

Statewide Initial Assessments

1st Round Safety Model QA Reviews



**Nebraska Department of Health and Human Services
Quality Assurance**

January 2009

Overview

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.

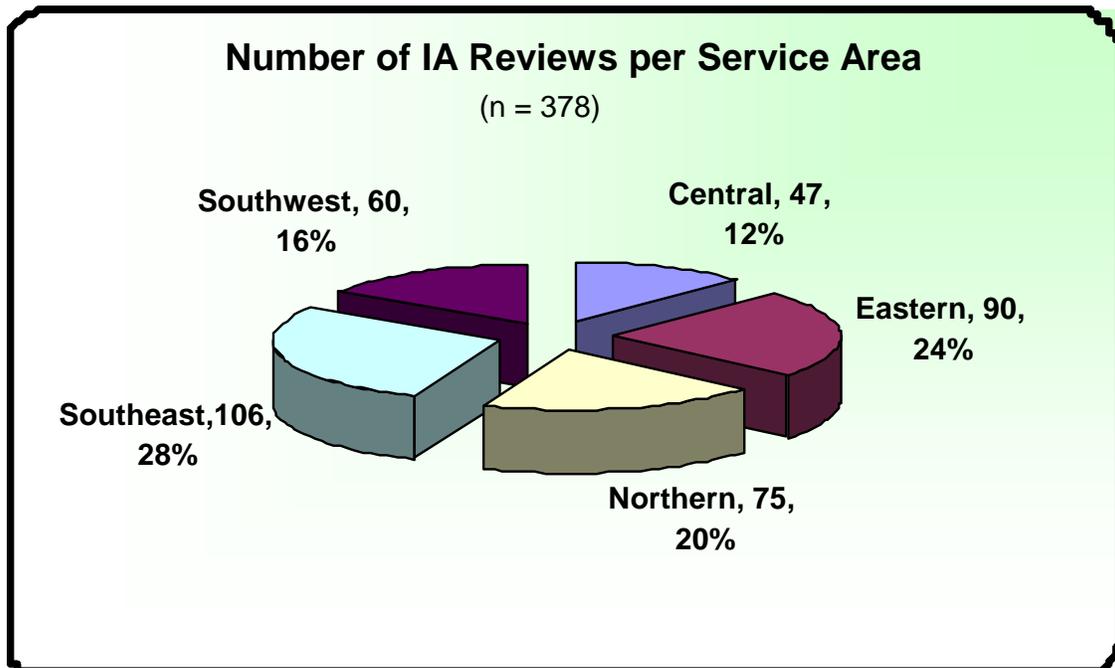
NSIS implementation began in April 2007 in the Western Service Area and continued throughout the state and was fully implemented in the spring of 2008. Service Areas were asked to begin NSIS implementation as soon as they completed training. Under this implementation plan, all new child abuse and neglect 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.

Quality Assurance staff members are applying a tiered review of cases processed using the Nebraska Safety Intervention System (NSIS) to monitor adherence to the model: an initial review of 15 safety assessments from each supervisor; a second review of five assessments from each supervisor; and ongoing case reviews thereafter.

