



# The Structured Decision Making® System for Delinquency Prevention



## Policy and Procedures Manual

DRAFT

Manual Date: February 2012

Los Angeles County Department  
of Children and Families



Children's Research Center

*Advancing Research...Improving Outcomes*

## TABLE OF CONTENTS

	Page
Goals, Objectives, and Principles .....	1
Components .....	3
Policy and Procedures Overview .....	4
Glossary of Terms.....	5
 <b>Section I. Delinquency Prevention Implementation Planning Assessment</b>	
Delinquency Prevention Implementation Planning Assessment .....	6
Delinquency Prevention Implementation Planning Assessment Definitions .....	7
Delinquency Prevention Implementation Planning Assessment Policy and Procedures.....	9
 <b>Section II. Los Angeles County Prevention Guidelines.....</b>	
 <b>Appendix: Los Angeles County Prevention Plan</b>	
California SDM <sup>®</sup> Risk Assessment and Definitions	
California Family Strength and Needs Assessment and Definitions	

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

Structured Decision Making<sup>®</sup> and SDM<sup>®</sup> are  
registered in the U.S. Patent and Trademark Office.

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILIES**  
**SDM<sup>®</sup> SYSTEM FOR DELINQUENCY PREVENTION**  
**GOALS, OBJECTIVES, AND PRINCIPLES**

**Goals**

1. Promote safety, stability, and well-being for children with an ongoing case.
2. Provide workers with the critical pieces of information necessary to identify the children who are most likely to “cross over” and becoming delinquent.
3. Determine what types of support/services the child and families may need to be successful.

**Objectives**

1. Assess the likelihood that a child who becomes eligible for ongoing services will become a delinquent sometime in the future.
2. Classify children according to the level of agency support needed to decrease the likelihood of delinquency and provide a means for agencies to determine how to best allocate resources to children at highest risk of this negative outcome.
3. Review the assessment of the Structured Decision Making<sup>®</sup> (SDM) family strength and needs assessment to identify the child/family needs across key domains of functioning and focus supports/services to increase skills in priority areas.

**Principles**

1. **First, research-based assessment processes yield the highest degree of validity, reliability, and equity in worker decision making.**
2. **Second, decisions can be significantly improved when structured appropriately.**
3. **Third, virtually everything an agency does, from providing services to an individual case to budgeting for treatment resources, is a response to the assessment process.** In the aggregate, assessment data will also help indicate the range and extent of service and placement resources needed in a community.

**Fourth, a single, rigidly defined model cannot meet the needs of every agency.** All child welfare agencies are not organized to deliver services in the same way and do not always share similar service mandates. As a result, SDM<sup>®</sup> system development engages agencies in a joint development effort. Each system is built on a set of principles and components that are adapted to local practices and legal mandates, with direct input from local managers and staff. The result is a site-specific system that is “owned” by the agency and builds upon its strengths as a service organization.

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILIES  
SDM<sup>®</sup> SYSTEM FOR DELINQUENCY PREVENTION  
COMPONENTS**

<b>Assessment</b>	<b>Decision</b>
<p>Delinquency Prevention Implementation Planning Assessment*</p> <p><i>*This assessment, when linked with the SDM<sup>®</sup> family and child strengths and needs (FSNA) assessment has the potential to focus supports/services to improve the child's overall well-being and prevent future delinquency</i></p>	<p>At the initiation of opening a new case for children aged 10 or older, it helps to determine which children are at the highest risk of becoming delinquent without more intensive support/interventions?</p> <p>→</p> <p>At the time of the FSNA reassessment for children aged 10 or older, it helps to determine which children are at the highest risk of becoming delinquent without more intensive support/interventions?</p>
<p>Los Angeles Delinquency Prevention Support/Intervention Guidelines</p>	<p>→</p> <p>What level of support/intervention does the child/family need from the agency to prevent the child from becoming delinquent and increase the safety, stability, and well-being of the child?</p>

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILIES  
DELINQUENCY PREVENTION ASSESSMENTS  
POLICY AND PROCEDURES OVERVIEW**

<b>SDM® Delinquency Prevention Assessments</b>			
<b>Name of Assessment</b>	<b>Completed/Reviewed by</b>	<b>When</b>	<b>Purpose/Decision</b>
<b>Delinquency Prevention Implementation Planning Assessment</b>		<p>At the initiation of a case opening for children aged 10 and older.</p> <p>At the time the FSN Reassessment is completed on open cases for children aged 10 and older.</p>	<ul style="list-style-type: none"> <li>• Helps to determine which children are more likely to become delinquents and guides decision about the level of intensity of service for children in open cases.</li> <li>• Provides a systematic approach to the assessment of potential delinquency among CPS children with ongoing case services.</li> <li>• Promotes consistency in decisions related to the targeting of more intensive services to youth at highest risk of delinquency involvement.</li> </ul>
<b>Prevention Support/Intervention Guidelines</b>		<p>Prior to completion of the case plan.</p> <p>Reviewed ???????</p>	<ul style="list-style-type: none"> <li>• Informs practice related to the allocation and provision of contacts/support services to children to reduce likelihood of subsequent delinquency.</li> </ul>
<b>SDM Family Strength and Needs Assessment</b>		<p>Prior to</p> <p>Reviewed at time</p>	<ul style="list-style-type: none"> <li>• Completed on the primary and secondary caregivers and all children in the household.</li> <li>• Assesses the caregivers and children's strengths and needs.</li> <li>• Guides decisions related to the provision of supports and services to reduce subsequent maltreatment and prevent subsequent delinquency.</li> </ul>

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILIES  
SDM® DELINQUENCY IMPLEMENTATION PLANNING ASSESSMENT**

c: 07/11

**Child Name:** \_\_\_\_\_

**Client ID:** \_\_\_\_\_

**Referral ID:** \_\_\_\_\_

**Referral Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- R1. Prior investigation(s) for abuse or neglect
  - a. None ..... 0
  - b. One or two ..... 1
  - c. Three or more ..... 2
  
- R2. Prior CPS services
  - a. None ..... 0
  - b. One ..... 1
  - c. Two or more ..... 2
  
- R3. Prior injury to any child in the home resulting from child abuse/neglect
  - a. No ..... 0
  - b. Yes ..... 1
  - If yes:
    - Child being assessed  Another child in the home
  
- R4. Child was placed in a group home as a result of investigation that led to current case
  - a. No ..... 0
  - b. Yes ..... 1
  
- R5. Child age at time of CPS referral that led to current case
  - a. 7 to 10 ..... -1
  - b. 11 or 12 ..... 0
  - c. 13 or older ..... 1
  
- R6. Child gender
  - a. Female ..... 0
  - b. Male ..... 1
  
- R7. Child substance use/abuse
  - a. No ..... 0
  - b. Yes ..... 1
  
- R8. Child academic difficulty
  - a. No ..... 0
  - b. Yes ..... 1
  
- R9. Child past or current delinquency
  - a. No ..... 0
  - b. Yes ..... 1
  
- R10. Child mental health/behavioral issue (any child in the home)
  - a. No ..... 0
  - b. Yes ..... 1
  - If yes:
    - Child being assessed  Another child in the home

**Total:** \_\_\_\_\_

**Scored Risk Level**

- 1 to 1  Low
- 2 to 4  Moderate
- 5+  High

*Preliminary research only: Not to be used without consultation and authorization of NCCD/CRC.*

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILIES**  
**SDM<sup>®</sup> DELINQUENCY IMPLEMENTATION PLANNING ASSESSMENT**  
**DEFINITIONS**

**R1. Prior investigations for abuse or neglect (only child currently being assessed)**

Score the appropriate amount based on the number of investigations prior to the investigation that resulted in the current case opening, in which the child being assessed was involved.

- a. Score 0 if there were no prior investigations involving the child being assessed (do not include referrals that were not assigned for investigation).
- b. Score 1 if there were one or two prior investigations involving the child being assessed (do not include referrals that were not assigned for investigation).
- c. Score 2 if there were three or more prior investigations involving the child being assessed (do not include referrals that were not assigned for investigation).

**R2. Prior CPS services (only child currently being assessed)**

Score the appropriate amount based on the number of new service cases opened for this child prior to the investigation that led to the current new case opening. (Note: If a prior investigation results in a disposition of “continue existing case,” the original case opening would be considered a prior service case.)

- a. Score 0 if there were no prior open cases for the child being assessed.
- b. Score 1 if there was one prior open case for the child being assessed.
- c. Score 2 if there were two or more prior open cases for the child being assessed.

**R3. Prior injury to any child in the home resulting from child abuse/neglect**

Note that this item pertains to any child in the home, including the child for whom this assessment is being completed or any other children residing in the home.

