

**CASE ASSIGNMENT
AND
CASE PROCESS
GUIDEBOOK**

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(Table of Contents)

I. CASE ASSIGNMENT	1
A. Policy	2
B. Guiding Principles	2
C. Factors to Consider in Assigning Status Offender Cases	3
D. Factor to Consider When Assigning Dependency Cases	4
E. Case Assignment Flowchart	5
II. CASE MANAGEMENT PROCESS	
A. Youth Who Are Adjudicated as Juvenile Offenders (JO) in the custody of HHS-OJS	
a. Narrative	5
b. Flow chart	7
B. Youth Who are Adjudicated as Status Offenders (SO) in the custody of HHS	8
a. Narrative	9
b. Flow chart	10
C. Youth Who are Adjudicated as Child Abuse, Neglect or Dependency in the custody of HHS	
a. Narrative	11
b. Flow Chart	13
D. Evaluation Recommendation Process	14
a. Narrative	14
b. Flow Charts	16
E. Youth Committed to HHS-OJS for Pre-Disposition Evaluation	
a. Flow Charts	17
F. Youth Who Have Dual Adjudication in the custody of HHS and HHS-OJS	
a. Scenarios for Case Management	18

I. CASE ASSIGNMENT

A. Policy

Case assignment is based on the policy, 390 NAC 1-004.01 which follows:

“Protection and Safety Worker is the title of all Service Area staff in the Protection and Safety System who work directly with children and families. To differentiate when Protection and Safety Workers work with certain children and families, there are working titles. When there is no need to distinguish who does the work, the title of Protection and Safety Worker will be used.

a. A Protection and Safety Worker who works with children and the families of children who have child abuse, neglect or dependency has the working title of Protective Service Worker. These staff work with:

1. Children and families of children who are adjudicated as “abuse”, “neglect” or “dependency” [Neb. Rev. Stat. 43-247 (3)(a)]; and may work with
2. Children who are adjudicated as “status offender” [Neb. Rev. Stat. 43-247 (3)(b) if the primary issue in the family is one of abuse, neglect or dependency.

Criteria for decisions on case assignment of a status offender to a Protective Services Worker is made at any time during state custody. This decision is made by supervisory staff using the factors to consider in Part I., Case Assignment, Sections B and C in the Case Assignment and Case Process Guidebook.

b. A Protection and Safety Worker who works with children and families of children who have committed a law violation as a delinquent act or status offense act has the working title of Juvenile Services Officer (JSO). These staff work with:

1. Children and the families of children whose adjudication is juvenile offense [Neb. Rev. Stat. 43-247 (1), (2), (4)]; and
2. Children and the families of children whose adjudication is status offense [Neb. Rev. Stat. 43-247 (3)(b)]; and may work with
3. Children and families of children whose adjudication is dependency [Neb. Rev. Stat. 43-247 (3) (a)(no fault)] and the primary issue is the child’s delinquent acts or status offending behaviors.

Criteria for decisions on case assignment of a status offender to a Juvenile Services Officer is made at any time during state custody. This decision is made by supervisory staff using factors to consider in Part I, Case Assignment, Sections B and C in the case assignment and Case Process Guidebook.

c. A Protection and Safety Worker who works with children and the families of children who have issues of child abuse, neglect or dependency AND with children and their families who have committed a delinquent act or status offense is called a Protection and Safety Worker. Workers in the rural areas may have this combined case load.”

B. Guiding Principles:

- Cases remain with the same case manager even if the adjudication changes from status offender to juvenile offender or vice versa.

In situations where a Protective Services Worker is serving the child adjudicated as a status offender who has child abuse, neglect or dependency issues, and the child is subsequently adjudicated as juvenile offender, the worker with the authority to handle delinquents will take the lead in dealing with delinquency issues or will coordinate the case with the Protective Services Worker.

