

In June 2004, the New Jersey Department of Human Services submitted a sweeping child welfare reform plan to a federal court. The plan is the state's answer to the settlement agreement of a class-action lawsuit filed in 1998 on behalf of New Jersey's foster children. The plan calls for hundreds of steps aimed at fixing New Jersey's failing child welfare system. The plan is being monitored by the court-appointed New Jersey Child Welfare Panel, which is focused on ensuring that the state meets the court's mandates.

The Association for Children of New Jersey has, for 25 years, monitored and informed policy issues centered on children and families, especially in the child protection arena. This is the first in a series of policy briefs that will examine changes in the child welfare system.

Since the plan was first proposed in early 2004, ACNJ has maintained that its success hinges on three primary ingredients: strong leadership, smart implementation and public accountability. These briefs will attempt to help guide implementation and provide additional accountability, in an effort to finally achieve the goal of making New Jersey's children safe.



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Are Children Safer?

New Process Uses Points to Decide

A screener answers a call at New Jersey's new central child abuse hotline. The caller states that she suspects a neighbor's child is being abused. The screener asks questions, gathering more information about the family and the situation. She may also scan a list of "allegations of harm" that would trigger a child protection investigation.

Some examples:

- Burns
- Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare
- Inadequate Food
- Failure to Thrive (reported by a medical professional)

If none of the 30 allegations are being made, but the screener has concerns about the family, she can open a case for a "child welfare assessment." This assessment could result in the provision of services, including help with rent or utilities. If the worker identifies no concerns, she can refer the caller to another state or community agency or simply screen out the call as inappropriate.

When a report is accepted, screeners hand off the referral to workers in the appropriate state Division of Youth and Family Services field office. These workers then use a new set of assessment tools designed to take the guesswork out of deciding whether a child is safe. It's called "structured decision-making" and it will largely drive decisions on how to handle suspected cases of child abuse.

SDM supporters point to research that indicates the system works. Numerous studies show that children in families assessed as "high risk" are more likely to be abused again than children in cases graded as low or moderate risk. Child protection systems, they argue, should target limited resources to serve high-risk families and prevent future abuse of these children.

Since assessing danger and potential risk are critical to child safety, ACNJ took a closer look at the SDM research and the effects of the process in other states. This is also the first major change in case practice the state has made as part of its court-mandated reforms to the child protection system. So, ACNJ also examined New Jersey data, in an attempt to identify issues and trends that may signal problems with the new system and help establish baselines as the new model is implemented statewide.

Background

New Jersey's structured decision-making process includes four forms that essentially drive decisions from the time a report is accepted for investigation or assessment until the case is resolved. The forms guide workers in deciding whether to open a case, remove children from home or close a case. The forms also assess the risk of future maltreatment and identify a family's strengths and weaknesses to aid case planning and the provision of services.

The state decided not to use the two SDM tools designed to guide the screening process. The first form, which directs screeners in whether to open an investigation, was never used. State officials said they wanted more detailed guidance on each type of abuse/neglect and so trained screeners on a more in-depth system.

The second step—a priority tree that determines how quickly the state must respond to an abuse/neglect report—was used when the hotline opened in July. But DYFS stopped using that process in August because it resulted in too many immediate responses, state officials said. Screeners could not, for example, assign a different response time for a child under six, who is more vulnerable than a teenager, state officials explained. This took away discretion in

investigating the most serious calls first, they said. They also eliminated an option to wait 72 hours before investigating certain cases. Now, the maximum time that can elapse between the receipt of a report and investigation is 24 hours. For child welfare assessments, the system allows five days for a worker to conduct an assessment.

All new and existing New Jersey caseworkers were trained on the new model over the summer and it is now used statewide.

