

ACTUARIAL RISK ASSESSMENT (ARA)

The actuarial risk assessment (ARA) is completed when child abuse and/or neglect has been alleged. It is a research-based tool and statistical method of estimating risk of future maltreatment. The ARA differentiates cases with intensive, high, moderate, or low classification categories. The difference between risk levels is substantial. High risk families have significantly higher rates than low risk families of subsequent child abuse and/or neglect reports and substantiation. They are also more often involved in serious abuse or neglect incidents. Research demonstrates targeting resources to families in the high and intensive risk categories significantly reduces their recidivism rates.

To complete the risk assessment, the primary caregiver must be identified and if applicable, a secondary caregiver.

Primary caregiver is the person living in the household who has legal responsibility and provides the majority of childcare.

| Scenario | Primary Caregiver |
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| <ul style="list-style-type: none">Two caregivers present in the householdBoth caregivers have legal responsibility | Individual who provides the majority of childcare. |
| <ul style="list-style-type: none">Two caregivers present in the householdOne caregiver has legal responsibility | Individual who has legal responsibility. |
| <ul style="list-style-type: none">If above two scenarios cannot be resolved | Individual who is legally responsible and the AP/ASR. |

Secondary caregiver is a person living in the household who has routine responsibility for childcare, but less than the primary caregiver.

A paramour residing in the home may be a secondary caregiver even if he/she has minimal responsibility for care of the child(ren).

Risk Scale

The risk scales are based on empirical studies of abuse and neglect cases that examine the relationships between family characteristics and the outcomes of subsequent confirmed abuse and neglect. The scales do not predict recurrence for a specific family, rather they estimate how likely it is that families with similar characteristics will have another abuse/neglect incident if no intervention is provided.

One important result of these studies is the finding that a single instrument should not be used to assess risk of both abuse and neglect. Different family dynamics are present in abuse and neglect situations. Hence separate scales are used to assess the future likelihood of abuse or neglect.

Neglect Scale

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| <p>N1. Current report is for neglect.</p> <p>a. No (0) b. Yes (1)</p> | <p>Select “Yes” if the current (A/I) is for neglect or both abuse and neglect. This includes any problem under A/I not identified in the report.</p> |
| <p>N2. Number of prior reports.</p> <p>a. None (0) b. One or two (1) c. Three or more (2)</p> | <p>Do not include the current A/I.</p> <p>Include the following:</p> <ul style="list-style-type: none"> • All prior CA/N reports assessed/investigated, regardless of disposition outcome. • All prior reports for any type of abuse or neglect, even if the AP/ASR in prior A/I no longer reside in the home or current caregiver(s) had CA/N assessments in another family. • CA/N assessment/investigation which occurred in other counties or states. |
| <p>N3. Number of children in the home.</p> <p>a. Two or fewer (0) b. Three or more (1)</p> | <p>Include the number of individuals under 18 years of age (or under 21 if developmentally delayed or disabled) residing in the home at the time of the current report.</p> <p>*If a child is removed because of the A/I or is in runaway status, the child is counted as residing in the home.</p> |
| <p>N4. Number of adults in home at time of report.</p> <p>a. Two or more (0) b. One/none (1)</p> | <p>Include the number of individuals 18 years of age or over residing in the home at the time of the current report.</p> <p>Exclude any person 18-21 years old who is developmentally delayed and was counted as a "child" in the previous question.</p> |
| <p>N5. Age of primary caregiver.</p> <p>a. 28 or older (0) b. 27 or younger (1)</p> | <p>Determine the age of the primary caregiver at the time of the assessment/investigation.</p> |

N6. Characteristics of either caregiver (check & add).

- a. Not applicable (0)
- b. Parenting skills are major problem (1)
- c. Mental health issue (self-esteem, withdrawn, hopeless, MH evaluation, treatment referral) (1)

Assess whether the caregiver's inability or unwillingness to care for/supervise children and whether the caregiver fails to keep guns/weapons locked and inaccessible. The circumstances of the current incident and past practices may be considered.

Select **“Parenting skills are major problem”** if either caregiver employs excessive and/or inappropriate disciplinary practices to punish children in the home.

