

**Report to Governor Dave Heineman
on the Special Research Project
on Young Foster Children
Conducted by the Foster Care Review Board
August 2006 – January 2007**

The Foster Care Review Board conducted a special review of the cases of 948 children age birth through five. The Board's review specialists conducted the reviews and collected the data. A further explanation of the methodology appears at the end of this report.

The following are the key findings from this special project.

Demographics

This special study involved 948 children (464 female, 484 males) who were born on or after Jan. 1, 2001.

The majority (563) of these children came from the Eastern HHS Service Area, which incorporates the Omaha metro area. The next largest group of children (282) came from the Southeast area, which includes Lincoln and towns within Southeast Nebraska, such as Beatrice and Falls City. The remainder included 20 children from the Northern service area, 57 children from the Central service area, and 26 children from the Western service area.

The racial background of these children included: 589 Caucasian, 181 African American, 49 Native American, 7 Asian, 5 Pacific Islander, 31 multiple races, and 86 other or unknown backgrounds.

There were 108 children (11.4%) in this group who had recognized disabilities.

HHS Action Plan

You had directed HHS to develop special action plans for young children and children who have been in foster care for 15 months or more. After the Board had entered information about HHS action plans onto the computer system, it appeared that 66% of the young children had no action plans. The Board provided HHS a list of these children.

In a follow-up meeting between the Board's Director and Todd Reckling and Sherri Haber, it was explained that HHS started with children in this age group who had already been in foster care for 15 months, and were working on completing the remaining plans. HHS subsequently provided 104 children's additional plans. These plans are included in the following statistics.

There were 364 children age birth to five who had been in care for 15 months or more, and 310 of them (85.2%) at the time of our review had action plans. For the 310 children with action plans:

- 177 (57.1%) had plans that addressed the major barriers to permanency.
- 137 (44.2%) had plans that contained goals and timeframes.
- Regarding progress towards the HHS action plan goals:
 - For 199 children (64.2%) progress was being made towards the HHS plan goals.
 - For 99 children (32.0%) no progress was being made.
 - For 12 children (3.8%) it was unable to determined if progress was being.

For the 54 young children who had been in foster care for 15 months, and who did not have an action plan:

- 23 children (42.6%) have had between 4-7 caseworkers.
- 12 children (22.2%) have been removed from the home more than once.

The Board examined a number of conditions that could impact permanency for children. An explanation of these follows.

Children Who Could Go Home or Maintain a Relative Placement

The Board examined each of the 948 children's cases to determine if any of these children could go home, or maintain a relative placement, with services.

- **68 (7.2%) of the children could go home with services.**

A list of these children was shared with HHS, and has been the point of discussion in meetings between FCRB and HHS top management.

Primary Barriers to Permanency

Reviewers identified the primary barriers to permanency based on the permanency objective in the plan for each child. Multiple barriers could be identified for each child. It should be noted that 631 (66.6%) of the 948 children have a current, written plan. The remaining children have incomplete plans, outdated plans, or no plans. The majority of children have plans of reunification.

Barriers to Reunification

The following are the barriers to permanency identified for children with a plan of reunification:

<u>Number of Children Affected</u>	<u>Barrier</u>
351 children	Parental substance abuse
346 children	Parents need more time to complete services (this included 250 children in care less than 15 months, and 96 children in care 15 months or more)
208 children	Lack of parental willingness to parent
202 children	Economic-housing issues
150 children	Parental lack of visitation
136 children	History/Chronic nature of family abuse/violence
140 children	Parental economic-employment issues
85 children	Parent incarcerated
77 children	Parental mental illness
65 children	Paternity not established
57 children	HHS lacks documentation regarding progress
46 children	Parental whereabouts unknown
40 children	Parents are low-functioning
31 children	Public assistance needed before child goes home
25 children	Severity/chronic nature of past abuse
17 children	Services have not been provided to the parents

Barriers to Guardianship

Due to the young age of children in this study, few (7) have a plan of guardianship.

- For children under age 13, an exception is required for a guardianship. 4 of the 7 exceptions have been finalized.
- 1 of the 7 children's guardianship paperwork has been completed.

Termination of Parental Rights (TPR) Needed

- Reviewers found that for 302 of the 948 children (31.9%) a termination of parental rights was in the child's best interests.
- The legal filings had not been completed for 202 of these 302 children, (66.9% of those needing a TPR filing).
 - 70 (34.7%) of the 202 children had four or more caseworkers.
 - 123 (60.9%) of the 202 children had been in foster care for 12 months or more at the time of the review.
 - 59 of the 123 children were from the Eastern Service Area.
 - 51 of the 123 children were from the Southeast Service Area.

