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Oregon Differential Response Evaluation: OSM Fidelity Report

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1. Introduction and Background

1.1 Oregon Safety Model

The Oregon Safety Model (OSM) is a safety assessment practice model that was developed and implemented by the Oregon Department of Human Services (DHS) in collaboration with the National Resource Center for Child Protective Services (NRCCPS) in 2007.¹ DHS defines the OSM this way:

*The Oregon Safety Model is an overarching practice that requires safety assessment and safety management at all stages of the case from screening through case closure. It emphasizes child safety by focusing on the overall family condition as opposed to simply focusing on whether an incident of abuse happened or not. It includes a comprehensive assessment of the parent's ability to act in a protective capacity, clearly identifies conditions for safety within the family, conditions for return, and the provision of needed services. It focuses on safety threats using a safety threshold criteria that must be applied in order for a safety threat to exist.*²

OSM practice is described in detail in the DHS Child Welfare Differential Response Procedure Manual (the procedure manual).³ The following sections provide an overview of the OSM practice requirements that are reviewed in this report, including the comprehensive assessment, assessment of present danger and impending danger safety threats, safety planning, safety decisions, and moderate to high needs determinations. Additional OSM requirements in permanency cases include ongoing safety planning, protective capacity assessment and expected outcomes, conditions for return, and reunification.

1.1.1 The Comprehensive Assessment

The goal of the comprehensive assessment is to collect sufficient safety-related information in order to make sound decisions regarding child safety. The procedure manual specifies which people should be included in the comprehensive assessment and the six domains of information that must be assessed. First, all victims must be evaluated, as well as any victim's siblings and any other children living in the home. Second, all perpetrators must be evaluated, as well as all non-offending parents/caregivers of the victim, and any other adults living in the home.⁴

¹ National Resource Center on Child Protective Services. (2013). *Oregon Safety Model – Supervising to Safety: Review of Phase One*. Charlotte, NC: Author.

² Oregon Department of Human Services. (2015). *Oregon Safety Model Refresh Presentation PowerPoint* (p.2). Salem, OR: Author.

³ Oregon Department of Human Services. (May, 2014). *DHS Child Welfare Differential Response Procedure Manual*. Salem, OR: Author.

⁴ Oregon Department of Human Services. (May, 2014). *DHS Child Welfare Differential Response Procedure Manual. Chapter 2: Assessment, Section: 5 Making the Initial Contact: The First Face-to-Face Contact with the Family* (p. 3-7). Salem, OR: Author.

When making the initial contact on the CPS assessments, CPS workers are required to gather safety-related information and facts regarding the following six domains:⁵

- Child functioning: “A child’s general behavior, emotions, temperament and physical capacity [...] from day-to-day rather than points in time [and with consideration to] a child’s developmental level. The child’s functioning should also address changes observed due to the maltreatment.”
- Adult functioning: “How the adults/caregivers in the family feel, think and act on a daily basis [focusing on the way the] adults manage their day-to-day lives [but] separate from parenting [practices].”
- Parenting practices: “The general nature and approach to parenting as well as the parents’ satisfaction with being a parent.”
- Disciplinary practices: “The manner in which caregivers approach discipline and child guidance. Discipline is considered in the broader context of socialization—teaching and guiding the child. [The CPS workers should] answer this both from the child’s perspective and from the parents’ [and] note discrepancies.”
- Extent of maltreatment: “What is occurring or has occurred and what the results are [with regard to] the maltreating behavior and the immediate physical and psychological effects on the child. [...] Collateral sources of information (doctors, teachers, relatives, friends, etc.) are useful to both add to and check information gathered.”
- Circumstances surrounding the maltreatment: “What is going on at the time that the maltreatment occurs? The question is concerned with understand why maltreatment happened in this particular family.”

1.1.2 Safety Threats

A *present danger* safety threat is defined as “an immediate, significant, and clearly observable family behavior, condition or circumstance occurring in the present tense, already endangering or threatening to endanger a child. The family behavior, condition, or circumstance is happening now and it is currently in the process of actively placing a child in peril.”⁶ CPS workers are required to apply and document the three criteria (immediate, significant, and clearly observable) whenever any present danger threat is identified.

An *impending danger* safety threat is “a family behavior, condition, or circumstance that is imminent, out of control, observable, severe, and threatening a child that is unable to protect

⁵ Oregon Department of Human Services. (May, 2014). *DHS Child Welfare Differential Response Procedure Manual. Chapter 2: Assessment, Section: 5 Making the Initial Contact: The First Face-to-Face Contact with the Family* (p. 2). Salem, OR: Author; Internal Document Provided in Personal Correspondence with Julie LaChapelle (2016).

⁶ Oregon Department of Human Services. (May, 2014). *DHS Child Welfare Differential Response Procedure Manual. Chapter 2: Assessment, Section 6: Determine if there is a Present Danger Safety Threat or Impending Danger Safety Threat*. Salem, OR: Author.

him/herself.”⁷ During the CPS assessment, the worker identifies and documents if any of the 16 impending danger safety threats are present in the home. The worker uses five safety threshold criteria to determine if an impending danger safety threat is active: (1) vulnerable child; (2) imminence; (3) out of control; (4) observable; (5) severity.⁸ If all five criteria are met, then the threat is present.

1.1.3 Safety Planning

When a safety threat is identified at any point during a CPS assessment, a safety plan must be implemented to manage the threat. There are three types of safety plans.⁹

If a present danger safety threat is identified at any point in time during the CPS worker’s contact with a family, the worker must implement a *protective action plan* to ensure the safety of the children in the home. A protective action plan is defined as “an immediate (same day), short term (10 day maximum), sufficient strategy that provides a child responsible adult supervision and care to allow for the completion of the CPS assessment.”¹⁰

Impending danger safety threats are managed by implementing an *initial safety plan* or an *ongoing safety plan*. A CPS worker determines if an in-home safety plan or out-of-home safety plan should be used by assessing four criteria:¹¹

1. Is there a home-like setting where the parent and child live?
2. Is the home calm enough to allow safety service providers access and activities to occur?
3. Is at least one parent willing to cooperate with the plan?
4. Are the necessary safety activities and resources available to implement the plan?

All four of these criteria must be met for an in-home safety plan to manage safety; if one of the criteria is missing, an out-of-home safety plan should be implemented.

⁷ Oregon Department of Human Services. (May, 2014). *DHS Child Welfare Differential Response Procedure Manual. Chapter 2: Assessment, Section 6: Determine if there is a Present Danger Safety Threat or Impending Danger Safety Threat*. Salem, OR: Author.

⁸ Oregon Department of Human Services. (May, 2014). *DHS Child Welfare Differential Response Procedure Manual. Chapter 2: Assessment, Section 6: Determine if there is a Present Danger Safety Threat or Impending Danger Safety Threat*. Salem, OR: Author.

⁹ Oregon Department of Human Services. (May, 2014). *DHS Child Welfare Differential Response Procedure Manual. Chapter 2: Assessment, Section 8: Develop Protective Action Plans, Initial Safety plans and Ongoing Safety plans* (p. 1). Salem, OR: Author.

¹⁰ Oregon Department of Human Services. (May, 2014). *DHS Child Welfare Differential Response Procedure Manual. Chapter 2: Assessment, Section 8: Develop Protective Action Plans, Initial Safety plans and Ongoing Safety plans* (p.5). Salem, OR: Author.

¹¹ Oregon Department of Human Services. (May, 2014). *DHS Child Welfare Differential Response Procedure Manual. Chapter 2: Assessment, Section 8: Develop Protective Action Plans, Initial Safety plans and Ongoing Safety plans* (p. 3-4). Salem, OR: Author.

1.1.4 Safety Decision and Moderate to High Needs Assessment

Before closing the CPS assessment, the worker must determine if the child is safe or unsafe. Then, if the child is safe, the worker must determine if the family has moderate to high needs, defined as family circumstances that, over time, are likely to cause harm to the child if left unchecked. Determining that a family has moderate to high needs allows the family to receive additional assessment and services designed to ameliorate the risk of future harm to the child.¹²

1.1.5 Ongoing Safety Planning in Permanency Cases

If any safety threats are present at the conclusion of the CPS assessment, a CPS worker must open a permanency case.¹³ Within 5 days of case opening, a permanency caseworker must confirm the ongoing safety plan to ensure it is 1) adequate to manage the identified safety threats and keep the child safe, 2) the least intrusive plan possible, including assessing if an out-of-home plan is still required, and 3) sufficiently describes the safety service providers' responsibilities. The ongoing safety plan should be reviewed every 30 days and must be revised when it is insufficient to manage the identified safety threats.¹⁴

1.1.6 Protective Capacity Assessment and Expected Outcomes

Within 60 days of case opening, a case plan must be created that includes the protective capacity assessment and expected outcomes.¹⁵ The case plan should be reviewed every 90 days as long as the case is open.¹⁶

The protective capacity assessment (PCA) identifies parents' enhanced and diminished capacities that are directly associated with the safety threats. The PCA is used to measure progress toward achieving expected outcomes and to guide decisions regarding the appropriate

¹² Oregon Department of Human Services. (May, 2014). *DHS Child Welfare Differential Response Procedure Manual. Chapter 2: Assessment, Section 13: Making Child Safety Decision and Determine Whether to Open a Case (p.1)*. Salem, OR: Author.

¹³ Oregon Department of Human Services. (May, 2014). *DHS Child Welfare Differential Response Procedure Manual. Chapter 2: Assessment, Section 13: Making Child Safety Decision and Determine Whether to Open a Case (p.1)*. Salem, OR: Author.

¹⁴ Oregon Department of Human Services. (June, 2007). *DHS Child Welfare Differential Response Procedure Manual. Chapter 3: Managing Child Safety In and Out of Home, Section 4: Confirm the Ongoing Safety Plan*. Salem, OR: Author.

¹⁵ Oregon Department of Human Services. (February, 2010). *DHS Child Welfare Differential Response Procedure Manual. Chapter 3: Managing Child Safety In and Out of Home, Section 7: Document the Child Welfare Case Plan*. Salem, OR: Author.

¹⁶ Oregon Department of Human Services. (February, 2010). *DHS Child Welfare Differential Response Procedure Manual. Chapter 3: Managing Child Safety In and Out of Home, Section 10: Conduct a Child Welfare Case Plan Review*. Salem, OR: Author.

actions, services, and activities needed to facilitate change.¹⁷ A clear description of both enhanced and diminished protective capacities of parents or caregivers with legal standing must be included in the case plan.¹⁸

Following the PCA, the caseworker and parents should work together to establish the expected outcomes. Expected outcomes are concrete statements of the “observable, sustained behaviors, conditions, or circumstances that, when accomplished, will reduce, eliminate or manage the identified safety threats.”¹⁹ They must be documented in behavioral terms that can be measured in the case plan.

1.1.7 Conditions for Return and Reunification

When a child is placed in substitute care, conditions for return must be developed. Conditions for return are a “written statement of the specific behaviors, conditions, or circumstances that must exist within a child’s home before a child can safely return and remain in the home with an in-home ongoing safety plan while the parents continue to work with child welfare toward reaching the expected outcomes.”²⁰ Conditions for return should also include the actions and time requirements of all participants for a child to be returned home.²¹

Reunification can only occur when the conditions for return have been met and an in-home safety plan can be implemented. When making a decision about reunification, a caseworker must perform analyses similar to those made at the beginning of CPS assessment concerning present or impending danger safety threats, child vulnerability, parental protective capacities, and safety of the home environment. During the five days prior to reunification, the caseworker must visit the child outside the presence of the parents at least once and confirm the readiness and preparation of the child for reunification. Also, a visit must occur in the parents’ home to verify that parents will collaborate with all the activities that ensure child’s safety. The day

¹⁷ Oregon Department of Human Services. (August, 2011). *DHS Child Welfare Differential Response Procedure Manual. Chapter 3: Managing Child Safety In and Out of Home, Section 5: Conduct the Protective Capacity Assessment (PCA)*. Salem, OR: Author.

¹⁸ Oregon Department of Human Services. (February, 2010). *DHS Child Welfare Differential Response Procedure Manual. Chapter 3: Managing Child Safety In and Out of Home, Section 7: Document the Child Welfare Case Plan (p.3)*. Salem, OR: Author.

¹⁹ Oregon Department of Human Services. (August, 2011). *DHS Child Welfare Differential Response Procedure Manual. Chapter 3: Managing Child Safety In and Out of Home, Section 5: Conduct the Protective Capacity Assessment (PCA)*. Salem, OR: Author.

²⁰ Oregon Department of Human Services. (August, 2011). *DHS Child Welfare Differential Response Procedure Manual. Chapter 3: Managing Child Safety In and Out of Home, Section 5: Conduct the Protective Capacity Assessment (PCA)(p.33)*. Salem, OR: Author.

²¹ Oregon Department of Human Services. (August, 2011). *DHS Child Welfare Differential Response Procedure Manual. Chapter 3: Managing Child Safety In and Out of Home, Section 5: Conduct the Protective Capacity Assessment (PCA)(p.33)*. Salem, OR: Author.

following the child’s reunification, the caseworker must visit the child in the parents’ home to review and confirm the sufficiency of the in-home ongoing safety plan.²²

1.2 Previous Evaluation of the OSM

Following its initial implementation in 2007, the OSM model was not applied consistently across the state.²³ In 2013, DHS collaborated with NRCCPS to implement an OSM “refresh” initiative aimed toward enhancing understanding and practice application of the OSM. Seven areas were emphasized in the OSM refresh, including comprehensive assessment, present dangers and protective action plans, impending dangers, safety threshold criteria, in home safety plan criteria/ongoing safety planning, conditions for return, and expected outcomes.²⁴

Several activities were undertaken during this initiative:

- Changes to the OSM, including adding “severe” to the safety threshold
- Meetings with leadership and supervisors to discuss needs and strategies
- Curriculum conceptualization and writing with emphasis on practice application
- Identification of trainers and development of training materials
- Delivery of 4 days of classroom training to small groups of supervisors
- Coaching of trainers
- Debriefing sessions
- Intensive subject matter coaching for supervisors

To assess the impact of the refresher training, NRCCPS conducted a review of 31 assessments submitted by supervisors as “some of their best work.” A review tool was developed by NRCCPS to assess:

- Information collection in the 6 domains
- Application of the safety threshold criteria to safety threats
- Accurate safety decision-making
- Sufficient information documentation
- Safety plan development and sufficiency
- Application of in-home versus out-of-home safety plan criteria
- Appropriate use of protective actions

Based on the results of their assessment review findings, the staff from the NRCCPS made several recommendations regarding ongoing staff development and administrative supports to

²² Oregon Department of Human Services. (February, 2010). *DHS Child Welfare Differential Response Procedure Manual. Chapter 3: Managing Child Safety In and Out of Home, Section 14: Reunification.* Salem, OR: Author.

²³ National Resource Center on Child Protective Services. (2013). *Oregon Safety Model – Supervising to Safety: Review of Phase One.* Charlotte, NC: Author.

²⁴ Oregon Department of Human Services. (2015). *Oregon Safety Model Refresh Presentation PowerPoint (p.4).* Salem, OR: Author.

ensure accountability and sustainability.²⁵ Fidelity to the OSM has not been systematically assessed since this 2013 review.

1.3 Purpose of the Current OSM Fidelity Assessment

As part of the evaluation of Oregon’s implementation of Differential Response (DR), the Children and Family Research Center (CFRC) was asked to provide an updated assessment of staff fidelity to the OSM. Fidelity assessments are designed to examine if a program or intervention is delivered or implemented as designed. Without documentation of a program’s adherence to an intended model, there is no way to determine whether unsuccessful outcomes reflect a failure of the model or failure to implement the model as intended. The first step in measuring fidelity is to develop fidelity criteria or indicators that measure the “critical components” of a program or intervention model and then to develop operational definitions of each critical component so that they are objective and measurable. The development of fidelity criteria is aided by a well-developed practice model and procedural manuals, but is more difficult for complex interventions that depend on practitioner decision-making and clinical expertise.²⁶ The CFRC relied on the procedure manual to develop the fidelity indicators used in the current fidelity assessment. CFRC focused on the procedure manual for three reasons: 1) it allowed us to create compliance indicators that could be measured without OSM practice expertise; 2) it allowed us to assess ways in which actual OSM practice may deviate from what is stated in the procedure manual; and 3) it allowed us to minimize subjective assessments. Thus, the purpose of the current assessment is to determine whether or not workers are practicing the OSM with fidelity to the model as it is specified in the procedure manual. While expert ratings of the quality of the OSM assessments over and above the criteria specified in the procedure manual are also valuable, this type of review is beyond the scope of the current evaluation.

2. Methods

2.1 Sample

Two CPS assessment samples were drawn from the population of assessments with report dates after July 1, 2015 and were closed on or before June 30, 2016. The first sample (n = 40) was drawn from the population of CPS assessments that had a safety decision of safe²⁷ and the second sample (n = 40) was drawn from those that had a safety decision of unsafe.

Two additional samples were selected to examine OSM fidelity among permanency cases. The first sample (n = 20) was selected from the population of children who were in substitute care

²⁵ National Resource Center on Child Protective Services. (2013). Oregon Safety Model – Supervising to Safety: Review of Phase One. Charlotte, NC: Author.

²⁶ Mowbray, C.T., Holter, M.C., Teague, G.B., & Bybee, D. (2003). Fidelity Criteria: Development, measurement, and validation. *American Journal of Evaluation*, 24, 315-340.

²⁷ It is possible that a later assessment found the children to be unsafe. We only assessed documentation relevant to the selected assessment in which the children were found to be safe.

on June 30, 2016 and had been in care for at least 3 months.²⁸ The second sample (n = 20) was drawn from the population of children who were reunified with their parents between January 1, 2016, and June 30, 2016, and had been in care more than 15 days.²⁹ Per DHS's suggestion,³⁰ we only reviewed case documents after January 1, 2015, for both samples even though some cases had documents earlier than that date.

2.2 Fidelity Review Tool

CFRC developed the fidelity review tool after a review of the procedure manual related to the OSM practice, the OSM training manuals, and past OSM fidelity tools developed by DHS and the NRCCPS. The review tool contains fidelity indicators for each of the "major components" of the OSM, including:

1. Comprehensive assessment:
 - a. assessment participants
 - b. 6 domains
2. Safety decision making
 - a. present danger safety threats
 - b. impending danger safety threats
 - c. safety decisions
3. Safety planning
 - a. protective action safety plans
 - b. initial and ongoing safety plans
4. Moderate to high needs determination
5. Protective capacity assessment and expected outcomes
6. Conditions for return home and reunification

The initial draft of the fidelity assessment tool was reviewed by DHS and revisions were made based on their feedback. The tool was then pilot tested on a sample of 6 CPS assessments and revised to its final form (see Appendix 1 for a copy of the Oregon Safety Model Fidelity Review Tool and Appendix 2 for a copy of the Training Guide).

2.2.1 Comprehensive Assessment

Assessment Participants. Reviewers determined if all appropriate individuals were included in the assessment, including victims, siblings, other children in the home, perpetrators, non-offending parents/caregivers, and other adults in the home. The following rating scale was used:

- 2—All required assessment participants
- 1—Not all required assessment participants

²⁸ Among children in care on June 30, 2016, 89.5% had been in care for 3 months or more.

²⁹ Children in substitute care less than 15 days were excluded because they might not have an opened child welfare case.

³⁰ Workers upload documents or enter case records in OR-Kids more consistently after 2015.

0—N/A

6 Domains. For each of the 6 domains, reviewers determined if there was evidence of worker effort to document safety related information in the domain. Assessment of each of the 6 domains was rated on a 3-point scale:

- 2 = Sufficient documentation, defined as having adequate safety-related information needed to inform the safety decision
- 1 = Insufficient documentation
- 0 = Absent documentation

In some domains where limited information was provided, coders differentiated “sufficient documentation” domains from “insufficient documentation” domains by considering Oregon’s instructions for each domain; if at least 2 of the facets for that domain were included, the domain was coded as “sufficient documentation.”

2.2.2 Safety Threats

Present Danger. Because there is no field in OR-Kids to document present danger safety threats, reviewers completed this section of the review if a protective action plan was filed. Protective action plans are filed to manage present danger safety threats. Reviewers examined the narrative in the assessment summary to determine if documentation existed that the child or children faced “immediate, significant, and clearly observable” threats. Reviewers also assessed if the threats described fit with the suggested present danger safety threats described in the procedure manual. Reviewers then answered two questions:

1. Were all three present danger criteria (immediate, significant, and clearly observable) documented in the narrative? (1—Yes; 0—No)
2. Is there evidence in the CPS assessment of worker effort to assess present danger safety threats? (2— Based on the list of present danger safety threats; 1—Not from the list of present danger safety threats, but it indicates present dangers; 0—Not related to present dangers.)

Impending Danger. For each impending danger safety threat documented in the case summary, workers should evaluate the five safety threshold criteria: (1) vulnerable child; (2) imminence; (3) out of control; (4) observable; (5) severity. To assess fidelity for each impending danger safety threat, reviewers answered two questions for each impending danger safety threat:

1. Do the narratives of the 5 safety threshold criteria indicate the identified impending danger safety threats? (1—Yes; 0—No)
2. Do the identified impending danger safety threats come from the 6 domain assessments? (1—Yes; 0—No)

The procedure only requires workers to “apply the safety threshold criteria to each of the identified threats occurring in the family.”³¹ Therefore, the tool does not assess if the worker considered every possibly applicable safety threat of the 16 listed in the procedure manual, as the reviewers did not believe they had the necessary expertise or information to make such judgment.

2.2.3 Safety Plans

Reviewers assessed all safety plans they could find associated with the CPS assessment in OR-Kids.

Protective Action Plans. Reviewers assessed if the plan was taken when threats were identified and if the plans met the three protective action plan criteria:

1. When a protective action plan was filed, was there a narrative describing the identified present danger safety threat(s)? (1—Yes; 0—No)
2. Was the protective action plan A) immediate (same day), B) short-term (10-day maximum), and C) sufficient to provide a child with responsible adult supervision and care to allow for the completion of the CPS assessment? (1—Yes; 0—No)

Initial and Ongoing Safety Plans. Reviewers rated the plan’s correspondence documentation in the case summary and requirements related to child safety:

1. Was an initial safety plan implemented although no safety threats were identified? (1—Yes; 0—No)
2. Was an initial safety plan developed based on the identified impending danger safety threats? (2—Yes, based on all; 1—Yes, based on some; 0—No, based on none)
3. When an in-home safety plan is filed, is there indication in the record that the in-home safety criteria were all met? (1—Yes; 0—No)
4. When an out-of-home safety plan is filed, is there indication in the record that the in-home safety criteria were not met? (1—Yes; 0—No)
5. Does the initial safety plan include safety actions and safety services only, not treatment or change based services? (1—Yes; 0—No)

2.2.4 Safety Decisions

Reviewers looked for a specific narrative in the Safety Decision section of the assessment summary and determined if there was a rational relationship between the information in the 6 domains, present danger/impending danger, and the safety decision. Reviewers then answered two questions:

1. Did the worker explain the specific conditions and circumstances for the safety decision? (1—Yes; 0—No)

³¹ Oregon Department of Human Services. (May, 2014). DHS Child Welfare Differential Response Procedure Manual. *Chapter 2: Assessment, Section 6: Determine if there is a Present Danger Safety Threat or Impending Danger Safety Threat.* (p. 1). Salem, OR: Author.

2. Is the information in the record sufficient to support the safety decision? (1—Yes; 0—No)

The tool does not assess if the safety decision was correct, only if it was supported by the documentation provided.

2.2.5 Moderate to High Needs Determinations

If the safety decision was safe, reviewers examined the narratives in the “Moderate to High Needs Service Determination” section of the assessment summary to answer two questions:

1. Is there evidence showing the worker made an effort to determine if the family had moderate to high needs? (1—Yes; 0—No)
2. Is there indication of moderate to high needs in the record? (1—Yes; 0—No)

2.2.6 Ongoing Safety Plans

For the out-of-home and reunification case samples, reviewers looked at the ongoing safety plans and rated them on each of the following requirements:

1. Was an ongoing safety plan developed based on the identified impending danger safety threats? (2—Yes, based on all; 1—Yes, based on some; 0—No, based on none)
2. When an in-home safety plan is filed, is there indication in the record that the in-home safety criteria were all met? (1—Yes; 0—No)
3. When an out-of-home safety plan is filed, is there indication in the record that the in-home safety criteria were not met? (1—Yes; 0—No)
4. Does the ongoing safety plan include safety actions and safety services only, not treatment or change-based services? (1—Yes; 0—No)

2.2.7 Case Plans

Reviewers assessed the case plan documents to assess their frequency of filing.

1. Is a new case plan filed at least every 90 days? (3—Within each 90 day window; 2—Sometimes within 90 days; 1—Never within 90 days; 0—N/A, less than 90 days has passed since the first document was filed)

2.2.8 Protective Capacity Assessment and Expected Outcomes

Reviewers assessed the case plans documents to assess their frequency of filing and updated assessments of parent protective capacities and expected outcomes. Reviewers answered these questions of the case plans:

1. Are both parents’ protective capacity assessed? (1—Both parents/single parent household; 0—Only one of the parents)
2. Are both enhanced and diminished protective capacities documented? (1—Both; 0—Only enhanced or diminished)

3. Are the protective capacity assessments directly related to the identified safety threats? (1—Yes; 0—No)
4. For each “ongoing services” document, how often is the protective capacity assessment updated? (3—Every time; 2—Sometimes; 1—Never; 0—N/A, the case has only one ongoing services document filed)
5. Are the identified diminished protective capacities directly related to the expected outcomes? (2—Yes, to all; 1—Yes, to some; 0—No)
6. Are the expected outcomes directly related to the identified safety threats? (2—Yes, to all; 1—Yes, to some; 0—No)
7. Are the expected outcomes documented in behavioral terms that can be measured? (2— In all case plans; 1— In some case plans; 0—In no case plans)
8. For each “ongoing services” document, how often are the expected outcomes updated? (3—Every time; 2—Sometimes; 1—Never; 0—N/A, the case has only one ongoing services document filed so far)

2.2.9 Conditions for Return

Reviewers examined conditions for return in both the ongoing safety plans and case plans and answered the following questions:

1. Do the conditions for return align with the identified safety threats that could not be managed with an in-home safety plan? (2—Yes, to all ; 1—Yes, to some; 1—No)
2. Do the conditions for return directly relate to the identified safety threats, not expected outcomes? (2—Yes, only to safety threats; 1—Yes, to safety threats, but also to expected outcomes; 0—No, only to expected outcomes)³²
3. Is there documentation regarding the action and time requirements of all participants in the in-home ongoing safety plan? (1—Yes; 0—No)

2.2.10 Reunification

If there was evidence in the case that a child was reunified, the reviewers answered these two questions.³³

1. Is there a description of the visit paid to the parents in their home during the 5 days prior to reunification? (1—Yes; 0—No)
2. Is there a description of the visit paid to the reunified child at home on the day following reunification? (1—Yes; 0—No)

³² According to the procedure, reunification is a safety decision. Parents do not have to meet all the expected outcomes to get their children home. Caseworkers should not let the parents’ involvement and progress with services and treatment activities become the measure for reunification. Therefore, this question was designed to assess whether the intervention is mainly related to safety actions and safety services only.

³³ Few questions were dropped from the original tool regarding the reunification due to insufficient documentation available in OR-Kids for reviewers to assess.

2.3 Review Procedures

2.3.1 CPS Assessments

Two CFRC researchers independently coded a subset of assessments (20 safe assessments and 20 unsafe assessments) in order to calculate interrater reliability, a measure of agreement between two raters. Because the data was not normally distributed, percent agreement was used as a measure of interrater reliability rather than Cohen's Kappa. Reliability was above 80% for most items, particularly among the safe assessments (see Appendix 3: Interrater Reliability).

The reviewers met and resolved any disagreements in ratings on the initial set of reviews. After this, the reviewers divided the remaining 20 safe assessments. Both reviewers coded all the remaining 20 unsafe assessments, because of the efforts required to locate safety planning documentation in OR-Kids. Once the remaining 20 unsafe assessments were coded, the reviewers met again to resolve any differences in their codes.

2.3.2 Out-of-Home and Reunification Cases

Both reviewers coded all the 40 cases because of the efforts required to locate safety planning and reunification documentation in OR-Kids. After all the cases were coded, the reviewers met to resolve the differences in their codes. The interrater reliability of these cases is provided in Appendix 3.

3. Results

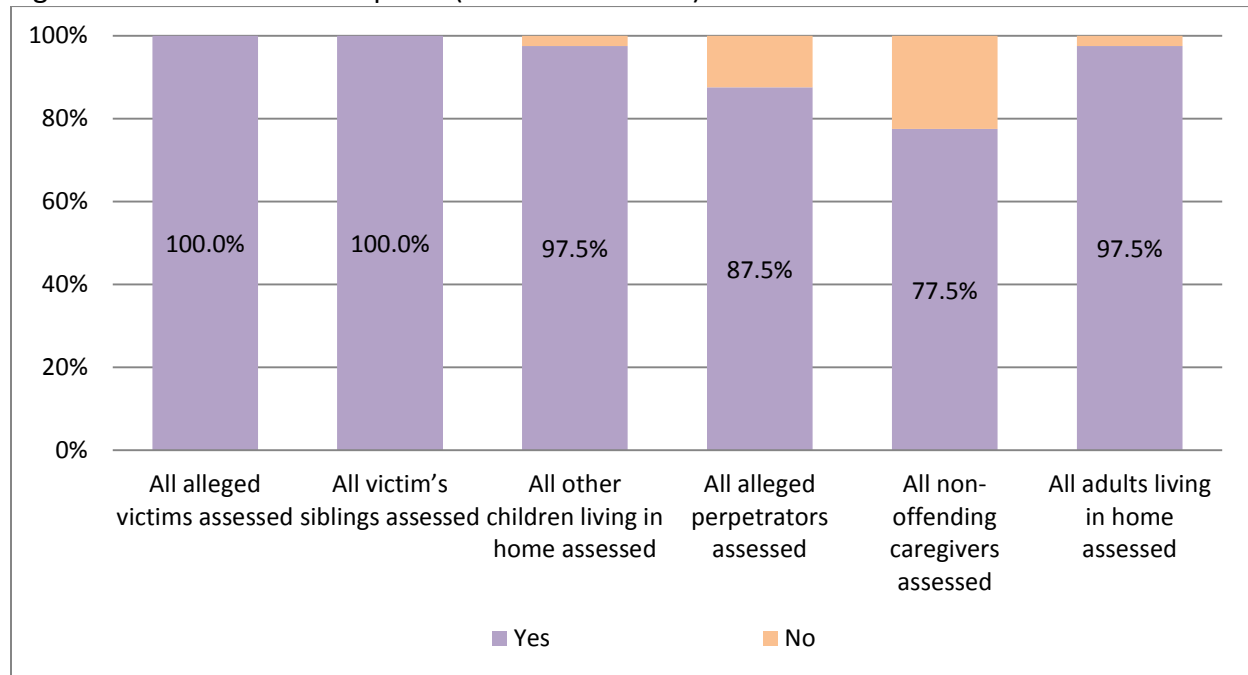
3.1 Safe Assessments

Safe assessments require moderate to high needs determination, but do not require initial or ongoing safety plans before the assessment is completed. Additionally, no safe assessments had protective action plans files, and thus present dangers were not assessed.

3.1.1 Comprehensive Assessment

Reviewers first determined if all appropriate individuals were assessed. All victims and all victims' siblings were assessed in the 40 safe assessments. In one assessment there were other children in the home that should have been assessed. Alleged perpetrators were not assessed in 5 of 40 safe assessments, usually because the perpetrator was not an active parent or caregiver in the child's life. All non-offending parents and caregivers were not assessed in 9 of 40 assessments. Finally, in 1 of 40 assessments other adults in the home were not assessed (see Figure 1).

Figure 1. Assessment Participants (Safe Assessments)



All 40 safe assessments had at least some information documented for each of the 6 domains (see Table 1). Overall, 57.5% of the safe assessments in the sample contained sufficient documentation in all 6 domains and 42.5% contained insufficient documentation in at least one domain. Examining each domain individually, 90% or more contained sufficient documentation in the domains of child functioning, adult functioning, extent of maltreatment, and circumstances surrounding maltreatment. Disciplinary and parenting practices showed lower rates of sufficient documentation: 67.5% of assessments contained sufficient documentation for disciplinary practices and 85% of assessments contained sufficient documentation for parenting practices.

Table 1. Fidelity of 6 Domain Assessments of Safe Assessments

	Sufficient Documentation	Insufficient Documentation	Absent Documentation
Six Domains overall	57.5%	42.5%	0%
Child functioning	97.5%	2.5%	0%
Adult functioning	95.0%	5.0%	0%
Disciplinary practices	67.5%	32.5%	0%
Parenting practices	85.0%	15.0%	0%
Extent of abuse or neglect	100%	0%	0%
Circumstances surrounding the abuse or neglect	90.0%	10.0%	0%

For disciplinary practices, almost all of the assessments documented the methods parents used to discipline or noted that the parents did not currently discipline the child because of the child's age (generally for infants). Those with insufficient documentation typically failed to

provide additional information about discipline, like what the parent thought was the purpose of discipline or the contexts in which discipline occurs. There was no consistent pattern in the insufficient documentation of parenting practices.

3.1.2 Impending Danger Safety Threats

The CPS workers should have determined if any impending safety threats were present before concluding the child was safe at the end of the CPS assessment. Out of 40 safe assessments, only 26 assessments (65%) documented impending danger safety threats. When an impending danger safety threats analysis was done, the safety thresholds were properly documented in all 26 assessments. Additionally, the impending danger analysis of all 26 assessments was consistent with the 6 Domains assessment.

3.1.3 Safety Decisions

In 37 of the 40 safe assessments (92.5%), the worker documented the specific conditions and circumstances that led to determining the children were safe. In 39 of 40 assessments (97.5%), there was sufficient information supporting a rational relationship between the information in the 6 domains, impending dangers, and the safety decision.

3.1.4 Moderate to High Needs Determinations

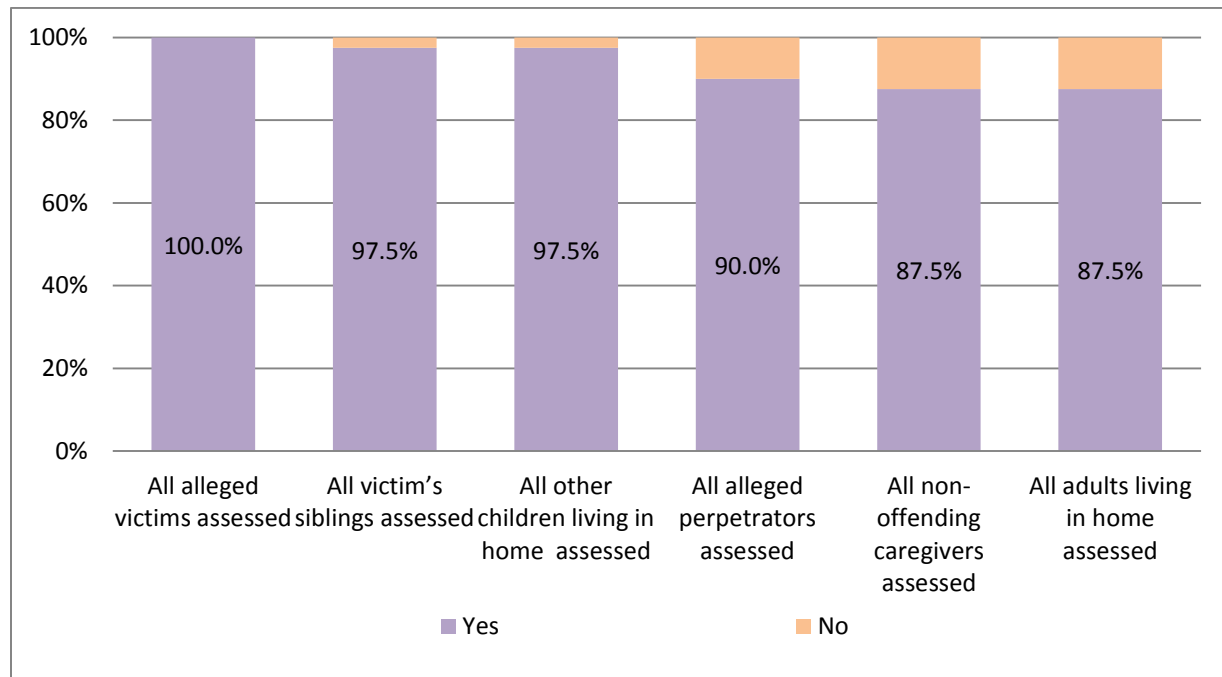
Documentation of worker effort to determine if the family had moderate to high needs was present in 25 of the 40 assessments (62.5%). Workers provided explanation for why they determined the family did or did not have moderate to high needs in 6 of the 40 (15%) assessments. Overall, almost all families were marked as not having moderate to high needs. This could suggest that workers determined the families did not have moderate to high needs and thus did not see a need to document their reasoning. It could also indicate that workers were not assessing moderate to high needs for safe families.

3.2 Unsafe Assessments

3.2.1 Comprehensive Assessment

All alleged victims were assessed, as well as alleged perpetrators in 36 of 40 assessments. In 39 of 40 assessments, all siblings were assessed; the same was true for all other children living in the home. In 35 of 40 assessments, all non-offending parents or caregivers were assessed. All other adults in the home were assessed at the same rate (see Figure 2).

Figure 2. Assessment Participants (Unsafe Assessments)



Assessment and documentation for each of the 6 domains was rated (see Table 2). Half of all unsafe assessments reviewed contained sufficient documentation in all six domains, 47.5% contained insufficient documentation in at least one domain, and one assessment was missing documentation in one of the 6 domains (2.5%). Looking at the domains individually, four of the six domains contained sufficient documentation in almost all of the assessments that were reviewed (87% or more). Assessment of disciplinary practices was the domain with the lowest sufficient documentation: 65% contained sufficient documentation and 35% contained insufficient documentation. In the 35% of assessments with insufficient documentation, disciplinary methods were documented but nothing else.

Table 2. Fidelity of 6 Domain Assessments of Unsafe Assessments

	Sufficient Documentation	Insufficient Documentation	Absent Documentation
Six Domains overall	50.0%	47.5%	2.5%
Child functioning	95.0%	5.0%	0%
Adult functioning	100%	0%	0%
Disciplinary practices	65.0%	35.0%	0%
Parenting practices	80.0%	17.5%	2.5%
Extent of abuse or neglect	92.5%	7.5%	0%
Circumstances surrounding the abuse or neglect	87.5%	12.5%	0%

3.2.2 Safety Threats

Present Danger

There is no field in OR-Kids to document present danger safety threats. As such, reviewers used the existence of a protective action plan as the prompt to assess present danger safety threats. Of the 40 unsafe assessments, 11 had protective action plans in OR-Kids. In 7 of these 11 assessments (63.6%), there were narratives describing the three present danger criteria (immediate, significant, and clearly observable). In the remaining 4 assessments, there was not proper evidence of the three present danger criteria to support filing a protective action plan. Reviewers also determined that 9 of the 11 assessments (81.8%) had evidence that the worker made an effort to assess present danger based on the suggested present danger list in the procedure.

Impending Danger

All 40 unsafe assessments identified at least one impending danger safety threat. Most identified impending danger safety threats had the 5 safety thresholds properly documented (82.5%); all other assessments documented at least some of the safety thresholds (17.5%). Additionally, in 39 of 40 assessments (97.5%), the impending danger analysis was consistent with the 6 Domains assessment.

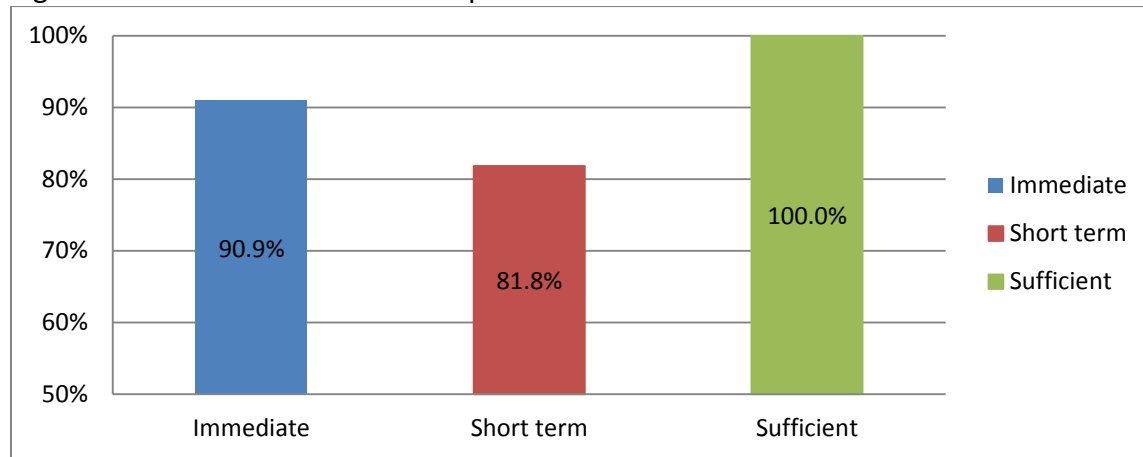
3.2.3 Safety Plans

All 40 assessments should have had some type of safety plan, as safety threats were identified in all assessments and the children were judged unsafe. Reviewers located some type of safety plan (protective action, initial safety, or ongoing safety plan) in 28 of 40 assessments (70%). Some plans were visible as part of the case summary section in OR-Kids; other plans were only available in the File Cabinet. The low fidelity in this area is noteworthy as it is directly related to child safety and lower than most other assessed areas. The following sections describe the fidelity for the plans that were located.

Protective Action Plans

Protective action plans were filed for 11 of the assessments. Reviewers examined these plans to determine if they met the three criteria for a protective action plan (see Figure 3). Protective action plans should offer an immediate solution to the present danger safety threats, and 10 of 11 assessments (90.8%) did. Plans should also offer a short-term solution to managing the present danger safety threats, and 9 of 11 assessments (81.8%) did. All plans were judged sufficient (100%) to manage the present danger safety threats.

Figure 3. Protective Action Plan Required Criteria



Initial Safety Plans

Twenty-one out of 40 assessments had an initial safety plan filed in OR-Kids, including 13 in-home safety plans and 10 out-of-home safety plans.³⁴ Of the 21 initial safety plans, 20 (95.2%) were based on all identified impending dangers. Of the 13 in-home safety plans, 10 (76.9%) documented the use of the four in-home safety criteria. In the 10 out-of-home safety plans, 9 (90%) described which of the four in-home safety criteria were missing. Finally, 19 of the 21 (90.5%) initial safety plans included safety actions and services only; the other 2 included specification of treatment or change-based services (see Table 3).

Ongoing Safety Plans

Reviewers located 8 ongoing safety plans, including 3 in-home safety plans and 5 out-of-home safety plans. Ongoing safety plans were assessed similarly to initial safety plans. Of the 8 plans, 7 (87.5%) were developed based on all the identified impending danger safety threats. All three in-home ongoing safety plans included narratives regarding how the four in-home safety criteria were met; 4 of the 5 (80%) out-of-home plans described which in-home safety criteria were not met. Finally, 6 of the 8 plans (75%) included only safety actions and services, while the remaining 2 included some treatment or change-based services (see Table 3).

³⁴ Some assessments include both in-home and out-of-home initial safety plans for different children in the same family.

Table 3. Safety Planning Fidelity of Unsafe Assessments

	Yes	No
Initial Safety Plan (N=21)		
An initial safety plan developed was based on all identified impending dangers ³⁵	95.2%	4.8%
When an in-home safety plan is filed, is there indication in the record that the in-home safety criteria were all met (n=13)	76.9%	23.1%
When an out-of-home safety plan is filed, is there indication in the record that the in-home safety criteria were not met (n=10)	90.0%	10.0%
The plan include safety actions and safety services only, not treatment or change based services	90.5%	9.5%
Ongoing Safety Plan (N=8)		
An initial safety plan developed was based on all identified impending dangers ³⁶	87.5%	12.5%
When an in-home safety plan is filed, is there indication in the record that the in-home safety criteria were all met (n=3)	100%	0%
When an out-of-home safety plan is filed, is there indication in the record that the in-home safety criteria were not met (n=5)	80.0%	20.0%
The plan include safety actions and safety services only, not treatment or change based services	75.0%	25.0%

3.2.4 Safety Decisions

For all 40 unsafe assessments, the worker provided explanation of the specific conditions and circumstances for the safety decision. In 39 of 40 assessments, there was a logical relationship between the information in the 6 domains, impending dangers, and the safety decision.

3.3 Permanency Cases: Out-of-Home and Reunification

3.3.1 Ongoing Safety Plans

By definition, out-of-home or reunification cases have impending danger safety threats that cannot be resolved during the initial CPS assessment and therefore should have on ongoing safety plan to manage the impending danger safety threats. Ongoing safety plans can be in-home or out-of-home. All the permanency cases should have at least one out-of-home ongoing safety plan. Out of 40 permanency cases (20 out-of-home and 20 reunification cases), 36 cases

³⁵ In the review tool, the original rating scale is “2—Yes, based on all; 1—Yes, based on some; 0—No, based on none.” In the result section, it was categorized in to dichotomy (2=Yes; 1 or 0=No).

³⁶ Ibid.

(90%) had out-of-home ongoing safety plans. If a child was returned to parents or caregivers, either temporary or permanently, an in-home ongoing safety plan should be filed. Only 14 of 20 reunification cases (70%) had in-home ongoing safety plans.

Reviewers located ongoing safety plans in 18 of the 20 (90%) reviewed out-of-home cases (Table 4). All 18 of these ongoing safety plans were based on the identified safety threats (100%). All of the in-home and out-of-home ongoing safety plans applied the in-home safety criteria and demonstrated how those criteria were met or not met. Finally, all of the ongoing safety plans were focused on child safety only and did not include treatment or change-based services that are unrelated to child safety (Table 4).

Table 4. Ongoing Safety Plans in Out-Of-Home Cases

	Yes	No
Was an ongoing safety plan located in OR-Kids? (n=20)	90.0%	10.0%
Was the ongoing safety plan developed based on the identified impending danger safety threats? ³⁷ (n=18)	100%	0%
When an in-home safety plan is filed, is there indication in the record that the in-home safety criteria were all met (n=5)	100%	0%
When an out-of-home safety plan is filed, is there indication in the record that the in-home safety criteria were not met (n=18)	100%	0%
The plan include safety actions and safety services only, not treatment or change based services (n=18)	100%	0%

Reviewers located ongoing safety plans 18 of the 20 (90%) reviewed reunification cases (Table 5). The ongoing safety plans in 15 of these 18 cases (83.3%) were based on all identified safety threats, and 3 cases (16.7%) were either based on some or none of the identified safety threats. All in-home safety plans applied the in-home safety criteria and documented how those criteria were met. Of the fourteen cases with out-of-home ongoing safety plans, 12 (85.7%) documented how the in-home safety criteria were not met. Fifteen of the 18 ongoing safety plans (83.3%) focused on child safety only (Table 5).

³⁷ Ibid.

Table 5. Ongoing Safety Plans in Reunification Cases

	Yes	No
Was an ongoing safety plan located in OR-Kids? (n=20)	90.0%	10.0%
Was the ongoing safety plan developed based on the identified impending danger safety threats? ³⁸ (n=18)	83.3%	16.7%
When an in-home safety plan is filed, is there indication in the record that the in-home safety criteria were all met (n=14)	100%	0%
When an out-of-home safety plan is filed, is there indication in the record that the in-home safety criteria were not met (n=14)	85.7%	14.3%
The plan include safety actions and safety services only, not treatment or change based services (n=18)	83.3%	16.7%

3.3.2 Case Plans

A case plan should include the information regarding protective capacity and expected outcomes and should be reviewed every 90 days as long as the case is open. Reviewers assessed how often new case plans were filed after January 1, 2015.³⁹ Of 20 out-of-home cases, none had a case plan filed every 90 days as required and 12 cases (60%) sometimes had a new case plan filed within 90 days. Of 20 reunification cases, only 2 cases (10%) had a case plan filed every 90 days as required and 8 cases (40%) sometimes had a new case plan filed within 90 days.

3.3.3 Protective Capacity Assessment

One central element to managing child safety is assessing if parents can adequately protect children from identified impending danger safety threats. The protective capacity assessment (PCA) is a tool designed to assess diminished and enhanced protective capacities and should be updated when a new case plan is filed. Of 40 permanency cases (20 out-of-home and 20 reunification), 38 cases contained PCA assessment in the case plans. Two reunification cases did not have any PCA assessment documented.

All of the PCA assessments (n=38) included both parents or the sole parent in a single-parent household and 26 (68.4%) documented both enhanced and diminished protective capacities. Additionally, the PCAs were directly related to the identified safety threats in the majority of cases (86.8%). When a new case plan was filed, the PCA was updated every time in 34.2% of cases, some times in 36.8% of cases, and never in 15.8% of cases (Table 6).

Table 6. Protective Capacity Assessments

³⁸ Ibid.

³⁹ Per DHS suggestion, we only reviewed the case files after January 1st, 2015 because workers upload documents or enter case records in OR-Kids more consistently after 2015.

	Out of Home n (%)	Reunification n (%)	Row Total n (%)
Are both parents' protective capacity assessed?			
Yes, both parents or single parent household	20 (100%)	18 (100%)	38 (100%)
No	0	0	0
Are both enhanced and diminished protective capacities documented?			
Yes	13 (65.0%)	13 (72.2%)	26 (68.4%)
No	7 (35.0%)	5 (27.8%)	12 (31.6%)
Are the protective capacity assessments directly related to the identified safety threats?			
Yes	17 (85.0%)	16 (80.0%)	33 (86.8%)
No	1 (5.0%)	1 (5.0%)	2 (5.3%)
No documented safety threats	2 (10.0%)	1 (15.0%)	3 (7.9%)
For each case plan filed, how often is the protective capacity assessment updated?			
Every time	6 (30.0%)	7 (38.9%)	13 (34.2%)
Sometimes	9 (45.0%)	5 (27.8%)	14 (36.8%)
Never	4 (20.0%)	2 (11.1%)	6 (15.8%)
The case only had one case plan so far	1 (5.0%)	4 (22.2%)	5 (13.2%)

3.3.4 Expected Outcomes

Increasing a parent's protective capacity should help that parent be able to reunify with their child. This progress is tracked through expected outcomes. Like the PCA, all cases should have expected outcomes in case plans. Of the 40 permanency cases assessed, 31 (77.5%) had expected outcomes documented in the case plans: 19 of 20 out-of-home cases and 12 of 20 reunification cases.

Twenty-one of these 31 cases (67.7%) described expected outcomes that were directly related to the identified diminished protective capacities. Similarly, 21 cases (67.7%) described expected outcomes that were directly related to the identified safety threats. More than half of the 31 cases (64.5%) documented expected outcomes in behavioral terms that can be measured. When a new case plan was filed, expected outcomes were updated every time in 22.6% of cases, some times in 32.3% of cases, and never in 32.3% of cases (Table 7).

Table 7. Expected Outcomes

	Out of Home n (%)	Reunification n (%)	Row Total n (%)
Are the identified diminished protective capacities directly related to the expected outcomes?			
Yes, to all	11 (57.9%)	10 (83.3%)	21 (67.7%)
Yes, to some	7 (36.8%)	2 (16.7%)	9 (29.0%)
No	1 (5.3%)	0	1 (3.2%)
Are the expected outcomes directly related to the identified safety threats?			
Yes, to all	12 (63.2%)	9 (75.0%)	21 (67.7%)
Yes, to some	5 (26.3%)	3 (25.0%)	8 (25.8%)
No	1 (5.3%)	0	1 (3.2%)
No documented safety threats	1 (5.3%)	-	1 (3.2%)
Are the expected outcomes documented in behavioral terms that can be measured?			
In all plans	11 (57.9%)	9 (75.0%)	20 (64.5%)
In some plans	6 (31.6%)	3 (25.0%)	9 (29.0%)
In no plans	2 (10.5%)	0	2 (6.5%)
For each case plan filed, how often are the expected outcomes updated?			
Every time	3 (15.8%)	4 (33.3%)	7 (22.6%)
Sometimes	9 (47.4%)	1 (8.3%)	10 (32.3%)
Never	6 (31.6%)	4 (33.3%)	10 (32.3%)
The case only had one case plan so far	1(5.3%)	3 (25.0%)	4(12.9%)

3.3.5 Conditions for Return

Conditions for return describe “the specific behaviors, conditions, or circumstances that must exist within a child’s home before a child can safely return.”⁴⁰ The conditions for return should align with the identified safety threats that could not be managed with an in-home safety plan. All the permanency cases should have conditions for return documented in either case plans or ongoing safety plans; 32 of 40 the reviewed cases documented conditions for return (80%).

Of 32 cases with conditions for return, almost all (96.9%) aligned with the identified safety threats. Slightly more than half (56.3%) of the conditions for return were related to the identified safety threats and not to expected outcomes, and 28.1% were related to both safety threats and expected outcomes. Properly documented conditions for return should include the

⁴⁰ Oregon Department of Human Services. (May, 2014). *DHS Child Welfare Differential Response Procedure Manual. Chapter 3: Managing Child Safety, Section 5F: Determine Conditions for Return (p. 33)*. Salem, OR: Author.

“action and time requirements of all participants,” and 90.6% of 32 cases included this information (Table 8).

Table 8. Conditions for Return

	Out of Home n (%)	Reunification n (%)	Row Total n (%)
Do the conditions for return align with the identified safety threats that could not be managed with an in-home safety plan?			
Yes, to all	17 (100%)	14 (93.3%)	31 (96.9%)
Yes, to some	-	1 (6.7%)	1 (3.1%)
No	-	0	0
Are the conditions for return in the case directly related to the identified safety threats, not expected outcomes?			
Yes, only to safety threats	12 (70.6%)	6 (40.0%)	18 (56.3%)
Yes, to safety threats, but also to expected outcomes	5 (29.4%)	4 (26.7%)	9 (28.1%)
No, only to expected outcomes	0	1 (6.7%)	1(3.1%)
no expected outcomes documented	-	4(26.7%)	4(12.5%)
Is there documentation regarding the action and time requirements of all participants in the in-home ongoing safety plan?			
Yes	16 (94.1%)	13 (86.7%)	29 (90.6%)
No	1 (5.9%)	2 (13.3%)	3 (9.4%)

3.3.6 Reunification

Because there is no field in OR-Kids to document reunification date nor the specific safety checks that are required, reviewers looked instead for evidence that A) reunification occurred, B) when it occurred, and C) if required visits were made by caseworkers before and after reunification. In total, reviewers assessed 20 reunification cases and an additional 2 out-of-home cases where reunification took place. Workers are required to visit the parents in their home during the 5 days prior to reunification, and reviewers found evidence that such a visit took place in 4 of the 22 reunification cases (18%). The remaining cases either had no evidence of the pre-reunification visit (77%) or no records describing reunification (5%). Caseworkers are also required to visit the child at home on the day following the reunification, and reviewers found evidence of this visit for 13 cases (59%); 8 cases (36%) had no record of a post-reunification visit, and one case had no record describing the reunification (5%) (Table 9).

Table 9. Reunification

	n (%)
Is there a description of the visit paid to the parents in their home during the 5 days prior to reunification?	
Yes	4 (18%)
No	17 (77%)
No record regarding reunification	1 (5%)
Is there a description of the visit paid to the reunified child at home on the day following reunification?	
Yes	13 (59%)
No	8 (36%)
No record regarding reunification	1 (5%)

4. Discussion and Recommendations

The Oregon Safety Model is a conceptually-based safety assessment model that was developed by the Oregon Department of Human Services, in consultation with the National Resource Center on Child Protective Services, in 2007. Similar to safety models in other states, the OSM represents an overarching practice that requires safety assessment and safety management at throughout child protection and ongoing/permanency cases. Unlike safety models in other states, workers document the majority of the information collected during the assessment in narrative format, as opposed to the checklist-based formats used in other places. As far as we know, the OSM is the only safety assessment model that is completely narrative-based. This adds an additional layer of complexity for workers, who are under pressure to synthesize and convey a large amount of information in a short amount of time. The narrative format of the OSM also adds an element of difficulty when evaluating the OSM, because evaluators must read and judge each written narrative in the case documentation to determine if the worker met the procedural requirements of the OSM. Unfortunately, there has been no research that has examined the relative effectiveness of narrative versus checklist-style safety assessments. However, if CPS workload continues to be a concern in Oregon, it may be worthwhile to examine the safety assessment tools that are in use in other states and incorporate those elements that may decrease the time and effort it takes to complete the OSM.

In addition, based on the findings of the current fidelity review, we offer the following recommendations related to the current OSM.

4.1 Comprehensive Assessments

Assessment participants: In most assessments, the appropriate people were assessed. For children involved in the safe and unsafe assessments, victims were always assessed, victim’s siblings were assessed in 79 of 80 assessments, and other children in the home were assessed in 78 of 80 assessments. Fidelity was lower with adults (for example, perpetrators were

assessed in 71 of 80 safe and unsafe assessments). This may be because it was harder to contact all involved adults in some assessments, and workers did not always document their attempts to contact all involved adults. For example, all non-offending parents/caregivers are supposed to be assessed, no matter their level of involvement in the child's life. There were also times in which the perpetrator was not assessed because the perpetrator is not a caregiver.

Recommendation 1: Simplify the section for people involved in the assessment. For example, a check list of alleged victims, victims' siblings in home, other children in home, and followed by the other information (names, age, DOB, gender, etc.).

Recommendation 2: Clarify who needs to be assessed by expanding instruction for perpetrators who are not caregivers, parents who cannot be contacted, etc.

6 Domains: Overall, around half of safe (57.5%) and unsafe (50.0%) assessments contained sufficient documentation in all six domains. Individually, four of the six domains showed high rates of sufficient documentation: child and adult functioning, the extent of maltreatment, and circumstances surrounding maltreatment. Disciplinary practices and parenting practices had the lowest rate of sufficient documentation among the 6 domains: 53 of 80 assessments (66.3%) contained sufficient documentation for disciplinary practices and 67 assessments (83.8%) contained sufficient documentation for parenting practices. Assessments with lower rates of sufficient documentation for disciplinary practice usually described in brief terms the methods parents used to discipline. For example, the section might read "The parent removes privileges." Other information, such as concept and purpose of discipline, context in which discipline occurs, or cultural practices were absent. There was no consistent pattern among the parenting practices sections, but it seems that the same problem (not probing deeper) may exist here as well. For example, the section might describe parenting style, but nothing more. There was great variability in the quality of documentation. Some workers documented their assessments based on 6 domain tool thoroughly; other workers only met the minimum requirements.

Recommendation 3: Workers should be reminded of the purpose of the disciplinary and parenting practices sections. The sections may indicate potential problems in the future or help expose possible impending danger safety threats. Further, corroborating parent answers with child answers helps verify how discipline is handled in the home.

4.2 Safety Threats

Present Danger. Present danger safety threats were harder to assess, as there is no place in OR-Kids to document them.⁴¹ Therefore, we were only able to assess them when indicated by a

⁴¹ We are aware of this present danger safety threats checklist: http://www.dhs.state.or.us/caf/safety_model/procedure_manual/appendices/ch2-app/2-3.pdf. However, we note that A) we did not find any reference to this checklist in any of the assessments, B) we did not find it scanned in any OR-Kids "File Cabinets," C) the procedure for assessing present danger safety threats does not instruct workers where to document the information, and D) many of the present danger threats listed do not appear to match the present danger safety threat criteria.

protective action plan on file, which occurred in 11 of 40 (27.5%) unsafe assessments. Of those 11 assessments, 7 (63.6%) had adequate documentation of present danger safety threats. One reason for this low fidelity may be that there is no place to document present danger safety threats.

Recommendation 4: Add a field in OR-Kids for workers to document present dangers; the field can be modeled after the one used for impending dangers.

Another reason for the lower fidelity for present dangers may be confusion about the definition of present danger safety threats. The threats are defined by three criteria; they are immediate (meaning they are happening right before the CPS worker's eyes), significant (meaning they are "onerous, vivid, impressive, and notable"), and clearly observable (meaning they are "totally transparent" and require no "guesswork" to identify). Additionally, there is a list of possible present danger safety threats for workers to consider in Appendix 2.2 of the Oregon procedure manual. This list contains complex concepts not mentioned elsewhere (like a "dependent influence [...] considered in relation to other influences when assessing or deciding about response") and examples like "bizarre behaviors," defined as requiring "interpretation." Requiring interpretation violates the definition of clearly observable, which instructs that no guesswork be required to identify the threat.

Recommendation 5: Evaluate documentation about present danger safety threats to assure example threats meet definitions provided in the procedure manual.

One area related to safety threats that our review does not consider is whether all applicable safety threats were assessed. This is in part because our review tool is designed to be reliably used by reviewers with only a few days of training and practice regarding OSM; as such, reviewers are unlikely to be able to make this expert judgment.

4.3 Safety Plans

Any assessment that finds an active safety threat must put some kind of safety plan in place. We located safety plans in 28 of 40 unsafe assessments (70%). Initial safety plans were filed for 21 of 40 unsafe assessments (52.5%). Most of these plans were sufficient to manage the identified impending danger safety threats (only 1 safety plan did not include plans to manage all of the identified threats), and most were properly documented. To increase the rate at which safety plans are filed, we offer these two recommendations.

Recommendation 6: Review the process of managing impending danger safety threats with workers to ensure knowledge about how and when to implement a safety plan (and which plan to implement).

Recommendation 7: Consider combining protective action plans and initial safety plans into one “safety plan.”⁴²

A minor observation about protective action plans: The example protective action plan provided as part of the procedure manual⁴³ may not be compliant with the Oregon Safety Model. There is no mention of a timeline other than that the child’s grandparent is willing to care for the child for up to “a month.” Thus our fidelity review would flag it for not being short-term, as the OSM instructs that protective action plans cannot be in place for more than 10 days.

Recommendation 8: Replace the example protective action plan with one that specifies the plan is designed to be in place no more than 10 days.

4.4 Safety Decisions

Most case files contained specific narratives that elaborated on the disposition and safety decisions. Most of narratives described a rational relationship between the 6 domain information, impending dangers, and the safety decision. These results, however, do not address whether workers assessed all identifiable impending danger safety threats or whether the safety decision was correct. Those questions require more expertise in practice and are beyond the scope of this review.

4.5 Moderate to High Needs Determinations

Fidelity in this area was poor: Only 25 (62.5%) of the 40 safe assessments reviewed contained documentation of the worker’s effort to determine if the family had moderate to high needs and 15% of safe assessments contained an explanation of the moderate to high need determination. In general, “moderate to high needs” was checked “No” and no explanation was given.

Recommendation 9: Remind workers of the purpose and importance of the moderate to high needs determination.

4.6 Ongoing Safety Plans for Permanency Cases

Ongoing safety plans are needed in opened cases as they, by definition, have safety threats that could not be mitigated by the time the initial assessment was closed. Most cases reviewed had ongoing safety plans in place (36 of 40 cases, 90%). The ongoing safety plans were almost

⁴² We are aware of this Oregon Safety Model Practice Comparison Matrix: https://www.dhs.state.or.us/caf/safety_model/docs/osm_matrix.pdf. We understand the protective action is put in place while workers need time to complete the CPS assessment (p.3). Yet, we do not see a large difference between the use of a protective action plan and an initial safety plan.

⁴³ http://www.dhs.state.or.us/caf/safety_model/procedure_manual/appendices/ch2-app/2-6.pdf

always based on the identified impending danger safety threats (18 out-of-home cases and 15 reunification cases). When an in-home safety plan was filed, all of them applied the in-home safety criteria. When an out-of-home safety plan was filed, there were narratives regarding why in-home safety criteria were not met for the majority of cases (18 out-of-home cases and 12 reunification cases). Additionally, most ongoing safety plans focused on safety actions and services, not the treatment or change based services seen in places like expected outcomes (18 out-of-home cases and 15 reunification cases).

Ongoing safety plans should be reviewed every 30 days, according to the procedure manual. There is no requirement for how often a new safety plan should be filed, unlike the case plans. Because of the vital role the ongoing safety plan plays in a case, we offer this recommendation.

Recommendation 10: Create a field in OR-Kids where caseworkers can record their reviews of ongoing safety plans every 30 days.

4.7 Case Plans

An updated case plan should be filed every 90 days, and each time a new case plan is filed, the protective capacity assessment (PCA) and expected outcomes must be updated. This filing requirement was seldom met. Only two cases (5%) of 40 reviewed cases always filed an updated document within the 90-day window, while half the cases sometimes met the requirement. The remaining cases either never met the 90-day window (16 cases, 40%) or had no case plans filed at all (2 cases, 5%).

The low compliance rate in this area could be because of discrepancies in the procedure manual regarding the filing process. The procedure states that workers should “document the Child Welfare case plan review by recording updated information in OR-Kids: 1. The information gathered for a 90-day review may be documented in OR-Kids case notes or on the Child Welfare case plan form. [...] 3. Review and fully update the Child Welfare case plan at least every 6 months, with the current information and a record of progress, using the case plan form in OR-Kids.”⁴⁴ Because of this discrepancy, the reviewers assessed if an updated case plan was filed every 90 days. When using the 6-month standard instead, the compliance rate increases. Fifteen cases (37.5%) always filed an updated case plan every 6 months; 13 cases (32.5%) sometimes met the requirement; and 12 cases (30%) never met the requirement.

Regardless of the timeline requirements, the compliance rate is low (5% for every 90 days and 37.5% for every 6 months). Yet, case notes show frequent worker contact with children and

⁴⁴ Oregon Department of Human Services. (February, 2010). *DHS Child Welfare Differential Response Procedure Manual. Chapter 3: Managing Child Safety In and Out of Home, Section 10: Conduct a Child Welfare Case Plan Review.* (p.5). Salem, OR: Author.

parents, suggesting low compliance in this area is the result of documentation requirements and not workers ignoring families.

As such, we offer these recommendations.

Recommendation 11: Be consistent with the practice and filing requirements and clarify how often an updated case plan needs to be filed. If the case plan only needs to be reviewed (and not updated) every 90 days, then add a field in OR-Kids for caseworkers to document their reviews.

Recommendation 12: Reassess the importance of the 90-day window. An evaluation of how different time requirements (90 days vs. 6 months) impact child safety outcomes (e.g., re-report or re-entry) can be conducted to explore the possible policy and practice changes.

4.8 Protective Capacity Assessment

Of 40 permanency cases, 38 cases contained a PCA in the case plans. For the PCAs provided, all assessed both parents (or one parent in single parent households). Even though most PCAs assessed both enhanced and diminished capacities (26 cases, 68.4%), some applied the “criteria for determining protective capacities”⁴⁵ closer than others. Some clearly defined both capacities and listed the assessment under both categories, while others simply described parents’ strengths and weaknesses in a general way. Additionally, most PCAs were related to the identified safety threats (33 cases, 86.8%). When an updated case plan is filed, it should also contain an updated PCA; this was true every time for 13 cases (34.2%), sometimes for 14 cases (36.8%), and never for 6 cases (15.8%).

Recommendation 13: Highlight some of the best documented PCAs to enhance fidelity.

4.9 Expected Outcomes

Expected outcomes were documented in 31 (77.5%) of the 40 assessed cases. When expected outcomes were provided, the majority were properly documented. Expected outcomes were related to the identified diminished protective capacities (Yes, to all—67.7%), related to the identified safety threats (Yes, to all—67.7%), and written in behavioral terms that can be measured (In all plans—64.5%). The expected outcomes were not consistently updated as required, however. Only 22.6% of cases had expected outcomes updated each time an updated case plan was filed.

⁴⁵ Oregon Department of Human Services. (June, 2007). *DHS Child Welfare Differential Response Procedure Manual. Chapter 3: Managing Child Safety In and Out of Home, Appendices: 3.1 Enhancing Protective Capacities in the Case plan: What Behavior Must Change.* Salem, OR: Author.

Reviewers found many of the same problems affecting families in the reviewed cases, especially problems with drugs and alcohol. Workers were required to write similar expected outcomes related to these problems. As such, we offer this recommendation.

Recommendation 14: Expand OR-Kids functionality to provide workers with pre-written expected outcomes for common goals.

4.10 Conditions for Return

Conditions for return describe “the specific behaviors, conditions, or circumstances that must exist within a child’s home before a child can safely return.”⁴⁶ All the permanency cases should have conditions for return documented in either case plans or ongoing safety plans; this was true for 80% of 40 reviewed cases. When conditions for return were provided, they usually aligned with the identified safety threats (Yes, to all—96.9%). Fewer cases included conditions for return based only on safety threats and not also on expected outcomes (Yes, only to safety threats—56.3%). The majority of the cases (90.6%) provided documentation of the actions and time requirements for plan participants.

The procedure stresses that parents’ involvement and progress with services and treatment activities associated with expected outcome should not be the same measure as conditions for return. It appeared that workers sometimes struggled to separate expected outcomes from conditions for return. This may be because of the complex relationship between identified safety threats, in-home safety criteria, diminished protective capacities, expected outcomes, and conditions for return. In essence, we see the OSM as requiring four separate judgments to be made and continuously reevaluated.

Judgment 1: What safety threats are active in this case?

Judgment 2: Can the safety threats be managed in the home?

Judgment 3: What ability does the parent have to mitigate the safety threats?

Judgment 4: How can the parent’s ability to mitigate the safety threats be enhanced?

The challenge for workers is that safety threats are seldom separate from the parent’s protective capacities. Consider, for example, a parent who suffers from methamphetamine addiction. The safety threats in the case indicate the parent is acting impulsively and dangerously. The parent’s addiction makes the home a chaotic environment, meaning the ongoing safety plan cannot be implemented in-home. The parent’s addiction is the root cause of the parent’s diminished protective capacities, and enhancing these capacities depends on

⁴⁶ Oregon Department of Human Services. (May, 2014). *DHS Child Welfare Differential Response Procedure Manual. Chapter 3: Managing Child Safety, Section 5: Determine Conditions for Return (p. 33)*. Salem, OR: Author.

the parent ending meth use. Though the worker is required to document the case as if each of the four judgments are separate, the facts of the case show that getting the parent to stop using meth is paramount to protecting and reunifying the child. As such, it is not surprising if the conditions for return and ongoing safety plans contain some reference to expected outcomes, even though these areas are supposed to be separate.

To address this issue, we offer the following recommendations.

Recommendation 15: Combine conditions for return with the in-home safety criteria from the ongoing safety plan. Children are removed from home when the in-home safety criteria are not met; conditions for return often reiterate ways in which the in-home safety criteria can be met. Combining them will help workers keep focus on safety, not expected outcomes.

4.11 Reunification

There is no field or form in OR-Kids for documenting reunification, though the requirements for pre- and post-reunification checks are extensive. Because of this lack of consistent documentation, reviewers focused their assessment on the pre- and post-reunification home visits, required to occur within 5 days of the child's return home and on the day after reunification. Compliance with this requirement was poor. Of the 22 cases in which reunification occurred, only 4 cases (18.2%) had documentation of the worker's visit to the parent home pre-reunification; 13 cases (59.1%) documented the visit to the child in the home the day after reunification.

To rectify this issue, we offer the following recommendations:

Recommendation 16: Remind workers of the pre- and post-reunification home check requirements.

Recommendation 17: Add additional fields in OR-Kids to document the pre- and post-reunification home check requirements as well as a place to enter the specific date of reunification.

Appendix 1: Oregon Safety Model Assessment Review Tool
Oregon Safety Model Case Review Tool

1.Reviewer:

2.Review Date:

Case Information				
1.Case Number		4.Report Date		
2.County		5.Assessment Date		
3.District		6.Track Assignment	<input type="checkbox"/> AR <input type="checkbox"/> TR	
7.Type of Case	<input type="checkbox"/> Closed after Assessment <input type="checkbox"/> Investigation/Transferred to out-of-home services <input type="checkbox"/> Investigation/Transferred to in-home services			
8.Alleged victim	First name/ Initial		Age	
	First name/ Initial		Age	
9.Alleged Perpetrator	First name/ Initial		Age	
	First name/ Initial		Age	
10. Non-offending parent or caregiver	First name/ Initial		Age	
	First name/ Initial		Age	
11. Number of children in the home	Total number: ____ Number of alleged victims: ____ Number of victim's siblings: ____ Number of other children living in the home: ____			
12. Number of adults in the home	Total number: ____ Number of alleged perpetrators: ____ Number of Non-offending parents or caregivers: ____ Number of other adults living in the home: ____			

Safety Related Information Collection: 6 Domains

1. **Child functioning:** Not Documented

a. Who was assessed?

- All the alleged victim(s) Not all the alleged victim(s)
- All the victim's siblings Not all the victim's siblings N/A; no siblings
- All the other children living in the home Not all other children N/A; no other children

b. Is there evidence in the CPS assessment of worker effort to document safety-related information in this domain based on the 6 domain tool?

- Sufficient documentation Insufficient documentation Absent documentation

Reviewer comments:

2. **Adult functioning:** Not Documented

a. Who was assessed?

- All the alleged perpetrator(s) Not all of the alleged perpetrator(s)
- All the non-offending parents or caregivers Not all the non-offending parent or caregiver N/A; no non-offending parent or caregiver
- All adults living in the home Not all adults living in the home N/A; no other adults

b. Is there evidence in the CPS assessment of worker effort to document safety-related information in this domain based on the 6 domain tool?

- Sufficient documentation Insufficient documentation Absent documentation

Reviewer comments:

3. **Disciplinary practices:** Not Documented

Is there evidence in the CPS assessment of worker effort to document safety-related information in this domain based on the 6 domain tool?

- Sufficient documentation Insufficient documentation Absent documentation

Reviewer comments:

4. **Parenting practices:** Not Documented

Is there evidence in the CPS assessment of worker effort to document safety-related information in this domain based on the 6 domain tool?

- Sufficient documentation Insufficient documentation Absent documentation

Reviewer comments:

5. **The extent of abuse or neglect:** Not Documented

Is there evidence in the CPS assessment of worker effort to document safety-related information in this domain based on the 6 domain tool?

- Sufficient documentation Insufficient documentation Absent documentation

Reviewer comments:

6. **The circumstances surrounding the abuse or neglect:** Not Documented

Is there evidence in the CPS assessment of worker effort to document safety-related information in this domain based on the 6 domain tool?

- Sufficient documentation Insufficient documentation Absent documentation

Reviewer comments:

Safety Decision Making

Present danger safety threats: 1. N/A Not Documented

2. In worker's narratives, all three present danger criteria were documented.

Y—The information is based on the three present danger criteria.

N—The information is not related to the three present danger criteria.

3. Is there evidence in the CPS assessment of worker effort to assess present danger safety threats?

The information was based on the list of present danger safety threats.

The information was not from the list of present danger safety threats, but it indicates present dangers.

The information is not related to present dangers.

Reviewer comments:

Impending danger safety threats: 1. Not Documented

2. In the reviewer's judgment, do the narratives of the 5 safety thresholds indicate the identified impending danger safety threats?

The safety thresholds were applied to ALL identified impending danger safety threats correctly.

The safety thresholds were applied to SOME identified impending danger safety threats correctly.

The safety thresholds were applied to NO identified impending danger safety threats correctly.

3. In the reviewer's judgment, do the identified impending danger safety threats come from the 6 domain assessments?

Y N

Reviewer comments:

Safety decision: 1. Not Documented

2. Did the worker explain the specific conditions and circumstances for the disposition?

Y N

3. Is the information in the record sufficient to support the safety decision?

Y N

Reviewer comments:

Safety Planning

Protective action plan: 1. N/A; no present danger safety threats identified.

2. When a protective action was filed, was there a narrative regarding identified present danger safety threat(s)?

Yes,

No

3. Does the document show that the protective action plan was an immediate (same day), short

term (10-day maximum), sufficient strategy that provides a child responsible adult supervision and care to allow for the completion of the CPS assessment?

Immediate Short term Sufficient None

Reviewer comments:

Safety plan:

Initial safety plan: 1. N/A; no safety threats identified.

2. Was an initial safety plan taken when an impending danger safety threat was identified?

Yes, there is a document.

No, there is no document.

3. Was an initial safety plan implemented although no safety threats were identified?

Y N

4. Was an initial safety plan developed based on the identified impending danger safety threats?

Y—Based on all identified impending danger safety threats.

Y—Based on some of identified impending danger safety threats.

N—Not based on identified impending danger safety threats.

5. When an in-home safety plan is filed, is there indication in the record that the in-home safety criteria were all met?

Y N N/A; there was no in-home safety plan.

6. When an out-of-home safety plan is filed, is there indication in the record that the in-home safety criteria were not met?

Y N N/A; there was no out-of-home safety plan.

7. Does the initial safety plan include safety actions and safety services only, not treatment or changed based services?

Y N

Reviewer comments:

Ongoing safety plan: 1. Not Applicable; no ongoing impending danger safety threats were identified.

2. Was an ongoing safety plan taken providing impending danger safety threat(s) still existed?

Yes, there is a document.

No, there is no document.

3. Is there evidence in the record of worker effort to re-evaluate the initial safety plan to determine if it is appropriate and sufficient as an ongoing safety plan?

Y N

4. Was an ongoing safety plan developed based on the identified impending danger safety threats?

Y, based on all identified impending danger safety threats.

Y, based on some of identified impending danger safety threats.

N, not based on identified impending danger safety threats.

5. When an in-home safety plan is filed, is there indication in the record that the in-home safety criteria were all met?

Y N N/A; there was no in-home safety plan.

6. When an out-of-home safety plan is filed, is there indication in the record that the in-home safety criteria were not met? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A; there was no out-of-home safety plan.
7. Does the ongoing safety plan include safety actions and safety services only, not treatment or changed based services? <input type="checkbox"/> Y <input type="checkbox"/> N
Reviewer comments:

Moderate to High Needs:
1. Was “safe” the child safety decision? <input type="checkbox"/> Y <input type="checkbox"/> N
2. Is there evidence showing the worker made an effort to determine if the family had moderate to high needs? <input type="checkbox"/> Y <input type="checkbox"/> N
3. Is there explanation of moderate to high needs in the record? <input type="checkbox"/> Y <input type="checkbox"/> N
Reviewer comments:

Protective Capacity Assessment (PCA) and Expected Outcomes
1. Is a new case plan filed (after Jan. 2015) at least every 90 days? <input type="checkbox"/> Within each 90 day window <input type="checkbox"/> Sometimes within 90 days <input type="checkbox"/> No <input type="checkbox"/> N/A; less than 90 days has passed since the first document was filed
Protective Capacity Assessment (PCA): <input type="checkbox"/> There is no record regarding PCA
2. Are there documents regarding both parents’ PCA? <input type="checkbox"/> Both parents/single parent household <input type="checkbox"/> Only one of the parents
3. Are both enhanced and diminished protective capacities documented? <input type="checkbox"/> Both enhanced and diminished protective capacities. <input type="checkbox"/> Either enhanced or diminished protective capacities.
4. Are the PCAs in the record directly related to the identified safety threats? <input type="checkbox"/> Y <input type="checkbox"/> N
5. For each case plan filed, how often is the PCA updated? Is there evidence of worker effort to revisit PCA whenever a new case plan is filed? <input type="checkbox"/> Every time <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> N/A; the case only had one child welfare case plan so far.
Reviewer comments:
Expected Outcomes: <input type="checkbox"/> There is no record regarding expected outcomes

1. Are the identified diminished protective capacities directly related to the Expected Outcomes? <input type="checkbox"/> Yes, to all <input type="checkbox"/> Yes, to some <input type="checkbox"/> No
2. Are the expected outcomes in the record directly related to the identified safety threats? <input type="checkbox"/> Yes, to all <input type="checkbox"/> Yes, to some <input type="checkbox"/> No
3. Are the expected outcomes documented in behavioral terms that can be measured? <input type="checkbox"/> In all case plans <input type="checkbox"/> In some case plans <input type="checkbox"/> In no case plans
4. For each case plan filed, how often are the expected outcomes updated? Is there of worker effort to revisit expected outcomes whenever a new case plan is filed? <input type="checkbox"/> Every time <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> N/A; the case only had one child welfare case plan so far.
Reviewer comments:

Conditions for Return and Reunification:
Conditions for Returns: <input type="checkbox"/> There is no record regarding condition for return
1. The conditions for return align with the identified safety threats that could not be managed with an in-home safety plan. <input type="checkbox"/> Yes, to all <input type="checkbox"/> Yes, to some <input type="checkbox"/> No
2. Are the interventions in the case directly related to the identified safety threats, not expected outcomes? <input type="checkbox"/> Yes, only to safety threats <input type="checkbox"/> Yes, to safety threats, but also to expected outcomes <input type="checkbox"/> No, only to expected outcomes
3. There is documentation regarding the actions and time requirements of all participants in the in-home ongoing safety plan, for a child to be safe. <input type="checkbox"/> Y <input type="checkbox"/> N
Reviewer comments:
Reunification: <input type="checkbox"/> There is no record regarding reunification
1. There is a description of the visit paid to the parents in their home during the 5 days prior to return. <input type="checkbox"/> Y—There is a description of the visit. <input type="checkbox"/> N—There is no description of the visit.
2. There is a description of the visit paid to the child in home the day following return home. <input type="checkbox"/> Y—There is a description of the visit. <input type="checkbox"/> N—There is no description of the visit.
Reviewer comments:

Appendix 2: Oregon Safety Model Case Review Training Guide

Beginning Steps

Step 1. Take time to familiarize yourself with this form and with any relevant procedure related to the Oregon Safety Model. It is not necessary to have a complete understanding of all procedures, but you should have a basic understanding of the processes mandated by the model. You can find the Oregon DHS Child Welfare DR Procedure Manual here: http://www.dhs.state.or.us/caf/safety_model/differential_response_pm/

Step 2. Organize your workspace and your time so that you can complete the evaluation of a case in one sitting. It is imperative that you begin and end each case in one sitting.

Step 3. Prepare your files so that you have easy access to the case file, the review form, and any reference documents you need including this guide.

Step 4. Keep in mind that we assess whether a CPS or Child Welfare caseworker has documented the required information regarding OSM based on the Oregon DHS Child Welfare DR Procedure Manual. We are not judging how worker's performance or writing skills. We are assessing whether he/she passed the minimum thresholds of the OSM requirements.

Step 5: Proceed to the next section.

Safety Related Information Collection : 6 Domains

Step 1. Review this research question to familiarize yourself with the purpose of this section: Regarding child safety, did the worker attempt to document assessment information in all of the six domains? To answer this question, we assess key aspects of reporting in each of the six domains.

Step 2. If needed, review these sections of the Oregon Procedure Manual: Chapter 2: Assessment 5. Making the Initial Contact, Appendix 2.1 Safety Related Information Collection, and 6 domains tool.

Step 3. Read through the relevant boxes for each of the six domains. For each, judge if the worker's assessment corresponds to items provided in each domain's list from the 6 domains tool, which you can see listed in each corresponding section of this document.

Step 4. Locate this section of the case file: Comprehensive Assessment in the Assessment Summary.

Step 5. Complete this section of the form.

1. Child functioning

6 domains tool requirements:

- Information about child functioning includes:
 - Capacity for attachment
 - General mood and functioning
 - Intellectual functioning
 - Communication ability
 - Social Skills
 - Ability to express emotion
 - Physical and mental health
 - Functioning within cultural norms
 - Developmental disability
 - Medical condition

- Peer relations
- School Performance
- Independence
- Motor Skills
- Behavior
- Describe child functioning:
 - Describe your own observations of the child’s mood, temperament, behavior.
 - Utilize collaterals to inform about the child’s functioning – both currently and prior to recent involvement when the family wasn’t in the midst of a child welfare crisis.
 - If the child is seeing a therapist or is school aged, be sure to include those sources of information.

Review questions and instruction:

Not Documented (Check if the narrative box of that domain is left blank.)

a. Who was assessed? (Everyone living in the home should be assessed. That means all victims as well as all other children in the home.)

- All the alleged victim(s) Not all the alleged victim(s)
- All the victim’s siblings Not all the victim’s siblings N/A; no siblings
- All the other children living in the home Not all other children N/A; no other children

b. Is there evidence in the CPS assessment of worker effort to document safety-related information in this domain? (Check if there is evidence of worker effort to provide a safety-related narrative based on the list of “Information about child functioning.”)

- Sufficient documentation Insufficient documentation Absent documentation

2. Adult functioning

6 domains tool requirements:

- Information about adult functioning includes:
 - Communication and social skills
 - Coping and stress management
 - Self control
 - Problem solving
 - Judgment and decision making
 - Independence
 - Home and financial management
 - Employment
 - Domestic Violence: Consider if anyone is exercising power and control over any of the adults in the home
 - Citizenship and community involvement
 - Rationality
 - Self care and self preservation
 - Substance use
 - Mental health
 - Physical health and capacity
 - Functioning within cultural norms
- Describe adult functioning:
 - What’s their day-to-day life like?
 - How do they make decisions? Do they talk with anyone about decisions? Do they have

family/friend supports?

- Employment: How do they earn money? Have they always worked? When's the last time they had had a job?
- How is their health?
- How their day-to-day life is managed or is it chaotic?
- What is their judgment or decision-making ability?
- Are they employed – do they have financial management?
- Are they rational?
- Are they open or defensive?
- Do they have emotional control? If not, what seems to be getting in the way (substances, mental health, abuse/trauma)?

Review questions and instruction:

Not Documented (Check if the narrative box of that domain is left blank.)

a. Who was assessed? (Everyone living in the home should be assessed.)

- All the alleged perpetrator(s) Not all the alleged perpetrator(s)
- All the non-offending parents or caregivers Not all the non-offending parent or caregiver N/A; no non-offending parent or caregiver
- All adults living in the home Not all adults living in the home N/A; no other adults

b. Is there evidence in the CPS assessment of worker effort to document safety-related information in this domain? (Check if there is evidence of worker effort to provide safety-related information based on "Information about adult functioning.")

- Sufficient documentation Insufficient documentation Absent documentation

3. Disciplinary practices

6 domains tool requirements:

- Information about disciplinary practices includes:
 - Disciplinary methods
 - Concept and purpose of discipline
 - Context in which discipline occurs
 - Cultural practices
- Describe disciplinary practices:
 - What does the *child* feel is the purpose of discipline - keep child's behavior managed, to cause pain so they will learn, to teach them respect
 - What does the *parent* feel is the purpose of discipline - keep child's behavior managed, to cause pain so they will learn, to teach them respect
 - What the parent's emotional state is when disciplining
 - What does the parent understand about their child's need for safety and protection
 - What does the parent understand about how their discipline impacts the child
 - What is the parent's perception of their child – is it accurate
 - What are the parent's expectations of their child – are they realistic

Review questions and instruction:

Not Documented (Check if the narrative box of that domain is left blank.)

Is there evidence in the CPS assessment of worker effort to document safety-related information in this domain? (Check if there is evidence of worker effort to provide safety-related information

based on the “Information about disciplinary practices.”)

- Sufficient documentation Insufficient documentation Absent documentation

4. Parenting practices:

6 domains tool requirements:

- Information about parenting practices includes:
 - Reasons for being a caregiver
 - Satisfaction in being a caregiver
 - Caregiver knowledge and skill in parenting and child development
 - Caregiver expectations and empathy for a child
 - Decision making in parenting practices
 - Parenting style
 - History of parenting behavior
 - Protectiveness
 - Difference in how the parent thinks and feels about each child
- Describe parenting practices - Can they detail:
 - Why they became a parent
 - Whether they like being a parent
 - How much time they spend with each child
 - Expectations for each child
 - What they like to do with each child
 - What each child does best
 - What they like about each child
 - What they don't like about each child
 - What works best for each child when he/she is sad, angry, or frustrated

Review questions and instruction:

- Not Documented (Check if the narrative box of that domain is left blank.)

Is there evidence in the CPS assessment of worker effort to document safety-related information in this domain? (Check if there is evidence of worker effort to provide safety-related information based on the “Information about parenting practices.”)

- Sufficient documentation Insufficient documentation Absent documentation

5. The extent of abuse or neglect:

6 domains tool requirements:

- Information about extent of maltreatment includes:
 - Type and Severity of maltreatment
 - History of the maltreatment – Include prior child welfare history
 - Description of specific events
 - Description of emotional and physical symptoms
 - Identification of the child and maltreating caregiver
 - Identification of any cultural considerations around the maltreatment
- Describe what abuse occurred:
 - Physical Abuse – Describe injuries. Document with photographs, medical reports, LEA reports, etc.
 - Sexual Abuse – Describe child's statements of abuse, as well as any corroborating witness accounts. Document information from Advocacy Centers, police reports, perpetrator statements,

etc.

- Neglect - Inadequate food/shelter – Describe home environment and child’s condition. Photograph home environment.
- Medical Neglect – Describe child’s condition. Document information from medical staff.
- Describe how the child was impacted:
 - Any lasting results of the maltreatment: Surgery, blindness, scarring, etc.
 - Any emotional and behavioral observations: Fearful, clingy, nightmares, tantrums, suicidal, running away, etc.
 - Child’s physical state: Hungry, dirty, medical needs, etc.
- Describe details about:
 - Severity – Pattern or progression of abuse.
 - History – Similar prior incidents, both related to the affected children, as well as history regarding the perpetrator with other families.
- Identify victims and perpetrators:
 - Name who the maltreating person is. Consider if there is more than one perpetrator.
 - Name the affected child or children.

Review questions and instruction:

Not Documented (Check if the narrative box of that domain is left blank.)

Is there evidence in the CPS assessment of worker effort to document safety-related information in this domain? (Check if there is evidence of worker effort to provide safety-related information based on “Information about extent of maltreatment.”)

Sufficient documentation Insufficient documentation Absent documentation

6. The circumstances surrounding the abuse or neglect

6 domains tool requirements:

- Information about circumstances surrounding the maltreatment includes:
 - The duration of the maltreatment: Multi-generational abuse? Recent stress event?
 - Caregiver intent concerning the maltreatment
 - Caregiver explanation for the maltreatment and family conditions
 - Caregiver acknowledgement and attitude about the maltreatment
 - Other problems occurring in association with the maltreatment – consider substance use or mental disturbance, etc.
- Describe the intention of maltreatment:
 - What was parents’ intention?
 - Does parent acknowledge maltreatment?
 - Was the parent impaired (substance abuse, mental health) or otherwise out-of-control when this happened?
 - What was the situation that preceded or led up to the maltreatment?
 - What is their attitude about what happened?
 - Do they believe it was maltreatment?
- Describe other impacts:
 - Is the family isolated?
 - Is violence pervasive?
 - Is there anyone exercising power and control over any of the adults in the home? Did this impact the maltreatment?

Review questions and instruction:

Not Documented (Check if the narrative box of that domain is left blank.)

Is there evidence in the CPS assessment of worker effort to document safety-related information in this domain? (Check if there is evidence of worker effort to provide safety-related information based on the “Information about circumstances surrounding the maltreatment.”)

Sufficient documentation Insufficient documentation Absent documentation

Safety Decision Making

Step 1. Review this research question to familiarize yourself with the purpose of this section: Regarding safety decision making, did the worker offer justification for their decision? To answer this, we assess worker documentation of present danger, impending threats, and the worker's justification of the ultimate safety decision. Please note, any present danger leads to a “protective action” and any impending danger leads to a “safety plan.”

Step 2. If needed, review these sections of the Oregon Procedure Manual: Chapter 2: Assessment 4. Assessment Activities, 6. Determine if there is a present danger safety threat or impending danger safety threat, 11. Determine the disposition of the traditional response assessment, and 13. Make child safety decision and determine whether to open a case.

Step 3. Read through the review question and instruction boxes for each component of safety decision making. For each review question, judge if the worker’s assessment corresponds to the summary of the Procedure requirements provided prior to the review question and explanation box.

Step 4. Locate this section of the case file: Comprehensive Assessment and Assessment Summary.

Present danger: Once a proactive action plan exists in the case file, it means there should be narratives regarding present dangers. However, there is no specific box for Present Danger narratives. Caseworkers might describe present dangers under following boxes: Safety Threat Identification, CPS Assessment Conclusion → Justification for the Disposition, Child Safety Decision → Basis for Child Safety Decision, or Safety Analysis Conclusion → Safety Analysis Summary.

Impending danger: You can find the related information about impending dangers in “Safety Threat Identification” box.

Safety Decision: You can find related information about the decision in following boxes: CPS Assessment Conclusion-Justification for the Disposition, Child Safety Decision-Basis for Child Safety Decision, or Safety Analysis Conclusion-Safety Analysis Summary.

Step 5. Complete this section for the form.

Present Danger

The Procedure requirements:

- Three Present Danger Criteria:

Immediate: This means that what is happening is happening right before your (CPS worker) eyes. You are in the midst of the danger the child is subject to. The threatening family behavior, condition, or circumstance is in operation.

Significant: Referring to a family behavior, condition, or circumstance, this means that the nature of what is out of control and immediately threatening to a child is onerous, vivid, impressive and notable. The family behavior, condition, or circumstance exists as a dominant matter

that must be dealt with.

Clearly Observable: Present danger family behaviors, conditions, or circumstances are totally transparent. You see and experience them. There is no guesswork. Rule of thumb is: if you have to interpret what is happening it is likely not present danger.

- Suggested Present Danger list:
 - Abuse and Neglect Issues: abuse and neglect now, multiple injuries, face/head injury, serious injury, premeditated, several victims, life-threatening living arrangements, bizarre cruelty, accessible to perpetrator, unexplained injury/condition.
 - Child Issues: caregiver’s viewpoint of child is bizarre, child unable to protect self, child fearful/anxious of home environment, child is unsupervised/alone, child needs medical care or faces, life-threatening/permanent consequence.
 - Parent/Caregiver Issues: caregiver’s unable to perform parental responsibilities, bizarre behaviors, caregivers described as dangerous, caregiver out-of-control, caregiver intoxicated/high, caregivers overtly reject intervention.
 - Family Issues: family isolated, domestic violence and child abuse, family may flee, family hides child.

Review questions and instruction:

1. Present Danger

- N/A (Check if the child safety decision was safe.)
- Not Documented (Check if the reviewer can’t find any narrative regarding present danger provided there was a protective action plan.)

2. In worker’s narratives, all three present danger criteria were documented. (Assess whether there are related narratives about each of the three criteria.)

- Y—The information is based on the three present danger criteria
- N—The information is not related to the three present danger criteria

3. Is there evidence in the CPS assessment of worker effort to assess present danger (see tool guide for the list of Present Danger Safety threats)? (According to the Procedure, present danger safety threats include, but are not limited to, the “suggested present danger list” [see above].)

- The information was based on the list of present danger safety threats (Check if any present dangers are documented.)
- The information was not from the list of present danger safety threats, but it indicates present dangers (Check if none of present dangers is documented but the reviewer believes that the related narratives indicate present dangers.)
- The information is not related to present dangers (Check if the reviewer believes the narratives didn’t support “present dangers” existed.)

Impending danger safety threats

The Procedure requirements:

- Safety threshold criteria list:
 1. Vulnerable Child: Vulnerability refers to a child’s capacity for self-protection. Can the child protect himself/herself? The caseworker must consider any power differential between child and adults,

special needs, and trauma induced vulnerability regardless of the age of the child.

2. Imminence: Imminence means the threat is likely to occur in the near to immediate future if not controlled by external methods. Imminence is not something that may occur in six months or a year, and is based on a clear understanding of the family condition.
3. Out of Control: There is no adult in the home that can stop, prevent, or otherwise control the family condition or threat. This does not refer to the caretaker looking or acting out of control, rather it refers to the family condition that cannot be controlled.
4. Observable: The caseworker can describe, in specific behavioral ways, the family condition that is making the child unsafe. What are the behaviors, attitudes, and circumstances occurring in the family that create the threat?
5. Severity: May include serious physical injury, significant pain and suffering, disability, terror or extreme fear, impairment or death. We are not concerned with the severity of the maltreatment, incident, or reported event, but the likelihood that the threat(s) if left unchecked will likely result in severe effects to a vulnerable child's physical, sexual, psychological, cognitive or behavioral development or functioning in the near to immediate future.

- Impending danger safety threats list: During the assessment, the CPS worker identifies whether one or more, or none, of these threats exist within the family. ORkids has the 16 safety threats as a check list. In the case file, only the impending danger safety threat(s) that workers have checked on the ORkids would be documented and should be followed by a narrative to explain why the worker checked that threat.

1. The family situation is such that no adult in the home is routinely performing parenting duties and responsibilities that ensure child safety.
2. One or both parents' or caregivers' behavior is violent and/or they are acting (behaving) dangerously.
3. One or both parents' or caregivers' behavior is impulsive or they will not/cannot control their behavior.
4. Parents' or caregivers' perceptions of a child are extremely negative.
5. A family situation or behavior is such that the family does not have or use resources necessary to ensure a child's safety.
6. One or both parents' or caregivers' attitudes, emotions and behavior are such that they are threatening to severely harm a child or are fearful they will abuse or neglect the child and/or request placement.
7. One or both parents' or caregivers' attitudes or emotions are such that they intend(ed) to seriously hurt the child.
8. A situation, attitudes and/or behavior is such that one or both parents or caregivers lack parenting knowledge, skills and motivation necessary to ensure a child's safety.
9. Parents' or caregivers' attitudes and behavior result in overtly rejecting CPS intervention, refusing access to a child, and/or there is some indication the caregivers will flee.
10. Parents' or caregivers' attitude, behavior or perception result in the refusal and/or failure to meet a child's exceptional needs that affect his/her safety.
11. The family situation is such that living arrangements seriously endanger the child's physical health.
12. The situation is such that a child has serious physical injuries or serious physical symptoms from abuse or neglect.

13. The situation is such that a child shows serious emotional symptoms and/or lacks behavioral control that result in provoking dangerous reactions in caregivers or self-destructive behavior.
14. The situation is such that a child is fearful of the home situation or people within the home.
15. Because of perception, attitude or emotion, parents or caregivers cannot, will not or do not explain a child's injuries or threatening family conditions.
16. One or both parents or caregivers has a child out of his/her care due to child abuse or neglect, or has lost a child due to termination of parental rights.

Note from the CPS Program Coordinator:

Workers should document how each of the safety threshold criteria was met or not met for each child. While there may be duplicative information captured, in particular on your example of an infant, workers have to think through how each individual child in the family is vulnerable/or is not vulnerable to each specific safety threat.

Regarding safety threat #16, a parent's behavior, conditions or circumstances that resulted in the termination of parental rights (TPR) or child out of their care can almost always be better addressed by one or more of the other safety threats. The Oregon DHS has Threat of Harm in their statute so #16 was an Oregon add-on when we adopted the safety model. It is not often used but does make sense in a certain type of case. It was used in serious cases such as when a child death occurs by a parent. Let's say mom spends several years in jail for killing her child, gets released and has a new baby with a man who has had his rights terminated on other children. The case would meet the vulnerability threshold based on mom's history regarding the death of her other child as well as the father's loss of children through termination. This safety threat allows us to safety plan for this child while we continue to assess their current functioning and behaviors, to determine what if any additional safety threats are present.

Review questions and instruction:

1. Impending danger safety threats
 - Not Documented (Check if the reviewer can't find any documentation regarding impending dangers.)
2. In the reviewer's judgment, do the narratives of the 5 safety thresholds indicate the identified impending dangers safety threats? (5 safety threshold criteria should apply to each of the identified impending danger safety threats [see above] occurring in the family to determine whether a threat has crossed the threshold.)
 - The safety thresholds were applied to ALL identified impending dangers correctly (Check if ALL 5 thresholds were documented under each identified impending danger based on the definitions.)
 - The safety thresholds were applied to SOME identified impending dangers correctly (Check if only some of the 5 thresholds were documented under each identified impending danger based on the definitions.)
 - The safety thresholds were applied to NO identified impending dangers correctly (Check if none of the 5 thresholds were documented under each identified impending danger.)

3. In the reviewer’s judgment, do the identified impending dangers come from the 6 domain assessment?
- Y (Check if the reviewer believes that the identified impending dangers are consistent with the 6 domain assessment.)
 - N (Check if the reviewer believes that the identified impending dangers are uncorrelated with the 6 domain assessment.)

Safety decision

The Procedure requirements:

- Disposition
 - Track:
 - a. AR: No disposition will be identified on Alternative Response Assessments and “No Disposition” must be entered in ORKids.
 - b. TR/CPS assessment: After gathering all the information necessary to complete the Traditional Response Assessment, the CPS worker must determine the disposition.
 - Documentation Requirement: The CPS worker must document the disposition (unfounded, unable to determine, founded, or no disposition) and explain the basis for the disposition in the disposition narrative section of the assessment prior to completion. The documentation must be detailed and specific to the conditions and circumstances that resulted in the dispositional finding (Note: Although AR cases don’t have disposition, check the “justification for the disposition” box to see if the narrative provides details about safety.)
- Safety Decision

After all the necessary information is gathered for the CPS assessment and the disposition has been determined, the CPS worker must determine if the child is safe or unsafe at the conclusion of the CPS assessment.

 - Unsafe: When at the conclusion of the CPS assessment the CPS worker determines one or more present danger or impending danger safety threats are present, including a previously identified impending danger safety threat that has not been eliminated, the CPS worker must conclude the child is unsafe.
 - Safe: When at the conclusion of the CPS assessment the CPS worker determines no present danger safety threats or impending danger safety threats are present and any identified previously have been eliminated, the CPS worker must conclude the child is safe.

Review questions and instruction:

1. Safety decision
 - Not Documented (Check if the safety decision or disposition box was left blank.)
2. Did the worker explain the specific conditions and circumstances for the disposition in the disposition narrative section?
 - Y (Check if there is specific narrative other than previous sections to elaborate the dispositional finding [TR] or the safety decision [AR].)
 - N (Check if there is no narrative to support the finding or decision or the worker just copied and pasted the narratives from previous sections.)

3. Is the information in the record sufficient to support the safety decision?
- Y (Check if there is a rational relationship between the information in the 6 domains, present danger/impending danger, and the safe/unsafe decision.)
 - N (Check if there is not a rational relationship between the information in the 6 domains, present danger/impending danger, and the safe/unsafe decision.)

Safety Planning

Step 1. Review this research question to familiarize yourself with the purpose of this section: Regarding safety planning, if applicable, did the safety plan match the assessment? To answer this, we answer factual questions about the assessment and assess if proper evidence was provided to justify implementing a safety plan. Please note, there are three types of safety plans: the protective action plan which manages present danger safety threats. The initial safety plan and the ongoing safety plan, which manages impending danger safety threats.

Step 2. If needed, review this section of the Oregon Procedure Manual: Chapter 2: Assessment 8. Develop protective action plans, initial safety plans, and ongoing safety plans.

Step 3. Read through the review questions and instruction boxes for each component of safety planning. For each review question, judge if the worker's assessment corresponds to the summary of the Procedure requirements provided prior to the review question and instruction box.

Step 4. Locate this section of the case file: Assessment Summary → Safety Plan, Case notes, or Child Safety Meeting notes.

Step 5. Complete this section of the form.

Protective Action

The Procedure requirements:

- If the CPS worker and supervisor have determined that Present Danger exists the CPS worker must immediately initiate a protective action plan.
- If a present danger is identified, but no Protective Action is required, a justification of the decision is provided.
- A protective action plan criteria:
 - Immediate: The plan must be capable of being in operation the same day it is created. Before the CPS worker leaves the home, the protective action plan must be in motion and confirmed.
 - Short Term: The plan is very specific, tied to particular present danger situations and must control the present danger safety threat until sufficient information can be gathered and analyzed to determine the need for an initial safety plan or ongoing safety plan.
 - Protective action plans must be sufficient to manage safety until the initial assessment is complete. There is not an intention for these plans to last beyond the initial assessment.
 - The time frame for the protective action plan is **no more than 10 days**. This is tied to the amount of time it will take CPS to gather all the information necessary to understand the issues/conditions that affect safety –namely, impending danger safety threats.
 - Sufficient:
 - The protective action plan must manage the present danger safety threat and the CPS worker must confirm that it will do so.
 - The CPS worker must verify that safety service providers are responsible, will be available, are trustworthy, and are capable. This does not use a parent or caregiver who is the alleged perpetrator of physical abuse, sexual abuse or domestic violence to provide protection.
 - Additionally, it must be confirmed that safety service providers are willing to cooperate with the protective action plan.
 - Although legal action may be necessary to carry out a protective action plan, the caregivers' ability/willingness to cooperate must still be assessed and confirmed.

- If the plan includes the child residing outside his or her household, the safety of the environment where the child is to stay must be determined.
- Must be approved by a CPS supervisor.

1. Protective Action:

- Not Applicable; no present danger safety threats identified. (Check if the safety decision was safe.)

2. When a protective action was filed, was there a narrative regarding identified present danger safety threat(s)?

- Yes,
- No

3. Does the document show that the protective action plan was an immediate (same day), short term (10-day maximum), sufficient strategy that provides a child responsible adult supervision and care to allow for the completion of the CPS assessment? (The protective action plan must meet all three criteria.)

- Immediate (Check if there is a document showing the plan was operating at the same day of the worker visited.)
- Short term (Check if there is a document showing the time frame for the plan is no more than 10 days.)
- Sufficient (Check if the documentation shows that the “sufficient” assessment was done according to the requirements of “sufficient” criterion [see above])
- None (Check if there was no narrative or document regarding the three criteria in the plan.)

Safety plan (Initial and ongoing safety plans)

The Procedure requirements:

- Requirements of safety plans (initial and ongoing safety plans):
 - a. A written document between the parent or caregiver and the Department;
 - b. Provide a detailed description of the impending danger safety threat;
 - c. Describe how identified impending danger safety threats will be managed, including:
 - If impending danger safety threats will be managed in-home, an explanation of how the in-home criteria were met;
 - If impending danger safety threats will be managed out-of-home, an explanation of how the in-home criteria were not met; and
 - How the plan will be monitored;
 - d. Identify the safety service providers and the safety services necessary to implement the plan;
 - e. Establish the time commitments and availability of those involved in the plan;
 - f. Include conditions for return when an out-of-home ongoing safety plan is developed.
- Safety plan criteria:
 - In-home safety plan: ALL four of the following in-home safety plan criteria must be met for an in-home initial safety plan or in-home ongoing safety plan to manage safety.
 - Out-of-Home safety plan: ONE of the following criteria must be missing in order for an out-of-home initial safety plan or out-of-home ongoing safety plan to be required.

- Criteria:
 1. There is a home-like setting where the parent and child live.
 2. The home is calm enough to allow safety service providers access and activities to occur.
 3. At least one parent is willing to cooperate with the plan.
 4. The necessary safety activities and resources are available to implement the plan.

Initial safety plan

Review questions and instruction:

1. Initial safety plan:
 - Not Applicable; no safety threats identified. (Check if the safety decision was safe.)
2. Was an initial safety plan taken providing safety threat(s) identified?
 - Y—There is a document (Check if there is an initial safety plan in the case file when one or more impending danger(s) were identified.)
 - N—There is no document (Check if there is no initial safety plan in the case file although one or more impending danger(s) were identified.)
3. Was an initial safety plan implemented although no safety threats were identified?
 - Y (Check if there is an initial safety plan in the case file but there was no identified impending dangers.)
 - N (Check if there is an initial safety plan in the case file and there was identified impending dangers.)
4. Was an initial safety plan developed based on the identification of impending danger safety threats?
 - Y—Based on all identified impending dangers (Check if the plan addressed all identified impending dangers.)
 - Y—Based on part of identified impending dangers (Check if the plan addressed some but not all identified impending dangers.)
 - N—Not based on identified impending danger (Check if the plan did not address any identified impending dangers.)
5. Is there indication in the record that criteria for an in-home safety plan was applied? (ALL four safety plan criteria [see “safety plan criteria” above] must be met for an in-home initial safety plan.)
 - Y (Check if four criteria were all documented.)
 - N (Check if four criteria were not all documented.)
 - N/A; there was no in-home safety plans (Check if it was an out-of-home case.)
6. Was the child removed as a result of this assessment? (One safety plan criterion [see “safety plan criteria” above] must be missing in order for an out-of-home initial safety plan to be required.)

- Y (Check if the plan addressed the removal decision based on the criteria.)
- N (Check if the plan did not address the removal decision based on the criteria.)
- N/A; there was no out-of-home safety plans (Check if it was an in-home case.)

7. Does the initial safety plan include safety actions and safety services only, not treatment or changed based services?

- Y (Check if the plan focused on safety, not treatments.)
- N (Check if the plan addressed treatments more than safety.)

Ongoing safety plan

Review questions and instruction:

1. Ongoing Safety plan:

- Not Applicable; no ongoing impending dangers were identified. (Check if the case was closed with no ongoing present or impending dangers.)

2. Was an ongoing safety plan taken providing impending danger(s) still existed?

- Yes, there is a document (Check if there is an ongoing safety plan in the case file when one or more impending dangers was identified.)
- No, there is no document (Check if there is no ongoing safety plan in the case file although one or more impending dangers was identified.)

3. Is there evidence in the record of worker effort to re-evaluate the initial safety plan to determine if it is appropriate and sufficient as an ongoing safety plan? (The Procedure: Re-evaluate the initial safety plan, if one is in place, to determine if it is appropriate and sufficient as an ongoing safety plan and re-confirm all commitments with all safety service providers identified in the initial safety plan if it is to become an ongoing safety plan. Please review the "Child Safety Meeting" notes as well)

- Y (Check if there is evidence to show that the worker did not just copy and paste the impending danger assessment from the initial safety plan.)
- N (Check if the worker just copied and pasted the impending danger assessment from the initial safety plan.)

4. Was an ongoing safety plan developed based on the identification of impending danger safety threats?

- Y—Based on all identified impending dangers (Check if the plan addressed all identified ongoing impending dangers.)
- Y—Based on some of identified impending dangers (Check if the plan addressed some but not all identified ongoing impending dangers.)
- N—Not based on identified impending danger (Check if the plan did not address any ongoing identified impending dangers.)

5. When an in-home safety plan is filed, is there indication in the record that the in-home criteria

were all met? (ALL four safety plan criteria [see “safety plan criteria” above] must be met for an in-home ongoing safety plan.)

Y (Check if four criteria were all documented.)

N (Check if four criteria were not all documented.)

N/A; there was no in-home safety plans (Check if it was an out-of-home case.)

6. When an out-of-home safety plan is filed, is there indication in the record that the in-home criteria were not met? (ONE safety plan criterion [see “safety plan criteria” above] must be missing in order for an out-of-home initial safety plan to be required.)

Y (Check if the plan addressed the removal decision based on the criteria.)

N (Check if the plan did not address the removal decision based on the criteria.)

N/A; there was no out-of-home safety plans (Check if it is an out-of-home case.)

7. Does the ongoing safety plan include safety actions and safety services only, not treatment or changed based services?

Y (Check if the plan focused on safety, not treatments.)

N (Check if the plan addressed treatments more than safety.)

Moderate to High Needs

Step 1. Review this research question to familiarize yourself with the purpose of this section: Regarding family needs, is the family identified as having moderate to high needs? To answer this, we look to see if there is any document in the case file that would indicate the family should be classified as having moderate to high needs.

Step 2. If needed, review this section of the Oregon Procedure Manual: Chapter 2: Assessment 14. Determine moderate to high needs.

Step 3. Read through the review questions and instruction boxes for the moderate to high needs assessment. For each review question, judge if the worker’s assessment corresponds to the summary of the Procedure requirements provided prior to the review question and instruction box.

Step 4. Locate this section of the case file: Assessment Summary. Both boxes of Basis for Child Safety Decision and Moderate to High Needs Service Determination (Explain) might have the information regarding the moderate to high needs assessment.

Step 5. Complete this section of the form.

The Procedure requirements:

- Condition: When at the conclusion of the CPS assessment the CPS worker determines no present danger safety threats or impending danger safety threats are present and any identified previously have been eliminated, the CPS worker must conclude the child is safe. When the CPS worker concludes the child is safe at the conclusion of the CPS assessment, the CPS worker must:
 - Dismiss the protective action plan or initial safety plan if one is in place; and
 - Determine if the family has moderate to high needs unless completing a CPS assessment involving the home of a Department certified foster parent or relative caregiver.
- Definition of moderate to high needs:
 - Observable family behaviors, conditions, or circumstances that are occurring now.
 - Over the next year without intervention, are likely to have a negative impact on a child’s physical,

sexual, psychological, cognitive, or behavioral development or functioning.

- The potential negative impact is not judged to be severe.
- While intervention is not required for the child to be safe, it is reasonable to determine that short term targeted services can reduce or eliminate the likelihood that the negative impact will occur.

Review questions and instruction:

4. Was “safe” the child safety decision?
 - Y (Check if “Safe” was the child safety decision.)
 - N (Check if “Unsafe” was the child safety decision.)

5. Is there evidence showing the worker made an effort to determine if the family had moderate to high needs?
 - Y (Check if there is evidence in the record that the moderate to high needs were assessed.)
 - N (Check if there is no evidence in the record that the moderate to high needs were assessed.)

6. Is there explanation of moderate to high needs determination? (Check the “explain” box under the “MODERATE TO HIGH NEEDS SERVICE DETERMATION” box or “Basis for Child Safety Decision” box)
 - Y (Check if there is a narrative regarding the moderate to high needs determination based on the definitions [see above].)
 - N (Check if there is no narrative regarding the moderate to high needs determination based on the definitions [see above].)

-Conditions for return and expected outcomes-

Protective Capacity Assessment (PCA) and Expected Outcomes

Step 1. Review this research question to familiarize yourself with the purpose of this section: Regarding PCA and expected outcomes, did the descriptions in the records show the efforts to manage safety threats at home? To answer this question, we answer factual questions about the safety assessments and the timelines.

Step 2. If needed, review these sections of the Oregon Procedure Manual: Chapter 3: Managing child safety in and out of home 5. Conduct the protective capacity assessment (PCA) and 7. Document the child welfare plan.

Step 3. Read through the review question and explanation boxes for PCA and expected outcomes. For each review question, judge if the worker’s assessment corresponds to the summary of the Procedure requirements provided prior to the review question and instruction box.

Step 4. Locate this section of the case file: Child Welfare Case Plan and Case Notes.

Protective Capacity Assessment (PCA): You can find related information about PCA on following boxes: Active safety threats and Protective Capacity Assessment Summary, and Case Notes.

Expected outcomes: You can find related information in the boxes of “ongoing safety plan” and “expected outcome.”

Step 5. Complete this section of the form.

Protective Capacity Assessment (PCA)

The Procedure requirements:

- Description and Documentation Requirements
 - The findings of the PCA include identification of the parents' enhanced and diminished protective capacities which are directly related to the identified safety threats.
 - The description of the specific behaviors, conditions and circumstances that must be present to sustain child safety are documented as the Expected Outcomes of the Child Welfare Case Plan.
 - Parental protective capacities are used to measure progress toward achieving the Expected Outcomes, and to guide decisions regarding the appropriate actions, services and activities needed to facilitate change. As the relevant protective capacities are enhanced, the safety threats are diminished. Once the protective capacities are sufficient to eliminate, reduce or manage the safety threats to ensure sustained child safety, the Expected Outcomes have been met and the case is closed.
- Criteria for determining protective capacities:
 - Behavioral Protective Capacities
 - The parent has a history of protecting.
 - The parent takes action.
 - The parent demonstrates impulse control.
 - The parent is physically able.
 - The parent has/demonstrates adequate skill to fulfill care giving responsibilities.
 - The parent possesses adequate energy.
 - The parent sets aside her/his needs in favor of a child.
 - The parent is adaptive as a caregiver.
 - The parent is assertive as a caregiver.
 - The parent uses resources necessary to meet the child's basic needs.
 - The parent supports the child.
 - Cognitive Protective Capacities
 - The parent plans and articulates a plan to protect the child.
 - The parent is aligned with child.
 - The parent has adequate knowledge to fulfill care giving responsibilities and tasks.
 - The parent is reality oriented perceives reality accurately.
 - The parent has accurate perceptions of child.
 - The parent understands his/her protective role.
 - The parent is self-aware as a caregiver.
 - Emotional Protective Capacities
 - The parent is able to meet own emotional needs.
 - The parent is emotionally able to intervene to protect child.
 - The parent is resilient as a caregiver.
 - The parent displays concern for the child and the child's experience and is intent on emotionally protecting the child.
 - The parent and child have strong bond, and the parent is clear that the number one priority is the well-being of the child.
 - The parent expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings.

- Timeline
 - The PCA process begins immediately following the CPS assessment at the point the case is opened for services, whether or not the case is transferred to a new caseworker. The initial PCA must be completed within 30 days unless a supervisor approves an exception.
 - The assessment of protective capacity continues throughout the life of the case and the findings of the PCA are updated at each 90-day review of the Child Welfare Case Plan and used to measure progress toward achieving the Expected Outcomes.

Review questions and instruction:

6. Is a new case plan filed (after Jan. 2015) at least every 90 days?
 - Within each 90 day window
 - Sometimes within 90 days
 - No
 - N/A; less than 90 days has passed since the first document was filed
- There is no record regarding PCA (Check if you can't find any narrative about PCA.)
7. Are there documents regarding both parents' PCA? (the protective capacity of both parents should be assessed)
 - both parents/single parent household
 - Only one of the parents
8. Are both enhanced and diminished protective capacities documented?
 - Both enhanced and diminished protective capacities (Check if the documentation contains both enhanced and diminished protective capacities based on the "Criteria for determining protective capacity" [see above].)
 - Either enhanced or diminished protective capacities (Check if the documentation did not contain both enhanced and diminished protective capacities based on the "Criteria for determining protective capacity" [see above].)
 - There is no record regarding PCA
9. Are the PCA in the record directly related to the identified safety threats? (Assess whether the narratives in the case file indicate a correlation between "active safety threats" and "PCA.")
 - Y
 - N
10. For each case plan filed, how often is the PCA updated? Is there evidence of worker effort to revisit PCA whenever a new "ongoing services" document is filed? (Assess whether the worker updated the PCA narratives at each 90 days.)
 - Everytime
 - Sometimes
 - Never
 - N/A; the case only had one child welfare case plan so far.

Expected Outcomes

The Procedure requirements:

- Description: The Expected Outcome is the concrete statement of the observable, sustained behaviors, conditions, or circumstances that, when accomplished, will reduce, eliminate or manage the identified safety threats and will be documented in the Child Welfare Case Plan.
- Documentation Requirements and examples: Document the Expected Outcomes in behavioral terms that

can be measured. Expected Outcomes are what we anticipate will exist in the future, and thus are written in the future tense. For example:

1. When working with a mom whose primary protective capacity needing improvement is impulse control (because she takes off and leaves her children alone), an Expected Outcome would include something like:

a. Mom will make safe child care arrangements with a suitable person(s) each time she is going out and will sustain this for the next 6 months.

2. The Child Welfare Case Plan might also include an Expected Outcome related to the protective capacity related to mom learning to put her children's needs before her own. An Expected Outcome might read:

"Within the next 6 months:

- *Mom will learn to understand and describe her child's needs for safety and security that require that she think about and respond to the child's needs before her own.*
- *Mom will be able to describe the dangers that leaving the children alone create, and to describe the feelings they may have as a result of being exposed to these dangers.*
- *Mom will be able to accept and demonstrate her ongoing ability to be responsible to ensure that children's basic needs for safety are met."*

- **Timeline:** As an ongoing activity, the caseworker will measure progress and will look at, among other things, the progress that is being made toward achieving the Expected Outcomes. This will be reviewed a minimum of every 90 days, during the case plan review.

Review questions and instruction:

There is no record regarding expected outcomes (Check if you can't find any narrative about expected outcomes.)

4. Are the identified diminished protective capacities directly related to the Expected Outcomes? (Assess whether the narratives in the case file indicates a correlation between "PCA" and "expected outcomes")

Yes, to all Yes, to some No

5. Are the expected outcomes in the record directly related to the identified safety threats? (Assess whether the narratives in the case file indicate a correlation between "active safety threats" and "expected outcomes.")

Yes, to all Yes, to some No

6. Are the expected outcomes documented in behavioral terms that can be measured? (Assess whether the expected outcomes are documented as the "Documentation Requirements and examples" [see above].)

In all case plans In some case plans In no case plans

7. For each case plan filed, how often are the **expected outcomes** updated? Is there of worker effort to revisit expected outcomes whenever a new "ongoing services" document is filed? (Assess whether the worker updated the expected outcomes narratives at each 90 days.)

Every time Sometimes Never N/A; the case only had one child welfare case plan so far.

Conditions for Return and Reunification

Step 1. Review this research question to familiarize yourself with the purpose of this section: Regarding reunification, did the descriptions in the records show the efforts to ensure the child's safety at home prior to and post reunification? To answer this, we answer factual questions about the safety assessments and the timelines.

Step 2. If needed, review these sections of the Oregon Procedure Manual: Chapter 3: Managing child safety in and out of home 5. Conduct the protective capacity assessment (PCA), 7. Document the child welfare plan, and 14. Reunification

Step 3. Read through the review questions and instruction boxes for each component regarding reunification. For each review question, judge if the worker's assessment corresponds to the summary of the Procedure requirements provided prior to the review question and instruction box.

Step 4. Locate this section of the case file: Child Welfare Case Plan, Child Specific Case Plan, and Case Notes.

Conditions for return: You can find the related information about conditions for return in the boxes of "Conditions for Return" and "Reasons Service Could Not be Provided to Prevent Removal of the Child from the Home."

Reunification: You might be able to find related information in the boxes of PCA or Achieved Expected Outcomes, Barriers in Achieving outcome, or Case Progress Evaluation Summary in the Child Welfare Case plan. Also, the information might be found in the boxes of Description of How the Current Placement is Safe and Appropriate, Description of How the Current Placement is Able to Meet the Child's Needs, or face-to-face Contact Between Worker and Child for the Past Six Months in the Child Specific Case Plan. Reunification cases usually had more than one Child Welfare Case Plan and Child Specific Case Plan. To review the reunification questions, please find the Case Note, Child Welfare Case Plan, and Child Specific Case Plan occurred right before and after the reunification date which might be the last two case plans documented.

Step 5. Complete this section for the form.

Conditions for return

The Procedure requirements:

- **Description:** Conditions for Return are the written statement of the specific behaviors, conditions, or circumstances that must exist within a child's home before a child can safely return and remain in the home with an in-home ongoing safety plan while the parents continue to work with Child Welfare toward reaching the Expected Outcomes. This rewritten statement is related to the identified safety threats could not be managed with an in-home safety plan.
- **Difference between "conditions for return" and "expected outcomes":** Conditions for Return should not be confused with the Expected Outcomes, which are the desired end result, based on a sustained change in the parents' behavior, which will signal that Child Welfare's intervention is no longer needed. Parents do not necessarily have to change in order for children to be returned to the parents' home. Instead, to achieve reunification, a well-defined set of interventions to manage the identified safety threats must be in place and must be sufficient to manage the child's safety in the parents' home. This distinction maintains the focus on reunification as a safety decision, instead of allowing the parents' involvement and progress with services and treatment activities to become the measure for reunification.
- **Examples:** The following is an example of a 'Conditions for Return' statement when the identified safety threat is: the family situation is such that no adult in the home routinely performs parenting duties and responsibilities that assure child safety.

Mom is willing and able to have a responsible adult in the home to help her provide adequate care for her child.

This could be made more specific, to define what 'care' means, depending on the age and needs of the child. A more detailed description could read:

Care includes: supervision of the child at all times, providing meals at regular intervals, giving baths on a regular basis, and ensuring that the child does not leave the home without a responsible adult being in arms-reach.

- Documentation requirement: Document information about the conditions for return in the Child Welfare Case Plan (CF 0333a), and describe the following:
 - The specific behaviors, conditions, or circumstances that must exist before a child can return to the parents' home with an in-home ongoing safety plan; and
 - The actions and time requirements of all participants in the in-home ongoing safety plan, for a child to be safe.

Review questions and instruction:

There is no record regarding condition for return (Check if you can't find any narrative about condition for return.)

4. The conditions for returns are aligned with the identified safety threats that could not be managed with an in-home safety plan. (Assess whether the conditions for return address the "active safety threats" or "reasons service could not be provided to prevent removal of the child from the home.")

Yes, to all Yes, to some No

5. Are the interventions in the case directly related to the identified safety threats, not expected outcomes? (Assess whether the intervention is mainly related to safety actions and safety services only. Reunification is a safety decision. Parents didn't have to meet all the expected outcomes to get their children home. Caseworkers should not let the parents' involvement and progress with services and treatment activities become the measure for reunification.)

Yes, only to safety threats
 Yes, to safety threats, but also to expected outcomes
 No, only to expected outcomes

6. There is document regarding the actions and time requirements of all participants in the in-home ongoing safety plan, for a child to be safe. (Assess whether the case file contains the actions and time requirements of all participants in the in-home ongoing safety plan before the child returned home.)

Y N

Reunification

The Procedure requirements:

- Description:
 - a. Safety threats do not have to be totally eradicated to manage the child's safety. Parents do not necessarily have to demonstrate sustained change for children to return to the parents' home.
 - b. Reunification can only occur when Conditions for Return have been met and an in-home safety plan can be implemented. Progress made by the parents, and changes in the behaviors, conditions or

circumstances that led to placement are important, but not defining, when making the decision to return a child. Returning children is not dependent upon parents changing their lives or full achievement of the expected outcomes of the Child Welfare Case Plan. Reunification is possible and ethical while safety threat remediation efforts continue.

- Requirements: When making a decision about reunification, the caseworker must perform analysis very similar to those made by the CPS worker at the beginning of the safety intervention process related to the following concepts:
 1. Present Danger – immediate, significant and clearly observable severe harm or threat of severe harm occurring to a child in the present.
 2. Impending Danger – state of danger in which family conditions, behaviors, attitudes, motive, emotions and/or situations are out of control and while the danger may not be currently active it can be anticipated to have severe effects on a child at any time.
 3. Safety Threats – family behavior, conditions or circumstances that could result in harm to a child.
 4. Child Vulnerability – a child who is unable to protect him/herself or seek help from others who may be able to protect them. Vulnerability is based upon age, physical and emotional development, ability to communicate needs, mobility, size, and dependence.
 5. Protective Capacities – specific behavioral, emotional and cognitive characteristics directly related to being protective.
 6. Safety Analysis – considers how safety threats are occurring in family and evaluates what kind and level of effort is required to protect a child.
 7. Safety of the home environment – condition of the child’s living space, including where the child sleeps; physical status of the home such as sanitation hazards or dangerous living conditions; signs of excessive alcohol use, use of illicit drugs, accessible drugs and alcohol; inadequate food or lack of access to food and water; weapons; chemicals; traffic in and out of the home; climate of the neighborhood.

- Caseworker responsibilities prior to the child’s return home:

After a proposed in-home ongoing safety plan is approved by the caseworker’s supervisor, the caseworker must complete the following activities prior to the child’s return home:

 - Visit the child outside the presence of the parents, at least once during the five days prior to the return of the child and confirm the readiness and preparation of the child for the return home.
 - Visit the parents in the parents’ home at least once during the five days prior to the return by the child to verify:
 1. The current behaviors, conditions and circumstances of the home are safe for the return of the child.
 2. All persons living in the household.
 3. The parents are ready for the return of the child and have an awareness of the child’s strengths and needs, including those identified by the CANS and/or Personal Care Assessment.
 4. The parents are willing and able to participate in the ongoing safety plan.
 5. The parents are willing and able to continue in Child Welfare Case Plan services.
 6. The parents sign the in-home ongoing safety plan if it was not signed during a Family Decision Meeting.

- Caseworker responsibility at the time of reunification:
 1. Visit the child in the parents' home the day following the child's return home.
 2. Confirm the safety of the child.
 3. Review and confirm the sufficiency of the in-home ongoing safety plan, and document observations and conditions of the home in FACIS within seven days of the child's return home.
 4. Document observations and conditions of the home in FACIS within seven days of the child's return home.

Review questions and instruction:

There is no record regarding reunification (Check if you can't find any narrative about reunification.)

1. There is a description of the visit paid to the parents in their home during the 5 days prior to return. **(Assess the case notes to see whether there is evidence that the caseworker visited the parents in their home during the 5 days prior to return and provided a description of the visit.)**
 - Y—There is a description of the visit. N—There is no description of the visit.
2. There is a description of the visit paid to the child in home the day following return home. **(Assess the case notes to see whether there is evidence that the caseworker visited the child in the home the day following return and provided a description of the visit.)**
 - Y—There is a description of the visit. N—There is no description of the visit.

Appendix 3: Interrater Reliability

- CPS assessment

	Safe assessments	Unsafe assessments
6 domains	N=20	N=20
• Child functioning		
All the alleged victims were assessed	95%	100%
All the victim's siblings were assessed	90%	80%
All the other children living in the home were assessed	95%	100%
Child functioning	90%	95%
• Adult functioning		
All the alleged perpetrators were assessed	80%	90%
All the non-offending parents or caregivers were assessed	55%	45%
All adults living in the home were assessed	65%	70%
Adult functioning	95%	75%
• Disciplinary practices	85%	75%
• Parenting practices	85%	55%
• The extent of abuse or neglect	100%	85%
• The circumstances surrounding the abuse or neglect	85%	85%
Impending danger	N=13	N=20
Narratives of the 5 safety thresholds indicate the identified impending dangers	100%	84.2%
Identified impending danger safety threats come from the 6 domain	100%	95%
Safety decision	N=20	N=20
The worker explain the specific conditions and circumstances for the disposition	100%	95%
The information is sufficient to support the safety decision	100%	90%

Appendix 3 (Cont.)

Safe assessments:	
Moderate to high needs	N=20
Worker made an effort to determine if the family had moderate to high needs	95%
Explanation of moderate to high needs determination	85%
Unsafe assessments:	
Present dangers	N=7
All three present danger criteria were documented	71.4%
Worker effort to assess present danger safety threats	100%
Protective action plan	N=7
A protective action taken when a present danger safety threat(s) was identified	100%
The protective action plan was “immediate (same day)”	100%
The protective action plan was “short term (10-day maximum)”	100%
The protective action plan was “sufficient”	85.7%
Initial safety plan	N=9
a plan taken when an impending danger was identified	100%
a plan implemented although no safety threats were identified	100%
a plan developed based on the identified impending dangers	100%
In-home safety plans: in-home safety criteria were all met	77.8%
Out-of-home safety plans: in-home safety criteria were not met	55.6%
the plan include safety actions and safety services only, not treatment or changed based services	88.9%
Ongoing safety plan	N=4
a plan taken when an impending danger still existed	75%
worker effort to re-evaluate the initial safety plan	75%
a plan developed based on the identified impending dangers	75%
In-home safety plans: in-home safety criteria were all met	50%
Out-of-home safety plans: in-home safety criteria were not met	50%
the plan include safety actions and safety services only, not treatment or changed based services	75%

Appendix 3 (Cont.)

- Out-of-Home and Reunification Cases

	Out-of-Home	Reunification
Ongoing safety plan	N=18	N=17
a plan developed based on the identified impending dangers	83.3%	76.5%
In-home safety plans: in-home safety criteria were all met	77.8%	76.5%
Out-of-home safety plans: in-home safety criteria were not met	88.9%	76.5%
the plan include safety actions and safety services only, not treatment or changed based services	77.8%	64.7%
Ongoing services	N=20	N=18
a new case plan is filed (after Jan. 2015) at least every 90 days	75%	94.4%
PCA	N=20	N=18
there are documents regarding both parents' PCA	85%	94.4%
both enhanced and diminished protective capacities are documented	85%	83.3%
the PCAs in the record are directly related to the identified safety threats	75%	83.3%
there is evidence of worker effort to revisit PCA whenever a new case plan is filed	55%	77.8%
Expected outcomes	N=18	N=12
the identified diminished protective capacities are directly related to the Expected Outcomes	55.6%	83.3%
the expected outcomes in the record are directly related to the identified safety threats	58.8%	75.0%
the expected outcomes are documented in behavioral terms that can be measured	55.6%	83.3%
There is worker effort to revisit expected outcomes whenever a new case plan is filed	55.6%	83.3%
Conditions for return	N=17	N=15
the conditions for return align with the identified safety threats that could not be managed with an in-home safety plan	94.1%	93.3%
the interventions in the case are directly related to the identified safety threats, not expected outcomes	52.9%	72.7%
there is documentation regarding the actions and time requirements of all participants in the in-home ongoing	70.6%	86.7%

safety plan, for a child to be safe		
Reunification	-	N=20
there is a description of the visit paid to the parents in their home during the 5 days prior to return	-	85%
there is a description of the visit paid to the child in home the day following return home	-	90%