Examples of excessive or inappropriate disciplinary practices may include:

- Discipline that routinely involves use of an instrument (belt, board, etc.) that results in marks, bruises, contusions, etc.
- Restraining a child with rope, duct tape, or other mechanical means.
- Denial of food or other necessities as punishment.
- Use of disciplinary practices that are inappropriate given the child's age or development.

Over-controlling caregivers may be referred to as tyrannical due to use of cruel and unjust power and authority. Examples of over-controlling may include:

- Unreasonable and/or excessive rules.
- Overly demanding or overbearing.
- Overreaction, or berating/demeaning responses to relatively minor infractions.

*Caregivers who are simply strict and firm in their disciplinary practices should not be considered over-controlling.

Select **“Mental Health Issue”** if either caregiver reports or displays chronic and/or extreme lack of confidence, self-doubt, or disparagement, or is withdrawn. Examples include:

- Caregiver reports or appears overwhelmed to the point of not caring about self or children as evidenced by a recent substantial decline in hygiene, energy level and/or physical appearance not related to illness or injury.
- Any other evidence/reports of mental health diagnosis. Consider if the caregiver has been referred by a physician for a mental health evaluation or treatment.

N7. Either caregiver involved in harmful relationships.

- a. No (0)
- b. Yes, some problems but no history of domestic violence (1)
- c. Yes, major domestic conflict and/or domestic violence (2)

***Family violence** is any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member (youth included) of the family or household on another.*

***Domestic violence** (also called intimate partner violence (IPV), domestic abuse or relationship abuse) is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship.*

Select **“Yes, some problems, but no history of domestic violence”** when:

- Relationships outside the home (e.g., friends involved in drug lifestyle or criminal activities) that are harmful to the domestic functioning or childcare within the home.
- Harmful relationships inside the home that are not at the level of domestic violence.
- Current moderate level of marital or domestic discord that interferes with family functioning.
- Lack of cooperation or communication between partners that include open disagreements on how to handle child difficulties/discipline. Frequent and/or multiple live-in partners are included in this scale.

Select **“Yes, major domestic conflict and/or domestic violence”** when:

- A relationship characterized by domestic conflicts, often involving physical violence, that require intervention by police, family, or others.
- Either caregiver has a history of domestic violence or family violence as defined above.
- Evidence of mistreatment by hitting, slapping, yelling, berating, verbal/physical abuse, physical fighting (with or without injury; with or without weapon), continuing threats, intimidation, frequent separation/reconciliation, involvement in law enforcement and/or domestic violence programs, restraining orders or criminal complaints.
- Occurrence of chronic serious arguments and disagreements between caregivers and/or other adults in the household, little communication and/or support between caregivers exist, and are few positive interactions.

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| <p>N8. Either caregiver has a current substance misuse problem.</p> <p>a. No (0)</p> <p>b. Yes, alcohol or drug, either caregiver (1)</p> | <p>Select “Yes, alcohol or drug, either caregiver” as evidenced by misuse causing:</p> <ul style="list-style-type: none"> • CA/N report • Frequent conflict in home • Extreme behavior • Financial difficulties • Frequent illness • Job absenteeism, changes, or unemployment • Driving under the influence/traffic violations • Criminal activity and/or legal issues • Life organized around substance use <p>*Substance use in and of itself should not be considered a problem unless there have been negative consequences.</p> |
| <p>N9. Household is experiencing severe financial difficulty.</p> <p>a. No (0)</p> <p>b. Yes (1)</p> | <p>Select “Yes” when:</p> <ul style="list-style-type: none"> • The family is homeless. • The family cannot consistently pay for one or more basic household necessities (rent, heat, light, food, and clothing). • The lack of income or household not living within its means is due to the caregiver’s actions. |
| <p>N10. Primary caregiver’s motivation to improve parenting skills.</p> <p>a. Motivated and realistic (0)</p> <p>b. Unmotivated (1)</p> <p>c. Motivated but unrealistic (2)</p> | <p>Assess the primary caregiver’s motivation to improve parenting skills by observation of the primary caregiver’s response to a tentative service plan or agency assistance made during the A/I.</p> <p>The assessment is based on the caregiver's motivation at the end of the assessment/investigation period.</p> <ul style="list-style-type: none"> • Motivated and realistic: No need to improve parenting skills has been identified or there is a need, and the primary caregiver is willing and able to work with the agency. • Unmotivated: The primary caregiver is able but has not demonstrated a willingness to address issues with parenting skills. • Motivated but unrealistic: The primary caregiver is willing to make agreed upon changes but their physical, intellectual, or mental ability precludes making the changes. |

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| <p>N11. Caregiver(s) response to investigation and seriousness of complaint.</p> <ul style="list-style-type: none"> a. Attitude consistent with seriousness of allegation and complied satisfactorily (0) b. Attitude not consistent with seriousness of allegation (minimizes) (1) c. Failed to comply satisfactorily (2) d. Both b and c (3) | <p>Assessment should be based on the response of the caregiver who is the least cooperative or whose attitude is least consistent with the seriousness of the allegation.</p> <p>The assessment is based on the caregiver's overall response at the end of the A/I period.</p> <ul style="list-style-type: none"> • Attitude consistent with seriousness of allegation and complied satisfactorily: A single caregiver or both show a level of concern that is consistent with the nature of the allegation. The caregiver's focus is on the wellbeing of the child(ren), and they comply by answering questions, making the child(ren) available, making safety plans for the child(ren), etc. • Attitude not consistent with seriousness of allegation (minimizes): Either caregiver views the allegation less seriously than warranted or minimizes the level of harm to the child(ren). • Failed to comply satisfactorily: Either caregiver refuses involvement and/or refuses access to the child(ren) during the A/I. • Both b and c: Either caregiver has an attitude that is not consistent with seriousness of the allegation and did not cooperate during the A/I. |
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Abuse Scale

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| <p>A1. Current report is for physical or emotional abuse.</p> <ul style="list-style-type: none"> a. No (0) b. Yes (1) | <p>Select “Yes” if the current report is for physical or emotional abuse or both physical/emotional abuse and neglect. This includes any problem under A/I not identified in the report.</p> |
| <p>A2. Prior abuse reports.</p> <ul style="list-style-type: none"> a. None (0) b. Physical or sexual abuse report(s) (1) c. Emotional abuse report(s) (2) d. Both b and c (3) | <p>Do not include the current A/I.</p> <p>Include the following:</p> <ul style="list-style-type: none"> • All prior CA/N reports assessed/investigated, regardless of disposition outcome. • All prior reports for any type of abuse, even if the AP/ASR in prior A/I no longer reside in the home or current caregiver(s) had prior abuse A/I in another family. • Include CA/N assessments/investigations which occurred in other counties or states. |
| <p>A3. Prior CPS service history.</p> <ul style="list-style-type: none"> a. No (0) b. Yes (2) | <p>Select “Yes” if the family received CPS or foster care services because of a prior report of CA/N.</p> |

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| <p>A4. Number of children in the home.</p> <p>a. One (0)</p> <p>b. Two or more (1)</p> | <p>Include the number of individuals under 18 years of age (or under 21 if developmentally delayed or disabled) residing in the home at the time of the current report.</p> <p>*If a child is removed because of the A/I or is in runaway status, the child is counted as residing in the home.</p> |
| <p>A5. Either caregiver abused as a child.</p> <p>a. No (0)</p> <p>b. Yes (1)</p> | <p>Select “Yes” if there are agency records and credible statements by the caregiver(s) or others that either caregiver was abused as a child. Abuse includes physical, sexual, and other types of abuse (exclude neglect).</p> |
| <p>A6. Secondary caregiver has a current substance misuse problem.</p> <p>a. No, or no secondary caregiver (0)</p> <p>b. Yes (check all that apply) (1)</p> <ol style="list-style-type: none"> 1. Alcohol misuse problem 2. Drug misuse problem | <p>Select “Yes” as evidenced by misuse causing:</p> <ul style="list-style-type: none"> • CA/N report • Frequent conflict in home • Extreme behavior • Financial difficulties • Frequent illness • Job absenteeism, changes, or unemployment • Driving under the influence/traffic violations • Criminal activity and/or legal issues • Life organized around substance use • <p>*Substance use in and of itself should not be considered a problem unless there have been negative consequences.</p> <p>If responding "Yes" to this scale, check all that apply.</p> |

A7. Either caregiver has a history of domestic violence.

- a. No (0)
- b. Yes (1)

***Family violence** is any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member (youth included) of the family or household on another.*

***Domestic violence** (also called intimate partner violence (IPV), domestic abuse or relationship abuse) is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship.*

Select **“Yes”** if either caregiver has a history of domestic violence as a batterer or survivor.

Examples include:

- A relationship characterized by domestic conflicts, often involving physical violence, that require intervention by police, family, or others.
- Either caregiver has a history of domestic violence or family violence as defined above.
- Evidence of mistreatment by hitting, slapping, yelling, berating, verbal/physical abuse, physical fighting (with or without injury; with or without weapon), continuing threats, intimidation, frequent separation/reconciliation, involvement in law enforcement and/or domestic violence programs, restraining orders or criminal complaints.
- Occurrence of chronic serious arguments and disagreements between caregivers and/or other adults in the household, little communication and/or support between caregivers exist, and are few positive interactions.

A8. Either caregiver has major parenting skills problem (uses excessive discipline, over-controlling, parenting skills).

- a. No (0)
- b. Yes (1)

Select **“Yes”** if either caregiver employs excessive and/or inappropriate disciplinary practices to punish children in the home. Assess whether the caregiver's inability or unwillingness to care for/supervise children and whether the caregiver fails to keep guns/weapons locked and inaccessible. The circumstances of the current incident and past practices may be considered.

Examples of **excessive or inappropriate disciplinary practices** may include:

- Discipline that routinely involves use of an instrument (belt, board, etc.) that results in marks, bruises, contusions, etc.
- Restraining a child with rope, duct tape, or other mechanical means.
- Denial of food or other necessities as punishment.
- Use of disciplinary practices that are inappropriate given the child's age or development.

Over-controlling caregivers may be referred to as tyrannical due to use of cruel and unjust power and authority. Examples of **over-controlling** may include:

- Unreasonable and/or excessive rules.
- Overly demanding or overbearing.
- Overreaction, or berating/demeaning responses to relatively minor infractions.

*Caregivers who are simply strict and firm in their disciplinary practices should not be considered over-controlling.

A9. Child in the home has special needs or history of delinquency.

- a. No (0)
- b. Yes (check all that apply) (1)
 - i. Special needs
 - ii. History of delinquency

If responding **“Yes”** to this scale, check all that apply.

Select **“Special needs”** if there is evidence a child has a special need that may include:

- Serious medical condition(s) that requires special care and attention.
- Diagnosed psychological/psychiatric disorder (depression, anxiety, PTSD, OCD, etc.).
- Cognitive disability (Autism, Down Syndrome, ADD, etc.) or developmental delays.

Select **“History of delinquency”** if any child has been arrested and/or referred to juvenile court for delinquent or status offenses (truancy, runaway, incorrigible). Include any offenses not brought to court attention but create issues within the household such as drug or alcohol problems.

Actual Risk Level

The actual risk level is determined by scoring each of the neglect and abuse scales, totaling the score, and taking the highest level from either the abuse or neglect scale. Using the following matrix, the family's actual risk level is determined.

| Neglect Score | Abuse Score | Risk Level |
|---------------|-------------|------------|
| 0-3 | 0-2 | Low |
| 4-5 | 3-4 | Moderate |
| 6-9 | 5-7 | High |
| 10-17 | 8-12 | Intensive |

Policy Overrides and Final Risk Level

After completing the risk scales, the caseworker determines if any of the policy overrides are applicable. Policy overrides reflect the presence of an active voluntary in-home or out-of-home safety plan, non-accidental physical injury to any age child requiring medical treatment, and child vulnerability concerns.

The policy overrides have been determined to be case scenarios that warrant the highest level of service from the PCSA regardless of the risk scale score.

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| 1. An in-home or out-of-home safety plan is still active. | <p>An active in-home or out-of-home safety plan reflects that an active safety threat(s) exists and without a controlling intervention, there would be a high likelihood of serious harm to a child.</p> <p>When the intervention to ensure child safety is by a voluntary agreement with the family, it is imperative that the PCSA provide the family with the highest level of PCSA service.</p> <p>*This policy override does not include legally authorized out-of-home safety plans (children in custody of the agency or a relative/kin) because the safety plan involves a legal transfer of custody away from the parent, guardian, or custodian.</p> |
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| <p>2. Non-accidental physical injury to any age child requiring medical treatment.</p> | <p>Injuries which seriously impair the health and/or well-being of the child and require medical treatment. Such injuries might include, but are not limited to:</p> <ul style="list-style-type: none"> • Brain trauma/damage • Skull or bone fractures • Dislocations • Sprains • Internal injury • Poisoning • Burns/scalds • Severe lacerations/cuts • Suffocation/strangulation/choking • Gunshot wound • Bruises • Welts • Bite marks |
| <p>3. Death (previous or current) of a caregiver's child or any other child in their care because of abuse or neglect.</p> | <p>Examples might include, but are not limited to:</p> <ul style="list-style-type: none"> • A parent/caregiver who previously abused and/or neglected their own child resulting in death of that child. • A parent/caregiver has another child in their care (babysitting) and the parent/caregiver abuses or neglects the child resulting in death of that child. • Current parent's/caregiver's paramour/significant other previously abused and/or neglected a child resulting in death of that child. <p>Due to these factors, the risk is now considered intensive for their own child(ren) in their care.</p> |
| <p>4. Sexual abuse cases where the alleged perpetrator is likely to have immediate access to the child victim.</p> | <p>Immediate access includes:</p> <ul style="list-style-type: none"> • AP resides with the ACV. • AP does not reside with the ACV; however, the caregiver allows access, makes no effort, or demonstrates questionable willingness and ability to protect the child and prevent access between the AP and the ACV. |

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| <p>5. Cases with non-accidental physical injury to an infant.</p> | <p><i>Infant is defined as ages 0-12 months.</i></p> <p>Non-accidental injuries include, but are not limited to:</p> <ul style="list-style-type: none"> • Bruises • Welts • Bites • Burns/scalds • Lacerations/cuts <p>Although some of these types of injuries may not require medical attention/treatment, non-accidental injuries to an infant are considered very serious and at intensive risk because the child is non-verbal and fully reliant on their caregivers for protection.</p> |
| <p>6. Positive toxicology screen of child at birth.</p> | <p>Newborn has a positive toxicology result for any substance, including alcohol.</p> <p>Risk in this case is intensive as mother’s substance use during pregnancy creates a situation where an infant is substance exposed or substance affected as identified by the Comprehensive Addiction and Recovery and Act (CARA).</p> <p>For more information regarding CARA refer to the following link: CARA Community Kit.</p> |

If any policy overrides apply, the **final risk level** is **Intensive**.

If no policy overrides apply, the **final risk level** is the **actual risk level** scored.

ACTUARIAL RISK REASSESSMENT

The actuarial risk reassessment is designed to primarily inform whether the risk of future maltreatment has been reduced, increased, or remained the same following the provision of services or changing circumstances within the family. The risk reassessment also assists in making decisions regarding child permanency planning and service provision.

A risk reassessment is completed on all cases in which an initial risk assessment was completed. A risk reassessment is not completed on non-child abuse and/or neglect cases (e.g., Dependency, Unruly/Delinquent).

While the initial risk assessment has separate scales for abuse and neglect, there is one scale for the risk reassessment. The risk reassessment focuses on the probability of subsequent abuse and/or neglect reports, events that did or did not occur since the last assessment, and the caregivers' progress in relation to the family case plan which includes their participation in services and to what extent those services have or had an impact on problematic behaviors and conditions.

