

# **SDM® RISK REASSESSMENT**

## **Policy and Procedures Manual**



**Kentucky Department  
for Community Based  
Services**

July 2025

## KENTUCKY DEPARTMENT FOR COMMUNITY BASED SERVICES

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# ONGOING ASSESSMENT PATHWAY DETERMINATION

Kentucky Department for Community Based Services

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Household Assessed: \_\_\_\_\_

Worker: \_\_\_\_\_ Assessment/Reassessment Date: \_\_\_\_\_

**Is any child being assessed currently placed outside of the home of origin?**

- Yes.** Please ensure all placement screens are completed in TWIST and proceed to the Structured Decision Making® (SDM) reunification assessment.
- No.** Please proceed to the SDM® risk reassessment.

# SDM® FAMILY RISK REASSESSMENT FOR IN-HOME CASES

Kentucky Department for Community Based Services

Revised: 06/25

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Primary Caregiver: \_\_\_\_\_ Secondary Caregiver: \_\_\_\_\_

Date: \_\_\_\_\_ Worker Name: \_\_\_\_\_

The first four items are scored based on conditions that were present at the time of the referral that resulted in the case opening. Unless new information has been learned about those conditions, these should be scored the same as on the initial risk assessment.

## R1. NUMBER OF PRIOR NEGLECT OR ABUSE CPS INVESTIGATIONS

|  | Score |
|--|-------|
| a. <input type="radio"/> None          | 0     |
| b. <input type="radio"/> One or two    | 1     |
| c. <input type="radio"/> Three or more | 2     |

## R2. HOUSEHOLD WAS PREVIOUSLY REFERRED FOR ONGOING CHILD PROTECTIVE SERVICES

|                              | Score |
|------------------------------|-------|
| a. <input type="radio"/> No  | 0     |
| b. <input type="radio"/> Yes | 1     |

## R3. PRIMARY PARENT HAS A HISTORY OF ABUSE AND/OR NEGLECT AS A CHILD

|                              | Score |
|------------------------------|-------|
| a. <input type="radio"/> No  | 0     |
| b. <input type="radio"/> Yes | 1     |

#### R4. CHARACTERISTICS OF CHILDREN IN THE HOUSEHOLD

|  | Score |
|--|-------|
| a. <input type="radio"/> Not applicable  | 0     |
| b. <input type="radio"/> One or more presents ( <i>select all applicable for any child</i> )<br><input type="checkbox"/> Developmental disability<br><input type="checkbox"/> Learning disability<br><input type="checkbox"/> Physical disability<br><input type="checkbox"/> Medically fragile or a failure to thrive | 1     |
| c. <input type="radio"/> High-acuity behavior ( <i>select if applicable for any child</i> )  | 0     |

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

#### R5. NEW INVESTIGATION OF ABUSE OR NEGLECT SINCE THE INITIAL RISK ASSESSMENT OR THE LAST REASSESSMENT

|                              | Score |
|------------------------------|-------|
| a. <input type="radio"/> No  | 0     |
| b. <input type="radio"/> Yes | 2     |

#### R6. PRIMARY/SECONDARY PARENT ALCOHOL AND/OR DRUG USE SINCE THE LAST ASSESSMENT/REASSESSMENT (SELECT ONE FOR EACH PARENT)

| P                     | S                     |  | Score |
|-----------------------|-----------------------|--|-------|
|                       | <input type="radio"/> | No secondary parent  |       |
| <input type="radio"/> | <input type="radio"/> | a. No history of alcohol or drug abuse                               | 0     |
| <input type="radio"/> | <input type="radio"/> | b. No current alcohol or drug abuse; no intervention needed          | 0     |
| <input type="radio"/> | <input type="radio"/> | c. Yes, alcohol or drug abuse; problem is being addressed            | 0     |
| <input type="radio"/> | <input type="radio"/> | d. Yes, alcohol or drug abuse; problem is <u>not</u> being addressed | 1     |