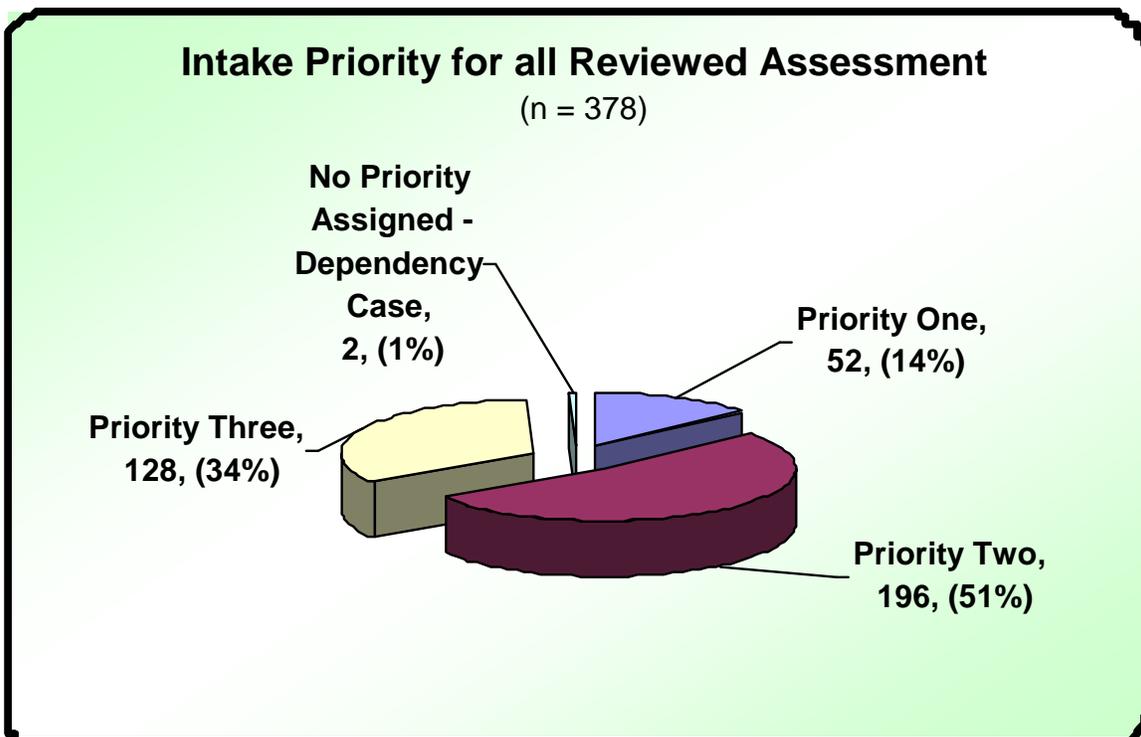
As of October 31st, 2008, the Quality Assurance team had completed the initial review of cases throughout the state. A total of 378 Initial Assessments were reviewed by the QA team for the following Service Areas: Central, Eastern, Northern, Southeast and eastern part of the Western Service Area. For purposes of this report, throughout this document and related charts, we will refer to the eastern part of the Western Service Area as Southwest. **An additional 52 cases were reviewed in the Panhandle area of the Western Service area but results from those reviews were not included in this report due to the reviews being completed prior to the QA Review tool being finalized.**

This report contains a summary of the 378 reviews completed statewide. Charts containing the statewide data as well as data for each service area can be found in the attached excel file: [Statewide Report Charts.xls](#).

Of the 378 initial assessments reviewed, 47 were from the Central Service Area, 90 were from the Eastern Service Area, 75 were from the Northern Service Area, 106 were from the Southeast Service Area and 60 were from the Southwest area.



Fifty two (52) of the initial assessments reviewed were priority one cases, 196 were priority two cases, 128 were priority three cases and 2 were dependency cases.

