

CASE MANAGEMENT  
FOR CHILD ABUSE, NEGLECT  
AND DEPENDENCY  
GUIDEBOOK

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## TABLE OF CONTENTS

INTRODUCTION .....	1
SECTION I	
CUSTOMER NEEDS .....	2
SECTION II	
ASSESSMENT OF FAMILY NEEDS .....	6
Definition of Purpose .....	6
Employing a Family-Centered Approach.....	6
Establishing a Working Relationship with a Family .....	7
Methods of Collecting Assessment Information .....	8
Guidelines of an Assessment of Family Needs .....	9
Procedures for Assessment of Family Needs .....	12
Risk Assessment Model .....	12
ADDITIONAL ASSESSMENT RESOURCES .....	13
Using Genograms to Understand Family Patterns .....	13
Creating an Eco-Map .....	14
SECTION III	
CASE PLANNING.....	18
Definition and Purpose .....	18
Components of a Case Plan .....	19
Goal Setting.....	20
Goal Achievement .....	21
Time Limits .....	21
CONCURRENT PLANNING .....	22
Assumptions that Serve as the Basis for Concurrent Planning.....	22
Benefits of Concurrent Planning.....	22
When to Utilize Concurrent Planning .....	23
Efforts Common to Concurrent plans .....	23
Concurrent Planning Requirements .....	23
The Federal Parent Locator Service .....	24
Additional Case Planning Resources .....	26
APPLYING A FAMILY-CENTERED APPROACH .....	27
Family Group Conferencing .....	28
Expedited Family Group Conferencing .....	28
Special Considerations for Status Offense Cases .....	28
Special Policy Considerations when Working with Native American Parents.....	29
Child at Risk Field .....	29

## SECTION IV

VISITATION PLAN .....	30
Purpose .....	30
Visitation Plan Guidelines.....	30
Frequency of Visitation.....	31
Supervision or Monitoring of Visits .....	32
Other Visitation Information.....	32
Assessing Contact.....	33
Visitation Plan Format .....	34

## SECTION V

CASE MANAGEMENT .....	36
Definitions and Purpose .....	36
Case Management Responsibility.....	36
Transfer of Case Management.....	37
Case Staffings of Team Meetings .....	39
Federally Required Periodic Reviews .....	40
Foster Care Review Board .....	40
Documentation .....	44
Request for Case Reassignment .....	44
Clarification Regarding Placement from One Area to Another .....	44

## SECTION VI

MONTHLY CONTACT REQUIREMENTS.....	46
Visits with Children .....	46
Visits with Parents .....	47
Visits with Caregivers or Placement Providers.....	48
Documentation of Visits.....	49

## SECTION VII

EVALUATION AND CASE CLOSURE .....	50
Purpose .....	50
Types of Evaluation.....	50
CASE EVALUATION .....	50
Policy Statement .....	50
Evaluation of Family Progress.....	50
The Process of Evaluating Family Progress .....	51
What to Consider when Progress is Lacking.....	51
PROGRAM EVALUATION .....	53
Coordinating Evaluation .....	53

## SECTION VIII

CASE CLOSURE.....	54
Work with the Family .....	54
Specific Case Closure Activities.....	56
Case Consultation .....	56
Documentation at Closure.....	56
Case Closing Checklist .....	58

## SECTION IX

DISCHARGE OF WARD .....	59
Policy Statement on Discharge .....	59
Purpose .....	59
When to Request Discharge .....	59
Making the Request to the Court.....	60
Discharge Interview .....	60
Disposition of Guardianship Funds at Discharge .....	61
Change of Payee.....	61
Personal Information and Property.....	61
School Notification.....	62
Computer System.....	62

## SECTION X

CLOSED CASE RECORDS/FILES .....	63
Record Disposition .....	63
Records Retention.....	63
Sealed Records.....	63

## SECTION XI

DECISION MAKING FOR THE CHILDREN IN THE CUSTODY OF THE DEPARTMENT .....	64
Specific Sensitive Issues - Who Decides and How .....	64
Daily Care Decisions in Out-of-Home Care Placements .....	64
General Issues .....	64
Alcohol Use .....	64
Car or Motorcycle Purchase.....	64
Wards who have Children .....	64
Death or Imminent Death of a Ward.....	64
Discipline of Children in Out-of-Home Placement .....	64
Driver's License .....	64
Employment .....	64
Firearms and Other Lethal Weapons and Hunting.....	65
Funeral Arrangements.....	65
Guardianship Account .....	65
Illegal Drugs or Use of Another Individual's Prescription Drugs .....	65
Leisure Activities .....	65
Marriage .....	65

Military Service .....	65
Money Handling .....	65
Release of Photographs and Identifying Information .....	65
Religion .....	65
Runaways.....	65
Tobacco.....	65
Travel .....	65
 EDUCATIONAL ISSUES .....	 65
Notification to School Districts.....	65
Appointment of Educational Advocate (Surrogate Parent).....	65
Discipline of Children by School Personnel.....	65
Educational Placement in Non-Public School Setting .....	66
Guidelines for Placement in Non-Public School.....	66
 LEGAL ISSUES .....	 66
Bail or Payment of Fines .....	66
Criminal Activity by Children Who Are Wards .....	66
Name Change .....	66
 MEDICAL ISSUES.....	 66
Abortion .....	66
Autopsy .....	66
Birth Control, Family Planning, and Sex Education.....	66
HIV/AIDS .....	66
Informed Consent.....	66
Medical Decision Making.....	66
Organ Donations .....	66
Sterilization.....	66
Withholding or Withdrawal of Life Support .....	66
Parental Objections to Medical Care and Treatment .....	66
Participation in Medical Research Projects .....	66

FORMS

## INTRODUCTION

Case management has two dimensions. The first is the case management process which includes all phases of the child welfare work including but not limited to:

- An assessment of family needs that may include a diagnostic and evaluation service; and
- A case plan developed with the family to address the issues that brought the family to the attention of the Department or, when the goal is not reunification, a plan that addresses issues and needs to facilitate the alternative permanent placement of the child; and
- Case management; and
- Services such as community assistance services, therapy, and parent skill development; and
- Timely, appropriate case closure.

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

This guidebook covers primary case management related to ongoing services for children adjudicated as abused, neglected or dependent. Case management activities for youth adjudicated as juvenile offenders or status offenders are described in the "Case Management for Juvenile Offenders and Status Offenders Guidebook."

## SECTION I

### CUSTOMER NEEDS

Customers involved with HHS during the Ongoing phase have changed somewhat from those at Intake or Initial Assessment. The following identifies the agency's "key customers" and their needs which will be considered in service delivery. HHS is not responsible to meet all needs; families and communities share in this responsibility. By focusing on the child's and family's needs, the most critical outcomes will be achieved.

#### CHILD NEEDS:

- Safety.
- Basic care.
- Permanence.
- Explanation and understanding of issues.
- Explanation and understanding of desired outcomes.
- Intervention and treatment to reduce risk of maltreatment and its effects.
- Security and continuity in valued relationships, environments and community.
- Support (emotional and physical).
- Self-sufficiency and training for independent living.
- Respect.
- Counseling and therapy.
- Case management including but not limited to: timely decision making; confidentiality; involvement in decision making and planning as much as possible; identification of special needs, such as education; appropriate placement; advocacy; sensitivity to cultural issues; respectful treatment.
- Closure.

#### FAMILY NEEDS:

- Explanation and understanding of issues.
- Supportive services, such as, in-home services, family therapy, etc.
- Explanation and understanding of desired outcomes.
- Empowerment.
- Appropriate assessment, planning and services.
- Case management including but not limited to: timely clear decision making; confidentiality; involvement in decision making and planning as much as possible; knowledge that child is in a safe environment; identification of special needs; advocacy; sensitivity to cultural issues; respectful treatment.
- Respect.
- Self-sufficiency.
- Closure.

#### COUNTY ATTORNEY NEEDS:

- Accurate assessment of any ongoing risk.
- Full and factual information on which to base legal case action.
- Factual information for testimony.
- Child Protective Service (CPS) expertise on child and family needs.
- Full reciprocal information sharing.
- Concise written reports.
- Cultural competency.
- Respect.
- Inclusion as a team member.

#### GUARDIAN AD LITEM NEEDS:

- Full reciprocal information sharing regarding the child and family.
- Access to the child.
- Access to the case manager.
- Respect.
- Inclusion as a team member.

#### COURT NEEDS:

- Professional testimony.
- Required written and updated information.
- Agency representation at court hearings.
- Accessibility to child and to parents.
- Respect.

#### FOSTER PARENT NEEDS:

- Training and support.
- Consideration of foster parent's skills in relation to child's needs in determining a placement.
- Full information on which to base decision whether to accept child into home and to provide care.
- Timely paperwork and payment.
- Ongoing, open, honest communication.
- Clear understanding of the Department's expectations.
- Clear understanding of child and family outcomes.
- Notification of the Department's intentions and changes.
- Clear time frames for service provision.
- Respect.
- Acknowledgement and engagement as an active participant in case planning and implementation (inclusion as a team member).
- Cultural competency.
- Knowledge of child development.
- Closure.
- Access to the case manager.

#### GROUP CARE PROVIDERS NEEDS:

- Adequate and appropriate match of child with service(s) provided.
- Training and support.
- Full information on which to base decision whether to accept child into group care program and to provide care.
- Timely paperwork and payment.
- Ongoing, open, honest communication.
- Clear understanding of HHS expectations.
- Clear understanding of child and family outcomes.
- Notification of the Department's intentions and changes.
- Clear time frames for service provision.
- Respect.
- Acknowledgement and engagement as an active participant in case planning and implementation.
- Knowledge of child development.
- Cultural competency.
- Closure.
- Access to the case manager.

#### OTHER SERVICE PROVIDERS NEEDS: (Family Therapists, Family Support Providers, etc.):

- Training and support.
- Adequate and appropriate match of child/family with service.
- Full information on which to base decision whether to accept child/family into services offered and to provide services.
- Timely paperwork and payment.
- Ongoing, open, honest communication.
- Clear understanding of the Department's expectations.
- Clear understanding of child and family outcomes.
- Notification of the Department's intentions and changes.
- Clear time frames for service provision.
- Respect.
- Acknowledgement and engagement as an active participant in case planning and implementation.
- Cultural competency.

