Structured Decision Making® System For Child Welfare Services

Policy and Procedures Manual

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State of Louisiana, Department of Children and Family Services

CRC
Children's Research Center
426 S. Yellowstone Drive, Suite 250
Madison, WI 53719
(608) 831-1180 fax (608) 831-6446
www.nccd-crc.org

TABLE OF CONTENTS

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

STRUCTURED DECISION MAKING® SYSTEM GOALS

Structured Decision Making® System Goals

1. **Reduce subsequent maltreatment to children.**

    a. Reduce subsequent referrals
    b. Reduce subsequent substantiations
    c. Reduce subsequent injuries
    d. Reduce subsequent foster placements

2. **Expedite permanency for children.**

Structured Decision Making® System Objectives

1. Identify **critical decision points**.

2. Increase **reliability** of decisions.

3. Increase **validity** of decisions.

4. **Target resources** to families at **highest risk**.

5. **Use case-level data** to inform decisions throughout the agency.

Critical Characteristics of the Structured Decision Making® System

Reliability: Structured assessment tools and protocols systematically focus on the critical decision points in the life of a case, increasing worker consistency in assessment and case planning. Families are assessed more objectively, and decision making is guided by facts of the case rather than by individual judgment.

Validity: Research repeatedly demonstrates the model's effectiveness at reducing subsequent abuse/neglect, as evidenced by reduced rates of subsequent referrals, substantiations, injuries to children, and placements in foster care. The cornerstone of the model is the actuarial research-based risk assessment that accurately classifies families according to the likelihood of subsequent maltreatment, enabling agencies to target services to families at highest risk.

Equity: Structured Decision Making® (SDM) assessment tools ensure that critical case characteristics, safety factors, and domains of family functioning are assessed for every family, every time, regardless of social differences. Detailed definitions for assessment items increase the likelihood that workers assess all families using a similar framework. Research demonstrates racial equity of the risk assessment in classifying families across risk levels. The reunification assessment has demonstrated expedited permanency for children regardless of race.

Utility: The model and its tools are easy to use and understand. Assessments are designed to focus on critical characteristics that are necessary and relevant to a specific decision point in the life of a case. Use of the assessments provides workers with a means to focus the information gathering and assessment process. By focusing on critical characteristics, workers are able to organize case narrative in a meaningful way. Additionally, the assessments facilitate communication between worker and supervisor, and unit to unit, about each family and the status of the case. Aggregate data facilitates communication among community partners and stakeholders.

OVERVIEW OF SDM® POLICY AND PROCEDURES

ASSESSMENT TOOL/ DECISION GUIDELINE	WHICH CASES	WHO	WHEN	DECISION
Initial Risk Assessment	All CPS Cases (child protection) investigations	The assigned CPS worker.	Prior to the end of every CP investigation, no later than 30 days from the referral date.	Informs the transfer/close decision, and sets contact requirements
Contact Requirements	All ongoing cases	FS (family services) worker or SP (services to parent) worker	Determined assignment (based on initial risk assessment) and at every reassessment (as risk level changes)	Frequency of contact with the parent and child
In-Home Risk Reassessment	Cases in which all the children remain in the home or have been returned home	FS worker or SP worker	Within 90 days of case opening and at least every 90 days thereafter	Guides decision to close the case or to adjust contact requirements
Out-of-Home Reunification Reassessment	Cases in which at least one child in out-of-home placement has a goal of "reunification"	FC worker or FC worker	Within three month90 days of the date of placement and at least every three month90 days thereafter until: 1. All children have been returned home (future case reviews will utilize the risk reassessment) 2. Permanency plan goal has been achieved	Guides the permanency plan recommendation, including the decision to return a child to the removal home or to the other parent

STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SDM® GENERAL DEFINITIONS

All SDM® assessments are household-based assessments. To accurately complete these assessments, it is critical to accurately identify the household being assessed and the primary caretaker and the secondary caretaker in the household.

Household is defined as all persons living in the home 50% or more of the time, excluding employees.

Primary caretaker is defined as:

- The **adult in the household who has legal responsibility for the child**. For example, when a mother and her boyfriend reside in the same household, the mother is the primary caretaker.

- **If** there are two legally responsible adults in the household (i.e., two-parent household), then select **the caretaker who performs most of the childcare activities** (i.e., bathing, feeding, supervising, transporting, etc.).

- **If** both legal caretakers share childcare activities equally, **the legally responsible adult who was the perpetrator or alleged perpetrator** should be selected. For example, when a mother and a father reside in the same household and appear to equally share childcare responsibilities, and the mother is the perpetrator (or the alleged perpetrator), the mother is selected.

- **If** both parents are in the household, equally sharing childcare responsibilities, and both have been identified as perpetrators or alleged perpetrators, **the parent demonstrating the more severe behavior is selected**.

Secondary caretaker is defined as an adult living in the household who has at least some routine interaction with the child. The secondary caretaker **may or may not have a legal relationship to the child** (i.e., a boyfriend, girlfriend, or roommate could all be considered secondary caretaker).

When a **minor parent** is living with their parent and the minor parent retains legal care and custody of the child, the minor parent should be considered the primary caretaker of their child. The minor parent's parent may be considered a secondary caretaker of the infant/young child.

STATE OF LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SDM® INITIAL RISK ASSESSMENT

Family Case Name: Last: _____ First: _____ Case TIPS # _____

Parish: _____ Worker TIPS #: _____

FS/Foster Care Transfer Date: _____ CPS Open Date: _____

Created: _____ Last Updated: _____

SECTION 1: NEGLECT/ABUSE INDEX	Neglect Score	Abuse Score
R1. Current report is for		
○ a. Neglect	1	0
○ b. Abuse	0	1
○ c. Both	1	1
R2. Prior investigations		
○ a. No	0	0
○ b. Yes	1	0
R2a. Prior neglect		
○ a. None	0	0
○ b. One	1	0
○ c. Two	1	0
○ d. Three or more	2	0
R2b. Prior abuse		
○ a. None	0	0
○ b. One	0	1
○ c. Two or more	0	2
R3. Household previously had an open FS/FC case due to CA/N (voluntary or court-ordered)		
○ a. No	0	0
○ b. Yes	1	1
R4. Number of child victims involved in the current CA/N incident		
○ a. One, two, or three	0	0
○ b. Four or more	1	0
R5. Prior injury to any child in the household resulting from CA/N		
○ a. No	0	0
○ b. Yes	0	1
R6. Age of youngest child in the home		
○ a. 2 or older	0	0
○ b. Under 2	1	0

R7.	**Characteristics of children in the household (endorse all that apply)**			
	☐ a.	Medically fragile/failure to thrive	1	0
	☐ b.	Positive toxicology screen at birth	1	0
	☐ c.	Physical disability	1	0
	☐ d.	Developmental disability	0	1
	☐ e.	Delinquency history	0	1
	☐ f.	Mental health/behavior problems	0	1
	☐ g.	None of the above	0	0
R8.	**Primary caretaker's assessment of incident (endorse all that apply)**			
	☐ a.	Blames child	0	1
	☐ b.	Justifies maltreatment of the child	0	2
	☐ c.	None of the above	0	0
R9.	**Primary caretaker provides physical care consistent with each child's needs**			
	○ a.	No	1	0
	○ b.	Yes	0	0
R10.	**Primary caretaker characteristics (endorse all that apply)**			
	☐ a.	Provides insufficient emotional/psychological support	0	1
	☐ b.	Employs excessive/inappropriate discipline	0	1
	☐ c.	Domineering parent	0	1
	☐ d.	None of the above	0	0
R11.	**Primary caretaker has a past or current mental health problem**			
	○ a.	No	0	0
	○ b.	Yes (check all that apply)	1	0
		☐ During the last 12 months		
		☐ Prior to the last 12 months		
R12.	**Primary caretaker has past or current alcohol or drug problem (endorse all that apply)**			
	☐ a.	No	0	0
	☐ b.	Alcohol (check all that apply)	1	0
		☐ During the last 12 months		
		☐ Prior to the last 12 months		
	☐ c.	Drugs (check all that apply)	1	0
		☐ During the last 12 months		
		☐ Prior to the last 12 months		
R13.	**Secondary caretaker has past or current alcohol or drug problem**			
	☐ a.	No secondary caretaker	0	0
	☐ b.	No	0	0
	☐ c.	Yes	0	1
		☐ Alcohol (check all that apply)		
		☐ During the last 12 months		
		☐ Prior to the last 12 months		
		☐ Drugs (check all that apply)		
		☐ During the last 12 months		
		☐ Prior to the last 12 months		