In situations where a Juvenile Services Officer is serving a child adjudicated as juvenile delinquent, and the child is subsequently adjudicated as child abuse, neglect or dependency, the worker with knowledge of child abuse and neglect will take the lead in dealing with child abuse and neglect issues and the Juvenile Services Officer will address the delinquency issues.

In these two situations stated above the case may be transferred to one worker or two workers may share the case based on their areas of expertise. When two workers share a case, they will decide who takes the lead on various issues. If the workers disagree, they will consult with the supervisor(s). (See Case Assignment Flow Chart in this Guidebook.)

- Cases are assigned based on the behaviors of children rather than the adjudication.
- Services will be accessed for children regardless of the adjudication.
- Services will be provided to the child and family.

C. Factors to Consider when Assigning Status Offender Cases:

Age of child is 12 and under; and the primary issue is family preservation, child neglect or dependency, the case may be assigned to a Protective Service Worker.

When the adjudication was primarily a status offender for financial access to services, the case may be assigned to Protective Service Worker.

When the adjudication is primarily a status offender for access to financial services and the issues relate to the child's behavior, the case may be assigned to a Juvenile Services Officer.

When the permanency goal has been changed to adoption or guardianship on a child with adjudication of status offender, the case may be assigned to Protective Service Worker.

When the outstanding factors in a status offender adjudication are abuse or neglect, the case may be assigned to a Protective Service Worker (example: sexual abuse victim who has left the home where the perpetrator resides).

When a child has broken the law and there is not an adjudication of delinquency; the child may be served by a Juvenile Services Officer.

When a child's behavior, regardless of adjudication, is consistent with that of a juvenile delinquent, the case may be assigned to a Juvenile Services Officer.

D. Factors to Consider when Assigning Dependency Cases:

When a child is adjudicated as “dependency” under 43-247(3)(a) and the primary issues are status offense or juvenile delinquency behaviors, a Juvenile Service Officer may be assigned.

II. CASE MANAGEMENT PROCESS

A. PROCESS FOR CASE MANAGEMENT FOR YOUTH ADJUDICATED AS JUVENILE OFFENDERS AND COMMITTED TO HHS-OJS

Step One: The point of intake is when a youth is adjudicated under [Neb. Rev. Stat. 43-247 (1), (2), (4) or 43-286 (3), (4)-probation violation], and committed to the custody of HHS-OJS at the disposition hearing.

Step Two: The local office serving the jurisdiction of the court of commitment receives the court order. The supervisor will review the court order for adequacy and then assign the case to a Juvenile Services Officer.

Step Three: After the worker receives the assignment, a case is open by gathering information for the case plan and file. This may include but is not limited to family assessment, evaluations, and classification. The worker should also search for current or closed records from HHS and HHS-OJS.

Step Four: The worker will contact the family and youth for their involvement in developing a safety plan and begin to make an assessment for the case plan. At this time, the "Responsibilities of the Family and Department" Agreement will be signed. In situations when a youth is in out of home placement, including the YRTC, the worker will initiate and facilitate a team meeting, to include the placement provider.

Step Five: A "Condition of Liberty Agreement" will be signed by all youth, parents, care givers and Juvenile Services Officer for any youth not placed at the YRTC. When a youth is in the YRTC, this will be signed before the youth's release. The worker will explain to the youth that if s/he violates the agreement, it could result in a restriction of his/her liberty.

Step Six: The assessment phase is ongoing throughout the case process. Initially, the Juvenile Services Officer will complete an assessment in order to develop a case plan that meets the needs of the youth and family, and utilizes the youth's and family's strengths. This assignment includes a risk and needs assessments, Family Assessment and classification. Services will be provided to the youth and family based on the need factors which are most closely related to the possibility of the youth reoffending. The youth's need for restrictiveness will be considered in providing services. Progress or lack of progress on the case plan will bring about adjustments in the classification. The classification will be done at least every three months and in response to the youth's behavior. (See the Case Management Guidebook for risk assessment and case plan. See Classification manual for classification.) The case plan will be reviewed and revised every six months.

