



The Structured Decision Making<sup>®</sup> System

# Safety Assessment, Risk Assessment, and Risk Reassessment Policy and Procedures Manual

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New Mexico Children, Youth and  
Families Department

**NCCD** | Children's  
Research Center

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### APPENDICES

- A. Collaborative Assessment and Planning Framework
- B. Steps for Facilitating a Case Consultation Using the CAP Framework

The Children's Research Center is a nonprofit social research organization and a center of the National Council on Crime and Delinquency (NCCD).

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## NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT SDM® SYSTEM GOALS, OBJECTIVES, AND CHARACTERISTICS

### SDM® System Goals

1. Reduce subsequent child maltreatment, including the following.
  - a. Investigations
  - b. Validated investigations
  - c. Injuries
  - d. Foster placements
2. Expedite permanency for children.

### SDM® System Objectives

1. Identify critical decision points.
2. Increase reliability of decisions.
3. Increase validity of decisions.
4. Target resources to families at highest risk.
5. Use case-level data to inform decisions throughout the agency.

### Critical Characteristics of the SDM® System

Reliability: Structured assessments and protocols, such as those used in the Structured Decision Making® (SDM) model, systematically focus on the critical decision points in the life of a case, increasing worker consistency in assessment and case planning. Families are assessed more objectively, and decision making is guided by the facts of the case rather than by individual judgment.

Validity: The cornerstone of the model is the actuarial research-based risk assessment, which accurately classifies families according to the likelihood of subsequent maltreatment, enabling agencies to target services to families at highest risk.

Equity: SDM® assessments ensure that critical case characteristics, safety factors, and domains of family functioning are assessed for every family, every time, regardless of social differences. Detailed definitions for assessment items increase the likelihood that workers assess all families using a similar framework. Research demonstrates racial equity of the risk assessment in classifying families across risk levels.

Utility: The model and its assessments are easy to use and understand. Assessments are designed to focus on critical characteristics that are necessary and relevant to a specific decision point in the life of a case. Assessment use provides workers with a means to focus the information-gathering and assessment process. By focusing on critical characteristics, workers can organize case narratives in a meaningful way. Additionally, the assessments facilitate communication between worker and supervisor, and from unit to unit, about each family and the status of the case. Aggregate data facilitate communication among community partners and stakeholders.

## **NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT SDM® CULTURAL CONSIDERATIONS**

Throughout the use of SDM assessments, the worker will be asked questions concerning characteristics of families being investigated, including environmental, parenting, and mental health issues. It is important that the worker does not judge families against their own cultural background and values, nor against a predefined cultural norm. The worker must consider the family's own values and the community in which the family is functioning.

While respecting cultural differences and working to be culturally responsive, it is important to consider the issues from the family's viewpoint and to focus on conditions that may represent risks to children. Remaining responsive to a family's culture is likely to assist in identifying true risk issues and increasing the respect the family feels from the worker.

### **Developing Cultural Responsiveness**

The following recommendations will help workers to partner with families in a culturally responsive manner.

- Be aware of your own cultural background, values, and biases.
- Be aware of the history of child welfare, its foundation in Eurocentric ideas and principles, and its struggle to meet the needs of diverse populations, especially when there is distrust based on the past actions of child welfare agencies.
- Be aware of the effects of institutional racism and disproportionality during your interactions with the family.
- Recognize that while others' customs and beliefs may be different from yours, there are no right or wrong cultural beliefs.
- Establish personalized contact with individuals and their families.
- Learn about the people you serve, including their cultural beliefs and personal values.
- Call upon the child/safety network for assistance in understanding how to work with families.
- Be aware of stereotypes, and avoid making decisions or assessments based on those stereotypes rather than what you learn from the person you are working with. Stereotypes may be developed based on individuals' language, race, sexual preference, body size, or any other characteristic.

- Assist families with issues that are important to them as is reasonable, even if they are not directly related to abuse or neglect of the children.
- Be sensitive to others' cultural perceptions of issues.
- Be sure to use an interpreter if you are not proficient in someone's native language.
- Try to discover some commonalities of experience.

**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT  
SDM® OVERVIEW**

Assigned worker carries out the following decisions. See the Policy and Procedures sections of each tool for complete details.

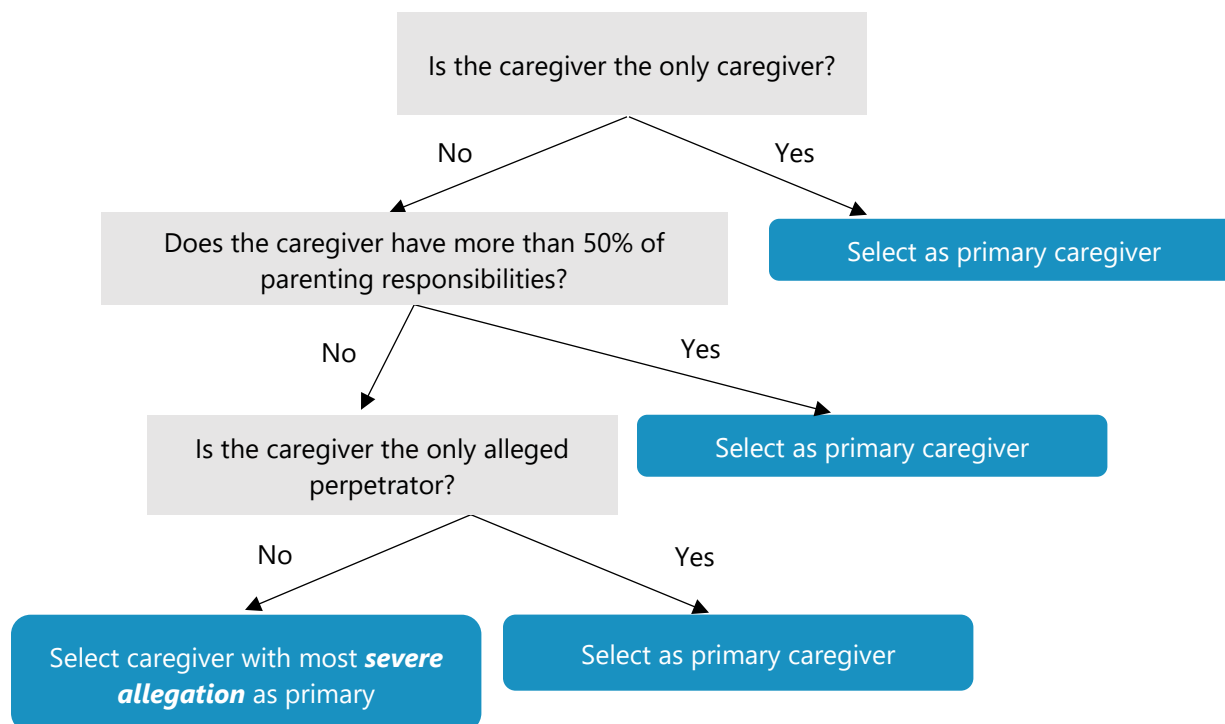
Decision	SDM® Tool	Which Cases	When
Can the child remain safely at home?	Safety assessment	<ul style="list-style-type: none"> <li>• All referrals assigned for in-person response.</li> <li>• All cases transferred from investigations to in-home services (IHS) or contracted IHS.</li> <li>• All cases transferred from investigations to permanency planning worker (PPW) when a child remains in the home.</li> <li>• All cases when there is a change in household circumstances.</li> <li>• All cases when there is a change in supervised visitation and/or a planned home visit.</li> </ul> <p>See details in the "Which cases need a safety assessment completed?" portion of the Policy and Procedures section.</p>	<p>On first contact/initiation, and then at multiple other points throughout the process.</p> <p>See details in the "When is the safety assessment completed?" portion of the Policy and Procedures section.</p>
Should an ongoing case be opened or additional services given to the family? At what intensity?	Risk assessment	All investigations	After the safety assessment, prior to the decision to open or close a case, and no later than 30 days after first face-to-face contact.
Can a case be safely closed?  And, if not, what level of service continues to be needed?	Risk reassessment	All open cases in which all children are in the home prior to case closure	<p>Every six months.</p> <p>Before changes in visitation or trial home visits.</p> <p>Within 14 days prior to case closure.</p>

**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT  
SDM® ASSESSMENT GENERAL DEFINITIONS**

1. **Caregiver:** An adult, parent, or guardian in the household who provides care and supervision for the child.

Circumstance	Primary Caregiver	Secondary Caregiver
Two caregivers living together.	The caregiver who provides the most child care. May be 51% of care. <i>Tie breaker:</i> If precisely 50/50, select the alleged perpetrator. If both are alleged perpetrators, select the caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	The other caregiver.
Single caregiver, no other adult in household.	The only caregiver.	None.
Single caregiver and any other adult living in household.	The only caregiver.	Another adult in the household who contributes the most to child care. If no other adults contribute to child care, there is no secondary caregiver.

Primary Caregiver Identification Tree





2. **Family:** Caregivers, adults fulfilling the caregiver role, guardians, children, and others related by ancestry, adoption, or marriage, or as defined by the family itself.
3. **Household:** All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home. This may include persons who have an intimate relationship with a caregiver in the household (partner/significant other) but may not physically live in the home, or a relative whom the caregiver allows authority in parenting and caregiving decisions.
4. **Which household is assessed?** SDM assessments are completed on households. When a child's caregivers do not live together, the child may be a member of two households.

The safety and risk assessments should be completed *only* on households with an allegation. If two households each have an allegation, then complete two separate safety and risk assessments. If another legal caregiver lives in another household with no allegation, interview that caregiver and follow standard investigation procedure but do not complete a safety and risk assessment on that household.

*Always* assess the household of the alleged perpetrator, which may be the child's primary residence or the household of a noncustodial caregiver.

If the alleged perpetrator is a noncustodial caregiver, also assess the household of the custodial caregiver *if there is an allegation of failure to protect*.

**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT  
SDM® SAFETY ASSESSMENT**

**Case Name:** \_\_\_\_\_ **Case ID:** \_\_\_\_\_

**Date of Assessment:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Worker Name:** \_\_\_\_\_ **Worker ID:** \_\_\_\_\_

**Primary Caregiver:** \_\_\_\_\_  *Select if there is a secondary caregiver in the household*

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

**Names of Children Assessed**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**FACTORS INFLUENCING CHILD VULNERABILITY**

Conditions resulting in child's inability to protect self; select all that apply to *any* child.

- |   |  |
|---|--|
| <input type="checkbox"/> Age 0–5 years                                    | <input type="checkbox"/> Diminished developmental/cognitive capacity                               |
| <input type="checkbox"/> Significant diagnosed medical or mental disorder | <input type="checkbox"/> Diminished physical capacity (e.g., non-ambulatory, limited use of limbs) |
| <input type="checkbox"/> Not readily accessible to community oversight    |  |

**SECTION 1: DANGER INDICATORS**

Assess household for each of the following danger indicators. Indicate whether currently available information results in reason to believe a danger indicator is present. Select all that apply.

