

Health and Human Services Committee

LR 312

November 14, 2013

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Division of Children and Family Services
Department of Health and Human Services**

Good morning Senator Coash and members of the Health and Human Services Committee. My name is Vicki Maca (V-I-C-K-I M-A-C-A). I am the Deputy Director of the Division of Children and Family Services in the Department of Health and Human Services. I am here to provide information on LR 312.

LR 312 focuses on issues related to the Child and Adult Abuse and Neglect Hotline; the process for receiving reports of abuse and neglect; and the roles of Department staff, law enforcement and county attorneys. LR 312 addresses training and information sharing, how it is determined that a case will be processed without court involvement, and requests information about the State Child and Maternal Death Review Team. I have prepared a document for your use which provides information about all the identified questions. I will limit my testimony this morning to specific information about the Hotline and the screening process for child protective services.

There are 35 Children and Family Service (CFS) Specialists staffing the Child and Adult Abuse and Neglect Hotline, which is located in Omaha. Hotline staff have an average of 14 years of experience and possess a wealth of working knowledge and background experience that includes: initial assessment, on-going case management, adoption, Office of Juvenile Services, Adult Protective Services, Corrections and social services. Hotline staff is available to receive reports of abuse and neglect around the clock every day of the year. Although most reports are received by phone, some are received via email, fax and regular mail. The Hotline processes a large number of calls. In 2012, the Hotline received 82,856 calls. Over 71,700 calls were answered by Hotline staff which represents 87 percent of the calls received. Less than 10 percent, or 7,982 calls, were left on voicemail and these callers received a returned call from CFS within one hour. Three percent of calls, or 2,319, the caller hung up calls or the caller's cell phone dropped the call. Eighty-six percent of calls were answered in less than 20 seconds and 12 percent were called back within 30 seconds. *(Is this last edit correct? If not, I don't understand what "responded to" means.)*

The Division of Children and Family Services (DCFS) uses a Continuous Quality Improvement (CQI) framework to monitor the performance of Hotline activities. Our most recent review of performance data indicate that Hotline staff are gathering information adequate to make a screening decision using the screening criteria in 97 percent of the cases, and in 98 percent of cases, the Hotline staff made the correct screening or closing decision. In 97 percent of the cases, the Quality Improvement reviewers agreed that the Hotline had selected the correct priority response timeline for the investigation to begin.

Hotline staff use Structured Decision Making® (SDM) as the screening tool to provide consistency to the information gathered and to guide the decision-making process. Reports that meet the definitions of possible abuse or neglect are accepted for initial assessment, and are then assigned to a CFS Specialist who will make contact with the alleged child victim and family. Each report accepted for initial assessment is assigned a priority indicating how quickly the assigned worker must contact the child and family. If the situation is serious and/or life threatening, the assigned priority is “1,” which requires contact within 0 to 24 hours. In some situations, law enforcement is contacted and requested to make an immediate response. If the situation is less serious, the priority assigned may be a “2,” which requires contact within 0 to 5 calendar days, or a priority “3,” which requires contact within 0 to 10 calendar days. The SDM tool uses a decision tree to guide decision making. All calls that have been screened out or not accepted for an assessment are reviewed for approval by Hotline supervisors within three business days to assure that no report that should have an assessment is missed.

The Governor’s Commission for the Protection of Children Citizen Review Panel has been working on a project to review families where there were four or more screened-out reports. The Citizen Review Panel had the Child Advocacy Centers (CAC) review cases for the period February 2011 to September 2011. The review of those screened-out intakes showed that there was agreement 85 percent of the time between the CAC reviewers and the Hotline staff who made the screening decision. Child Advocacy Center staff at Project Harmony are now reviewing families with two or more screened-out reports. Agreement on that pool of cases was 85 percent for the period July 2012 through June 2013. In the 15 percent where there was not agreement, it was determined that lack of sufficient documentation to be certain of the correct decision was the issue. Hotline supervisors work closely with staff who need additional support in making correct screening decisions and we have seen continuous improvement in all of the CQI measures since 2010.

The role of law enforcement is to investigate the report of abuse or neglect, to take immediate steps to protect the child, and to initiate legal proceedings as appropriate. Many reports of abuse and neglect are investigated and assessed jointly with CFS staff and law enforcement. Law enforcement focuses on whether or not a crime has been committed, while CFS staff focus on services and interventions necessary for the child to remain safely in the home, or to make arrangements for out-of-home care and services when necessary.

