SACHS
Southern Area Consortium of Human Services

SOUTHERN AREA CONSORTIUM OF HUMAN SERVICES

Review of Child Welfare Risk Assessments

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EXECUTIVE SUMMARY

This review of risk assessment trends builds upon the use of Structured Decision Making® (SDM), Comprehensive Assessment Tool (CAT), and Signs of Safety (SOS) as common risk assessment tools in California by examining tools used in other states. This includes a summary of a national survey in 2011 conducted by the Casey Family Programs which listed the risk assessment tools used in all states.

The most frequently used tools were SDM, SOS, and the ACTION/NRCCPS Model. According to Casey Family Programs, 23 states use SDM, 11 states use SOS, and 17 use ACTION/NRCCPS. Some states use more than one of these models. The ACTION/NRCCPS model is described in some detail, with preliminary reports of an evaluation of its use in Alabama. In Illinois, a study of the use of the Child Endangerment Risk Assessment Protocol (CERAP) found "a consistent relationship between the CERAP re-assessment at investigation conclusion and decreased risk of maltreatment." Use of tools in Maine, Michigan, New Hampshire, and New Mexico are briefly described, followed by a list of tools used in other states.

A list of risk assessment tools being used in 21 states is available at the Decision-Making Tools Library at the website of the National Resource Center for Child Protective Services. Several of these states, as noted in the Casey Family Programs survey, use SDM and SOS, sometimes in conjunction with their own tools. This report ends with an Annotated Bibliography which summarizes results of some research on risk assessment tools, and web links to other resources.

INTRODUCTION AND BACKGROUND

In August 2012, the SACHS Directors identified the need for a literature review of innovative Child Welfare risk assessment models. This review focuses largely on models outside of California and beyond Structured Decision Making® (SDM) and the Comprehensive Assessment Tool (CAT). The review builds upon risk assessment research conducted by researchers and leaders in the field of child welfare, many of whom are cited here.

After a brief summary of risk assessment trends in California, this report will review the use of risk assessment tools in other states, relying heavily upon a study by Casey Family Programs which was conducted in 2011. Detail will be provided on states using models beyond SDM, CAT, and Signs of Safety, which are currently used in California. Then, an annotated bibliography will summarize some relevant research on risk assessment, followed by a list of web resources.

RISK ASSESSMENT TRENDS IN CALIFORNIA

In 2004, a systems reform effort concluded that a standardized risk assessment procedure should be implemented for Child Welfare throughout California (California Social Work Education Center, 2005). A majority of California counties adopted Structured Decision Making® (SDM) and fewer utilized Comprehensive Assessment Tool (CAT). More recently, counties inside and outside of California have started to explore the integration of SDM and Turnell's Signs of Safety (SOS) together as part of a larger Safety-Organized Practice (SOP). SOP is grounded in the working relationships between stakeholders which are focused through a risk assessment and planning framework that is clear and understandable to both family and professionals throughout the life of the case (Martin, 2012).

To date, approximately one-half of California counties have or plan to implement SOP in the coming months. The Northern California Training Academy is providing leadership and working with counties to ensure SDM aligns with and is integrated into SOP (Northern California Training Academy, n.d.).

RISK ASSESSMENT TRENDS NATIONALLY

In 2011, Casey Family Programs conducted a national survey of risk assessment tools. Their findings are summarized in *Appendix A - Casey Family Programs National Survey of Safety and Risk Assessments, 2011*. They received responses from all 50 states and Puerto Rico. The most frequently used tools were SDM, SOS, and the ACTION/NRCCPS Model (ACTION/NRCCPS).

The first two, as noted above, are used in California. ACTION/NRCCPS, a collaboration being used in 17 states, is described in detail below. Other models being used in individual states are described more briefly.

In summary, the Casey Family Programs survey found:

- A total of 23 states use, alone or in combination with another tool, Structured Decision Making® (SDM) statewide or in one or more of their counties, service regions or tribal areas.
- A total of 11 states use, alone or in combination with another tool, Signs of Safety (SOS) statewide or in one or more of their counties, service regions or tribal areas.
- A total of 17 states use, alone or in combination with another tool, the ACTION/NRCCPS Model statewide or in one or more of their counties, service regions or tribal areas.
- 11 states use Structured Decision Making® (SDM) as the only tool statewide or in one or more of their counties, service regions or tribal areas.
- 3 states use Signs of Safety (SOS) as the only tool statewide or in one or more of their counties, service regions or tribal areas.
- 11 states use ACTION/NRCCPS Model as the only tool statewide in one or more of their counties, service regions or tribal areas.
- 8 states use both Structured Decision Making® (SDM) and Signs of Safety (SOS) in one or more of their counties, service regions or tribal areas.
- 5 states use both Structured Decision Making® (SDM) and ACTION/NRCCPS Model in one or more of their counties, service regions or tribal areas.
- 10 states are using other tools or have developed their own safety and/or risk assessment.

Models besides SDM and SOS, and the states using them, are described in the next section.

STATE HIGHLIGHTS

The Casey Family Programs National Survey provides a valuable launching point to highlight states outside California that are utilizing innovative approaches to Child Welfare safety and risk assessments. This review will highlight safety/risk assessment in Alabama, Illinois, Maine, Michigan, New Hampshire, and New Mexico. Brief summaries of other states follow these highlighted states.

Alabama

The Alabama Comprehensive Assessment Project (ACTION/NRCCPS Model) is a collaborative partnership which includes the Alabama Department of Human Services, ACTION for Child Protection, and the Ruth H. Young Center for Research at the University Of Maryland School Of Social Work. The Project, one of five projects funded in a cluster of *Comprehensive Family Assessment* demonstrations, is focused on effective evidence based assessments and implementation coupled with the challenge of creating an implementation process that achieves and maintains fidelity in the comprehensive assessment model performance (ACTION for Child Protection, n.d.). This comprehensive assessment is "a structured intervention process that is consistent with the steps in the *Comprehensive Assessment Guidelines*" (Alabama Department of Human Resources, n.d.). The Project expects results that can be replicated in other interested states and/or jurisdictions and includes the participation of three "Shadow States" (South Dakota, West Virginia, and Wisconsin) which are pursuing the same comprehensive assessment approach. It has now been implemented extensively in other states (Diane DiPanfilis, e-mail correspondence, Nov. 12, 2012).

This comprehensive assessment process design includes

- Intake Assessment
- Family Functioning - Safety Assessment
- Protective Capacity Family Assessment - Individual Service Plan, and
- Protective Capacity Progress Assessment (Alabama Department of Human Resources, n.d.).

The Ruth H. Young Center began in 2007 a 5-year evaluation of Alabama's implementation of this program (Ruth H. Young Center for Children and Families, n.d.) in three counties. Funding ended on September 30. There were challenges with program implementation, and therefore no outcomes could be evaluated (Child Welfare Information Gateway, n.d.).

See Appendix B - Alabama Department of Human Resources Comprehensive Assessment Project Abstract

Illinois

The Child Endangerment Risk Assessment Protocol (CERAP) was developed in response to legislation requiring the Illinois Department of Child and Family Services to develop a standardized risk assessment and submit an annual evaluation to the Illinois legislature.

The CERAP

> consists of 14 yes or no questions that assess the presence of specific safety threats (e.g., member of the household describes the child in predominantly negative terms or has extremely unrealistic expectations). Following these questions, the investigator is asked to provide detailed information on any safety threats present and to describe family strengths or other circumstances that may mitigate these threats to safety. Based on consideration of all available information, the worker must make a safety decision about whether any child in the home is unsafe (i.e., in immediate danger of a moderate to severe nature (Fuller & Nieto, 2010).

An evaluation of this model began in 1997 by the Children and Family Research Center. It examines the reliability and validity of the CERAP, in particular, the relationship between safety assessment and reoccurrence of maltreatment (Children and Family Research Center, n.d.)

In the last published annual evaluation, the Children and Family Research Center addressed questions regarding re-assessment and reoccurrence of maltreatment. In brief, Fuller and Nieto (2010) found a "consistent relationship between the CERAP re-assessment at investigation conclusion and decreased risk of maltreatment" (p. 3).The finding was significant for both children considered unsafe at the initial safety assessment and those deemed initially safe, even though current Illinois policy does not require CERAP re-assessment for initially safe cases. It should be noted that in Illinois, if a case is completed in less than 30 days, a safety re-assessment is not required.

