

# **12<sup>th</sup> National Roundtable on CPS Risk Assessment**

## **Using Actuarial Risk Assessment to Identify Unsubstantiated Cases for Preventive Intervention in New Mexico**

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## **Using Actuarial Risk Assessment to Identify Unsubstantiated Cases for Preventive Intervention in New Mexico**

In most jurisdictions, the substantiation rate among families investigated for abuse or neglect is below 40%. In New Mexico, for instance, only 36% of all 1997 investigations substantiated allegations of maltreatment by caretakers. This experience is typical of other states and it raises common issues for both risk assessment and service delivery practice. For instance, many agencies employ risk assessment procedures at the close of a protective service investigation but only assess families where maltreatment is substantiated. There are several reasons for this practice. Given limited and often declining resources, many public agencies cannot open unsubstantiated cases for service intervention although they may refer them to community resources. Since risk assessment instruments are employed primarily to help workers make better decisions concerning service priority, there is little incentive to assess families if maltreatment is not substantiated and neither agency service nor court intervention will be offered. Assessment itself is, of course, a resource issue. Simply conducting assessments on a large number of unsubstantiated families requires commitment of additional staff time. There must be a compelling reason to assess families who are not substantiated for maltreatment and very little information has been brought to bear on this question.

We believe that the issue of whether unsubstantiated families should be assessed to estimate risk of future maltreatment and offered services raises some more important operational questions for managers of protective service agencies:

1. Is substantiation the best criterion on which to base service opening decision?
2. Should preventive service interventions be offered to unsubstantiated families and can they have a positive impact on subsequent abuse or neglect?

3. Can actuarial risk assessment tools developed for use among substantiated families help workers estimate the likelihood of subsequent maltreatment among unsubstantiated cases? In other words, can actuarial risk assessment help agencies effectively target preventive service intervention on unsubstantiated cases?

Many of these questions were examined in the context of developing a risk assessment procedure and designing a case management system for the protective service division of New Mexico Children, Youth, and Families Department. The Department was assisted by the Children's Research Center (CRC), a division of the National Council on Crime and Delinquency (NCCD), in the development and implementation of case management procedures which rely upon structured assessments described below.

- A standardized safety assessment for evaluating the immediate danger of harm during investigations of abuse or neglect. The safety assessment assists workers in the identification of interventions, including removal of children from the home, which are deployed immediately to protect children.
- An actuarial risk assessment to estimate the likelihood of future abuse or neglect for each family subject to a protective service investigation. Actuarial assessments help workers make more accurate and reliable service decisions for families and permit the agency to target existing service resources to higher risk families.
- A family strengths and needs assessment was also developed to ensure that critical family problems and strengths are systematically assessed by workers and that this information is employed to develop an effective case service plan.
- The assessments of family risk and family needs are combined to structure the worker's choice of service options for families. In addition, New Mexico established clear policy guidelines for recommending service options which better address the needs of high risk families.
- Once families are opened for service delivery, periodic reassessments of both risk and strengths and needs are conducted to systematically measure progress in addressing family problems and to update case service plans.
- Finally, New Mexico implemented a new Management Information System (MIS) (FACTS) which captures the assessment information described above and makes it possible for agency staff to monitor and manage service delivery more effectively.

The initial step in developing these case management procedures was the conduct of a risk assessment study which examined the case characteristics and outcomes for families investigated for abuse or neglect in New Mexico. Findings from this study played a critical role in New Mexico's decision to provide services to unsubstantiated families.

### **Conduct of the New Mexico Risk Assessment Study**

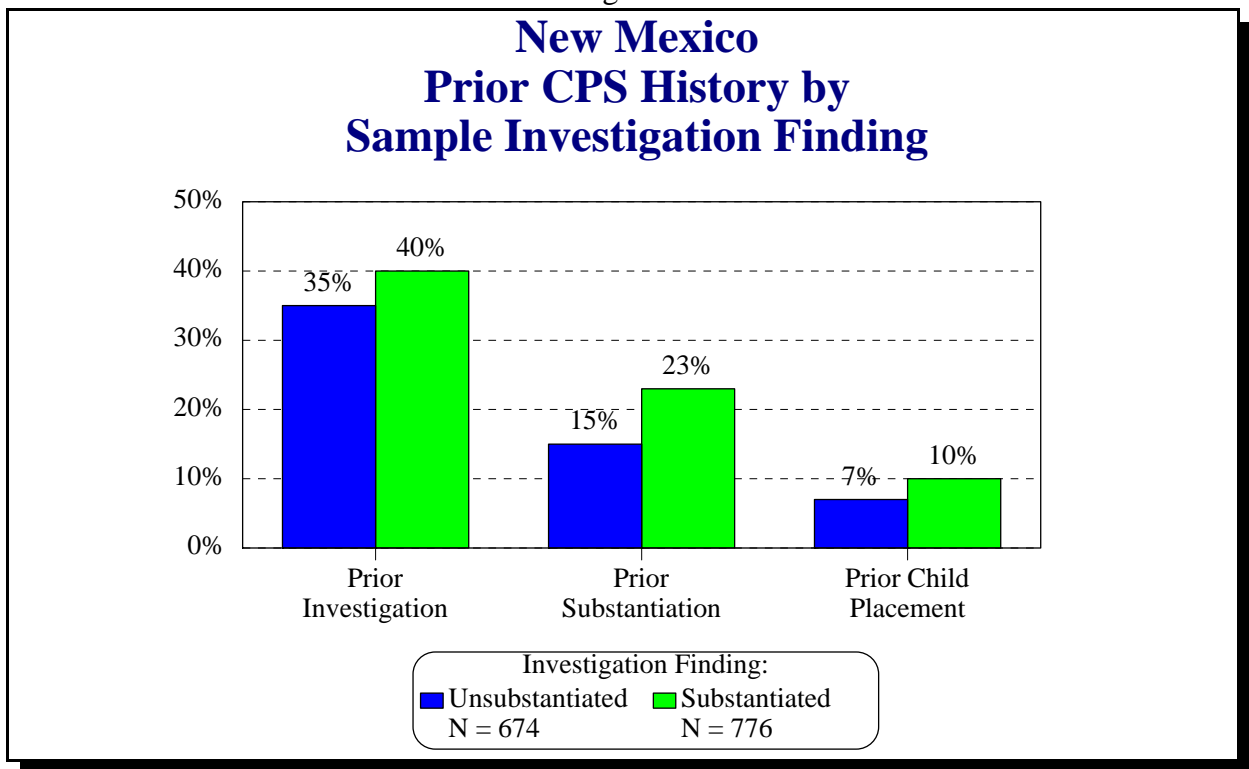
The research effort, which was conducted in 1997, employed extensive case file reviews to observe case characteristics and case outcomes for 1,450 New Mexico families investigated for abuse or neglect between September 1994 and April 1995. This sample was randomly drawn and stratified to adequately represent both substantiated (n=776) and unsubstantiated (n=674) cases in New Mexico counties. Extensive information was collected about family risk characteristics and service delivery involvement at the close of the sample investigation. In addition, protective service case outcomes were observed for an 18-month period subsequent to that investigation.

