Department of Health & Human Services
DHHS
NEBRASKA

Division of Children and Family Services

State of Nebraska
Dave Heineman, Governor

Division of Children and Family Services **Protection and Safety Procedure Update #7-2014**	
Regarding:	Collaboration in facility investigations of child abuse and neglect
Date Effective:	October 20, 2014
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Issued by:	Thomas D. Pristow, Director

Philosophy

The Department believes that allegations of abuse or neglect to residents in licensed facilities require a prompt, efficient and coordinated response. Because there will likely be multiple individuals to interview, files to review and other information to gather to determine if the allegations are true or not, participation by representatives of all relevant divisions can expedite the information gathering process. If representatives of relevant divisions work together to address identified issues, the issues can be resolved in a timely way to protect the residents and inform the provider of any necessary improvements.

Procedure:

This protocol applies to all Out of Home Assessments conducted in:

- Licensed Child Caring Agencies, such as group homes, emergency shelters, child care centers (foster homes licensed by a child placing agency are not included);
- Residential Caring Facilities including the Regional Centers at Lincoln, Hastings, and Norfolk; Beatrice State Development Center; youth detention facilities; Psychiatric Residential Treatment Facilities; Treatment Group Homes; out of state residential facility with an allegation of abuse or neglect;
- Any facility that is licensed or certified by more than one entity i.e., Medicaid and Developmental Disabilities.

This protocol will be followed when there are allegations of a serious nature including child death due to alleged assault or suicide; an alleged sexual relationship between staff and resident(s); an injury occurring during a restraint that requires medical treatment; and allegations of abuse or neglect to multiple residents. The Out of Home Assessment Team may be activated at the discretion of the Protection and Safety Unit Administrator, Field Administrator, or a Service Area CFS Administrator.

All CFS staff who become aware of an incident of possible child maltreatment in an Out of Home setting will immediately report the incident to the CFS Child Abuse and Neglect Hotline at 1-800-652-1999. The CFS Specialist or other CFS staff will notify his/ her supervisor.

Intake:

1) The Intake Specialist receiving the report will check N-FOCUS to determine the Organization (ORG) type. In addition to notifications required by policy i.e., Licensing, the Intake Specialist will send notification by e-mail to the appropriate local CFS Supervisor. The local CFS Supervisor is responsible for contacting the CFS Administrator and Resource Development Administrator; and the CPS/APS Administrator in Central Office.
   a) Situations involving death or serious injury will also fall under the Critical Incident Protocol and notification will be made as required.
2) For all Residential Caring Facilities including the Regional Centers at Lincoln, Hastings, and Norfolk; Beatrice State Development Center; youth detention facilities; Psychiatric Residential Treatment Facilities; Treatment Group Homes; out of state residential facility with an allegation of abuse or, notification must also be made to:
   a) HHS Medicaid Unit; and
   b) Magellan Managed Care.

Assessment/Investigation:

1) The assigned CFS Specialist will respond to the referral based on the designated priority determined by the Intake screening process. Depending on the number of residents to be interviewed as possible victims or witnesses, additional CFS Specialists may be assigned.
2) Central Office will be responsible for designating and coordinating the members comprising the Out Of Home Assessment Team. For Intakes involving death or serious injury, the Team will convene within 24 hours of receiving the report or the next business day. The Team will convene no later than 48 hours, including weekends and holidays, after being notified of the incident.
3) Central Office will designate the team members based on the various disciplines that need to be represented according to the child maltreatment allegations, the systems involved with the child/ youth and family, and the facility. Core team members include the assigned CFS Specialist(s) and supervisor, the CFS Specialist(s) for the alleged child victim(s), and the Out of Home Assessment Team Lead. Other Team members, depending on the circumstances, will include representatives from DHHS Regulation and Licensure, Resource Development/contract monitoring, Development Disabilities, Behavioral Health, Medicaid, Magellan Managed Care, Legal and/or others as appropriate.
4) The Central Office Team Lead will be responsible to:
   a) Notify the required participants;
   b) With the participation of the Out of Home Assessment Team, develop a joint assessment/ investigative approach, ensuring there is a coordinated and collaborative effort;
   c) With the participation of the Out of Home Assessment Team, develop an action plan identifying the responsible parties, with timeframes for assigned activities;
   d) With the participation of the Out of Home Assessment Team, develop a Safety Plan for immediate safety of the children/youth while the assessment proceeds;
   e) Serve as the liaison for communication with the Public Information Office and the Deputy Director and Field Operations Administrator;
   f) Facilitate data collection and serve as a repository for information collected related to the incident;
   g) With the participation of the Out of Home Assessment Team, facilitate development of the coordinated and integrated Corrective Action Plan if needed;
   h) Facilitate and coordinate any licensing or contracting actions in consultation with the Deputy Director and Field Operations Administrator; and
   i) Receive and share monthly status reports on the monitoring of the Corrective Action Plan.
5) The Out of Home Assessment Team members will be responsible to:
   a) Identify and implement any necessary placement HOLDS and determine when the HOLD can be lifted;
   b) Complete assignments promptly and report findings to the Team Lead;
   c) Meet with all Team members as requested to discuss findings, make recommendations, and compose the draft of a single report and Corrective Action Plan to be given to the provider after review and approval by Administrators and Deputy Director;
   d) Assist with writing and/or monitoring the Corrective Action Plan if requested;
   e) Report to the Team Lead on a monthly basis the current status of the Corrective Action Plan activities based on monitoring and oversight; and
   f) Complete required documentation promptly and provide a copy to the Team Lead.
6) The Out of Home Assessment Team will initially meet within the time frames identified to begin the coordination process. They will reconvene at the conclusion of the investigation/ assessment information gathering process to discuss findings, make recommendations and develop proposed actions. The Team will present their findings and recommendations to the Deputy Director, the Service Area Administrator, and others if appropriate. The Administrators will make the final decision regarding the case status determination for the entry on Central Register, any licensing action, and recommendations to be included in any Corrective Action Plan. The Team will also present any recommendations for internal systems improvements to the Administrative Team. The Out of Home Assessment Team will also meet at other times as required, based on the incident, or in the implementation or monitoring of the Corrective Action Plan.

References:

None.