Central Service Area

Initial Safety Assessments

Round 4 - Safety Model QA

Nebraska Department of Health and Human Services
Quality Assurance

Report Date: January 2011

EXECUTIVE SUMMARY
Final Report: Initial Safety Model QA Round 4
Central Service Area

The Quality Assurance Team completed the fourth round of Initial Safety Assessment Reviews in Central Service Area in December 2010. The period under review was October 2009 – March 2010. The QA team planned to complete a review of 129 out of the 625 total Initial Safety Assessments documented in N-FOCUS for Central Service Area during the period under review. The reviewers determined that 7 out of the 580 assessments were not eligible for the review. These 7 assessments were not eligible for the review due to the following reasons: Completed for the purpose of NEW CAN intake on an ongoing case, IA closed for the purpose of Unable to Locate, or IA opened in error.

This report contains a summary of reviews completed on 122 out of the 618 (20%) eligible Initial Safety Assessments in the Central Service Area. The report also includes some reviewer comments and observations. Charts containing data from the reviews are attached to the report.

Background Information:
Nebraska Safety Intervention System: The Nebraska Safety Intervention System (NSIS) was developed with the assistance of the National Resource Center for Child Protective Services to improve our safety interventions with children and families throughout the state. Nebraska has been working with the Center since 2005 to review models used by other states, to select the model Nebraska would use, and to develop Nebraska specific materials. The model is a research based best practice model that provides workers the tools to better assess safety for children and families throughout their involvement with DHHS. More specifically, the NSIS:

- Improves safety decisions;
- Involves supervisors to a greater degree in all aspects of decision-making;
- Provides clarity of purpose for initial and continuing safety assessment;
- Provides clarity of purpose for ongoing work with families;
- Improves the ability to assess and professionally support decisions;
- Increases the equity and fairness for all families; and
- Improves case planning and focus for safety related interventions.

It is important to note that the model is applied to cases involving child abuse and neglect only. The NSIS is not used in cases involving youth who are committed to state custody by the juvenile justice system, unless the Youth Level of Service/Case Management Inventory indicates a safety concern in a youth's family.

NSIS implementation began in April 2007 in the Western Service Area, continued throughout the state and was fully implemented in the spring of 2008. Service areas were asked to begin NSIS implementation as soon as they completed training. Under this implementation plan, all new child abuse and neglect reports are assessed using NSIS. Each service area was also asked to develop and implement a transition plan to ensure that all current cases were evaluated using NSIS by October 2008.

Summary of Findings:
Data collected from the second round of Initial Assessment reviews in Central Service Area indicated the following:

Initial Response:

- 83% - initial contact with all child victims was made within the required time frame.
- 44% - other adults living in the home were interviewed.
- 92% - maltreating caregiver was interviewed.
- 50% - interview protocol was followed.
- 11% - documentation indicated the reason for deviation from protocol.

Present Danger & Immediate Protective Action:

- 2% - worker identified Present Danger during contacts with the child and/or family. However, there were no Immediate Protective Action Plans documented on N-FOCUS.
- 98% - reviewer agreed with the worker's assessment of Present Danger.

6 Domains/Collateral Info/Identification of Relatives/ICWA:

- 84% - sufficient information was documented in the Maltreatment domain.
- 43% - sufficient information was documented in the Nature domain.
- 62% - sufficient information was documented in the Child Functioning domain.
- 58% - sufficient information was documented in the Parenting Discipline domain.
- 48% - sufficient information was documented in the General Parenting domain.
- 29% - sufficient information was documented the Adult Functioning domain.
- 28% - collateral information was incorporated when necessary.
- 67% - worker identified maternal relatives.
- 51% - worker identified paternal relatives.
- 80% - ICWA information was obtained.

Safety Evaluation:

- 32% - documentation was sufficient in the 6 domains to accurately assess the 14 safety factors.
- 96% - reviewer agreed with worker on safety threats – safety factors marked "YES".
- 34% - reviewer agreed with worker on safety factors marked "NO".

Safety Plan:

- 8% - reviewer judged the overall Safety Plan to be sufficient.
- 79% - suitability of Safety Plan participant was sufficient.
- 38% - Safety Plan oversight was sufficient.
- 33% - contingency plan was appropriate.
- ***25% - contained promissory commitments. * Lower number is better.***

Protective Capacity Assessment (PCA):

- 22% - Protective Capacity Assessment was conducted.
- 60% - PCA documentation reflects consensus between the worker and the family.
- 100% - PCA identified enhanced protective capacities.

