

Nebraska Child Welfare Presentation



Department of Health and Human Services

Division of Children and Family Services

September 20, 2007



**Nebraska Department of Health
and Human Services**



Topics for Today's Forum

- New Division of Children and Family Services
- Federal Child and Family Services Review (CFSR)
- Nebraska Safety Intervention System (NSIS)

Department of Health and Human Services

- LB 296 (2007) restructured the Health and Human Services System from three separate agencies to one new, single state agency: the Department of Health and Human Services (DHHS)
 - Having a single state agency creates greater accountability and accessibility
 - The new structure has six Divisions that clearly describe the work each performs

Governor

CEO
Department of
Health and Human Services
Christine Peterson

Operations- Robert Zagozda
Human Resources
Support Services
Communications & Legislative Services
Financial Services
Legal Services
Information Systems & Technology
Regulatory Analysis & Integration

547 employees

**Division of
Behavioral
Health**

Scot Adams

993 employees

Community-Based
Services
Regional Centers

**Division of Children
& Family Services**

Todd Landry

2,392 employees

Protection & Safety
Office of Juvenile Services /
YRTCs
Economic &
Family Support
Service Areas

**Division of
Developmental
Disabilities**

John Wyvill

913 employees

Community-Based
Services
Beatrice State
Developmental Center

**Division of
Medicaid &
Long-Term Care**

**Vivianne
Chaumont**

156 employees

Acute Care
Long Term Care

**Division of
Public Health**

Joann Schaefer
Chief Medical Officer

477 employees

Community Health
Health Licensing,
Regulations &
Investigations

**Division of
Veterans' Homes**

John Hilgert

800 employees

Grand Island
Norfolk
Western Nebraska
Eastern

Operational Themes

Accountable

Accessible

Action-Oriented



Mission Statements

- Department of Health and Human Services' Mission:

Helping people live better lives.

- Division of Children and Family Services Mission:

To provide the least disruptive services when needed, for only as long as needed to:

- give children the opportunity to succeed as adults
- help the elderly and disabled live with dignity and respect
- help families care for themselves

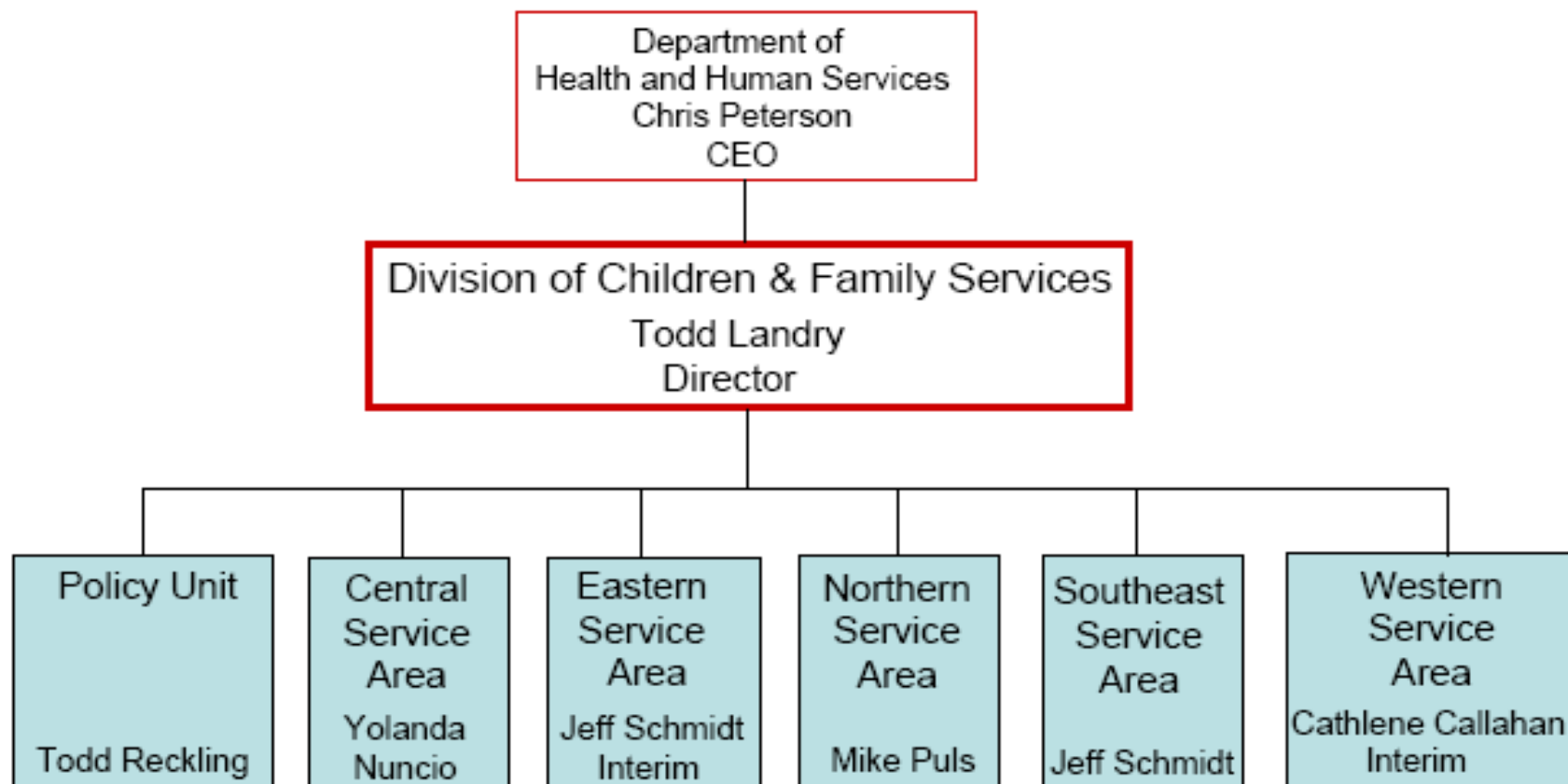
resulting in healthier families and safer, more prosperous communities.



Future Vision

Division of Children and Family Services

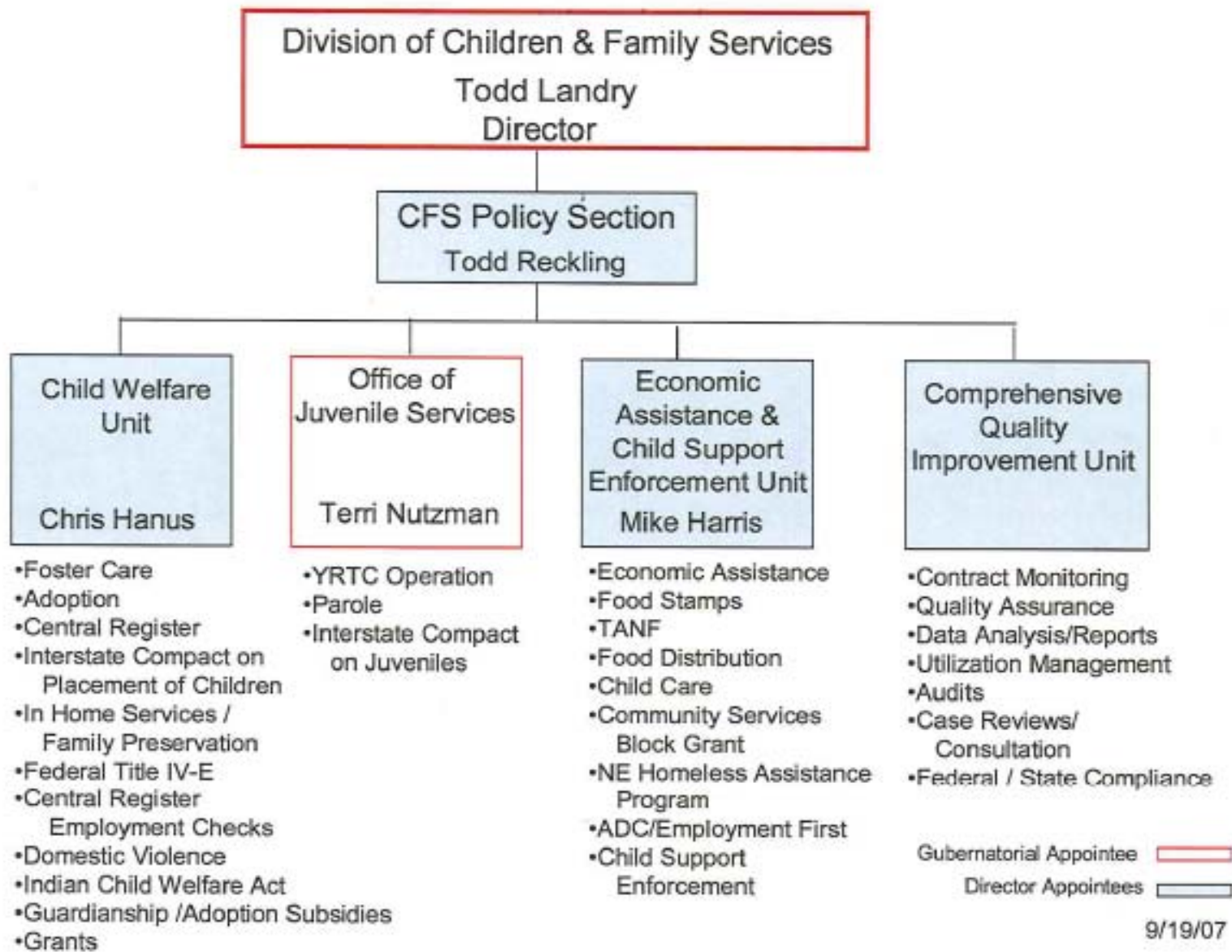
- ❑ Restructure the Division of CFS for improved efficiency, effectiveness, and responsiveness.
- ❑ Meet and/or exceed all Federal and state mandates and program requirements (e.g., performance outcomes, audits, reports, etc.).
- ❑ Use the latest technology, automation, and e-government solutions to conduct business.
- ❑ Maximize resources for highest possible outcome achievement.
- ❑ Improve on the Federal Children and Family Services Review (CFSR).
 - Outcomes: safety, permanency, and well-being
- ❑ Collaborate and build strong partnerships (e.g., Senators, Courts, Tribes, Law Enforcement, County Attorneys, Guardians ad Litem, Parents' Attorneys, Court Appointed Special Advocates, Foster Care Review Board, Parents, Youth, Schools, Service Providers, other Advocates and Stakeholders).
- ❑ Conduct business with transparency (for example, Children's Outcomes Measured in Protection and Safety Statistics – COMPASS).