- a. Score 0 if no child(ren) in the home sustained an injury due to child abuse/neglect.
- b. Score 1 if any child(ren) in the home sustained an injury resulting from abuse and/or neglect prior to the investigation that resulted in the current new case opening. Injury sustained as a result of abuse or neglect may range from bruises, cuts, and welts to an injury that requires medical treatment or hospitalization, such as a bone fracture or burn. This item is also scored 1 if there was prior substantiated physical abuse to a child involving a current household member as a perpetrator.

If one or more child(ren) in the household were previously injured, indicate whether it was the child being assessed and/or another child in the household.

**R4. Child was placed in a group home as a result of investigation that led to current case**

- a. Score 0 if the child being assessed has not been placed as a result of the investigation that led to the current case opening, or if the child being assessed has been placed but in a setting other than a group home.
- b. Score 1 if the child being assessed was placed in a group home as a result of the investigation that led to the current case opening. The group home placement may have been the initial placement type or a subsequent placement type.

**R5. Child age at time of CPS referral that led to current case**

Base response on the child's age at the time of the CPS referral that led to the current case opening.

- a. Score -1 if the child being assessed was age 7 to 10 at the time of the CPS referral. (Note: A child is considered 10 until his/her 11th birthday.)
- b. Score 0 if the child being assessed was 11 or 12 years old at the time of the CPS referral.
- c. Score 1 if the child being assessed was 13 or older at the time of the CPS referral.

**R6. Child gender**

- a. Score 0 if the child being assessed is female.
- b. Score 1 if the child being assessed is male.

**R7. Child substance use/abuse (only child currently being assessed)**

- a. Answer "no" if the child does not use alcohol or other drugs and is aware of consequences of use. The child avoids peer relations/social activities involving alcohol and other drugs, and/or chooses not to use substances despite peer pressure/opportunities to do so.

The child may have experimented with alcohol or other drugs, but there is no indication of sustained use. The child has no demonstrated history or current problems related to substance use.

- b. Answer "yes" if child's substance use (alcohol and/or drug) is regular and beyond experimentation, and/or results in disruptive behavior and discord in school/community/family/work relationships.

**R8. Child academic difficulty (only child currently being assessed)**

- a. Answer “no” if the child is working at or above grade level in most subject areas, and/or is meeting or exceeding the expectations of the specific educational plan.
- b. Answer “yes” if the child is working below grade level in one or more academic subject areas and/or child is struggling to meet the goals of the existing educational plan and/or child is school age and is not attending school on a regular basis.

**R9. Child past or current delinquency (only child currently being assessed)**

- a. Answer “no” if the child has no arrest history and there are no other indications of criminal behaviors, OR if the child has successfully completed probation and there has been no criminal behavior in the past two years.
- b. Answer “yes” if the child is or has engaged in occasional criminal behavior (nonviolent or violent) whether it is known to law enforcement or not, and/or was arrested, incarcerated, or placed on probation within the past two years.

**R10. Child mental health/behavioral issue (any child in household)**

- a. Select “no” if no children have a mental health or behavioral problem.
- b. Select “yes” if any child in the household has mental health or behavioral problems not related to a physical or developmental disability. This could be indicated by a DSM Axis 1 diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking prescribed psychoactive medication.

If one or more child(ren) in the household have a mental health issue, indicate whether it is the child being assessed and/or another child in the household.

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILIES  
SDM<sup>®</sup> DELINQUENCY PREVENTION IMPLEMENTATION PLANNING  
ASSESSMENT  
POLICY AND PROCEDURES**

The purpose of the implementation planning assessment is to (1) help assess which children are currently more likely to become subsequently delinquent; and (2) to determine what support/interventions should be maintained or initiated to prevent this negative outcome. The implementation planning assessment identifies children who may need additional support, specialized interventions and/or monitoring by child welfare workers. The assessment is based on research of children receiving ongoing services, followed by observations of delinquency outcomes for a standardized, three years period. The assessment does not predict an event of delinquency, but simply assesses whether a child is more or less likely to experience an incident without support from the agency and/or community.

When a child's delinquency prevention level is assessed using a research-based tool, agency and community resources can be prioritized toward those with the highest delinquency potential levels. Doing so provides the greatest opportunity to reduce the likelihood of delinquency and to increase the well-being of the child.

**Which Cases:** Every referral that is promoted to a case with a child aged 10 or older or is an ongoing case requiring a family strength and need reassessment with a child aged 10 or over.

**Who:** The social worker responsible to develop the initial case plan or update the case plan in conjunction with the family and the child.

**When:** Prior to developing the initial case plan, which will be within 60 days of the first face-to-face contact. Additionally, at the time of updating the case plan for children and families whose case was opened prior to January 1, 2012.

Reassessments will occur ?????

Supervisors must approve these assessments and the child's delinquency prevention plan within ????? business days from the date of the assessment.

**Appropriate Completion**

THIS SECTION WILL BE COMPLETED WHEN FINAL DECISIONS HAVE BEEN MADE ABOUT HOW THE DELINQUENCY IMPLEMENTATION PLANNING ASSESSMENT TOOL WILL BE COMPLETED.

NOTE: THE SECTION BELOW MAY NEED TO BE ELIMINATED OR DELETED BASED ON HOW THE ASSESSMENT WILL BE COMPLETED

### Policy Override:

After completing the delinquency implementation planning assessment, the worker determines whether any of the policy override reasons exists. Policy overrides have been determined by the agency to warrant a higher delinquency assessment level designation regardless of the indicated assessment level. Policy overrides increase the rating by one level and require supervisory approval. The following are the reasons for policy overrides.

1.

2.

3.

### Discretionary Override:

A discretionary override is applied by the worker to increase the assessment level when clinical judgment dictates that the scored implementation planning assessment level does not adequately reflect the child's likelihood of becoming delinquent. This may occur when the worker is aware of conditions affecting potential delinquency behaviors that are not captured by the items on the assessment. Discretionary overrides require supervisory approval.

After completing the override section, indicate the final implementation planning assessment level.

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILIES  
SDM<sup>®</sup> DELINQUENCY PREVENTION IMPLEMENTATION PLANNING  
ASSESSMENT  
SUPPORT GUIDELINES**

Los Angeles County Department of Children and Families SDM <sup>®</sup> Delinquency Prevention Implementation Planning Assessment Support Guidelines Minimum Support Guidelines for Children at Highest Assessment Level		
Support Level	Who	Support Guidelines
<b>High</b>		Monthly child visit
		Monthly home visit and phone contact
		Monthly review of implementation and progress on support and case plan <sup>1</sup>
<b>Moderate</b>		Monthly child visit
		Monthly home visit or phone contact <sup>2</sup>
		Monthly review of implementation and progress on support and case plan <sup>3</sup>
<b>Low</b>		Monthly child visit
		Quarterly home visit

<sup>1</sup> The results of the monthly review should be documented in each worker's narratives.

<sup>2</sup> Best practice would recommend rotating between a home visit and a phone contact on a monthly basis.

<sup>3</sup> The results of the monthly review should be documented in each worker's narratives.

## Appendix

**Los Angeles County Prevention Plan**  
**California SDM<sup>®</sup> Risk Assessment and Definitions**  
**California Family Strength and Needs Assessment and Definitions**

**Insert Los Angeles County Prevention Plan**

**CALIFORNIA  
FAMILY RISK ASSESSMENT**

r: 05-08

Referral Name: \_\_\_\_\_ Referral #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

County Name: \_\_\_\_\_ Worker Name: \_\_\_\_\_ Worker ID#: \_\_\_\_\_

**NEGLECT**

**N1. Current Report Is for Neglect**  
 a. No..... 0  
 b. Yes..... 1

**N2. Prior Investigations (assign highest score that applies)**  
 a. None.....-1  
 b. One or more, abuse only..... 1  
 c. One or two for neglect..... 2  
 d. Three or more for neglect..... 3

**N3. Household Has Previously Received CPS (voluntary/court ordered)**  
 a. No..... 0  
 b. Yes..... 1

**N4. Number of Children Involved in the Child Abuse/Neglect Incident**  
 a. One, two, or three..... 0  
 b. Four or more..... 1

**N5. Age of Youngest Child in the Home**  
 a. Two or older..... 0  
 b. Under two..... 1

**N6. Characteristics of Children in Household (add for score)**  
 a. Not applicable..... 0  
 b. One or more present (mark all applicable and add)  
 Developmental, learning, or physical disability..... 1  
 Developmental  Learning  Physical  
 Medically fragile or failure to thrive..... 1  
 Mental health or behavioral problem..... 1