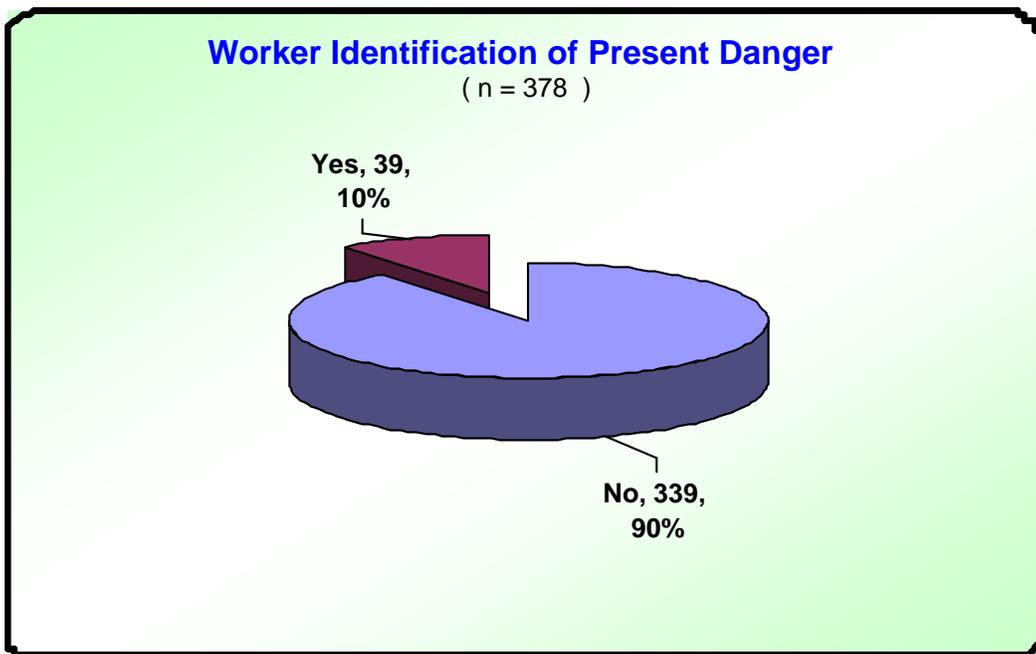


Initial Response/Contact Information. (n=378)

52% of the time the interview protocol was followed. Reviewers were able to find documentation to indicate the reason for the deviation from protocol in 19% or 35 out of 180 instances in which protocol was not followed.

- Initial contact with child victim was made within the required time frame in 74% of the Safety Assessments (277 out of 376 instances). The required time frame was not assessed for two dependency cases that were reviewed.
- Other children in the household were present in 142 out of 378 (38%) of the reviewed assessments. Other children in the household were interviewed in 112 out of 142 instances (79%). The reviewers were able to find explanation to reasonably justify the lack of contact with other children in the household in 5 out of the 30 (17%) cases in which other children in the household were not interviewed.
- 127 out of 378 (34%) of the reviewed assessments had a non-maltreating caregiver listed in the intake. The non-maltreating caregiver was interviewed in 87% or 111 out of 127 instances.
- Other adults were present in 74 out of 378 (20%) of the reviewed assessments. 54% or 40 out of 74 of those adults were interviewed by workers.
- Interviews with the maltreating caregiver occurred in 94% or 352 out of 375 assessments. There were a total of 378 initial assessments reviewed, however, two of them were dependency cases and one did not have a perpetrator's name listed on the intake.

Present Danger/Immediate Protective Action Plans:



Overall, only ONE out of 40 of the protective action plans was judged to be sufficient by Reviewers.

- Workers identified present danger at the initial contact with the child victim and/or family in 39 of the 378 reviewed Safety Assessments (10%). *Statewide, it appeared early in the reviews that workers were identifying present danger when the situation did not meet the present danger criteria. National Resource Center indicates that Present Danger occurs in 8-10% of cases.*

- 94% of the time (355 out of 378) the reviewers agreed with the worker's assessment of Present Danger.
 - The reviewers disagreed with the worker's conclusion in 16 instances in which the worker identified present danger and 7 instances in which the worker did not identify present danger.
- Even though the workers identified present danger at the initial contact with the child victim and/or family in 39 out of the 378 reviewed Safety Assessments, the workers implemented a total 40 Immediate Protective Actions (IPA).
 - Reason for the protective action was explained to the parent/caregiver in 68% of the IPA's developed. (27 out of 40).
 - 26% (10 out of 40) of the IPA's included sufficient oversight requirements to assure child safety.
 - 50% (20 out of 40) of the IPA's contained parent's willingness to cooperate.
 - 60% (24 out of 40) of the IPA's contained a description of the persons responsible for the protective action.
 - 50% (20 out of 40) of the IPA's taken contained confirmation of person responsible for the protective action.
 - 34% (17 out of 40) of the IPA's contained a description of how the protective action was going to work.
 - 8% (3 out of the 40) of the IPA's contained timeframes for the protective action.

