

CHAPTER 5-000

ONGOING SERVICES PHASE

OVERVIEW

During the ongoing phase, family issues which required intervention are fully explored and their contributing factors are identified. An in-depth assessment allows a complete picture of the family to emerge and lays the foundation for a family-centered, child focused approach to case planning and service delivery.

Ongoing assessment and services will be approached in the least intrusive manner possible. Priority will be given to providing reasonable opportunities for parents to keep their families intact by utilizing all appropriate services available. Service packages will be developed and implemented to assure the child and family opportunities for time limited intervention to correct the conditions which brought them to the attention of the Department.

When a child is unable to return home, the ongoing focus becomes providing permanence. The child's needs will be identified and assessed to provide the appropriate services available.

Also, during this phase, the worker will define priorities and determine service delivery within the legally mandated populations served.

Child Welfare Cases

The Department's priorities for service delivery for child welfare are:

1. Families with children who are identified as harmed by maltreatment or who are at serious risk of harm from maltreatment; and
2. Families with children who are dependent.

Juvenile Service Cases

The Department's priorities for service delivery for juvenile service cases are:

1. Children with behaviors which are dangerous to self or others;
2. Children with behaviors which are destructive to property or traffic offenses; and
3. Families with children who are court adjudicated as status offenders.
4. Children are referred for evaluation.

Families and children will receive appropriate services to address the presenting problem, reduce risk of maltreatment or delinquency and provide opportunities for families and children to work toward self-sufficiency. The work at this phase will occur through a team effort on the part of the Department, the community and family. The Department will work with the community to develop and utilize the resources appropriate to meet the needs of families and children. In addition, the formation of teams will allow for the most effective, efficient use of staff time and resources.

This section presents information regarding the specific activities provided throughout the ongoing phase. In some local areas, the work of the intake phase, the assessment phase, and the ongoing phase are completed by one person and in other areas, the work is done by two or three different people. Some workers will have juvenile services specialization, some will have child welfare specialization, and some will perform both functions. This policy applies to all situations.

The final piece of the ongoing phase relates to evaluating the progress of the case, and case closure.

How the work of case management is done is described in two Guidebooks. The "Child Welfare Case Management Guidebook" is to be used in working with cases where child abuse, neglect or dependency are the issue. The "Case Management for Status Offenders and Juvenile Offenders Guidebook" is to be used for these two populations.

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STAFF ROLE

5-001.01

PROTECTION AND SAFETY WORKER ROLE

The worker will work in partnership with families, supervising staff and teams to ensure children and families a quality, comprehensive service delivery. The worker's role and responsibilities during ongoing are to:

- Conduct and complete an assessment of the family and child.
- Maintain child's, family's and community's safety.
- Develop and implement a case plan to address the identified issues and current risk of maltreatment, status offense behaviors or delinquency.
- Provide and coordinate services to assist the child and family in resolving issues.
- Assist in securing stability and permanency for the child.
- Refer the family and child to community, social agencies, or legal systems that are necessary to support achievement of the identified case outcomes.
- Evaluate family's and child's progress.
- Coordinate service delivery to the child and family.
- Prepare child and family for closure.
- Close case.
- Consult with the case consultation team at the key decision points as listed in 390 NAC 2-001.

The Juvenile Services Officer will have the specific roles in cases with juvenile offenders as follows:

- Complete the initial classification and routine reclassifications;
- Take a child into physical custody when necessary, see 390 NAC 11-002.03A;
- Supervise and monitor the behavior of the juvenile offender in the community through direct contact and supervision services;

- Determine and adjust the child's level of restriction and supervision based on behavior and compliance with the the conditions of liberty agreement and case plan;
- Assist child in taking responsibility for his/her actions by making arrangements for restitution (if court ordered), community service or similar restorative efforts;
- Serve notice of conditions of liberty (parole) violations and allegations to child; and
- Participate in Department's Administrative Hearings: Behavioral Accountability meetings, Preliminary Hearings, and Revocation Hearings.

5-001.02

SUPERVISOR ROLE

Supervisory staff roles and responsibilities during ongoing services are to:

- Provide support and consultation and assist the worker during critical decision points.
- Advocate in agency, community or legal system to ensure outcomes of ongoing services are achieved.
- Enhance system response by supporting, facilitating or developing use of teams as a support to quality service delivery.
- Identify and assist in removing barriers to service delivery.