**N7. Primary Caregiver Provides Physical Care Inconsistent with Child Needs**  
 a. No..... 0  
 b. Yes..... 1

**N8. Primary Caregiver Has a History of Abuse or Neglect as a Child**  
 a. No..... 0  
 b. Yes..... 1

**N9. Primary Caregiver Has/Had a Mental Health Problem**  
 a. None/not applicable..... 0  
 b. One or more apply..... 1

**N10. Primary Caregiver Has/Had an Alcohol and/or Drug Problem**  
 a. None/not applicable..... 0  
 b. One or more apply (mark all applicable)..... 2  
 Alcohol ( Last 12 months and/or  Prior to the last 12 months)  
 Drugs ( Last 12 months and/or  Prior to the last 12 months)  
 Marijuana  Methamphetamine  Heroin  Cocaine  
 Other: \_\_\_\_\_

**N11. Primary Caregiver Has Criminal Arrest History**  
 a. No..... 0  
 b. Yes..... 1

**N12. Current Housing**  
 a. Not applicable..... 0  
 b. One or more apply..... 1  
 Physically unsafe, AND/OR  
 Family homeless

**ABUSE**

**A1. Current Report Is for Physical Abuse**  
 a. No..... 0  
 b. Yes..... 1

**A2. Number of Prior Investigations**  
 a. None.....-1  
 b. One or more, neglect only..... 0  
 c. One for abuse..... 1  
 d. Two or more for abuse..... 2

**A3. Household Has Previously Received CPS (voluntary/court ordered)**  
 a. No..... 0  
 b. Yes..... 1

**A4. Prior Physical Injury to a Child Resulting from Child Abuse/Neglect or Prior Substantiated Physical Abuse to a Child**  
 a. None/not applicable..... 0  
 b. One or more apply..... 1  
 Prior physical injury to a child resulting from CA/N  
 Prior substantiated physical abuse of a child

**A5. Number of Children Involved in the Child Abuse/Neglect Incident**  
 a. One, two, or three..... 0  
 b. Four or more..... 1

**A6. Characteristics of Children in Household (score 1 if any present)**  
 a. Not applicable..... 0  
 b. One or more present (mark all applicable)..... 1  
 Delinquency history  
 Developmental disability  
 Learning disability  
 Mental health or behavioral problem

**A7. Two or More Incidents of Domestic Violence in the Household in the Past Year**  
 a. No..... 0  
 b. Yes..... 1

**A8. Primary Caregiver Employs Excessive/Inappropriate Discipline**  
 a. No..... 0  
 b. Yes..... 1

**A9. Primary Caregiver Is Domineering**  
 a. No..... 0  
 b. Yes..... 1

**A10. Primary Caregiver Has a History of Abuse or Neglect as a Child**  
 a. No..... 0  
 b. Yes..... 1

**A11. Primary Caregiver Has/Had a Mental Health Problem**  
 a. No..... 0  
 b. One or more apply..... 1  
 During the last 12 months  
 Prior to the last 12 months

**TOTAL NEGLECT RISK SCORE** \_\_\_\_\_

**TOTAL ABUSE RISK SCORE** \_\_\_\_\_

**SCORED RISK LEVEL.** Assign the family=s scored risk level based on the highest score on either the neglect or abuse indices, using the following chart:

<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Scored Risk Level</u>
<input type="checkbox"/> -1-1	<input type="checkbox"/> -1-0	<input type="checkbox"/> Low
<input type="checkbox"/> 2-5	<input type="checkbox"/> 1-3	<input type="checkbox"/> Moderate
<input type="checkbox"/> 6-8	<input type="checkbox"/> 4-6	<input type="checkbox"/> High
<input type="checkbox"/> 9+	<input type="checkbox"/> 7+	<input type="checkbox"/> Very High

**POLICY OVERRIDES.** Mark yes if a condition shown below is applicable in this case. If any condition is applicable, override the final risk level to very high.

- Yes  No 1. Sexual abuse case AND the perpetrator is likely to have access to the child.  
 Yes  No 2. Non-accidental injury to a child under age two years.  
 Yes  No 3. Severe non-accidental injury.  
 Yes  No 4. Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

**DISCRETIONARY OVERRIDE.** If a discretionary override is made, mark yes, increase risk by one level, and indicate reason.

- Yes  No 5. If yes, override risk level (mark one):  Moderate  High  Very High  
 Discretionary override reason: \_\_\_\_\_

Supervisor's Review/Approval of Discretionary Override: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FINAL RISK LEVEL** (mark final level assigned):  Low  Moderate  High  Very High

**RECOMMENDED DECISION**

Final Risk Level	Recommendation
Low	Do Not Promote*
Moderate	Do Not Promote*
High	Promote
Very High	Promote

\*Unless there are unresolved safety threats.

**PLANNED ACTION:**

- Promote
- Do Not Promote

If recommended decision and planned action do not match, explain why:

---

**SUPPLEMENTAL ITEMS**

Note: These items should be recorded, but are not scored.

1. Primary caregiver characteristics:

Yes No

- a.   Blames child
- b.   Provides insufficient emotional/psychological support

2. Secondary caregiver characteristics:

No secondary caregiver

Yes No

- a.   Has history of abuse/neglect as a child
- b.   Has/had mental health problem
  - During the last 12 months  Prior to the last 12 months
- c.   Has/had an alcohol and/or drug problem (*mark all applicable*)
  - Alcohol ( Last 12 months and/or  Prior 12 months)
  - Drugs ( Last 12 months and/or  Prior 12 months)
    - Marijuana  Methamphetamine  Heroin  Cocaine
    - Other: \_\_\_\_\_
- d.   Employs excessive/inappropriate discipline
- e.   Domineering
- f.   Secondary caregiver has criminal arrest history

**CALIFORNIA  
FAMILY RISK ASSESSMENT  
DEFINITIONS**

**NEGLECT INDEX**

**N1. Current Report Is for Neglect**

Score 1 if the current report is for any type of neglect. This includes severe and general neglect, exploitation (excluding sexual exploitation), and caregiver absence/incapacity.

This applies to referred allegations as well as allegations made during the course of the investigation.

**N2. Prior Investigations**

Choose the appropriate score based on the number of prior investigations and the type of complaint investigated. For differential response referrals, include Paths 2 and 3. Consider all adults in the household and count prior investigations for which they were alleged to be perpetrators.

- a. Score -1 if there were no investigations prior to the current investigation. **Do not** include referrals that were not assigned for investigation.
- b. Score 1 if there were one or more investigations, substantiated or not, for any type of abuse prior to the current investigation. Abuse includes physical, emotional, or sexual abuse/sexual exploitation. **Do not** include referrals that were not assigned for investigation.
- c. Score 2 if there were one or two investigations, substantiated or not, for any type of neglect prior to the current investigation, with or without abuse investigations. Neglect includes severe and general neglect, exploitation (excluding sexual exploitation), and caregiver being absent/incapacitated. **Do not** include referrals that were not assigned for investigation.
- d. Score 3 if there were three or more investigations, substantiated or not, for any type of neglect prior to the current investigation, with or without abuse investigations. Neglect includes severe and general neglect, exploitation (excluding sexual exploitation), and caregiver being absent/incapacitated. **Do not** include referrals that were not assigned for investigation.

Where possible, history from other county or state jurisdictions should be marked. Exclude investigations of out-of-home perpetrators (e.g., daycare) unless one or more caregivers failed to protect.

**N3. Household Has Previously Received CPS (voluntary/court ordered)**

Score 1 if the household has previously received CPS or is currently receiving services as a result of a prior investigation. Service history includes voluntary or court-ordered family services or Family Preservation Services, but does not include delinquency services.

**N4. Number of Children Involved in the Child Abuse/Neglect Incident**

Choose the appropriate score given the number of children under 18 years of age for whom abuse or neglect was alleged or substantiated in the current investigation.

**N5. Age of Youngest Child in the Home**

Choose the appropriate score given the current age of the youngest child presently in the household where the maltreatment incident reportedly occurred. If a child is removed as a result of the current investigation, count the child as residing in the home.

**N6. Characteristics of Children in Household**

Score this item based on credible statements by caregiver that a child has been diagnosed, statements from a physician or mental health professional, or review of records.

- a. Score 0 if no child in the household exhibits characteristics listed below.
- b. Score the appropriate amount (maximum 3) if one or more of the following characteristics are present for a child in the home and mark which are applicable:
  - Score 1 if any child has a developmental, learning, or physical disability and mark which type is present.
    - » Developmental disability: A severe, chronic condition diagnosed by a physician or mental health professional due to mental and/or physical impairments. Examples include mental retardation, 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 who is eligible for an IEP but 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.
  - Score 1 if any child is medically fragile or diagnosed with failure to thrive.
    - » Medically fragile: 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; and that requires daily, ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members; and that 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; and the child lives with ongoing threat to his or her continued well-being. Examples include a child who requires a trach-vent for breathing or a g-tube for eating.