Step Seven: The case plan will be developed by the Juvenile Services Officer with the family, youth and other parties involved in supporting the case plan. The plan will include services and supports to meet the identified outcomes. The case plan will include the Conditions of Liberty Agreement (see the Case Management Guidebook for Conditions of Liberty Agreement and case plan). When there is disagreement between the parties involved in the case plan, the Juvenile Services Officer will consult with his/her supervisor.

Step Eight: To implement the case plan, the Juvenile Services Officer will identify the services or supports or both based on the needs and goals.

Step Nine: The Juvenile Services Officer monitors the progress of the youth and evaluates the effectiveness of the case plan by personal and collateral contacts. These contacts could include but are not limited to: parents, school personnel, law enforcement and service providers. (See Case Management Guidebook, page 29 for evaluation criteria.) The worker will conduct routine classification every three months to identify the appropriate level of supervision. The case plan will be revised every six months. If a youth commits acts which constitute a violation of their Conditions of Liberty or a restriction of their liberty, an administrative hearing may be held. Court reviews are required under certain situations. See Court Process for Juvenile Offenders Chart and Court and Legal for Juvenile Offenders and Status Offenders Guidebook for details on process.

Step Ten and Eleven: The worker submits the recommendation for discharge from the custody of HHS-OJS in writing to the designated person in the Service Area. The recommendation for discharge will be based on the youth's:

- completion of case plan,
- safety,
- risk of future delinquency is sufficiently reduced,
- inability to successfully meet the goals of the case plan,
- turning 19 years of age,
- conviction and sentencing as an adult, or
- death.

Step Twelve: The designated person in the Service Area will approve or disapprove the discharge recommendation in writing to the Juvenile Services Officer.

- A. If the recommendation is approved the youth is discharged from the custody of HHS-OJS and the case is closed.
- B. If the designated person in the Service Area has questions regarding the recommendation of discharge, the designated person will call a team meeting to discuss and review the case and to determine if discharge is appropriate.
 1. If discharge is appropriate, the youth is discharged from the custody of HHS-OJS and the case is closed.
 2. If discharge is not approved, the case will remain open and the case will be reassessed and services continued.

B. Process for Case Management for Youth Adjudicated as Status Offenders and Committed to HHS

This is the case flow process for youth adjudicated as Status Offenders who have behaviors which resemble juvenile offenders or have the likelihood of committing a juvenile offense.

Step One: The point of intake is when a youth is adjudicated under Nebraska Statute 43-247 3(b), and committed to the custody of HHS.

Step Two The local office serving the jurisdiction of the court of commitment receives the court order. The supervisor will review the court order for adequacy and then assign the case to a Juvenile Services Officer.

Step Three: After the worker receives the assignment, a case is open by gathering information for the case plan and file. This may include but is not limited to family assessment and evaluations. The worker should search for closed and current HHS and HHS-OJS records on the youth and family.

Step Four: The worker will contact the family and youth for their involvement in developing a safety plan and begin to make an assessment for the case plan. At this time, the "Responsibilities of the Family and Department" Agreement will be signed. In situations when a youth is in an out-of-home placement, the worker will initiate and facilitate a team meeting to include the placement provider.

Step Five: A "Youth Responsibilities Agreement" will be signed by all youth, parents, caregivers and the worker. The worker will explain to the youth that if s/he violates the agreement, it could result in restrictions.

Step Six: The assessment phase is ongoing throughout the case process. Initially, the worker will complete an assessment in order to develop a case plan that meets the needs of the child and family, and utilizes the child's and family's strengths. Services will be provided to the youth and family based on the factors most closely related to reducing the youth's status offense acts or delinquency behaviors. (See Case Management Guidebook For Juvenile Offenders and Status Offenders for assessment and tools.)