In summary, the CPS/APS Hotline staff provides effective and efficient responses to individuals who make reports of abuse and neglect, while deciding which reports should be assessed, and prioritizing investigation response times. The CPS/APS Hotline staff and administrators utilize data to continuously improve the quality of their work. Identified areas of improvement are regularly assessed and strategies are developed and implemented in order to improve decision making.

Thank you for the opportunity to be here today. I’m happy to answer any questions you may have.

LR 312
ATTACHMENT A

1. **The roles of law enforcement, county attorney, and CPS staff in potential child abuse and neglect cases:**

- a) **Law Enforcement:** Neb. Rev. Stat. 28-713 (1) states, “It is the duty of the law enforcement agency to investigate the report, to take immediate steps to protect the child, and to institute legal proceedings if appropriate. Law enforcement is to notify the guardian if the allegation is against someone outside the child’s household; may request the assistance of the Department (DHHS); and shall by the next working day notify the Hotline or the Department of the report, and whether or not law enforcement will be investigating. A copy of all reports will be provided to the Department.”
43-248 states that a peace officer may take a juvenile into temporary custody without a warrant when the juvenile has violated a law, or when the juvenile is “seriously endangered in his or her surroundings and immediate removal appears to be necessary for the juvenile’s protection.” The officer can also take the juvenile into custody if the officer believes the juvenile is mentally ill and dangerous; has reasonable grounds to believe the juvenile has run away from the parent or guardian; the probation officer believes the juvenile is in violation of probation and will attempt to leave the jurisdiction or place lives or property in danger; or the officer has reasonable grounds to believe the juvenile is truant from school.
- b) **County Attorney:** 43-274 (1) states, “The county attorney, having knowledge of a juvenile in his or her county who appears to be a juvenile described in subdivision (1), (2), or (4) of section 43-247, may file with the clerk of the court having jurisdiction in the matter, a petition in writing specifying which subdivision of section 43-247 is alleged, setting forth the facts, verified by affidavit, and requesting the court to determine whether support will be ordered pursuant to section 43-290.”
Neb. Rev. Stat. 28-728 (3) states: “Each county attorney or the county attorney representing a contiguous group of counties is responsible for convening the child abuse and neglect investigation team and ensuring that protocols are established and implemented.” Section (4) states “Each county attorney or county attorney representing contiguous counties is responsible for convening the child abuse and neglect treatment teams and ensuring that protocols are established and implemented.”
- c) **Department of Health and Human Services Staff:** 28-713 (2) states, “The department shall investigate for the purpose of assessing each report of child abuse or neglect to determine the risk of harm to the child involved. The department shall also provide such social services as are necessary and appropriate under the circumstances to protect and assist the child and to preserve the family.”
28-728 requires the participation of department staff on the investigative and treatment teams referenced above to assure coordination with law enforcement, involvement of the Child Advocacy Centers as appropriate for forensic interviews and medical exams, and determining and assuring child safety and assessing risk to reduce the risk of harm to alleged child abuse and neglect victims.
28-713 (4) states that the Department shall by the next working day after receiving a report of child abuse or neglect, make a written report or summary to the appropriate law enforcement agency; enter the report in the tracking system of cases; and, upon request, make available to the appropriate law enforcement agency and county attorney a copy of all reports relative to a case of suspected child abuse or neglect.

2. **The effectiveness of the Hotline:**

The Hotline processes a large number of calls efficiently and effectively. For the period September 2012 through August 2013, the Hotline received 79,714 calls. Over 71,400 calls were answered by Hotline staff which represents 90 percent of the calls received. Seven percent or 5,259 calls were left on voicemail and received call backs within the hour. Three percent or 2,404 calls were hangs ups by the caller or were dropped by the phone system. Calls were answered quickly with 86 percent answered in less than 20 seconds. Another 12 percent were responded to within 30 seconds.

DHHS has been conducting Continuous Quality Improvement (CQI) activities with Hotline functions since the fall 2010. The most recent review indicated that in 97 percent of the cases, intake specialists are gathering information adequate to determine the screening criteria; in 98 percent of intakes, the intake

specialist selected the correct screening or closing reason; and in 97 percent of the reviews agreed that the intake specialists had selected the correct response priority.