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

- Score 1 if any child has a mental health or behavioral problem. Any child in the household has mental health or behavioral problems not related to a physical or developmental disability. This could be indicated by a DSM Axis 1 diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking prescribed psychoactive medications.

**N7. Primary Caregiver Provides Physical Care Inconsistent with Child Needs**

Score 1 if physical care of the child (lack of age-appropriate feeding, clothing, shelter, hygiene, or medical care) threatens the child's well-being or results in harm to the child. Examples include the following:

- Repeated failure to obtain standard immunizations;
- Failure to obtain medical care for severe or chronic illness;
- Repeated failure to provide the child with weather-appropriate clothing;
- Persistent rat or roach infestations;
- Inadequate or inoperative plumbing or heating.
- Poisonous substances or dangerous objects lying within reach of small child;
- The child wears filthy clothes for extended periods of time;
- The child is not being bathed on a regular basis, resulting in dirt caked on skin and hair and a strong odor.

**N8. Primary Caregiver Has a History of Abuse or Neglect as a Child**

Score 1 if credible statements by the primary caregiver or others, or state records of past allegations, indicate that the primary caregiver was maltreated as a child (maltreatment includes neglect or physical, sexual, or other abuse).

**N9. Primary Caregiver Has/Had a Mental Health Problem**

- a. Score 0 if the primary caregiver does not have a current or past mental health problem.
- b. Score 1 if credible and/or verifiable statements by the primary caregiver or others indicate that the primary caregiver:

- has been diagnosed as having a significant mental health disorder as indicated by a DSM Axis 1 condition determined by a mental health clinician; or
- has had repeated referrals for mental health/psychological evaluations; or
- was recommended for treatment/hospitalization or treated/hospitalized for emotional problems.

**N10. Primary Caregiver Has/Had an Alcohol and/or Drug Problem**

- a. Score 0 if the primary caregiver does not have and never has had a drug or alcohol problem.
- b. Score 2 if the primary caregiver has a past or current alcohol and/or drug abuse problem that interferes with his/her or the family's functioning. Such interference is evidenced by the following:
  - substance use that affects or affected employment, criminal involvement, or marital or family relationships; and/or that affects or affected caregiver's ability to provide protection, supervision, and care for the child;
  - an arrest in the past two years for driving under the influence (DUI) or refusing breathalyzer testing;
  - self-report of a problem;
  - treatment received currently or in the past;
  - multiple positive urine samples;
  - health/medical problems resulting from substance use and/or abuse;
  - the child's diagnosis with Fetal Alcohol Syndrome or Exposure (FAS or FAE), or the child's positive toxicology screen at birth and the primary caregiver was birthing parent.

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

Indicate whether the alcohol and/or drug problem was/is present DURING the past 12 months **and/or** was present PRIOR to the last 12 months. If drug use during the past 12 months is marked, also indicate type of drug used. Mark all that apply.

**N11. Primary Caregiver Has Criminal Arrest History**

Score 1 if the primary caregiver has been arrested or convicted prior to the current complaint as either an adult or a juvenile. This includes DUI, but excludes all other traffic

offenses. Information may be located in the case narrative material, reports from other agencies, etc. Also review any police reports in the file for this information.

## **N12. Current Housing**

- a. Score 0 if the family has housing that is physically safe.
- b. Score 1 if any of the following apply:
  - The family has housing, but the current housing situation is physically unsafe to the extent that it does not meet the health or safety needs of the child (e.g., exposed wiring, inoperable heat or plumbing, roach/rat infestations, human/animal waste on floors, rotting food).
  - The family is homeless or was about to be evicted at the time the investigation began. Consider as “homeless” people who are living in a shelter and those living on a short-term basis with relatives or friends.

## **ABUSE INDEX**

### **A1. Current Report Is for Physical Abuse**

Score 1 if the current report is for physical abuse. This includes referred allegations or allegations made during the course of the investigation.

### **A2. Number of Prior Investigations**

Score the appropriate amount given the count of all investigations, substantiated or not, that were assigned for CPS investigation. For differential response referrals, include Paths 2 and 3. Consider all adults in the household and count prior investigations for which they were alleged to be perpetrators.

- a. Score -1 if there were no prior investigations.
- b. Score 0 if there were one or more neglect investigations but no abuse investigations.
- c. Score 1 if there was one prior abuse investigation (physical, emotional, or sexual abuse/exploitation) regardless of whether there were any neglect investigations.
- d. Score 2 if there were two or more prior abuse investigations (physical, emotional, or sexual abuse/exploitation) regardless of whether there were any neglect investigations.

Where possible, abuse history from other county or state jurisdictions should be marked. Exclude investigations of out-of-home perpetrators (e.g., daycare) unless one or more caregivers failed to protect.

**A3. Household Has Previously Received CPS (voluntary/court ordered)**

Score 1 if household has previously received CPS or is currently receiving services as a result of a prior investigation. Service history includes voluntary or court-ordered family services or Family Preservation Services, but does not include delinquency services.

**A4. Prior Physical Injury to a Child Resulting from Child Abuse/Neglect or Prior Substantiated Physical Abuse to a Child**

Score 1 if a child sustained an injury resulting from abuse and/or neglect prior to the complaint that resulted in the current investigation. Injury sustained as a result of abuse or neglect may range from bruises, cuts, and welts to an injury that requires medical treatment or hospitalization such as a bone fracture or burn; OR if there was prior substantiated physical abuse to a child involving a current household member as a perpetrator.

**A5. Number of Children Involved in the Child Abuse/Neglect Incident**

Choose the appropriate score given the number of children under 18 years of age for whom abuse or neglect was alleged or substantiated in the current investigation.

**A6. Characteristics of Children in Household**

Score this item based on credible statements by caregiver that a child has been diagnosed, statements from a physician or mental health professional, or review of records.

- a. Score 0 if no child in the household exhibits characteristics listed below.
- b. Score 1 if one or more of the following characteristics are present for a child in the home, and mark which are applicable:
  - Delinquency history: Any child in the household has been referred to juvenile court for delinquent or status offense behavior. Status offenses that are not brought to court attention but that create stress within the household should also be scored, such as children who run away or are habitually truant.
  - Developmental disability: A severe chronic condition diagnosed by a physician or mental health professional due to mental and/or physical impairments. Examples include mental retardation, autism spectrum disorders, and cerebral palsy.
  - Learning disability: Child has an 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 who is eligible for an IEP but does not yet have one, or who is in preschool.
  - Mental health or behavioral problem: Any child in the household has mental health or behavioral problems not related to a physical or developmental disability. This could be indicated by a DSM Axis 1 diagnosis, receiving mental health treatment, attendance in a special

classroom because of behavioral problems, or currently taking prescribed psychoactive medication.

**A7. Two or More Incidents of Domestic Violence in the Household in the Past Year**

Score 1 if in the previous year there have been two or more physical assaults or multiple periods of intimidation/threats/harassment between caregivers or between a caregiver and another adult.

**A8. Primary Caregiver Employs Excessive/Inappropriate Discipline**

- a. Score 0 if the primary caregiver does not employ excessive/inappropriate discipline.
- b. Score 1 if the primary caregiver employs excessive/inappropriate discipline. Disciplinary practices caused or threatened harm to the child because they were excessively harsh physically or emotionally and/or were inappropriate to the child=s age or development. Examples include locking the child in a closet or basement, holding the child=s hand over fire, hitting the child with dangerous instruments, or depriving a young child of physical and/or social activity for extended periods.

**A9. Primary Caregiver Is Domineering**

- a. Score 0 if the primary caregiver is not domineering.
- b. Score 1 if the primary caregiver is domineering, indicated by controlling, abusive, overly restrictive, or unfair behavior, or overreactive rules.

**A10. Primary Caregiver Has a History of Abuse or Neglect as a Child**

Score 1 if credible statements by the primary caregiver or others indicate that the primary caregiver was maltreated as a child (maltreatment includes neglect or physical, sexual, or other abuse).

**A11. Primary Caregiver Has/Had a Mental Health Problem**

- a. Score 0 if the primary caregiver does not have a current or past mental health problem.
- b. Score 1 if credible and/or verifiable statements by the primary caregiver or others indicate that the primary caregiver:
  - has been diagnosed as having a significant mental health disorder as indicated by a DSM Axis 1 condition determined by a mental health clinician;
  - has had repeated referrals for mental health/psychological evaluations; or

- was recommended for treatment/hospitalization or treated/hospitalized for emotional problems.

Indicate whether the mental health problem was/is present DURING the past 12 months **and/or** was present PRIOR to the last 12 months.

