



OFFICE OF INSPECTOR GENERAL OF CHILD WELFARE

SUMMARY OF ALTERNATIVE RESPONSE

INVESTIGATIVE REPORT

From 2021-2024, the OIG received notices from DHHS regarding nine children, six of whom experienced a serious injury and three of whom had died, following the acceptance of an Alternative Response (AR) intake within the previous 12 months:

1. On November 22, 2021, seven-month-old AB suffered a significant skull fracture in her home less than four months after an Alternative Response Assessment was completed for her family.
2. On January 3, 2022, three-month-old CD suffered severe neglect resulting in malnutrition and severe illness three months after an Alternative Response Assessment was completed for his family.
3. On February 7, 2022, five-month-old EF suffered a brain bleed three months after an Alternative Response Assessment was completed for his family.
4. On March 11, 2022, nine-month-old GH suffered multiple fractures four months after an Alternative Response Assessment was completed for her family.
5. On May 11, 2022, one-year-old IJ ingested an opioid, requiring multiple doses of Narcan to be administered, three months after an Alternative Response Assessment was completed for his family.
6. On October 23, 2022, three-month-old KL died at home due to unsafe sleeping conditions while receiving services through an Alternative Response case.
7. On April 12, 2023, two-month-old MN died after suffering physical abuse in his home two months after an Alternative Response Assessment was completed for his family.
8. On May 30, 2023, five-month-old OP died at home as a result of unsafe sleeping conditions while receiving services through an Alternative Response case.
9. On March 17, 2024, three-year-old QR suffered medical neglect due to his family's failure to seek medical care 11 months after an Alternative Response Assessment was completed for his family.

Alternative Response is an approach to working with families that is more collaborative and aims to connect families with community supports and services to keep children in their homes. It was the Legislature's intent that AR would serve families at a lower risk of abuse and neglect.

- There are numerous exclusionary criteria in law that are meant to capture situations that are too serious for a case to be assigned to AR. If exclusionary criteria are present in the Hotline report, the intake is not assigned to AR.
- Participation in services is completely voluntary for the family in an AR case.
- There is no finding regarding whether abuse or neglect occurred in the home in an AR intake, unlike a Traditional Response (TR) intake that will be investigated and a determination of whether abuse or neglect occurred will be made.

There were commonalities across the cases reviewed:

- In six of the nine cases reviewed, the family scored high or very high risk of future abuse or neglect.
- Only two families received services from DHHS. Four families refused to participate in services. The three other families also did not receive services although two were referred to community services.
- In four of the cases reviewed, the family had previous history with DHHS.
- In eight of the nine cases reviewed, the death or serious injury occurred within four months of the AR assessment.

Alternative Response Data Trends:

- From 2021-2024, 25% - 35% of all accepted intakes – meaning those hotline calls that were accepted for further assessment – were assigned to AR.
- About the same percentage of AR and TR intakes are found to be at high or very high risk for future abuse or neglect.
- The rate at which families have a subsequent accepted intake – meaning another call to the Hotline that DHHS assesses after the initial intake – is very similar in AR and TR cases. AR does not appear to decrease the likelihood that a family will come into contact with the child welfare system again.

DHHS followed the law, regulations, and policy in assigning cases to AR, but the OIG's broader review of AR found the following in regards to AR's current use in Nebraska:

1. Alternative Response is not being solely used in cases with a low or moderate risk of future abuse and neglect, but is used as often for high or very high risk families.
2. Since Alternative Response is voluntary and families assessed at high or very high risk of future abuse and neglect may refuse services, family engagement is critical to mitigating the risk to the children in those families.
3. The limited review of a family's history and previous risk determinations when assigning cases to Alternative Response can create a gap and a challenge in serving some families.
4. Additional data points are necessary to evaluate the effectiveness of Alternative Response.
5. The OIG found errors in the completion of SDM prevention assessments when determining risk scores for future abuse and neglect.

The OIG made the following recommendations:

1. Enhance the tracking system for Alternative Response to better analyze outcomes in Alternative Response.
2. Develop a system for evaluating the effectiveness of family engagement within Alternative Response.