Step Seven: The case plan will be developed by the Juvenile Services Officer with the family, youth and other parties involved in supporting the case plan. The plan will include services and supports to meet the identified outcomes. The case plan will include the Youth Responsibilities Agreement. (See Case Management Guidebook, Forms Section for Youth Responsibilities Agreement and case plan.) When there is disagreement between the parties involved in the case plan, the worker will consult with his/her supervisor.

Step Eight: The case plan is submitted to the court, county attorney, guardian ad litem, parent's attorney, and the parent seven days before the disposition hearing.

Step Nine: The court reviews the case plan, conducts a hearing (in most cases), and makes a decision regarding the acceptance of the case plan. The parties have the ability to object to the case plan and may propose an alternate plan. If the judge orders an alternate plan with which the worker disagrees, the Department may file an appeal.

See 390 NAC 8-001.1 for the process for appeal. The Department will follow the order unless the Department has filed an appeal and a stay of the court order has been issued, or the Legal staff within the HHS System has advised otherwise, or an interim order has been entered.

Step Ten: To implement the case plan, the worker will identify the services or supports or both based on the needs and goals. In some situations the court will order a plan other than the one submitted by HHS.

Step Eleven: The worker monitors the progress of the youth and evaluates the effectiveness of the case plan by personal and collateral contacts. These contacts could include but are not limited to, parents, school personnel, law enforcement and service providers. See Case Management Guidebook For Juvenile Offenders and Status Offenders, page 29 for evaluation criteria. The worker will revise the case plan and submit it to the court and other parties every six months. The Youth Responsibilities Agreement will be reviewed and discussed when the case plan is reviewed.

Step Twelve: Discharge for Youth Committed to HHS:

The worker submits the recommendation for discharge from the custody of HHS in writing to the court and all parties. The recommendation for discharge will be based on:

- the goals in the case plan have been achieved,
- the youth is safe and the risk of future status offense or delinquency behavior has been sufficiently reduced,
- inability to successfully meet the goals of the case plan,
- the youth turns 19,
- the youth is convicted and sentenced as an adult, or
- the youth dies.

C. PROCESS FOR CASE MANAGEMENT FOR CHILDREN WHO ARE ADJUDICATED AS CHILD ABUSE, NEGLECT OR DEPENDENCY IN THE CUSTODY OF HHS

CPS CASE PROCESS STEPS

Step One: REFERRAL This is the process by which information regarding alleged maltreatment to children or a child comes to CPS attention. Referral information is usually received by phone but can come from a variety of sources including: Law Enforcement, Physician, Schools, Neighbors, Child, Family members, Hotline, Clergy.

Step Two: INTAKE The CPS Intake process is the first contact in a case. Information is received by the Intake office or person assigned to take intakes or referrals. The person taking the referral information assesses for; risk to the alleged victim, risk to the community, risk to the family and risk of victim harming themselves. The referral person determines the level of response needed. If an immediate response is needed the Intake worker may contact Law Enforcement. The person taking the referral determines if CPS will accept the referral as a case or if the referral will be screened out or not accepted. If the referral will not be accepted the worker may, if appropriate, refer the referral resource to community or Department resources. If the referral is accepted, then a case is started and passed on to a supervisor or person responsible for assigning the case to an Initial Assessment worker.

Step Three: SAFETY ASSESSMENT When accepted by Intake the case is assigned to an Initial Assessment worker who gathers information from the child/children, family and collateral sources, to determine if maltreatment occurred to the alleged victim and what the likelihood of maltreatment occurring in the future will be. The Initial Assessment worker determines the level of response needed by CPS. The worker also makes a final determination on the case. If the case is unfounded the worker closes the case. If a case is agency substantiated the worker may determine that the case be referred to the County Attorney's office for possible Juvenile Court action or the family can, if deemed appropriate, work with CPS voluntarily. The Initial Assessment worker may refer families to Department or community resources. If the worker determines that the level of risk to a child or children warrants intervention, CPS works with the family in developing a safety plan to address the risk.