Reassessment Abuse/Neglect Scale

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| R1. Number of prior reports. a. None (0) b. One or two (1) c. Three or more (2) | Include all prior CA/N reports assessed/investigated prior to the A/I that led to the current case opening, regardless of disposition outcome. Do not include the current CA/N report if the risk reassessment is being completed due to a subsequent report. |
| R2. Number of children in the home at time of most recent report. a. Two or fewer (0) b. Three or more (1) | Include the number of individuals under 18 years of age (or under 21 if developmentally delayed or disabled) residing in the home at the time of the current report. *If a child is removed because of the A/I or is in runaway status, the child is counted as residing in the home. |
| R3. Number of adults in home at time of most recent report. a. Two or more (0) b. One or none (1) | Include the number of individuals 18 years of age or over residing in the home at the time of the current report. Exclude any person 18-21 years old who is developmentally delayed and was counted as a "child" in the previous question. |
| R4. Current age of primary caregiver. a. 28 or older (0) b. 27 or younger (1) | Determine the age of the primary caregiver at the time of the reassessment date. |

R5. Either caregiver has major parenting skills problem (uses excessive discipline, over-controlling, parenting skills).

- a. No (0)
- b. Yes (1)

Select **“Yes”** if either caregiver employs excessive and/or inappropriate disciplinary practices to punish children in the home. Assess whether the caregiver's inability or unwillingness to care for/supervise children and whether the caregiver fails to keep guns/weapons locked and inaccessible. The circumstances of the current incident and past practices may be considered.

Examples of **excessive or inappropriate disciplinary practices** may include:

- Discipline that routinely involves use of an instrument (belt, board, etc.) that results in marks, bruises, contusions, etc.
- Restraining a child with rope, duct tape, or other mechanical means.
- Denial of food or other necessities as punishment.
- Use of disciplinary practices that are inappropriate given the child's age or development.

Over-controlling caregivers may be referred to as tyrannical due to use of cruel and unjust power and authority. Examples of **over-controlling** may include:

- Unreasonable and/or excessive rules.
- Overly demanding or overbearing.
- Overreaction, or berating/demeaning responses to relatively minor infractions.

*Caregivers who are simply strict and firm in their disciplinary practices should not be considered over-controlling.

Select **“Yes”** if major parenting skills problem were previously identified as a risk factor and the child(ren) has been out of the home since the last assessment, visitation has been supervised, and treatment providers report no change in behavior associated with the poor parenting skills.

R6. Either caregiver is currently involved in harmful relationships.

- a. No (0)
- b. Yes (some problem, major problem, and/or domestic violence) (2)

Family violence is any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member (youth included) of the family or household on another.

Domestic violence (also called intimate partner violence (IPV), domestic abuse or relationship abuse) is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship.

Select **“Yes” (some problem)** when:

- Relationships outside the home (e.g., friends involved in drug lifestyle or criminal activities) that are harmful to the domestic functioning or childcare within the home.
- Harmful relationships inside the home that are not at the level of domestic violence.
- Current moderate level of marital or domestic discord that interferes with family functioning.
- Lack of cooperation or communication between partners that include open disagreements on how to handle child difficulties/discipline. Frequent and/or multiple live-in partners are included in this scale.

Select **“Yes” (major problem/domestic violence)** when:

- A relationship currently characterized by domestic conflicts, often involving physical violence, that require intervention by police, family, or others.
- Either caregiver currently involved in domestic, or family violence as evidenced by hitting, slapping, yelling, berating, verbal/physical abuse, physical fighting (with or without injury; with or without weapon), continuing threats, intimidation, frequent separation/reconciliation, involvement in law enforcement and/or domestic violence programs, restraining orders or criminal complaints.
- Occurrence of chronic serious arguments and disagreements between caregivers and/or other adults in the household, little communication and/or support between caregivers exist, and are few positive interactions.

R7. Either caregiver has a current substance misuse problem.

- a. No (0)
- b. Yes, alcohol and/or drug (2)
- c. Yes, and refuses treatment (4)

A current problem is evidenced by misuse causing:

- CA/N report
- Frequent conflict in home
- Extreme behavior
- Financial difficulties
- Frequent illness
- Job absenteeism, changes, or unemployment
- Driving under the influence/traffic violations
- Criminal activity and/or legal issues
- Life organized around substance use

*Substance use in and of itself should not be considered a problem unless there have been negative consequences.

Select **“No”** if there are no problems with substances or caregiver has successfully completed treatment and shows no evidence of current problem.

Select **“Yes, alcohol and/or drug”** if either or both caregivers misuse alcohol and/or other substances. This includes persons currently in substance misuse treatment programs and those in aftercare services who show evidence of relapse.

Select **“Yes, and refuses treatment”** if caregiver has a current substance misuse problem as evidenced above and treatment has been offered or recommended for the caregiver(s) and has been refused by the caregiver(s).

R8. New complaint of abuse/neglect since the last assessment.

- a. No, or complaint was unsubstantiated or screened out (0)
- b. Yes, complaint was substantiated or indicated

Rate this item based on whether reports alleging CA/N, have been received since the last risk assessment.

R9. Primary caregiver's progress toward family case plan goals since the last assessment.

- a. Successfully completed all programs recommended or actively participating in programs; pursuing family case plan objectives; usually demonstrates desired behavior (0)
- b. Moderate participation in pursuing family case plan objectives; occasionally demonstrates desired behavior (1)
- c. Minimal participation or refuses involvement; rarely or never demonstrates desired behavior (3)

Successfully completed all programs or actively participating:

- Primary caregiver successfully completed all the programs or is actively participating in the programs.
- Primary caregiver is pursuing objectives detailed in the family case plan.
- Observations and/or reports show caregiver's application of learned skills in interactions between the child(ren) and caregiver, caregiver to caregiver, and caregiver to significant adult(s).
- Observations and/or reports show mastery of skills toward reaching the behavioral objectives agreed upon in the family case plan such as self-care, home maintenance, financial management, etc.

Moderate participation is when the primary caregiver is participating in services, has made progress, but is not fully complying with the objectives in the family case plan or the primary caregiver is willing to participate in services, but the services are not available.

Minimal participation:

- Refuses involvement or services.
- Fails to comply or participate as required.
- Sporadically follows the family case plan objectives.
- Does not demonstrate the necessary skills due to failure or inability to participate.

R10. Secondary caregiver’s progress toward family case plan goals since the last assessment.

- a. Not applicable, only one caregiver in the home (0)
- b. Successfully completed all programs recommended or actively participating in programs; pursuing family case plan objectives; usually demonstrates desired behavior (0)
- c. Moderate participation in pursuing family case plan objectives; occasionally demonstrates desired behavior (1)
- d. Minimal participation or refuses involvement; rarely or never demonstrates desired behavior (3)

Successfully completed all programs or actively participating:

- Primary caregiver successfully completed all the programs or is actively participating in the programs.
- Primary caregiver is pursuing objectives detailed in the family case plan.
- Observations and/or reports show caregiver's application of learned skills in interactions between the child(ren) and caregiver, caregiver to caregiver, and caregiver to significant adult(s).
- Observations and/or reports show mastery of skills toward reaching the behavioral objectives agreed upon in the family case plan such as self-care, home maintenance, financial management, etc.

Moderate participation is when the primary caregiver is participating in services, has made progress, but is not fully complying with the objectives in the family case plan or the primary caregiver is willing to participate in services, but the services are not available.

Minimal participation:

- Refuses involvement or services.
- Fails to comply or participate as required.
- Sporadically follows the family case plan objectives.
- Does not demonstrate the necessary skills due to failure or inability to participate.

Risk Reassessment Actual Risk Level

The actual risk level is determined by scoring each item and totaling the score. Using the following matrix, the family’s actual risk level is determined.

| Score | Risk Level |
|-------|------------|
| 0-3 | Low |
| 4-7 | Moderate |
| 8-12 | High |
| 13-22 | Intensive |

Risk Reassessment Policy Overrides, Discretionary/Optional Overrides, and Final Risk Level

After completing the risk scale, the caseworker determines if any of the policy overrides are applicable. The policy overrides have been determined to be case scenarios that warrant the highest level of service from the PCSA regardless of the risk scale score.

Note: The policy overrides must have occurred during the reassessment period. The policy override does not have to be applied if the event did not occur during the reassessment period or if an override was used during the initial assessment.

If any policy overrides apply, the **final risk level** is **Intensive**.

If no policy overrides apply, the **final risk level** is the **actual risk level** scored.

Discretionary/Optional Overrides: At risk reassessment, a discretionary/optional override may be applied to increase or decrease the risk level by one level in the case where the caseworker believes information obtained supports the risk level set by the scale is too low or too high. All overrides must be approved in writing by the supervisor. If the override is to increase the risk level, approval from additional managers may be required per agency policy.