#### PRE-ADOPTIVE PARENTS NEEDS:

- Training and support.
- Adequate screening.
- Adequate and appropriate match of child to potential adoptive parents.
- Full information on which to base a decision whether to accept the child into the family on a permanent basis and to provide care.
- Timely paperwork, and payment.
- Identification of subsidy needs.
- Support when needed after finalization of the adoption.
- Payment of subsidy after adoption.
- Ongoing, open, honest communication.
- Clear understanding of the Department's expectations.

- Notification of the Department's intentions and possible changes.
- Clear time frames for service provision.
- Respect.
- Acknowledgement and engagement as an active participant in case planning and inclusion as a team member.
- Responsibility for the child.
- Cultural competency.
- Knowledge of child development.
- Access to case manager.

#### PROTECTION AND SAFETY WORKER NEEDS:

- Ability to set priorities.
- Consultation.
- Tangible supports and help from the Department.
- Clear understanding of Department role.
- Team support.
- Ongoing and specialized training.
- Information on community resources.
- Knowledge, skills and abilities.
- Adequate tools and equipment.
- Cultural competency.
- Respect.
- Full communication with all customers.
- Authority to fulfill responsibilities for decision making.
- Timely legal support and consultation.
- Cooperative court system.
- Understanding of the role of other community agencies.
- Manageable workloads.
- Commitment and support from the county attorney and law enforcement.
- Access to supervisor.

#### OTHER DEPARTMENT STAFF NEEDS:

- Ongoing and specialized training;
- Consultation with worker;
- Complete family assessment, case plan and service delivery;
- Information entered on computer system and documentation of family assessment, case plan and service delivery;
- Assurance that customer needs are met;
- Clear understanding of Department role;
- Clear understanding of supports;
- Information on community resources, knowledge, skills and training in systems intervention;
- Respect;
- Adequate equipment and tools;
- Ability to serve on teams;
- Support;
- Access to budgets; and
- Cultural competency.

## SECTION II

### ASSESSMENT OF FAMILY NEEDS

#### Definition and Purpose

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

- Family strengths Family/Kinship/community support systems and service needs; and the current level of family functioning;
- The nature, extent and causes of risk factors identified during the initial assessment or the presenting problem which brought the family to the Department's attention;
- The current risk of maltreatment to the child(ren);
- The effects of maltreatment or the presenting problem on the child(ren) and family.

The assessment focuses both on understanding the family in its 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 Protection and Safety Worker.

Families are complex and no two are exactly the same. Thus, each assessment of family needs must be individualized. A Protection and Safety 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 Protection and Safety 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:

- Considering all factors present in the family that impact the child(ren) and family;
- Identifying current issues, functioning, strengths and problems;
- Examining the individual and family history, culture and life experiences.

The assessment is interactional as it addresses family roles, relationships, environment, and history. It takes into account all aspects of family members' lives, as well as the context in which they live. It also takes into account family members' perception of the family and problem areas.

The assessment of family needs is used to develop a case plan with the family. The goals of the case plan are to assure permanency and safety for the child, and to improve the conditions that brought the family to the attention of the Department.

#### 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 Protection and Safety Worker.

It is important that the Protection and Safety 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 and solutions. Their input can provide new insight into the situation and offset the Protection and Safety 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 Protection and Safety Worker.

#### Establishing a Working Relationship with a Family

The Protection and Safety 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 Protection and Safety 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 Protection and Safety Worker should encourage the family to identify the feelings of family members. The worker should use active listening as the most appropriate response. This will encourage the family to openly express feelings and beliefs which may offer insight into the family's perception of the problem;
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 Protection and Safety 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 the case is being handled. After allowing reasonable ventilation, the Protection and Safety 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 the family opportunities to deal with core issues;

5. The casework process should be fully explained. The Protection and Safety 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 will terminate when the family is meeting minimally acceptable parenting standards and safety of the child can be assured
6. The Protection and Safety 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 seven 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 15, 16 and 17);
3. Obtaining information from extended family members and non-custodial parents;
4. Personal observation of the home environment and the family members, interactions at home or in the community;
5. Examining written materials such as case records, initial assessment, intake, school records (prior Department case records should be obtained);
6. Making collateral contacts with other agencies or individuals involved with the family such as schools; physicians; priests, pastors, or rabbis; and mental health providers (with the family's consent); and
7. 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 Protection and Safety 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, ages, DOB, SSN, place of birth;
2. Names of parents listed on birth certificate;
3. Names of alleged fathers;
4. Race (if Native American - what tribal affiliation, registered, enrolled);
5. Other individuals living in the household;
6. Significant others.

#### B. Child(ren)'s Information

1. School;
  - a. Grade and teachers name;
  - b. Performance;
  - c. Behavior (detention in/out school suspension);
  - d. Attendance;
  - e. Activities/organizations;
  - f. Future goals.
2. Medical History
  - 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/dentist;
  - d. Mental/substance abuse;
  - e. Counseling/evaluations;
3. Child(ren)'s Relationships
  - a. Parents' perception
    - (1) siblings;
    - (2) child-what they expect; what they observe;
    - (3) peers - are they appropriate, same age;
    - (4) extended family;
  - b. Child's Perception
    - (1) siblings;

- (2) parents;
  - (3) peers - are they appropriate, same age;
  - (4) extended family;
  - (5) self;
4. Child(ren)'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 - past/present agency involvement/outcome;
  - 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);

C. Parent(s)/Step-parent(s) Information

- 1. Marriages and divorces
  - a. Names, dates, places
  - b. Past significant relationships
    - (1) additional parent-figures
- 2. Biological or putative or legal parent not in home (placement possibility and exploration of parental rights and information source)
  - a. Name, address, phone number
  - b. Relationship with child
  - c. Child support (order-state and county)
- 3. Other children outside of home
- 4. Education
  - a. Place, dates, type, completion
- 5. 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
- 6. Parent's Medical
  - a. Ongoing and previous medical conditions
    - (1) treatment and medications
    - (2) physician
  - b. Major illness or surgery
  - c. Mental illness or substance abuse
    - (1) counseling/evaluations/out-patient, in-patient, treatment
- 7. Parenting beliefs, expectations and techniques
- 8. Law enforcement or judicial contacts (include the results)

## 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 (source of information and support to family as well as potential for placement)

- A. Grandparents
  - 1. Living and/or dead (cause of death)
  - 2. Location including address and phone number
  - 3. Relationship with family members
- B. Aunts and Uncles
  - 1. Living and or dead (cause of death)
  - 2. Location including address and phone number
  - 3. Relationship with family members
- C. Medical history of extended family, 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/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 the 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?
  - 2. Do the parents want to parent the child? Do they understand that relinquishment of parental rights at times is appropriate and possible?

- D. When the child is in out-of-home care:
  - 1. Do they understand the impact of this situation on the child?
  - 2. Do they understand that the county attorney is likely to file a petition to terminate parental rights if the child remains in out-of-home care for 15 of 22 months? (See Court and Legal Guidebook for Abuse, Neglect, and Dependency.)
- E. What can the Protection and Safety Worker do to assist them in reaching their goal?
- F. What are they going to do?

#### Procedures for Assessment of Family Needs

A Protection and Safety Worker will:

1. Complete an Assessment of Family Needs in a timely manner on every case once a determination for continued ongoing intervention has been made and the child's immediate safety has been ensured;
2. Make sufficient attempts to engage the family as active participants in the Assessment of Family Needs 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 Assessment of Family Needs which must include one home visit;
4. Use a variety of information collecting methods in completing an Assessment of Family Needs;
5. Make collateral contacts and request only information related to the family issues which brought the family to the Department's attention;
6. 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
7. Complete the CARF Family Assessment Form using the information gathered during this phase on all ongoing child abuse and neglect or dependency cases.

#### Risk Assessment Model

For child abuse and neglect cases and dependency cases, the information gathered during the Assessment of Family Needs will be used to complete the Family Assessment portion. The Family Assessment will assist the Protection and Safety Worker in:

- Organizing, analyzing, and interpreting the information obtained about the family;
- Assessing the significance of influences which relate to maltreatment, risk, or the presenting problem; and
- Distinguishing the most critical core risk influences.

For additional information, refer to:

A Decision Making Handbook, Chapter VII and Appendix H  
 Instructions and Appendix to Instructions in the Forms Section of the Guidebook

## 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 Protection and Safety 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, and can help determine potential placement resources.
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.

See following examples on page 15.