New Organizational Structure



Gubernatorial Appointee 
Director Appointees 

9/12/07



10 “Quick Win” Actions by Dec. 1, 2007

- ❑ **Introduce COMPASS to the Public.** COMPASS (Children’s Outcomes Measured in Protection and Safety Statistics) displays both the federal and state performance standards. The 6 federal measures related to safety, permanency and well-being.
- ❑ **Establish facilitators for Pre-Hearing Conferences** in selected courts statewide as part of the collaboration with the Supreme Court’s “Through the Eyes of a Child” Initiative.
- ❑ **200 children moved to permanency** (either adoption or guardianship or reunification) who are currently wards of the State by having their cases closed.
- ❑ **Nebraska Safety Intervention System (NSIS) shared with external partners** such as judges, county attorneys, guardians ad litem, providers, FCRB, CASA, DV, law enforcement, child advocacy centers, and other child advocates.

Quick Wins

- ❑ **Form the Children and Family Services System “Partners Council”** to share DHHS Children and Family Services direction, changes and progress as well as to seek input and feedback, and will serve as the advisory group for the federal Children and Family Services Review.
- ❑ **Develop a Community Independent Living Plan** for the Omaha Metro Area, in partnership with the Sherwood Foundation, Scott Foundation, and Nebraska Children and Families Foundation that can be a prototype for a statewide plan focusing on research based supports and community collaborative efforts.
- ❑ **Support improvements identified in the Foster Parent Improvement Plan** developed in collaboration with Nebraska Foster and Adoptive Parents Association including: training of foster parents in each Service Area on Family Centered Practice by contracting with the NFAPA for 13 training sessions; introducing Foster Parent Mentors to the Safety Intervention System; establish a standardized system to assess foster parent complaints and resolve conflicts; and a Disaster Plan for Foster Parents.

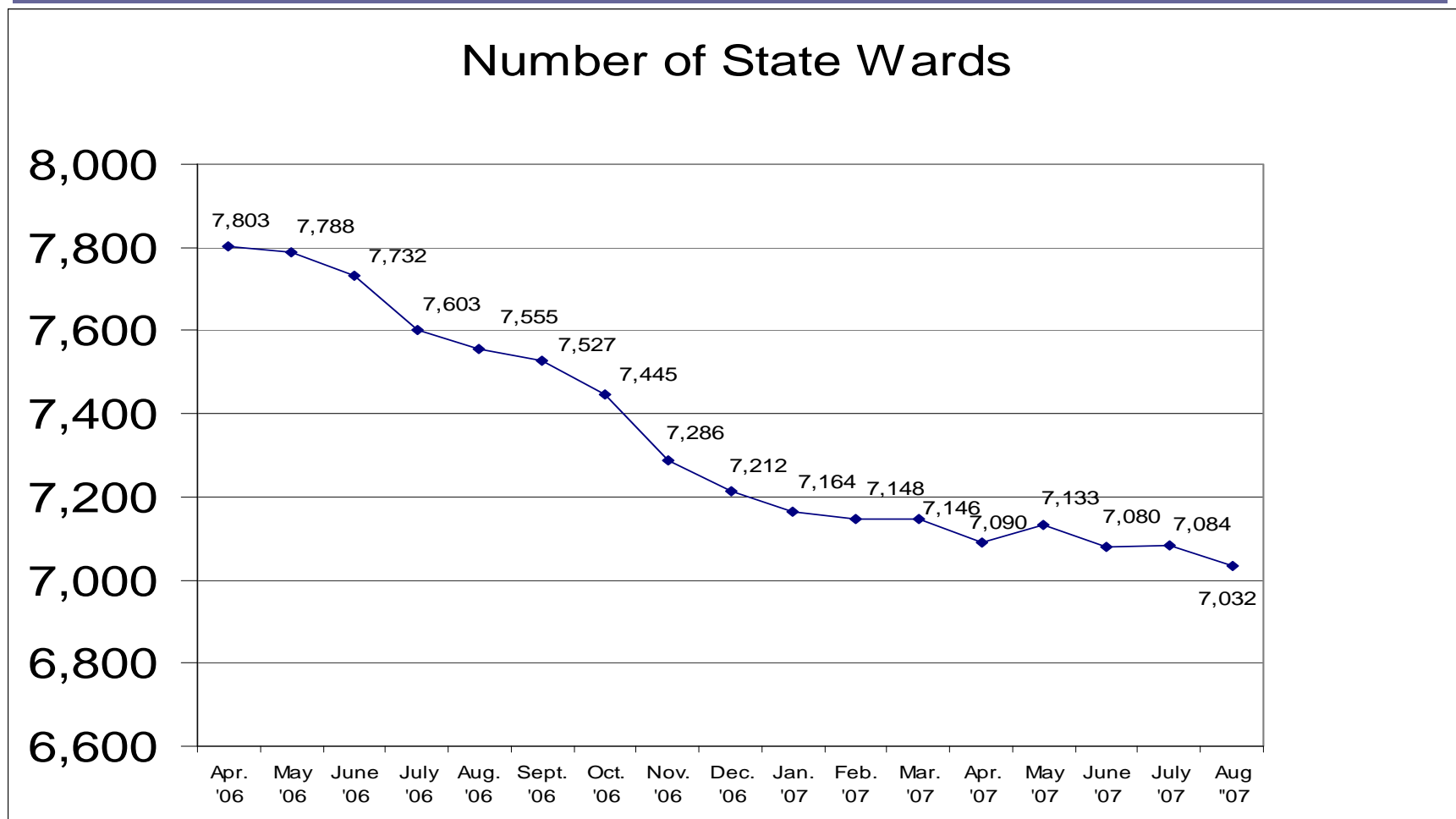
Quick Wins

- ❑ **One Stop Shop**- (Assessment/Triage/Services Center). Develop a pilot triage center to facilitate the assessment, service provision, supervision, structure and monitoring of children placed in the care of HHS/OJS, and if successful, locating 2-3 throughout the state. We are proposing a pilot site in Douglas County, or in the Western Service Area. This one stop shop would serve as one alternative to detention.
- ❑ **Voice Response Unit**- Access to program information available 24 hours a day, 7 days a week.
- ❑ **Tribal Agreements** - Will finalize agreements with the Winnebago and Omaha Tribes to support both their start up and expansion of Tribal TANF Programs to serve Native American families, with cash assistance and welfare-to-work activities in Thurston, Dakota & Knox Counties.

Case Management and Service Delivery Principles

- In-Home Services and Supports
- Family Centered Practice Values, Beliefs and Principles
- Family Engagement
- Outcome/Performance Based Contracting
- Collaboration/Partnership and “Team” concept

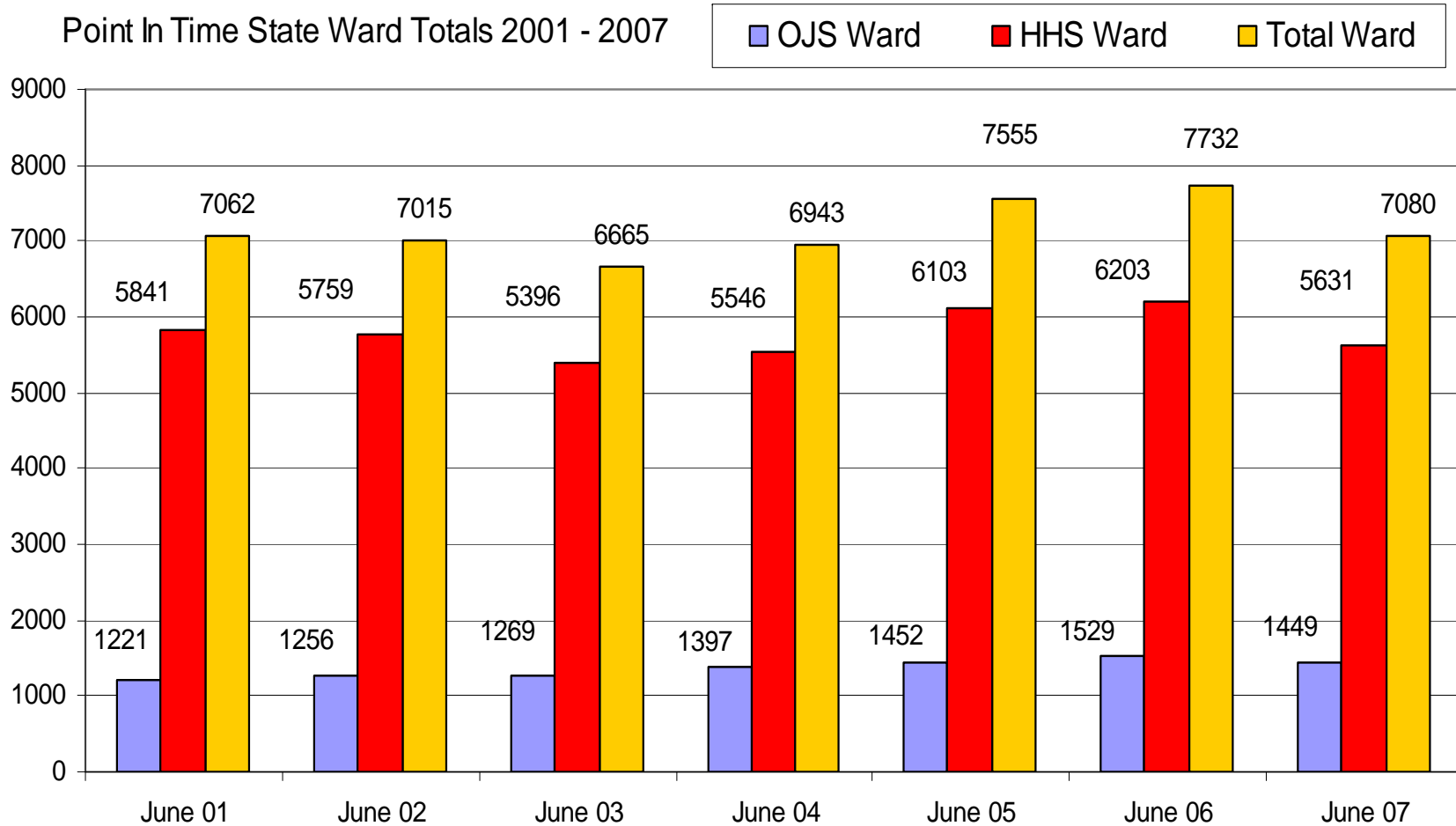
A Reduction in State Wards: One Outcome of the Governor's Initiatives for DHHS (Established June 2006)



* The Governor has proposed a series of initiatives to move children to permanency and reduce the number of wards under State care.

