12th National Roundtable on CPS Risk Assessment

The Use of Risk Assessment to Evaluate the Impact of Intensive Protective Service Intervention in a Practice Setting

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Introduction

The Wisconsin Urban Caucus was created in the mid-1980s to provide a forum for the most populated Wisconsin counties located in the southeastern portion of the state to share information and lobby state policy makers on behalf of urban county needs. The caucus counties meet on a regular basis to advocate new social service initiatives.

In 1991, the Urban Caucus counties (Milwaukee, Dane, Waukesha, Racine, and Kenosha) began an initiative to develop a comprehensive case management system for child protective services (CPS). Caucus members shared several goals. They wanted to ensure consistency so that an abused child in one county would be identified as such by a contiguous county. In addition, the Caucus wished to ensure that appropriate actions were taken with families referred for child abuse or neglect and also hoped to share staff if a particular hardship befell a sister county. These objectives could best be accomplished if the counties implemented a similar case management procedure and trained staff jointly.

This process of defining terms and setting best practice standards took a little over a year as each county learned the operations of the others, their resources, policies, and procedures. Four of the five counties came to agreement that they were more alike than different and decided to adopt an actuarial risk assessment. This decision was based on one county's experience with a clinical assessment tool which had proven cumbersome and duplicative. Workers were not completing the clinical assessment and it had no management component. The general belief concerning case management was that not all families were equal. Some required substantial agency services, while others required less and the agency resources devoted to cases should relate directly to the child's

need for protection and the family's need for service. After completing a search of potentially useful assessment tools, the Caucus decided that the work completed by the Children's Research Center (CRC), a division of the National Council on Crime and Delinquency (NCCD), in Michigan, Alaska, Rhode Island, and Oklahoma fit nicely with their collective departments' approach to ensure child safety. In 1992, the CRC completed a small validation study to develop an actuarial risk assessment procedure for classifying families based on risk of future maltreatment.

In addition to the actuarial risk assessment, the Urban Caucus developed additional structured decision making (SDM) tools with the assistance of the CRC. These include:

- A procedure for identifying response priorities at CPS intake based on clearly identified criteria which promote quick investigation and intervention in serious cases of alleged abuse or neglect.
- A safety assessment tool to help workers assess the safety of children during the investigation and deploy immediate protective interventions where appropriate.
- Service standards levels based on the risk of continued maltreatment to target services to high risk families. The standards are applied in a manner which ensures that high risk families receive more service priority and more worker contact than low risk families.
- A systematic family service assessment to identify family strengths as well as their service needs and this information was used to develop more effective service plans.
- Standardized reassessment tools to monitor case plan progress and service delivery efforts.
- A workload management system which accurately reflects staff time required to meet agency service standards which are based on risk.
- A simple management reporting system which captures the assessment information described above and makes it possible for agency staff to monitor and manage agency service delivery and workload more effectively.

The case management system outlined above has been operating for several years and the management information generated by SDM assessment has proven very useful in terms of planning, workload accounting, and budgeting. It has also made it possible, as this presentation will

demonstrate, for Urban Caucus counties to evaluate and improve service delivery efforts. In 1998, the Caucus counties asked the CRC to revalidate the risk assessment instrument and evaluate the impact of protective service intervention on families served. The findings are described below.

Revalidation of the Urban Caucus Risk Assessment

The original Urban Caucus risk assessment was developed in 1992 using a very small (approximately 250) sample of families investigated for abuse or neglect in 1989. Given the small sample, the assessment was viewed from the onset as a preliminary device that would be improved at a later time. This instrument (shown in the Appendix) was, however, evaluated in a research study conducted by James Wood in a 1997 study which examined its utility for predicting maltreatment in a predominantly Hispanic population.[1] Wood's effort to validate the assessment in an entirely different population found that the majority of the assessment items worked well. The current efforts to re-validate the instrument in the setting where it was originally constructed was made possible by the ongoing collection of case assessment and outcome data by the Urban counties. This same information, collected since late 1993, is employed to examine the impact of intensive services upon families opened for protective service.

