INDIANA DEPARTMENT OF CHILD SERVICES c: 3/11

SDM® REUNIFICATION ASSESSMENT

Completed for each household to which a child may be returned (e.g., father's home, mother's home).

Household Assessed: _____

Is this the removal household? ☐ Yes ☐ No **Assessment # (mark):** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Children in household:

Child 1: _____ **Child 2:** _____

Child 3: _____ **Child 4:** _____

Child 5: _____ **Child 6:** _____

A. REUNIFICATION RISK REASSESSMENT

R1. Risk level on most recent family risk assessment (not reunification risk level or risk reassessment) **Score**

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

R2. Has there been a new substantiation since the family risk assessment or last reunification risk reassessment?

a. No 0
b. Yes ..... 2 _____

R3. Progress toward case plan goals

☐ No Secondary Caregiver

Primary	Secondary		
☐	☐	a.	The caregiver successfully demonstrates new skills and behaviors consistent with case plan objectives and has been engaged in services ..... -2
☐	☐	b.	The caregiver frequently demonstrates new skills and behaviors consistent with case plan objectives and/or is actively engaged in services ..... -1
☐	☐	c.	The caregiver occasionally demonstrates new skills and behaviors consistent with case plan objectives and/or has been inconsistently engaged in services 0
☐	☐	d.	The caregiver rarely or never demonstrates new skills and behaviors consistent with case plan objectives and/or refuses involvement in programs ..... 4 _____

Total Score _____

REUNIFICATION RISK LEVEL

Assign the risk level based on the following chart.

Score	Risk Level
-2 to 1	☐ Low
2 to 3	☐ Moderate
4 to 5	☐ High
6 and above	☐ Very High

OVERRIDES (during current period)

☐ **No Overrides.** *(If policy overrides reasons are not present and there is not a discretionary override, check this box. Otherwise, check the appropriate policy override reason.)*

Policy Overrides: Indicate if any of the following are true in the current review period. Treatment status is current. A policy override is always to very high risk.

☐ 1. Sexual abuse; perpetrator has access to child and has not successfully completed treatment.
☐ 2. Non-accidental physical injury to an infant, and caregiver has not successfully completed treatment.
☐ 3. Serious non-accidental physical injury requiring hospital or medical treatment; caregiver has not successfully completed treatment.
☐ 4. Death of a sibling as a result of abuse or neglect in the household; caregiver has not successfully completed treatment.

Discretionary Override: (Reunification risk level may be adjusted up or down one level.)

☐ 5. Reason: _____

FINAL REUNIFICATION RISK LEVEL (mark one): ☐ Low ☐ Moderate ☐ High ☐ Very High

Supervisor's Review/Approval of Discretionary Override:

Signature: _____ Date: _____/_____/_____

B. VISITATION PLAN EVALUATION Using the definitions, rate visitation for each child in the household for frequency and quality

Visitation Frequency Compliance With Visitation Plan	Quality of Face-to-face Visits			
	Strong	**Adequate**	**Limited**	**Destructive**
Routinely				
Frequently				
Sporadically				
Rarely or Never				

Shaded cells indicate acceptable visitation.

Child-specific rating on visitation (record in same order as on header): For each child, using the chart above rate the quality and quantity of caregiver visitation, determining whether visitation is acceptable or unacceptable.

Area	Child 1	Child 2	Child 3	Child 4	Child 5
Scored Visitation Plan Compliance	☐ Acceptable ☐ Unacceptable	☐ Acceptable ☐ Unacceptable	☐ Acceptable ☐ Unacceptable	☐ Acceptable ☐ Unacceptable	☐ Acceptable ☐ Unacceptable
Policy Override: Visitation Is Supervised for Safety	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Discretionary Override	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Final Visitation Plan Evaluation	☐ Acceptable ☐ Unacceptable	☐ Acceptable ☐ Unacceptable	☐ Acceptable ☐ Unacceptable	☐ Acceptable ☐ Unacceptable	☐ Acceptable ☐ Unacceptable

Discretionary Override Reason: _____

_____

C. IF RISK LEVEL IS LOW OR MODERATE AND CAREGIVER HAS ATTAINED AN ACCEPTABLE LEVEL OF COMPLIANCE WITH VISITATION PLAN, COMPLETE A REUNIFICATION SAFETY ASSESSMENT. OTHERWISE, GO TO SECTION D, PLACEMENT/PERMANENCY PLAN GUIDELINES.

Factors Influencing Child Vulnerability (conditions resulting in child's inability to protect self; mark all that apply to any child):

☐ Age 0–5 years
☐ Significant diagnosed medical or mental disorder
☐ School age but not attending school
☐ Diminished developmental/cognitive capacity
☐ Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)

SECTION 1A: SAFETY THRESHOLDS

Yes	No		
☐	☐	1.	Since the initial safety assessment, caregiver has caused serious physical harm or made a plausible threat to cause physical harm to a child as indicated by the following: ☐ Serious injury or abuse to the child other than accidental ☐ Caregiver fears he/she will maltreat the child ☐ Threat to cause harm or retaliate against the child ☐ Excessive discipline or physical force ☐ Drug-exposed infant
☐	☐	2.	The severity of previous maltreatment or the caregiver's response to previous incidents AND current circumstances suggest that the child's safety may be an immediate concern.
☐	☐	3.	Child sexual abuse was substantiated or is still suspected, and current circumstances suggest that child safety is an immediate concern.
☐	☐	4.	Since the initial safety assessment, caregiver has failed to protect the child from serious harm or threatened harm by others, OR current circumstances suggest that the caregiver would likely be unable to protect the removed child from serious harm by others if the child were returned home.
☐	☐	5.	Caregiver's explanation for the injury to the child was, and remains, questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be an immediate concern.
☐	☐	6.	The family is refusing access to another child, there is reason to believe that the family is about to flee, or the whereabouts of another child cannot be ascertained.
☐	☐	7.	Since the initial safety assessment, the caregiver has failed to meet the child's immediate needs for food, clothing, shelter, and/or medical and/or mental health care, OR current circumstances suggest that the caregiver would likely be unable to meet those needs for the removed child if the child were returned home.
☐	☐	8.	Physical living conditions in the household are hazardous and immediately threatening, based on the child's age and developmental status.
☐	☐	9.	Caregiver's substance use is currently and seriously affecting ability to supervise, protect, or care for the child.
☐	☐	10.	Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.
☐	☐	11.	Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
☐	☐	12.	Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child if the child were returned home.
☐	☐	13.	Other (specify): _____

SECTION 1B: PROTECTIVE FACTORS
Mark all that apply.