Protection and Safety Data

Point In Time State Ward Totals 2001 - 2007



HHS Ward – abused/neglected child or status offender youth (i.e. runaway, truancy, curfew, etc.)

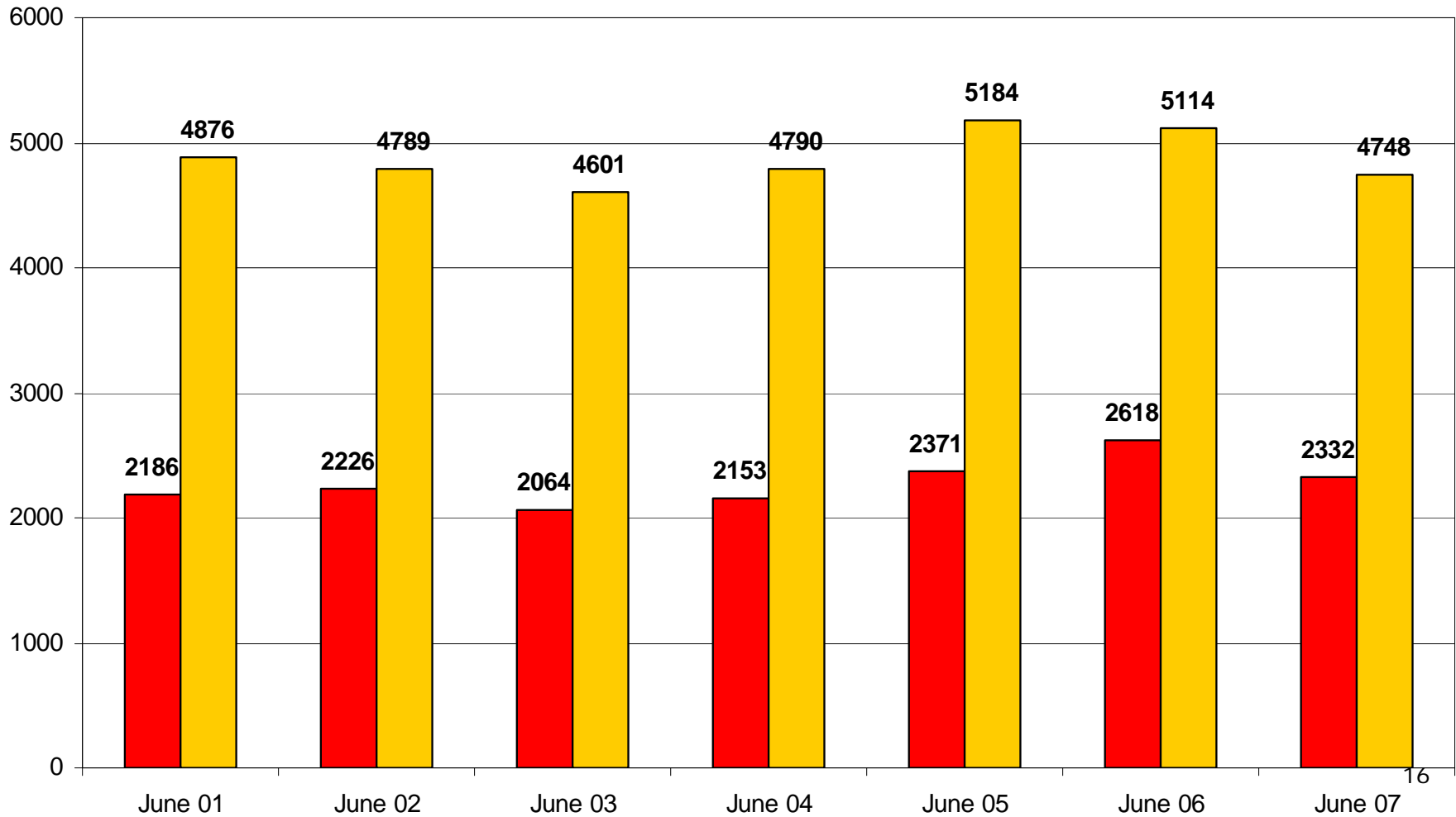
OJS Ward – youth that has committed a law violation (i.e. misdemeanor or felony)

There are 471,411 youth 18 and younger in Nebraska according to 2006 Census data.

Protection and Safety Data (Cont.)

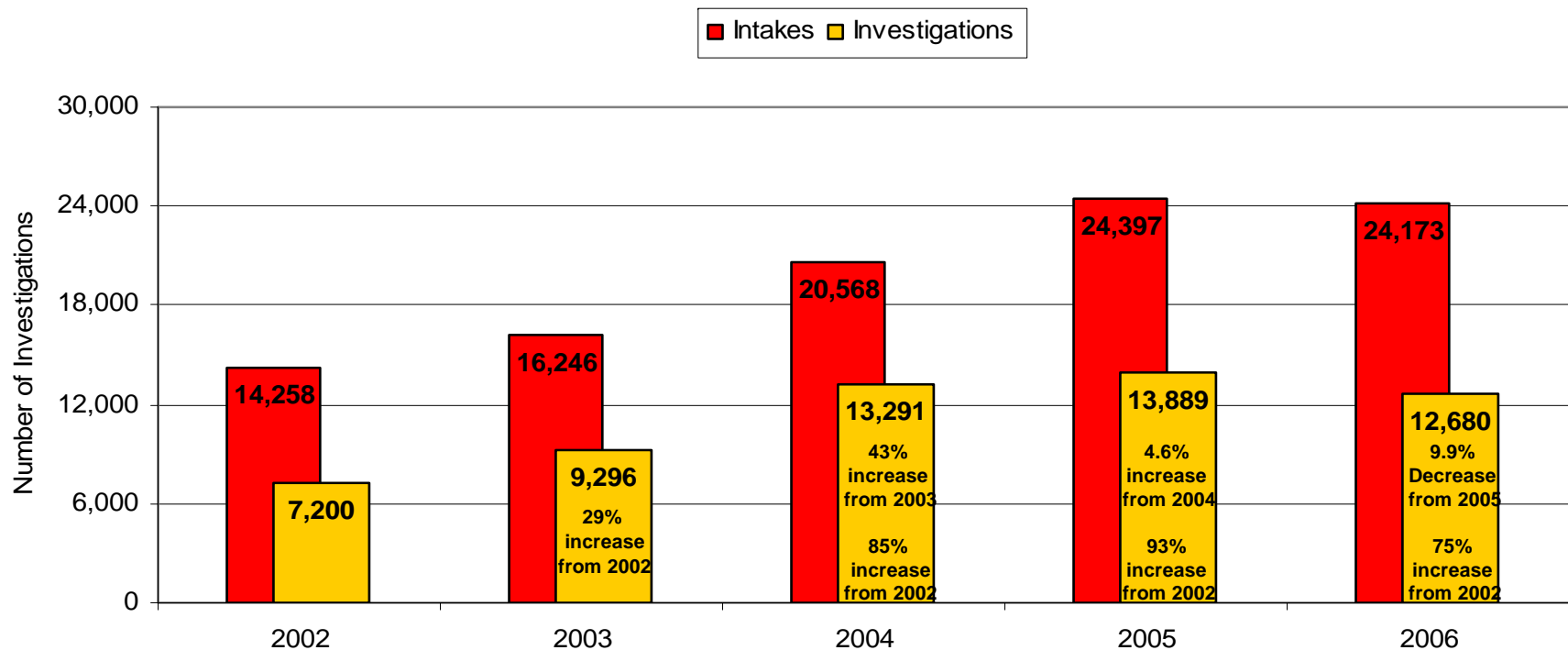
Point in Time In-Home and Out-of-Home Placements

■ Total In Home ■ Total Out of Home



Child Abuse and Neglect Intake Reports and Investigations by Calendar Year

Child Abuse and Neglect Intakes and Investigations by Calendar Year



Where do we go from here?

- If you want to know what outcomes every employee in the Division of Children and Family Services will be working on, look at the Federal Child and Family Services Review (CFSR) outcomes:
 - Safety
 - Permanency
 - Well-being

Child and Family Services Review (CFSR)



Child and Family Services Review (CFSR)

- March 2000 federal law mandated new review process for state child welfare services
 - Are states achieving desired outcomes for children and families?
 - Are states' systems functioning at a level that promotes achievement of identified outcomes?

CFSR Purpose

- Identify states' strengths and needs
- Ensure that state child welfare practice meets Federal child welfare requirements
- Determine what is actually happening to children and families as they are engaged in state child welfare services
- Assist states to enhance their capacity to help children and families achieve positive outcomes and strengthen family capacity

7 “Outcome” Factors Reviewed

□ Safety

- Children are protected from abuse and neglect
- Children are safely maintained in their homes

□ Permanency

- Children live in permanent, stable environments
- Family connections are preserved

□ Child and family well-being

- Families have the capacity to care for children
- Children receive appropriate educational services
- Children receive appropriate health services

2 Safety Outcomes

- Outcome: Children are protected from abuse and neglect
 - Timeliness of initiating investigations of reports of child maltreatment
 - Repeat maltreatment

- Outcome: Children are safely maintained in their home
 - Services to families to protect children in the home and prevent removal or reentry into foster care
 - Risk assessment and safety management

2 Permanency Outcomes

- Outcome: Children live in permanent, stable environments
 - Foster care reentries
 - Stability of foster care placement
 - Permanency goal for children
 - Reunification, guardianship, or permanent placement with relatives
 - Adoption
 - Other planned living arrangement

- Outcome: Family connections are preserved
 - Proximity of foster care placement
 - Placement with siblings
 - Visiting with parents and siblings in foster care
 - Preserving connections
 - Relative placement
 - Relationship of children in care with parents

3 Well-being Outcomes

- Outcome: Families have the capacity to care for children
 - Needs and services of children, parents, and foster parents
 - Child and family involvement in case planning
 - Caseworker visits with children
 - Caseworker visits with parents

- Outcome: Children receive appropriate educational services
 - Educational needs of children

- Outcome: Children receive appropriate health services
 - Physical health of children
 - Mental/behavioral health of children

7 Systemic Factors Reviewed

- Statewide information system (N-FOCUS computer system)
- Case review system
- Quality Assurance (QA) system
- Staff training
- Service array
- Agency responsiveness to community
- Foster and adoptive parent recruitment, licensing, and retention

CFSR Process

- A comprehensive picture of the State system through a statewide assessment of child welfare data and an on-site review of individual case records and interviews with stakeholders, caseworkers, parents, and children.
- Phases of the Review:
 - Statewide Assessment
 - Onsite Review
 - Program Improvement Plan (if necessary)
- Information from both the Statewide Assessment and the Onsite Review is used to determine the State's conformity with Federal requirements.
- States found out of conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas needing improvement.
- Financial penalties are possible if a State does not successfully complete its PIP.