The Urban Caucus counties provide services to families based, for the most part, on the risk level assigned by the risk assessment conducted at investigation.[2] Thus, as family risk levels increase, so do agency service level requirements regarding both direct service and collateral contacts. The intent is two-fold: first, to monitor conditions in the home and the conditions of the

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[1] James Wood, Risk Predictors for Re-Abuse or Re-Neglect in a Predominantly Hispanic Population. Child abuse and Neglect, Vol. 21. No. 4; pp. 379-389 (1997).

[2] The family strengths and needs assessment is also employed to help set family service standards but the risk assessment is the major determinate of the service level.

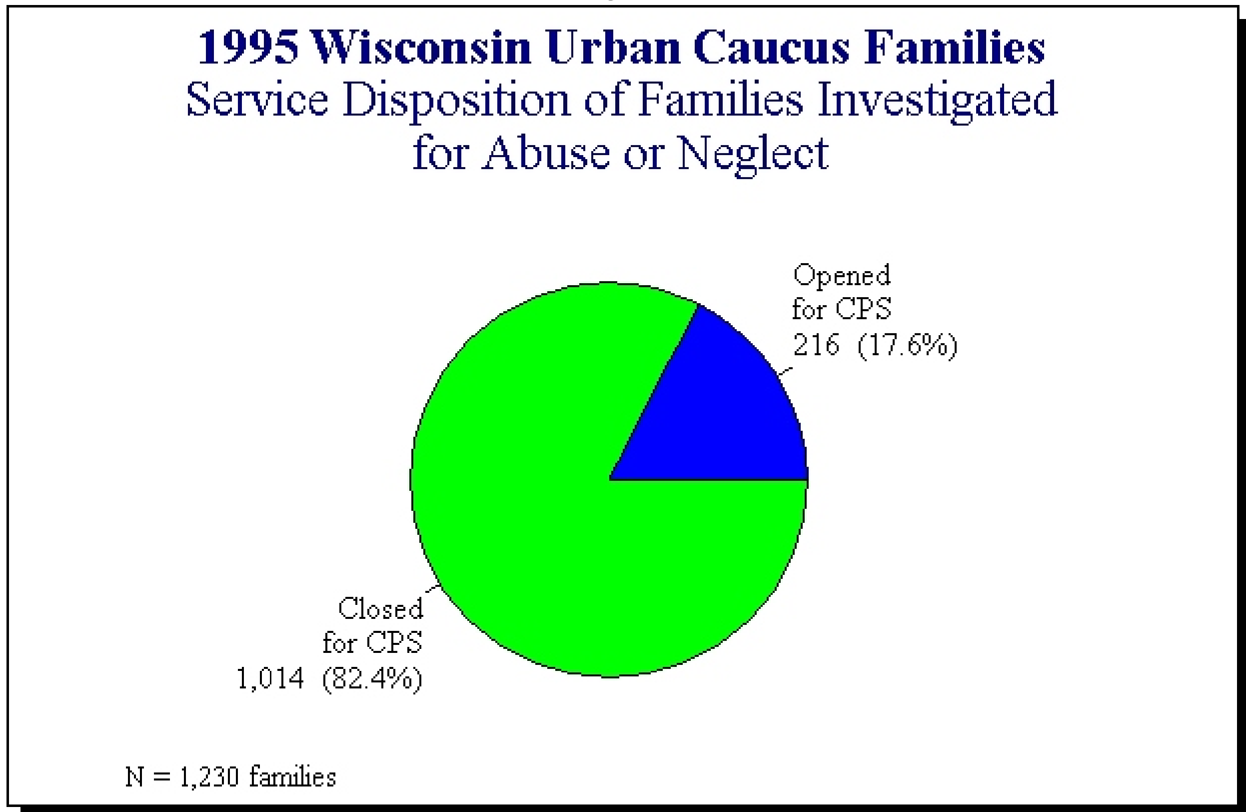
children to help ensure their well-being, and second, to provide the level of services and assistance needed to help the family overcome difficulties and, therefore, reduce the risk of subsequent harm to children. Service standards employed in the caucus counties are presented below.

