

**C A S E**  
**M A N A G E M E N T**  
**F O R J U V E N I L E O F F E N D E R S**  
**A N D S T A T U S O F F E N D E R S**  
**G U I D E B O O K**

(Revision 12/05)

**TABLE OF CONTENTS**

SECTION I ..... 1

INTRODUCTION ..... 1

Case Management..... 1

Assessment ..... 2

Case Planning..... 2

Service Provision ..... 3

Monitoring and Evaluation of Progress ..... 3

Case Closure and Discharge ..... 4

SECTION II ..... 5

ASSESSMENT OF YOUTH AND FAMILY STRENGTHS AND NEEDS ..... 5

Definition of Purpose..... 5

Family Responsibility ..... 6

Ways to Involve Families ..... 6

Messages to People Who Call to Make Youth a Ward ..... 7

Employing a Family-Centered Approach ..... 9

Establishing a Working Relationship with a Family..... 9

Methods of Collecting Assessment Information ..... 10

Guidelines for an Assessment of Family Needs ..... 11

Procedures for Assessment of Family Needs  
for Juvenile Offenders and Status Offenders ..... 14

SECTION III ..... 15

RISK AND NEEDS ASSESSMENT ..... 15

A. Juvenile Offenders..... 15

    Overview ..... 15

    Classification Process..... 16

B. Status Offenders

SECTION IV..... 17

CASE PLANNING..... 17

Definition and Purpose..... 17

Components of a Case Plan ..... 17

Goal Setting ..... 18

Goal Achievement..... 19

Behavior Contract ..... 19

Time Limits..... 22

APPLYING A FAMILY-CENTERED APPROACH..... 23

Special Considerations for Status Offense Cases ..... 24

Special Policy Considerations when Working with Native American Parents..... 24

Case Plan Tool ..... 24

VISITATION FOR JUVENILE AND STATUS OFFENDERS ..... 24

Youth in Out of Home Care in the Community..... 25

Youth in A YRTC..... 25

Purpose of Visitation ..... 25

Visitation Plan Guidelines ..... 25

Frequency of Visitation ..... 26

Supervision or Monitoring of Visits..... 26

Other Visitation Information .....	27
Assessing Contact .....	27
 SECTION V.....	 28
CASE MANAGEMENT.....	28
Definitions and Purpose.....	28
Case Management Responsibility .....	28
Request for Case Supervision or Case Management Transfer .....	29
Case Transfer Information .....	29
Case Staffings or Team Meetings.....	30
Federally Required Periodic Reviews .....	30
Foster Care Review Board.....	31
Documentation.....	34
Request For Case Reassignment.....	34
Clarification Regarding Placement from one Area to Another .....	35
Case Management or Case Supervision .....	36
Native American Children in Out-of-Area Placements.....	36
 SECTION VI.....	 37
EVALUATION AND CASE CLOSURE.....	37
Purpose.....	37
Types of Evaluation .....	37
CASE EVALUATION .....	37
Policy Statement.....	37
Evaluation of Family Progress .....	37
The Process of Evaluating Youth's Progress.....	38
What to Consider when Progress is Lacking .....	39
PROGRAM EVALUATION.....	40
Relationship to Total Quality Improvement .....	40
Coordinating Evaluation.....	40
 SECTION VII.....	 41
CASE CLOSURE .....	41
Policy Statement.....	41
Working with the Family.....	41
Specific Case Closure Activities .....	42
Case Consultation.....	43
Documentation at Closure .....	43
Case Closing Checklist.....	44
 SECTION VIII.....	 45
DISCHARGE OF WARD.....	45
Policy Statement on Discharge.....	45
Purpose.....	45
When to Request Discharge .....	45
Making Request to the Court for Status Offenders .....	46
Making Request to Service Area Designee for Juvenile Offenders .....	46
Discharge Interview .....	47
Disposition of Guardianship Funds at Discharge.....	48
Change of Payee .....	48

Personal Information and Property .....	48
School Notification .....	49
Computer System .....	49
 SECTION IX.....	 50
CLOSED CASE RECORDS/FILES.....	50
Record Disposition.....	50
Records Retention .....	50
Sealed Records .....	50
 SECTION X.....	 51
DECISION MAKING ISSUES FOR THE CHILDREN IN THE CUSTODY OF THE DEPARTMENT .....	51
Specific Sensitive Issues - Who Decides and How.....	51
Routine, or Daily Care Decisions in Out-of-Home Care Placements .....	51
 LEGAL ISSUES FOR JUVENILE OFFENDERS .....	 52
Absconder.....	52
Apprehension and Detention .....	54
Handling Resistance .....	54
Mechanical Restraints.....	56
Search and Seizure .....	57
Urine Analysis .....	58
 MEDICAL ISSUE .....	 59
HIV/AIDS.....	59
Routine Tests and HIV Testing .....	59
Court Approval.....	59
Testing at a Confidential Testing Site .....	60
Results of Testing .....	61
Youth at Risk for Contracting HIV-Related Illness .....	61
Youth's Consent for HIV Screening .....	62
Support to the Youth when Tested .....	62
What to do with Test Results .....	63
Education about AIDS.....	63
Group Testing Prohibited.....	63
 APPENDIX.....	 64
Additional Assessment Resources .....	65
Using Genograms to Understand Family Patterns .....	65

**CASE MANAGEMENT  
FOR JUVENILE OFFENDERS AND STATUS OFFENDERS  
GUIDEBOOK**

**SECTION I  
Introduction**

Case Management occurs in partnership between Protection and Safety Workers, management, families, youth, YRTC facility personnel, service providers and teams to ensure youth and families receive quality comprehensive service delivery. It begins when a youth is committed to the custody of the Department of Health and Human Services.

A case management system includes assessment, planning and the coordination, monitoring and evaluation of services provided for each youth and their family. Case management is a planning and service delivery process administered by Protection and Safety Workers to focus resources on critical problem areas and to influence case outcomes rather than simply react to crises.

At the point of commitment of a juvenile offender or status offender to the Department of Health and Human Services (HHS or HHS-OJS), a Protection and Safety Worker is assigned to the youth and family and remains as the primary worker. Staff who provide case management for juvenile offenders and status offenders are called Juvenile Services Officers. In some cases, there will be two workers with case management coordinated by workers taking a primary lead in certain areas. See Case Assignment and Case Process Guidebook for more details on how cases are assigned.

**Case Management**

In order to provide safety for the community and prevent the youth from re-offending, case management integrates the following:

- \* Level of supervision,
- \* Restrictiveness to prevent harm to the youth or others, and
- \* Services to address the following issues:
  - \* Mental Health and Substance Abuse Treatment Services, when needed;
  - \* Placement setting for the youth,
  - \* Parent strengthening services, such as parenting classes, support groups, when needed; and
  - \* Behavior Management Services for youth, when needed. This includes using a behavior modification program, electronic monitoring, tracker, natural and logical consequences, and sanctions and rewards.

## **Case management has 6 components:**

\* **Assessment:** An ongoing assessment of the youth's and family's situation is coordinated by the worker. Each youth committed to HHS-OJS will have had an evaluation in the community or at the Youth Rehabilitation and Treatment Center. (For Juvenile Offenders this will replace the Initial Assessment used with Status Offenders.) The worker will conduct the Family Assessment, the Risk Assessment and the Needs Assessment using designated tools. As new information is gathered or as conditions change, the assessment and plan will be adapted.

\* **Case Planning:** Case planning results in a written plan developed with the youth, family and others to identify appropriate services to meet the identified outcomes, including permanency. A contract with the youth (Conditions of Liberty or Youth Responsibilities Agreement) specifies the rewards and consequences associated with compliance or non-compliance with the outcomes and supports the case plan. The plan and contract are revised as things change.

\* **Service Provision:** Services are provided to meet the outcomes identified in the case plan. The services focus on reducing the risk of reoffending by the youth and on assisting the parents to properly fulfill their role of parenting their youth.

\* **Monitoring of Services and Progress:** The worker contacts providers, the youth and the family to determine the progress on the outcomes identified for the youth and family.

\* **Evaluation:** The worker will continuously evaluate the progress on the outcomes in the case plan and adjust the plan and behavior contract when necessary.

\* **Case Closure:** The worker will determine when the youth has shown the ability to make responsible decisions and is preparing to be a law-abiding citizen. The case will be closed and the youth discharged from custody of HHS-OJS when this is accomplished.

### **Assessment**

Assessment is ongoing throughout the case management process. Case management uses information from the assessments to develop a case plan which ensures services are provided based on a youth's and family's needs and strengths and to address the issues that brought them to the attention of the Department. The Department doesn't attempt to address all the youth's or family's problems. Instead, those risk and need factors that are most closely tied to the possibility of the youth reoffending will be targeted. The strengths of the youth and family will be used in the development of the case plan.

The Protection and Safety Workers assess the youth's risk and service needs, develop the case plan for each youth and family and ensure the appropriate type of service is provided for the appropriate length of time. They also monitor and provide direct supervision for each youth on their case load. The case load includes youth committed to HHS or HHS-OJS who may live in the community (in their home or in an out-of-home setting) or at the Youth Rehabilitation and Treatment Centers.

The worker will use the "Initial Assessment for Status Offense/Dependency" for status offenders and then do the "Family Assessment". For juvenile offenders, the worker will use the evaluation completed by the community provider or a YRTC and then do the "Family Assessment". The forms for these assessments are in the FORMS Section of this Guidebook.

### **Case Planning**

After the Evaluation and Family Assessment and the risk and needs assessments for the classification are completed, the worker develops a case plan with the youth and family and other parties involved in supporting the case plan. The goal with the family is to teach the family to advocate for themselves and their child and to be able to use community resources more effectively or enable them to handle future problems. The case plan should build on the youth's

strengths and target for intervention those risk and needs factors that are most clearly related to the likelihood of the youth reoffending. The case plan will include the behavior contract: The "Conditions of Liberty Agreement" for juvenile offenders and the "Youth Responsibilities Agreement" for status offenders. When there is disagreement between the parties involved in the case plan, the worker will consult with his/her supervisor.

The case plan clearly states the outcomes and permanency goal, steps to meet the outcomes and permanency goal and the target dates for completion. The focus of the case plan is on what the youth and family will be doing. Objectives and goals of a case plan are:

- \* Specific,
- \* Measurable,
- \* Attainable,
- \* Reasonable, and
- \* Time-limited.

### **Balanced Incentives and Graduated Sanctions**

For youth who are juvenile delinquents and status offenders, positive reinforcement, incentives and rewards will be used to reinforce progress while natural consequences will be used when problems occur. In addition, graduated sanctions will be applied to juvenile offenders when problems occur. The worker will use consequences related to the offense (and graduated sanctions for juvenile offenders only) as a progressive response to technical violations and misconduct for status and juvenile offenders.

### **Service Provision**

#### **Purchase of Services and Linkages with Community Resources and Services**

A variety of community support systems, such as families, schools, employers, service providers and informal supports must be involved in providing services and effective supervision of youth in the community.

The worker will need to balance direct contact with purchasing of services to provide for the supervision and restrictiveness needed by the youth. Referral and purchase of services are crucial functions in providing the range and intensity of required services in meeting the needs of the youth and their families. The worker will help the family identify their strengths, competencies and the resources and options available to them from their own helping networks and community resources.

### **Monitoring and Evaluation Of Progress**

The worker will monitor and evaluate the progress of the youth and family on the case plan objectives. The worker may adjust the case plan and behavior contract (called the "Conditions of Liberty Agreement" for juvenile offenders and "Youth Responsibilities Agreement" for status offenders) based on changes in the youth's and family's situation and behavior. The case plan must be flexible and be adjusted as needed. Formal reviews of the case plan will occur every six months and as needed. For example, whenever a youth is ready for release from a YRTC or other placement or when a different or more restrictive placement or program is needed. The classification will be done at least every three months and in response to the youth's behavior.

## **Case Closure and Discharge**

When the youth has shown the ability to make responsible decisions and is preparing to be a law-abiding citizen and the family has the ability to manage the youth's behavior, the worker will recommend the case be closed and the youth discharged from the custody of HHS or HHS-OJS.

### **For Juvenile Offenders**

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:

- achievement of the case plan goals,
- safety,
- the 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.

If the recommendation is approved, the youth is discharged from the custody of HHS-OJS, the case is closed and the worker completes the case closure process.

If the designated person doesn't approve the discharge, the case will remain open. The situation will be reassessed and the case plan will be revised with services provided to the youth and family.

### **For Status Offenders**

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.
- A. If the recommendation is approved by the court, the youth is discharged from the custody of HHS and the case is closed. The worker will complete the case closing process.
  - B. If the court does not approve the discharge, the case will remain open and will be reassessed and services continued.

## **SECTION II**

### **ASSESSMENT OF FAMILY AND YOUTH STRENGTHS AND NEEDS**

#### **Definition and Purpose**

The Assessment of Family Needs and Strengths is an ongoing process which evaluates and identifies:

- The current level of family functioning;
- The nature, extent and causes of risk factors closely related to the youth's reoffending which have been identified during the initial assessment or evaluation or the presenting problem which brought the family to the Department's attention;
- The current risk of reoffending behavior by the youth; and
- The effects of delinquent or status offense acts or the presenting problem on the youth and family;
- Family, youth and community strengths,
- the safety issues regarding the community, family and youth; and
- and service need.

The assessment focuses both on understanding the family and the youth in their situation and on providing a base for case planning and service delivery. It is a multifaceted process involving all the household members significant others (if appropriate) and the worker.

Families are complex and no two are exactly the same. Thus, each assessment of family needs must be individualized. A worker must accept that there are limits to the understanding of a family that can be developed during the assessment and no assessment is ever complete. It is impossible to gain complete understanding of a family. Understanding takes time. A worker must be comfortable with the uncertainty of limited understanding.

There are several broad tasks upon which the assessment of family needs is based which include:

- Consideration of all factors present in the family that impact the youth and family;
- Identifying current issues, functioning, strengths and problems;
- Examining the individual and family history, culture and life experiences; and
- Identifying support systems and community resources.

The assessment is interactional as it addresses family roles, relationships and environment. It takes into account all aspects of family members' lives, as well as, the context in which they live. The risk and need factors which are most closely tied to the possibility of the youth reoffending will be targeted.

The assessment of family needs is used to develop a case plan with the family. The goal of the case plan is to address the issues that brought the family to the attention of the Department. The case plan allows the worker to focus resources on critical problem areas and to influence case outcomes. The behavior contract for the youth supports the case plan by providing clear expectation for the youth.

#### **Family Responsibility**

Families are responsible for their children and will be included in assessment, case planning and service provision as appropriate. They will be encouraged to understand, cooperate and be actively involved in their youth's plan to bring about the identified outcomes. Parents may need supports which can help them manage the youth's behaviors. The worker will assist the family in obtaining services in the community to meet the identified outcomes. The behavior contract

for the youth will assist the family in providing the needed structure, incentives, restrictiveness and support for their youth. Youth should live at home whenever possible. The goal of the Department's involvement is to help the youth and family be in a position to manage the youth's behavior so s/he is a law abiding citizen, without the involvement of the Department or legal system.

For youth who are adjudicated as status offenders, the parents are expected to have exhausted all possible family and community resources to help their family resolve the problem of the youth's behavior. The family needs to agree to be actively involved in the plan for service once the youth becomes a ward of the Department.

For youth who are adjudicated as juvenile offenders, parents may have used community services which were not effective in eliminating the youth's delinquent behavior. When a youth is made a ward of HHS-OJS, parents need to be involved and active in the youth's plan. The worker will encourage families to use community services whenever possible to provide the support the parents need to manage their youth's behavior.

