

Welcome

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Kirsten Minert

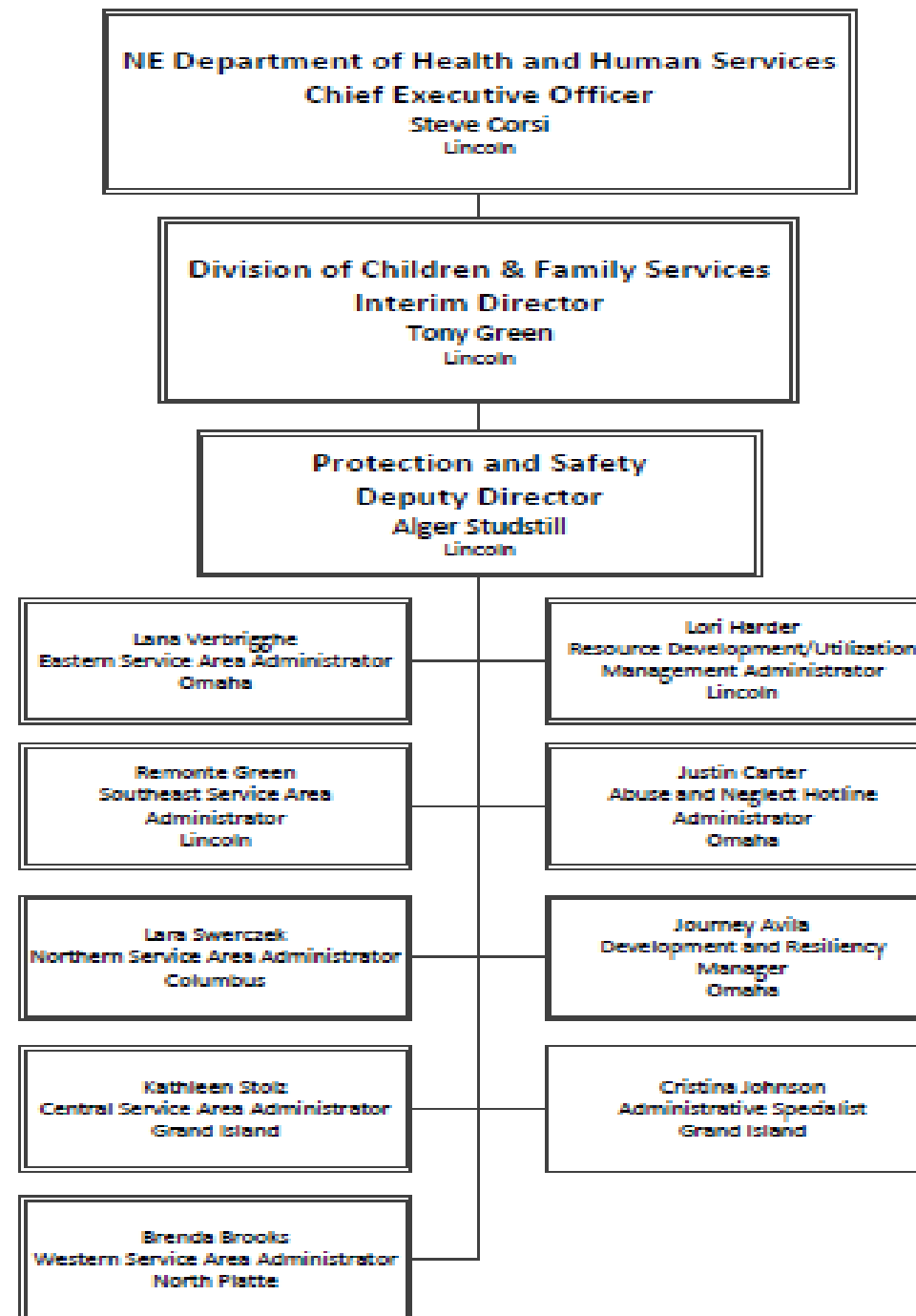
Agenda

- Overview
- Initial Assessment/Alternative response
- Ongoing/permanency
 - Schedule
 - Q/A



DHHS
Protection and
Safety Vision

- Nebraska's Child and Family Well-Being System will prioritize safety and empower individuals and families to determine what success looks like for them so that they thrive after our engagement. All that we do will be trauma-informed and supportive of healthy attachments and least restrictive whenever possible to ensure access and belonging for all served.