Family Service Level	**Protective Service Standard**
Low	1 Face-to-Face Contact/Month + 1 Collateral Contact/Month
Moderate	2 Face-to-Face Contacts/Month + 2 Collateral Contacts/Month
High	3 Face-to-Face Contacts/Month + 3 Collateral Contacts/Month
Intensive	4 Face-to-Face Contacts/Month + 4 Collateral Contacts/Month

A large cohort of families (1,230) investigated for abuse/neglect during 1995 was available for re-validation of the instrument and post-investigation protective service outcomes for these families were observed during a two-year follow-up period.

As Figure 1 indicates, the majority (82.4%) of these families were closed (i.e., not opened for agency service intervention) for protective services, although they may have been referred to community agencies. Approximately 17% of the families (N=216) were opened to CPS and served directly by the Urban Caucus counties.

Figure 1



The re-validation and evaluation efforts were conducted in the manner summarized below. The initial step was to re-validate the existing Urban Caucus risk assessment by examining new protective service referrals among the 1,014 families investigated in 1995 but closed without a protective service intervention. The primary outcome criterion for this study was re-referral for a protective service investigation. This was viewed as the best indicator among the Urban Caucus counties because a substantiated investigation is not required for them to open a case for service or even to pursue a court intervention. Consequently, each investigation presents an opportunity to assess the family and open the case for protective services. The validation was conducted among families that had not been opened for services to limit the impact of service intervention on subsequent case outcomes.

The re-validated instrument shown in the Appendix has separate scales or instruments for abuse and neglect. The neglect instrument is composed of items or questions which score each family's protective service history, child characteristics, and characteristics of adult caretakers which had a strong, statistical relationship to subsequent neglect among sampled families. The abuse instrument is similarly constructed of items which score protective service history and child and adult characteristics, each of which had a statistical relationship to subsequent abuse in the sample.

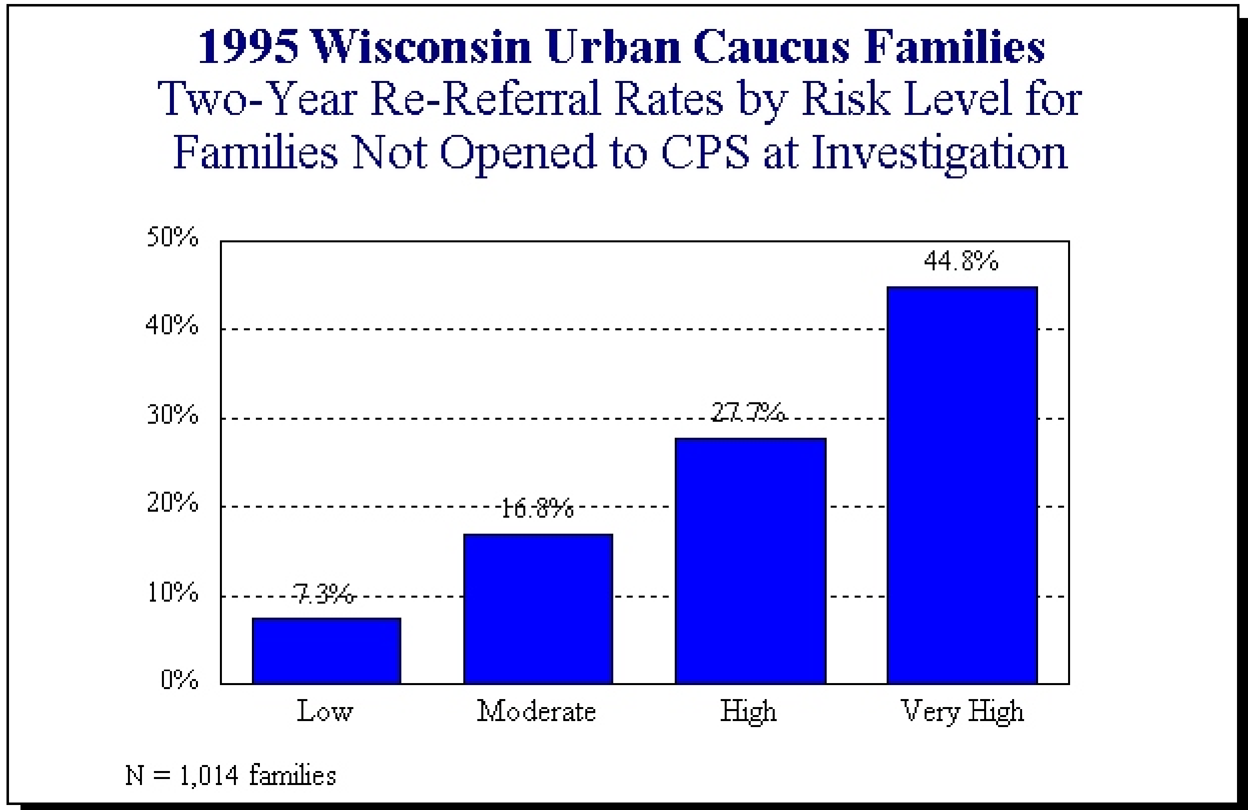
Each instrument provides a classification of low, moderate, high, or very high risk. The risk level assigned to the family at the close of the investigation is the highest determined by either the abuse or neglect instrument score.