See Appendix C – Children and Family Research Center - Research Brief: Ongoing Safety Assessment and Maltreatment Recurrence

<u>Maine</u>

Since 2011, Maine has utilized Signs of Safety (SOS) statewide with a Fact Finding Child Interview protocol and training developed by Dr. Debra Poole, an expert in forensic interviewing. According to the Maine Department of Child & Family Services Program Improvement Plan 2010-2012 (2011), goals included one to promote systemic changes to interviewing practice through the use of SOS and the development of a fact-finding interviewing protocol. The two used together would allow staff to "complete more informed assessments through the life of a case, recognize and articulate strengths and challenges with families, and identify actual incidences of maltreatment and correlating that with parental behavior."

Using Michigan's Forensic Interviewing Protocol (State of Michigan, n.d.) as a framework, Maine developed a protocol that included the three characteristics of fact-finding interviews including hypothesis testing, a child-centered approach, and exploration that promotes a broader assessment. Maine's Fact-Finding Child Interview Protocol includes seven interview steps and utilizes child interview checklists, "Assessing for Alleged Maltreatment." and "Assessing for and Promoting Safety, Permanency, and Well-Being throughout the Life of a Case" (Maine OCFS Fact-Finding Child Interview Protocol, n.d.).

See Appendix D – The 7 steps of a Fact-Finding Child Interview with Checklists

Michigan

Michigan started using SDM statewide in 2009 and SOS in some of its counties/regions/tribal areas in 2010. Saginaw County has found utilizing SDM and SOS together to be effective. They report safety measures have improved and that the children in care were reduced by 10% in FY10-11 (CFP National Survey of Safety and Risk Assessments, 2011).

New Hampshire

New Hampshire combines a Solution-Based Casework (SBC) Practice Model with SDM safety and risk assessments, which have been used statewide since 2001, and principles of Signs of Safety, which they plan to incorporate in 2012.

SBC is an evidence-based practice model that was developed in the late 1990's by Dr. Dana Christensen and is based on family life cycle theory, relapse prevention/Cognitive Behavioral Therapy (CBT) theory, and solution-focused family therapy (Solution Based Casework, n.d.). SBC is family centered having family members and child welfare staff working together to identify Family Level and Individual Level Objectives to ensure family ownership and accountability. One of the strengths of the model is that it targets specific everyday events that have caused the family difficulty.

Antle, Barbee, Christensen and Martin (2008) conducted two case review studies to evaluate the effectiveness of the Solution-Based Casework (SBC) model for child welfare practice. The researchers found:

- SBC can be implemented across cases differing in type of maltreatment, comorbid factors, and other demographic variables.

- Workers were more actively involved in case planning and service acquisition for families when SBC was implemented.

- Families were significantly more compliant with casework requirements and achieved more case goals and objectives.

- The model was particularly effective for families with a history of chronic involvement with the child welfare system. (p. 197)

A resource on Solution-Based Casework Research/Evidence-Based Resources is at http://solutionbasedcasework.com/evidence-base

New Mexico

The Child Safety Assessment, using the ACTION/NRCCPS Model, was launched in 2010. New Mexico recognized that safety assessment and management differ across services. Therefore, they designed an assessment that can be used during the provision of investigation, including investigations in foster homes, in-home and permanency planning services (New Mexico Child Safety Assessment Guidelines, 2010). The three-part assessment covers (1) Identification of Safety Threats (16 items on both present and impending danger); (2) Caregiver Protective Capacities (16 items on those specific "assets that can contribute to reduction, control or prevention of present and/or impending danger"); and (3) Make the Safety Decision, which is based presence of safety threats and the potential protective capacities that may control those threats. The safety decision assessment choices are "safe," "conditionally safe," and "unsafe" (New Mexico Child Safety Assessment, 2010, pg. 4).

See Appendix E – New Mexico Child Safety Assessment

Other States

These brief summaries are from the Casey Families Program Survey:

- Colorado – Counties are required to use NCFAS plus family functioning tool; they may also be using additional tools.
- Georgia - Georgia uses hybrid risk and safety assessments, simply titled 'safety assessment' and 'risk assessment', statewide. GA is currently in the process of choosing new safety and risk assessment tools.
- Idaho - A safety assessment developed with American Humane Association is used, and incorporates the standard signs of danger.
- Iowa - Iowa has created their own safety and risk tools and protocol, modeled after another state.
- Kentucky - A tool based on a risk framework and an ecological model is used throughout the life of the case, with on-going updates added.
- Mississippi – Mississippi uses a Safety/Risk Assessment for regular investigations, and a Risk Assessment for Resource Homes.
- Puerto Rico – Puerto Rico uses the Inventory for the Scrutiny of Multiple Problems.
- South Carolina – South Carolina reported plans to begin implementation of Signs of Safety by the end of 2011.

- Utah – Utah reported plans to use the SDM safety and risk assessment tools in its SACWIS system beginning in 2012. The tools will be modified to fit the state's Practice Model.

According to the Casey Families Program Survey, North Dakota, Oregon, and Rhode Island were not using a specific risk assessment tool at the time of their 2011 survey.

Another useful list of state risk assessment tools is available at the Decision-Making Tools Library at the website of the National Resource Center for Child Protective Services (http://nrccps.org/information-dissemination/1249-2/). This site has tools and other documents which have been posted by these 21 states:

Alaska	Minnesota	Oklahoma
Hawaii	Montana	Texas
Idaho	Nebraska	Utah
Indiana	New Hampshire	Virgin Islands
Kentucky	New Mexico	Virginia
Louisiana	North Carolina	Washington
Maine	Ohio	West Virginia

Several of these states, as noted in the Casey Family Programs survey, use SDM and SOS, sometimes in conjunction with their own tools.

The following Annotated Bibliography briefly describes some additional resources related to risk assessment.

ANNOTATED BIBLIOGRAPHY

1. Casey Family Programs & American Humane Association (2009). *Breakthrough Series Collaborative: Safety and Risk Assessments.*
http://www.americanhumane.org/assets/pdfs/children/bsc-final-report.pdf

This report describes the efforts of twenty-one teams convened nationally over 18 months to establish a common definition for safety and risk assessments and to implement improvements within agencies to increase permanency and to decrease the number of children who reenter the system after a repeat allegation of abuse or neglect.

Key points:

- Strength of longer term multi-stakeholder process.

- Safety and Risk need to be clearly defined – for staff, consumers and community partners.

- Didn't look at or endorse one risk assessment tool – more process oriented, review from start to finish.

- Three key areas for practice improvement – Appendix D (p. 77):

  III. Making Sound Decisions on Safety and Risk
  A. Distinguishing between safety and risk
  B. Maintaining transparency and openness
  C. Providing workers with adequate resources and supports

  IV. Using Safety and Risk Assessment Tools
  A. Following protocols
  B. Contributing to and documenting decision making

  V. Practicing with an Integrated and Comprehensive Assessment
  A. Integrating the use of and information collected from various tools
  B. Assessing continuously
  C. Ensuring seamless transitions between and among workers

- Team impact statements conclusions – Appendix F:

  - Use of Plan-Do-Study-Act cycle (PDSA) model
  - Use of Signs and Safety
  - Using SDM with families or reviewing with families
  - New safety tool – Oklahoma (OKDHS)
  - New assessment tools – Florida, Seminole County
  - Texas - Advanced Risk Assessment

- Recommendation – California may want to conduct their own Breakthrough Series Collaborative (BSC) with 58 counties using Casey/AHA model.

  - Fresno intended to conduct their own BSC with family and community.
  - Fresno planned to integrate SDM into other processes
  - Other sources of information – Pasadena and Pomona

(NOTE: Since this report was published, California has, in fact, conducted Breakthrough Series Collaboratives.)

2. D'andrade, A, Austin, M, & Benton, A. (2008). *Risk and Safety Assessment in Child Welfare,* Journal of Evidence-Based Social Work, 5:1-2, 31-56.

Key points:

This article contains good descriptions, definitions and analysis of the debate between consensus-based and actuarial risk assessments. It expands on BASSC Executive Summary developed in 2005 (http://cssr.berkeley.edu/bassc/public/risk_summ.pdf).

The article reviews the literature on seven risk and safety assessment tools, including:

- The Washington Risk Assessment Matrix (WRAM)
- The California Family Assessment Factor Analysis (CFAFA, the "Fresno" instrument)
- The Child At Risk Field System (CARF)
- The Child Emergency Response Assessment Protocol(CERAP)
- Structured Decision Making (SDM)
- The Risk Assessment Model of Child Protection from Ontario
- The Utah Risk Assessment Scale

Authors reviewed available studies and findings related to predictive validity, convergent validity, inter-rater reliability, outcomes after implementation, and racial/ethnic group differences. A summary for each tool reviewed is included.