Statewide Assessment Phase 1 (Nebraska's Self Assessment)

- ❑ Conducted six months prior to onsite review
- ❑ Completed by a team of key stakeholders from across the State
- ❑ Allows the team to identify issues that may affect the review early in the process
- ❑ Provides an overview of Nebraska's child welfare services for the onsite review team
- ❑ The period for review is the prior Federal fiscal year

Onsite Review Phase 2

- Onsite Review scheduled for July 2008
- Review teams include both Federal and state reviewers
- Federal reviewers include Federal Administration for Children and Families (ACF) employees and state child welfare employees from other states
- State reviewers include Nebraska Protection and Safety staff from another service area, central office staff, and external partners

Onsite Review Phase 2 (Cont.)

- Three sites are reviewed
 - The largest metro area (Omaha) is always reviewed
 - The other two sites are selected by Federal ACF and Nebraska

- 65 cases (total) are reviewed
 - 25 in-home cases
 - 40 foster care cases

- Each team reviews three cases in three days
 - Review case file
 - Case related interviews with parents, children/youth, guardians ad litem, foster parents, court appointed special advocates, others relevant to case
 - End of day teams debrief to insure consistency in rating strategy

Stakeholder Interviews

- These interviews are distinct from case related interviews.
- Interviews focus on the systemic factors that affect the outcomes for children and families in general.
- Stakeholders include those individuals who can address issues of concern to the state as a whole.
 - Youth served, Court Administrator's Office, Tribal representatives, Nebraska Foster/Adoptive Parent Association, Foster Care Review Board, foster and adoptive parents, etc.



Final Report

- ❑ Summary of findings and a determination of the State's conformity with Federal standards.
- ❑ Based on information included in the statewide assessment and the onsite review.
- ❑ Written by Federal staff from the onsite review team.
- ❑ Provided to the State within approximately 30 days of completion of the onsite review.

Program Improvement Plan (PIP)

- ❑ Required if a State is not in substantial conformity with Federal standards.
- ❑ Developed by the members of the statewide assessment team in collaboration with the Children's Bureau.
- ❑ Completed within 90 days of completion of the onsite review.
- ❑ Two-year implementation process requiring quarterly reports.
- ❑ Financial penalties may apply.

Nebraska's 1st Round (2002)

CFSR Results

- Nebraska's first CFSR was in July 2002 and resulted in a Program Improvement Plan (PIP).
 - No State passed the first round of the CFSR

Nebraska's 1st Round (2002)

CFSR Results (cont.)

States in substantial compliance with CFRS standards N= 53	Number (%) of States in compliance	Nebraska's compliance
Systemic factors		
Statewide information systems	45 (87)	Yes
Case review	13 (25)	No
Quality assurance	35 (67)	No
Training	34 (65)	Yes
Service array	23 (44)	No
Agency responsiveness	49 (94)	Yes
Licensing, recruitment and retention of foster & adoptive parents	43 (83)	No
Outcome Factors		
Children are protected from abuse and neglect	6 (11.5)	No
Children are safely maintained in their homes	6 (11.5)	No
Children have permanency and stability	0 (0)	No
Continuity of family relationships	7 (13.5)	No
Families have enhanced capacity to provide for their children's needs	0 (0)	No
Children receive services re: education	16 (30.8)	No
Children receive services re: physical and mental health	1 (1.9)	No

Program Improvement Plan (PIP)

1st Round

- Nebraska successfully completed it's PIP which had over 200 action steps for systemic change
 - Family Centered Practice (FCP)
 - Quality Assurance system
 - Supervisor is the key to making changes happen
 - Developed a cohesive Quality Assurance system
 - Developed and strengthened 32 policies and procedures
 - 16 program memos to communicate official interpretations or clarifications

Six Federal Measures

6 Former Federal Measures	National Standard	Federally Approved PIP Standard	FFY 2006	FFY 2005	FFY 2004	FFY 2003	FFY 2002
Reunification in less than 12 Months	76.2% or more	42.4%	56.8%	57.8%	54.1%	52.4%	54.5%
Finalized adoption in less than 24 Months	32.0% or more	11.1%	17.9%	22.3%	15.4%	23.8%	17.2%
No more than 2 placement setting if in care less than 12 months	86.7% or more	83.5%	83.5%	82.3%	81.1%	82.9%	86.2%
Reentries to foster care less than 12 months after discharge	8.6% or less	8.6%	8.9%	9.3%	9.7%	9.8%	8.2%
Recurrence of maltreatment	6.1% or less	6.1%	9.2%	9.9%	8.8%	7.1%	4.7%
Incidence of child abuse and /or neglect in foster care	0.57% or less	.57%	.48%*	0.43%	0.17%	0.13%	0.10%

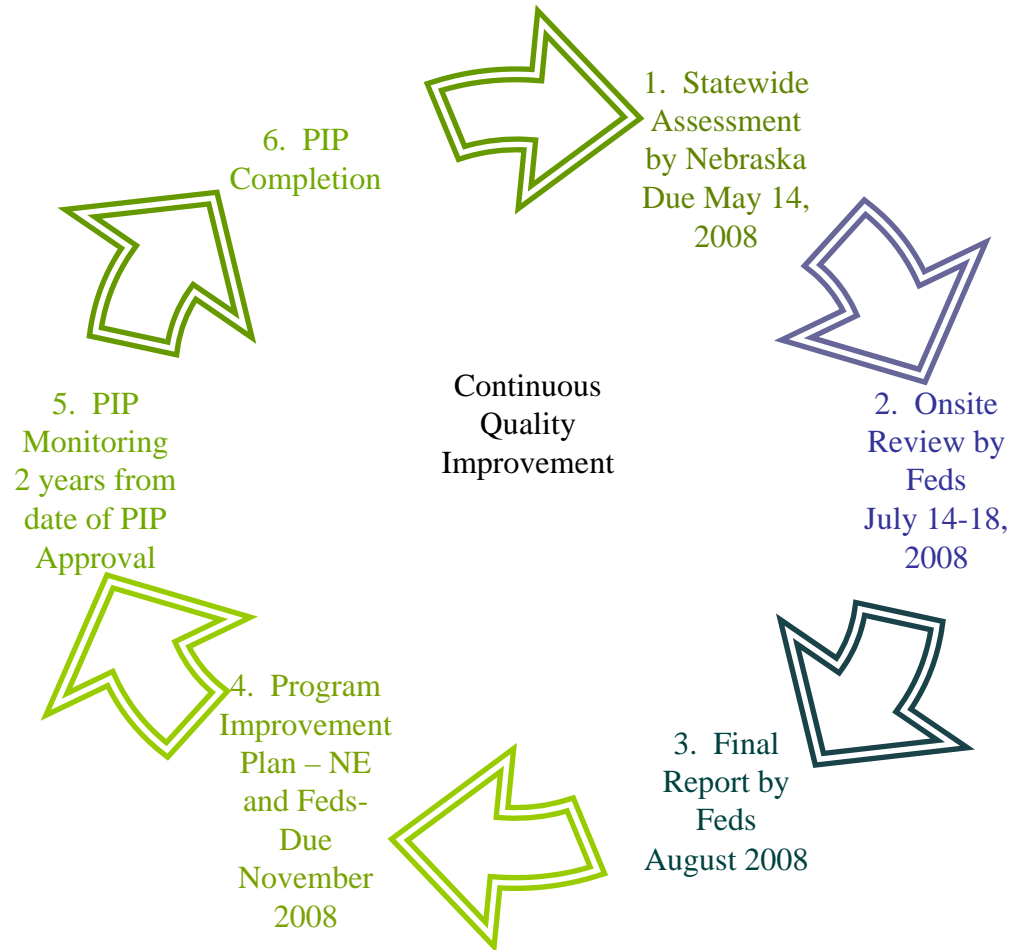
(*) Denotes that the State has achieved the Federal Standard based on most recent data.

What can we expect?

- Nebraska's second review is July 14-18, 2008.

- There have been nine states (2007) that have completed their second round of the CFSR.
 - No state has yet passed the second round of the CFSR

2008 Child and Family Services Review



Opportunities for Involvement

- Phase 1: Statewide Assessment:
 - Participate on the statewide assessment team
 - Offer to assist in the analyses of data

- Phase 2: Onsite Review:
 - Volunteer to be a member of the onsite review team
 - Provide information to the onsite review team via interviews, the completion of surveys, or other avenues

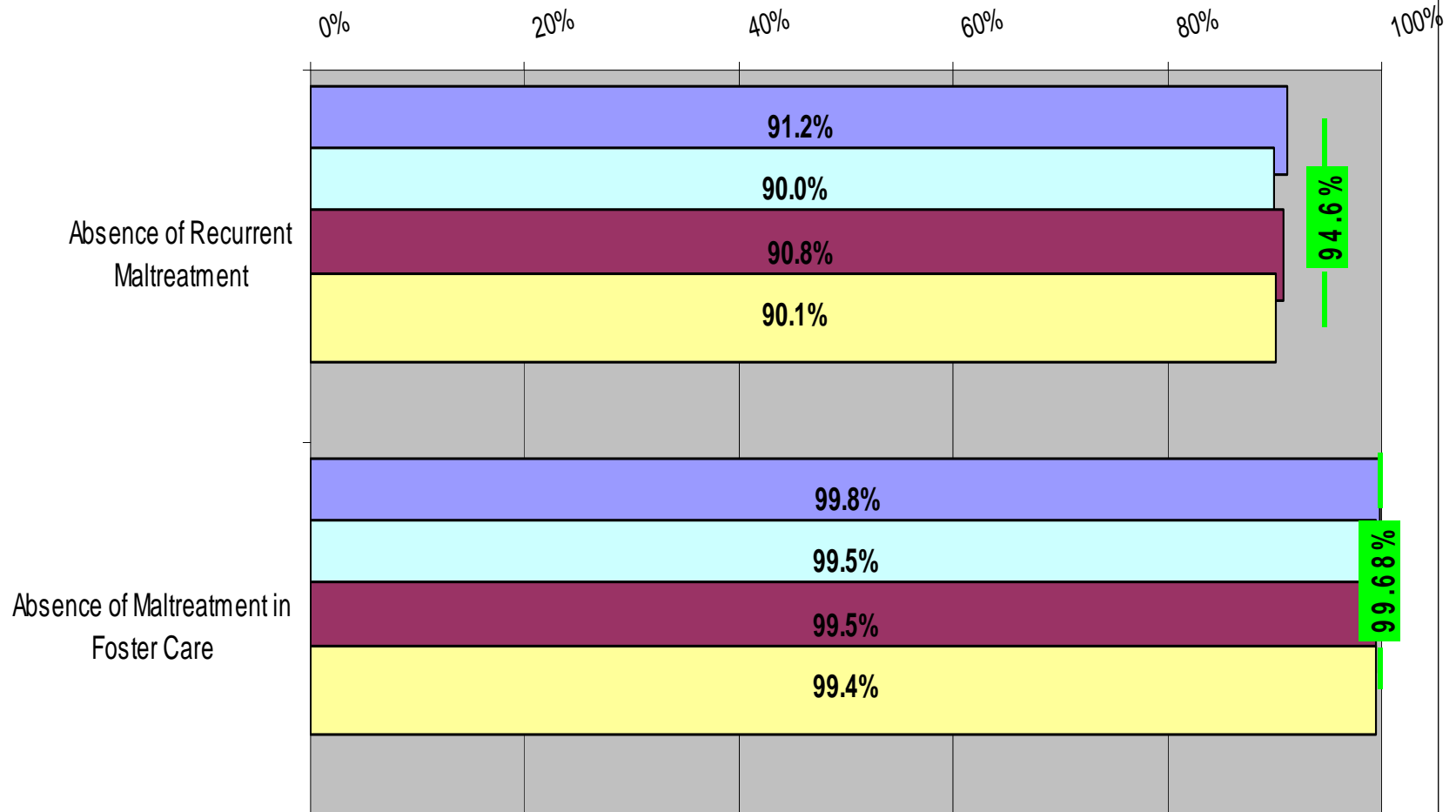
- Program Improvement Plan (PIP):
 - Collaborate with other key stakeholders in the State to develop and implement the PIP

Where are we now?

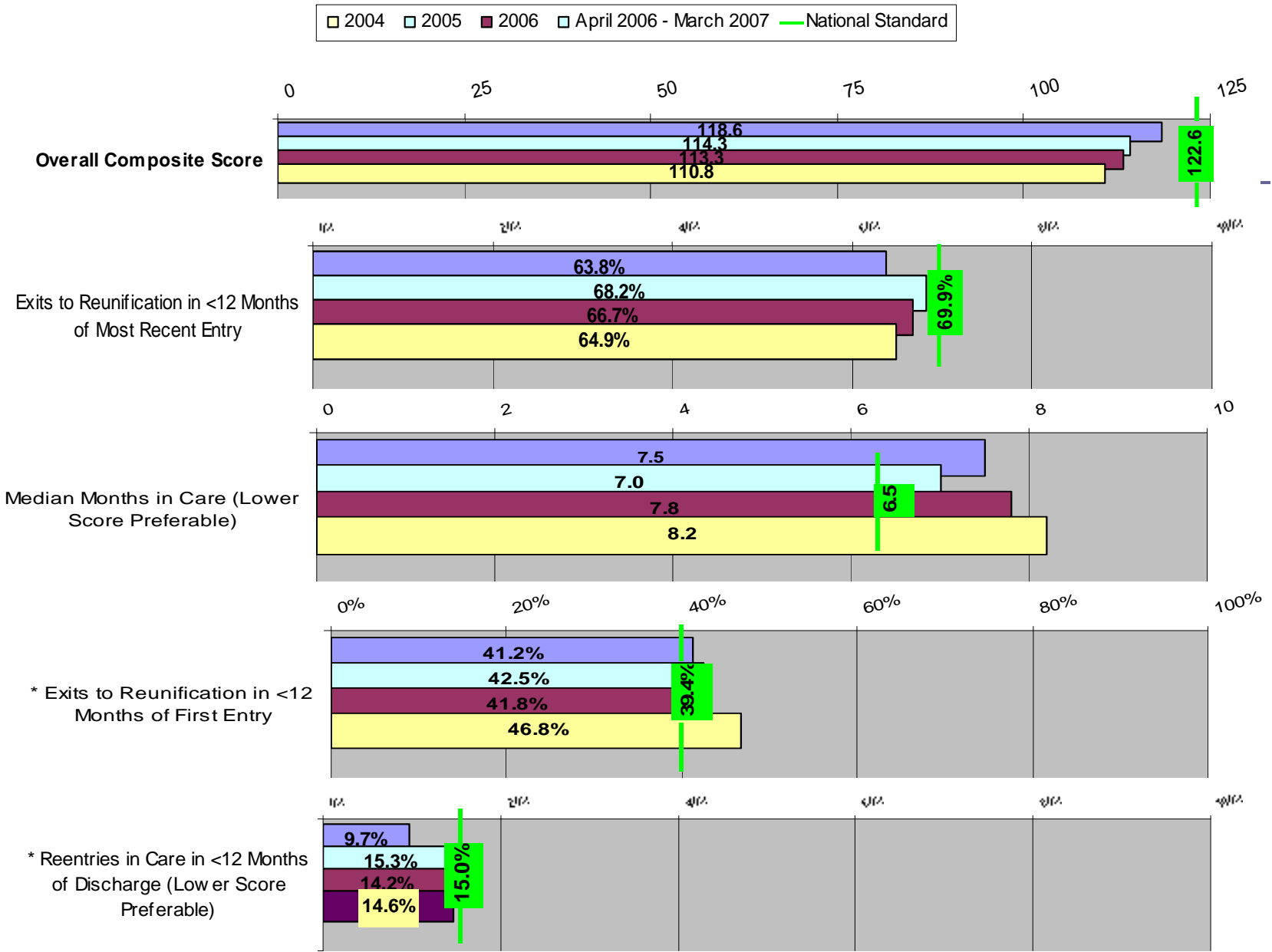
- The Federal Government has changed how they capture outcomes. For the second round of the CFSR process, they will also use composite scores rather than single outcome measures.
 - New composites will be used for the four permanency outcomes:
 - Timeliness and permanency of reunification
 - Timeliness of adoptions
 - Permanency for children in foster care
 - Placement stability
 - Previous safety measures will continue to be used:
 - Absence of recurrence of maltreatment
 - Absence of abuse/neglect in foster care

Safety Measures

■ 2004
 ■ 2005
 ■ 2006
 ■ April 2006 - March 2007
 — National Standard

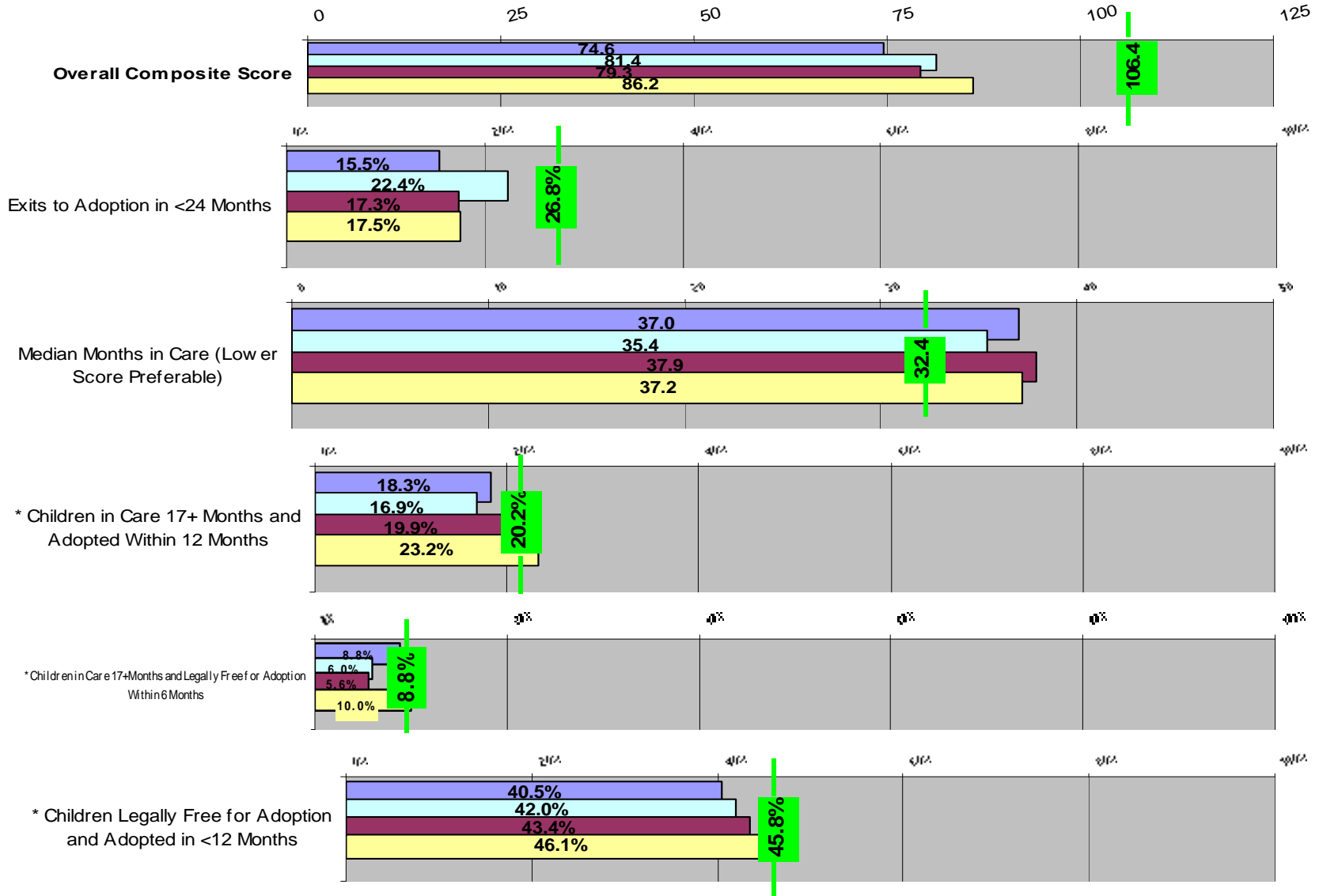


Permanency Composite 1. Timeliness and Permanency of Reunification



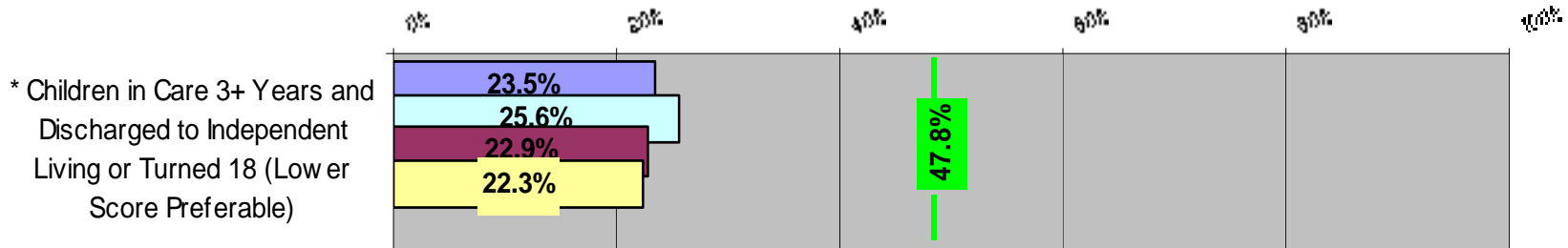
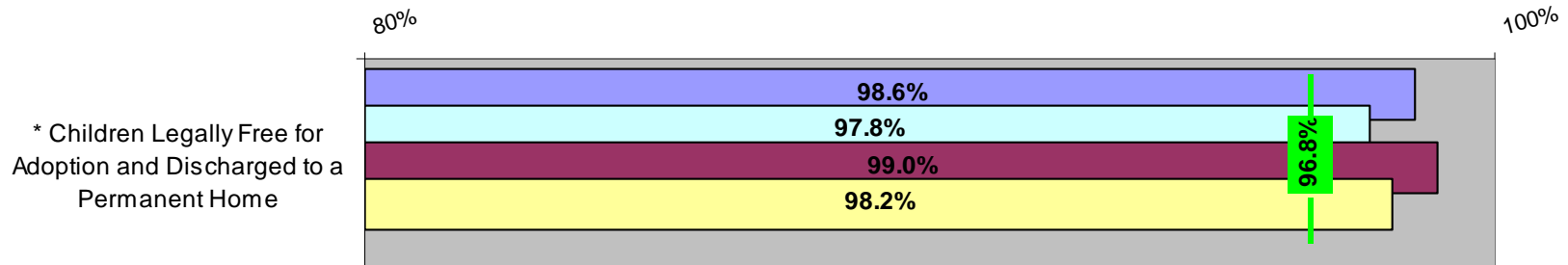
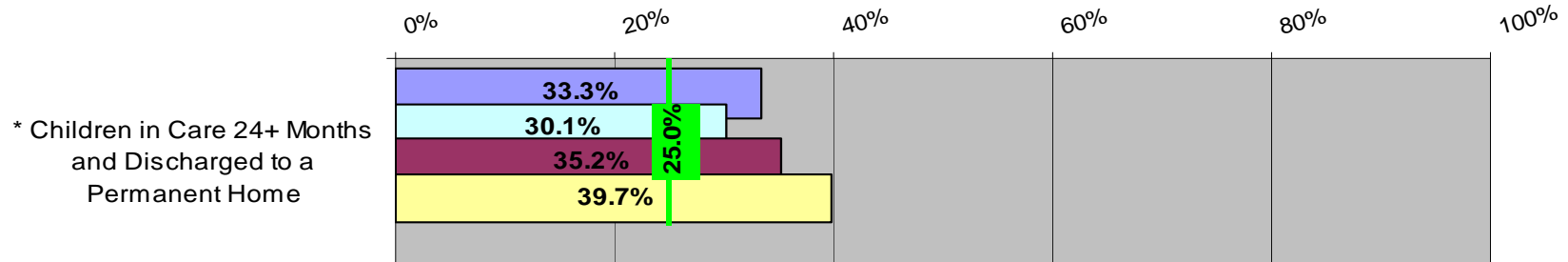
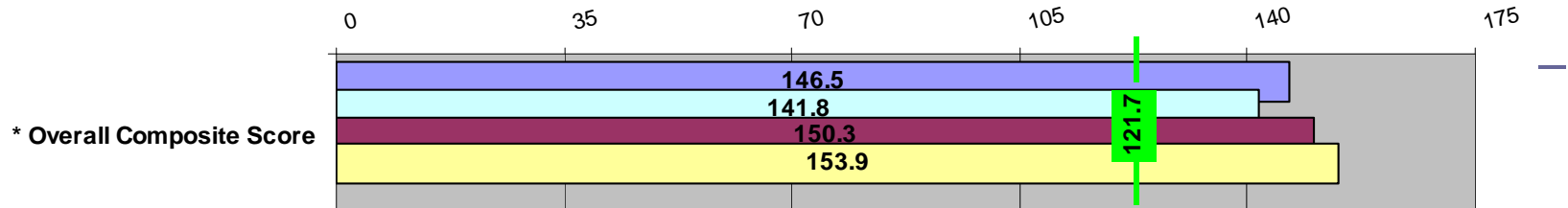
Permanency Composite 2. Timeliness of Adoptions

■ 2004
 ■ 2005
 ■ 2006
 ■ April 2006 - March 2007
 — National Standard



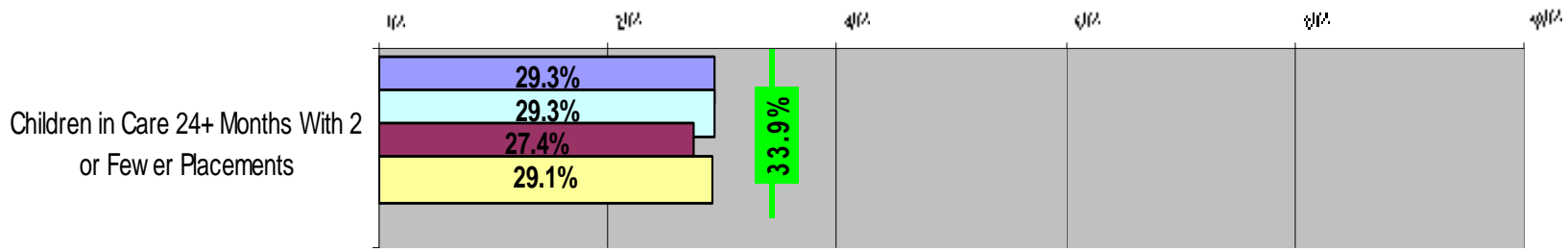
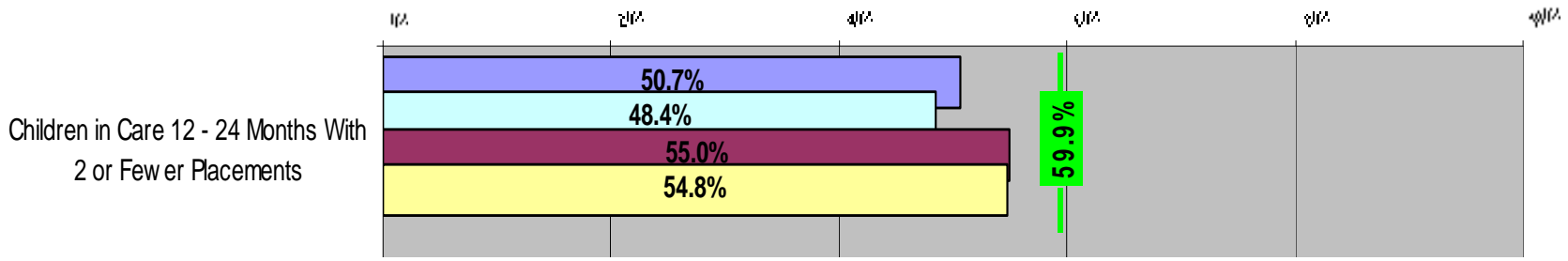
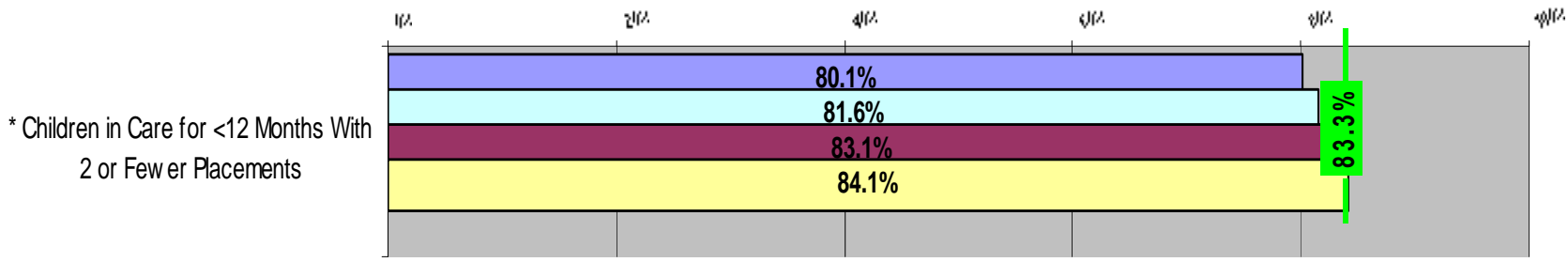
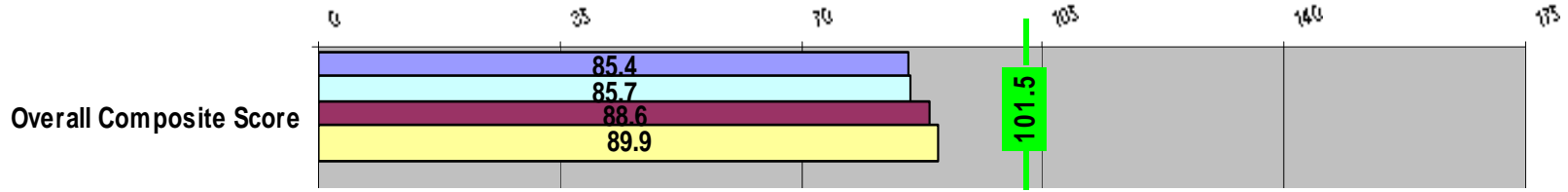
Permanency Composite 3. Permanency for Children in Foster Care

■ 2004
 ■ 2005
 ■ 2006
 ■ April 2006 - March 2007
 | National Standard



Permanency Composite 4. Placement Stability

■ 2004
 ■ 2005
 ■ 2006
 ■ April 2006 - March 2007
 — National Standard



Well-being Measures and Systemic Factors

- The 3 well-being measures determined by:
 - Assessment and measurement of information gathered during the on-site case file reviews of the 65 cases; and
 - Assessment through additional information provided by participants during the stakeholder interviews

- The 7 Systemic Factors determined by:
 - Assessment and review of the findings of the statewide self-assessment completed by the state
 - Assessment through additional information provided by participants during the stakeholder interviews

Nebraska Safety Intervention System



Participants will be introduced to:

- ❑ The history of the development of this system and why DHHS believes these changes are needed to better protect children.
- ❑ What the Safety Intervention System is, what it is not and how the system is different than our previous process.
- ❑ Terms and definitions used.
- ❑ The process to assess safety.
- ❑ How the Safety process is applied to on-going case planning and decision making.
- ❑ The implementation process and lessons learned.

Development of the Nebraska Safety Intervention System (NSIS)

The model was selected in the summer of 2005.

- ❑ Consultation and technical assistance from:
 - ❑ National Resources Center for Child Protective Services
 - ❑ Child Welfare League of America (CWLA)
 - ❑ ACTION for Child Protection

- ❑ Models from across the nation were reviewed

- ❑ Comparison of the four top models

- ❑ Selection of the Safety Model



Experience of Other States

Other states that use a similar version of this
Safety Intervention System:

**Alabama, Oregon, South Dakota,
West Virginia, Wisconsin**

The Nebraska Safety Intervention System IS:

- ❑ A structured decision making process providing more clarity and consistency in critically thinking about Safety.
- ❑ Involves supervisors to a greater degree.
- ❑ A shift from an *"Incident Based"* Child Maltreatment Assessment to a *"Comprehensive Safety Assessment"*.
- ❑ A continuous process throughout the life of a child and family's involvement with the Department.
 - It is applied at Initial Assessment, Case Assessment, Case Planning, Case Evaluation, Reunification, and Case Closure

The Nebraska Safety Intervention System IS NOT:

- ❑ A shift in the Intake process at this time. Current screening and priority setting decision processes remain unchanged.
- ❑ A replacement for critical thinking and judgment. In fact, the more comprehensive view of a child's safety, demands use of critical thinking skills and provides a structure for critical thinking intended to lead to clearer, more consistent and supported conclusions.
- ❑ A replacement for Family Centered Practice. The Safety Intervention System is "what staff do"; Family Centered Practice is "how the work is done."
- ❑ A system for assessing Safety in Out-of-Home Care.
- ❑ A system for assessing the care of delinquents or status offenders unless there are indications of concern related to abuse or neglect.

What is Different?

New Approach

- Comprehensive
- Applied throughout a family's involvement with the Department
- 6 areas of information gathered in addition to 14 safety threats
- Safety plan focused on identified safety threats

Previous Approach

- Incident based
- Applied at initial assessment only
- 14 elements of information
- Safety plan often promissory –does not address safety

What is Different? (continued)

New Approach

- Case plan related to safety threats/diminished protective capacities
- Family driven case plans
- Change based case plans
- A greater degree of Supervisory consultation and oversight

Previous Approach

- Case plan related to any identified issue
- HHS driven Case plans
- Compliance based case plan
- Supervisory consultation at key decision points



Safety Instruments

No single instrument can, with absolute certainty, protect every single child. The Nebraska Safety Intervention System integrates the latest available research and practice to provide the best possible assurance that appropriate decisions will be made to keep children safe.



Definitions

- ❑ Child Maltreatment
- ❑ Safe
- ❑ Unsafe
- ❑ Present Danger
- ❑ Protective Action
- ❑ Impending Danger
- ❑ Safety Threshold
- ❑ Safety Threshold Criteria
- ❑ Safety Plan
- ❑ Protective Capacity
- ❑ Case Plan



Definition of Child Maltreatment

Parenting behavior that is harmful and destructive to a child's cognitive, social, emotional and/or physical development.

Definitions of Safe and Unsafe

- Children are considered **SAFE** when there are no present or impending safety threats or the caregivers protective capacities control existing threats.
- Children are considered **UNSAFE** when they are vulnerable to present or impending safety threats and caregivers are unable or unwilling to provide protection.



Definition of Present Danger

An immediate, significant and clearly observable family condition (severe harm or threat of severe harm) occurring to a child or youth in the present requiring a prompt Protective Action.

Definition of Protective Action

An immediate, short-term response sufficient to control and manage the present danger observed at the first contact with a family or at any time present danger is identified and which provides for a child's safety while the Safety Assessment is completed.

Immediate Protective Actions are not Voluntary

Definition of Impending Danger

- ❑ Threats to a child's safety that may not be occurring in the present but are likely to occur in the immediate to near future.
- ❑ These threats may or may not be identified at the onset of Protection and Safety intervention, but are understood upon a more full evaluation and understanding of the individual and family conditions and functioning.
- ❑ This understanding results in a reasonable and prudent conclusion that without Protection and Safety intervention severe harm is probable in the near future.



Definition of Safety Threshold

The point when family conditions, in the form of behaviors, emotions, intent, situation, etc., are manifest in such a way that they are beyond being risk influences and have become threatening to child safety.

Definition of Safety Threshold Criteria

- ❑ **Severity/Severe Effects:** consistent with harm that can result in pain, serious injury, disablement, grave/debilitating physical health conditions, acute/grievous suffering, terror, impairment, death.
- ❑ **Vulnerable:** A child who does not have sufficient capacity for self-protection.
- ❑ **Imminent:** A belief that threats to child are likely to become active without delay; a certainty about an occurrence within the immediate to near future that could have severe effects.

Definition of Safety Threshold Criteria

(Continued)

- ❑ **Observable and Specific:** The danger is real; can be reported in descriptive ways; is evidenced in explicit, unambiguous ways.
- ❑ **Out-of-Control:** Family conditions that can harm a child and are unrestrained; unmanaged; without limits or monitoring; not subject to influence, manipulation or internal power; are out of the family's control.

The Safety Threshold is met when all five criteria are present.

Definition of Safety Plan

- ❑ A detailed written plan, with identification of appropriate individuals and their specific responsibilities, which establishes how safety threats will be controlled and managed.
- ❑ The safety plan will remain in effect as long as needed (as long as threats to child safety exist) and must be continually evaluated and modified as long as it is in effect.

Definition of Protective Capacity

- Specific and explicit behavioral, cognitive, and emotional strengths that manage and control safety threats.
- May be enhanced-adequate to provide sufficient protection.

OR

- May be diminished-inadequate to provide sufficient protection, in need of improvement.



Definition of Case Plan

A written document developed between the family, the Protection and Safety Worker, and others as appropriate which includes outcomes, needs, and strategies to address identified safety threats and diminished protective capacities. The case plan will utilize informal and formal supports and services.

The Safety Assessment Process

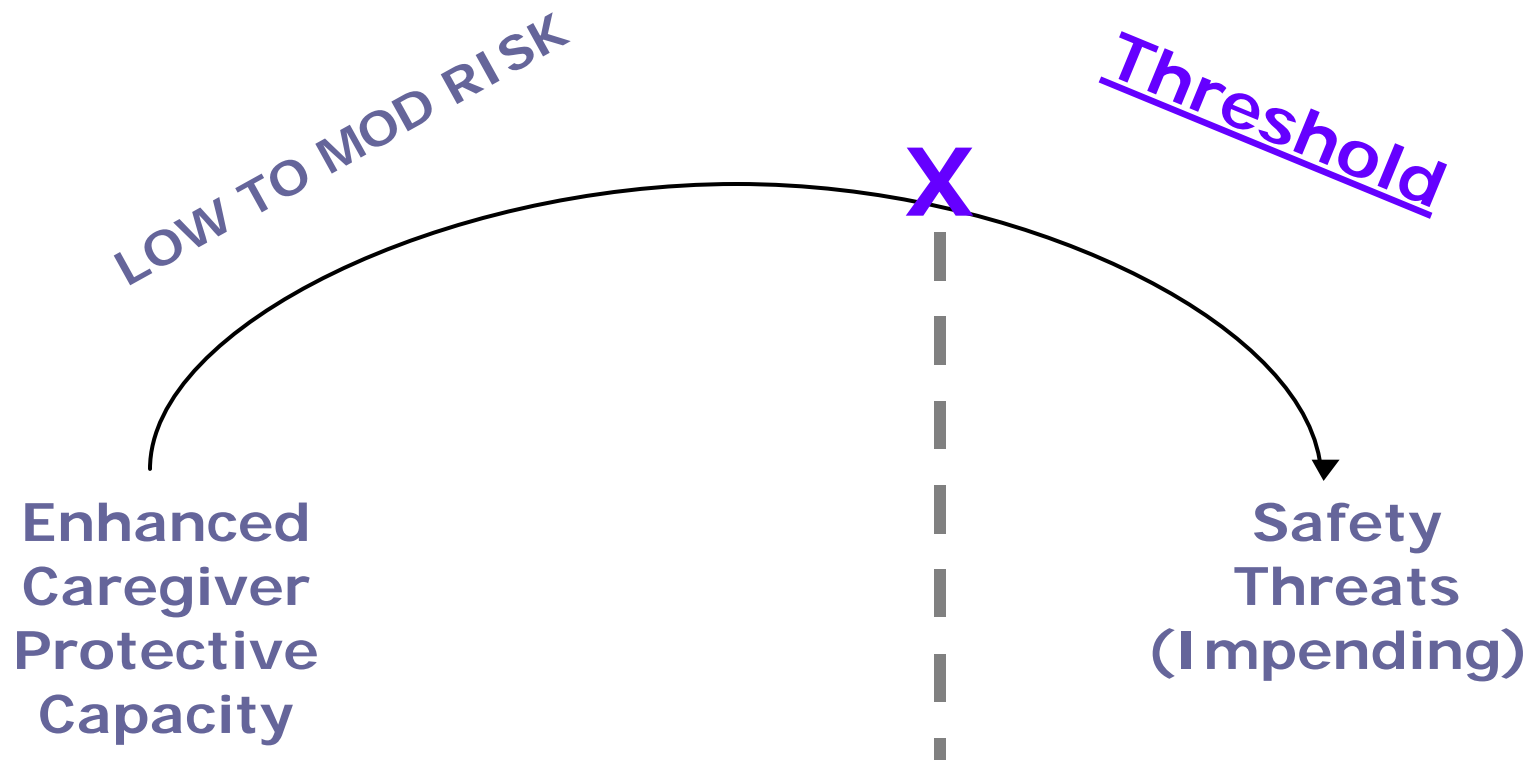
1. Determine if there is present danger.
2. If present danger exists, develop an immediate "Protective Action".
3. Continue to gather information in six areas or "domains".
4. Apply the "Safety Threshold Criteria" to each safety factor that applies to the family.
5. If the threshold is met on a given "Safety Factor", that "Factor" becomes a "Safety Threat" and a child is determined to be unsafe.
6. If a child is unsafe, develop and implement a "Safety Plan".



What is different about...

A house with a toddler where matches are kept in the kitchen drawer and a four-year-old child who has matches in a closet?

Risk to Safety Continuum



Gather Information in SIX Areas or Domains

1. Maltreatment: Current allegations and verified maltreatment
2. Nature/Circumstances: History/Major Influences (mental health issues, substance abuse, domestic violence, others)
3. Child/Youth Functioning
4. Disciplinary Practices
5. General Parenting Practices (excluding discipline)
6. Adult Functioning

Assess 14 “Safety Factors”

(Using the information gathered in the 6 Domains)

1. Caregivers cannot, will not or do not explain a child’s injuries or threatening family conditions.
2. A child has serious physical injuries or serious physical symptoms or conditions from maltreatment.
3. One or more caregivers intend or intended to seriously hurt the child.
4. The living environment seriously endangers the child’s physical health.
5. The child demonstrates serious emotional symptoms, self-destructive behavior and/or lack behavioral control that result in provoking dangerous reactions in caregivers.

Assess 14 “Safety Factors”

(Continued)

6. A child has exceptional needs that affect his/her safety that caregivers are not meeting, cannot meet or will not meet.
7. A child is fearful of the home situation or people within the home.
8. One or more caregivers lack parenting knowledge, skills, or motivation necessary to assure a child’s safety.
9. One or more caregivers are threatening to severely harm a child/youth or are fearful they will maltreat the child and/or request placement.

Assess 14 “Safety Factors”

(Continued)

10. No adult in the home is routinely performing parenting duties and responsibilities that assure safety.
11. A child is perceived in extremely negative terms by one or more caregivers.
12. Caregivers do not have or use resources necessary to assure a child’s safety.
13. One or more caregivers will not or cannot control their behavior and/or are acting violently and/or dangerously.
14. Caregivers refuse Protection and Safety Intervention, refuse access to a child and/or there is some indication that the caregivers will flee.



“Criteria” to each safety factor that applies to the family

- Severity/Severe Effects
- Vulnerable
- Imminent
- Observable and Specific
- Out-of-Control



No Threats Identified

- If no threats are identified, child is safe.
- Close Case.
- Community services if family requests.

Development of Safety Plans

If a child is UNSAFE, a safety plan is developed and implemented.

A Safety Plan must:

- ❑ Be a written plan with copies provided to the caregiver(s) and the Safety Plan participants;
- ❑ Control or manage the Safety Threat;
- ❑ Have an immediate effect;
- ❑ Be immediately accessible and available; and
- ❑ Not rely on caretaker promises.

Options for a Safety Plan

A decision that a child is unsafe does not automatically equate with removal. It directs us to make informed decisions about safety planning that will control the safety threats in the home.

A safety plan may be carried out:

- ❑ In the home;
- ❑ A combination of in home and out of home; or
- ❑ Out of home

Components of a Safety Plan

- ❑ Clarification of the role of parent(s) or caregivers in the plan.
- ❑ Parent (caregiver) access to child.
- ❑ Specific safety services.
- ❑ Approval of Safety Plan participants including the family network and professionals.
- ❑ Responsibilities of Safety Plan participants.
- ❑ Contingency plans.

Safety Plan Oversight

- ❑ In-home plans will be monitored and reviewed at least weekly.
- ❑ Plans will be modified as necessary if new threats emerge, or the family is able to manage existing threats.
- ❑ Review includes personal contact with the children, parents and other persons responsible for the continuing safety plan.
- ❑ Formal review of the Safety Plan at least once a month.

Safety Plans and Intervention will be implemented with supervisory consultation.

Returning a Child Home

- The decision to return a child home is based upon specific, written **CONDITIONS FOR RETURN** developed any time when a child is removed.
- The “Conditions for Return” assure that a child can safely be in his or her home when:
 - Circumstances and behaviors that resulted in removal can now be managed with an in-home safety plan
 - The in-home safety plan can be *sustained* while intervention continues

Safety Plan vs. Case Plan

Safety Plan

- ❑ Purpose-control and manage
- ❑ Provider-informal and formal
- ❑ Effect – immediate
- ❑ Orientation-observation and activities
- ❑ Protection and Safety responsibility – oversight

Case Plan

- ❑ Purpose – change
- ❑ Provider-informal and formal
- ❑ Effect – longer term
- ❑ Orientation- outcomes and process
- ❑ Protection and Safety responsibility– facilitation

Moving From Safety Planning to Case Planning

- ❑ The assessment is complete.
- ❑ IF a determination is a child is UNSAFE and a Safety Plan is in effect, the Protection and Safety Worker next works with the family to assess the “Protective Capacity” of the child’s parent/caregiver(s).
- ❑ This is a critical step toward the development of the case plan.

Protective Capacity Assessment

Process is designed to...

- ❑ Identify the diminished Protective Capacity or Capacities which resulted in or contributed to the current Safety Threats.
- ❑ Build the working relationship between the caregiver(s) and the Worker. Is the caregiver ready, willing and able to work toward change?
- ❑ Direct the conversations with the caregiver(s) to the identified Safety Threats and what must change. Are there areas of agreement and/or disagreement?

Protective Capacity Assessment

The assessment of Protective Capacities focuses on the following areas:

- ❑ **Behavioral:** Specific action, activity, performance that is consistent with and results in parenting and protective vigilance.
- ❑ **Cognitive:** Specific intellect, knowledge, understanding and perception that results in parenting and protective vigilance.
- ❑ **Emotional:** Specific feelings, attitudes, identification with a child and motivation that results in parenting and protective vigilance.



Case Plan Objectives

- To enhance diminished caregiver protective capacities
- To eliminate, reduce and/or develop the ability to manage safety threats



Decision to Close a Case

When evaluation of the case plan indicates safety threats have been eliminated or can be managed by the parent/caregiver(s) due to their enhanced protective capacities, Protection and Safety intervention is complete. The case may be closed.

Implementation of the Nebraska Safety Intervention System

- ❑ Orientation was provided to DHHS Administrators in the fall of 2005.
- ❑ Orientation was provided to external partners in 2006.
- ❑ Training of trainers began in early 2007 with a pilot in the Western Service Area.
- ❑ Training for all DHHS staff will be completed by the Spring of 2008.
- ❑ Training and communication will be provided to external partners and stakeholders in the Fall of 2007 to early Spring of 2008.

Training of DHHS Protection and Safety Staff

- Week 1: Two days of training on safety assessment.
- Week 2: Trainees use the process and tools to conduct an assessment on a real case including completion of the safety assessment tool.
- Week 3: Four days of training:
 - presentation by each participant on Week 2 safety assessment assignment for feedback
 - use of the safety intervention system in case planning
- Training is provided by co-trainers with the support of technical assistance program staff.
- Training includes video presentations of safety assessments provided by the National Resource Center for Child Protective Services.

Western Service Area

LESSONS LEARNED

- ❑ Implementation began April 15, 2007, in the Western Service Area (Panhandle) with all new Intakes accepted for Initial Assessment.
- ❑ On-going abuse cases (3a) with reunification as the Permanency Objective being converted using the Safety Assessment and Protective Capacity Assessment.
- ❑ In addition to the 6 hour initial Safety Training, staff received 1 to 1 ½ hours of follow-up training since April 15 on the following topics:
 - Considering the Safety Threshold
 - Analyzing Safety Threats
 - Review of the six Domains
 - Review of Conditions for Return
 - Review of Analyzing Safety Threats

Western Service Area

LESSONS LEARNED (continued)

- ❑ The Comprehensive Family Assessment (CFA) safety service, a Medicaid funded service, was implemented to support the Safety Intervention System. Other safety services are in development.
- ❑ More families are being served on a voluntary basis without court involvement.
- ❑ Meetings held with County Attorney offices in two counties to review the Safety Assessment and Process. Well received. No major concerns identified.
- ❑ Meetings with the “Through the Eyes of a Child” Judges in the Panhandle. Positively received.
- ❑ Meetings with Community agencies. Well received.

Western Service Area

LESSONS LEARNED (continued)

- ❑ Staff like the Safety Assessment model and believe it is very helpful in assessing child safety and addressing caregiver strengths and needs.
- ❑ Protection and Safety Workers/Supervisors report the process takes more time than the previous process. This is due to the shift from an “incident based” system to a more comprehensive assessment of safety and learning the new processes.
- ❑ Supervisors identify they are spending more time coaching, guiding and directing staff in their critical thinking and the documentation involved in the process and with the tools.
- ❑ Staff have offered suggestions for revisions to the process and tools that have been provided to the Central Office. Many of these suggestions have already been accepted and incorporated into the process and tools.

Nebraska Safety Intervention System

Benefits

- ❑ Improves safety decisions
- ❑ Provides clarity of purpose for initial assessment
- ❑ Provides clarity of purpose for on-going work with the family
- ❑ Improves the ability to assess and professionally support decisions made
- ❑ Increases equity and fairness for all families
- ❑ Improves case planning and focus for safety related interventions
- ❑ Provides for the Safety of Nebraska's children

Nebraska Safety Intervention System

Benefits to the Courts

- ❑ Staff more clearly articulate and provide clear documentation to the court regarding the safety concerns in the family
- ❑ Detailed Safety Plans with specific actions and responsibilities
- ❑ Case Plans that provide clear information about the diminished “Protective Capacity” of the parent(s) and what needs to change in order for the parent(s) to keep the child safe.
- ❑ Detailed “Conditions for Return” of the child addressed in the Case Plan and shared with parties
- ❑ Some families may be served by DHHS without court intervention
- ❑ Some families served with earlier court intervention (e.g. Pre-Hearing Conferences)

Questions and Answers



Online Resources

- Administration for Children and Families U.S. Department of Health and Human Services (CFSR page)
 - www.acf.hhs.gov/programs/cb/cwmonitoring/index.htm#cfsr

- Department of Health and Human Services Division of Children and Families (CFSR page)
 - <http://www.dhhs.ne.gov/jus/CFSR/ExSum.htm>

- Division of Children and Families Children's Outcomes Measured in Protection and Safety Statistics – COMPASS
 - <http://www.dhss.ne.gov/compass/>

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