It should be noted that the risk assessment shown here is not the only information used in making initial case service decisions. The actuarial assessment procedure provides workers with an initial estimate of future behavior based on a limited set of observable factors, but it does not yield predictions for individual families. Consequently, investigating caseworkers may override the risk classification based on their own professional judgement and observation of the family. In addition, Urban Caucus workers are expected to override cases to very high risk regardless of the risk assessment classification in certain circumstances. These include cases where there has been a serious, non-accidental injury to a child or sexual abuse where the perpetrator has access to the child, as well as other circumstances. The discretionary decisions of the investigating worker remain an important element of case decision making and may, in fact, improve the actuarial risk classification derived from the instrument shown here.

Figure 2 shows the findings for the re-validated risk assessment among 1,014 sample families that were investigated in 1995 but closed without protective services. During a 24-month follow-up, 7.3% of the sample families assigned to the low risk classification were re-referred for another

protective service investigation. By comparison, 44.8% of the very high risk families were the subjects of a subsequent investigation. Moderate and high risk families show a steady progression between the low and very high classifications.

Figure 2



Evaluating the Impact of Protective Service Intervention

The re-validated risk instrument described above was also used to estimate the impact of protective service intervention on families that had been opened for service by county agencies. This was done by applying the risk assessment to families opened for protective service and then observing re-referrals to the protective service agency. In effect, the risk assessment permits us to control for the likelihood of re-referral among families at the same risk level who were opened or closed for protective service.

In the comparison presented in Figure 3, the expected rate of re-referral to protective services (within a 24-month post-investigation follow-up) for the 1,014 families <u>not</u> opened for services was compared to the re-referral rate of 216 families who did receive protective a service intervention. The low and moderate risk categories were collapsed to simplify this presentation.

Urban Caucus Study Findings

As Figure 3 demonstrates, the high and very high risk families who received protective service had far fewer re-referrals for investigation than families with the same risk profile whose cases were closed. For instance, only 23.6% of the very high risk families opened for protective services were re-referred versus 44.8% of the very high risk families who cases were closed after investigation. On the other hand, re-referral rates for low and moderate risk families opened for services were similar to those observed among closed low/moderate risk cases.

This positive result of service intervention among high risk families may be observed even when families who had at least one child transferred to foster care are excluded from the analysis (see Figure 4). Again, low and moderate risk families had similar re-referral rates regardless of

service status. Among high and very high risk families, however, those opened for in-home protective services still demonstrate a much lower re-referral rate than families who were not served.