#### R7. ADULT RELATIONSHIPS IN THE HOME

|   | Score |
|---|-------|
| a. <input type="radio"/> None applicable  | 0     |
| b. <input type="radio"/> Yes (select all that apply)<br><input type="checkbox"/> Harmful/tumultuous relationships<br><input type="checkbox"/> Domestic violence | 1     |

**R8. PRIMARY PARENT MENTAL HEALTH SINCE THE LAST ASSESSMENT/REASSESSMENT (SELECT ONE)**

|   | <b>Score</b> |
|---|--------------|
| a. <input type="radio"/> No history of mental health problems                               | 0            |
| b. <input type="radio"/> No current mental health problem; no intervention needed           | 0            |
| c. <input type="radio"/> Yes, mental health issues are being addressed                      | 0            |
| d. <input type="radio"/> Yes, mental health problems; problem is <u>not</u> being addressed | 1            |

**R9. SECONDARY PARENT MENTAL HEALTH SINCE THE LAST ASSESSMENT/REASSESSMENT (SELECT ONE)**

|   | <b>Score</b> |
|---|--------------|
| <input type="radio"/> No secondary parent   |              |
| a. <input type="radio"/> No history of mental health problems                               | 0            |
| b. <input type="radio"/> No current mental health problem; no intervention needed           | 0            |
| c. <input type="radio"/> Yes, mental health issues are being addressed                      | 0            |
| d. <input type="radio"/> Yes, mental health problems; problem is <u>not</u> being addressed | 0            |

**R10. PRIMARY PARENT PROVIDES FOR BASIC NEEDS OF THE CHILD**

|   | <b>Score</b> |
|---|--------------|
| a. <input type="radio"/> Provides for child's basic needs         | 0            |
| b. <input type="radio"/> Does not provide for child's basic needs | 1            |

## R11. PARENT’S PROGRESS WITH CASE PLAN TASKS (AS INDICATED BY BEHAVIORAL CHANGE)

(Score for each parent. Score based on the parent demonstrating the least progress.)

| P                     | S                     |  | Score |
|-----------------------|-----------------------|--|-------|
|                       | <input type="radio"/> | No secondary parent  |       |
| <input type="radio"/> | <input type="radio"/> | a. Demonstrates new skills and behaviors consistent with all family case plan tasks and is actively engaged in maintaining progress  | 0     |
| <input type="radio"/> | <input type="radio"/> | b. Demonstrates some new skills and behaviors consistent with family case plan tasks and is actively engaged in activities to achieve objectives                                 | 0     |
| <input type="radio"/> | <input type="radio"/> | c. Minimally demonstrates new skills and behaviors consistent with case plan tasks and/or has been inconsistently engaged in obtaining the objectives specified in the case plan | 0     |
| <input type="radio"/> | <input type="radio"/> | d. Does not demonstrate new skills and behaviors consistent with case plan tasks and/or refuses engagement   | 1     |

## FINAL RISK LEVEL

The family’s risk level is based on the following chart.

| SCORE | RISK LEVEL |
|-------|------------|
| 0–1   | Low        |
| 2–4   | Moderate   |
| 5–7   | High       |
| 8+    | Very High  |

Scoring for risk items 1–4 is based on conditions present at the time of the referral (often called “static risk items.”) \_\_\_\_\_

Scoring for risk items 5–11 is based on parent actions since the last assessment/reassessment (often called “dynamic risk items”). \_\_\_\_\_

## SAFETY REVIEW

### S1. WERE SAFETY THREATS IDENTIFIED DURING CURRENT SERVICE PROVISION?

- No (No safety threats were identified)
- Yes (Describe; list previous safety threats and go to S2)

## S2. WERE THE SAFETY THREATS RESOLVED?

- No
- Yes

Describe how previous safety threat(s) were resolved. If unresolved, describe how the safety threats are being addressed.

## FINAL ACTION—WORKER RECOMMENDATION

While the recommended action should be followed for most families, there are times when alternative actions will be required or needed. Select the action that will be taken and provide a rationale.

