

## **NEBRASKA SAFETY INTERVENTION SYSTEM: ONGOING ASSESSMENT AND CASE PLANNING FOR CHILDREN IDENTIFIED AS UNSAFE AND THEIR FAMILIES**

**Introduction:** At the conclusion of the safety assessment, a determination is made about whether a child is safe or unsafe. The families of those children found to be safe will not be involved in ongoing work with DDHHS, although the PSW may refer these families to services in the community if the family so desires. For those children found to be unsafe, the worker will ensure a Safety Plan is in place to address identified safety threats and to provide for the child's/youth's immediate safety. The Safety Threshold is a high standard that requires the presence of a vulnerable child, observable and specific, out of control conditions likely to have a severe effect on the child in the immediate to near future. Because of the seriousness of the identified safety threats when a child is determined to be unsafe, and the presence of diminished protective capacities of the parent/caregiver, the family's case will be transferred to ongoing services for continued involvement with Protection and Safety. Ongoing cases may be either court or non-court involved.

The overarching responsibility for Protection and Safety is the safety 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 by assisting families whose children have been determined to be unsafe
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

### **Ongoing Case Management Part 1**

During the Protective Capacity Assessment and Ongoing Case Management, services to the family will be approached in the least intrusive manner possible. The PSW will work with the family and Family Team to maintain the child in the family home whenever it is safe to do so. If the child is removed, efforts will be made to reunify the child as soon as reunification is safe for the child, guided by Conditions for Return. Efforts will be made by the PSW working with the family team to reduce or remove identified safety threats and enhance protective capacities so that the parents/caregivers can resume their rightful role as protectors for their children. Outcomes will be established with the family and team members to address the identified safety threats and diminished protective capacities. The unmet needs will be identified in relation to the established outcomes, and strength-based strategies will be developed to achieve these outcomes. Family progress is evaluated in regularly scheduled family team meetings. Case closure occurs when the outcomes, related to identified safety threats, are achieved. When efforts are unsuccessful, and a child is unable to return home, the focus in ongoing then becomes providing permanency for the child.

Purpose of the ongoing assessment: The purpose of an assessment completed in the ongoing phase of the case is to obtain additional information about the child and family, and to identify enhanced and diminished protective capacities so that the case plan can be specifically targeted to those issues directly related to child safety. This assessment builds upon information gathered during the initial safety assessment.

Ongoing safety assessment objectives are:

1. Continuing to verify the sufficiency of the Safety Plan
2. Continuing to elicit parent/caregiver perceptions regarding identified safety threats
3. Reinforcing the reduction and elimination of safety threat
4. Engaging the parents/caregiver in a collaborative partnership for change
5. Facilitating communication and interaction with parents/caregivers
6. Recognizing parent/caregiver readiness for change related to acknowledging safety threats and need to improve diminished protective capacities
7. Identification of enhanced and diminished protective capacities
8. Identifying family/parent/caregiver strengths around which the case plan can be built
9. Identifying potential Family Team members and informal resources

Families served through ongoing services: All families whose children are determined to be unsafe during the safety assessment process and for whom ongoing services are necessary to address identified safety threats by Protective Action or development of a Safety Plan will be offered ongoing services. Families may work with DHHS without the involvement of the court or their involvement may be mandated by the court. Families whose children are placed in the care and custody of the Department are considered court mandated.

Responsibilities of the Protection and Safety Worker during the Protective Capacity Assessment, case planning and ongoing services: Protection and Safety workers will work collaboratively with the family, the Family Team, Supervisory staff and other relevant persons involved with the family in order to:

1. Ensure safety of the child
2. Assist the family in identifying and accessing informal and formal supports and resources
3. Establish and implement the case plan
4. Establish and implement Safety Plans, crisis plans, and transition plans
5. Establish and implement a closure/discharge plan

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.

**Protective Capacity Assessment (PCA):** The PSW will complete a Protective Capacity Assessment for a family in which a child has been determined to be unsafe. The Protective

Capacity Assessment is an assessment to determine the enhanced and diminished protective capacities within the family. Protective Capacities are specific and explicit strengths that manage and control safety threats. They are personal qualities or characteristics that contribute to vigilant child protection. Protective Capacity refers to the personal and care giving behavioral, cognitive and emotional characteristics that specifically and directly can be associated with being protective to one's child or children.

### Purpose

The protective capacity assessment is a structured interactive process that is intended to build partnerships with parents/caregivers in order to identify and seek agreement regarding what needs to change related to child safety. The concept of safety and caregiver protective capacities are central to the ongoing assessment. It is through understanding and use of the concepts of safety and caregiver protective capacities that the Family Team develops a case plan that establishes the outcomes that need to be achieved to address the identified safety threats. The following Protective Capacity Reference is useful in understanding and identifying parental protective capacities, both enhanced and diminished.

The Protective Capacity Assessment process recognizes the importance of readiness and motivation as related to change. At the onset of the Protective Capacity Assessment, caregivers usually are in some involuntary state concerning participation in the ongoing assessment and case planning process. It is important to establish the parent's/caregiver's sense of and right to self-determination and personal choice as much as possible to encourage their full participation in the assessment.