Domains: *A summary of reviewer comments in the assessments in which information was NOT found to be sufficient in the domains are included in this section.*

58% or 219 out of 378 of the reviewed assessments contained sufficient information in the six domains to accurately assess the 14 safety factors.

- **Maltreatment** – Sufficient information was collected in 69% (260 out of 378) of the assessments.
 - *Reviewer Comments: Provide a brief summary of interviews in order to support findings. Interview or include information for everyone listed as perpetrators. Include findings/conclusions and evidence to support findings, include removal of child, address all areas of concern in the intake.*
- **Nature** – Sufficient information was collected in 56% (210 out of 378) of the assessments.
 - *Reviewer Comments: What were the circumstances of the other intakes? Include analysis of events/factors surrounding the abuse and neglect. Include pattern of why the abuse and neglect is occurring in the home.*
- **Child Functioning** – Sufficient information was collected in 71% (267 out of 378) of the assessments.
 - *Reviewer Comments: What conclusions can be drawn from the worker's contact with all parties regarding the child's behavior and development? Worker observation of child (ren), description of overarching statements surrounding child's development or behavioral difficulties; need to assess all children living in home.*
- **Disciplinary Practices** – Sufficient information was collected in 58% (218 out of 378) of the assessments.
 - *Reviewer Comments: Include situations and detailed information in which the parent implements discipline for the child(ren), future discipline plans in*

assessments involving infants, children's statements of discipline in home, and patterns of discipline with older children.

- **General Parenting** – Sufficient information was collected in 59% (223 out of 378) of the assessments.
 - *Reviewer Comments: Routines within the home, include past parenting of children that may have been relinquished or terminated, family activities, parental roles, include parenting for all individuals living in the home if they take role in caring for the children.*
- **Adult Functioning** – Sufficient information was collected in 49% (185 out of 378) of the assessments.
 - *Reviewer Comments: Need to include all adults living in the home, community or family supports, employment status, mental health, domestic violence and substance abuse information. Talk about the nature of adult relationships within the home (marriage, girlfriend/boyfriend, nanny and other relationships).*

Collateral Source: *A summary of reviewer comments were included in this section.*

- **298 out of the 378 assessments indicated that information should have been collected from a collateral source. Collateral information was collected in 54% or 161 out those 298 cases.**
 - *Reviewer Comments: Incorporate the information gained from collaterals into the assessment. Many times a contact is recorded on the contact sheet but the information gained is not incorporated into the assessment. Suggest workers utilize the narrative portion in the contact sheet to document the family's relationship to the contact.*

Maternal/Paternal Relatives: *A summary of reviewer comments were included in this section.*

***NOTE:** The following data for identification of maternal and paternal relatives is not reliable due to difference in practice when identifying maternal and paternal relatives within the each of the service areas during the period under review. More specifically, some service areas only identified maternal and paternal relatives on cases where the child was UNSAFE while other service areas identified maternal/paternal relatives for ALL cases. In November of 2008, all service areas were asked to follow a common practice of identifying maternal and paternal relatives for ALL cases.*

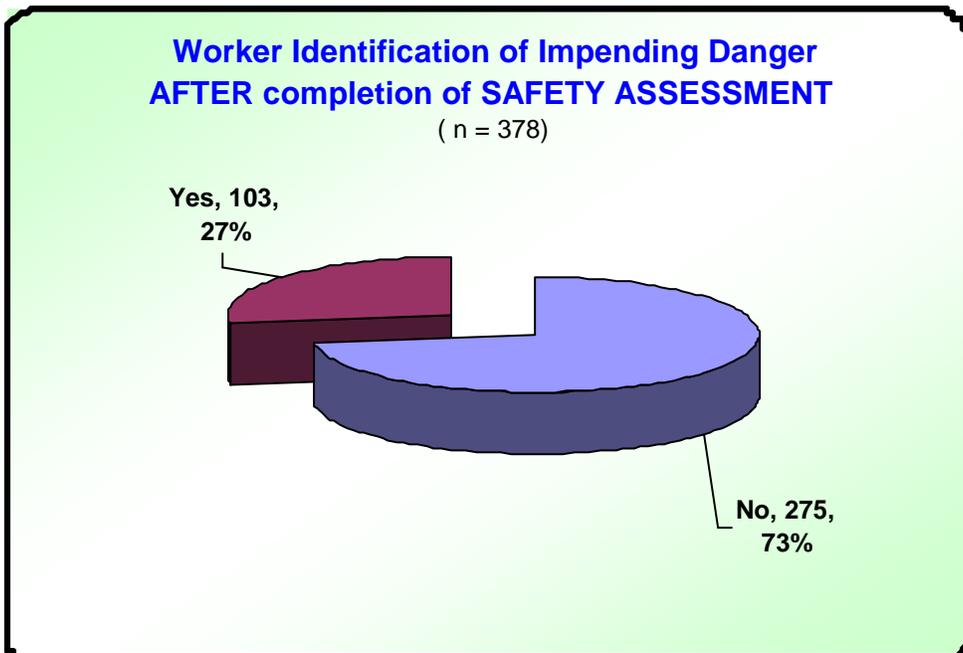
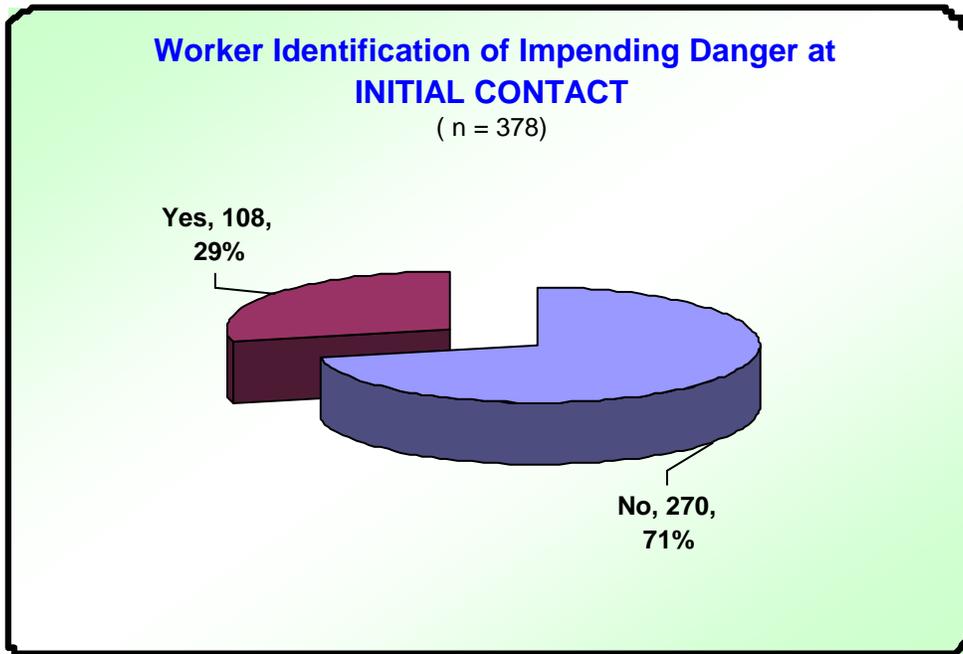
- **Maternal relatives were identified in 56% of the assessments reviewed (213 out of 378).**
- **Paternal relatives were identified in 41% of the assessments reviewed (156 out of 378).**
 - *Reviewer Comment: Documentation needs to contain at a minimum first name, last name, and location (city & state).*

ICWA: *A summary of reviewer comments were included in this section.*

- **Information regarding ICWA was obtained in 78% of the assessments reviewed (295 out of 378).**
 - *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, ICWA does not apply to family or N/A. Need to include statement of how the worker learned that it did not apply.*
 - *Examples:*
 - *Per mother/name and father/name there were no tribal affiliations.*
 - *Father was asked about enrollment or qualification for tribal membership and reported....*

Impending Danger:

- 85% of the time the reviewers agreed with the workers determination of impending danger at the initial contact with the child or family.
- 95% of the time the reviewers agreed with the workers decision at the conclusion of the safety assessment that the child was UNSAFE
- 73% of the time the reviewers agreed with the worker’s decision at the conclusion of the safety assessment that the child was SAFE.



Impending Danger at the initial contact with the child and/or family The worker identified impending danger at the initial contact with the child or family in 29% or 108 out of the 378 assessments reviewed. The reviewer agreed with the worker's decision in 85% or 322 out of the 378 assessments reviewed.

- The reviewer disagreed with the worker in five of the cases in which the worker indicated that there was impending danger at their initial contact with the youth and/or family.
- The reviewer disagreed with the worker in 51 of the cases, in which the worker indicated that there was NO impending danger at the initial contact with the youth and family. The reviewers determined that there was either enough information in the documentation to indicate impending danger at the worker's initial contact with the child and/or family **or** that there was limited information in the assessment and not enough to make a determination on whether or not there was impending danger at the initial contact with the child and/or family.

Impending Danger at the end of the Initial Assessment: The worker identified impending danger at the end of the initial assessment in 27% or 102 out of the 378 reviewed assessments.

- The reviewer agreed with the worker on all of the safety factors identified “**yes**” in 82% or 84 out of 102 of these assessments.
 - Within the safety factors identified “**yes**”, 88 out of 102 (86%) contained threshold documentation for identification/justification of impending danger.
- The reviewer agreed with the worker on all of the safety factors identified “**no**” in 71% or 269 out of all 378 assessments that were reviewed
- 62% or 233 out of 378 of the reviewed assessments contained sufficient information to provide a reasonable understanding of family members and their functioning.’
- 73% or 275 out of 378 of the reviewed assessments contained sufficient information to support and justify decision making.

Safety Assessment Conclusion:

- The worker determined that the child was UNSAFE at the conclusion of the safety assessment in 102 out 378 (27%) of the reviewed assessments. The reviewer agreed with the worker’s decision that the child was UNSAFE in 97 out of the 102 assessments (95%).
- The worker determined that the child was SAFE in 276 out of 378 (73%) of the reviewed assessments. The reviewer agreed with the worker’s decision that the child was SAFE in 73% or 201 out of the 276 assessments. The reviewer either determined that the child was unsafe **or** that the information in the assessment was not sufficient to make a determination of safety in 27% or 75 out of 276 of the assessments in which the worker determined the child to be SAFE.

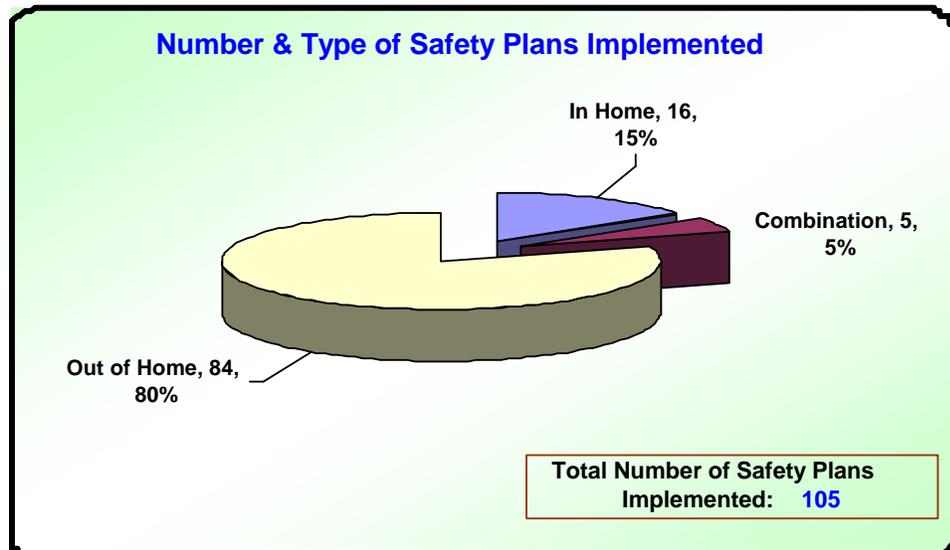
NOTE: Each Child and Family Service Administrator (CFSA) was immediately alerted on cases in which there was a discrepancy between the reviewer’s and the worker’s judgment on whether or not the child was safe.

Safety Plan:

Overall, 21% or 22 out of 105 safety plans were judged to be appropriate by reviewers.

- Even though the worker determined that the child was unsafe in 102 out of 378 reviewed Safety Assessments, the workers implemented a total of 105 Safety Plans.

- 15% or 16 out of 105 of the safety plans were in home safety plans. Reviewers indicated that the worker should have considered using an in home safety plan in 2 cases in which combination or out of home safety plans were used.
 - 5% or 5 out of 105 of the safety plans were combination safety plans. Reviewers indicated that the worker should have considered using a combination safety plan in 5 cases in which an in home or out of home safety plans were used.
 - 80% or 84 out of 105 of the safety plans were out of home safety plans. Reviewers indicated that the worker should have considered using an out of home safety plan in 2 cases in which an in home or combination safety plans were used.



- 49% or 51 out of 105 safety plans completed contained a sufficient contingency plan.

Examples of sufficient contingency plan:

Note: 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.

For Out of Home Safety Plans:

1.) *If (NAME) approved relative provider is unable to care for the (child/youth), the relative care provider will contact the child's caseworker and the child will be placed with (NAME) another identified and approved relative provider.*

2.) *If (NAMES) foster parents are unable to care for the (child/youth), the foster parents will contact the child's caseworker and the child will be placed with (NAME) identified respite care provider or (NAME) identified traditional or agency foster care provider.*

For IN Home Safety Plans:

1.) *If (NAME) relative safety plan provider is unable to be at (NAME) family home as expected from 4-6pm. Then (NAME) will contact (NAME) another relative safety plan participant who will substitute for them during that time. If both are unavailable due to a family emergency then (NAME) the pastor's wife will substitute for them during that time.*

2.) *If (NAME) a contractor providing safety services for the family is unable to do what they agreed to do, they will notify the caseworker and (NAME) another safety service contractor will be utilized.*

Examples of insufficient contingency plan:

- 1) *The placement unit will need to find another placement.*
- 2) *Child will be made a state ward and placed into foster care.*
- 3) *This is an out of home safety plan and there is not a need for a backup plan.*
- 4) *The assigned caseworker should be contacted.*
- 5) *Their designee will take over*
- 6) *None*

- 61% or 64 out of 105 of the safety plans contained sufficient information to support the decision made with regards to suitability of safety plan participants.
- Suitability of the safety plan participant(s) was completed in 74% or 78 out of 105 of the assessments that contained a safety plan.
 - The Reviewers judged that there was sufficient information to support the decision made with regards to the suitability of the safety plan participants in 82% or 64 out of 78 of the safety plans that contained a suitability of safety plan participants.
 - *Reviewer Comments: Need to ensure suitability is completed for all participants including two-parent foster families, providers and informal supports. Include background checks on suitability.*
- 77% or 81 out of 105 safety plans addressed who was going to make sure the child was protected.
- 61% or 64 out of 105 safety plans addressed what action is needed.
- 66% or 69 out of 105 safety plans addressed where the plan and action are going to take place.
- 24% or 25 out of 105 safety plans addressed when the action will be finished.
- 48% or 50 out of 105 safety plans addressed how it is all going to work and how the actions are going to control for safety.
- 18% or 19 out of 105 safety plans contained caregiver promissory commitments.
(Note: This question uses a reverse scale: Lower number is better as we do not want the safety plans to contain caregiver promissory commitments).
- 15% or 16 out of 105 safety plans involved in home services.
- 56% or 59 out of 105 safety plans contained sufficient oversight requirements to assure that the plan was implemented in accordance with expectation and was assuring child safety.
- 30% or 31 out of 105 safety plans were NOT updated by workers as safety threats increased or decreased.
 - *Reviewer Comments: Reviewer did not find updated safety plans in instances where a child changed placements to include moving back home or when there was implementation of new services or modifications in visitations.*

Protective Capacity Assessment:

At the time of the reviews only one out of the 378 assessments contained a finalized copy of a protective capacity assessment.

Conditions of Return:

At the time of the reviews, only 5 of the applicable cases included a finalized copy of the Conditions of Return. Two out of those five Conditions of Returns included information on what specific behaviors must be present in the home to ensure and sustain safety.

NOTE: The QA tool does not assess whether or not the worker met their time frame in documenting the PCA or the Conditions of 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.

Summary:

Data collected from the 1st round of QA reviews of Initial Assessments using NSIS indicated the following:

Strengths:

- 94% of the time workers interviewed the maltreating caregiver(s).
- 87% of the time workers interviewed all non-maltreating caregivers.
- 94% of the time QA reviewers agreed with the worker's determination of present danger.
- 85% of the time the reviewers agreed with the workers determination of impending danger at the initial contact with the child or family.
- 95% of the time QA reviewers agreed with the worker's determination of a child being unsafe at the conclusion of the safety assessment.
- 82% of the time QA reviewers agreed with the worker on all the safety factors marked "yes".

Areas Needing Improvement:

Initial Response

- * 52% of cases followed interview protocol.
- * 74% of the time, initial contact with the child victim was made within the required time frame.
- * 79% of the time all other children in the household were interviewed.
- * 54% of the time all other adults in the household were interviewed.

Present Danger/Protective Action Plans.

- * 26% of the protective action oversight requirements were sufficient to assure that the protective action was assuring child safety.
- * 3% or only one of the protective action plans was judged to be sufficient by Reviewers.

Impending Danger:

- * 73% of the time the reviewers agreed with the worker's decision at the conclusion of the safety assessment that the child was SAFE.

6 Domains:

- * 58% of the reviewed assessments contained sufficient information in the six domains to accurately assess the 14 safety factors.
- * 69% of the reviewed assessments contained sufficient information in the maltreatment domain.
- * 56% of the reviewed assessments contained sufficient information in the nature domain.
- * 71% of the reviewed assessments contained sufficient information in the child functioning domain.
- * 58% of the reviewed assessments contained sufficient information in the disciplinary practice domain.
- * 59% of the reviewed assessments contained sufficient information in the general parenting domain.
- * 49% of the reviewed assessments contained sufficient information in the adult functioning domain.

Safety Evaluation:

- * 62% of the reviewed assessments contained sufficient information to provide a reasonable understanding of family members and their functioning.
- * 73% of the reviewed assessments contained sufficient information to support and justify decision making.
- * 71% of the time the reviewers agreed with the worker on all of the safety factors marked "no".

Safety Plan:

- * 21% of the safety plans were judged to be appropriate by reviewers.
- * 49% of the safety plans contained a sufficient contingency plan.
- * 61% of the safety plans contained sufficient information to support the decision made with regards to suitability of safety plan participants.
- * 56% of the safety plans contained sufficient oversight requirements to assure the plan was implemented in accordance with the expectation and was assuring safety.
- * 70% of the safety plans were adjusted as safety threats increased or decreased.