**Yes    No**

- |                       |                       |  |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 1. Caregiver caused serious physical harm to the child or made a credible threat to cause serious physical harm as indicated by the following.<br><input type="checkbox"/> Serious injury or abuse to the child other than accidental<br><input type="checkbox"/> Caregiver fears maltreating the child<br><input type="checkbox"/> Threat to cause harm<br><input type="checkbox"/> Domestic violence likely to injure child<br><input type="checkbox"/> Excessive discipline or physical force |
| <input type="radio"/> | <input type="radio"/> | 2. Child sexual abuse and/or sexual exploitation is suspected, AND circumstances suggest that the child may be in imminent danger as a result.   |
| <input type="radio"/> | <input type="radio"/> | 3. Caregiver does not meet the child's immediate and basic needs for care, supervision, food, clothing, and/or medical or mental health intervention; AND the child has been seriously harmed or is in imminent danger of being seriously harmed as a result.  |
| <input type="radio"/> | <input type="radio"/> | 4. The physical living conditions are hazardous and imminently threatening to the child's health and/or safety.  |

**Yes    No**

- 5. Caregiver acts toward the child in negative ways that result in severe psychological/emotional harm, AND these actions result in the child being a danger to self or others.
- 6. Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others.
- 7. Caregiver's explanation for a child's injury is questionable or inconsistent with the type of injury, AND the nature of the injury suggests that the child may be in imminent danger as a result.
- 8. The family refuses to allow CYFD access to the child, or there is reason to believe that the family is about to flee.
- 9. Current circumstances, combined with information that the caregiver has or likely has seriously maltreated a child in their care in the past, suggest that the child may be in imminent danger.
- 10. Other (specify): \_\_\_\_\_

**SAFETY DECISION**

If no danger indicators are present, complete the safety decision below.

- Safe.** No danger indicators were identified at this time. Based on currently available information, no children are likely to be in imminent danger of serious harm. Continue to the risk assessment and complete the investigation as required.

**SECTION 1A: COMPLICATING FACTORS**

If "Yes" is selected for any danger indicators above, indicate whether any of the following complicating factors are present. These conditions make it more difficult or complicated to create safety for the child but do not by themselves constitute danger indicators. These factors should be considered when determining if it is possible to develop a safety plan. Select all that apply to the household.

- Substance abuse     Domestic violence     Mental health     Developmental/cognitive impairment
- Physical condition     Other (specify): \_\_\_\_\_

**SECTION 2: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS**

Only complete this section if one or more danger indicators are selected.

**Safety-Planning Capacities**

Document caregiver capacities if present for any caregiver based on information gathered (select all that apply).

- a. Caregiver is capable of participating in an in-home safety plan.
- b. Caregiver is willing to participate in an in-home safety plan.
- c. Caregiver has at least one supporting adult who was not involved in the allegation; and the supporting adult is willing and able to participate in an in-home safety plan.
- d. Other

For all safety-planning capacities selected, provide details that demonstrate the presence of that capacity.

## SAFETY INTERVENTIONS

Consider each identified danger indicator and the safety-planning capacity of the people who care about the child to determine if it is possible to create a safety plan to control for the danger. Remember that a safety plan should describe in detail immediate action steps that the family and their network will take to help keep the child safe from the danger. If this is possible, select "Safe with plan" and the specific intervention being used from the list below, document the safety plan, and continue to the risk assessment. If it is not possible to create a safety plan, proceed below and select "Unsafe."

### SAFETY DECISION

**Safe with plan.** One or more danger indicators are present; however, the child can safely remain in the home with a safety plan. In-home protective interventions have been initiated through a safety plan, and the child will remain in the home as long as the safety interventions mitigate the danger indicators. Select all in-home interventions used in the safety plan.

a. Safety interventions provided by the caseworker.

b. Safety interventions involving caregiver, other household members, or network.

Alleged perpetrator will leave the home, either voluntarily or in response to legal action.

Non-perpetrating caregiver will move to a safe environment with the child.

Extended family members or network will provide brief safety planning respite for the child.

Extended family members or network will participate as part of a safety plan action step.

Other safety intervention involving caregiver, other household members, or network.

Describe: \_\_\_\_\_

c. Safety interventions provided by agencies or service providers.

Community agencies or services are part of a safety plan action step.

Formal tribal and/or ICWA intervention is part of a safety plan action step.

Other safety intervention provided by agencies or service providers.

Describe: \_\_\_\_\_

d. Legal action planned or initiated; the child remains in the home.

*Note: Legal action cannot be the only item on a safety plan.*

## SECTION 3: PLACEMENT INTERVENTIONS

### SAFETY DECISION

**Unsafe.** One or more danger indicators are present. A safety plan was considered but could not be created. As a result, placement is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of imminent or serious harm.

**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT  
SDM® SAFETY ASSESSMENT  
SAFETY PLAN**

**Family Name:** \_\_\_\_\_ **Case ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Worker Name:** \_\_\_\_\_ **Worker Phone Number:** \_\_\_\_\_

This plan will be reviewed on \_\_\_\_\_ or no more than 21 days from the safety plan's date.

**Who has agreed to be part of this plan?**

Name	Relationship to the Child	Phone Number

**What has happened that leads the Children, Youth and Families Department (CYFD) to be concerned?**

**What is the department and/or the family concerned will happen to the children if nothing else changes?**

--	--

**What action steps need to be taken to ensure the children are safe?**

**Who is responsible for ensuring this action occurs?**

--	--

While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We know that if the plan does not keep all children safe, either we must work together again to create a new plan, or the department may need to take legal action.

<b>Caregivers/legal guardians</b> <hr/> <hr/>	<b>Worker/supervisor</b> <hr/> <hr/>
<b>Children</b> <hr/> <hr/> <hr/> <hr/>	<b>Other participants</b> <hr/> <hr/> <hr/> <hr/>

**Whom to Call if the Plan Is Not Working**

<b>Assigned child welfare worker name:</b> <hr/>	<b>Phone number:</b> <hr/>
<b>Child welfare supervisor name:</b> <hr/>	<b>Phone number:</b> <hr/>
<b>After-hours child welfare contact:</b> (After business hours; weekends and holidays) <hr/>	<b>Phone number:</b> <hr/>

**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT**  
**SDM® SAFETY ASSESSMENT**  
**DEFINITIONS**

**FACTORS INFLUENCING CHILD VULNERABILITY**

Conditions resulting in child's inability to protect self; select all that apply to *any* child in the household.

**Age 0–5 years.** Any child in the household is age 5 or under. 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 progress. Examples may include but are not limited to: severe asthma, severe depression, medically fragile (e.g., requires assistive devices to sustain life), etc.

**Not readily accessible to community oversight.** The child is isolated or minimally visible within the community. Examples include the family living in an isolated community, the child not attending a public or private school, the child not being routinely involved in other activities within the community, etc.

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

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

**SECTION 1: DANGER INDICATORS**

1. **Caregiver caused serious physical harm to the child or made a credible threat to cause serious physical harm as indicated by the following.**
  - Serious injury or abuse to the child other than accidental. The caregiver caused, or could have caused, a fatality or a serious injury. Serious injury is defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocation, sprain, internal injury, poisoning, burn, scald, or severe cut, to the point where the child requires medical treatment.



- Caregiver fears maltreating the child. The caregiver has reported fears of hurting the child in a way that would cause serious injury.
- Threat to cause harm. The caregiver has made a credible threat that would result in serious harm to the child.
- Domestic violence likely to injure child. The perpetrator of domestic violence has exhibited a pattern of physical harm toward the non-perpetrating caregiver that has resulted or could easily result in serious physical injury to the child, AND there is reason to believe that this may occur again.
- Excessive discipline or physical force. The caregiver used physical methods to discipline a child that resulted or could easily result in serious physical injury to the child.

**2. Child sexual abuse and/or sexual exploitation is suspected, AND circumstances suggest that the child may be in imminent danger as a result.**

Suspicion of sexual abuse may be based on indicators such as the following.

- The child discloses sexual abuse verbally.
- The child displays behaviors that strongly indicate sexual abuse (e.g., excessive, age-inappropriate sexualized behavior toward self or others).
- Medical findings consistent with sexual abuse.

The child's safety may be of imminent concern if:

- There is reason to believe that dangerous caregiver behavior may continue;
- There is not a non-perpetrating caregiver, or the non-perpetrating caregiver is not protective (blaming the child for the sexual abuse or the investigation, or denying that the sexual abuse occurred); or
- A confirmed sexual abuse perpetrator, especially with known restrictions regarding any child under age 18, has access to a child; and no effective plan exists to protect the child.

*Note:* Children under 18 years old are sexually exploited when they have engaged in, solicited for, or been forced to engage in sexual conduct or performance of sexual acts (e.g., stripping) in return for a benefit, such as money, food, drugs, shelter, clothing, gifts, or other goods; or for financial or some other gain for a third party. The sexual conduct may include any direct sexual contact or performing any acts, sexual or nonsexual, for the sexual gratification of others.

These acts constitute sexual exploitation regardless of whether they are live, filmed, or photographed.

**3. Caregiver does not meet the child’s immediate and basic needs for care, supervision, food, clothing, and/or medical or mental health intervention; AND the child has been seriously harmed or is in imminent danger of being seriously harmed as a result.**

The caregiver is unwilling or unable to meet the child’s most immediate or basic needs in one or more of the following areas, AND this causes the child to be in imminent danger.

- Supervision: The caregiver is present but does not attend to the child to the extent that need for care goes unnoticed or unmet (e.g., child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge, or be exposed to other serious hazards); and/or the caregiver leaves or exposes the child to circumstances that create opportunities for serious harm, e.g., child left unattended in vehicle (time period varies with age and developmental stage).

*Note*: Select this item for *drug/alcohol-exposed infant* when there is evidence that the mother used alcohol or other drugs during pregnancy AND that the child will be in imminent danger as a result.

- Food: The child’s nutritional needs are not met, resulting in danger to the child’s health and/or safety, including malnutrition and morbid obesity.
- Clothing: The child is without clothing appropriate to the weather and conditions, and this results in imminent danger.
- Medical, dental, and mental health care: The caregiver does not seek treatment for the child’s immediate, chronic, and/or serious medical, dental, or mental health needs or does not follow prescribed treatment for such conditions, resulting in declining child health status and imminent danger.

*Note*: The pursuit of traditional or alternative practices rather than prescribed treatment is included here IF there is evidence that the child’s health status is declining AND there is evidence that prescribed treatment would likely be effective.

**4. The physical living conditions are hazardous and imminently threatening to the child’s health and/or safety.**

Based on the child’s age and developmental status, the child’s physical living conditions are hazardous and imminently threatening. This may include but is not limited to the following.

- Significant structural dangers exist in home (e.g., leaking gas from stove or heating unit, lack of water or utilities, exposed and accessible electrical wires), and *no* alternative or safe provisions have been made.
- There is excessive garbage or rotten or spoiled food that threatens health.
- Serious illness or significant injury has occurred due to living conditions, and these conditions still exist (e.g., repeated insect and rodent bites).
- There is evidence of human or animal waste throughout living quarters.
- Guns and other weapons are not locked, are not properly secured, and/or are easily accessible with no safe provisions made.
- There is drug production/paraphernalia in the home.