The protective capacity assessment is a process intended to build partnerships with caregivers in order to identify and seek agreement regarding what must change related to child safety, and to develop case plans that will effectively address caregiver protective capacities and child needs. It is important that the PSW and the parents/caregivers work together to identify and agree on what must change and how to achieve that change. The pace of the PCA must be set by the family. The PSW can only move through the stages of the assessment as fast as the parent/caregiver is willing to go, or it is not their plan.

The concept of enhancing diminished protective capacities acknowledges that most parents/caregivers have the capacity to be protective. Many will have and demonstrate some effective, enhanced, operating protective capacities. Other protective capacities may be absent or diminished due to circumstances in the family. The goal is for the PSW to determine with the parent/caregiver how they can always protect their children by preventing the safety factors from becoming safety threats, without the involvement of Protection and Safety. The protective capacity assessment of the family includes:

1. Identification of both enhanced and diminished parent/caregiver protective capacities
2. Identification of the relationship between the diminished protective capacities and the safety threats
3. Identification of functional strengths of individual family members that can be built upon to address the safety threats
4. Identification of needs in relationship to safety threats
5. Reaching agreement about what must change for children through discussions about impending danger and caregiver protective role and responsibilities
6. Identification of family resources and supports
7. Identifying and building upon strengths to encourage caregivers to invest themselves to participate and work toward changes in relationship to the identified safety threats

The relationship the PSW develops with the family will be the most important factor in influencing change in the family. It is essential that the PSW has empathy for the family situation in order to engage them in the change process. Family centered practice principles are used in all interactions with families.

Timeframe: In order to complete the case plan within 60 days, the Protective Capacity Assessment should begin within 7 calendar days of assignment or the completion of the Safety Assessment if the case is not transferred to a second PSW. Multiple contacts with the family may be necessary to obtain sufficient information.

Documentation: The Protective Capacity Assessment will be documented on N-FOCUS within 60 calendar days of the initial custody date or 60 days from the begin date of the initial safety assessment, which ever is sooner.

### Criteria for Determining Protective Capacities

1. The characteristic prepares the person to be protective
2. The characteristic enables or empowers the person to be protective
3. The characteristic is necessary or fundamental to being protective
4. The characteristic must exist prior to being protective
5. The characteristic can be related to acting or being able to act on behalf of a child

### Characteristics of Protective Capacities

The PSW will assess the following Protective Capacities of each caretaker in the family (see Appendix for further description of each Protective Capacity):

- A. Behavioral Protective Capacities: The following behavioral protective capacities recognize specific actions, activities, or performance that is consistent with and results in parenting and protective vigilance:
  1. The caregiver has a history of protecting
  2. The caregiver takes action
  3. The caregiver demonstrates impulse control
  4. The caregiver is physically able
  5. The caregiver has/demonstrates adequate skill to fulfill caregiving responsibilities
  6. The caregiver possesses adequate energy
  7. The caregiver sets aside his/her needs in favor of a child
  8. The caregiver is adaptive as a caregiver
  9. The caregiver is assertive as a caregiver
  10. The caregiver uses resources necessary to meet the child's basic needs
  11. The caregiver supports the child
- B. Cognitive Protective Capacities: The following cognitive protective capacities recognize specific intellect, knowledge, understanding and perception that results in parenting and protective vigilance:
  1. The caregiver plans and articulates a plan to protect the child
  2. The caregiver is aligned with the child
  3. The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks
  4. The caregiver is reality oriented; perceives reality accurately

5. The caregiver has accurate perceptions of the child
6. The caregiver understands his/her protective role
7. The caregiver is self-aware as a caregiver

C. Emotional Protective Capacities: The following emotional protective capacities recognize specific feelings, attitudes, identification with a child and motivation that results in parenting and protective vigilance:

1. The caregiver is able to meet his/her own emotional needs
2. The caregiver is emotionally able to intervene to protect the child
3. The caregiver is resilient as a caregiver
4. The caregiver is tolerant as a caregiver
5. The caregiver displays concern for the child and the child's experience and is intent on emotionally protecting the child
6. The caregiver and child have a strong bond, and the caregiver is clear that the number one priority is the well-being of the child
7. The caregiver expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings

#### Steps in conducting a Protective Capacity Assessment

There are four steps in the Protective Capacity Assessment used to guide the PSW and the parent/caregiver toward what must be done to restore the parent/caregiver to their protective roles and responsibilities:

