

25 Years of Looking Out for Nebraska's Children in Foster Care

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The year 2007 saw the continuation of extraordinary collaboration between the various entities that comprise Nebraska's child welfare system. This began with the initiative for foster care reform that Governor Dave Heineman announced in 2006.¹

In addition to his initiative, the Governor, in collaboration with the Nebraska Legislature and the professionals at Health and Human Services, worked to create the new Division of Children and Family Services within the Department of Health and Human Services (DHHS), which was signed into law in 2007. For 10 years this division had been discussed, advocated for, and endorsed by the Board. Some of the other significant improvements regarding DHHS in 2007 were:

- The reduction in the number of Nebraska children in out-of-home care continued, with 5,043 children in foster care on December 31, 2007, as compared to 5,186 children on December 31, 2006, or 6,204 children on December 31, 2005.
- Fewer children returned to foster care (1,701 children returned to foster care in 2007, compared to 1,877 in 2006).
- More adoptions were completed (462 in 2007 compared to 347 in 2005).
- More caseworkers maintained regular contact with the children (92.7% of those reviewed in 2007, compared to the previous high of 88.8% in 2006).
- DHHS strengthened efforts to collaborate with the Board, the Courts, and the other legal parties, on how to resolve issues and achieve permanency in a timely manner. This included joint staffing of cases, joint training, and problem solving sessions with supervisors, administrators, and top management.

Volunteers and staff of the Foster Care Review Board were pleased to be an integral part of this important and successful effort.² During 2007, the citizen review volunteers conducted 5,458 reviews, and the citizen reviewers donated more than 38,200 hours. In addition, the Board collaborated with DHHS to work toward resolving the issues identified in the Board's 2006 special study of 948 children birth to age five, which was discussed in the last annual report, by staffing cases and discussions with caseworkers, supervisors, and administrators. Staff attended an increased number of joint case staffings with DHHS. DHHS Director Todd Landry and the Board's Executive Director met regularly to discuss and resolve child welfare issues.

The collaborative efforts were broader, with the Judiciary continuing to respond in extraordinary fashion during 2007 as well. The following are a few examples.

- Chief Justice Mike Heavican continued to support the Supreme Court's Commission on Children, which adopted guidelines for guardian ad litem

¹ The Governor's directives to DHHS, results by the end of 2007, and work to be done are discussed throughout this Report.

² 2007 also marked the Board's 25th anniversary as a State agency; the Board's history starts on page 113.

representation that were adopted by the Supreme Court. The Commission's 2006 summit led to the development of the "*Through the Eyes of the Child Initiative*." This was done in tandem with Governor Heineman's clear call to resolve cases and stop children from lingering in out-of-home care.

- County and Separate Juvenile Court Judges participated in their regional *Through the Eyes* teams on ways to move children's cases more quickly, efficiently and effectively through the court system, such as utilizing pre-hearing conferences.
- The Board's review staff continued to serve on the *Through the Eyes* teams across the state.
- Courts used the statistics the Board periodically supplied to measure progress, and used the lists of children who were in care for two years or longer that the Board supplied to assist with problem solving.

Staff appeared in court at least 947 times on cases of concern, many of which involved multiple children. The judges addressed one or more of the concerns in 70% of these cases. In some areas, the Board's staff members were an integral part of the pre-hearing conferences that served as problem-solving sessions at the beginning of a child's case.³

This unprecedented coalition went deep into the branches of state and local governments and the judiciary to include other significant participants in child welfare – County Attorneys, DHHS Administrators, Supervisors and Caseworkers, Guardians ad Litem, CASA workers, and Foster Care Review Board members.⁴

Working together to create a collaborative and problem-solving environment, much can be accomplished. Nevertheless, while many positive things occurred for children or were started for children in 2007 – due to the leadership of Governor Heineman, the Legislature, and the Judiciary – the work is not finished.

The extraordinary accomplishments that have occurred in the child welfare system during the last few years could be extended to many more children if Nebraska would:

- 1. Support case managers and limit their caseloads.**
- 2. Recruit, develop, and retain a wide array of quality placements for children.**
- 3. Create a single point of entry to mental health services; increase access to those services, especially during a crisis; build capacity across the state; address denials of services based on behaviors; and provide continual evaluations of the quality of services received.**
- 4. Provide oversight of each component of the child welfare system.**

³ A list of the Board's major activities in 2007 can be found on page 15.