Child

☐ 1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.

Caregiver

☐ 2. Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.

☐ 3. Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.

☐ 4. Caregiver has the ability to access resources to provide necessary safety interventions.

☐ 5. Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.

☐ 6. At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.

☐ 7. Caregiver is willing to accept temporary interventions offered by FCM and/or other community agencies, including cooperation with continuing assessment.

☐ 8. There is evidence of a healthy relationship between caregiver and child.

☐ 9. Caregiver is aware of and committed to meeting the needs of the child.

☐ 10. Caregiver has history of effective problem solving.

Other

☐ 11. _____

SECTION 1C: SAFETY THREAT RESOLUTION OR SAFETY PROVISIONS
Review the safety assessment that led to removal. For any safety threat present at removal that is no longer present, document how safety threats were resolved.

SECTION 2: SAFETY RESPONSES

If no safety threats are present, skip to Section 3. For each identified safety threat, review available protective factors. With these protective factors in place, can the following responses control the threat to safety? Consider whether the threat to safety appears related to caregiver's knowledge, skill, or motivational issues.

Consider whether safety responses 1–6 will allow the child to return home. If protective factors 2, 3, and/or 7 are not marked, carefully consider whether *any* of safety responses 1–6 are appropriate to protect the child if the child were to be reunified at this time. Mark the item number for all safety responses that will be implemented. If there are no available safety responses that would allow the child to return home, indicate by marking item 7. A plan is required to describe immediate safety responses and facilitate follow-through.

Mark all that apply:

☐ 1. Direct services by worker.

☐ 2. Use of family, neighbors, or other individuals in the community as safety resources.

☐ 3. Use of community agencies or services as safety resources.

☐ 4. Have the caregiver appropriately protect the victim from the alleged perpetrator.

☐ 5. Legal action planned or initiated to effectively mitigate identified safety threats.

☐ 6. Other (specify): _____

☐ 7. Protective custody continues because responses 1–6 do not adequately ensure child's safety.

SECTION 3: SAFETY DECISION

Identify the safety decision by marking the appropriate line below. This decision should be based on the assessment of all safety threats, safety responses, and any other information known about the case. Mark one line only.

☐ 1. Safe: No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

☐ 2. Conditionally Safe: One or more safety threats were identified but the child can be protected by the voluntary interventions identified in the safety response, as long as the interventions do not change the composition of the household. A plan is required to describe immediate safety interventions and facilitate follow-through.

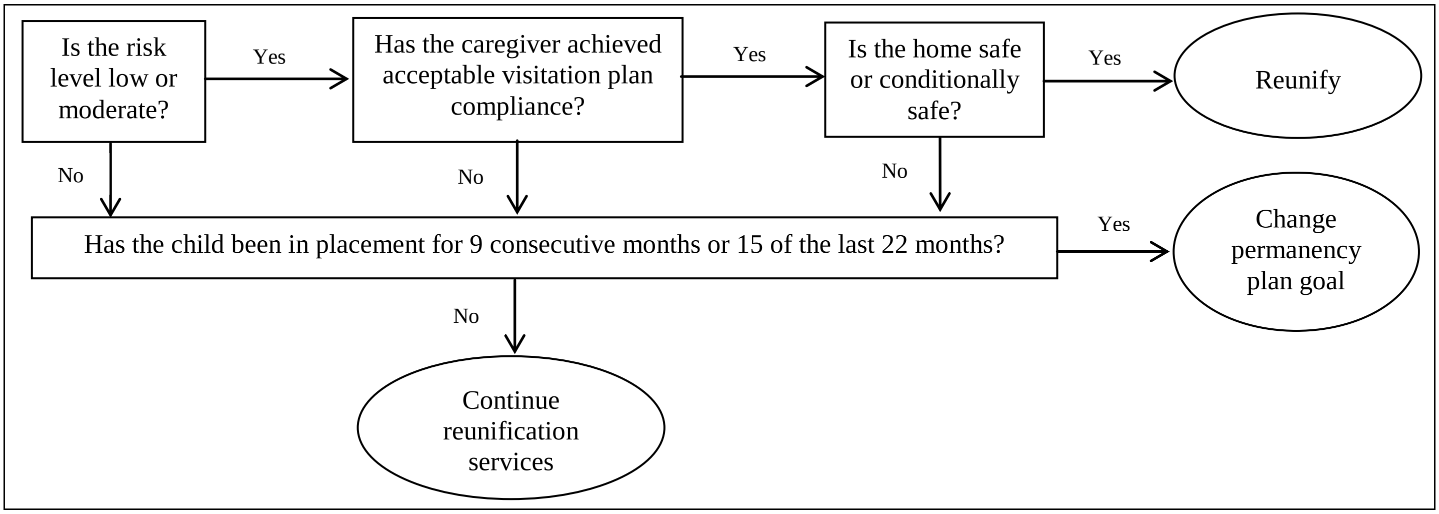
☐ 3. Unsafe: One or more safety threats are present, and continued placement is the only protecting response possible for one or more children. Without continued placement, one or more children will likely be in danger of immediate or serious harm.

☐ All children remain in placement.
☐ The following children will be recommended for return home: *(enter name)*

_____ _____ _____ _____ _____ _____

D. PLACEMENT/PERMANENCY PLAN GUIDELINES

Complete for each child receiving family reunification services and enter results in Section E. Consult with supervisor and appropriate statutes and regulations.



E. RECOMMENDATION SUMMARY

If recommendation is the same for all children, enter "all" under child # and complete row 1 only.

Instructions: Record recommendation for each child.