Figure 3

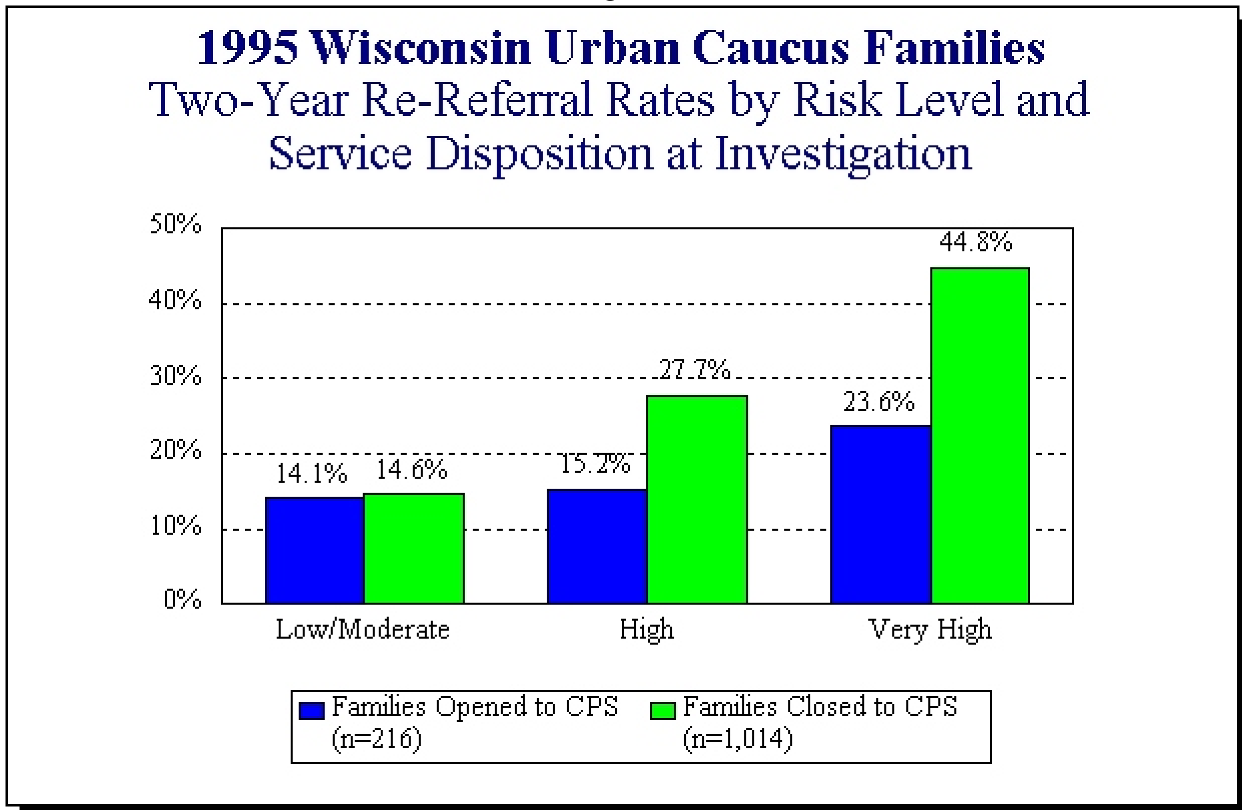
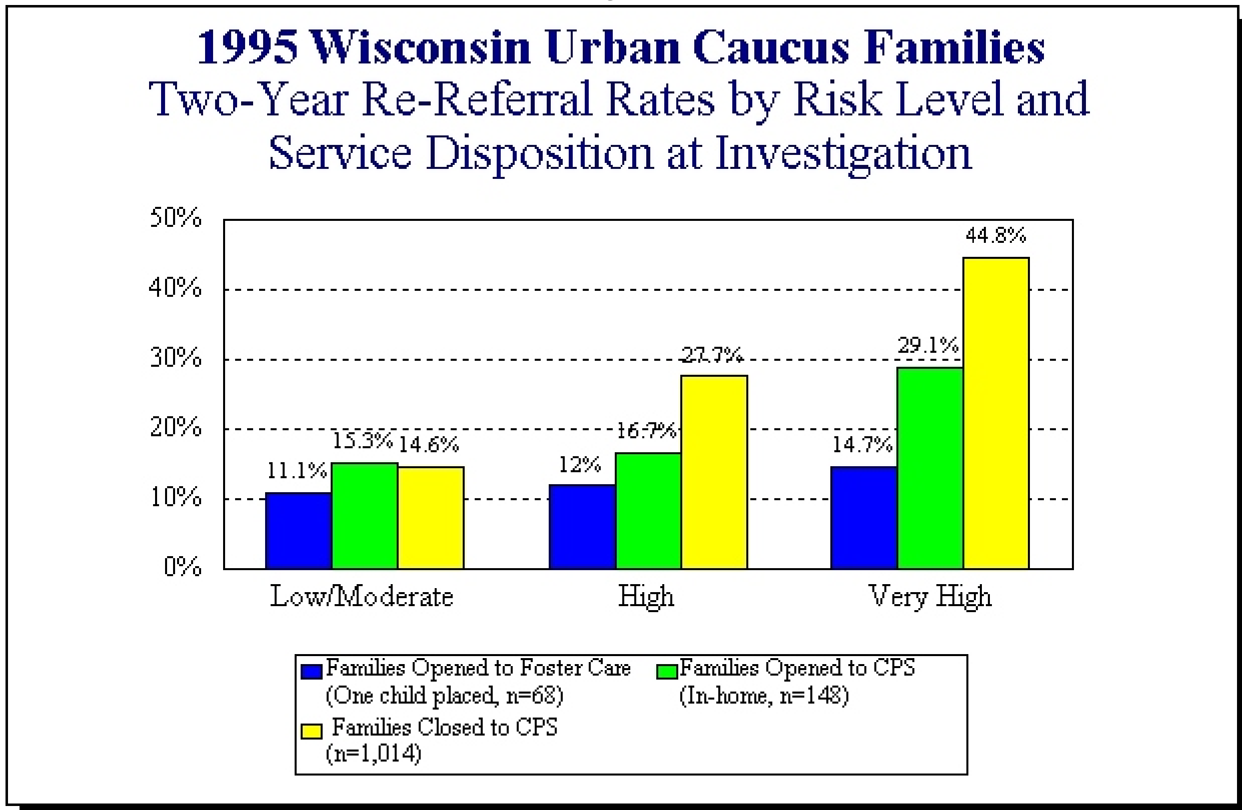