⁴ Commendations can be found on page 23.

Work to be Done

Case management

Children’s caseworkers change too often. 2,252 (45.9%) of the DHHS wards in care on December 31, 2007, have had four or more different caseworkers on their cases while in out-of-home care, excluding intake workers.

Children remain in foster care too long. 1,588 (41.7%) of the 3,806 reviewed children had been in foster care for two years or more in their lifetime.

Children’s cases do not progress toward permanency as they should. In 31.4% of the 5,458 reviews in 2007, local boards found no progress .was being made towards permanency.

Placements

Some children are in unsafe or inappropriate placements. 77 of the children reviewed were in unsafe placements, and another 194 were in placements that could not meet their needs.

Children are moved between placements too often. 1,759 (34.9%) of the 5,043 children in care on December 31, 2007, have been moved to six or more foster placements over their lifetime, not including brief hospitalizations or temporary respite care

Mental health

Some children’s cases involve issues difficult to resolve, impacting every aspect of their cases. 59.6% of the children age birth through two years reviewed during 2007 had been placed in foster care due to parental substance abuse.

To access services needed for children and youth with behavioral issues, overtaxed caseworkers must interact with a cumbersome system designed to deny services. Behavioral issues often brought on by the abuse or neglect children have suffered. Children may also damaged by needing to fail lower level services in order to access the higher level services they needed to begin with, which also contributes to additional placement moves.

Oversight of all components

Children’s plan objective often is inappropriate. The Board disagreed with the plan objective in 1,651 (30.2%) of the cases reviewed in 2007.

Approximately half of the children in foster care struggle within the system, as evidenced by the children who have experienced 4 or more placements, the children who have been in foster care for 2 years or more, and the children who have experienced 4 or more caseworker changes.

45.9% of DHHS wards had 4 or more caseworkers over their lifetime

41.7% of reviewed children were in care for 2 years

31.4% of children reviewed had no progress towards permanency

77 reviewed children were found to be in an unsafe placement

34.9% of children had 6+ lifetime placements

59.6% of children age birth – two entered care due to parental substance abuse

Children must “fail up” in order to access mental health/behavior services, causing them further damage

The Board was in court 947 times, often to seek appropriate services for children

The plan objective was inappropriate in 30.2% of the cases reviewed

Half of the children struggle in the system

In summary, action still needs to be taken to ensure that:

- Children are safe while in foster care,
- Children receive quality services and placements that meet their individual needs,
- Children are safe when they leave foster care, and
- The system makes the best use of the financial and other resources available, thus most adequately serving foster children and Nebraska taxpayers.

This Report provides important benchmarks, including those listed in the chart on the previous page. They help us to gauge future progress and to recommend how to successfully address the issues remaining in the child welfare system. The following describes how the Board arrives at its recommendations.

Basis for the Board's Findings and Recommendations

The Foster Care Review Board's statutory mandate under Neb. Rev. Stat. §43-1303(2)(d) and §43-1303 (3) is to annually evaluate the data the Board collects, and to report on conditions of children in foster care. That mandate is the impetus for this Annual Report.

The analyses and recommendations are based on the collected results of the **5,458 comprehensive reviews** conducted on the cases of **3,806 children** during 2007. During the review process, staff:

- Review the DHHS case files,
- Gather pertinent information regarding the child's welfare from a variety of interested parties,
- Provide information to local board members prior to the meetings,
- Provide the means for pertinent parties to participate in the local board meetings, and
- Gather and verifies statistical information.

At the review meeting, local board members:

- Come prepared, having read the information on the children's cases,
- Make recommendations and findings on the placement, services, and plan,
- Identify the remaining barriers to achieving the permanency objective, and
- Create a comprehensive set of recommendations that is issued to all legal parties in each reviewed child's case.

Over 300 local board members from a variety of disciplines, including education, business, law, nursing, pharmacy, psychology, and child development, volunteered over 38,200 hours to review children's cases during 2007.⁵

⁵ The collective professional backgrounds of local board members can be found on page 102.

Information from the reviews is recorded on the Board's tracking system, as is basic information such as the placement and caseworker, for each child who enters or leaves foster care.