1. Preparation: The PSW will review all documentation about the family including investigation documentation, safety assessment, safety analysis, safety plan, and any service documentation. It is imperative that the PSW understand the impending danger and all that is associated with it. The PSW will plan how the PCA will be conducted. The PCA will begin with contact with the child and family within 7 calendar days of assignment if not sooner.
2. Introduction: The PSW will meet with the family to introduce him/herself, explain the role of the PSW, and explain the PCA process. It is important to "begin where the parent/caregiver is", hear how family members are viewing the situation, and respond to any questions, using family friendly language. The PSW will inform the family about all legal requirements, concurrent planning, the ongoing safety plan and continuing safety management. The introduction will also include an explanation of the rights of the parent/caregiver, Department authority and obligations, parent/caregiver right of self determination, and consequences concerning decision-making and choices. The goal is to engage the parent/caregiver in the PCA and change process, and engage them in a partnership. The PSW will discuss present and impending danger threats identified during the assessment to understand the parent's/caregiver's perception and agreement about the danger to the child. The introduction, which may require more than one visit, concludes with a conversation about how to best conduct and complete the Protective Capacity Assessment.
3. Discovery: The most time will be invested in the discovery step, the point at which the PSW and the parent/caregiver will arrive at a mutually agreeable decision about what must change with respect to impending danger and diminished parent/caregiver protective capacities. The PSW will focus as much on what is working well in the family (functional strengths) as what must change, in order to support the family, encourage them, and provide motivation to participate in the process. The focus will remain on child safety which means reaching mutual agreement concerning what the parent/caregiver will and can do about those things that impact child safety. There will be areas of agreement and disagreement between the PSW and family about the family situation and areas that must change. Areas of disagreement

may take some time to resolve. Some things directly related to safety may have to be included in the case plan, even if the family does not agree to work on those things initially.

4. Change Strategy and Case Planning: Change strategy and case planning occurs in the family team meeting.

### **Family Team Meetings**

The PSW 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 PSW 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 PSW. 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 PSW 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 PSW 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 PSW 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 discovery of strengths, and 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 PSW 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 PSW 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 shortly after the PCA is completed and in sufficient time 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 PSW 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. Discussion must include outcomes, needs, strength based strategies, and all issues involving safety
7. Actions needed and by whom

## **Case Planning**

Overview and Purpose: The case plan is developed following the completion of the Protective Capacity Assessment. The case plan is a written, working agreement developed between the family, the PSW and other Family Team members as appropriate. The Adoption and Safe Families Act (ASFA), which is federal law, requires that the PSW address safety concerns in the case plan. The case plan identifies outcomes, needs and strategies that address the identified safety threats, and is designed to assure safety of the child, and restoration of the parent/caregiver to their protective role. The case plan must at a minimum help the family access supports and services to make changes that result in the elimination of safety threats and/or enhance diminished parent/caregiver protective capacities that can be maintained and sustained after removal of the Department's intervention. Case planning is not a one-time event. It is an ongoing process that continues throughout the time that the Department is involved with the family and/or youth.

A Case Plan does not replace the need for a continued safety plan when children are determined to be unsafe. A Safety Plan will often run simultaneously with the Case Plan.

Case planning and PSW responsibility: The PSW will provide the family with opportunities for change by assisting the family in:

1. Identifying issues that result in their child being unsafe
2. Reaching agreement about how to enhance diminished protective capacities
3. Joining with parents/caregivers in all efforts to enhance diminished protective capacities
4. Focusing supports, activities, and services on enhancing diminished protective capacities
5. Measuring progress toward enhancement and restoration of the protective role and responsibilities

### Case Plan Requirements

The PSW 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 safety 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 PSW will update the case plan to reflect the court's modifications within 7 work days.

When there is insufficient time to develop a case plan within 60 days, the safety plan will serve as the case plan. 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 PSW 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

The case plan will:

1. Be developed by the Family Team and include formal and informal resources. While the family and the Family Team members' participation in the development of the case plan are crucial, the bottom line is safety

2. Build upon the functional strengths of the family as identified during the protective capacity assessment process
3. Identify all custodial and non-custodial parents
4. Identify all children in the household
5. Identify Outcomes that address identified safety threats; Needs including diminished protective capacities; and Strength-based strategies to facilitate change
6. Address safety threats that have been identified
7. Be focused on change within the family rather than task compliance
8. Identify a permanency objective and a concurrent plan when appropriate and identify a realistic date to achieve the permanency objective
9. Be signed and dated and filed in the child's case record

Safety is not negotiable and must be given primarily consideration in the development of the case plan.

Case Plan Outcomes: Case plan outcomes are established to address the identified safety threats and enhance diminished protective capacities resulting in behavioral changes that assure that the child's safety can be maintained and sustained absent the Department's involvement. Outcomes will:

1. Be developed to address any identified safety threats or other reason for Protection and Safety involvement
2. Be written with the following the "SMART" criteria in order to establish an evaluation process to assess whether outcomes are being achieved
  - a. Specific-It is clear and based on behavior
  - b. Measurable-There is a way to know if it has been achieved
  - c. Achievable-It is something that can be accomplished
  - d. Realistic-It makes sense for the family/person
  - e. Time Limited-There is a specific period by when the outcome will be achieved
3. Be individualized to each family's unique circumstances, culture, and values
4. Be change based, not compliance based
5. Be prioritized at the Family Team meeting
6. Set the stage for subsequent planning