- Continue ongoing services.** Worker can work with the family to update necessary case-planning goals and objectives.
- Continue ongoing services due to court action.** Worker will work with the family to update necessary case-planning goals and objectives and document the rationale for continued court action.
- Close ongoing services. Family is moving out of state.** Worker will complete all necessary service recordings. Worker will make necessary reports to the new state the family resides in. Worker will complete necessary aftercare planning with the family and prepare closing notification letters. When the final Family Services Office Supervisor (FSOS) approval is granted, the worker will complete necessary case-closure screens within TWIST.
- Close ongoing services.** Family declined continued services from child protection, and there is no legal standing to require ongoing services. Worker will complete all necessary service recordings and aftercare planning with the family and prepare closing notification letters. Worker can document any specific concerns regarding identified risk factors within the family within the assessment and service recordings. When the final FSOS approval is granted, the worker will complete necessary case-closure forms within TWIST.
- Close ongoing services.** Worker will complete all necessary service recordings and aftercare planning with the family and prepare closing notification letters. When final FSOS approval is granted, the worker will complete necessary case-closure forms within TWIST.
- Other.** Worker will provide rationale statement with details of plan to continue services or close case.

Rationale:

**Caseworker:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# SDM® GENERAL DEFINITIONS

## Kentucky Department for Community Based Services

### HOUSEHOLD

All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home.

Consider a person to be a member of the household if they spend 50% or more of their time in the home OR if the home is their only permanent residence (e.g., deployed members of the military, temporarily incarcerated individuals).

Do not consider employees (e.g., babysitter, nanny) to be household members.

In a situation in which multiple families share a home, consider the group to be one household if there is shared childcare and/or shared access to the children. For example, if two families share a house and the adults in both family groups have access to children in both families, assess the group as one household. However, if two families share a house with clear partitions of space and the ability to restrict access to children (e.g., locked doors between living areas, separate entrances to the home), consider the families to comprise two separate households.

### CARETAKER

Caretaker refers to any of the following persons.