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Children and Family Services Worker

Alternative Response, Traditional Response,
Ongoing case management.

Ensure for the safety, permanency, and well
being of the children we serve.

Coordinate and arrange for services to meet the
identified needs of the children and families.

Participate in Juvenile Court proceedings.

Work hours are flexible to include on call after
hours responses.

Children and Family Services Lead Worker

Provide support and direction to CFS Worker's

Provide ongoing training/learning labs for CFS Staff.

Develop tools and resources to assist CFS Staff in their daily work.

Ensure for the safety, permanency, and well being of the children we serve.

Coordinate and arrange for services to meet the identified needs of the children and families.

Participate in Juvenile Court proceedings.

Work hours are flexible to include on call after hours responses.

A Day in the Life of an IA/ AR
Case manager;
Nebraska
Department of Health and Human Services

Presented by:

Lead Worker Niet Tuom

DHHS Hotline

- Structured Decision Making screening tool is an evidenced based tool used to screen intakes of abuse and neglect.
- The hotline makes collateral calls to assist in the decision making process.
- The screening decision is made as soon as possible, not to exceed 24 hours.
- If intakes are not accepted, there is a second level review in which CFS Supervisors or a Quality Assurance member review to ensure appropriate screening decisions were made.
- Hotline staff can provide training for any region upon request.
- Abuse and Neglect Hotline #1-800-652-1999

Next Steps

**Statutorily HHS is required to make contacts within their timeframes, we have limited exceptions to this, one of which is Law Enforcement (LE) requesting to take the lead on the maltreatment alleged, it is vital for us to have clear communication and information from LE as to why neither agency believes the child/ren to be at imminent harm or danger as a result of neither agency making contact timely with victim/s.

Priority Assignments

Priority 1 (P1) is considered an emergency and contact has to be made within 24 hours of the intake being received. All victims on this intake will need to be seen within that 24 hours.

Priority 2 (P2) have 5 days to respond time from when the intake is accepted. This is calendar days not business days. Once the first victim is seen all the victims are expected to be seen in 24 hours.

Alternative Response

Designed to partner with families to increase safety and lower the likelihood of future abuse or neglect to children while helping families and communities connect.


Help find solutions in times of need or crisis, and create the family's ability to work through times of family stress, and develop sustainable supports and enhance familial protective factors.

There is no formal investigation or finding as to whether child abuse or neglect has occurred, no labels, no parties have their names entered on the central registry.

Services are voluntary once the Department has established safety and the comprehensive assessment is complete.

Initial Assessment Process


The initial assessment process starts at the exact time and date that the intake was received by the hotline.



All investigations must be completed within 30 days of the hotline receiving the first call. By day 30, the investigation either needs to be closed or moving to ongoing services.

Safety Plan

If a threat is found, a Safety Plan is quickly devised for the child's protection at home or an approved living arrangement. The CFS Specialist is obligated to create a Safety Plan before leaving the home.