### 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 Protection and Safety Worker and family in identifying:

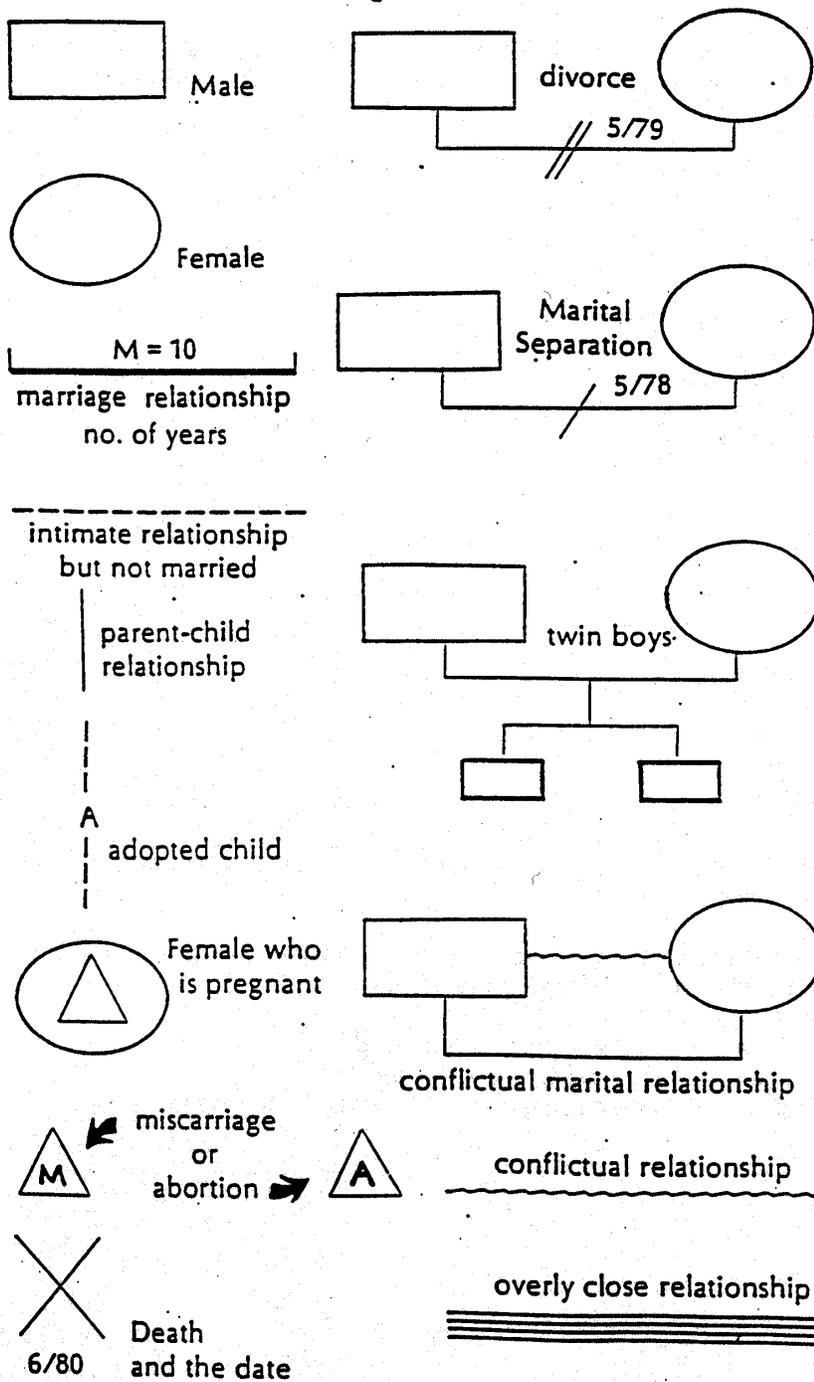
- The family's flow of resources;
- Barriers which erode family strengths;
- Conflicts to be mediated; and
- Resources to be sought and mobilized.



*The Multi-Generational Family*

**Figure 4-6**

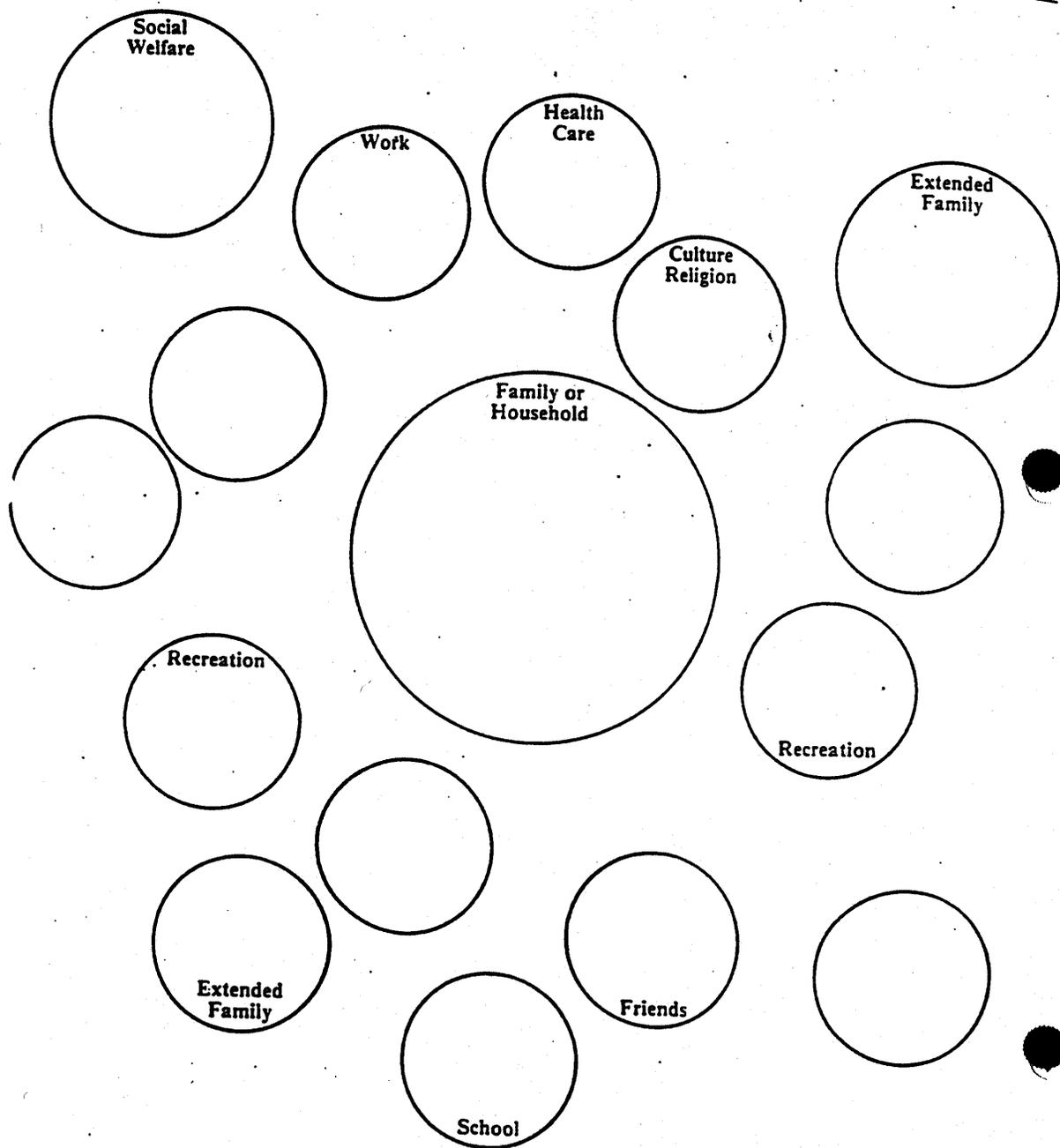
**Genogram Chart\***



From "FAMILY MATTERS, A Layperson's Guide to Family Functioning" Thomas A. Powrr, ACSW Murray Bowen, M.D.

# Eco-Map

Name \_\_\_\_\_  
Date \_\_\_\_\_

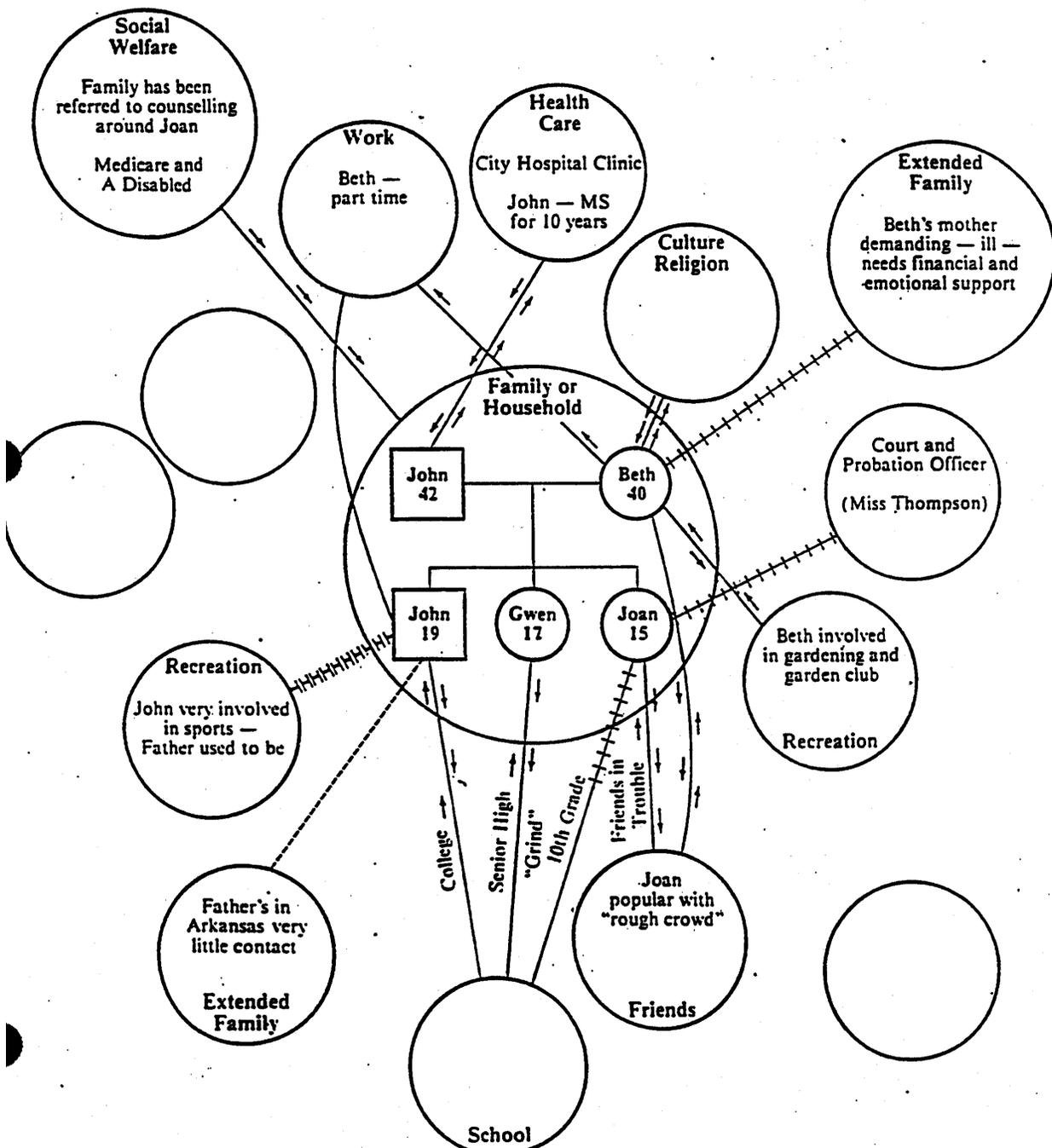


From "Family-Centered Social Work Practice" Hartman & Laird

# Eco-Map

Name \_\_\_\_\_

Date \_\_\_\_\_



FROM "FAMILY-CENTERED SOCIAL WORK PRACTICE"

From "Family-Centered Social Work Practice" Hartman & Laird

## SECTION III

### CASE PLANNING

#### Definition and Purpose

The family case plan is a written working agreement between the family and the Protection and Safety Worker. The case plan should be developed with the family, including the child and possibly other team members, when appropriate. It documents what each party agrees is required to address the family's and child's service needs and to continue to provide for safety, health, and well-being of the child. The needs are identified by the family and worker during the assessment of family needs. (Note: When developing or modifying a case plan for a ward whose permanency goal is not reunification, this section must be interpreted to apply the appropriate permanency goal. For example, the term "family" might mean prospective guardian or adoptive parent.)