Case Plan Needs: The case plan will identify unmet needs and diminished protective capacities that are barriers to achieving the outcomes are identified. Case plan needs will be:

1. Directly related to the outcome
2. Determined by the family/individual
3. Barriers to achieving the outcome based on diminished protective capacities related to identified safety threats
4. Not services
5. Met to achieve the designated outcome

Case Plan Strategies: The case plan will identify strategies which:

1. Build upon the family/youth's functional strengths
2. Focus on addressing the identified needs
3. Include at least one strength-based strategy identified for each outcome
4. Are individualized to the family
5. Are based on the family/youth's values, beliefs, culture, preferences and talents
6. Identify who, what, when, where and how they will be achieved

7. Utilize informal supports and resources whenever possible. If informal resources are not available, formal resources may be utilized
8. Are clear, practical, logical and realistic. Strategies may be generated using brainstorming and then prioritized by which best fit the family

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.

## **Ongoing Case Management Part 2**

During ongoing case management the PSW will:

1. Monitor and evaluate the Safety Plan and adjust the plan as indicated
2. Work with the family and others to implement, monitor and evaluate the Case Plan
3. Adjust the plan when indicated
4. Take actions as appropriate to provide for permanency for the child

Continued Review and Evaluation of the Safety Plan: Upon completion of the Case Plan, the PSW will re-evaluate the Safety Plan to ensure that, by reasonable and prudent judgment, the Safety Plan continues to sufficiently address identified safety threats to the child or to adjust the Safety Plan as necessary. The PSW will:

1. Gather information from face-to-face contacts with the parents/caregivers and children and from face-to-face, phone or written input from Safety Plan Participants
2. Determine if the specific requirements of the Safety Plan have been carried out
3. Determine if the Safety Plan contains the appropriate level of intrusion and the appropriate level of effort to effectively manage safety threats
4. Complete a safety assessment, building on the information gathered previously, to determine if previously identified safety threats have been eliminated, reduced, or increased in severity. The PSW will determine whether new safety threats have emerged. Information will be documented by completing and updating the Safety Assessment Instrument on N-FOCUS
5. Evaluate the status of diminished parent/caregiver protective capacities to judge whether progress and change require an adjustment to the Safety Plan
6. Adjust the Safety Plan based upon the review and re-evaluation
7. Continue to monitor the Safety Plan. Frequency of monitoring will decrease as the parental protective capacities are enhanced and the safety threats are addressed, but will occur no less frequently than once a month
8. Document Safety Plan decisions and adjustments to the Safety Plan on N-FOCUS

Case Plan Implementation: Upon completion of the case plan the PSW will:

1. Arrange for, provide or coordinate supports/services for the family with the assistance of the Family Team identified in the case plan with the assistance of identified team members
2. Assure that family preservation is maintained when safety can be managed and controlled with an in-home Safety Plan or combination in-home/out-of-home Safety Plan
3. Be available and provide necessary information for participants in the Safety Plan and Case Plan
4. Ensure that ongoing communication, interaction, and visitation is maintained between the child and their family
5. Ensure that non-custodial parents are identified from the beginning of DHHS involvement
6. Ensure that relatives are identified from the beginning of DHHS involvement and continuously during DHHS involvement with the family
7. If removal is necessary place the child with the non-custodial parent or other family if possible. If not possible and placement is made in stranger care, place the child in the least restrictive environment available in closest proximity to his/her family, that meets the child's needs, and document efforts to place with the non-custodial parent or other family. If ICWA applies to the child, ICWA requirements regarding order of preference and notification to the Tribe must be followed
8. If removal is necessary, develop Conditions for Return
9. Develop transition plans to assist the family at times of significant change
10. In court involved cases, provide the court, attorneys, guardians ad litem and appropriate others with a copy of the Case Plan and other information as appropriate regarding the child and family situation
11. Assure that permanency is achieved for the child
12. Comply with court orders. If DHHS disagrees with the court order, the PSW will consult with Legal Counsel to request the filing of an appeal within 10 days of the date of the court order
13. Consult with his/her Supervisor using the Mandatory Consultation Points
14. Anticipate crises and work with the family to develop crisis plans
15. Assure that the Case Plan developed continues to focus on the outcomes identified by the Family Team to address the identified safety threats
16. Assist the family in identifying and inviting Family Team members, including family members and informal and formal supports with direct involvement in the case, to participate on the Family Team
17. Convene family team meetings monthly or more often if necessary
18. Assure that appropriate supports are provided to Family Team members to enable them to assist the family
19. Encourage cooperation by supporting team work among all parties involved
20. With the Family Team, evaluate progress and revise the case plan as needed

Evaluation and Revision of the Case Plan

Case management not only includes initiation of services but also monitoring and coordinating services while continually assessing safety. The Federal Adoption and Safe Families Act (ASFA) requires that safety issues be integrated into Case Plans in order to produce a safe home. AFSA also requires measurement of client progress related to safety concerns that are included in case plans.

The PSW with the assistance of the Family Team will evaluate the following:

1. Case Plans are being implemented as planned

2. Progress is being made to achieve outcomes identified in the Case Plan
3. Progress is made to address needs identified in the Case Plan
4. Strategies identified in the Case Plan continue to adequately address identified needs

The PSW will:

1. Monitor and evaluate the Case Plan during required monthly visits with the child, family, and Family Team or more frequently as required by each family/youth's circumstances
2. Complete a formal case evaluation every six months from the initiation of the first case plan for both court and non-court cases or, in court involved cases, more frequently when directed by the court
3. Gather information in person, by phone, and by written report from the family, family team members, service providers and other collaterals for the purpose of evaluating the effectiveness of the case plan and to measure progress and change
4. With the parents/caregivers and other Family Team members at a Family Team meeting, evaluate the Case Plan to determine if outcomes have been achieved; if needs are being met, if participation is occurring according to plan, if supports and providers remain appropriate, and if services and timeframes are appropriate
5. Use the behavior based benchmarks contained in the Case Plan as a basis for judging progress and change related to reducing safety threats and enhancing parent/caregiver protective capacities
6. In collaboration with parents/caregivers and other Family Team members, modify, revise, or create a new Case Plan as necessary. Court approval may be necessary for revisions to the case plan in court involved cases
7. Update the Case Plan on N-FOCUS every 6 months, or more frequently as needed, following the initial case plan. Review other N-FOCUS information to assure it is current.
8. In court involved cases, provide a written Case Plan progress report to the court and other parties for receipt at least 5 working days before the court hearing or as directed by local court protocol. The court report and case plan will be approved by the Supervisor as identified by the Supervisor's signature

Case Evaluation Measurement Process: The PSW will:

1. Repeat the safety assessment process to determine what is happening with safety threats
2. Look at caregiver willingness and capacity to protect
3. Examine how the protective capacities are different than at the beginning of the case and from the prior case evaluation period, if applicable
4. Discuss progress with the family, family team members, service providers and others
5. Determine if Conditions for Return have been met, if applicable
6. Judge the suitability of service provision and activity
7. Apply measurement criteria to diminished protective capacities
8. Determine if the case plan should be modified

Standards for Measuring Progress Related to Outcome Achievement: The PSW will use the following standards for measuring progress made toward enhancing specific caregiver protective capacities and achieving the intended outcomes:

No Progress: A conclusion that no progress has occurred can be based on one or more of the following. A judgment is necessary about the extent to which one or more of the following are definitive of how the person is thinking, perceiving, behaving, or feeling.

1. The parent/caregiver maintains that problems are separate from him or herself

2. The parent/caregiver continues to blame his or her problems on others
3. The parent/caregiver maintains that problems are unchangeable
4. The parent/caregiver maintains that there is not a problem that needs to be addressed
5. The parent/caregiver continues to have rigid beliefs about his or her right to behave how he or she wants
6. The parent/caregiver refused to participate in treatment services related to the enhancement of a particular protective capacity
7. The parent/caregiver rejects discussion or feedback related to what must change
8. The parent/caregiver is completely non-assertive and is withdrawn from engaging in intervention
9. The parent/caregiver is completely closed off regarding the need to address what must change
10. The parent/caregiver's current functioning makes it unlikely that he or she could benefit from change interventions
11. The parent/caregiver is inflexible and avoids contact with PS and/or treatment service providers
12. The parent/caregiver may verbalize commitment but does not follow through; interaction is characteristically passive aggressive or "fake cooperation"

Minimal Progress: A conclusion that minimal progress has occurred can be based on one or more of the following. A judgment is necessary about the extent to which one or more of the following are definitive of how the person is thinking, perceiving, behaving or feeling.

1. The parent/caregiver seems to be contemplating the need to change
2. The parent/caregiver may not agree completely with what must change, but he or she is open to discussion issues
3. The parent/caregiver vacillates back and forth between considering change and being motivated to maintain problematic behavior
4. The parent/caregiver generally maintains appointments with PS
5. The parent/caregiver is willing to participate in treatment/change services
6. The parent/caregiver's involvement at this point may be more related to compliance than change, but he or she generally follows through on participating in treatment/change services
7. The parent/caregiver is beginning to reflect how his or her actions/behavior are impacting his or her ability to adequately parent, to assure protection
8. The parent/caregiver has a sense that things may need to change or at least that the current status quo is not working
9. The parent/caregiver may not fully acknowledge and agree with what must change, but he or she can communicate the negative consequences of continuing with the way things are
10. The parent/caregiver is open to discussing alternative ways of behaving, thinking, feeling
11. The parent/caregiver is somewhat receptive to seeking specific feedback, knowledge, or skill regarding what must change
12. The parent/caregiver is somewhat assertive in communicating needs
13. The parent/caregiver appears to demonstrate increased problem solving related to the reasons that PS is involved

Significant Progress: A conclusion that significant progress has occurred can be based on some or several of the following. A judgment is necessary about the extent to which more than one of the following form a pattern of how the person is thinking, perceiving, behaving, or feeling.