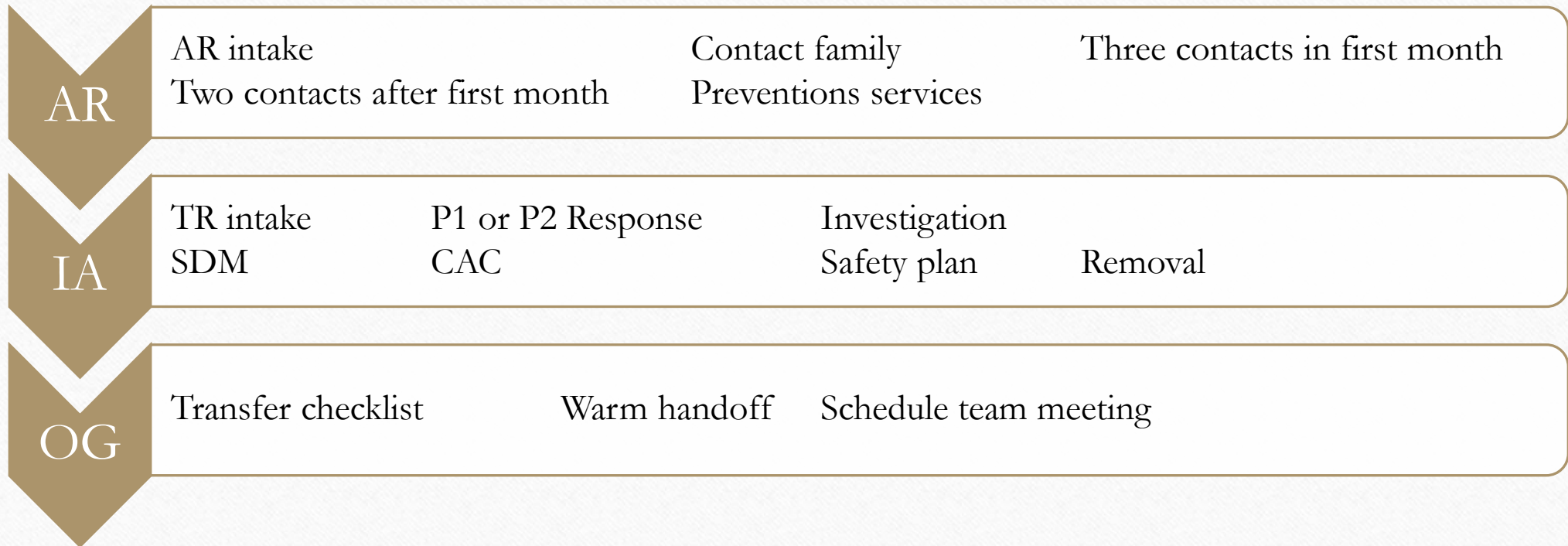


The CFS Specialist works to find viable Safety Plans with law enforcement and the family, aiming to secure the child's safety without removing them from home whenever feasible. Child removal is a last resort, used when no interventions can keep the child safe at home.

Removals

- When the child cannot be maintained safely in the home, Law Enforcement may remove the child in an emergency, or a court of competent jurisdiction can order a removal of the child from the home.
- If the child is removed, the CFS Specialist will make all efforts to reunify the child as soon as it is determined that the child can be safe in the home. The CFS Specialist will utilize the Structured Decision Making (SDM®)