R14.	**Primary caretaker has a history of abuse or neglect as a child**			
	○ a.	No	0	0
	○ b.	Yes	0	1
R15.	**Two or more incidents of domestic violence in the household in the past year**			
	○ a.	No	0	0
	○ b.	Yes	0	2
R16.	**Housing (endorse all that apply)**			
	☐ a.	Current housing is physically unsafe	1	0
	☐ b.	Homeless at time investigation began	2	0
	☐ c.	Family has housing that is physically safe	0	0
		TOTAL RISK SCORE		

SECTION 2: SCORING AND OVERRIDES

SCORED RISK LEVEL

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

OVERRIDES

No Overrides

Please select an override code.

○ No overrides apply

Mandatory Overrides

○ One or more mandatory overrides are applicable (check all that apply)

- ☐ Sexual abuse case AND the perpetrator is likely to have access to the child
- ☐ Non-accidental injury to a child under age 2
- ☐ Severe non-accidental injury
- ☐ Caretaker action or inaction resulted in death of a child due to abuse or neglect
- ☐ Birth of child during the review period, and mother or newborn had a positive toxicology screen (alcohol/drugs)

Discretionary Override

○ Discretionary override

Select override level: ○ Low ○ Moderate ○ High ○ Very High

Discretionary override reason:

FINAL RISK LEVEL

Final risk level: ○ Low ○ Moderate ○ High ○ Very High

SECTION 3: SUPPLEMENTAL QUESTIONS

S1. Known criminal history. Does either caretaker have a history of criminal behavior?

- ○ a. Yes
- ○ b. No

If yes, please complete:

☐ Primary	☐ Secondary
☐ Arrest	☐ Arrest
☐ Conviction	☐ Conviction
☐ Felony conviction	☐ Felony conviction

S2. Number of moves in the last two years

- ○ a. None
- ○ b. One
- ○ c. Two
- ○ d. Three or more

If there were moves in the last two years, were all of them hurricane related?

- ○ a. Yes
- ○ b. No

S3. Has the primary caretaker had a live-in partner(s) in the past two years?

- ○ a. None
- ○ b. One
- ○ c. Two
- ○ d. Three or more

STATE OF LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SDM® INITIAL RISK ASSESSMENT
DEFINITIONS

R1. Current report is for

Determine if the current report is for abuse, neglect, or both. Neglect includes caretaker absence/incapacity. Abuse includes physical abuse, emotional maltreatment and/or exploitation, or sexual abuse/sexual exploitation.

Include referred allegations as well as allegations added during the course of the investigation.

R2. Prior investigations

Assess prior CPS (child protection investigation) history. Determine if there are any prior investigations for any type of neglect or abuse, regardless of finding. Exclude investigations/assessments of out-of-home perpetrators (e.g., daycare) unless one or more caretakers failed to protect. Where possible, history from other jurisdictions should be included.

If yes, answer both R2a and R2b, indicating the number of prior neglect investigations and the number of prior abuse investigations.

- Neglect includes general neglect or abandonment; and if the caretaker is absent or incapacitated.

- Abuse includes physical abuse, emotional abuse, and sexual abuse/sexual exploitation.

R3. Household previously had an open FS/FC case due to CA/N (voluntary or court-ordered)

Assess "Yes" if this household previously had or currently has an open FS/FC case as a result of a prior investigation/assessment. Include voluntary or court-ordered family services, IHBS, or foster care services; do not include delinquency services or "FINS only" cases.

R4. Number of child victims involved in the current CA/N incident

Determine the number of children under 18 years of age for whom abuse or neglect was alleged or substantiated in the current investigation/assessment.

R5. Prior injury to any child in the household resulting from CA/N

Assess "Yes" if any child sustained an injury resulting from abuse and/or neglect prior to the referral that resulted in the current investigation/assessment. Injury sustained as a result of abuse or neglect may range from bruises, cuts, and welts to an injury that requires medical treatment or hospitalization, such as a bone fracture or burn. Prior injury may or may not have been subject to CPS.

R6. Age of youngest child in the home

Determine the current age of the youngest child presently in the household where the CA/N incident reportedly occurred. If a child is removed as a result of the current investigation, count the child as residing in the home.

R7. Characteristics of children in the household

Assess each child in the household and determine the presence of any of the characteristics below. Endorse all that apply.

a. **Medically fragile/failure to thrive.** Any child in the household is medically fragile, defined as having a long-term (six months or more) physical condition requiring medical intervention, or is diagnosed as failure to thrive.

b. **Positive toxicology screen at birth.** Any child had a positive toxicology report for alcohol or another drug at birth.

c. **Physical disability,** as evidenced by a significant physical handicap.

d. **Developmental disability,** as evidenced by mental retardation, learning disability, or other developmental problem, including ADHD.

e. **Delinquency history.** A child has been referred to juvenile court for delinquent or status offense behavior. Status offenses that are not brought to court attention but create stress within the household should also be scored, such as children who run away or are habitually truant.

f. **Mental health/behavior problems.** These are problems not related to a physical or developmental disability. This could be indicated by a Diagnostic and Statistical Manual (DSM) diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking psychotropic medication.

g. **None of the above.** No characteristics are exhibited by any child in the household.

R8. Primary caretaker's assessment of incident

Assess for each characteristic and endorse all that apply:

a. **Blames child.** Blaming refers to caretaker's statement that the maltreatment incident occurred because of the child's action or inaction (e.g., claiming that the child seduced them, or the child's misbehavior forced caretaker to beat them).

b. **Justifies maltreatment of the child.** Justifying refers to caretaker's statement that their action or inaction, which resulted in harm to the child, was appropriate (e.g., claiming that this form of discipline was how the caretaker was raised, so it is all right).

c. **None of the above** characteristics are applicable.

R9. Primary caretaker provides physical care consistent with each child's needs

Assess "Yes" if the caretaker is providing age-appropriate physical care for all children in the household. Examples may include the following:

- Obtaining standard immunizations;
- Obtaining medical care for severe or chronic illness;
- Providing the child with adequately clean, weather-appropriate clothing;
- Preventing or addressing rodent or insect infestations;
- Providing adequate housing with operative plumbing and electricity (heating and cooling);
- Ensuring that poisonous substance or dangerous objects are not within reach of a small child; or
- Supporting or providing age/developmentally appropriate hygiene (bathing, brushing teeth, changing diapers).