The Board's recommendations are based on the following:

- The information from the 5,458 reviews conducted in 2007.
- Information for the 9,623 children who were in out-of-home care for some or all of 2007.
- The Board's 25-year history of analyzing the Nebraska child welfare system, including the 2006 study of children age birth through five.⁶
- The findings of respected national researchers.⁷

Implementing the Board's recommended improvements to the foster care system would not only create a more humane system, it would also generate long-term fiscal savings.

Abused and neglected children create additional costs for Nebraska's taxpayers because these children:

- Are often in special education,^{8,9}
- Have an increased likelihood of current and future drug and alcohol abuse,¹⁰
- Are more likely to have mental health needs,¹¹
- Are more likely to be homeless,^{12, 13}
- Are more likely to enter the prison population,¹⁴ and,
- May perpetuate the cycle of abuse as adults when they have children of their own.¹⁵

⁶ Information on the Board's 25-year history can be found on page 113.

⁷ A more detailed description of the structure of the Board, the Board's tracking system, and the case review process starts on page 95.

⁸ "30% to 41% of children and youth in care receive special education services." Yu, 2003, quoted in Practice Notes, North Carolina Division of Social Services, September 2006.

⁹ Children placed in out-of-home care due to abuse or neglect tended to score lower than the general population on measures of cognitive capacity, language development, and academic achievement. National Survey of Child and Adolescent Well-Being, U.S. Department of Health and Human Services 2003.

¹⁰ According to report from the National Institute on Drug Abuse, as many as two-thirds of people in drug treatment programs reported being abused as children. Swan, 1998.

¹¹ Abused and neglected children have been found to be at least 25 percent more likely to experience problems such as delinquency, teen pregnancy, low academic achievement, drug use, and mental health problems. Kelley, Thornberry, & Smith, 1997.

¹² 53% of homeless youth in Minnesota had lived in foster homes. Minnesota Coalition for the Homeless, www.mnhomelesscoalition.org (Sept. 18, 2007).

¹³ Nationally, there is significant evidence that when young people "age out" of foster care, as many as 40 percent will become homeless. Aging Out: From Foster Care To Homeless Shelters? New York City Independent Budget Office.

¹⁴ Being abused or neglected as a child increased the likelihood of arrest as a juvenile by 59 percent. Study of the National Institute of Justice. Abuse and neglect increased the likelihood of adult criminal behavior by 28 percent and violent crime by 30 percent. Widom & Maxfield, 2001.

¹⁵ It is estimated that as many as one-third of abused and neglect children will eventually victimize their own children. Prevent Child Abuse New York, 2003.

While we cannot mitigate all of the horrors that abused children endured, we can do more to make foster care safer, and more stable, nurturing, and healing.

In order to do more to improve conditions for the majority of children in foster care, the Board has prioritized the following five recommendations.

Recommendation 1: Reduce caseworker changes in order to stabilize management of children's cases.

When a caseworker leaves DHHS or transfers to another position within DHHS, that worker's caseload does not go away. The caseload is divided among other caseworkers or staff, thereby causing an even greater overload situation for other staff members.

After a new caseworker completes training and assumes cases, the case may be transferred again. Each new caseworker must take time to become familiar with the case, which may have very complicated issues. Additional time is again needed to establish the trust of the child and involved families. In reality, when a caseworker leaves, a child's case often "starts over" twice – each restart causing the child to remain in foster care for a longer time without permanency.¹⁶

Some caseworker change is inevitable, however, **efforts need to be made to reduce caseworker changes. This can best be done by implementing the following recommendations:**

1. Limit the number of cases for which a caseworker is responsible.

A careful study of caseloads should be conducted to determine the reasonable maximum number of cases a caseworker can handle effectively. Limits should be put in place to ensure that the volume of cases does not overwhelm caseworkers. Additional personnel may be required to provide adequate staffing to cover unforeseen situations without adding to the burden of present staff members.

2. Add support systems and mentoring for caseworkers.

During its reviews, the Board has learned that many caseworkers feel alone and without support. Often there is no other person available with whom a caseworker can discuss strategy. This situation can lead to burnout and resignation.

3. Increase caseworker's pay based on excellent performance.

The Board acknowledges that there is a continuous and necessary effort to curtail state expenses. Being competitive and improving compensation for outstanding caseworkers is not wasteful. Quite the contrary, maintaining a

¹⁶ More information about case management can be found beginning on page 58.

career staff will create stability in case management, improve evidentiary documentation necessary for successful court outcomes, and move children to permanency more quickly, thereby continuing the recent decline in the number of children in foster care. As the 2006 study of children age birth through five shows, there are costs associated with caseworker changes – such as children spending an increased length of time in out-of-home care.