## SUPPLEMENTAL ITEMS

### 1. Primary caregiver characteristics

- a. **Blames child.** The primary caregiver blames the child for the incident. Blaming refers to the caregiver's statement that the maltreatment incident occurred because of the child's action or inaction (e.g., claiming that the child seduced him/her or the child deserved beating because he/she misbehaved).
- b. **Provides insufficient emotional/psychological support.** The primary caregiver provides insufficient emotional/psychological support to the child, such as persistently berating/belittling/demeaning the child or depriving the child of affection or emotional support.

### 2. Secondary caregiver characteristics

- No secondary caregiver.** Mark this if there is no secondary caregiver.
- a. **Has history of abuse/neglect as a child.** Credible statements by the secondary caregiver or others indicate that the secondary caregiver was maltreated as a child (maltreatment includes neglect or physical, sexual, or other abuse).
  - b. **Has/had mental health problem.** Credible and/or verifiable statements by the secondary caregiver or others indicate that the secondary caregiver:
    - has been diagnosed as having a significant mental health disorder as indicated by a DSM Axis 1 condition determined by a mental health clinician;
    - has had repeated referrals for mental health/psychological evaluations; or
    - was recommended for treatment/hospitalization or treated/hospitalized for emotional problems.

Indicate whether the mental health problem was/is present DURING the past 12 months **and/or** was present PRIOR to the last 12 months.

- c. **Has/had an alcohol and/or drug problem.** Secondary caregiver has a past or current alcohol and/or drug abuse problem that interferes with his/her or the family's functioning. Such interference is evidenced by the following:

- substance use that affects or affected employment, criminal involvement, or marital or family relationships; and/or that affects or affected secondary caregiver's ability to provide protection, supervision, and care for the child;
- an arrest in the past two years for driving under the influence (DUI) or refusing breathalyzer testing;
- self-report of a problem;
- treatment received currently or in the past;
- multiple positive urine samples;
- health/medical problems resulting from substance use and/or abuse;
- the child's diagnosis with Fetal Alcohol Syndrome or Exposure (FAS or FAE), or the child's positive toxicology screen at birth and the secondary caregiver was birthing parent.

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

Indicate whether the problem is related to alcohol, drugs, or both, **and** whether alcohol or drug problem was/is present DURING the past 12 months, **and/or** was present PRIOR to the last 12 months. If drug use during the past 12 months is marked, also indicate type of drug used. Mark all that apply.

- d. **Employs excessive/inappropriate discipline.** The secondary caregiver employs excessive/inappropriate discipline. Disciplinary practices caused or threatened harm to the child because they were excessively harsh physically or emotionally and/or were inappropriate to the child's age or development. Examples include locking the child in a closet or basement, holding the child's hand over fire, hitting the child with dangerous instruments, or depriving a young child of physical and/or social activity for extended periods.
- e. **Domineering.** Secondary caregiver is domineering, indicated by controlling, abusive, overly restrictive, or unfair behavior, or overreactive rules.
- f. **Secondary caregiver has criminal arrest history.** Mark yes if the secondary caregiver has been arrested or convicted prior to the current complaint as either an adult or a juvenile. This includes DUI, but excludes all other traffic offenses. Information may be located in the case narrative material, reports from other agencies, etc. Also review any police reports in the file for this information.

**CALIFORNIA**  
**FAMILY STRENGTHS AND NEEDS ASSESSMENT**  
**(for Caregivers and Children)**

r: 10-07

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

**Referral Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Date of Assessment:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Initial or Reassess #:** 1 2 3 4 5 \_\_\_\_\_

**County:** \_\_\_\_\_ **Worker:** \_\_\_\_\_

**1. Child Name:** \_\_\_\_\_ **Case #:** \_\_\_\_\_ **4. Child Name:** \_\_\_\_\_ **Case #:** \_\_\_\_\_

**2. Child Name:** \_\_\_\_\_ **Case #:** \_\_\_\_\_ **5. Child Name:** \_\_\_\_\_ **Case #:** \_\_\_\_\_

**3. Child Name:** \_\_\_\_\_ **Case #:** \_\_\_\_\_ **6. Child Name:** \_\_\_\_\_ **Case #:** \_\_\_\_\_

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

The following items should be considered for each family/household member. Worker should base the score on his/her assessment for each item, taking into account the family's perspective, child's perspective where appropriate, worker observations, collateral contacts, and available records. Refer to accompanying definitions to determine the most appropriate response. Enter the score for each item.

**A. CAREGIVER—Rate each caregiver.**

		<u>Caregiver Score</u>	
		Primary	Secondary
<b>SN1. Substance Abuse/Use</b>			
<small>(Substances: alcohol, illegal drugs, inhalants, prescription/over-the-counter drugs)</small>			
a. Teaches and demonstrates a healthy understanding of alcohol and drugs .....	+3		
b. Alcohol or prescribed drug use/no use .....	0		
c. Alcohol or drug abuse .....	-3		
d. Chronic alcohol or drug abuse .....	-5	_____	_____
<b>SN2. Household Relationships/Domestic Violence</b>			
a. Supportive.....	+3		
b. Minor or occasional discord .....	0		
c. Frequent discord or some domestic violence .....	-3		
d. Chronic discord or severe domestic violence .....	-5	_____	_____
<b>SN3. Social Support System</b>			
a. Strong support system .....	+2		
b. Adequate support system.....	0		
c. Limited support system .....	-2		
d. No support system .....	-4	_____	_____
<b>SN4. Parenting Skills</b>			
a. Strong skills .....	+2		
b. Adequately parents and protects child .....	0		
c. Inadequately parents and protects child.....	-2		
d. Destructive/abusive parenting .....	-4	_____	_____
<b>SN5. Mental Health/Coping Skills</b>			
a. Strong coping skills .....	+2		
b. Adequate coping skills.....	0		
c. Mild to moderate symptoms .....	-2		
d. Chronic/severe symptoms.....	-4	_____	_____

**Caregiver Score**

**Primary    Secondary**

**SN6. Resource Management/Basic Needs**

- a. Resources are sufficient to meet basic needs and are adequately managed ..... +1
- b. Resources may be limited but are adequately managed ..... 0
- c. Resources are insufficient or not well-managed ..... -1
- d. No resources, or resources are severely limited and/or mismanaged ..... -3

\_\_\_\_\_

**SN7. Cultural Identity**

- a. Cultural component is supportive and no conflict present ..... +1
- b. No cultural component that supports or causes conflict ..... 0
- c. Cultural component that causes some conflict ..... -1
- d. Cultural component that causes significant conflict ..... -3

\_\_\_\_\_

**SN8. Physical Health**

- a. Preventive health care is practiced ..... +1
- b. Health issues do not affect family functioning ..... 0
- c. Health concerns/disabilities affect family functioning ..... -1
- d. Serious health concerns/disabilities result in inability to care for the child ..... -2

\_\_\_\_\_

**SN9. Identified Caregiver Strength/Need (not covered in SN1-SN8)**

- a. Significant strength ..... +1
- b. Not applicable ..... 0
- c. Minor need ..... -1
- d. Significant need ..... -2

\_\_\_\_\_

**COMMENT:** \_\_\_\_\_

**B. CHILD—Rate each child according to the current level of functioning.**

	<u>Child 1</u> <u>Score</u>	<u>Child 2</u> <u>Score</u>	<u>Child 3</u> <u>Score</u>	<u>Child 4</u> <u>Score</u>	<u>Child 5</u> <u>Score</u>	<u>Child 6</u> <u>Score</u>
<b>CSN1. Emotional/Behavioral</b>						
a. Strong emotional adjustment ..... +3						
b. Adequate emotional adjustment ..... 0						
c. Limited emotional adjustment ..... -3						
d. Severely limited emotional adjustment ..... -5						
<b>CSN2. Physical Health/Disability</b>						
a. Good health ..... +3						
b. Adequate health ..... 0						
c. Minor health/disability needs ..... -3						
d. Serious health/disability needs ..... -5						
<b>CSN3. Education</b>						
Does child have a specialized educational plan? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____						
a. Outstanding academic achievement ..... +3						
b. Satisfactory academic achievement or child not of school age... 0						
c. Academic difficulty ..... -3						
d. Severe academic difficulty ..... -5						
<b>CSN4. Family Relationships</b>						
a. Nurturing/supportive relationships ..... +2						
b. Adequate relationships ..... 0						
c. Strained relationships ..... -2						
d. Harmful relationships ..... -4						

