



Annual Report 2019 - 2020

Nebraska Citizen Review Panel for Child Protective Services

Introduction

Recognizing the importance of citizen input into the child welfare system, federal legislation amended the Child Abuse and Treatment Act (CAPTA) to require each state to create Citizen Review Panels (CRPs) by July 1999 (Administration for Children and Families, 1998). According to the amendment, Citizen Review Panels were to be comprised of representatives from the community, meet at least quarterly, and submit an annual report to the federal government outlining their activities and recommendations (Administration for Children and Families, 1998; Jones, Litzelfelner, & Ford, 2002).

The legislation provided the panels with a broad mandate:

1. To insure that the state was in compliance with the state CAPTA plan.
2. To assure that the state was coordinating with the Title IV-E foster care and adoption programs.
3. To assess the Child Protective Service (CPS) agency in its compliance with the review of child fatalities.
4. To evaluate any other piece of the CPS system which the CRP deemed important.

Keeping Children and Families Safe Act of 2003 (formerly known as CAPTA) revised the CRP requirements by requiring each panel to make recommendations to the State and public on improving the child protection services system. The Department of Health and Human Services is to respond to the panel in writing no later than six months after the panel recommendations are submitted. The agency's response must include a description of whether and/or how the state will incorporate the recommendations of the panel to make measurable progress in improving the child protective service system.

Membership

The Nebraska Commission for the Protection of Children serves as a Citizen Review Panel for the State of Nebraska. Members of the Commission are appointed by the Governor to represent various professional and stakeholder groups. The current membership includes a balance of child advocates, law enforcement personnel, mental health personnel, public child welfare employees, educators, medical professionals, legislative representatives, and attorneys.

2019 - 2020 Activities

During the 2019 – 2020 reporting period, the CRP continued to focus on the review of serious injury and near fatality cases that had current or previous involvement with the Children and Family Services Division of the Department of Health and Human Services. The review of serious injury and near fatality cases was identified as a need that no other group was meeting. Although the Department of Health and Human Services has an internal review process for serious injury and near fatality cases, the CRP determined that an external review process could help identify policy and practice changes that are needed.

Following is a summary of our activities related to the review of serious injury and near fatality cases to date.

The Review Process

The review committee includes representation from law enforcement, State Attorney General's Office, medical, child and family service organizations, professionals with prior child protective service experience, and the Dept. of Health and Human Services.

The committee began reviewing cases in January 2017. The purpose of the reviews is to identify:

- Indicators of high risk situations that could provide a road map to possible early intervention;
- Barriers to successful coordination or prosecution of cases involving serious injury and/or near fatality;
- Systems issues that, if addressed, could result in a more coordinated and effective response to child abuse and neglect.
- Changes in policy and procedures to address the systemic concerns.

Summary of Cases Reviewed

The CRP has reviewed 58 cases to date. Following are data gathered from the reviews.

➤ **Age of Child**

- 0 - 6 months – 19
- 6 – 12 months – 11
- 1 – 2 years – 12
- 2 – 3 years – 7
- 3 – 5 years – 7
- 5 – 12 years – 9
- 12 – 18 years – 6

➤ **Person Responsible for Injury**

- Both Parents – 8
- Mother – 11
- Father – 18
- Stepmother – 1
- Stepfather - 2
- Mother's Boyfriend – 11
- Father's Girlfriend – 1
- Grandmother – 1

- Uncle – 1
- Brother – 1
- Day Care Provider – 3
- Undetermined – 12
- **Previous Reports**
 - Cases with Previously Screened-Out Reports – 39
- **Involvement with CPS**
 - Open Case at Time of Injury – 3
 - Previous Ongoing CPS Involvement – 16
- **Type of Injury**
 - Abusive Head Trauma – 26
 - Physical Abuse – 26
 - Near Drowning – 2
 - Drug Exposed Newborn – 1
 - Neglect Related Injuries & Critical Medical Conditions – 17
 - Burns - 6
- **Factors Present**
 - Mental Health Issues – 29
 - Methamphetamines, Opiates and Prescribed Medication – 13
 - History of Substance Abuse – 34
 - Medically Fragile or Developmentally Delayed Child in the Home – 16
 - Parent/Caregiver Age 25 or Younger – 21
 - Parent/Caregiver Former Ward – 18
 - Child Under Age of 2 – 43
 - Two Children Under Age of 5 - 19

FINDINGS AND RECOMMENDATIONS

The CRP has reviewed 71 serious injury cases since we began this area of focus in 2017. During the review of cases during the 2018-2019 period the CRP noted that the majority of cases reviewed had previously come to the attention of or had some contact with DHHS prior to the serious injury incident through a screened-out report(s), an investigation following an accepted report, or a current or previous open case. These data lead the CRP to seek the following information from DHHS:

- 1) What is the policy and procedures when numerous reports are received on a family from multiple sources? Is there a point where a report is accepted on the family even though the report does not meet the definition of abuse or neglect? Or are there other steps taken to make contact with the family to assess their needs and connect them to community-based services?
- 2) What is the policy and procedures at the time of case closure to ensure that families are connected with community-based supports?

The CRP also noted several factors that were prevalent in the serious injury cases reviewed. These factors are listed on the previous page of this report. The CRP requested information on how these factors are considered in current risk and safety assessment policy and procedures. The CRP further requested information on the policy regarding who must be interviewed during an investigation and considered during the risk and safety assessment process.

Based on the information provided by DHHS in response to the CRP's request, the CRP made the following recommendations:

- 1) The CRP is supportive of the additional required step of the Hotline worker making collateral contacts in certain situations.

- 2) The first bullet in the list of situations requiring a collateral contact reads: *Under age 25 and one of the following:*
- a. *Alleged to have mental health diagnosis*
 - b. *Alleged to be using methamphetamine*
 - c. *Former State Ward*
 - d. *Alleged to be involved in a relationship involving domestic violence*
 - e. *Has a criminal history involving violent crimes*

The CRP recommends that the age requirement be removed since any of the conditions listed could pose a threat to the safety of children.

- 3) The CRP further recommends that a parent/caretaker under the age of 25 should be a standalone condition requiring a collateral contact. We believe the data collected during our reviews supports this recommendation as 16 of the 58 serious injury and near fatality cases we reviewed involved a parent/caretaker aged 25 or younger.
- 4) The CRP believes that *mental health diagnosis* is overly broad and should include the qualifiers *untreated or deteriorating mental health diagnosis*.
- 5) On the other hand, the CRP believes using methamphetamine is too narrow and chronic abuse of drugs or alcohol should be added.
- 6) Given the high rate of meth exposure for kids removed due to meth use in the home, the CRP recommends that steps be taken to increase public awareness about the impact on kids when meth is used in the home.

The DHHS response to these recommendations is attached.

NEXT STEPS

The CRP will continue its focus on serious injury and near fatality cases.

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Pete Ricketts, Governor

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1/8/2020

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The department would like to thank all members of the Citizen Review Panel for Serious Injury and Near Fatality for their time and efforts to support a child welfare response that could lead to reduced child abuse and neglect. The department has reviewed the recommendations and has the following response.

Several recommendations pertain to broadening the criteria in which a mandatory collateral is required to be made by a Hotline Children and Family Services (CFS) Specialist. The department currently uses Structured Decision Making (SDM) Screening Tool to screen reports of abuse and neglect made to the Hotline. As a part of the Child and Family Services Performance Improvement Plan (PIP), the department plans to modify SDM Tools in order to ensure accurate decisions about safety and risk are made by CFS Staff. The department hopes to utilize the expertise of National Council on Crime and Delinquency (NCCD) and other Stakeholders to make these modifications. The suggested changes by this Citizen Review Panel (CRP) can be a part of the larger discussion in making modifications and the department would welcome any members of this CRP to be a part of modification process. The department will ensure that members of the CRP are invited to participate in the discussions on revising and updating the SDM tools, including the SDM Intake Tool.

Furthermore, the CRP recommended that steps be taken to increase public awareness about the impact on children when meth is used in the home. Over the next year, CFS will discuss this recommendation with the Nebraska Child Abuse Prevention Fund Board and divisional partners at DHHS including the Division of Behavioral Health, Division of Medicaid & Long-Term Care and the Division of Public Health. CFS will report back to the CRP regarding opportunities to collaborate to enhance public awareness around this issue.

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CHILDREN & FAMILY SERVICES

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