At the time this article was written, it was not clear which approach to assessing risk was more commonly used as there was no national database tracking risk assessment approaches used by states.

Structured Decision Making (SDM) showed greater predictive validity than the consensus-based instruments reviewed.

3. Barber, J, Trocmé, N, Goodman, D, Shlonsky, A, Black, T & Leslie, B. (2007). *The Reliability and Predictive Validity of Consensus-Based Risk Assessment,* Toronto: Centre of Excellence for Child Welfare.

Key points:

This article contains good information on validation research of various risk assessment tools including the Ontario Risk Assessment Model (ORAM), a consensus-based risk assessment tool based on the New York State DSS risk assessment. The ORAM has five assessment categories – caregiver, child, family, intervention/receptivity to intervention, and abuse/neglect history. The researchers assessed not only the reliability and predictive validity of the ORAM, but the intended and unintended effects of the ORAM on social work practice.

4. Knoke, D & **Trocmé, N. (2005).** ***Reviewing the Evidence on Assessing Risk for Child Abuse and Neglect,*** **Brief Treatment and Crisis Intervention, 5(3):310-327.**

Key points:

This article contains good information and analysis on validation research, including:

- Reliability studies between consensus-based vs. actuarial tools
- Inter-rater reliability and its influence on overall reliability
- How implementation issues and reliability effect risk ratings and outcomes
- Validity studies across consensus-based vs. actuarial tools
- Differences in predictive validity between consensus-based vs. actuarial tools
- A table on the challenges of validating structured risk assessment tools

RESOURCES

American Public Human Services Association (APHSA) – Hosted annual risk assessment roundtables in the 1990's - http://www.aphsa.org/Home/home_news.asp

Child and Adolescent Needs and Strengths (CANS) - Versions of the CANS are currently used in 25 states in child welfare, mental health, juvenile justice, and early intervention applications - http://www.praedfoundation.org/About%20the%20CANS.html

Child Welfare League of America (CWLA) - ***Children's Voice*** **Article -** ***Risk Assessment and Decision Making in Child Protection*** **-** http://www.cwla.org/programs/r2p/cvarticlesrisk.htm

Children's Bureau Child Welfare Information Gateway–Safety and Risk Assessment page with state and local examples - http://www.childwelfare.gov/responding/iia/safety_risk/#state

Children's Bureau Express: Spotlight on Practice Models August 2012 - examines the readiness, fidelity, evaluation, and sustainability issues in three practice model implementation projects in New Hampshire, Oklahoma, and West Virginia - https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewSection&issueID=138&subsectionID=42

National Data Archive on Child Abuse and Neglect (NDACAN) – Searchable index of measures used in datasets distributed by NDACAN - http://www.ndacan.cornell.edu/abis/abisMeasuresIndex.cfm

National Resource Center for Child Protective Services Decision-Making Tools Library for Child Welfare – provides child protection decision-making resources currently in use in states and territories - http://nrccps.org/information-dissemination/1249-2

Solution-Based Casework – abstracts on evidence-based publications on solution-based casework - http://solutionbasedcasework.com/evidence-base

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Appendix A

CASEY FAMILY NATIONAL SURVEY OF SAFETY AND RISK ASSESSMENT, 2011

Casey Family Programs National Survey of Safety and Risk Assessment Tools, 2011

State	Is CW System State- or County-Administered?	Does State Have Tribal CW Programs?	Are SDM Tools Used in the State?	Which SDM Tools Are Used? **	Year SDM First Used	Is the ACTION / NRCCPS Model Used in the State?	Year ACTION Model First Used	Is the Signs of Safety Approach Used in the State?	Year SofS First Used	Other Safety or Risk Assessments Used, Additional Comments:
AL	State	Yes	No	N/A	N/A	No	N/A	No	N/A	Three counties are piloting tools from the ACTION model.
AK	State	Yes	Statewide	4	2002	Statewide	2005	No	N/A	
AZ	State	Yes	No	N/A	N/A	Statewide	2003	No	N/A	Risk Assessment tool from NRC on Family Centered Practice and Permanency Planning is used
AR	State	No	Statewide	3, 4	2010	No	N/A	No	N/A	Currently child protection assessors use SDM, in the future this approach will be used by staff providing ongoing services. The Signs of Safety approach is not currently used but is being considered.
CA	County	Yes	One or more counties, service regions, or tribal areas	1, 2, 3, 4, 5, 6, 7	1998	No	N/A	One or more counties, service regions, or tribal areas	2010	
CO	County	No	No	N/A	N/A	No	N/A	No	N/A	Counties required to use NCFAS plus family functioning tool; they may also be using additional tools
CT	State	No	Statewide	1, 2, 3, 4, 6	2006	No	N/A	No	N/A	
DE	State	No	No	N/A	N/A	Statewide	1987	No	N/A	DE is planning to implement SDM and has contracted with the Children's Research Center to begin with the Intake process.
DC										
FL	State	Yes	One or more counties, service regions, or tribal areas	1, 2, 3, 4, 5, 6	2010	No	N/A	One or more counties, service regions, or tribal areas	2010	FL uses the Child Safety Assessment, which was developed as part of SACWIS implementation. The ACTION/NRCCPS model was recommended by a statewide work group and will be implemented in six units to determine feasibility for statewide roll-out.

** SDM Tools Key: 1 = Screen-In/Intake; 2 = Response Priority; 3 = Safety Assessment; 4 = Risk Assessment; 5 = Case Reassessment; 6 = Family Strengths & Needs Assessment; 7 = Substitute Care Providers.
Some states also use an SDM Reunification Assessment tool, not coded here.

Casey Family Programs National Survey of Safety and Risk Assessment Tools, 2011

State	Is CW System State- or County-Administered?	Does State Have Tribal CW Programs?	Are SDM Tools Used in the State?	Which SDM Tools Are Used? **	Year SDM First Used	Is the ACTION / NRCCPS Model Used in the State?	Year ACTION Model First Used	Is the Signs of Safety Approach Used in the State?	Year SofS First Used	Other Safety or Risk Assessments Used, Additional Comments:
GA	State	No	No	N/A	N/A	No	N/A	No	N/A	GA uses hybrid risk and safety assessments, simply titled 'safety assessment' and 'risk assessment', statewide. GA is currently in the process of choosing new safety and risk assessment tools.
HI	State	No	No	N/A	N/A	Statewide	2009	No	N/A	HI uses the Hawaii Comprehensive Assessment Model.
ID	State	Yes	No	N/A	N/A	No	N/A	No	N/A	A safety assessment developed with American Humane Association is used, and incorporates the standard signs of danger.
IL	State	No	No	N/A	N/A	No	N/A	No	N/A	
IN	State	No	Statewide	3, 4		No	N/A	No	N/A	CANS is used for child and family assessment for on-going cases. SDM is being developed for hotline intake decision making purposes.
IA	State	No	No	N/A	N/A	No	N/A	No	N/A	Iowa has created their own safety and risk tools and protocol, modeled after another state.
KS	State	No	No	N/A	N/A	Statewide	2009	No	N/A	Kansas implemented risk and safety assessment tools in 1999. The tools were developed with the University of Kansas and have been validated.
KY	State	No	No	N/A	N/A	No	N/A	No	N/A	A tool based on a risk framework and an ecological model is used throughout the life of the case, with on-going updates added.
LA	State	No	Statewide	1, 2, 3, 4, 5, 6, 7	2010	No	N/A	No	N/A	
ME	State	No	No	N/A	N/A	No	N/A	Statewide	2011	Maine uses a "Fact Finding" interview protocol developed by Deborah Poole.
MD	State	No	Statewide			No	N/A	No	N/A	