Further considerations:

Changes in caseworkers can create gaps in the evidence caseworkers provide to prosecutors, breakdowns in essential communication with parents, therapists, and other service providers, and lapses in monitoring parental compliance with case plans. As a result, children may remain in foster care longer with each change in caseworker.

2,252 (45.9%) of the 4,907 DHHS wards in foster care on December 31, 2007, had four or more caseworkers during their time in out-of-home care.

Caseload and case coordination issues are complicated by DHHS' decision to contract for placement, for transportation of children to and from visitation, for visitation supervision/monitoring, and for managed care to control access to higher-level services.

Delaware and Illinois are among the states that have found that by analyzing caseload sizes, by providing supervision and mentoring, and by limiting caseloads, caseworker changes were reduced. These states have achieved better results for children. A similar application of time and resources would be an excellent investment, not only for the children in foster care, but also for the dedicated caseworkers striving to help them.

Recommendation 2: Build a system of rigorous oversight within DHHS to ensure:

- Children are safe in their placements and while receiving services.
- Safety issues are effectively dealt with, and consequences for failure to assure children's protection are proportionate.
- Children receive quality services and placements that meet their individual needs.
- The system is structured to not be dependent on any particular contractor, so that poor performance and/or safety concerns can effectively be addressed.
- Contractor performance issues are considered prior to letting any new contracts with a particular agency.
- Financial and other resources are used in the most responsible and effective manner.

Provide sufficient oversight of contractor performance, especially for those contractors which currently:

1. Supervise/monitor court-ordered visitation between parents and children.

- 2. Transport children to those visitations and/or to other providers of services for families.**
- 3. Provide children's placements, whether agency-based foster family homes or group homes.**
- 4. Provide mental health or behavioral services.** ¹⁷

The Board's primary concern is for the safety of children in foster care. Because a number of safety issues have been identified with contracted placements and services, the Board recommends oversight of contracts for clarity of expectations, evaluation of accountability, and consequences for non-compliance.

For example, a safety issue was identified when a contractor's employee was charged with driving under the influence while transporting a state ward. The contract should stipulate that DHHS, rather than the contractor, should investigate and act upon this serious safety issue to avoid a conflict of interest and ensure that action is taken.

Numerous other serious safety issues have also been identified. These are described in the section of this Report devoted to contract issues.¹⁸

Closely related to safety is the expectation that state wards receive needed services, and that those services be of sufficient quality to meet the children's individual best interests.

How the contract system has been implemented often results children's best interests not being met due to a disconnect in the communication of vital information between DHHS and its contractors, and vice-versa. This also negatively affects the validity and completeness of the information used by DHHS and the courts to determine case direction and the child's future.

The ability of the courts to achieve appropriate permanency for children under their jurisdiction is only as good as the information reported to the court by the professionals and service providers in the case. This information constitutes the "evidence" the court uses as a basis for its orders and for shaping the direction in which the case proceeds. Communication gaps in the current system can result in the omission of evidentiary documentation crucial to the judge presiding over the child's case.

Contract language must be clear in spelling out precisely who is responsible for what, including oversight and service provision. If subcontracting is allowed, those contracts also need to specify this information. Contracts should clarify who is in charge of the case, and how information is to be reported to the caseworker and incorporated into the child's case plan. Lack of clarity can create situations where vital services may not be performed or are substandard, necessary information may not be communicated between all the parties involved, and safety issues may not be addressed.

¹⁷ More information about mental health issues can be found starting on page 67.

¹⁸ Contract issues are discussed starting on page 78.

Addressing contract issues is important. These issues impact the safety and the quality of children's lives while in foster care, after leaving foster care, and later as adults.

The currently system of reliance on contractors, with so many individuals involved, can lead to significant waste of precious time and resources, delaying a child's move to permanency, and resulting in higher costs to Nebraska taxpayers.