### **Ways To Involve Families Of Youth In The Custody Of HHS And HHS-OJS**

\* The Family And Department Responsibilities Form outlines the expectations of both parties. It is signed at the first meeting between the worker and family. It may be used to reinforce the parents if they don't feel they should be involved at a later time. If the family refuses to be involved, the worker may request the County Attorney to discharge the youth from the Department's custody or a file a neglect petition. The County Attorney may consider billing charges of contributing to the delinquency of a minor. The parent's signature on this form indicates the family agreed initially to be involved and responsible for their youth.

\* Purchase of or referral to services which enhance the parent's ability to support their youth. These may include: parenting classes, Tough Love classes, support group, respite care for the youth or ideas for developing an informal support group. Parent's should be responsible for the cost of these services whenever possible. See the Child Welfare and Juvenile Services Payment Guidebook for payment guidelines.

\* Assignment of Child Support to the Department to contribute to out of home care, when the youth is out of the home. This includes child support ordered through a divorce and child support ordered by the Juvenile Court through the custody process. The county attorney is to initiate youth support in status offense cases. S/He could be asked to use the same process for juvenile offenders.

\* Assignment of other financial benefits on behalf of the youth to the Department when a youth is in out of home care. This includes SSI, Veterans benefits, SSA, Railroad Retirement funds and other funds to provide for the care of the youth. The court can order the funds to be assigned to the Department.

\* Request the court to require in the court order that the parents to comply with the conditions of the case plan. The worker may wish to discuss this with the County Attorney, Guardian ad litem or Department Legal Staff before requesting the court to order compliance by the parents.

\* The case plan which focuses on the factors which are most closely related to the possibility of the youth reoffending provides support to the parent. The use of the behavior contract for youth has specific conditions for the youth to follow. The parent knows the worker will be monitoring the youth's behavior and that the worker will respond if the youth doesn't follow the contract or case plan.

\* When the youth is placed outside of the parent's home the worker should provide opportunities for the parents to regularly visit their youth. The youth's siblings should be included in the visits. Weekly visits should be encouraged whenever possible. (For Status Offenders, the court establishes the visitation plan. For Juvenile Offenders, the worker, the family, provider and youth establish the visitation schedule.) Whenever possible parents should be urged to spend time with their youth and take responsibility by taking their youth to appointments or to school. The Guardian ad litem may be helpful in reinforcing messages to the parent's about their responsibility and importance of their involvement. The Guardian ad litem may also be helpful in obtaining agreement for sibling visits with the youth.

\* The parents may be asked to purchase clothing and other items for youth in out of home care.

\* The parents should be working with the Department to address the issues which brought their family to the attention of the Department. The parents should demonstrate what has been done to not have HHS involved further.

### **Messages To People Who Call To Make Youth A Ward**

Some parents call the Department in frustration about their youth's behavior and the youth hasn't been adjudicated as a status offender or juvenile offender. Since the Department doesn't work with youth before they are adjudicated, the Department has the opportunity to refer the family to community services and to reinforce the responsibility of the family.

Some messages that may be given to people who call and ask to have their youth who is acting out made a ward of the Department are as follows:

\* *Children are the responsibility of families. We believe that children grow best in families. Sometimes families need supports to raise their children and many of the services are available in the community. Suggest the family use community services and support from their family and friends before making their child a ward. Suggest specific services that may be helpful. The state doesn't make a good parent. It is better to have children live with their families.*

\* *The Department is the last resort- our involvement is intrusive and there are requirements for the youth and family to follow. Ask what the family has done and what services they have used before calling. If they haven't exhausted services, suggest possible service providers in the community.*

\* *Youth remain at home in most cases. Services and supports may be provided to help the family manage the youth's behavior.*

\* *The Department can only offer youth opportunities. The youth may still choose to be in a gang or associate with others who aren't appropriate. This can occur even if a youth is placed out of the home.*

If a family requests out of home placement, the following messages may be helpful depending on the situation:

\* *We will assess the situation and determine if the youth needs out of home placement. Youth are only placed out of home when safety of the community, family and youth can't be provided. Services will be offered to provide for safety in the family's home.*

\* Families are expected to contribute to the cost of the care of their child when they are in out of home care. Please bring in your tax returns for the last three years so we can determine the child support amount that would be appropriate. The Department will have the SSI, VA or other benefits for the youth assigned to the Department.

\* *There are rules for youth who live in foster care or group homes. The contacts with friends, relatives and others may be limited. The youth may be on a curfew or have other restrictions. The youth won't have "free reign".*

\* *The youth may have contact with other youth who are violent or in gangs. We can't guarantee that the youth won't learn more than they already know. We can't insulate them, just as the parent's can't. There are youth with a mix of behaviors in foster care and group home settings. We try to match youth with the foster care provider or group home.*

\* *Parents are expected to visit the youth regularly- weekly visits are encouraged. Sibling contact is also expected.*

\* *A certain placement can't be guaranteed. There are requirements for all the treatment settings (treatment group home, residential treatment center, inpatient hospital) which must be met.*

\* *The parents will be expected to be involved in the youth's life through such things as: providing clothing and other supplies, taking the youth to appointments and regular visits.*

If the family doesn't want to be involved at all, they want to "wash their hands of this child", the worker may ask what the youth will do for holidays and birthdays and when s/he turns 19. The worker may ask who the youth will call family when s/he is an adult.

## **Employing a Family-Centered Approach**

The Department's family-centered approach to services seeks to empower the family and minimize its dependence on the social service system. The assessment of family needs is an integral part of this approach. A family-centered assessment will actively involve the family and serve as a means to engage them later on in case planning. It will also assist in building mutual trust and respect between the family and the worker.

Services are focused on assisting parents to properly fulfill their role of parenting their children. Parents must be actively involved in services to their child. Services to support parents may help them manage their youth's behaviors.

It is important that the worker possess certain basic beliefs and convey certain attitudes in his/her initial and subsequent contacts with the family. Some of these basic beliefs are:

- Problems that affect individuals are usually symptoms of other underlying problems within the family system. Thus, the problem may not be within the individual but a result of dysfunctional relationships between individuals;
- Blaming an individual is counterproductive. It does not focus on strengthening the entire family system. More than one person usually contributes to the presenting problems;
- Eliciting family participation in the assessment enhances the likelihood for successful outcomes. Families are the most knowledgeable source of information about themselves. Involving the family promotes empowerment and allows them to identify their own needs. Their input can provide new insight into the situation and offset the worker's preconceived notions;
- The assessment must focus on family strengths rather than weaknesses. It is the strengths which will serve as a guide to case planning. This focus identifies areas of hope and opportunity for both, the family and worker.
- Delinquent behavior by youth does have an undermining effect on parenting. Efforts to involve the parents in intervention plans must recognize the impact delinquency can have on families.

## **Establishing a Working Relationship with a Family**

The worker will initiate the assessment process and attempt to establish a working relationship with the family. The following may assist in building this type of rapport:

1. The worker should make inquiries about the family's daily schedule and the most convenient times for home visits. This will convey the importance of family participation and cooperation in the casework process. Formal introductions should not be overlooked and parent(s) should be referred to as "Mr.", "Ms.", "Miss", or "Mrs." unless permission is obtained for less formal interaction. The worker may find it beneficial to initiate less formal interaction immediately by using her/his first name, even though, the family may not reciprocate. This may help eliminate some perceived barriers.
2. The worker should encourage the family to identify their feelings. The worker should use active listening as the most appropriate response. This will encourage the family to openly express their feelings and beliefs which may offer insight into the family's perception of the problem. The worker should also recognize that what families don't say or are hesitant to discuss is important.
3. The family may present a positive or negative first impression of itself that may not be genuinely descriptive. The family may attempt to discount the seriousness of the presenting problems or convince the worker that the problems are due to someone else's action or inaction. In other instances, the family may attempt to test the limits and

competence of the worker by being verbally hostile or with constant complaints of how their case is being handled. After allowing reasonable ventilation, the worker must attempt to focus the family on the present and future.

4. The concrete needs of the family must be considered immediately. If the family is occupied with basic survival needs, other needs will not be a priority. Offering assistance in this area then can enhance team building with the family and give families opportunities to deal with core issues.
5. The casework process should be fully explained. The worker should clarify his/her role, how that role may change during the process, and what expectations exist for the family. During the assessment of family needs, the worker will describe the activities requiring family involvement and their purpose. The family will be informed that the Department will be continually evaluating from a "risk" perspective and involvement with the family to terminate when the family is meeting minimally acceptable parenting standards.
6. The worker should observe family roles and identify which members are likely to participate more readily than others. Involving those willing to cooperate and who have influence may lead others to cooperate.

### **Methods of Collecting Assessment Information**

There are six basic methods of collecting information for an Assessment of Family Needs which include:

1. Direct interview of family members individually and together;
2. Obtaining information from family members through activities such as drawing genograms and eco-maps (see pages 11 and 12);
3. Personal observation of the home environment and the family members, interactions at home or in the community;
4. Examining written materials such as case records, Probation's Pre-Disposition Investigations, initial assessment or evaluation, YRTC records, school records;
5. Making collateral contacts with other agencies or individuals involved with the family (with the family's consent); and
6. Referring the family members for appropriate assessments or evaluations by qualified professionals.

Accurate assessments are best achieved through several methods of information gathering, rather than one. Observing a family in the home environment, rather than the Department office, yields much useful information about the family's functioning. A worker will allow for sufficient time to interact with each family member in the family's home environment.

## **Guidelines for an Assessment of Family Needs**

The following is not meant to be used as a rigid procedure but as a guide for thinking about the family system (Some agencies may require a "release of information" signed by the parent(s) prior to releasing specific information regarding the family. To protect the family's right to confidentiality, interviews with others should not be initiated without cause):

### **I. FAMILY HISTORY**

#### **A. Immediate Family**

1. Names, address, ages, DOB, SSN, place of birth of immediate family members;
2. Names and addresses of parents listed on youth's birth certificate?
3. Race of youth, parents and siblings (if Native American - what tribal affiliation, registered, enrolled);
4. Other individuals living in the household;
5. Significant others.
6. Relatives outside of home having an interest in youth.

#### **B. Youth's Information:**

1. Description of Youth:
  - a. Height
  - b. Weight
  - c. Build
  - d. Eye Color
  - e. Identifying Marks
2. School:
  - a. Grade and teachers name;
  - b. Performance;
  - c. Behavior (detention in/out school suspension);
  - d. Attendance;
  - e. Activities and organizations;
  - f. Future goals.
3. Medical History (may be obtained through medical records):
  - a. Prenatal and developmental history;
    - (1) immunization/physician;
    - (2) previous physicians;
  - b. Major Illnesses/frequency
    - (1) hospitalization (date/where);
    - (2) surgery (date/where);
    - (3) chronic conditions;

- c. Dental;
- d. Mental health and substance abuse;
- e. Counseling and evaluations.

4. Youth's Relationship

- a. Parents perception
  - (1) siblings;
  - (2) youth-what they expect; what they observe;
  - (3) peers - are they appropriate, same age, gang involvement;
  - (4) extended family;
- b. Youth's Perception
  - (1) siblings;
  - (2) parents;
  - (3) peers - are they appropriate, same age, gang involvement;
  - (4) extended family;
  - (5) self.

5. Youth's Behavior in the Home and community

- a. positive behaviors;
- b. runaway/include last known location when found;
- c. stealing;
- d. aggression;
- e. law enforcement contact: dates (past and present) , offenses, dispositions, agency involvement and outcomes;
- f. out of home placements: formal or informal;
- g. consequences for inappropriate behaviors by parents or other agencies;
- h. sexual activity;
- i. sexual abuse (victim or perpetrator);
- j. gang involvement.

C. Parent(s) and Step-parent(s) Information:

1. Marriages and divorces

- a. Names, dates, places
- b. Past significant relationships
  - (1) additional parent-figures
- c. Other children outside of the home
- d. Child support (order from what state and county).

2. Education

- a. Place, dates, type, completion.

3. Employment

- a. Current
  - (1) place, address, phone number, how long
  - (2) position (temp. or perm.)
  - (3) wages earned, benefits (insurance, VA, etc.)
- b. Past employment
  - (1) place, address, phone number, how long, reason for change

- (2) position (temp. or perm.)
- (3) wage earned/benefits.

- 4. Parent's Medical
  - a. Ongoing and previous medical conditions
    - (1) treatment and medications
    - (2) physician
  - b. Major illness or surgery
  - c. Mental health or substance abuse issues
    - (1) counseling, evaluations, out-patient, in-patient, treatment.
- 5. Parenting beliefs, expectations and techniques.
- 6. Law enforcement or judicial contacts (include the results, dates, agency).

## II. HOUSING & TRANSPORTATION

- A. Current:
  - 1. Description
  - 2. Rent/own payment
  - 3. Length of time
- B. Past addresses and how long
- C. Transportation resources

## III. EXTENDED FAMILY INFORMATION

- A. Grandparents
  - 1. Living and/or dead (cause of death)
  - 2. Location
  - 3. Relationship with family members (placement possibility)
- B. Aunts and Uncles
  - 1. Living and or dead (cause of death)
  - 2. Location including address and phone number
  - 3. Relationship with family members (placement possibility)
- C. Medical history of extended family, if important, including mental health or substance abuse

## IV. SOCIAL CONNECTIONS WITH COMMUNITY

- A. Groups family involved in (AA, NA, parenting, YMCA, etc.)
- B. Church
- C. Family activities involved in and activities children involved in
- D. Family support system (grandparents, aunts, friends)

## VII. INSIGHTS OF FAMILY

- A. What are the family strengths and weaknesses identified by the family?

- B. What is the family's perception of the issues that brought family to the attention of the Department?
- C. What does the family feel needs to happen before their case can be closed and the Department's involvement terminated? What changes are they willing to make?
  - 1. What do they understand about the worker's perception of what needs to change in order for the Department to close the case?
- D. What can the worker do to assist them in reaching their goal?
- E. What are they going to do?

### **PROCEDURES FOR ASSESSMENT OF FAMILY NEEDS FOR STATUS AND JUVENILE OFFENDERS**

A worker will:

1. Complete Family Assessment in a timely manner on every case once a determination for continued ongoing intervention has been made and the immediate safety for the youth, family and community has been ensured;
2. Make sufficient attempts to engage the family and youth as active participants in the Family Assessment and document all attempts in the case file;
3. Have at least two face-to-face contacts with all members of the family during the Family Assessment which must include one home visit;
4. Use a variety of information collecting methods in completing a Family Assessment;
5. Make collateral contacts and request only information related to resolution of the family issues which brought the family to the Department's attention;
6. Check HHS data bases for previous contacts;
7. Document all contacts made with the family and individual members to include, the nature and type of contact and information obtained or given by the worker; and
8. Complete the Family Assessment Form using the information gathered during this phase on all juvenile offender and status offense cases.

## SECTION III

### RISK AND NEEDS ASSESSMENTS

#### A. JUVENILE OFFENDERS

##### Overview

The Department uses risk and needs assessment instruments to determine the level of supervision by the worker and others for juvenile offenders. The classification instrument scores two separate criteria: 1). the severity of the adjudicated offense and 2). the risk of future criminal behavior. The initial classification determines the appropriate degree of restrictiveness required by the juvenile offender during the initial period of supervision. The classification is done at least every three months and in response to the youth's behavior.

The Classification indicates whether a juvenile offender requires placement in a secure confinement facility or the Youth Rehabilitation and Treatment Center or whether the risk of the juvenile to re-offend can be managed in the community. The secure confinement facility isn't accessible for juvenile offenders in the custody of HHS-OJS. The Classification Manual provides information on how to determine the juvenile offenders supervision level.

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.

##### Classification Process

The Classification Manual contains more detail about the classification process and the risk and needs assessment instruments. The youth's level of supervision increases and decreases based on the youth's behaviors. The goal is to prepare the youth for discharge. When the youth is making responsible decisions and is preparing to be a law abiding citizen and the youth's family and other support systems are in place or fail to abide by the conditions of liberty help him/her succeed, the worker will recommend discharge. Youth who reoffend or fail to abide by the conditions of liberty agreement will be reclassified and may have more supervision or restrictions placed on them. In some cases, a hearing will be held to determine if the youth's behaviors can't be managed in the community and s/he needs to return to a Youth Rehabilitation and Treatment Center. (See 390 NAC 8-000 for the Administrative Hearing processes.)

