

# **Western Service Area**

## **Ongoing Safety Assessment 1st Round - Safety Model QA Review**

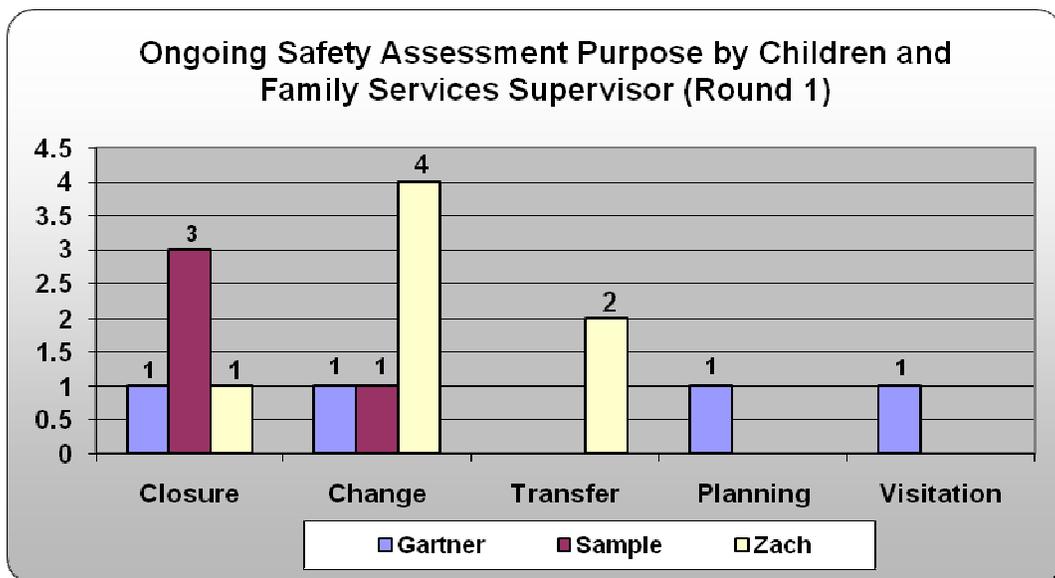
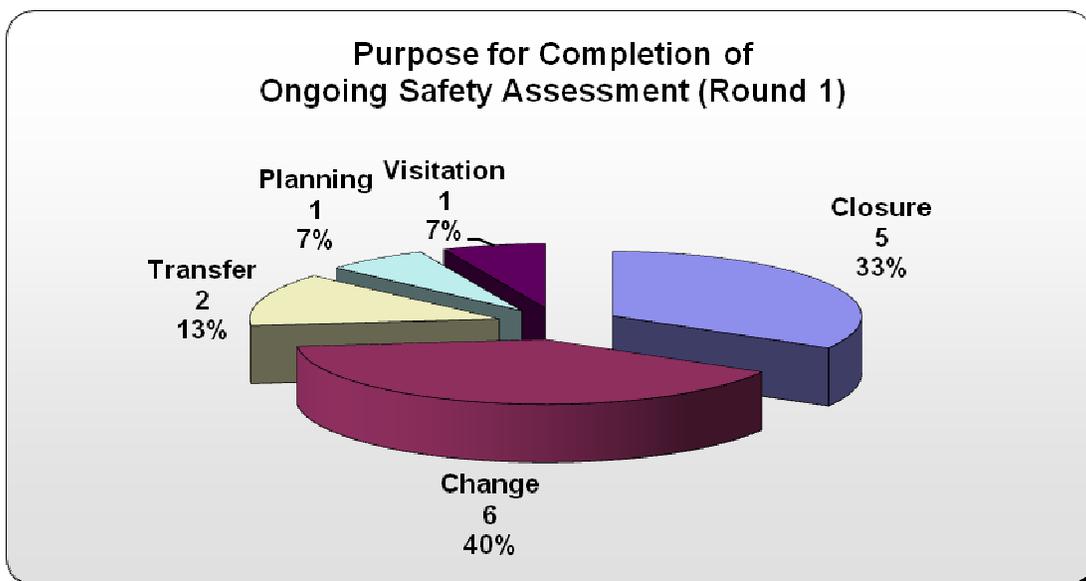