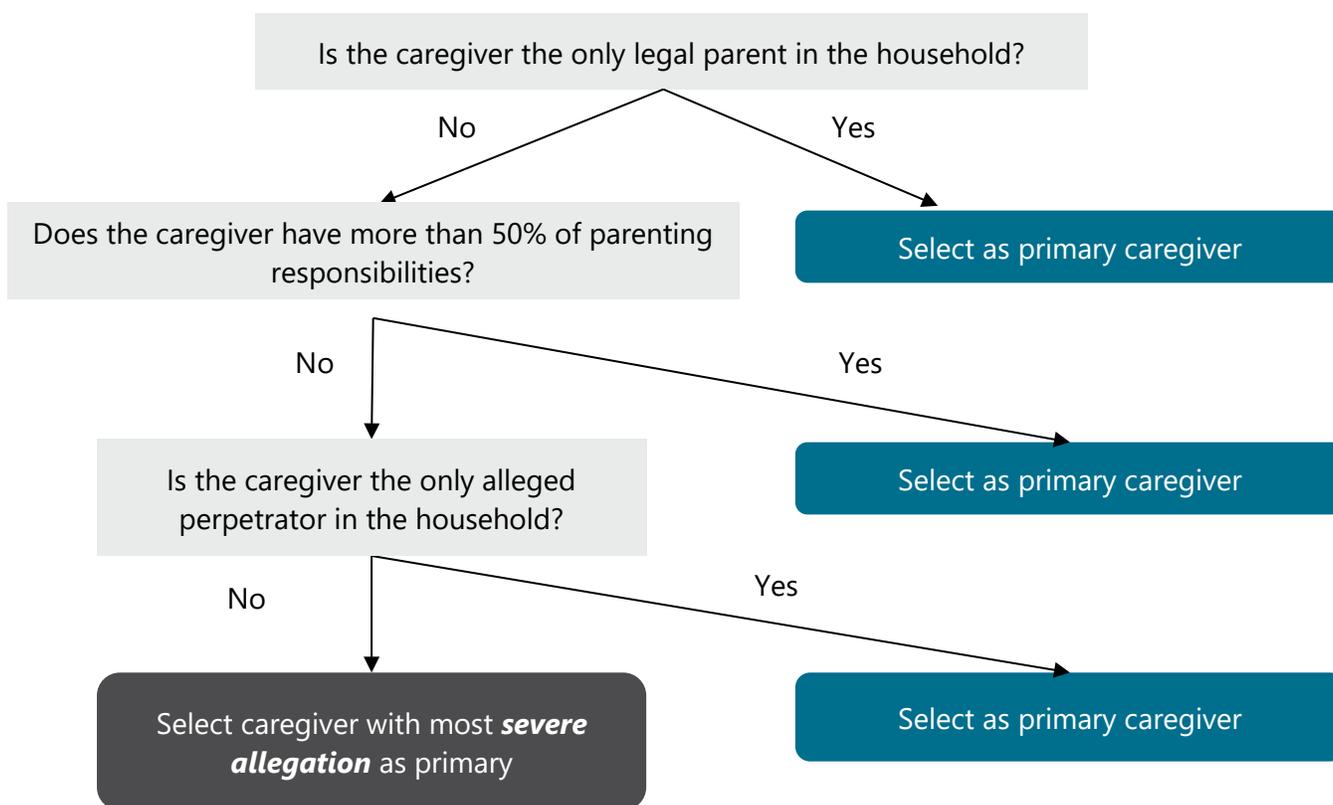
- A person responsible for a child's health, welfare, or care, including:
  - » The child's parent;
  - » The child's guardian;
  - » The child's foster parent;
  - » An employee of a public or private residential home, agency, or institution;
  - » Any other person legally responsible under state law for the child's welfare in a residential setting; or
  - » Any staff person providing out-of-home care, including center-based child daycare, family daycare, or group daycare.
- A person entrusted with the care of a child, defined as someone given access to a child by a person responsible for the health, welfare, or care of a child for the purpose of providing education, childcare, counseling, spiritual guidance, coaching, training, instruction, tutoring, or mentoring.

Only a child as defined above may be classified as a victim of child abuse and/or neglect.

Only a person responsible, a person given access, or a person entrusted as defined above may be classified as a perpetrator of child abuse and/or neglect.

| SITUATION   | PRIMARY CARETAKER   | SECONDARY CARETAKER                           |
|---|---|---|
| Only caretaker  | The only caretaker  | None  |
| Two or more caretakers with differing caretaking roles  | The caretaker who provides the most care (emotional and physical) for the child | The caretaker who provides the next most care |
| Two or more caretakers with equal caretaking roles, but only one is the legal caretaker                         | The only legal caretaker  | The other caretaker                           |
| Two or more caretakers with equal caretaking roles AND equal legal status                                       | The caretaker named as the person causing harm                                  | The other caretaker                           |
| Two or more caretakers with equal caretaking roles, equal legal status, AND equal contribution to harming child | The caretaker whose harm has had greatest impact on child                       | The other caretaker                           |

### CARETAKER LOGIC



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

# SDM® FAMILY RISK REASSESSMENT FOR IN-HOME CASES DEFINITIONS

## Kentucky Department for Community Based Services

### R1. NUMBER OF PRIOR NEGLECT OR ABUSE CPS INVESTIGATIONS

Identify whether prior investigations involved any adult members of the current household with caretaking responsibilities who were alleged perpetrators of neglect or physical, emotional, sexual abuse, or human trafficking, regardless of whether the investigation occurred in the same household and regardless of the finding.

Do not count the following.

- Allegations perpetrated by an adult not currently part of the household.
  - Investigations in which children in the home were identified as perpetrators of abuse/neglect.
  - Referrals that were screened out/not accepted for investigation.
  - Any reports accepted as a non-investigatory response (i.e., dependency, court-related activities, law enforcement assistance).
- a. Choose A if there were no prior assigned investigations.
  - b. Choose B if there were one or two prior assigned investigations.
  - c. Choose C if there were three or more prior assigned investigations.