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

- Provide overall structure and direction to the casework process;
- 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 children or to accomplish reunification, or to document reasonable efforts to accomplish adoption, guardianship, or an alternative permanent goal for the child.

#### Federally Required Elements of a Case Plan

These elements are considered to be in the case plan if they are included in the court report/case plan. See 390 NAC 5-004.02.

Federal statute requires that a case plan include at least the following elements:

1. Description of the type of home or institution in which the child is to be placed, including a discussion of the safety and appropriateness of the placement and how the agency which is responsible for the child plans to carry out the voluntary placement agreement or the judicial determination that the child must be placed in out-of-home care;
2. A plan for assuring that the child receives safe and proper care and that services are provided to the parents, child, foster parents in order to improve the conditions in the parents' home, facilitate return of the child to his own safe home, or the permanent placement of the child, and address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child under the plan;
3. To the extent available and accessible, the health and education records of the child, including:
  - a. Names and addresses of the child's health and educational providers;
  - b. The child's grade level performance;
  - c. The child's school record (it is sufficient to include the name of the school currently attended and most recent grades, if the more complete school record is in the child's case file and that fact is noted in the case plan);

- d. Assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement;
  - e. A record of the child's immunizations;
  - f. The child's known medical problems;
  - g. The child's medications; and
  - h. Any other relevant health and education information.
4. For a child age 16 or over, a written description of the programs and services which will help that child prepare for the transition from foster care to independent living; (Nebraska statute states this element more clearly, referring to programs and services "designed to assist the juvenile in acquiring independent living skills.")
  5. When the permanency plan is adoption or placement in another permanent home, documentation of the steps being taken to find an adoptive family or other permanent living arrangement for the child, to place the child with an adoptive family, a fit and willing relative, a legal guardian, or in another planned permanent living arrangement, and to finalize the adoption or legal guardianship. At a minimum, such documentation shall include child specific recruitment efforts such as the use of state, regional, and national adoption exchanges including electronic exchange systems;
  6. Documentation that the child is in a safe setting that is the least restrictive (most family-like) and most appropriate setting available and in close proximity to the parent's home, consistent with the best interest and special needs of the child;
  7. If the child has been placed in a foster family home or facility a substantial distance from the home of the parents of the child, or in a state different from where the parent(s) reside, sets forth the reasons why the placement is in the best interests of the child; and
  8. If the child has been placed in out-of-home care outside of the state in which the parents live, documents that periodically, but not less than every 12 months, a caseworker from HHS or from the state in which the child is placed, visits the child in the home or institution and the results of that visit.

#### Components of a Case Plan

The family case plan that a Protection and Safety Worker develops with the 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 maltreatment or alleviate the presenting problem.
2. Goals - behaviorally stated actions that the family and Protection and Safety Worker hope to accomplish which will move the family toward their 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 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.

6. Permanency objective - when the child is in out-of-home care, the case plan must state the permanency objective and project the date by which the permanency objective is going to be attained.

A family and worker need to have a clear understanding of the desired positive behaviors which need to be present in the family in order to close the family's case. These desired behaviors are the specific outcomes related to case planning which when achieved, reduce risk of maltreatment or alleviate the presenting problem which brought the family to the Department's attention. The case plan will have to be revised if a new petition is filed and an adjudication is made. Some outcomes may be related to, but not limited to, the following areas:

- Self sufficiency;
- Parent knowledge and skills;
- Stress management;
- Problem-solving skills;
- Interactive nurturing;
- Resource enhancement.

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

### Goal Setting

Goal setting is critical, and often difficult. Establishing sound goals requires the Protection and Safety 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 Protection and Safety Worker must not pile a number of goals on the Case Plan that will overwhelm the family. It is important that the Protection and Safety 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 Protection and Safety 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;
- Written in behaviorally specific terms and identify what the 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 Protection and Safety Worker, whenever possible. The Protection and Safety Worker's skill must be used to set goals with the family and not for them.

### Goal Achievement

The Protection and Safety 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 Protection and Safety Worker, or other provider(s).

The Protection and Safety Worker must avoid overwhelming the family with tasks. The number of tasks for the Protection and Safety Worker and the family should be roughly the same. The Protection and Safety 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 ensure success, family tasks should take into account the following:

- The 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.

#### Time Limits

When a child 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.

Time limits are needed to evaluate the success of the specific goals and tasks. They assist the Protection and Safety Worker 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.

In establishing time frames, the worker will consider and discuss with the family the age and developmental stage of the child, and the impact of the time frame on the child. For example, allowing a young child to remain in foster care for months is likely to have major consequences in the area of emotional attachments.

The worker also must consider with the family the fact that when a child is in out of home for 15 of the most recent 22 months, a termination of parental rights petition must be filed unless the court determines that a compelling reason not to file applies.

## CONCURRENT PLANNING

Concurrent planning is an important tool in effecting permanency for children. It is the process of developing and implementing a plan to reach one permanency objective while simultaneously developing and implementing a plan to reach an alternative permanency objective.

Concurrent planning differs from traditional case planning, in which efforts to reach one permanency objective are determined unsuccessful before another is considered. This sequential approach often means starting over with services, acquisition of information, and other efforts.

Concurrent planning is a tool that weaves together attachment theory, respect for families, honesty, and openness into a comprehensive and culturally sensitive approach to permanency planning for children.

**Legal Basis:** Federal law (Adoption and Safe Families Act, or ASFA) and Nebraska statute allow use of concurrent planning. It can be done regardless of adjudication, including those of status offense and delinquency.

### **Assumptions that Serve as the Basis for Concurrent Planning:**

- Children need permanency - continuity and stability; at least one stable adult with whom to form the foundations of attachment;
- Children need to know what is happening to them and be involved in case planning in keeping with age appropriateness;
- Parents need to make decisions. In order to do so, they must have full knowledge of their rights, responsibilities, and options, and legal consequences if they are able to make the changes necessary for their child's return;;
- Planning must consider the child's development and attachments, measuring time through the eyes of the child;
- Most parents want to parent and can change with appropriate education and supports;
- Family crisis can be the opportunity for change and growth;
- Early assessment is critical to the development of appropriate plans;
- Services must be family and community-centered, as well as culturally sensitive;
- Frequent visitation between parent and child is one of the most critical factors affecting reunification;
- Time limits affect outcomes and can be motivators;
- The agency must be accountable for its actions;
- Foster parents can and must be team members and work with birth parents;
- Success is achievement of safety, permanency, and well-being for the child. A goal other than reunification is not a "failure". Early permanency is the goal!

### **Benefits of Concurrent Planning:**

- Meets the child's urgent need for stability and permanency in relationships with family, siblings, and community;
- Promotes early permanency decisions;
- Supports early location and involvement of relatives;
- Decreases the length of the child's stay in foster care;
- Decreases the number of moves and relationship disruptions;
- Establishes open lines of communication between foster family and birth parent;
- Engages the family in early case planning, review, and decision-making;
- Reduces the adversarial relationships between the birth family, foster family, and agency;
- Enhances cultural competence due to family involvement;

- Reduces the need for termination of parental rights by freeing the parent to voluntarily relinquish rights.

### **When to Utilize Concurrent Planning:**

Concurrent planning *can occur* at any time in a case, including at the time a child enters care. The worker, in consultation with the supervisor, *must consider* its use as a possibility at each of the following points in a case:

- At initial assessment;
- During the family assessment; and
- Each time the case plan is reviewed;
- Whenever it is likely that the permanency objective stated in the case plan will not be obtained within a reasonable length of time. In general, if the permanency objective cannot be reached or is unlikely to be reached within 12 months of the child's entry into foster care, concurrent planning *should* occur.

(Note: There may be circumstances when concurrent planning is not appropriate, such as when reunification is likely to occur within 12 months or less.)

Concurrent planning is recommended when, despite adequate service provision:

- The parent is making minimal progress toward reunification;
- The parent has established a pattern of chronic abuse or neglect and exhibits little understanding of the need to change, or motivation or desire to change;
- The parent repeatedly expresses serious doubts about wanting to parent the child;
- The parent has a documented dangerous lifestyle such as a pattern of documented domestic violence of one year or longer, and the parent refuses to separate from the abusing person;
- Parental rights to another child have been terminated following a period of services delivery to the parents, and no significant change has occurred in the interim;
- The parent has killed or seriously harmed another child through abuse or neglect and no significant change has occurred in the interim; or
- The parent has repeatedly and with premeditation harmed this child.

### **Efforts Common to Concurrent Plans:**

- Location of absent parents (see below);
- Location of relatives (see below);
- Amended petition to add alleged or legal fathers to the case. If termination of parental rights is necessary, weeks and perhaps months of delay can be avoided;
- Discussion of open adoption arrangements, so that birthparents, foster parents, and perhaps the child understand that relationships can continue if adoption occurs.

**Concurrent Planning Requirements:** (These practices apply to concurrent plans of reunification and adoption, as well as all other concurrent plans. They do not replace other requirements for case processes, such as case planning.)