IA/AR flowchart

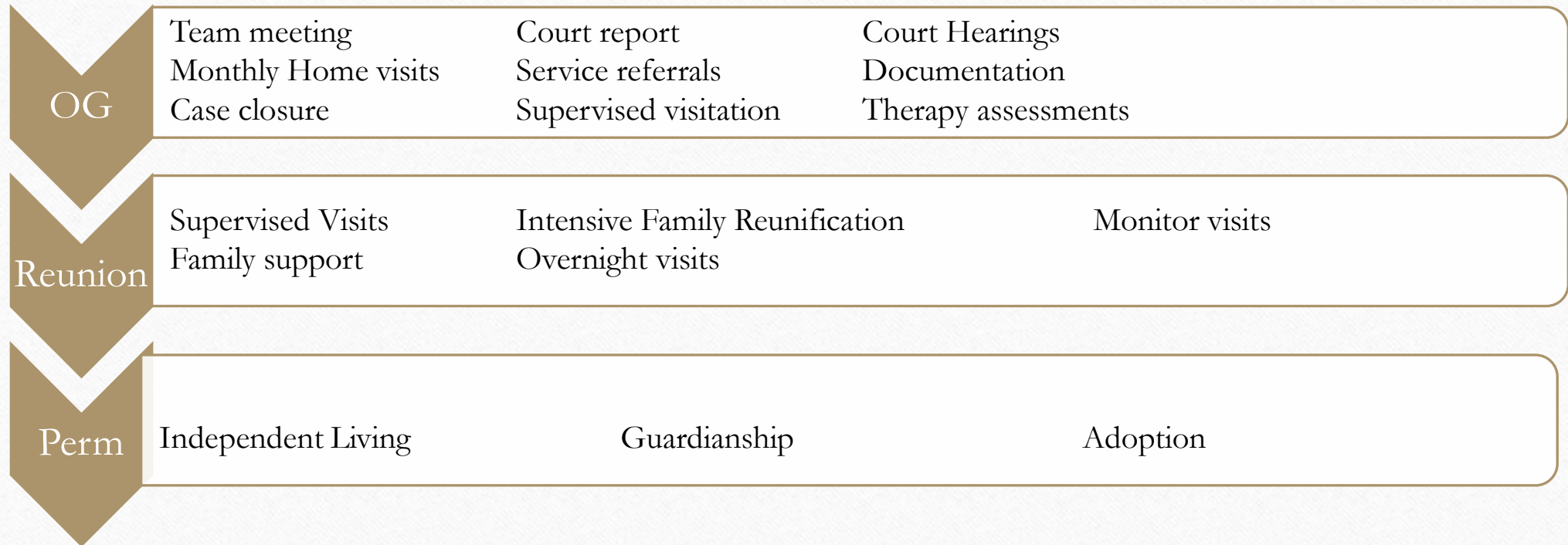


A Day in the Life of an On-Going
Case manager;
Nebraska
Department of Health and Human Services

Presented by:

Lead Workers Kenny Nguyen, Kirsten Minert, and Niet Tuom

Ongoing Flow Chart



Trauma

- Many of the families involved in in the child welfare system have experienced trauma.
- What types of Trauma can you think of that affect the children and families we work with?



Permanency Objectives (End Goals)

- Family Preservation
- Reunification
- Independent Living or Another Planned Permanent Living Arrangement (APPLA)
- Guardianship
- Adoption

Ongoing Case Management

- Responsibilities: The CFS Specialist is responsible for the management of safety and risk factors of children and families involved with CFS and all of the ongoing case management which ensures reaching permanency in a timely manner.
- Non Court Involved Case: an ongoing case opened by the department following a report of child abuse or neglect in which the department has determined that ongoing services are required to maintain the safety of a child or alleviate the risk of future abuse or neglect and in which the family voluntarily engages in child protective services without a filing in a juvenile court

Case management

- When the child cannot be maintained safely in the home, Law Enforcement may remove the child in an emergency, or a court of competent jurisdiction can order a removal of the child from the home. If the child is removed, the CFS Specialist will make all efforts to reunify the child as soon as it is determined that the child can be safe in the home.

Structure Decision Making

- The SDM System is a set of research and evidence-based tools for important decisions in the life of a case.
- The SDM system focuses on evaluating Safety and Risk as well as strengths and needs of the family

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DHHS Structured Decision Making Process

Safety is defined as the *serious and imminent threat* of harm to child.

Risk is defined as the *likelihood of future maltreatment* within the next year or two.

Safety Assessments:

- ❖ Assess whether a household presents imminent danger or serious harm to any child
- ❖ Determines necessary interventions to provide appropriate protection.

When is the safety assessment process required?

- ✓ During face to face contact
- ✓ When new allegations of abuse or neglect involving caregiver on an open case
- ✓ New information becomes available or family conditions change
- ✓ Change in the safety decision
- ✓ Prior to recommending case closure.

Risk and Prevention Assessment Overview

The decision to close a case is based on safety and risk.

High and very high risk families should be offered ongoing services beyond what their network and community resources can provide, if needed.

1. The CFS Specialist, aided by the family, conducts risk and prevention assessments to gauge the likelihood of future harm and the necessity of ongoing services.

Risk assessments are employed when there are allegations of maltreatment in the current referral.

Prevention assessments are used when no present child abuse or neglect is alleged, but safety concerns exist. The aim is to prevent potential future abuse or neglect.

2. These assessments provide an unbiased evaluation of the possibility of maltreatment occurring within the next 12-18 months in a household. Families are categorized as having low, moderate, high, or very high probabilities of facing future abuse or neglect. Notably, low-risk families experience fewer subsequent referrals and confirmations than high-risk ones.