1. The parent/caregiver is actively participating in case plan (treatment) services

2. The parent/caregiver acknowledges the need to change
3. The parent/caregiver is committed to addressing what must change
4. The parent/caregiver acknowledges his or her responsibility for child protection
5. The parent/caregiver makes the correlation between his or her diminished protective capacities and threats to child safety
6. The parent/caregiver assertively takes action to address what must change
7. The parent/caregiver is beginning to demonstrate enhanced protective capacities associated with what must change to create a safe environment
8. The parent/caregiver demonstrates change in perceptions, attitudes, motives, emotions, and behaviors that are associated with his or her protective capacities
9. The parent/caregiver is purposively using services (i.e., counseling, skills building, education) to enhance protective capacities

Outcome Achieved: A conclusion that an outcome has been achieved is based on meeting the following criteria:

1. The parent/caregiver has sufficiently addressed what must change in order to eliminate or manage safety
2. The parent/caregiver demonstrates a specific characteristic or characteristics of an enhanced emotional, cognitive or behavioral protective capacity
3. The parent/caregiver protective capacity has changed (been enhanced) for a reasonable period of time

Outcome achievement may be further supported by:

1. The parent's/caregiver's ability to reflect on the positive benefits that he or she has noticed since changing
2. The parent's/caregiver's continued active steps to sustain change
3. Elimination or significant reduction of safety threats

Formal Case Review or Evaluation by the Foster Care Review Board during Ongoing Case Management: Federal requirements involving children in out-of-home placement will be reviewed by at least one person not responsible for service delivery or case management. Department cases will be reviewed by the Court every six months and/or may be evaluated or reviewed at least once every six months by the Foster Care Review Board.

Responsibility of the Protection and Safety Supervisor: During Case Plan implementation and evaluation, the Protection and Safety Supervisor will:

1. Meet with the protection and safety worker at least monthly
2. Provide support, consultation and assistance to the PSW
3. Review and approve all ongoing safety assessments
4. Review and approve all Case Plans and court reports when written
5. Approve any necessary Protective Actions or modifications to the Safety Plan, for newly emerging or continuing safety threats
6. Review and approve Conditions for Return
7. Approve the discontinuation of all Safety Plans as a mandatory consultation point
8. Review all court orders
9. Identify any barriers to achieving the outcomes (or service delivery) and assist the worker in removing the barriers
10. Review all cases for each PSW supervised at least every 60 days
11. Monitor information gathering about non-custodial parents and both maternal and paternal relatives
12. Monitor compliance with the Indian Child Welfare Act

**Requirements for Contacts with Children, Parents, and Providers:** Regular in-person contact by the Protection and Safety 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.

Based on the above, Protection and Safety Workers 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. The exception is children with an in home safety plan. These children must be seen at least weekly until the completion of the safety assessment.
  - C. Who Can Provide the Service: It is expected that the assigned Protection and Safety 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 Protection and Safety has assigned the responsibility for these visits. Preferably this person will be another Protection and Safety Worker, Protection and Safety Supervisor, or Resource Development Worker. The person conducting the visit in place of the assigned PSW must conduct the visit within the guidelines specified under "Topics To Be Covered/Focus of Visits". Visitation by someone other than the Protection and Safety Worker should be the exception rather than the rule. Examples of acceptable reasons for someone other than the assigned Protection and Safety Worker 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 Protection and Safety Worker. 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 Protection and Safety Worker. 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 Protection and Safety 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 PSW will notify his or her Supervisor immediately, in writing. For youth on runaway status, the PSW 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

- 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, except that when an in-home safety plan exists, monitoring by in-person contact must occur at least weekly until completion of the assessment. It is expected that if necessary, the PSW 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 PSW 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 Protection and Safety has assigned the responsibility for these visits. Preferably this person will be another PSW, or Protection and Safety Supervisor, or Resource Development Worker with training in Protection and Safety. This practice should be the exception rather than the rule, as each PSW is expected to make every effort to make the visits personally. Examples of acceptable reasons for someone other than the assigned PSW 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 Protection and Safety 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 PSW to include the parent in case planning and assure that the parent is aware of what is happening with his/her child. If the child is out of home, they are to include review of progress toward Conditions for Return. If the child is at home with an in-home safety plan, they are to include review of ongoing safety and appropriateness of the safety plan.
- 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 Protection and Safety Worker 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:
- 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 PSW 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 PSW 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 PSW 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 Protection and Safety 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 PSW 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 PSW 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 Protection and Safety 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 assessment stage for any family whose child has been determined to be unsafe. Genograms and eco-maps will also be developed with any family receiving ongoing services, even if the child is determined to be safe. Documentation will be done using the standardized format. Genograms and eco-maps are reviewed and updated by the PSW 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 as a part of safety management oversight when a case is transferred from one PSW 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 safety plan is in-home or out of home; 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. Where specialization occurs and cases are transferred from an assessment to an ongoing PSW, the case will be assigned to the new worker within one work day of the approval of the assessment. The newly assigned PSW will make contact with the family within 7 calendar days of case assignment after the transfer, unless more prompt contact is necessary. In some cases immediate, same day contact is necessary; in others contact can wait a few days. Ideally, case transfer will occur at a Family Team meeting with both workers present.
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 PSW are still sufficient to replace the diminished caregiver protective capacities that have been identified during the safety assessment. "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 PSW 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 PSW will revise the safety plan in place at case transfer immediately if necessary to assure it is sufficient to address child safety needs, but does so in the least intrusive way possible.

When safety cases are transferred from an 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 PSW's will be involved to resolve the conflict.

## **Contracted Case Managers**

Ongoing cases may be transferred to contracted case managers for management of the ongoing case at the conclusion of the initial safety assessment when the DHHS PSW has made a case status determination on the allegation of maltreatment. If there are new child abuse or neglect reports on a case being managed by a contracted case manager, the determination of maltreatment must be done by a DHHS worker. The DHHS worker will complete the maltreatment and nature portions of the assessment and make a case status determination for the entry on the Central Register. The contracted case manager will complete the remainder of the assessment and take whatever actions are necessary to assure safety. The contracted case manager will complete all safety assessments not related to allegations of maltreatment. Supervisors for contracted case managers will review and approve safety plans, conditions for return, and safety assessments completed for all purposes other than assessments in response to child abuse or neglect reports.

## **Reunification and Conditions for Return**

Conditions for Return are specific behavior and circumstances that must exist within a child's/youth's home for a child who has been placed elsewhere to return to his or her home. Conditions for Return are generally developed for children who are expected to be placed out of their parental home for longer than 30 days. Conditions for Return can be developed when the PSW knows enough about the family to accurately assess the family's willingness to cooperate with the in-home safety plan, and sufficient information has been gathered to assure sustainability of the placement back with the family.

Reunification represents a specific event within the ongoing safety management. Reunification is a decision that is accomplished through the use of a methodical process. The key issue is deciding when to reunify. Complete change in a parent is not necessary in order for reunification to occur. It is possible to reunify after having made progress related to addressing issues associated with safety threats and caregiver protective capacities even though the need for change remains. The essential question is "can the child be kept safe within the home if he or she is returned home?"

The reunification decision is a judgment about the extent to which the circumstances and behaviors identified in the Conditions of Return now exist and can be sustained using an in-home safety plan. There is always a judgment about parent/caregiver willingness and cooperation. The reunification decision is for the purpose of determining whether an in-home Safety Plan can replace an out-of-home Safety Plan. Reunification should occur at the earliest time that the PSW can conclude that safety threats have been eliminated or reduced or safety threats can now be sufficiently managed with an in-home Safety Plan because of the progress that has been made related to the Conditions for Return.

The challenge in making the reunification decision is to effectively judge the potential to establish and sustain a safe environment in the home. Reasonable efforts require that a child be reunified as promptly as is possible and appropriate. The level of effort to reunify (keeping separation as temporary as possible) should be constant and intense. An in-home Safety Plan is always required for a period of time when reunifying a child, to confirm that safety threats are reduced or no longer exist, or protective capacities have been sufficiently enhanced to assure child safety can be maintained and sustained. The following "rules" apply for reunification:

1. Child safety can be maintained within the child's home with an in-home safety plan

2. Circumstances and behavior that resulted in removal can now be managed through an in-home Safety Plan.
3. Federal law requires reasonable efforts be made to reunify when it is safe for the children to do so. Reunification as quickly as possible satisfies this requirement.
4. Reunification is not synonymous with case closure; an in-home Safety Plan must always be implemented when a child is reunified

The PSW will:

1. Continuously evaluate the extent to which Conditions for Return have been met at each monthly visit, team meeting, or more frequently as necessary
2. Initiate a process to reunify when evaluation identifies progress made and Conditions of Return have been met
3. Conduct a Safety Assessment using the Safety Assessment Instrument of the child's home before reunification
4. Recommend reunification when the Conditions for Return have been met and an in-home Safety Plan has been developed
5. Secure his/her Supervisor's approval for reunification and, in court involved cases, provide the recommendation for reunification to the Court to secure the Court's approval
6. Conduct a safety assessment the day following reunification and confirm Safety Plan provisions
7. Monitor the Safety Plan weekly for one month and reassess the monitoring plan time requirements based upon continued progress in achieving Case Plan outcomes. The Safety Plan will be monitored no less than once per month thereafter

The following safety analysis questions and conditions for return will be assessed to determine the least intrusive and most appropriate level of effort for controlling and managing identified safety threats:

1. Is the home environment stable enough to sustain the use of an in-home safety plan?
2. Are caregivers willing to be involved and cooperate with the use of an in-home safety plan?
3. Are safety services available and accessible at the level of effort required to assure safety in the home?
4. Are safety service providers committed to participating in the in-home safety plan?
5. Does the in-home safety plan provide the proper level of intrusiveness and level of effort to manage safety threats?
6. Has there been a specific change in family circumstances and/or protective capacities that would allow for the use of an in-home safety plan?
7. Have parents/caregivers been consistent and responsive with respect to visitation opportunities?

If the answer is "yes" to all of these questions and the Conditions for Return have been met and an in-home Safety Plan is developed, the PSW will reunify the child and family. If the answer is "no" to any of these questions, the PSW will continue to maintain the child in placement. Documentation to support the reasons for continued out-of-home placement will be completed on N-FOCUS.

### **Transition Plan**

The PSW is responsible to work with the child, family, and Family Team to identify change that may be approaching for the child and/or family and develop transition plans that enable the family to manage the identified change. Transition plans are developed to help the child and

family adjust to aspects of their lives that have been, or will be altered. Transition plans may be necessary at times of changes in employment, the birth of a child, a move to a new residence, serious illness or death of a family member, reunification of children who have been removed, at case closure or at other times of significant change.

### **Case Closure Determination for Non-Court and Court Involved Cases**

In recommending that a Child Welfare case be closed the PSW will consider the following

1. The child is safe, safety threats have been reduced or eliminated; protective capacities have been enhanced, and appropriate supports are in place to assist the family in maintaining safety
2. The parents and ward have mobilized supports and participated in services and have corrected the conditions that were previously adjudicated in court
3. The outcomes identified in the case plan have been achieved or sufficient progress has been made to indicate the family will be able to maintain safety without DHHS involvement
4. The current family problems are not a safety threat, are not within the adjudication, are out of the scope of the Department's mission; and can be addressed by community agencies
5. There is consensus among the family team that outcomes have been achieved
6. The family withdraws their consent for non-court involvement and/or refuses services and there is no safety threat to the child or, if a safety threat exists, the County Attorney declines to pursue further court action
7. The family and child in a non-court case cannot be located after all reasonable efforts and necessary notifications to generate a CPS alert have been made
8. The child is in the Former Ward Program and no longer meets eligibility criteria for that program and requests that the case be closed
9. The sending state through the Interstate Compact for the Placement of Children (ICPC) closes the case
10. The youth is convicted and sentenced as an adult
11. The youth reaches the age of majority
12. The youth enlists in the armed services and completes basic training
13. The youth gets married
14. The ward has been a runaway for over 90 days and cannot be located
15. The child dies

When case closure is being considered as a result of information which indicates that the identified outcomes have been achieved and that parents/caregivers can safely be returned to their protective role and responsibility, the PSW will involve the parents/caregivers, Family Team, and, in court involved cases, legal parties including the GAL, CASA, and County Attorney. This is judged by:

1. The reduction or elimination of safety threats
2. The presence of sufficient parent/caregiver protective capacities
3. Achieving the identified outcomes or making sufficient progress to indicate the family will be able to maintain safety without DHHS involvement
4. Achieving confidence in consistency and sustainability of change within the family

The PSW will:

1. Complete the Safety Assessment Instrument to verify that there are no safety threats or that sufficient parent/caregiver protective capacities exist to protect the child from impending danger

2. Evaluate progress on the case plan
3. Determine with the family the need for a safety net. The safety net, which is different from the Safety Plan, refers to arrangements, connections, supports within the family network or community that can be created, facilitated, or reinforced to reassure the caregiver and provide resources when PS involvement ends. Developed with the family and family team through out the time DHHS is involved with the family, use of the safety net will be reinforced as case closure nears
4. Implement the transition plan for the family to maintain without DHHS involvement
5. Document all decisions on N-FOCUS

Involving the Family Team in the Case Closure Decision: The worker will involve the child, family, and Family Team members when considering a recommendation to the court to close a case. Within 90 calendar days prior to dismissal of the case, or discharge of the ward, the PSW will schedule a discharge meeting with the child or ward and Family Team members. The family team will address individual family needs pertaining to safety.

Consultation with his/her Supervisor regarding Closure of a Non-Court Involved Case or Discharge of a Ward: The worker must consult with his/her Supervisor before recommending to the court that a ward be discharged or before closing a non-court involved case. This consultation will be documented on N-FOCUS.

Referrals prior to Discharge: If referrals for services have not been made for the ward prior to discharge, the PSW will assist the ward and family by making referrals such as income maintenance for AABD, medical assistance and Social Security.

Court Termination of the Department's Custody: The court does not have to accept the discharge of a Ward and may continue the child in the custody of the Department.

### **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 taking a Protective Action or creating a Safety Plan
3. When the PSW 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" 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 approval study of 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 drafting Conditions for Return
9. When considering separation of siblings
10. When considering initiating court action
11. When considering returning a child to the home
12. When considering any unplanned placement change that does not move child toward permanency. The only exception is acute hospitalizations for medical treatment
13. When conducting assessments and developing the safety plan, case plan and court report, regardless of adjudication
14. When requesting a variance to an existing policy
15. When a worker suspects or receives new allegations of abuse or neglect
16. When considering closing a case
17. When placing a child into a foster or adoptive home, group home, or residential facility located in another Service Area
18. When placing a child into a restrictive placement such as a hospital, YRTC, detention center, treatment facility, or out of state
19. 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 PSW.

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 PSW 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.