

The background of the slide features a dark blue gradient with a silhouette of a family (a woman, a child, and a man) walking away from the viewer in a field. The family is holding hands. The overall aesthetic is clean and professional, with decorative wavy lines in shades of blue at the top and bottom edges.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska SAFE Assessment

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WHAT'S HAPPENING

The State of Nebraska is adopting the Safety Assessment and Family Evaluation (SAFE) Practice Model to ensure a cohesive process to inform child welfare intervention. The SAFE Model was developed by Action for Child Protection.

Each component of SAFE has distinct practice objectives and decisions intended to identify unsafe children, ensure they are protected, and restore caregivers to their protective roles.





SAFE GOALS AND OBJECTIVES

Goal: To ensure the consistent application of DHHS procedures to achieve safety, permanency, and well-being for Nebraska's children, young adults, and families by centering families as the experts in their own lives.

Objectives

- Improved case planning
- Standardized decision-making criteria
- A universal assessment process to evaluate families during child welfare cases
- Enhanced support for caregivers through change-focused contact
- Timely reunification and/or case closure with children in safe, permanent homes

ABOUT THE MODEL

The SAFE Model will provide the framework to make a safety determination by examining the balance between the threats of danger and the things that might lessen threats of danger.

- **Improved Child Safety:** Enhances support for caregivers through targeted interventions.
- **Dynamic Safety Management:** Adapts to changing child safety needs throughout the intervention process.
- **Strategic Evaluation:** Regularly examine child safety throughout the case.
- **Comprehensive Case Planning:** Supports family-focused planning centered on change and timely reunification or case closure.
- **Standardized Assessment:** Uses consistent tools and criteria for family evaluation, ensuring reliable safety decisions.



SAFE CORE CONCEPTS

Present Danger

An immediate, significant, and clearly observable threatening family situation that has just occurred is actively occurring or is in the process of continuing to occur, which has or likely will result in serious harm to a child and requires immediate action to protect.

Impending Danger

Dangerous family conditions that represent situations or circumstances, caregiver behaviors, emotions, attitudes, perceptions, motives, and intentions that place a child in a continuous state of danger.

Protective Capacities

Individual and parenting emotional, cognitive, and behavioral characteristics that are specifically and directly associated with caregiver performance and contribute to the absence or presence of vigilant child protection.

SAFE CORE CONCEPTS cont.

Safe

A child is safe when there are sufficient protective capacities to ensure that no child is subject to impending danger threats within the family where the child resides.

Unsafe

A child is unsafe when they are subject to impending danger threats within the family where they reside due to insufficient protective capacities.



SAFE MODEL RESOURCES WEBSITE

<https://dhhs.ne.gov/Pages/New-Assessment-Model.aspx>

SAFE: New Assessment Model

Share   

Welcome to the SAFE Model Resources website.

The Nebraska Department of Health and Human Services (DHHS) Division of Children and Family Services (CFS) is implementing the Safety Assessment and Family Evaluation (SAFE) Model - an evidence-based approach that strengthens Nebraska's child welfare efforts using research and proven practices to make informed decisions.

Each component of the SAFE Model has specific objectives and decision points designed to identify children who are unsafe, ensure their protection by using the least intrusive methods, and help caregivers strengthen their protective roles. The SAFE Model provides a framework for making safety determinations by evaluating the balance between potential dangers and protective factors.

CFS will implement the SAFE Model statewide in 2025.

This SAFE Model Resources website will be continuously updated with the latest information to keep you informed and well-prepared as we progress with implementing the SAFE Model.



Communications Hub



Training Resources



Frequently Asked Questions

CFS TRAINING MODEL: LEARN BY DOING



CFS TRAINING MODEL: LEARN BY DOING

Learn by doing will move new team members' education from a heavily classroom-based model to one more focused on experiential learning. This new model allows team members to get on-the-job experience in their roles, starting on day one, through individualized coaching and intentional mentoring.

Learning by doing is not a one-time initiative but an ongoing process. As we continue to evolve and grow, we must provide our team members with the skills and knowledge they need to excel in their roles.

Learn by doing includes:

- Continuous feedback to promote competence early
- Intentional coaching with an experienced and trusted colleague
- Thoughtful mentoring by trained supervisors

EXPERIENTIAL LEARNING

Learn by doing will move team member learning from a heavily classroom-based model to one centered around experiential learning. Experiential learning is well known to have strong positive correlations to retention and places trainees in role responsibilities on day one.

The influence of field-based training on caseworker turnover

“Field-trained conservatorship caseworkers have 39% lower odds of leaving the agency within 18 months of hire than similar classroom-trained caseworkers.”

An examination of factors predicting worker retention

Efficient, effective, and consistent supervision of field staff has a strong positive correlation to worker retention and job satisfaction.

The influence of job satisfaction on child welfare worker's desire to stay

“Caseworkers’ perception of their own skills is also linked to retention. Specifically, caseworkers who reported higher levels of self-efficacy, confidence, and competence in their skills were more likely to remain in their position”

EXPERIENTIAL LEARNING

Time Frame

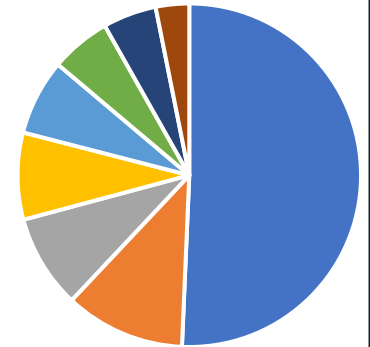
We anticipate a maximum of 12 weeks of training, with more experienced Trainees completing their hours earlier than those without experience.

Training Hours

Each modality has a designated number of hours. Trainees will have between approximately 238.5 (SDM) and 285 (SAFE) hours of training.

New Worker Training

- Field Activities
- Rotations
- SDM
- Coaching
- HR
- Small Bites
- Self-Paced
- Workshop



Training Modalities

Coaching

Approximately 20 hours of New Worker Training will feature facilitated coaching conversations with Trainees. These guided discussions create opportunities for continuous feedback and support from Leads, while also allowing Trainees to reflect on their learning. Additionally, these conversations enable Leads to evaluate and track Trainee progress effectively.

Rotations, Workshops, HR sessions, and Self-Paced Learning

These more traditional style training opportunities cover essential topics related to the Specialist role. Depending on the topic, these learning opportunities are between 30 minutes and 3.5 hours and equate to approximately 63 hours.

Field Activities

Around 120 hours, or 50% of the total training, will be dedicated to field-based activities. Each activity will be assigned three times: once for observation, once for practice, and once for mastery, ensuring comprehensive skill development and confidence in the subject matter.

SDM/SAFE

These virtual-synchronous trainings, between 21 and 66 hours depending on the model and the role, cover the important topics of Structured Decision Making and the SAFE Model. These training opportunities will be instructor-led but heavily activity based.



Questions?

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