# STATEWIDE

# Ongoing Safety Assessments

## Round 2 - Safety Model QA

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

*Report Date: December 2010*

# EXECUTIVE SUMMARY
## Final Report: Ongoing Safety Model QA Round 2
## Southeast Service Area

The Quality Assurance Team completed the second round of Ongoing Safety Assessment Reviews throughout the state in November 2010. The period under review was October 2009 – March 2010. The QA team planned to complete a review of 503 out of the 848 total ongoing Safety Assessments documented in N-FOCUS during the period under review. The reviewers determined that 96 out of the 316 assessments were not eligible for the review. These 96 assessments were not eligible for the review due to the following reasons: Assessments that were opened in error, assessments that were completed for case closure on adoption, guardianship or OJS cases and contained minimal documentation, Ongoing Assessments with no documented Initial Assessments, Ongoing Assessments that were mislabeled as IA Assessments or assessments that were open several months before the period under review or open longer than 12 months (begin and end date was over a 12 month period).

This report contains a summary of reviews completed on 492 out of the 752 (65%) eligible Ongoing Safety Assessments throughout the State. The report includes some reviewer comments and observations. Charts containing data from the reviews are attached to the report. The Statewide data and Service Area specific data are also reported in the attached charts and tables.

**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 Statewide Ongoing Assessment reviews indicated the following:

Initial Response:

- During the period under review (PUR), there were 72 assessments reviewed in relation to NEW CAN report received on a case.
- 75% - initial contact with all child victims was made within the required time frame.
- 83% - all other children living in the home were interviewed.
- 35% - other adults living in the home were interviewed.
- 91% - maltreating caregiver was interviewed.
- 43% - interview protocol was followed.

Children and Family Services Specialist (CFSS) Contact with Child (ren) and Family during Period Under Review:

- 22% - face to face contact with child (ren) met sufficient requirements.
- 46% - when contact was made, the quality of contact with child (ren) met sufficient requirements.
- 17% - face to face contact with child's mother met sufficient requirements.
- 57% - when contact was made, the quality of contact with child's mother met sufficient requirements.
- 6% - face to face contact with child's father met sufficient requirements.
- 47% - when contact was made, the quality of contact with child's father met sufficient requirements.

Present Danger & Immediate Protective Action:

- 1% - worker identified Present Danger during contacts with the child and/or family.
- 99% - reviewer agreed with the worker's assessment of Present Danger.
- 0% - reviewer judged the overall Immediate Protective Action Plan to be sufficient.

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

- 29% - sufficient information was documented in the Maltreatment domain.
- 20% - sufficient information was documented in the Nature domain.
- 52% - sufficient information was documented in the Child Functioning domain.
- 37% - sufficient information was documented in the Parenting Discipline domain.
- 39% - sufficient information was documented in the General Parenting domain.
- 34% - sufficient information was documented the Adult Functioning domain.
- 38% - collateral information was incorporated when necessary.
- 64% - worker identified maternal relatives.
- 46% - worker identified paternal relatives.
- 69% - ICWA information was obtained.

Safety Evaluation:

- 23% - documentation was sufficient in the 6 domains to accurately assess the 14 safety factors.
- 45% - reviewer agreed with the worker's assessment of impending danger.
- 91% - reviewer agreed with worker on safety threats – safety factors marked "YES".
- 22% - reviewer agreed with worker on safety factors marked "NO".

Safety Plan:

- 2% - reviewer judged the overall Safety Plan to be sufficient.
- 75% - suitability of Safety Plan participant was sufficient.
- 61% - Safety Plan oversight was sufficient.
- 32% - contingency plan was appropriate.
- ***23% - contained promissory commitments. * lower number is better.***

Protective Capacity Assessment (PCA):

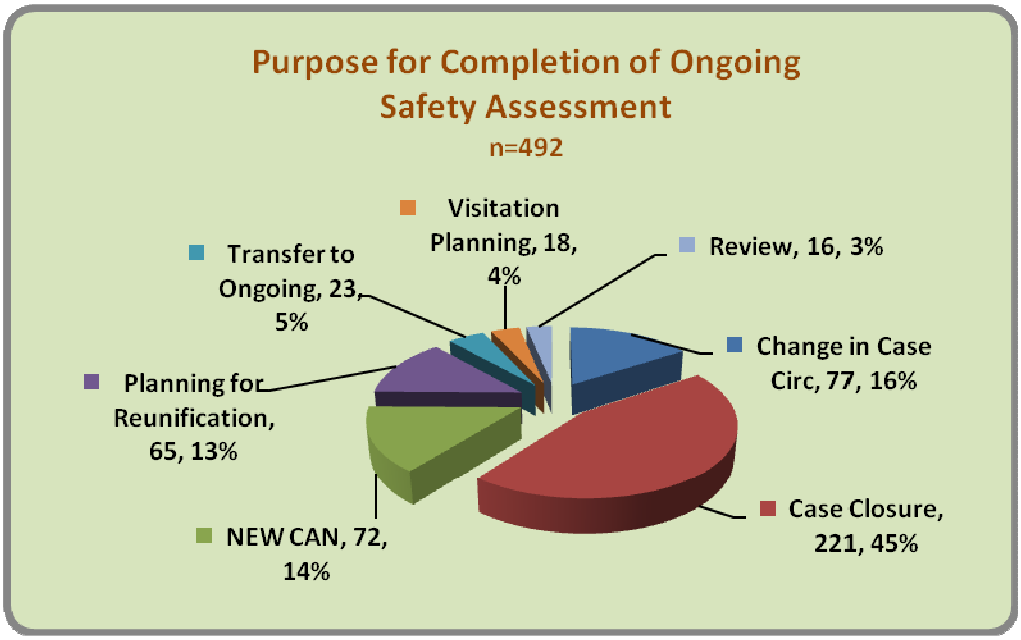
- 46% - Protective Capacity Assessment was conducted.
- 59% - PCA documentation reflects consensus between the worker and the family.
- 97% - PCA identified enhanced protective capacities.

Conditions for Return :

- 55% - Conditions for Return was established for children in out of home care at the end of the assessment.
- 83% - Conditions for Return included how an in home Safety Plan would keep the child safe.
- 41% - Conditions for Return was found on N-FOCUS for children living at home at the end of the assessment but were in out of home care sometime between the IA and the current assessment.

# REVIEW FINDINGS:

Sixty five percent (65%) of the Ongoing Safety Assessments completed throughout the state during the period under review were assessed by the reviewers. Of the 492 ongoing assessments reviewed, 72 were completed for the purpose of *New CAN report*, 77 for *Change in Case Circumstances*, 221 for *Case Closure*, 65 for *Planning for Reunification*, 23 for *Transfer to Ongoing Services*, 18 for *Visitation Planning*, and 16 for *Review Purposes*.




***Reviewer Comments:***

- *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. In many of these instances, the assessment was not updated to reflect the current case circumstance at time of the finalization of the assessment.*
- *Safety Assessments should be continuous and used to guide key decisions throughout the involvement with the family. Once safety threats have been identified, the Safety Assessment should continue to be used until the safety threats have been addressed. Each subsequent use of the Safety Assessment process to assess family safety issues should build upon the information that was gathered before, and include progress in reaching defined outcomes, meeting unmet needs, and assessing the effectiveness of strength based strategies.*
- *The Ongoing Safety Assessment process incorporates and expands the Initial Safety assessment. Building upon the information gathered during the Initial Assessment (and the YLS/CMI if the safety concern is about a status or juvenile offender), the Ongoing Assessment explores with the family, enhanced protective capacities/strengths that can be utilized as part of the Case Plan change process. The Ongoing Assessment also includes an assessment of parental protective capacity to determine which diminished protective may have impact on child safety.*

### *Initial Response/Contact Information (Chart 1):*

During the period under review (PUR), there were 36 assessments in SESA completed in relation to NEW CAN intakes or referrals received on a case. *Please note; not all of the Ongoing Safety Assessments completed in relation to a New CAN 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 75% of the Safety Assessments (52 out of 69 instances).
- Other children in the household were present in 18 of the reviewed assessments. 83% or 15 out of 18 of these other children residing in the household were interviewed.
- Non-maltreating caregiver was interviewed in 14 out of 15 or 93% of the instances.
- 35% or 6 out of 17 of other adults residing in the home were interviewed by Children and Family Services Specialist.
- Interviews with the maltreating caregiver occurred in 91% or 63 out of 69 assessments where there was an identified maltreating caregiver.
- Interview protocol was followed in 43% or 30 out of 70 assessments. For those assessments that did not follow protocol reviewers were able to find documentation to indicate the reason for protocol deviation in 6 out of 40 assessments (15%).

### *Youth and Family Frequency and Quality of Contacts (Chart 2):*

**Children and Family Services Specialists (CFSS)** must have contact with children and families in order to accurately update and complete a Safety Assessment. Reviewers evaluated the typical pattern of visitation in order to determine if frequency of visits and quality of visits were sufficient to address child and family issues pertaining to safety along with permanency and well-being.

When evaluating frequency, reviewers considered Nebraska policy that requires the CFSS to have an in-person, face to face contact with child (ren) and their parents at least once per month. Reviewers consider length of visit, location of visit, private contact with child (ren) and topics being addressed during the visit in order for reviewers to determine quality of visits.

For the CFSS contact with the youth and family, the review period was defined as six months prior to the end date of the current Safety Assessment under review or initial Safety Assessment to end date of updated Safety Assessment. In some instances, review period may have not been six months.

**CHILD:**

- **Frequency of visits between the Children and Family Services Specialist and all children –** Sufficient frequency occurred in 22% (107 out of 492) of the cases.
- **Quality of visits between the Children and Family Services Specialist and child (ren) –** Sufficient quality occurred in 46% (210 out of 457) of the cases. Quality of visits was not assessed for cases in which the worker did not have any contact with the child (ren) during the period under review.

**MOTHER:**

- **Frequency of visits between the Children and Family Services Specialist and mother –** Sufficient visits occurred in 17% (80 out of 466) of the cases. N/A was warranted for 26 reviewed assessments for the following reasons: The permanency objective was not Family Preservation or Reunification; mother was not involved in child's life in any way despite agency's efforts to involve her; or mother was deceased.
- **Quality of visits between the Children and Family Services Specialist and mother –** Sufficient quality occurred in 57% (238 out of 421) of the cases. Quality of visits was not assessed for cases

in which the worker did not have any contact with the mother during the period under review or the case was not applicable.

**FATHER**

- **Frequency of visits between the Children and Family Services Specialist and father –** Sufficient visits occurred in 6% (25 out of 427) of the cases. N/A was warranted for 65 reviewed assessments due to the following reasons: The permanency objective was not Family Preservation or Reunification; father was not identified; father was not involved in child's life in any way despite agency's efforts to involve him; or father was deceased.

- **Quality of visits between the Children and Family Services Specialist and father –** Sufficient quality occurred in 47% (103 out of 217) of the cases. Quality of visits was not assessed for cases in which the worker did not have any contact with the mother during the period under review or the case was not applicable.

**OTHER ADULTS IN THE HOME:**

- **Other adults residing in the home –** 120 of the assessments indicated that other adults were living in the home and needed to be assessed and incorporated into the assessment. Other adults were incorporated into the assessment in 33% (39 out of 120) of the applicable assessments.

***Reviewer Comments:***

- *Required contact documentation should clearly address the frequency of worker's visits with the child (ren) and parents (mother and/or father) as determined to be applicable and appropriate. If the face to face contact between the worker and the child (ren)/ parent was less than once a month, the documentation should include reasons why the face to face contact between the worker and parent did not occur.*
- *Documentation should include enough information to determine that the quality of the visit between the worker and the child (ren)/parent were sufficient to address issues pertaining to safety, permanency, and well-being of the child and promote achievement of case plan goals. It is important to document the length of visit, location of visit, whether or not the visit was private and items that were discussed during the visits.*

***Present Danger and Protective Action (Charts 3 & 4):***

- 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 all three instances, however, none of the IPA's was judged to be sufficient by reviewers. A review of the IPA documentation indicated the following:
  - 67% (2 out of 3) - Reason for the protective action was explained to the parent/caregiver.
  - 33% (1 out of 3) - The oversight requirement was sufficient to assure that the Protective Action was implemented in accordance with expectation and assured child safety.
  - 0% (0 out of 3) - The IPA contained parent(s)' willingness to cooperate.
  - 100% (3 out of 3) - The IPA contained a description of person(s) responsible for the protective action.
  - 0% (0 out of 3) - The IPA contained confirmation of the person responsible (trustworthiness, reliability, commitment, availability, and alliance to plan).
  - 0% (0 out of 3) - The IPA contained a description of the protective action (how it will work).
  - 0% (0 out of 3) - The IPA contained time frames (frequency and anticipated duration).

- 100% (3 out of 3) -The IPA remained in effect until the end of the safety assessment.

***Domains (Chart 5):***

- **Maltreatment –** Sufficient information was collected in 29% (87 out of 301) of the assessments. N/A was warranted for reviewed assessments that contained documentation clearly indicating that there had been no new maltreatment in between assessments. *Many of the assessments should have been rated as Not Applicable for this item due to the fact that there was no new information related to maltreatment at the time of the current assessment. However, this item was rated as NO due to lack of appropriate documentation in the domain.*

  ***Reviewer Comments:***
  - *If there is no new maltreatment that has occurred from the prior Safety Assessment, worker needs to document no new information related to maltreatment under this domain. Workers should not cut and paste or summarize the same information from previous assessments.*

- **Nature –** Sufficient information was collected in 20% (71 out of 364) of the assessments. N/A was warranted for reviewed assessments that contained documentation clearly indicating that there had been no new maltreatment in between assessments. *Many of the assessments should have been rated as Not Applicable for this item due to the fact that there was no new information related to maltreatment at the time of the current assessment. However, this item was rated as NO due to lack of appropriate documentation in the domain.*

  ***Reviewer Comments:***
  - *If there is no new maltreatment that has occurred from the prior Safety Assessment, worker needs to document no new information related to maltreatment under this domain. Workers should not cut and paste or summarize the same information from previous assessments.*

- **Child Functioning –** Sufficient information was collected in 52% (256 out of 492) of the assessments.

  ***Reviewer Comments:***
  - *Need to include current information and address changes in child functioning since the previous assessment.*
  - *If there have been no changes in this domain in between assessments, please document no changes instead of cutting and pasting from previous assessment.*
  - *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 37% (184 out of 492) of the assessments.

- ***Reviewer Comments:***
  - *Need to include current information and address changes in disciplinary practices since the previous assessment.*
  - *If there have been no changes in this domain in between assessments, please document no changes instead of cutting and pasting from previous assessment.*
  - *Incorporate information gathered from ongoing contacts with child, family and providers. Include statements from providers working with the family regarding their observations of parent discipline.*
  - *Describe progress family has made regarding discipline in the home. Document the barriers to progress if no changes have been made in parent discipline style.*
  - *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 39% (191 out of 492) of the assessments.

  - ***Reviewer Comments****:*
    - *Need to include current information and address changes in general parenting practices since the previous assessment.*
    - *If there have been no changes in this domain in between assessments, please document no changes instead of cutting and pasting from previous assessment.*
    - *Incorporate information gathered from ongoing contacts with child, family and providers. Include statements from providers working with the family regarding their observations.*
    - *Describe progress family has made regarding parenting styles in the home. If no progress has been made, document the barriers to enhancing parent protective capacities.*
    - *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 34% (166 out of 492) of the assessments.

  - ***Reviewer Comments:***
    - *Need to include current information and address changes in adult functioning since the previous assessment.*
    - *If there have been no changes in this domain in between assessments, please document no changes instead of cutting and pasting from previous assessment.*
    - *Summarize information gained during ongoing contacts with the adults involved.*
    - *Include worker observation of parent progress and information gained from providers regarding parent progress in safety services, treatment services, therapy services, etc.*
    - *Discuss changes in parent protective capacities.*
    - *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 5):***

- 97% or 475 out of 492 assessments indicated that information should have been collected from a collateral source. Collateral information was collected in 38% (181 out of 475) 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 5):*** *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 64% (315 out of 492) of the assessments.
- Paternal relatives were identified in 46% (224 out of 492) 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 5):***

- Information regarding ICWA was obtained in 69% (340 out of 492) 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 6):***

The worker identified impending danger at the end of the assessment in 35% (172 out of 492) of the assessments. The reviewer agreed with the worker's assessment of impending danger in 45% (222 out of 492) of the assessments.

- 23% (111 out of 492) of the assessments contained sufficient information to provide a reasonable understanding of family members and their functioning.
- 23% (111 out of 492) of the assessments contained sufficient information to support and justify decision making.

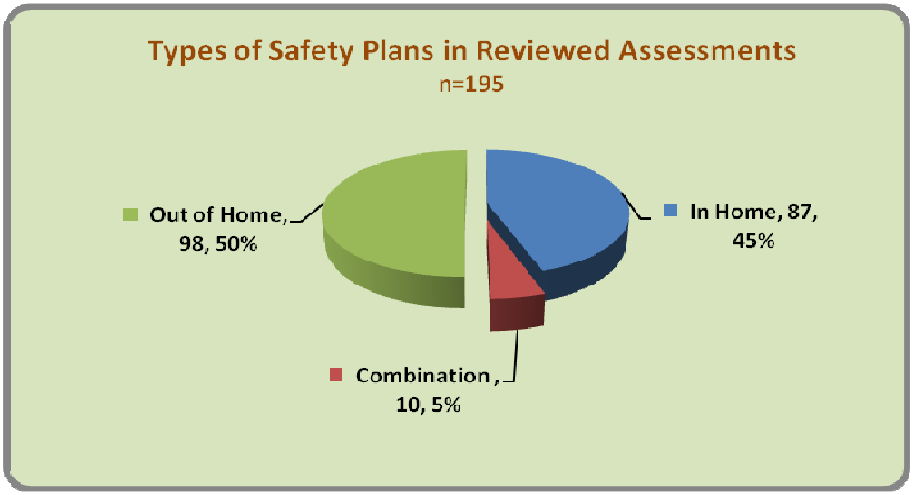
- 22% (113 out of 492) of the assessments contained sufficient information in the six domains to accurately assess all 14 safety factors.
  - The reviewer agreed with the worker on all of the safety factors identified **"yes"** in 91% (159 out of 175) of the applicable assessments.
    - Within the safety factors identified **"yes",** 87% (150 out of 172) contained threshold documentation for identification/justification of impending danger.
  - The reviewer agreed with the worker on all of the safety factors identified **"no"** in 22% or 108 out of 492 assessments.

***Reviewer Comments:***

- *In many instances, the safety assessment did not contain enough information to accurately assess all 14 safety factors.*
- *In many instances, the Safety Assessment did not include information about enhanced protective capacities or include enough information to evaluate the status of diminished parent/caregiver protective capacities to judge whether progress and changes require an adjustment to the Safety Plan.*
- *Information reflecting current case circumstances are not being incorporated into the assessment. Several of the assessments contained general comments in the domain and did not incorporate current information gathered from children, families, providers and other collateral contacts even when that information was documented in required contacts in N-FOCUS.*
- *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 7 & 8):***

- The reviewers determined that a Safety Plan was completed in accordance with changes in case circumstances in 55% (195 out of 356) of the applicable assessments. A review of a Safety Plan was not applicable in instances in which the assessment was completed for Case Closure and the reviewers agreed that the Safety Plan was continually updated according to case circumstances prior to the Case Closure. The reviewers determined that a review of the Safety Plan was not applicable in 28% (136 out of 492) of the assessments.
- The reviewers assessed a total of **195** Safety Plans.



**Safety Plan Review Results:**

- 45% (87 out of 195) of the Safety Plans were In Home Safety Plans. Reviewers indicated that the CFS Specialist should have considered utilizing an In Home Safety Plan in three additional cases.
- 5% (10 out of 195) of the Safety Plans were Combination Safety Plans. Reviewers indicated that the CFS Specialist should have considered utilizing a Combination Safety Plan in five additional cases.
- 50% (98 out of 195) Safety Plans were Out of Home Safety Plans. Reviewers indicated that the CFS Specialist should have considered utilizing a Out of Home Safety Plan in one additional case.
- Contingency plans were appropriately documented in 32% (63 out of 195) 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 75% (147 out of 195) of the Safety Plans.
- 87% (170 out of 195) of the Safety Plans addressed who was going to make sure the child was protected.
- 71% (138 out of 195) of the Safety Plans addressed what action is needed.
- 76% (149 out of 195) of the Safety Plans addressed where the plan and action are going to take place.
- 2% (4 out of 195) of the Safety Plans addressed when the action will be finished.
- 34% (66 out of 195) of the Safety Plans addressed how it is all going to work and how the actions are going to control for safety.
- 23% (44 out of 195) 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.*
- 60% (117 out of 195) 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 61% (118 out of 195) of the reviewed Safety Plans.
- 96% or 188 out of 195 completed Safety Plans were adjusted as threats increased or decreased.
- Overall, only 2% (4 out of 194*) of the Safety Plans were judged to be sufficient by reviewers. *Note: *Due to data entry error there is a discrepancy in the number of applicable cases for the following item: Overall Safety Plan appropriate. There should be 195 applicable cases instead of 194.*

***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. If CFSS concludes there is no impending danger (child is safe), implementation of a Safety Plan is not necessary if the child has completed a transition period to parental home.*
- *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 9):***

- 46% (227 out of 492) 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 59% (133 out of 227) of the completed Protective Capacity Assessments.
  - The CFS Specialist identified the parent (s)' enhanced protective capacities in 97% (221 out of 227) 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 10):***

- The child (ren) was/were in out of home care at the end of the current assessment in 37% (180 out of 492) of the reviewed cases.
  - The Conditions for Return were established in 55% or 95 out of 172 applicable cases. A review of the Conditions for Return was not applicable in cases in which the child was not in out of home care or was placed in out of home care for less than 30 days.
  - 83% (79 out of 95) of the completed Conditions of Return included circumstances and specific behaviors that must be present in the home to ensure and sustain safety.

- Conditions of Return were also documented in N-FOCUS in 41% (59 out of 144) of the applicable cases in which the child, while living at home at the end of the current assessment, was in out of home care longer than 30 days at some point between the IA and the current assessment.

  - ***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.*

## 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. | 12% |
| Documentation is on N-FOCUS | 98% |
| Required Time Frames were met. | 5% |
| A reasonable level of effort was expended given the identified safety concerns. | 17% |
| Safety of the child/youth was assured during the assessment process. | 20% |
| Sufficient information was gathered for informed decision making | 20% |
| Available written documentation was obtained from law enforcement/others as appropriate. | 25% |
| ICWA information was documented. | 69% |
| 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. | 2% |
| A Safety Assessment was documented in accordance with required practice. | 13% |
| A Protective Action was documented in accordance with required practice. | 0% |
| A Safety Plan was documented in accordance with required practice. | 2% |
| The family network and others were appropriately involved in the gathering of information. | 37% |
| The family networks and others were appropriately involved in developing Safety Plans. | 69% |
| Policy and procedures related to safety intervention were followed. | 3% |
| Safety Plan is sufficient to protect child from threats of severe harm. | 2% |
| Efforts to coordinate with law enforcement were documented. | 74% |
| Interview protocols were followed or reason for deviation from protocol was documented. | 43% |
| The appropriate definition was used in making the case status determination. | 99% |
| The finding was correctly documented in N-FOCUS. | 100% |
| Factual information supports the selected finding. | 99% |