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
	<u>Score</u>	<u>Score</u>	<u>Score</u>	<u>Score</u>	<u>Score</u>	<u>Score</u>
<b>CSN5. Child Development</b>						
a. Advanced development .....						
b. Age-appropriate development .....						
c. Limited development .....						
d. Severely limited development .....						
<b>CSN6. Substance Abuse</b>						
a. Chooses drug-free lifestyle .....						
b. No use/experimentation .....						
c. Alcohol or other drug use .....						
d. Chronic alcohol or other drug use.....						
<b>CSN7. Cultural Identity</b>						
a. Cultural component is supportive and no conflict present.....						
b. No cultural component that supports or causes conflict .....						
c. Cultural component that causes some conflict.....						
d. Cultural component that causes significant conflict .....						
<b>CSN8. Peer/Adult Social Relationships</b>						
a. Strong social relationships .....						
b. Adequate social relationships .....						
c. Limited social relationships .....						
d. Poor social relationships .....						
<b>CSN9. Delinquent Behavior</b> (Delinquent behavior includes any action that, if committed by an adult, would constitute a crime.)						
a. Preventive activities.....						
b. No delinquent behavior .....						
c. Occasional delinquent behavior.....						
d. Significant delinquent behavior .....						
<b>CSN10. Identified Child Strength/Need (not covered in CSN1-CSN9)</b>						
a. Significant strength.....						
b. Not applicable.....						
c. Minor need.....						
d. Significant need .....						
<b>COMMENT:</b> _____						

**C. PRIORITY NEEDS AND STRENGTHS**

Enter item number and description of up to three most serious needs (lowest scores) and greatest strengths (highest scores) from Section A (items SN1-SN9) for each caregiver (P=Primary; S=Secondary, B=Both).

Caregiver Priority Areas of Need	P	S	B	Caregiver Priority Areas of Strength	P	S	B
1. _____	_____	_____	_____	1. _____	_____	_____	_____
2. _____	_____	_____	_____	2. _____	_____	_____	_____
3. _____	_____	_____	_____	3. _____	_____	_____	_____

Note: All identified child needs must be addressed in the case plan.

**CALIFORNIA**  
**FAMILY STRENGTHS AND NEEDS ASSESSMENT**  
**(for Caregivers and Children)**  
**DEFINITIONS**

**CAREGIVER**

**SN1. Substance Abuse/Use**

(Substances: alcohol, illegal drugs, inhalants, prescription/over-the-counter drugs)

- a. Teaches and demonstrates a healthy understanding of alcohol and drugs. The caregiver may use alcohol or prescribed drugs; however, use does not negatively affect parenting skills and functioning; the caregiver teaches and demonstrates an understanding of the choices made about use or abstinence and the effects of alcohol and drugs on behavior and society.
- b. Alcohol or prescribed drug use/no use. The caregiver may have a history of substance abuse or may currently use alcohol or prescribed drugs; however, it does not negatively affect parenting skills and functioning. Include abstinence.
- c. Alcohol or drug abuse. The caregiver continues to use despite negative consequences in some areas such as family, social, health, legal, or financial. The caregiver needs help to achieve and/or maintain abstinence from alcohol or drugs.
- d. Chronic alcohol or drug abuse. The caregiver's use of alcohol or drugs results in behaviors that impede ability to meet his/her own and/or his/her child's basic needs. He/she experiences some degree of impairment in most areas including family, social, health, legal, and financial. He/she needs intensive structure and support to achieve abstinence from alcohol or drugs.

**SN2. Household Relationships/Domestic Violence**

- a. Supportive. Internal or external stressors (e.g., illness, financial problems, divorce, special needs) may be present, but the household maintains positive interactions (e.g., mutual affection, respect, open communication, empathy) and shares responsibilities mutually agreed upon by the household members. Household members mediate disputes and promote non-violence in the home. Individuals are safe from threats, intimidation, or assaults by other household members. The caregiver may have a history of domestic violence but demonstrates an effective or adequate coping ability regarding any past abuse.
- b. Minor or occasional discord. Internal or external stressors are present, but the household is coping despite some disruption of positive interactions. Conflicts may be resolved through less adaptive strategies such as avoidance; however, household members do not control each other or threaten physical or sexual assault, and there is no current domestic violence.
- c. Frequent discord or some domestic violence. Internal or external stressors are present, and the household is experiencing increased disruption of positive

interactions coupled with lack of cooperation and/or emotional or verbal abuse. May be evidenced by the following:

- Custody and visitation issues are characterized by frequent conflicts.
- The caregiver's pattern of adult relationships creates significant stress for the child.
- Adult relationships are characterized by occasional physical outbursts that may result in minor injuries; and/or controlling behavior that results in isolation or restriction of activities. Both the offender and the victim seek help in reducing threats of violence.

d. Chronic discord or severe domestic violence. Internal or external stressors are present and the household experiences minimal positive interactions. May be evidenced by the following:

- Custody and visitation issues are characterized by harassment and/or severe conflict, such as multiple reports to law enforcement and/or CPS.
- The caregiver's pattern of adult relationships places the child at risk for maltreatment and/or contributes to severe emotional distress.
- One or more household members use regular and/or severe physical violence. Individuals engage in physically assaultive behaviors toward other household members. Violent or controlling behavior has or may result in injury.
- Neither caregiver or only one caregiver is willing to seek help in reducing threats of violence, OR previous treatment efforts have not been successful in reducing domestic violence incidents.

### **SN3. Social Support System**

- a. Strong support system. The family regularly engages with a strong, constructive, mutual-support system. Individuals interact with extended family, friends, cultural, religious, and/or community support or services that provide a wide range of resources.
- b. Adequate support system. As needs arise, the family uses extended family, friends, cultural, religious, and community resources to provide support and/or services such as child care, transportation, supervision, role-modeling for caregiver(s) and child, parenting and emotional support, guidance, etc.
- c. Limited support system. The family has limited support system, is isolated, or is reluctant to use available support.
- d. No support system. The family has no support system and does not utilize extended family and community resources.

#### **SN4. Parenting Skills**

- a. Strong skills. The caregiver displays good knowledge and understanding of age-appropriate parenting skills and integrates use on a daily basis. The caregiver expresses hope for and recognizes the child's abilities and strengths and encourages participation in family and community. The caregiver advocates for family and responds to changing needs.
- b. Adequately parents and protects child. The caregiver displays adequate parenting patterns that are age-appropriate for the child in areas of expectations, discipline, communication, protection, and nurturing. The caregiver has basic knowledge and skills to parent.
- c. Inadequately parents and protects child. Improvement of basic parenting skills is needed by the caregiver. The caregiver has some unrealistic expectations and gaps in parenting skills, demonstrates poor knowledge of age-appropriate disciplinary methods, and/or lacks knowledge of child development that interferes with effective parenting.
- d. Destructive/abusive parenting. The caregiver displays destructive/abusive parenting patterns that result in significant harm to the child.

#### **SN5. Mental Health/Coping Skills**

- a. Strong coping skills. The caregiver demonstrates the ability to deal with adversity, crises, and long-term problems in a constructive manner. The caregiver demonstrates realistic and logical judgment. The caregiver displays resiliency and has a positive, hopeful attitude.
- b. Adequate coping skills. The caregiver demonstrates emotional responses that are consistent with circumstances and displays no apparent inability to cope with adversity, crises, or long-term problems.
- c. Mild to moderate symptoms. The caregiver displays periodic mental health symptoms including, but not limited to, depression, low self-esteem, or apathy. The caregiver has occasional difficulty dealing with situational stress, crises, or problems.
- d. Chronic/severe symptoms. The caregiver displays chronic, severe mental health symptoms including, but not limited to, depression, apathy, or severe low self-esteem. These symptoms impair the caregiver's ability to perform in one or more areas of parental functioning, employment, education, or provision of food and shelter.

## SN6. Resource Management/Basic Needs

- a. Resources are sufficient to meet basic needs and are adequately managed. The caregiver has a history of consistently providing safe, healthy, and stable housing; nutritional food; and clothing. The caregiver successfully manages available resources to meet basic care needs related to health and safety.
- b. Resources may be limited but are adequately managed. The caregiver provides adequate housing, food, and clothing. The caregiver adequately manages available resources to meet basic care needs related to health and safety.
- c. Resources are insufficient or not well-managed. The caregiver provides housing, but it does not meet the basic needs of the child due to such things as inadequate plumbing, heating, wiring, or housekeeping. Food and/or clothing do not meet basic needs of the child. The family may be homeless; however, there is no evidence of harm or threat of harm to the child. The caregiver does not adequately manage available resources which results in difficulty providing for basic care needs related to health and safety.
- d. No resources, or resources are severely limited and/or mismanaged. Conditions exist in the household that have caused illness or injury to family members such as inadequate plumbing, heating, wiring, housekeeping; there is no food, food is spoiled, or family members are malnourished. The child chronically presents with clothing that is unclean, not appropriate for weather conditions, or is in poor repair. The family is homeless, which results in harm or threat of harm to the child. The caregiver lacks resources, or severely mismanages available resources, which results in unmet basic care needs related to health and safety.

## SN7. Cultural Identity

*For this item, cultural identity may refer to an ethnic, religious, or social identity that reflects the unique characteristics of the caregiver. Cultural identity is not limited to identification with a minority culture and may refer to the prominent culture. Note that the reference to cultural conflict within the family includes inter-generational cultural conflict.*

- a. Cultural component is supportive and no conflict present. The caregiver identifies with a culture and its connected community, and that cultural identification is a resource. He/she experiences no conflict related to cultural identity.
- b. No cultural component that supports or causes conflict.
  - The caregiver identifies with a culture and its community; however, that cultural identity is not serving as a resource to them. He/she experiences no conflict related to cultural identity;
  - OR the caregiver has no particular identification with a culture, and the absence of cultural identity is not resulting in conflict with family or community.

- c. Cultural component that causes some conflict.
  - The caregiver identifies with a culture and its connected community, and that cultural identity may or may not be a resource to them. He/she experiences *some* conflict related to cultural identity;
  - OR the caregiver has no particular identification with a culture, and the absence of cultural identity is resulting in *some* conflict with family or community, and this is having an adverse impact on the child.
- d. Cultural component that causes significant conflict.
  - The caregiver identifies with a culture and its connected community, and that cultural identity may or may not be a resource to them. He/she experiences *significant* conflict related to cultural identity;
  - OR the caregiver has no particular identification with a culture, and the absence of cultural identity is resulting in *significant* conflict with family or community, and this is having an adverse impact on the child.

#### **SN8. Physical Health**

- a. Preventive health care is practiced. The caregiver teaches and promotes good health.
- b. Health issues do not affect family functioning. The caregiver has no current health concerns that affect family functioning. The caregiver accesses regular health resources for him/herself (e.g., medical/dental).
- c. Health concerns/disabilities affect family functioning. The caregiver has health concerns or conditions that affect family functioning and/or family resources.
- d. Serious health concerns/disabilities result in inability to care for the child. The caregiver has serious/chronic health problem(s) or condition(s) that affects his/her ability to care for and/or protect the child.

#### **SN9. Identified Caregiver Strength/Need (not covered in SN1 – SN8)**

- a. Significant strength. A caregiver has identified an exceptional strength and/or skill that has a positive impact on family functioning. The family perceives this strength as something they can build on to achieve progress in identified need areas.
- b. Not applicable. The caregiver has no area of strength or need relevant for case planning that is not included in SN1-SN8.
- c. Minor need. A caregiver has a need that has a moderate impact on family functioning. The family perceives they would benefit from services and support that address the need.

- d. Significant need. A caregiver has a serious need that has a significant impact on family functioning. The family perceives they would benefit from services and support that address the need.

## **CHILDREN**

For each item, if not applicable due to child's age, score as "0."

### **CSN1. Emotional/Behavioral**

- a. Strong emotional adjustment. The child displays strong coping skills in dealing with crises and trauma, disappointment, and daily challenges. The child is able to develop and maintain trusting relationships. The child is also able to identify the need for, seeks, and accepts guidance.
- b. Adequate emotional adjustment. The child displays developmentally appropriate emotional/coping responses that do not interfere with school, family, or community functioning. The child may demonstrate some depression, anxiety, or withdrawal symptoms that are situationally related. The child maintains situationally appropriate emotional control.
- c. Limited emotional adjustment. The child has occasional difficulty in dealing with situational stress, crises, or problems, which impairs functioning. The child displays periodic mental health symptoms including, but not limited to: depression, running away, somatic complaints, hostile behavior, or apathy.
- d. Severely limited emotional adjustment. The child's ability to perform in one or more areas of functioning is severely impaired due to chronic/severe mental health symptoms, such as fire-setting, suicidal behavior, or violent behavior toward people and/or animals.

### **CSN2. Physical Health/Disability**

- a. Good health. The child demonstrates good health and hygiene care, involving awareness of nutrition and exercise. The child has no known health care needs. The child receives routine preventive and medical/dental/vision care and immunization.
- b. Adequate health. The child has no health care needs or has minor health problems or a disability that can be addressed with minimal intervention that typically requires no formal training (e.g., oral medications). Age-appropriate immunizations are current.
- c. Minor health/disability needs. The child has health care or disability needs that require routine interventions that are typically provided by lay persons after minimal instruction (e.g., glucose testing and insulin, cast care).

- d. Serious health/disability needs. The child has serious health problems or a disability that requires interventions that are typically provided by professionals or caregivers who have received substantial instruction (e.g., central line feeding, paraplegic care, or wound dressing changes).

**CSN3. Education**

Does child have a specialized educational plan?

(Specialized educational plan includes IEP, study team, etc.)

- a. Outstanding academic achievement. The child is working above grade level and/or is exceeding the expectations of the specific educational plan.
- b. Satisfactory academic achievement or child not of school age. The child is working at grade level and/or is meeting the expectations of the specific educational plan, or the child is not of school age.
- c. Academic difficulty. The child is working below grade level in at least one, but not more than half, of academic subject areas, and/or child is struggling to meet the goals of the existing educational plan. The existing educational plan may need modification.
- d. Severe academic difficulty. The child is working below grade level in more than half of academic subject areas, and/or child is not meeting the goals of the existing educational plan. The existing educational plan needs modification. Also, score “d” for a child who is required by law to attend school but is not attending.

**CSN4. Family Relationships**

For children in voluntary or court-ordered placement, score the child’s family, not his/her placement family.

- a. Nurturing/supportive relationships. The child experiences positive interactions with family members. The child has a sense of belonging within the family. The family defines roles, has clear boundaries, and supports the child’s growth and development.
- b. Adequate relationships. The child experiences positive interactions with family members and feels safe and secure in the family, despite some unresolved family conflicts.
- c. Strained relationships. Stress/discord within the family interferes with the child’s sense of safety and security. The family has difficulty identifying and resolving conflict and/or obtaining support and assistance on their own.
- d. Harmful relationships. Chronic family stress, conflict, or violence severely impedes the child’s sense of safety and security. The family is unable to resolve stress, conflict, or violence on their own and is not able or willing to obtain outside assistance.

### **CSN5. Child Development**

For this item, base assessment on developmental milestones as described on pages 79-81.

- a. Advanced development. The child's physical and cognitive skills are above his/her chronological age level.
- b. Age-appropriate development. The child's physical and cognitive skills are consistent with his/her chronological age level.
- c. Limited development. The child does not exhibit most physical and cognitive skills expected for his/her chronological age level.
- d. Severely limited development. Most of the child's physical and cognitive skills are two or more age levels behind chronological age expectations.

### **CSN6. Substance Abuse**

- a. Chooses drug-free lifestyle. The child does not use alcohol or other drugs and is aware of consequences of use. The child avoids peer relations/social activities involving alcohol and other drugs, and/or chooses not to use substances despite peer pressure/opportunities to do so.
- b. No use/experimentation. The child does not use alcohol or other drugs. The child may have experimented with alcohol or other drugs, but there is no indication of sustained use. The child has no demonstrated history or current problems related to substance use.
- c. Alcohol or other drug use. The child's alcohol or other drug use results in disruptive behavior and discord in school/community/family/work relationships. Use may have broadened to include multiple drugs.
- d. Chronic alcohol or other drug use. The child's chronic alcohol or other drug use results in severe disruption of functioning, such as loss of relationships, job, school suspension/expulsion/drop-out, problems with the law, and/or physical harm to self or others. The child may require medical intervention to detoxify.

### **CSN7. Cultural Identity**

*For this item, cultural identity may refer to an ethnic, religious, or social identity that reflects the unique characteristics of the child. Cultural identity is not limited to identification with a minority culture and may refer to the prominent culture. Note that the reference to cultural conflict within the family includes inter-generational cultural conflict.*

- a. Cultural component is supportive and no conflict present. The child identifies with a culture and its connected community, and that cultural identification is a resource. He/she experiences no conflict related to cultural identity.

- b. No cultural component that supports or causes conflict. The child identifies with a culture and its connected community; however, that cultural identity is not serving as a resource to him/her. He/she experiences no conflict related to cultural identity; OR the child has no particular identification with a culture, and the absence of cultural identity is not resulting in conflict with family or community.
- c. Cultural component that causes some conflict. The child identifies with a culture and its connected community, and that cultural identity may or may not be a resource to him/her. He/she experiences *some* conflict related to cultural identity; OR the child has no particular identification with a culture, and the absence of cultural identity is resulting in *some* conflict with family or community.
- d. Cultural component that causes significant conflict. The child identifies with a culture and its connected community, and that cultural identity may or may not be a resource to him/her. He/she experiences *significant* conflict related to cultural identity; OR the child has no particular identification with a culture, and the absence of cultural identity is resulting in *significant* conflict with family or community.