Classifications are done as follows:

For Juvenile Offenders at a YRTC for evaluation: the risk assessment and classification are done by YRTC staff. A supervision level is suggested to the court.

For Juvenile Offenders in the community referred for evaluation: the classification is done by the Juvenile Services Officer or designated person in Service Area before the evaluation goes to the Court. (See Case Assignment and Case Process Guidebook, page \_\_ for process for making one recommendation to the court.)

For Juvenile Offenders at a YRTC having had an evaluation who are committed to HHS-OJS:

- the classification is already done,
- the reclassification will be done with Juvenile Service Officer and YRTC staff.

For Juvenile Offenders committed to HHS-OJS who are at a YRTC but have no previous evaluation:

- The YRTC staff and Juvenile Services Officer or designated person will gather information from other evaluations.
- The YRTC staff will do evaluation and classification if the youth is a flight risk. If the youth isn't a flight risk, the youth will be brought back to community for evaluation. Juvenile Services Officer or designated person will do the classification.

## **B. STATUS OFFENDERS**

There is no specific tool to assess the risk and needs of status offenders. Often, a psychological, psychiatric or other mental health or substance abuse assessment provides information about the youth's strengths and needs. This information may be used in doing the Family Assessment and in determining the outcomes of the case plan, the placement setting and services to meet the outcomes of the case plan.

## **SECTION IV**

### **CASE PLANNING**

#### **Definition and Purpose**

The initial family case plan is a written working agreement between the family and the worker. It documents what each party agrees is required to address the youth's and family's service needs. The service needs are identified by the youth, family and worker during the Family Assessment. The case plan also includes the youth's permanency plan. The case plan is monitored and is revised every six months. The youth, family and team who have been involved will be included in revising the case plan to the maximum extent possible.

Intervention by the Department must be planned and purposeful. The purposes of case planning are to:

- Provide overall structure and direction to the case management process;
- Provide direction for permanency planning;
- Document the family's willingness to participate in services and the Department's willingness to assist by providing services;
- Provide an instrument to evaluate case progress and accountability of participants; and
- Document reasonable efforts on behalf of the Department to prevent the out-of-home placement of youth or reasonable opportunities on behalf of the Department to prioritize reunification.

#### **Components of a Case Plan**

The case plan that a worker develops with the youth and family is their joint road map to successful intervention. It is essential that the case plan be specific about:

1. Outcomes - positive results which, when achieved, reduce risk of delinquent or status offense behaviors or alleviate the presenting problem.
2. Goals - behaviorally stated actions that the family, youth and worker hope to accomplish which will move the youth toward his/her individual outcome.
3. Evaluation method - measurement of goal achievement.
4. Services - those actions which are implemented by the Department or other agencies which will assist families and youth in accomplishing specific goals.
5. Time limitations - indicates how often and for how long services will be provided, when goals are to be reached, and when review of progress will occur.

A family and worker need to have a clear understanding of the desired positive behaviors which need to be present in order to close the case. These desired behaviors are the specific outcomes related to case planning which when achieved, reduce risk of reoffending behavior or alleviate the presenting problem which brought the family to the Department's attention. Some outcomes may be related to, but not limited to, the following areas:

- Reduction or elimination of reoffending behavior by the youth;
- Self sufficiency for the youth;
- Parent knowledge and skills to support the youth;
- Stress management for the youth and parent;
- Problem-solving skills by the youth or parent;

- Resource knowledge and accessibility.

Once the outcomes have been identified, these may assist in developing appropriate goals for family members and the youth to work toward and to achieve the desired outcomes.

### **Goal Setting**

Goal setting is critical, and often difficult. Establishing sound goals requires the worker and family to have a common understanding of needs to be accomplished to improve family functioning. These goals must be relevant to the reasons which brought the family to the Department's attention.

A worker must not pile a number of goals on the Case Plan that will overwhelm the family. It is important that the worker clearly identify issues that cannot, or should not, be pursued at the present time. She/he should explain that there may be other identified issues that will be addressed in a logical sequence and time frame. This should assist the worker in avoiding a hidden agenda. This should also help prevent the family from thinking they have accomplished all their goals, only to find they have more sprung on them at a later time.

Goals should be:

- Positively stated, clearly phrased in concise and understandable terms to the family and youth;
- Written in behaviorally specific terms and identify what the youth and family will be doing differently when change occurs. Goals should not be defined as services. For example, rather than having a goal identified as "Mr. Brown will attend parenting classes," the goal should focus on what needs to be achieved by his attendance at parenting classes;
- Measurable and time-limited. Behaviors which can be measured by frequency within certain time frames will better assist the worker and family to evaluate progress;
- Realistically obtainable and recognize minimally acceptable expectations and standards; and
- Developed and mutually agreed on by the family and the worker, whenever possible. The worker's skill must be used to set goals with the family and not for them.

## **Goal Achievement**

To achieve a goal(s), the worker and the family must identify tasks that, when completed, will achieve the specific goal(s). Tasks can be specified for the family unit, an individual, the worker, or other provider(s).

The worker must avoid overwhelming the family with tasks. The number of tasks for the worker and the family should be roughly the same. The worker's tasks should complement the family's tasks. The worker's tasks should encourage family empowerment and enhance the family's ability to solve problems to support the youth and prevent reoffending behaviors. To ensure success, family tasks should take into account the following:

- The youth's and family's level of cooperation and motivation;
- The cognitive and social abilities of the family members;
- The family's ability and willingness to use community resources; and
- Practical limitations, such as transportation.

## **Behavior Contract**

### **Overview**

The case plan identifies the outcomes to meet public safety and meet the needs of the youth and family. A behavior contract supports the case plan and provides accountability for the youth. For youth adjudicated as juvenile offenders, including youth on parole, the behavior contract is called "Conditions of Liberty" Agreement. For youth adjudicated as status offenders, the behavior contract is called "Youth Responsibilities" Agreement. (See Forms Section in this Guidebook for each agreement.)

The behavior contract provides clear expectations for the youth's behaviors and the consequences if the youth doesn't follow the contract. The behavior contract connects with the case plan goals, including the permanency goal. Responses to the behavior of youth who are juvenile delinquents and status offenders are provided through graduated sanctions, rewards, positive reinforcement and natural consequences. In addition to sanctions and rewards, the youth may need treatment services, based on medical necessity.

### **Sanctions, Logical Consequences, Rewards, Treatment Services**

#### **YOUTH BEHAVIOR MANAGEMENT OPTIONS REWARDS AND CONSEQUENCES**

A system of rewards and consequences is available to workers to help guide youth toward responsible, pro-social behavior. Youth are held accountable for negative behavior through the application of sanctions and logical consequences. Positive behavior is reinforced with regards and enhancements. Responses to youth misbehavior are designated to:

- Link the consequence to the behavior;
- Provide logical consequences that utilize natural supports in the family and community wherever possible;
- Be integrated into the larger system that includes family, peers, school, and community;
- Provide consequences that are proportionate to the misbehavior;
- Increase or decrease in restrictiveness or intensity based upon youth's subsequent behavior;
- Be timely;

- Be time-limited; and
- Set clear expectations of behavior.

Examples of rewards and consequences available to the worker are outlined below:

### **Low Level Interventions**

- Discussion with youth and family about the youth's misbehavior and possible consequences for continued misbehavior
- Writing assignments - reports, essays, journaling, apology letters
- Symbolic restitution by performing work for persons needing a helping hand (such as, elderly, disabled, homeless)
- Loss or limitation of telephone privileges at home
- Increased chore list at home
- Loss of driving privileges
- Earlier curfew
- After school supervised study time
- Adult assigned to sit in class with youth
- Community service work
- Require youth to contribute to cost of summer school if attending is due to non-performance during school year
- Assignment of mentor

### **Medium Level Interventions**

#### Behavior Management

- Daily reporting to worker or other designated party
- Increased face-to-face contact with worker or provider
- Saturday school
- Enhanced community service assignment
- Written log of daily activities
- Increased Urine screens - not used with status offenders
- Tighter curfew
- Further reduction of privileges

#### Education Services

- Self-help groups
- Anger management classes
- Conflict resolution classes
- SCIP
- Alcohol and/or drug education
- Grief counseling
- Parenting classes
- Learning about appropriate use of leisure time
- Victim awareness classes

## **High Level Interventions**

Any of above interventions and the following:

- Assignment of Tracker
- Electronic Monitoring
- Assignment to Reporting Center
- Restriction to home except at designated times
- Administrative Review Hearing

Youth released from the YRTC who do not respond to community sanctions or commit new law violations may have his or her conditions of liberty revoked in accordance with an established revocation review process and be returned to a YRTC.

## **Graduated Sanctions for Juvenile Offenders**

include but aren't limited to:

Behavior Management and Provision of Structure

- Increased tracker hours
- Continued reduction in activities, withdrawing of privileges
- Contract with law enforcement regarding house rules and expectations
- Informal administrative hearing
- House arrest or house confinement
- Electronic Monitoring.

Youth who are adjudicated as Juvenile Offenders who continuously violate the terms of the "Conditions of Liberty" agreement and do not respond to sanctions may be returned to the YRTC for a Preliminary Hearing and possibly a Revocation Hearing. See 390 NAC 8-000 for policy on the Administrative Hearing processes.

## **Rewards and Enhancements**

Rewards and enhancements are designed to reinforce positive behavior. The following are examples of rewards available to workers to utilize with youth:

- Verbal encouragement
- Decreased intensity of surveillance/contacts with worker or provider
- Fewer restrictions
- Support for youth to participate in local community activities (recreation, sports, clubs, organizations, etc.)
- Passes to community activities/events
- Experiential education opportunities
- Mentoring
- Early discharge from custody

### **Treatment Services, based on medical necessity:**

- Out-patient therapy- individual, family or both
- Home-based therapy for individual or family or both
- Drug or alcohol treatment for youth
- Psychiatric or psychological evaluation for youth
- In-home mental health treatment supports
- Day Treatment
- Treatment Group Home
- Residential Treatment Center
- In-patient treatment.

### **Time Limits For Case Plans**

When a youth adjudicated as a status offender or abuse, neglect, or dependency is placed in foster care, federal regulations require that a case plan be developed within 60 days of the date of placement. When there is insufficient time to develop a case plan within this time frame, the safety plan will serve as the case plan.

When youth adjudicated as juvenile offenders are committed to HHS-OJS, and placed in a YRTC facility, the worker will do the Family Assessment, using the information from the evaluation. The worker will develop a case plan with the family, the youth and the YRTC staff. The case plan will need to be revised before the youth is released from the YRTC.

For all children in the custody of HHS or HHS-OJS, time limits are needed to evaluate the success of the specific goals and tasks. They assist the worker, youth and family to measure progress on an ongoing basis and help prevent the family from being overwhelmed. Measuring progress in time increments of no more than six month periods, enhances more manageable goal attainment.

## APPLYING A FAMILY-CENTERED APPROACH

Case planning efforts will be unsuccessful if the youth and family are not involved in the process. Active involvement of the family and youth should begin during the assessment stage and should continue in the planning process and throughout the Department involvement with the family. Family member and youth involvement is essential because the family is much more likely to become engaged in the change process if they feel some ownership to the goals. The case plan must address the youth's permanency objective.

The following five steps are important in developing an effective case plan with the family.

1. The worker will actively involve the family in the planning process. As in the assessment of family needs process, the case plan is developed with the family, not for them. Family involvement serves to:
  - Facilitate the development of a therapeutic alliance between the family and worker. It provides evidence that the family's feelings and concerns have been heard and considered;
  - Promote the family's investment in the intervention process. People who are involved are more likely to change;
  - Empower parents to take the necessary actions to change behavior patterns; and
  - Help ensure that the worker and family are working toward the same end.

Initially, the family and worker may have differing perspectives on the reasons for the Department's intervention. The worker's active efforts to involve family members in the assessment and planning is essential in overcoming these obstacles.

2. The family and worker will select reasonable and achievable goals and tasks that address identified risk factors. Important points to consider when selecting goals are:
  - Goals and tasks should be behaviorally stated so that the family and worker know when change has occurred;
  - Goals and tasks should be phrased in a positive manner. They should specify what change needs to take place, not what should be stopped;
  - Goals and tasks should be phrased in a clear and understandable language;
  - Tasks should be very specific. The family members should know exactly what has to be done within the specified time frame;
  - Initial tasks should be meaningful to the person or family. They should be achievable in a two or four week period. These tasks should be viewed as a need and a priority by the family member(s).
3. The worker will address the relevant needs and risk factors identified in the assessment. The family's strengths and resources are to be considered when determining the tasks needed to achieve the goals. The youth and worker will:
  - Consider the environmental and other influences on the family members and help them select goals which can realistically be achieved in the time frame;
  - Recognize and reinforce family efforts. Acknowledge their achievements.
4. The worker will be able to document what all participants in the plan will do and when. Therefore, the plan will:
  - Describe what the youth, family members, the worker, and any other service provider, will do;

- Identify time frames for accomplishing each task and the overall goals.
5. The participants (the worker, family and service providers) will decide how they will determine achievements and goal attainment. The worker will:
- Specify when the plan will be reviewed (not to exceed six months). This review will include the worker and the family members. It will evaluate case progress and the need for plan revision;
  - Confer regularly with any service provider. Agree on a method of ongoing communication to evaluate the effectiveness of the provider's services to the family.

### **Special Considerations for Status Offense Cases**

The Department will target service delivery and case plan goals to families with children adjudicated as status offenders to be completed within six months. Parents of children adjudicated as status offenders must be willing to engage in services with the Department. If the parents are unwilling to participate in services with the Department, then the matter will be returned to the Court with a request that the Department be relieved of responsibility.

Until the court issues an order for termination of Department services, the Department will offer services to the family.

### **Special Policy Considerations When Working with Native American Parents**

Department staff will use tribal social services whenever possible when working with Native American parents and children. 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 youth and family. The "active efforts" standard places a higher burden of proof on the Department than reasonable efforts.

Statute Reference: Indian Child Welfare Act of 1978, United States Code, Title XXV, Section 1901. Neb. Rev. Stat. 43-101.

### **Case Plan Tool**

The Department's Case Plan tool will be used to document the case plan in writing. The worker will ask the youth and parents to sign off on the written case plan which will create a working agreement between the parents, youth and worker. The family and youth will receive a copy of the written case plan for their own reference.

For additional information, refer to:

Forms and Instructions, Case Management for Juvenile Offenders and Status Offenders Guidebook

## **VISITATION FOR JUVENILE AND STATUS OFFENDERS**

### **Youth in Out-of-Home Care in the Community**

When a youth is in an out-of-home placement other than the YRTCs and the case plan's permanency objective is reunification, a written visitation plan will be developed to maintain opportunities for regular contact between a youth and her/his family. Frequent and regular contact between parent(s) and youth. This is critical to reunification. The level of risk the youth

presents to the community, family and self will be taken into consideration in determining visitation arrangements.

### **Youth in a YRTC**

When a youth is in a YRTC, the family may visit the youth at the YRTC. The family members must follow the requirements of the institution. Such requirements include:

- providing sufficient identification, and
- possibly having their belongings or person searched.

A youth at the YRTC may be granted a temporary release, or furlough, from the institution when:

- the team involved with the youth believes a furlough, or visit, would:
  - facilitate completion of release planning,
  - support transition of the youth to the community, or
  - support the reunification plan. AND
- the youth or his/her family is experiencing a crisis or emergency where the youth's presence is required or necessary.

The plan and reactions from the visit will be documented in the youth's file.