Conditions of Return (COR):

- 41% - COR was established for children in out of home care at the end of the assessment.
- 78% - COR included how an in home Safety Plan would keep the child safe.

REVIEW FINDINGS:

Twenty percent (20%) of the Initial Safety Assessments completed in the Central Service Area during the period under review were assessed by the reviewers.

Reviewer Observations Regarding Assessments:

- *Safety Assessments are not being finalized in a timely manner. Assessments indicate several months gap between the begin date and the end date of the Safety Assessment. Several of the assessments were open longer than 12 months. In many of these instances, the assessment was not updated to reflect the current case circumstance at time of the finalization of the assessment.*

Initial Response/Contact Information (Chart 1):

During the period under review (PUR), 122 Initial Assessments were reviewed in Central Service Area. *Please note; not all of the Initial Safety Assessments reviewed had an intake on the system that listed a victim, non-maltreating caregiver and maltreating caregiver.*

- Initial contact with child victim was made within the required time frame in 83% of the Safety Assessments (100 out of 121 instances).
- Other children in the household were present in 46 of the reviewed assessments. 76% of other children residing in the household were interviewed.
- Non-maltreating caregiver was interviewed in 39 out of 42 or 93% of the instances.
- 44% or 11 out of 25 of other adults residing in the home were interviewed by Children and Family Services Specialist.
- Interviews with the maltreating caregiver occurred in 92% or 110 out of 119 assessments where there was an identified maltreating caregiver.
- Interview protocol was followed in 50% or 60 out of 121 assessments. For those assessments that did not follow protocol reviewers were able to find documentation to indicate the reason for protocol deviation in 7 out of 61 assessments (11%).

Present Danger and Protective Action (Charts 2 & 3):

- Present danger at the initial contact with the child victim and/or family was identified by CFS Specialists in three (3) of the reviewed assessments. The CFS Specialist documented an Immediate Protective Action (IPA) to address the present danger in 0% (0 out of 3) of these instances, therefore there weren't any that could be reviewed.
- Reviewers agreed with the worker's assessment of Present Danger in 98% (120 out of 122) of the assessments.

Domains (Chart 4):

- **Maltreatment –** Sufficient information was collected in 84% (103 out of 122) of the assessments.

Reviewer Comments:

- *Provide conclusion/overall analysis from interviews – include findings/conclusion.*
- *Provide details about symptoms, events and circumstances related to maltreatment.*
- *Include information from and about the children/victims regarding the maltreatment allegations.*
- *Interview or include information for everyone listed as perpetrators.*
- *Address all areas of concern in the intake.*

- *Caution run on narratives, information needs to be separated into other domain areas.*

- **Nature –** Sufficient information was collected in 43% (52 out of 122) of the assessments.

  Reviewer Comments:
  - *Need to include caregiver's explanation of maltreatment*
  - *This section needs to include worker's analysis of lengthy history of intakes received on this family.*
  - *Summarize and discuss the major influences of the overarching causes to abuse and neglect.*
  - *Include analysis of events/factors and historical information surrounding the abuse and neglect.*
  - *Include information about circumstances of past removals and whether or not those circumstances relate to current maltreatment.*

- **Child Functioning –** Sufficient information was collected in 62% (76 out of 122) of the assessments.

  Reviewer Comments:
  - *Need to include current information and address changes in child functioning.*
  - *Summarize and incorporate information gathered from ongoing contacts with child, family and providers.*
  - *Include parents and/or caregivers perceptions of the child. What conclusions can be drawn from the worker's contact with all parties regarding the child's behavior and development?*
  - *Include worker observation of child (ren).*
  - *Include description and information to support overarching statements surrounding child's development or behavioral difficulties.*
  - *Need to assess all children living in the home.*

- **Disciplinary Practices –** Sufficient information was collected in 58% (71 out of 122) of the assessments.

  Reviewer Comments:
  - *Need to include current information and address changes in disciplinary practices.*
  - *Incorporate information gathered from contacts with child, family and providers. Include statements from providers working with the family regarding their observations of parent discipline.*
  - *Include situation/purpose and detailed information in which the parent implements discipline for the child (ren), length of discipline, future discipline plans in assessments involving infants, children's statements of discipline in the home, patterns of discipline with older children.*

- **General Parenting –** Sufficient information was collected in 48% (58 out of 122) of the assessments.