5-001.03

ROLE OF TEAMS

Teams will be used to effectively and efficiently provide a means for consultation, technical expertise, support and problem-solving.

The Department will participate in the investigative and treatment teams in each county or area. The Department will participate to create a cooperative, complementary response to reports of child abuse or neglect by the Department, law enforcement and other agencies designed to protect children.

Statutory Reference: Neb. Rev. Stat. 28-728 through 28-733.

The case consultation team will be used at key decision points during the ongoing phase. These key decision points include:

- Recommending removal of a child from the home;
- Recommending returning a child to the home;
- Recommending separation of siblings;
- Deciding on placement of a child in an adoptive home;
- Placing a child into a foster home, group home, or residential facility located in another service area;
- Discharging or conditional release (parole) of a child from YRTC;
- Placing a child into restrictive placements such as hospitals, treatment facilities, Youth Rehabilitation and Treatment Centers (YRTC), detention centers, jails, and out-of-state;
- Requesting a variance to an existing policy;
- Taking away a child's liberty;
- Changing the permanency objective on a case;

- Developing case plan and determining decision making for child with more than one adjudication;
- Recommending relinquishment;
- Accepting a relinquishment;
- Recommending termination of parental rights;
- Determining classification for juvenile offenders;
- Reviewing the case status; and
- Closing a case.

The Juvenile Service Officer has the authority to take into physical custody a juvenile offender in the custody of HHS-OJS when s/he is a risk to himself/herself or others.

The case consultation team may consist of the family service providers including foster parents, mental health providers, the supervisor, school, and medical personnel, law enforcement, and others involved in the case or with expertise relevant to the case.

5-002

OUTCOMES FOR ONGOING PHASE

- Child safety.
- Community safety.
- Reduction of risk of maltreatment.
- Reduction of delinquency.
- Identification of family issues and needs.
- Permanence for the child.
- Appropriate services implemented to address identified issues and needs.
- Services are in place to support the family.
- Increased family self-sufficiency.
- Family empowerment.
- Timely reunification when appropriate.
- Juvenile offenders are held accountable for their behaviors and learn to become responsible citizens.

5-003

OVERVIEW OF DECISION MAKING

In child welfare cases, the determination to open a case for ongoing services is completed during the initial assessment phase. Decisions regarding the types of services offered are made after the completion of the family assessment and during the case planning process.

In Juvenile services cases, the decision to open a case is made upon commitment to HHS-OJS by a court order.

The Department provides or arranges for ongoing services based upon the family assessment and the identification of family and child goals and matches services that support the desired outcomes. The Department may provide direct services, refer to other service providers or contract for services.

Information in this section includes the following:

- Service Delivery,
- Assessment of Family and Child Needs,
- Case Planning,
- Case Management,
- Case Evaluation, and
- Case Closure.

The decision on services will be a collaborative effort among the worker, child and family. Supervisory staff and others with relevant expertise may be consulted regarding available services, resource development and implementation.

If a court has ordered specific services that do not support client outcomes identified in the assessment of needs or case plan, the worker will request Legal Services staff in the System to object to the court-ordered service. (See 390 NAC 8-002, Review of Court Orders.)

5-003.01 OVERVIEW OF SERVICE DELIVERY

The delivery of family-centered, child-focused services will involve all family members to identify family issues and resolve family problems. Services are designed to promote family self-sufficiency. Services are also intended to reduce the probability of delinquent behavior by juvenile offenders. Services are provided on a time-limited basis. They are focused on parents and children maintaining or gaining responsibility in decision-making.

To promote family self-sufficiency and continuity for families and children, consideration will first be given to:

- Assisting the family or child to build a support network with extended family members and friends identified by the family; and
- Linking the family or child with community services that can be independently accessed.

When community-based programs are not available or appropriate, contracted or staff-provided services will be considered.

Services described in the following information will help the worker provide quality service to families and children involved with the Department. These services are divided into two broad categories:

1. Guaranteed Services (described in 390 NAC 5-004) and
2. Additional Services (described in 390 NAC 5-005).

5-004

GUARANTEED SERVICES

All families and children involved with the Department will be provided with the following services:

1. An assessment of needs that may include a diagnostic and evaluation service; and
2. A case plan developed with the family and child to address the issues that brought the family or child to the attention of the Department, and
3. Case management, which includes face to face contact; and
4. Referral to community services, and
5. A therapy service, when appropriate, or
6. A parent-skill development service, when appropriate.

