



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

September 8, 2016

ALL COUNTY INFORMATION NOTICE NO. I-62-16

TO: ALL COUNTY CHILD WELFARE DIRECTORS
 ALL CHILD WELFARE SERVICES PROGRAM MANAGERS
 ALL COUNTY CHIEF PROBATION OFFICERS
 ALL TITLE IV-E AGREEMENT TRIBES
 ALL INDEPENDENT LIVING PROGRAM COORDINATORS

SUBJECT: **STRUCTURED DECISION MAKING: ENHANCEMENTS TO THE SAFETY AND RISK ASSESSMENT TOOLS AND INTEGRATION INTO NEW-SYSTEM**

This All-County Information Notice (ACIN) provides information regarding recent enhancements made to the Structured Decision Making[®] (SDM[®]) assessment tools that went into effect November 1, 2015, as well as clarification regarding inclusion of SDM[®] as a service in the Child Welfare Services-New System.

BACKGROUND

The SDM[®] is a set of assessment tools developed and managed by the Children’s Research Center (CRC). The SDM[®] has been in use in California since 1998. As of July 1, 2016, all California child welfare agencies are using SDM[®] for screening and assessment.

The SDM[®] 3.0 Core Team is comprised of one representative from each SDM[®] county, who participates in at least one onsite meeting annually and remote meetings as needed. This group is responsible for the review of proposed alterations to the SDM[®] tools, integration of the model with practice initiatives and ongoing communication between the California Department of Social Services (CDSS), the CRC and the counties. The group helps promote consistent practice by bringing all SDM[®] counties together periodically to train and jointly review management information, discuss key policy issues and review implementation of SDM[®] updates and changes.

Beginning in January 2014, the Core Team worked with the CRC to assess and modify the SDM[®] instruments. Changes were designed to improve each instrument's capacity to contribute to information-gathering with families and evaluation of that information to assist in decision making. The revisions reflect changes in statute and practice statewide, in addition to changes recommended by the Core Team. For your reference, Attachment I details enhancements made to the SDM[®] tools, broken down by each instrument.

CONTINUED NEED FOR ONGOING TRAINING OF THE STRUCTURED DECISION MAKING TOOLS AND CASE REVIEW FOR QUALITY ASSURANCE

Training and case review are essential to ensure accurate use of the SDM[®] tools and should be an integral part of ongoing standardized safety assessment system implementation. The Regional Training Academies (RTAs) provide training on the use of the tools as part of the SDM[®] Skills Lab in the Core Curriculum.

It is important that not only social workers understand the proper use of the tool, but that supervisors and managers are familiar with the assessment tool, monitor its consistent use throughout the life of a case, and provide guidance and support to social workers regarding its implementation as well as the interpretation of the indicators. Advanced SDM[®] courses may be offered for training in the use of specific tools as well as training for supervisors to improve their ability to review social worker assessments more accurately. These courses include:

- SDM[®] Substitute Care Provider module, a one-day SDM[®] assessment training curriculum for licensing staff, placement workers and managers.
- SDM[®] for supervisors.
- SDM[®] advanced hotline interviewing and advanced emergency response training.
- In addition to training offered by the RTAs and the CRC, the contractor responsible for the development and maintenance of SDM[®] is available to provide on-site training for trainers in field application of SDM[®] and to support the use of the SDM[®] tools. The CRC is also available to provide support through email, telephone and webinars to help counties rollout and troubleshoot the WebSDM[®] 3.0.

SDM[®] AND THE CWS-NEW SYSTEM

Effective July 1, 2016, the SDM[®] model will be in use by each county as a vital component of the child welfare practice model that includes engagement and solution-focused approaches to working with families. The SDM[®] assessment instruments will be included in the Child Welfare Services-New System as a tool to support statewide

consistency in meeting assessment requirements. The SDM[®] tool will be a part of the implementation of the Intake Services of the Child Welfare Services-New System.

REFERENCES

The full validation report is available at:

http://nccdglobal.org/sites/default/files/publication_pdf/risk-assessment-validation.pdf.