### R2. HOUSEHOLD WAS PREVIOUSLY REFERRED FOR ONGOING CHILD PROTECTIVE SERVICES

Select B if any adult members of the current assessed household with caretaking responsibilities were referred for or received ongoing services due to a prior investigation. Do not include ongoing services that the household is currently receiving. Service history includes court-ordered family services or ongoing family services.

- Include:
  - » Court-ordered services where the court's jurisdiction is based on abuse or neglect.
  - » Ongoing services in response to a substantiated abuse or neglect report.
  - » Ongoing services with a family agreement responding to a "services needed" finding.

- Exclude services or referrals provided for reasons other than abuse or neglect. For example, exclude referrals or referral assistance to local parenting support groups, housing programs, or food pantries when no allegations of abuse or neglect exist.
- a. Choose A if the household has not had a prior open CPS case.
  - b. Choose B if the household has one or more prior open CPS cases.

### **R3. PRIMARY PARENT HAS A HISTORY OF ABUSE OR NEGLECT AS A CHILD**

The primary parent was maltreated as a child. Consider any maltreatment history known to the agency or credible statements by the primary parent or others. Include situations that would be considered abuse or neglect using current standards, even if the situation was not considered abuse or neglect at the time.

- a. Choose A if the primary parent was not maltreated as a child.
- b. Choose B if the primary parent was maltreated as a child.

### **R4. CHARACTERISTICS OF CHILDREN IN THE HOUSEHOLD**

Identify whether any child in the household has a developmental, learning, or physical disability or is diagnosed as medically complex or a failure to thrive. Base identification on credible information from a parent that a child has been diagnosed, statements from a physician or mental health professional, or review of records.

- a. Choose A if no child in the household exhibits the characteristics listed below.
- b. Choose B if any child in the household exhibits characteristics listed below and select all types present.
- c. Choose C if any child in the household exhibits high-acuity behavior.

#### **DEVELOPMENTAL DISABILITY**

A severe, chronic condition diagnosed by a physician or mental health professional due to psychological or physical impairments. Examples include intellectual developmental disorders, autism spectrum disorders, and cerebral palsy.

#### **LEARNING DISABILITY**

Child has an individualized education plan (IEP) to address a learning problem such as dyslexia. Do not include an IEP designed solely to address mental health or behavioral problems. Also, include a child

with a learning disability diagnosed by a physician or mental health professional eligible for an IEP but who does not yet have one or who is in preschool.

## **PHYSICAL DISABILITY**

A severe, acute, or chronic condition diagnosed by a physician that impairs mobility, sensory, or motor functions. Examples include paralysis, amputation, and blindness.

## **MEDICALLY FRAGILE OR A FAILURE TO THRIVE**

“Medically fragile” describes a child who has any condition diagnosed by a physician that can become unstable and change abruptly, resulting in a life-threatening situation that requires daily ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members. This child also requires the routine use of a medical device or assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living. The child lives with an ongoing threat to their continued well-being.

Failure to thrive: A diagnosis of “failure to thrive” by a physician.

## **HIGH-ACUITY BEHAVIOR**

Behaviors that require intensive services add significant stress on the family or could result in a danger to self or others. Examples include the following.

- Juvenile court involvement status offenses, criminal behavior
- Untreated mental health and disruptive/aggressive behaviors
- Significant treated diagnosis that involves difficult behaviors as a daily occurrence (e.g., autism, intellectual disability, co-occurring physical conditions)
- Substance abuse
- AWOL
- Problematic sexual behaviors
- Pregnant/parenting teens
- Refusal to engage in service

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

## R5. NEW INVESTIGATION OF ABUSE OR NEGLECT SINCE THE INITIAL RISK ASSESSMENT OR THE LAST REASSESSMENT

Identify whether at least one investigation was initiated in the household **since the initial risk assessment or last reassessment**. This includes active or completed investigations, regardless of the investigation's conclusion, that have been initiated since the initial assessment or last reassessment.