**Nebraska Department of Health and Human Services  
Quality Assurance**

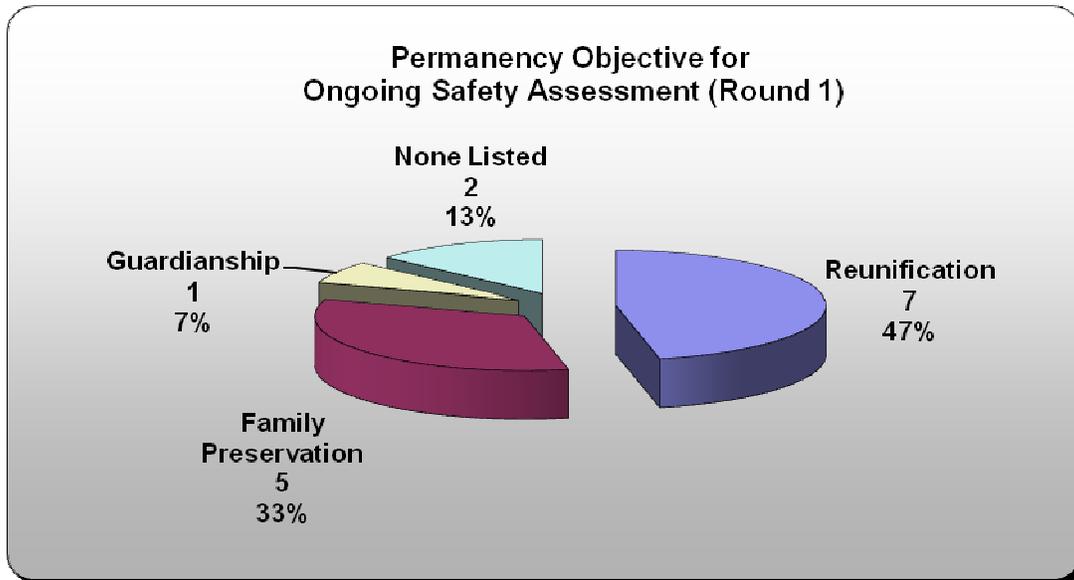
**March 2009**

Quality Assurance Team completed first round of Ongoing Safety Assessment Reviews in January 2009 through March 2009. A total of 15 finalized Ongoing Safety Assessments were selected by QA staff from three Children and Family Services Supervisors (CFSS) under the Supervision of Kathy Carter. Review consisted of assessments from each WSA Supervisor; seven assessments from John Zach, and four assessments from each WSA Supervisor, Valerie Gartner and Cyndi Sample.

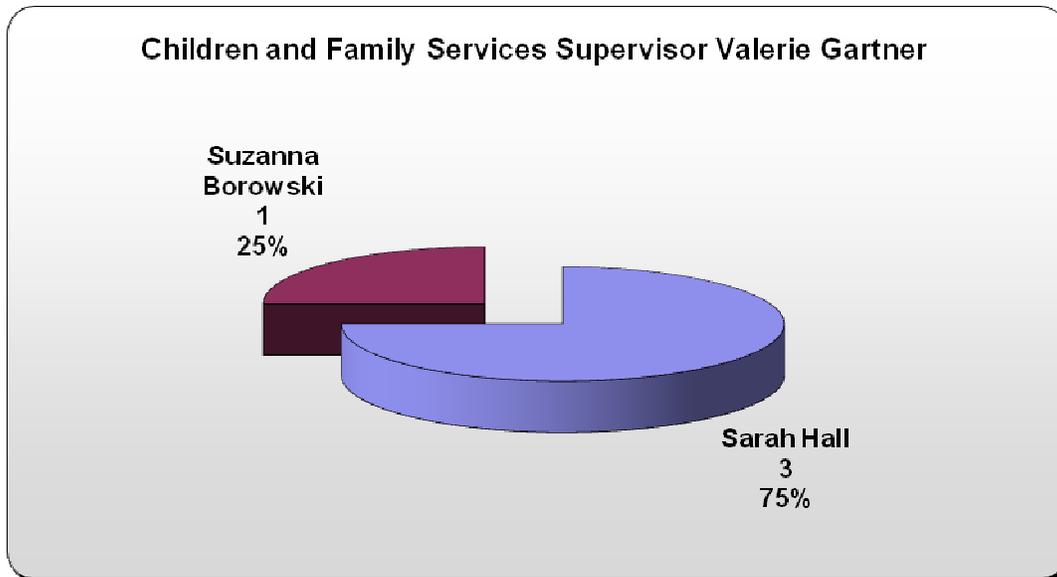
**Purpose for completion of ongoing safety assessment: 15 assessments reviewed; 5 were closure, 6 were change, 2 were transfer, 1 assessment for planning and 1 assessment for visitation.**



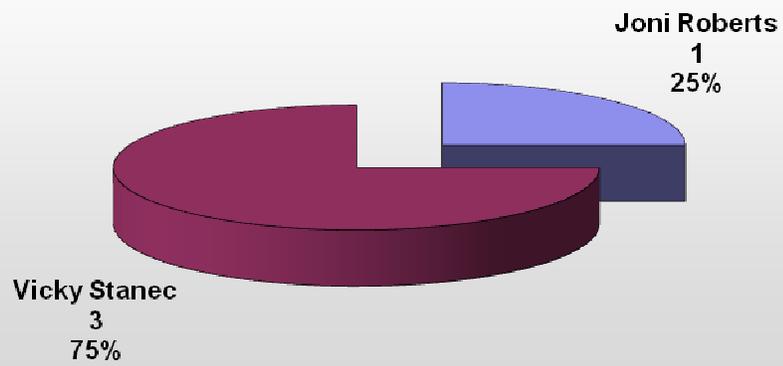
**First Round Permanency for reviewed ongoing safety assessments:**



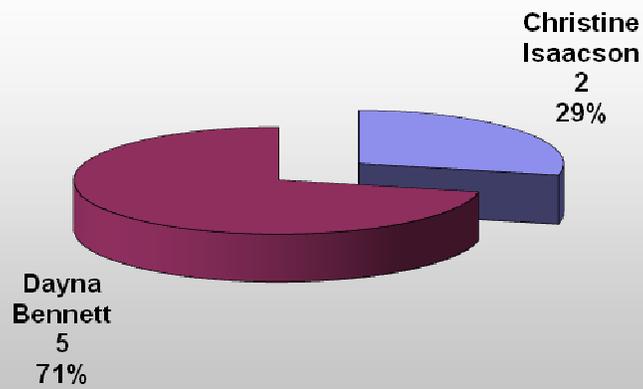
**The following charts contain a breakdown of reviewed assessments per worker for each Children and Family Services Supervisor:**



**Children and Families Services Supervisor Cyndi Sample**



**Children and Family Services Supervisor John Zach**



**The following is a summary of First Round Data from ALL 15 Ongoing Safety Assessment reviews. Charts for these overall data can be found in the attached excel file: WSA Ongoing Safety QA Report.CHARTS.Overall 1st Round.**

***Youth and Family Frequency and Quality of Contact (Chart 1 & 2):***

Children and Family Services Specialists 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.

- **Frequency of visits between the Children and Family Services Specialist and all children** – Sufficient visits occurred in 20% (3 out of 15) assessments.
  - Visits occurred less than twice a month, but at least once a month in 3 out of 15 or 20% assessments.
  - Visits occurred less than once a month in 9 out of 15 or 60% assessments.
  - No visits occurred in 3 out of 15 or 20% assessments.
- **Quality of visits between the Children and Family Services Specialist and child (ren)** – Sufficient quality occurred in 20% (3 out of 15) assessments.
- **Frequency of visits between the Children and Family Services Specialist and mother** – Sufficient visits occurred in 15.4% (2 out of 13) assessments. N/A was warranted for two reviewed assessments as the permanency objective was not Family Preservation or Reunification during the period under review.
  - Visits occurred less than twice a month, but at least once a month in 1 out of 13 or 7.7% assessments.
  - Visits occurred less than once a month in 11 out of 13 or 84.6% assessments.
  - No visits occurred in 1 out of 13 or 7.7% assessments.
- **Quality of visits between the Children and Family Services Specialist and mother** – Sufficient quality occurred in 15.4% (2 out of 13) assessments.
- **Frequency of visits between the Children and Family Services Specialist and father** – Sufficient visits occurred in 9.1% (1 out of 11) assessments. N/A was warranted for four reviewed assessments as the permanency objective was not Family Preservation or Reunification, father was not identified and father was not involved in child's life in any way despite agency's efforts to involve him.
  - Visits occurred less than once a week, but at least twice a month in 1 out of 11 or 9.1% assessments
  - Visits occurred less than once a month in 4 out of 11 or 36.4% assessments.

- No visits occurred in 6 out of 11 or 54.6% assessments.
- **Quality of visits between the Children and Family Services Specialist and father** – Sufficient quality occurred in 9.1% (1 out of 11) assessments.
- **Other adults residing in the home** – 6 out of 15 assessments indicated that other adults needed to be interviewed/assessed and incorporated into the assessment. Other adults were incorporated into the assessment 33.3% 2 out 6 assessments.

### *Present Danger (Chart 3):*

- Present danger at the initial contact with the child victim and/or family was not identified by the Children and Family Services Specialists in the reviewed assessments.
- Reviewers agreed with the worker's assessment of Present Danger in 14 out of 15 instances (93.3%).
- No Ongoing Safety Assessments had an Immediate Protective Action (IPA) taken.

### *Domains (Chart 5):*

- **Maltreatment** – Sufficient information was collected in 22.2% (2 out of 9) of the assessments.
  - *Reviewer Comments: If there is no new maltreatment that has occurred from the prior Safety Assessment, worker needs to simply document no new information related to maltreatment.*
- **Nature** – Sufficient information was collected in 18.2% (2 out of 11) of the assessments.
  - *Reviewer Comments: If there is no new maltreatment that has occurred from the prior Safety Assessment, worker needs to simply document no new information related to maltreatment.*
- **Child Functioning** – Sufficient information was collected in 13.3% (2 out of 15) of the assessments.
  - *Reviewer Comments: If there have been no changes in the child's functioning 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. 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? Discuss nature of peer interactions. 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 6.7% (1 out of 15) of the assessments.
  - Reviewer Comments: Need current information. 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. If no changes have been made in parent discipline style document the barriers to progress.*

*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 home, patterns of discipline with older children.*

- **General Parenting** – Sufficient information was collected in 6.7% (1 out of 15) of the assessments.

*Reviewer Comments: Incorporate current information. 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.*

*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 role in caring for the children, include how parents have attempted to assist or sought services for a child or children with medical, developmental, educational, behavioral and/or mental health needs.*

- **Adult Functioning** – Sufficient information was collected in 13.3% (2 out of 15) of the assessments.

*Reviewer Comments: Summarize information gained during ongoing contacts with the involved adults. Include worker observation of parent progress; enhancement of protective capacities. Incorporate information gained from providers regarding parent progress in safety services, treatment services, therapy services, etc.*

*Need to include all adults living in the home, 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):**

- 15 out of the 15 assessments indicated that information should have been collected from a collateral source. Collateral information was collected in 26.7% or 4 out the 15 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 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 regardless of the safety determination was provided to the CFS Administrators and the SAA's. All cases will have relatives identified.*

- Maternal relatives were identified in 66.7% of the assessments (10 out of 15).
- Paternal relatives were identified in 53.3% of the assessments (8 out of 15).

- *Reviewer Comment: 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.*

#### **ICWA (Chart 5):**

- Information regarding ICWA was obtained in 80% of the assessments (12 out of 15).
  - *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 child does not meet criteria for ICWA because of the following reason.*
    - *Father was asked about enrollment or qualification he may meet in Native American Tribe in which he denied eligibility for him or his son.*
    - *According to (parents/name), no Native American Tribal heritage exists within the family.*

#### **Impending Danger (Charts 4 & 5):**

**Impending Danger at the end of the Ongoing Safety Assessment (Chart 4):** The worker identified impending danger at the end of the assessment in 7 out of the 15 (46.7%) reviewed assessments.

- 2 out of 15 (13.3%) of the reviewed assessments contained sufficient information to provide a reasonable understanding of family members and their functioning.
- 1 out of 15 (6.7%) of the reviewed assessments contained sufficient information to support and justify decision making.
- 1 out of 15 (6.7%) of the reviewed assessments contained sufficient information in the six domains to accurately assess the 14 factors.
- Safety threats were identified in 7 of the reviewed assessments.
  - In 85.7% or 6 out 7 of the instances the reviewer agreed with the worker on all of the safety factors identified “yes”.
  - Within the safety factors identified “**yes**”, 5 out of 7 (71.4%) contained threshold documentation for identification/justification of impending danger.
- In 20% or 3 out of 15 assessments, the reviewer agreed with the worker on all of the safety factors identified “no”.

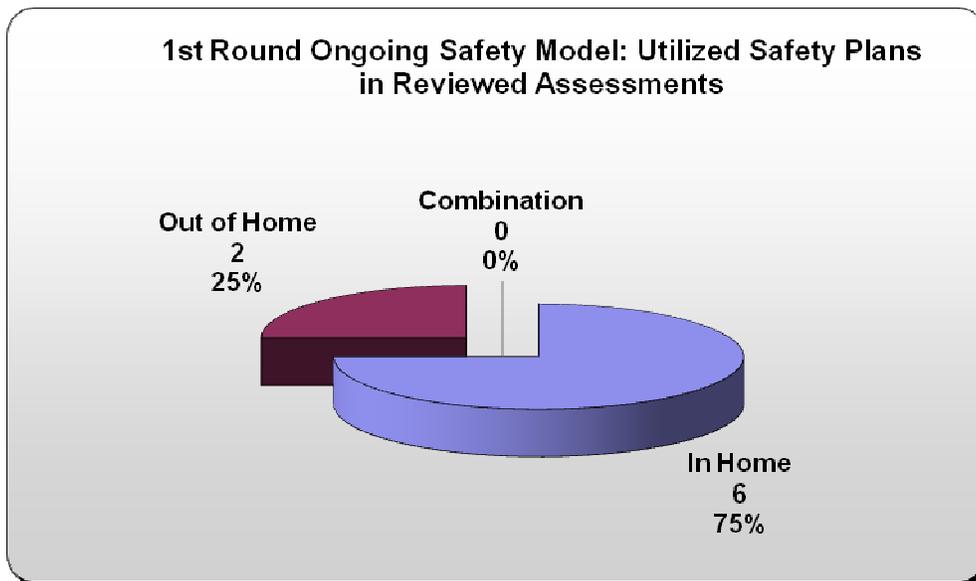
Although the reviewers determined the majority of assessments did not contain sufficient information to determine impending danger, Service Area Administrator notification was made on one case.

#### **Safety Assessment Conclusion:**

- The worker determined that the child was UNSAFE at the conclusion of the safety assessment in 7 out 15 (46.7%) of the reviewed assessments. The reviewer agreed with the worker's decision that the child was UNSAFE in 6 out of the 15 (40%) assessments.

### **Safety Plan (Charts 6 & 7):**

- Safety Plan was completed in accordance with changes in case circumstances in 8 out of the 13 (61.5%) assessments.
  - 25% or 2 out of 8 of the safety plans were in-home safety plans.
  - No combination safety plans were utilized. Reviewer thought in 2 instances or 25%, combination safety plans were appropriate for cases involving in home safety plans.
  - 25% or 2 out of 8 safety plans were out of home safety plans. Reviewer agreed that the worker used the appropriate safety plan in all cases where an out of home safety plan was implemented with the family.



- 8 out of 8 (100%) safety plans contained a contingency plan; reviewer judged the contingency plan to be appropriate in 0 out of 8 (0%) of the reviewed assessments.

#### **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*

- Suitability of the safety plan participants was completed in 7 out of 8 (87.5%) of the assessments.
  - Reviewer judged that there was sufficient information to support the decision made with regards to the suitability of the safety plan participants in 5 out of 8 (62.5%) of the safety plans.
    - *Reviewer Comments: Need to ensure suitability is completed for all participants including two-parent foster families, providers and informal supports. When appropriate, suitability must include background checks on suitability.*
- 5 out of 8 (62.5%) safety plans addressed who was going to make sure the child was protected.
- 2 out of 8 (25%) safety plans addressed what action is needed.
- 6 out of 8 (75%) safety plans addressed where the plan and action are going to take place.
- 0 out of 8 (0%) safety plans addressed when the action will be finished.
- 1 out of 8 (12.5%) safety plans addressed how it is all going to work and how the actions are going to control for safety.
- 4 out 8 (50%) of safety plans did not contain caregiver promissory commitments.
- 6 out of 8 (75%) safety plans involved in home services.
- 8 out of 8 (100%) safety plans contained a plan for oversight.

*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 PSW, or other person designated by the PSW 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 PSW, the PSW will review the monitoring reports at least once a week.*

  - Reviewers determined that the oversight requirements were sufficient to assure that the safety plan was implemented in accordance with expectation and was assuring child safety in 4 out of 8 (50%) of the reviewed safety plans.
  - *Reviewers comments:*
- 7 out of 8 (87.5%) safety plans adjusted as threats increased or decreased.
- Overall, 0% (0 out of 8) Safety Plans were judged to be appropriate by Reviewers.

### *Protective Capacity Assessment (Chart 8)*

- 0 out of 15 (0%) protective capacity assessments were conducted on the reviewed cases.

### *Conditions for Return (Chart 8)*

- Conditions of return should have been established in 14 cases. 14.3% (2 out of 14) were completed on the reviewed cases.
- 100% (2 out of 2) conditions of return included circumstances and specific behaviors that must be present in the home to ensure and sustain safety.

### *Additional Comments*

- Need to have timely finalization of Safety Assessments, Safety Plans, Protective Capacity Assessments and Conditions for Return.
- Incorporate current information gathered from children, families and providers into the safety assessment.
- CFSS does not need to cut and paste information from previous safety assessments. Complete a safety assessment, building on the information gathered previously, to determine if previously identified safety threats have been eliminated, reduced or increased in severity. CFSS will determine whether new safety threats have emerged.
- Evaluate the status of diminished parent/caregiver protective capacities to judge whether progress and change require an adjustment to the safety plan.
- Children and Family Services Specialist need to evaluate the safety thresholds as if the children were residing in parental care without service intervention. For example, in home safety services have been implemented to ensure safety. Upon completion of an updated safety assessment, CFSS concludes there are no safety threats. Safety threats should still be present regardless of service implementation.
- Adjust the safety plans based upon the review and re-evaluation of safety assessment.
- 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.
- CFSS will complete a protective capacity assessment for a family in which a child has been determined to be unsafe. It is expected that a PCA will be 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.
- Conditions for return are generally developed for children who are expected to be placed outside of the parental home for longer than 30 days.

***Reviewer's 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 Nebraska Safety Assessment.

<b>Category</b>	<b>WSA</b>	<b>Gartner</b>	<b>Sample</b>	<b>Zach</b>
The Nebraska Safety Assessment Instrument was completed correctly and completely	0%	0%	0%	0%
Documentation is on N-FOCUS	100%	100%	100%	100%
Required Time Frames were met	7.14%	0%	0%	16.7%
A reasonable level of effort was expended given the identified safety concerns.	0%	0%	0%	0%
Safety of the child/youth was assured during the assessment process.	6.67%	25%	0%	0%
Sufficient information was gathered for informed decision making	6.67%	0%	0%	0%
Available written documentation was obtained from law enforcement and others as appropriate	N/A	N/A	N/A	N/A
ICWA information was documented	86.67%	50%	100%	100%
Information was obtained about non-custodial parent, relatives, and other family support.	46.67%	25%	75%	42.86%
An Immediate Protective Action was appropriately implemented to assure child safety.	N/A	N/A	N/A	N/A
A Safety Plan was appropriately completed and implemented to assure child safety.	0%	0%	0%	0%
A Safety Assessment was documented in accordance with required practice.	0%	0%	0%	0%
A Protective Action was documented in accordance with required practice.	N/A	N/A	N/A	N/A
A Safety Plan was documented in accordance with required practice.	0%	0%	0%	0%
The family network and others were appropriately involved in the gathering of information.	40%	25%	75%	28.57%
The family networks and others were appropriately involved in developing Safety Plans.	63.64%	66.67%	100%	50%
Policy and procedures related to safety intervention were followed.	6.67%	0%	0%	14.29%
Safety plan is sufficient to protect child from threats of severe harm.	0%	0%	0%	0%
Efforts to coordinate with law enforcement were documented.	N/A	N/A	N/A	N/A
Interview protocols were followed or reason for deviation were documented.	N/A	N/A	N/A	N/A
The appropriate definition was used in making the case status determination.	N/A	N/A	N/A	N/A
The finding was correctly documented in N-FOCUS	N/A	N/A	N/A	N/A
Factual information supports the selected finding.	N/A	N/A	N/A	N/A
Proof of certified notice to the alleged perpetrator is located in the file.	N/A	N/A	N/A	N/A