#### **CSN8. Peer/Adult Social Relationships**

- a. Strong social relationships. The child enjoys and participates in a variety of constructive, age-appropriate social activities. The child enjoys reciprocal, positive relationships with others.
- b. Adequate social relationships. The child demonstrates adequate social skills. The child maintains stable relationships with others; occasional conflicts are minor and easily resolved.
- c. Limited social relationships. The child demonstrates inconsistent social skills; the child has limited positive interactions with others. Conflicts are more frequent and serious, and the child may be unable to resolve them.
- d. Poor social relationships. The child has poor social skills, as demonstrated by frequent conflictual relationships or exclusive interactions with negative or exploitive peers, or the child is isolated and lacks a support system.

### **CSN9. Delinquent Behavior**

Delinquent behavior includes any action that, if committed by an adult, would constitute a crime.

- a. Preventive activities. The child is involved in community service and/or crime prevention programs and takes a stance against crime. The child has no arrest history, and there is no other indication of criminal behavior.
- b. No delinquent behavior. The child has no arrest history, and there is no other indication of criminal behavior, or the child has successfully completed probation, and there has been no criminal behavior in the past two years.
- c. Occasional delinquent behavior. The child is or has engaged in occasional, non-violent delinquent behavior and may have been arrested or placed on probation within the past two years.
- d. Significant delinquent behavior. The child is or has been involved in any violent or repeated non-violent delinquent behavior that has or may have resulted in consequences such as arrests, incarcerations, or probation.

### **CSN10. Identified Child Strength/Need (not covered in CSN1 – CSN9)**

- a. Significant strength. A child has an exceptional strength and/or skill that has a positive impact on family functioning. The family perceives this strength as something they can build on to achieve progress in identified need areas.
- b. Not applicable. A child has no area of strength or need relevant for case planning that is not included in CSN1-CSN9.
- c. Minor need. A child has a need that has a moderate impact on family functioning. The family perceives they would benefit from services and support that address the need.
- d. Significant need. A child has a serious need that has a significant impact on family functioning. The family perceives they would benefit from services and support that address the need.

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
 SDM® DELINQUENCY IMPLEMENTATION PLANNING ASSESSMENT

c: 07/11

Child Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

Referral ID: \_\_\_\_\_

Referral Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- R1. Prior investigation(s) for abuse or neglect
  - a. None ..... 0
  - b. One or two ..... 1
  - c. Three or more ..... 2
- R2. Prior CPS services
  - a. None ..... 0
  - b. One ..... 1
  - c. Two or more ..... 2
- R3. Prior injury to any child in the home resulting from child abuse/neglect
  - a. No ..... 0
  - b. Yes ..... 1
  - If yes:
    - Child being assessed  Another child in the home
- R4. Child was placed in a group home as a result of investigation that led to current case
  - a. No ..... 0
  - b. Yes ..... 1
- R5. Child age at time of CPS referral that led to current case
  - a. 7 to 10 ..... -1
  - b. 11 or 12 ..... 0
  - c. 13 or older ..... 1
- R6. Child gender
  - a. Female ..... 0
  - b. Male ..... 1
- R7. Child substance use/abuse
  - a. No ..... 0
  - b. Yes ..... 1
- R8. Child academic difficulty
  - a. No ..... 0
  - b. Yes ..... 1
- R9. Child past or current delinquency
  - a. No ..... 0
  - b. Yes ..... 1
- R10. Child mental health/behavioral issue (any child in the home)
  - a. No ..... 0
  - b. Yes ..... 1
  - If yes:
    - Child being assessed  Another child in the home

**Total:** \_\_\_\_\_

**Scored Risk Level**

- 1 to 1  Low
- 2 to 4  Moderate
- 5+  High

*Preliminary research only: Not to be used without consultation and authorization of NCCD/CRC.*

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**SDM<sup>®</sup> DELINQUENCY IMPLEMENTATION PLANNING ASSESSMENT**  
**DEFINITIONS**

**R1. Prior investigations for abuse or neglect (only child currently being assessed)**  
Score the appropriate amount based on the number of investigations prior to the investigation that resulted in the current case opening, in which the child being assessed was involved.

- a. Score 0 if there were no prior investigations involving the child being assessed (do not include referrals that were not assigned for investigation).
- b. Score 1 if there were one or two prior investigations involving the child being assessed (do not include referrals that were not assigned for investigation).
- c. Score 2 if there were three or more prior investigations involving the child being assessed (do not include referrals that were not assigned for investigation).

**R2. Prior CPS services (only child currently being assessed)**  
Score the appropriate amount based on the number of new service cases opened for this child prior to the investigation that led to the current new case opening. (Note: If a prior investigation results in a disposition of “continue existing case,” the original case opening would be considered a prior service case.)

- a. Score 0 if there were no prior open cases for the child being assessed.
- b. Score 1 if there was one prior open case for the child being assessed.
- c. Score 2 if there were two or more prior open cases for the child being assessed.

**R3. Prior injury to any child in the home resulting from child abuse/neglect**  
Note that this item pertains to any child in the home, including the child for whom this assessment is being completed or any other children residing in the home.

- a. Score 0 if no child(ren) in the home sustained an injury due to child abuse/neglect.
- b. Score 1 if any child(ren) in the home sustained an injury resulting from abuse and/or neglect prior to the investigation that resulted in the current new case opening. Injury sustained as a result of abuse or neglect may range from bruises, cuts, and welts to an injury that requires medical treatment or hospitalization, such as a bone fracture or burn. This item is

also scored 1 if there was prior substantiated physical abuse to a child involving a current household member as a perpetrator.

If one or more child(ren) in the household were previously injured, indicate whether it was the child being assessed and/or another child in the household.

**R4. Child was placed in a group home as a result of investigation that led to current case**

- a. Score 0 if the child being assessed has not been placed as a result of the investigation that led to the current case opening, or if the child being assessed has been placed but in a setting other than a group home.
- b. Score 1 if the child being assessed was placed in a group home as a result of the investigation that led to the current case opening. The group home placement may have been the initial placement type or a subsequent placement type.

**R5. Child age at time of CPS referral that led to current case**

Base response on the child's age at the time of the CPS referral that led to the current case opening.

- a. Score -1 if the child being assessed was age 7 to 10 at the time of the CPS referral. (Note: A child is considered 10 until his/her 11th birthday.)
- b. Score 0 if the child being assessed was 11 or 12 years old at the time of the CPS referral.
- c. Score 1 if the child being assessed was 13 or older at the time of the CPS referral.

**R6. Child gender**

- a. Score 0 if the child being assessed is female.
- b. Score 1 if the child being assessed is male.

**R7. Child substance use/abuse (only child currently being assessed)**

- a. Answer “no” if the child does not use alcohol or other drugs and is aware of consequences of use. The child avoids peer relations/social activities involving alcohol and other drugs, and/or chooses not to use substances despite peer pressure/opportunities to do so.

The child may have experimented with alcohol or other drugs, but there is no indication of sustained use. The child has no demonstrated history or current problems related to substance use.

- b. Answer “yes” if child’s substance use (alcohol and/or drug) is regular and beyond experimentation, and/or results in disruptive behavior and discord in school/community/family/work relationships.

**R8. Child academic difficulty (only child currently being assessed)**

- a. Answer “no” if the child is working at or above grade level in most subject areas, and/or is meeting or exceeding the expectations of the specific educational plan.
- b. Answer “yes” if the child is working below grade level in one or more academic subject areas and/or child is struggling to meet the goals of the existing educational plan and/or child is school age and is not attending school on a regular basis.

**R9. Child past or current delinquency (only child currently being assessed)**

- a. Answer “no” if the child has no arrest history and there are no other indications of criminal behaviors, OR if the child has successfully completed probation and there has been no criminal behavior in the past two years.
- b. Answer “yes” if the child is or has engaged in occasional criminal behavior (nonviolent or violent) whether it is known to law enforcement or not, and/or was arrested, incarcerated, or placed on probation within the past two years.

**R10. Child mental health/behavioral issue (any child in household)**

- a. Select “no” if no children have a mental health or behavioral problem.
- b. Select “yes” if any child in the household has mental health or behavioral problems not related to a physical or developmental disability. This could be indicated by a DSM Axis 1 diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking prescribed psychoactive medication.

If one or more child(ren) in the household have a mental health issue, indicate whether it is the child being assessed and/or another child in the household.