## R6. PRIMARY OR SECONDARY PARENT ALCOHOL OR DRUG USE SINCE THE LAST ASSESSMENT OR REASSESSMENT

Identify alcohol/drug use by the parent(s) during the review period, whether there is a current problem that interferes with parent functioning or family functioning, and, if so, how the parent(s) has addressed the problem during the review period.

Non-abusive use of legal prescription drugs or over-the-counter medications should not be identified as an issue.

Assess both parent(s) individually. The numeric score for this item is based on the parent demonstrating the more negative behavior of the two parents.

Not addressing the problem since the last assessment/reassessment includes:

- Substance use that affects or affected employment, criminal involvement, or marital or family relationships or that affects or affected the parent's ability to provide protection, supervision, and care for the child.
  - A substance-related arrest since the last assessment/reassessment.
  - Self-report of a problem.
  - Refusing or noncompliance with assessments or treatment recommendations.
  - Multiple positive drug screens; health/medical problems resulting from substance use or misuse.
- a. Choose A if there is no history of alcohol or drug abuse.
  - b. Choose B if there is a history of alcohol or drug abuse that is not current and did not require intervention during the review period.
  - c. Choose C if there is alcohol or drug abuse, and the problem is being addressed.
  - d. Choose D if there is alcohol or drug abuse and the problem is **not** being addressed.

## R7. ADULT RELATIONSHIPS IN THE HOME

Identify the current status of adult relationships in the household.

- a. Choose A if not applicable or there are no problems observed.

- b. Choose B if there are harmful adult relationships.

Since the most recent assessment, adult relationships in the household have harmed household functioning or the child's care. These relationships may have been marked by physical assault(s) or periods of intimidation/threats/harassment between parents or between a parent and another adult. Stressors are present, and the household is experiencing a decrease in positive interactions, coupled with a lack of cooperation and emotional or verbal abuse.

## **R8. PRIMARY PARENT MENTAL HEALTH SINCE THE LAST ASSESSMENT/REASSESSMENT**

Determine the primary parent's current mental health status. Does the parent have a current significant mental health diagnosis, as determined by a qualified medical or mental health professional, that inhibits daily functioning, and if so, is the problem being addressed?

Not addressing the problem includes a parent who, during the review period:

- Has a mental health condition that affects or has affected the parent's employment, criminal involvement, or intimate or family relationships or that affects or affected their ability to provide protection, supervision, and care for the child.
- Has not followed through with assessments or treatment recommendations for mental health/psychological evaluations.
- Denies diagnosis.
- Was recommended for treatment/hospitalization or treated/hospitalized for emotional problems.

If the primary parent has never been diagnosed but appears to have (or has had) a mental health problem, consider obtaining an assessment prior to scoring. Do not count reports motivated solely by efforts to undermine the credibility of the primary parent or other ulterior motives.

Addressing the problem is indicated by whether the parent is participating in interventions and following through with recommendations including, but not limited to, outpatient therapy, use of prescribed psychotropic medication, or inpatient treatment.

- a. Choose A if the primary parent does not have a current or past mental health problem.
- b. Choose B if there is a history of mental health concerns, but within the past year, there has been no mental health problem that requires intervention.
- c. Choose C if there is a mental health problem and the problem is being addressed.
- d. Choose D if a mental health problem is **not** being addressed.

## R9. SECONDARY PARENT MENTAL HEALTH SINCE THE LAST ASSESSMENT/REASSESSMENT

Determine the secondary parent's current mental health status. Does the parent have a current significant mental health diagnosis, as determined by a qualified medical or mental health professional, that inhibits daily functioning, and if so, is the problem being addressed?

Not addressing the problem includes a parent who, during the review period:

- Has a mental health condition that affects or affected the parent's employment, criminal involvement, or intimate or family relationships or that affects or affected their ability to provide protection, supervision, and care for the child.
- Has not followed through with assessments or treatment recommendations for mental health/psychological evaluations.
- Denies diagnosis.
- Was recommended for treatment/hospitalization or treated/hospitalized for emotional problems.

If the secondary parent has never been diagnosed but appears to have (or has had) a mental health problem, consider obtaining an assessment prior to scoring. Do not count reports motivated solely by efforts to undermine the credibility of the primary parent or other ulterior motives.

Addressing the problem is indicated by whether the parent is participating in interventions and following through with recommendations including, but not limited to, outpatient therapy, use of prescribed psychotropic medication, or inpatient treatment.

- a. Choose A if the secondary parent does not have a current or past mental health problem.
- b. Choose B if there is a history of mental health concerns, but within the past year, there has been no mental health problem that requires intervention.
- c. Choose C if there is a mental health problem and the problem is being addressed.
- d. Choose D if a mental health problem is **not** being addressed.

## R10. PRIMARY PARENT PROVIDES FOR THE BASIC NEEDS OF THE CHILD

Determine whether the parent provides for the child's basic needs (age-appropriate feeding, clothing, shelter, hygiene, and medical care). Not providing for the child's basic needs threatens the child's well-being or harms the child. Examples of not providing for the child's basic needs include but are not limited to:

- The parent does or did not seek treatment for the child's immediate, dangerous, or chronic medical or dental condition or does not follow prescribed treatment for such condition, resulting in declining health status.
- Repeated failure to provide the child with weather-appropriate clothing.

- Persistent rodent or insect infestations when efforts have not been made to address them.
  - Lack of adequate water or utilities (e.g., heat, plumbing, electricity, adequate ventilation, or cooling) and no safe, alternative provisions have been made.
  - Poisonous substances or dangerous objects lying within reach of a small child.
- a. Choose A if the parent provides for the child's basic needs.
  - b. Choose B if parent(s) do not provide for the child's basic needs.

## **R11. PARENT'S PROGRESS WITH CASE PLAN TASKS (AS INDICATED BY BEHAVIORAL CHANGE)**

Compliance with/attendance of services is not sufficient to indicate behavioral change.

Identify whether a parent is actively engaged in achieving the case plan tasks specified in the case plan and is demonstrating skills/behaviors that will enable the parent to create and maintain safety for the child (e.g., ability to manage substance use/abuse, ability to resolve conflict constructively and respectfully, using age-appropriate discipline in conjunction with appropriate boundary setting, developing a mutually supportive relationship with a partner).

If there are two parents, rate progress for each. The numeric score for this item is based on the parent demonstrating the least participation or progress toward case plan tasks.

### **A. DEMONSTRATES NEW SKILLS AND BEHAVIORS CONSISTENT WITH ALL FAMILY CASE PLAN TASKS AND IS ACTIVELY ENGAGED IN MAINTAINING PROGRESS**

Choose this option if the parent regularly demonstrates all behavioral changes identified in the case plan tasks, which can create long-term safety for children in the household. The parent is actively engaged in activities to maintain progress.

### **B. DEMONSTRATES SOME NEW SKILLS AND BEHAVIORS CONSISTENT WITH FAMILY CASE PLAN TASKS AND IS ACTIVELY ENGAGED IN ACTIVITIES TO ACHIEVE OBJECTIVES**

Choose this option if the parent is demonstrating some new skills and behavioral change consistent with case plan tasks and is actively engaged in achieving the objectives but is not regularly demonstrating the behaviors necessary to create long-term safety in all areas.

**C. MINIMALLY DEMONSTRATES NEW SKILLS AND BEHAVIORS CONSISTENT WITH CASE PLAN TASKS OR HAS BEEN INCONSISTENTLY ENGAGED IN OBTAINING THE OBJECTIVES SPECIFIED IN THE CASE PLAN**

Choose this option if the parent demonstrates minor behavioral change consistent with family case plan tasks but has made little progress toward changing their behavior and is not actively achieving the objectives. Parent behavior continues to make it difficult to create safety or may contribute to immediate danger of serious harm.