The SDM[®] Policy and Procedure Manual is available at:

http://www.childsworld.ca.gov/res/pdf/SDM_Manual.pdf

The yearly Combined Counties SDM[®] Management Report is available at:

<http://www.childsworld.ca.gov/res/pdf/SDMCACombinedReport.pdf>

The CDSS and the counties share the common mission of ensuring that children remain or are placed in safe environments free of abuse and/or neglect. Use of the SDM[®] assessment tools throughout the duration of a child welfare case assists the social worker and his/her supervisor in monitoring safety and risk factors for children and families.

Questions regarding this ACIN should be directed to the Child Welfare Policy and Program Development Bureau at (916) 651-6160.

Sincerely,

Original Document Signed By:

KELLY WINSTON, Acting Chief
Child Protection and Family Support Branch
Children and Family Services

Attachment

c: CWDA

ENHANCEMENTS TO THE STRUCTURED DECISION MAKING ASSESSMENT TOOLS

HOUSEHOLD DEFINITION

The definition of “Household” was clarified for the entire SDM[®] suite of tools to allow for better determination of who is a member of a household.

The household consists of all persons who have significant in-home contact with the child. In addition to all individuals who reside in the home, a household may include individuals who do not reside in the home, such as parents’ significant others and/or extended family members, if the person spends a significant amount of time in the home or the parent/guardian allows the person authority in parenting and child caregiving decisions. Employees such as nannies, babysitters or tutors are not to be considered as members of the household unless the individual resides in the home full-time.

HOTLINE TOOL

Screening Criteria:

The tool was restructured to include a section for circumstances where screening criteria reviews are not required, i.e. duplicate referral that contains no new information, no child under age 18, and referred to another county.

Physical Abuse:

1. “Non-accidental injury” was modified to “non-accidental or suspicious injury”
2. “Prior death of a child due to abuse” has been changed to include only referrals where a death resulted from physical abuse. A separate item for “prior death of a child due to neglect” is listed in the neglect section.
3. “Caregiver action that likely caused or will cause injury” was re-written to focus on behaviors of the caregiver, intentional or unintentional, that are likely to harm a child. Several harms or potential harms that had been listed under “excessive discipline” or “threat of physical abuse” on the previous assessments are now represented in this item. Development of this item focuses attention on explicit caregiver behaviors and the impact those behaviors have on the child.

Emotional Abuse:

1. The “emotional abuse” category has been substantially altered and offers a choice between two maltreatment types:

- a. The first item, “Caregiver actions have led or are likely to lead to ...,” focuses on caregiver actions that have led to or are likely to lead to demonstrated effects on the child, combining the prior items on emotional abuse and threat of emotional abuse in a more precise manner. The focus is on the specific actions of the caregiver rather than the mere presence of substance abuse or mental health issues in the caregiver.
- b. The second item, “exposure to domestic violence,” requires assignment if any of several conditions are met where the child is aware of the domestic violence. This is an attempt to clarify what has been a problematic item for many and ensures the assignments are fair and correct. As before, when a child has been injured in a domestic violence incident, the referral should be scored as an injury.

Neglect:

1. Under “severe neglect,” the child death item has been revised to specifically refer to death as a result of neglect. The purpose is to add clarity and parallel a similar item under “physical abuse.”
2. Under “severe neglect,” the “child’s health/safety is endangered” item no longer requires an automatic 24-hour response. The worker will determine the response time for this item by completing the neglect response tree.
3. Under “general neglect, failure to protect,” language was added to specifically identify situations where “a child has been exploited by a third party and the person responsible for the child’s care has failed or been unable to protect the child from being commercially sexually exploited”. This is in compliance with state law on sex trafficking.
4. Changes under “general neglect” include the following:
 - a. “Hygiene” was added to “inadequate clothing.”
 - b. “The child has no parent” was changed to “caregiver absence/ abandonment.” The previous definition included only parents who were physically unavailable due to hospitalization or incarceration or whose whereabouts were unknown. The new definition includes cases where a parent has evicted a child from the home or refused to accept the child back into the home after being discharged from a residential treatment program and the parent has made no arrangements for the child to stay elsewhere.
 - c. Definitions were revised for several items in order to better distinguish between them, provide greater reliability in identification for the screening decision and reduce potential overlap.