The following are the barriers to TPR that were identified for the 302 children. Children could have more than one barrier identified.

<u>Number of Children</u>	<u>Barrier</u>
101 children	Request to file not sent to County Attorney
39 children	Request given to County Attorney, but not filed
25 children	Paternity not addressed
23 children	Petition filed, awaiting hearing
19 children	County attorney lacks evidence to TPR
17 children	HHS lacks documentation regarding parental progress
11 children	Court did not terminate parental rights
10 children	Parental whereabouts unknown
6 children	HHS policy
5 children	Issues regarding splitting siblings apart
5 children	Child not in placement willing to adopt
4 children	Number of court continuances
1 child	Mental health professional unwilling to testify

Barriers to Adoption

Adoption is the plan for 216 of the 948 children (22.8%).

- 88 (40.7%) of the 216 have not had their adoptive home studies completed.
- 53 (24.5%) of the 216 children have been free for adoption for over six months.
- 35 (16.2%) of the 216 children are not in placements willing to adopt.
- 15 (6.9%) of the 216 children need to complete services prior to an adoption.
- 11 of the 216 children's termination of parental rights are currently on appeal.

- 70 (73.7%) of the 95 children to have subsidized adoptions have not had the paperwork completed.
- 24 (27.3%) of the 88 children in the Omaha adoption unit have been in the unit for over 6 months.

Adoption is the concurrent plan for 412 (43.4%) of the 948 children.

Contracting for Monitoring Parental Visitation and/or Transportation

HHS has entered into contracts with many different private organizations for the transportation of some children to and from visitation with the parents, and into contracts for the monitoring of some children's visitation. Contractors also transport some children to and from school and/or therapy appointments.

Monitoring the appropriateness and consistency of parental reactions to the children during visitations is at the core of casework, yet in some cases it is being delivered by

persons with very little training or understanding of the dynamics involved. The person who monitors parental reactions and keeps children safe during visitation must understand the case dynamics and have regular communication with the caseworker so that concerns can be accurately described in a timely manner. Observations must be documented effectively for the Courts to use when determining whether reunification with the parents remains a viable plan for the child.

In some instances, the same contractor provides both transportation and visitation monitoring, in other cases there are separate contractors involved. In cases where visitation is not monitored, contracted transportation workers may be the only ones who know whether the parents attended the visitation or not, since they are the ones who take the children to and from the arranged contact with the parents. The Board is concerned that some contracted providers change drivers or monitors on every visit; therefore, the caseworker does not get accurate information on which to base case decisions.

The Board is recommending that HHS be allowed to hire permanent drivers and monitors who would be assigned to particular workers and particular cases.

Regarding monitoring of parental visitation:

- **507 (53.5%) of the 948 children had parental visitation supervised by a contractor.** The Board is concerned that often caseworkers were not provided information from the contractor in a cohesive, timely manner.
 - It was undocumented how many different contractor staff persons monitored their visitation for 147 of the 507 children.
 - For the remaining 360 children, **174 had four or more different persons monitoring their visitation sessions.**
 - 133 had four to 10 different persons monitoring visitation,
 - 25 had 11 to 15 different monitors, and
 - 16 children had 16 to 35 different monitors.

The following chart, which continues on the next page, shows how many children have experienced multiple visitation monitors.

<u>Number of Children</u>	<u>Number of Different Staff Monitoring Visitations</u>
147 children	Unknown Number
70 children	1 Monitor
82 children	2 Monitors
34 children	3 Monitors
38 children	4 Monitors
33 children	5 Monitors
26 children	6 Monitors
7 children	7 Monitors
3 children	8 Monitors
13 children	9 Monitors
5 children	10 Monitors
5 children	11 Monitors

10 children	12 Monitors
5 children	13 Monitors
2 children	14 Monitors
3 children	15 Monitors
1 child	16 Monitors
1 child	17 Monitors
1 child	19 Monitors
2 children	20 Monitors
2 children	21 Monitors
1 child	22 Monitors
4 children	23 Monitors
2 children	27 Monitors
1 child	29 Monitors
1 child	35 Monitors

The contractors that have had five or more persons monitoring children’s parental visitation include:

- Owens (64 children)
- Visinet (44 children)
- Cedars (13 children)
- Better Living (7 children)
- Pathfinder (6 children)
- OMNI (2 children)

Regarding children’s transportation:

- **360 (37.9%) of the 948 children in the study were transported by contractors during the six months prior to the study. Most of this involved parental visitation.**
 - This included 85 children with 4 to 10 different drivers, 21 children with 11-15 drivers, and 5 children with 16-35 different drivers.