- A. **The first element** concurrent planning is early assessment of the family, child, kinship network, and community or other supports, in order to identify family strengths, determine culturally appropriate services, develop a prognosis, and determine if the Indian Child Welfare Act applies. The assessment should include the family's current and historical functioning, parent-child attachments, and parent and child medical conditions. The prognosis should consider the likelihood of reunification within timeframes that are relevant to the child's need for continuing family relationships. ("Strengths in Families

Worksheet" and "Poor Prognosis Indicators", are suggested tools and are found in Appendix A.)

**B. The second element** of concurrent planning is full and candid disclosure to the parent. Prior to completion of the family assessment, the worker must discuss the following with the parent:

- Reason for removal of the child, and what must change for reunification to occur;
- Negative impact for child of being in substitute care;
- Rights of the parent, including legal rights;
- Responsibilities and expectations: what is expected of the parent and when, and what the parent can expect of others (e.g. the worker) and when;
- Options and choices available: the parent can choose to actively work toward reunification, do nothing and let the court decide, or relinquish. Relinquishment can be a viable, positive choice;
- Accountability: behavior will determine the outcome. The agency is obligated to identify needs and provide reasonable efforts. However, the family ultimately makes the decision to utilize services and change or not;
- Timeframes: statute requires that a permanency hearing be held when a child has been in out of home care for 12 months, and every twelve months thereafter, to determine whether the child will be returned to the parent, placed for adoption, be placed for guardianship, or be placed into another permanency living arrangement, and when that objective will be met. In addition, statute requires filing of a petition for termination of parental rights when a child has been in out-of-home care for 15 of the most recent 22 months, unless the court finds the presence of a compelling reason not to require a filing.

**C. A third element** is early identification of and contact with family members, particularly absent parents or alleged fathers. This action must be initiated early in the case, within 60 days of removal. Such identification serves a number of purposes:

- Location of potential placement resources;
- Gathering social and medical background information, which is important whether the child returns home or is adopted;
- Establishment of paternity;
- Development or enforcement of child support;
- Identification of the need to follow ICWA requirements, when applicable.

Taking this action early in a case:

- Helps avoid the conflict that arises when relatives come forward after foster parent/child attachments have developed;
- Prevents delays in adoption due to inability to locate a father;
- Enhances the possibility of involving relatives in family group conferences;
- Enhances cultural relevancy of planning and services.

Attempts to locate relatives should be approached with the diligence and urgency that would occur if the worker were looking for his or her own family.

The **Federal Parent Locator Service** can be an excellent tool in location of an absent parent (a person who has or may have parental rights to a child). The Federal Parent Locator Service (FPLS) is a national repository of information gained through and maintained in connection with Child Support Enforcement. The Adoption and Safe Families Act specified that information from this source could be used for purposes of location absent parents, even when a referral to Child Support Enforcement is not being

made. The request can be made when there is little information available regarding the parent's whereabouts. A referral must be made on the appropriate form, entitled "Child Support Enforcement Location Only Referral From Protection and Safety." The form can be copied and completed, or accessed by using the template of the same name, which is available online. When completed, the form is sent to "Location Only" in Central Office of Child Support Enforcement in Lincoln for processing. The interoffice address is West Campus, Building 14, 2<sup>nd</sup> floor. Information that may be made available to the worker via this referral includes the person's Social Security Number, the person's address or location, employer's name, employer's address, or employment wages, benefits, or other income.

- D. **A fourth element** is development of the case plan with the family, including timeframes that are reasonable and encourage frequent reassessing of progress. The original plan must be followed by frequent formal and informal reviews of the plan and progress.
- E. **A fifth element** is establishment of consistent and meaningful visits between parent and child, and child and siblings, as immediately as possible after removal. These visits preserve attachments, help the parent remain involved as a parent, and decrease the child's feelings of abandonment.
- F. **A sixth element** is full disclosure to others involved in the case (e.g., GAL, foster parents, other providers, county attorney, parent's attorney) about the concurrent plan and why it is appropriate and necessary for the child.
- G. **A seventh element** is placement in a foster home that is committed and prepared to see the child to permanency. The foster family must be willing to keep the child, working toward reunification and also to adopt should reunification not occur.

The role of the foster parents in concurrent planning differs from that of most traditional foster parents. They assume the role of safeguarding attachments to the birth family while encouraging bonding between themselves and the child and a sense of belonging in the foster family. They must help the child reconcile having two sets of parents, at least temporarily. Their foremost job is nurturing the child, but they also have the secondary job of letting the parent know they can take good care of the child without being an adversary. They must take an inclusive rather than exclusive approach, diffusing loyalty struggles for the child. They must work with the birth parent in a teaching, supportive role, often as mentors. They usually will facilitate visits with the birth parent and siblings, helping the birth parent understand the child's anxiety, and encouraging the child to see a positive relationship between birth parent and foster parent.

In order to assist foster parents to accomplish all of the above, the worker must include the foster parent as a full-status team member, not just a "provider of foster care."

- H. **An eighth element** is consistent and complete documentation of services, reasonable efforts, and progress or lack thereof. This information can be critical to demonstrating that reunification should occur, or that the original plan should be deleted and the alternate plan adopted. It also might be the key to helping a parent make a decision to relinquish, or the evidence needed to terminate parental rights.
- I. **A ninth element** is provision of timely, appropriate services to meet the needs identified with the family. Written referrals should be made, even when the family refuses the service, as evidence of follow-through to the family and as evidence of efforts if

termination of parental rights is necessary. Reports of progress or lack thereof should be shared with the parent and the team.

- J. A tenth element** is use of timeframes. The parent must know that timeframes are one measure of accountability and that they are not easily changed. It is important to have full team support so that "benefit of the doubt" extensions are not acceptable.

*(NOTE: Portions of the material on Concurrent Planning are adopted from:*

- *Three Concurrent Planning Programs, by Mary Ford, MSW, published by North American Council on Adoptable Children with support from the W.K. Kellogg Foundation*
- *Materials from the National Resource Center for Permanency Planning, Hunter College School of Social Work)*

**Additional Case Planning Resources:**

- Strengths in Families Worksheet
- Poor Prognosis Indicators
- Ten Common Mistakes Which Delay Permanency
- Memo Re: Use of Child Support Enforcement and Federal Parent Locator Service
- Child Support Enforcement Location Only Referral From HHS Protection and Safety Form.

## APPLYING A FAMILY-CENTERED APPROACH

Case planning efforts will be unsuccessful if the family is not involved in the process. Active involvement of the family should begin during the assessment stage and should continue in the planning process and throughout the Department involvement with the family. Family member involvement is essential because the family is much more likely to become engaged in the change process if they feel ownership of the goals.

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

1. The Protection and Safety 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 Protection and Safety 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 Protection and Safety Worker and family are working toward the same end.

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

2. The family and Protection and Safety 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 Protection and Safety 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 language which is clear and understood by the family;
  - 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 Protection and Safety 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 Protection and Safety 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 Protection and Safety Worker will be able to document what all participants in the plan will do and when. Therefore, the plan will:
  - Describe what family members, the Protection and Safety Worker, all service providers, foster parent, or other involved persons such as relatives, will do;
  - Identify time frames for accomplishing each task and the overall goals.
  
5. The participants (the Protection and Safety Worker, family and service providers) will decide how they will determine achievements and goal attainment. The Protection and Safety Worker will:
  - Specify when the plan will be reviewed (not to exceed six months). This review will include the Protection and Safety 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.

### Family Group Conferencing

Family Group Conferencing consists of a facilitated meeting involving the family, service providers that have pertinent experience and information regarding the children and the family involved, and the children themselves, if appropriate. The purpose of the meeting is to allow the family, community and Department to work together to provide for the best interests and safety of the child. The Family Group Conference defines the family as the children's parents, extended family members from throughout the country, in rare circumstances the family's significant close friends, and tribal elders, if appropriate. The Family Group Conference is divided into three parts: 1) Information Sharing, 2) Private Family Meeting, and 3) Decision-Making. Currently, Family Group Conferences are provided on a contractual basis.

### Expedited Family Group Conferencing

The Expedited Family Group Conference consists of a facilitated meeting involving the children's parents, the Department, and any other key family members and service providers. Key family members and service providers are defined as those necessary and key to the development of an immediate safety and permanency plan for the children. The purpose of the Expedited Family Group Conference is to intervene immediately upon removal of a child(ren) from their home and to facilitate the development of a plan which addresses the safety and permanency of the children and would allow the children to return to the home as quickly as possible. The meeting is organized and facilitated by a family group conference coordinator. The Expedited Family Group Conference consists of three phases: 1) Referral; 2) Preparation; and 3) Conference. Post-Conference facilitation and follow-up may be provided on a limited basis at the request of the Department.

### 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, 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 child 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.

### Child At Risk Field

The Case Plan portion of the Department's Risk Decision Making Process will be used to document the family's case plan in writing. The Protection and Safety Worker will ask the family members to sign off on the written case plan which will create a working agreement between the family and worker. The family will receive a copy of the written case plan for its own reference.

For additional information, refer to:

Forms and Instructions, Case Management For Child Abuse, Neglect, and Dependency Guidebook

## SECTION IV

### VISITATION PLAN

When a child is in an out-of-home placement and the case plan's permanency objective is reunification, a written visitation plan will be developed to maintain opportunities for regular contact between a child and her/his family. Frequent and regular contact between parent(s) and child(ren) is critical to reunification. The court must authorize visitation between children and family.

#### Purpose

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

- Maintenance of attachments and "primary family" role (The parent(s)' requests for holiday visits should take precedence over the foster family's requests while taking into consideration the child's expressed wishes and best interest.);
- Validation for the parent(s) and child that both are continuing to work toward return home of the child;
- Assurance to the child 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, contact between the foster parent(s) or caregiver(s) and parent(s).

#### Visitation Plan Guidelines

The worker will develop a written visitation plan 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, child, foster care 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. (This must include a requirement that the worker shall respond to the family or foster care provider.)

Please refer to page 34 for written visitation format.

## Frequency of Visitation or Contact

### Between the child and parent(s):

A schedule of a minimum contact of once every two weeks in person is expected. 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 child and not in the child'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 child and other relatives or significant others:

Recommendations to the court about contacts and visits should be based on best interest of the child and take into account a number of factors:

- Importance of developing or maintaining a relationship between the child and relative or significant other, either for the purposes of emotional support or for purposes of placement of the child;
- Safety of the child;
- Safety of the community.