All screened-out intakes are reviewed for approval by intake supervisors within three business days to assure that no report that should have an assessment is missed. Reviews are also conducted by Child Advocacy Center (CAC) staff as part of the Governor's Commission for the Protection of Children responsibility as a Citizen Review Panel. CAC reviews cases where there were four or more intakes screened out without an assessment on the family for the period February 2011 to September 2011. For that pool of intakes there was agreement 85 percent of the time between reviewers and the intake specialists who made the screening decisions. Child Advocacy Center staff are now reviewing cases with two or more intakes without an assessment. Agreement on that pool of cases is 87 percent. Sufficient documentation was lacking to be certain of the correct decision in those cases where there was not agreement.

3. The procedures used by CPS staff to screen reports of child abuse and neglect including the process used to determine voluntary cases:

There are 35 CFS Specialists staffing the Omaha-based Child and Adult Abuse and Neglect Hotline. Centralized in 2010, the Hotline has staff who are available to receive reports of abuse and neglect around the clock every day of the year. Although most reports are received by phone, some also are received by email, fax and regular mail. Staff use a Structured Decision Making® (SDM) screening tool to provide consistency to the information gathered and decision making process. (See attached tool.) Situations that meet the definitions of possible abuse or neglect are accepted for initial assessment, and are assigned to a CFS Specialist who will make contact with the alleged child victim and family. Each report accepted for initial assessment is assigned a priority for how quickly the assigned worker must contact the child and family. If the situation is serious and may be life threatening, the assigned priority is "1" which requires that there be contact within 0 to 24 hours. In some situations, law enforcement is contacted for immediate response. If the situation is less serious, the priority assigned may be a "2" which requires contact within 0 to 5 calendar days, or a priority "3" which requires contact within 0 to 10 calendar days. The SDM tool also has decision trees to guide this decision. The Hotline received over 34,000 calls in 2012. Of those, over 31,000 pertained to concerns of possible abuse or neglect. The other calls were classified as Information Only and consisted of requests for information. Over 12,000 assessments were completed by CFS Specialists in 2012.

The decision about whether or not a case becomes a voluntary or non-court involved case is not made at the point of the Hotline. Rather, it is a decision made after the initial assessment is completed. There is a SDM Safety Assessment and Risk Assessment completed on all families involved in an intake accepted for initial assessment. Information obtained in those assessments drive the progression of the case. The Safety Assessment determines the status of child safety in the home. If the child is safe, no in-home safety services are needed. If there are identified safety threats that must be managed, the child can remain in the home if safety services can be added to mitigate any safety concerns as part of a written safety plan. If there are safety threats, and it is not possible or appropriate to use in-home services, the child must be removed. If removed, the child will be placed with the non-custodial parent or a relative, if possible.

After the Safety Assessment is completed, the CFS Specialist and the family complete the Risk Assessment. This assessment looks at factors that indicate the likelihood of maltreatment in the future. If the risk is determined to be low or moderate, and the child is safe, the family may be referred to services in the community. The Department will not offer ongoing services and the DHHS case is closed. If the risk is determined to be high or very high, the family will be offered case management and ongoing services provided by DHHS.

It is at this point that the decision will be made about court involvement. If the family is willing to work with DHHS cooperatively, and understands and acknowledges the safety threats in their family, they may have an opportunity to work with DHHS without the involvement of Juvenile Court. If the maltreatment was very serious, and the family declines to work voluntarily to correct the identified issues, it is likely the County Attorney will be contacted to consider a filing in Juvenile Court. In some situations, if the family in a voluntary case decides to no longer work with DHHS, those cases are also referred to the County Attorney for review.

- 4. The process by which information is shared between state and local agencies and officials:**
All reports of alleged abuse and neglect are shared between law enforcement and the DHHS Hotline within 24 hours as required by law. Some are hand delivered to the Omaha Police Department Youth Aide unit by Hotline staff; others are sent electronically or by fax to other agencies and local DHHS offices. Some County Attorneys request and receive all reports; others only review specific ones.

- 5. Training procedures for front-line responders in potential child abuse and neglect cases:**
Front-line responders in potential child abuse and neglect cases within the Division of Children and Family Services include CFS Specialists who work in both Intake (the Hotline) and Initial Assessment.

All CFS Specialists attend New Worker Training. New Worker Training is delivered through classroom, self-paced, field-based, and laboratory activities. The Foundation Training is 56 hours and includes an introduction to CFS, Case Management Processes, N-FOCUS Documentation, Interviewing, and Juvenile Court Process.

CFS Specialists who work on the Hotline (Intake Specialists) attend 12 hours of Specialized Intake Training and any other training required by their Service Area Learning Team within the first year of employment.

CFS Specialists who work in Initial Assessment continue with 96 hours of New Worker Training during their first year of employment. Topics included in this training are N-FOCUS Documentation, Testifying in Juvenile Court, Working with the Courts, Interviewing Children, Worker Safety, Mandt, Critical Thinking in Case Analysis, Indian Child Welfare Act (ICWA) requirements, Recognizing and Documenting Maltreatment, Developmental Issues for Children with Traumatic Experiences, Effects of Domestic Violence, Working with the Schools, Engaging Families, Trauma Informed Care, Working with Addictions, Managing Psychotropic Medications, and Referring to Services, including Medicaid services.

Annually, all CFS Specialists are required to attend 24 hours of in-service training. Most recently, this has included updates and refreshers about the Structured Decision Making processes and tools used during intake and case management.

- 6. The impact of DHHS efforts to reduce the percentage of children removed from their homes:**
There has been a gradual decline over time in the number of children removed from their homes. This is due in part to use of the Structured Decision Making® (SDM) assessment process to evaluate child safety consistently across the state. Additionally, efforts have been made to provide services in the home to assure child safety.

- 7. The State Child and Maternal Death Review Team, as amended by passage of LB 361, including its membership, role, and reporting requirements:**
LB 361 expanded the responsibility of the state Child Death Review Team to include reviews of maternal deaths. Maternal deaths are those that occurred during pregnancy or within one year after the woman ceases to be pregnant.

The Team will review all maternal deaths occurring on or after January 1, 2014. Members will review the autopsy report, medical records, investigative reports, records of social service agencies, records of the woman's involvement with the Department, and any other information available. The members will classify the nature of the death, determine the completeness of the death certificate, and identify discrepancies and inconsistencies. The Team will identify the preventability of the death, the possibility of domestic abuse, the medical care issues of access and adequacy, and the nature and extent of interagency communication. No reviews will be conducted on cases under active investigation or under criminal prosecution.

The Team will issue an annual report with recommendations about changes in the law, rule, regulation or policy needed to decrease the incidence of preventable maternal death. The report is intended to educate the public, inform about the public role in preventing maternal deaths, and suggest specific steps the public can take to prevent additional maternal deaths.

Please see membership list, attached.

MEMBERS OF THE NEBRASKA CHILD AND MATERNAL DEATH REVIEW TEAM 2010-2014

- **Chair: Joseph Acierno, M.D., J.D.**
Chief Medical Officer and Director, Division of Public Health
Nebraska Department of Health and Human Services
- **Karen Authier, M.S.W.**
Executive Director, Nebraska Children's Home Society
- **John Clark**
Nebraska Department of Education (retired), Lincoln
- **Don Kleine, J.D.**
Douglas County Attorney, Omaha
- **Peg Ogea-Ginsburg**
Injury Prevention Program Coordinator, Health Promotion Unit
Nebraska Department of Health and Human Services, Lincoln
- **Doris Lassiter**
Director, Nebraska Center for Health Families, Omaha
- **Howard Needelman, M.D.**
Department of Pediatrics, University of Nebraska Medical Center, Omaha
- **Mary Jo Pankoke**
Executive Director, Nebraska Children and Families Foundation, Lincoln
- **Blaine Roffman, M.D. (resigned 2012)**
President, Physicians' Laboratory, Omaha
- **Suzanne Schied, J.D.**
Program Specialist, Protection and Safety
Nebraska Department of Health and Human Services
- **Carrie Simpson (appointed 2012)**
Program Director, Child Advocacy Center, Lincoln
- **David Thome (appointed 2012)**
Deputy State Sheriff and Staff Instructor
Nebraska Law Enforcement Training Center, Grand Island
- **Jerry Watson (resigned 2011)**
Hall County Sheriff, Grand Island
- **Mark Zimmerer (resigned 2011)**
Coordinator, Northeast Nebraska Child Advocacy Center, Norfolk
- **Robert Bowen, M.D.**
Physicians Laboratory Services, Inc. Omaha

Deborah Barnes-Josiah, Ph.D., CDRT coordinator