

DIVISION OF CHILDREN AND FAMILY SERVICES
Administrative Memo #13-2011

To: Children and Family Services Specialists, Supervisors, Administrators, and Service Area Administrators in the **Eastern and Southeast Service Areas**

From: Vicki Maca, Families Matter Administrator, Division of Children and Family Services

Approved by: Scot L. Adams, Ph.D. - Interim Director

Division of Children and Family Services ("CFS")
Nebraska Department of Health and Human Services

Date: November 2, 2011

RE: Structured Decision Making

Effective: Immediately

Duration: Until Revised

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Purpose:

This memo is to provide direction regarding the implementation of Nebraska's Structured Decision Making (SDM) process in the Eastern and Southeast Service Areas. The Eastern and Southeast Service Area Initial Assessment and Ongoing Case Management staff will no longer be subject to follow Administrative Memo #1-08 Nebraska Safety Intervention System.

Child and Family Services (CFS) staff shall begin using the SDM model after completing the training regarding the Nebraska SDM Initial Assessment Policy and Procedure Manual and the Nebraska SDM Ongoing Policy and Procedure Manual. The SDM Policy and Procedure manuals contain an attachment regarding policies contained in Administrative memo #1-08 not specific to NSIS that must continue to be followed. CFS staff in the ESA and SESA shall be subject to following the SDM Policy and Procedure manuals and the attachment during the case management process.

Background:

The Structured Decision Making model incorporates a set of evidence based assessment tools and decision guidelines to provide a high level of consistency in the decision making process for families in the child welfare system. The model also provides a method for targeting service resources to families who are most likely to abuse or neglect their children.

Required Action:

Initial Assessment:

Tools:

- ✓ Family Functioning Assessment
- ✓ Initial Safety Assessment (Abuse/Neglect/Dependency)
- ✓ Initial Risk Assessment (Abuse/Neglect)
- ✓ Prevention Assessment (Dependency)
- ✓ Safety and Suitability Assessment (Foster Homes)
- ✓ Safety Plan

Upon receipt of an accepted intake the assigned DHHS case manager shall complete the Family Functioning Assessment and the SDM Initial Assessment applicable to the accepted intake. The Initial Assessment shall be completed and documented within 30 days of the intake being received by DHHS and in accordance with Nebraska's SDM Policy and Procedure manuals.

Upon the completion of the Initial Assessment, the worker will arrive at a finding regarding maltreatment called the case status determination and a determination of whether the family should be referred to ongoing services shall be made.

If a family is referred to ongoing services; case management staff shall make efforts to engage the family and offer interventions prior to requesting the County Attorney to file a petition. However, if the family is unwilling to engage in interventions to mitigate the safety threat or risk factors, the case manager shall consult with their supervisor to determine whether a request to file should be completed. Administrative Review is required prior to requesting a filing with the County Attorney.

During the Initial Assessment, if a safety threat is identified or the family's risk level is high or very high risk, and the evidence leading to those decisions is based on one of the five situations listed below, a mandatory staffing with an Administrator is required to determine whether a request to file should be forwarded to the County Attorney's office. These include:

- Methamphetamine Use by Parent/Caretaker
- Domestic Violence
- Previous Termination of Parental Rights
- Serious Physical Abuse (i.e. head trauma, broken bones, multiple injuries)
- Sexual Abuse by a parent

These consultation points will be documented in the consultation narrative at the end of the initial assessment.

Ongoing Assessments:

Tools:

- ✓ Safety Assessment
- ✓ Family Strengths and Needs (All cases including OJS)
- ✓ Risk Re-Assessment (In-Home)
- ✓ Reunification Assessment (Out-of-Home)
- ✓ Prevention Assessment (3b)
- ✓ Safety and Suitability Assessment (Foster Home-concerns)
- ✓ Safety Plan

At the completion of the SDM Initial Assessment a decision whether to refer the family to ongoing services will be made. Once a family or child is referred for ongoing services, case management staff will use the Nebraska SDM Ongoing Policy and Procedure manual to assist in guiding their work with the child or family.

Safety is the responsibility of both Initial Assessment and Ongoing case management staff. If a safety threat is identified during a family's involvement with DHHS, it is the responsibility of the assigned case manager to implement a plan to manage the identified safety threat.

If subsequent maltreatment is suspected the DHHS Abuse/Neglect Hotline should be notified immediately to assess whether the allegations need to be assessed through the DHHS Initial Assessment unit.

Attachment for Initial Assessment

One of the most important purposes of a family is to protect and keep secure members of the family, especially the children. As adult caregivers, parents have the primary role and responsibility in assuring family members are and remain safe. At times families may not be able to perform their responsibilities for child safety and potential risk within the family system. When that occurs, Case Managers will intervene to assure child safety, reduction of risk in the household, assist the parents in regaining their role, and fulfilling their responsibility for safety, permanency, and well being, and for providing a lifetime commitment to their children. Case Managers will work with the family to define the safety related outcomes, identify risk items, identify the needs of the family to be addressed to assure safety and reduce risk, and identify the strength based strategies that will be employed to accomplish the defined outcomes. Efforts must be made to ensure outcomes are related to restoring parents/caregivers to their protective role. Intervention will be as minimally intrusive as possible, while assuring child safety. Child safety is always the foremost outcome of Case Management intervention and will not be compromised.

While child safety is the overarching concern of the Department of Health and Human Services, Division of Children and Family Services, the Division is also responsible for assuring permanency for those children who have been removed from their parental home, and cannot safely return there. The well being of children/ youth (physical health, mental health and education) placed by the court in the custody of DHHS is the third component of the Department's focus.

Certain assumptions underlie the process of intervention:

1. The safety and risk of the child, youth and family will be the basis of each Case Management intervention
2. Parents do care or want to care, for their children
3. People can change their behavior when provided adequate support and resources to do so
4. Case Management staff will provide compassionate, respectful, family driven, outcome focused, individualized, culturally competent, time limited intervention
5. Families will be directly involved in the development of their safety plans, case plans and decisions about their family
6. Case Management services will be as minimally intrusive as possible, but will be provided at the level of effort needed to ensure safety
7. Efforts seek to prevent the unnecessary separation of the children from the family unit, and Case Manager staff will help children remain in their homes and neighborhoods whenever they can remain safe with intervention
8. When children must be removed, Case Management staff will work with the family to reunify the child
9. If removed, children will be placed with family members whenever possible

Definitions The following definitions are used to guide the work of the agency:

Abandoned Child/Youth: A child/youth who is without an appropriate caregiver due to the intentional act and conscious decision of the parent not to care for the child.

Caregiver: See SDM Policy and Procedure manual for definition.

Case Plan: A written agreement developed between the family, the Case Manager and other team members as appropriate. In court involved cases, the court approves or modifies the case plan. Please refer to SDM Policy and Procedure manuals for specific direction regarding the FSNA.

Child/ Youth Maltreatment: Parenting behavior that is harmful or destructive to a child's (age birth through age 17) cognitive, social, emotional, and/or physical development.

Child Pornography: Visual depiction either live or by photographic representation of a person under 18 years of age involved in erotic fondling, erotic nudity, sadomasochistic abuse, or sexually explicit conduct.

Child Protective Service Alert: A process whereby CFS agencies can attempt to locate families who have left their jurisdiction by notifying other parts of the state or other state CFS agencies that the children are under the jurisdiction of the court or may be in danger.

Court Involved Case: A case in which the County Attorney has filed a petition in the interest of the child/youth and the court has assigned responsibility of the child/youth to DHHS, or the court has taken jurisdiction of the child and family to address identified safety threats.

Dependent Child/ Youth: A Child/youth whose parent is or will be unable to care for through no fault of the parent, when no maltreatment has been identified. Parent may be incapacitated or absent due to illness, death, incarceration, or otherwise unavoidably unable to provide care. Or, the child has extraordinary mental health, emotional, or physical needs which the parent does not have the ability or capacity to meet.

Domestic Violence: The establishment of control and fear in a relationship through the use of violence and other forms of abuse. The offender may use physical abuse, emotional abuse, sexual abuse, economic oppression, isolation, threats, intimidation, and maltreatment of the children to control the other person. Relationships involving domestic violence may differ in terms of the severity of the abuse, but control is the primary goal of all offenders.

Emotional Abuse: Psychopathological or disturbed behavior in a child/youth which is documented in writing by a psychiatrist, psychologist, or licensed mental health practitioner to be the result of continual scapegoating, rejection, or exposure to violence by the child/youth's parent or caretaker.

Emotional Neglect: The child/ youth is suffering or has suffered severe negative emotional effects due to a parent's failure to provide opportunities for normal experiences that produce feelings of being loved, wanted, secure, and worthy, as documented in writing by a psychiatrist, psychologist, or licensed mental health practitioner.

Family: A biological, adoptive or self-created unit of people residing together consisting of adult(s) and child(ren) with the adult(s) performing duties of parenthood for the child(ren). Persons within this unit share bonds, cultural practices and a significant

relationship. Biological parents, siblings, and others with significant attachments to a child living outside of the home are included in the definition of a family.

Family Team: A group comprised of individuals, including but not limited to family, friends, relatives, peers, providers, teachers etc. who come together both formally and informally to form a circle of support around a person and/or family in need. This family driven team, which changes as the needs of the family change, make it unique to the person and families it supports.

Family Team Meeting: A meeting that is convened for the purpose of creating, implementing, evaluating, and updating a Safety Plan and/or a Case Plan that furthers an individual's/family's achievement of their outcomes, and the Department's mandated safety concerns. The team meeting must include the family (unless reunification is not the permanency objective), the Case Manager, and may include other formal and informal supports selected by the family (or others if the family is no longer involved).

Formal Resource People/ Participants: Persons or individuals who participate as members of the Family Team due to their paid relationship with the child/youth and family. Examples of this include foster parents, teachers, therapists, community treatment aides, family organization advocates (mentors paid to provide support who are not chosen by the family), and agency staff.

Informal Resource People/Participants: Persons or individuals who participate as members of the Family Team and do not receive payment for their responsibility with respect to the family. Examples of this may be relatives who are old enough to care for the child, neighbors, spiritual leaders, volunteer mentors, friends etc. for example. Informal resource participants who hold professional/paid employment positions are not in a relationship with the child/youth/family as a result of their profession, but may be friends, neighbors, etc.

Injury: Tissue damage such as welts, bruises, or lacerations that lasts more than 24 hours, resulting from trauma.

Juvenile Offender: (1) Any juvenile who has committed an act other than a traffic offense which would constitute a misdemeanor or an infraction under the laws of the state or violation of a city or village ordinance. (2) Or any juvenile who has committed an act which would constitute a felony under laws of this state. (3) Or any juvenile who has committed an act which would constitute a traffic offense as defined in Neb. Rev. Stat section 43-245.

Medical Neglect: Serious harm to a child resulting from parents/ caregivers' failure to provide medical care or attend to health needs. This may include parent/ caregiver failure to seek timely and appropriate medical care for a serious health problem.

Medical Neglect of Handicapped Infant: The withholding of medically indicated treatment (including appropriate nutrition, hydration, and medication) from disabled infants with life-threatening conditions. Exceptions include those situations in which:

1. The infant is chronically and irreversibly comatose
2. The provision of this treatment would merely prolong dying or not be effective in ameliorating or correcting all the life-threatening conditions

3. The provision of the treatment and the treatment itself under these conditions would be inhumane

Non-court Involved Case: A case in which the family agrees to work with DHHS without involving the juvenile court system, to address identified safety threats.

Non-custodial Parent: Any individual recognized as the parent legally through marriage, adoption, or biology; a man named by the mother or other relative as the father, who agrees he is the father; or in some cases, an individual who has acted in the role of parent for a significant period of time.

Physical Abuse: The non-accidental infliction of injury or an act that poses substantial likelihood of bodily injury.

Physical Neglect: The failure of the parent to provide basic needs, for example food, clothing, shelter, medical care, supervision and a safe and sanitary living environment for the child/ youth.

Reunification: A placement of a child back into the family or home they were removed from, based on the reunification assessment being completed.

Runaway: A child/youth who has been absent from home for at least one night without parent/caregiver consent, and the parent/caregiver does not know where the child is.

Sexual Abuse: Any sexually oriented act, practice, contact, or interaction in which the child/ youth is or has been used for the sexual stimulation of a parent, the child/ youth, or other person.

Sexual Exploitation: Allowing, encouraging, or forcing a minor child to solicit for or engage in prostitution, debauchery, public indecency, or pornographic photography, films or depictions.

Status Offender: Any juvenile who, by reason of being wayward, or habitually disobedient, is uncontrolled by his or her parent, guardian, or custodian; who departs himself or herself so as to injure or endanger seriously the morals or health of himself, or others; or who is habitually truant from home or school.

Torture: The infliction of intense pain to punish, coerce, or afford sadistic pleasure.

Violence: The exertion of physical force so as to injure, abuse, or control.

Youth Level of Service/Case Management Inventory (YLS/CMI): The standardized assessment instrument used for youth adjudicated as status offense or juvenile offenders to assess risk, need, and responsivity factors; to determine treatment needs, and utilized for case planning.

Required Actions

For initial assessments, the assigned Case Manager will complete the following required actions.

1. Required response times. For those Intakes that may be life threatening and are designated as Priority 1, the expected response time to contact the alleged victim is

0 to 24 hours from the time the Intake is received. The Intake will be immediately assigned to an assessment worker who is available to respond and coordinate the response with law enforcement. If a Case Manager is unable to respond, a Case Manager must notify law enforcement of the emergency nature of the Intake and request that law enforcement respond immediately. The State Patrol may be contacted if local law enforcement is not available. The Case Manager must make contact with the child/youth and family within 24 hours of the law enforcement contact, if the law enforcement contact occurred on the Intake received date. If the law enforcement contact occurred prior to or after the Intake received date, the Case Manager will make contact in 0 to 24 hours of the Intake received date.

If the Intake is designated as a Priority 2, the required response time to make contact with the alleged child/youth victim is 0 to 5 calendar days from the date the Intake is received. The case will be assigned immediately to a Case Manager. The Case Manager and the Supervisor will determine from the facts of the case how quickly contact must be made to address the potential safety threats. The Case Manager must make contact with the child/youth and family within 0 to 5 calendar days of the law enforcement contact, if the law enforcement contact occurred on the Intake received date. If the law enforcement contact occurred prior to or after the Intake received date, the Case Manager will make contact in 0 to 5 days of the Intake received date.

If the Intake is designated as a Priority 3, the required response time to make contact with the alleged child/youth victim is 0 to 10 calendar days from the time the Intake is received. The case will be assigned immediately to a Case Manager. The Case Manager and the Supervisor will determine from the facts of the case how quickly contact must be made to address the potential safety threats. The Case Manager must make contact with the child/youth and family within 0 to 10 calendar days of the law enforcement contact, if the law enforcement contact occurred on the Intake received date. If the law enforcement contact occurred prior to or after the Intake received date, the Case Manager will make contact in 0 to 10 days of the Intake received date.

- 2) Review available information. The Case Manager assigned will thoroughly review information gathered at Intake and in any existing case record, specifically any prior abuse/neglect reports, or law violation reports involving the child/youth, family and alleged perpetrator. The assessment worker will contact the reporter for additional information as necessary.

- 3) Coordinate with law enforcement. The Case Manager will:
 - a. Contact the appropriate law enforcement agency prior to initiating an assessment of child maltreatment to request that a joint investigation be done unless 1184 Team protocols have established a different process
 - b. Defer to law enforcement to schedule interviews if law enforcement plans to investigate the situation in cooperation with Protection and Safety staff
 - c. Document a consultation point after discussing with the Supervisor if requested by law enforcement not to contact the alleged child/ youth victim within the appropriate time frame as determined by the designated priority

- d. Discuss any requested delays with the Supervisor, if concerned that a delay will be unsafe for the children involved
- e. The Supervisor will consult with the Case Management Administrator. Based on the consultation, the Administrator or Supervisor may contact law enforcement with his/her concerns, consult with DHHS Legal staff, or discuss the situation with the local County Attorney.
- f. Document all decisions and consultation points in N-FOCUS

If the Intake alleges maltreatment by a member of the local law enforcement agency, the initial safety assessment will be completed with the assistance of the State Patrol. Requests for assistance from the State Patrol need to go through the Attorney General's Office. The assigned Case Manager will contact the Criminal Bureau Chief or a member of his staff at 402-471-2682 to request Patrol assistance. The State Patrol has decision making authority about whether or not they will participate. If they agree to do so, the assigned officer will lead the investigation and determine how and when the alleged perpetrator's Supervisor will be contacted. The assigned Patrol officer will also determine the timing and sequencing of interviews. As above, if the Case Manager believes any planned delay will be unsafe for the children involved, the Worker will consult with his/her Supervisor. If the allegation of maltreatment involves an officer in the State Patrol, the State Patrol will be the investigating agency, either assigning an officer from Internal Affairs, or an officer from another service area to investigate in cooperation with the assigned Case Manager.

If a Case Manager in the appropriate office has a conflict of interest in a particular case due to a personal relationship with parties in the case, the Case Manager will notify the Supervisor immediately. The Supervisor will make the decision about whether the assessment will be assigned to another Case Manager, or if necessary, to a worker in another office within the Service Area or if a request will be made for assignment of a Case Manager from another Service Area.

There are four situations where law enforcement may make the first contact with the family and later provide a written report to DHHS. All law enforcement reports will be date stamped and reviewed by a Case Manager within 24 hours of receipt. How DHHS responds to each report will depend on which situation occurred.

1) Law enforcement is the first agency to receive a report of possible abuse or neglect and responds to protect the child. These reports will be processed through the Hotline as new Intakes, and will be accepted for assessment if:

- The report meets screening criteria or;
- The report indicates possible safety concerns that have not been addressed. Intakes accepted based on unaddressed safety concerns will be designated as Priority 2.
- The report does not meet screening criteria, but an assessment of prior reports to the Child Abuse/Neglect Hotline indicate the need to conduct an assessment. This decision should take into account such things as the number of prior reports over time, the similarity of prior reports to the current report, the vulnerability of the child or children involved and the specifics of the prior and current report. "Prior reports" is defined as any past Intakes with allegations of abuse or neglect whether accepted for assessment or not. Although there may be times when it appears that reports are made maliciously, without foundation or not in good faith, there may be safety

issues involved in such a report. Each report will be assessed as stated above. Intakes accepted based on prior history of reports will be designated as Priority 3.

2) DHHS receives an Intake and sends law enforcement out to respond prior to closing the intake by making a decision to accept for assessment or screen out the report. These reports will be accepted for assessment if:

- The report meets the screening criteria or;
- The report indicates possible safety concerns that have not been addressed. Intakes accepted based on unaddressed safety concerns will be designated Priority 2.
- The report does not meet screening criteria, but an assessment of prior reports to the Child Abuse/Neglect Hotline indicate the need to conduct an assessment. This decision should take into account such things as the number of prior reports over time, the similarity of prior reports to the current report, the vulnerability of the child or children involved and the specifics of the prior and current report. "Prior reports" is defined as any past Intakes with allegations of abuse or neglect whether accepted for assessment or not. Although there may be times when it appears that reports are made maliciously, without foundation or not in good faith, there may be safety issues involved in such a report. Each report will be assessed as stated above. Intakes accepted based on prior history of reports will be designated as Priority 3.

3) DHHS receives the CAN allegation report, accepts the Intake for assessment, and sends law enforcement out for prompt contact with the child and family.

- The Intake has been accepted for assessment and the assessment will be completed, regardless of information obtained by the law enforcement contact.

4) DHHS receives the report and classifies the Intake as accept for Law Enforcement Only. Note: Law Enforcement Only is to be used as an Intake closing reason only in situations when the alleged perpetrator is not a family or household member.

- An assessment will be completed if the report indicates possible safety concerns that have not been addressed by law enforcement.

If an assessment is required by the above criteria, the Case Manager will complete the assessment by making contact with the child(ren) and family, and completing the assessment process. Assessments cannot be completed using information contained in the law enforcement report only. The Case Manager will enter any appropriate findings in the Child Abuse and Neglect Central Register for all assessments completed and the service area will assign a Case Manager to enter findings on Law Enforcement Only reports. The Case Manager making the entry will assure that the appropriate notice letter is sent to the responsible person.

The Case Manager assigned to complete the assessment can use the law enforcement contact date as the first contact with the child if the law enforcement contact occurs after the date of the Intake and it is clear in the report that the child was seen and immediate safety concerns were addressed.

4) Gather Information

The Case Manager will have face to face contact with the alleged child victim(s) within the appropriate time frames as determined by the designated priority, unless requested by law enforcement to do something different. If time frames cannot be met, the Case Manager will consult with his/her Supervisor as a mandatory consultation point and document the reason for noncompliance in the case narrative. The Case Manager will interview each member of the household in the following order:

- a. The alleged child victim
- b. Siblings and other children
- c. Non-maltreating parent/ caretaker
- d. Other adults in the home
- e. The alleged perpetrator

If interviews cannot be conducted in this order, the worker will clearly document the reason for variance in the N-FOCUS narrative. Face to face contact is required with all children/youth and all adults in the home. While it may be possible to determine that the safety or risk of harm to the child without interviewing all adults in the household when the incident of abuse/neglect is egregious enough, it is NOT possible to determine child safety or risk of harm without interviewing all adults in the home. The worker will observe the home environment and interaction between family members whenever possible.

The non-custodial parent is not considered a member of the household unless he/she lives in the home with the children. However, information should be gathered from the non-custodial parent as a collateral contact. Information gathering may be necessary about the non-custodial parent or relatives if they will be part of the safety plan, or if they will be considered for possible placement.

The non-custodial parent will be contacted as soon as possible to elicit information from the parent about the children, about that person's knowledge of the situation with the children, and to determine the non-custodial parent's potential to be a safety plan participant, or to care for the children should removal from the custodial parent's home be necessary. Information about the child's current situation may be shared with the non-custodial parent without a release of information form being signed by the custodial parent. However, obtaining a signed release from the custodial parent is preferable.

If, during the process of information gathering, new allegations of abuse or neglect are identified, the Case Manager will report those allegations to the Child Abuse and Neglect Hotline so that the additional allegations can be added to the current intake or a new intake entered. A new incident of maltreatment on an open assessment case, or an ongoing case will be reported to the Hotline for entry on the system as a new Intake. The exception to this is a situation where DHHS involvement is solely based on the condition of the home. In these cases, a new Intake is not required.

The Case Manager will gather information from sources other than the family. For any assessment involving medical issues or where the alleged child/youth victim is seen by a doctor or hospital, written information from medical providers will be obtained and placed

in the case file. Written reports from law enforcement, therapists, school personnel and others will also be obtained, reviewed, and placed in the case file.

The Case Manager will document contacts in person, by phone, or received in writing in chronological order on the Assessment Contact Sheet on N-FOCUS, identifying the relationship of the individual to the case, all available contact information, and date of the initial contact.

Information gathered must be sufficient as evidenced by the following characteristics:

1. Breadth: Worker's understanding of the family is based on comprehensive information that covers the critical points of inquiry (see family functioning assessment)
2. Depth: Worker's understanding of the situation is based on precise and detailed information gathered by probing and diligent consideration
3. Reliable: Information is reasonable, believable, dependable, and can be justified when reflecting on the reality of the family situation
4. Pertinent: Information is relevant to decision making, significant, and applicable to revealing the presence of safety threats
5. Objective: Information is factual, actual, unbiased, existing without interpretation or value judgment
6. Clear: Information is unambiguous
7. Associated: Worker will understand how the information is connected and interrelated; how different things in the family are linked
8. Reconciled: Worker will attempt to resolve apparent distortions and differences in information so that discrepancies are reconciled
9. Supported: Information will be confirmed or corroborated by reliable sources
10. Pertinent information about the family's cultural background will be noted

An initial assessment will be completed on all Intakes accepted for assessment, regardless of the case status determination. Even though the specific allegation of abuse or neglect is found to be untrue, or does not rise to the level of preponderance standard, and is classified as unfounded for the Central Register entry, the Case Manager will assess the child/youth's situation to determine if threats to safety or risk of harm exist. Even though the original allegation was unfounded, other identified threats to safety or risk of harm factors cannot be ignored.

Reasonable Efforts

A major provision of the Adoption and Safe Families Act of 1997 is that child welfare agencies are required to make "reasonable efforts" to enable children to remain safely at home before they are placed in out-of-home care. "Reasonable efforts" are those supports and services, both informal and formal that may allow the child/youth to remain in his/her home safely. The worker must analyze the existing threats to safety and determine what would be necessary to mitigate the threat to allow the child/youth to remain at home safely. The worker will make and document what "reasonable efforts" were considered, and will document why those efforts are not sufficient to maintain safety of the child/youth before placement is made. Further, the Case Manager will document that in his/her opinion, no additional efforts could have prevented removal. For court involved cases, the Case Manager will document reasonable efforts in the court report reasonable efforts narrative. For non-court involved cases, reasonable efforts will be documented in the "intervention" section of the safety assessment.

Reasonable efforts to preserve and reunify the family are not required when a court of competent jurisdiction has determined that:

- a) The parent of the juvenile has subjected the juvenile to aggravated circumstances, including, but not limited to, abandonment, torture, chronic abuse, or sexual abuse
- b) The parent of the juvenile has (i) committed first or second degree murder to another child of the parent, (ii) committed voluntary manslaughter to another child of the parent, (iii) aided or abetted, attempted, conspired, or solicited to commit murder, or aided or abetted voluntary manslaughter of the juvenile or another child of the parent, or (iv) committed a felony assault which results in serious bodily injury to the juvenile or another minor child of the parent; or
- c) The parental rights of the parent to a sibling of the juvenile have been terminated involuntarily.

Active Efforts

In the case of an Indian child/youth, federal law requires a higher standard be met before the child is removed from the parental home. "Active efforts" must be made prior to removal to prevent or eliminate the need for removal, or to make it possible for the child to be returned home. Active efforts are more intensive than "reasonable efforts". "Active efforts" means that efforts to help the family resolve the problems that led to neglect or abuse, including referral to services that are sensitive to the family's culture. The worker must involve and use the available resources of the extended family, the tribe, Indian social service agencies and individual Indian caregivers. The Case Manager will document active efforts as above. (See also Court and Legal Guidebook, Terms and Definitions).

Emergency Removal

If safety cannot be controlled with supports and services in the home, then placement out of the home will be considered. (See 390 NAC Chapter 7 Out of Home Care, and Guidebook.)

For Native American children/youth the worker will follow provisions of the Indian Child Welfare Act (ICWA) (see "Active Efforts" above). The worker will phone the appropriate Tribe for placement options and recommendations, and will document the contact and information received.

In the event that the child/youth must be removed from his/her home due to safety concerns, the non-custodial parent will be the first placement option considered, prior to relative or stranger care. If the non-custodial parent is not available, or is not appropriate, relatives and family friends known to the child will be considered before stranger care. Whenever possible, children will be consulted about people known to them for possible placement. No placement in foster care will be approved by the Supervisor without documentation of the reasons why the non-custodial parent, relatives, or family friends were not available or suitable. This is a mandatory consultation point.

Emergency Removal Fact Sheet

If the child/youth is removed, the Case Manager will provide each family (parents and children if age appropriate) with a copy of the DHHS Emergency Removal Fact Sheet which clearly identifies contact information and outlines responsibilities of the family and the Department. If a Case Manager is not present at the time of removal, the Fact Sheet will be provided to the family within 24 clock hours, either in person by the worker, or as a last resort, by mail. The Removal Fact Sheet will be read and explained to the family.

The parents will sign the form at the bottom indicating they understand the content of the sheet. The Case Manager will develop a visitation plan and begin visitation between the removed child(ren) and the parents and siblings within 3 calendar days of the removal, unless such visitation would be unsafe, or is not in the children's best interest. The visitation plan will be documented in N-FOCUS within 3 work days following its development. If visitation is not arranged, the Case Manager will explain to the family why not, and will document this decision in N-FOCUS. Information received from the family about the child's medical needs, emotional and behavioral characteristics, and daily routine will be provided to the temporary caregiver. The Case Manager will provide the Emergency Removal Fact Sheet to all parties at the pre-hearing conference so that issues can be further discussed and resolved.

Note: Children who are staying with family members or family friends as part of a DHHS approved safety plan are not considered to be "removed". It is not necessary to provide the Emergency Removal Fact Sheet in these situations.

Kinship Search-All Children

In order to develop the Safety Plan with the family, it may be necessary to involve extended family members to assist with the care and protection of the child or youth, family and community. Thus, it is important to identify early in the case the non-custodial parent who has a legal responsibility to the child/youth, and has a legal right to know about the child's/youth's situation. It is also important to locate both maternal and paternal extended family members. The family may also be able to provide the names of other individuals that they view as helpful and supportive. This information will also be helpful if a plan cannot be developed that allows the child/ youth to remain in home, and out of home placement becomes necessary. In all cases the worker will:

1. Identify the non-custodial parent: Obtain name, address, phone number, information about frequency of the non-custodial parent's contact and relationship with the child, and any concerns the custodial parent may have about involving the non-custodial parent in the situation. The Parent Locator Service available through the Child Support Division may be accessed by following the directions in the iCHARTS Handbook available from the Child Support Division. Identification of the non-custodial parent will be provided to the county attorney and court at the time of the initial filing so that the non-custodial parent can be notified about any court hearings. The Case Manager will begin an approval study on the home of the non-custodial parent when removal from the custodial parent may be necessary. Guidelines outlined in Policy Memo #2-2004 dated 9/16/04 regarding emergency placements will be followed when placement is needed immediately
2. Obtain the names, addresses and phone numbers of other relatives so that they may be involved as part of the family team, or considered for placement if necessary. If the child/youth cannot live with the non-custodial parent, the relative approval study must be completed and relatives must be considered and ruled out prior to placement in foster care with strangers. The Case Manager will address issues involving adoption and stepparents as appropriate
3. Obtain the names, addresses, and phone numbers of other people the family views as important supports. These may include friends, neighbors, religious leaders, or others
4. Document collection of information on the genogram and eco-map forms
5. Identifying information about the non-custodial parent and close relatives will be documented on N-FOCUS by the close of the assessment

Non-Custodial Parent Care of a Child Who is a Ward or Non-Ward

Living with the non-custodial parent is the preferred option when a child must be removed from his/her custodial home, if the non-custodial parent's home is found to be an appropriate living arrangement. The Case Manager will continue to work with the custodial parent to address safety issues that necessitated the removal. A safety assessment should be completed on the non-custodial parents home prior to placement.

Reunification with the custodial parent will be the initial permanency goal. Exception-In the event of aggravated circumstances including, but not limited to, a previous Termination of Parental Rights, abandonment; torture; chronic abuse; sexual abuse; felony assault resulting in serious bodily injury; or the murder, voluntary manslaughter or aiding, abetting, conspiracy or attempted murder of another child of the parent, efforts to rehabilitate and reunify with the custodial parent are not needed.

The concurrent plan will be family preservation with the non-custodial parent, in the event that remediation efforts with the custodial parent fail. Federal and state statutes are clear that when a child is placed in DHHS custody, the primary responsibility of the Department is to assure safety. Federal and state statutes are also clear that placement with a relative must be considered prior to placing a child with a non-related person. The philosophy of DHHS is that the child will live with the non-custodial parent unless living with the parent would be unsafe for the child. At the time of intake, the Case Manager must attempt to identify the non-custodial parent, whether that parent is the legal parent or alleged father.

During the assessment, the Case Manager must seek to identify, locate, and notify the non-custodial parent, with the purpose of determining if he or she can care for the child should removal from the custodial home be necessary. The background checks portion of the emergency approval process will be completed on the non-custodial parent immediately if the non-custodial parent has current visitation or if he/she may be part of the Safety Plan. The entire approval process will be completed if it appears placement may be necessary. The non-custodial parent will be considered before placement with other relatives or placement in stranger care. In situations where the non-custodial parent lives out of state or an extended distance from the custodial parent with whom reunification is planned, additional factors must be considered in determining if the child should live with the non-custodial parent. These factors include:

- The ongoing relationship the child has had with the non-custodial parent;
- The child's school situation and whether a change of school would be beneficial or detrimental to the child's education;
- The potential for and benefits of continued visitation with the custodial parent and siblings;
- The impact that placement with the non-custodial parent is likely to have on reunification with the custodial parent; and
- The anticipated length of time that separation from the custodial parent may be necessary.

These factors will be discussed with the Supervisor to decide if placement with the non-custodial parent is in the child's best interest. If the non-custodial parent lives out of state, compliance with ICPC is necessary for children who are wards of Nebraska.

The non-custodial parent will always be considered for care of the child unless one or more of the following conditions have occurred:

- The parent has subjected a child to aggravated circumstances including but not limited to, abandonment, torture, chronic abuse, or sexual assault of a juvenile
- The parent has been convicted of first or second degree murder
- The parent has committed voluntary manslaughter
- The parent has aided or abetted, attempted, conspired, or solicited to commit murder
- The parent has aided or abetted voluntary manslaughter
- The parent has committed a felony assault
- The parent has had parental rights terminated involuntarily
- The parent is listed as a perpetrator on either the child/ adult central register as inconclusive or court substantiated

If the home of the non-custodial parent is not selected as the living arrangement for the child, it must be documented why the decision was made to place the child elsewhere. This decision is a mandatory consultation point.

A parental approval study must be completed prior to the child going to live with the non-custodial parent. Such study includes:

1. Background checks for all adult members of the household (age 18 and older):

- CPS Central Register Check
- Sex Offender Registry Check
- APS Central Registry Check
- Local Law Enforcement Check

Placement will not be made without approval from an Administrator if the background checks result in any of the following:

- CPS Central Register or APS Central Registry entry as a perpetrator or under investigation as an alleged perpetrator
- Sex Offender Registry entry
- Felony conviction for any crime

In an emergency, the approval may be verbal. The approval must be given in writing within two days of the child going to live with the non-custodial parent.

2. Limited background checks are also required for adolescents living in the home. Only Central Register checks will be completed for youth ages 12 through 18.

Placement will not be made without approval from the Protection and Safety Administrator if the background checks result in any of the following:

- CPS Central Register or APS Central Registry entry as a perpetrator or under investigation as an alleged perpetrator
- Sex Offender Registry entry
- Felony conviction for any crime

In an emergency, the approval may be verbal. The approval must be given in writing within two days of the child going to live with the non-custodial parent.

3. Discussion with the non-custodial parent regarding any known special needs of the child, and support the parent would need in meeting the needs.

4. Home visit to the non-custodial parent's home, with all household members present.

The purpose of this visit is to:

- Assure that the living environment is adequate (the home appears to be safe for the child; there are adequate sleeping arrangements for the child; any special needs the child has can be met in the living environment)
- Complete a safety assessment
- Determine reaction of other household members to the child living in the home
- Determine ability of the non-custodial parent to protect the child and to follow the court order

If the non-custodial parent lives in another state, ICPC requirements must be followed. See 390 NAC, Chapter 9.

If there is cause to believe there are barriers to the child safely residing in the home of the non-custodial parent, appropriate steps must be taken to gather additional information. These can include, but are not limited to:

- Statewide Law Enforcement check
- Request for references regarding the non-custodial parent
- Request for non-custodial parent's medical report
- Evaluate safety by gathering additional information about the adults' functioning, general parenting practices and preferred methods of discipline

If, during the course of the assessment of barriers, significant issues of abuse or neglect, or other significant parental conditions are identified, the Case Manager will consult with the Supervisor about requesting a petition be filed which could result in adjudication of the non-custodial parent. Such action may be appropriate if the non-custodial parent's condition, situation, or behavior makes it unlikely the non-custodial parent will be able to care for the child in the foreseeable future. Discussion with the Supervisor about any problems revealed by further information gathering is a mandatory consultation point. The non-custodial parent approval study can be written in the form of narrative and recorded in the placement narrative section of the child's N-FOCUS file.

(See also Program Memo: Title 390, Protection and Safety #1-2005 Diligent Efforts to Locate and Assess Non-custodial Parent and Relatives.)

Genograms and Eco-maps

Genograms and eco-maps will be developed for all families that are receiving ongoing services, whether court or non-court involved. The Case Manager completing the initial assessment will begin the genogram/eco-map during the assessment process. The Case Manager providing ongoing services will continue to develop the genogram and eco-map during his/her work with the family. All information will be documented using the standardized format. (Cross reference Memo 2/9/06 and related guidebook material found at Chapter 4 Case Management.)

Case Status Determination and the Nebraska Child Abuse Neglect Central Register

If the initial assessment was completed in response to an Intake referral concerning child maltreatment, at the conclusion of the assessment, the worker and Supervisor will determine whether or not maltreatment occurred, and the Case Manager will make the appropriate case status determination entry on the Nebraska Child Abuse and Neglect Central Register.

The Nebraska Child Abuse and Neglect Central Register shall be defined as: A computerized record of reports of child abuse/ neglect which result in a case status determination of Court Substantiated, Court Pending, or Inconclusive.

Unfounded reports and reports closed as “unable to locate” are not considered part of the Central Register. Therefore, information on unfounded or “unable to locate” reports will not be released in response to requests for Central Register information. For tracking purposes, unfounded reports and those closed as “unable to locate” will remain on the computer, but are not considered part of the Central Register.

Based on information gathered and analyzed during the initial assessment phase, the worker, in consultation with the Supervisor, will arrive at a finding regarding the alleged maltreatment. This is a mandatory consultation point. The decision at this point is whether there is credible evidence to support the finding that child abuse or neglect as defined by state statute and Department policy has occurred. The case status determination will be entered on N-FOCUS at the conclusion of the assessment or law enforcement investigation.

The impact of a person’s name being listed on the Central Register can be significant in the areas of employment, volunteer worker, or being a foster or adoptive parent. Therefore, it is imperative that entries be made accurately based on the following definitions as provided in statute. Definitions will be considered from the most serious (court substantiated) to the least serious (unfounded) based on the facts of the case.

Court-Substantiated: Court substantiated means that a District Court, County Court, or separate Juvenile Court has entered a judgment of guilty on a criminal complaint, indictment, or information, or an adjudication on a juvenile petition under Section 43-247(3)(a), and the judgment or adjudication relates or pertains to the same subject matter as the report of abuse or neglect. The court, the docket and page number should be noted in the case record. A Juvenile Court finding of abuse or neglect is presumptive evidence that the case is not unfounded.

Court Pending: Court pending means that a criminal complaint, indictment, or information or a juvenile petition under Section 43-247(3)(a), has been filed in District Court, County Court, or separate Juvenile Court, and that the allegations of the complaint, indictment, information, or juvenile petition relate or pertain to the same subject matter as the report of abuse or neglect.

Agency Substantiated: Agency Substantiated means that the evidence indicates that more likely than not (preponderance) that child abuse or neglect occurred and court adjudication did not occur.

The definition of preponderance of evidence is as follows: Preponderance of the evidence means that an event is more likely to have occurred than not by the greater weight of the evidence. As the term “preponderance of the evidence” suggests, there must be credible evidence of maltreatment documented in the case record to support a finding of inconclusive.

Unable to Locate: Subjects of the maltreatment report have not been located after a good faith effort on the part of the Department.

A good faith effort has been made when all available methods to locate the parties of interest have been utilized. These efforts include, but are not limited to, N-FOCUS, JUSTICE, Department of Motor Vehicles, Child Support Enforcement, local law enforcement, local utility companies, and the Post Office. The case manager will consult

with the Supervisor before determining no other efforts are needed. The efforts and the consultation will be documented in the N-FOCUS narrative.

Unfounded: All reports not classified as court substantiated, court pending, inconclusive, or unable to locate will be classified as unfounded.

Case Status Determination for Minors as Alleged Perpetrators

In some situations, individuals under the age of 19 may have their names placed on the Nebraska Child Abuse and Neglect Central Register. In only rare circumstances would the names of children who are under the age of 12 be placed on the register. If there has been a criminal court conviction or a juvenile court adjudication, minors under the age of 19 will be listed on the Register with a finding of "Court Substantiated" if the conviction or adjudication is a finding about abuse or neglect, or sexual abuse of another minor. If there is credible evidence to a preponderance standard, youth under the age of 19 may also have their names placed on the Central Register with a case status determination of "inconclusive". Before making a case status determination of "inconclusive", the Case Manager will consult with the Supervisor as a mandatory consultation point. Factors to consider in making a finding of "inconclusive" include:

- The relative ages of the children/ youth involved, e.g. is there a significant age difference, especially five years or more?
- The relative ability and power of the children/youth involved. Are they similar in size, strength, and cognitive ability?
- The nature and level of sophistication of the sexual activity involved. Is the behavior age and developmentally appropriate for the children/youth involved?
- Level of force involved in the act, presence of coercion, enticement, or manipulation.

Notification of Person's Name placed on Central Register

The Case Manager will verbally inform any person whose name will be entered on the Central Register with a finding of Court Substantiated, Court Pending, or Agency Substantiated. Additionally, a letter of notification will be sent to the identified perpetrator by certified mail return receipt requested when the Protective Services case is completed and finalized on the Central Register with a case status determination. Individuals will also be notified verbally and by certified mail if the investigation/assessment is being closed as Unfounded. If the individual is a minor, the certified letter will be sent to the parent or guardian. An assessment is considered complete when any criminal or juvenile court proceeding (adjudication) has been completed. In cases involving criminal and juvenile court proceedings, the case should be finalized on N-FOCUS as court substantiated upon the issuance of a finding by either court. An investigation is also complete when the worker determines that a finding of "Agency Substantiated" or "Unfounded" is appropriate based on the information gathered during the investigation/assessment. Proof of notification to the alleged perpetrator will be maintained in the case file. Proof of notification will include a copy of the notice letter, and the certified mail green return card or copy of electronic receipt.

Process to be Expunged from Central Register

A person whose name has been entered on the Central Register may request that the entry be amended or expunged if they believe the entry is inaccurate or is being maintained in a way that is inconsistent with the law. The Department may amend, expunge, or remove from the Central Register any record upon good cause shown and upon notice to the subject of the report, at any time.

Requests for expungement from the Child Abuse and Neglect Central Register will be processed through the Child Welfare Unit in Central Office. The Child Welfare Unit will notify the Service Area Case Manager Administrator that a request for expungement has been received and provide copies of the written request. The Case Manager Administrator will secure and review the file and any related N-FOCUS information, and forward the file with related information and his/her recommendation regarding the expungement request to the Child Welfare Unit. The recommendation will be made within 15 calendar days of notification by the Child Welfare Unit.

Staff in Central Office and the Legal Division will review the case record, information on N-FOCUS and any information provided by the individual who is requesting his/her name be removed and will review the recommendation of the Case Manager Administrator. The initial expungement decision will be made by Child Welfare Unit staff within 15 calendar days.

There are a number of reasons an entry on Central Register may be expunged:

1. If no case file information can be located
2. If documentation is not adequate to support the case status determination
3. If the entry was made when a different definition of abuse or neglect was in use
4. If there is not sufficient evidence to take the request to an administrative appeal hearing

Expungement for reasons #2, #3, #4 will be made after review of the adequacy of the documentation including documentation related to:

- a. The interview and/or observation of the alleged victim
- b. The interview of the alleged perpetrator
- c. Information from witnesses and collateral contacts
- d. Supporting evidence regarding injuries, such as descriptions, police photos and reports, medical reports, etc.

5. For "good cause". Good cause may be determined based upon:

- a. Length of time since report
- b. Subject's willingness to accept responsibility for the incident
- c. Subject's follow through with recommended services
- d. Evidence of changes made by the subject
- e. Extenuating circumstances that may have contributed to the incident.

When the file is reviewed in Central Office, the reviewer must find documentation of credible evidence that the maltreatment occurred and the named perpetrator was the individual responsible. If the expungement request is denied, the individual has the right to request an administrative hearing to have the information reviewed a second time by an administrative hearing officer. For the hearing, exhibits are prepared from case narratives, photos of injuries, law enforcement reports, medical records and other information in the case file. These exhibits are provided to the hearing officer, to the individual requesting expungement, and to any attorney representing him/her. The caseworker and others involved in the case may also be called to testify at the administrative hearing, with cross examination from the other parties. The hearing officer must be provided with credible evidence to show that it is more likely than not (preponderance standard of proof) that maltreatment occurred, and the individual whose name is on the register is the responsible party. The hearing officer receives exhibits,

reviews evidence and testimony before making a recommendation to the Director of the Division of Children and Families. The Director makes the final decision about whether or not the individual's name will be removed from the Register, if an administrative hearing is held. If the Director denies the expungement request, the individual has the right to appeal the decision to District Court. The District Court review is of the written record of the administrative hearing and the decision is final. Some individuals will have their names expunged from the Register because the case file documentation does not contain sufficient credible evidence in the form of witness statements, reports, or other documentation to use as exhibits at the administrative hearing.

In some cases, names will be expunged for "good cause". "Good cause" involves consideration of the seriousness of the incident; the length of time since the incident occurred; whether or not the individual accepted responsibility for his/ her actions; any efforts he/ she took to correct any problems identified at the time of the incident; whether or not there were extenuating circumstances that are no longer present; any recommendation from the worker and/or Supervisor; and whether or not the individual is viewed as a continuing danger to children. Court findings may be expunged if the circumstances meet the criteria for good cause.

Child Welfare Alerts

Occasionally a family under the jurisdiction of the court or about whom Child Welfare has serious safety concerns may leave their home community without the knowledge of the Case Manager. Because of the seriousness of the concerns, it may be important to attempt to locate the family out of state.

If a Nebraska family has left the jurisdiction, and the Case Manager believes it is important to issue an Alert to other states in an attempt to locate the family, the Case Manager will contact the Child Welfare Unit in Central Office with the following information:

1. As much identifying information about the family as possible including full names, aliases, birth dates, the last 4 digits of the social security numbers, race, ethnicity and physical description
2. A summary of the safety concerns
3. Legal status including whether the children are in the custody of DHHS, whether a pick-up order has been issued, or if no court action has been taken
4. States to be alerted, either specific states where the family is likely to be, or all of the states
5. Who is to be contacted if the family is located, including the Case Manager name, e-mail address, and phone number

Central Office staff will compose an Alert and send it to CPS agencies in the states identified.

If Alerts are received from other states, staff in Central office will first check N-FOCUS to determine if Nebraska has any knowledge of the family. Staff will then enter the information on N-FOCUS as an Information Only intake, including all information provided by the other state. The information is sent by e-mail to DHHS staff across the state. At three month intervals, the intake will be updated to indicate if the state is still looking for the family and the Alert is still active, if the family has been located, or other pertinent information.

The Alert process will also be used for wards who have run away from their placements. Send identifying information about the ward to the Division of Children and Family Services Policy Section, attention Child Welfare Unit in Central Office or, for OJS youth, to the Division of Children and Family Services Policy Section, attention Office of Juvenile Services in Central Office. Be sure to include full name, aliases used, birth date, last 4 digits of the social security number, race, ethnicity, and physical description. An Information Only intake will be entered on N-FOCUS and the Alert sent by e-mail to DHHS offices across the state.

(See "On-Going Assessment and Case Planning", "Requirements for Contacts with Children, Parents, and Providers" for additional direction on working with law enforcement regarding runaway and missing children/youth.)

Child Abuse Prevention and Treatment Act (CAPTA) Referral

For those cases with a substantiated maltreatment report involving a child under the age of 3, the Case Manager will comply with CAPTA requirements as outlined in Program Memo #5-2004 12/15/04.

Critical Incident Reports

Case Managers, Office of Juvenile Services Workers and Youth Rehabilitation and Treatment Center staff will report by phone and e-mail all Critical Incidents to their Supervisors immediately, but no later than one hour after learning of the incident. The Supervisor will immediately report via e-mail to all of the following individuals: a) the local Case Manager Administrator, b) the Service Area Administrator, c) the Administrator of the Children and Family Services Policy Section, d) the Administrator of the Child Welfare Unit within the Policy Section, e) the Administrator of the Office of Juvenile Services within the Policy Section (for delinquents only), f) the Director of the Children and Family Services Division, g) the Administrator of Communications and Legislative Services, and h) Legal Services in Central Office.

The Director of the Division of Children and Family Services will be responsible to contact the Chief Executive Officer of DHHS and other state officials as appropriate. If the Director is not available, the designee who the Director has specifically delegated his/her authority to during his/her absence (i.e. Policy Section Administrator or one of the Service Area Administrators) will be responsible to fulfill such notification duties.

This information will be used to:

- Increase the Department's accountability to the public by gathering and aggregating information about areas where DHHS is doing well, and areas where there is need for improvement;
- Identify areas of potential liability for DHHA. Child specific information is confidential and is work product prepared by DHHS to respond to potential litigation.

The term Critical Incident includes, but is not limited to:

1. Death of a child/youth resulting from abuse or neglect;
2. Near fatality, life threatening condition or serious injury of a child/ youth resulting from abuse or neglect;
3. Suicide, or attempted suicide of a state ward or child/youth DHHS is involved with;
4. Death of a state ward or child/youth DHHS is working with by other means, accidental or non-accidental;
5. Death or non-accidental serious injury of staff person while on the job;
6. Elopement of a youth from a YRTC facility;

7. Allegations or arrests of DHHS youth for serious illegal/criminal activity (i.e. homicide; manslaughter; aggravated or armed robbery; etc.)
8. Any other event that is highly concerning, poses potential liability, or is of emerging public interest, such as contacts involving the media;
9. Any other incident designated by the Director.

This listing is not exhaustive and is meant to be used as a minimum guide, and not an absolute list. There may be situations other than the ones listed above that should be communicated with administration. If there is any question about an incident and whether or not it should be reported, please consult with a supervisor or local administrator.

Any media inquiry about a Critical Incident should be immediately referred to the Communications and Legislative Services Division of DHHS. Communications and Legislative Services staff will be the contact with any media.

The following is specific information that is to be provided to the Supervisor. If all information is not initially available, it will be provided when it is obtained. In the event of a Critical Incident as defined above, include:

- a. Child's/youth's name;
- b. Child's/youth's date of birth;
- c. Circumstances and date of Critical Incident;
- d. DHHS involvement (custody, CAN referral(s), other, none) prior to the incident;
- e. If the child/youth or other children in the family were ever previously state wards or had any involvement with DHHS, or any prior Intake reports on the child, family or other siblings;
- f. Child/Youth's placement at time of incident;
- g. If the incident occurred in an out-of-home setting (or temporary setting for the child such as a child care location or respite), the name of the provider, address and telephone number;
- h. Location/placement of child/youth following incident;
- i. Custody status of child/youth following the incident;
- j. Alleged perpetrator and relationship to child/youth victim, if applicable;
- k. Name and address of parent/caretaker;
- l. Siblings, if applicable;
- m. Emergency actions taken to protect other children/youth in the household or placement setting, if applicable. Emergency actions taken to protect the public;
- n. Contracting agency or agencies involved with child/youth and family;
- o. Adjudication type (i.e. abuse/neglect, status offender, delinquent, dual adjudicated);
- p. Length of time in custody of DHHS if a state ward.

In the event of a staff person's death or serious non-accidental injury while on the job include:

- a. Staff person's name;
- b. Job title and location;
- c. Circumstances and date of critical incident;
- d. Name and relationship of perpetrator, if any;
- e. Name and telephone number of staff person's immediate Supervisor.

Child Death Cases

Despite the best efforts of communities, law enforcement, and the Department, some children will die of child abuse or neglect each year. The Department will attempt to learn from each of these tragic events.

When a child dies under circumstances in which abuse or neglect may be the cause, or a contributing factor, Department staff will take the following actions:

1. Follow the Critical Incident Protocol cited above;
2. Service Area Administrator or other administrator will collect the file and any other documentation of information on the child/family and secure the information immediately;
3. Intake Case Manager will designate "Child Death" on the intake CAN Factors section of N-FOCUS;
4. Intake Case Manager will enter the report as "Accept for Assessment" for all cases where a child died and abuse or neglect may have been the cause of the death, or a contributing factor to the child's death, even if there are no other children in the household/ family;
5. Coordinate Department response with the appropriate law enforcement agency;
6. Unless prohibited by law enforcement, the assigned worker will complete an assessment on all parents/ caregivers responsible for the child. Purpose of the assessment is to determine what each person's role in the incident was, what they knew or should have known, and to determine if their actions or in-actions contributed to, or allowed the child's death to occur;
7. Request review by the local 1184 Team.

At the conclusion of the law enforcement investigation and Department assessment, the worker will enter the case status determination on the Central Register. At that time, if it has been determined by credible evidence that the death was caused by abuse or neglect, or abuse or neglect was a contributing factor to the child's death, the worker will document this on N-FOCUS by the use of the Death Indicator. The worker will carefully match the allegation and identified perpetrator, and will update any "Court Pending" entries at the conclusion of any court action.

Documentation

All information from the safety assessment process will be documented on the N-FOCUS system. All safety assessments must be completed within 30 calendar days.

Supervision of Safety Intervention process

Because the Supervisor is ultimately responsible for the actions and decisions of the workers he/she supervises, it is crucial that Supervisors be highly expert in safety and risk of harm interventions. They must be appropriately involved in supervising the safety and risk of harm intervention process, and assure that Supervisory oversight and approval presides as the basis for safety intervention and risk of harm decision making. Supervisors will focus case specific discussions with workers around issues of safety and risk for the child/youth and family. The intensity of supervision necessary for each worker will depend on the worker's experience, level of comfort with the expectations of the work, and history of demonstrated judgment and competence.

Consultation is important to assure the consistent application of Department policy and to assure that as many factors and ramifications as possible are considered when critical decisions are made. The Case Manager Supervisor has the responsibility to call to the

attention of and redirect the worker regarding any decision made on any case which is not consistent with the following criteria:

1. The best interest of the child
2. State or Federal statutes
3. Department policy and practice
4. Current court orders or established protocol
5. The case plan
6. For DHHS OJS wards, the safety of the community

Supervisory Responsibility During Assessment

Supervisors must provide consultation and support related to the initial contact with the family to begin the assessment:

1. Assure adequate worker preparation so that the worker understands the nature and family circumstances that represent a threat to child safety; that the worker has a strategy for making the initial contact, for collecting information, and for evaluating safety threats.
2. Consider additional preparation for the initial assessment involving issues around law enforcement participation for purposes of joint investigation/assessment, worker safety, legal response to criminal acts, and to assist with child protection. The Supervisor will also discuss other resources the worker may need for the intervention to be successful
3. Discuss agency response if there is a need for immediate action to protect the child(ren), determine if the Supervisor agrees with the worker's assessment of safety threats, and discuss the worker's planned course of action, verifying that the planned response is the least intrusive necessary to provide adequate protection

Supervisory Assistance During Legal Action

Supervisor activity related to helping with legal intervention can include:

1. Processing the decision to invoke court authority, including helping the worker explore less intrusive options
2. Approving the decision to remove a child or seek court oversight
3. Providing step by step guidance to less experienced workers regarding necessary documentation and processes required to invoke court jurisdiction, and assisting with preparation of workers to provide testimony
4. Assistance to experienced workers and less experienced workers to actually produce documentation and take responsibility to expedite the process
5. Consultation with attorneys representing the Department's interest
6. Advocacy for the Department's interests
7. Attendance with workers in various proceedings

Although the worker is responsible for doing the initial assessment, the Supervisors may assist the worker in clarifying what information is known about the family and deciding what it means. Supervisor questions may clarify what actions are necessary to protect the child/youth and help determine an appropriate safety plan, by identifying family strengths and resources that may be mobilized.

Review and Approval of Initial Assessment:

Supervisory sign off of the initial assessment and safety plan means the Supervisor is taking responsibility for the outcomes that may result from the actions and decisions

made. Supervisory approval is a statement that everything that reasonably could be considered has been brought to bear in arriving at the conclusion that the child is safe or that any necessary Safety Plan will work as intended. The Safety Plan represents a reasonable and prudent judgment that the plan is sufficient.

The Supervisor will complete the Supervisory review of each assessment to assure that:

1. The initial assessment was completed correctly and completely
2. Documentation is on N-FOCUS, including all mandatory consultation points
3. Required time frames were met
4. A reasonable level of effort was expended given the identified concerns
5. Safety of the child/youth was assured during the assessment process
6. Sufficient information was gathered for informed decision making, based on written documentation
7. Available written documentation was obtained from law enforcement, medical providers, school personnel, and others as appropriate
8. ICWA information was documented
9. Information was obtained about non-custodial parent, relatives, and other family supports
10. If necessary, a Safety Plan was appropriately completed and implemented to assure child safety
11. The initial assessment was documented in accordance with required practice
12. If necessary, the Safety Plan was documented in accordance with required practice
13. The family network and others were appropriately involved in the gathering of information
14. The family network and others were appropriately involved in developing Safety Plans if such plans were necessary
15. Policy and procedures related to the SDM model were followed
16. Safety Plan is sufficient

For cases involving allegations of maltreatment:

1. Efforts to coordinate with law enforcement were documented
2. Interview protocols were followed or reasons for deviation were documented
3. The appropriate definition was used in making the case status determination
4. The finding was correctly documented on N-FOCUS
5. Factual information supports the selected finding
6. Proof of certified notice to the alleged perpetrator is located in the file

If information is not sufficient or there are other areas of the assessment needing improvement, it may be necessary for the assessment to be returned to the Case Manager for additional work.

Mandatory Consultation Points

The following is a list of Mandatory Consultation points previously discussed in the policy material. Mandatory consultation with the Supervisor is required:

During Intake or Assessment

1. When a referral is accepted for assessment
2. When a referral is NOT accepted for assessment
3. When not making contact with the alleged child victim(s) within the required time frame

During Assessments and Ongoing Services

1. When making a Central Register finding on the assessment and determining the Department's response. This includes discussion between the Supervisor and the Administrator before putting a minor's name on Central Register
2. Creation of a Safety Plan
3. When the Case Manager determines that the child is not safe and law enforcement is not willing to remove the child
4. When entering a finding of "Unable to Locate"
5. When considering the removal of a child/youth from the home
6. When concerns about safety issues arise in the non-custodial parent's home
7. When making the decision that a child will not reside with the non-custodial parent or with the child's relatives
8. When considering separation of siblings
9. When considering the decision on whether or not to initiate court action
10. When considering returning a child/youth to the home
11. When considering any unplanned placement change that does not move the child toward permanency. The only exception is acute hospitalizations for medical treatment
12. When conducting assessments and developing the safety plan, case plan and court report, regardless of adjudication
13. When requesting a variance to an existing policy
14. When a worker suspects or receives new allegations of abuse or neglect
15. When considering closing a case
16. When placing a child/youth into a foster or adoptive home, group home, or residential facility located in another Service Area
17. When placing a child into a restrictive placement such as a hospital, YRTC, detention center, treatment facility, or out of state
18. When evaluating "good cause" to not follow ICWA placement preferences
19. When any short term or emergency placement is in danger of exceeding 8 days

The Case Manager will document the Supervisor consultation on N-FOCUS in the Consultation Point narrative, including the date of consultation, the subject matter of the decision, and the information on which the decision was based. The Case Manager will leave this information in "Draft" status. The Supervisor will review the entry and will finalize it. If the Supervisor disagrees with the content, he/she will have further discussion with the Case Manager.

Further consultation is required with the Case Manager Administrator in the following circumstances:

1. When requesting a variance to an existing policy
2. When a bed is being held for a child/youth beyond 5 days

3. When evaluating "good cause" to not follow ICWS placement preferences
4. When requesting approval for exceptions for Safety Plan participants
5. When requesting exceptions for criminal history or unmarried adults living together
6. When there is a conflict between Supervisors in different service areas concerning transfer of a case from one service area to another
7. When placing a ward out of state
8. When a decision is being made about not placing a child/youth with the non-custodial parent or child's relatives
9. When considering termination of parent rights or relinquishment
10. When considering adoption by a non-family member
11. If the Supervisor cannot resolve issues or conflicts about a safety plan

The Supervisor will document all administrative consultation points on N-FOCUS in the Administrative Consultation narrative including the date of consultation, the subject matter of the decision, and the information on which the decision was based. The Supervisor will leave this information in "Draft" status. The administrator will review the entry and will finalize it. If the Administrator disagrees with the content, he/she will have further discussion with the Supervisor.

Attachment for Ongoing Assessments

Introduction: At the conclusion of the initial assessment, a determination is made regarding the safety and risk of a household. Ongoing cases may be either court or non-court involved. The overarching responsibility for Case Management staff is management of safety or risk factors of children/youth brought to the attention of DHHS because of abuse, neglect, or dependency; the well-being of those in the custody of the agency; and permanency for children for whom DHHS is responsible. This includes:

1. Providing for child safety and risk
2. Establishing outcomes that address the reason for DHHS involvement, identify the unmet needs that keep the family from achieving the outcomes, and develop strength based strategies to address the unmet needs
3. Assisting families in identifying and accessing informal and formal supports and resources
4. Increasing family self-sufficiency
5. Empowering the family
6. Promoting timely reunification when appropriate
7. Providing permanency for the child for whom reunification is not possible

Legal Basis: Neb. Rev. Stat §§ 28-733, 28-728, 43-107, 43-285

Members of the Family Team: Family Team members may include:

1. Extended family
2. Friends of the family
3. Other family support persons
4. Foster parents
5. Guardians ad Litem
6. Therapists
7. School personnel
8. Medical personnel
9. Law enforcement
10. Others.

Family Team Meetings

The Case Manager is required to use Family Team meetings as the process for case planning, evaluating, and updating of the Case Plan and/or the Safety Plan. The Case Manager will assure that the plan is the result of a collaborative effort and that the case plan is developed “with”, not “for” the family. The Family Team meeting must include, at a minimum, the family and the Case Manager. Others the family has identified may also be included, e.g. GAL, CASA, and foster parents.

A Family Team Meeting is a meeting that is convened for the purpose of creating, implementing, evaluating and/or updating a Safety Plan and/or a case plan.

Members of the Family Team may change as the family’s needs change. The Family Team includes at least one informal (unpaid) resource person identified by the family. If the family is unable to identify an informal resource, one of the formal resources on the team will assist the family/youth in locating or developing informal resources. There will be one Family Team and one case plan for each family involved with the Department. There must be evidence that the Case Manager initiated collaboration with other

program areas within the DHHS system to facilitate the coordination of all services provided. This collaboration must be documented on N-FOCUS.

The Case Manager must ensure to the extent possible that families are not required to meet conflicting or competing expectations across DHHS programs, such as Economic Assistance, Employment First, or Developmental Disabilities. The Case Manager will make every effort to resolve conflicts across program areas.

Members of the Family Team are identified by the family and include anyone who contributes to the planning process and/or implementation of the plan, as well as any mandated participants. Members of the Family Teams evolve and change as individual and family needs evolve and change. Family Team members are actively involved in the development, implementation, and evaluation of the Case Plan and Safety Plan. It is not necessary for every member of the Family Team to be present at every team meeting; however, the custodial parent, non-custodial parent, and the child, if age 9 or older and developmentally able to participate, must always be involved as members of the family team.

Signatures are obtained on the Family Team meeting sign in sheet from everyone in attendance at each Family Team meeting. A signature indicates the person's participation in the development of the case plan, and understanding and support of the implementation of the case plan. The Case Manager may note participation, understanding and support of the case plan by family team members who participate by phone or other means.

Family Team meetings continue to be the primary avenue for case planning and evaluation, even when parental rights are no longer intact. In this situation, team members will likely change, and the worker is encouraged to identify an advocate for the child. That individual will have the primary decision-making role regarding team membership.

Frequency of Family Team Meetings: The Case Manager will conduct Family Team meetings in the development of the family case plan. It is recommended that, unless the child is removed, the first Family Team meeting be held to complete the case plan within 60 days.

Subsequent Family Team meetings will occur every three months at a minimum or more often, and will be conducted as frequently as indicated by the needs of the family. In situations where the child has been removed from the parental home, an expedited family group conference is to be held within 5 to 10 calendar days after removal.

Coordination of Family Team meetings: The Case Manager will:

1. Obtain a list of family team meeting participants from the family; notify all participants of the date, time and location of the Family Team meeting
2. Clarify the purpose of the Family Team meeting
3. Plan an agenda with input from team members
4. Document discussion and decisions made
5. Assure that the Family Team Meeting sign in sheets are completed by all participants
6. Summarize the meeting at the end for all participants in order to verify an understanding of the discussion and the decisions agreed upon by the participants

Documentation of Family Team meetings: Following a family team meeting, the signature page will be completed and placed in the case file. In addition, the following must be documented on N-FOCUS and included in the text of the narrative:

1. Location of meeting
2. Date of meeting
3. Purpose of meeting: The meeting must be for planning, creating, implementing, updating, or evaluating the case plan, safety plan, crisis plan, or transition plan. These are not treatment plan or treatment team meetings
4. Team Members Present: Team members need to be documented by their names and roles (i.e. school teacher, foster parent, biological parent, child, therapist, etc.)
5. Observations of the child and/or parent and/or provider and/or family in relation to the team meeting process
6. Discussion points, decisions made: If changes to the safety plan or case plan are deemed necessary, reference should be made to the updated safety plan and case plan documented on N-FOCUS.
7. Actions needed and by whom

Case Plan Requirements

The Case Manager will develop a written case plan for a child of a family involved in ongoing services whether court or non-court involved. The case plan must be developed and documented on N-FOCUS within 60 calendar days of the initial custody date or 60 days from the begin date of the initial assessment, whichever is sooner. In court involved cases, the Court approves or modifies the case plan. If the case plan is modified by the court, the Case Manager will update the case plan to reflect the court's modifications within 7 work days.

All efforts must be made to locate and notify the parent/caregiver so that he/she may participate in the case plan development process. If the parent/caregiver cannot be located or participate in the case planning, the Case Manager will complete the case plan in cooperation with other family members or supports for the children, focusing on the plan for the child. The parents/caregivers will be immediately involved in the process as soon as they are available, and the plan will be modified to reflect the current situation.

The case planning process will be carried out using the following Family Centered Practice principles:

1. Family/Person Driven
2. Strength based
3. Needs driven
4. Individualized
5. Based on the culture of the family
6. Flexible
7. Normalized
8. Compassionate
9. Team developed and supported
10. Community based to the fullest extent possible
11. Outcome-focused
12. Unconditional

****Reference the SDM Ongoing Policy and Procedure manual and the completion of the FSNA assessment for case plan development.**

Special Consideration when working with Native American parents in case planning: In working with Native American parents and children who are adjudicated pursuant to Neb. Rev. Stat. § 43-247, Sub (3) (a) (b), (c) and Sub (8) the Department will use Tribal Social Services or local Native American cultural center services whenever possible. Case planning and service provision will be based upon the social and cultural standards of the Tribe. Active efforts will be made to provide culturally relevant remedial and rehabilitative services to prevent the breakup of the family and to reunify the family. The “active efforts” standard places a higher burden of proof on the Department than ‘reasonable efforts’. See 390 NAC 14 and Indian Child Welfare Act of 1978, 25 U.S. Code, 1901 et seq; Neb. Rev. Stat. § 43-101, et. seq.

Case Plans for Wards who are 16 Years of age or older: A case plan for a state ward 16 years of age or older must include at least one outcome and the related need, and strategies designed to assist the ward in acquiring independent living skills. The case plan will be based on the assessment of the ward’s readiness for independent living utilizing the Ansell Casey assessment. The completed assessment will be filed in the case record.

Requirements for Contacts with Children, Parents, and Providers: Regular in-person contact by the Case Manager Worker with children on his or her caseload and their parents, as well as with the caregiver for a child in out of home care, is recognized as crucial to safety, permanency, and well being of the child. Such contact allows development of a positive, trusting relationship, and therefore provides a foundation for working together, planning together, assuring safety, and change. From the child’s point of view, the contact can serve to reassure that someone is paying attention and is available for questions and concerns. Regular contact by the same person assures that changes in behavior, needs, progress, health, etc., over time will be noted; enhancing the ability to determine that the child is safe and recognizes if there are community safety concerns. Having a relationship and knowing children and families also increases the sense of urgency to assure permanency.

The following standards should be seen as the “minimal” contact standards. Please see more specific contact standards that must be followed in the SDM Policy and Procedure Manual.

Based on the above, Case Managers will have at least monthly in-person contact with children, families, and caregivers or “placement providers.” Specific requirements include:

1. Visits with Children
 - A. Who is included:
 - 1) All state wards (wards of DHHS and wards of DHHS-OJS including youth placed at YRTC-Geneva and YRTC-Kearney)
 - 2) All children in a non-court CPS case
 - 3) All children placed in Nebraska under the auspices of the Interstate Compact on Placement of Children (ICPC) or Interstate Compact on Juveniles (ICJ) in non-facility placements
 - B. Required Frequency: At least once per calendar month. **(See SDM Policy and Procedure Manual)**

- C. Who Can Provide the Service: It is expected that the assigned Case Manager Worker will conduct these visits. There might be times when a visit by that worker is not possible. In those situations, the requirement can be met by a visit from another person to whom Case Manager has assigned the responsibility for these visits. Preferably this person will be another Case Manager, Case Manager Supervisor, or Resource Development Worker. The person conducting the visit in place of the assigned Case Manager must conduct the visit within the guidelines specified under "Topics To Be Covered/Focus of Visits". Visitation by someone other than the Case Manager Worker should be the exception rather than the rule. Examples of acceptable reasons for someone other than the assigned Case Manager to do visits include but are not limited to:
- 1) Wards placed out of the Service Area or local office area holding case management. In these situations, when a number of children are placed in a facility such as a group home or residential treatment, the Department can designate one or more persons to make the monthly visit to a number of children and report individually to each child's Case Manager. Contracted case managers are expected to make these visits themselves rather than relying on a DHHS staff person.
 - 2) Wards placed out of state: In these situations, the "person designated to provide the service" might include but is not limited to staff of a private agency with which the Department has contracted to provide supervision and support services or a courtesy worker assigned by the other state under ICPC or ICJ. When the Department has several children placed in one setting, e.g., a group home or residential treatment facility, the Department can designate someone to make the required monthly visits with all of the children and report individually to each child's Case Manager. This expectation does apply to wards who are placed in treatment facilities under the auspices of the Medicaid managed care contractor. In any case, it remains the responsibility of the assigned Case Manager Worker to assure that the visits are made and appropriately documented on N-FOCUS.
- D. Topics To Be Covered/Focus of Visits: Focus should include such issues as identifying strengths and needs of the youth; evaluating need or current services; establishing/evaluating goals; safety of the child in his or her current placement; safety of the community; school; how visitations with parents are going; upcoming court hearings; recap of past court hearings and court-ordered expectations; and any requirements from probation or parole. Discussion should include asking the child for his or her opinions and concerns and plans for the future, in an age-appropriate manner. For children who are non-verbal, due to age or disability, the Worker must observe and document the child's general growth, development, and behavior, and any concerns raised by the caregiver.
- E. Site of Visit: The visits must be in-person and must take place wherever the ward resides, whether the child resides with a parent or relative, in a foster or adoptive home, in independent living, or in a facility. The worker will spend at least some portion of the visit talking privately with the child if the child is older than 17 months. (This requirement does not prohibit additional visits in an alternative setting such as court, school, parent's home, therapist's office, or worker's office. However, these visits do not meet the monthly visit requirement).
- F. Inability To Locate the Child: If the child cannot be contacted at the expected location, the Case Manager will notify his or her Supervisor immediately, in writing. For youth on runaway status, the Case Manager will contact law enforcement at least monthly about the status of efforts to locate the youth, and

will provide updated information to law enforcement as available. All contacts will be documented on N-FOCUS.

2. Visits with Parents (**See SDM Policy and Procedure Manual**)

- A. Who Is Included: Parents of all children who are wards and for whom the permanency objective is reunification, and children who are placed in NE under the auspices of ICPC or ICJ, when the child is placed with a parent or reunification is the permanency objective. (When reunification is not the permanency objective, but parental rights remain intact, a determination of the need for monthly contact should be made on a case-by-case basis by the Worker and Supervisor, with consideration for the court-approved case plan and legal issues. When parental rights no longer are intact, there usually will be no ongoing contacts with the parent).
- B Required Frequency: At least once/month, the Case Manager will negotiate with the parent regarding a visitation schedule that can accommodate both the Worker's and the parent's schedule.
- C. Who Can Provide the Service: It is expected that the assigned Case Manager will conduct these visits. There might be times when a visit by that worker is not possible. In those situations, the requirement can be met by a visit from another person to whom Case Manager has assigned the responsibility for these visits. Preferably this person will be another Case Manager, or Case Manager Supervisor, or Resource Development Worker with training in Case Manager. This practice should be the exception rather than the rule, as each Case Manager is expected to make every effort to make the visits personally. Examples of acceptable reasons for someone other than the assigned Case Manager to do visits include but are not limited to:
 - 1) Wards placed out of the Service Area or local office area holding case management
 - 2) Wards placed out of state: In these situations, the "person designated to provide the service" might include, but is not limited to, staff of a private agency with which the Department has contracted to provide supervision and support services or a courtesy worker assigned by the other state under the ICPC or ICJ.In any case, it remains the responsibility of the assigned Case Manager Worker to assure that the visits are made and appropriately documented on N-FOCUS.
- D. Topics to Be Addressed: These visits provide an opportunity for the Case Manager to include the parent in case planning and assure that the parent is aware of what is happening with his/her child.
- E. Site of Visits: At least every other visit must be in the parent's home. In the intervening months, visits can be in a setting such as court, school, therapist's office, or Worker's office, as long as the Worker spends time alone with the parent. It is expected that if necessary, the Worker will negotiate with the parent regarding a visitation schedule that can accommodate both the Worker's and the parent's schedule. Exceptions include:
 - 1) For parent in treatment: When a parent is in treatment (which usually will mean drug or alcohol treatment), monthly phone contact by the Worker is acceptable in place of face-to-face contact
 - 2) For parents who are incarcerated: When a parent is incarcerated, phone contact by the Worker is acceptable in place of face-to-face contact. Frequency of contact will be determined by the Worker and Supervisor

- 3) For parents living outside of the Service Area or local office area holding case management: It acceptable that the monthly visit be done by a courtesy worker in the area where the parent resides
- 4) For parents living out of State: When the child is not placed with the parent, it is acceptable that the monthly contact be made via telephone. When the child is placed with the parent, the Worker is responsible for assuring that reports from the courtesy worker in the other state are received on a regular basis and reflect ongoing contact with the child.

In all cases, it remains the responsibility of the assigned Case Manager to assure that required visits/contacts occur and are documented appropriately on N-FOCUS.

F. Parental Refusal of Required Contact: When a parent refuses to meet or have the required contacts with the Worker, or the parent cancels or misses appointments and the Worker, in consultation with the Supervisor, considers the refusals or cancellations to be without a justifiable reason, the Worker must document those facts in the case file. Examples of "justifiable reason" for canceling or missing a visit might be illness of the parent or another child of the parent who lives at home, or severe weather. When the parent refuses visits and contacts or continues to cancel or miss appointments without a justifiable reason, the Worker must consider whether family preservation or reunification continues to be an appropriate permanency objective.

3. Visits with Caregivers or Placement Providers: **(See SDM Policy and Procedure Manual)**

- A. Who Is Included: Caregiver of each ward in out of home care; caregiver of each child in out of home care in a non-court involved case; and caregiver of each child in Nebraska in out of home care under the auspices of ICPC or ICJ and placed in Nebraska.
- B. Required Frequency: At least monthly. When the child is being cared for in a foster or adoptive home, these visits will provide an opportunity to find out if the caregiver needs additional support services and what questions the caregiver might have.
- C. Who Can Provide the Service: When the child is in a foster or adoptive home, including a relative's home, it is expected that the Case Manager assigned to the child in placement will conduct the monthly visits personally as frequently as possible, but no less than once a quarter (once every three months). In the intervening months (months that the worker does not personally conduct the visit), it is acceptable that the caregiver visit will be done by someone other than the child's worker. For example, the intervening visits can be accomplished by a Resource Development Worker or by a Case Manager assigned to other children placed in the home, or by another person who has been assigned responsibility for these visits. It remains the responsibility of the child's Case Manager to assure that all visits are held and appropriately documented on N-FOCUS.
For caregivers or placement providers located outside of the service area holding case management, it is acceptable that the monthly visit be done by a courtesy Case Manager Worker, Resource Development Worker, or the person assigned responsibility for these visits in the Service Area where the child resides. It remains the responsibility of the assigned Worker to assure that a visit is held and that the visit is appropriately documented on N-FOCUS.

- D. Site of Visit: At least every other month, the visit must be face to face, in the caregiver's home. For caregivers or placement providers located out of State, it is acceptable for the monthly contacts to be made via telephone. When the child is in a non-facility placement, the Worker is responsible for assuring that reports from the courtesy worker in the other state are received on a regular basis and reflect ongoing contact with the caregiver or placement provider. If progress reports are not sent as expected, the Worker should contact ICPC, Central Office, for assistance.
- E. Refusal of Caregiver To Have the Required Contact: When the caregiver refuses to meet or have the required contact with the Worker, or cancels or misses meetings, and the Worker, in consultation with the Supervisor, considers the refusals or cancellations to be without a justifiable reason, the Worker must document those facts in the case file. Examples of "justifiable reason" for canceling or missing a visit might be the illness of the caregiver or another child of the caregiver who lives in the home, or severe weather. When the caregiver refuses visits and contacts or continues to cancel or miss appointments without a justifiable reason, the Case Manager must consider whether it is appropriate for the child to remain with that caregiver.

Documentation of Visits: Monthly contacts (and information about attempted contacts that were not successful) with children, parents, and caregivers or placement providers must be documented in narrative form on N-FOCUS. The Case Manager will provide the following information in the text of the narrative:

1. Location of Visit
2. Date of Visit
3. Type of Visit:
 - a. With Child(ren)
 - b. With Parent(s)-be specific, such as Mother, Father, Stepfather, etc.
 - c. With Provider
4. Who was at the visit
5. Observations of the Child and/or Parent and/or Provider and/or Family
6. Issues discussed
7. Actions needed

Genograms and Eco-Maps

All Case Manager Workers are required to develop a genogram and eco-map with each family receiving ongoing services, whether court or non-court involved. The genogram and eco-map will be started at the initial assessment stage, and continue through the ongoing stage of case management. Documentation will be done using the standardized format. Genograms and eco-maps are reviewed and updated by the Case Manager throughout the family's involvement with DHHS. Genograms and eco-maps will be documented and placed in the most current volume of the case file.

Case Transfer

There are three expectations that occur when a case is transferred from one Case Manager to another. Case transfer is a mandatory consultation point with the Supervisor. If at all possible, there will be personal contact between the two workers to discuss the family's situation within one week of transfer.

1. Prompt Contact with Parents/Caregivers and Children/Youth. The timeliness of response required by "prompt contact" can be determined by what is happening in a case such as unusual case activity; complexity or volatility of safety threats; whether

the children are conditionally safe or unsafe; child vulnerability including susceptibility and accessibility to the safety threats; level of effort, frequency of activities in the Safety Plan; and confidence related to caregiver participation and trustworthiness.

2. Prompt Evaluation of the Safety Plan. Prompt evaluation of the Safety Plan in place at the time of transfer is necessary to ensure that safety threats are controlled and managed at the appropriate frequency and duration that matches how safety threats are occurring, with strategies in place to mitigate and control them. Evaluation requires confirming that the actions taken by the previous Case Manager are still sufficient to address any safety threats. "Prompt evaluation" refers to timing that is reasonable under the circumstances of the case, but will occur no later than seven calendar days after assignment to the new worker, and sooner if necessary. The newly assigned Case Manager will communicate in person or by phone with people who are participating in the Safety Plan, to review, confirm, or modify the plan as necessary, and to confirm their continued involvement.
3. Immediate Adjustment of the Safety Plan. The Case Manager will review the safety plan in place at case transfer to assure it is sufficient to address child safety needs, but does so in the least intrusive way possible.

When cases are transferred from an initial assessment worker to an ongoing worker or when the purpose of DHHS involvement changes from assessment to ongoing case management and service provision, the Case Transfer Information Sufficiency Checklist will be used. If there is disagreement between the assessment worker and the ongoing worker about the sufficiency of the information provided, the Supervisors of both Case Manager's will be involved to resolve the conflict.

Case File Retention

Maintenance of Records in the Secretary of State Records Management Division: Department ward files are permanently maintained in the Secretary of State Records Management Division "closed vault" in Central Office or in the local office. The length of retention for each type of case is as follows:

1. State ward cases must be maintained permanently in the Secretary of State Records Management Division
2. Non-court involved case files will be maintained permanently
3. Protective Service assessment files that do not result in ongoing services or court involvement will also be maintained permanently. Assessment files that result in ongoing services or court involvement are made part of the state ward case or non-court involved cases and are maintained permanently as part of those cases.

Mandatory Consultation Points

The following is a list of mandatory consultation points previously presented in the policy material. Mandatory consultation with the Supervisor is required:

During Assessments and Ongoing Services:

1. When making a Central Register finding on the assessment and determining the Department's response. This includes discussion between the Supervisor and the PS administrator before putting a minor's name on Central Register
2. When creating a Safety Plan
3. When the Case Manager determines that the child is unsafe and law enforcement is not willing to remove the child

4. When entering a finding of "Unable to Locate" or determining if additional efforts are necessary
5. When considering the removal of a child from the home
6. When concerns about safety issues arise in the non-custodial parent's home
7. When making the decision that a child will not reside with the non-custodial parent or with the child's relatives
8. When considering separation of siblings
9. When considering initiating court action
10. When considering returning a child to the home
11. When considering any unplanned placement change that does not move child toward permanency. The only exception is acute hospitalizations for medical treatment
12. When conducting assessments and developing the safety plan, case plan and court report, regardless of adjudication
13. When requesting a variance to an existing policy
14. When a worker suspects or receives new allegations of abuse or neglect
15. When considering closing a case
16. When placing a child into a foster or adoptive home, group home, or residential facility located in another Service Area
17. When placing a child into a restrictive placement such as a hospital, YRTC, detention center, treatment facility, or out of state
18. When evaluating "good cause" to not follow ICWA placement preferences

During Ongoing Services:

1. When changing the permanency objective on a case plan
2. When recommending termination of parental rights
3. When taking a relinquishment of parental rights
4. When periodically reviewing the case
5. When a bed is being held for a child beyond 5 days
6. When deciding on placement of a child in an adoptive home
7. When considering removing a child from an adoptive placement

The worker will document the Supervisor consultation in the Consultation Point narrative, including date of consultation, the subject matter of the decision, and the information on which the decision was based. The worker will leave this information in "Draft" status. The Supervisor will review the entry and will finalize it. If the Supervisor disagrees with the content, he/she will have further discussion with the Case Manager.

Further consultation is required with the PS Administrator in the following circumstances:

1. When requesting a variance to an existing policy
2. When a bed is being held for a child beyond 5 days
3. When evaluating "good cause" to not follow ICWS placement preferences
4. When requesting approval for exceptions for Safety Plan participants
5. When requesting exceptions for criminal history or unmarried adults living together
6. When there is a conflict between Supervisors in different service areas concerning transfer of a case from one service area to another
7. When placing a ward out of state
8. When a decision is being made about not placing a child with the non-custodial parent or child's relatives
9. When considering termination of parent rights or relinquishment
10. When considering adoption by a non-family member

11. If the Supervisor cannot resolve issues or conflicts about a safety plan
12. If law enforcement delays contact with the child and Case Manager believes the child is in an unsafe situation

The Supervisor will document all administrative consultation points on N-FOCUS in the Administrative Consultation narrative including the date of consultation, the subject matter of the decision, and the information on which the decision was based. The Supervisor will leave this information in "Draft" status. The administrator will review the entry and will finalize it. If the administrator disagrees with the content, he/she will have further discussion with the Supervisor.