### **Purpose of Youth and Parent Visitation**

Contact between the youth and parent(s) is important for:

- Maintenance of attachments and "primary family";
- Validation for the parent(s) and youth that both are continuing to work toward return home of the youth;
- Assurance to the youth that he/she has not been abandoned or kidnapped;
- An opportunity for the parent(s) to observe and practice positive parenting skills; and

When appropriate and possible, there should be contact between the foster parent(s) or caregiver(s) and parent(s). This allows support by all for the permanency plan and case plan goals.

### **Visitation Plan Guidelines**

The worker will develop a written visitation plan (based on the court's order for Status Offenders only) identifying all parties' important role in establishing guidelines for visitation, and in assuring that visitation is successful for all family members and that all parties (parents, youth, foster care or other providers, person supervising if not the foster care provider) understand their roles and responsibilities. The visitation plan will address but is not limited to such issues as:

1. Dates, times and location of visits;
2. How arrangements will be made;
3. Who will be present;
4. Arrangements for monitoring or supervision, if any;
5. Plan for handling of emergency situations; and

6. Procedures for handling problems with visitation.

Please refer to FORMS section of this Guidebook for written visitation format.

### **Frequency of Visitation**

Between the youth and parent(s):

A schedule of a minimum of bi-weekly in-person contact is preferred for youth in out-of-home care (except YRTC). More frequent contact, including but not limited to telephone calls and letters is encouraged. A time-limited exception may be made to this procedure if contact with the perpetrator of sexual or severe physical abuse would be traumatic to the youth and not in the youth's best interests.

Between siblings:

When it is necessary to separate siblings, regular contact and visitation between them must be established. Parent(s) with whom reunification is planned and all minor siblings must have an opportunity for a minimum of monthly visitations, to provide the possibility for interaction as a family unit.

Between the youth and other relatives or significant others:

The decision about contacts with relatives or significant others (such as grandparents, friends or former caregivers) should be left to the parent(s), if possible, with the worker helping the parent(s) assess the extent of benefit or harm to the youth and the youth's need for contact. This applies to general contacts between the youth and relatives or significant others and does not refer to their presence at parental visits which may be restricted.

Between the non-custodial parents:

When a youth is in out-of-home placement, whether voluntary placement or court ordered, the Department should permit and facilitate the prior non-custodial parent's exercise of his/her visitation rights. The Department cannot deny a prior non-custodial parent visitation solely on the basis of the custodial parent's objections. The worker's assessment of risk of abuse and neglect by the prior non-custodial parent is a legitimate reason for modifying the visitation arrangement by, for example, requesting that the prior non-custodial parent modify his/her visitation plan or, if the prior non-custodial parent objects, requesting that the appropriate court modify the visitation order.

### **Supervision or Monitoring of Visits**

The worker should determine if supervision or monitoring of visits is needed, based on the risk to the youth, the case plan, or court order. Supervision or monitoring of visits is useful in assuring that the youth is protected and in permitting observation of parent-child interaction. If the risk is not known, the worker will assure that supervision is provided until the risk can be determined. The worker may arrange for a relative, family friend, foster parent, family support provider, or other appropriate person to supervise or monitor visits. The worker will advise any person supervising visits of his/her role and responsibilities (such as intervening if risk to the youth, modeling or teaching parenting skills and is prepared to assume the role).

A youth's negative reaction to contact might be a barrier, but is not necessarily a reason to stop the contacts. The worker should attempt to determine the cause of the reaction and attempt to find solutions, for example, change the type or place of contact, and assist the parent or caregiver to deal with the youth's feelings in a positive fashion.

Supervision must be reduced and length of visits extended dependent on the family's progress, reduction of risk to the youth, and imminence of the youth's return home. When supervision has been required, the worker should make allowances that the supervision is reduced on a gradually decreasing basis prior to the youth's return home.

### **Other Visitation Information**

Unless otherwise agreed, it is a parent's responsibility to arrange and provide transportation for visits. The worker is responsible for assisting parents in making those arrangements, and, if necessary assisting them to locate necessary funding or authorizing available funds (Please refer to Service Provision Guidebook - Transportation Section).

If parents are unable to provide transportation for themselves and/or the youth, the worker will make other provisions, including transportation by foster parents or facility staff. (The YRTC facilities don't provide transportation for parents.)

Parents are to be involved with their youth in as many ways as possible, for example, providing transportation for school, medical appointments, and community activities. These types of contacts may supplement but generally not replace visitations. Visits must occur in the parent(s) home unless this is not feasible or appropriate, then visits should occur in the foster home or facility. When visits in the foster home or facility are not feasible, visits may occur in a neutral setting.

### **Assessing Contact**

On an ongoing basis, the worker will assess the effects of contacts. One tool for this assessment is observation of parental visits. The worker will secure information from the parent(s), the youth, and foster care provider or other person supervising the visit regarding dates and types of contact, success, and what occurred.

If the worker determines that any of the agreed upon contacts are contrary to the youth's best interest, provide a safety risk, or are interfering with the case plan or goal, she/he will take appropriate action to remedy the situation. If progress is made regarding the problems which resulted in placement and the risk to the youth is reduced, the worker will consider the appropriateness of increasing the number of length of visits and reducing supervision of monitoring of the visits.

## **SECTION V**

### **CASE MANAGEMENT**

#### **Definition and Purpose**

Once the case plan has been developed, the worker will provide or arrange for services identified in the plan to assist the youth and family members in achieving their case plan goals and tasks. Case management not only includes initiation of services but also monitoring and coordinating services and continuously assessing risk, assessing the services themselves, matching appropriate services to the youth's and family's needs and phase out of services.

#### **Case Management Responsibility**

The case manager is the person with primary responsibility for tracking that the case plan for a youth and family is carried out and for coordinating and evaluating services. She/he has primary responsibility for decision-making about out-of-home placement and reunification. The case manager will have regular contact with the youth and family. The case manager will ensure that:

1. Services and supports are in place to address the youth's likelihood of reoffending;
2. Family preservation is maintained to the greatest extent possible;
3. The behavior contract provides the supervision necessary for the youth;
4. Permanency is achieved for the youth;
5. Opportunities for family involvement are maintained;
6. If the youth is placed out-of-home, she/he is placed in the least restrictive environment available in close proximity to his/her family;
7. The youth and each family member are offered appropriate services for achievement of the case plan;
8. Services to the youth and family are coordinated;
9. Interventions are done in a least restrictive way to meet the youth's needs for supervision;
10. Case staffings are held on a regular basis. These staffings include the family, service providers and other professionals or individuals that have direct involvement with the case;
11. If court is involved, the court, attorneys and appropriate others receive information regarding the youth and family situation;
12. Wards are prepared for adulthood, with specific focus on services to wards age 16 through 18;

## TRANSFER OF CASE MANAGEMENT BETWEEN SERVICE AREAS

When a child who is a ward of the Department moves within the state, case management services may need to be transferred to another service area or local office. **The general criteria for all Protection and Safety cases is that location of case management and income maintenance are determined by location of the family with whom permanency is planned.**

### Specific criteria:

- **Permanency objective of reunification:** Case management remains with or is transferred to the service area where the parent resides.
- **Permanency objective other than reunification:** Case management remains with the originating service area unless one of the following circumstances applies:
  1. The permanency objective is adoption, and the adoptive placement agreement has been signed by HHS and the prospective adoptive family; or
  2. The permanency objective is neither reunification or adoption and the originating office has located a permanency placement in the other service area and the originating office has made arrangements for maintenance of any significant ties the child has with others such as siblings or former foster parents in the originating area; or
  3. The permanency objective is not reunification or adoption and the child's case plan clearly identifies why the child must remain in the receiving service area in order to meet the child's needs. Example A: Youth's permanency objective is guardianship. He is placed in a facility in Lincoln. No potential guardian is identified. The youth's father also lives in Lincoln. Reunification with the father is not possible, but one of the youth's needs is a relationship with his father. He needs to remain in Lincoln even when he is ready to leave the group home so the relationship can continue. Example B: Youth is 18, with a permanency objective of independent living. She is placed in a facility in Kearney. She is graduating from high school and plans to attend college in Kearney.

Example of an inappropriate request to transfer a case: Youth from Omaha is gang-involved. He is placed in a facility in Norfolk. The case manager wants Norfolk to locate a step-down placement in Norfolk so that the youth won't return to his neighborhood and friends in Omaha.

A case cannot be transferred when the child is living in a treatment setting, unless the child is in treatment foster care, and the child's plan is to remain with the foster family permanently, even when treatment has ended.

**COURT:** When a case is transferred from one service area to another, the originating service area is responsible to request transfer of court jurisdiction to the new location of the family or child. When the originating court refuses transfer, the originating service area must consult with the Protection and Safety Legal team for assistance. Whether or not transfer of court jurisdiction occurs, the office with case management is responsible to cover all hearings.

In an emergency, when court jurisdiction is not transferred, the case manager or supervisor can request coverage for a hearing from the originating office, which has the option to refuse. If a courtesy worker covers the hearing, the case manager or another worker or supervisor from the office with case management must be available by phone for consultation during the hearing.

Considerations: Many courts refuse to allow anyone other than the case manager or supervisor to represent the Department at hearings, to assure that a person with in-depth knowledge of the family, progress, and the case plan is available. On the other hand, having to travel a long distance can be problematic for the family, child, caregiver, and worker. In those

circumstances, it might be appropriate to request the court's permission to provide testimony by phone.

**WORKER VISITS WITH THE PARENT(S), CHILD, AND CAREGIVER:** (This information does not apply to ICCU cases, as ICCU's must maintain contacts as directed in their contracts.) The service area with case management is responsible for assuring that all visitation requirements are met (e.g., between worker and family, worker and child, worker and caregiver, parent and child, and child and siblings). When distance is a barrier to monthly face-to-face contacts by the worker, the service area with case management can request courtesy visits from the service area in which the child or caregiver is located. When this request is made, the following apply:

- The service area in which the child and caregiver reside cannot refuse to provide courtesy visits;
- Courtesy visits are not substitutes for regular contact between the case manager and the child. Therefore, the case manager must continue minimally to have phone contact with the child once/month and at least once every 3 months to participate in a phone visit with the child and courtesy worker;
- During visits, the courtesy worker must visit with the child to:
  - Answer the child's questions about the facility or community;
  - Assure that the child is receiving adequate care;
  - Provide the child with an opportunity to communicate openly with a representative of the Department; and
  - Communicate any concerns to the case manager.

The courtesy worker must provide a summary of the contact to the child's case manager, in the form of an e-mail or a narrative in N-FOCUS. The case manager is responsible for discussing the case plan, treatment plan, and family-related topics with the child.

#### **REQUIREMENTS PRIOR TO TRANSFER OF A CASE**

- The office with case management is responsible for having the case complete and up to date, including but not limited to:
  - Completion of all documentation, visits required within the month, case plans or court reports if court is scheduled within the next 30 days, N-FOCUS entries, narratives, adoption exchange referrals, and FCPay updates. (The receiving service area cannot require completion of forms or activities that are not mandated statewide.)
  - Necessary changes to existing service authorizations.
  - Completion of a case transfer summary. If not clearly stated in the case plan, the transfer summary must include:
    - Reason child entered HHS custody, and desired outcomes;
    - Current situation, including family's strengths and how the family's situation is different from that at case opening;
    - Recommendations regarding future case management, such as appropriateness of services not currently provided to the family; and
    - Date of and reason for transfer.
- The receiving office must have named a case manager.
- A case transfer meeting between the originating case manager and supervisor and the "receiving" case manager and supervisor must be held. (In order to fulfill this requirement, the receiving area must name the new worker and supervisor prior to the meeting.) The purpose of this meeting is to:
  - Assure that the case file is in order and necessary case activities are current;
  - Provide the "receiving" case manager and supervisor with information that might be needed immediately to assure safety for the child;
  - Determine the actual date of the transfer;
  - Collaborate on any other necessary actions or activities; and
  - Strategize how the new worker will be introduced to the child and family.

This meeting can be held by phone. If these parties cannot reach agreement over appropriateness of the transfer and its timing, they must refer the request to both PSA's for resolution.

- Unless the receiving area agrees otherwise, transfer of a case cannot occur if court is scheduled within the next 60 days.
- The area of origin must notify all parties, including but not limited to parents, child if appropriate, court, county attorney, GAL, and CASA, of the date on which transfer will occur and who the new worker will be.
- The receiving area is responsible for changing case assignment on N-FOCUS.

**(End of 12/05 Revision)**

### **Case Staffings or Team Meetings**

Effective case management will be enhanced through team effort in an open format where case progress or barriers to progress can be openly discussed. Case staffings or team meetings can provide this kind of opportunity where parents, the youth (if age appropriate), foster parents (if applicable), service providers (such as YRTC staff, trackers, family support workers, therapists), attorneys (including parent's counsel and Guardians ad litem), the worker, and other significant person(s) can discuss, evaluate and make appropriate changes in coordinating efforts to achieve the respective case goals. Youth and families should be advised by the case manager of their ability to request a case staffing at any time. Youth and families should be encouraged to take advantage of their ability to do this. Case staffings or team meetings may be held in person or by telephone.

The worker will coordinate and facilitate the meeting to include the following:

1. Notifying all participants of the date, time and location;
2. Clarifying the purpose of the meeting;
3. Planning a tentative agenda to include areas of discussion to be covered;
4. Documenting the areas of discussion and decisions made;
5. Summarizing at the end of the meeting to verify understanding of discussion and decisions agreed upon by the participants.

It is recommended that staffings or team meetings take place at least once every six months and can be coordinated with case evaluation, case planning and permanency planning reviews. The classification of subsequent risk will be done with the case plan for juvenile offenders. The behavior contract is done with the case plan and as needed.

### **Federally Required Periodic Reviews**

Periodic reviews of cases for children in out-of-home placement by a panel including one person not responsible for service delivery to the case, is required by the federal government. These reviews must occur every six months while a youth is in out-of-home placement according to the federal guidelines. The reviews must be open to parent participation and address the following issues:

- The continuing need and appropriateness of the child's placement,
- The current health and education status of the child,
- The extent of the youth's and family's compliance with the case plan and behavior contract,
- The extent of progress made to alleviate the need for out-of-home placement,
- A projected date by which a youth will return home or achieve another appropriate permanency objective, and
- The extent of progress made to alleviate continued custody.

As a result, it is important that a worker include each of these issues in the case plan and court report for status offenders and using the Department's designated format. (Please refer to the Court and Legal Guidebook, Forms Section for the Case Plan and Court Report.)

The federal government conducts audits of the Department including random selected case reviews to ensure that the federal requirements are being met.

The Department's ability to successfully pass these audits allows for continued funding from the federal government.

## **FOSTER CARE REVIEW BOARD**

### **Purpose of Foster Care Review Board**

The Foster Care Review Board is established by state statute. Its functions include:

- a. Review of the cases of all children in the custody of HHS in out-of-home care at least every six months to determine what efforts have been made to carry out the plan for rehabilitation of the child and family unit or to put the child into a permanent placement, and to submit their findings and recommendations regarding progress and efforts to carry out the plan to the court;
- b. Encourage placement in the most family-like long term foster care situation that is possible and appropriate if return home is not likely and there are reasonable grounds to assume that adoption is unlikely;
- c. Encourage and promote stability and continuity in foster care by discouraging unnecessary changes in placement;
- d. Conduct the reviews which will meet the requirements in Public Law 96-242. Those reviews must make a recommendation about:
  - (1) Continuing necessity for and appropriateness of the placement;
  - (2) Extent of compliance with the case plan; and
  - (3) Extent of progress which has been made toward alleviating or mitigating the causes of out-of-home placement and must project a likely date by which the youth will be returned home, adopted, or be in a guardianship or another form of permanent situation.