5-004.01

ASSESSMENT OF FAMILY AND CHILD

A family and child assessment process begins when:

- The court has ordered a youth into HHS-OJS or HHS custody; or
- A determination for continued ongoing intervention has been made; and
- The immediate safety of the child and community has been addressed.

The purpose of the assessment is to obtain as complete a picture as possible about the nature, extent, and causes of the factors contributing to the:

- Risk of maltreatment or delinquent acts,
- Effects of maltreatment or delinquency on the child, victim and other family members,
- Presenting problem (if other than maltreatment or delinquency), and
- Effects of the presenting problem on the family, child, or community.

The overall goal of the assessment is to reach a mutual understanding among the juvenile and family services worker, the family and community service providers, regarding the most critical needs to be addressed and the strengths on which to build.

The primary decisions and issues considered during the assessment of the family and child include:

- What are the nature, extent and causes of the factors contributing to the risk of maltreatment, delinquency, or the presenting problem?
- What are the effects of the maltreatment, delinquency, or the presenting problem and the service needs of all family members?
- What are the individual and family strengths that can be tapped in the intervention process?
- What conditions or behaviors must change for the risk of maltreatment or delinquency to be reduced or the presenting problem be controlled?
- What is the prognosis for change?

Information will be gathered by: interviewing and observing all family members; reviewing open or closed CPS records, school records, and records or reports from other agencies or providers. Additionally, evaluations and assessments may be necessary to complete an accurate picture of child and family.

The information gathered will be: assessed, analyzed, and interpreted to make professional judgment regarding the family's and child's ability to engage in appropriate available services and to correct condition that brought them to the attention of the Department.

For Juvenile services offenders, the information will also be used to determine the appropriate classification, level of supervision and placement while maintaining public safety.

5-004.02

CASE PLANNING

Workers will provide the child and family with opportunities for change by helping them to identify positive outcomes and to set goals that address the problems that place the child at risk of maltreatment, reoffend, and which also address the issues that brought the child or family to the attention of the agency. The overall goal in child welfare cases is to reduce or eliminate the risk of maltreatment so that parents can protect their children and meet their developmental needs. The overall goal in Juvenile services cases is to reduce or eliminate the risk of re-offending consistent with community safety.

Child Welfare Cases

A written case plan will be developed following the assessment of family or child's needs. Case plan evaluation and revision will then occur at least every six months. A written court report incorporating the elements of the case plan will be submitted to the court at least three days before, or as dictated by local court protocol, the initial dispositional hearing or any subsequent review hearing.

Juvenile Services Cases

A written case plan will be developed following the assessment for children at home or in out-of-home care. The case plan for juvenile offenders will be based on the factors which are most closely related to the possibility of the child reoffending. The child's need for restrictiveness will be considered in providing services. The reclassification will relate to the progress toward goals in the case plan. The case plan for status offenders will address the issues which brought the child to the attention of the Department. A written court report will be prepared for status offenders as described in child welfare cases above.

The Conditions of Liberty Agreement will support the case plan for juvenile offenders on parole and in the community. (See Case Management for Juvenile Offenders and Status Offenders for Agreement. The Youth Responsibilities Agreement will support the case plan for status offenders.)

5-004.02A

CASE PLAN REQUIREMENTS

The Department will include in the plan for a ward who is 16 years of age or older a written proposal describing programs and services designed to assist the ward in acquiring independent living skills. A ward whose goal is independent living or is determined to be at a greater risk of failure will receive a proportionately greater emphasis on these services. The specific case plan will be based on an assessment of the ward's readiness for independent living. (See Other Permanency Objectives Guidebook, Independent Living Section.)

When a child is placed in the custody of HHS and HHS- OJS, 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 for the child welfare cases, the safety plan will serve as the case plan.

Statutory reference: Neb. Rev. Stat. 43-285.

5-004.02B

CASE-PLANNING PROCESS

Case planning is the responsibility of the worker with the active involvement of the child and family and the members of the team supporting services to the family. The case-planning process will:

- Focus on the problems identified in the assessment of the family and youth,
- Identify a permanency objective,
- Establish and prioritize goals,
- Identify the action steps needed to reunite the family or to prevent out-of-home placement,
- Use the family's resources,
- Build upon the family's and child's strengths,
- Develop or maintain family responsibility,
- Identify who is responsible for tasks,
- Establish time frames for achieving case goals, projected discharge and case closure,
- Establish an evaluation process to assess whether outcomes are being achieved.

A behavior contract with the status offender or juvenile offender specifies the rewards and consequences associated with compliance or non-compliance with the outcomes and supports the case plan. The behavior contract is called the Conditions of Liberty Agreement for juvenile offenders and the Youth Responsibilities Agreement for status offenders. See Case Management for Juvenile Offenders and Status Offenders Guidebook for format.

Positive reinforcement, natural consequences, incentives and rewards will be used to assist youth who are status offenders and juvenile offenders. Graduated sanctions will also be used for juvenile offenders. The worker will use consequences related to the offense (and graduated sanctions for juvenile offenders only) as a progressive response to technical violations and misconduct for juvenile and status offenders. See Case Management For Juvenile Offenders and Status Offenders Guidebook for the use of these techniques.

Case planning also will prepare every ward for adulthood and independent living through:

- Participation in decision-making as appropriate,
- Assumption of age-appropriate responsibilities, and
- Encouragement of independent functioning based on age and developmental level.

5-004.02C PRIORITIZING GOALS

Goals will be prioritized based upon the following considerations:

- Those most directly linked to the risk and needs of the child,
- Those most directly linked to the presenting problem,
- Family's view of the most important issues to address,
- In Juvenile services cases, the child's input,
- Achievement needed for further goal accomplishment.

Goals will be stated in positive, behavioral terms, in clear and understandable language. Goals will be realistic in terms of time frames and available resources.

5-004.02D SERVICE DELIVERY FOR STATUS OFFENDERS

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

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

5-004.02D SPECIAL CONSIDERATIONS WHEN WORKING WITH NATIVE AMERICAN PARENTS

This applies only to children who are adjudicated under Neb.Rev.Stat. '43-247, Sub 3(a)(b), and 8. 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".

Statutory Reference: Indian Child Welfare Act of 1978, 25 U.S. Code, 1901 et seq.; Neb Rev. Stat. 43-101, et seq.

5-004.03

CASE MANAGEMENT

Once the case plan has been developed, the worker is responsible to see that the identified services are in place. During this phase the worker activities include:

- selecting the appropriate services, with the involvement of the family;
- helping the family or child locate and access the appropriate services;
- providing or arranging for the appropriate services when needed;
- communicating and collaborating with the identified service providers;
- monitoring child safety and risk;
- consulting with the case consultation team at the key decision points;
- meeting regularly with the family and child;
- measuring progress toward goal achievement and permanency objectives;
- monitoring services and coordinating with service providers;
- evaluating services provided;
- maintaining records;
- consulting with support team;
- preparing necessary reports;
- closing case; and
- participating in the evaluation of the support system.

Elements of the case plan will be modified to meet any issues that are identified that pertain to child safety and risk.

For juvenile offenders, the case management system is designed to gradually reduce the level of supervision for a delinquent. Some delinquents will require increased supervision.

5-004.04

WARDSHIP FOR PAYMENT

When the assessment of family needs reveals that a child has been made a ward of the Department solely for payment for psychiatric services the child is receiving, the Department will provide only those services required to meet the identified need. Case management services will consist of:

- Reviewing medical reports on progress and the managed care entity and PRO Reviews,
- Preparing reports to the court, and
- Processing payment for psychiatric services.

The Department will recommend that service provision end when the need for payment for psychiatric services ends.

Once a determination has been made that the Department's involvement is to provide assistance only, the key factors for case management are psychiatric treatment review and payment processing. The case will be assigned to a staff person with the skills and knowledge to manage the case. (The case may not be managed by a worker.)

For information on who maintains case management for children in out-of-home placement, refer to 390 NAC 7-002.

5-004.05

COMMUNITY ASSISTANCE

The family will be referred to and linked to community services as a first means of intervention whenever such a community service exists that can meet the family's need. If the family is already involved with a community service but is not making appropriate use of the resource, the worker will help the family use the resource. If the resource isn't appropriate to address the needs of the family, the family will be referred to an appropriate resource.

5-004.06

THERAPY SERVICES

Referral to community or Department therapy services will be made when the family assessment indicates undue stress and severe social, emotional or behavioral problems that threaten or negatively affect the family's structure and stability. At the time of the Department's involvement, a family or child may be involved with therapy services or treatment, which would satisfy this service provision.

5-004.07

PARENT SKILL DEVELOPMENT

Parent-skill development services will be offered when a family's condition includes an inability to meet the needs of their children due to a lack of training or education. This service will be used with families with children adjudicated as status offenders or juvenile offenders to assist parents in developing more effective parenting practices.

5-005

ADDITIONAL SERVICES

Based on the needs of the family or child identified through the needs assessment, the worker will select additional services to support the outcomes identified in the case plan.

Additional services are provided through:

- Department staff,
- Contracted provider, or
- Community resources.

Services will be tailored to the family or child, based on the identified needs and resources available.

Additional services that may be considered when developing a case plan include but are not limited to the following:

TYPES OF SERVICE	SERVICES PROVIDED
Social Service Block Grant	Transportation and Escort Service Family Support Visitation Specialist
Child Care Subsidy Program	Child Care Payment Names of Licensed Child Care Provider
Public Assistance Programs (Based on eligibility requirements)	Job Support Programs Food Stamps Income Maintenance Payments - TANF Medical Assistance Crisis Assistance Energy Assistance Medically-handicapped Children's Program
Family Preservation	Financial Support -to maintain child in home -to remove barriers to reunification
Family Support	Financial Support

TYPES OF SERVICE

SERVICES PROVIDED

Supportive Services
and New Beginnings

In-home Family Support
Preventive Services
Home-based Therapy
Parenting Education and Support

Contracted Services
from the Community

Home-based Therapy
In-home Family Support
Respite
Tracker

Community Services

Agency-Based Foster Care
Treatment Foster Care
Emergency Shelter Care
Residential Treatment Center
Treatment Group Home
Community Treatment Aide I
Community Treatment Aide II
Housing Assistance
Employment or Job Training
Public Health
Visiting Nurses
Volunteers
Mental Health and Substance Abuse
Services to Developmentally Disabled
Group Care Facilities
Parent Training
Foster Family Care
Reporting Center

State Ward Medical

After parents use resources
Some non-Medicaid services

The worker will pursue all court-ordered services. See 8-002.01 for legal information.

5-005.01 CASE SUPERVISION SERVICES

The Department may be required to provide supervision in child welfare cases when:

- Court-ordered, or
- Requested through Interstate Compact.

5-005.02 COURT-ORDERED

The Department may be ordered to provide supervision in child welfare cases with the custody of the child remaining with the parents.

Unless the court has ordered specific services, the only services the Department need provide are community referrals and case supervision of the family's involvement and progress. (Case plan is not required.)

5-005.03 COURT-ORDERED ADOPTION STUDIES

The Department will determine whether to complete or contract for independent adoption studies when the court has ordered the adoption study under Neb. Rev. Stat. 43-107.

If the Department completes the adoptive home study ordered under Neb. Rev. Stat., it will be at the expense of the petitioner(s) unless the expenses are waived by the Department. The Department will determine the fee or rate for the adoptive home study. The rate will be comparable to that charged by other agencies in the state.

Statutory Reference: Neb. Rev. Stat. 43-107.

5-005.04 INTERSTATE COMPACT REQUEST

Supervision requests will follow the guidelines of Interstate Compact agreements.

5-005.05 FORMER WARDS SERVICES

The purpose of the former wards extended assistance program is to assist former wards who meet the following criteria:

- Be ages 18 through 20 years;
- Be single;
- Be a former ward of the Department or ward through relinquishment who was in out-of-home care or independent living at the time of his/her discharge; and
- Be in need of assistance in order to attend a secondary educational university, vocational school, or technical training.

The child has to enter the former ward program before discharge from the Department or meet one of the exceptions in Service Provision Guidebook.

Maintenance payments, medical assistance and case management may be provided based on the eligibility criteria of the entitlement programs that provide the funding.

When a ward is being prepared for discharge the worker will:

- Assess the ward's need for extended assistance;
- Help the ward develop an educational plan; and
- Coordinate the meeting between the ward and the worker responsible for former ward program application process.

Former wards age 19 and 20, who are not in school and have a medical need, should be referred to an Income Maintenance worker so an application for medical assistance can be processed.

The Department offers extended assistance to support eligible youth after their discharge from the custody of the Department to continue their education in preparing for gainful employment. This program is only available to eligible youth who were wards of the Department through a court action or relinquishment. Only wards living in an out-of-home setting or independent living at the time of his/her discharge are eligible. The child has to enter the former ward program before discharge from the Department or meet one of the exceptions in Service Provision Guidebook. Involvement in this program must be planned before discharge. Youth cannot return to the program unless return was planned at the time former ward case was closed and one of the exceptions is met (see guidebook for exceptions).

The services available in this extended assistance program are:

- information and referral;
- health care coverage; and
- financial assistance.

5-006

CASE EVALUATION

The case will be formally evaluated at least once every six months. For Juvenile services cases, the classification will be done every three months and will connect to the overall case plan. The worker will manage and direct the evaluation process. The child, family and team who have participated in case-planning and service delivery will be involved in the case evaluation to the maximum extent possible.

Periodic reviews of cases for children in out-of-home placement including one person not responsible for service delivery to the case, is required by the federal government. The Foster Care Review Board established by state statute reviews the case of children in the custody of HHS in out-of-home care at least every six months.

5-006.01 EVALUATION OF FAMILY AND CHILD PROGRESS

The primary purpose of the evaluation of family and child progress is to measure what changes have occurred in the most critical factors identified during the assessment(s). The worker will collect and organize information, apply standards to measure and analyze information, and evaluate and interpret the meaning of information with the assistance of supervisory staff.

The process of evaluating family and child progress is a continual case management function. Once the case plan is established, the worker's contacts will be focused on assessing the progress made towards achieving established goals and tasks. (See Case Management Guidebook for Case Evaluation Procedure.)

5-006.02 DETERMINING CASE CLOSURE

In determining whether to close a case, a worker will focus on the issues that brought the family and child to the attention of the Department.

Department intervention will be terminated and a case will be closed on the basis of the following:

1. The goals established in the case plan have been achieved, and
2. The child is safe and the risk of future maltreatment and delinquency have 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 mission, or
7. The child is convicted and sentenced as an adult, or
8. The child is age 19, or
9. The child dies.

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, help will be provided to the family and child to arrange for these services from the community before case closure.

The worker will involve the child, family, involved service providers and supervisory staff in evaluating the appropriateness of case closure. In cases where the court has ordered the Department involvement, the court will be informed in writing of the recommendation to close the case. Closing of child welfare court-ordered cases will occur after a court order is received ordering the closure, or following an Administrative Closure of a court case (see Administrative Case Closure, 5-006.03). Closing of juvenile service court ordered cases will occur based on the decision of the Service Area designee. (See 5-006.03)

The rationale for case-closing will be documented in the case file. (See Case Management Guidebook for case-closing procedure.)

5-006.03

DISCHARGE OF A WARD

The determination to recommend discharge of a ward is made by the worker in consultation with supervisory staff. The worker is also responsible to include all parties involved in the case in the decision process.

UNDER HHS

Terminating the Department's custody of a child 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 Neb. Rev. Stat.43-905(3) and 43-905(4) which provide that a youth "becomes self-supporting, the director shall declare that fact and the guardianship shall 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 his/her parents, if the home of such parents would be a suitable home." COURT TERMINATION OF DEPARTMENTAL 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.

UNDER HHS-OJS

Terminating the custody of HHS-OJS of a child may be pursued on the recommendation of the Juvenile Services Officer to the designated person in the Service Area. This includes children in the community and at the YRTC.

If the recommendation is approved by the Service Area designee, then a discharge is granted.

If there is a disagreement with the discharge recommendation, the team process will be used. The designated person in the Service Area will be the decision maker.

(Procedures for discharge are located in the Case Management Guidebook)

5-006.04

CASE FILE RETENTION

Department ward case files are permanently maintained in the "vault" of the Department or in the local office. The length of retention for each type of case is as follows:

- State ward and family service cases must be maintained permanently in the "vault".
- In-home services case records will be maintained for ten years after termination of services. If a report of child abuse or neglect is received or another case is opened regarding the family, the file will be retained for another ten-year period. These files are retained in the local office.

5-006.05

SEALING OF RECORD BY COURT

Under provision of Neb. Rev. Stat. 43-2,105, an individual who was adjudicated as a status offender or delinquent may request that the juvenile court seal his/her record. When the court requests input from the Department on these cases, the worker or supervisor will review the information to determine if there are any objections to the sealing of the record. Any objections will be shared with the appropriate court.

If a notice is received from the court that a record is to be sealed, the notice will be sent to the person responsible for the "vault" who will proceed with the sealing of the record. Sealing of the record does not prohibit use of the record by the Department but does restrict the Department from releasing information in the record without a court order.

Statutory Reference: Neb. Rev. Stat. 43-2,105.