The following chart, which continues on the next page, shows how many children have experienced multiple drivers.

<u>Number of Children</u>	<u>Number of Different Drivers</u>
111 children	Undocumented
61 children	1 Driver
56 children	2 Drivers
21 children	3 Drivers
24 children	4 Drivers
25 children	5 Drivers
15 children	6 Drivers
7 children	7 Drivers
2 children	8 Drivers

10 children	9 Drivers
2 children	10 Drivers
5 children	11 Drivers
7 children	12 Drivers
2 children	13 Drivers
4 children	14 Drivers
3 children	15 Drivers
1 child	16 Drivers
1 child	17 Drivers
2 children	23 Drivers
1 child	35 Drivers

The contractors that have had five or more persons transporting children include:

- Owens (38 children)
- Visinet (31 children)
- Cedars (6 children)
- Pathfinder (6 children)
- Better Living (3 children)
- OMNI (2 children)

Contracts for Placements

Agency-Based Foster Care contractors are private organizations that have a contract with HHS to provide the recruiting, assessing, screening, training, supervising, and 24-hour support for agency-based foster homes, which are the next step up from standard foster homes, therapeutic foster homes, which are the next step up from agency-based foster homes, and higher level group homes. The placements they provide are to be well equipped to meet the needs of children with more difficult behavioral or physical challenges.

Under statute, HHS retains the responsibility for proper care, custody, and control of state wards, regardless of whether a contractor provides the children's placements or the child is in a "standard" placement.

Costs

Contractors are paid significantly more for the higher levels of care they are to provide, as the following chart on foster homes shows.

1. Standard foster care is paid between \$226-\$1,224 per month per child, depending on the child's needs.
2. Agency based foster care is paid \$1,913 per month per child.
3. Treatment foster care is paid about \$3,021 per month per child, depending on the child's age.

- **206 of the 948 children were in placements obtained through contracts.**
 - These could be at different levels of care and payment.
 - 121 of these children were in agency based foster care placements
 - This would be a payment of \$231,473 per month for 121 children’s care.
 - 61 were in standard level foster care (where the payment level would vary)
 - 9 were in foster/adoptive homes
 - 8 were in emergency shelter care
 - 1 was in a medical facility
 - 1 was in a specialized group home with the child’s teen mother

Contractors for these placements included:

- Cedars – 28 children
- OMNI – 25 children
- NOVA – 24 children
- Sigma – 24 children
- Visinet – 24 children
- Child Saving Institute – 22 children
- Christian Heritage – 16 children
- Child Connect – 13 children
- Nebraska Children’s Home – 8 children
- Mid Plans – 3 children
- SCBS – 3 children
- Camelot – 2 children
- Lutheran Family Services – 2 children
- Ambassador – 1 child
- APEX – 1 child
- Building Blocks – 1 child
- Heritage ABFC – 1 child
- Salvation Army – 1 child
- Unclear – 1 child

A list with the estimated payments per month to each contractor will be provided at a later time.

Caseworker Changes

Caseworker changes effect evidence, as the new worker must take time to familiarize themselves with the cases, some of which have very complicated issues, and to establish the trust of the child and family. When the caseworker changes, the case in effect often “starts over,” causing children to spend more time in care. A stable HHS workforce will stabilize children and their foster care placements.

- **146 of the 948 children have had only one caseworker.**
- **460 of the children have had 2-3 caseworkers.**
- **305 of the children have had 4-7 caseworkers.**
- **33 of the children have had 7-9 caseworkers.**
- **4 of the children have had 10-11 caseworkers.**

Due to contracting out the children's placements, transportation, and visitation monitoring, caseload sizes and worker changes, there are also often communication gaps that affect the ability to create a plan in the children's best interests. The Board is recommending that the State fund additional HHS caseworkers and case aides, lower caseloads, and provide more support in order to stabilize the workforce and expedite cases. A pilot program could be evaluated to determine if there are better outcomes for children.

The following chart shows the number of case manager changes that these children have experienced.

<u>Number of Children</u>	<u>Number of Case Managers</u>
146 children	1 case manager
239 children	2 case managers
221 children	3 case manager
149 children	4 case managers
90 children	5 case managers
66 children	6 case managers
18 children	7 case managers
10 children	8 case managers
5 children	9 case managers
2 children	10 case managers
2 children	11 case managers

Children with Multiple Case Managers Show Other Indicators of Case Instability

Many children experience multiple child welfare issues simultaneously. For example, regarding the 342 children who had four or more caseworkers:

- 136 children have had four or more caseworkers and did not have paternity documented. When fathers have not been identified, paternal relatives usually have not been considered as placements. Also, parental rights cannot be terminated; therefore, adoption cannot occur.
- 108 children had experienced four or more caseworkers and have been in care for 15 months or more.
- 76 children had experienced four or more caseworkers and four or more contractor staff monitoring parental visitation. With this number of changes communication and evidentiary gaps are often the result.
- 65 children had experienced four or more caseworkers and four or more placement changes while in foster. This is a lot of change for young children to absorb while trying to heal from the abuse or neglect that led to their removal from the home.

- 32 children with developmental disabilities had experienced four or more caseworkers. 5 of these children also had 4 or more persons monitoring their parental visitations. These are children with special vulnerabilities.
- 23 children had experienced four or more caseworkers, plus 4 or more placement changes, plus four or more changes in staff monitoring parental visitation.
- 14 children had experienced four or more caseworkers and had placement safety issues identified.

Foster Placement Changes

Research has also shown that when young children must cope with prolonged or multiple stressors, vital brain connections can fail to form properly, resulting in temporary or permanent changes in the children's ability to think, to develop positive inter-personal relationships, and to process future stressors. High levels of stress hormones occurring during the period of ages newborn through three have been found to create life-long problems with impulse control, anxiety, hyperactivity, and learning disorders.¹

Broken attachments and prolonged grief can cause serious, possible irreparable, damage to children's brains, affecting normal growth and development. This compounds the significant cognitive, language, and developmental delays that occurs for many young children as a result of the abuse or neglect they experienced in the parental home.

The American Academy of Pediatrics has found that paramount in the lives of foster children is the children's need for continuity with their primary attachment figures and the sense of permanency that is enhanced when placement is stable.²

Young children are at risk because the people who care for them change too often and because they are frequently placed where beds are available rather than where their needs can best be met. The placements frequently do not meet the needs of individual children, causing difficulties, conflict, and eventual removal from the placement. In addition, many placements are overcrowded, leading to further stress on children already stressed by the abuse and neglect they have endured.

The Board is recommending funding additional placements to eliminate overcrowding and to ensure more children are placed where their needs could best be met, and better monitoring of children's placements.

The following statistics illustrate the number of children impacted by placement moves and concerns:

- **182 (19.2%) of the 948 young children had experienced four or more placement changes while in foster care.**

¹ Sources include Karr-Morse, Robin, and Wiley, Meredith S. in *Ghosts From the Nursery*, c. 1997.

² Rosenfeld, Pilowsky, Fine, et al as quoted in the American Academy of Pediatrics Policy Statement on Developmental Issues for Young Children in Foster Care, November 2000.

- **219 (23.1%) of the 948 children were in placements that were caring for four or more other children.**
- **40 children who have a recognized disability were placed in a foster home caring for at least three other children.**
- **43 children (4.5%) had an issue identified with safety in the placement, including some children for whom multiple safety issues were identified. Safety issues were immediately reported to HHS.**
- **64 (6.8%) of the children had a placement quality issue identified, including some children for whom there were multiple issues.**

The number of placement changes negatively affects many children, as the chart that follows indicates.

<u>Number of Children</u>	<u>Number of Placements</u>
262 children	1 placement
332 children	2 placement
172 children	3 placements
90 children	4 placements
50 children	5 placements
24 children	6 placements
13 children	7 placements
4 children	8 placements
None	9 placements
1 child	10 placements

Another factor affecting the safety and quality of care is the number of other children in the foster placement. As the chart below indicates, many children are placed with caregivers who provide 24/7 care to a number of children. The number of additional children in the home does not include children who receive daycare services from the foster parents.

<u>Number of Children</u>	<u>Number of Other Children in the Foster Home</u>
10 children	Unable to determine
168 children	No other children in the foster home
206 children	1 other child in the placement
215 children	2 other children in the placement
140 children	3 other children in the placement
111 children	4 other children in the placement
67 children	5 other children in the placement
22 children	6 other children in the placement
16 children	7 other children in the placement
3 children	8 other children in the placement

Children with disabilities in foster homes with many other children

Foster children with disabilities appear to be disproportionately placed in foster homes caring for many other children. This is especially concerning given these children's vulnerability and needs for physical and emotional care.

- 40 children who have a recognized disability were placed in a foster home caring for at least 3 other children.
- 17 children who have a recognized disability were placed in a foster home caring for at least 5 other children.
- 5 children who have a recognized disability were placed in a foster home caring for at least 7 other children.

Court Information

Although the information below is not always under the control of HHS, it affects the ability of everyone in the system to keep children safe and help children achieve a timely, appropriate permanency.

Aggravating Circumstances (defined in statute as abandonment, torture, sexual abuse, chronic abuse, parent involved in murder/manslaughter/felonious assault of a sibling, or parent having rights to sibling terminated involuntarily)

If the Court rules that aggravating circumstances are present, it relieves HHS of the necessity of attempting reunification. This clause was put in the federal and state Adoption and Safe Families Act as a means of expediting permanency for victims of extreme abuse.

- 49 (5.2%) of the 948 children had documentation of aggravating circumstances present when they entered foster care.
 - 15 (30.6%) of the 49 children had expedited permanency sought as allowed by statute.

Time in Foster Care/Permanency Hearings

Courts are to hold a permanency hearing when children have been in care for 12 months. At this hearing, it should be determined if reunification remains a viable plan for the children.

- 465 of the 948 children (49.1%) had been in foster care for 12 months or more.
 - 159 (34.2%) children's files had documentation in the HHS file of a permanency hearing occurring.
 - 113 (24.3%) children's files had documentation that no permanency hearing was held.
 - 193 (41.5%) children's files had no documentation in the HHS file regarding whether a permanency hearing had been held.

For the 159 children with documentation of a permanency hearing occurring:

- 122 (76.7%) children's permanency hearing occurred with a regular review hearing.

Results of the Most Recent Court Review

- 278 of the 465 children in care for 12 months or more had the case plan adopted.
- 91 of the 465 children had the case plan modified.

Parental Substance Abuse

The very nature of substance abuse victimizes not only the addicts, but also the children within their care.

- 103 (10.9%) of the 948 children were born substance affected.
- For children whose parents had a substance abuse issue the substance(s) of choice were identified, as indicated below.
 - 352 (37.1%) children were affected by parental "meth" abuse.
 - 218 (23.0%) children were affected by parental alcohol abuse.
 - 124 (13.1%), children were affected by parental cocaine abuse.
 - 60 (6.3%) children were affected by parental marijuana abuse.
 - 9 (0.9%) children were affected by parental heroin abuse.

Methodology

The following briefly describes the methodology used to obtain the statistics that follow. After you announced your reforms, the Foster Care Review Board's Director conferred with HHS Administrator of Protection and Safety Todd Reckling and HHS Deputy Administrator Sherri Haber to discuss which data to track regarding your directives. From this discussion the Board developed the statistical measures that would be collected.

The Board's Director conferred with Dr. Ann Coyne of the UNO School of Social Work to ensure that the questions on the data collection instrument were being asked in a statistically meaningful way. The questions centered on determining whether HHS had developed the Action Plan as you had directed, identifying the fact-based primary barriers to permanency, and ensuring that the children were safe while in foster care.

The Board's highly trained Review Specialists, Supervisors, and Program Coordinator conducted the reviews after receiving training on how to correctly collect the data.

In the Lincoln and Omaha HHS districts, the Board's supervisors coordinated the availability of the children's files with HHS supervisors. This was done in order to complete the maximum number of special reviews possible in the least amount of time while providing minimum disruption to the HHS staff. It was determined that the best schedule would be to devote a week to these special reviews.

The Board's supervisors re-arranged their staff schedules to allow staff to conduct the reviews. In Lincoln/Southeast Nebraska the special reviews occurred primarily during the week of Oct. 10, 2006, in Omaha and Papillion this occurred mainly during the week of Oct. 23, 2006, and in the rest of the state most occurred during December 2006.

All children age birth through five from Lincoln, Omaha, and Papillion were reviewed. Every child found to be in an unsafe living arrangement was immediately reported to HHS and scheduled for a follow-up regular review by the Board.

In the rest of the state, the Board's staff participated with HHS caseworkers and supervisors to develop the action plans for young children. Based on the results of this collaborative effort, Todd Reckling has asked the Board's staff to join in developing the HHS action plans for children in the Lincoln area, and this is being coordinated.

Good News from the Governor's Initiative

1. 728 children are no longer in foster care due to the implementation of policies that have led to the reduction of the number of children in foster care. (From 6,204 at the end of 2005, to 5,476 as of January 21, 2007).
2. 181 (84%) of the 216 children whose plan is adoption are in placements willing to adopt.
3. 199 (64.2%) of the 310 children with action plans, were found by the Review Board to have progress being made towards the HHS plan goals.