Sexual Abuse:

1. “Physical, behavioral, or suspicious indicators consistent with sexual abuse” was added under “sexual abuse.” This is to provide an item that addresses sexualized behaviors that may be indicative of sexual abuse but are not explicitly addressed in the “sexual act(s) among siblings or other children living in the home” item.
2. A “sexual exploitation” item was added to sexual abuse in order to specifically address a child being exploited or trafficked, either by the caregiver or with the caregiver’s knowledge and consent.

Screening Decision:

A tracking mechanism was added to indicate whether a child who has been commercially sexually exploited was in placement at the time of the report or was not in placement. With the new revisions, a child who has been trafficked may be screened in under “Neglect, failure to protect” or “Sexual Abuse, sexual exploitation” in addition to any other allegations that may be appropriate.

Response Priority Decision Trees**Physical Abuse:**

1. The four sets of questions that determine response time were reduced to three. Checkboxes were added to help clarify response time.
2. The boxes are arranged in order of descending priority. For example, all three conditions listed in the first box would require a response within 24 hours regardless of any other factor present. If none of those factors are present, the worker proceeds to the second question and so on until the appropriate response is determined.
3. The condition, “caregiver’s behavior is alleged to be dangerous or threatening” was altered slightly by removing “brutal” from the title to focus on caregiver behavior that may result in harm in the next 10 days. Examples have been bulleted and language slightly modified to add clarity, with intent to reduce the override rate of the previous item. Caregiver substance abuse and mental health concerns that may lead to harm should be addressed here.
4. The condition, “Is there a non-perpetrating caregiver aware of the alleged abuse?” replaces/combines the current questions on the tree concerning whether the perpetrator has access within 10 days and whether there is a protective adult in the home. This adds more specificity and focus on the role of the non-

perpetrating caregiver. If answered appropriately, this should help resolve one of the most heavily overridden items on the previous tool.

5. "Domestic violence" was added to the statement about impact on the child's safety with the next 10 days.

Neglect:

1. Some minor changes were made in these items to add clarity. For example, "the child is currently unsupervised," was changed to "the child is currently unsupervised and in need of supervision," in order to reduce the previous override rate for this item.

Emotional Abuse:

Changes were made to the emotional abuse tree to clarify and reduce overrides, as "emotional abuse" is the most heavily overridden of any of the trees.

1. The first question has been changed from a focus only on the child/youth's behavior to include caregiver ability and willingness to intervene. The override reason cited most frequently for this question was "child receiving intervention." By clarifying the language, the assignment of a response within 24 hours should be reduced when appropriate, thereby addressing the override rate.
2. The second question has been changed to include that the alleged "cruel, bizarre, or dangerous" behavior must be threatening "to the emotional health or safety of the child." This was a heavily overridden question in the previous version, so including the impact on the child helps clarify whether the response must be within 24 hours.

Sexual Abuse:

This tree has been substantially modified as well, reducing the number of questions from three to two and providing clarity on the non-perpetrating adult and access by the offender.

1. The second question asks whether a non-perpetrating caregiver is aware of the allegation, supports the disclosure and demonstrates the ability to protect and prevent access by the alleged perpetrator. This phrasing eliminates the need for the "access within 10 days" question and simplifies the decision-making process for the screener.

CALIFORNIA SAFETY ASSESSMENT**Factors Influencing Child Vulnerability:**

Minor changes were made to this section.

1. All items are defined.
2. The item “school age, but not attending school” was replaced by “not readily accessible to community oversight.” The definition is inclusive of a child not attending school and adds other elements, such as a child living in a remote area far from other neighbors or a toddler who is cared for by only one caregiver.