At the onset of the study, New Mexico staff requested that CRC researchers examine both substantiated and unsubstantiated cases in an effort to develop a risk assessment procedure that could be employed in both populations. This emphasis reflected the agency's interest in developing preventive interventions for families who were not substantiated for maltreating their children but who might benefit from service intervention. It also reflected the agency's concern about "revolving-door families" who are repeatedly referred to protective services, but who are not substantiated until three or more referrals have been made. The initial findings from the study provided strong indication that unsubstantiated families could benefit from service intervention. For instance, case profiles drawn from the study demonstrated that, although unsubstantiated families were less likely to have a prior protective service investigation or child placement than substantiated families, they still had significant histories of prior protective service involvement. This is apparent

in Figure 1. At the time of the sample investigation, 40% of substantiated families had a prior investigation versus 35% of those unsubstantiated.

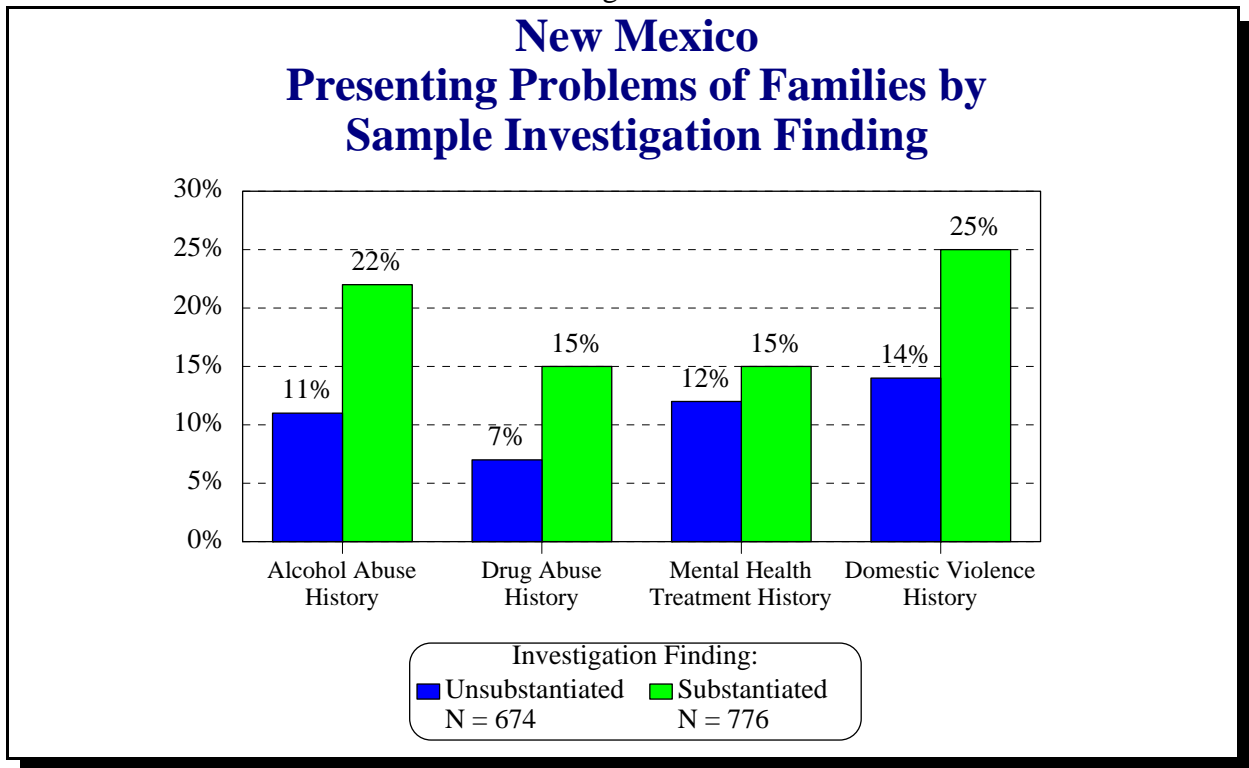
In addition, 10% of substantiated cases had a child removed from the home in a prior incident versus 7% of unsubstantiated families. In effect, unsubstantiated case profiles show a less pronounced, but still very significant, prior history of protective service involvement.