  Reviewer Comments:

- *Need to include current information and address changes in general parenting practices.*
- *Incorporate information gathered from contacts with child, family and providers. Include statements from providers working with the family regarding their observations.*
- *Include information regarding routines within the home, include past parenting of children that may have been relinquished or terminated, family activities, parent satisfaction, parental roles.*
- *Include parenting for all individuals living in the home if they take a role in caring for the children.*

- **Adult Functioning –** Sufficient information was collected in 29% (35 out of 122) of the assessments.

  Reviewer Comments:
  - *Need to include current information and address changes in adult functioning.*
  - *Summarize information gained during contacts with the adults involved.*
  - *Need to include information for all adults living in the home.*
  - *Include information about employment history, financial assistance, community or family supports, Mental Health, Domestic Violence and Substance Abuse information.*
  - *Discuss the nature of adult relationships within the home (marriage and other relationships).*

Collateral Source (Chart 4):

- 88% or 107 out of 122 assessments indicated that information should have been collected from a collateral source. Collateral information was collected in 28% (30 out of 107) of the applicable assessments.

  Reviewer Comments:
  - *Incorporate the information gained from collaterals into the assessment that supports enhancement of parental protective capacities or discusses barriers to enhancing the diminished capacities.*
  - *Collaterals can include family team participants, providers working with the family, mental health professionals, etc.*

Maternal/Paternal Relatives (Chart 4): *In October 2008, clarification regarding the identification of relatives was provided to the CFS and Service Area Administrators. All cases will have relatives identified regardless of the safety determination.*

- Maternal relatives were identified in 67% (82 out of 122) of the assessments.
- Paternal relatives were identified in 51% (62 out of 122) of the assessments.

  Reviewer Comments:
  - *Documentation needs to contain at a minimum first name, last name, and location (city & state).*
  - *Include in documentation parents' refusal to provide extended family information during assessment.*

- *Strongly encourage workers complete the kinship narrative. Workers should also review information entered in the kinship narrative during previous assessment and update as necessary.*

ICWA (Chart 4):

- Information regarding ICWA was obtained in 80% (98 out of 122) of the assessments.

Reviewer Comments:

- *Workers need to utilize the kinship narrative and include a statement as to how ICWA information was obtained by CFS Specialist. For example, if the worker indicates that ICWA does not apply to family or N/A, the worker needs to include a statement of how they learned that it did not apply.*

Safety Assessment Conclusion & Impending Danger (Charts 5):

The worker determined the child (ren) to be unsafe in 19% of the assessments (23 out of 122). The reviewer was in agreement with the worker's determination that the child was unsafe in 96% (22 out of 23) assessments.

The worker determined the child (ren) to be safe in 81% of the assessments (99 out of 122). The reviewer agreed with the worker's conclusion that the child was safe in 41% (41 out of 99) of the assessments.

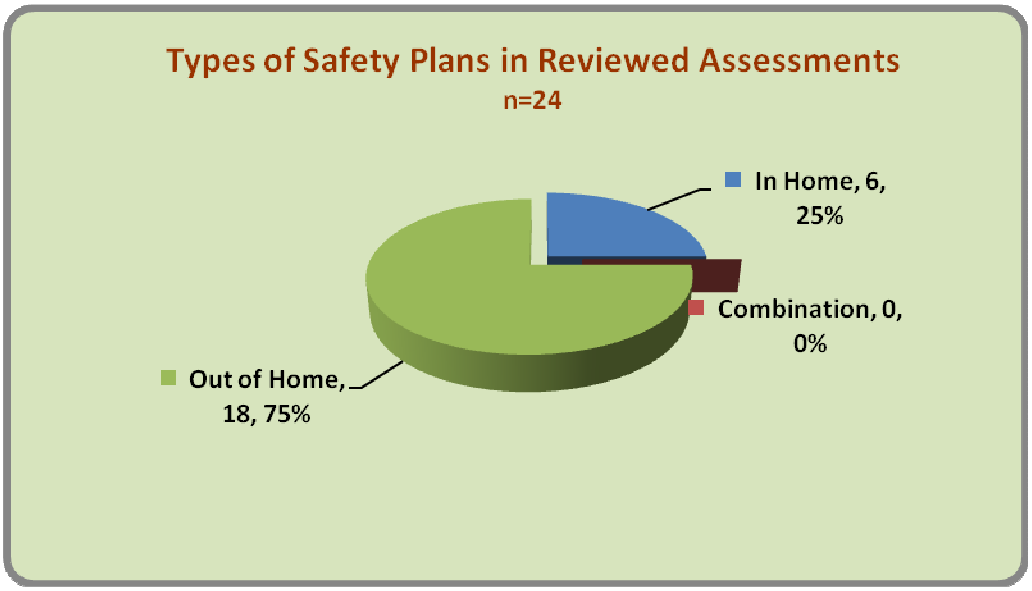
- 30% (36 out of 122) of the assessments contained sufficient information to provide a reasonable understanding of family members and their functioning.
- 32% (39 out of 122) of the assessments contained sufficient information to support and justify decision making.
- 32% (39 out of 122) of the assessments contained sufficient information in the six domains to accurately assess all 14 safety factors.
  - The reviewer agreed with the worker on all of the safety factors identified **"yes"** in 96% (22 out of 23) of the applicable assessments.
    - Within the safety factors identified **"yes",** 83% (19 out of 23) contained threshold documentation for identification/justification of impending danger.
  - The reviewer agreed with the worker on all of the safety factors identified **"no"** in 34% or 41 out of 122 assessments.

Reviewer Comments:

- *In many instances, the safety assessment did not contain enough information to accurately assess all 14 safety factors.*
- *CFS Administrators were alerted when a reviewer had questions/concerns for the child's safety. Although the reviewers determined the majority of assessments did not contain sufficient information to determine impending danger, CFS Administrator notification was not necessary following review of the safety assessments.*

Safety Plan (Charts 6 & 7):

- The worker determined that the child was unsafe in 23 out of the 122 (19%) reviewed assessments. However, safety plans were established at the conclusion of the safety assessment in 24 out of 122 (20%) of the reviewed assessments.
- The review of the 24 safety plans revealed the following:



- 25% (6 out of 24) of the Safety Plans were In Home Safety Plans. Reviewers indicated that the CFS Specialist should have considered utilizing an In Home Safety Plan on one additional case.
- 0% (0 out of 28) of the Safety Plans were Combination Safety Plans. Reviewers indicated that the CFS Specialist should have considered utilizing a Combination Safety Plan in two of the cases.
- 75% (18 out of 24) Safety Plans were Out of Home Safety Plans. Reviewers agreed 100% with the CFS Specialists decision not to utilize an Out of Home Safety Plan in the remaining 6 cases.
- Contingency plans were appropriately documented in 33% (8 out of 24) of the Safety Plans.
- Suitability of Safety Plan participant(s) was/were appropriately documented and contained sufficient information to support decisions made with regards to the suitability of the Safety Plan participants in 79% (19 out of 24) of the Safety Plans.
- 92% (22 out of 24) of the Safety Plans addressed who was going to make sure the child was protected.
- 54% (13 out of 24) of the Safety Plans addressed what action is needed.
- 83% (20 out of 24) of the Safety Plans addressed where the plan and action are going to take place.
- 17% (4 out of 24) of the Safety Plans addressed when the action will be finished.
- 42% (10 out of 24) of the Safety Plans addressed how it is all going to work and how the actions are going to control for safety.
- 25% (6 out of 24) of the Safety Plans contained caregiver promissory commitments. *Promissory commitment refers to the caregiver having responsibility to manage safety when it has been determined that the situation is out of control. Assessment needs to clearly document changes that caregivers have made to suggest their ability to manage safety.*
- 21% (5 out of 24) of the Safety Plans involved in home services.
- The Safety Plan oversight requirement was sufficient to assure that the Safety Plan was implemented in accordance with expectation and was assuring child safety in 38% (9 out of 24) of the reviewed Safety Plans.
- 92% or 22 out of 24 completed Safety Plans were adjusted as threats increased or decreased.
- Overall, only 8% (2 out of 24) of the Safety Plans were judged to be sufficient by reviewers.

Reviewer Comments:

- *CFS Specialists need to evaluate the safety thresholds as if the children were residing in parental care without service intervention. In some instances, children were determined to be SAFE because of the services in place. For example: Upon completion of an updated safety assessment, CFSS concludes there are no safety threats due to implemented services and supports wrapped around the family, even though parent protective capacities have not been enhanced and safety threats would be present in the absence of those services.*
- *Safety Plans are to be implemented and active as long as threats to child safety exist and caregiver protective capacities are insufficient to assure a child is protected. A Safety Plan must: Control and manage impending danger; incorporate and control any present danger controlled by Protective Action; have an immediate effect; be immediately available and accessible and have supports and services that have immediate effect of controlling for identified safety threats. Safety Plans must NOT have promissory commitments.*
- *Suitability of Safety Plan participants should be completed for all participants including two-parent foster families, providers and informal supports. When appropriate, suitability must include background checks on suitability.*
- *The Safety Plan documentation should include a sufficient contingency plan. The intent of having a sufficient contingency plan is to have staff think ahead, anticipate situations that might come up and make a plan to deal with them. A good contingency plan is an actual backup plan with names and information of individual(s) that will take over or complete safety actions if the original Safety Plan participant is unable to do so. A good contingency plan is one that can prevent the need for immediate caseworker notification or action.*
- *Children and Family Services Specialist (CFSS) is responsible for oversight of the Safety Plan. Safety Plans will be monitored continuously, but no less often than once a week prior to completion of the assessment. Monitoring of the Safety Plan will involve face to face contact with the child and family and phone calls to Safety Plan participants. This monitoring may be done by the CFSS, or other person designated by the CFSS to provide monitoring. An individual Safety Plan participant cannot be designated to monitor the Safety Plan. As progress is demonstrated toward achieving the identified outcomes, the Safety Plan may be monitored less frequently, but no less than once a month. All monitoring activities will be documented and maintained in the case record. If monitoring is done by someone other than the CFSS, the CFSS will review the monitoring reports at least once a week.*

Protective Capacity Assessment (Chart 8):

- 22% (5 out of 23) of the cases had a Protective Capacity Assessment documented on N-FOCUS at the time of the review.
  - Documentation within the Protective Capacity Assessments indicated that consensus was reached between the specialist and family regarding what has changed or needs to change in 60% (3 out of 5) of the completed Protective Capacity Assessments.
  - The CFS Specialist identified the parent (s)' enhanced protective capacities in 100% (5 out of 5) of the completed Protective Capacity Assessments.

  Reviewer Comments:
  - *CFSS must complete a Protective Capacity Assessment (PCA) for a family in which a child has been determined to be unsafe. The PCA is an assessment to determine the enhanced and diminished protective capacities within the family.*
  - *The PCA needs to be completed and documented on N-FOCUS within 60 calendar days of the initial custody date or 60 days from the begin date of the initial safety assessment.*
  - *The PCA should be completed to reflect current parent protective capacities.*

Conditions for Return (Chart 9):

- 41% (9 out of 22) of the cases in which the child(ren) were placed out of home At the time of the reviews, none (0%) none of the 17 applicable cases included a finalized copy of the Conditions for Return.

  Reviewer Comments:
  - *When children are residing outside the parent's/caregiver's home as part of a Safety Plan, everyone involved, especially the child's parents/caregivers, should be well informed about what conditions (circumstances that must exist in the home) are for the child/youth to be returned to the home.*
  - *Conditions for Return need to be developed for children who are expected to be placed outside of the parental home for longer than 30 days. Conditions of Return need to be completed and documented on NFOCUS within 60 calendar days of removal.*

NOTE: The QA tool does not assess whether or not the worker met their time frame in documenting the PCA or the Conditions for Return on N-FOCUS. The QA team only reviews the quality of the PCA and the Conditions of Return if it is finalized on N-FOCUS at the time of the review.

Reviewers Overall Analysis and Conclusion of the Work:

For the purpose of a case review, the reviewer assessed the following information based on their review of the case. This part of the review contains the same information as those included in the Supervisory Review of the Nebraska Safety Assessment.

Question	% Achieved
The Nebraska Safety Assessment Instrument was completed correctly and completely.	20%
Documentation is on N-FOCUS	98%
Required Time Frames were met.	83%
A reasonable level of effort was expended given the identified safety concerns.	32%
Safety of the child/youth was assured during the assessment process.	36%
Sufficient information was gathered for informed decision making	31%
Available written documentation was obtained from law enforcement/others as appropriate.	100%
ICWA information was documented.	80%
Information was obtained about non-custodial parent, relatives, and other family support.	41%
An Immediate Protective Action was appropriately implemented to assure child safety.	0%
A Safety Plan was appropriately completed and implemented to assure child safety.	4%
A Safety Assessment was documented in accordance with required practice.	22%
A Protective Action was documented in accordance with required practice.	0%
A Safety Plan was documented in accordance with required practice.	4%
The family network and others were appropriately involved in the gathering of information.	30%
The family networks and others were appropriately involved in developing Safety Plans.	71%
Policy and procedures related to safety intervention were followed.	48%
Safety Plan is sufficient to protect child from threats of severe harm.	4%
Efforts to coordinate with law enforcement were documented.	91%
Interview protocols were followed or reason for deviation from protocol was documented.	53%
The appropriate definition was used in making the case status determination.	92%
The finding was correctly documented in N-FOCUS.	96%
Factual information supports the selected finding.	93%