Safety Threats:

Several significant changes were made to safety threats, including a reduction of the number of threats from 13 to 10.

1. Two items were removed from the list of safety threats: “substance abuse impairment” and “impairment as a result of emotional stability, developmental status or cognitive deficiency.” The rationale for removal of these items is that the previous questions were based upon the presence of a caregiver condition, rather than a behavior. These circumstances are addressed in other existing safety threats.
2. Safety threat number one, “caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation,” was expanded with an additional subtype: “Domestic violence likely to injure child.”
3. The definition of “caregiver does not meet the child’s immediate needs” has been expanded to include “serious emotional harm” and the examples have been significantly expanded. The definition of “caregiver has failed to protect the child” has been modified to include “unable to protect the child”.
4. The list of safety threats has been reorganized to present direct actions by a caregiver that may harm a child (physical harm, sexual harm, basic needs). The item regarding past harm has been moved to the end of the assessment.
5. Overall, definitions have been rewritten to better focus on the actions of the caregiver and the impact of those actions on the child. This will assist in identifying actions and child impact.

Caregiver Complicating Behaviors:

This section is a new addition to the safety assessment, identified only if a safety threat is present. Complicating behaviors are items that do not represent a direct threat to the child but make it more difficult to create a safety plan. They should be considered when a threat is identified and an in-home safety plan is being developed with the caregiver.

Protective Capacities:

This section has also undergone significant changes. As in the past, this section will be completed only if a safety threat has been identified. The former lists of protective capacities were used infrequently and did not appropriately reflect actions taken by a caregiver that could be built upon in a safety plan. This section has been renamed “Household strengths and protective actions.”

Household Strengths and Protective Actions:

1. Household strengths are defined as “resources and conditions that increase the likelihood or ability to create safety for a child, but in and of itself does not fully address the safety threats.” These are most similar to the existing protective capacities but are fewer and more direct.
2. Protective actions are defined as “specific actions, taken by one of the child’s current caregivers or by the child, that mitigate identified safety threats in the household.” These are presented in a table instead of a list for better clarity and ease of use.

Safety Interventions:

This section has been divided in two: Section 3, In-Home Protecting Interventions, and Section 4, Placement Interventions. Much of the change here is to facilitate ease of use and to clearly separate interventions between those identified in support of an in-home safety plan and those that are used for an out-of-home placement. Functioning of the sections and the definitions remains substantially the same, with the exception of additional language in the definition of item 2, “Use of family, neighbors, or other individuals in the community as safety resources,” and item 10, “Have the caregiver voluntarily place the child outside the home, consistent with WIC 11400(o) and (p).” These changes were made to better distinguish when a worker and the family agree to have the child cared for by a friend or relative for a limited period of time, such as overnight or for a few days, and when a formal voluntary placement agreement is signed by the caregiver.

Item 4, “Use of Tribal, Indian community service agency, and/ICWA program resources,” was included to identify in-home safety plans that are inclusive of the Native American and Alaskan Native populations.

Safety Decision:

Some changes were made to the flow and presentation of decisions on the paper document and minor changes were made to titles of the safety decisions. Both changes are consistent with practice and reporting.

1. Safety decisions are presented in the document as they occur and adhere to the logic of decisions in the SDM[®] safety assessment.
 - a. “Safe” is presented immediately after the safety threats and is used when no threats have been identified; the definition and description were not changed.
 - b. “Safe with plan” follows the consideration of household strengths and protective actions, where the worker has determined a safety plan with in-home interventions is feasible. This replaces the frequently used reporting title of “conditionally safe,” emphasizing that a plan is required in order for the child to remain in the home.
 - c. “Unsafe” appears in Section 4, Placement Interventions, and as before is used when placement is the only intervention. The definition and description remain the same.

Safety Policy:

The policy for safety assessment use and application remains fundamentally the same. Individual counties should use their own safety plan form, which must include the following information:

1. Each identified safety threat 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 threat.
2. Detailed information for each planned safety intervention. What needs to happen to keep the child safe? Explain how safety threat(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 actions or behaviors to be taken by a responsible party that will keep the child safe in the current conditions.
3. Who is participating in the plan? Describe the role of each participant and how the safety plan will be monitored (e.g., who is responsible for each intervention action). This includes how long the plan will be in place and how long specific participants will be involved.
4. Signature lines for family members, the worker and his/her supervisor.

CALIFORNIA SUBSTITUTE CARE PROVIDER SAFETY ASSESSMENT

Changes to the Substitute Care Provider Safety Assessment largely parallel changes made to the California Safety Assessment. The number of Safety Threats was reduced from 13 to 10 and the language was rewritten to focus on the threat to the child rather than the caregiver's specific action. In addition, the protective capacities section underwent similar revisions that renamed household strengths and protective actions and placement interventions were organized between in-home controls and placement changes.

INITIAL RISK ASSESSMENT

The National Council on Crime and Delinquency (NCCD) conducted a validation study of the risk assessment used to assess the likelihood of future child maltreatment among families investigated by child welfare agency staff. During the validation, risk items on an assessment were compared to subsequent negative outcomes and supplemental risk items were analyzed.

1. Risk assessment changes include the following:
 - a. Reduced weight of "prior investigation history."
 - b. "Household received CPS" is now separated into cases that were closed prior to the current referral and those that are still open at the time of the current referral.
 - c. The neglect weight for "characteristics of children in the household" was reduced.
 - d. Many items now include characteristics for both the primary and secondary caregiver. For example, in the current risk assessment, only primary caregiver mental health was scored. On the revised assessment, if either caregiver has a mental health issue, risk increases on both indices. Other items for primary and secondary caregivers include criminal arrest history, alcohol and/or drug use, and history of abuse or neglect as a child. The 2014 validation study found that the disciplinary practices of the secondary caregiver did not have a significant relationship with subsequent risk of harm to the child.
 - e. "Primary or secondary caregiver alcohol and/or drug use" was added to the abuse index.
 - f. "Primary caregiver assessment of the incident," regarding whether the primary caregiver blames the child, was added to the abuse index.
 - g. "Physical care of child" and "Primary caregiver domineering" were removed from the assessment.
2. Formatting has been changed from the current double-stream format, which presents the abuse and neglect indices separately, to a single-stream format. This will still result in a risk level score for abuse and a risk level score for

neglect, but requires workers to answer fewer questions in order to obtain these scores. Webs will score risk items as abuse or neglect as appropriate. This new format results in the following benefits:

- a. Fewer items and less redundancy in answering risk items, reducing potential scoring errors. The reduction comes from combining redundant abuse and neglect items. For example, “prior open case history” appeared on both indices and was answered twice in double-stream format. In the single-stream version, the question is answered once.
 - b. The single-stream format allows a grouping of similar questions to frame the interview. There are separate “Prior Investigations,” “Current Investigation,” and “Family Characteristics” sections.
3. Use of neutral language on most items instead of problem-focused language. For example, instead of asking if “primary caregiver employs excessive/inappropriate discipline,” the assessment now asks the worker to identify disciplinary practices. This helps lead to a more balanced assessment instead of a problem-focused one and encourages open-ended questions to discover how a caregiver typically employs discipline in the household.

Supplemental Risk Items

The purpose of the supplemental risk items is to gather information on household factors that may have a relationship to subsequent harm. Data collected are included in the revalidation of the risk assessment, which occurs every five to seven years. The prior risk items greatly informed the changes made to the Risk Assessment tool and the current items may, if significant associations are established, be included in future versions of the tool. The current supplemental risk items were added by the SDM[®] 3.0 Risk Assessment workgroup, during which members proposed candidate items and agreed on those selected for study.

SDM[®] 3.0 FAMILY STRENGTHS AND NEEDS ASSESSMENT BRIEFING

The family strengths and needs assessment (FSNA) likely has the most significant changes of all the SDM[®] 3.0 assessments. While the FSNA’s overall intent remains the same, it has a much greater focus on strengths, barriers to creating safety, permanency, and well-being. The changes in the domain structure will affect the gathering of information with families and children, as well as evaluation of the information, and will present a clearer, more concise path to case planning with families. This will result in an ultimately positive impact on the evaluation of changed behaviors in the risk reassessment and the reunification reassessment. This change is in line with practice changes that have been implemented in California over the past several years.

1. The FSNA, in both the caregiver and child/youth/young adult sections, will begin with an evaluation of the household context. This will include the following:

- a. Identification of several additional pieces of relevant information not previously available, such as Tribal Affiliation, Sexual Orientation, Gender Identity/Expression, Religious/Spiritual Affiliation, and Other Cultural Identity important to either the caregiver or the child/youth/young adult.
 - b. Consideration of how the caregiver's perspective of culture and cultural identity impacts the child or youth's safety, permanency and well-being.
2. The domain structure remains the same (choices A through D) but there are significant changes to the content. This provides a clear focus on caregiver behaviors and their impact on the child. The inquiry now focuses on which description best describes the caregiver's behaviors:
 - a. Actively helps create safety, permanency, and child/youth/young adult well-being.
 - b. Is not a strength or barrier for safety, permanency or child/youth/young adult well-being.
 - c. Is a barrier to safety, permanency or child/youth/young adult well-being.
 - d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.
 3. Structuring the responses in this manner should aid in communicating concerns in understandable terms to those who are involved with and/or care about the child as well as assisting in developing clear case plans and measuring progress. This also provides continuity with other SDM[®] assessments that emphasize behaviors and their impact on the child.
 - a. Prioritization will change in that D responses (imminent danger) will be addressed in case planning first, followed by C responses (barrier to safety).
 - b. Point values have been removed. These were primarily used to aid prioritization but are unnecessary in this new structure.
 - c. In each domain, changes will be more easily observed and useable in reporting and evaluation of overall change.
 4. The number of domains has increased from eight defined domains and an "other" category on the current caregiver portion to 10 defined domains and "other" in SDM[®] 3.0.
 - a. Cultural identity has been removed and replaced by distinct questions for tribal identify, sexual and gender orientation and other cultural affiliations.
 - b. "Household and Family Relationships" and "Domestic Violence" have been split into separate caregiver domains in SDM[®] 3.0 to allow a more comprehensive look at these areas.
 - c. "Prior Adverse Experiences/Trauma" has been added to the caregiver domains.
 - d. "Cognitive/Developmental Abilities" has been added to the caregiver domains.

Child/Youth/Young Adult Strengths and Needs Assessment

1. Cultural Identifiers and Household Context have been added for each child, as in the caregiver assessment.
2. The number of domains has increased from nine defined domains and an “other” category on the current child portion to 11 defined domains and “other” in SDM[®] 3.0.
 - a. Cultural identity was removed as a domain, as is addressed at the beginning of the assessment.
 - b. “Trauma” was added as a domain.
 - c. For children in placement only, “Relationship with Substitute Caregiver” was added as a domain. This measure of the child in the substitute care home will assist in identifying potential interventions while the child is in placement.
 - d. An independent living domain has been added that must be completed for youth age 15.5 or older.

SDM[®] 3.0 FAMILY RISK REASSESSMENT FOR IN-HOME CASES

The risk reassessment for in-home cases was also validated. As with the initial risk assessment, validation led to some minor changes in the reassessment, all of which improve its classification ability. The changes from revalidation were as follows.

1. “Number of prior neglect or abuse CPS investigations” was changed to weigh prior investigations differently:

Current SDM[®] assigns:

- 0 points for no prior investigations;
- 1 point for one investigation; and
- 2 points for two or more investigations.

SDM[®] 3.0 assigns:

- 0 points for no prior investigations;
- 1 point for one or two prior investigations; and
- 2 points for three or more prior investigations.

2. The weight of “new investigation of abuse or neglect since the initial risk assessment or the last reassessment” changed from one point to two points if there is an assigned investigation during the review period.

Other Changes

1. As with the initial risk assessment, language within item titles was changed, with use of neutral language on most items instead of problem-focused language.

2. The mental health item, “primary caregiver mental health since the last assessment/reassessment,” was changed to reflect the structure used for substance abuse, focusing on mental health during the review period and whether identified mental health issues were being addressed. In order to clarify what had been a confusing question previously, the new structure for this item asks the worker to evaluate whether there has been a mental health issue at any time and how/whether the caregiver is addressing the issue.
3. The case plan progress item “caregiver’s progress with case plan objectives” has been changed to reflect the structure of the similar item in the reunification reassessment (Section A, Reunification Risk Reassessment), providing four choices for the worker instead of two choices. The primary reason for this was that many workers have both family maintenance and family reunification cases, and using a different structure was confusing and could lead to validity issues. The choices for the worker are the same in the two assessments, but the weighting is different. The reunification begins with a risk level and either adds or subtracts points, while the risk reassessment only adds points to determine risk. As a result, for the risk reassessment, all indicators of changed behavior demonstrated by the caregiver during the review period are weighted the same.
4. Definitions for each of the progress indicators have been rewritten to focus on changes in the caregiver’s behavior and not simply participation in services.

SDM® 3.0 REUNIFICATION REASSESSMENT BRIEFS

There are several notable changes to the reunification reassessment. The reunification reassessment is designed to assist workers in evaluating whether a child in placement should be returned to a caregiver, continue in care while reunification services continue, or have parental rights terminated and a new permanency plan established.

The reunification reassessment evaluates key components of parental behavior at the time when formal recommendations are expected to be made, at a status review hearing and/or Division 31 administrative hearing. These components are as follows:

1. Reduction of risk of subsequent harm. This is measured in Section A, Reunification Risk Reassessment, and is primarily driven by whether the caregiver is demonstrating the desired behaviors specified in the case plan and is able to create and maintain safety for the child.
2. Successful visitation. This is measured in Section B, Visitation Plan Evaluation, and is primarily driven by whether the caregiver demonstrates behaviors through visits with the child as specified in the case plan. Both of the above are evaluated throughout the review period through observation of individual visits

and observation of changed behaviors through contact with the caregiver and collaterals. The reunification reassessment is a formal review of the entire review period and a means to gather individual evaluations into an overall assessment.

3. Mitigation of safety threats. This is measured in Section C, Reunification Safety Assessment, and is primarily driven by the worker's analysis of whether the original and/or any subsequent safety threats have been mitigated as demonstrated by changed behaviors or may be controlled with a short-term, in-home plan.

Reunification Risk Reassessment

This section has one major change in the assessment of overall progress. Definitions have been changed to emphasize behaviors and the demonstration of behaviors that reduce risk of subsequent harm to a child. While participation in services remains a factor, the definitions have a much stronger emphasis on behavioral change that will aid the family in creating and maintaining safety.

Visitation Plan Evaluation

Workers will continue to evaluate visitation quality and quantity during the review period. The table used to evaluate quality and quantity in a four-tiered manner has been simplified, condensing the choices into adequate and inadequate visitation. The definitions of "quality of face-to-face visits" have changed, with a stronger emphasis on parental behaviors that relate to identified safety threats and risk factors and demonstration of those behaviors during visitation.

Reunification Safety Assessment

While the policy for completing a safety assessment has not changed (this section is only completed if risk reduced to low or moderate and visitation is acceptable), the structure of the assessment itself has changed substantially. Instead of completing the list of safety threats in a form and then explaining how initial threats were resolved, workers will be asked to list the safety threats that led to removal, indicating whether they have been mitigated. If so, workers must explain how, and if not, the worker is asked whether a safety plan could be established to enable reunification. Workers are then asked to indicate whether any new safety threats have been identified since the initial safety assessment and whether any are current in the household. If so, workers must list them and explain whether they have been mitigated, and whether a safety plan could be implemented that would allow the child to be returned home.

Considering the above, the worker will make the same safety decisions of "safe," "safe with plan," or "unsafe."