Child In same order as Section 1.	**Visitation**	**15 of 22?**	**Recommendation**	**Override**	**New Goal**
	☐ Acceptable ☐ Unacceptable	☐ Yes ☐ No	☐ Reunify ☐ Continue reunification services ☐ Change permanency goal	☐ No override ☐ Reunify ☐ Continue reunification services ☐ Change permanency goal	☐ Reunification ☐ Adoption ☐ Transfer to relative ☐ APPLA ☐ Legal guardianship
	☐ Acceptable ☐ Unacceptable	☐ Yes ☐ No	☐ Reunify ☐ Continue reunification services ☐ Change permanency goal	☐ No override ☐ Reunify ☐ Continue reunification services ☐ Change permanency goal	☐ Reunification ☐ Adoption ☐ Transfer to relative ☐ APPLA ☐ Legal guardianship
	☐ Acceptable ☐ Unacceptable	☐ Yes ☐ No	☐ Reunify ☐ Continue reunification services ☐ Change permanency goal	☐ No override ☐ Reunify ☐ Continue reunification services ☐ Change permanency goal	☐ Reunification ☐ Adoption ☐ Transfer to relative ☐ APPLA ☐ Legal guardianship
	☐ Acceptable ☐ Unacceptable	☐ Yes ☐ No	☐ Reunify ☐ Continue reunification services ☐ Change permanency goal	☐ No override ☐ Reunify ☐ Continue reunification services ☐ Change permanency goal	☐ Reunification ☐ Adoption ☐ Transfer to relative ☐ APPLA ☐ Legal guardianship
	☐ Acceptable ☐ Unacceptable	☐ Yes ☐ No	☐ Reunify ☐ Continue reunification services ☐ Change permanency goal	☐ No override ☐ Reunify ☐ Continue reunification services ☐ Change permanency goal	☐ Reunification ☐ Adoption ☐ Transfer to relative ☐ APPLA ☐ Legal guardianship

Describe override reasons:

____

____

INDIANA DEPARTMENT OF CHILD SERVICES
SDM® REUNIFICATION ASSESSMENT
DEFINITIONS

A. REUNIFICATION RISK REASSESSMENT

R1. Risk level on most recent family risk assessment (not reunification risk level or risk reassessment)

The initial risk level for the assessment that led to **this case opening** is used to score this item. If there is no family risk assessment for this family, mark "e" and score as 4. Generally, the correct risk level will be the final risk level from the original family risk assessment that led to this case opening or, if a non-removal family, the original baseline risk level for that family. If there have been subsequent assessments on the reunification household since the initial one, use the risk level from the most recent assessment. In this case, enter the most recent risk assessment result. (Never use a prior risk reassessment or a reunification assessment risk level.)

R2. Has there been a new substantiation since the family risk assessment or last reunification risk reassessment?

Answer yes or no based on whether there has been a new substantiated incident of abuse/neglect in the reunification household since the last assessment or most recent reassessment where an adult in that household was identified as the person who abused or neglected a child.

R3. Progress toward case plan goals

Rate both caregivers. If no secondary caregiver is present, mark the box for "no secondary caregiver." Score the item based on the caregiver demonstrating the least progress.

a. <u>The caregiver successfully demonstrates new skills and behaviors consistent with case plan objectives and has been engaged in services</u>.

- The caregiver is **consistently** demonstrating behavioral change consistent with the objectives in the case plan (e.g., does not abuse alcohol, controls anger/negative behavior, does not use physical punishment, refrains from family violence, provides emotional support for the child, etc.).

- This may include participation in activities identified on the case plan toward achievement of new skills, and caregivers who successfully achieve desired behavior change through activities not specifically identified on the plan.

- Engagement in services and activities means that the caregiver's participation suggests acquisition and application of new skills, not just compliance with attendance.

- Compliance with services and activities without demonstration of acquisition of new skills consistent with case plan objectives is not sufficient for scoring.

b. The caregiver frequently demonstrates new skills and behaviors consistent with case plan objectives and/or is actively engaged in services.

- The caregiver is **frequently** but not yet consistently demonstrating behavioral change consistent with the objectives in the case plan (e.g., does not abuse alcohol, controls anger/negative behavior, does not use physical punishment, refrains from family violence, provides emotional support for the child, etc.).

- This may include routine participation in activities identified on the case plan toward achievement of new skills, and caregivers who achieve desired behavior change through activities not specifically identified on the plan.

- Engagement in services and activities means that the caregiver's participation suggests acquisition and application of new skills, not just compliance with attendance.

- Compliance with services and activities without demonstration of acquisition of new skills consistent with case plan objectives is not sufficient for scoring.

c. The caregiver occasionally demonstrates new skills and behaviors consistent with case plan objectives and/or has been inconsistently engaged in services.

- The caregiver may have made some progress on case plan objectives but is not yet demonstrating sufficient behavioral change to address needs related to safety and protection of the children.

- There was minimal or sporadic participation in pursuing outcomes in the case plan.

- Caregivers who are demonstrating some progress toward case plan objectives, but insufficient progress overall, should be scored here.

d. The caregiver rarely or never demonstrates new skills and behaviors consistent with case plan objectives and/or refuses involvement in programs. This includes complete refusal to participate in services or activities, or participation that has failed to result in behavior change.

B. VISITATION PLAN EVALUATION

Visitation Frequency Compliance With Visitation Plan	Quality of Face-to-face Visits			
	Strong	**Adequate**	**Limited**	**Destructive**
Routinely				
Frequently				
Sporadically				
Rarely or Never				

Shaded cells indicate acceptable visitation plan compliance.

Definitions:

Visitation Frequency

(*Visits that are appreciably shortened by late arrival/early departure are considered missed. Do not count visits that are missed because the child refuses to attend or visits that did not occur for reasons not attributable to the household [e.g., foster parent failed to make child available, transportation the agency was required to provide did not occur]*.)

- Routinely: Caregiver regularly attends scheduled visits or calls in advance to reschedule (90–100% compliance).

- Frequently: Caregiver may miss scheduled visits occasionally and requests to reschedule visits (70–89% compliance).

- Sporadically: Caregiver misses or reschedules many scheduled visits (26–69% compliance).

- Rarely/Never: Caregiver does not visit or visits 25% or fewer of scheduled visits (0–25% compliance).