** SDM Tools Key: 1 = Screen-In/Intake; 2 = Response Priority; 3 = Safety Assessment; 4 = Risk Assessment; 5 = Case Reassessment; 6 = Family Strengths & Needs Assessment; 7 = Substitute Care Providers.
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State	Is CW System State- or County-Administered?	Does State Have Tribal CW Programs?	Are SDM Tools Used in the State?	Which SDM Tools Are Used? **	Year SDM First Used	Is the ACTION / NRCCPS Model Used in the State?	Year ACTION Model First Used	Is the Signs of Safety Approach Used in the State?	Year SofS First Used	Other Safety or Risk Assessments Used, Additional Comments:
MA	State	No	Statewide	3, 4	2008	No	N/A	Statewide	2009	
MI	County	Yes	Statewide	3, 4, 5, 6	2009	No	N/A	One or more counties, service regions, or tribal areas	2010	Saginaw county has found utilizing SDM and SOFS together to be quite effective. Safety measures have improved while between FY10-FY11 the children in care has been reduced by 10%.
MN	County	Yes	Statewide	1, 3, 4, 5, 6	1999	No	N/A	One or more counties, service regions, or tribal areas	2001	
MS	State	Yes	No	N/A	N/A	No	N/A	No	N/A	MS uses a Safety/Risk Assessment for regular investigations, and a Risk Assessment for Resource Homes.
MO	State	No	Statewide	1, 2, 4	2002	No	N/A	No	N/A	The Framework for Safety is used for safety assessment statewide
MT	State	Yes	No			Statewide	2011	No	N/A	The Montana Risk Assessment Model is used.
NE	State	Yes	One or more counties, service regions, or tribal areas	3, 4, 5	2011	Statewide	2008	No	N/A	Transition from ACTION (called Nebraska Safety Intervention System NSIS) to SDM planned for fall 2011 in the East and SE Areas. The rest of the state's 3 Service Areas continue to use the ACTION-based Nebraska Safety Intervention System (NSIS).
NV	Combination	No	No	N/A	N/A	One or more counties, service regions, or tribal areas	2006	No	N/A	ACTION assessments for Present and Impending Danger and for Parental Capacities are being rolled out statewide. The Nevada Safety Assessment and an SDM Risk Assessment have been used but will be discontinued.

** SDM Tools Key: 1 = Screen-In/Intake; 2 = Response Priority; 3 = Safety Assessment; 4 = Risk Assessment; 5 = Case Reassessment; 6 = Family Strengths & Needs Assessment; 7 = Substitute Care Providers. Some states also use an SDM Reunification Assessment tool, not coded here.

Casey Family Programs National Survey of Safety and Risk Assessment Tools, 2011

State	Is CW System State- or County-Administered?	Does State Have Tribal CW Programs?	Are SDM Tools Used in the State?	Which SDM Tools Are Used? **	Year SDM First Used	Is the ACTION / NRCCPS Model Used in the State?	Year ACTION Model First Used	Is the Signs of Safety Approach Used in the State?	Year SofS First Used	Other Safety or Risk Assessments Used, Additional Comments:
NH	State	No	Statewide	1, 2, 3, 4, 5, 6	2001	No	N/A	No	N/A	NH intends to begin to incorporate elements and principles of SofS in 2012 with Solution Based Casework as part of their Practice Model.
NJ	State	No	Statewide	1, 2, 3, 4, 5, 6	2004	No	N/A	No	N/A	NJ also uses the SDM Family Reunification Assessment
NM	State	Yes	Statewide	3, 4	1997	Statewide	2010	No	N/A	
NY	County	Yes	Statewide	1, 3, 4, 5, 6, 7	1991	No	N/A	One or more counties, service regions, or tribal areas	2009	
NC	County	No	Statewide	3, 4, 6	2002	No	N/A	One or more counties, service regions, or tribal areas		
ND	County	Yes	No	N/A	N/A	No	N/A	No	N/A	
OH	County	No	No	N/A	N/A	No	N/A	One or more counties, service regions, or tribal areas	2006	Ohio's safety and risk assessments are included in the SACWIS-based Comprehensive Assessment and Planning Model-Interim Solution (CAPMIS) tool, which is now used in all OH counties
OK	State	Yes	No	N/A	N/A	One or more counties, service regions, or tribal areas	2008	No	N/A	OK uses the Assessment of Family Functioning (also designed to assess risk); developed with consultation from Lorrie Lutz/NRC for FCP/PP
OR	State	Yes	No	N/A	N/A	No	N/A	No	N/A	
PA	County	No	No	N/A	N/A	Statewide	2009	No	N/A	
PR	State	No	No	N/A	N/A	No	N/A	No	N/A	PR uses the Inventory for the Scrutiny of Multiple Problems
RI	State	No	No	N/A	N/A	No	N/A	No	N/A	
SC	State	Yes	No	N/A	N/A	No	N/A	No	N/A	SC plans to begin implementation of SofS by the end of 2011

** SDM Tools Key: 1 = Screen-In/Intake; 2 = Response Priority; 3 = Safety Assessment; 4 = Risk Assessment; 5 = Case Reassessment; 6 = Family Strengths & Needs Assessment; 7 = Substitute Care Providers.
Some states also use an SDM Reunification Assessment tool, not coded here.

Casey Family Programs National Survey of Safety and Risk Assessment Tools, 2011

State	Is CW System State- or County-Administered?	Does State Have Tribal CW Programs?	Are SDM Tools Used in the State?	Which SDM Tools Are Used? **	Year SDM First Used	Is the ACTION / NRCCPS Model Used in the State?	Year ACTION Model First Used	Is the Signs of Safety Approach Used in the State?	Year SofS First Used	Other Safety or Risk Assessments Used, Additional Comments:
SD	State	Yes	No	N/A	N/A	Statewide	2002	No	N/A	
TN	State	No	Statewide	1, 2, 3, 4, 5, 6	2004	No	N/A	No	N/A	TN also uses the Family Assessment and Support Tool (FAST)
TX	State	No	No	N/A	N/A	Statewide	2010	No	N/A	Texas developed its own Risk and Safety Assessment and has been using a version of that since the mid-90s.
UT	State	No	No	N/A	N/A	No	N/A	No	N/A	UT will use the SDM safety and risk assessment tools in its SACWIS system beginning in 2012. The tools will be modified to fit the state's Practice Model.
VT	State	No	Statewide	3, 4, 5	2004	No	N/A	Statewide	2009	
VA	County	No	Statewide	1, 2, 3, 4	1997	No	N/A	No	N/A	
WA	State	Yes	Statewide	4	2007	Statewide	2011	No	N/A	Washington uses a safety assessment that was developed in 2002 as part of a Risk Assessment package. The ACTION safety assessment will replace this in November of 2011.
WV	State	No	No	N/A	N/A	Statewide	2009	No	N/A	
WI	Combination	Yes	One or more counties, service regions, or tribal areas	4, 6	1991	Statewide	1990	No	N/A	
WY	State	Yes	No	N/A	N/A	Statewide	2011	One or more counties, service regions, or tribal areas	2010	WY uses assessment tools based on the SDM model.

** SDM Tools Key: 1 = Screen-In/Intake; 2 = Response Priority; 3 = Safety Assessment; 4 = Risk Assessment; 5 = Case Reassessment; 6 = Family Strengths & Needs Assessment; 7 = Substitute Care Providers. Some states also use an SDM Reunification Assessment tool, not coded here.

Appendix B

Alabama Department of Human Resources Comprehensive Assessment Project Abstract

Alabama Department of Human Resources

Comprehensive Assessment Project

Abstract

Project Objectives

The Department will apply an evidence-based approach to project implementation in three pilot sites to achieve four principle objectives: (1) substantial evidence-based results in case practice and case outcomes; (2) evidence-based implementation of family-centered assessment methods as part of a comprehensive assessment process for children, youth, and family; (3) implementation of a rigorous evaluation of the relationship between comprehensive family assessment and improved case outcomes; and (4) the initiation of a statewide implementation plan based upon evaluation findings.

Project Activities and Intermediate Outcomes

The project objectives are intended to be achieved as a result of the following activities and associated intermediate outcomes:

- Design and implement a fidelity-driven implementation approach that includes necessary steps to effective evidence-based practice (EVP) implementation that involves the community and stakeholders in relevant and meaningful ways and that anticipates implementation challenges, pitfalls, and barriers and how to effectively manage them;

- Refine assessment methods throughout the life of a case which assure that the eight (8) key components of the *Comprehensive Family Assessment Guidelines* are effectively contained and followed;

- Refine and deliver extensive competency-based training and consultation strategies with rigorous practice and decision-making components for CPS concerned with the comprehensive assessment;

- Create a collaborative inclusion process with resources and agreements within the pilot counties that identifies, organizes, and prepares key stakeholders;

- Bring about integration between various initiatives and efforts within the Department associated with the CFSR and PIP; and

- Create an accessible and active information dissemination strategy which effectively represents the assessment approach, the implementation experience, and evaluation findings available to the child welfare field and, in particular, to other states implementing similar assessment processes.

Major Components of the Comprehensive Assessment Process

A principle objective for the project is to effectively implement a comprehensive assessment process for children, youth, and families. The Department's proposed comprehensive assessment process is comprised of four highly integrated assessment methods which form a cohesive standardized continuum of intervention with children and parents. The design of the comprehensive assessment process includes: Intake Assessment, Family Functioning - Safety Assessment, Protective Capacity Family Assessment - Individual Service Plan, and Protective Capacity Progress Assessment.

Alabama's comprehensive assessment is a structured intervention process that is consistent with the steps in the *Comprehensive Assessment Guidelines*. The Alabama comprehensive assessment process fundamentally involves the following practice objectives and decisions:

- ☑ To gather sufficient information regarding family functioning, child functioning and caregiver performance in order to determine who CPS should serve based on a decision that children are unsafe and in need of protection;

- ☑ To engage caregivers and children in an assessment approach that seeks mutual understanding and agreement regarding what must change in order to address safety threats and enhance caregiver protective capacities;

- ☑ To develop individualized service plans (case plans) that include strategies for change that will address the needs of children and restore caregivers to their protective role; and

- ☑ To measure progress related to enhancing diminished caregiver protective capacities and establishing a safe and permanent home environment for children.

The comprehensive assessment process considers the cultural context of the family when engaging and interacting, gathering and analyzing information and reaching decisions. The context in which the behavior occurs within families will be considered in order to understand the meaning of the behavior and its impact on the children. The comprehensive family assessment actively involves all family members including fathers, other household members and absent parents. The information standard for decision making in the assessment process is highly dependent on inclusion of all family members who have a vested interest in the safety and permanency of the children.

The Department's goal is that the implementation of the comprehensive assessment will result in a system of intervention that includes the CPS functions (i.e., screening, initial assessment, and ongoing CPS) and associated intervention activities and tasks (i.e., information collection, safety assessment and planning, family assessment, and case planning) operating together in a cohesive, progressive manner that works toward the achievement of specific intervention outcomes.

Evaluating Implementation Effectiveness

The achievement of the goal(s) and objectives for the comprehensive assessment will be judged based on the following:

- Design and implement a process evaluation that: (a) assesses the implementation of the eight key components of the *Comprehensive Family Assessment Guidelines;* (b) assesses the linkages between child-serving systems that will help ensure that identified needs of children and families are met.

- Design and implement a practice evaluation that determines how the practice of comprehensive and ongoing assessment improves over time including assessing the fidelity of the practice (i.e., the degree to which the assessments are conducted as intended).

- Design and implement an outcome evaluation that compares the achievement of child welfare outcomes between families served in pilot counties and families served in comparison counties.

Appendix C

Children and Family Research Center - Research Brief: Ongoing Safety Assessment and Maltreatment Recurrence

CHILDREN AND FAMILY
| RESEARCH | CENTER

ONGOING SAFETY ASSESSMENT AND MALTREATMENT RECURRENCE

RESEARCH BRIEF | TAMARA L. FULLER AND MARTIN NIETO | December 2010

The Child Endangerment Risk Assessment Protocol (CERAP) is a safety assessment tool used by the Illinois Department of Children and Family Services (DCFS) as part of all Child Protective Services (CPS) investigations to determine whether children are at immediate risk of moderate to severe harm. The CERAP consists of 14 yes or no questions that assess the presence of specific safety threats (e.g., member of the household describes the child in predominantly negative terms or has extremely unrealistic expectations). Following these questions, the investigator is asked to provide detailed information on any safety threats present and to describe family strengths or other circumstances that may mitigate these threats to safety. Based on consideration of all available information, the worker must make a safety decision about whether any child in the home is unsafe (i.e., in immediate danger of a moderate to severe nature).

If a household is deemed unsafe based on the CERAP assessment, the investigator must work with the family to develop a sound safety plan that addresses the safety threats *or* must remove the child(ren) from the home. If the child remains in the home, additional safety assessment must occur every five working days until the child is either determined to be safe or is removed from the legal custody of the caretaker. The investigator must complete an additional safety assessment at the conclusion of the investigation, unless a service case is opened, in which case the follow-up worker completes a new safety assessment at case opening. Re-assessment at the conclusion of the investigation is not required when the investigation is closed within 30 days, although some investigators elect to do one in this circumstance anyway. Despite the specific requirements for CERAP assessment at the close of the investigation, examination of CERAP data reveal that in 2008 only 38% of investigations that require a re-assessment at closing received one.

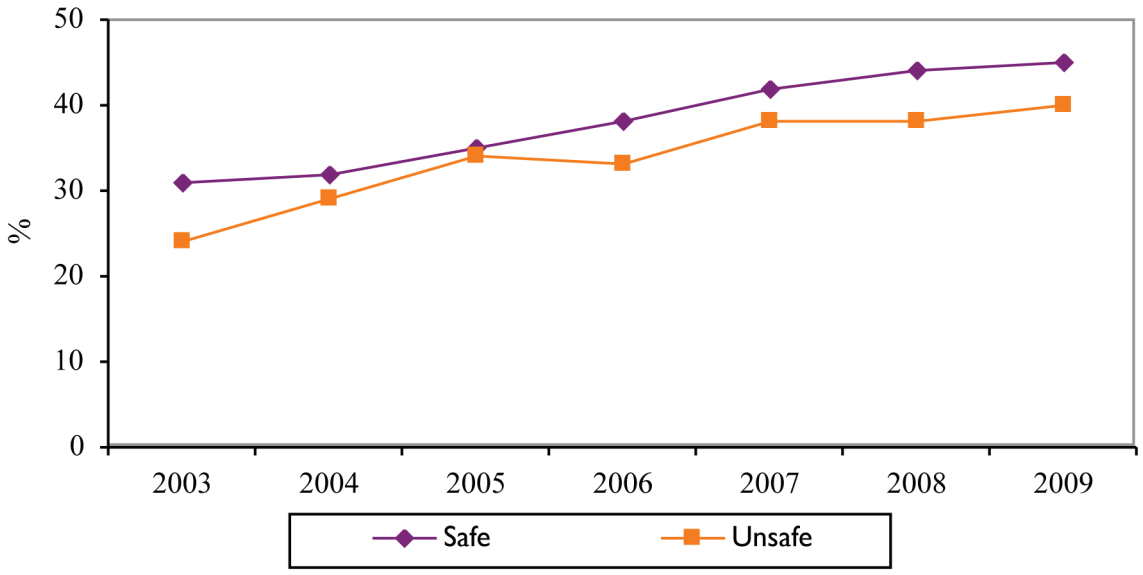
Since 1997, the Children and Family Research Center has examined the impact of the CERAP on child safety outcomes in Illinois. Recent evaluation has examined the association between CERAP use in the field and child maltreatment recurrence, i.e., whether or not a child experiences a second maltreatment report within a given period of time following an initial report. The goal of this research is to determine which practices are associated with future child safety. The most recent CERAP evaluation sought to answer the following questions:

- Of those investigations that required a CERAP re-assessment at their conclusion, what percentage received one?
- Among the investigations that required one, was CERAP re-assessment at the conclusion of an investigation associated with lower risk of future maltreatment?
- Even though it is not required by policy, is CERAP re-assessment at the conclusion of an investigation associated with lower risk of future maltreatment among investigations closed within 30 days?

ONGOING SAFETY ASSESSMENT AND MALTREATMENT RECURRENCE

Figure 1 presents the percentage of indicated children with CERAP assessments completed at the conclusion of the investigation (of those that required one per policy). It should be noted that only those households with an initial safety determination of "unsafe" require additional safety assessment; those with a safety determination of "safe" do not require additional safety assessment. The percentage of households with a re-assessment has increased steadily from 2003 to 2009 for both safe and unsafe households, although **the majority of indicated households are not re-assessed at the conclusion of the investigation.**

FIGURE 1: Indicated children with CERAP re-assessment at investigation close



ONGOING SAFETY ASSESSMENT AND MALTREATMENT RECURRENCE

Figure 2 shows the rates of 6-month maltreatment recurrence among children who were considered unsafe during the initial safety assessment and compares those that either did or did not have a CERAP re-assessment at the conclusion of the investigation. The results show a consistent relationship between the CERAP re-assessment at investigation conclusion and decreased risk of maltreatment. Interestingly, this finding was significant both for children deemed unsafe at the initial safety assessment (Figure 2) and those considered initially safe (Figure 3), even though current policy does not require CERAP re-assessment for these initially safe cases.