Step Five: SAFETY PLAN The CPS Safety Plan is the process of working with families, in the less intrusive manner, to develop a plan to control for child safety and to assist in preventing the child's removal from the home. A Safety Plan may be needed to control for immediate risk. The final Safety Plan should last through the Family Assessment process. The CPS worker and the family implement safety services following approval of the plan. If in-home safety services are not available and/or the family does not accept the safety Plan, an out-of-home placement may need to be considered.

Step Six: FAMILY ASSESSMENT The Family Assessment, also known as the Assessment of Family Needs, is an ongoing process which evaluates and identifies the: current level of family functioning; nature, extent and causes of risk factors identified during the initial assessment or the presenting problem which brought the family to the Department's attention; current risk of maltreatment to the child(ren); and the effects of maltreatment; family strengths and service needs.

Step Seven: CASE PLAN The Case Plan is a written working agreement between the family and the protective service worker. It documents what each party agrees is required to address the family's service needs. The service needs are identified by the family and worker during the assessment of family needs.

Step Eight: ONGOING SERVICES Ongoing services also known as Case management has two dimensions. The first is the case management process which includes all phases of the protective service worker including but not limited to: an assessment of family needs that may include a diagnostic and evaluation service; and a case plan developed with the family to address the issues that brought the family to the attention of CPS; and case management; and community assistance services; and a therapy service; or a parent skill development service.

The second dimension includes the activities of protective service work which focuses on initiating, coordinating, monitoring, and evaluating of service delivery provided to families with ongoing intervention needs.

Step Nine: PERMANENCY Every child and family will have an appropriate permanency objective which identifies the main focus of the case plan and services. Determination of the permanency objective will be done with the family and take into consideration the best interests of the child. The permanency objectives are as follow:

1. **Family preservation;**
2. **Reunification;**
3. **Adoption;**
4. **Legal guardianship;**
5. **Long-term foster care;**
6. **Independent living (child must be 16 years or older); and**
7. **Self-sufficiency with supervision.**

Step Ten: CASE CLOSURE Policy states that the protective services worker focuses on the issues that brought the family to the Department's attention in deciding whether to close a case. Policy continues that HHS intervention is terminated and a case is closed based on the following: the goals established in the case plan have been achieved, and; the child is safe and risk of future maltreatment has been sufficiently reduced, or; the family refuses services and no legal grounds exist to pursue court act, or the family cannot be located or client is deceased, or; current family problems are not within the scope of the Department's mission.

E. Children Who Have Dual Adjudication--SCENARIOS:

1. Child adjudicated as juvenile offender in custody of HHS-OJS alleges s/he is abused or neglected.

- Child abuse or neglect allegation (CAN) reported to Child Protective Services, within HHS

Assessment of situation:

- Protective Service Worker takes lead in assessing CAN allegation.
- Protective Service Worker consults with Juvenile Services Officer and they determine how to best meet needs of child and family. Could include:
 - Continue to focus on juvenile offender issues if CAN unfounded (Juvenile Services Officer).
 - Open voluntary CPS case (Protective Service Worker), if needed.
 - Provide services to address the CAN allegations (Protective Service Worker).
 - Refer family to community services (Protective Service Worker or Juvenile Services Officer).
 - Revise Agreement (Juvenile Services Officer).
 - Conduct Administrative Hearing (Juvenile Services Officer), when needed.
 - Add services through the Juvenile Justice case plan (Juvenile Services Officer).
 - Consider referral to County Attorney for adjudication of child abuse, neglect or dependency if family not cooperative (Protective Service Worker and Juvenile Services Officer).

2. Child in custody of HHS-OJS as juvenile offender is abandoned by parents.

Juvenile Services Officer refers allegation of child neglect to Child Protective Services.

Assessment of situation:

- Protective Service Worker takes lead in assessing neglect and abandonment issue.
- Protective Service Worker consults with Juvenile Services Officer for ways to best meet needs of child.
- Referral made to County Attorney for filing of neglect petition.
- Adjudication of child as neglected under Neb. Rev. Stat. 43-247 (3)(a)

Consultation between two workers to discuss who is best to take lead to address juvenile services and child welfare issues.

- Protective Service Worker addresses child safety issues.
- Juvenile Services Officer addresses Conditions of Liberty Agreement, level of supervision, classification.
- Juvenile Services Officer and Protective Service Worker complete case plan together.

Ongoing assessment on both juvenile justice and child welfare issues. Placement in least restrictive setting to meet child's needs. If one of the issues no longer exists, workers will ask court to dismiss allegation which no longer applies.

Court reviews are required for permanency issues regarding neglect issue. Protective Service Worker takes lead.

Administrative Hearings may be needed if Conditions of Liberty Agreement are violated, at the discretion of the worker. The Juvenile Services Officer takes lead.

- 3. Protective Service Worker of child adjudicated as CAN, is unsure what to do regarding probation or parole question or court doesn't file on law violation committed by child.**

Protective Service Worker consults with local or Protection and Safety System Staff with expertise in Juvenile Justice. Resources, authority, approaches or court processes may be areas of question.

Juvenile Services Officer of a child adjudicated as Juvenile Offender, is unsure what to do regarding child abuse or neglect question.

Juvenile Services Officer consults with local or Protection and Safety System Staff with expertise in child abuse and neglect.

- 4. Child adjudicated as CAN or SO, violates law and law enforcement is involved. County Attorney files juvenile delinquency charges.**

- A. Court leaves child in custody of HHS. This doesn't allow for juvenile justice process to occur. Children must be adjudicated as juvenile delinquent and placed in the custody of HHS - OJS to receive "parole-type" services.**

Supervisor reviews court order with Protective Service Worker and talks to County Attorney about commitment of child to HHS-OJS for parole processes to occur. Legal consultation as needed. Consultation with staff with expertise in Juvenile Justice for resources.

- B. Child placed on probation.**

Protective Service Worker consults with probation officer. Plan developed together to address safety, permanency and law violation. Conditions of Probation done by Probation Officer. Case plan done by Protective Service Worker.

- C. Child placed in custody of HHS-OJS (may remain in HHS custody).**

Consultation between two workers to discuss who is best to take lead to address juvenile justice and child welfare issues. Decide priority issues to address.

Protective Service Worker addresses permanency issues.

Juvenile Services Officer addresses Conditions of Liberty Agreement, level of supervision, classification.

Juvenile Services Officer and Protective Service Worker complete case plan together.

Ongoing assessment on both juvenile justice and child welfare issues. Placement based on child's needs, in least restrictive setting to meet child's needs. If one of the issues no longer exists, workers will ask court to dismiss allegation which no longer applies.

Court reviews are required for permanency issues regarding neglect issue. Protective Service Worker takes lead.

Administrative Hearings, as needed, if Conditions of Liberty Agreement are violated, at discretion of the Juvenile Services Officer.

Continuous monitoring and evaluation of progress of child, family and services on juvenile justice and child welfare issues. Determination of appropriate level of involvement of services and supports.

Determination to close case:

Juvenile Justice issues: decision made by designated person in Service Area.
Child Welfare issues: decision made by Court.

5. Child adjudicated as CAN and in custody of HHS violates law and is committed to HHS-OJS and detained at YRTC.

While at YRTC, Juvenile Services Officer is assigned. Juvenile Services Officer and Protective Service Worker consult.

(see steps in 4c.)

Code: SO = Status Offender
CAN = Child Abuse and Neglect
JJ = Juvenile Justice
CW = Child Welfare
JO = Juvenile Offender
YRTC = Youth Rehabilitation and Treatment Center

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