In essence, SDM promises to:

- Provide a more uniform approach to deciding whether children are safe
- Target resources and services to the families most likely to abuse their children
- Refer lower-risk cases to available community services
- Lower the incidence of repeat child maltreatment, including fewer re-referrals, re-substantiations, injuries and foster care placements
- Expedite permanency

The various forms pose a series of questions and/or situations that lead the caseworker to specific conclusions. For example, the risk assessments assign point values for certain situations, such as previous allegations of abuse or neglect. The caseworker adds up the points and arrives at a risk level—low, moderate, high or very high. (See page 6 of this brief for details on assessments tools).

The forms are fairly prescriptive, although caseworkers must still make significant judgment calls. For example, the risk assessment requires workers to use their own observations to assign point values (primary caregiver provides physical care inconsistent with child’s needs, characteristics of children in home, housing conditions, etc.).

It is important to understand that the risk level does not equal a finding of whether a report of abuse or neglect is substantiated or unfounded. The assessments are intended to be used as tools in the investigation and assessment process.

“The risk level has nothing to do with the decision regarding findings,” explained Janice Ereth, director of the Children’s Research Center, which implemented the SDM model in New Jersey. “New Jersey’s existing laws and policies govern whether a report is substantiated or unfounded.”

So, in theory, an assessment could find a child at high risk of future harm, but the investigation turns up

no concrete evidence to prove a child was abused in that particular incident. In this case, the state would have no legal authority to compel a family to submit to services. Ereth said, however, that if a family is high or very high risk, “every effort should be made to engage that family in services, regardless of findings.”

“This is not the definitive instrument that tells you whether to open a case,” added Doris Sims, deputy director for policy, planning and support of the New Jersey Division of Youth and Family Services. “You still have to look at all information. You could open a low-risk case because you see other factors that warrant it.”

Does SDM Improve Child Safety?

About 20 states now use SDM statewide, according to Ereth. Several studies show a higher percentage of children in high-risk cases are abused again after the initial referral. This suggests that SDM can target families most likely to abuse their children. A 2004 California study, for example, showed that high-risk cases were three times more likely than low-risk cases to have future substantiated incidents of child abuse or neglect.¹

But, under the SDM model, the majority of cases are screened out as low or moderate risk. So, even though a smaller percentage of children in these lower risk cases are abused again, the number of children can be high.

A Children’s Research Center study conducted of Wisconsin cases, for example, showed that high-risk cases were more than twice as likely to have subsequent referrals and abuse/neglect substantiations than low-risk cases.²

But, a different look at the Wisconsin data reveals that low and moderate cases made up more than half of the subsequent referrals and abuse substantiations on the

1,005 cases studied. Of the 222 cases that were re-reported for abuse over a 2-year period, 122 or nearly 56 percent had previously been classified as lower risk. The high- and very high-risk cases accounted for less than half of the re-referrals. None of the cases had received services during the study’s time period.

Wisconsin now only uses SDM in four counties and only as an aid in the initial assessment, according to Mary Dibble of the state Division of Children and Family Services. State officials, she said, decided SDM failed to provide the depth of assessment necessary to help abused children and their families.

“We couldn’t bank on it being valid and we were looking at a model that actually assisted our workers in spending time with the family, not doing a quick screen,” Dibble said. “The SDM model is a fairly superficial statistic-based model. It has no theory of why abuse/neglect occurred and why people change. For CPS to be successful, you absolutely have to have that.”

Mixed Results

Studies also show a wide range of repeat maltreatment of children in states that use SDM. In several recent studies, subsequent maltreatment in “low-risk” cases ranged from 0 percent in a 12-month Michigan study to 11 percent in an 18-month New York study.² The federal standard for maltreatment is 6.1 percent.

Michigan, a pioneer of structured decision-making, has been using the approach statewide since 1996. The state categorizes investigated families under five levels of risk, with 1 being the highest and requiring out-of-home placement to levels 4 and 5, which are unsubstantiated. Level 3 cases are referred to community agencies, but the state usually closes the case after making the referral.

In FY 2003, Michigan investigated roughly 72,500 reports of abuse or neglect, according to data provided by the Michigan League for Human Services. About 77 percent of those investigations turned up no or insufficient evidence to prove abuse or neglect. The rest were categorized evenly among the three risk categories, with the lowest risk cases farmed out to community agencies. So, just a fraction of all investigated cases—10,700 cases—resulted in families and children actually receiving state services.

1998 Children’s Research Center Wisconsin Study

Rate of re-referrals by original risk assessment

	1995 Original Wisconsin Cases			
	Re-Referrals		Substantiations	
	# Cases	% Total Re-Referrals	# Cases	% Subsd
Low	46	21.0	18	19.6
Moderate	76	34.7	32	34.8
High	78	35.6	34	37.0
Very High	19	8.7	8	8.7
Total	219	100.0	92	100.0

Definition: subsequent cases not opened for services—2-year follow up

New Jersey Data Signals Shifts in Screening Practices

In the first three months of New Jersey's new central child abuse hotline, the number of families who received an assessment for services aimed at preventing abuse or neglect dropped nearly 10 percent, according to state statistics.

Previously, when the state received a referral that suggested a family had problems, but was not abusing or neglecting the children, caseworkers could open a "family problems" case and provide services. Under the new system, hotline screeners can order a "child welfare assessment" for cases in which there is a family need, but not abuse or neglect.

During the months of July through September 2003, the state opened an average of 1,639 "family problem cases" each month, compared to 1,468 since the hotline began operation in July. (October figures were not yet available).

New Hotline

Average Monthly Referrals/Investigations
July-Sept. 2003 vs. July-Sept. 2004

	July-Sept 2003	July-Sept 2004
Abuse/Neglect Investigations	2,249	2,191
Child Welfare Investigations	1,639	1,468
Information/Referral	n/a	506
Total Calls	n/a	18,753

Source: New Jersey Division of Youth and Family Services

State officials cannot yet say how many families who received a child welfare assessment actually got state services as a result of that assessment. They hope to gather that data soon, they said.

The division has struggled under escalating caseloads since the body of 7-year-old Faheem Williams was discovered in the basement of a Newark house. State officials are trying to reduce caseloads by hiring more workers and closing appropriate cases. They have promised that lowering caseloads would not mean screening out families who need help before children are hurt. But a 10 percent drop in child welfare assessments warrants a closer look to ensure that this isn't happening.

There was also a slight 2.5 percent dip in the average monthly number of abuse and neglect investigations, when comparing the same months in 2003 and 2004.

The vast majority of the 56,261 hotline calls—77 percent—received no investigation or assessment. Edward Cotton, DYFS director, said this number is so high because many calls to the hotline do not involve reports of child abuse or neglect. People call the hotline for any number of reasons, such as police looking for more information on a referral they have received.

Also, prior to the hotline, people called any one of 30 different lines and many calls were never recorded, Cotton said.

State officials also say this system change accounts for a smaller percentage of hotline calls resulting in an investigation or assessment. Prior to the implementation of the hotline, roughly 60 percent of referrals resulted in an investigation or assessment. Since the hotline opened in July, 19.5 percent of all calls resulted in either a child protection investigation or child welfare assessment.

Unlike the old system, central screening records every call, including duplicate calls on the same case. So, state officials maintain that the two numbers are incomparable.

Cotton said he expects the first reliable data on the effects of the new screening process and structured decision-making will be available in Spring 2005.

New Hotline

NJ Abuse/Neglect Referrals and Investigations

	July 2004- Sept. 2004	% of Total Calls
Total Calls	56,261	
Total Abuse/Neglect Investigations	6,573	11.6
Total Child Welfare Referrals	4,406	7.8
Total Information & Referral	1,519	2.6
Sub-Total	12,498	22.0
Total "Information Only"	43,548	77.4

Source: New Jersey Division of Youth and Family Services

Michigan does not track the number of children in low- and moderate-risk cases who are abused again, according to Ted Forrest, manager of the Michigan Children's Protective Services Program. But, if research holds true and roughly 30 percent of lower-risk cases have subsequent referrals, then 1,737 of Michigan's lower-risk families would come back to the system. Michigan's 8 percent rate of repeat maltreatment is above the federal standards of 6.1 percent.

This begs the question: Does the SDM approach wait for abuse to escalate before protecting children in these lower-risk families?

SDM supporters say it's safe to screen out low- or moderate-risk families. Research, they say, proves these families return to the system at the same rate, regardless of whether they receive services. High-risk families, however, benefit greatly from intensive services. So, screening out low-risk families frees up limited resources

to be used where they can do the most good, they argue.

"The answer is, you can safely screen out families," said Rod Caskey, senior researcher at the Children's Research Center, which contracts with states to implement structured decision-making systems.

Edward Cotton, director of the Division of Youth and Family Services, said New Jersey plans to devote significant resources to develop community services to handle low-risk cases.

"We don't have to use SDM to keep people out of the system," Cotton said.

But, division caseworkers are still struggling with high caseloads, despite an ambitious hiring initiative. While the state has hired roughly 540 new caseworkers so far this year, 237 others left the division and another 100 caseworkers moved into supervisory positions. This translates to a net gain of about 200 workers, which has done little to lower the average caseload of 37 children per worker in October.

Because of the substantial research that backs SDM, New Jersey officials have largely embraced this system. But, other states have seen mixed results with the approach and have encountered certain problems. Here is a look at some key issues that have surfaced in other states.

Handling the Increased Workload

Structured decision-making can increase workload. The assessments rightfully call for a fairly extensive investigation into accepted cases, including examining the family's background, medical and school records. Under SDM, New Jersey caseworkers are now required to see every child in the house, rather than making an assessment based solely on the child who is the subject of an abuse complaint.

This is positive. But it requires a lot of time and work. Inadequate investigations were a major problem in many of the high-

profile child death cases that surfaced prior to the state's settlement of the class-action lawsuit. Timely, comprehensive investigations and assessments are critical to ensuring child safety.

Cotton said the division has assigned 374 workers in the district offices to handle investigations. These workers, however, are still managing ongoing cases. He estimates that it will take 18 months to two years before these workers handle only investigations. Cotton promises, though, that once this transition is completed, investigators will receive no more than eight to nine new cases per month.

Statistics suggest, however, that caseworkers were falling behind on completing investigations, even before the more demanding SDM model was adopted over the summer.

An increase in the number of investigations in the first half of 2004 led to a lower percentage of investigations being completed within 60 days. During the first six months of 2004, workers were assigned 16,532 cases to investigate, a 14 percent increase when compared to the first six months of 2002, according to DYFS statistics. Of those 2004 investigations, workers completed roughly 75 percent within 60 days. In 2002, 88 percent were completed in that timeframe.

Supporters say the structured decision-making process helps workers organize their work and will eventually lower caseloads because more low- and moderate-risk families will be screened out, while fewer high-risk families will come back to the system.

"We have always been required to do assessments," Sims said. "This is just more structured and organized."

But Forrest said workload has been a difficult problem to resolve in Michigan.

Caseworkers often see the process as "another piece of paper, another redundant way to document what they find," he said.

"You have to continually revisit training needs and reinforce the concept," Forrest said.

Ereth, who led the initial SDM training in New Jersey, said state caseworkers also expressed concerns about whether they would have time to adequately complete the assessments, especially with all the other changes in case practice being implemented.

"There are so many new initiatives," she said. "They have concerns about workload. But the implementation of SDM is not a one-day event. This is a 2- to 3-year process."

Creating Consistency

One of SDM's primary goals is to ensure that similar cases get similar treatment. But recent Michigan statistics suggest that counties apply the assessment tools very differently.

When comparing counties with similar rates of child victims, the Michigan League for Human Services found wide disparities in the percentage of families that were coded low or high risk. For example, both Wayne and Kent counties had roughly 10 victims per 1,000 children. But, 40 percent of Wayne County child abuse victims were classified at the highest risk level, compared to only 24 percent in Kent. The pattern repeated itself in counties of all sizes across the state.

Forrest attributes this to an inconsistent use of the assessment tools from county to county. Even eight years after SDM was first implemented, some caseworkers still resist using the assessments and fail to understand the intent of the system, he explained.

"It has been an ongoing struggle," Forrest said. "There has been reluctance. Caseworkers feel like it's taking away their skills and ability to make a decision. In some areas, it's almost become a culture where that feeling is passed on to new workers. I believe here in Michigan there's still a lot of education that needs to be done on SDM."

Another problem, he added, is that Michigan requires all high-risk perpetrators to be listed on a central child abuse registry. Attaching this negative requirement to the risk assessments has prompted some workers to "manipulate" the results, Forrest said.

In other cases, workers may want to provide services to lower-risk families. So they might assess situations differently to get the desired high-risk results.

"I think we've been able to identify the high- and intensive-risk cases, but from the standpoint of our workers, they still want to serve the low and moderates," Forrest said.

To address these issues, the state recently formed a taskforce made up of both SDM proponents and opponents. This taskforce will examine the system and suggest ways to make it more efficient, Forrest said.

"We are looking at tweaking that system and beefing up the education of workers to try to address the inconsistencies in the way it has been applied," he explained.

Services

Assessing future risk is essential, but it is only the first step toward strengthening families and protecting children. Once a family is identified as "at risk," relevant services must be provided.

A 1999 study of Wisconsin cases found that when high-risk families received intensive, relevant services, children were safer.²

"SDM is not a magic bullet," Ereth said. "You need to use your resources to protect children from maltreatment."

In New Jersey, roughly two-thirds of all referrals are either former or current DYFS cases. This trend has persisted for several years, calling into question the effectiveness of services provided to families once a case is opened.

Yet, New Jersey is implementing the SDM model without substantial increases in relevant services. The development of stronger community services for lower-risk families is still in its infancy. The fledgling Division of Prevention and Community Development is just starting a lengthy process of bringing together community agencies to assess families' needs and develop services. Housing and domestic violence programs are also years away. And while additional substance abuse services are being developed, they still will likely fall short of the need for at least a year or two.

When Michigan first adopted the SDM approach and began screening out more

NJ Abuse/Neglect Referrals New , Reopened, Added

	1/1/03-6/30/03		1/1/04-6/30/04		% Change
	#	%	#	%	
New	5,911	37.0	5,988	38.0	1.3
Re-opened	4,882	30.6	4,137	26.5	-15.2
Added	5,157	32.3	5,481	35.0	6.2
Total	15,950	n/a	15,606	n/a	-2.4

Source: DYFS Report SIS070, July 3, 2004

NJ Referrals w/o Abuse/Neglect New , Reopened, Added

	1/1/03-6/30/03		1/1/04-6/30/04		% Change
	#	%	#	%	
New	3,562	33.0	3,265	33.5	-8.3
Re-opened	3,116	28.8	2,511	25.8	-19.4
Added	4,115	38.1	3,944	40.5	-4.1
Total	10,793	n/a	9,720	n/a	-9.9

Source: DYFS Report SIS070, July 3, 2004

families, the stated goal was to provide appropriate services to the lower-risk families, without forcing them to enter the child protection system, Michigan child advocates say. Instead, state services were targeted to serve only those confirmed cases of abuse and neglect, categorized as high risk—about two-thirds of all confirmed cases. The other third of confirmed cases are referred to community agencies, and most are then closed by state workers.

“The initial intent of the proposed category process was to expand services to families where abuse or neglect had not been confirmed,” said Jane Zehnder-Merrell, senior research associate and Michigan Kids Count director. “Instead the category structure resulted in cutting state services to one-third of the confirmed cases.”

New Jersey has made the same promise to offer significant prevention services to keep families out of the child protection system. But, the state’s ambitious reform effort is driven primarily by the federal court mandates handed down in the settlement of a class action lawsuit on behalf of foster children.

The driving document of that settlement, known as “the enforceables,” was released this summer by the court-appointed New Jersey Child Welfare Panel. That list, essentially, includes all the steps the state must take to meet the court’s requirements and prevent further litigation. It will, arguably, set the priorities and drive the reforms for years to come.

While the “enforceables” include many implementation steps aimed at changing case practice around providing services, it contains few requirements to actually expand services to families until FY06. (A list of enforceables is posted on ACNJ’s website at www.acnj.org). Prevention services are barely mentioned. The list also lacks any mandate for the state to keep its promise to provide housing to both DYFS families and resource families.

Recommendations

In the late 1990s, ACNJ received reports from across New Jersey that DYFS was failing to investigate any but the most serious cases of abuse and neglect. Some said children had to be bruised and bleeding before

a caseworker would investigate. In 1997, ACNJ produced a report based on interviews and surveys with 772 people involved in all parts of the system. They were asked whether New Jersey children were safe. The answer was a resounding no.

This occurred shortly after the state created a “family problems” category through which it promised to funnel troubled families, when there was no evidence of abuse or neglect. Rather than force these families to enter the child protection system, caseworkers would be able to provide services to prevent abuse. Instead, legitimate reports of child abuse and neglect were ignored.

We have to be careful that history does not repeat itself.

While the SDM model provides firmer direction, it also carries the risk that families will be screened out inappropriately, especially with the lack of services for moderate-risk cases.

The fact is, New Jersey is adopting a new model for assessing whether children are in danger, without having the other necessary systems in place. ACNJ supports serving troubled, but not abusive families, through other systems. Unfortunately, those new systems are not yet in place.

It is, then, vitally important that we are vigilant in tracking the effects of this new system. And we must do it right away. We don’t want to find out months from now that children are still being hurt.

The state should:

- Track the number and percent of screened out and unfounded cases that are both re-referred and have subsequent substantiations to determine whether the screening system is effective at identifying at-risk children. These statistics should be published on a quarterly basis.
- Track the re-abuse rate of cases at all risk levels.
- Do case reviews to ensure the instruments are accurately assessing risk. Publish the results of those reviews.
- Accelerate the transition to having trained investigators with low caseloads by hiring more staff and transferring cases to other caseworkers.

- Accelerate the expansion of substance abuse, housing and domestic violence programs.
- Provide ongoing training in SDM and compare results in different counties to ensure consistency in its application.

Unfounded Allegations Soar in CA Counties

In the years following the implementation of structured decision-making in 16 California counties, unfounded child abuse allegations increased in each of those counties, with jumps ranging from .24 percent in Merced to an alarming 245 percent in Sacramento, according to an ACNJ analysis of California data.

As a percent of all referrals, increases in unfounded referrals ranged from 1.4 percent in Merced to 370 percent in Orange. Statewide, the unfounded rate also jumped substantially—80 percent—suggesting that other factors may have contributed to this increase in unfounded abuse referrals.

“In our state, we screen in terms of can we file with the courts,” said Leeann Kelly, child welfare policy/program development, in California. “If you can’t file with the courts, you pretty much have to screen it out.”

Still, this sharp increase in unfounded referrals did not necessarily translate to a reduction in caseload. While caseloads fell in nine counties, six posted increases and one remained the same. It’s possible that the SDM system led to the opening of more serious cases, which remained open longer, sending caseloads higher.

The SDM system in California produced other mixed results:

- Nine SDM counties posted decreases in re-abuse rates, while six counties showed increases. One county remained steady. It’s important to note that the re-abuse referral rate was for a short 3-month period. No comparable data for longer periods were available. The re-abuse rate tends to increase with time.
- Half of the SDM counties saw a drop in foster care entries, as a percent of substantiated referrals, while the other eight posted increases.

Source: California Health and Human Services Agency.

Footnotes

- (1) Effectiveness of California’s Child Welfare Structured Decision-Making (SDM) Model: A Prospective Study of the Validity of the California Risk Assessment, Feb. 16, 2004, Will Johnson, program manager, Alameda County Social Services Agency.
- (2) The Urban Caucus CPS Decision Making System, Revalidation of the Risk Instruments and an Analysis of the Effectiveness of Child Protective Services in Three Counties, July 1998, Children’s Research Center, Madison, WI.

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Steps to Determining Child Safety

Following is a step-by-step explanation of the state's new structured decision-making process:

Step 1. Does this report warrant a child abuse/neglect investigation? The state is not using the SDM tool to decide whether to open cases for abuse investigations. Instead, workers were trained on what constitutes abuse/neglect and use a list of 30 “allegations of harm” that are considered abuse or neglect. There are also four criteria that must be met for an abuse/neglect report to be accepted:

- Victim is under 18
- Alleged perpetrator is parent, guardian or caregiver
- Victim was harmed or placed at substantial risk of harm
- A specific incident or set of circumstances suggest the harm or substantial risk of harm was caused by a parent, guardian or caregiver

Step 2. How quickly should DYFS respond to this report? The state stopped using the SDM priority response form in August. The new system allows for either an immediate response or within 24 hours for abuse/neglect allegations. Immediate response is warranted if one of seven situations exist, including:

- Child is being abused now
- Child is in need of immediate medical attention
- Law enforcement requests an immediate response

Step 3. Safety Assessment. Can this child remain safely at home?

Safety factors include:

- Caregiver leaves child with a person unwilling to provide care
- Child is fearful
- Child has suffered serious harm

If any safety factors are identified, the worker must determine whether a safety plan can be put in place to keep a child safely at home. This can include direct intervention by worker/agency, such as providing emergency funds for housing. If a safety plan is put in place, the caregiver must sign it. If no safety plan is possible, the worker must remove the child.

Deadline: As soon as possible, but no later than three working days after the initial face-to-face visit with the family.

Step 4. Family Risk Assessment. Will this child be abused in the future? A point value system is used to assess whether the child is at risk for future maltreatment and assigns risk level: low, moderate, high or very high.

Risk factors include:

- Prior investigations
- Domestic violence
- Alcohol/drug abuse
- Children in the household with problems, such as developmental disability or mental health problem

Once a risk level is determined, the prescribed responses are as follows:

Low—close case

Moderate—open or close (worker/supervisor make a judgment call)

High—Open, “unless special circumstances exist”

Very High—Open, “unless special circumstances exist”

Deadline: Conducted after the safety assessment and prior to closure of investigation, which is no later than 60 days from receipt of referral.

Step 5. Caregiver Strengths and Needs Assessment. What are the family's

strengths and needs that should be addressed in a case plan?

This includes:

- Caregiver's mental/emotional health
- Parenting skills
- Finances

Requires workers to consider the entire scope of information available about the caregivers, including information from collateral sources, existing records and documents and worker observations.

After scoring the strengths and needs, the worker lists three greatest needs and strengths to help develop case plan.

(A similar form is used to assess child strengths and needs).

Deadline: This has to be completed at the end of the investigation, which is no later than 60 days from receipt of referral.

Step 6. Reassessing Risk. Is this child safe? In-home cases must be reassessed every six months. This form tracks whether the caregiver is meeting the case plan and assigns points for inaction or additional problems. This guides the decision on whether to close the case.

If risk is reduced to low, case should be closed. Moderate risk should be considered for closure, if there has also been a reduction in “priority needs.” High or very high should remain open, “unless special circumstances exist.”

Family Reunification Assessment.

Similar to in-home reassessment, this form also checks whether the caregiver has adhered to plan in placement cases. It also provides a flow chart to decide what permanency plan should be, taking into account whether the parent has visited, time in placement, whether the caregiver has a safe home, etc.