FIGURE 2: 6-month recurrence rates among initially unsafe cases with and without CERAP assessment at investigation closing

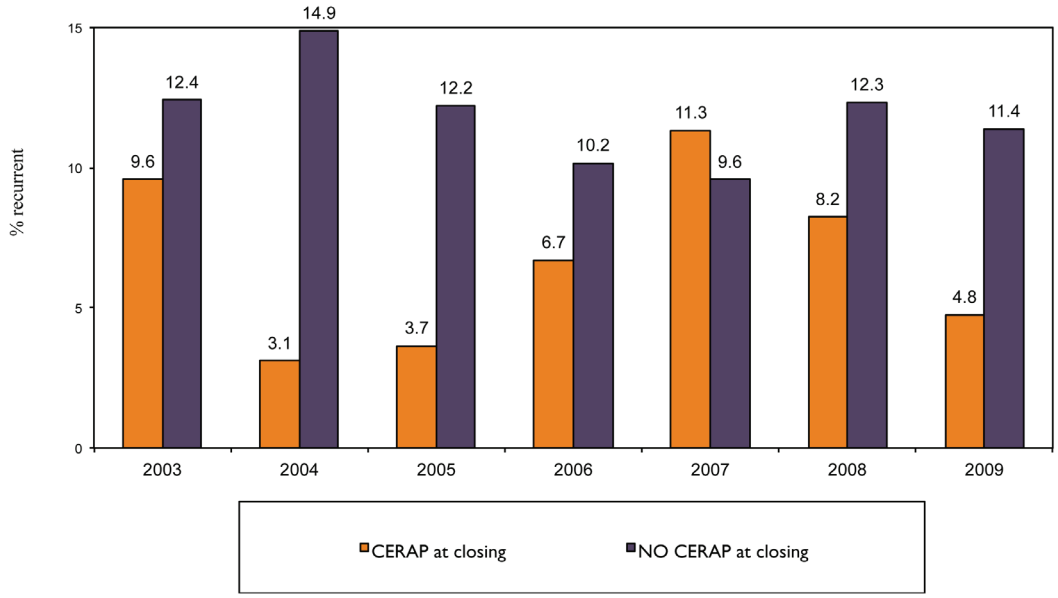
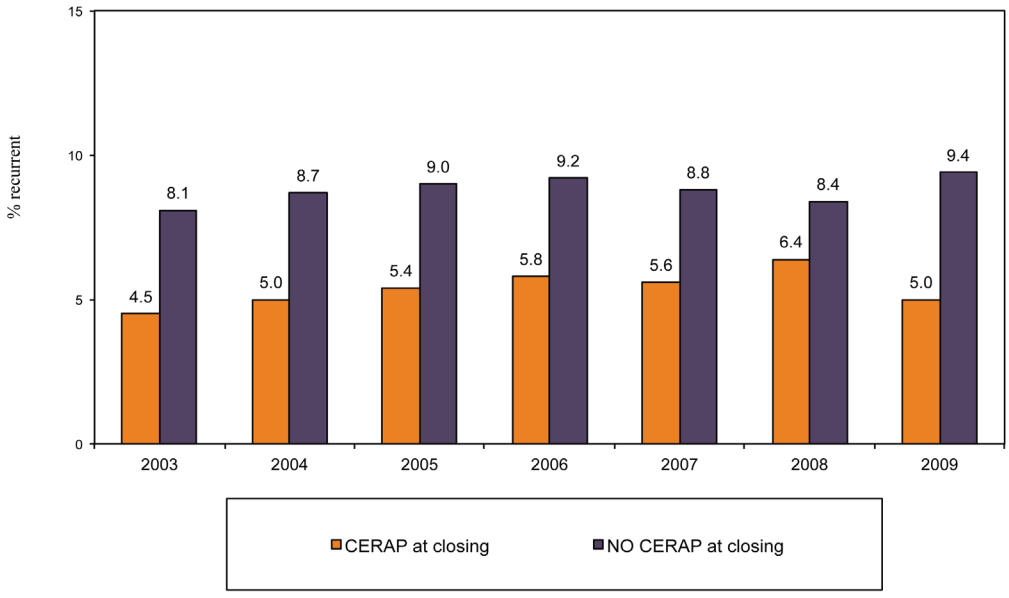


FIGURE 3: 6-month recurrence rates among initially safe cases with and without CERAP assessment at investigation closing



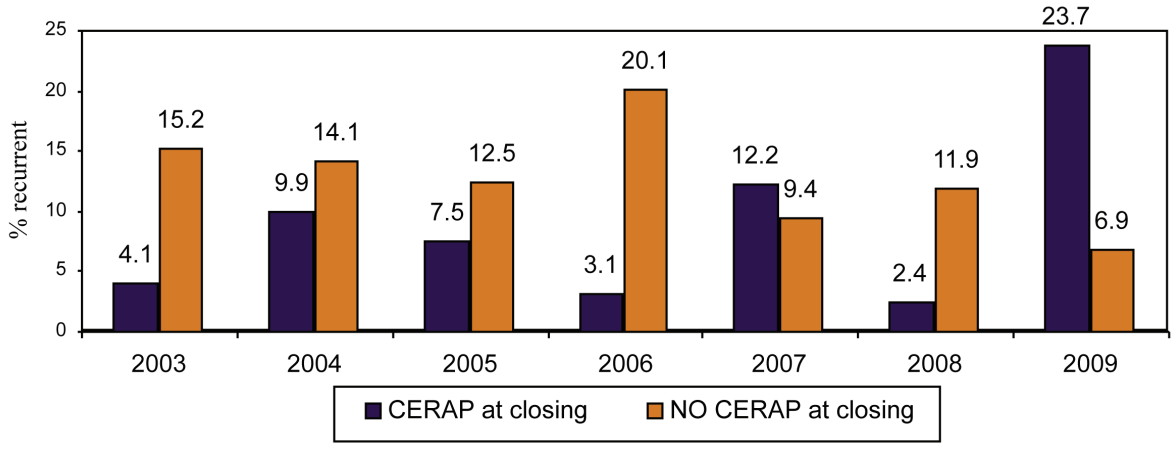
ONGOING SAFETY ASSESSMENT AND MALTREATMENT RECURRENCE

These analyses excluded investigations completed within 30 days of report date, because such cases do not require a safety re-assessment at the conclusion of the investigation. Since CERAP re-assessment has been shown to have a consistent and significant relationship with decreased recurrence in investigations completed over 30 days, it is possible that this relationship holds true for investigations closed within 30 days or less. Additional analyses examined this question.

Recurrence rates for unsafe children in investigations closed within 30 days are presented in Figure 4 – examined by initial safety determination and CERAP re-assessment at investigation conclusion. Although the actual number of children experiencing recurrence is small, the recurrence rates among those in unsafe households without additional safety assessment (orange bars) are usually higher than those with additional safety assessment (purple bars).

The results of the CERAP evaluations suggest that safety re-assessment in general, and at the conclusion of the investigation in particular, decreases the risk of maltreatment recurrence following a Child Protective Services (CPS) investigation. This relationship is robust – it remains significant whether the recurrence time-frame is short-term (60 days) or 6 months, and whether the families were investigated for the first time or had previous maltreatment reports. The exact mechanism through which CERAP re-assessment exerts an influence on later child safety is still unknown. There may be factors related to either the workers or the families that influence whether or not additional safety assessment is completed. It is also quite possible that the systematic evidence collection and critical thinking required to complete a safety assessment helps investigators make better judgments about child safety.

FIGURE 4: 6-month recurrence rates among initially unsafe cases with and without CERAP assessment at investigation closing



Whatever the mechanism, requiring CERAP re-assessment policy above its current level of 40% may lead to a decrease in maltreatment recurrence rates in Illinois. In addition, since the protective effect of CERAP re-assessment extends to those cases initially assessed as "safe," and these cases comprise around 85-90% of indicated investigations each year, increasing compliance with CERAP reassessment in these cases as well could make an *even bigger* impact on overall recurrence rates. A renewed emphasis on CERAP re-assessment could be coupled with the changes in practice that will occur when the enhanced CERAP model is implemented.

Recommended Citation

Fuller, T.L., & Nieto, M. (2010). *Ongoing safety assessment and maltreatment recurrence*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

Related Publications

For the full report, see Fuller, T.L., & Nieto, M. (2010). *Illinois Child Endangerment Risk Assessment Protocol: FY10 Annual Evaluation.* Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign. This report is available on the Center website: cfrc.illinois.edu

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Appendix D

The 7 steps of a Fact-Finding Child Interview with Checklists

The 7 Steps of a Fact-Finding Child Interview

To Assess and Promote Child Safety, Permanency & Well-being through the Life of the Case

☐ **1. Prepare for the interview and the interview environment**

a. Complete assignment activities with the supervisor/identify purpose for contact.
b. Generate alternative hypotheses and plan hypothesis-testing questions.

