

# Nebraska Model for Collecting Violent Death Information without NVDRS funding

Donald P. Belau, Ph.D.

Child Death (Suicide) Review  
Subcommittee Member

# Nebraska Child Death Review Team

- The Nebraska Child Death Review Team (CDRT) was established by the Nebraska Legislature in 1993 and charged with undertaking a comprehensive, integrated review of existing records and other information regarding each child death that occurred including suicide.

# CDRT Purpose

- Develop an understanding of the number and causes of child deaths.
- Advise the Governor, Legislature, other policy makers and the public on changes that might prevent child deaths in the future.
- Use information in written records and the expertise of its members to identify situations where, in retrospect, reasonable intervention might have prevented a death.

# Review Methodology

- Nebraska does not have a statewide coroner system which makes it challenging to get information.
- The CDRT review attempts to determine underlying causes/influences of death.

# Data Sources

## Includes:

- The DHHS Office of Protection and Safety and the Child Care Licensing section.
- The Vital Records section of the Nebraska Department of Health and Human Services (DHHS),
  - Provides death certificates for all Nebraska resident children under the age of 18.
- DHHS electronic databases including children's birth and death certificates.

# Data Sources (continued)

- Numbers and names of suicide, homicide and criminal child abuse cases.
- County Attorneys
- Additional sources as needed
  - e.g., private providers, public officials in counties or states where a death occurred but where the child was not a resident.
- Archived newspaper reports are searched for additional information.

# CDRT Process

- For each case, reviewers assess as to the degree to which death may have been preventable.
- A suicide death is considered as preventable if an individual or community could reasonably have done something that would have changed the circumstances that led to death.

# CDRT Process

- The categories include:
  - Strongly Disagreed
  - Somewhat Disagreed
  - Were Neutral or Undecided
  - Somewhat Agreed
  - Strongly Agreed



# CDRT Process

- Because information is not always complete, there is a risk that misclassification may occur.
- Team members discuss cases where the classification is not immediately obvious or is controversial.

# CDRT Recommendation Disclaimer

- This state review process can identify systemic programs and policy issues, but it's not a substitute for local action taken by families, communities and policymakers at the state and local levels.

# Recent (2011) Issues and CDRT Recommendations

- **Issue: Some providers who engage with troubled youth may be unaware of the range of factors and circumstances associated with suicide. At the same time, many high risk youth are not receiving adequate and ongoing assessments by mental health specialists.**

# Recent (2011) CDRT Recommendations

- **A.** The Nebraska Departments of Education and Health and Human Services should partner to locate and train Suicide Prevention Specialists in schools and Educational Service Units.

# Recent (2011) CDRT Recommendations

- **C.** Medical personnel prescribing mood stabilizing medications must closely monitor their effects on teens.
- **D.** Suicide risk assessments (formal or informal) by:
  - Schools
  - Mental health and chemical dependency providers
  - Law enforcement
  - Pediatricians
  - Assessments should include inquiries about teens' postings on social networking sites regarding suicide ideation, etc.

# Recent (2011) Issues and CDRT Recommendations

- **Issue: Children continue to access firearms for their suicides.**
- Recommendation: Simple precautionary gun and ammunition storage in the home will decrease the risk of intentional shooting.

# Recent (2011) Issues and CDRT Recommendations

- **Issue: Seven (25.9%) of the youth had documented involvement with the Child Protection unit of the Nebraska Department of Health and Human Services prior to their death, either because of their own actions or those of a family member.**
- Recommendations: Child abuse and neglect investigations should include assessments of suicide history and risk.

# Recent (2011) CDRT Recommendations

- **A.** The training modules for Nebraska Department of Health and Human Services Child Protective Services staff and contractors should include how to assess a youth's level of depression and suicide ideation.