### **Review of Case Record**

The Foster Care Review Board has the right to review the case records of children who are in out-of-home care. FCRB staff may review the case records at the local office. FCRB staff can make copies of the materials from the HHS record for the child as long as the FCRB staff person marks the information as "confidential."

The FCRB will submit a list of cases to be reviewed to the local office. Within five working days of receipt of the listing of cases from the FCRB, the designated person in the office will review the list, determine if each case is appropriate for review, and:

- If the case is open and the child is in out-of-home care, all pertinent documents are filed and that narrative is current; and
- If the case is not open or the child is not out of the home, notify the FCRB of the reason it is inappropriate.

Intake and initial assessment reports must be shared with FCRB. The reporting party's name in child protective service cases is protected by statute and can't be shared. Before releasing the record to FCRB, the local office will assure that any original reports with the reporter's name have been removed and placed into the case file Appendix, and that a copy with the name removed is in the record.

While information regarding contacts with HHS legal staff are not included in the child's or family's case record, the worker may provide FCRB with a brief undetailed account of such

contacts and the decisions reached, so the FCRB may have accurate information regarding HHS's actions on behalf of a child or family.

The case file appendix is not to be released to the FCRB. It should be removed before the file is given to the FCRB for review.

The case file appendix should ONLY contain:

- The law enforcement report about CPS investigations;
- Law enforcement reports related to non-CPS incidents or alleged law violations;
- Contacts with HHS legal staff regarding the case. This is attorney-client privileged information;
- Information about HIV/AIDS testing, including the fact the child was tested, and the results;
- Initial and intake assessment reports that include the reporter's name; and
- Administrative Hearing Packet for juvenile offenders.

No information other than the appendix is to be removed from the child's record.

Law enforcement agencies share their reports with the Department but since we are not the authors of the report, we are not able to release the report to others, even the FCRB. Information about the actions or findings of law enforcement should be included in the case file narrative which is open to the FCRB. If the FCRB feels it is necessary to review the reports, it can obtain a release of information through the law enforcement agency. A general release from a specific law enforcement agency is sufficient for all cases from that law enforcement agency.

### **Request for Additional Information**

There are times when the FCRB requests additional information. When the worker receives a request for information s/he will:

1. Determine whether the information requested can be released under 390 NAC 1-007.13B;
2. Share the requested information allowed by policy (390 NAC 1-007.13A) or explain why the information cannot be released;

The worker may also receive a request for information by phone or in person. S/he should comply under the guidelines in policy and the Guidebook.

If a worker has questions or concerns regarding a FCRB staff contact or request, s/he should discuss them with his/her supervisor. The supervisor is responsible for consistent and informed responses to the FCRB questions.

## Foster Care Review Board Recommendations

When the worker receives the written report from the FCRB, the worker should:

- Read and consider the recommendation in case planning and service delivery, and
- File the recommendation in the appropriate section in the child's or family's file and retain the information as long as the case is open.
- If subsequent action is taken on the FCRB recommendation, the worker will document the action in the child's case file.

### Participation in FCRB Reviews

The Foster Care Review Board is responsible for reviewing cases of children who are wards in out-of-home care at least every six months. The reviews are done by a local board, composed of citizens from the community, facilitated by a FCRB Review Specialist who is an FCRB staff person. FCRB has two types of reviews:

- Participant Reviews: Held at least every 12 months. Persons involved with the child or case are invited to attend the review and provide input. It is encouraged that an appropriate HHS staff person (likely to be the case manager) attend these reviews, if possible, to assure that the board has accurate information about the case and child. The decision about attendance is up to the local office and should include consideration of distance, time to be used by attending and how clear information will be provided to the board if no HHS representative is there.
- Questionnaire Reviews: Held alternatively with participant reviews, (for example, Participant Review in January, Questionnaire Review in July. The local board reviews information presented by the FCRB Review specialist, from the case file, and also the information from questionnaires that were returned.

Alternative ways to participate in reviews include:

1. Taped input. This alternative can replace completion of a questionnaire. The worker can call the Foster Care Review Board office in Lincoln at 402-471-4420, or 800-577-3272, between the hours of 8:00 a.m. and 5:00 p.m. CST on regular workdays. The worker should provide enough time for the information to be available for the review. The worker should tell the person who answers the phone that s/he wants to tape input for the local board review. The FCRB staff person will connect the worker to the recording equipment and hang up, so that the information will be confidential. The worker should identify the child, her/himself, the date of the review, and begin to record. One easy way to record information is to use the questionnaire sent by the FCRB. If that format is used, the worker should read the question and then answer it. FCRB anticipates that a worker's recording will be from 5-7 minutes long. After approximately 7 minutes, the FCRB phone person will come back on to the line to determine if the worker continues to record. If so, the FCRB person will go back off the line and allow the worker to continue. The taped information is given to the FCRB Review Specialist and will be played at the review.
2. Hook-up by speaker phone. If a HHS person wants to participate at the review, but distance or some other factor is prohibitive, the HHS person can call Foster Care Review Board in Lincoln and ask to be connected by phone. The number to call is 402-471-4420 or 800-577-3272, between 8:00 a.m. and 5:00 p.m. CST on regular workdays. The HHS person should give the FCRB person who answers the phone the name of the child, time of the local board, and her/his name and the number at which s/he can be reached during the review. That information will be given to the Review Specialist facilitating the review. The HHS person will be called and can talk with the persons present at the actual review, who will be on a speaker phone.

## Legal Standing by FCRB

When the Foster Care Review Board is considering participating in legal proceedings on a case, an increased level of communication might be necessary. The worker assigned to the case or the supervisor is encouraged to be responsive to provide clarifying information to the FCRB to facilitate resolution of concerns which appear to be leading to the FCRB court intervention. Time spent on such resolution usually will be preferable to the alternative of extra time and expense in court. The communication can occur in a variety of ways, including by phone or meeting with Foster Care Review Board staff.

## Sharing of Court Reports

By state statute, when the Foster Care Review Board has obtained legal standing on a case, the Board becomes a party of the case. In that situation, the case manager must include the Foster Care Review Board in any mailings to the other legal parties of record, that is, court, GAL, parents.

## DOCUMENTATION

Service documentation will be used to document all contacts and worker activity as a part of case management. The service documentation will be maintained in chronological order within the case file and will include current service documentation within the last thirty days.

For additional information, refer to:

A Decision Making Handbook, Chapter IX  
Form and Instructions, Case Management Guidebook

## REQUEST FOR CASE REASSIGNMENT

Policy statement: If a worker is assigned to work with a child or family with whom she/he has or had a personal relationship, the worker will request the case be reassigned.

A worker may make a request for reassignment to her/his supervisor including but not limited to the following:

1. Burnout - the worker has become emotionally worn down by family's high complex level of need and intervention efforts are (as a result) hindered.
2. Personality conflicts between the worker and family member cannot be minimized or controlled and are creating a substantial barrier to services and progress.
3. Hostile family member - the worker has valid concerns that her/his personal safety is at risk and continued involvement with the family may lead to a life-threatening situation.

NOTE: Reassignment may not be possible in this situation based on practicality or staff resource options. However the worker's supervisor should be advised so precautions can be taken to assist with worker safety.

## CLARIFICATION REGARDING PLACEMENTS FROM ONE AREA TO ANOTHER

Placement of a child in a nontreatment out-of-home placement from one area to another should be done within the framework of the PFPC Policy. According to 390 NAC 2-001, Case Consultation, this is a specific consultation point. (The worker pursuing the placement in another area must consult with the other area contact person to determine if the placement is viable for the specific child.)

The general placement policy should also be followed. According to 390 NAC 7-000:

*“The Department will consider the placement resources and place the child:  
-in the least restrictive, most family-like setting to meet the child’s needs;  
-closest to the family to meet the child’s best interest and special needs;  
and  
-in a setting that provides for continuity for the child in school, church  
and other community relationships whenever possible while also considering  
the safety of the community.”*

The Indian Child Welfare Act placement criteria should always be followed for Native American children (390 NAC 7-004.07). When it appears the most appropriate resource is in another district, the case manager must consult the contact person in the other district before placement. The case manager will take the information from the contact person into consideration in determining whether to proceed with the placement. The case manager may contact the resource to determine appropriateness and availability before contacting the other area. In an emergency in non-working hours, the placement may be made and the other area contacted the next working day. (See list of “Out-of Area Contact People.”) The case manager will discuss the following with the contact person in the other district:

1. The needs and strengths of the child to be placed;
2. Type of children in the placement;
3. Strengths and weaknesses of the placement resource especially in relation to the child’s needs;
4. Type of children the resource serves well and any other relevant information;
5. Complaints, assessments, or licensing actions; and
6. Access to community resources, school districts issues, if any.

If the contact person has concerns about the placement, those concerns should be shared with the case manager. If the contact person doesn’t recommend the placement, and the case manager disagrees, a neutral third party should be asked to resolve the issues. The third party may be a person or a team determined by the contact person and case manager. This team serves the role identified in 390 NAC 2-007, Consensus on Decision Making.

The mandatory consultation point for cross-area placements applies to nontreatment placements and includes:

- relatives
- foster homes, licensed and approved
- emergency shelters
- emergency shelter homes
- group homes

Out-of-area placements are most likely to be used for group settings rather than foster care.

## **Case Management or Case Supervision**

The Case Management Guidebook, page 22, says when a child is out of the home and the goal is reunification, case management decision responsibilities remain in the local office area where the custodial parent resides. When placement of the child is outside of the local office or district or both, the case manager is responsible for requesting that case supervision be arranged in the child's placement area, if needed.

If a placement is made in another area, the case manager and contact person from the area will decide who will take responsibility in an emergency. They will also discuss the expectations of the court of jurisdiction regarding notice of placement changes.

See Case Management Guidebook, pages 22-23, for more situations.

## **Native American Children in Out-of-Area Placements**

The Indian Child Welfare Act must be followed for Native American children who live on the reservation and who don't live on the reservation. The placement order of preference is described in Policy at 7-004.07, Special Considerations for Native American Children. Tribal and Department workers should follow the placement order of the placement before pursuing an out-of-area placement. There are certain situations under which the Department may depart from the established order of placement. These are found in 390 NAC 7-004.07.

## **SECTION VI**

### **EVALUATION AND CASE CLOSURE**

#### **Evaluation**

##### **Purpose**

The purpose of any form of program evaluation is to improve service delivery to children, youth and families. Evaluation is used to measure the Department's performance and the progress of the youth and family. The primary focus of the evaluation is on the customer (primarily the youth and family).

##### **Types of Evaluation**

There are two primary types of evaluation:

1. Formative evaluation - focuses on the process and how it can be improved. This also includes the Total Quality Improvement effort which looks at all HHS processes and the customer's expectations to improve them.
2. Summative evaluation - sometimes called outcome evaluation, and which focuses on whether we have accomplished what we said we were going to accomplish.

The Department will use both types of evaluation with a focus on the case.

### **CASE EVALUATION**

#### **Policy Statement**

The Department's policy states that cases will be formally evaluated at least once every six months with the worker managing and directing the evaluation process. The youth, family and team who have participated in case planning and delivery will be involved in the case evaluation to the maximum extent possible.

#### **Evaluation of Youth and Family Progress**

The primary focus of all Department efforts are the family and youth. Although policy states that a formal evaluation occurs only once every six months, the process should occur informally with every contact that is made with the youth and family which will be more frequently than every six months. If a youth isn't following his/her conditions of Liberty Agreement, graduated sanctions may be used and the case plan may need to be adjusted.

IF THE YOUTH'S SITUATION CHANGES AND RISKS TO THE COMMUNITY, FAMILY AND YOUTH ARE ADEQUATELY REDUCED OR ELIMINATED AT ANY TIME DURING THE CASE PROCESS, CASE CLOSING SHOULD BE CONSIDERED!

The primary purpose of the evaluation of the youth's progress is to measure what changes have occurred in the most critical factors identified during the assessment(s). The worker will collect and organize information, apply standards to measure and analyze information and evaluate and interpret the meaning of the information in conjunction with and the assistance of support staff. The worker will focus on the following areas:

1. What changes (if any) have occurred with respect to the conditions and behaviors which brought the family to the attention of the Department?
  - What case plan tasks have been accomplished and how does the worker know that they have been accomplished?
  - What progress has been made toward achieving the goals?
  - Are services being provided as planned and/or are other services needed to help the family achieve case goals?
  - Identify or document unanticipated barriers.
2. Should a new case plan or referrals be developed based on the progress or lack of progress) during the last case plan evaluation period?
3. What is the current level of risk of reoffending or status offense behavior (if applicable)?
4. Has the risk of maltreatment (if applicable) been reduced so significantly that the CPS case can be closed?

### **The Process of Evaluating Youth's Progress**

The process of evaluating youth's progress is a continual case management function. Once the case plan is established, the worker's contacts will be focused on assessing the progress made towards achieving established goals and tasks. The process of evaluating the youth's progress include the following steps:

- Review the case plan and referrals.
- Engage the youth and family in a discussion to review progress toward goals and tasks established during referrals.
- Engage service providers and collect information from all service providers regarding the progress toward achieving case goals.
- Evaluate changes in the conditions and behaviors felt to be most critical which brought the youth to the attention of the Department including the risk of reoffending or status offense behaviors and reassess the risk of maltreatment (if applicable).
- Collect information regarding the youth's progress in any treatment.
- Consider changes in the family dynamics during the last evaluation period.
- Use a process for analyzing and documenting the case evaluation in relation to the key decisions at this stage.

## What to Consider When Progress is Lacking

If, during the evaluation, the worker finds that progress is lacking, then she may want to explore what needs to be done. She may wish to consider the following:

Determine if the assessment was accurate and if conclusions about the nature of the presenting and underlying problems were accurate:

- Determine if the time frames are clear to all participants and realistic;
- Make sure the tasks outlined in the plan are clear to all participants (including the worker and contract providers). Assess whether the tasks were appropriate and useful in addressing goals;
- Assess progress on the behavioral contract;
- Determine if all participants (including the worker and contract providers) have been performing their tasks. If not, why are not, they performing them and what are the consequences? Determine if the correct participant was performing the correct task and if the tasks are appropriate to the participant's role;
- Explore whether all participants still see the relationship between the problem and the plan;
- Decide what, or if, further changes are needed to solve the identified problem;
- Determine if new problems have surfaced that have caused, or may cause, the youth to be abused or neglected. Determine what new goals are required;
- If necessary, mediate disputes and disagreements between the client and each helping resource or between helping resources;
- Assess whether the youth and family members are capable of further change. Determine if they have reached their maximum level of functioning after reconsidering the family's: and youth's:
  - Physical and intellectual capacities,
  - Socio-economic situation,
  - Personal and cultural values, and
  - Functioning in response to current situation;
- If the family members have not changed their level of functioning or behavior, decide if this was due to a lack of motivation or an unwillingness of certain members to cooperate;
- Determine the necessity to obtain additional information before an effective evaluation can be conducted and whether the information is accurate and verifiable.

In the process of re-evaluation, the worker will focus on:

- Eliminating risk factors that are still present;
- Identifying service needs that were not addressed in the previous evaluation, or met in the previous plan (sometimes more than one plan is needed);

- Identifying other service needs that have arisen since the previous assessment which are related to the reason that brought the youth to the attention of the Department and contribute to risk.

## **PROGRAM EVALUATION**

### **Relationship to Total Quality Improvement**

The Department's Total Quality Improvement initiative provides the training and direction for undertaking the important work of continuously improving our services to our customers (children, youth and families) by closely examining our customer's expectations, and our "work processes" and how these work processes can be continuously improved. These work processes are mapped, and their essential elements are quantified and analyzed in teams.

### **Coordinating Evaluation**

The Department has responsibility to provide a basic standard of all its services across the State. Therefore, each area of the State will come together to share information regarding total quality improvement, customer evaluations, and to establish which outcomes will be evaluated on a Statewide basis. Measurement of these outcomes will be accomplished in a collaborative effort by workers, and administrative staff.

**SECTION VII**  
**CASE CLOSURE**  
**Policy Statement**

Policy states that the worker focuses on the issues that brought the family to the Department's attention in deciding whether to close a case. Policy (390 NAC 5-006.02) continues that HHS intervention is terminated and a case is closed based on the following:

1. The goals established in the case plan have been achieved, and
2. The child is safe and risk of future maltreatment and delinquency has been sufficiently reduced, or
3. The family refuses services and no legal grounds exist to pursue court action, or
4. The family and child in a voluntary CPS case cannot be located or client is deceased, or
5. The sending state through Interstate Compact closes case, or
6. Current family problems are not within the scope of the Department's mission, or
7. The child is convicted and sentenced as an adult; or
8. The child is age 19, or
9. The child dies.

**Working with the Family**

The family and youth will normally also be involved in the decision to close the case. Discussion of the case closure will have taken place during the assessment phase when time-limited services were discussed with the family and youth.

Termination of the workers intervention will be a planned and natural component of the casework process. Due to its importance in this process, the worker must carefully prepare for it. Skills in terminating the helping relationship are just as important as skills which are used in initiating and establishing the relationship. Listed below are some important factors for the worker to consider regarding termination.

- **Building Support Systems.** Stabilizing the changes which have been made by the youth and family is important. The worker must try to determine what factors might counteract the changes made in the helping relationship and take steps to prevent this from happening. Helping the youth and family locate and use outside support systems and resources throughout the ongoing services phase is a good way of facilitating family empowerment. Such measures will assist the youth and family beyond the time when the Department closes the case.

- **Beginning Disengagement.** Several weeks before the actual closure, the family and youth should again be reminded of it and references to it should be made more frequently thereafter. It is often helpful to decrease the frequency or duration of contacts with the youth and family toward the end of the helping relationship.
- **Family or Youth Reactions to Termination.** If the relationship has been a rewarding experience for the family, the prospects of termination may be met with ambivalent feelings. There are a number of typical reactions which youth and families may use to avoid and forestall termination, or to face up and accomplish it. These reactions include:
  - **Denial.** The youth and family members may simply "forget" that the protective service worker has told them about termination.
  - **Regression.** The family and youth seems to backslide in their abilities to cope with problems. They may demand greater dependence upon the worker. They may also show anger toward the worker and toward the idea of termination;
  - **Expression of Need.** Youth and family members may feel that the worker will continue to provide services if they show the needs still exists. The youth or family may increase problematic behavior, verbally plead for continuing help with problems, or bring up new problems;
  - **Recapitulation.** Youth and family members may express a desire to reminisce or repeat earlier experiences with the worker in an effort to recapture the helping experience that is slipping away;
  - **Evaluation.** The process of repeating earlier experiences may become part of the process of evaluating the meaning and worth of the experience with the worker.
  - **Flight.** There are two kinds of flight. The destructive form of flight is a reaction to separation in which there is a denial of any positive meaning of the experience with the worker. The second kind of flight is positive and involves constructive steps toward disengaging from the helping relationship.

The youth and family members might find new activities, friends, or another person who is meaningful to the family as the worker has been.

- **Worker's Reactions to Closure.** The worker sometimes feels a sense of loss because it is not easy to separate from someone with whom she has developed a meaningful relationship. Termination also tends to make the worker question the quality of her performance. She may have guilt feelings for not having had the time or skill to have been more helpful to the youth and family. If the worker is not clear about her own feelings about termination, she can easily get caught up in the youth's and family's reactions, especially if the youth and family are attempting to prolong the helping relationship.
- **Evaluation of Work Process.** It is helpful during the case closure process for the youth and family and worker to evaluate the progress made by the youth and family. Feedback from the youth and family may be valuable in helping the worker to evaluate her performance and establish future relationships.

### **Specific Case Closure Activities**

Considering the above information, the worker will:

- Meet personally with the youth and family to discuss case closure.
- Establish time frames (together) for when the case should be closed.
- Acknowledge the youth's and family's (and worker's own) feelings about case closure.

- Be prepared for a youth and family created crisis that may occur as a reaction to anticipated independence resulting from the planned closure.
- Review the progress made as a result of Department involvement emphasizing efforts that were essential for the resulting changes.
- Refer the youth and family to any additional Department or community resources (both formal and informal), as needed.
- Leave the door open for services, should they be needed in the future (including providing information to the youth and family about how to contact the Department and who should be contacted in the future).
- Review the support system or service the youth and family has identified for use following closure.

### **Case Consultation**

Case closure is one of the designated "consultation points" in which a worker will consult with, not only the family, but administrative support, peers, and external team members regarding the possibility of case closure.

Once the determination has been made that the situation which brought the youth and family to the Department has been resolved, or improved to the point that Department involvement is no longer required, the case can be closed. The criteria used to determine whether to close a case is minimal standards, not optimal standards for family functioning. If families and youth need ongoing support and treatment following case closure, assistance will be provided to the youth and family to arrange for these services from the community prior to case closure.

Closing a court ordered case will occur only after a court order is received ordering case closure. Court involved cases will require reaching consensus with guardian ad litem and attorneys. If not, contact legal support for assistance.

### **Documentation at Closure**

Documentation of the case closing must be completed. The "Final Risk Evaluation and Closure" form should be used.

In addition, the worker must ensure that the case is closed on all computer systems.

Notification to other Department of Health and Human Services staff who need to know of the case closure to avoid payment problems (such as "wrap around services" - formerly known as Title 20) should also be done.

These last activities will also need to be completed when there is a case transfer.

Thus, the "Case Closing Checklist" should be completed.

## CASE CLOSING CHECKLIST

\_\_\_\_\_ Notice to school district of termination of wardship, even if youth will continue to attend that school district.

\_\_\_\_\_ Case record up to date.

\_\_\_\_\_ Narrative current and up to date at closing.

\_\_\_\_\_ Risk Assessment Closing, or Closing Format completed.

\_\_\_\_\_ Information System up to date.

\_\_\_\_\_ Central Registry up to date.

\_\_\_\_\_ Verification that exit information and personal belongings and health record were received by child or youth, parent, or guardian (signed check list, and notation in case narrative).

\_\_\_\_\_ Documentation of case closing filed in record by one of the following:

\_\_\_\_\_ Court order terminating wardship by the Department.

\_\_\_\_\_ Copy of adoption of guardianship decree, or if the court refuses to provide a copy, documentation in the record of the number and date of decree and fact that the court refused.

\_\_\_\_\_ Death certificate.

\_\_\_\_\_ Marriage certificate; or if the ward is discharged as a result of age of majority, marriage or an enlistment in military and completion of basic training.

## SECTION VIII

### DISCHARGE OF WARD

#### Policy Statement on Discharge

The determination to recommend discharge of a ward is made by the protective service worker in consultation with supervisory staff. The worker is also responsible to include all parties in the decision process. The worker makes the recommendation in writing to the designated person in the Service area for juvenile offenders in the community and at the YRTC. (Status offenders are discharged through court action.) The designated person reviews the discharge recommendation. If the recommendation is approved, then discharge is granted. If there is disagreement, the designee convenes the team members who have been involved. This will include the worker, youth, parents, providers and YRTC staff, when involved. The designated person is the decision maker.

Terminating the Department's custody of a ward may be pursued by discharge of a ward through:

- Court action, dismissing the Department's custody; or
- Court determines that the youth is convicted and sentenced as an adult;
- Court action as a result of the ward's marriage, entrance into the military, or age 19, or
- The provision of Section 43-905 R.R.S., 1943, which provides when a youth "becomes self-supporting, the director will declare the fact and the guardianship will cease" or under subsection 4 when the "parents of any ward, whose parental rights have not been terminated, have become able to support and educate their child, the Department shall restore the child to its parents, if the home of such parents would be a suitable home." COURT TERMINATION OF CUSTODY IS PREFERABLE TO ADMINISTRATIVE DISCHARGE. (Note: This applies to Status Offenders Only .)

#### Purpose

The discharge of a ward formally terminates the legal care and custody and control by the Department with the ward. Preparation for discharge from Department custody is an ongoing process which began at the time the youth was made a ward of the State. This will have included all case management services provided by the Department, and specific services aimed at providing the ward with the skills needed to prepare for adult living or to live independently (See Independent Living Guidebook). The worker will also need to keep in mind instances in which the State's former ward program is appropriate. There are many activities which must be completed by the worker, and administrative support during discharge. (Note: A youth has to enter the Former Ward Program before discharge from the Department or meet one of the exceptions in the service Provision Guidebook.

#### When to Request Discharge

The worker will request that the Department's guardianship be terminated by Court order. The information cited above regarding "administrative discharge" Section 43-905 is rarely, if ever used. (This is only for status offenders.)

On status offenders the Court can over ride the administrative discharge; therefore, a request should be made of the court to terminate the Department's custody involvement.

Instances in which the Department will request that the Court discharge a ward from the custody of the Department include any of the following:

- There is agreement among all parties that the ward will benefit from the return to and custody of the parents; or
- The child has reached the age of majority and is beyond the age of eligibility as an adult at age 19, and hence no longer eligible for child protective services as a child; or
- The child enlists in the armed services and completes basic training; or
- The child marries; or
- The child is legally adopted or guardianship is legally finalized; or
- The child dies; or
- The child has runaway and cannot be located (after 90 days of learning of runaway);
- The child and family are not measurable to any available services.

### **Making the Request to the Court For Status Offenders**

In most instances, the worker will include as a recommendation to the Court that the status offender be discharged as a part of the "Court Report" using the CWI-4. This recommendation will be "timed" so that it will occur prior to the child's 19th birthday, and of course the Court will determine if the child will benefit from return to the parent's custody.

In other instances which may occur without the prior knowledge of the worker on the part of the ward such as: armed service enlistment, marriage, or child's death, the worker may notify the Court of the particular event by letter accompanied with copies of any available verification of the circumstances with a request in the letter that the child be discharged from the custody of the Department. The Court has the ability to order that a married ward remain in the custody of the Department, and the Department is required to follow that order.

The worker will also need to ensure that the ward's parents, foster parent, guardian ad litem, county attorney and parent's attorney are aware of the Department's request that the ward be discharged.

### **Making Request to the Service Area Designee for Juvenile Offenders**

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. (See Court and Legal for Juvenile Offenders Guidebook for details on process.)

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.

When the court order terminating the Department's custody is signed and dated, the child's custody is terminated and the child is considered discharged.

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.

### **Discharge Interview**

Prior to obtaining the discharge, the worker may schedule a discharge interview with the youth and family. The worker may have a meeting with or include Departmental staff from other programs to learn about other Department or community programs. Issues to include in this interview would include the following (if they have not been covered at other times, or through other resources):

- Availability of emotional support system;
- Occupational readiness;
- Sexuality, family living and related responsibilities;
- Consumer education;
- Health care needs and availability of insurance;
- Legal rights and responsibilities;
- Money management and plans for financial support;
- Housing or living arrangements;
- Community resources and eligibility for public services to adults. The protective service worker should help the ward by making and following up on referrals such as income maintenance for AABD and medical assistance, or social security, if appropriate; and
- School and training needs (Former State Ward Program, if applicable).

### **Disposition of Guardianship Funds at Discharge**

When a ward is discharged from the Department, all of the funds that are held by the Department in a guardianship "trust fund" account must be transferred immediately to the most appropriate of the following:

1. The Social Security Administration for disbursement to the appropriate party (SSI or RSDI benefits only);
2. The ward, if:
  - a. The ward has reached the age of majority, or has been discharged as a result of marriage or entry into military service, or
  - b. The ward is age 17 or older, has been discharged by the Department and is living independently of the ward's parent(s) at the time of the ward's discharge;
3. The ward's parents(s), or legal guardian, if the ward is still a minor, parental rights are intact; and circumstances 2(a) and 2(b) (above) do not apply;
4. The adoptive parent(s) if there has been an adoption; and

5. The guardian or conservator if one has been appointed by the Court.

The worker will complete the Form DSS-0866, "Request and Authorization for use of State Ward Guardianship Funds", and forward it to the income maintenance worker responsible for payment, who will forward it to Finance and Support in Central Office. NOTE: DSS-0866 must be typed.

### **Change of Payee**

Prior to discharge, the worker will inform the parent, guardian, or young adult to apply for a change in payee with the Social Security Administration, Veterans Administration, or Railroad Retirement Board, as appropriate.

In the event that a child or parent cannot be located within five years after discharge, any funds or assets owned by the former ward will be transferred to the State Treasury of the State of Nebraska.

### **Personal Information and Property**

Any pertinent information and belongings of the ward will be provided to the parent, guardian, or young adult at discharge. This may include the following:

1. The original birth certificate (one copy must be retained in the case record);
2. The original Social Security card (one copy must remain in the case record);
3. A written summary of the medical history, or copies of medical records, including immunization record and names and addresses of primary medical practitioners;
4. A copy of report cards, transcript of grade records, if available;
5. Written information or brochures on helpful resources (food stamps, housing authority, energy assistance);
6. Written summary of the family background, including but not limited to family medical history, names, birth dates, Social Security numbers of parents, if parental rights are intact (This may be waived if the ward has returned to the family of origin);
7. Written summary of out of home placements and the wards growth, behaviors, and experiences during that time;
8. Pictures of the ward contained in the case record (A duplicate of at least one photo per year should be maintained in the case record);
9. Personal records such as baptism, confirmation, etc.
10. Information regarding trust accounts ("Guardianship Fund") and assets, if any, to be returned to the ward in 60 to 90 days after payment of outstanding bills.

NOTE: In adoption cases, most of these items will have already been provided: if they have not been provided, the worker will provide them. The birth parent's request for anonymity prohibits release of identifying information.

The protective service worker will ensure that the ward's personal property is returned to the ward at the time of discharge. The protective service worker will provide a checklist of the

ward's belongings, including the amount of funds in the trust account, to be signed for by the ward and/or the ward's family.

### **School Notification**

If the former ward will continue to attend school, the protective service worker will send notice to the school district advising them of termination of wardship.

### **Computer System**

The worker will need to ensure the case is closed on the appropriate computer systems.

Notification to other Department staff who need to know of the case closure to avoid payment problems (i.e., "wrap around services" - formerly known as Title XX) should also be done.

## **SECTION IX**

### **Closed Case Records/Files**

Files which are closed must contain the court order terminating the child's wardship. When the child is adopted or has a guardian established, a copy of the adoption decree or order regarding guardianship signed by the presiding judge, must be included in the closed file. If the court refuses to provide a copy, the worker will document the number and date of the decree and that the court refused to release a copy. When a child dies, a copy of the death certificate must be included in the closed file.

If the worker has not done so, he should notify the school district of the termination of wardship when the child will be attending the school district.

The worker will bring the file up to date, completing the computer system Case Closing, or Closing Summary Format and ensure that items on the case closing checklist are complete.

### **Record Disposition**

When the case file is in order, it will be sent to the closed records "vault" Central Office within three months of the case closing.

The family case record may be maintained in the local office, if no child has been in out of home care. If a child has been in out of home care, the closed child record (if separate) and family records must be retained permanently in the vault. If a child has been in out of home care 30 days or less, only the information regarding the child's foster care placement must be placed in a separate record and sent to Central Office.

### **Records Retention**

Closed Department ward case files are maintained permanently in the "vault" at Central Office. In home service case records must be retained for ten years after termination of services. If a report alleging abuse or neglect is received or another case is opened regarding the family, the files must be retained for another ten year period. These files are retained in the local office.

### **Sealed Records**

Under provision of Section 43-2, 105 R.R.S., 1943, the individual who has been the subject of the case may request that the juvenile court seal his or her record. The worker, or administrative support personnel will review the request to determine if there are any objections to the sealing of the record. Any objections must be shared with the appropriate court. If a notice is received that a record is to be sealed, the worker, or administrative clerical personnel will send the notice to the person responsible for the closed records at Central Office, who will proceed with sealing the record. Sealing of a record does not prohibit use of the record by the Department, but does restrict the Department from releasing information in the file without a court order.