3. The risk assessment tool gauges whether, without agency intervention, a family is more or less likely to encounter future abuse or neglect. Different indicators are used for assessing future abuse and neglect likelihood in each assessment.

Family Strengths and Needs Assessment (FSNA)

The CFS Specialist will complete the FSNA with the family. The purpose of the FSNA is to add to information gathered during the initial safety and risk or prevention assessments in order to identify safety-related needs and strength-based strategies so that a case plan or foster care prevention plan can be developed. Using information gathered for the FSNA, case plan or foster care prevention plan, goals, strategies and services can be designed to effectively address the areas that directly impact child safety and risk of future harm for each family. The FSNA also addresses the well-being of every child in the family.



The CFS Specialist will review and discuss the results of the FSNA with the family in order to obtain agreement on the findings and then to build the plan to address the areas identified as critical needs.



The CFS Specialist will conduct a FSNA on every open case.

1. Each parent in a two-parent household is assessed and scored separately.

2. The child assessment portion is completed for each child who will be included in the case plan or foster care prevention plan.

- a. For non-court involved cases this includes all children in the household. For court involved cases, this includes siblings of wards.
- b. If caregivers are no longer involved in the case plan or foster care prevention plan, only the child assessment is required.

Case plan

- **Responsibilities:** The CFS Specialist will work collaboratively with the family, the Safety Network/ Family Team, supervisors and other relevant persons involved with the family in order to: Ensure continued safety of the child; establish and implement safe plans, assist the family in identifying and accessing informal and formal supports and resources; establish develop and implement the case plan, that works toward on achieving timely permanency for the child; ensure child well-being; and plan for transition and discharge from CFS intervention.
- Case Plans are developed based on the needs identified in the FSNA. The plan will include goals and that the parents must meet to mitigate the safety threats and timeframes for achieving these goals. The case plan will include the behaviors that a parent or child needs to demonstrate over time in order to show that the parent can safely parent their child. The parent's protective factors and strengths should be considered as the case plan is developed.
- The CFS Specialist will meet with the family team to develop the case plan and discuss progress. The CFS Specialist will work with the family to share information gathered from the FSNA to assist in case plan development.

Prevention Plan

- **Responsibilities:** Child and Family Services Specialist/Independence Coordinators: Determine whether children are Candidates for Foster Care. Determine eligibility for Pregnant/Parenting Foster Youth. Create a Prevention Plan (PP) with the family. Document progress on goals, strategies and services in the PP. Determine whether an extension to the Prevention Plan is necessary and consult with CFS Supervisor for approval.
- Candidate for Foster Care: a child who is at imminent risk of entering foster care but can remain safely in his or her home or an Approved Informal Living Arrangement as long as Prevention Services are in place to prevent the youth from entering foster care.
- Part Two: The child can remain safely in his or her home or an Approved Informal Living Arrangement as long as Prevention Services are in place to prevent the youth from entering foster care.

Risk Reassessment



Risk Reassessments



There are 4 levels for
Risk Reassessment as
it correlates to case
closure –

Low*

Moderate*

High

Very high



Reunification Assessment

- Reunification assessments are completed for each household that is being considered for reunification

Continuous Quality Improvement (CQI)

- The Continuous Quality Improvement (CQI) team is also in place to help review cases to ensure that CFS is following the proper policies and are making appropriate decision based on our evidence-based tools
- Role of unit
 - Provide constructive feedback aimed at improving quality of work with the families.
 - Ensure state and federal protocol, laws, policy, etc. are followed
 - Case Reviews

Non-Court vs Court Involved

Non-Court

- Voluntary basis
- DHHS has no legal basis on this case as the youth in the home are no state wards, so DHHS will not have legal or physical custody.
- The youth can not be in an out of home placement ordered by the court to be non-court involved
- Can offer some services to the family but the it is up to the family if they want to participate. Depending on the case, not participating in services can lead to the County attorney filing a petition.
- Typically, no legal party is involved
- Most common services usually include, Family Support or IFP.
- Delegations can be done for a family member to help make decisions for youth
- Since non-court, there is no court hearing that DHHS would be involved in unless we are attending a youths probation hearing
- Case can be closed by successfully service or refusal to participate in service

Non-Court vs Court Involved

Court Involved

- A petition has been filed by the county attorney's office.
- DHHS most likely will have either physical or legal custody of the youth or both.
- Court can order DHHS to have Court supervision over the case – This is where DHHS will remain in the case but will not have any legal means over the youth.
- Youth can be in an out of home placement or be placed in home if Court involved.
- Services are usually court ordered. Again, its up to the parents or not if they want follow through with their court order services. The result of not following through with services can delay the time frame of youth being placed back into the home or case closure
- Legal parties are involved, such as County attorney, GAL, Parents Attorney, and CASA
- Most common services include, Family Support, IFP, IFR, IDI, Co-occurring evaluation
- Youths can become state wards and education surrogate can be appointment to help make decisions for youth if parent is unable
- Numerous court hearings Adjudication, trail, Disposition, review, permanency, expectation, TPR, TRP trial, guardianship and/or adoption hearing
- Case can only case by the Judge relieving DHHS from responsibility.

Case Consultation

CFSS

Treatment Team Meeting
Respite

Supervisor

Findings
Out of home placement
Parenting time

High/Very High Risk
Relinquishment
Changing Schools

Concurrent Planning
Case Transfer
Access to the Child

Suitability
New Allegations
Case Closure

Admin

Exception for Safety Plan Participant
LE Delay Contact

Response Time Exception
Respite

Service Area
Admin

Child placement Congregate care/out of state placement
Bed hold
Extension of IFR/IFP

Services



Non-Court

- In/out home Family Support
- Intensive Family preservation (IFP)
- Circle of Security – parenting class.
- Drug testing
- Co-occurring evaluation
- Intensive Outpatient (IOP)
- Full psych Eval
- Neuro psych eval
- Supervised visits
- Therapy for the children
- Child parent psychotherapy - CPP
- Child Parent interaction therapy (PCIT)
- Out of home placement
- PRTF
- 1184 meetings
- A lot of services that are offered in court involved cases can be offered in non court cases as well. An ROI will need to be signed and different information may need to be added if an LOA is needed.

Services



Court Involved

- In/out home Family Support
 - Intensive Family preservation (IFP)
 - Intensive Family reunification (IFR)
 - Circle of Security – parenting class.
 - Drug testing
 - Co-occurring evaluation
 - Intensive Outpatient (IOP)
 - Full psych Eval
 - Neuro psych eval
 - Supervised visits
 - Therapy for the children
 - Child parent psychotherapy - CPP
- Child Parent interaction therapy (PCIT)
 - Out of home placement
 - PRTF

Individual that we have contact with daily basis

- Foster parent
- Foster care specialist
- CASA
- RD
- County Attorney
- GAL
- Parents GAL
- Parents attorney
- Mothers
- Fathers
- Youths
- Parent's therapist
- Youth therapist
- Out of state Law enforcement
- Doctors
- Nurse Practitioner
- Nurses
- Hospital social worker
- Hospital records
- Hospital billing
- Lincoln Police Officer
- SVU investigator
- 1184 individuals
- School front desk
- Teachers
- Principals
- School social worker
- Hotline staff
- Hotline Supervisor
- Reporters
- Victims
- Perpetrators
- CAC interview
- CAC Nurse Practitioner
- CAC advocate
- Foster care review board
- Probation officer
- Visitation worker
- Visitation supervisor
- Family support
- Family support supervisor
- Drug testing worker
- Drug testing Lab expert
- Homeless coordinators
- Intake coordinators
- Domestic violence advocates
- Pals worker
- B2I staff
- Detention staff
- Cedar's shelter
- Apartment Landlords
- LOA team
- Medicaid
- Mediation staff
- Out of state CPS
- ICPC
- Criminal attorneys
- Family members
- Cab companies
- Paralegals
- Prison staff
- US consulates
- Other CFS Staff
- Contract monitors
- Safety plan participants
- Family finding staff

8 Tue

< Aug 7 **SESA - RED Team** Jelinek, Sara ↺

Aug 11 >

Case Plan & Court Report due to Supervisor [REDACTED]

8 AM

[REDACTED] court report due to supervisor
or today
Krolikowski, Molly

9 AM

daily huddle <https://us02web.zoom> ↺

[REDACTED] noncourt treatment team
staffing

Team K. daily huddles Molly's office Kro

Kataryna in Office
Morton, Kataryna

Treatment Team
zoom



10 AM

[REDACTED] case transfer staffing Mol

Send Colby total backlog report for your team (including any coverage) ↺

11 AM

(No subject)
(DHHS) Lincoln CFS Conference Room X
Tuom, Niet

Zoom with [REDACTED]

12 PM

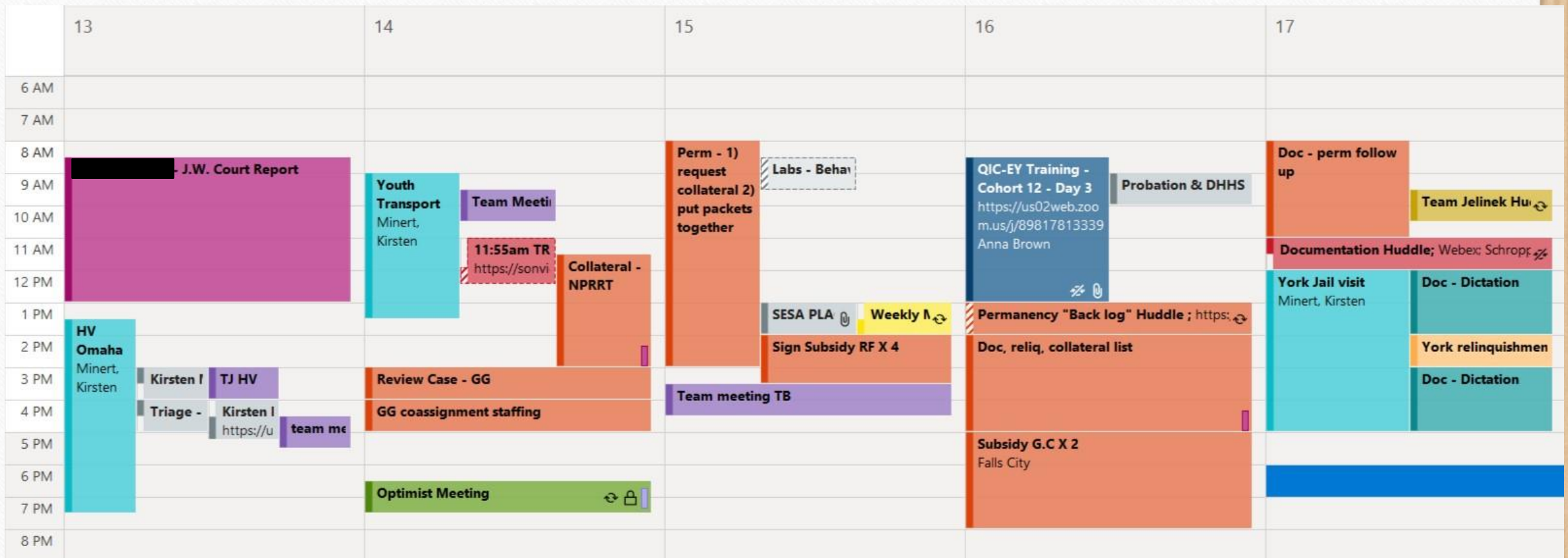
1 PM

July doc
at your desks (with exceptions of court/visits)
Krolikowski, Molly

2 PM

Home Visit

Day In the life of a permanency worker



Average week for a CFSS Worker



IN-OFFICE WORK - 10

MEETINGS - 7

EMAILS - 8

PHONE - 8

HOME VISITS- 10

TEAM MEETINGS- 2

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Q & A

See you later



Alligator!

THANK YOU!

Thank you for allowing us
to come and talk to you
today