Figure 1



Other risk factors were profiled as well. Figure 2 compares the substance abuse, mental health treatment, and domestic violence histories of these two groups of families. As the graph indicates, the 674 unsubstantiated families were much less likely than families substantiated for maltreatment to demonstrate substance abuse, mental health, or domestic violence problems at the time of the investigation. On the other hand, many unsubstantiated families do experience these problems and could benefit from services.

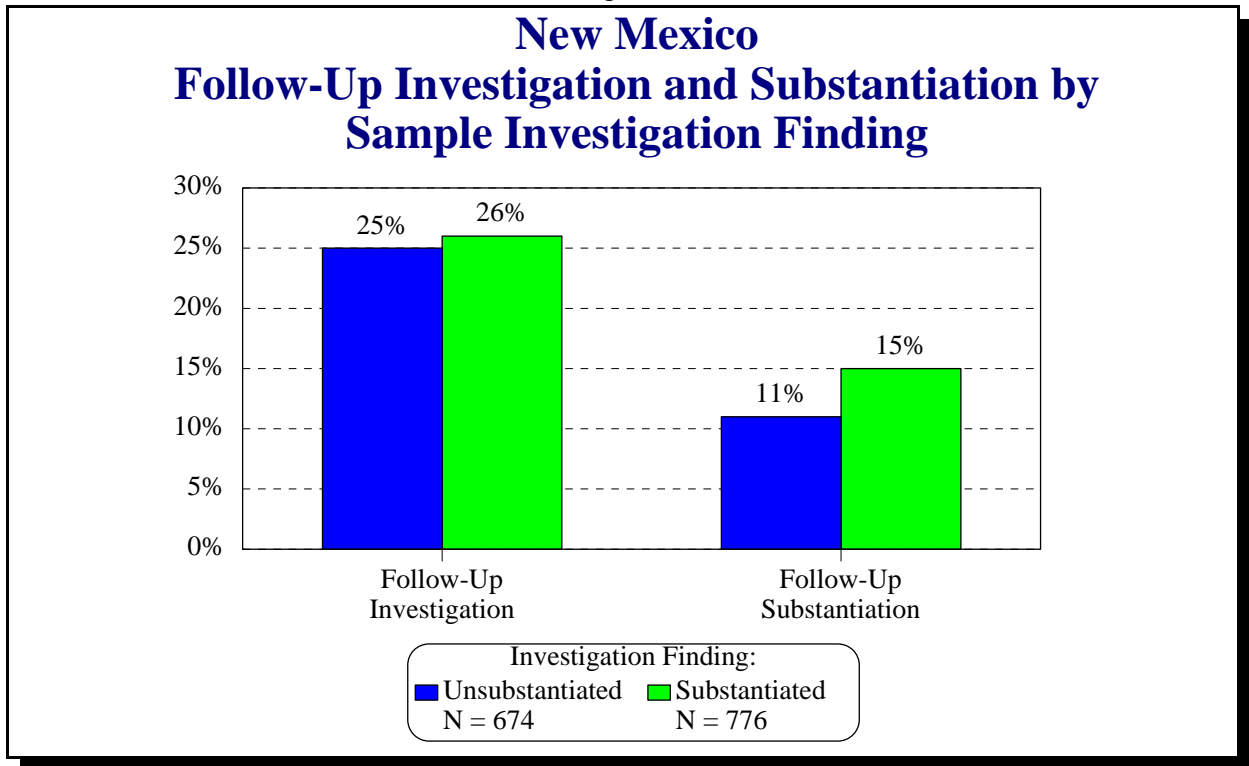
Figure 2



The protective service involvement of each family in the study was observed for an 18-month period subsequent to their sampled 1994 or 1995 investigation. This permits the construction of actuarial risk assessment based on actual case outcomes of families in New Mexico and it makes it possible to compare the subsequent protective service involvement of both unsubstantiated and substantiated families. Findings shown in Figure 3 below demonstrate that unsubstantiated families

were almost as likely to experience a subsequent investigation for abuse or neglect as substantiated cases - 25% versus 26%. In addition, they demonstrated a lower but still significant incidence of substantiated maltreatment - 11% versus 15%.

Figure 3



These initial study results demonstrated to New Mexico protective service staff the importance of providing preventive service interventions to unsubstantiated families.

## **Construction of the New Mexico Risk Assessment**

Risk assessment instruments developed by CRC employ separate assessments for abuse and neglect. The items found on each instrument refer to the characteristics of caretakers or children that may be observed at the sample investigation including information about prior protective service history. Individual items were selected based on two criteria: 1) their statistical association with future abuse or neglect, and 2) the ease with which they could be identified and scored by agency workers at the close of an investigation.

The instruments shown on the following page were constructed by analyzing the 776 cases substantiated at the sample investigation. The neglect instrument is composed of 12 items or questions which score each family's protective service history, child characteristics, and characteristics of adult caretakers (substance abuse, adult relationships, arrest records, mental health issues) which had a strong, statistical relationship to subsequent neglect. The abuse instrument is similarly constructed of 11 items which score similar protective service history and child and adult characteristics, each of which had a statistical relationship to subsequent abuse in the sample.

Each instrument provides a classification of very low, low, moderate, or high risk. The risk level assigned to the family at the close of the investigation is the highest determined by the abuse or neglect instrument.



**NEW MEXICO FAMILY RISK ASSESSMENT OF ABUSE/NEGLECT**

**Case Name:** \_\_\_\_\_ **Case #:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

<u>Neglect</u>	<u>Score</u>	<u>Abuse</u>	<u>Score</u>
N1. Current Complaint is for Neglect		A1. Prior Complaint is for Sexual Abuse	
a. No .....	0	a. No .....	0
b. Yes .....	2	b. Yes .....	1
N2. Number of Prior Investigations		A2. Number of Prior Investigations	
a. None .....	-1	a. None .....	-1
b. One .....	0	b. One .....	0
c. Two or more .....	+2	c. Two or more .....	+2
N3. Number of Children in the Home		A3. Household has Previously Received CPS (voluntary/legal/protective case)	
a. One .....	-1	a. No .....	0
b. Two .....	0	b. Yes .....	1
c. Three or more .....	+1	c. Yes, and a termination petition was filed .....	3
N4. Number of Adults in the Household		A4. Number of Children in the Home	
a. Two or more .....	0	a. One .....	-1
b. One .....	1	b. Two .....	0
N5. Household has Previously Received CPS (voluntary/ legal/ protective case)		c. Three or more .....	+1
a. No .....	0	A5. Primary Caretaker has a History of Abuse or Neglect as a Child	
b. Yes .....	1	a. No .....	0
N6. Characteristics of Children in Household (check & add for score)		b. Yes .....	1
a. Not applicable .....	0	c. Yes, and caretaker was in foster care as a child .....	2
b. ___ Medically fragile/failure to thrive .....	1	A6. Primary or Secondary Caretaker has an Alcohol or Drug Abuse Problem	
c. ___ Mental health problem .....	1	a. No .....	0
d. ___ Developmental disability .....	2	b. Alcohol and/or marijuana .....	1
N7. Problematic Adult Relationships in the Household		c. Other drug (cocaine, heroin, amphetamines, etc.) .....	2
a. No .....	0	A7. Age of Youngest Child	
b. Problematic relationships/multiple live-in partners .	1	a. 15 or older .....	-1
c. Household has a domestic violence history .....	2	b. 6 to 14 .....	0
N8. Primary Caretaker has an Alcohol or Drug Abuse Problem		c. 5 or younger .....	1
a. No .....	0	A8. Problematic Adult Relationships in the Household	
b. Alcohol and/or marijuana .....	1	a. No .....	0
c. Other drug(s) (cocaine, heroin, amphetamines, etc) .	2	b. Yes, problematic adult relationships/multiple live-in partners	1
N9. Primary Caretaker has a Prior Arrest Record Disclosed During the Investigation		c. Yes, household has a domestic violence history .....	2
a. No .....	0	A9. Primary or Secondary Caretaker Characteristics (check applicable items and add for score)	
b. Yes .....	1	a. None applicable .....	0
N10. Primary Caretaker has a History of Abuse or Neglect as a Child		b. ___ Provides inadequate emotional support .....	1
a. No .....	0	c. ___ Injured a child in current or previous incident .....	1
b. Yes .....	1	d. ___ Domineering parent .....	2
N11. Caretaker(s) Response to Investigation		e. ___ Mental health problem .....	2
a. Caretaker(s) cooperated with investigator .....	0	A10. Child in Home has a Developmental Disability and/or History of Delinquency (Check applicable items and add for score)	
b. One or more caretaker(s) did <u>not</u> cooperate with investigator .....	1	a. None applicable .....	0
N12. Primary or Secondary Caretaker has an Impulse Control Problem		b. ___ Delinquency history .....	1
a. No .....	0	c. ___ Developmental disability .....	1
b. Yes .....	1	A11. Caretaker(s)' Response to Investigation	
<b>TOTAL NEGLECT RISK SCORE</b>	<b>=====</b>	a. Caretaker(s) cooperated with investigator .....	0
		b. One or more caretaker(s) did <u>not</u> cooperate with investigator	2
		<b>TOTAL ABUSE RISK SCORE</b>	<b>=====</b>

**RISK LEVEL**

Assign the family's risk level based on the highest score on either scale, using the following chart:

<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Risk Level</u>
___ -2 - 0	___ -3 - 0	___ Very Low
___ +1 - +4	___ +1 - +5	___ Low
___ +5 - +8	___ +6 - +9	___ Moderate
___ +9 - +19	___ +10 - +24	___ High

**OVERRIDES**

Policy: Override to High. Check appropriate reason.

- \_\_\_ 1. Sexual Abuse cases where the perpetrator is likely to have access to the child victim.
- \_\_\_ 2. Cases with non-accidental physical injury to an infant.
- \_\_\_ 3. Serious non-accidental physical injury requiring hospital or medical treatment.
- \_\_\_ 4. Death (previous or current) of a sibling as a result of abuse or neglect.
- \_\_\_ 5. Discretionary: Reason \_\_\_\_\_

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

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

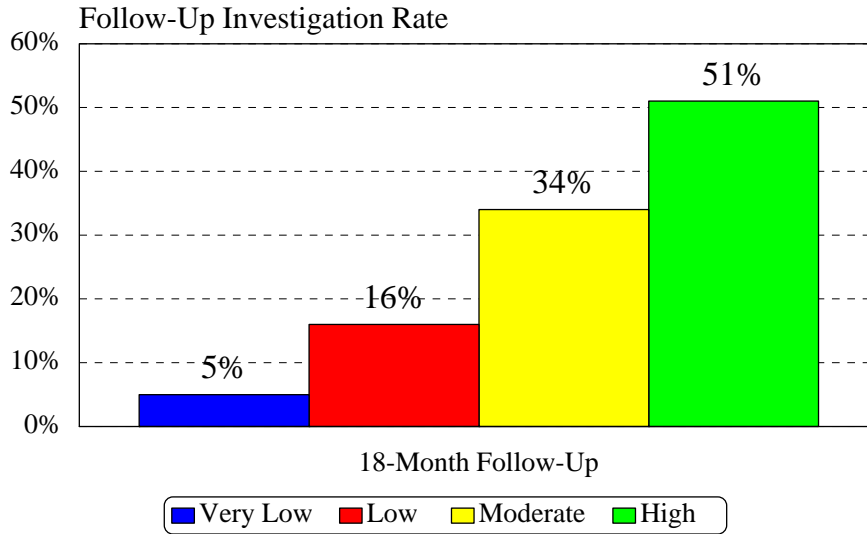
## **Risk Assessment Findings for Substantiated Families**

Figures 4 and 5 show follow-up investigation and substantiation findings for the risk assessment classifications among substantiated sample cases. During an 18-month follow-up, only 5% of substantiated families assigned to the very low risk classification were re-investigated for abuse or neglect allegations. By comparison, 51% of the high risk families were involved in a subsequent investigation (see Figure 4).

Findings for follow-up substantiation are summarized in Figure 5. Only 2% of the families in the very low risk classification were substantiated for abuse or neglect during the follow-up period. By comparison, 36% of the high risk families were substantiated in a subsequent incident. Clearly, the risk assessment does place substantiated families into meaningful classification groups which demonstrate significantly different likelihoods for future protective service involvement. The next question examined in the New Mexico study was how well does the risk assessment work when applied to unsubstantiated families.

Figure 4

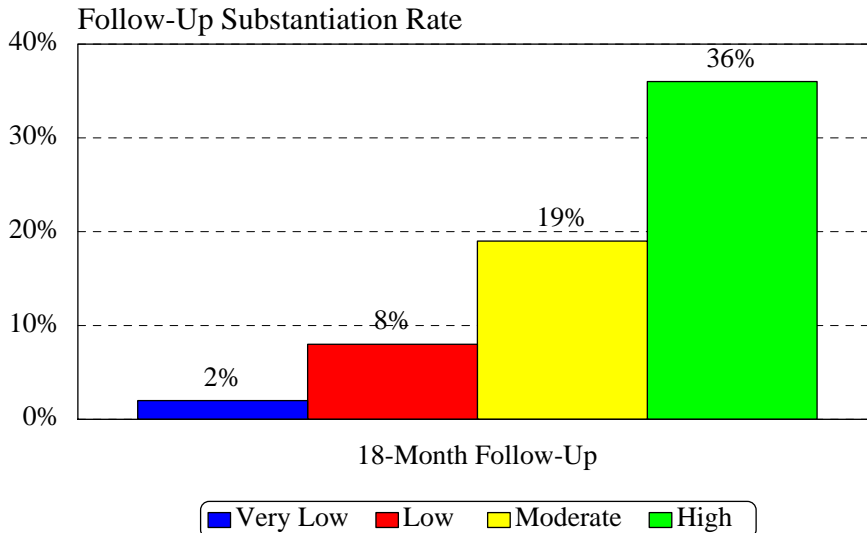
### New Mexico Follow-Up Investigation Rates by Risk Level: Substantiated Families



N = 776

Figure 5

### New Mexico Follow-Up Substantiation Rates by Risk Level: Substantiated Families

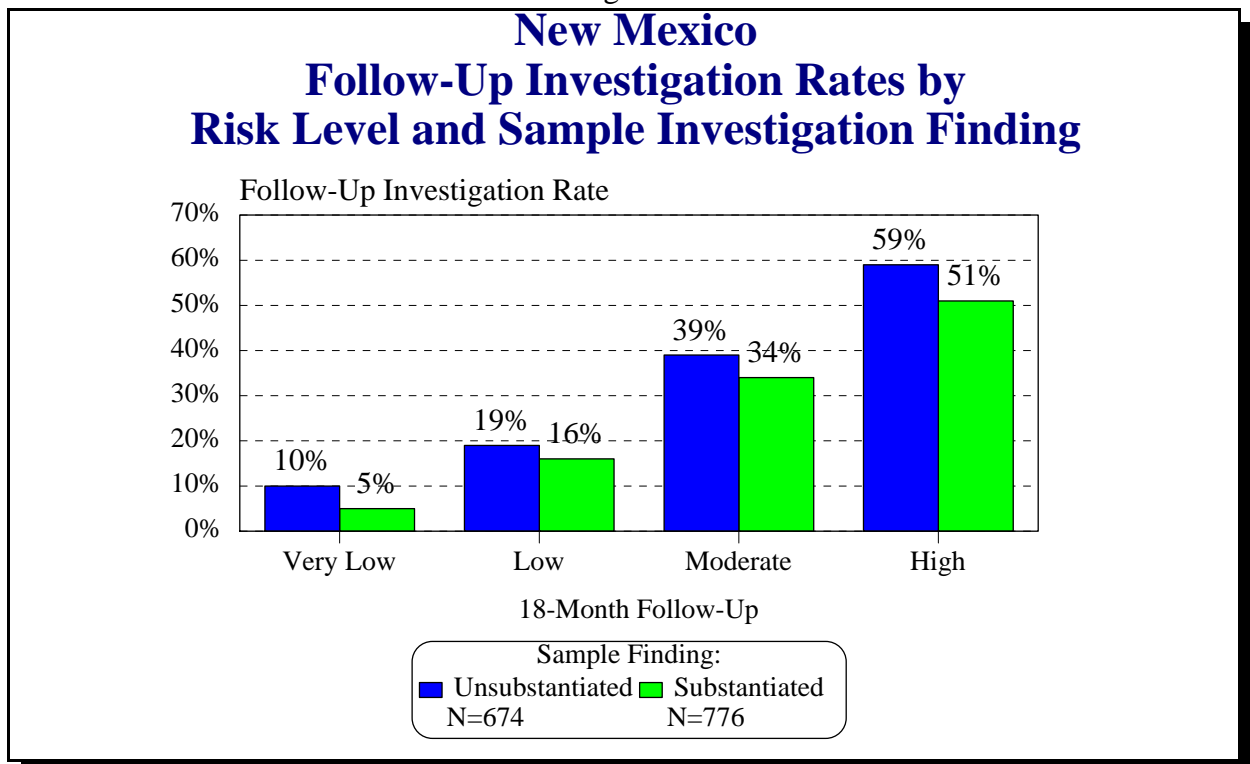


N = 776

## Risk Assessment Findings for Unsubstantiated Families

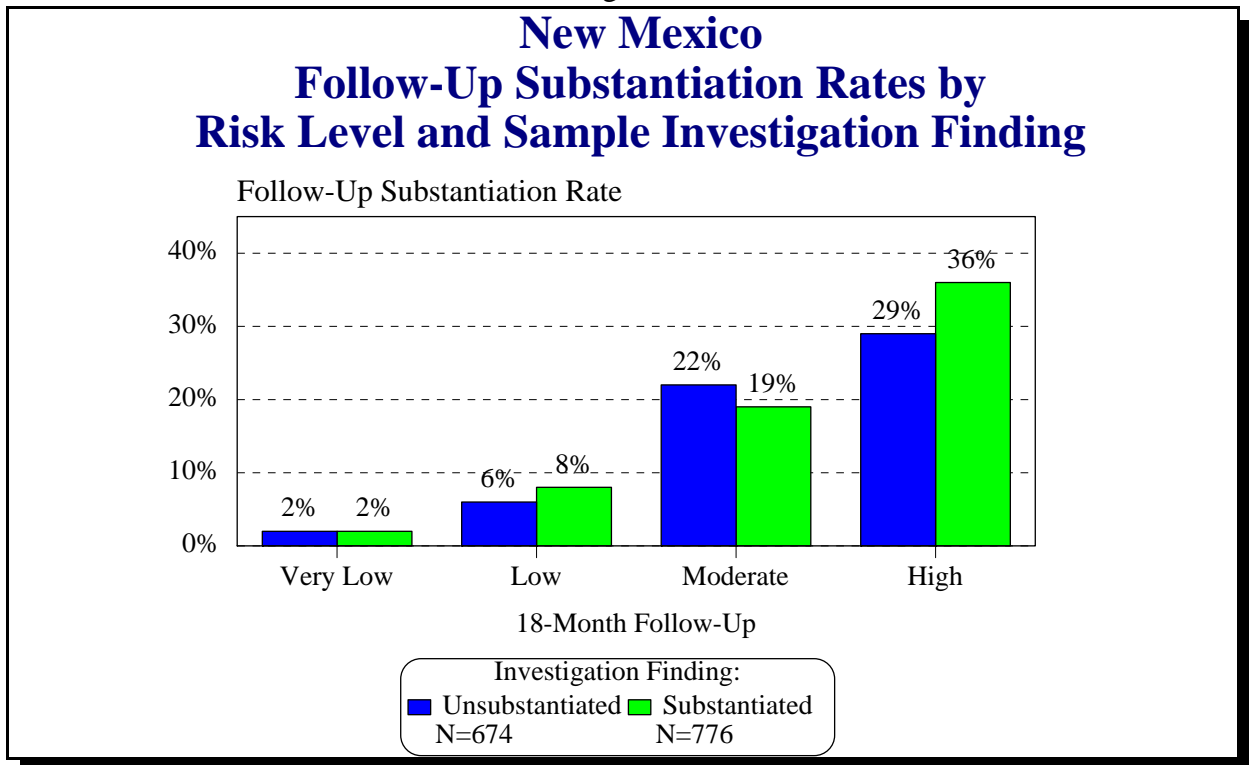
As Figures 6 and 7 indicate, the risk assessment procedure constructed for substantiated families also work very well among unsubstantiated sample cases. The graphs show side by side comparisons of the subsequent investigation rate and substantiation rate by risk level for unsubstantiated and substantiated families. In terms of a follow-up investigation, high and moderate risk unsubstantiated families demonstrate somewhat higher rates of investigation reoccurrence than substantiated families. In both groups, however, the likelihood of a new investigation is dramatically higher among high risk than among very low risk families. Fifty-nine percent of high risk unsubstantiated families had a subsequent investigation versus only 10% of the very low risk group identified by the risk assessment (see Figure 6).

Figure 6



Similar findings are shown in Figure 7 for follow-up substantiation. The risk assessment identifies a high risk group of unsubstantiated cases with a 29% rate of substantiation during the follow-up period. At the other end of the risk continuum, there is a very low risk classification group which has only a 2% substantiation rate. In effect, high risk families were almost 15 times more likely to be substantiated than very low risk families.

Figure 7



The utility of using the instrument to assess unsubstantiated families is demonstrated by these graphs (the distribution of substantiated and unsubstantiated families among risk levels is shown in Figure 10).

## **New Mexico Risk Assessment Procedures**

The risk assessment tool described above assigns New Mexico families to risk classifications which provide a reliable, actuarial estimate of the risk of future abuse or neglect. By using this classification procedure at investigation, workers should be in a better position to make initial case service decisions and help the agency focus available services on families who need them most, regardless of the investigation findings. This, in turn, should help maximize the impact agency service activities have upon future maltreatment.

The risk assessment described here is not the only information used in making initial case decisions in New Mexico. Actuarial procedures simply provide workers with estimates of future behavior based on a limited set of observable factors. They do not yield predictions for individual families. Investigating caseworkers or their supervisors are permitted to override the risk classification based on their own professional judgement and observation of the family. In addition, they are required to override cases to high risk in certain circumstances regardless of the risk assessment classification. These circumstances include cases where there has been a serious, non-accidental injury to a child, sexual abuse where the perpetrator has access to the child, and similar situations. Whether workers may or may not exercise an override, their decision making process utilizes a risk classification which is systematically determined and has a strong empirical relationship to the incidence of future maltreatment. The discretionary decisions of the investigating worker may, in fact, improve the actuarial risk classification procedure described here.

It should also be noted that the risk assessment is only the first step in the CPS case planning process. New Mexico staff and the CRC also developed a structured family strengths and needs assessment instrument for systematically identifying family problems to be addressed by agency service interventions which appears on the following pages.

**Figure 8**  
**NEW MEXICO FAMILY ASSESSMENT OF NEEDS AND STRENGTHS**

Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_ Date: / / \_\_\_\_\_

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

Some items apply to all household members while other items apply to caretakers only. Assess items for the specified household members, selecting one score only under each category. Household members may score differently on each item. When assessing an item for more than one household member, record the score for the household member with the greatest need (highest score).

Caretakers are defined as adults living in the household who have routine responsibility for child care. For those items assessing caretakers only, record the score for the caretaker with the greatest need (highest score) when a household has more than one caretaker.

			<b>Score</b>
<b>S1. Emotional/Mental Health</b>	a. Demonstrates good coping skills . . . . .	-3	
	b. Minor mental health problems. . . . .	1	
	c. Moderate mental health problems . . . . .	3	
	d. Chronic or severe mental health problems . . . . .	5	
<b>S2. Parenting Skills</b>	a. Good parenting skills . . . . .	-3	
	b. Minor difficulties in parenting skills . . . . .	0	
	c. Moderate difficulties in parenting skills . . . . .	3	
	d. Destructive parenting patterns . . . . .	5	
<b>S3. Family Relationships</b>	a. Supportive relationship . . . . .	-2	
	b. Occasionally problematic relationship(s) . . . . .	0	
	c. Domestic discord . . . . .	2	
	d. Serious domestic discord/domestic violence . . . . .	4	
<b>S4. Substance Use</b>	a. No evidence of problem . . . . .	0	
	b. Some substance use . . . . .	1	
	c. Moderate substance use problems . . . . .	2	
	d. Serious substance use problems . . . . .	4	
<b>S5. Child Characteristics</b>	a. Age appropriate, no problems . . . . .	-1	
	b. Minor problems . . . . .	0	
	c. One child has severe/chronic problems . . . . .	1	
	d. Children have severe/chronic problems . . . . .	3	
<b>S6. Social Support Systems</b>	a. Strong support network . . . . .	-1	
	b. Adequate support network . . . . .	0	
	c. Limited support network . . . . .	1	
	d. No support or destructive relationships . . . . .	3	
<b>S7. Communication/ Interpersonal Skills</b>	a. Strong skills . . . . .	-1	
	b. Appropriate skills . . . . .	0	
	c. Limited or ineffective skills . . . . .	1	
	d. Hostile/destructive . . . . .	3	
<b>S8. Caretaker(s) Abuse/ Neglect History</b>	a. No evidence of problem . . . . .	-1	
	b. Caretaker(s) abused/neglected as a child . . . . .	0	
	c. Caretaker(s) in foster care as a child . . . . .	1	
	d. Caretaker(s) perpetrator of abuse/neglect . . . . .	3	
<b>S9. Caretaker(s) Life Skills</b>	a. Good life skills . . . . .	-1	
	b. Adequate life skills . . . . .	0	
	c. Poor life skills . . . . .	1	
	d. Severely deficient life skills . . . . .	3	
<b>S10. Physical Health</b>	a. Preventive health care . . . . .	-1	<b>Score</b>
	b. No adverse health problem . . . . .	0	

	c. Health problem or disability . . . . .	1	
	d. Serious health problem or disability . . . . .	3	_____
<b>S11. Literacy</b>	a. Multilingual and literate . . . . .	-1	
	b. Literate . . . . .	0	
	c. Marginally literate . . . . .	1	
	d. Illiterate . . . . .	2	_____
<b>S12. Housing/Environment</b>	a. Adequate housing . . . . .	-1	
	b. Some housing problems, but correctable . . . . .	0	
	c. Serious housing problems, not corrected . . . . .	1	
	d. Uninhabitable or no housing . . . . .	2	_____
<b>S13. Employment/Income</b>	a. Employed . . . . .	-1	
	b. No need for employment . . . . .	0	
	c. Underemployed . . . . .	1	
	d. Unemployed . . . . .	2	_____
<b>S14. Community Resource Availability</b>	a. Seeks out and utilizes resources . . . . .	-1	
	b. Utilizes resources . . . . .	0	
	c. Resource utilization problems . . . . .	1	
	d. Refusal to utilize resources . . . . .	2	_____
			<b>TOTAL SCORE</b> _____

Based on this assessment, identify the primary needs and strengths of the family.  
Record S code and title.

<b>Needs</b>	<b>Strengths</b>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

**NEEDS AND STRENGTHS LEVEL**

Assign the family's needs and strengths level based on the total score.

\_\_\_\_\_ Low (-18 to -7)

\_\_\_\_\_ Moderate (-6 to 9)

\_\_\_\_\_ High (10+)



The structured family needs and strengths assessment not only classifies a family's overall level of need, but also identifies the family's three primary needs and three primary strengths. The agency requires that the primary needs and strengths be addressed in the family's treatment plan. The information from the structured needs and strengths instrument and the actuarial risk instrument are combined with the decision about substantiation -- incident-based substantiation cannot be abandoned, since the courts rely on it -- to provide a more comprehensive assessment of the family, systematize the decision making process, and lead to better, more reliable decisions about case disposition and service delivery.

The fact that, in New Mexico, unsubstantiated families at every level of risk are more likely to be re-referred to child protective services for an investigation (see Figure 6) than are substantiated families, and are about as likely to be substantiated on later referrals (see Figure 7), suggests that incident-based substantiation is not the best criterion on which to provide services. The lower rate of re-referral for substantiated families may occur because they are more likely to receive services, regardless of whether the services are court-ordered, voluntary, or community-based. Service provision has a preventive effect, and unsubstantiated families are likely to benefit from it as much as substantiated families.

Therefore, agency officials in New Mexico decided that, even with limited resources, services should be provided to families most in need and most at risk of harming their children in the future. More intense, greater frequency services should be given to the families with the highest levels of risk and need, regardless of whether a substantiation occurred. The service options matrices that follow (Figure 9) describe the guidelines New Mexico employs to help workers make initial case service decisions.

**Figure 9**

<b>SERVICE OPTIONS MATRICES SUBSTANTIATED CASES</b>				
<b>Family Needs and Strengths</b>	<b>Risk Levels</b>			
	<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>
High	I & R	I & R or SS	Legal, FPS, or VFS	Legal or FPS
Moderate	None	I & R	SS	Legal, FPS, or VFS
Low	None	None	I & R or SS	VFS or SS

<b>SERVICE OPTIONS MATRICES UNSUBSTANTIATED CASES</b>				
<b>Family Needs and Strengths</b>	<b>Risk Levels</b>			
	<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>
High	None	None	FPS* or VFS*	FPS* or VFS*
Moderate	None	None	I & R	FPS* or VFS*
Low	None	None	None	I & R

\* If service is refused or unavailable, I & R or SS.

**Note:** None = No Services; I & R = Information and Referral; SS = Support Services; VFS = Voluntary Family Services; FPS = Family Preservation Services; Legal = Open Legal Case

I & R includes referrals to community services, juvenile justice services, juvenile court, and tribal services.

The major difference between the two service options matrices is that when a substantiation occurs, filing an open legal case becomes an option. Otherwise, the two matrices are quite similar: the most at-risk, at-need families receive the greatest amount of services. Families in the high risk/high need, high risk/moderate need, and moderate risk/high need groups receive services directly from agency social workers, whether voluntarily by engaging in intensive in-home family preservation services or by working on an agreed-upon treatment plan with the agency, or involuntarily through an open legal case. Families with more moderate levels of need and risk receive support services, which occur when social workers actively work with a family throughout the 30-day period of investigation as if they had an open case. Families with less risk and need, but who may still benefit from services, are given information and referred to community-based providers. Families with very low levels of risk and need are not provided with services.

Increasing agency involvement with higher risk, higher need families who do not have a substantiated allegation has potentially significant resource implications. While the percentage of high risk cases among the substantiated group is greater than in the unsubstantiated group (see Figure 10), in terms of raw numbers, there are about as many high risk unsubstantiated families as there are high risk substantiated families. While many of the families upon whom there is no substantiation may refuse voluntary services, there are many others who may accept and who can be served. Over the long-term, personnel may shift from county offices where most families generally have lower levels of risk and need to county offices where families' risks and needs are greater.

**Figure 10**

<b>NEW MEXICO RISK ASSESSMENT SAMPLE</b>				
<b>RISK LEVEL OF SUBSTANTIATED AND UNSUBSTANTIATED FAMILIES</b>				
<b>Risk Level</b>	<b>Unsubstantiated</b>		<b>Substantiated</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Very Low	110	16.3%	79	10.2%
Low	360	53.4%	339	43.7%
Medium	146	21.4%	220	28.4%
High	58	8.6%	138	17.8%
<b>Total</b>	<b>674</b>	<b>100.0%</b>	<b>776</b>	<b>100.0%</b>

Providing agency services to families who do not have a current substantiated incident of abuse or neglect requires a commitment to proactive rather than reactive intervention. For individual social workers and supervisors, it may require a leap of faith that providing services up front will prevent future abuse and neglect, and ultimately, result in lower caseloads. For the agency, it has already required a change in philosophy and a revision of policies and procedures. Because of the magnitude of the change, no major alteration in service delivery patterns is likely to occur quickly in New Mexico or elsewhere. What was learned by studying New Mexico families to develop an actuarial risk assessment instrument is that unsubstantiated families at high levels of risk and need require services just as much as substantiated families; what needs to be learned now is how to change attitudes and actions so that services can be provided to prevent abuse and neglect in the future.