**5. Caregiver acts toward the child in negative ways that result in severe psychological/emotional harm, AND these actions result in the child being a danger to self or others.**

Caregiver actions cause significant and excessive emotional distress for the child. Caregiver actions can include but are not limited to:

- Regularly describes child in a demeaning or degrading manner;
- Scapegoats one particular child in the family for a series of family problems;
- Places the child in the middle of a custody battle in ways the child struggles developmentally to cope with; or
- Domestic violence perpetrator exhibits a pattern of coercive control toward the non-perpetrating caregiver that affects the non-perpetrating caregiver's parenting ability.

Examples of the emotional distress the child exhibits as a likely direct result of the above include, but are not limited to, the following.

- The child begins to self-harm (cutting, mutilating) or attempts suicide in some way.
- The child begins to act out aggressively and seriously, harming others.
- The child begins to significantly isolate self from family, friends, school, and/or community providers.

**6. Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others.**

The caregiver is not able to protect the child from serious harm or threatened harm from others; and, as a result, the child is in imminent danger of physical abuse, neglect, sexual abuse, or sexual exploitation by someone with access to the child. This can include but is not limited to the following.

- An individual with known violent criminal behavior or sexual abuse history resides in the home, and no clear plan to keep the child safe is in place.
- The caregiver regularly takes the child to dangerous locations where drugs are manufactured or regularly administered (e.g., meth labs or drug houses) or to locations used for prostitution or pornography.

*Note:* In situations where domestic violence is present and the perpetrator's actions and/or behavior has a direct effect on the non-perpetrating caregiver's ability to provide basic care and protection of the child, select this item and also Danger Indicator 1 and/or 5.

**7. Caregiver's explanation for a child's injury is questionable or inconsistent with the type of injury, AND the nature of the injury suggests that the child may be in imminent danger as a result.**

- The injury requires medical attention, AND medical assessment indicates that the injury is likely the result of abuse or is inconsistent with the explanation provided by the caregiver.

OR

- There was a suspicious injury that did not require medical treatment but was located anywhere on an infant (age one year or younger); OR that, for older children:
  - » Was located on the torso, face, or head;
  - » Covered multiple parts of the body;
  - » Appeared to be caused by an object; or
  - » Was one of multiple injuries in different stages of healing.

AND

At least one of the following is true.

- The caregiver denies abuse or attributes injury to accidental causes; OR

- The caregiver’s explanation or lack of explanation for the observed injury is inconsistent with the type of injury; OR
- The caregiver’s description of the injury or cause of the injury minimizes the extent of harm to the child.

**8. The family refuses to allow CYFD access to the child, or there is reason to believe that the family is about to flee.**

This danger indicator should be identified only when one of the other danger indicators is close to meeting the threshold in these definitions, AND the worker has been unable to gain access to the child due to caregiver refusal; OR there is reason to believe the family is about to flee during an ongoing investigation prior to or immediately after completion of an initial safety assessment. Examples include but are not limited to the following.

- The child’s location is unknown to CYFD, and the family will not provide the child’s current location.
- The family has a history of keeping the child at home—away from peers, school, and other outsiders—for extended periods of time, to avoid investigation.

**9. Current circumstances, combined with information that the caregiver has or likely has seriously maltreated a child in their care in the past, suggest that the child may be in imminent danger.**

The caregiver previously severely maltreated a child; AND there is a current, immediate concern near the threshold for a danger indicator in these definitions.

To qualify for this item, previous maltreatment must have been serious or severe. Examples include the following.

- Prior substantiated child death as a result of maltreatment.
- Prior substantiated serious injury or abuse to a child.
- Failed reunification. The caregiver had reunification efforts terminated in connection with a prior CYFD intervention.
- Prior threat of serious harm to a child. There was retaliation or threatened retaliation against a child for previous incidents, or prior domestic violence resulted in serious harm or threatened harm to a child.

**10. Other (specify).** Circumstances or conditions that pose an imminent threat of serious harm to a child that are not already described in danger indicators 1–9.

## SAFETY DECISION

**Safe.** No danger indicators were identified at this time. Based on currently available information, no children are likely to be in imminent danger of serious harm. Continue to the risk assessment and complete the investigation as required.

### SECTION 1A: COMPLICATING FACTORS

These conditions make it more difficult or complicated to create safety for a child but do not by themselves constitute danger indicators. These factors should be considered when determining if it is possible to develop a safety plan. Select all that apply to the household.

**Substance abuse.** Caregiver has abused legal or illegal substances or alcohol in this incident or in the past to the extent that the caregiver's caregiving abilities are/were significantly impaired.

**Domestic violence.** Indicators exist of a recent history of one or more physical assaults between intimate members of the household, and/or a pattern of threats/intimidation is present.

**Mental health.** One or both caregivers appear to have had mental health concerns at the time of this incident or have a known history of mental health issues that have or could have affected child care.

**Developmental/cognitive impairment.** One or both caregivers may have diminished capacity as a result of developmental delays or cognitive issues that may affect their ability to care for and supervise children.

**Physical condition.** One or both caregivers have a physical condition that could affect the care and protection of children in the household.

**Other (specify).** List other caregiver or household complicating factors.

### SECTION 2: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS

#### Safety-Planning Capacities

- a. Caregiver is capable of participating in an in-home safety plan.  
The caregiver has the ability to participate in an in-home safety plan. Consider caregiver cognitive, physical, and emotional capacity to follow through with all interventions necessary to protect the child from further danger.

- b. Caregiver is willing to participate in an in-home safety plan.  
The caregiver has agreed to accept the involvement and recommendations of the caseworker and to follow the action steps detailed on an in-home safety plan sufficient to control for the dangers.
- c. Caregiver has at least one supporting adult who was not involved in the allegation; and the supporting adult is willing and able to participate in an in-home safety plan.  
The caregiver has a supportive relationship with at least one other family member, neighbor, or friend who is able to play an active role in an in-home safety plan sufficient to control for the danger.
- d. Other.  
Note any other present safety-planning capacity that allows you to feel confident the caregiver and the network will be able to control for the danger.

## SAFETY INTERVENTIONS

### SAFETY DECISION

**Safe with plan.** One or more danger indicators are present; however, the child can safely remain in the home with a safety plan. In-home protective interventions have been initiated through a safety plan, and the child will remain in the home as long as the safety interventions mitigate the danger indicators. Select all in-home interventions used in the safety plan.

- a. Safety interventions provided by the caseworker.  
Actions taken or planned by the caseworker that specifically address one or more danger indicators. Examples include providing emergency aid such as food, transportation, or mentoring; planning return visits to the home to check on progress; providing information and/or assistance in obtaining services or legal advice; etc.
- b. Safety interventions involving caregiver, other household members, or network.  
Applying the family's own strengths as resources to mitigate danger indicators; or using extended family members, neighbors, tribal members, friends, or other individuals to mitigate the danger. Examples include engaging a grandparent to assist with child care, agreement by a neighbor to serve as a safety resource for a child, commitment by 12-step sponsor/support person to meet with caregiver daily, etc.

One or more of the following interventions may apply and must be selected.

- *Alleged perpetrator will leave the home, either voluntarily or in response to legal action.* The alleged perpetrator will temporarily or permanently leave the home.
- *Non-perpetrating caregiver will move to a safe environment with the child.* A caregiver not suspected of harming the child has taken or plans to take the child to an alternative location where the alleged perpetrator will not have access to the child.
- *Extended family members or network will provide brief safety planning respite for the child.* A caregiver has asked a family member, friend, or other person in the family's life to care for the child during the time of the safety plan (no longer than five calendar days).

*Note:* This is not a legal placement, and caregivers can have access to their children at any point during safety planning respite. The safety plan should include action steps for what should occur if the perpetrating caregiver contacts the child during this time.

- *Extended family members or network will participate as part of a safety plan action step.* A family member, friend, or other person in the family's life has agreed to be responsible for a specific activity on the safety plan.
- *Other safety intervention involving caregiver, other household members, or network.* Other actions not described above will be taken by the family or their network. Describe in the space provided.

c. Safety interventions provided by agencies or service providers.

Community resources used as a safety intervention should be immediately available to the family and be able to reduce the threat of imminent serious harm. Examples include use of shelters, food pantries, and other services provided by community agencies or providers. *Does not include* long-term therapy or treatment, being put on a waiting list for services, or delays in contact and initiation of services to the family.

One or more of the following interventions may apply and should be selected.

- *Community agencies or services are part of a safety plan action step.* Involving a community-based or faith-related organization or other agency in activities to address danger indicators (e.g., using a local food pantry).



- *Formal tribal and/or ICWA intervention is part of a safety plan action step.* This includes but is not limited to use of tribal services from the child/caregiver's tribe or a tribal consortium, tribal resource center, or tribal health clinic.
- *Other safety intervention provided by agencies or service providers.* Other actions will be taken by professionals or members of service agencies. Describe in the space provided.

*Note:* For these items, *do not include* services such as long-term therapy or treatment or being put on a waiting list for services.

- d. Legal action planned or initiated; the child remains in the home.  
A legal action has already commenced or will commence that will contribute to mitigating identified danger indicators. This includes family-initiated (e.g., restraining orders, mental health commitments, change in custody/visitation/guardianship) and caseworker-initiated (protective supervision, maintain at home) actions.

*Note:* May only be used in conjunction with other safety interventions. Legal action cannot be the only item on a safety plan.

## SECTION 3: PLACEMENT INTERVENTIONS

### SAFETY DECISION

**Unsafe.** One or more danger indicators are present, a safety plan was considered but could not be created, and placement is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of imminent or serious harm. *The child will be placed in protective custody because a safety plan cannot adequately ensure the child's safety.*

**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT**  
**SDM® SAFETY ASSESSMENT**  
**POLICY AND PROCEDURES**

The purpose of the safety assessment is to (1) help assess whether any child is likely to be in imminent danger of serious harm/maltreatment that requires a protective intervention, and (2) determine what interventions should be initiated or maintained to provide appropriate protection.

**Safety versus risk assessment:** It is important to keep in mind the difference between safety and risk when completing this assessment. A safety assessment differs from a risk assessment in that it assesses the child's danger of *imminent* and serious harm and the interventions currently needed to protect that child. In contrast, a risk assessment looks at the likelihood of any *future* maltreatment.

**WHICH CASES NEED A SAFETY ASSESSMENT COMPLETED?**

- All referrals assigned for in-person response.
- All cases transferred from investigations to IHS or contracted IHS.
- All cases transferred from investigations to PPW when there is a child remaining in the home.
- All cases in which there is a change in household circumstances.
- All cases in which there is a change in supervised visitation and/or a planned home visit.
- All cases prior to case closure.

*Note:* If a referral alleges maltreatment by a substitute care provider, follow CYFD policy and procedure for assessing that household. This safety assessment is not meant to be used for substitute care provider households.

**WHAT DOES A SAFETY ASSESSMENT HELP DECIDE?**

The safety assessment provides structured information concerning the danger of imminent/serious harm/maltreatment to a child. This information guides the decision about whether the child may remain in the home with no intervention (Safe), may remain in the home with safety interventions in place (Safe with plan), or must be protectively placed (Unsafe).

## **WHO COMPLETES THE SAFETY ASSESSMENT?**

The worker assigned to the case or referral is responsible for completing the safety assessment.

## **WHEN IS THE SAFETY ASSESSMENT COMPLETED?**

In *investigation*, the safety assessment is completed on first contact/initiation and needs to be documented within 48 hours.

- For a child who has already been protectively placed by law enforcement or other means, and for whom no safety assessment has been completed, the caseworker will complete a safety assessment and document the findings within two working days of the referral.
- Any time the decision on a safety assessment was "Safe with plan," a safety plan must be created. When there is a "Safe with plan" finding on the safety assessment is the only time a safety plan should be created. A safety plan can last up to 21 days.
- If a safety plan was created, an updated safety assessment must be completed and documented within 21 days.
- If the family continues to be "Safe with plan" at 42 days (i.e., after the first two consecutive instances of "Safe with plan"), plan transition to internal IHS or other CYFD service. (CYFD services cannot be discontinued if there is an active safety plan or if the last safety assessment decision was "Safe with plan.")
- Workers *can* complete new safety assessments at any point that they or their supervisors believe would be helpful.

In *IHS*, the safety assessment process should be repeated following these guidelines.

- If family was "Safe with plan" coming out of investigations, complete and document a new safety assessment within 72 hours.
- If family was "Safe" coming out of investigation, a new safety assessment must be completed no more than 30 days after transfer to IHS.
- If a safety plan was created, an updated safety assessment must be completed and documented within 21 days.
- The worker *must* complete a new safety assessment any time there is a change in household circumstances (e.g., change in who is providing care, new caregiver in home, new children in home).

- The worker *can* complete a new safety assessment at any point that the worker or worker’s supervisor believes would be helpful.
- If the determination on any safety assessment at any point is “Safe with plan,” a safety plan must be created. The plan can last up to 21 days, and then a new safety assessment must be completed.
- Before closing a case, a safety assessment must be completed and documented within 14 days prior to closure (if a judge orders the case closed, staff need to complete the safety assessment prior to case closure). *Note:* A case cannot be closed if a danger indicator is present in the household.

In *PPW/permanency/out-of-home care*, the safety assessment process should be repeated following these guidelines.

- If a child has been taken into care during investigation, a new safety assessment should be completed within 14 days prior to a trial home visit or a lessening of supervised visitation requirements.
  - » If the determination on a safety assessment at any point is “Safe with plan,” a safety plan must be created. The plan can last up to 21 days, and then a new safety assessment must be completed.
- If a child has been taken into care and a different child continues to live in the household of the caregiver for whom there was an allegation, the following applies.
  - » If that second child was “Safe with plan” during the investigation, PPW staff will complete a new safety assessment within 72 hours.
  - » If that second child was “Safe” during the investigation, PPW staff will complete a new safety assessment within 30 days of the transfer to PPW.
  - » If determination on a safety assessment for a second child in the home is “Safe with plan” at either of these points, a safety plan for that child must be created. The plan can last up to 21 days, and a new safety assessment must be completed at that point.
  - » PPW staff can complete a new safety assessment on a child *remaining in the household* at any point if worker or supervisor believe it would be helpful.

- » The worker *must* complete a new safety assessment any time there is a change in household circumstances (e.g., change in who is providing care, new caregiver in home, new children in home), even for a child who remains in the home.
- Before closing a case, a safety assessment must be completed and documented within 14 days prior to closure. (If a judge orders the case closed, staff need to complete the safety assessment prior to case closure.) *Note:* A case cannot be closed if a danger indicator is present in the household.

**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT**  
**SDM® SAFETY ASSESSMENT**  
**COMPLETION INSTRUCTIONS**

**APPROPRIATE COMPLETION**

Workers should familiarize themselves with the items included on the safety assessment and the accompanying definitions. Workers will notice that tool items are items they are probably already assessing. What distinguishes the SDM model is that it ensures that every worker is assessing the same items in each case and that the responses to these items lead to specific decisions. Once a worker is familiar with the items that must be assessed to complete the tool, the worker should conduct the initial contact as they normally would—using good casework practice to collect information from the child, caregiver, and/or collateral sources. The SDM model ensures that the specific items that compose the safety assessment are assessed at some time during the initial contact.

The decision logic for the safety assessment is as follows.

- If no danger indicators are selected, the only possible safety decision is “Safe.” No in-home interventions or placement interventions need to be reviewed; the assessment is complete.
- If one or more danger indicators are selected, the worker must determine whether an in-home safety plan will mitigate the danger indicators or whether the child must be placed.
- If a safety plan can be developed with the caregivers, the worker must document the plan and action steps in the safety plan and select the appropriate safety interventions in the assessment. In this case, the safety decision is “Safe with plan.” An updated safety assessment will need to be completed within 14 days.
- If a safety plan cannot be developed with the caregivers, then the safety decision must be “Unsafe.”

The safety assessment consists of three sections.

**SECTION 1: DANGER INDICATORS**

This list of 10 critical dangers (nine identified and defined and an “Other”) must be assessed by every worker in every case. These danger indicators cover the kinds of conditions that would render a child in danger of imminent, serious harm.

For this section, rely on information available at the time of the assessment. Workers should make every effort to obtain sufficient information to assess these items prior to terminating their initial contact. However, it is expected that not all facts about a case can be known immediately. Some information is inaccessible, and some may be deliberately hidden from the worker. Based on reasonable efforts to obtain information necessary to respond to each item, review each danger indicator and its accompanying definition.

For each item, consider the most vulnerable child. If available information indicates that the danger indicator is present, select "Yes" for that item. If the danger indicator is not present, select "No." Because not every conceivable danger indicator can be anticipated or listed on a form, the "Other" category permits a worker to indicate that some other circumstance creates a danger indicator. For circumstances the worker determines to be danger indicators that are not described by one of the existing items, the worker should select "Other" and briefly describe the danger indicator.

**Safety Decision:** If there are no identified danger indicators in the household, the safety decision is "Safe." Select "Safe," and the safety assessment is completed.

### **SECTION 1A: COMPLICATING FACTORS**

This section is completed only when danger indicators are identified as present in the household. If "Yes" was selected for any of the danger indicators and evidence exists that one or more caregivers are experiencing substance abuse, domestic violence, mental health concerns, cognitive/developmental concerns, or physical health concerns, indicate all that apply to the household. These conditions make it more difficult or complicated to create safety for a child but do not by themselves constitute danger indicators. These behaviors must be considered when assessing for and planning to mitigate danger indicators. In addition to selecting them here, be attentive to these concerns when completing the subsequent risk assessment.

### **SECTION 2: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS**

This section is completed only if one or more danger indicators were identified. Select any listed protective capacities present for any child/caregiver. Consider information from the referral; information from worker observations; interviews with children, caregivers, and collaterals; and review of records. For "Other," consider any existing condition that does not fit within one of the listed categories but may support safety-planning interventions.

### **SECTION 3: PLACEMENT INTERVENTIONS**

This section is completed only when the worker determines that placement is the only intervention for protection of the child, *after* considering complicating behaviors that may affect safety planning, household strengths and protective actions, child vulnerability, and available in-home safety interventions.

If one or more danger indicators are identified and the worker determines that a safety plan is not possible, the worker must indicate that the child will be protectively placed and select “Unsafe.”

## **SAFETY PLAN**

The following must be included in all safety plans.

- Each identified danger indicator and a description of the conditions or behaviors in the home that place any child at imminent threat of serious harm. The worker should use language the family understands so it is clear to them what caused the worker to identify the danger indicator.
- Detailed action steps to address the danger indicator(s). Explain how danger indicator(s) will be mitigated. What will the family do to keep the child safe? What will other people outside the family do? This should include a written statement of what a responsible party will do (in terms of actions or behaviors) that will keep the child safe in the current conditions.
- Who is participating in the plan, the role of each participant, and information that describes how the safety plan will be monitored (e.g., who is responsible for each intervention action), and the time frame in which each intervention will remain in place.
- Signature lines for family members, the worker, and the worker’s supervisor.

### **A safety plan is required when the safety decision is “Safe with plan.”**

*Note:* The safety plan should be scanned and uploaded into the Family Automated Client Tracking System (FACTS).

The safety plan *must* be developed in partnership with and agreed to by the family, and the worker should leave a copy of it with the family. If danger indicators have not been resolved by the end of the investigation, the safety plan will be provided to the ongoing worker, and all remaining interventions will be incorporated into the ongoing case plan.

In situations of domestic violence where the worker is designating the household “Safe with plan,” strongly consider creating separate safety plans for the perpetrating and non-perpetrating caregivers.



## Practice Considerations

While safety is the prevailing concern of the first face-to-face contact, the manner of engaging the family will depend on caseworker clinical skills. Whenever possible, the worker should use a strengths-based approach in the initial contact while remaining observant for the presence or absence of danger indicators. Most danger indicators are salient and can be discerned without invasive questioning. The family's candor will make discovery of other danger indicators easier; this candor will be more likely when the family is approached with respect. The first face-to-face contact may be limited to assessing safety if there are significant safety issues. At other times, the worker will also begin to gather information regarding risk items and additional clinical information.

For all cases in which the child or caregiver is a member of an American Indian tribe or has reason to know they are eligible for membership with a tribe, the caseworker must contact the tribe to notify the tribe of the protective service investigation and should engage and partner with the designated Indian Child Welfare Act (ICWA) worker or tribal social services department. Tribal social services representatives should be invited to any family-centered meetings held regarding tribal members. Tribes should be included as an extension of the natural family because in many tribal cultures, children "belong" to all members of the tribe, not just their caregivers.

Resources for American Indian/Alaska Native children vary depending on a tribe's resources and the location of the child and family (rural versus urban, proximity to tribal resources, or proximity to urban Indian community resources). The child's/caregiver's tribe may provide resources through tribal social services, the Bureau of Indian Affairs, or through a tribal consortium. Some urban areas have resources through American Indian resource centers, American Indian health clinics, tribal temporary assistance for needy families (TANF), or Title VII Indian education programs (which may not be affiliated with a tribe). The tribe may also have current contact information to assist the child/caregiver in obtaining membership with the tribe.

It is recommended that children and caregivers who know their tribe or have a tribal affiliation contact the tribe (lists of designated ICWA agents are available at the Bureau of Indian Affairs website: <http://www.bia.gov>). Many tribes have public websites that provide information about their ICWA or social service programs.

For children/caregivers who have lost contact with their tribe, are from unrecognized or terminated tribes, or are unsure of their status with a tribe, resources will exist through local American Indian resource centers, tribal TANF, or Title VII Indian education programs. Resources are available to assist caseworkers and caregivers in tracing Indian ancestry, such as <http://www.doi.gov/tribes/trace-ancestry.cfm> and <http://www.bia.gov/cs/groups/public/documents/text/idc002656.pdf>.

**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT  
SDM® RISK ASSESSMENT**

Case Name: \_\_\_\_\_ Case ID: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_ County: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Primary Caregiver: \_\_\_\_\_  Select if there is a secondary caregiver in the household

Secondary Caregiver: \_\_\_\_\_

<b>PRIOR HISTORY</b>	<b>Neglect Score</b>	<b>Abuse Score</b>
<b>R1. Number of prior investigations for neglect</b> <input type="radio"/> a. None <input type="radio"/> b. One <input type="radio"/> c. Two or more	-1 0 1	0 1 1
<b>R2. Number of prior investigations for abuse</b> <input type="radio"/> a. None <input type="radio"/> b. One <input type="radio"/> c. Two or more	0 1 1	-1 0 1
<b>R3. Household has previously received CPS</b> <input type="radio"/> a. No <input type="radio"/> b. Yes	0 1	0 1
<b>CURRENT RESPONSE</b>	<b>Neglect Score</b>	<b>Abuse Score</b>
<b>R4. Current report is for:</b> <input type="radio"/> a. Neglect only <input type="radio"/> b. Abuse only <input type="radio"/> c. Both neglect and abuse	0 -1 0	0 1 1
<b>R5. Number of children in the home</b> <input type="radio"/> a. One or two <input type="radio"/> b. Three or more	0 0	0 1
<b>R6. Age of youngest child in the home</b> <input type="radio"/> a. Ten or older <input type="radio"/> b. Under 10	-1 0	0 0
<b>FAMILY CHARACTERISTICS</b>	<b>Neglect Score</b>	<b>Abuse Score</b>
<b>R7. Child characteristics</b> <input type="radio"/> a. Neither of the below present <input type="radio"/> b. One or both of the following present <input type="checkbox"/> Mental health or behavioral problem <input type="checkbox"/> Developmental disability	0 1 1	0 1 1

<b>FAMILY CHARACTERISTICS</b>	<b>Neglect Score</b>	<b>Abuse Score</b>
<b>R8. Either caregiver employs or has previously employed excessive/inappropriate discipline</b> <input type="radio"/> a. No <input type="radio"/> b. Yes (select all that apply) <input type="checkbox"/> Currently <input type="checkbox"/> Prior to current complaint	0 0	0 1
<b>R9. Either caregiver meets basic needs for food, clothing, shelter, or medical care</b> <input type="radio"/> a. Yes <input type="radio"/> b. No	0 1	0 0
<b>R10. Either caregiver has a past or current mental health problem</b> <input type="radio"/> a. No <input type="radio"/> b. Yes (select all that apply) <input type="checkbox"/> During the last 12 months <input type="checkbox"/> Prior to the last 12 months	0 1	0 1
<b>R11. Either caregiver has a past or current alcohol or drug problem</b> <input type="radio"/> a. No <input type="radio"/> b. Yes (select all that apply) <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opioids <input type="checkbox"/> Other drugs	0 1	0 0
<b>R12. Primary caregiver has a history of abuse or neglect as a child</b> <input type="radio"/> a. No <input type="radio"/> b. Yes	0 0	0 1
<b>R13. Primary caregiver has a prior arrest record disclosed during investigation</b> <input type="radio"/> a. No <input type="radio"/> b. Yes	0 1	0 0
<b>R14. Household has domestic violence history</b> <input type="radio"/> a. No <input type="radio"/> b. Yes	0 0	0 1
<b>TOTAL</b>		

**SCORED RISK LEVEL**

<b>Neglect Score</b>	<b>Abuse Score</b>	<b>Scored Risk Level</b>
<input type="radio"/> -3 – -1	<input type="radio"/> -1–1	<input type="radio"/> Low
<input type="radio"/> 0–2	<input type="radio"/> 2–4	<input type="radio"/> Moderate
<input type="radio"/> 3+	<input type="radio"/> 5+	<input type="radio"/> High

## OVERRIDES

- Policy (increases risk level to high): Select appropriate reasons.
- Sexual abuse case where the perpetrator is likely to have access to the child victim
  - Non-accidental physical injury to an infant
  - Serious non-accidental physical injury requiring hospital or medical treatment
  - Death (previous or current) of a child as a result of abuse or neglect
  - Confirmed sexual exploitation of a child
  - Confirmed labor trafficking of a child

Discretionary (increases risk level one level):

Provide reason: \_\_\_\_\_

No overrides apply

**FINAL RISK LEVEL:**     Low     Moderate     High

## SUPPLEMENTAL RISK ITEMS

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

- S1.    Either caregiver demonstrates difficulty accepting one or more child's gender identity or sexual orientation.  
 a. No  
 b. Yes
- S2.    Alleged perpetrator is an unmarried partner of the primary caregiver.  
 a. No  
 b. Yes
- S3.    Another non-related adult in the household provides unsupervised child care to a child under age 3.  
 a. No  
 b. Yes  
 c. N/A (not applicable)
- S3a.    If "Yes" to S3: Is the other non-related adult in the household employed?  
           a. No  
           b. Yes
- S4.    Either caregiver is isolated from the community.  
 a. No  
 b. Yes
- S5.    Caregiver has provided safe and stable housing for at least the past 12 months.  
 a. No  
 b. Yes

**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT**  
**SDM® RISK ASSESSMENT**  
**DEFINITIONS**

**PRIOR HISTORY**

**R1. Number of prior investigations for neglect**

Count all investigations, substantiated or not, that were assigned for child protective services (CPS) field investigation for any type of neglect prior to the complaint resulting in the current investigation. Do not include referrals that were not assigned for investigation.

- a. Choose "a" if there are no prior investigations for neglect.
- b. Choose "b" if there is one prior investigation for neglect.
- c. Choose "c" if there are two or more prior investigations for neglect.

**R2. Number of prior investigations for abuse**

Count all investigations, substantiated or not, that were assigned for CPS field investigation for any type of abuse prior to the complaint resulting in the current investigation. Do not include referrals that were not assigned for investigation.

- a. Choose "a" if there are no prior investigations for abuse.
- b. Choose "b" if there is one prior investigation for abuse.
- c. Choose "c" if there are two or more prior investigations for abuse.

**R3. Household has previously received CPS**

Determine if the household has previously *received* or is currently *receiving* services as a result of a prior investigation. Service history includes voluntary family services, legal services, family in need of services (FINS), family preservation services, or protective supervision but does not include delinquency services.

- a. Choose "a" if the household has not received CPS in the past.
- b. Choose "b" if the household has received CPS in the past.

**CURRENT RESPONSE**

**R4. Current report is for:**

- a. Choose "a" if the current report is for neglect only.
- b. Choose "b" if the current report is for any type of abuse only.
- c. Choose "c" if the current report includes allegations of neglect and abuse.

**R5. Number of children in the home**

Count the number of individuals under age 18 residing in the home at the time of the current complaint. If a child is removed as a result of the investigation or is on runaway status, count the child as residing in the home.

- a. Choose "a" if there are one or two children in the home.
- b. Choose "b" if there are three or more children in the home.

**R6. Age of youngest child in the home**

Determine the current age in years of the youngest child residing in the household. If a child is removed as a result of the investigation or is on runaway status, count the child as residing in the home.

- a. Choose "a" if the youngest child in the home is 10 years old or older.
- b. Choose "b" if the youngest child in the home is under 10 years old.

**FAMILY CHARACTERISTICS**

**R7. Child characteristics**

Determine if any child in the home has mental health problems or developmental disabilities as defined below.

- a. Choose "a" if no child in the household exhibits characteristics listed below.
- b. Choose "b" if any child in the household exhibits one of these characteristics; select all that apply.
  - Mental health or behavioral problem. Any child in the household exhibits a mental health or behavioral problem requiring regular visits to a therapist, enrollment in special education program, or prescriptions for psychoactive medication.
  - Developmental disability. Any child in the household is developmentally disabled, including any of the following: mental retardation, learning disability, or other developmental problem.

**R8. Either caregiver employs or has previously employed excessive/inappropriate discipline**

Determine if either caregiver's disciplinary practices caused or threatened harm to child(ren) (e.g., fractures, burns, bruises, welts, bite marks, choke marks) because they were excessively harsh physically or emotionally and/or inappropriate to the child(ren)'s age or development. Examples include but are not limited to:

- Use of torture or physical force (e.g., suffocation, poisoning, shooting) that exceeded reasonable discipline, including serious abuse or injury;
  - Locking child(ren) in closet or basement;
  - Holding child(ren)'s hand over fire;
  - Hitting child(ren) with dangerous instruments; or
  - Depriving young child(ren) of physical and/or social activity for extended periods).
- a. Choose "a" if no caregiver currently uses or has previously used excessive or inappropriate discipline.
  - b. Choose "b" if caregiver previously or currently employs excessive or inappropriate discipline.

If choosing "b," select all that apply.

- "Currently" if the caregiver is using these behaviors currently; and
- "Prior to current complaint" if the caregiver has ever previously used these behaviors.

**R9. Either caregiver meets basic needs for food, clothing, shelter, or medical care**

Determine if the caregiver(s) are unable to meet child's basic needs for food, clothing, shelter, or medical care AND this threatens child(ren)'s well-being or results in harm to child(ren). Examples include but are not limited to:

- Failure to obtain medical care for severe or chronic illness;
  - Repeated failure to provide child(ren) with clothing appropriate to the weather;
  - Persistent rodent or insect infestations;
  - Inadequate or inoperative plumbing or heating without sufficient provisions; or
  - Child's hair is matted or dirty, child has excessive body odor, or other significant concerns with hygiene are present for extended periods of time.
- a. Choose "a" if the caregiver is able to meet basic needs.
  - b. Choose "b" if the caregiver is unable to meet basic needs.

**R10. Either caregiver has a past or current mental health problem**

Determine if either caregiver has a documented, diagnosed, or self-reported history of depression, suicide attempts, and/or any current or prior mental health treatment.

- a. Score "a" if no caregiver has a past or current mental health problem.
- b. Score "b" if at least one caregiver has a current or past mental health problem and select all that apply.
  - "During the last 12 months" if this mental health problem has been documented as occurring in the last 12 months; and
  - "Prior to the last 12 months" if this mental health problem has been documented as occurring prior to the last 12 months.

**R11. Either caregiver has a past or current alcohol or drug problem**

Determine if either caregiver has past or current alcohol/drug abuse issues that cause significant problems. These can include, but are not limited to, examples such as the following.

- Conflict in home
  - Extreme or risky behavior
  - Financial difficulties
  - Frequent illness
  - Job-related issues
  - Legal issues
  - Life organized around substance use
- a. Choose "a" if none of this is applicable to any caregiver.
  - b. Choose "b" if one or more the following apply, and select all that apply.
    - Select "alcohol" if alcohol use has led to problems similar to those described above.
    - Select "marijuana" if marijuana use has led to problems similar to those described above.
    - Select "methamphetamine" if methamphetamine use has led to problems similar to those described above.
    - Select "opioids" if opioid use has led to problems similar to those described above.



- Select "Other drugs" if use of other drugs (e.g., cocaine, heroin, amphetamines, legal, prescription) has led to problems similar to those described above.

**R12. Primary caregiver has a history of abuse or neglect as a child**

Determine if there are credible statements by the primary caregiver or others that indicate that the primary caregiver was maltreated as a child. Maltreatment includes neglect or physical, sexual, or other abuse.

- a. Choose "a" if the primary caregiver does not have a history of abuse or neglect as a child.
- b. Choose "b" if the primary caregiver does have a history of abuse or neglect as a child.

**R13. Primary caregiver has a prior arrest record disclosed during investigation**

Caregiver or other discloses that the primary caregiver has a prior arrest record. This does *not* require the caseworker to conduct a criminal records check.

- a. Choose "a" if the primary caregiver has no known prior arrest record.
- b. Choose "b" if the primary caregiver has been arrested or convicted *prior* to the current complaint as either an adult or a juvenile (excluding traffic offenses).

**R14. Household has domestic violence history**

Determine whether any household member has a history of domestic violence with another current household member. Domestic violence is defined as a relationship characterized by a pattern of coercive control and/or disturbances or conflicts that require intervention by police, family, or others; involving verbal or physical abuse by one or both caregivers (includes berating, physical fighting, threats, or intimidation).

- a. Choose "a" if no household member has a history of domestic violence with another current household member.
- b. Choose "b" if a household member has a history of domestic violence with another current household member.

## OVERRIDES

### Policy Overrides

Policy overrides are extreme situations where, whatever the calculated risk score, CYFD policy mandates a finding of "high risk" based on the current situation. Select any of the following that apply.

- Select "Sexual abuse case where the perpetrator is likely to have access to the child victim" if one or more children in this household are or have been victims of sexual abuse, AND the perpetrator is likely to have unmanaged access to the child.
- Select "Non-accidental physical injury to an infant" if any infant child has any kind of physical injury resulting from caregiver actions or inactions.
- Select "Serious non-accidental physical injury requiring hospital or medical treatment" if there have been severe non-accidental injuries (e.g., brain damage, skull or bone fracture, subdural hematoma, internal injuries, burning, poisoning) that have required medical treatment.
- Select "Death (previous or current) of a child as a result of abuse or neglect" if a child has died as a result of abuse or neglect by the caregiver. This fatality may have occurred prior to the current case. Select this item if this has ever occurred in this household.
- Select "Confirmed sexual exploitation of a child" if a child under 18 years old has engaged in, been solicited, or been forced to engage in sexual conduct or performance of sexual acts (e.g., stripping) in return for a benefit, such as money, food, drugs, shelter, clothing, gifts, or other goods; or for financial or some other gain for a third party.
- Select "Confirmed labor trafficking of a child" if the following situation exists: recruitment, harboring, transportation, provision, or obtaining of a child under 18 years old for labor or services through the use of force, fraud, or coercion in order to subject that child to involuntary servitude, debt bondage, or slavery. Examples of labor trafficking include agricultural or domestic service workers and travelling sales crews that force children to sell legal items (e.g., magazines) or illegal items (e.g., drugs).

## **Discretionary Overrides**

A discretionary override is used by the ongoing worker whenever the worker believes that the risk score does not accurately portray the household's actual risk level. The worker may only increase the risk by one level and must do so with supervisor approval. If the worker applies a discretionary override, the reason should be specified, and the final risk level should be selected.

## **SUPPLEMENTAL RISK ITEMS**

### **S1. Either caregiver demonstrates difficulty accepting one or more child's gender identity or sexual orientation.**

Identify whether either caregiver in the household indicates a lack of acceptance of a child's gender identity or sexual orientation. A lack of acceptance may be indicated by verbal statements (calling names, derogatory statements, etc.); actions (physical aggression, kicking the child out, etc.); or a lack of caregiver support, such as a failure to acknowledge the child's gender identity or sexual orientation.

- a. Choose "No" if neither caregiver demonstrates difficulty.
- b. Choose "Yes" if either caregiver demonstrates difficulty.

### **S2. Alleged perpetrator is an unmarried partner of the primary caregiver.**

Identify whether an alleged perpetrator in this incident is an unmarried partner of the primary caregiver in the household. The primary caregiver may or may not also be an alleged perpetrator.

- a. Choose "No" if an alleged perpetrator is not an unmarried partner.
- b. Choose "Yes" if an alleged perpetrator is an unmarried partner.

### **S3. Another non-related adult in the household provides unsupervised child care to a child under age 3.**

Identify whether another unrelated adult in the household (stepparent, significant other, or roommate) provides unsupervised child care to any child in the household who is younger than 3.

- a. Choose "No" if a stepparent, significant other, or roommate in the household does not provide unsupervised care for a child younger than 3.
- b. Choose "Yes" if a stepparent, significant other, or roommate in the household does provide unsupervised care for a child younger than 3.
- c. Choose "N/A (not applicable)" if there is only a primary caregiver in the household.

**S3a. If “Yes” to S3: Is the other non-related adult in the household employed?**

Identify whether the other adult in the household (stepparent, significant other, or roommate) is employed.

- a. Choose “No” if the other adult in the household (stepparent, significant other, or roommate) providing unsupervised care to a child in the household younger than 3 is not employed.
- b. Choose “Yes” if the other adult in the household (stepparent, significant other, or roommate) providing unsupervised care to a child in the household younger than 3 is employed.

**S4. Either caregiver is isolated from the community.**

Identify whether either caregiver in the household is isolated from the community, as evidenced by lack of communication with others, a lack of meaningful relationships, or a lack of access to community resources.

- a. Choose “No” if both caregivers have relationships in the community for support.
- b. Choose “Yes” if either caregiver is isolated from the community.

**S5. Caregiver has provided safe and stable housing for at least the past 12 months.**

Identify whether the caregiver has provided safe and stable housing for the last 12 months as evidenced by housing that is physically safe for the child.

- a. Choose “No” if the family has had frequent moves or if there are environmental conditions that pose a threat to the child.
- b. Choose “Yes” if the family has had safe and stable housing.

**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT**  
**SDM® RISK ASSESSMENT**  
**POLICY AND PROCEDURES**

The SDM risk assessment classifies families into low, moderate, or high risk groups based on the group's overall probability of experiencing future CYFD involvement. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will have repeat system involvement in the next 18 to 24 months. The difference between risk levels is substantial. Families classified as high risk have significantly higher rates of subsequent referral and substantiation than families classified as low risk.

When risk is clearly defined and objectively quantified, the choice between serving one family versus another is simplified: Agency and community resources are targeted to families at higher risk because of the greater potential to reduce subsequent system involvement.

The risk assessment is based on research on families investigated for abuse/neglect that examined the relationships between investigation and family characteristics and the outcomes of subsequent CYFD involvement for abuse and neglect. The tool does not predict maltreatment recurrence for each individual family; rather, it uses investigation and family characteristics with demonstrated relationships to outcomes to classify families into risk level groups that correspond to the likelihood of each group having subsequent CYFD involvement.

**WHICH CASES**

Required for all investigations. This includes new investigations on open cases.

**WHICH HOUSEHOLD(S)**

Always assess the household in which the child abuse/neglect incident is alleged.

**WHO**

The caseworker completing the investigation.

**WHEN**

After the safety assessment has been completed AND prior to the decision to open a case or close without continuing services. This is no later than 30 days from the first face-to-face contact.

## DECISION

Identifies the level of risk of future maltreatment. The risk level, along with the findings from the safety assessment, guides the decision of whether to close after investigations or open a case; the risk assessment can also help determine the intensity and type of community service referral.

Post-Investigation Risk-Based Decision Guide	
Risk Level	Recommendation
Low	Close if there are no unresolved danger indicators.
Moderate	Close if there are no unresolved danger indicators.
High	Determine what ongoing services are needed .

**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT**  
**SDM® RISK ASSESSMENT**  
**COMPLETION INSTRUCTIONS**

**APPROPRIATE COMPLETION**

The risk assessment is completed based on conditions that exist at the time the incident is reported and investigated as well as the prior history of the family.

- Only one household can be assessed on each risk assessment.
- Always assess the household in which the child abuse/neglect incident is alleged. If a child is a member of two households and there are allegations on both households, complete a risk assessment on both households.
- Complete a second risk assessment for noncustodial caregivers who will receive reunification services.

**Scoring Individual Items**

Workers should familiarize themselves with the items that are included on the risk assessment and the accompanying definitions for those items. A score for each assessment item is derived from the worker's observation of the characteristics the item describes during interviews with household members (child, caregivers, and others) and collaterals; worker observations; reports and case records; or other reliable sources. Some characteristics are objective (such as prior child abuse/neglect history or child's age). Others require the worker to use discretionary judgment based on their assessment of the family, through use of the definitions. After all risk items are selected, the score is totaled; the total score indicates the risk level.

**Overrides**

After completing the risk assessment, the worker considers whether reasons to override the scored risk level are present. There are two types of overrides.

Policy Overrides

Policy overrides reflect incident seriousness and/or child vulnerability concerns and have been determined by the agency to warrant a risk level designation of "high," regardless of the risk level indicated by the assessment tool. Policy overrides require supervisory approval. Consider each of the policy override reasons and score as appropriate for each policy override.

### Discretionary Override

A discretionary override is used by the worker to increase the risk level in any case in which the worker believes that the scored risk level determined by the risk assessment is too low. This may occur when the worker is aware of conditions affecting risk that are not captured within the items on the risk assessment. A discretionary override increases the scored risk level by one level (e.g., from low to moderate OR moderate to high, but *not* from low to high). Discretionary overrides require a written description of the reasons to increase the risk level and supervisory approval.

After completing the override section, indicate the final risk level, which is the highest of the scored risk level, policy override risk level (which is always high), and the discretionary risk level.

### **Supplemental Risk Items**

Supplemental risk items are answered each time a risk assessment is completed. The purpose of the supplemental risk items is to gather information in areas that are thought to have a relationship to subsequent involvement in the child protection system but have not, to date, been proven to have an association in New Mexico. The supplemental risk items are used in validation of the risk assessment, which occurs every five to seven years. They will not affect the final risk score at this time.

Use the definitions to answer the items and gather information for the answers in the same way as for the other risk assessment items.



**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT  
SDM® RISK REASSESSMENT**

**Case Name:** \_\_\_\_\_ **Case ID:** \_\_\_\_\_

**Date of Reassessment:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Worker Name:** \_\_\_\_\_

**Primary Caregiver:** \_\_\_\_\_  *Select if there is a secondary caregiver in the household*

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

<b>R1. Number of Prior Investigations</b>	<b>Score</b>
<input type="radio"/> a. None.....	-1
<input type="radio"/> b. One.....	0
<input type="radio"/> c. Two or more.....	2
_____	_____
<b>R2. Prior Report for Sexual Abuse</b>	
<input type="radio"/> a. No.....	0
<input type="radio"/> b. Yes.....	1
_____	_____
<b>R3. Household has Previously Received Child Protective Services (voluntary or involuntary)</b>	
<input type="radio"/> a. No.....	0
<input type="radio"/> b. Yes.....	1
_____	_____
<b>R4. Number of Children in the Home</b>	
<input type="radio"/> a. Two or less.....	0
<input type="radio"/> b. Three or more.....	1
_____	_____
<b>R5. Age of Youngest Child</b>	
<input type="radio"/> a. 15 or older.....	-1
<input type="radio"/> b. 6 to 14.....	0
<input type="radio"/> c. 5 or younger.....	1
_____	_____
<b>R6. Child Characteristics</b>	
<input type="radio"/> a. A child in the household has one or more of the following characteristics.....	2
<input type="checkbox"/> Developmental disability	
<input type="checkbox"/> Physical disability	
<input type="checkbox"/> Has been diagnosed medically fragile (include failure to thrive infants)	
<input type="radio"/> b. No child has any of the above characteristics.....	0
_____	_____

**The following case observations pertain to the period since the last Assessment/Reassessment**

<b>R7. Caregiver(s) has a Current Substance Abuse Problem</b>	
<input type="radio"/> a. No.....	0
<input type="radio"/> b. Alcohol or marijuana only.....	1
<input type="radio"/> c. Other drug(s) (with or without alcohol or marijuana).....	2
<input type="radio"/> d. Yes, and refuses treatment.....	4
_____	_____

<b>R8. New Investigation of Abuse/Neglect Since Last Assessment/Reassessment</b>	
○ a. No.....	0
○ b. Yes.....	3
	_____
<b>R9. Problems with Adult Relationships in Household</b>	
○ a. No.....	0
○ b. Yes, problematic adult relationships.....	1
○ c. Yes, household has a domestic violence history.....	2
	_____
<b>R10. Caregivers' Ability to Provide Physical Care/Supervision to Children</b>	
○ a. No problems.....	0
○ b. Yes, minor problems.....	1
○ c. Yes, major problems.....	2
	_____
<b>R11. Primary Caregiver's Use of Treatment/Training Programs</b>	
○ a. Completed/participated in programs.....	0
○ b. Minimal participation in pursuing objectives in case plan.....	1
○ c. Refuses involvement in programs.....	2
	_____
<b>R12. Secondary Caregiver's Use of Treatment/Training Programs</b>	
○ a. Not applicable; only one caregiver in home.....	0
○ b. Completed/participated in programs.....	0
○ c. Minimal participation in pursuing objectives in case plan.....	1
○ d. Refuses involvement in programs.....	2
	_____
	<b>TOTAL SCORE</b> _____

**RISK LEVEL**

Assign the family's risk level based on the following chart:

<b>Score</b>	<b>Risk Level</b>
○ -2-0	○ Low
○ 1-4	○ Moderate
○ 5-8	○ High
○ 9-23	○ Very High

**OVERRIDES**

- Policy (Override to high): check appropriate reason
  - Sexual abuse case where the perpetrator is likely to have access to the child victim
  - Case with non-accidental physical injury to an infant
  - Serious non-accidental physical injury requiring hospital or medical treatment
  - Death (previous or current) of a child as a result of abuse or neglect
  - Confirmed sexual exploitation of a child
  - Confirmed labor trafficking of a child
- Discretionary: Provide reason \_\_\_\_\_
- No overrides apply

**OVERRIDE RISK LEVEL** (circle one if override used):    ○ Low    ○ Moderate    ○ High    ○ Very High

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

**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT**  
**SDM® RISK REASSESSMENT**  
**DEFINITIONS**

**R1. Number of Prior Investigations.**

Count all investigations whether substantiated or not, which were assigned for CPS field investigation for any type of abuse or neglect prior to the complaint resulting in the current open case.

- a. Choose "a" if there are no investigations prior to the one that led to this open case.
- b. Choose "b" if there was one prior investigation before the one that led to this open case.
- c. Choose "c" if there were two or more prior investigations before the one that led to this open case.

**R2. Prior Report for Sexual Abuse.**

Referrals were assigned for CPS field investigation for sexual abuse prior to the report resulting in the current open CPS case.

- a. Choose "a" if there are no prior sexual abuse reports that have been investigated.
- b. Choose "b" if there has been at least one prior investigated sexual abuse report (there may or may not have been physical abuse allegations as well).

**R3. Household has Previously received Child Protective Services (voluntary or involuntary).**

Determine whether the household has *received* ongoing child protective services prior to the current event. This service history can include voluntary family services, legal cases, FINS, Family in Need of Court Ordered Services (FINCOS), Family Preservation Services, In-home services or protective supervision but does not include delinquency services or prior investigations where the case was closed at the end of the investigation.

- a. Choose "a" if there has been no prior ongoing child protective services.
- b. Choose "b" if there has been at least one ongoing prior child protective services case.

**R4. Number of Children in the Home.**

Count the number of individuals under 18 years of age *residing* in the home at the time of the current complaint. If a child has been removed as a result of the investigation or is on runaway status, count the child as residing in the home.

- a. Choose "a" if there are two or less children in the home.
- b. Choose "b" if there are three or more children in the home.

**R5. Age of Youngest Child.**

Determine the current age in years of the youngest child residing in the household. If a child is removed as a result of the investigation or is on runaway status, count the child as residing in the home.

- a. Choose "a" if the youngest child in the home is 15 years or older.
- b. Choose "b" if the youngest child in the home is 6 to 14 years old.
- c. Choose "c" if the youngest child in the home is 5 years or younger.

**R6. Child Characteristics.**

Determine whether one or more children in household is developmentally disabled, physically disabled, or medically fragile (include failure to thrive infants).

- a. Choose "a" if one or more child in the home meets the any of these criteria and then select which one(s) apply below:
  - Select "developmentally disabled" if one or more of the children in the household have a documented developmental disability.
  - Select "physically disabled" if one or more child in the home have a documented physical disability.
  - Select "medically fragile" if one or more child in the home has a documented medical condition that requires regular monitoring and is life threatening; include failure to thrive diagnosis.
- b. Choose "b" if none of the children in the home meet the above criteria.

**R7. Caregiver(s) has a Current Substance Abuse Problem.**

Determine whether the caregiver(s) has a current problem of alcohol/drug abuse, evidenced by substance use causing conflict in home, problems in providing appropriate care for children, extreme behavior/attitudes, financial difficulties, frequent illness, job absenteeism, job changes or unemployment, or driving under the influence, traffic violations, criminal arrests, disappearance of usual household items (especially those easily sold), or life organized around substance use.

- a. Choose "a" if the caregivers have no problems with substances or have successfully completed treatment and show no evidence of a current problem.
- b. Choose "b" if any caregivers in the home have problems with alcohol or marijuana only. This includes persons currently in alcohol abuse treatment programs.
- c. Choose "c" if any caregivers in the home have problems with other drug(s), with or without alcohol and/or marijuana. In these situations caregiver(s) are abusing drugs such as cocaine, heroin, barbiturates, prescriptions, etc. Caregiver(s) may be poly-addicted and may abuse alcohol and/or marijuana as well as other drugs. This includes persons currently in a drug abuse treatment program.
- d. Choose "d" if caregiver has one of the problems described above and refuses treatment. Caregiver(s) has a current alcohol/drug abuse problem; treatment has been offered or recommended for the caregiver(s) and has been refused by the caregiver(s).

**R8. New Investigation of Abuse/Neglect Since Last Risk Assessment/Reassessment.**

Score this item based on whether new investigations have been initiated *since the last risk assessment*.

- a. Choose "a" if no new investigations have been initiated since last risk assessment/reassessment.
- b. Choose "b" if at least one new investigation has been initiated, regardless of investigation conclusion.

**R9. Problems with Adult Relationships in the Household.** Score these items based on current status of adult relationships in the household.

- a. Choose "a" if no problems such as those described below are observed.
- b. Choose "b" if there are problematic adult relationships/multiple live in partners—in the household. Problematic adult relationships are relationships that are harmful to daily household functioning or child care (example include but are not limited to criminal activities with others or multiple live-in partners). This item should be scored even if one of the adults in the relationship lives outside the home. *Note:* Do not select this item if the primary problem is domestic violence; select the item that follows instead.

- c. Choose "c" if members of the household have a domestic violence history—a relationship characterized by domestic disturbances or conflicts that require intervention by police, family or others, involving verbal or physical abuse by one or both caregivers (includes berating, physical fighting, threats or intimidation). If a continuing relationship results in domestic discord, this item should be scored even if one of the adults lives outside the home.

**R10. Caregivers' Ability to Provide Physical Care and Supervision to Children**

Rate this item based on child care provided by either or both caregivers since the *last assessment*.

- a. Choose "a" if no problems are observed.
- b. Choose "b" if minor problems are observed. For example, problems such as unrealistic expectations of child or inappropriate discipline.
- c. Choose "c" if severe problems are observed. For example, problems such as inadequate supervision and/or physical or verbal/emotional abuse.

**R11. Primary Caregiver's Use of Treatment/Training Programs.**

Score this item based on whether the primary caregiver has mastered or is mastering skills learned from participation in program(s) or case plan activities.

- a. Choose "a" if the primary caregiver has successfully completed all programs recommended or is actively participating in programs; pursuing objectives detailed in case plans. The caregiver demonstrates application of learned skills in interaction(s) between child(ren)/caregiver, caregiver to caregiver, caregiver to other significant adult(s), self-care, home maintenance, financial management, or mastery of skills toward reaching the behavioral objectives agreed upon in the service agreement.
- b. Choose "b" if the primary caregiver has minimal participation in pursuing objectives in case plan. The caregiver is minimally participating in services, has made progress but is not fully complying with the objectives in the service agreement.
- c. Choose "c" if the primary caregiver refuses involvement in programs or has failed to comply/participate as required. The caregiver refuses services, sporadically follows the service agreement, or has not mastered the necessary skills due to a failure or inability to participate.

**R12. Secondary Caregiver's Use of Treatment/Training Programs.**

Rate this item based on whether the secondary caregiver has mastered or is mastering skills learned from participation in program(s).

- a. Choose "a" if not applicable—there is only one caregiver in the home. There is no secondary caregiver in the home.
- b. Choose "b" if the secondary caregiver has successfully completed all programs recommended or is actively participating in programs; pursuing objectives detailed in case plans. The secondary caregiver demonstrates application of learned skills in interaction(s) between child(ren)/caregiver, caregiver to caregiver, caregiver to other significant adult(s), self-care, home maintenance, financial management, or mastery of skills toward reaching the behavioral objectives agreed upon in the service agreement.
- c. Choose "c" if the secondary caregiver has minimal participation in pursuing objectives in case plan. The caregiver is minimally participating in services, has made progress but is not fully complying with the objectives in the service agreement.
- d. Choose "d" if the secondary caregiver refuses involvement in programs or has failed to comply/participate as required. The caregiver refuses services, sporadically follows the service agreement or has not mastered the necessary skills due to a failure or inability to participate.

**OVERRIDES**

**Policy Overrides**

Policy overrides are extreme situations where, whatever the calculated risk score, CYFD policy mandates a finding of very high risk based on the current situation. Select any of the following that apply:

- Select "Sexual abuse case where the perpetrator is likely to have access to the child victim" if one or more children in this household are or have been victims of sexual abuse AND the perpetrator is likely to have unmanaged access to the child.
- Select "Case with non-accidental physical injury to an infant" if any infant child has any kind of physical injury resulting from actions or inactions by the caregiver.

- Select “Serious non-accidental physical injury requiring hospital or medical treatment” if there have been severe non-accidental injuries (e.g. brain damage, skull or bone fracture, subdural hematoma, internal injuries, burning, poisoning) that have required medical treatment.
- Select “Death (previous or current) of a child as a result of abuse or neglect” if a child has died as a result of abuse or neglect by the caregiver. This fatality may have occurred prior to the current case. Select this item if this has ever occurred in this household.
- Select “Confirmed sexual exploitation case of a child” if a child under 18 years old has engaged in, been solicited, or been forced to engage in sexual conduct or performance of sexual acts (e.g., stripping) in return for a benefit, such as money, food, drugs, shelter, clothing, gifts, or other goods, or for financial or some other gain for a third party.
- Select “Confirmed labor trafficking of a child” if the following situation exists: labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a child under 18 years old for labor or services through the use of force, fraud, or coercion in order to subject that child to involuntary servitude, debt bondage, or slavery. Examples of labor trafficking include agricultural or domestic service workers and travelling sales crews that force children to sell legal items (e.g., magazines) or illegal items (e.g., drugs).

### **Discretionary Overrides**

A discretionary override is used by the ongoing worker whenever the worker believes that the risk score does not accurately portray the family’s actual risk level. Unlike the initial risk assessment, in which the worker could only *increase* the risk level, the risk reassessment permits the worker to increase or *decrease* the risk level by one step. If the worker applies a discretionary override, the reason should be specified, and the final risk level should be selected. See completion instructions for more information.



**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT**  
**SDM® RISK REASSESSMENT**  
**POLICY AND PROCEDURES**

The purpose of the risk reassessment is to help assess whether risk has been reduced sufficiently to allow a case to be closed, or whether the risk level remains high and services should continue. This is accomplished through evaluating whether **behaviors and actions** of the family have changed as a result of the case plan.

The family risk reassessment combines items from the original risk assessment with additional items that evaluate a family's progress toward case plan goals.

Research has demonstrated that for the reassessment, a single index best categorizes risk for future maltreatment. Unlike the initial risk assessment, which contains separate indices for risk of neglect and risk of abuse, the risk reassessment is composed of a single index.

The first six items are those strongly related to the probability of subsequent abuse and/or neglect and generally do not change from the initial assessment. The next four items relate to events that did or did not occur since the last assessment. The final two assessment items specifically relate to the caregiver's use of treatment services provided by the agency, as detailed in the case plan.

### **WHICH CASES**

All Voluntary Family Services cases, all Family Preservation cases, protective supervision cases, and legal cases until the permanency hearing occurs and as long thereafter as the plan is either to maintain at home or return home. Reassessments may be conducted at the discretion of the caseworker any time there is a significant change in the case.

### **WHO**

The case-carrying worker.

### **WHEN**

#### **IHS and PPW Cases**

- No more than 30 calendar days prior to completing each case plan.
- No more than 30 calendar days prior to recommending case closure.

**All Cases**

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

**DECISION**

The risk reassessment, along with the safety assessment, guides the decision to keep a case open or close a case.

Risk Reassessment Decision Guide	
Risk Level	Recommendation
Low	Close if there are no unresolved danger indicators
Moderate	Close if there are no unresolved danger indicators
High	Determine what ongoing services are needed
Very High	Determine what ongoing services are needed

For cases that remain open following reassessment, the NEW risk level guides minimum contact standards that will be in effect until the next reassessment is completed. Consider using the contact frequency guidelines in this manual.

For high- and very high-risk cases with no danger indicator, it is recommended that workers hold a case consultation to determine what service will meet the family's needs.

**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT**  
**SDM® RISK REASSESSMENT**  
**COMPLETION INSTRUCTIONS**

**APPROPRIATE COMPLETION**

**Scoring Individual Items**

Workers should familiarize themselves with the items that are included on the risk reassessment and the accompanying definitions for those items. A score for each item is derived from the worker's observation of the characteristics it describes during interviews with household members (child, caregivers, and others) and collaterals; worker observations; reports and case records; or other reliable sources concerning progress in demonstrating behavioral change and meeting case plan objectives. Some characteristics are objective, such as prior child abuse/neglect history or the age of the child. Others require the worker to use discretionary judgment based on their assessment of the family.

Using the definitions for the risk reassessment, complete all items on the risk reassessment and consider whether any override reasons are present.

**Override**

Consider both policy and discretionary overrides. If any are present, then determine the final risk level. If no overrides are present, then the scored and final risk level are the same.

Policy Overrides

As on the initial risk assessment, the agency has determined that there are certain conditions that are so serious that a risk level of "very high" should be assigned regardless of the risk reassessment score. The policy overrides refer to incidents or conditions that have occurred since the initial risk assessment or the last reassessment. If one or more policy override conditions exist, select "yes" for each reason for the override and select "very high" for the final risk level. Policy overrides require supervisory review.

Discretionary Override

A discretionary override is used by the ongoing worker whenever the worker believes that the risk score does not accurately portray the family's actual risk level. Unlike the initial risk assessment, in which the worker could only *increase* the risk level, the risk reassessment permits the worker to increase or *decrease* the risk level by one step. The reason a worker may now decrease the risk level is that after a minimum of six months, the worker has acquired significant knowledge of the family. If a discretionary override applies, select "yes," indicate the reason, and select the override risk level. Discretionary overrides require supervisory approval. The worker then indicates the final risk level.

ONGOING WORKER RECOMMENDED MINIMUM CONTACT FREQUENCY GUIDELINES FOR IN-HOME SERVICES		
Risk Level	Caregiver and Child Contacts	Location
Low	<b>One</b> face-to-face per week with caregiver and child <b>One</b> collateral contact	<b>Must</b> be in caregiver's residence
Moderate	<b>One</b> face-to-face per week with caregiver and child <b>One</b> collateral contact	<b>Must</b> be in caregiver's residence
High	<b>Two</b> face-to-face per week with caregiver and child <b>Two</b> collateral contacts	<b>One</b> must be in caregiver's residence
<b>Additional Considerations</b>		
Contact Definition	Each required contact shall include at least one caregiver and one child.	

RECOMMENDED CONTACT FREQUENCY GUIDELINES FOR PPW CASES	
Risk Level	Documented Contacts With Caregiver
Low	One face-to-face per month with caregiver AND One collateral contact
Moderate	Two face-to-face per month with caregiver AND Two collateral contacts
High	Three face-to-face per month with caregiver AND Three collateral contacts
<b>Documented Contacts With Children</b>	
At least one face-to-face per month with each child	
<b>Additional Considerations</b>	
Contact Definition	During the course of a month, each caregiver and each child shall be contacted at least once at their place of residence.

## **Appendix A**

### **Collaborative Assessment and Planning Framework**

# Collaborative Assessment and Planning Framework

What are we worried about?		Purpose of Consultation	What is going well?
<b>Harm and Danger</b>		Hopes for this conversation	
<ul style="list-style-type: none"> <li>Caregiver behavior; impact on child</li> <li>Youth behavior; impact on youth and others</li> <li>Pattern/history</li> </ul>		<p><b>Genogram, Ecomap, Circles of Safety and Support</b> People in the family and network who care about the child/family</p> <p><b>Cultural Considerations</b> How family identifies racially, ethnically, culturally</p> <p><b>SDM® System Guidance</b> Most recent safety and risk assessment results; current recommended decision</p>	<p><b>Safety and Permanency/Belonging</b></p> <ul style="list-style-type: none"> <li>Actions of protection, taken by the caregiver and network, that address the danger and are demonstrated over time</li> <li>Actions of connection, taken by the caregiver and network, that promote enduring relationships to family, community, and culture and are demonstrated over time</li> </ul>
<b>Complicating Factors</b>		<b>Gray Areas</b>	<b>Strengths and Resources</b>
<ul style="list-style-type: none"> <li>Conditions or behaviors that create greater barriers to safety, permanency, well-being</li> <li>Research-based risk factors</li> </ul>		Incomplete or speculative information	<ul style="list-style-type: none"> <li>Assets, resources, and capacities at the individual, family, and community levels</li> <li>Presence of research-based protective factors</li> </ul>
What needs to happen?			
<b>Worry Statements</b>		<b>Goal Statements</b>	
What do key stakeholders worry will happen if nothing changes? Consider safety, permanency, and well-being		What needs to be demonstrated, over time, to address the concerns and ensure the child is safe; well; and connected to family, community, and culture? ( <i>Bottom lines, not services</i> )	
<p><b>Action Steps</b></p> <ul style="list-style-type: none"> <li>What needs to happen next to work toward reaching goals?</li> <li>Who has agreed to do what, when?</li> <li>What kinds of plans are needed (safety plans, service plans, others)?</li> </ul> <p><i>Refer to any recommended SDM assessment guidance.</i></p>			

## **Appendix B:**

### **Steps for Facilitating a Case Consultation Using the CAP Framework**

## FACILITATING A CASE CONSULTATION WITH THE CAP FRAMEWORK: A STEP-BY-STEP OVERVIEW

1. Start with some group **agreements** about how your group will work together, who is going to facilitate, who is going to document, how long you are going to work, when people can chime in and ask questions, etc.
2. Get some clarity about the **purpose** for this particular consultation. Ask the worker: for this to be a useful consultation, what would be different when it is over? What would the worker be walking away with?
3. If there is a **decision** a worker is trying to make, see if there is a relevant SDM tool that corresponds to that decision and take it out, along with the definitions for that tool. Have one person in particular in the group tracking the “voice of the SDM system.”
4. Begin with a **genogram**. Who is in the family? Draw it on the board and try to get at least three generations.
5. Inquire about the extended family **network**. Ask: Who else cares about this child? And who else?
6. Ask about **race, culture, ethnicity**—how does the family identify themselves? What is important to know about their existing family norms and child-rearing practices?
7. Have any **SDM® safety or risk** assessments been completed? List the results of those assessments.
8. Move to **what are you worried about?** Sort danger/harm from complicating factors. *Note:* Listen in particular for vague descriptions or generalizations; and when they occur, ask questions that elicit more behavioral detail.
9. Ask **what is working well?** In particular, look for exceptions to the danger/harm. Sort safety/belonging from strengths.
10. Make sure to ask for the **perspectives** of people who are not present (solution-focused relationship questions).
11. As areas come up that are unclear, incomplete, or speculative, load those in a “**gray areas**” part of the complicating factors—they make the work more complicated because these are questions that are unclear!
12. If you have enough information and the situation warrants it, use the major concerns from the identified danger and harm to create **worry statements**.



13. Use the worry statements to create meaningful **goal statements**.
14. Use all the above information to create **action steps**. These action steps are likely to be made from addressed "gray areas," SDM guidance, and the use of scaling questions to consider what "up by one" would require.
15. When concluding, ask the group what they have learned or remembered from this consultation that will be relevant for their own work and what they have come to appreciate about the family, the worker, and the work that has been done. This kind of **appreciative inquiry** helps everyone take something away from being a part of the process.