The decisions about the recommended plan for contact or visitation should be left to the parent as much as possible, with the worker helping the parent(s) to assess the extent of benefit or harm to the child and the child's need for contact. However, the worker must weigh objections against benefits and the factors stated above. The worker also will consider the fact that federal statute requires that the State "shall consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant State child protection standards."

### Between the child and non-custodial parent, including legal parents and putative fathers:

Recommendations to the court about contacts and visits should be based on best interest of the child and take into account a number of factors:

- Importance of developing or maintaining a relationship between the child and relative or significant other, either for purposes of emotional support or for purposes of placement of the child;
- Safety of the child;
- Safety of the community.

The decision about the recommended plan for contacts and visitation should be left to the parent as much as possible, with the worker helping the parent(s) to assess the extent of benefit or harm to the child and the child's need for contact. However, the worker must weigh any objections against benefits and the factors stated above. The worker also will consider the fact that federal statute requires that the State "shall consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant State child protection standards."

When the non-custodial parent has court-ordered visitation rights, the Department should permit and facilitate the parent's exercise of those rights. The worker's assessment of risk of abuse or neglect by the prior non-custodial parent is a legitimate reason for modifying the visitation arrangement by such means as obtaining the non-custodial parent's agreement to modify his or her visitation plan, or, if the prior non-custodial parent objects, requesting that the appropriate court modify its visitation order.

(Aside from the decision about contact between the child and non-custodial parent, the worker also must make a decision about contact with that parent by the worker in order to facilitate planning for the child. For example, obtaining information about or from a putative father might be critical later in the case if adoption becomes the plan for the child. It is important to consider potential future questions early on in a case, especially if it appears that reunification with the prior custodial parent is not likely to occur in a timely fashion.)

### Supervision or Monitoring of Visits

The Protection and Safety Worker should determine if supervision or monitoring of visits is needed based on the risk to the child, the case plan, or court order. Supervision or monitoring of visits is useful in assuring that the child 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. Unnecessary supervision should be avoided. 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 child, modeling or teaching parenting skills and is prepared to assume the role).

Supervision must be reduced and length of visits extended depending on the family's progress, reduction or risk to the child, and imminence of the child'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 child'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 child, the worker will make other provisions, including transportation by foster parents or facility staff.

Parents are to be involved with their child 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 child, and foster care provider or other person supervising the visit regarding dates and types of contact, success, and what occurred.

A child's negative reaction to visitation or 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 child's feelings in a positive fashion.

If the worker determines that any of the agreed upon contacts are contrary to the child's best interest 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 child is reduced, the worker will consider the appropriateness of increasing the number of length of visits and reducing supervision of monitoring of the visits.

### VISITATION PLAN

The following agreement is entered into between \_\_\_\_\_,  
Case Manager  
of the Department of Health and Human Services and \_\_\_\_\_,  
Parent's Names  
parents of \_\_\_\_\_ and \_\_\_\_\_  
Children (Person involved in  
\_\_\_\_\_ arranging or Supervising visits if any)

The purpose of this agreement is to assure that while the child(ren) is/are in out-of-home care, the parent-child relationship is maintained and strengthened through regular and frequent visits.

By clarifying all persons' responsibilities, this agreement will help to assure that visits are successful and that all persons involved understand their responsibilities. (Optional: Add other goal of visitation specific to case.)

\_\_\_\_\_  
\_\_\_\_\_

This agreement will cover the period from \_\_\_\_\_ to \_\_\_\_\_  
Date Date

At the end of this period, we will evaluate the success of this plan and devise a new agreement if \_\_\_\_\_ remains in out-of-home placement.  
Child

1. Scheduling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Frequency, length and location of visits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Who will be present during visits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Monitoring or supervision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## SECTION V

### CASE MANAGEMENT

#### Definition and Purpose

Once the family case plan has been developed, the case manager will provide or arrange for services identified in the plan to assist family members in achieving their family 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 family's needs and phase out of services. The case plan will be modified or changed when appropriate.

#### Case Management Responsibility

The case manager is the person with primary responsibility for:

- Assuring case plan development based on continuous assessment of needs;
- Coordinating and evaluating services; and
- Revising services and plan as needed.

She/he has primary responsibility for decision-making about out-of-home placement and reunification. The case manager will ensure that:

1. Family preservation is maintained to the greatest extent possible;
2. Safety is maintained for the child, the family and the community;
3. Permanency is achieved for the child in a timely fashion;
4. Opportunities for family involvement are maintained;
5. If the child is placed out-of-home, she/he is placed in the least restrictive environment available in close proximity to his/her family;
6. Each family member be offered appropriate services for achievement of the case plan;
7. Appropriate services are provided to foster parents to enhance achievement of the case plan;
8. Services to the family are coordinated;
9. Case staffings are held on a regular basis. These staffings should include the family, service providers and other professionals or individuals that have direct involvement with the case;
10. If court is involved, the court, attorneys and appropriate others receive information regarding the child and family situation; and
11. Wards age 16 through 18 are provided appropriate and adequate services to prepare them for adulthood.

(Revised 12/05)

## 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 child (if age appropriate), foster parents (if applicable), service providers (such as family support workers, therapists), attorneys (including parent's counsel and Guardian Ad Litem), the Protection and Safety Worker, and other significant person(s) such as relatives can discuss, evaluate and make appropriate changes in coordinating efforts to achieve the respective case goals. Families should be advised by the case manager of the family's ability to call for a case staffing at any time. Families should be encouraged to take advantage of their ability to do this.

The Protection and Safety 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, subsequent case planning and permanency planning reviews.

#### Federally Required Periodic Reviews

Periodic reviews of cases for children in out-of-home placement by the court or a panel including at least one person not responsible for case management of, or service delivery to the case, is required by the federal government. (By Nebraska statute, the Foster Care Review Board is the entity responsible for conducting these reviews for wards. See "Foster Care Review Board" section of this guidebook.) These reviews must occur every six months while a child is in out-of-home placement. The reviews must be open to parent participation and address the following issues:

- The safety of the child;
- The continuing need for and appropriateness of the child's placement;
- The extent of the child's and family's compliance with the case plan;
- The extent of progress made to alleviate the need for out-of-home placement;
- A projected date by which a child may be returned to and safely maintained in the home or will achieve another appropriate permanency objective.

As a result, it is important that a worker include each of these issues in the case plan and court report for all wards, using the Department's designated format. (Please refer to the earlier section in this Guidebook entitled "Federally Required Elements of a Case Plan and to 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 (FCRB) 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 (cases of wards who have been returned home continue to be reviewed during the first six months that they are home) 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 or guardianship 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 the Adoption and Safe Families Act. Those reviews must make a recommendation about:
  - (1) Safety of the child;

- (2) Continuing necessity for and appropriateness of the placement;
- (3) Extent of compliance with the case plan; and
- (4) Extent of progress made toward alleviating or mitigating the causes of out-of-home placement and must project a likely date by which the child may be returned to and safely maintained at 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 or have been returned home for less than six months. 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 or has been returned home for less than six months, 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, or was returned home more than six months ago, 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 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.

## SECTION VI

### MONTHLY CONTACT REQUIREMENTS

Regular in-person contact by the Protection and Safety Worker with children on his or her caseload and their parents, as well as with the caregiver for a child in out of home care is recognized as crucial to safety, permanency, and well being of the child. Such contact allows development of a positive, trusting relationship, and therefore provides a foundation for working together, planning together, and change. From the child's point of view, the contact can be reassurance to the child that someone is paying attention and there is someone to turn to with questions and concerns. Regular contact by the same person assures that someone can observe changes in behavior, needs, progress, health, etc., over time. Having a relationship and knowing children and families increases the sense of urgency to assure permanency and enhances the ability to serve as team lead.

Based on the above, Protection and Safety Workers are required to have monthly in-person contact with children, families, and caregivers or "placement providers."

Note: Although not stated in each section below, the following apply:

- It is the responsibility of the assigned Protection and Safety Worker to make the required monthly contacts. There might be times when contact by that Worker might not be possible, and another Protection and Safety Worker or Protection and Safety Supervisor has a contact that would meet the requirements. This contact is acceptable. However, such practice should be the exception rather than the rule, as each Protection and Safety Worker is expected to make every effort to make the contacts personally rather than "by proxy." In these situations, it remains the responsibility of the assigned Protection and Safety Worker to assure that the contact occurs and is properly documented.
  - Directives regarding contacts with wards include both HHS and HHS-OJS wards, except for wards placed at YRTC-K or YRTC-G. Directives regarding contacts with parents include parents of all wards, regardless of placement of the child.
- A. **Visits with Children:** All state wards, all children placed in Nebraska under the auspices of the Interstate Compact on Placement of Children or Interstate Compact on Juveniles in non-facility placements, and all children in a voluntary CPS case will be seen by their Protection and Safety Worker at least once a month. These visits must be in-person. At least every other month, the visit must take place wherever the ward resides, whether the child resides with a parent or relative, in a foster or adoptive home, in independent living, or in a facility. The visits in intervening months can be in an alternative setting such as, court, school, parent's home, therapist's office, or worker's office. The worker will spend at least some portion of the visit talking with the child privately, discussing such issues as how the child is doing, any problems the child may be having, any concerns the child might want to raise, and plans for the child's future. For wards who are not verbal, due to age or disability, the Worker will observe and document the child's general growth, development, and behavior, and any concerns raised by the caregiver.

NOTE: If the ward cannot be contacted at the expected location, the Worker will notify his or her supervisor immediately, **in writing**. For wards on runaway status, the Worker will contact law enforcement at least monthly about the status of efforts to locate the ward, and will provide updated information to law enforcement as available. All contacts will be documented on N-FOCUS.

**For wards placed out of the Service Area or local office holding case management,** it is acceptable that a courtesy Protection and Safety Worker or Supervisor does the monthly visit in the area where the child resides. It remains the responsibility of the Protection and Safety Worker assigned to the case to assure that a visit is held and that written documentation of the visit is placed on N-FOCUS on a monthly basis.