**D. DOES NOT DEMONSTRATE NEW SKILLS AND BEHAVIORS CONSISTENT WITH CASE PLAN TASKS OR REFUSES ENGAGEMENT**

Choose this option if the parent has not demonstrated behavioral change consistent with family case plan tasks. The parent refuses services, sporadically follows the case plan, or has not demonstrated the necessary skills/behaviors due to a failure or inability to participate. The parent cannot create or maintain safety or their behavior is likely to contribute to immediate danger of serious harm.

**SAFETY REVIEW**

**S1. WERE SAFETY THREATS IDENTIFIED DURING CURRENT SERVICE PROVISION?**

Review safety assessments completed during the current provision of service. If safety threats were identified, select “yes” and describe them. Select “no” if no safety threats were identified during the current service.

**S2. WERE THE SAFETY THREATS RESOLVED?**

If the safety threats were resolved, select “yes” and describe how they were resolved, including the parent’s demonstration of protective actions to resolve the danger. If they were unresolved, select “no” and describe how they are being addressed.

# **SDM FAMILY RISK REASSESSMENT FOR IN-HOME CASES POLICIES AND PROCEDURES**

## **Kentucky Department for Community Based Services**

The risk reassessment aims to help assess whether risk has been reduced sufficiently to allow a case to be closed or whether the risk level remains high and services should continue. This is accomplished by evaluating whether the family's behaviors and actions have changed due to the case plan.

The family risk reassessment combines items from the original risk assessment with additional items that evaluate a family's progress toward case plan goals.

Research has demonstrated that for the reassessment, a single index best categorizes risk for future involvement with child protection. Unlike the initial risk assessment, which contains separate indices for risk of neglect and abuse, the risk reassessment comprises a single index.

## **WHICH CASES**

All open cases in which all children remain in the home or cases in which all children have been returned home, as well as family maintenance services, will be provided.

## **WHO**

The case-carrying worker.

## **WHEN**

Prior to each review, which occurs at least once every six months, and any recommendation to close the case or continue services.

To ensure that current SDM assessments are available, they should be completed no more than 30 working days before completing each case plan or recommendation for closure. The SDM risk reassessment should be completed sooner if new circumstances or information would affect risk.

## DECISION

The risk reassessment guides the decision to keep a case open or close a case.

## APPROPRIATE COMPLETION

### SCORING INDIVIDUAL ITEMS

Workers should familiarize themselves with the items included in the risk reassessment and their accompanying definitions. A score for each item is derived from the worker's observation of the characteristics it describes during interviews with household members (child, parents, and others) and collaterals, worker observations, reports and case records, and other reliable sources concerning progress in demonstrating behavioral change and meeting case plan tasks. Some characteristics are objective, such as prior child abuse/neglect history or the age of the child. Others require the worker to use discretionary judgment based on the worker's assessment of the family.

**Risk items R1–R4:** The first four items on the risk reassessment are generally scored the same way as the first four items on the initial risk assessment unless new information has become available about conditions at the initial risk assessment. Review the initial risk assessment to determine the scores and consider all available information.

**Risk items R5–R11:** These items are scored based ONLY on observations since the most recent assessment or reassessment.

When all items are scored, total the scores to determine the scored risk level following the instructions on the form.

### SAFETY REVIEW

Workers should complete a safety review before determining case actions. Reviewing safety plans and utilizing observations and family engagement strategies, consider how safety threats previously present have been resolved. This safety review section is not meant to be used as a safety assessment or to replace documentation of a safety plan. If there are unresolved safety threats, document how they are being addressed.

### PRACTICE CONSIDERATIONS

At the start of the service period, caseworkers should explain to the family the structure and process for conducting the reassessment, and they should link the reassessment process to the developed case plan.

Caseworkers should use formal and informal family engagement strategies during monthly in-person contacts or periodically scheduled family meetings to gather information about change over time, which should be documented in the case record. This aggregate information can then form the basis for scoring the formal reassessment.

It is highly recommended that formal engagement strategies be used, such as family team meetings to conduct the formal reassessment, develop an updated case plan, or engage in case closure planning.