Quality of Face-to-face Visits

Strong: *Always*:

- Demonstrates parental role.
- Demonstrates knowledge of child's development.
- Responds appropriately to child's verbal/nonverbal signals.
- Puts child's needs ahead of his/her own.
- Shows empathy toward child.
- Focuses on the child when preparing for visits and during interactions.

Adequate: *Often*:

- Demonstrates parental role.
- Demonstrates knowledge of child's development.
- Responds appropriately to child's verbal/nonverbal signals.
- Puts child's needs ahead of his/her own.
- Shows empathy toward child.
- Focuses on the child when preparing for visits and during interactions.

Limited: *Occasionally*:

- Demonstrates parental role.
- Demonstrates knowledge of child's development.
- Responds appropriately to child's verbal/nonverbal signals.
- Puts child's needs ahead of his/her own.
- Shows empathy toward child.
- Focuses on the child when preparing for visits and during interactions.

Destructive: *Rarely or never*:

- Demonstrates parental role.
- Demonstrates knowledge of child's development.
- Responds appropriately to child's verbal/nonverbal signals.
- Puts child's needs ahead of his/her own.
- Shows empathy toward child.
- Focuses on the child when preparing for visits and during interactions.

C. REUNIFICATION SAFETY ASSESSMENT DEFINITIONS

Factors influencing child vulnerability (conditions resulting in child's inability to protect self; mark all that apply to any child):

- Age 0–5 years. Any child in the household is under the age of 5 years. Younger children are considered more vulnerable, as they are less verbal and less able to protect themselves from harm. Younger children also have less capacity to retain memory of events. Infants are particularly vulnerable, as they are nonverbal and completely dependent on others for care and protection.

- Significant diagnosed medical or mental disorder. Any child in the household has a diagnosed medical or mental disorder that significantly impairs ability to protect self from harm; or diagnosis may not yet be confirmed, but preliminary indications are present and testing/evaluation is in process. Examples may include but are not limited to severe asthma, severe depression, and being medically fragile (e.g., requires assistive devices to sustain life), etc.

- School age but not attending school. The child is isolated or less visible within the community (e.g., the family lives in an isolated community, the child may not attend a public or private school and is not routinely involved in other activities within the community, etc.).

- Diminished developmental/cognitive capacity. Any child in the household has diminished developmental/cognitive capacity, which impacts ability to communicate verbally or to care for and protect self from harm.

- Diminished physical capacity. Any child in the household has a physical condition/disability that impacts ability to protect self from harm (e.g., cannot run away or defend self, cannot get out of the house in an emergency situation if left unattended).

SECTION 1A: SAFETY THREATS

1. Since the initial safety assessment, caregiver has caused serious physical harm or made a plausible threat to cause physical harm to a child as indicated by the following:

- Serious injury or abuse to the child other than accidental: The caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts; and the child requires medical treatment.

- Caregiver fears he/she will maltreat the child and/or requests that placement continue.

- Threat to cause harm or retaliate against the child: Threat of action that would result in serious harm; or household member plans to retaliate against child for CPS assessment.

- Excessive discipline or physical force: The caregiver has tortured a child or used physical force in a way that bears no resemblance to reasonable discipline, or has punished the child beyond the duration of the child's endurance.

- Drug-exposed infant: There is evidence that the mother used alcohol or other drugs during pregnancy AND this has created imminent danger to the infant.

  » The child is born with FAS or any controlled substance or legend drug in his/her body; AND the child needs care, treatment, or rehabilitation.

  » The child has injuries, abnormal physical or psychological development, or is at substantial risk of a life-threatening condition due to mother's use of alcohol or drugs during pregnancy AND the child needs care, treatment, or rehabilitation.

2. The severity of previous maltreatment or the caregiver's response to previous incidents AND current circumstances suggest that child safety is an immediate concern.

There must be both current immediate threats to child safety AND related previous maltreatment that was severe **and/or** represents an unresolved pattern of maltreatment.

Previous maltreatment includes any of the following:

- Prior death of a child as a result of maltreatment;

- Any prior CPS involvement combined with current circumstances that suggest escalating pattern of maltreatment;

- Prior serious injury or abuse to the child other than accidental: The caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural

hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impaired the health or well-being of the child *and required medical treatment*.

- Prior threat of serious harm to a child: Previous maltreatment that could have caused severe injury; retaliation or threatened retaliation against a child for previous incidents; prior domestic violence that resulted in serious harm or threatened harm to a child.

3. Child sexual abuse was substantiated or is still suspected, and current circumstances suggest that child safety is an immediate concern.
Suspicion of sexual abuse may be based on indicators such as the following:

- The caregiver or others in the household have committed rape, sodomy, or other sexual contact with the child.

- The caregiver or others in the household have forced or encouraged the child to engage in sexual performances or activities (including forcing child to observe sexual performances or activities).

- Access to the child by a possible or confirmed sexual abuse perpetrator exists.

4. Since the initial safety assessment, caregiver has failed to protect the child from serious harm or threatened harm by others, OR current circumstances suggest that the caregiver would likely be unable to protect the removed child from serious harm by others if the child were returned home.

- The caregiver fails to protect the child from serious harm or threatened harm by other family members, other household members, or others having regular access to the child. The caregiver would not provide supervision necessary to protect the child from potentially serious harm by others based on the child's age or developmental stage. Harm includes physical or sexual abuse or neglect.

- An individual with recent, chronic, or severe violent behavior towards children resides in the home, or the caregiver allows access to the child.

5. Caregiver's explanation for the injury to the child was, and remains, questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be an immediate concern.

- A medical exam showed that the injury was the result of abuse; the caregiver gave no explanation, denied, or attributed to accident. Medical evaluation indicates that the injury may be the result of abuse; the caregiver denies or attributes injury to accidental causes.

- The caregiver's explanation for the observed injury was or remains inconsistent with the type of injury and/or conflicts with other accounts.

- The caregiver's description of the cause of the injury minimized the extent of harm to the child.

- The caregiver's and/or collateral contacts' explanation for the injury have significant discrepancies or contradictions. There are significant discrepancies between what the caregiver has said and what other contacts have said about the cause of the injury.

6. The family is refusing access to another child, there is reason to believe that the family is about to flee, or the whereabouts of another child cannot be ascertained.

- The family removed the child from a hospital against medical advice to avoid assessment.

- The family has previously fled in response to a child abuse/neglect assessment.

- The family has a history of keeping the child away from peers, school, or other outsiders for extended periods to avoid assessment.

- The family is otherwise attempting to block or avoid assessment.

7. Since the initial safety assessment, the caregiver has failed to meet the child's immediate needs for food, clothing, shelter, and/or medical and/or mental health care, OR current circumstances suggest that the caregiver would likely be unable to meet those needs for the removed child if the child were returned home.

- The caregiver has no housing or is currently residing in an emergency shelter. If the child were returned to the caregiver, the child's needs for minimally safe conditions (water, structurally safe environment, protection from severe weather elements) would not be met. If the child were returned to the caregiver, the child would have no or inappropriate space for sleeping, clothing, or food storage.

- The caregiver's home does not have the capacity to keep (refrigeration or heating) food or drink for the child. The child would be starved or deprived of food or drink for long periods of time due to either the caregiver's refusal or inability to provide food or the proper means to keep food; or the conditions of the home prevent the child from having food or drink.

- The caregiver does not have the means to acquire resources to provide the child with clothing that would protect him/her from severe weather.

- The caregiver did not seek treatment for the child's immediate medical condition(s) while the child was with him/her for visitation.

- The caregiver did not follow prescribed treatments or administer prescribed medications for the child during visitation.

- The child has exceptional needs that the caregiver did not meet while in his/her care for visitation. Needs include being medically fragile or needing mental health evaluation or treatment.

- The child is suicidal, and the caregiver did not take protective action to protect the child from self-induced harm during visitation.

- The child showed effects of maltreatment (e.g., emotional symptoms, lack of behavior control, or physical symptoms) during the time the child was with the caregiver for visitation.

8. Physical living conditions in the household are hazardous and immediately threatening, based on the child's age and developmental status.
Examples include the following:

- Leaking gas from stove or heating unit;

- Substances or objects accessible to the child that would endanger his/her health and/or safety;

- Lack of water or utilities (heat, plumbing, electricity) and no alternate or safe provisions are made;

- Open/broken/missing windows;

- Exposed electrical wires;

- Excessive garbage or rotted or spoiled food that threatens health;

- Serious illness or significant injury has occurred due to living conditions, and these conditions still exist (e.g., lead poisoning, rat bites);

- Evidence of human or animal waste throughout living quarters;

- Guns and other weapons are not locked;

- Methamphetamine production in the home.

9. Caregiver's substance use is currently and seriously affecting ability to supervise, protect, or care for the child.
There is a current, ongoing pattern of substance abuse that significantly impairs the caregiver's functioning and would negatively affect the child's care and safety if he/she were returned home. Consider age and developmental status of child when assessing impact of substance use.

10. Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.

There is evidence of domestic violence in the home AND this creates a safety concern for the child. Examples may include the following:

- The child was previously injured in a domestic violence incident.
- The child exhibits severe anxiety (e.g., nightmares, insomnia) related to situations associated with domestic violence.
- The child cries, cowers, cringes, trembles, hides, or otherwise exhibits fear as a result of domestic violence in the home.
- The child would be at potential risk of physical injury.
- The child's behavior would increase risk of injury (e.g., attempting to intervene during violent dispute, participating in the violent dispute).
- Use of guns, knives, or other instruments in a violent, threatening, and/or intimidating manner.
- Evidence of property damage resulting from domestic violence.

11. Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.

Examples of caregiver actions include the following:

- The caregiver describes the child in a demeaning or degrading manner (e.g., as evil, stupid, ugly).
- The caregiver curses and/or repeatedly puts the child down.
- The caregiver scapegoats a particular child in the family.
- The caregiver blames the child for a particular incident or family problems.
- The caregiver places the child in the middle of a custody battle.

12. Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child if the child were returned home.

Caregiver appears to be mentally ill, developmentally delayed, or cognitively impaired, AND as a result, one or more of the following are observed:

- The caregiver's refusal to follow prescribed medications impedes his/her ability to parent the child.

- The caregiver's inability to control emotions impedes his/her ability to parent the child.

- The caregiver acts out or exhibits a distorted perception that impedes his/her ability to parent the child.

- The caregiver's depression impedes his/her ability to parent the child.

- The caregiver expects the child to perform or act in a way that is impossible or improbable for the child's age or developmental stage (e.g., babies and young children expected not to cry, expected to be still for extended periods, be toilet trained, eat neatly, expected to care for younger siblings, or expected to stay alone).

- Due to cognitive delay, the caregiver lacks the basic knowledge related to parenting skills such as the following:

  » Knowing that infants need regular feedings;
  » Accessing and obtaining basic/emergency medical care;
  » Proper diet; or
  » Adequate supervision.

SECTION 1B: PROTECTIVE FACTORS

Child

1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.

- The child has an understanding of his/her family environment in relation to any real or perceived threats to safety and is able to communicate at least two options for obtaining immediate assistance if needed (e.g., calling 911, running to neighbor, telling teacher).

- The child is emotionally capable of acting to protect his/her own safety despite allegiance to his/her caregiver or other barriers.

- The child has sufficient physical capability to defend him/herself and/or escape if necessary.

Caregiver

2. Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.

The caregiver has the ability to understand that the current situation poses a threat to the safety of the child. He/she is able to follow through with any actions required to protect

the child. He/she is willing to put the emotional and physical needs of the child ahead of his/her own. He/she possesses the capacity to physically protect the child.

3. **Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.**
The caregiver is cognizant of the problems that have necessitated intervention to protect the child. The caregiver is willing and able to verbalize what is required to mitigate the threats that have contributed to the threat of harm to the child and accepts feedback and recommendations from the FCM. The caregiver expresses willingness to participate in problem resolution to ensure that the child is safe.

4. **Caregiver has the ability to access resources to provide necessary safety interventions.**
The caregiver has the ability to access resources to contribute toward safety planning, or community resources are available to meet any identified needs in safety planning (e.g., able to obtain food, provide safe shelter, provide medical care/supplies).

5. **Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.**
The caregiver has a supportive relationship with another family member, neighbor, or friend who may be able to assist in safety planning. Assistance includes but is not limited to the provision of child care or securing appropriate resources and services in the community.

6. **At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.**
The non-offending caregiver understands that continued exposure between the child and the offending caregiver poses a threat to the safety of the child, and the non-offending caregiver is willing and able to protect the child by ensuring that the child is in an environment in which the non-offending caregiver will not be present. If necessary, the non-offending caregiver is willing to ask the offending caregiver to leave the residence. As the situation requires, the non-offending caregiver will not allow the offending caregiver to have other forms of contact (telephone calls, electronic correspondence, mail, correspondence through third-party individuals, etc.) with the child.

7. **Caregiver is willing to accept temporary interventions offered by FCM and/or other community agencies, including cooperation with continuing assessment.**
The caregiver accepts the involvement, recommendations, and services of the FCM or other individuals working through referred community agencies. The caregiver cooperates with the continuing assessment, allows the FCM and intervening agency to have contact with the child, and supports the child through all aspects of the assessment or ongoing interventions.

8. **There is evidence of a healthy relationship between caregiver and child.**
The caregiver displays appropriate behavior toward the child, demonstrating that a healthy relationship with the child has been formed. There are clear indications through both verbal and nonverbal communication that the caregiver is concerned about the

emotional well-being and development of the child. The child interacts with the caregiver in a manner evidencing that an appropriate relationship exists and that the child feels nurtured and safe.

9. Caregiver is aware of and committed to meeting the needs of the child.
The caregiver is able to express the ways in which he/she has historically met the needs of the child for supervision, stability, basic necessities, mental/medical health care, and development/education. The caregiver is able to express his/her commitment to the continued well-being of the child.

10. Caregiver has history of effective problem solving.
The caregiver has historically sought to solve problems and resolve conflict using a variety of methods and resources, including assistance offered by friends, neighbors, and community members. The caregiver has shown an ability to identify a problem, outline possible solutions, and select the best means to resolution in a timely manner.

SECTION 2: SAFETY RESPONSES

Safety responses are actions taken to specifically mitigate any identified safety threats. They should address immediate safety considerations rather than long-term changes. Follow county policies whenever applying any of the safety responses.

1. Direct services by worker.
Actions taken or planned by the worker that specifically address one or more safety threats. Examples include providing information about nonviolent disciplinary methods, child development needs, or parenting practices; providing emergency material aid such as food; planning return visits to the home to check on progress; providing information on obtaining restraining orders; and providing definition of child abuse laws and informing involved parties of consequences of violating these laws. DOES NOT INCLUDE services provided to respond to family needs that do not directly affect safety.

2. Use of family, neighbors, or other individuals in the community as safety resources.
Applying the family's own strengths as resources to mitigate safety threats; using extended family members, neighbors, or other individuals to mitigate safety threats. Examples include family's agreement to use nonviolent means of discipline; engaging a grandparent to assist with child care; agreement by a neighbor to serve as a safety net for an older child; commitment by a 12-step sponsor to meet with the caregiver daily and call the FCM if the caregiver has used or missed a meeting; or the caregiver's decision to have the child spend a night or a few days with a friend or relative.

3. Use of community agencies or services as safety resources.
Involving community-based organization, faith-related organization, or other agency in activities to address safety concerns (e.g., using a local food pantry). DOES NOT INCLUDE long-term therapy or treatment or being put on a waiting list for services.

4. Have the caregiver appropriately protect the victim from the alleged perpetrator.
A non-offending caregiver has acknowledged the safety threats and is able and willing to protect the child from the alleged perpetrator. Examples include agreement that the child will not be alone with the alleged perpetrator or agreement that the caregiver will restrain the alleged perpetrator from physical discipline of child.

5. Legal action planned or initiated to effectively mitigate identified safety threats.
Legal action planned or initiated to effectively mitigate safety threats. This includes family-initiated actions (e.g., restraining orders, mental health commitments, change in custody/visitation/guardianship) and CPS-initiated actions (e.g., CHINS petition).

6. Other.
The family or FCM identified a unique safety response for an identified safety concern that does not fit within items 1–5.

7. Protective custody continues because responses 1–6 do not adequately ensure child's safety.
One or more children remain protectively placed.

SECTION 3: SAFETY DECISION

1. Safe: No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

2. Conditionally safe: One or more safety threats are present but the child can be protected by the voluntary interventions identified in the safety response, as long as the interventions do not change the composition of the household. A plan is required to describe immediate safety interventions and facilitate follow-through.

3. Unsafe: One or more safety threats are present, and continued placement is the only protecting response possible for one or more children. Without continued placement, one or more children will likely be in danger of immediate or serious harm.

INDIANA DEPARTMENT OF CHILD SERVICES
SDM® REUNIFICATION ASSESSMENT
POLICY AND PROCEDURES

The purpose of the reunification assessment is to structure critical case management decisions for children in placement who have a reunification goal by:

1. Routinely monitoring critical case factors that affect goal achievement;
2. Helping to structure the case review process; and
3. Expediting permanency for children in substitute care.

The reunification assessment consists of three tools that are used to evaluate risk, visitation compliance, and safety issues and permanency plan guidelines (recommendations) based on the results of the tool. Results of the tool and the length of time the child has been in care are used to reach a permanency placement recommendation and to guide decisions about whether or not to return a child home or change the goal from return home to another permanency plan.

If a household has effectively reduced risk to, or maintained, low or moderate and achieved acceptable compliance with visitation, it is eligible for consideration for reunification and a reunification safety reassessment is conducted. The results are used to determine if the home environment is safe. If a household has not reduced risk to low or moderate and/or if visitation is not acceptable, the household is not eligible for reunification and a reunification safety assessment is not completed.

Which Cases: All CHINS cases in which at least **one child** is in placement with a goal of reunification. If more than one household is receiving reunification services, complete one tool on each household. If all children have been returned home, complete an in-home risk reassessment.

Who: The FCM.

When: A Progress Report (PermRptR1070108) is required every three months after the dispositional decree. Each review process should begin with a reunification assessment and the results incorporated into the report. The SDM reunification assessment should be used to present progress on case plan goals, visitation, and safety and inform recommendations made to the court in the progress report. To ensure that current SDM assessments are available, assessments should be completed as follows:

- No more than **15 calendar** days prior to completing each progress report or recommending reunification or a change in permanency planning goal.

- Should be completed sooner if there are new circumstances or new information that would affect risk.

Decision: The reunification assessment guides decision making to:

1. Reunify: Return a child to the removal household* or to another household with a legal right to placement (non-removal household);

2. Continue services for reunification while maintaining out-of-home placement; and/or

3. Change permanency plan goal: Terminate services for reunification and implement a permanency alternative.

Appropriate Completion

Following the principles of family-centered practice, the reunification assessment is completed in conjunction with each appropriate household and begins when a case is first opened. The case plan should be shared with the household at the beginning so that the household understands what is expected and how the plan is assessed in the reunification assessment.

The reunification assessment form should be shared with the household at the same time so that the household understands exactly what will be used to evaluate reunification potential and the threshold they must reach. Specifically, inform them of their original risk level, and explain that this will serve as the baseline for the reunification assessment (unless a new referral is received, in which case the new risk level will be used). Explain that a new substantiation or failure to progress toward case plan goals would increase their risk level, and that progress toward case plan goals will reduce their risk level.

Explain that both the quantity and quality of their visitation will be considered, and that they must attend at least 65% of their visits and have at least adequate quality (provide the definition for adequate quality).

Provide information on the reunification safety assessment and explain that if everything else would permit reunification, the final consideration is safety. They must either demonstrate that no safety threats are present or there must be a plan to address any identified safety threats.

A. Reunification Risk Reassessment

R1: The baseline for all reunification assessments is the risk level. This is the research-based component of the SDM system. Generally, the correct risk level will be the final risk level from the original family risk assessment, completed as a part of the assessment leading to the opening of this case. If there is no family risk assessment for this family, mark "e" and score as 4.

However, if a household has experienced one or more subsequent assigned assessments, WHETHER OR NOT THE ASSESSMENT WAS SUBSTANTIATED, there should be a new risk assessment completed on that household. In this case, enter the most recent risk assessment result. (Do not use a prior risk reassessment or a reunification assessment risk level.)

*Removal household is the household from which the child was removed, or, if due to joint custody that designation is unclear, the household where the most serious maltreatment occurred is to be designated the removal household. Non-removal households are those with legal rights to the child (father's home, mother's home).

R2: Consider only the period of time between the initial family risk assessment (if this is the first reunification assessment) and now, or, if this is a subsequent reunification assessment, consider the time between the most recent reunification assessment and this assessment. If there has been a new SUBSTANTIATION in this period, enter "yes" (score = 2). If not, enter "no" (score = 0).

R3: Determine progress toward case plan goals in consultation with the household and all service providers who have been working with the household toward these goals. Consider only the period of time between the initial family risk assessment (if this is the first reunification assessment) and now, or, if this is a subsequent reunification assessment, consider the period between the most recent reunification assessment and this assessment. If there are two caregivers and progress differs, score based on the least amount of participation/progress.

Mark the reunification risk level that corresponds to the total score.

Overrides
If this is the first reunification assessment, consider only the time period from the initial family risk assessment to this assessment, or if this is a subsequent reunification assessment, consider the time period from the last reunification assessment to now. Overrides require supervisory approval.

If no policy overrides or discretionary overrides are present, mark the box labeled "No Overrides."

Policy overrides. Indicate if a policy override condition exists. Presence of one or more policy override conditions increases risk to very high.

Discretionary override. A discretionary override is used by the FCM whenever he/she believes that the risk score does not accurately portray the household's actual risk level. Unlike the initial risk assessment, in which the FCM could only increase the risk level, the reunification assessment permits the FCM to increase or decrease the risk level by one level. The reason an FCM may now decrease the risk level is that after a minimum of six months, the FCM has acquired significant knowledge of the household. If the FCM applies a discretionary override, the reason should be specified in #5, and the final reunification risk level should be marked.

B. Visitation Plan Evaluation
If visitation frequency and quality were identical for all children in the family, indicate that the first row applies to all children. If visitation varied among children, complete one row for each child.

- Determine visitation frequency. Determine the number of visits that occurred and divide by the number of visits available to the household. Note that this is not necessarily the number of visits required by the case plan. Do not count visits that did not occur for reasons not attributable to the household (e.g., foster parent failed to make child available, transportation the agency was required to provide did not occur).

$$\frac{\text{Actual visits}}{\text{Available visits}} = \text{Visitation frequency}$$

- Determine visitation quality. Consider multiple sources of information including but not limited to FCM observation, caregiver report, foster parent report, and child report.

On the matrix, locate the row corresponding to the household's visitation frequency and the column corresponding to the household's visitation quality. Place a mark where the row and column intersect. If this mark appears in the shaded area, the household is considered to have adequate visitation. If the mark appears outside of the shaded area, visitation is considered inadequate.

Overrides

Policy overrides. The agency has determined that reunification would not be considered if there is a requirement that all visits be supervised for the child's safety.

Discretionary override. An FCM worker may determine that unusual circumstances exist that warrant changing an adequate response to an inadequate response, or changing inadequate to adequate. The reason for this change must be documented and supervisor approval is required (e.g., quality of visit was strong, and 64% of visits were completed; all missed visits were due to documented medical emergencies).

C. Reunification Safety Assessment

Consider how safe the child would be if he/she were to be returned home at this time. Consider current conditions in the home, current caregiver characteristics, child characteristics, and interactions between caregivers and child during visitation. Note that safety threat items are the same as on the original safety assessment but may have slight variations to reflect the decision at hand.

Prior to assessing current safety, the FCM should review the safety assessment that led to removal or any other safety assessment with threats identified after the initial safety assessment.

Indicate (mark) whether any child vulnerabilities are present. Consider these vulnerabilities when reviewing safety items. Note that these vulnerability issues provide a context for safety assessment. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe.

The reunification safety assessment consists of the following sections:

1A. Safety Threats. This is a list of critical threats that must be assessed by every worker in every case. These threats cover the kinds of conditions that, if they exist, would render a child in danger of immediate harm. Because not every conceivable safety threat can be anticipated or listed on a form, an "other" category permits the FCM to indicate that some other circumstance creates a safety threat; that is, there is something other than the listed categories causing the FCM to believe that the child would be in immediate danger of being harmed.

Based on reasonable efforts to obtain information necessary to respond to each item, review each of the 12 safety threats and accompanying definitions. For each item,

consider the most vulnerable child. If the safety threat is present, based on available information, mark that item "yes." If the safety threat is not present, mark the item "no." If there are circumstances that the worker determines to be a safety threat, and these circumstances are not described by one of the existing items, the FCM should mark "other" and briefly describe the threat.

1B. Protective Factors. Mark any of the listed protective factors that are present. Consider information from home visits; FCM observations; interviews with children, caregivers, and collaterals; and/or review of records. For "other," consider any condition that exists that does not fit within one of the listed categories, but its presence is capable of supporting protective interventions for the safety threats identified in Section 1A.

1C. Safety Threat Resolution. If there were any safety threats marked on the safety assessment that led to removal that were NOT marked at this time and therefore are no longer present or on any subsequent safety assessment, state the specific threat(s) and document evidence that shows how the safety threat was resolved and supports that it is no longer a safety threat.

2. Safety Responses. This section is completed only if one or more safety threats are identified in Section 1A. If one or more safety threats are present, it does not automatically follow that a child must remain in care. In many cases, it will be possible to initiate a temporary plan that will mitigate the safety threat(s) sufficiently so that the child may return home and receive continuing family maintenance services. Consider the relative severity of the safety threat(s), the caregiver's protective factors, and the vulnerability of the child.

The safety response list contains general categories of interventions rather than specific programs. The FCM should consider each potential category of responses and determine whether that response is available and sufficient to mitigate the safety threat(s) and whether there is reason to believe the caregiver will follow through with a planned response. Simply because a response exists in the community does not mean it should be used in a particular case. The FCM may determine that even with a response, the child would be unsafe; or the FCM may determine that a response would be satisfactory, but has reason to believe the caregiver would not follow through. The FCM should keep in mind that any single response may be insufficient to mitigate the safety threat(s), but a combination of interventions may provide adequate safety. Also keep in mind that the safety response is not the case plan—it is not intended to "solve" the household's problems or provide long-term answers.

If one or more safety threats are identified and the FCM determines that responses are unavailable, insufficient, or may not be used, the final option is to indicate that the child will remain in placement.

If one or more responses will be implemented, mark each category that will be used. If there is a response that will be implemented that does not fit in one of the categories, mark line #6 and briefly describe the response. Safety response #7 is used only when a child is unsafe and only a continued placement can ensure safety.

When assessing the appropriateness of safety responses, it is critical to review the assessed protective factors in Section 1B. For example, if protective factor #2 (caregiver has cognitive, physical, and emotional capacity to participate in safety responses) is not marked, the rationale for implementing any safety responses to keep the child in the home must be clearly documented.

3. Safety Decision. In this section, the worker records the result of the safety assessment. There are three choices:

    1. Safe: Mark this line if no safety threats are identified. The SDM system guides the worker to recommend return home.

    2. Conditionally safe: If one or more safety threats are identified and the FCM is able to identify sufficient safety responses that lead him/her to believe the child may return home once responses are in place, this line is marked. A family support/community services plan is required to describe immediate safety responses and facilitate follow-through prior to the return home.

    3. Unsafe: If the FCM determined that the child could not be safely returned home even after considering a complete range of responses, this line is marked. It is possible that the FCM will determine that responses make it possible for one child to return home while another must remain in placement. Mark this line if ANY child remains in placement.

Accurate completion of the safety assessment adheres to the following internal logic:

- If no safety threats are marked, there should be no responses marked, and the only possible safety decision is "1. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm."

- If one or more safety threats are marked, there must be at least one intervention marked, and the only possible safety decisions are:

    » "2. Conditionally safe: One or more safety threats were identified but the child can be protected by the voluntary interventions identified in the safety response, as long as the interventions do not change the composition of the household. A family support/community services plan is required to describe immediate safety responses and facilitate follow-through"; or

    » "3. Unsafe: One or more safety threats are present, and continued placement is the only protecting response possible for one or more children. Without continued placement, one or more children will likely be in danger of immediate or serious harm."

- If one or more responses are marked AND placement is not marked as an intervention, the safety decision that should be marked is "2. Conditionally safe." Continued placement should not be marked as a response if other responses are marked.

- If placement is marked as a response, the safety decision must be "3. Unsafe."

Family support/community services plan. A family support/community services plan is required to describe immediate safety responses and facilitate follow-through. The following must be included in any plan:

1. Each safety threat chosen in Section 1A.

2. Information written in a family-friendly manner.

3. Detailed information for each planned safety response.

4. Information that describes how the plan will be monitored (e.g., who is responsible for each response action).

5. Signatures of family members, the FCM, and the supervisor.

The family support/community services plan MUST be completed with the family and may be completed with a team. At least one caregiver and children old enough to understand should sign the plan, and a copy should be left with the family.

D. Placement/Permanency Plan Guidelines

After completing the reunification risk reassessment, visitation plan evaluation, and reunification safety assessment (if indicated), go to the decision tree for recommendations.

If reunification risk level is low or moderate, AND visitation is NOT acceptable (based on visitation evaluation matrix) OR child is NOT safe (based on reunification safety assessment), determine the time the child has been in care and track to the recommendation.

Continue following the pathway until a termination point is reached. Termination points include the following:

- Reunify. This is a recommendation based on the results of the risk, visitation, and safety assessment.

- Continue reunification services while maintaining out-of-home placement.

- Change the permanency plan goal from reunification and end reunification services per established procedures.

E. Recommendation Summary

The SDM recommendation summary is designed to record FCM decisions. In addition to the SDM reunification assessment, the FCM should consider all relevant regulations and statutes and consult with his/her supervisor. Indicate the recommendation for each child from the

permanency plan guidelines in the appropriate column, whether or not there will be an override, and the permanency goal following completion of the summary. If recommendation is the same for all children, enter “all” under child # and complete row 1 only.

For each child being assessed, record the final recommendation.