**For wards placed out of state,** a monthly in-person contact by the Protection and Safety Worker usually is not possible. Instead, the Worker can substitute a monthly phone contact with the ward. The Worker should explain to the child and caregiver that the call is to be held privately between himself or herself and the child rather than being monitored by the caregiver. For wards who are not verbal due to age or disability, the Worker must have monthly phone contact with the caregiver. In addition, for wards in non-facility placements in another state, the Worker is responsible for assuring that reports from the courtesy worker in the other state are received on a regular basis and reflect ongoing contact with the child. If progress reports are not received when expected, the Worker will contact the Interstate Compact Program Specialist in Protection and Safety for assistance.

Federal law requires that wards placed out of state in facilities be seen every twelve months by a Worker from HHS. Therefore, it is the responsibility of the Protection and Safety Worker to make an annual visit and document the contact with the ward on N-FOCUS or to assure that another Protection and Safety Worker makes the visit and does the documentation. These visits are to be coordinated through the Service Area's Protection and Safety Administrator to assure maximum use of Worker time and travel costs.

- B. **Visits with Parents:** The assigned Protection and Safety Worker will have an in-person, face-to-face contact at least once per month with the parent(s) of a ward or parent(s) of a child in Nebraska under the auspices of the Interstate Compact on Placement of Children or Interstate Compact on Juveniles when the permanency objective is reunification. (When reunification is not the plan, but parental rights remain intact, a determination of the need for monthly contact should be determined on a case-by-case basis by the Worker and Supervisor, with consideration for the court-approved case plan and legal issues. When parental rights no longer are intact, there usually will be no ongoing contacts with the parent.) At least every other visit must be in the parent's home. In the intervening months, visits can be in a setting such as court, school, therapist's office, or Worker's office, as long as the Worker spends time alone with the parent. These visits will provide an opportunity for the Worker to include the parent in case planning and assure that the parent is aware of what is happening with his or her child. It is expected that if necessary, the Worker will negotiate with the parent regarding a visitation schedule that can accommodate both the Worker's and the parent's schedule.

**For parents in treatment:** When a parent is in treatment (which usually will mean drug or alcohol treatment) monthly phone contact by the Worker is acceptable in place of face-to-face contact.

**For parents who are incarcerated:** When a parent is incarcerated, phone contact by the Worker is acceptable in place of face-to-face contact. Frequency of contact will be determined by the Worker and Supervisor.

**For parents living outside of the Service Area or local office area holding case management:** It is acceptable that the monthly visit be done by a courtesy Protection and Safety Worker in the area where the parent resides. It remains the responsibility of the assigned Protection and Safety Worker to assure that a visit is held and that documentation is completed on N-FOCUS.

**For parents living out of State:** When the child is not placed with the parent, it is acceptable that the monthly contact be made via telephone. When the child has been placed, the Worker is responsible for assuring the reports from the courtesy worker in the other state are received on a regular basis and reflect ongoing contact with the child. If progress reports are not received when expected, the Worker will contact the ICPC program in Central Office for assistance.

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

- C. **Visits with Caregivers or Placement Providers:** Monthly, in-person contact is required with the caregiver of each ward in out of home care and each child in Nebraska in out of home care under the auspices of the Interstate Compact on Placement of Children (ICPC) or Interstate Compact on Juveniles (ICJ) and placed in Nebraska. At least every other month the visit must be face to face, in the caregiver's home. In the intervening months, the face to face contact can be somewhere other than in the home or, facility, such as at a team meeting, in the Worker's Office, at school, etc. When the child is being cared for in a foster or adoptive home, these visits will provide an opportunity to find out if the caregiver needs additional support services and what questions the caregiver might have. When the child is in a foster or adoptive home, including a relative's home, the visit every other month can be made by a Resource Development Worker instead of the Protection and Safety Worker, with the stipulation that at least quarterly, the Protection and Safety Worker must make the visit to the home.

**For caregivers or placement providers located outside of the service area holding case management,** it is acceptable that the monthly visit be done by a courtesy Protection and Safety Worker in the service area where the child resides. It remains the responsibility of the assigned Worker to assure that a visit is held and that the visit is appropriately documented on N-FOCUS.

**For caregivers or placement providers located out of State,** it is acceptable for the monthly contacts to be made via telephone. When the child is in a non-facility placement, the Worker is responsible for assuring that reports from the courtesy worker in the other state are received on a regular basis and reflect ongoing contact with the caregiver or placement provider. If progress reports are not sent as expected, the Worker should contact ICPC, Central Office, for assistance.

**Refusal of Caregiver to have the required contact:** When the caregiver refuses to have the required contact with the Worker, or cancels or misses meetings, and the Worker, in consultation with the Supervisor, considers the refusals or cancellations to be without a justifiable reason, the Worker must document those facts in the case file and must consider whether it is appropriate for the child to remain with that caregiver.

- D. **Documentation of Visits:** Monthly contacts (and information about attempted contacts that were not successful) with children, parents, and caregivers or placement providers must be documented in the following manner, on N-FOCUS:

The following information must be included in the text of the narrative:

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

## SECTION VII

### EVALUATION AND CASE CLOSURE

#### Purpose

The purpose of any form of evaluation in child protective services is to improve service delivery to children and families. Evaluation is used to measure the Department's performance and family's progress. The primary focus of the evaluation is on the customer (primarily the child 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 customer 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 Protection and Safety Worker managing and directing the evaluation process. The child, 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 Family Progress

The primary focus of all Department efforts are the family and child. Although policy states that a formal evaluation must occur only once every six months, the process should occur informally with every contact that is made with the family which will be more frequently than every six months.

**IF THE FAMILY SITUATION CHANGES AND RISKS ARE ADEQUATELY REDUCED OR ELIMINATED SO THAT SAFETY OF THE CHILD IS ASSURED AT ANY TIME DURING THE CASE PROCESS, CASE CLOSING SHOULD BE CONSIDERED!**

**NOTE:** When reunification no longer is the goal, the subject of evaluation will be the child. The following material must be interpreted in that light.

The primary purpose of the evaluation of family progress is to measure what changes have occurred in the most critical factors identified during the assessment(s). The Protection and Safety 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 Protection and Safety 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 or which subsequently were identified and documented to the court?
  - What case plan tasks have been accomplished and how does the Protection and Safety 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. If reunification no longer is the goal, what progress has been made to provide permanency for the child in another setting?
3. Should a new case plan or referrals be developed based on the progress or lack of progress) during the last case plan evaluation period?
4. What is the current level of risk of maltreatment (if applicable)?
5. Has the risk of maltreatment (if applicable) been reduced so significantly that the CPS case can be closed? (If the case is closed, will the child be safe?)

#### The Process of Evaluating Family or Child Progress

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

- \* Review the case plan and referrals.
- \* Engage the child 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 family to the attention of the Department including the risk of maltreatment and reassess the risk of maltreatment (if applicable).
- \* Collect information regarding the child'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 Protection and Safety 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 Protection and Safety Worker and contract providers). Assess whether the tasks were appropriate and useful in addressing goals;
- Determine if all participants (including the Protection and Safety Worker and contract providers) have been performing their tasks. If not, why are they not 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 child 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 family members are capable of further change. Determine if they have reached their maximum level of functioning after reconsidering the family'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 Protection and Safety 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 family to the attention of the Department and contribute to risk, or to subsequently identified reasons that have been identified to the court.

## **PROGRAM EVALUATION**

### 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 Protection and Safety staff, and administrators.

**SECTION VIII**  
**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 is in the Former Ward Program and no longer meets eligibility criteria for that Program or requests closure of the case, or
10. The child dies.

The case also will be closed if the parent withdraws a voluntary placement agreement and there is no reason to seek custody of the child via court action.

**Work with the Family**

The family 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.

Termination of the Protection and Safety Worker's intervention will be a planned and natural component of the casework process. Due to its importance in this process, the Protection and Safety 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 Protection and Safety Worker to consider regarding termination.

- **Building Support Systems.** Stabilizing the changes which have been made by the family is important. The Protection and Safety 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 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 family beyond the time when the Department closes the case. Note: This factor is critical when planning closure of a youth approaching age 19.

- **Beginning Disengagement.** Several weeks before the actual closure, the family 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 family toward the end of the helping relationship.
- **Family 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 families may use to avoid and forestall termination, or to face up and accomplish it. These reactions include:
  - **Denial.** The family members may simply "forget" that the Protection and Safety Worker has told them about termination.
  - **Regression.** The family seems to backslide in their abilities to cope with problems. They may demand greater dependence upon the Protection and Safety Worker. They may also show anger toward the Protection and Safety Worker and toward the idea of termination;
  - **Expression of Need.** Family members may feel that the Protection and Safety Worker will continue to provide services if they show the needs still exists. The family may increase problematic behavior, verbally plead for continuing help with problems, or bring up new problems;
  - **Recapitulation.** Family members may express a desire to reminisce or repeat earlier experiences with the Protection and Safety 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 Protection and Safety 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 Protection and Safety Worker. The second kind of flight is positive and involves constructive steps toward disengaging from the helping relationship.

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

- **Protection and Safety Worker's Reactions to Closure.** The Protection and Safety 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 Protection and Safety 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 family. If the Protection and Safety Worker is not clear about her own feelings about termination, she can easily get caught up in the family's reactions, especially if the family is attempting to prolong the helping relationship.
- **Evaluation of Child Welfare Process.** It is helpful during the case closure process for the family and worker to evaluate the progress made by the family. Feedback from the family may be valuable in helping the Protection and Safety Worker to evaluate her performance and establish future relationships.

### Specific Case Closure Activities

Considering the above information, the Protection and Safety Worker will:

- Meet personally with the family to discuss case closure.
- Meet with a youth approaching age 19 to assure that s/he has the opportunity to apply for the Former Ward Program.
- Establish time frames (together) for when the case should be closed.
- Acknowledge the family's (and Protection and Safety Worker's own) feelings about case closure.
- Be prepared for a 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 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 family about how to contact the Department and who should be contacted in the future).
- Review the support system or service the family has identified for use following closure.

### Case Consultation

Case closure is one of the designated "consultation points" in which a Protection and Safety 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 family to the Department has been resolved, or improved to the point that Department involvement is no longer required including assurance that the child will be safe, 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 children need ongoing support and treatment following case closure, assistance will be provided to the 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 Protection and Safety Worker must ensure that the case is closed on all computer systems.

Notification to other Department of Health and Human Services System 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, 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 Case Closing Format completed.
- \_\_\_\_\_ Information System up-to-date.
- \_\_\_\_\_ Central Registry up-to-date.
- \_\_\_\_\_ Foster Care Payment Determination deleted.
- \_\_\_\_\_ Documentation of case closing 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.
  - \_\_\_\_\_ Verification that exit information and personal belongings were received by former ward, parent, or guardian (signed check list, and notation in case narrative).

## SECTION IX

### DISCHARGE OF WARD

#### Policy Statement on Discharge

The determination to recommend discharge of a child adjudicated under 43-247 Sub 3a, b, c is made by the Protection and Safety Worker in consultation with supervisor. The Protection and Safety Worker is also responsible to include all parties in the decision process.

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

- Court action, or
- 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: The Court does not have to accept an administrative discharge and has the ability to continue a child's custody by the Department. The Court also has the ability to order that a married ward remain in the custody of the Department. The Department in both situations is required to follow the court order.

#### Purpose

The discharge of a ward formally terminates the legal care and custody and controlled by the Department of Health and Human Services with the ward. Preparation for discharge from Department custody is an ongoing process which began at the time the child 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 Protection and Safety Worker will also need to keep in mind instances in which the Former Ward Program is appropriate. There are many activities which must be completed by the Protection and Safety Worker, and administrative support during discharge.

#### When to Request Discharge

The Protection and Safety 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.

The Court can override 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 amenable to any available services.

### Making the Request to the Court

In most instances, the Protection and Safety Worker will include as a recommendation to the Court that the ward be discharged as a part of the "Court Report". 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 Protection and Safety Worker on the part of the ward such as armed service enlistment, marriage, or child's death, the Protection and Safety 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 of Health and Human Services. 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 Protection and Safety 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.

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.

### Discharge Interview

Prior to obtaining the discharge, the Protection and Safety Worker may schedule a discharge interview with the ward and family. The Protection and Safety 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 Protection and Safety 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 Protection and Safety Worker will complete the Form HHS-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 Accounting in Central Office. NOTE: HHS-0866 must be typed.

#### Change of Payee

Prior to discharge, the Protection and Safety 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 ward's 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 Protection and Safety Worker will provide them. The birth parent's request for anonymity prohibits release of identifying information.

The Protection and Safety Worker will ensure that the ward's personal property is returned to the ward at the time of discharge. The Protection and Safety 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 Protection and Safety Worker will send notice to the school district advising them of termination of wardship. The letter to the school superintendent should be sent to the school district.

#### Computer System

The worker will need to ensure the appropriate computer systems are closed. This will include:

Closure of service authorizations on N-FOCUS.

- Central Registry. The system will need to be closed to ensure that an open family case may show up on the system.
- CWIS - The system will need to be updated with the reason for termination and remember to inform the income maintenance eligibility worker with a hard copy.

Notification to other Department of Health and Human Services 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. An updated HHS3-A should also be completed, if the case will remain open for service funded through wrap around services.

## SECTION X

### 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 Protection and Safety 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 Protection and Safety 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 Protection and Safety Worker will bring the file up to date, completing the 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/or 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 Protection and Safety 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 Protection and Safety Worker, or administrative support 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 XI

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

#### Specific Sensitive Issues Who Decides and How

Decisions regarding a child who is a ward residing with the parent should be made by the parent. The worker will intervene when a parental decision regarding a child who is a ward is likely to harm the family or child.

When a child is in out-of-home placement, the worker will involve at least the parent, foster parent and child in decision-making. Decisions are made in keeping with the best interest of the child, safety, case plan and the permanency goal.

When parental rights have been terminated or relinquished or the parent's whereabouts are unknown, the parent chooses not to be involved, the Department is responsible for all decision-making based on the best interest of the child, safety, the case plan and the permanency goal.

For the most part, the Protection and Safety Worker will simply consult and discuss with foster parent, child 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 Protection and Safety Worker may want to employ these techniques.

**The majority of information regarding specific sensitive issues is provided in 390 NAC 11-000. Below is a listing of policy references. In a few instances, you will find procedural direction that is not included in policy and is to be used in conjunction with the policy reference.**

11-001 Daily Care Decisions in Out-of-Home Care Placements

11-002.01 General Issues

11-002.01A Alcohol Usage

11-002.01B Car or Motorcycle Purchase

11-002.01C Wards Who Have Children

11-002.01D Death or Imminent Death of a Ward

11-002.01E Discipline of Children in Out-of-Home Placement

11-002.01F Driver's License

11-002.01G Employment

Maximizing self-sufficiency and independence are goals which employment can promote. The Protection and safety Worker needs to work with the ward to determine long-range goals and ensure that plans for education coincide with future employment goals.

11-002.01H Firearms and Other Lethal Weapons and Hunting

11-002.01I Funeral Arrangements

When a parent has a life insurance policy on a ward who dies, it is expected that the parent will use that funding to defray or help in defraying funeral and burial expenses.

11-002.01K Guardianship Account

To authorize a payment, the Protection and Safety Worker will complete Form , and

At discharge, the Protection and Safety 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 of the former ward will be transferred to the State Treasury of the State of Nebraska.

11-002.01L Illegal Drugs or Use of Another Individual's Prescription Drugs

11-002.01M Leisure Activities

Although the first sentence of policy refers to children on parole, the direction given is to be applied to all wards.

11-002.01N Marriage

11-002.01P Military Service

11-002.01Q Money Handling

11-002.01R Release of Photographs and Identifying Information

11-002.01S Religion

11-002.01T Runaways

11-002.01U Tobacco

11-002.01V Travel

11-002.02 Educational Issues

11-002.02A Notification to School Districts

11-002.02B Appointment of Educational Advocate (Surrogate Parent)

11-002.02C Discipline of Children by School Personnel

11-002.02D Educational Placement in Non-Public School setting  
Policy for Rule 13 schools applies to home schools.

11-002.03 Legal Issues

11-002.03B Bail or Payment of Fines

11-002.03C Criminal Activity by Children Who Are Wards

11-002.03D Name Change

11-002.03E Law Enforcement Operatives

11-002.04 Medical Issues

11-002.04A Abortion

Information regarding "alternatives and appropriate agencies and resources for further assistance" will include information about the possible choices of adoption and parenting the child. A person who has not yet reached the age of majority legally can relinquish his or her child for adoption, without parental consent.

11-002.04B Autopsy

11-002.04C Birth Control, Family Planning and Sex Education

Education provided will include abstinence education.

11-002.04D HIV/AIDS

11-002.04E Informed Consent

11-002.04F Medical Decision Making

11-002.04G Organ Donations

11-002.04H Sterilization

11-002.04I Withholding or Withdrawal of Life Support

11-002.04J Parental Objections to Medical Care and Treatment

11-002.04K Participation in Medical Research Projects

# Forms

# Section

**LOCATION ONLY REFERRAL**  
**From HHS Protection and Safety**

Date of referral: \_\_\_\_\_  
 Person making referral: \_\_\_\_\_  
 Email: \_\_\_\_\_ Office: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Provide as much of the information as possible. The more information you provide, the greater the likelihood of a successful location.

Parent to be located:

Name: \_\_\_\_\_

DOB (if unknown approximate year): \_\_\_\_\_ SSN: \_\_\_\_\_

Alias(es): \_\_\_\_\_

If female, maiden name: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Current spouse's name: \_\_\_\_\_

Place of birth (city, state, county): \_\_\_\_\_

Driver's license number/state: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Distinguishing marks, scars, tattoos, etc \_\_\_\_\_

Last know address: \_\_\_\_\_ as of (date) \_\_\_\_\_

Last know phone #: \_\_\_\_\_ as of (date) \_\_\_\_\_

Usual Occupation: \_\_\_\_\_

Other skills: \_\_\_\_\_

Professional licenses: \_\_\_\_\_

Last known employer: Name: \_\_\_\_\_ as of (date) \_\_\_\_\_

Full address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Federal EIN: \_\_\_\_\_

Legal relationship to child's other parent:

\_\_\_\_ Married Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_ Divorced Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_ Separated \_\_\_\_\_ Never Married

Fed Parent Locator (3-02)

Other information that could be useful, such as public assistance history, assets, education, police record, armed forces status:

Other Parent Name (first, middle, last): \_\_\_\_\_  
 DOB (at least approximate year): \_\_\_\_\_ SSN: \_\_\_\_\_  
 Alias(es): \_\_\_\_\_  
 If female, maiden name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone # : \_\_\_\_\_

All know children of the person sought (provide information for each child).

1. Full name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F  
 Where living: \_\_\_\_\_  
 In foster care? \_\_\_ No \_\_\_ Unk \_\_\_ Yes - Date entered: \_\_\_\_\_  
 Paternity established? \_\_\_ No \_\_\_ Unk \_\_\_ Yes - Where: \_\_\_\_\_  
 Child Support order? \_\_\_ No \_\_\_ Unk \_\_\_ Yes - Where: \_\_\_\_\_

2. Full name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F  
 Where living: \_\_\_\_\_  
 In foster care? \_\_\_ No \_\_\_ Unk \_\_\_ Yes - Date entered: \_\_\_\_\_  
 Paternity established? \_\_\_ No \_\_\_ Unk \_\_\_ Yes - Where: \_\_\_\_\_  
 Child Support order? \_\_\_ No \_\_\_ Unk \_\_\_ Yes - Where: \_\_\_\_\_

3. Full name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F  
 Where living: \_\_\_\_\_  
 In foster care? \_\_\_ No \_\_\_ Unk \_\_\_ Yes - Date entered: \_\_\_\_\_  
 Paternity established? \_\_\_ No \_\_\_ Unk \_\_\_ Yes - Where: \_\_\_\_\_  
 Child Support order? \_\_\_ No \_\_\_ Unk \_\_\_ Yes - Where: \_\_\_\_\_

Attach additional sheets if necessary.

Remarks: