

**LR 525 & LR 529 Testimony**  
**Health and Human Services Committee**  
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Good morning Senator Campbell and members of the Health and Human Services Committee. My name is Thomas Pristow, T-H-O-M-A-S P-R-I-S-T-O-W, and I am the Director of the Division of Children and Family Services for the Department of Health and Human Services. First, I will provide an overview of roles and processes in Protection and Safety and Juvenile Services. I will then provide information on the Adult and Child Abuse Neglect Hotline, Structured Decision Making (SDM), and Differential Response. Thank you for the opportunity to present this information on the Department's Protection and Safety system.

I will now walk through the tutorial on roles and processes in Protection and Safety Juvenile Services via the PowerPoint slides. You have been provided with copies of these slides.

**Child Abuse and Neglect Hotline**

The Child Abuse and Neglect Hotline is the front door to the child abuse and neglect system and is vital to ensure that the Department is working with the families who need support to provide a safe environment for their children.

Everyone in Nebraska is a mandatory reporter. Every person in Nebraska who has "reasonable cause to believe" a child is being abused or neglected has a responsibility to report their concerns to the Child Abuse and Neglect Hotline or to Law Enforcement. DHHS and Child Advocacy Center staff provide training to community and professional groups to help recognize concerns that should be reported to the Hotline, and how to make the report.

In January 2010 the Child Abuse and Neglect Hotline was centralized and located in Omaha. Centralizing the Hotline was necessary in order to provide 24-hour coverage across the state and to ensure consistency in determining which reports of abuse and neglect are accepted for assessment. Hotline staff are available to receive reports of abuse or neglect every day of the year, 24 hours per day. Hotline staff (also known as Intake Specialists) are trained to gather specific information from the reporter on every call. They are instructed to ask specifically about mental health concerns, substance abuse issues and domestic violence history for each family reported. Each Intake Specialist is provided a desk book and training on the definitions of the various types of child abuse or neglect.

In March 2012, the Intake screening process was modified to use a Structured Decision Making® (SDM) screening tool developed by Nebraska Children and Family Services Specialists, Supervisors, Program Specialists and Administrators with the assistance of the Children's

Research Center. SDM is a nationally recognized assessment tool used in many states throughout the country. Hotline Intake Specialists and supervisors are trained on SDM and the fidelity for using the new tool is being monitored by Protection and Safety supervisors, program specialists and administrators.

The Hotline receives a report of abuse or neglect from a caller and will conduct a review of any history the Department has on the family and make any collateral calls that are necessary to gather as much information as possible to determine if a report requires CPS intervention and should be accepted for assessment. After gathering all the information, the Intake Specialist will decide if the report meets the screening criteria to be accepted for assessment using the SDM screening tool. There are very specific and detailed definitions for each type of abuse and neglect to guide the Intake Specialist in making the decision to accept or not accept the report. With supervisory approval, the decision recommended by the screening tool to accept or not accept the report for assessment can be overridden, if there are unusual circumstances that might not be reflected in the screening questions.

Reports of abuse or neglect are classified based on the decision made by the Intake Specialist.

They are classified as:

- Accepted for assessment; or
- Does not meet definition; or
- Information and referral.

“Accepted for assessment” means that the Department will investigate the concerns and meet with the child and family to gather more information. This is done to determine if the child is safe; if the child is at risk for future abuse or neglect; and if the allegations made about abuse or neglect occurred.

“Does not meet definition” also known as “screened out” means that the Department will not be taking any further action because the report did not rise to the level that would require the Department to intervene with the family.

“Information and Referral” are calls to the Hotline asking questions about resources and services available to families.

After making the determination to accept a report for further assessment, the Intake Specialist will determine the Department response time based on the information provided. The Intake Specialist is trained and provided with specific criteria to determine how quickly the Department needs to respond to the report of abuse and neglect. The response time is guided by the SDM Intake Tool. Intake reports accepted for assessment are generally assigned to a CFS Specialist the same or next day and in the case of a life threatening situation law enforcement is contacted immediately.

Nebraska has a three level priority response system.

- Priority 1 reports require face-to-face contact with the alleged victim immediately or no later than 24 hours. Many times the Intake Specialist will ask that Law Enforcement make immediate contact with the children because safety concerns are paramount. Priority 1 reports include those that may be life threatening or seriously endanger the child. Examples include serious physical injuries, failure to thrive infants, sexual abuse where the alleged perpetrator has access to the child, or child death from abuse or neglect when there are other children in the home.
- Priority 2 designated intake reports require face-to-face contact with the alleged victim within 5 calendar days. Priority 2 intake reports are serious but not life threatening. Examples include lack of supervision that may place the child at risk of injury.
- Priority 3 intake reports are less serious and may include such things as the condition of the residence, or unmet medical needs. The assigned Protection and Safety Specialist is to make face-to-face contact with the child within 10 calendar days on Priority 3 reports.

The 3 priority response system is under review by my office at this time. I am reviewing the response times and definitions to determine if changes necessary.

The Hotline also takes calls regarding adult abuse and neglect. This process is very similar to the process outlined for child abuse and neglect. There are currently 31 full-time, four part-time and two temporary Hotline Intake Specialists who work at our abuse and neglect Intake Center. In calendar year 2011, the Hotline received over 33,000 calls. Of those, over 30,000 were specifically about adult and child abuse and neglect.

### **Structured Decision Making®**

I would like to move on to Structured Decision Making® (SDM). SDM is a tool the Department uses for Protection and Safety Specialists to make decisions regarding the children and families we work with. Structured Decision Making® was fully implemented across Nebraska as of July 1, 2012. As I mentioned earlier, SDM is also used by Hotline staff.

SDM is a model which uses research and evidence based tools for each decision in the life of the case. The goals associated with using SDM are to:

- Reduce subsequent harm to children, and
- Expedite permanency.

As part of the SDM process staff gather information about the child and family regarding the abuse or neglect allegation; the circumstances surrounding what happened that may have caused the abuse or neglect incident; information about the child such as their school, physical health, mental health, mood etc ... ; parenting practices including discipline; and the adults' function level.

Determining a child's safety is the first step in the Initial SDM Assessment process. This is called the Safety Assessment. This process begins upon first contact with the family. This Safety Assessment determines if the child is currently safe and likely to be safe over the next few weeks. Through this assessment, the case worker will determine if there are any safety threats in the household. Safety threats include behaviors or conditions that may place a child in immediate danger of serious harm.

1. Caregiver caused serious physical harm to the child or made a threat to cause harm;
2. Child sexual abuse is suspected and child safety may be of immediate concern;
3. Caregiver is unable to protect the child from serious harm by others;
4. Caregiver's explanation for the injury to the child is questionable and inconsistent, and child safety may be of immediate concern;
5. Family impedes investigation by denying access, coercing or coaching the child, or fleeing with the child;
6. Caregiver does not, cannot or will not meet child's immediate needs for supervision, food, clothing, and/or medical or mental health care;
7. Caregiver is not available, is unwilling to provide care, or has deserted the child;
8. Physical living conditions are hazardous and immediately threatening to the safety of the child;
9. Child shows signs of significant emotional harm and concerning caregiver behaviors are present;
10. Child behaviors place the child at imminent threat of serious harm in spite of appropriate actions by caregivers;
11. There is a pattern of prior CPS investigations and current circumstances are near the definition of any of the threats; and
12. Other – If, after careful review of the definitions of the 11 other safety threats, a worker feels there is something unique in this family that was not captured in any other safety threat that if not resolved immediately would lead to removal of the child from the home.

If a child is deemed unsafe and there is no intervention that can keep the child safe at home, a petition for removal is filed. When there are immediate services and interventions that can be implemented in the home to maintain safety, the child is considered conditionally safe and a safety plan is developed to keep the child in the home. The safety plan is developed with the family, and may include family members or friends as people participating in the safety plan. This plan is continually updated as the situation changes to ensure continued child safety. If the child will not be safe in the home with services, then the child will need to be removed from the home and placed in foster care with relatives or in a licensed home.

Once safety has been determined, the second step in the initial assessment process is to determine the risk level present within the family that establishes the probability of future abuse/neglect. The initial assessment worker has 30 days from the date of the hotline call/intake to complete the full risk assessment. The risk assessment is completed with all families regardless of the determination of child safety. The risk assessment determines if the

family should be offered ongoing services. The risk assessment contains questions about family history, caregiver functioning including mental health concerns, substance abuse issues and domestic violence. Risk levels include:

- Low Risk with a recommendation that the case be closed if the child is safe;
- Moderate Risk with a recommendation that the case be closed if the child is safe;
- High Risk with a recommendation for ongoing services; and
- Very High Risk with a recommendation for ongoing services.

Families in the low or moderate risk levels may be encouraged to access community resources if issues were identified for additional help.

A child could be determined to be safe right now, but the risk assessment would indicate a high or very high possibility of future maltreatment. Families with high or very high risk levels or families with an unsafe child are offered ongoing services. These may include treatment for substance abuse or mental health issues, parenting training, in home family support, and other identified services. The SDM tool also requires more frequent contact by the Department or service providers with families in the high or very high risk levels in order to reduce the possibility of future harm.

In situations when the circumstances are very serious, or the family declines to work with the Department on a non-court basis, the family will be referred to the County Attorney for consideration of Juvenile Court intervention.

For families with a status offender (which is a child found to be guilty of a crime that would not be a crime if the person was an adult) or a dependency situation (which are circumstances that are not the fault of a parent such as emergency hospitalization of a parent and no one else is able to care for the child), a prevention assessment is conducted rather than a risk assessment. The prevention assessment works just like the risk assessment but is adjusted because there is no current allegation of abuse or neglect. The prevention assessment identifies families who have a very high, high, moderate, or low probability of abusing or neglecting their children in the future. This ensures there is not unrecognized abuse or neglect, or safety and risk issues in the family.

After the case is transferred for ongoing case management, the case worker completes the Family Strengths Assessment with the family. This assessment is designed to identify the family issues that are contributing to the safety and risk concerns. These concerns are discussed with the family and a case plan is designed to resolve the issues that brought the family to the attention of the Department. The family is asked to prioritize which issues they want to work on immediately. The family may choose to work on all of the issues at once or decide to work on one or two issues. The case worker is responsible to let the family know which issues are critical toward achieving child safety and reducing risk. Family strengths are also identified so that they can be used in addressing the family issues.

For children who are removed from their home by law enforcement for their safety, the Reunification Assessment is completed every 90 days to determine if the child can be returned home as soon as it is safe to do so. The reunification assessment identifies new parenting behaviors the family is demonstrating, and assesses their participation in structured parenting time (or visitation) opportunities, and evaluates child risk and safety.

For children who were able to remain safely in their home, the case worker completes the Risk Reassessment every 90 days to determine if the case can be closed. This assessment also evaluates the progress parents are making in learning new behaviors, or addressing other identified safety-related issues. Protection and Safety is working closely with the Division of Behavioral Health to identify services parents can access once the child is not a ward of the state.

SDM also has an assessment for reports of abuse and neglect and other concerns occurring in foster homes. The Assessment of Placement Safety and Suitability looks at safety and other care concerns similar to the safety threats discussed previously. The assessment helps determine if there are services and supports necessary to maintain a child safely in the foster home or if a change in placement is needed.

All SDM tools are supported by policy and procedure manuals containing clear definitions and examples for each tool. These manuals can be located on the CFS web page. Case managers can reference these manuals to get clear and updated information or to see examples of each assessment.

Quality assurance reviews are conducted to assure the fidelity of the model. Staff have been very receptive to the SDM process and it will assist us in ensuring that children and families receive the support they need. We anticipate that permanency may be achieved more quickly by safely returning the child home or by finding an appropriate adoptive or guardianship placement.

The last topic I would like to discuss this morning is Differential Response. In Nebraska, our child protective services system currently has only one way to respond to accepted hotline reports of abuse and neglect. That response is to conduct a forensically-focused investigation to determine if abuse or neglect occurred.

When reports are categorized as urgent, or serious, law enforcement often accompanies the protection and safety worker conducting the investigation. When the protection and safety worker determines that abuse or neglect has occurred, the “findings” are then entered on the Child Abuse and Neglect Central Register.

## Differential Response

The Division is developing and implementing a Differential Response model as an alternative response to be used in addition to our traditional method of responding to accepted reports of abuse and neglect.

Differential Response (or Alternate Response) is a protection and safety system response designed to be focused on developing a positive working relationship with a family in order to assess their strengths and needs.

Differential Response encompasses a best practice model enabling families to see our role as a support that connects them to the community resources they need in order to resolve issues that are putting their children at risk and to strengthen what is already working. A Differential Response will always assess safety and risk but in an approach that is different from our traditional forensic investigations. A Differential Response is a way to support families in a caring and helpful way.

I want to be clear that a Differential Response should only be used with a targeted and clearly defined population of families, where there is no indication that an urgent, priority “investigative” response is needed. Those families would continue to receive our traditional forensically-focused investigation. The Differential Response model that we envision would serve those families who have non-urgent, no-priority reports made to the Hotline. If during a Differential Response, it is assessed that urgent safety issues exist the worker can immediately shift to conducting a traditional forensic investigation, as all Differential Response staff would be trained and competent to conduct a traditional investigation.

Early this summer, the division expanded our collaboration with Casey Family Programs, and requested their assistance with learning more about how a Differential Response model could benefit Nebraska’s children and families.

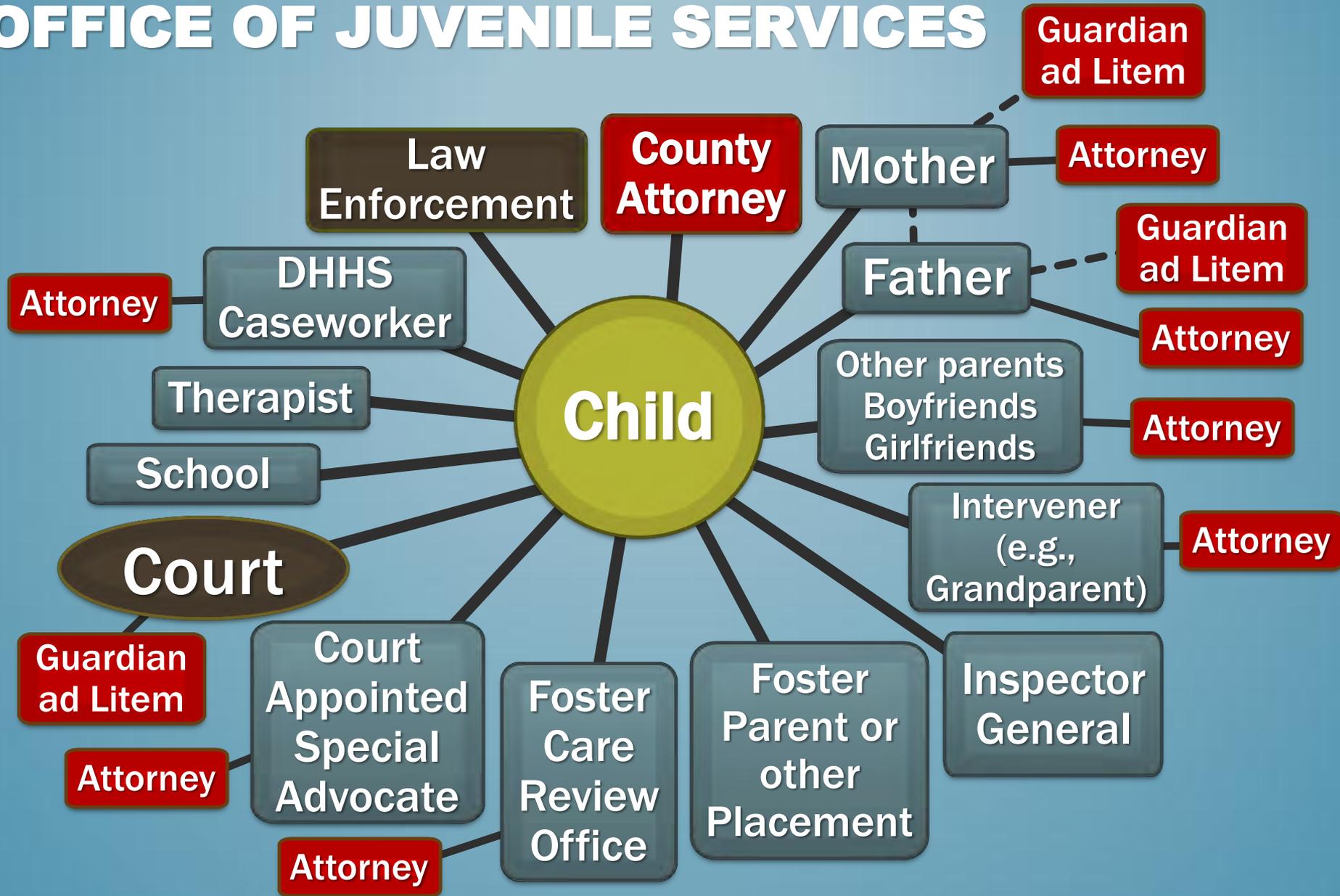
With Casey’s assistance, we invited key stakeholders along with protection and safety staff to come together as a team to both learn more about Differential Response and to advise the division about how Differential Response could best be implemented in Nebraska. The team includes representatives from Court Improvement Project, Appleseed, Voices for Children, Nebraska Foster and Adoptive Parent Association, Omni Behavioral Health, the Foster Care Review Office, the Family Federation, the Lancaster County Attorney’s Office and members of these Legislative Committees and will be meeting bi-monthly.

We have also organized an internal work team of a statewide protection and safety administrators as well as front-line staff to collect and organize data, research information from other states and to share this information with the statewide Differential Response team. So far, we have had one statewide meeting with another scheduled in October and have had two internal Differential Response meetings, one which included learning the lessons directly from the state of Illinois.

We are committed to working with key system stakeholders and our investigative staff to learn all we can from other states and from national Differential Response experts to design a different or alternative response to better serve Nebraska families. I am expecting to implement Differential Response in the summer of 2013.

Thank you for your time this morning and I am happy to respond to any questions you have.

# PROTECTION & SAFETY OFFICE OF JUVENILE SERVICES



# PROTECTION & SAFETY

## Call to Hotline

### Structured Decision Making (SDM) Assessment

**Not accepted for investigation**

Close and/or refer to community based services

Child is safe  
Close and/or refer to community based services

### Accepted for Investigation

Child is unsafe *Ongoing*

**Non-Court or Voluntary** Family works with DHHS

**Court** Child must be removed from the home by law enforcement/court order or family will not accept voluntary services

**Court finds abuse or neglect**

**Assessment, Case Planning & Service Delivery**

**Assessment, Case Planning & Service Delivery Disposition**

Court reviews 6 months

DHHS continues case supervision, assessing safety & risk

DHHS continues case supervision, assessing safety & risk

**Case closure**

**Case closure**

# TRUANCIES, RUNAWAYS, AND UNCONTROLLABLE YOUTH (3B)

**Adjudication** *Court adjudicates youth as a status offender and orders DHHS to prepare a plan, 3B cases (Probation Pilot - JD 11, 12, & 3)*

**Assessment and Planning** *Protection and Safety Specialist completes the Structured Decision Making (SDM) assessment, case plan, and court report*

**Disposition** *Court may commit youth to DHHS*

**Ongoing** *Safety of youth is monitored and case plan progress is evaluated*

**Court reviews** *6 months (3 months)*

**Court Dismissal**

*Court continues case*

*DHHS continues case supervision*

**Case Closure**

**Case Closure**

# DHHS JUVENILE OFFENDER (DELINQUENT YOUTH)

**Adjudication** Court adjudicates youth as a juvenile offender and places with DHHS OJS for evaluation (delinquent offense)

**DHHS OJS Evaluation** DHHS OJS coordinates with service providers for an evaluation, DHHS OJS submits placement and treatment service recommendations to court based on evaluation & DHHS OJS risk needs/assessment (30 days)

**Disposition** Court commits youth to DHHS OJS & determines the initial level of treatment (home, out-of-home, YRTC)

**YRTC Placement**  
Court places youth at YRTC

**Community Supervision** Court places youth at home or out-of-home

**Case Plan** OJS develops with youth & family, 6 months

**Ongoing** Safety of community and youth is monitored, progress evaluated

**Court Reviews** 6 months (3 months)

**Court Dismissal**

**Court continues case**

**YRTC Placement**

DHHS OJS continues case supervision

Court places youth at YRTC

Further progress is made

**DHHS OJS Case Closure**

**DHHS OJS Case Closure**

# DHHS JUVENILE OFFENDER (DELINQUENT YOUTH)

- FROM YRTC PLACEMENT