Figure 4



Study Implications for CPS Practice

The following operational implications were drawn from the study by the Urban Caucus counties:

1. The urban caucus counties used an actuarial risk assessment to assess each family and establish service intervention levels for cases opened for protective service. Families with a high risk profile were targeted for the most intensive service interventions and this appears to have been effective at reducing the incidence of subsequent CPS referrals among high risk families.

2. Given the positive impact service intervention has upon subsequent referrals for abuse and neglect, it makes sense to expand service interventions to high risk families who cases were previously not opened for services. The study strongly suggests that preventative or voluntary services targeted to high risk families will prove cost-effective. In effect, serving high risk families when they are first identified may prove cheaper than paying for the involuntary service interventions they may require at a later date.

   Urban Caucus counties have, in fact, employed these study findings to increase protective service resources and serve more families who are high risk. Increased resources include: the expansion of the consortium of prevention service providers; additional ongoing protective service staff; and an increase in the number of in-home service teams which provide preventative mental health, substance abuse, or public health services to families.

3. Finally, a simple and inexpensive method developed by the Urban Caucus for tracking case outcomes through the use of an actuarial risk assessment and a structured needs assessment procedure has proven very useful. As the findings shown above indicate, this system has made it possible to evaluate agency service delivery efforts and manage available resources more efficiently. It will also make it possible to evaluate the new service interventions described above at some future date.

Appendix

WISCONSIN URBAN CAUCUS

INITIAL FAMILY RISK ASSESSMENT OF FUTURE ABUSE/NEGLECT 3/1/94

Case Name________________ Primary Caregiver ________________ Date ____/____/____

Case Number________________ Secondary Caregiver ________________

Neglect Score

N1. Was Neglect Alleged or Substantiated in the Current Investigation?
- a. No 0
- b. Neglect alleged but not substantiated 1
- c. Neglect substantiated . . . . 2 ____

N2. Prior CA/N History
- a. Prior substantiated neglect incident 3
- b. Any prior investigation for abuse/neglect 2
- c. Any prior child welfare referral 1
- d. No CA/N history . . . . 0 ____

N3. Number of Children Involved in the Abuse or Neglect Incident
- a. One child 0
- b. Two or more children . . . . 1 ____

N4. Number of Adult Caregivers Residing in the Household
- a. Two or more 0
- b. One . . . . 1 ____

N5. Current Age of Primary Caregiver
- a. 33 or older 0
- b. 24 - 32 years old 1
- c. 23 or younger . . . . 2 ____

N6. A Child was Provided Inadequate Physical Care by Primary or Secondary Caregiver
- a. No 0
- b. By secondary caregiver only 1
- c. By primary caregiver only 2
- d. By both primary and secondary caregivers . . . . 3 ____

N7. A Child was Inadequately Supervised by Either Caregiver
- a. No 0
- b. Yes . . . . 1 ____

N8. Primary Caregiver's Emotional Stability Problems Limit Functioning as Caregiver
- a. No 0
- b. Yes . . . . 1 ____

N9. Primary Caregiver has an Alcohol or Drug Abuse Problem that Contributed to the Incident
- a. No 0
- b. Yes . . . . 2 ____

N10. Primary Caregiver Needs Assistance in Caregiving Role because of Limited Intellectual/Reasoning Capacity
- a. No 0
- b. Yes . . . . 1 ____

N11. Primary Caregiver Characteristics (check and add for score)
- a. __ Not motivated to improve parental skills 1
- b. __ Has a childhood history of abuse/neglect 1
- c. __ Has an impulse control problem 1
- d. None of above . . . . 0 ____

N12. Caregiver(s) Viewed the Current Abuse/Neglect Incident at least as Seriously as the Investigating Worker
- a. One caregiver . . . . -1
- b. Both caregivers . . . . -2
- c. Neither caregiver . . . . 0 ____

TOTAL NEGLECT RISK SCORE ____

Abuse Score

A1. Was Abuse Alleged or Substantiated in the Current Investigation?
- a. No 0
- b. Abuse alleged but not substantiated 1
- c. Abuse substantiated . . . . 2 ____

A2. Prior CA/N History
- a. Prior substantiated abuse incident 3
- b. Any prior investigation for abuse/neglect 2
- c. Any prior child welfare referral 1
- d. No CA/N history . . . . 0 ____

A3. Characteristics of Children in the Household (check and add for score)
- a. __ Any female children 1
- b. __ Special needs or
  __ Delinquent or status offense history 2
- c. None of above . . . . 0 ____

A4. Number of Children Involved in the Abuse or Neglect Incident
- a. One child 0
- b. Two children 1
- c. Three or more children . . . . 2 ____

A5. Has A Child Currently in the Household been Placed Outside the Home Prior to this Incident?
- a. No 0
- b. Yes . . . . 1 ____

A6. Household Address Changes during the Last 12 Months
- a. None or one 0
- b. Two or more . . . . 1 ____

A7. Does the Primary Caregiver have a History of Abuse or Neglect as a Child?
- a. No 0
- b. Yes . . . . 1 ____

A8. Does the Primary Caregiver have an Alcohol or Drug Abuse Problem that Contributed to the Incident?
- a. No 0
- b. Yes, drug or alcohol use 1
- c. Yes, both drug and alcohol use . . . . 2 ____

A9. Do Caregiver(s) have Unrealistic Expectations of Children?
- a. No 0
- b. Yes, the secondary caregiver only 1
- c. Yes, the primary caregiver only 2
- d. Yes, both caregivers . . . . 3 ____

A10. Do Caregiver(s) Use Excessive or Inappropriate Discipline?
- a. No 0
- b. Yes, the secondary caregiver only 1
- c. Yes, the primary caregiver only 2
- d. Yes, both caregivers . . . . 3 ____

A11. Primary Caregiver's Relationship Problems with Other Adults
- a. Domestic violence/severe problems 2
- b. Harmful relationships/limited adult relationships 1
- c. No serious problems evident . . . . -1 ____

A12. Caregiver(s) are Motivated to Improve Parenting Skills
- a. At least one caregiver is motivated; or no improvement is necessary . . . . -1
- b. Neither primary nor secondary caregiver is motivated to improve parenting skills . . . . 1 ____

TOTAL ABUSE RISK SCORE ____

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

Neglect Score	Abuse Score	Risk Level
__ -2 - 1	__ -2 - 2	__ Low
__ 2 - 4	__ 3 - 5	__ Medium
__ 5 - 8	__ 6 - 9	__ High
__ 9 - 20	__ 10 - 24	__ Very High

Use the risk/needs matrix to determine family service level:

NEEDS	RISK: Low	Medium	High	Very High
High	Moderate	High	Intensive	Intensive
Medium	Low	Moderate	High	Intensive
Low	Low	Moderate	High	Intensive

URBAN CAUCUS
REVALIDATED FAMILY RISK ASSESSMENT OF FUTURE ABUSE/NEGLECT

4/98

Case Name: ______________________ **Primary Caregiver:** ______________________ Date: ____/____/____
Case Number: ______________________ **Secondary Caregiver:** ______________________

Neglect **Score**

N1. Was Neglect Alleged or Substantiated in the Current Investigation?
a. No . . . . -1
b. Neglect alleged but not substantiated 1
c. Neglect substantiated . . . . 2 ______

N2. Prior Neglect History
a. No prior substantiations of neglect 0
b. Prior substantiated incident of neglect . . . . 2 ______

N3. Caregiver(s) Viewed Current CA/N Incident at Least as Seriously as the Investigating Worker
a. Yes - both caregivers . . . . -1
b. Yes - one caregiver 0
c. No - neither caregiver . . . . 1 ______

N4. Current Age of Primary Caregiver
a. 33 or older . . . . -1
b. 24 - 32 0
c. 23 or younger . . . . 2 ______

N5. A Child was Inadequately Supervised by Either Caregiver
a. No 0
b. Yes . . . . 1 ______

N6. Primary Caregiver has an Alcohol or Drug Abuse Problem that Contributed to the Incident
a. No 0
b. Yes . . . . 1 ______

N7. Primary Caregiver Motivated to Improve Parenting Skills
a. Yes 0
b. No . . . . 1 ______

N8. Number of Children Involved in the CA/N Incident
a. One or two 0
b. Three or more . . . . 2 ______

N9. Age of Youngest Child in Household
a. Six or older . . . . -2
b. Five or younger . . . . 1 ______

TOTAL NEGLECT RISK SCORE ______

Abuse **Score**

A1. Was Abuse Alleged or Substantiated in the Current Investigation?
a. No 0
b. Yes . . . . 1 ______

A2. Prior CA/N History
a. No CA/N history . . . . -1
b. Any prior child welfare CA/N referral 1
c. Prior substantiated abuse incident . . . . 2 ______

A3. Does Caregiver(s) Use Excessive or Inappropriate Discipline?
a. No 0
b. Yes - secondary caregiver only 1
c. Yes - primary or both caregivers . . . . 2 ______

A4. Does the Primary Caregiver have a History of Abuse or Neglect as a Child?
a. No 0
b. Yes . . . . 1 ______

A5. Primary Caregiver's Relationship Problems with Other Adults . .
a. No serious problems evident . . . . -1
b. Harmful relationships/limited adult relationships . . . . 1 ______

A6. History of Domestic Violence in Household
a. No 0
b. Yes . . . . 2 ______

A7. Caregiver(s) is Motivated to Improve Parenting Skills
a. One or both caregivers are motivated 0
b. Neither caregiver is motivated . . . . 1 ______

A8. Age of Youngest Child in Household
a. 12 or older . . . . -1
b. 11 or younger . . . . 0 ______

TOTAL ABUSE RISK SCORE ______

RISK LEVEL

Assign the family's risk level on the highest score on either scale, using the following chart:

Neglect Score	Abuse Score	Risk Level
______ -5 to -2	______ -3 to -1	______ Low
______ -1 to 1	______ 0 to 2	______ Medium
______ 2 to 4	______ 3 to 6	______ High
______ 5 to 13	______ 7 to 10	______ Very High