NOTE: This provision of the law applies to youth adjudicated as status offenders, or delinquents.

## SECTION X

### DECISION MAKING FOR THE CHILDREN IN THE CUSTODY OF THE DEPARTMENT

#### Specific Sensitive Issues

##### Who Decides and How

Policy states that decisions regarding a youth residing with the parents should be made by the parent. The worker will intervene when a parental decision is likely to harm the family or youth.

When a youth is in out-of-home placement, the worker uses a team made up of the parent(s), foster parent(s) and the youth in decision making. Decisions are made in keeping with the best interest of the youth, case plan and the permanency goal.

When parental rights have been terminated, or relinquished, or the parent's whereabouts are unknown, the Department is responsible for all decision making based on the best interests of the youth and his or her future.

For the most part, the worker will simply consult and discuss with foster parent, youth and parent. In some instances such as dealing with HIV testing additional steps are required. It is always best to ensure clear communication in all of these instances because of their sensitivity and potential ramifications. Clarification and restatement may be required on the part of those involved, and the protective service worker may want to employ these techniques.

#### **Routine, or Daily Care Decisions in Out-of-Home Care Placements**

Policy states that foster care providers or residential staff will make decisions with the daily care of the youth including (but not limited to):

- personal hygiene
- discipline (in accordance with Department policy), and
- family routines.

NOTE: Daily care decisions are made in accordance with Department policies and guidelines (e.g., licensing requirements). Special conditions about daily care are determined by the worker.

The policy for decision making for children in the custody of the Department is at 390 NAC 11-

The specific procedures for key issues in working with juvenile offenders and status offenders are contained in this Guidebook.

## LEGAL ISSUES FOR JUVENILE OFFENDERS

### 1. Absconder

The definition of absconder is:

“A person who hides, conceals, or absents himself or herself with the intent to avoid legal process or authorized control.”

This definition will apply to youth adjudicated as juvenile offenders regardless of their parole status.

#### Reporting a Youth as an Absconder

When a juvenile offender is determined to have absconded, the JSO will take the necessary steps to locate and recover the absconder. The JSO will:

- contact family and friends of the youth for information of the possible whereabouts of the youth, and
- notify the supervisor and in consultation with the supervisor determine the issuance of local pick-up. Factors to consider include: likelihood of the youth returning, perception of the family, the youth’s past behavior.

If the JSO and supervisor determine the youth has absconded, the JSO will complete the Apprehension and Temporary Detention of Juveniles form and submit it to local law enforcement officials. If the youth hasn’t been apprehended within 48 hours, the JSO will issue a statewide pick-up order through the Nebraska Crime Information System (NCIS).

If the JSO has reason to believe the juvenile offender has crossed state lines, and is in another state, s/he will consult with her/his supervisor. Either the supervisor or the JSO will contact the Deputy Administrator of the Nebraska Interstate Compact for Juveniles who will issue an apprehension request through National Crime Information Center (NCIC).

During this time, the youth will be placed on “abscond” status and placed on the “Active Absconder List”. This status will be documented in the youth’s case file.

The JSO needs to continue to make efforts to locate the youth while the youth is on absconding status. These efforts will be documented in the youth’s case file.

#### When a Youth Is Located

- I. If a Nebraska law enforcement officer locates a youth, who is on abscond status, s/he will take the youth into immediate custody under the authority of the “Detainer for Apprehension and Temporary Detention of Juveniles”. Local law enforcement will notify the Juvenile Service Officer regarding the apprehension. Law enforcement will make a decision on detention of the youth if other crimes were committed.
  - A. If law enforcement has determined the youth has committed a crime, the JSO will confirm the charges and detention status. Based on the severity of the charges (felony or misdemeanor), law enforcement may detain the youth on the new charges or release the youth to the custody of the JSO.

- a. If the youth is detained by local law enforcement:

The JSO will place a hold on the youth with local law enforcement, using the “Detainer for Apprehension and Temporary Detention of Juveniles”. This will ensure the youth will not be released without the approval of the JSO. If the youth is released on bond, the JSO through consultation with the supervisor will determine whether the youth resumes placement and supervision in the community, emergency shelter center or detention facility. At this time the youth may become involved in the Administrative Hearing Process, as the individual case may require.

- b. If the youth is released to HHS-OJS, either directly released or released after detaining, the JSO will:

- review the youth’s behavior, risk factors and the severity of the charges to determine the appropriate level of supervision of the youth. The JSO will consult with the supervisor, parents, other care givers and others involved in the situation.
- determine, with the supervisor, whether the youth is placed in the community in the youth’s home, a foster home or group home or a holding facility or detention center. At this time the youth may become involved in the Administrative Hearing Process, as the individual case may require. (see 390 NAC 8-000 and the Court and Legal for Juvenile Offenders Guidebook) and
- provide or coordinate transportation of the youth.

- B. If law enforcement has apprehended the youth and the youth hasn’t committed a crime, the JSO will:

- a. assess the youth’s behavior, safety and risk factors to determine the appropriate level of supervision of the youth. The JSO will consult with the supervisor, parents, other care givers and others involved in the situation.
- b. determine, with the supervisor, whether the youth is placed in the community in the youth’s home, a foster home or group home or a holding facility or detention center. At this time the youth may become involved in the Administrative Hearing Process, as the individual case may require.

- II. If a youth is apprehended out of state, the JSO contacts the Nebraska Deputy Interstate Compact for Juveniles Administrator and the latter will contact the other state. See Interstate Compact for Juveniles policy 390 NAC 9-002 and the Guidebook for guidelines on the return of the youth.

## **2. Apprehension and Detention**

The apprehension and detention of a juvenile offender should be planned by the Juvenile Services Officer to avoid problems. The JSO should consult with his/her supervisor whenever possible.

A Juvenile Services Officer may apprehend and detain a juvenile offender if s/he has reasonable cause to believe that a juvenile has violated or is about to violate a condition of his/her liberty and that the juvenile will attempt to leave the jurisdiction or will place lives or property in danger unless the juvenile is detained. The JSO may apprehend these juvenile offenders without law enforcement assistance when the situation isn't threatening and it is evident the juvenile will not resist control efforts. In all other circumstances, the JSO will enlist the assistance of law enforcement to take the juvenile into custody. If the JSO anticipates the possibility of dangerous physical resistance by the juvenile offender, the JSO will call upon the law enforcement officer to take the lead in gaining control of the youth. The JSO will cooperate fully with law enforcement in this process.

When the JSO is directly involved in apprehending a juvenile, s/he may use physical intervention ONLY if the juvenile resists the apprehension, is assaultive to the JSO or attempts to run away at the time. (See Handling Resistance section in this Guidebook.) Upon apprehension, the JSO will do a pat or "frisk" search of a youth for weapons and contraband.

When apprehending a juvenile offender, a JSO will identify himself/herself as a Juvenile Service Officer and advise the youth of the reason s/he is being apprehended and detained. The JSO will carry identification on her/his person at all times, not only to display to a youth if necessary, but also to show to people observing the apprehension, who may question the authority of the Juvenile Services Officer.

A juvenile may be held in an appropriate placement pending a hearing on the allegations. The Preliminary Hearing will be held as soon as practicable and no later than within 72 hours of the youth's apprehension and detention. A Preliminary Hearing will be held where the youth is residing. A county detention center or a YRTC will only be used when it is necessary to protect public safety, prevent self-injury or insure the youth's presence at a court or administrative hearing. If a juvenile offender is in a county detention center or a YRTC, a Preliminary Hearing will be held in 72 hours. (See 390 NAC 8-000 and the Court and Legal for Juvenile Offenders Guidebook for Administrative Hearing Information.).

If a youth is located in a personal residence at the time of the attempted apprehension, the JSO will seek permission of the owner of the house. If permission is granted, the JSO will survey the scene. If safety isn't threatened, the JSO can gain entry to the house. The JSO will contact law enforcement to obtain a search warrant through a court order when: permission isn't granted, no one is available to grant permission, the youth refuses to leave or if safety is an issue.

## **3. Handling Resistance**

In any situation, the use of verbal skills and techniques will be the primary method used by staff to resolve conflicts and handle resistance of youth. A verbal style that is calming is the most helpful in working with people. Offering information which presents a youth with behavioral alternatives which are more acceptable is a technique which often is effective.

Before apprehending a juvenile offender, the JSO must consult with his/her supervisor to assess the level of dangerousness of the possible resistance by the youth. The youth's current situation, history and behavior will be considered in the assessment.

If the JSO and supervisor anticipate the possibility of resistance by the juvenile offender in the interaction, the JSO will call upon the assistance of a law enforcement agency to take the lead in apprehending a juvenile.

When the JSO is directly involved in apprehending a juvenile where law enforcement is not present and verbal resolution has been tried or would be ineffective, the JSO must quickly evaluate each situation and judge whether s/he has the ability to respond. A JSO may **ONLY** use the minimum amount of physical intervention s/he reasonably believes is necessary under the following situations:

- \* to protect public safety, and
- \* to prevent the youth from injuring himself/herself or others.

If the JSO anticipates the youth will runaway, the JSO will put actions into places to prevent the behavior. The JSO should advise the youth of the consequences of runaway behavior. If the youth runs, the JSO will contact law enforcement. The JSO may follow the youth and keep in communication with law enforcement. At no time will HHS staff use a vehicle to chase a youth. (There will be no vehicular pursuit by HHS staff.)

### Training

Physical intervention includes holding and maintaining a physical hold on a youth with the intent to safely and assertively detain the youth. Only officers trained by the Department in the use of physical intervention will be authorized to use this. Refresher courses will be required on a regular basis.

### Medical Treatment

Since there is always a possibility of injury during physical interventions, at no time should staff attempt an intervention which potentially causes the youth in crisis greater harm than s/he would be if left alone. The use of physical intervention must never be capricious, retaliatory or punitive. Even the appearance of personal reprisal must be avoided. The JSO will not subject youth to verbal or physical abuse or corporal punishment.

If a youth is injured or complains of an injury during use of mechanical restraint or physical intervention, the person will be treated and the incident will be documented. Medical treatment will be obtained through the nearest appropriate public Medicaid medical provider or facility at the cost to the Department. (If the youth is Medicaid eligible, the bill will be sent to Medicaid or the Medicaid Managed Care Vendor. If payment is denied through Medicaid or Medicaid Managed Care, HHS will pay the provider with child welfare and juvenile services funds at the Medicaid rate.)

If a physical intervention is required, it is important for the JSO to seek support and consultation with his/her supervisor shortly afterward.

Under no circumstances will a JSO carry or possess a weapon in the performance of his/her duties.

### **Documentation and Reporting of Use of Physical Intervention**

Any use of physical intervention by a JSO must be reported to the supervisor within twenty-four hours. All cases of physical intervention or physical restraint must be reported in writing, dated and signed by the JSO reporting the incident on the Use Of Physical Intervention form (See the Use Of Physical Intervention Form in the Forms Section of this Case Management Guidebook). A copy of the report will be placed in the juvenile's case file.

The Use of Physical Intervention form includes the following information:

- use of de-escalating techniques;

- chronological times of the incident;
- description of the incident;
- place of incident;
- names of all witnesses;
- equipment used;
- injuries to staff and youth, if any;
- medical treatment provided, if any;
- threatening circumstances which made the use of force necessary;
- names of staff who authorized restraint to a stationary object, when done;
- oral or written statement of the youth who was subjected to use of force, or
- documentation of the youth's refusal to make a statement.

The supervisor or designee will review the use of physical intervention reports for the staff s/he supervises and will initiate further investigation if necessary. The supervisor or designee will forward the Use of Physical Intervention report to the Service Area Administrator or designee and the Co-Administrators of the Protection and Safety Division of HHS within 10 days of the incident. The Service Area Administrators and the Co-Administrators will maintain a file on all incidents of the use of physical intervention or mechanical restraints.

The Service Area Administrator or Co-Administrator will immediately report to the Director of HHS, any serious injury or death to a youth. Any use of physical intervention situation which results in serious bodily injury or death to a youth or employee, will be referred to the Nebraska State Patrol for review and investigation.

(Neb. Rev. Stat. 28-1409, 1410, 1411, 1413)

#### **4. Mechanical Restraints**

Policy 390 NAC 11-002.010:

“Every juvenile offender taken into physical custody by a Juvenile Service Officer must be mechanically restrained through the use of wrist or leg restraints or both. This applies to transportation of the juvenile offender from the point of detainment to a detention facility or from a detention facility to a YRTC. A Juvenile Service Officer may also use restraints in transporting a juvenile offender under the following situations:

- To protect public safety,
- To prevent the child from injuring himself/herself or others, or
- To ensure the juvenile offender's presence.”

Only restraint devices provided by the agency may be used by Juvenile Services Officers in the completion of their duties. Staff must be trained in the application of mechanical restraints before using them.

The Juvenile Service Officer will do a pat or “frisk” search of a youth for weapons or contraband before using mechanical restraints.

The use of wrist or leg restraints or both is determined by the Juvenile Services Officer in consultation with the supervisor whenever possible. These restraints will never be used as punishment. Restraint devices will not be applied in a manner which inflicts unnecessary physical discomfort or restricts blood circulation or breathing. Restraints will not be applied for more time than is absolutely necessary. The youth will be in constant supervision of HHS-OJS staff whenever restraints are used.

Youth will not be restrained in mechanical equipment to a stationary object, unless the youth's past conduct indicates that the procedure is necessary to protect the safety of persons and property. If it is necessary for the youth to be restrained to a stationary object, the reasons will be documented in full, explaining the facts on which the decision was based. This option is used only in the most extreme situations. The supervisor must be consulted and with the supervisors approval, the JSO may restrain a youth in this manner.

## **5. Search and Seizure**

Whenever possible, the JSO will consult with her/his supervisor before any search of personal property of a juvenile. A Juvenile Services Officer may search a youth or a youth's property for contraband and evidence when the JSO has probable cause to believe that a juvenile offender is in violation of his/her conditions of liberty or in possession of contraband. If contraband or evidence is found, the JSO may confiscate it.

When a youth or the property of a youth, is searched by a JSO and drugs, contraband or weapons are confiscated, these items will be turned over to the nearest law enforcement agency by the JSO. These items will neither be carried around in the state or employee's vehicle or kept in the state offices for any period of time.

There are two types of searches, personal and property. Both are described below.

### **1. Search of the Youth's Person**

The purpose of a personal search of the youth is to detect weapons, drugs and other illegal contraband items with which juveniles could injure themselves or others.

Whenever possible, searches of a youth's person should be done by a staff member of the same sex as the juvenile. The only type of search Juvenile Services Officers are authorized to conduct is the "frisk search". This search does not require the juvenile to remove his/her clothing. A professional, dignified approach on the part of the JSO will help make the search procedure as unintrusive as possible.

The juvenile will be advised that a physical search is being conducted. He (or she) will be instructed to remove all outer garments and shoes and socks at the discretion of the Juvenile Services Officer. The juvenile will then be told to remove everything from his pockets. When this is done, he will be instructed to run his hands through his hair, to turn his head so the JSO can inspect the ears and to open his mouth for visual inspection. The juvenile will then be told to extend his arms to the side. The JSO will run his/her hands over the juvenile's body to ascertain that everything has been removed from the pockets and that nothing is secreted under the juvenile's clothing. The juvenile should not be touched more than is necessary to conduct a comprehensive search.

The JSO will then examine the articles found on the juvenile. If the juvenile is carrying a purse or other baggage it should be searched at this time.

### **2. Search of Property**

Parameters around searches of property:

1. Only the youth's personal property may be searched. If a youth doesn't share a locker at school, the JSO may search the locker with the permission of school authorities. If a youth owns a vehicle, it may be searched.