☐ **2. Introduce yourself and build rapport**

"Hello, my name is _____. My job is to listen to children, and today I am here to listen to you."

a. Explain that the interview will be recorded.
b. Begin a brief conversation about neutral events. Favor prompts that require narrative responses over prompts that can be answered by a single word or list of words.

☐ **3. Establish ground rules**

"Now that I know you a little better, I want to talk about some rules we have while we talk today."

a. If you don't know an answer, just say, "I don't know." Don't guess or make up answers.
c. Tell me if you don't understand.
d. Tell me if I make a mistake.
e. Only talk about things that really happened.

☐ **4. Conduct a practice interview: Teach the child to provide specific, chronological details about a neutral event (or scripted event, such as how to play a favorite game or sport)**

"Think about (an event). What happened from [e.g., the time you got up] to [e.g., the time you went to bed]? Try not to leave anything out."

a. Encourage a spontaneous narrative with open-ended prompts, such as "What else happened after ____ (a part of the event mentioned by the child)?" "And then what happened?"
b. Be patient and allow time between a child's response and the next question/prompt.
c. Reinforce children for talking during this part of the interview (e.g., "That's interesting," "Umm humm," "You remember a lot about that day").

☐ **5. Explore child-directed perceptions and concerns**

"Now it's time to talk about something else. (For example, "I'm interested in how things are going for you at home, with your family, and at school.")

The purpose of this step is to ask the child about three topics:

(i) positive qualities of caregiving environments (strengths; e.g., "When you think about ____, what makes you happy?"; "What do you like about living here?")
(ii) negative qualities of caregiving environments (concerns; e.g., "What do you worry about?"; "What do you not like about living here?")
(iii) possible solutions for concerns; e.g., "What would help you to worry less?"; "If you could change something about living here, what would you change?")

Follow three steps for each topic:

a. **Introduce the topic** with an open-ended prompt.
b. **Elicit a free narrative about perceptions/concerns** mentioned by the child.
c. **Ask follow-up questions to explore perceptions/concerns** mentioned by the child. If the child makes an abuse allegation, test alternative hypotheses and explore for other sources of evidence (witnesses, physical, medical, etc.). Assess for impact on the child.

☐ **6. Explore interviewer-directed topics of concern (e.g., relevant checklist topics)**

"Now there are some other things I'd like to talk about."

a. **Introduce a topic** of concern (e.g., sexual, physical, or emotional abuse, neglect) using the least suggestive prompts possible (e.g., "I'm here to talk with you because ____ is worried about you. What do you think s/he is worried about?"). Avoid using suggestive words like *bad*, *hurt*, *abuse*, and *wrong*.
b. **Elicit a free narrative** about the first topic of concern. (e.g., Child: "I got a bruise on my face." Interviewer: "What happened to your face?" or Child: "Bill has been touching me." Interviewer: "What happened with Bill?").
c. **Ask follow-up questions** to explore the first topic of concern. Test alternative hypotheses and explore for other sources of evidence (witnesses, physical, medical, etc.). Assess for impact on the child.
d. **Repeat a-c** for other interviewer-directed topics.
e. **Pause to review checklists or the interview plan**; identify and explore missed issues.

☐ **7. Close "***Is there something you would like to tell me that we haven't talked about yet?" "I don't have any more questions. Is there something you'd like to ask me?"* (a) Revert to neutral topics. (b) Thank the child for participating in the interview.

Child Interview Checklist: Assessing for Alleged Maltreatment
Critical Elements Needing Exploration

I have explored for:

☐ **Physical Abuse** ☐ **Sexual Abuse** ☐ **Emotional Abuse** ☐ **Neglect**

Child has made allegations about:

☐ **Physical Abuse** ☐ **Sexual Abuse** ☐ **Emotional Abuse** ☐ **Neglect**

I've asked the questions necessary to learn what the child reports for each abuse type identified above:

Yes

- ☐ What allegedly happened?
- ☐ Who did it involve?
- ☐ Where did it happen?
- ☐ When did it happen?
- ☐ How often did it happen?
- ☐ Who else knows about what happened?
- ☐ What is the nature/quality of the relationship with the alleged abuser? (Establish caregiver role.)
- ☐ Who else may have been abused?
- ☐ Who else may have allegedly harmed the child?
- ☐ How was the child impacted by what happened?
- ☐ Are there other sources of evidence related to what happened?

I've asked the questions necessary to learn what the child reports about:

☐ **Signs of Safety**[1]
These are positive factors and/or resources within the family and family environment that are capable of promoting and maintaining child safety.

☐ **Signs of Risk**[1]
These are the negative factors and/or the lack of resources within the family and family environment that, because they exist, may be or become challenges to achieve and maintain child safety. These factors also increase the likelihood of a child experiencing child maltreatment.

☐ **Signs of Danger**[1]
These are very serious parental behaviors, conditions, and child or family circumstances that either have caused or very soon could cause high severity child abuse and neglect. When they are present, signs of danger require safety planning.

Areas I have assessed with the child in order to reach a child safety decision:[2]

- ☐ The credibility of the child.
- ☐ The presence or absence of child abuse/neglect dynamics.
- ☐ Whether or not there was access/opportunity for the abuse or neglect to have occurred.
- ☐ The child's view of each family member's current and historical functioning.
- ☐ The physical condition of the home environment.
- ☐ Corroborative, medical, and physical evidence.
- ☐ The nature, frequency, and impact of prior Departmental involvement.
- ☐ The presence or absence of child abuse and neglect.
- ☐ The severity/impact upon each child of the found abuse/neglect.
- ☐ The likelihood of child abuse and neglect to occur/reoccur in both the near and foreseeable future.
- ☐ Is this a family in need of Child Protective Services?
- ☐ Identification of family supports.

[1] Refer to Resource Guide. [2] Adapted from the Child Abuse and Neglect Findings policy.

Child Interview Checklist: Assessing for and Promoting Safety, Permanency, and Well-Being throughout the Life of a Case

Critical Elements Needing Exploration

Pre-Interview Preparation: I have identified the purpose of my contact related to—

☐ **Safety** _____ _____

_____

☐ **Permanency** _____

_____

☐ **Well-being** _____

I have explored for:

☐ **Safety** ☐ **Permanency** ☐ **Well-being**

I've asked the questions necessary to learn what the child reports about—

Yes

- ☐ Why the Department is involved with his/her family.
- ☐ The nature and quality of the child's contact with his/her parents, siblings, and other family supports.
- ☐ How the maltreatment has impacted him/her (past, present, future).
- ☐ The changes his/her family has made in relationship to the identified maltreatment.
- ☐ What s/he thinks it would take to close the case.
- ☐ His/her safety in the current placement.
- ☐ What could help improve the success of his/her current placement.
- ☐ His/her well being needs (medical, dental, mental health, education) and how they are met.
- ☐ Identification of family supports.

I've asked the questions necessary to learn what the child reports about—

☐ **Signs of Safety**[1]
These are positive factors and/or resources within the family and family environment that are capable of promoting and maintaining child safety.

☐ **Signs of Risk**[1]
These are the negative factors and/or the lack of resources within the family and family environment that, because they exist, may be or become challenges to achieve and maintain child safety. These factors also increase the likelihood of a child experiencing child maltreatment.

☐ **Signs of Danger**[1]
These are very serious parental behaviors, conditions, and child or family circumstances that either have caused or very soon could cause high severity child abuse and neglect. When they are present, signs of danger require safety planning.

Areas I have assessed with the child to promote safety, permanency, and well-being—

- ☐ The impact of the maltreatment on the child.
- ☐ Factors that may be contributing to the challenges of reaching safety, permanency, and well-being.
- ☐ Additional information that would help us understand what it would take to close this case.

Children in Care

- ☐ Reviewed child plan.
- ☐ Notified child of next court date and invited child to attend.

[1] Refer to Resource Guide. [2] Adapted from the Child Abuse and Neglect Findings policy.

Appendix E

New Mexico Child Safety Assessment

NEW MEXICO CHILD SAFETY ASSESSMENT

Case Name: _____ Case ID: _____ Date: _____

County: _____ Worker Name: _____ Worker ID: _____

This safety assessment was completed:

- ☐ CPS investigation
- ☐ Prior to decision to physically place the child in foster care
- ☐ I-HS Monthly
- ☐ I-HS Case Closure
- ☐ Prior to unsupervised visitation
- ☐ Prior to trial home visit
- ☐ Prior to permanency hearing or judicial review
- ☐ Prior to discharge of custody
- ☐ Other _____

Part One: Identify Safety Threats

Safety threats include both present and impending danger of serious harm.

Present danger: immediate, significant and clearly observable severe harm or threat of severe harm is occurring to a child in the present requiring immediate protective services response.

Impending danger: a child is living in a state of danger or a position of continual danger due to a family circumstance. Danger may not exist at a particular moment or be an immediate concern (as in *present* danger), but a state of danger exists. Impending danger to child safety, or this state of danger, is not always obvious or occurring at the onset of protective services intervention or in a present context. However impending danger can be identified and understood upon more fully evaluating individual and family conditions and functioning.

Directions: Indicate the presence or absence of each of the following safety threats using all the information collected and known about a family at the point of this assessment.

A “yes” indicates a safety threat exists; it is observable and it can be described. It is a conclusion, not a suspicion, and can only be indicated when sufficient credible, reasonable, believable information supports the conclusion.

A “no” is indicated when a conclusion is reached that the safety threat does not exist, or at the time of the safety assessment, the information available did not reveal the safety threat.

Safety Threats:

□ Yes □ No 1. The behavior of any member of the household is violent and/or out of control and this behavior places the child in present or impending danger of serious harm.

□ Yes □ No 2. Any member of the household has extremely unrealistic expectations of the child given the child's age or developmental level and these perceptions place the child in present or impending danger of serious harm.

□ Yes □ No 3. There is reasonable cause to suspect that a member of the household caused serious physical harm or has made a plausible threat of physical harm to the child.

□ Yes □ No 4. There is serious injury for which there is no reasonable or credible explanation.

□ Yes □ No 5. There is a current report of serious harm and there is a reasonable basis to believe that the family is about to flee, or the family refuses access to the child.

□ Yes □ No 6. Caregiver will not provide supervision necessary to protect the child from present or impending danger of serious harm.

□ Yes □ No 7. Caregiver leaves the child alone and the child is not competent to care for self, or caregiver leaves the child with persons unwilling or unable to provide adequate care, placing the child in present or impending danger of serious harm.

□ Yes □ No 8. The child is in present or impending danger of serious harm because the caregiver is unable or unwilling to meet the child's immediate needs for food, clothing, shelter, mental health or medical care.

□ Yes □ No 9. A household member has previously abused or neglected a child, and the severity of the maltreatment, or the caregiver's response to the prior incident, places the child in present or impending danger of serious harm.

□ Yes □ No 10. The child is fearful of being harmed by people living in or frequenting the home.

□ Yes □ No 11. The household environment or living conditions place the child in present or impending danger of serious harm.

□ Yes □ No 12. Sexual abuse/exploitation is suspected and circumstances suggest that the child may be in present or impending danger of serious harm.

□ Yes □ No 13. Caregiver's impairment due to drug or alcohol use seriously affects his/her ability to supervise, protect or care for the child placing the child in present or impending danger of serious harm.

□ Yes □ No 14. Behavior(s) of any member of the household is symptomatic of mental or physical illness or disability and this condition is uncontrolled and places the child in present or impending danger of serious harm.

□ Yes □ No 15. Acts of domestic violence have occurred which affect the caregiver's ability to care for and/or protect the child from present or impending danger or serious harm.

□ Yes □ No 16. The caregiver's involvement in criminal activity or the criminal activity of any other person living in or having access to the home places the child in present or impending danger of serious harm.

Part Two: Assess Caregiver Protective Capacities

Caregiver protective capacities are those assets possessed by the caregiver that help to reduce, control or prevent present or impending danger of serious harm. Caregiver protective capacity applies specifically to the adult(s) who lives with the child and is (are) responsible for the primary care of a child, including the child's safety. Caregiver protective capacities must be very specific with respect to how they provide for child safety and contribute to being protective. The PS worker must be able to observe and single them out so that he or she can work with caregivers to address them.

Directions: Indicate the presence or absence of each of the following protective capacities using all the information collected and known at the point of this assessment. Space is allowed to assess protective capacities for two caregivers.

A "yes" indicates a protective capacity exists; it is observable and it can be described. It is a conclusion, not an assumption, and can only be indicated when sufficient credible, reasonable, believable information supports the conclusion.

A "no" is indicated when a conclusion is reached that the protective capacity does not exist, or at the time of the safety assessment, the information available did not reveal the protective capacity.

Caregiver One (Name _____)

□ Yes □ No	1.	Recognizes threats
□ Yes □ No	2.	Can articulate plan sufficient to protect the child
□ Yes □ No	3.	Demonstrates protective role and responsibilities; has a history of taking action to protect
□ Yes □ No	4.	Recognizes the child's needs and holds realistic expectations
□ Yes □ No	5.	Expresses empathy and sensitivity for the child
□ Yes □ No	6.	Has the cognitive capacity and has adequate knowledge to protect the child, including using resources necessary to meet the child's basic needs
□ Yes □ No	7.	The caretaker accurately processes the external world without distortion.
□ Yes □ No	8.	Has the capacity to learn from an experience and apply it to a new situation
□ Yes □ No	9.	Is emotionally able to intervene and protect
□ Yes □ No	10.	Is resilient as a caregiver
□ Yes □ No	11.	Is adaptive as a caregiver
□ Yes □ No	12.	Sets aside her/his needs in favor of the child
□ Yes □ No	13.	Demonstrates tolerance
□ Yes □ No	14.	Demonstrates sufficient impulse and emotional control
□ Yes □ No	15.	Is physically able to protect
□ Yes □ No	16.	Caregiver and child have a strong emotional bond and positive attachment

Caregiver Two (Name _____)

□ Yes □ No	1.	Recognizes threats
□ Yes □ No	2.	Can articulate a plan sufficient to protect the child
□ Yes □ No	3.	Demonstrates protective role and responsibilities; has a history of taking action to protect
□ Yes □ No	4.	Recognizes the child's needs and holds realistic expectations
□ Yes □ No	5.	Expresses empathy and sensitivity for the child
□ Yes □ No	6.	Has the cognitive capacity and has adequate knowledge to protect the child, including using resources necessary to meet the child's basic needs
□ Yes □ No	7.	The caretaker accurately processes the external world without distortion
□ Yes □ No	8.	Has the capacity to learn from an experience and apply it to a new situation
□ Yes □ No	9.	Is emotionally able to intervene and protect
□ Yes □ No	10.	Is resilient as a caregiver
□ Yes □ No	11.	Is adaptive as a caregiver
□ Yes □ No	12.	Sets aside her/his needs in favor of the child
□ Yes □ No	13.	Demonstrates tolerance
□ Yes □ No	14.	Demonstrates sufficient impulse and emotional control
□ Yes □ No	15.	Is physically able to protect
□ Yes □ No	16.	Caregiver and child have a strong emotional bond and positive attachment

Part Three: Make the Safety Decision

The safety decision is based on the presence of safety threats and the protective capacities that offset, mitigate, and/or control those threats. Safety decisions are safe, conditionally safe, and unsafe.

Directions: In the sections which follow, identify any Safety Threat checked "Yes" and describe the specific persons, behaviors, conditions and circumstances associated with that particular safety threat. For each Safety Threat, list and describe all protective capacities, by caregiver, that are sufficient to offset, mitigate and/or control the threat of immediate or impending danger of serious harm.

Safety Threat: _____
_____
_____
_____

Protective Capacity(s): _____
_____
_____
_____

Safety Threat: _____
_____
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_____

Protective Capacity(s): _____
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Safety Threat: _____
_____
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_____

Protective Capacity(s): _____
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_____

Safety Threat: _____
_____
_____
_____

Protective Capacity(s): _____
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_____
_____

(Attach additional pages as necessary)

Safety Decision: Based on your analysis of safety threats and the presence or absence of protective capacities that offset, mitigate and/or control the threat of immediate or impending danger of serious harm, please indicate whether the child is safe, conditionally safe, or unsafe.

- ☐ The child is safe. There are NO safety threats placing the child in immediate or impending danger of serious harm. Safety threats do not exist or have been removed. No safety plan is required.

- ☐ The child is conditionally safe. One or more safety threats placing the child in immediate or impending danger of serious harm were identified. However, one or more protective capacities have been identified and documented that offset, mitigate, and/or control the threat of immediate or impending danger of serious harm. No safety plan required as the family is effectively addressing safety threats.

- ☐ The child is unsafe. One or more safety threats placing the child in immediate or impending danger of serious harm were identified. There are not sufficient protective capacities to offset, mitigate and/or control the threat of immediate or impending danger of serious harm. Address the specific threat, parents have ability and evidence that they practice

Summarize the information that led to this safety decision: