a result of the assessment or is on runaway status, count the child as residing in the home.

N5. Age of youngest child

Score as appropriate given the current age of the youngest child presently in the household where the maltreatment incident reportedly occurred. If a child is removed as a result of the current investigation, count the child as residing in the home.

N6. Child in the home has a developmental disability/emotional impairment

Indicate if there is evidence that a child has a special need, including developmental disability, attention deficit disorder, learning disability, or emotional impairment.

N7. Primary caregiver lacks parenting skills

Primary caregiver demonstrates an inability or unwillingness to care for/supervise children, lacks knowledge of child development and age-appropriate expectations for children, and/or has poor knowledge or use of age-appropriate disciplinary methods.

N8. Age of primary caregiver

Age at the time of assessment.

N9. Either caregiver was abused as a child

Select "Yes" if credible statements provided by the caregiver(s) or others indicate that *either or both* caregivers were abused as children. Abuse includes physical, sexual, and any other type of abuse. Select "No" if neither caregiver was abused as a child, based on credible statements by the caregiver(s) or others.

N10. Either caregiver has a history of domestic violence

Select "Yes" if *either* caregiver has a history of domestic violence in a current or prior relationship, defined as adult mistreatment of one another and evidenced by hitting, slapping, yelling, berating, verbal/physical abuse, physical fighting (with or without injury), continuing threats, ultimata, intimidation, frequent separation/reconciliation, involvement of law enforcement and/or domestic violence programs, restraining orders, or criminal reports. Select "No" if neither caregiver has a history of domestic violence.

N11. Either caregiver has/had an alcohol or drug problem during the last 12 months

Either caregiver has a *current* alcohol/drug abuse problem, evidenced by use during the last 12 months that has caused conflict in the home, extreme behavior/attitudes, financial difficulties, frequent illness, job absenteeism, job changes, or unemployment; driving under the influence, traffic violations, criminal arrests, or disappearance of household items (especially those easily sold); or life organized around substance use. Includes alcohol and/or other drugs such as cocaine, marijuana, heroin, barbiturates, or prescription drugs.

N12. Primary caregiver has/had a mental health problem

Assess whether credible and/or verifiable statements by a caregiver or others indicate that the primary caregiver has been diagnosed with a significant mental health disorder by a mental health clinician, had repeated referrals for mental health/psychological evaluations, or was recommended for treatment/hospitalization or treated/hospitalized for emotional problems.

N13. Father, stepfather, boyfriend, or male roommate provides unsupervised child care to a child under the age of 3 and is not employed.

No. There is no father, stepfather, boyfriend, or male roommate providing unsupervised care to a child in the household under the age of 3 who is also not employed.

Yes. There is a father, stepfather, boyfriend, or male roommate providing unsupervised care to a child in the household under the age of 3 who is not employed.

ABUSE

A1. Current report is for abuse

Score based on the specified allegations. Allegations include any problem under assessment even if not identified in the original report.

a. No: Current report is not for any type of abuse.
b. Yes, allegation of abuse, any type: Current report is for any type of abuse.

A2. Current report results in determination of physical abuse

Score based on the findings regarding any allegations identified during assessment/investigation.

a. No: Current report does not result in determination of physical abuse.
b. Yes: Current report results in determination of physical abuse.

A3. Number of prior assigned reports of abuse

Score based on prior CPS history.

a. None.
b. One or more: Count all maltreatment reports, determined or not, that were assigned for CPS family assessment or investigation for any type of abuse, in which one or more adult household members were the alleged offender, prior to the report resulting in the current family assessment or investigation. Do not count prior maltreatment reports assigned for CPS family assessment or investigation in which the adult household members were child victims at the time, or those involving alleged offenders who are not part of the current household.

A4. Prior investigation resulted in case opening

A caregiver/ adult household member received traditional CPS or foster care services from the agency (does not include family assessment response case services) as a result of a prior investigated report of abuse and/or neglect of caregiver/adult household member, or was receiving CPS or foster care services at the time of the current report.

A5. Number of children in the home

The number of individuals under 18 years of age *residing* in the home at the time of the current report, including those who were removed as a result of the assessment or who are on runaway status.

A6. Either caregiver was abused as a child

Select "Yes" if credible statements provided by the caregiver(s) or others indicate that *either or both* caregivers were abused as children. Abuse includes physical, sexual, and any other type of abuse. Select "No" if neither caregiver was abused as a child, based on credible statements by the caregiver(s) or others.

A7. Primary caregiver lacks parenting skills

Primary caregiver demonstrates an inability or unwillingness to care for/supervise children, lacks knowledge of child development and age-appropriate expectations for children, and/or has poor knowledge or use of age-appropriate disciplinary methods.

A8. Either caregiver employs harmful and/or developmentally inappropriate discipline

Select "Yes" if either caregiver's disciplinary practices caused or threatened harm to a child because they were harmful physically or emotionally, and/or inappropriate to the child's age or development. Examples may include consistent deprivation of affection or emotional support to a child or persistent berating, belittling, and/or demeaning of a child.

A9. Either caregiver has a history of domestic violence

Select "Yes" if *either* caregiver has a history of domestic violence in a current or prior relationship, defined as adult mistreatment of one another and evidenced by hitting, slapping, yelling, berating, verbal/physical abuse, physical fighting (with or without injury), continuing threats, ultimata, intimidation, frequent separation/reconciliation, involvement of law enforcement and/or domestic violence programs, restraining orders, or criminal reports. Select "No" if neither caregiver has a history of domestic violence.

A10. Either caregiver's parenting style is over-controlling

Select "Yes" if either caregiver over-controls the child and/or expects immediate compliance. This may be characterized by a caregiver seeing his/her own way as the only way or little two-way communication between the caregiver and child.

A11. Child in the home has a developmental disability/emotional impairment.

Indicate if there is evidence that a child has a special need, including developmental disability, attention deficit disorder, learning disability, or emotional impairment.

A12. Primary caregiver has/had a mental health problem

Assess whether credible and/or verifiable statements by a caregiver or others indicate that the primary caregiver has been diagnosed with a significant mental health disorder by a mental health clinician, had repeated referrals for mental health/psychological evaluations, or was recommended for treatment/hospitalization or treated/hospitalized for emotional problems.

A13. Alleged offender is an unmarried partner of the primary caregiver

Select "Yes" if an unmarried partner of the child's primary caregiver is the alleged or determined offender of child maltreatment.

STRUCTURED DECISION MAKING® RISK ASSESSMENT OF ABUSE/NEGLECT

Risk assessment identifies families with high, moderate, or low probabilities of future child abuse or neglect. By completing the risk assessment, the caseworker obtains an objective appraisal of the likelihood that a family will maltreat their children in the next 18 to 24 months. The difference between the risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and they are more often involved in serious abuse or neglect incidents.

The risk indices are based on research on cases with determined abuse or neglect that examined the relationships between family characteristics and the outcomes of subsequent abuse and neglect. The indices do not predict recurrence but simply assess whether a family is more or less likely to have another incident without intervention by the agency. One important result of the research is that a single instrument should not be used to assess the risk of both abuse and neglect. Different family dynamics are present in abuse and neglect situations. Hence, separate indices are used to assess the future probability of abuse or neglect.

Which Cases: All CPS maltreatment reports assigned for an investigation or family assessment that involves a family caregiver. This does not apply to institutional abuse cases.

Who: The assigned caseworker who is completing the investigation/ assessment.

When: The risk assessment is to be finalized prior to determining the disposition of the investigation/assessment. It is one of the elements considered in making this determination.

A risk assessment is conducted when a new CPS incident occurs in an ongoing case.

Decision: The risk assessment identifies the level of risk of future maltreatment and guides the decision to close a report or open a case for ongoing services.

Low and moderate risk cases should be considered for closure unless there are unresolved safety concerns that require continued services or there is agreement between the family and the agency for the family to receive family support services.

For open cases, the risk level can also inform the intensity of resources for the family.

Appropriate Completion

Only **one** household can be assessed on the risk assessment. See the general definitions section of this manual for additional guidance on which household to assess.

Some items are objective (such as prior child abuse/neglect history or the age of the caregiver). Others require the caseworker to use discretionary judgment based on his/her assessment of the family.

Some items refer to the primary or secondary caregiver of the children involved in the incident. See the general definitions section of this manual for additional guidance on identifying the primary and, if applicable, the secondary caregiver.

Each index (abuse and neglect) is completed regardless of the type of allegation(s) reported or assessed. All items on the risk assessment index are completed. *The assigned caseworker must make every effort throughout the assessment to obtain the information needed to answer each assessment question.* However, if information cannot be obtained to answer a specific item, score the item as "0."

After scoring all items in each index, the assigned caseworker totals the score for each index and determines the risk level by using the chart in the risk level section. **The highest score from either index determines the risk level.**

Policy Overrides
Policy overrides reflect incident seriousness and child vulnerability concerns and have been determined by the agency to be case situations that warrant the highest level of service regardless of the risk score. If any policy override reasons exist, the risk level is increased to high.

After identifying the scored risk level, the assigned caseworker indicates if any policy override reasons exist. If more than one reason exists, indicate the *primary* override reason. Only one reason can be selected. All overrides must be approved by the supervisor.

Discretionary Overrides
The assigned caseworker also indicates if there are any discretionary override reasons. A discretionary override is used to increase or decrease the risk level by one increment with supervisor approval. This allows caseworkers to evaluate risk based on clinical observations and to consider protective factors and capacities.

A caregiver with protective capacities utilizes cognitive, behavioral and emotional abilities to ensure the safety of their child and responds to threats in a way that keep the child safe from harm. Protective factors are conditions of individuals, families, communities or the larger society that reduce risk and promote healthy development and well-being of children and families. These conditions include nurturing/attachment, parental resilience, social connections, support in time of need, knowledge of parenting/child development and social/emotional competence.

If the override reason is appropriate and well documented caseworkers and supervisors can override risk up or down.

MINNESOTA DEPARTMENT OF HUMAN SERVICES
CONTACT STANDARDS

Minimum service contact requirements are established in the Minnesota Child Protection Rule under section 9560.0228 Subdivision 4. A. When a child remains in the family home while child protective services are being provided, the caseworker shall meet with the family at least monthly; or contact the family at least monthly and ensure that a service provider meets with the family at least monthly; and consult with other service providers, if any, quarterly. This is a minimum contact requirement and high risk levels and/or the absence of service providers beyond the caseworker may indicate more frequent contact.

Research indicates that risk-based, contact standards are effective in reducing the overall likelihood of a critical event. These service standards are listed below so that counties and tribes may consider applying them.

Family Service Standards	
Risk Level	**Caseworker Minimum Contact Service Standards** **Parent/Caregiver and Child Contacts**
Low	**One** face-to-face per month with parent/caregiver and child. **One** collateral contact.
Moderate	**Two** face-to-face per month with parent/caregiver and/or child. **Two** collateral contacts.
High	**Three** face-to-face per month with parent/caregiver and child. Contact may be together or separate. **Three** collateral contacts.
Additional Considerations	
Contact Definition	During the course of a month, each parent/caregiver and each child in the household shall be contacted at least once.
Designated Contacts	The caseworker/supervisor/service team may delegate face-to-face contacts to providers with a contractual relationship to the agency and/or other county/city agency staff. However, the caseworker must always maintain at least one face-to-face contact with the caregiver and child per month as well as monthly contact with the service provider designated to replace the caseworker's face-to-face contacts.

Child Service Standards		
Risk Level	**Child Location**	**Child Contact Service Standard**
Location Type 1	Residential treatment centers, group homes, hospitalization longer than 30 days.	**Two** face-to-face contacts within first 30 days and monthly thereafter. One collateral contact monthly.*
Location Type 2	First 60 days in a licensed placement, including licensed foster homes or long-term foster care placements. First 60 days of reunification. Temporary shelter placements must be seen weekly—Hennepin only.	**Two** face-to-face every month and two collateral contacts in that month. This includes licensed placement.
Location Type 3	Licensed placements, two months or longer.	**One** face-to-face contact every 30 days. **One** collateral contact every 30 days.

MINNESOTA DEPARTMENT OF HUMAN SERVICES
STRUCTURED DECISION MAKING® STRENGTHS AND NEEDS ASSESSMENT

SSIS Workgroup Name #: _____

Assessed By: _____ **Assessment Date:** ____/____/____

Tool Status: _____ **Finalized Date:** ____/____/____

Primary Caregiver: _____ **Secondary Caregiver:** _____

1. **Child Name:** _____ **Case #:** _____
2. **Child Name:** _____ **Case #:** _____
3. **Child Name:** _____ **Case #:** _____
4. **Child Name:** _____ **Case #:** ___
5. **Child Name:** _____ **Case #:** ___
6. **Child Name:** _____ **Case #:** ___

Family's perspective on culture and cultural identity:

Score each item, taking into account the family's perspective, the child's perspective where appropriate, worker observations, collateral contacts, and available records. Refer to item definitions to determine the most appropriate response. In part A, enter the score for each item for both the primary and secondary caregiver (if applicable). In part B, enter the score for each item for each child being assessed.

A. CAREGIVER

		Caregiver Score	
		Primary	**Secondary**
SN1.	**Household Relationships/Domestic Violence**		
	a. Supportive ..... +3		
	b. Minor or occasional discord 0		
	c. Frequent discord or some domestic violence ..... -3		
	d. Chronic discord or severe domestic violence ..... -5	_____	_____
SN2.	**Resource Management/Basic Needs**		
	a. Resources are sufficient to meet basic needs and are adequately managed ..... +3		
	b. Resources may be limited but are adequately managed 0		
	c. Resources are insufficient or not well managed ..... -3		
	d. No resources, or resources are severely limited and/or mismanaged ..... -5	_____	_____
SN3.	**Alcohol and Other Drug Use**		
	(Substances: alcohol, illegal drugs, inhalants, prescription/over-the-counter medications)		
	a. Promotes and demonstrates a healthy understanding of alcohol and drugs ..... +3		
	b. Alcohol or prescribed medication use/no use 0		
	c. Alcohol or drug abuse ..... -3		
	d. Chronic alcohol or drug abuse ..... -5	_____	_____
SN4.	**Mental Health/Coping Skills**		
	a. Strong coping skills ..... +2		
	b. Adequate coping skills 0		
	c. Mild to moderate symptoms ..... -2		
	d. Chronic/severe symptoms ..... -4	_____	_____
SN5.	**Social Support System**		
	a. Strong support system ..... +2		
	b. Adequate support system 0		
	c. Limited support system ..... -2		
	d. No support system ..... -4	_____	_____
SN6.	**Physical Health**		
	a. No physical health issues and preventive health care is practiced ..... +1		
	b. Health issues do not affect family functioning 0		
	c. Health concerns/disabilities affect family functioning ..... -1		
	d. Serious health concerns/disabilities result in inability to care for the child ..... -2	_____	_____
SN7.	**Parenting Skills**		
	a. Strong skills ..... +1		
	b. Adequately parents and protects child 0		
	c. Some difficulty parenting and protecting the child ..... -1		
	d. Significant difficulty parenting and protecting the child ..... -2	_____	_____

CAREGIVER PRIORITY STRENGTHS AND NEEDS

Enter item number and description of up to three priority needs (lowest scores) and strengths (highest scores) as assessed for either the primary and/or secondary caregivers. Indicate whether the priority need/strength relates to the primary caregiver, secondary caregiver, or both. If any needs are identified, at least one must be selected as a priority.

List All Caregiver Strengths	Which Caregiver(s)			Priority Indicator
	Primary	Secondary	Both	
SN :	☐	☐	☐	☐
SN___:	☐	☐	☐	☐
SN :	☐	☐	☐	☐
SN___:	☐	☐	☐	☐
SN :	☐	☐	☐	☐
SN___:	☐	☐	☐	☐
SN :	☐	☐	☐	☐

List All Caregiver Needs	Which Caregiver(s)			Priority Indicator
	Primary	Secondary	Both	
SN :	☐	☐	☐	☐
SN___:	☐	☐	☐	☐
SN :	☐	☐	☐	☐
SN___:	☐	☐	☐	☐
SN :	☐	☐	☐	☐
SN___:	☐	☐	☐	☐
SN :	☐	☐	☐	☐

B. CHILD

		Child 1 Score	Child 2 Score	Child 3 Score	Child 4 Score	Child 5 Score	Child 6 Score
CSN1.	**Emotional/Behavioral**						
a.	Strong emotional/behavioral adjustment ..... +3						
b.	Adequate emotional/behavioral adjustment 0						
c.	Limited emotional/behavioral adjustment ..... -3						
d.	Severely limited emotional/behavioral adjustment ..... -5	_____	_____	_____	_____	_____	_____
CSN2.	**Physical Health/Disability**						
a.	Good health ..... +3						
b.	Adequate health 0						
c.	Minor health/disability needs ..... -3						
d.	Serious health/disability needs ..... -5	_____	_____	_____	_____	_____	_____
CSN3.	**Family Relationships**						
a.	Nurturing/supportive relationships ..... +2						
b.	Adequate relationships 0						
c.	Strained relationships ..... -2						
d.	Harmful relationships ..... -4	_____	_____	_____	_____	_____	_____
CSN4.	**Alcohol and Other Drug Use**						
☐	*Not applicable (Select this if child is too young to assess)*						
a.	Chooses drug-free lifestyle ..... +2						
b.	No use/experimentation 0						
c.	Alcohol or other drug use ..... -2						
d.	Chronic alcohol or other drug use ..... -4	_____	_____	_____	_____	_____	_____
CSN5.	**Education**						
☐	*Not applicable (Select this if child is too young to assess)*						
a.	Outstanding academic achievement ..... +1						
b.	Satisfactory academic achievement or child not of school age 0						
c.	Academic difficulty ..... -1						
d.	Severe academic difficulty ..... -3	_____	_____	_____	_____	_____	_____
CSN6.	**Peer/Adult Social Relationships**						
a.	Strong social relationships ..... +1						
b.	Adequate social relationships 0						
c.	Limited social relationships ..... -1						
d.	Poor social relationships ..... -2	_____	_____	_____	_____	_____	_____
CSN7.	**Child Development**						
a.	Advanced development ..... +1						
b.	Age-appropriate development 0						
c.	Limited development ..... -1						
d.	Severely limited development ..... -3	_____	_____	_____	_____	_____	_____

Referral for early childhood developmental screening: ☐ *Yes* ☐ *No* ☐ *Not required*

CHILD PRIORITY STRENGTHS AND NEEDS

Enter item number and description for ALL needs and strengths identified for each child. Indicate which needs and strengths will be addressed in the service plan. If any needs are identified, at least one must be selected as a priority.

Child 1: _____

List All Child Strengths	Priority Indicator	List All Child Needs	Priority Indicator
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐

Child 2: _____

List All Child Strengths	Priority Indicator	List All Child Needs	Priority Indicator
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐

Child 3: _____

List All Child Strengths	Priority Indicator	List All Child Needs	Priority Indicator
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐

Child 4: _____

List All Child Strengths	Priority Indicator	List All Child Needs	Priority Indicator
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐

Child 5: _____

List All Child Strengths	Priority Indicator	List All Child Needs	Priority Indicator
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐

Child 6: _____

List All Child Strengths	Priority Indicator	List All Child Needs	Priority Indicator
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐
CSN___:	☐	CSN___:	☐

Caseworker: _____ **Date:** ____/____/____

Supervisor: _____ **Date:** ____/____/____

STRUCTURED DECISION MAKING® STRENGTHS AND NEEDS ASSESSMENT DEFINITIONS

Family's perspective of culture and cultural identity
Culture is a system of shared actions, values, beliefs, and traditions that guide the behavior of families and communities. Culture may refer to racial, ethnic, religious, or social identity. In recognition of the importance and strength of cultural norms, have a discussion with the family about how culture influences their family in each of the domains. *Document in this text box any information gained from your discussion on culture with the family.*

CAREGIVER

SN1. Household Relationships/Domestic Violence
Consider cultural and intergenerational factors that may contribute positively or negatively to household relationships.

a. Supportive. Internal or external stressors (e.g., illness, financial problems, divorce, special needs) may be present, but the household maintains positive interactions (e.g., mutual affection, respect, open communication, empathy) and shares responsibilities mutually agreed upon by the household members. Household members mediate disputes and promote nonviolence in the home. Household members are free from threats, intimidation, or assaults by others within the household. The caregiver may have a history of domestic violence however, demonstrates an effective or adequate coping ability now.

b. Minor or occasional discord. Internal or external stressors are present, but the household is coping despite some disruption of positive interactions. Conflicts may be resolved through less adaptive strategies such as avoidance; however, household members respect each other, exercise appropriate personal boundaries, and are free from threats, intimidation, or assaults by others.

c. Frequent discord or some domestic violence. Internal or external stressors are present, and the household is experiencing increased disruption of positive interactions coupled with lack of cooperation with one another and/or emotional or verbal abuse. May be evidenced by the following:

- Custody and visitation issues are characterized by frequent conflicts;
- The caregiver's pattern of adult relationships creates significant stress for the child;
- Adult relationships are characterized by occasional physical outbursts that may result in minor injuries, and/or controlling behavior that results in isolation or restriction of activities. The offender and the victim may seek, or are willing to seek, help in reducing threats of violence.

d. Chronic discord or severe domestic violence. Internal or external stressors are present and the household experiences minimal positive interactions. May be evidenced by the following:

- Custody and visitation issues are characterized by harassment and/or severe conflict, such as multiple reports to law enforcement and/or child protective services (CPS);

- The caregiver's pattern of adult relationships places the child at risk for maltreatment and/or contributes to severe emotional distress;

- One or more household members use regular and/or severe physical violence including hitting, choking, slapping, pushing, etc. Individuals engage in physically assaultive behaviors toward other household members. Violent or controlling behavior has or may result in injury;

SN2. Resource Management/Basic Needs

Consider cultural and intergenerational factors that may contribute positively or negatively to resource management.

a. Resources are sufficient to meet basic needs and are adequately managed. The caregiver has access to safe and stable housing; food; and clothing. The caregiver successfully manages available resources to meet basic care needs related to health and safety.

b. Resources may be limited but are adequately managed. The caregiver has access to adequate housing, food, and clothing. The caregiver adequately manages available resources to meet basic care needs related to health and safety.

c. Resources are insufficient or not well-managed. The caregiver has access to housing but it does not meet the basic care and safety needs of the child due to such things as inadequate plumbing, heating, wiring, or housekeeping. Food and/or clothing do not meet basic needs of the child. The family may be homeless; however, there is no evidence of harm or threat of harm to the child. The caregiver does not adequately manage available resources or the resources that are available are insufficient, which results in difficulty providing for basic care needs related to health and safety.

d. No resources, or resources are severely limited and/or mismanaged. Conditions exist in the household that have caused illness or injury to family members, such as inadequate plumbing, heating, wiring, housekeeping; there is no food, food is spoiled, or family members are malnourished. Food and/or clothing do not meet basic needs of the child. The family is homeless, which results in harm or threat of harm to the child. The caregiver lacks resources or severely mismanages available resources, which results in unmet basic care needs related to health and safety.

SN3. Alcohol and Other Drug Use

(Substances: alcohol, illegal drugs, inhalants, prescription/over-the-counter medications)
Consider cultural and intergenerational factors that may contribute positively or negatively to alcohol and other drug use.

a. Promotes and demonstrates a healthy understanding of alcohol and drugs. The caregiver may use alcohol or prescribed medications; however, use does not negatively affect parenting skills and functioning. The caregiver may or may not have a history of abuse, but now promotes and demonstrates an understanding of the choices made about the use and effects of alcohol and drugs on behavior and society.

b. Alcohol or prescribed medication use/no use. The caregiver may have a history of substance abuse or may currently use alcohol or prescribed medications; however, it does not negatively affect parenting skills and functioning.

c. Alcohol or drug abuse. The caregiver continues to use despite negative consequences in some areas such as family, social, health, legal, or financial. The caregiver needs help to achieve and/or maintain abstinence from alcohol or drugs, or to develop an effective management strategy.

d. Chronic alcohol or drug abuse. The caregiver's use of alcohol or drugs results in behaviors that impede ability to meet his/her own and/or his/her child's basic needs. He/she experiences some degree of impairment in most areas including family, social, health, legal, and financial. He/she needs intensive structure and support to achieve abstinence from alcohol or drugs, or to develop an effective management strategy.

SN4. Mental Health/Coping Skills

Consider cultural and intergenerational factors that may contribute positively or negatively to mental health/coping skills.

a. Strong coping skills. The caregiver demonstrates the ability to deal with adversity, crises, and long-term problems in a constructive manner. The caregiver demonstrates realistic and logical judgment, and appropriate emotional responses. The caregiver displays resiliency and has a positive, hopeful attitude.

b. Adequate coping skills. The caregiver demonstrates emotional responses that are consistent with circumstances and displays an apparent ability to cope with adversity, crises, or long-term problems.

c. Mild to moderate symptoms. The caregiver displays periodic mental health symptoms that have a detrimental effect on functioning. The caregiver has occasional difficulty dealing with situational stress, crises, or problem solving.

d. Chronic/severe symptoms. The caregiver displays chronic, severe mental health symptoms. These symptoms impair the caregiver's ability to perform in one or

more areas of parental functioning, employment, education, problem solving, or provision of food and shelter.

SN5. Social Support System

Consider cultural and intergenerational factors that may contribute positively or negatively to social support system.

a. Strong support system. The family regularly engages with a strong, constructive, mutual support system. Caregivers interact with extended family; friends; and/or cultural, spiritual, or community support or services that provide a wide range of resources.

b. Adequate support system. As needs arise, the family uses extended family; friends; and/or cultural, spiritual, and community resources to provide support and/or services such as child care, transportation, supervision, role-modeling for caregiver(s) and child, parenting and emotional support, guidance, etc.

c. Limited support system. The family has a limited support system, is isolated, or is reluctant to use available support and this has some negative impact on family functioning and ability to meet basic health and safety needs.

d. No support system. The family has no support system and/or does not utilize extended family and community resources, and this has a severely negative impact on family functioning and ability to meet basic needs.

SN6. Physical Health

Consider cultural and intergenerational factors that may contribute positively or negatively to physical health.

a. No physical health issues and preventive health care is practiced. The caregiver promotes and practices good health, and has access to health care. There are no current unmanaged physical health issues/concerns.

b. Health issues do not affect family functioning. The caregiver has no current health concerns that affect family functioning. The caregiver accesses regular health resources for him/herself (e.g., medical/dental).

c. Health concerns/disabilities affect family functioning. The caregiver has health concerns or conditions that affect family functioning and/or family resources and may have limited access to health care or may be reluctant to utilize available care.

d. Serious health concerns/disabilities result in inability to care for the child. The caregiver has serious/chronic health problem(s) or condition(s) that affects his/her ability to care for and/or protect the child, and may have no access to health care or refuses to utilize available care.

SN7. Parenting Skills

Consider cultural and intergenerational factors that may contribute positively or negatively to parenting skills.

a. Strong skills. The caregiver displays good knowledge and understanding of age-appropriate parenting skills and integrates use on a daily basis. The caregiver expresses hope for and recognizes the child's abilities and strengths and encourages participation in family and community. The caregiver advocates for family and responds to changing needs.

b. Adequately parents and protects child. The caregiver displays adequate parenting patterns that are age-appropriate for the child in areas of expectations, discipline, communication, protection, and nurturing. The caregiver has basic knowledge and skills to parent.

c. Some difficulty parenting and protecting the child. Caregiver has some difficulty parenting and protecting the child. Caregiver needs to develop more realistic expectations to be better at using age appropriate disciplinary methods, improve communication, have a better sense of their child's needs for safety and nurturing, or be a better advocate for their child.

d. Significant difficulty parenting and protecting the child. The caregiver has repeatedly done things that have harmed or could harm the child. Caregiver has seriously unrealistic expectations about age-appropriate disciplinary practices, and/or the child's physical, emotional, or developmental needs for basic care, nurturing, and protection. Parenting practices or lack of parenting knowledge has resulted in or may result in chronic or pervasive physical or emotional injury to the child.

CHILDREN

CSN1. Emotional/Behavioral

Consider cultural and intergenerational factors that may contribute positively or negatively to emotional/behavioral adjustment.

a. Strong emotional/behavioral adjustment. The child displays strong coping skills and positive behavior management in dealing with crises and trauma, disappointment, and daily challenges. The child is able to develop and maintain trusting relationships. The child is also able to identify the need for, seek, and accept guidance. There is no indication of criminal/delinquent behavior.

b. Adequate emotional/behavioral adjustment. The child displays developmentally appropriate emotional/coping responses that do not interfere with school, family, or community functioning. The child may demonstrate some depression, anxiety, or withdrawal symptoms, but maintains situationally appropriate emotional and behavioral control. For behavior issues related to delinquency,

the child has successfully completed probation or is actively engaged in probation, and there has been no criminal behavior in the past year.

c. Limited emotional/behavioral adjustment. The child has occasional difficulty in dealing with situational stress, crises, or problems, which impairs functioning. The child displays periodic mental health symptoms or behaviors that are atypical for the child's developmental stage and are not believed to be due to medical problems. These include but are not limited to eating problems, toileting problems (e.g., encopresis, enuresis), hostile behavior (e.g., biting, fighting, severe tantrums), depression, running away, somatic complaints, or apathy; and/or the child is or has engaged in occasional, nonviolent delinquent behavior and may have been placed on probation within the past year.

d. Severely limited emotional/behavioral adjustment. The child's ability to perform in one or more areas of functioning is severely impaired due to chronic/severe mental health symptoms or behaviors, such as fire-setting, suicidal behavior, or violent behavior toward people and/or animals; and/or the child is or has been involved in any violent or repeated nonviolent delinquent behavior that has or may have resulted in consequences such as incarcerations or probation.

CSN2. Physical Health/Disability

Consider cultural and intergenerational factors that may contribute positively or negatively to physical health/disability.

a. Good health. The child demonstrates good health and hygiene care, involving awareness of nutrition and exercise. The child has no known health care needs. The child receives routine preventive and medical/dental/vision care and immunization.

b. Adequate health. The child has no health care needs or has minor health problems or a disability that can be addressed with minimal intervention that typically requires no formal training (e.g., oral medications). Age-appropriate immunizations are current.

c. Minor health/disability needs. The child has health care or disability needs that require routine interventions that are typically provided by lay persons after minimal instruction (e.g., glucose testing and insulin, cast care). Consistent health or dental care has not been provided, resulting in medical conditions.

d. Serious health/disability needs. The child has serious health problems or a disability that requires interventions that are typically provided by professionals or caregivers who have received substantial instruction (e.g., central line feeding, paraplegic care, or wound dressing changes). Consistent health or dental care has not been provided, resulting in chronic medical conditions.

CSN3. Family Relationships

For children in placement, score the child's family, not his/her placement family.
Consider cultural and intergenerational factors that may contribute positively or negatively to family relationships.

a. Nurturing/supportive relationships. The child experiences positive interactions with family members. The child has a sense of belonging within the family. The family defines roles, has clear boundaries, and supports the child's growth and development.

b. Adequate relationships. The child experiences positive interactions with family members and feels safe and secure in the family, despite some unresolved family conflicts.

c. Strained relationships. Stress/discord within the family interferes with the child's sense of safety and security. The family has difficulty identifying and resolving conflict and/or obtaining support and assistance on their own.

d. Harmful relationships. Chronic family stress, conflict, or violence severely impedes the child's sense of safety and security. The family is unable to resolve stress, conflict, or violence on their own and is not able or willing to obtain outside assistance.

CSN4. Alcohol and Other Drug Use

(Substances: alcohol, illegal drugs, inhalants, prescription/over-the-counter medications)
Consider cultural and intergenerational factors that may contribute positively or negatively to alcohol and other drug use.

☐ *Not applicable* (Select this if the child is too young to assess)

a. Chooses drug-free lifestyle. The child does not use alcohol or other drugs and is aware of consequences of use. The child avoids peer relations/social activities involving alcohol and other drugs, and/or chooses not to use substances despite peer pressure/opportunities to do so.

b. No use/experimentation. The child currently does not use alcohol or other drugs. The child may have experimented with alcohol or other drugs, but there is no indication of sustained use. The child has no current problems related to substance use.

c. Alcohol or other drug use. The child's alcohol or other drug use results in disruptive behavior and discord in school/community/family/work relationships. Use may have broadened to include multiple drugs.

d. Chronic alcohol or other drug use. The child's chronic alcohol or other drug use results in severe disruption of functioning, such as loss of relationships, job,

school suspension/expulsion/drop-out, problems with the law, and/or physical harm to self or others. The child may require medical intervention to detoxify.

CSN5. Education

Consider cultural and intergenerational factors that may contribute positively or negatively to education.

☐ *Not applicable* (Select this if the child is too young to assess)

a. Outstanding academic achievement. The child is working above grade level and/or is exceeding the expectations of the specific educational plan.

b. Satisfactory academic achievement. The child is working at grade level and/or is meeting the expectations of the specific educational plan.

c. Academic difficulty. The child is working below grade level in at least one, but not more than half, of academic subject areas, and/or child is struggling to meet the goals of the existing educational plan. Evaluation for an educational plan or modifications to an existing plan may be necessary.

d. Severe academic difficulty. The child is working below grade level in more than half of academic subject areas, and/or child is not meeting the goals of the existing educational plan. The existing educational plan needs modification. Also, score "d" for a child who is required by law to attend school but is not attending.

CSN6. Peer/Adult Social Relationships

Consider cultural and intergenerational factors that may contribute positively or negatively to peer/adult social relationships.

a. Strong social relationships. The child enjoys and participates in a variety of constructive, age-appropriate social activities. The child enjoys reciprocal, positive relationships with others.

b. Adequate social relationships. The child demonstrates adequate social skills. The child maintains stable relationships with others; occasional conflicts are minor and easily resolved.

c. Limited social relationships. The child demonstrates inconsistent social skills; the child has limited positive interactions with others. Conflicts are more frequent and serious, and the child may be unable to resolve them.

d. Poor social relationships. The child has poor social skills, as demonstrated by frequent conflictual relationships or exclusive interactions with negative or exploitive peers, or the child is isolated and lacks a support system.

CSN7. Child Development

Referral for early childhood developmental screening: ☐ *Yes* ☐ *No* ☐ *Not required*

Required referral to early intervention services

A child under age 3 who is involved in a substantiated case of maltreatment shall be referred for screening under the Individuals with Disabilities Education Act, Part C. Parents must be informed that evaluation and acceptance of services are voluntary. Refusal to have a child screened is not a basis for a child in need of protection or services (CHIPS) petition under chapter 260C. [Minn. Stat. 626.556, subd. 10n]

An early intervention referral is made to Minnesota's Help Me Grow program via the Help Me Grow link or phone 866-693-4769. Referrals include all children under age 3 who are associated in a case in which maltreatment was substantiated, regardless of whether or not they were allegedvictim(s). Children in cases without determinations or those involved in Family Assessment or child welfare may also be referred to Help Me Grow with parental permission.

Consider cultural and intergenerational factors that may contribute positively or negatively to child development.

a. Advanced development. The child's motor, language, cognitive, and social/emotional skills are above his/her chronological age level.

b. Age-appropriate development. The child's motor, language, cognitive, and social/emotional skills are consistent with his/her chronological age level.

c. Limited development. The child does not exhibit motor, language, cognitive, and social/emotional skills expected for his/her chronological age level. Consider minor delays in development, including gross or fine motor, language, social, and cognitive skills; and mild autistic tendencies (e.g., impairments in social interaction, communication, or behavior patterns).

d. Severely limited development. Most of the child's motor, language, cognitive, and social/emotional skills are two or more age levels behind chronological age expectations. Consider major delays in development, including gross or fine motor, language, social, and cognitive skills; displaying severe autistic tendencies (e.g., significant impairments in social interactions, communication, or behavior patterns); or behaviors indicative of a severe learning disability.

STRUCTURED DECISION MAKING® STRENGTHS AND NEEDS ASSESSMENT POLICES AND PROCEDURES

The family strengths and needs assessment is used to evaluate the presenting strengths and needs of each family. This tool is used to systematically identify critical family strengths and needs, and it helps plan effective service interventions. The strengths and needs assessment serves several purposes:

- It ensures that all caseworkers consistently consider each family's strengths and needs in an objective format when assessing need for services.
- It provides an important case planning reference for workers and supervisors.
- The initial strengths and needs assessment, when followed by periodic reassessments, permits caseworkers and their supervisors to easily assess changes in family functioning and thus assess the impact of services on the case.
- In the aggregate, strengths and needs assessment data provide information on the issues facing families served by the department. These profiles can then be used to develop resources to meet client needs.

Which Cases: All family assessments; Recommended for all family investigations but required for investigations that will be opened for ongoing services. All Parent Support Outreach Program (PSOP) cases opening for services.

Who: Family assessments: The family assessment caseworker in conjunction with the family;

Investigations opened for ongoing services: The investigator or the ongoing child protection caseworker, in conjunction with the family;

Parent Support Outreach Program (PSOP): The PSOP worker in conjunction with the family.

When: <u>Initial</u>

Family assessments: within the 45-day family assessment period.

Family investigations: within the 45-day family investigation period, or within 30 days of case opening for ongoing services, prior to development of the initial service plan.

Parent Support Outreach Program (PSOP): within 30 days of opening for services, prior to the development of the service plan.

Reassessment

Family assessment & Family Investigation: Within 30 days prior to required service plan updates.

Parent Support Outreach Program (PSOP): At the time of case closing for families open for services more than 30 days.

Decision: Identifies the priority needs of caregivers and children and informs service plan development. Priority needs should be reflected in the goals, objectives, and interventions in the service plan.

Identifies a family's priority areas of strengths that should be incorporated into the service plan to the greatest extent possible, as a means to address identified needs.

Appropriate Completion

Only **one** household can be assessed on the strengths and needs assessment. See the general definitions section of this manual for additional guidance on which household to assess.

Workers should familiarize themselves with caregiver child domains of the family strengths and needs assessment and definitions. The structure of the assessment ensures that the same areas of functioning are consistently assessed with each family, and that the responses to these items lead to specific service planning activities. It is critical that the assessment be used in the context of sound social work, family-centered practice to collect information from the child, caregiver, and/or collateral sources.

For each category, there are four possible responses:

"a." This is a strength response. A caregiver/child with a response of "a" has exceptional skills or resources in this area.

"b." This is an "average" or adequate functioning response. A caregiver/child with a response of "b" has not achieved the exceptional skills or resources reflected by a response of "a" and may experience a degree of stress or struggle common to daily functioning, but is generally functioning well in the area. *These responses are considered as potential strengths*.

"c." A caregiver/child is experiencing increased need in the category's domain.

"d." A caregiver/child is experiencing extraordinary need in the category's domain.

When scoring, consider the entire scope of available information, including the family's perspective, information from collateral sources, existing records and documents, and worker observations. Often, different sources will suggest different responses (e.g., father states he has no problem with alcohol, but has two DUIs in the last year; mother states she believes he is an alcoholic; a court-ordered AOD assessment suggests alcohol dependency; father's brother states father has no problem with alcohol). The worker must make a determination based on social work assessment skills, taking into account the merits of each perspective. The household is

assessed by completing all items. If there are two caregivers in one household, the primary and secondary caregiver are assessed and scored separately. If the child is a member of two households, assess each household separately.

Items SN1 to SN7

Complete all items for the primary and secondary caregiver (if present) using the definitions to determine the best response based on a synthesis of information gathered from the family and relevant collaterals, and direct observations. As used here, "caregiver" means the person or persons who routinely are responsible for providing care, supervision, and discipline to the children in the household. This may include biological, adoptive or step-parents, other legal guardian, or other adults living in the home who have caregiver responsibilities. Note: This tool is not used to assess resource families, including relative or non-relative foster care providers.

Priority Needs and Strengths for Caregivers

To identify priority strengths and needs for caregivers, consider scores for items SN1 through SN7.

Priority needs are selected from among those items with a negative score ("c" and "d" responses). Selection of priority caregiver needs is limited to up to three for the household. Generally, the top three listed needs represent priority areas, but selection of priorities should be based on a discussion with the family. If any need is identified for either caregiver, at least one must be identified as a priority.

Priority strengths are selected from among those items with a positive score ("a" and "b" responses). Selection of priority caregiver strengths is limited to up to three for the household. Selection of priority strengths should be based on strengths that are most relevant to priority needs that can be built upon to assist the family in making progress in identified need areas.

For both needs and strengths, the worker and family should work together to determine which needs will be prioritized. Both the worker's judgment and the family's perspective are critical in the identification of priority needs.

Note: A domain may be a priority need for one caregiver and a priority strength for another caregiver.

Items CSN1 to CSN7

Complete all items for each child in the family using the definitions to determine the best response based on a synthesis of information gathered from the family and relevant collaterals, and direct observations. Note that CSN4 and CSN5 have a "not applicable" option which should be selected if the child is too young to assess in those domains.

Priority Needs and Strengths for Children

For each child, list all identified needs ("c" and "d" responses) and all identified strengths ("a" and "b" responses), then indicate with a check mark which needs and strengths will be identified as priorities to address in the service plan. For children, selection of priority needs and strengths are not limited to three, and should be selected based on discussion with the family and what is determined to be in the best interests of each child.

Using the Family Strengths and Needs Assessment in Developing the Service Plan

A family service plan is to be written with goals and objectives that reflect priority caregiver and child strengths and needs.

Practice Considerations:

Completion of the family strengths and needs assessment requires gathering information from all family members, collaterals, and a review of records. It may be completed during the course of family meetings. The worker must be aware of cultural differences and must engage the family in culturally appropriate ways to make an accurate assessment. Where it is difficult to distinguish between responses, additional assessment may be helpful (i.e., psychological, developmental, alcohol and other drug assessments), particularly if the difference between one rating and another is likely to impact selection of priority needs.

Narrative supporting the scoring of assessment domains should be documented in case files.

Service planning is informed by the family strengths and needs assessment as well as the safety assessment and risk assessment. The family strengths and needs assessment identifies priority AREAS to address in the service plan. Once those areas are identified, the worker may benefit from additional assessment within those areas to identify specific objectives, services, and activities most appropriate for this family.

MINNESOTA DEPARTMENT OF HUMAN SERVICES
STRUCTURED DECISION MAKING® RISK REASSESSMENT OF ABUSE/NEGLECT r: 12-11

SSIS Workgroup Name #: _____

Assessed By: _____ **Assessment Date:** ____/____/____

Tool Status: _____ **Finalized Date:** ____/____/____

Primary Caregiver: _____ **Secondary Caregiver:** _____

		SCORE
R1.	**Number of prior assigned maltreatment reports**	
	a. None 0	
	b. One 1	
	c. Two or more 2	_____
R2.	**Type of prior maltreatment reports**	
	a. Not applicable 0	
	b. Prior assigned report for abuse 1	
	c. Prior determination for neglect 1	
	d. Prior assigned report for abuse **and** prior determination for neglect 2	_____
R3.	**Number of children in the home**	
	a. One ..... -1	
	b. Two to three 0	
	c. Four or more 1	_____
R4.	**Age of youngest child**	
	a. 3 or older 0	
	b. 2 or younger 1	_____
R5.	**Age of primary caregiver**	
	a. 30 or older 0	
	b. 29 or younger 1	_____
R6.	**Either caregiver has had an alcohol or drug problem since the last assessment/reassessment**	
	a. No 0	
	b. Yes 1	_____
R7.	**Caregiver(s) has experienced domestic violence since the last assessment/reassessment**	
	a. No 0	
	b. Yes 1	_____
R8.	**Child in the home has a developmental disability/emotional impairment**	
	a. No 0	
	b. Yes 1	_____
R9.	**Caregiver use of treatment/training programs** (*score based on the caregiver with the <u>least</u> progress*)	
	a. Primary: Successfully completed all recommended programs or actively participating in programs; pursuing objectives detailed in case plan 0	
	b. Primary: Minimal participation in pursuing case plan objectives 2	
	c. Primary: Refuses involvement in programs or failed to comply/participate as required 4	
	d. Secondary: Successfully completed all recommended programs or actively participating in programs; pursuing objectives detailed in case plan 0	
	e. Secondary: Minimal participation in pursuing case plan objectives 2	
	f. Secondary: Refuses involvement in programs or failed to comply/participate as required 4	_____

RISK LEVEL: Assign the family's risk level based on the following chart: **TOTAL SCORE** _____

Score	Risk Level
_____ -1–2	_____ Low
_____ 3–5	_____ Moderate
_____ 6–14	_____ High

OVERRIDES. Policy: Increase to high risk.
___ 1. Sexual abuse cases where the offender 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 requiring hospital or medical treatment.
___ 4. Death (previous or current) of a sibling as a result of abuse or neglect.
Discretionary: Increase or decrease one level.
___ 5. Reason: _____

FINAL RISK LEVEL: _____ Low _____ Moderate _____ High
Supervisor Review/Approval: _____ **Date:** ____/____/____

STRUCTURED DECISION MAKING® RISK REASSESSMENT OF ABUSE/NEGLECT DEFINITIONS

R1. Number of prior assigned maltreatment reports

Count all maltreatment reports, determined or not, that were assigned for CPS family assessment or investigation for any type of abuse or neglect prior to the report resulting in the current open CPS case.

R2. Type of prior maltreatment reports

a. Not applicable.
b. Prior assigned report for abuse.
c. Prior determination for neglect.
d. Prior assigned report for abuse **and** prior determination for neglect.

R3. Number of children in the home

Score this based on the number of individuals younger than 18 years old residing in the home at the time of the most recent report. If a child is on runaway status, count the child as residing in the home.

R4. Age of youngest child

Score as appropriate given the current age of the youngest child presently in the household where the maltreatment incident reportedly occurred.

R5. Age of primary caregiver

The *current* age of the primary caregiver.

R6. Either caregiver has had an alcohol or drug problem since the last assessment/ reassessment

Select "Yes" if either caregiver has experienced an alcohol/drug abuse problem during the current review period that has caused conflict in the home, extreme behavior/attitudes, financial difficulties, frequent illness, job absenteeism, job changes, or unemployment; driving under the influence, traffic violations, criminal arrests, or disappearance of household items (especially those easily sold); or life organized around substance use. Includes alcohol and/or other drugs such as cocaine, marijuana, heroin, barbiturate, or prescription.

R7. Caregiver(s) has experienced domestic violence since the last assessment/ reassessment

Select "Yes" if *either* caregiver has experienced domestic violence during the current review period, defined as adult mistreatment of one another and evidenced by hitting, slapping, yelling, berating, verbal/physical abuse, arguments (may involve, or be blamed on, children), physical fighting (with or without injury), continuing threats, ultimata, intimidation, frequent separation/reconciliation, involvement of law enforcement and/or domestic violence programs, restraining orders, or criminal reports. Select "No" if neither caregiver has a history of domestic violence.

R8. Child in the home has a developmental disability/emotional impairment

Indicate if there is evidence that a child has a special need including developmental disability, attention deficit disorder, learning disability, or emotional impairment.

R9. Caregiver use of treatment/training programs

Rate this item based on whether the caregiver has mastered or is mastering skills learned from participation in programs. Score based on the caregiver with the least progress.

a. Primary: Successfully completed all recommended programs or actively participating in programs; pursuing objectives detailed in case plan. Observation demonstrates the primary caregiver's application of learned skills in interactions between child/caregiver, caregiver and caregiver, caregiver and other significant adult, self-care, home maintenance, financial management, or mastery of skills toward reaching the behavioral objectives agreed on in the case plan.

b. Primary: Minimal participation in pursuing case plan objectives. The primary caregiver is minimally participating in services; he/she has made progress but is not fully complying with the case plan objectives.

c. Primary: Refuses involvement in programs or failed to comply/participate as required. The primary caregiver refuses services, sporadically follows the service agreement, or has not mastered the necessary skills due to a failure or inability to participate.

d. Secondary: Successfully completed all recommended programs or actively participating in programs; pursuing objectives detailed in case plan. Observation demonstrates the secondary caregiver's application of learned skills in interaction between child/caregiver, caregiver and caregiver, caregiver and other significant adult, self-care, home maintenance, financial management, or mastery of skills toward reaching the behavioral objectives agreed upon in the case plan.

e. Secondary: Minimal participation in pursuing case plan objectives. The secondary caregiver is minimally participating in services; he/she has made progress but is not fully complying with the case plan objectives.

f. Secondary: Refuses involvement in programs or failed to comply/participate as required. The secondary caregiver refuses services, sporadically follows the service agreement, or has not mastered the necessary skills due to a failure or inability to participate.

STRUCTURED DECISION MAKING® RISK REASSESSMENT OF ABUSE/NEGLECT POLICIES AND PROCEDURES

The family risk reassessment is used to assist the caseworker in determining risk of child abuse and/or neglect. Together with the family strengths and needs reassessment and the progress made in the service plan, it assists the caseworker in determining the required service level intensity.

Reassessments are performed at established intervals throughout the life of the case. Case reassessment ensures that both risk of maltreatment and family service needs will be considered in later stages of the service delivery process and that case decisions will be made accordingly. At each reassessment, caseworkers reevaluate the family, using tools that help them systematically assess changes in risk levels. Case progress will determine if a case should remain open or if the case can be closed.

While the initial risk assessment has separate indices for abuse and neglect, there is only one risk index for reassessment. The focus at reassessment is the impact of services provided to the family or whether certain events in the family have occurred since the last assessment. Many items on the reassessment are those strongly related to the probability of subsequent abuse and/or neglect and generally do not change from the initial assessment. Other items relate to events that did or did not occur since the last assessment/reassessment. The final item specifically relates to the caregivers' use of treatment/training programs.

Which Cases: All ongoing cases where *all* children are currently in the home (or no reunification efforts exist).

Who: The assigned caseworker.

When: The first review must occur no later than 90 days after completion of the first service plan. Reassessments occur quarterly thereafter. The reassessment may be completed whenever there is a significant change in the case.

Decision: The risk reassessment is used to guide decision making following the provision of services to clients. While the initial assessment projects a risk level prior to agency service provision, the reassessment takes into account the provision of services. The reassessment of each family provides an efficient mechanism to assess changes in family risk due to the provision of services. At reassessment, a family may be continued for services or the case may be closed.

Consider case closure for low and moderate risk cases unless there are any unresolved safety concerns or there is agreement between the family and agency for the family to continue receiving family support services. The risk level following reassessment can also inform the intensity of resources for the family.

Appropriate Completion
Only **one** household can be assessed on the risk reassessment. See the general definitions section of this manual for additional guidance on which household to assess.

As on the initial risk assessment, each reassessment item is scored by the caseworker. Score based on the status of the case since the last assessment/reassessment. Note, however, that some items generally do not change from one reassessment period to the next.

After scoring each item, total the item scores in the space provided. Based on the total score, determine the reassessment risk level by finding the appropriate range on the risk level chart. This level is used to set the appropriate family service level.

Policy Override
Policy overrides, as determined by the agency, apply to specific case situations that warrant the highest level of service from the agency regardless of the risk score at reassessment.

The caseworker indicates if any of the policy override reasons exist. If more than one reason exists, indicate the primary override reason. Only one reason can be selected.

At reassessment, a policy override identified at the initial assessment is no longer a mandatory increase to high. If the caseworker determines that the case warrants an increase to high (due to a failure of service or of the parents to make progress in services), a discretionary override should be used to increase the risk level. *A policy override is only used at reassessment if the event has occurred since the last assessment. All overrides must be approved by the supervisor.*

Discretionary Override
The caseworker indicates if there are any discretionary override reasons. At reassessment, a discretionary override can be used to increase or decrease the risk level by one increment in any case where the caseworker feels the risk level set by the indices is too low or too high. All overrides must be approved by the supervisor.

After consideration of overrides, indicate the final risk level by selecting the appropriate level.

MINNESOTA DEPARTMENT OF HUMAN SERVICES r: 06/13
STRUCTURED DECISION MAKING® REUNIFICATION ASSESSMENT

SSIS Workgroup Name #: _____

Assessed By: _____ **Assessment Date:** _____/_____/_____

Tool Status: _____ **Finalized Date:** _____/_____/_____

Primary Caregiver: _____ **Secondary Caregiver:** _____

A. REUNIFICATION RISK REASSESSMENT

Score

R1. Final risk level on most recent family assessment/investigation (AFTER OVERRIDES)

- ○ a. Low 0
- ○ b. Moderate 3
- ○ c. High ..... 4 _____

R2. Progress toward case plan goals (Indicate the degree to which the caregiver demonstrates skills and behaviors congruent with case plan objectives and engagement in services.)

Primary	Secondary			(Select one overall score)
Is a secondary caregiver present? ○ Yes ○ No				
☐	☐	a.	Consistent demonstration/strong engagement	-2
☐	☐	b.	Frequent but not yet consistent demonstration/active engagement	-1
☐	☐	c.	Periodic demonstration/inconsistent engagement	0
☐	☐	d.	Rare or no demonstration/no engagement	4 _____

R3. Has there been a new screened-in report with a finding of need of protective services or determination during the review period? (Select ONE answer.)

- ○ a. No 0
- ○ b. Yes – new family assessment with a need for child protective services 4
- ○ c. Yes – new investigation with a determination 4
- ○ d. Yes – new family assessment AND new investigation ..... 4 _____

Total Score ___

Scored Risk Level	Overrides
Assign the family's risk level based on total score: ☐ Low (-2 to 1) ☐ Moderate (2 to 3) ☐ High (4 and above)	○ No Override Mark if any apply to the current reassessment period. Increases risk level to high. ○ 1. Prior sexual abuse; offender has access to child(ren) ○ 2. Cases with non-accidental physical injury to an infant ○ 3. Serious non-accidental physical injury requiring hospital or medical treatment ○ 4. Death of a sibling as a result of abuse or neglect Increase or decrease scored risk level by one level. ○ 5. Discretionary Override: _____

OVERRIDE RISK LEVEL: ☐ Low ☐ Moderate ☐ High

B. ENGAGEMENT WITH VISITATION PLAN (Complete for each child.)

Child 1: _____ ☐ **No visitation plan** (visitation rating: unacceptable)

Attendance	Quality of Face-to-Face Visit				Overrides
	Strong	Adequate	Limited	Destructive	
Consistent (90–100% of visits)	☐	☐	☐	☐	☐ Policy override from acceptable to unacceptable: Visitation is supervised for safety ☐ Discretionary (specify): _____ ☐ No Override
Routine (65–89% of visits)	☐	☐	☐	☐	
Sporadic (26–64% of visits)	☐	☐	☐	☐	
Rare or Never (0–25% of visits)	☐	☐	☐	☐	

Shaded cells indicate acceptable visitation.

Child 2: _____ ☐ **No visitation plan** (visitation rating: unacceptable)

Attendance	Quality of Face-to-Face Visit				Overrides
	Strong	Adequate	Limited	Destructive	
Consistent (90–100% of visits)	☐	☐	☐	☐	☐ Policy override from acceptable to unacceptable: Visitation is supervised for safety ☐ Discretionary (specify): _____ ☐ No Override
Routine (65–89% of visits)	☐	☐	☐	☐	
Sporadic (26–64% of visits)	☐	☐	☐	☐	
Rare or Never (0–25% of visits)	☐	☐	☐	☐	

Shaded cells indicate acceptable visitation.

Child 3: _____ ☐ **No visitation plan** (visitation rating: unacceptable)

Attendance	Quality of Face-to-Face Visit				Overrides
	Strong	Adequate	Limited	Destructive	
Consistent (90–100% of visits)	☐	☐	☐	☐	☐ Policy override from acceptable to unacceptable: Visitation is supervised for safety ☐ Discretionary (specify): _____ ☐ No Override
Routine (65–89% of visits)	☐	☐	☐	☐	
Sporadic (26–64% of visits)	☐	☐	☐	☐	
Rare or Never (0–25% of visits)	☐	☐	☐	☐	

Shaded cells indicate acceptable visitation.

Child 4: _____ ☐ **No visitation plan** (visitation rating: unacceptable)

Attendance	Quality of Face-to-Face Visit				Overrides
	Strong	Adequate	Limited	Destructive	
Consistent (90–100% of visits)	☐	☐	☐	☐	☐ Policy override from acceptable to unacceptable: Visitation is supervised for safety ☐ Discretionary (specify): _____ ☐ No Override
Routine (65–89% of visits)	☐	☐	☐	☐	
Sporadic (26–64% of visits)	☐	☐	☐	☐	
Rare or Never (0–25% of visits)	☐	☐	☐	☐	

Shaded cells indicate acceptable visitation.

C. REUNIFICATION SAFETY ASSESSMENT (If risk level is low or moderate and parents have attained at least an acceptable level of engagement with the visitation plan, complete a reunification safety assessment. Otherwise go to Section D. Permanency Plan Goal Recommendation.)

Part 1: Safety Factor Identification (Assessment must include a home visit.)

Directions: The following is a list of factors that *may be associated with a child(ren) being in danger of serious harm.* **Identify the presence or absence of each factor by selecting either "Yes" or "No" if factor applies to any child in the household or to be returned to the household. Note: The vulnerability of each child needs to be considered throughout the assessment.**

1. Yes No Caregiver current behavior is violent or out of control.
2. Yes No Caregiver describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.
3. Yes No Caregiver caused serious physical harm to the child or has made a plausible threat to cause serious physical harm.
4. Yes No The family refuses access to the child, or there is reason to believe that the family is about to flee, or the child's whereabouts cannot be ascertained.
5. Yes No Caregiver has not, or will not, provide supervision necessary to protect child from potentially serious harm.
6. Yes No Caregiver is unwilling, or is unable to provide supervision or to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care.
7. Yes No Caregiver has previously maltreated a child and the severity of the maltreatment, or the caregiver's response to the previous incident(s), suggests that child safety may be an immediate concern.
8. Yes No Child is fearful of caregiver(s), other family members, or other people living in or having access to the home.
9. Yes No The child's physical living conditions are hazardous and immediately threatening.
10. Yes No Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.
11. Yes No Caregiver(s)' drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.
12. Yes No Other safety factor (specify):_____

IF ALL SAFETY FACTORS ARE "NO," PROCEED TO PART 4 AND SELECT SAFETY DECISION "SAFE."
IF ANY SAFETY FACTOR IS "YES," PROCEED TO PART 2.

Part 2: Safety Factor Description
Directions: For all safety factors with "Yes" selected, note the applicable safety factor number; then briefly describe the specific individual behaviors, conditions, and/or circumstances associated with that particular safety factor.

Part 3: Safety Response (Completed only if any safety factor in Part 1 is marked "Yes.")
For each factor identified in Part 1, consider the resources available within the family and the community that might help to keep the child safe. Select each intervention taken to protect the child and explain below. Describe all protecting safety interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child. Safety responses 1–5 lead to a safety decision of "Conditionally Safe." Safety response 6 indicates a safety decision of "Unsafe."

☐ 1. Use family resources, neighbors, or other individuals in the community as safety resources.

☐ 2. Use community agencies or services as safety resources.

☐ 3. Have the alleged offender leave the home, either voluntarily or in response to legal action.

☐ 4. Have the non-maltreating caregiver move to a safe environment with the child.

☐ 5. Other: _____

☐ 6. Continuation of out-of-home placement services – No appropriate safety response identified to support an in-home safety plan. One or more children would be "unsafe" if returned to the reunification household.

For each intervention selected, describe all protecting interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

_____

_____

_____

_____

_____

_____

_____

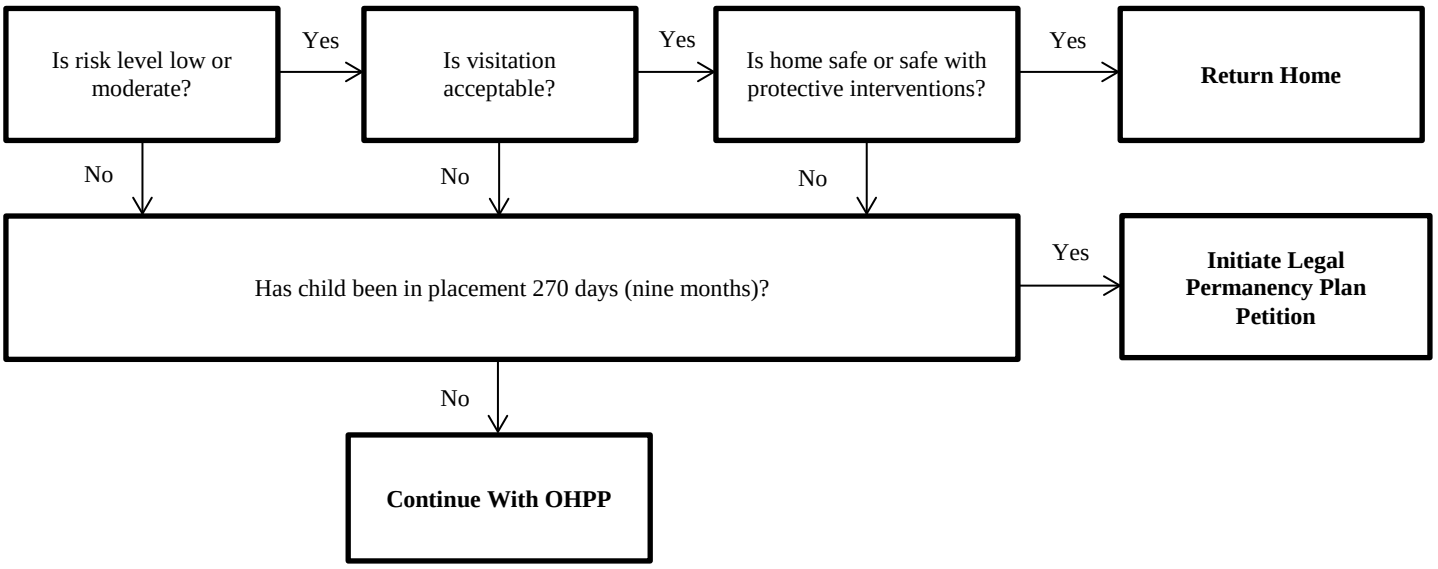
Part 4: Safety Decision
Identify your safety decision by selecting the appropriate line below. Select one decision only. This decision should be based on the assessment of all safety factors, protecting interventions, and any other information known about this case.

☐ **A. Safe:** No children are likely to be in immediate danger of serious harm in the assessed reunification household.

☐ **B. Conditionally Safe:** Controlling safety interventions have been implemented since the report was received, and those interventions will adequately provide for the child's safety for the immediate future in the assessed reunification household.

☐ **C. Unsafe:** Child(ren) is likely to be in danger of immediate harm in the assessed reunification household.

D. PERMANENCY PLAN GOAL RECOMMENDATION (Complete for each child)



Overrides:

☐ Policy: The recommendation is "Continue With OHPP" but conditions exist to recommend termination of out-of-home placement plan services – change to "Initiate Legal Permanency Plan Petition."

☐ Discretionary Override (specify): _____

☐ No Override

E. RECOMMENDATION SUMMARY

Child	Final Permanency Plan Goal Recommendation (select one per child)		
	Return Home	**Continue With OHPP**	**Initiate Legal Permanency Plan Petition**
1.			
2.			
3.			
4.			

MINNESOTA DEPARTMENT OF HUMAN SERVICES
STRUCTURED DECISION MAKING® REUNIFICATION ASSESSMENT
DEFINITIONS

SECTION A. REUNIFICATION RISK REASSESSMENT

R1. Final risk level on most recent family assessment/investigation (AFTER OVERRIDES)

This is the final risk level from the most recent family assessment/investigation, after any application of an override. If no new investigations/assessments of the reunification household have occurred since the original investigation/family assessment, use the final risk level that was assessed as part of that investigation/assessment. If subsequent family assessments/investigations on the reunification household have occurred since the initial one, use the final risk level from the most recent family assessment/investigation.

R2. Progress toward case plan goals (Indicate the degree to which the caregiver demonstrates skills and behaviors congruent with case plan objectives and engagement in services.)

When a secondary caregiver is present in the household, assess each caregiver's progress, but select ONE overall score based on the caregiver demonstrating the least progress.

a. Consistent demonstration/strong engagement. The caregiver consistently demonstrates behavior congruent with case plan objectives (e.g., does not abuse alcohol, controls anger/negative behavior, does not use physical punishment, refrains from family violence, provides emotional support for the child, etc.). This may include participation in activities identified on the case plan toward achievement of new skills and caregivers who consistently demonstrate desired behavior through activities not specifically identified on the plan. Engagement in services and activities means that the caregiver's participation suggests acquisition and application of skills, not just compliance with attendance. Compliance with services and activities without demonstration of acquisition of skills consistent with case plan objectives is not sufficient for scoring.

b. Frequent but not yet consistent demonstration/active engagement. The caregiver frequently, but not yet consistently, demonstrates behavior congruent with case plan objectives (e.g., does not abuse alcohol, controls anger/negative behavior, does not use physical punishment, refrains from family violence, provides emotional support for the child, etc.). This may include routine participation in activities identified on the case plan toward demonstration of skills and caregivers who demonstrate desired behavior through activities not specifically identified on the plan. Engagement in services and activities means that the caregiver's participation suggests acquisition and application of skills, not just compliance with attendance. Compliance with services and activities without demonstration of acquisition of skills consistent with case plan objectives is not sufficient for scoring.

c. Periodic demonstration/inconsistent engagement. The caregiver may have made some progress on case plan objectives but is not yet demonstrating sufficient behavioral change to address needs related to safety and protection of the children. Participation in pursuing outcomes in the case plan has been minimal or sporadic. Caregivers who are demonstrating some progress toward case plan objectives, but insufficient progress overall, should be scored here.

d. Rare or no demonstration/no engagement. This includes complete refusal to participate in services or activities or participation that has failed to result in behavior change.

R3. Has there been a new screened-in report with a finding of need of protective services or determination during the review period?

Answer yes or no based on whether, during the review period, a screened-in report has resulted in a finding of "Need of Protective Services" and/or a determination of abuse/neglect in the reunification household where an adult in that household was identified as the person who abused or neglected a child at the time of the report.

SECTION B. ENGAGEMENT WITH VISITATION PLAN

Attendance

Consistent: Caregiver regularly attends visits for the duration or calls in advance to reschedule (90–100% compliance).

Routine: Caregiver may miss visits occasionally and rarely requests to reschedule visits (65–89% compliance).

Sporadic: Caregiver misses or reschedules many scheduled visits (26–64% compliance).

Rare or Never: Caregiver does not visit or attends 25% or fewer of the allowed visits (0–25% compliance).

Quality of Face-to-Face Visits

Quality of visit is based on social worker's direct observation of parent-child interaction, conversations with the child, reports from foster parents, and reports from other professionals who are part of the visitation team.

Strong	**Adequate**	**Limited**	**Destructive**
Consistently:	*Routinely:*	*Sporadically:*	*Rarely or Never:*
• Demonstrates parental role. • Demonstrates responsiveness to child's developmental needs. • Responds appropriately to child's verbal/non-verbal signals. • Puts child's needs ahead of his/her own. • Shows empathy toward child.			

SECTION C. SAFETY REASSESSMENT

Part 1: Safety Factor Identification

1. Caregiver's current behavior is violent or out of control.

- Extreme physical or verbal, angry or hostile outbursts at child.
- Use of brutal or bizarre punishment (e.g., scalding with hot water, burning with cigarettes, forced feeding).
- Domestic violence likely to have a negative impact on the child.
- Use of guns, knives, or other instruments in a violent way.
- Shakes or chokes baby or young child to stop a particular behavior.
- Behavior that seems out of touch with reality, fanatical, or bizarre.
- Behavior that seems to indicate a serious lack of self-control (e.g., reckless, unstable, raving, explosive).

2. Caregiver describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.

- Describes child as evil, stupid, ugly, or in some other demeaning or degrading manner.
- Curses and/or repeatedly puts child down.
- Scapegoats a particular child in the family.
- Expects a child to perform or act in a way that is impossible or improbable for the child's age (e.g., babies and young children expected not to cry, expected to be still for extended periods, expected to be toilet trained or eat neatly, expected to care for younger siblings, expected to stay alone).
- Child is seen by either parent as responsible for the parents' problems.
- Uses sexualized language to describe child or in name calling (e.g., whore, slut, etc.).

3. Caregiver caused serious physical harm to the child or has made a plausible threat to cause serious physical harm.

- Caregiver caused serious non-accidental abuse or injury (e.g., fractures, poisoning, suffocating, shooting, burns, bruises/welts, bite marks, choke marks, etc.).
- An action, inaction, or threat which would result in serious harm (e.g., kill, starve, lock out of home, etc.).
- Plans to retaliate against child for CPS assessment.
- Caregiver has used torture or physical force which bears no resemblance to reasonable discipline, or punished child beyond the duration of the child's endurance.
- One or both parents fear they will maltreat child and/or request placement.

4. The family refuses access to the child, there is reason to believe that the family is about to flee and/or the child's whereabouts cannot be ascertained.

- Family has previously fled in response to a CPS assessment.
- Family has removed child from a hospital against medical advice.
- Family has history of keeping child at home, away from peers, school, or other outsiders for extended periods.

5. Caregiver has not, or will not, provide supervision necessary to protect child from potentially serious harm.

- Caregiver does not attend to child to the extent that need for care goes unnoticed or unmet (e.g., although caregiver is present, child wanders outdoors alone, plays with dangerous objects, plays on unprotected window ledge, or is exposed to other serious hazards).
- Caregiver leaves child alone (time period varies with age and developmental stage).
- Caregiver makes inadequate and/or inappropriate babysitting or child care arrangements or demonstrates very poor planning for child's care.
- Parents' whereabouts are unknown.

6. Caregiver is unwilling, or is unable, to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care.

- No food provided or available to child, or child starved or deprived of food or drink for prolonged periods.
- Child without minimally warm clothing in cold months.
- No housing or emergency shelter; child must or is forced to sleep in the street, car, etc.; housing is unsafe, without heat, etc.
- Caregiver does not seek treatment for child's immediate and dangerous medical condition(s) or does not follow prescribed treatment for such condition(s).
- Child appears malnourished.
- Child has exceptional needs, which parents cannot/will not meet.
- Child is suicidal and parents will not take protective action.
- Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavior control or serious physical symptoms.

7. Caregiver has previously maltreated a child and the severity of the maltreatment, or the caregiver's response to the previous incident(s), suggests that child safety may be an immediate concern.

- Previous maltreatment that was serious enough to cause or could have caused severe injury or harm.
- Caregiver has retaliated or threatened retribution against child for past incidents.
- Escalating pattern of maltreatment.
- Caregiver does not acknowledge or take responsibility for prior inflicted harm to the child or explains incident(s) as justified.
- Both parents cannot/do not explain injuries and/or conditions.

8. Child is fearful of caregiver(s), other family members, or other people living in or having access to the home.

- Child cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.

- Child exhibits severe anxiety (i.e., nightmares, insomnia) related to situation(s) associated with a person(s) in the home.

- Child has reasonable fears of retribution or retaliation from caregivers.

9. The child's physical living conditions are hazardous and immediately threatening.

- Leaking gas from stove or heating unit.

- Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or in open.

- Lack of water or utilities (heat, plumbing, electricity) and no alternate provisions made, or alternate provisions are inappropriate (e.g., stove, unsafe space heaters for heat).

- Open/broken/missing windows.

- Exposed electrical wires.

- Excessive garbage or rotted or spoiled food which threats health.

- Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).

- Evidence of human or animal waste throughout living quarters.

- Guns and other weapons are not locked.

10. Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.

- Access by possible or confirmed offender to child continues to exist.

- It appears that caregiver or other has committed rape, sodomy, or has had other sexual contact with child.

- Caregiver or others have forced or encouraged child to engage in sexual performances or activities.

11. Caregiver's drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.

Caregiver has misused a drug(s) or alcoholic beverage(s) to the extent that control of his or her actions is lost or significantly impaired. As a result, the caregiver is unable, or will likely be unable, to care for the child, has harmed the child, or is likely to harm the child.

1**2. Other safety factor (specify):**
Possible examples:

- Child's behavior likely to provoke caregiver to harm the child.
- Unexplained injuries.
- Abuse or neglect related to child death, or unexplained child death.
- Serious allegations with significant discrepancies or contradictions by caregiver, or between caregiver and collateral contacts.
- Caregiver refuses to cooperate or is evasive.
- Criminal behavior occurring in the presence of the child, or the child is forced to commit a crime(s) or engage in criminal behavior.

Part 3: Safety Response

1. Use family resources, neighbors, or other individuals in the community as safety resources.
Applying the family's own strengths as resources to mitigate safety concerns; using extended family members, neighbours or other individuals to mitigate safety concerns. Examples include but are not limited to kinship services; family's agreement to use nonviolent means of discipline; engaging a grandparent to assist with child care; agreement by a neighbour to serve as a safety net for an older child; commitment by a 12-step sponsor to meet with the caregiver daily and call the social worker if the caregiver has used or missed a meeting; or the caregiver's decision to have the child spend a night or a few days with a friend or relative.

2. Use community agencies or services as safety resources.
Involving community-based organizations (e.g., local food banks), faith-related organizations, or other departmental programs (e.g., housing, income support), or governmental services (immediate psychiatric assessments, addiction assessment) in activities to address safety concerns. DOES NOT INCLUDE long-term therapy or treatment or being put on a waiting list for services.

3. Have the alleged offender leave the home, either voluntarily or in response to legal action.
Temporary or permanent removal of the alleged perpetrator. Examples include but are not limited to arrest of alleged perpetrator, non-perpetrating caregiver "kicking out" alleged perpetrator who has no legal right to residence, or perpetrator agrees to leave. (Consider whether the non-offending caregiver has the capacity to prevent the offending caregiver from returning.)

4. Have the non-maltreating caregiver move to a safe environment with the child.
A caregiver not suspected of harming the child has taken or plans to take the child to an alternate location where there will be no access by the suspected perpetrator. Examples include but are not limited to transition home, home of a friend or relative, or hotel.

5. Other (Specify)
The family or social worker identified a unique intervention for an identified safety concern that does not fit within items 1–4.

6. Continuation of out-of-home placement services – No appropriate safety response identified to support an in-home safety plan. One or more children would be "unsafe" if returned to the reunification household.

MINNESOTA DEPARTMENT OF HUMAN SERVICES
REUNIFICATION ASSESSMENT
POLICIES AND PROCEDURES

The reunification assessment is used to evaluate risk, parental engagement with the visitation plan, safety issues, and the appropriateness of the permanency plan goal. Results are used to reach a permanency placement recommendation and to guide decisions about whether or not to return a child(ren) home.

Which Cases: All CPS cases with at least one child in placement with a goal of return home. (Note: Exclude cases in which court relieves agency of responsibility for reasonable effort toward reunification.)

Who Completes: The assigned child protection social worker.

When: First assessment must occur no later than 90 days after completion of the first service plan. Reassessments occur at least quarterly thereafter.

Prior to court hearings.

At any time child(ren) is being considered for return home.

Decision: Results from the reunification risk reassessment and engagement with visitation sections indicate if a child(ren) is eligible for return home or if a new recommendation should be made.

If a family has effectively reduced risk to low or moderate and achieved an acceptable rating on engagement with the visitation plan, a reunification safety assessment is conducted and results used to determine if the home environment is safe. The permanency plan guidelines and recommendation sections guide decisions to return a child(ren) home, to continue with the permanency plan, or to initiate a legal permanency plan petition.

Appropriate Completion
Following the principles of family-centered practice, the reunification assessment is completed in conjunction with each appropriate household and begins when a case is first opened. Only **one** household can be assessed on the reunification assessment. When assessing two different households for reunification, complete separate reunification assessments for each.

A family should be engaged in the developed objectives of the case plan from the beginning so that the household understands what is expected. The reunification assessment form should be shared with the household at the same time so that the household understands exactly what will be used to evaluate reunification potential. Specifically inform the family of their original risk level, and explain that this will serve as the baseline for the reunification assessment (unless a new referral is received, in which case the new risk level will be used). Explain that a new finding of “Need for child protective services” or a determination or failure to progress toward case plan

goals would increase their risk level, and that progress toward case plan goals will reduce their risk level. Explain that both the quantity and quality of their visitations will be considered, that they must attend at least 65% of their visits, and their visits must be of at least adequate quality (provide the definition for adequate quality). Provide information on the reunification safety assessment and explain that if everything else permits reunification, the final consideration is safety. The family must demonstrate that no safety threats are present or a plan must be in place to address any identified safety threats.

See the general definitions section of this manual for additional guidance on which household to assess.

Section A. Reunification Risk Reassessment

R1 – The baseline for all reunification assessments is the risk level. This is the research-based component of the Structured Decision Making® (STRUCTURED DECISION MAKING) system. Generally, the correct risk level will be the final risk level from the original household risk assessment, after overrides, completed as part of the initial family assessment or investigation. However, if a subsequent family assessment/investigation on the reunification household has occurred since the initial one, use the risk level from the most recent family assessment/investigation. (Do not use a prior risk reassessment or a reunification reassessment risk level.)

R2 – Determine progress toward case plan goals in consultation with the household and all service providers who have been working with the household toward these goals. Consider only the current review period, which is the time since either the original assessment (if this is the first reunification reassessment) or the most recent reunification reassessment. If there are two caregivers and progress differs, score based on the caregiver demonstrating the least progress.

R3 – Consider only the current review period, which is the time since the original assessment (if this is the first reunification assessment) or the most recent reunification reassessment. If a new screened-in report completed during the review period results in a finding of "Need for child protective services" or a determination of abuse/neglect in the reunification household where an adult in that household was identified as the person who abused or neglected a child at the time of the report, select one of the "Yes" response options based on report type (investigation and/or family assessment). If none apply answer "No."

Total items R1–R3 to determine the scored reunification risk level, then review the override section to determine whether any policy override conditions apply.

<u>Overrides</u>

Consider only the current review period, which is the time since either the original assessment (if this is the first reunification assessment) or the most recent reunification assessment.

Policy overrides. When the scored risk level is low or moderate, indicate if a policy override condition exists. The presence of one or more policy override conditions increases risk to high.

Discretionary override. A discretionary override is used by the ongoing worker whenever the worker believes that the scored risk level does not accurately reflect the household's actual risk

level. Unlike the initial risk assessment, in which the worker could only increase the risk level, the reunification assessment permits the worker to increase or decrease the risk level by one level. If a discretionary override is applied, the reason should be specified and the final reunification risk level should be marked. If no policy or discretionary override applies, select "No Override."

Regardless of the final risk level, complete Section B. Engagement With Visitation Plan.

Section B. Engagement With Visitation Plan

This section should be completed for all cases being assessed for reunification, regardless of the final risk level in Section A. Using the definitions, indicate the quantity and quality of the engagement by parent(s)/caregiver(s) in parent-child visitation. Rate for each child.

- Determine visitation frequency. Determine the number of visits that occurred and divide by the number of visits available to the household. Note that this is not necessarily the number of visits required by the case plan. Do not count visits that did not occur for reasons not attributable to the household (e.g., foster parent failed to make child available, transportation the agency was required to provide did not occur).

$$\frac{\text{Actual visits}}{\text{Available visits}} = \text{Frequency of visits}$$

- Determine visitation quality. Consider multiple sources of information including, but not limited to, social worker observation, conversations with the child and caregivers, reports from foster parents, and reports from other professionals who are part of the visitation team.

On the matrix, locate the row corresponding to the visitation frequency and the column corresponding to the visitation quality. Mark where the row and column intersect. If this mark appears in the shaded area, the household is considered to have an acceptable level of engagement with the visitation plan. If the mark appears outside of the shaded area, engagement with the visitation plan is considered unacceptable.

Overrides

Policy overrides. The agency has determined that reunification will not be considered if supervision is required for all visits for the child's safety. If, at the time of reassessment, visits are being supervised for safety reasons, mark the policy override. This will result in an overall visitation rating for this child of unacceptable.

Discretionary override. A worker may determine that unusual circumstances warrant changing an acceptable rating to an unacceptable rating, or vice versa. The reason for this change must be documented, and supervisor consultation is required and must be documented in case notes (e.g., quality of visit was strong, and 64% of visits were completed; all missed visits were due to documented medical emergencies).

Section C. Reunification Safety Assessment

If risk has been reduced to low or moderate ***and*** parents have achieved an acceptable rating on engagement with the visitation plan, complete a reunification safety assessment. If risk has ***not*** been reduced to low or moderate or parents receive a low visitation rating or have not complied, do not complete a reunification safety assessment. Proceed to Section D.

Consider how safe the child would be if he/she were returned home at this time. Consider current conditions in the home, current caregiver characteristics, child characteristics, and interactions between caregivers and child during visitation. Note that safety threat items are the same as on the original safety assessment but may have slight variations to reflect the decision at hand.

Prior to assessing the current safety, the worker should review the safety assessment that led to removal.

The reunification safety assessment consists of the following sections:

- Part 1. Safety Factor Identification. This is a list of critical threats to safety that must be assessed by every worker in every case. These threats cover the kinds of conditions that, if they exist, would render a child in danger of immediate harm. Because not every conceivable safety threat can be anticipated or listed on a form, an "Other" category permits a worker to indicate that some other circumstance creates a safety threat; that is, something other than the threats listed is causing the worker to believe that the child would be in immediate danger of being harmed. If a safety threat is present, based on available information, mark that item "Yes." If the safety threat is not present, mark the item "No." If circumstances exist that the worker determines to be a safety threat, and these circumstances are not described by one of the existing items, the worker should mark "other" and briefly describe the threat.

- Part 2. Safety Factor Description. For all safety factors marked "Yes," note the applicable safety factor number and then briefly describe the specific individual behaviors, conditions, and/or circumstances associated with that particular safety factor.

- Part 3. Safety Response. This section is completed only if one or more safety threats are identified in Part 1. If one or more safety threats are present, it does not automatically follow that a child must remain in care. In many cases, it will be possible to initiate a temporary plan to mitigate the safety threat(s) sufficiently so that the child may return home and receive continuing in-home services. Consider the relative severity of the safety threat(s), the caregiver's protective capacities, and the vulnerability of the child.

  The safety response list contains general categories of safety responses rather than specific programs. The worker should consider each potential category of safety response and determine whether that safety response is available and sufficient to mitigate the safety threat(s) and whether there is reason to believe the caregiver will

follow through with a planned response. Keep in mind that any single safety response may be insufficient to mitigate the safety threat(s), but a combination of safety responses may provide adequate safety. Also keep in mind that the safety response is not the case plan—it is not intended to "solve" the household's problems or provide long-term answers. A safety plan permits a child to return home while in-home services continue.

If one or more safety threats are identified and the worker determines that safety responses are unavailable, insufficient, or may not be used, the final option is to indicate that the child will remain in placement.

If one or more safety responses will be implemented, mark each category that will be used. If a safety response that will be implemented does not fit in one of the categories, select item #5 and briefly describe the response. Safety intervention #6 is used only when a child is unsafe and only a continued placement can ensure safety.

- Part 4. Safety Decision. Accurate completion of the safety assessment adheres to the following internal logic:

  » If no safety factors are marked, no interventions should be marked and the only possible safety decision is "A. Safe."

  » If one or more safety factors are marked, at least one intervention must be marked and the only possible safety decisions are:

    ▪ "B. Conditionally Safe" – This should be marked when one or more safety responses 1–5 are implemented as part of an in-home safety plan to prevent removal of all children in the home.

    ▪ "C. Unsafe" – This should be marked when safety response 7 is identified for one or more children in the home, indicating the need for out-of-home placement to ensure safety.

Section D. Permanency Plan Goal Recommendation

For each child in placement, follow the decision tree to the recommended permanency plan goal recommendation. Permanency plan goal recommendations include:

- Return home
- Continue OHPP
- Initiate Legal Permanency Plan Petition

Overrides

Consider whether any policy or discretionary override is applicable. If no overrides apply, mark "No override." Use of a discretionary override requires documentation of the reason and consultation with a supervisor.

Section E. Recommendation Summary

This section summarizes the final permanency plan goal recommendation for each child, after consideration of any policy or discretionary override.