2. If a youth shares any possession or property with any other individual, permission must be granted by the youth and the other owner(s) or a search warrant obtained before a search can be conducted.

## **6. Urine Analysis**

If a youth is identified as being at risk for a substance abuse problem, the JSO will conduct random Urine Analysis testing. This should be reflected in the Conditions of Liberty Agreement. Testing equipment and protocol are located in each office.

A youth will be given the opportunity to admit or deny usage of alcohol or chemicals. Whenever testing is required, the JSO will obtain the youth's signature on the Urine Analysis form to verify the youth's submission to the test. The youth's refusal to submit to the testing is treated as an admission of usage.

- **Collection of the Specimen**

The Urine Analysis may be done at the youth's home or placement, at school, or at the office. The collection must be done in a private area to maintain the dignity of the youth. The JSO may request professional assistance in the conducting of the UAs, such as a male staff supervising the collection of a male youth's specimen and female staff supervising the collecting of a female's specimen. The purpose of observing the collection of the specimen is to control the environment to avoid tampering with the specimen.

- **Handling of the Specimen:**

The specimen will be labeled appropriately and refrigerated upon completion of the sample. Unless the specimen is maintained at the appropriate condition for the actual liquid and actual test, test results may not be valid. Improper handling will invalidate the accuracy of the test results. Alcohol is one of the most commonly used and abused substances. It is difficult to detect because of the short time span it remains in the blood system.

### **Conditions of Liberty Agreement**

Urine Analysis tests will be used by the JSO when determining modifications of conditions of liberty agreement and as evidence in a hearing to revoke parole. The UAs can also be used by the JSO in accessing substance abuse treatment for the youth.

## **MEDICAL ISSUE**

### **HIV/AIDS**

Policy: 390 NAC 11-002.04D - To protect children from discrimination as a result of being tested for the human immunodeficiency virus (HIV), the decision to test a child for the HIV antibody will be carefully made on an individual basis. It is the role of the worker to give written informed consent when a child's situation meets the conditions in the protocols in this Guidebook. A child will not be tested for HIV unless there is reasonable cause to believe the child has been exposed to the virus. Children may be tested either through an approved Counseling, Testing, Referral and Partner Notification Site (CTRPNS) or through the child's medical care provider, depending on the individual child's situation per the procedures outlined in this Guidebook. Informed consent is required for all HIV and AIDS testing.

If a child tests HIV positive, the child will be provided with age appropriate counseling to assist her/him to emotionally and physically deal with the condition. The child will be immediately referred to medical treatment. The child's parents, foster parents, or caregiver and guardian ad litem will be advised of the child's condition and course of treatment.

The Interagency Agreement on HIV and AIDS guides testing decision making for children with this condition.

#### **Routine Tests and HIV Testing**

When the Department is guardian resulting from court action or voluntary relinquishment, the Department is legally authorized to make all decisions regarding medical treatment while recognizing the importance of parental involvement in decision making. The worker is responsible for such decisions but will involve the parents (when parental rights are intact) to the maximum extent possible. The worker may give the foster care provider consent to obtain emergency or routine medical treatment using Form DSS-0855 or by provisions in the Department's contract with the providers except that permission for HIV antibody testing or other screening tests for AIDS must follow established protocol.

The Department does not allow HIV antibody testing or other screening tests for the AIDS virus without informed consent in writing from the Department. When consent is obtained, testing must be performed according to written Department policy, which includes procedures for ensure confidentiality and appropriate pre- and post-test counseling must be provided. Because the OSHA Act of 1981 requires that all facilities provide a safe working environment, OSHA has adopted the CDC's requirements for Universal Precautions. Therefore, HIV antibody testing or any other AIDS virus testing is never considered as a prerequisite for obtaining services. The contractor and the Department will jointly consult regarding obtaining of an HIV antibody test on any ward when, despite having taken universal precautions, some exposure to HIV was possible.

#### **Court Approval**

When the court has reserved for itself the authority to make decisions regarding medical care and treatment as specified in the order regarding the specific child, and/or when the court order specifies that the court retains some guardianship responsibilities, or when the child is under temporary commitment to the Department for purposes of evaluation and planning, the worker shall contact the court, directly or through the county attorney, or guardian ad litem, to obtain appropriate consent.

## Testing at a Confidential Testing Site

When older youth engages in behaviors that put them at risk for HIV infection, they should be referred to a Counseling, Testing, Referral, and Partner Notification Site (CTRPNS), for appropriate counseling and evaluation for whether testing is indicated.

Use of the counseling services at the CTRPNS is encouraged to reduce risk behavior and prevent infection. Generally, the youth must be at least 12 years old. The counseling and testing site may elect to serve youth younger than 12.

When there are concerns regarding high-risk behaviors, the protection and safety worker will talk to the youth and other persons knowledgeable of the youth's high-risk behaviors to assess the youth's needs and to help the youth understand the alternative choices available.

The protection and safety worker or administrative staff will consult with the District HIV/AIDS consultant about the use of a CTRPN site for specific youth in which there is a question. With assistance from the District HIV/AIDS Consultant, the worker will assess whether services at a counseling and testing site may be appropriate and if so, will arrange for pre test counseling. If the worker determines that counseling and testing site is inappropriate, the worker may refer the youth to another service provider for counseling regarding sexuality and disease prevention.

A list of CTRPN sites is available from the HHS AIDS program.

The following four situations should guide decision making for informed consent by the Department for HIV testing:

1. **Medical Testing:** When a child has medical symptoms, with or without other identified risks of HIV exposure, and when a medical provider asks for informed consent to test the child because of these medical indications, it is appropriate for the worker to give informed consent for the child to be tested in a hospital or clinic as part of the medical evaluation. Even though the testing is done by a medical provider and will become part of the child's medical record, the use of the CTRPNS for counseling services for older children regarding their risk behaviors should be considered and encouraged.

HHS staff should give informed consent for HIV testing for medical reasons in the following situations:

- a. The child has hemophilia;
  - b. The child is an infant born to a mother known to be HIV antibody positive; that is, has AIDS, has HIV disease, or is known to be an HIV carrier;
  - c. The child is an infant under three years of age who was born to a mother known to be at risk for HIV infection but whose HIV status is unknown and cannot be determined either through her medical record or through current testing; behaviors that may put the mother at risk for HIV infection include: use of injectable drugs, engaging in sex for money, having multiple sex partners, etc.;
  - d. The child has medical signs or symptoms which are suggestive of an HIV related illness;
  - e. The child is pregnant. (HIV testing during pregnancy is recommended for all women. In addition, pregnant youth should be encouraged to visit the CTRPNS for appropriate pre and post test counseling.)
2. **Children's Behaviors.** Older children who engage in behaviors that put them at risk for HIV infection (for example, multiple sex partners, sex for money, and use of injectable drugs) should be individually evaluated. The use of the Counseling, Testing and Partner Notification Sites should be strongly considered not only for the testing but more importantly for the pre and post test counseling which is available. (Using the Counseling,

Testing and Partner Notification Sites protects the child's confidentiality, which is a very important consideration for children who are wards.)

3. Exposure to Child's Blood. Health care facilities are required to have policies in place to protect their health care workers. These policies are governed by OSHA regulations and by state statutes. When a health care worker has accidentally been exposed to blood or other potentially infectious body fluids of a state ward, the facility will contact the worker per their policies to request informed consent for HIV testing of the ward. Such events include the accidental exposure of blood to a health care worker's non-intact skin, mucus membranes, or subcutaneous tissue such as through a needle stick injury. The worker should establish that the medical facility has a policy addressing procedures for accidental exposure to blood that meet both OSHA requirements and state statute requirements 1) for getting informed consent for testing from the child's legal guardian; 2) for ensuring that the fact of HIV testing and the results of the testing are kept confidential and do not become part of the patient's medical record; 3) for ensuring that the HHS caseworker for the ward is given the results of the HIV testing. If these conditions are met, the worker should give informed consent as soon as possible after the exposure to allow the health care worker to be treated with a preventive course of medication. The caseworker may seek consultation from an HHS physician at any time.
4. Forensic Issues. Any information related to HIV infection that may be needed in a court of law (for example, prosecution for child abuse) must be obtained through the regular medical delivery system. Information from CTPNS cannot be used for forensic purposes because it is confidential under the law.

#### Results of Testing

If a child tests positive for HIV in any of the above four situations, the child will be immediately referred to an appropriate provider for further medical evaluation and treatment. The child will be provided with age appropriate counseling and support to assist him/her in emotionally and physically dealing with the condition. The child's parents, foster parents, or immediate caregiver and the child's guardian ad litem will be advised of the child's condition and course of treatment.

#### Youth at Risk for Contracting HIV-Related Illness

Some youth are not covered in the above categories. These are youth who demonstrate behaviors that put them at risk for contracting HIV-related illness. Youth with the following should be individually assessed and strongly considered for CTRPN site services:

1. Youth who are pregnant;
2. Youths having unprotected sex with multiple partners;
3. Youths expressing concern about their own HIV status;
4. Youths using injected drugs;
5. Youths exchanging sex for drugs and/or money;
6. Youths with a diagnosis of any sexually transmitted disease (STD); and
7. Youths having sexual relations with:
  - a. Persons using drugs;
  - b. Male who had sex with a male; or
  - c. Persons(s) with other HIV/AIDS risks.

## Youth's Consent for HIV Screening

Any procedure or protocols in this material must not be used to coerce a youth into having a test done at a CTRPN site. There must be no testing at a CTRPN site without the ward's involvement and consent. A regular medical provider does not require that the youth consent; however, obtaining the youth's consent is preferred even in these settings.

### Support to the Youth when Tested

Because of the seriousness of the testing decision, the worker who is legally responsible as the guardian will generally accompany a youth to the testing site. The protection and safety worker may be requested to show his/her employee identification in order to verify that s/he is the guardian. The following exceptions may be permitted with the approval of the protection and safety worker, supervisor and District HIV/AIDS Consultant:

1. If a more mature youth (for example, 17 years or older) expresses the wish to attend the counseling and testing site alone, the youth may go to the counseling and testing site alone for pretest counseling and testing; and
2. If a birth or foster parent has a significantly supportive relationship with the youth, and the youth expresses the preference to go with the birth or foster parent, i.e., without the worker, the youth may be accompanied by the foster or birth parent, but the counseling and testing site will not permit anyone other than the worker to be present for counseling or testing results.

The pretest counseling session is regarded as a confidential assessment and teaching session. Sessions are limited to the youth and CTRPNS counselor. Other parties (including protection and safety worker, birth, adoptive, or foster parents) will not be allowed to participate in the session.

If the protection and safety worker does not accompany the youth, i.e., in exceptional circumstances as provided above, the youth must bring with him/her the HHS Patient Consent Form signed by the protection and safety worker permitting testing to occur. Without the signed consent or the worker present, testing will not be done. The HHS protection and safety worker shall sign the HHS Patient Consent Form at the testing site unless an exception has been approved as previously indicated. The youth will also sign the form. The form will include consent to testing and to sharing of the results with the protection and safety worker.

To receive the testing results, the youth must be accompanied by the protection and safety worker. The same responsible adult who accompanied the youth for the test may accompany the youth but not be present when the results are shared. A youth may never receive the results without the protection and safety worker present. Testing results will be given verbally to the youth. Written confirmation of test results will be provided to the protection and safety worker in person and will not be sent through the mail. The counseling and testing site will not provide written confirmation to foster or birth parents. The CTRPNS will never give results via telephone or mail.

### What to do with Test Results

If a screening has been done and is negative for the HIV antibody (i.e., no indication of AIDS or HIV antibody), the worker will obtain the results of the screening and place it in the Child's case file Appendix of the case file to protect the child's confidentiality and prevent possible discrimination just because the child was tested. Retesting is not required unless indicated by a physician or recommended by the approved counseling and testing site. If no follow-up is

required, the need for HIV testing and counseling must be reassessed by the case manager at least once a year.

If a screening has been done and is positive for the HIV antibody (i.e., has evidence of AIDS or HIV antibody), the information is also placed in the child's case file Appendix. The worker will identify a physician who is knowledgeable about the diagnosis and treatment of HIV infection to be responsible for treatment of any HIV-related diseases or conditions. The worker will inform the physician of the HIV antibody positive test and make an appointment for the ward. The worker will ensure close follow-up and ongoing care by the physician.

Although protection and safety workers are to encourage age-appropriate immunizations, children who test HIV antibody positive should not receive live virus immunizations, so any immunizations for an HIV- antibody positive child should be discussed with a physician who is knowledgeable about the diagnosis and treatment of HIV infections.

If repeat testing is indicated by the physician and/or the CTRPNS, the worker will arrange for the youth to return to the CRT PNS and the process will be repeated.

Special care must be taken to ensure that any information regarding children's AIDS or HIV status is carefully guarded and the need to know must be carefully weighed. The foster care provider must be informed if a child in his/her care tests positive for the HIV antibody. Decisions regarding the release of information to individuals other than the physician and foster care provider must be determined by the protection and safety worker, and supervisor based on a "need to know." The worker or supervisor may consult with the Medical Director and staff in Human Services about these issues.

#### Education about AIDS

All information provided about HIV/AIDS must emphasize the mode of transmission and ways to reduce or eliminate risk. The worker shall ensure that children who abuse intravenous drugs and/or who have sexual relations with multiple partners or with IV drug abusers are informed that this activity places them at risk of contracting HIV- related illness. The requirement may be waived in the case of children who have been sexually abused and who, in the opinion of the worker, would be traumatized by this information at that time.

#### Group Testing Prohibited

To protect children from discrimination as a result of being tested, the decision to test a child for HIV antibody must be carefully made. No Department staff shall authorize testing of groups of children (for example, children who are admitted to a facility or all youth who are sexually active); the decision to test any child must be based on the child's individual circumstances.

ADDITIONAL ASSESSMENT RESOURCES

**Appendix for Using ECO MAPS and Genograms**

## ADDITIONAL ASSESSMENT RESOURCES

### Using Genograms to Understand Family Patterns

One of the best and most graphic ways to explore family patterns and their transmission process from generation to generation is through the use of a genogram. The genogram is a way of taking the family tree and converting it to a relationship road map; it is an organized and systematic diagram of family membership over time. It gives names, ages, dates of events such as births, deaths, marriages, divorces and remarriages and indicates geographical locations, degrees of emotional closeness, and problem areas within the family system. The genogram also shows the developmental states in the family cycle that different members of the family system are experiencing. As a road map, the genogram looks fixed; however, the lines connecting people symbolize a fluid process of emotional interaction.

The genogram serves many purposes both the worker and the family. Five of its major uses are:

1. **Overview** The genogram gives an overview of family structure and make-up over time. It traces back family chronology and patterns for three or four generations.
2. **Relationships** The genogram charts biological connections and relationships through marriage. It clearly helps one see who is related to whom and how.
3. **Roots** Looking at one's genogram can give one a real sense of one's origin and beginnings. It helps one to trace and understand the process of being connected over time.
4. **Graphic** The genogram provides a visual tool for tracing patterns.
5. **Family Life** By looking at the genogram, one is able to get a sense of the different life cycle stages that many of the family members could be experiencing.

The following illustrates all the symbols needed to make a genogram.

### Using An Eco-Map To Understand Family Patterns:

The eco-map explores family dynamics in the context of the family's relationship to the various components of the family's ecological system. This more "worldly" view of the family may assist the protective service worker and family in identifying:

- The family's flow of resources;
- Barriers which erode family strengths;
- Conflicts to be mediated; and
- Resources to be sought and mobilized.

### Creating an Eco-Map

An example of an "empty" map is on page 16C it includes some of the common systems in the lives of families, while others have been left nondesignated to individualize each map for different families. Symbols used on an eco-map include:

Male

Female