R10. Primary caretaker characteristics

Assess the primary caretaker for each characteristic below and endorse all that apply:

a. **Provides insufficient emotional/psychological support** to the child, such as persistently berating/belittling/demeaning the child or depriving the child of affection or emotional support.

b. **Employs excessive/inappropriate discipline** that caused or threatened harm to the child because the actions were excessively harsh physically or emotionally and/or inappropriate to the child's age or development. Examples include the following:

- Locking the child in closet or basement;
- Holding the child's hand over fire;
- Hitting the child with dangerous instruments; or
- Depriving a young child of physical and/or social activity for extended periods.

c. **Domineering parent**, indicated by controlling, abusive, overly restrictive, or unfair behavior or overreactive rules.

d. **None of the above** characteristics are exhibited by the primary caretaker.

R11. Primary caretaker has a past or current mental health problem.

Assess "Yes" if credible and/or verifiable statements by the primary caretaker or others indicate that the primary caretaker has a past or current mental health problem, not including substance abuse, as evidenced by the following:

- Diagnosis of a DSM condition by a mental health clinician;
- Repeated referrals for mental health/psychological evaluations; or
- Recommendation for treatment/hospitalization, or if the caretaker has been treated/hospitalized for mental health problems at any time.

R12. Primary caretaker has past or current alcohol or drug problem

Assess whether the primary caretaker has a past or current alcohol/drug abuse problem that interferes with their or the family's functioning. Legal, non-abusive prescription drug or alcohol use should not be considered an alcohol or drug problem. Interference in functioning may be evidenced by the following:

- Substance use that affects or affected:
  - » Employment;
  - » Criminal involvement;
  - » Marital or family relationships; or
  - » Ability to provide protection, supervision, and care for the child.
- An arrest in the past two years for driving under the influence or refusing breathalyzer testing.
- Self-report of a problem.
- Treatment received currently or in the past.
- Multiple positive urine samples.
- Health/medical problems resulting from substance use.
- The child was diagnosed with fetal alcohol syndrome or exposure (FAS or FAE), or the child had a positive toxicology screen at birth *and* the primary caretaker was the birthing parent.

Assess for the following characteristics and endorse all that apply.

a. **No:** No past or current alcohol or drug problem
b. **Yes:** Past or current alcohol or drug problem (check all that apply):
   - Alcohol abuse during the last 12 months
   - Alcohol abuse prior to the last 12 months
   - Drug abuse during the last 12 months
   - Drug abuse prior to the last 12 months

R13. Secondary caretaker has past or current alcohol or drug problem

Applying the definition above to the secondary caretaker, assess for the following characteristics and endorse all that apply.

a. **No secondary caretaker**

b. **No:** No past or current alcohol or drug problem

c. **Yes:** Past or current alcohol or drug problem (check all that apply)

- Alcohol abuse during the last 12 months
- Alcohol abuse prior to the last 12 months
- Drug abuse during the last 12 months
- Drug abuse prior to the last 12 months

R14. Primary caretaker has a history of abuse or neglect as a child

Assess "Yes" if credible statements by the primary caretaker or others indicate that the primary caretaker was abused or neglected as a child, regardless of agency history/intervention.

R15. Two or more incidents of domestic violence in the household in the past year

Assess "Yes" if credible statements by caretakers or others indicate that there have been two or more physical assaults and/or periods of intimidation/threats/harassment between caretakers or between a caretaker and another adult in the past year.

R16. Housing

Assess and determine the presence of any of the characteristics below. Endorse all that apply. If the agency has already provided emergency services to address housing, assess housing prior to the intervention.

a. **Current housing is physically unsafe,** such that it does not meet the health or safety needs of the child (e.g., exposed wiring, unsafe/insufficient heating and cooling, unsanitary plumbing, roach/rat infestations, human/animal waste on floors, rotting food).

b. **Homeless at time the investigation began,** or about to be evicted at the time the investigation began. If the caretaker is unsure of the family's living situation or considers themselves homeless, endorse this item.

c. **Family has housing that is physically safe.**

STATE OF LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SDM® INITIAL RISK ASSESSMENT
POLICY AND PROCEDURES

Initial risk assessment identifies families who have low, moderate, high, or very high probabilities of future abuse or neglect. The initial risk assessment does not predict recurrence; it assesses whether a family is more or less likely to have another incident without intervention by the agency. The difference between risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families and are more often involved in serious abuse or neglect incidents.

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

The initial risk assessment is based on research of abuse/neglect investigations that examined the relationships between family characteristics and subsequent negative outcomes for the family. One important result of the research is that different family dynamics are present in abuse and neglect situations. Different characteristics are used to assess the future probability of abuse or neglect. Information for all characteristics must be gathered and assessed for every family under investigation.

Which Cases: All "in-family" CPS investigations.

When: The initial risk assessment is completed no later than 30 days from the referral date in every CPS investigation. If the CPS investigation is closed prior to 30 days after the referral, the SDM risk assessment must be completed prior to closing.

If the case acceptance/transfer staffing occurs prior to the final finding, and information on all risk items is not available at time of staffing, the initial risk assessment must be completed as soon as possible and no later than within three working days of the referral from CPS.

When an investigation is completed on an open FS or FC case, the initial risk assessment is completed at the final finding staffing (see page 26 for further clarification).

Who: The assigned CPS worker.

Decisions: For CPS investigations, the risk level is used to determine if the case should be transferred for ongoing services or be closed (see matrix on the following page).

If the court has already established an order for DCFS services, the initial risk assessment will be used to identify expected contact guidelines.

For cases opened for ongoing services following the investigation, the risk level is used to determine the contact requirements for the case. See the section on case contact requirements for the specific frequency of contact associated with each risk classification.

SDM® Case Open/Close Guidelines		
Final Risk Level	**Investigation Finding**	
	Valid	**Invalid**
Very High	Open for ongoing services	Open for ongoing services
High	Open for ongoing services	Open for ongoing services
Moderate*	Close	Close
Low*	Close	Close

*****Moderate and low risk cases with unresolved safety issues should always be transferred for ongoing services. These cases may be considered for closure when safety issues are resolved.

Appropriate Completion:

The initial risk assessment is completed based on conditions that exist at the time the incident is reported and investigated as well as on the prior history of the family.

Which Household

The SDM initial risk assessment is used when workers are investigating or assessing "in-family" abuse or neglect. Identify the household(s) for which the SDM initial risk assessment will be completed. Only one household can be assessed on each SDM initial risk assessment. Only one SDM initial risk assessment can be completed in association with a CPS investigation. When a child's parents do not live together, the child may be a member of two households.

- Assess the household of the alleged perpetrator when the alleged perpetrator is a parent or legal guardian or lives with a child's parent or legal guardian. This may be the child's primary residence (i.e., the child victim lives with the alleged perpetrator), or it may be the household of a non-custodial parent, where the child visits.

- If the alleged perpetrator is unknown, assess the household of the parent or legal guardian who had care and custody of the child at the time of the alleged incident.

- If the alleged victim's parents have separate households, both parents are identified as alleged perpetrators, and both parents are actively involved with or plan to work with DCFS, then separate ACESS investigations need to be created, each having a different parent as a primary caretaker. An SDM initial risk assessment should be completed within each investigation on the household of the primary caretaker.

Assessing Individual Items

Workers must gather information and/or engage the family in a discussion of each characteristic included on the initial risk assessment. Some characteristics are very objective (such as prior CA/N history or the age of the child). Others require the worker to use professional judgment based on the information available at the time of assessment. Sources of information used to determine the worker's endorsement of an item may include statements by the child, caretaker, or collateral persons; worker observations; reports; or other reliable sources.

The worker should refer to definitions when completing each item and base the initial risk assessment scoring on conditions as they existed at the beginning of the investigation. Include any risk-related issues that surface during the course of the investigation. If a risk factor was present at the beginning of the investigation, but it changed during the investigation as a result of agency intervention, it should be considered a risk factor.

After all items are completed, an abuse risk level and a neglect risk level are calculated and identified. The scored risk level is the higher of the abuse or neglect index.

Mandatory Overrides:

After completing the initial risk assessment, the worker determines whether any of the mandatory override reasons exist. Mandatory overrides reflect incident seriousness and/or child vulnerability concerns and have been determined by the agency to warrant a risk level designation of very high regardless of the risk level indicated by the assessment. Mandatory overrides require supervisor approval.

Note: Mark any applicable mandatory overrides.

1. Sexual abuse case AND the perpetrator is likely to have access to the child.

2. Non-accidental injury to a child under age 2.

3. Severe non-accidental injury, e.g., brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injury, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impairs the health or well-being of the child(ren), which requires medical treatment.

4. Caretaker action or inaction resulted in death of a child due to abuse or neglect.

5. Birth of child during the review period, and mother or newborn had a positive toxicology screen (alcohol/drugs).

Discretionary Overrides:

A discretionary override may be applied by the worker to increase the risk level when the worker believes that the scored risk level is too low. This may occur when the worker is aware of conditions affecting risk that are not captured within the items on the initial risk assessment. Discretionary overrides may increase the risk by one level (for example, from low to medium, OR medium to high, but NOT from low to high). Discretionary overrides require supervisor approval.

After completing the override section, indicate the final risk level, which is the highest of the scored risk level, mandatory override risk level (which is always very high), or discretionary risk level.

STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SDM® MINIMUM CONTACT REQUIREMENTS

The initial risk assessment provides reliable, valid information about the risk of continued abuse or neglect to children. For cases that have been transferred for ongoing services, the risk level is used to set the *minimum* amount of contact required with the family each month. These requirements are considered "best practice" and help focus staff resources on the highest risk cases.

There are two sets of guidelines—one for in-home care and one for children in placement. The guidelines reflect policy regarding the **minimum** number of **face-to-face** contacts with the parent/caretaker and **each** child each month. Workers should use judgment in each case to best determine whether more contacts are needed.

The definition and purpose of a face-to-face "contact" is: an in-person contact in which the DCFS worker or contract provider specifically monitors developments in the case, observes interaction between the caretaker and the child, facilitates implementation of the case plan, and assesses progress with the plan.

SDM® Minimum Contact Requirements for In-home Families		
Risk Level	**Overall Contact requirements**	**Lead DCFS Worker**
Low	One face-to-face visit per month	DCFS worker should have face-to-face contact with all caretakers and children together at least once per month. When seen together, the required contact is satisfied. DCFS worker should have at least one contact per month in the family home.
Moderate	Two face-to-face visits per month	DCFS worker should have face-to-face contact with all caretakers and children together at least once per month. When seen together, one contact is satisfied. DCFS worker should have at least one contact per month in the family home. One face-to-face contact with family may be completed by IHBS or MST service provider.
High	Three face-to-face visits per month	DCFS worker should have face-to-face contact with all caretakers and children together at least once per month. When seen together, one contact is satisfied. DCFS worker should have at least one contact per month in the family home. One face-to-face contact with family may be completed by IHBS or MST service provider. DCFS worker should spend some time each month with the children in the family, without caretakers present.
Very High	Four face-to-face visits per month	DCFS worker should have face-to-face contact with all caretakers and children together at least once per month. When seen together, one contact is satisfied. DCFS worker should have at least one contact per month in the family home. Two face-to-face contacts with family may be completed by IHBS or MST service provider. DCFS worker should spend some time each month with the children in the family, without caretakers present.

SDM® Minimum Service Levels and Contact Requirements For Parents of Children in Placement with a Goal of Reunification		
Risk Level	**Overall Visitation Requirement**	**Worker Minimum Visitation Requirement**
Low	**One** face-to-face visit per month	**One** face-to-face visit per month.
Moderate	**One** face-to-face visit per month	The DCFS worker must have a face-to-face visit with all parents at least once per month in the home.
High	**Two** face-to-face visits per month	The DCFS worker must have a face-to-face visit with all parents at least once per month in the home. One face-to-face visit by a service provider may be applied to the overall visitation requirement. All visits by a service provider must be documented in the case record.
Very High	**Three** face-to-face visits per month	The DCFS worker must have a face-to-face visit with all parents at least twice per month in the home. One face-to-face visit by a service provider may be applied to the overall visitation requirement. All visits by a service provider must be documented in the case record.

SDM® Minimum Service Levels and Contact requirements For Children in Placement with a Goal of Reunification and Their Placement Caretaker		
Placement Type	**Minimum Visitation Requirement with the Child**	**Minimum Visitation Requirement with the Placement Caretaker**
All types of out-of-home placement	**One** face-to-face visit per month with the child, where the child lives. Part of each visit should occur without the placement caretaker present. Each child must have a face-to-face visit within the first 24 hours of any new placement.	**One** face-to-face visit per month with the placement caretaker **One** collateral contact per month

Note: For children who remain in the family home, the minimum visitation requirements for in-home cases apply.

STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SDM® MINIMUM CONTACT REQUIREMENTS
POLICY AND PROCEDURES

These requirements are considered "best practice" and help focus staff resources on the highest risk cases. There are two sets of guidelines—one for in-home care and one for children in placement. The guidelines reflect policy regarding the **minimum** number of **face-to-face** contacts with the parent/caretaker and **each** child each month.

Which Cases: All cases that are opened for ongoing services.

Who: The ongoing worker.

Decision: Determines the minimum number of contacts the worker must have with the family.

Appropriate Use:

In-home Families
For in-home cases, find the row that corresponds to the assessed risk level, and follow the matrix across to determine the minimum number of contacts required with the family each month. For families receiving in-home services, guidelines are established for overall professional contact with the family, the minimum proportion of professional contact that must be performed by the ongoing worker, and additional requirements for family contact.

Parents of Children in Placement with a Goal of Reunification
This table describes the minimum contact requirements for parents of children who are in placement. Frequency of contact is based on the family's assessed risk level.

Children in Placement with a Goal of Reunification and Their Placement Caretaker
Guidelines for children in placement are described according to placement type.

Note: If one or more children are in placement, and the long-term goal is reunification, in-home care contact requirements describe activity that the worker has with the family, and children in placement contact requirements describe activity that the worker has with the children.

STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SDM® IN-HOME RISK REASSESSMENT

Family Case Name: Last: _____ First: _____ Case TIPS # _____
Parish: _____ Worker TIPS #: _____
FS/FC Case Open Date: _____
Created: ____/____/____ Last Updated: ____/____/____

SECTION 1: IN-HOME RISK REASSESSMENT

Question	Score

R1. Number of prior CA/N investigations/assessments

○ a. None....0
○ b. One....1
○ c. Two or more....2 _____

R2. Household previously had an open FS/FC case due to CA/N (voluntary or court-ordered)

○ a. No....0
○ b. Yes....1 _____

R3. Primary caretaker has a history of abuse or neglect as a child

○ a. No....0
○ b. Yes....1 _____

R4. Child Characteristics

☐ a. No child in household has any of the characteristics listed below....0
☐ b. One or more children in household are developmentally or physically disabled....1
☐ c. One or more children in household are medically fragile or diagnosed with failure to thrive....1 _____

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

R5. New investigation/assessment of abuse or neglect since the initial risk assessment or the last reassessment

○ a. No....0
○ b. Yes....2 _____

R6. Caretaker has addressed alcohol or drug abuse problem since initial risk assessment or the last reassessment (select one)

○ a. No history of alcohol or drug abuse problem....0
○ b. No current alcohol or drug abuse problem; no intervention needed....0
○ c. Caretaker has alcohol or drug abuse problem; problem is being addressed....0
○ d. Caretaker has alcohol or drug abuse problem; problem is NOT being addressed....1 _____

R7. Adult relationships in the household

○ a. There are no problems observed....0
○ b. Harmful/tumultuous adult relationships....1
○ c. Domestic violence is present....2 _____

R8. Primary caretaker provides physical care consistent with child needs

☐ a. No 1
☐ b. Yes ..... 0 _____

R9. Caretaker progress with the case plan (rate this item for both caretakers; the item will score based on the caretaker with the least demonstrated progress)

P	S		
○	○	a.	Demonstrates behaviors consistent with all case plan goals; has successfully met or is pursuing all case plan goals 0
○	○	b.	Demonstrating some improved behavior; participating in some case plan goals 2
○	○	c.	No improvement in behavior; fails to participate or has minimal/sporadic participation 4
	○	d.	No secondary caretaker 0

_____

TOTAL RISK SCORE	

SECTION 2: SCORING AND OVERRIDES

SCORED RISK LEVEL

Score	Risk Level	
0 - 2	☐	Low
3 - 5	☐	Moderate
6 - 8	☐	High
9 - 16	☐	Very High

OVERRIDES

Please select an override code.

No Override

○ No overrides apply

Mandatory Overrides

○ One or more mandatory overrides are applicable (select all that apply).

- ☐ Sexual abuse case AND the perpetrator is likely to have access to the child.
- ☐ Non-accidental injury to a child under age 2.
- ☐ Severe non-accidental injury.
- ☐ Caretaker action or inaction resulted in death of a child due to abuse or neglect.
- ☐ Birth of child during the review period, and mother or newborn had a positive toxicology screen (alcohol/drugs).

Discretionary Override

○ Discretionary override

Select override level: ○ Low ○ Moderate ○ High ○ Very High

Discretionary override reason:

FINAL RISK LEVEL

Final risk level: ○ Low ○ Moderate ○ High ○ Very High

STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SDM® IN-HOME RISK REASSESSMENT
DEFINITIONS

R1. Number of prior CA/N investigations/assessments

Assess prior CPS history. Include all investigations/assessments for CA/N. Count only reports that were assigned for investigation **prior** to the investigation resulting in the current case. Exclude investigations/assessments of out-of-home perpetrators (e.g., daycare) unless one or more caretakers failed to protect. When possible, history from other jurisdictions should be checked.

R2. Household previously had an open FS/FC case due to CA/N (voluntary or court-ordered)

Assess "Yes" if this household previously had an open FS/FC case because of CA/N prior to the investigation resulting in the current case. Include voluntary or court-ordered FS, IHBS, or FC services; do not include delinquency services or "FINS only" cases.

R3. Primary caretaker has a history of abuse or neglect as a child

Assess "Yes" if credible statements by the primary caretaker or others indicate that the primary caretaker was abused or neglected as a child, regardless of agency history/intervention.

R4. Child characteristics

Assess each child in the household for any the characteristics below and select all that apply:

a. No child in the household exhibits characteristics listed below.

b. Any child is developmentally or physically disabled, including any of the following: mental retardation, learning disability, other developmental problem, or significant physical handicap.

c. Any child in the household is medically fragile, defined as having a long-term (six months or more) physical condition requiring medical intervention, or is diagnosed as failure to thrive.

R5. New investigation/assessment of abuse or neglect since the initial risk assessment or the last reassessment

Determine if one or more CPS investigations/assessments have been initiated **since the initial risk assessment or last in-home risk reassessment**. Count all investigations/assessments, regardless of findings. Count only reports that were assigned for investigation/ assessment.

R6. Caretaker has addressed alcohol or drug abuse problem since the initial risk assessment or the last reassessment

Assess whether or not either caretaker has a current alcohol/drug abuse problem that interferes with the caretaker's or the family's functioning. If there is a problem, assess whether or not it is being addressed. Legal, non-abusive alcohol and/or prescription drug use should be assessed as non-problematic. If both caretakers have a substance abuse

problem, rate the more negative behavior of the two caretakers. Not addressing the problem is evidenced by one or more of the following during this assessment period:

- Substance use that negatively affects caretaker's employment; marital or family relationships; or ability to provide protection, supervision, and care for the child(ren).
- An arrest for driving under the influence or refusing breathalyzer testing.
- Criminal activity related to getting or using drugs or alcohol (selling drugs, prostitution, theft).
- Self-report of a problem.
- Multiple positive urine samples.
- Health/medical problems resulting from substance use.
- A child was born during the reassessment period with positive toxicology screen at birth, and the primary or secondary caretaker was the birthing parent.

Select the most appropriate response:

a. There is no history of an alcohol or drug abuse problem.

b. There is no current alcohol or drug abuse problem that requires intervention.

c. There is an alcohol or drug abuse problem that is being addressed.

d. There is an alcohol or drug abuse problem that is not being addressed.

Legal, non-abusive alcohol and prescription drug use should not be scored.

R7. Adult relationships in the household

Assess this item based upon the current status of adult relationships in the household:

a. There are no problems observed.

b. Harmful/tumultuous adult relationships. This includes adult relationships that are harmful to domestic functioning or the care the child receives, but not at the level of domestic violence.

c. Domestic violence is present. During this assessment period, household has had physical assaults or periods of intimidation/threats/harassment between caretakers or between a caretaker and another adult.

R8. Primary caretaker provides physical care consistent with child needs

Assess "Yes" if, during this assessment period, the caretaker has provided age-appropriate physical care for all children in the household. Examples may include:

- Obtaining standard immunizations;
- Obtaining medical care for severe or chronic illness;
- Providing the child with adequately clean and weather-appropriate clothing;
- Preventing or addressing rodent or insect infestations;
- Providing adequate housing with operative plumbing and electricity (heating/cooling);
- Ensuring poisonous substance or dangerous objects are not within reach of a small child; or
- Supporting or providing age/developmentally appropriate hygiene (bathing, brushing teeth, and changing diapers).

R9. Caretaker progress with the case plan

Assess primary caretaker's, and secondary caretaker's when applicable, progress in achieving the goals identified in the case plan. This assessment is based on active participation in services and demonstrated behavior change.

a. Demonstrates behaviors consistent with all case plan goals; has successfully met or is pursuing all case plan goals. The caretaker has successfully met or is actively participating in all identified services. Caretaker demonstrates behaviors that are consistent with case plan goals and continues to cooperate with ongoing services, if applicable.

b. Demonstrating some improved behavior; participating in some case plan goals. The caretaker is participating in some of the identified services and is demonstrating improved functioning in some of the case plan goals.

c. No improvement in behavior; fails to participate or has minimal/sporadic participation. The caretaker has not demonstrated improvement in behavior. Caretaker refuses involvement in services, fails to participate as required, or sporadically follows the case plan.

STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES
IN-HOME RISK REASSESSMENT
POLICY AND PROCEDURES

The in-home risk reassessment combines items from the original initial risk assessment with additional items that evaluate a caretaker's progress toward case plan goals.

Research has demonstrated that for the reassessment, a single index best categorizes risk for future maltreatment. Unlike the initial risk assessment, which contains separate indices for risk of neglect and risk of abuse, the in-home risk reassessment is comprised of a single index.

Which Cases:

1. **All** cases in which all children are in the home.

2. Cases in which some children are in the home and others are in placement, if the children in out-of-home care have a goal **other than** reunification. (The out-of-home reunification reassessment is used in cases when some children are in the home and children in out-of-home care have a goal of reunification.)

When:

Every 90 days from the date the case is open for FS or supervision. This should occur in conjunction with the mandatory supervisory review conference, and within 30 days prior to closing a case.

If a new report is received while a case is open, an initial family risk assessment (not am in-home risk reassessment) will be completed during the investigation, according to the risk assessment policy and procedures in Section I of this manual. If this occurs within 30 days of the scheduled in-home risk reassessment, the in-home risk reassessment does not need to be completed at the 90 day review date. In these instances, the most recent initial risk assessment should be considered current and valid. Subsequent in-home risk reassessments should occur every 90 dayss, in conjunction with supervisory review conferences and critical case decisions.

The in-home risk reassessment must be reviewed and updated prior to any court hearing or review if:

- It has been more than 30 days since the last in-home risk reassessment or initial risk assessment; or

- Family circumstances have changed significantly, and they impact the in-home risk reassessment.

Who: The FS or SP worker.

Decisions: The in-home risk reassessment guides the decision to maintain services or close a case.

- All cases in which risk is reduced to low or moderate should be considered for closure unless special circumstances exist.

- High or very high risk cases should remain open unless special circumstances exist.

For cases that remain open following reassessment, the NEW risk level guides minimum contact requirements that will be in effect until the next reassessment is completed. Use the contact requirements matrix in Section II of this manual.

Appropriate Completion:

Items R1-R4: Using the definitions, determine the appropriate response for each item. Note that items R1 and R2 refer to the period of time PRIOR to the investigation that led to the opening of the current case. Scores for these two items should be consistent with R2a, R2b, and R3 on the initial risk assessment completed at the start of this FS episode, unless additional information has become available.

Item R3 may change if new information is available or if there has been a change in primary caretaker.

Item R4 may change if a child's condition has changed or if a child with a described condition is no longer part of the household (children in out-of-home placement with a plan other than reunification are not considered part of the household).

Items R5-R9: These items are scored based ONLY on observations since the most recent assessment or reassessment.

Using the definitions, determine the appropriate response for each item and enter the corresponding score.

After entering the score for each individual item, enter the total score and indicate the corresponding risk level.

Mandatory Overrides:
As on the initial risk assessment, the agency has determined that certain conditions are so serious that a risk level of very high should be assigned regardless of the risk assessment score. The mandatory overrides refer to incidents or conditions that occurred since the initial risk assessment or last reassessment. If one or more mandatory override conditions exist, mark the reason for the override and mark "very high" for the override risk level. Mandatory overrides require supervisory review.

Discretionary Overrides:
Discretionary overrides are used by the ongoing worker whenever the worker believes that the risk score does not accurately portray the family's actual risk level. Unlike the initial risk assessment, in which the worker could only *increase* the risk level, the in-home risk reassessment permits the worker to increase or *decrease* the risk level by one step. The reason why a worker may now decrease the risk level is that after a minimum of six months, the worker has acquired significant knowledge of the family. If the worker applies a discretionary override, the reason should be recorded in the space provided. The worker then marks the override risk level. Discretionary overrides require supervisory review.

STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SDM® OUT-OF-HOME REUNIFICATION REASSESSMENT

Family Case Name: Last: _____ First: _____ Case TIPS #: _____

Parish: _____ Worker TIPS #: _____
If no, enter household name:

FS/FC Case Open Date: _____/_____/_____ Removal Household: No _____ Yes _____ _____

Created: _____/_____/_____ Last Updated: _____/_____/_____

	Last Name	First Name	TIPS #	Date of Birth
Child 1				
Child 2				
Child 3				
Child 4				

SECTION 1: OUT-OF-HOME REUNIFICATION RISK REASSESSMENT

QUESTION	**Score**

R1. Risk level from most recent investigation (after overrides)

○ a. Low 0
○ b. Moderate 3
○ c. High 4
○ d. Very High 5
○ e. No initial SDM risk level ..... 4 _____

R2. Caretaker progress with the case plan (rate this item for both caretakers; the item will score based on the caretaker with the least demonstrated progress)

P	S		
○	○	a.	Demonstrates behaviors consistent with all case plan goals; has successfully met or is pursuing all case plan goals. ..... -2
○	○	b.	Demonstrating some improved behavior; participating in some case plan goals 0
○	○	c.	No improvement in behavior; fails to participate or has minimal/sporadic participation 4
	○	d.	No secondary caretaker ..... 0 _____

R3. Has there been a new valid investigation finding (in the household) since the initial assessment or the last reassessment?

○ a. No 0
○ b. Yes ..... 6 _____

TOTAL SCORE	

SCORING AND OVERRIDES

SCORED RISK LEVEL

Score	Risk Level
-2 - 1	☐ Low
2 - 3	☐ Moderate
4 - 5	☐ High
6 - +	☐ Very High

OVERRIDES.

No Overrides

Please select an override code.

○ No overrides apply

Mandatory Overrides

○ One or more mandatory overrides are applicable (select all that apply)

- ☐ Sexual abuse case AND the perpetrator is likely to have access to the child.
- ☐ Non-accidental injury to a child under age 2.
- ☐ Severe non-accidental injury.
- ☐ Caretaker action or inaction resulted in death of a child due to abuse or neglect.
- ☐ Birth of child during the review period, and mother or newborn had a positive toxicology screen (alcohol/drugs).

Discretionary Override

○ Discretionary override

Select override level: ○ Low ○ Moderate ○ High ○ Very High

Discretionary override reason:

FINAL RISK LEVEL

Final risk level: ○ Low ○ Moderate ○ High ○ Very High

SECTION 2: VISITATION PLAN EVALUATION

Please select a visitation plan for all children.

	VISITATION PLAN					NO VISITATION	
Child	**Excellent**	**Good**	**Fair**	**Poor**	**None**	**No Visitation**	**Reason***
							☐ COP ☐ UTL ☐ Other
							☐ COP ☐ UTL ☐ Other
							☐ COP ☐ UTL ☐ Other
							☐ COP ☐ UTL ☐ Other

*COP = Court Order Prohibits; UTL = Unable to Locate; O = Other

If reason for no visitation is "Other" please explain: _____

SECTION 3: REUNIFICATION SAFETY REASSESSMENT

*A Safety Assessment (Form 5) must be completed prior to the completion of this section.

Part A: Safety Assessment

1. Are any threats of danger identified on the safety assessment that resulted in the child's removal still present?

○ a. Yes, please describe threat(s) of danger as it currently exists below.

○ b. No, describe how the initial threat(s) of danger was ameliorated or mitigated after the child's removal below.

Describe: _____

_____

1a. If yes, are there protective capacities that can control the threats of danger, or are there protective capacities that may be enhanced by interventions incorporated into the case plan to manage the threats of danger?

○ a. Yes

○ b. No

Describe: _____

_____

2. Have any new threats of danger emerged since the child's removal, or are any other circumstances or conditions present in the reunification household that, if the child were to be returned home, would present a threat of serious harm?

○ a. Yes

○ b. No

Describe: _____

_____

2a. If yes, are there sufficient protective capacities to manage identified threats of danger or protective interventions that can and will be incorporated into the case plan to mitigate these safety concerns?

○ a. Yes

○ b. No

Describe: _____

_____

Part B: Safety Decision

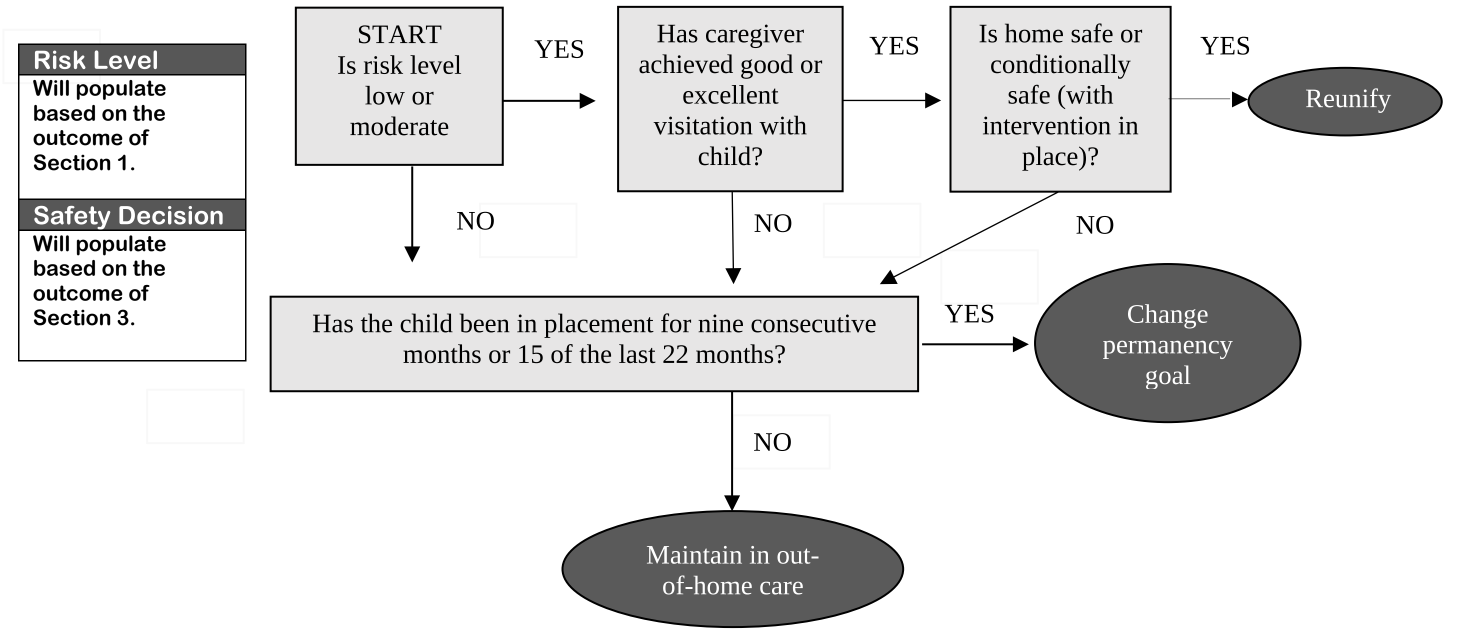
☐ A. **Threats of Danger Not Present.** Threats of danger that resulted in the child's removal (as documented on the initial safety assessment) are no longer present, and no additional safety factors were identified. **Specific services to support successful reunification are described in the case plan.**

☐ B. **Threats of Danger Remain Present** One or more threats of danger are present.

○ Yes—Caretaker protectives capacities appropriately manage the threats AND a safety plan is required.

○ No—Child is unsafe as there is a threat(s) that a child is vulnerable to, AND caretaker protective capacities cannot manage the threats or are unable to be determined due to an emergency safety situation.

SECTION 4: PERMANENCY PLAN RECOMMENDATION SUMMARY



All children require that an in-placement option be selected.

Instructions: Record recommendation for each child.

Child Will be listed in same order as Section 2.	**Visitation** Will populate based on completion of Section 2.	**15 of 22?**	**Recommendation** Will populate based on completion of all sections and decision path above.	**Override**	**New Goal** Will populate based on completion of all sections and decision path above.
	☐ Acceptable ☐ Unacceptable	☐ Yes ☐ No	☐ Reunify ☐ Maintain in care ☐ Change permanency goal	☐ No override ☐ Reunify ☐ Maintain in care ☐ Change permanency goal	☐ Reunification ☐ Adoption ☐ Transfer to relative ☐ APLA
	☐ Acceptable ☐ Unacceptable	☐ Yes ☐ No	☐ Reunify ☐ Maintain in care ☐ Change permanency goal	☐ No override ☐ Reunify ☐ Maintain in care ☐ Change permanency goal	☐ Reunification ☐ Adoption ☐ Transfer to relative ☐ APLA
	☐ Acceptable ☐ Unacceptable	☐ Yes ☐ No	☐ Reunify ☐ Maintain in care ☐ Change permanency goal	☐ No override ☐ Reunify ☐ Maintain in care ☐ Change permanency goal	☐ Reunification ☐ Adoption ☐ Transfer to relative ☐ APLA
	☐ Acceptable ☐ Unacceptable	☐ Yes ☐ No	☐ Reunify ☐ Maintain in care ☐ Change permanency goal	☐ No override ☐ Reunify ☐ Maintain in care ☐ Change permanency goal	☐ Reunification ☐ Adoption ☐ Transfer to relative ☐ APLA

Recommendation override reason: ____

STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SDM® OUT-OF-HOME REUNIFICATION REASSESSMENT
DEFINITIONS

SECTION 1: OUT-OF-HOME REUNIFICATION RISK REASSESSMENT

R1. Risk level from most recent investigation (after overrides)
The risk level from the initial risk assessment completed when this removal occurred or completed when an FS case was opened with children subsequently removed. Score "e" if no SDM initial risk assessment was completed for this household.

R2. Caretaker progress with the case plan
Assess primary caretaker's, and secondary caretaker's when applicable, progress in achieving the goals identified in the case plan. This assessment is based on active participation in services and demonstrated behavior change.

a. Demonstrates behaviors consistent with all case plan goals; has successfully met or is pursuing all case plan goals. The caretaker has successfully met or is actively participating in all identified services. Caretaker demonstrates behaviors that are consistent with case plan goals and continues to cooperate with ongoing services, if applicable.

b. Demonstrating some improved behavior; participating in some case plan goals. The caretaker is participating in some of the identified services and is demonstrating improved functioning in some of the case plan goals.

c. No improvement in behavior; fails to participate or has minimal/sporadic participation. The caretaker has not demonstrated improvement in behavior. Caretaker refuses involvement in services, fails to participate as required, or sporadically follows the case plan.

R3. Has there been a new valid investigation finding (in this household) since the initial assessment or the last reassessment?
Rate this item based on whether a report(s) has been investigated and validated for this household **since the initial assessment or the last reassessment.**

a. No—there has not been a validated investigation for this household during this assessment period.

b. Yes—during this assessment period, an investigation on this household has been validated.

SECTION 2: VISITATION PLAN EVALUATION

Note: When assessing visitation, the need to supervise a visit due to safety concerns is evaluated. If a visit is being supervised because of a legal status, but you would not supervise or be concerned for the child's safety were it not for the legal status, consider the visit unsupervised when evaluating the quality of visitation.

- Excellent. Unsupervised (or supervised, but not because of safety concerns) visits, extended and/or overnight visits or contact; positive caretaker-child interactions. No visits have been missed and contact is consistent. During visits, caretaker has demonstrated nurturing, feeding, appropriate supervision, age-appropriate interaction, etc.

- Good. Unsupervised (or supervised, but not because of safety concerns) visits and contacts; caretaker-child interaction is appropriate. Visits or contacts may have been rescheduled but arrangements were made in advance. No missed visits without a legitimate explanation.

- Fair. Supervised (due to safety concerns) visits and/or contacts; caretaker-child interaction may have improved, but more improvement is necessary. Visits are supervised but may have been extended in length due to improved parental behavior. No more than one missed visit without legitimate explanation or advance notice.

- Poor. Supervised (due to safety concerns) visits and/or contacts; poor caretaker-child interaction. More than one missed visit without legitimate explanation and/or advance notice, and/or caretaker has demonstrated poor parenting techniques or poor caretaker-child interaction during visitation. Unsupervised visits may have been rescinded due to poor parental behavior.

- None. Caretaker has failed to visit, or visits have been suspended due to parental behavior.

- No visitation. Caretaker is unable to visit the child.

SECTION 3: REUNIFICATION SAFETY REASSESSMENT

Whenever reunification for any child is being considered, a safety reassessment must be completed on the household to which the child would be returned. The worker must address any threats to danger that are present, whether they were identified at the time of removal or are new. If threats to danger are no longer present, documentation as to how they were resolved is required. Include threats to danger, diminished parental protective capacities, and child vulnerabilities. A child may be reunified if a threat to danger exists as long as a protective intervention is in place and documented to ensure the child's safety.

SECTION 4: PERMANENCY PLAN RECOMMENDATION SUMMARY

Reunify
Based on the reunification reassessment results, the child is eligible for reunification with the household being assessed.

Maintain in Care
Based on the reunification assessment results, the child will remain in out-of-home care and reunification efforts will continue with the household under assessment.

Change Permanency Plan
Change the permanency plan goal from reunification to adoption, transfer to relative, or APLA (Alternate Permanent Living Arrangement—may be used only with a documented and approved compelling reason). Continue reasonable efforts as required.

Override
If an override is used, indicate the final permanency plan recommendation: Reunification, Adoption, Transfer to relative, or APLA.

STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SDM® OUT-OF-HOME REUNIFICATION REASSESSMENT
POLICY AND PROCEDURES

The out-of-home reunification reassessment consists of five parts that are used to evaluate risk, visitation compliance, and safety issues; describe permanency plan guidelines; and record the permanency plan goal. Results are used to reach a permanency placement recommendation and to guide decisions about whether or not to reunify a child. This reassessment is only to be used with households being considered as a reunification resource. This is not to be used to assess potential relative caretakers or other potential permanent placements.

Which Cases: Any out-of-home placement case in which at least one child is in out-of-home placement with a goal of "reunification." When parents live separately and each has a case plan with reunification as a goal, separate reunification reassessments are required.

If there is a judicial order that reunification efforts are no longer required by the Department, the reunification reassessment is no longer used.

Who: The SP worker. When more than one workers are assigned to work with the family or various family members, the SP worker is always considered the lead worker and would complete the reunification reassessment. The SP worker would work closely with other assigned workers and each would share vital information as to the risk, safety, visitation, and treatment plan objectives.

If a child in an FS case has been placed out of the home and has a return home goal (i.e., "Act 148" cases), the FS worker would complete the reunification reassessment.

When: At the quarterly supervisory review, which occurs within 90 days of the case acceptance staffing. Reassessments are required every 90 days thereafter until the court changes the goal from reunification or all children have been reunified.

At any time a child is being considered for immediate reunification, if more than 30 days has passed since the most recent reunification reassessment.

Prior to court hearing hearings, if more than 30 days has passed since the most recent reunification reassessment.

Note: If a child is removed from the home while the case is opened for FS, the reunification reassessment schedule is based on the date of the child's removal.

Decisions: The reunification risk reassessment, the visitation plan evaluation, and the reunification safety reassessment inform the decision of reunifying a child with their parent, continuing reunification efforts, or changing the permanency goal. The permanency plan guidelines and recommendation section provide the structure and documentation for these decisions.

Appropriate Completion:
In the header, identify if this is the removal household (yes or no). If no, complete "Household Name" field by entering the last name and first name of the primary caretaker in the household that is being assessed.

SECTION 1: OUT-OF-HOME REUNIFICATION RISK REASSESSMENT
Complete the out-of-home reunification risk reassessment and indicate the risk level. For existing open cases at the time of initial SDM implementation, a reunification reassessment will be completed at the next scheduled review using the answer (e) for R1 (no initial SDM risk level). When parents live separate and apart and you are considering reunification to a parent who did not have an initial risk assessment, you would also answer (e) for R1.

Mandatory Overrides
The worker determines if any of the mandatory override reasons exist. These overrides have been determined by the agency as case situations that warrant the highest level of service from the agency regardless of the risk scale score at reassessment. If any mandatory override reasons exist, select the applicable reason and increase the final risk level to very high. Note that the conditions associated with all of the mandatory overrides must have taken place as a result of a new referral **during the reassessment period**. A mandatory override is only used at reassessment if the event has occurred in relation to a new referral since the last assessment/reassessment.

Discretionary Override
The worker determines if there is a discretionary override reason. At reassessment, a discretionary override may be applied to **increase or decrease the risk level** by one level in any case where the worker feels the risk level set by the scale is too low or too high.

SECTION 2: VISITATION PLAN EVALUATION
For each child, indicate the level at which the caretaker has participated in the visitation plan. If there is no visitation plan, identify the appropriate reason and proceed to Section 4.

If there is a visitation plan, evaluate the caretaker's participation. Visitation evaluation choices range from excellent to none. Rate caretaker(s) based on the quality of interaction and their compliance with the visitation schedule for each child.

SECTION 3: REUNIFICATION SAFETY REASSESSMENT

Complete the reunification safety reassessment. The Safety Assessment Form 5 is to be completed and considered in this Safety Review. Review the threats of danger at the time of the child's removal and how they are being addressed and or have been resolved. Indicate whether there are new threats of danger and how they are being resolved and/or addressed.

1. Threats of Danger

   Answer questions 1 and 2 in this section based on current information. The worker must review the safety assessment that was completed at the time of the child's removal and a Safety Assessment Form 5 to ensure that all conditions that resulted in the child's removal are no longer present. When assessing the household of a non-removal parent, the worker should indicate that the assessment is being completed on a non-removal parent and document the Safety assessment.

2. Safety Decision

   a. If no threats of danger are present, as indicated by a "no" answer to both questions 1 and 2 in Section 3, mark "A. Threats of Danger Not Present" to indicate that the child can be recommended for reunification.

   b. If one or more threats of danger are present, as indicated by a "yes" answer to question 1 and/or 2 in Section 3, mark "B. Threats of Danger Remain Present".

      - If threats of danger are present but caretaker protective capacities manage the threats AND a safety plan is required, mark "Yes".

      - If threats of danger are present but the child(ren) is unsafe as there is a threat that the child(ren) is vulnerable to, and caretaker protective capacities are insufficient OR unable to be assessed, mark "No".

SECTION 4: PERMANENCY PLAN RECOMMENDATION SUMMARY

The final risk level (Section 1) and safety decision (Section 3, if applicable) will be displayed next to the permanency plan decision tree. The name of each child for whom a visitation evaluation (Section 2) was completed will appear in the first column of the grid. The visitation evaluation will appear in the second column, based on the completion of Section 2. The worker must indicate if the child has been in care 15 of the last 22 months by selecting the appropriate box on the third column. The fourth column will indicate the presumptive permanency recommendation based on the completion of Sections 1, 2, 3 if applicable, and the answer to the 15 of 22 months question. The worker may override this decision by indicating an override in the column titled "override." If the override is to change the permanency goal, the worker will need to indicate the final recommended permanency goal in the final column. Any override will require a brief description of reasons for the override.