To help eliminate confusion and financial waste, contract oversight should:

- 1. Evaluate all contracts for precise, clearly stated expectations, including consequences for non-compliance.**
- 2. Specify basic qualifications required of contractor employees, including thorough background checks to be conducted at regularly defined intervals.**
- 3. Provide a clear reporting mechanism required of each contractor, as well as a clear method by which DHHS can verify that services have been performed satisfactorily prior to issuing payment for such services**
- 4. Assure that DHHS has specific qualified and trained individuals in position to monitor contractor compliance on a regular basis, in order to fulfill its responsibilities to the children placed in its legal custody.**

In every case, there should be an assessment indicating why each service is necessary. That finding must be communicated to all parties. For example, if supervised visitation is necessary, there should be an assessment that clearly delineates the purpose of the supervision (e.g., to ensure that the parent's anger is under control). Visitation reports should then center on that purpose (e.g., the reports should specify if the parent needed redirection when frustrated with the child or if the visitation had to be suspended because the parent was about to strike the child).

Further considerations:

From reviews, from visits to foster case facilities, from the federally required contacts with foster parents and placements during the review process, and from testimony by participants in the review process, the Board is aware of concerns about visitation supervising/monitoring and transportation.

Foster parents report that it is often unclear when the driver will arrive and return. They comment about the number of different drivers transporting their foster child, and the lack of uniform driver identification. Foster parents have expressed fear and concern for the safety of the child placed in their care, not knowing who is driving the child, who will be monitoring/supervising the visitation, and when the child will return. The foster parent is often left to deal with a distraught child, confused by the whole process. Sadly, there are some instances when a child has been injured while being driven to a visitation. Visitation notes, which provide valuable evidence for the courts, are missing in far too many children's files.

From reviews, the Board has found that safety concerns regarding agency-based placements are frequently not addressed promptly, nor in an appropriate manner.¹⁹ Children have been seriously injured and neglected in some contractor placements. Patterns of concern with certain contractors are not being considered when renewing contracts, or letting new contracts. There appear to be few consequences for contractors who allow children to be hurt, or who provide substandard care in their foster homes and facilities.

From reviews, the Board has found that oversight is also lacking in state run facilities and traditional foster placements.

Recommendation 3: Create a single point of entry to mental health services; increase access to those services, especially during a crisis; build capacity across the state; address denials of services based on behaviors; and provide continual evaluations of the quality of services received.

When a child is removed from the family home, he or she is often not clear as to why this bond has been interrupted or broken, and why he or she is placed in the care of strangers. This disruption is especially harmful for younger children, layering additional levels of confusion and anger on top of the trauma of initially experiencing abuse and/or neglect in the toxic home environment. What happens to a child in this series of circumstances?

First, the child, sensing that all these changes are beyond his or her control, begins to act out, begins to display behavioral and discipline problems. Why? Children feeling powerless over their circumstances will sometimes rebel against foster parents, care giver, teacher, therapist, etc. – any authority – as if to say, “I am not in control of my life, you are not going to have control either.”

In reality, behavioral issues can easily be an anticipated consequence of a child’s abuse and neglect, and/or removal from his or her home and family. Other children enter the system with behavioral issues that may stem from a variety of causes, some of which are exacerbated by the placement process itself.

Much of the treatment for children with mental health needs is paid for through a managed care contractor, such as Magellan, as a means to control the costs of treatment and psychiatric placements. The Board has identified the following issues with current managed care:

- Some children are required to go through a process of placements involving unnecessary repeated failure in lower levels of care before Magellan will approve

¹⁹ The Board is required under Neb. Rev. Stat. §43-1308(1)(b) to make a finding at each review of whether the placement is safe and appropriate.

the higher-level treatment placement that was originally recommended by a professional after assessing the child's needs.

- Children's behavioral disorders do not routinely receive treatment because they are not deemed by Magellan to meet the criteria for "medically necessary" services that it requires before it will pay for services (11.5% of children who entered care due to their behaviors did not have services in place). Additionally, there appears to be no alternative source of payment for these much-needed services. While child welfare funds could be used for such services, that is not the routine practice. Consequently, many children are denied the appropriate services to meet their behavioral problems.
- "Medically necessary" appears to be a term used to enable managed care providers to deny treatment for children based upon financial grounds alone.
- Some children are prematurely moved from treatment placements based on whether the managed care contractor will continue to approve payments, rather than based on the children's needs.

Children who need mental health services fall into four groups:

1) Children who enter foster care because they already have existing mental health issues.

739 (19.4%) of the 3,086 children reviewed in 2007 entered care due to their own behaviors. These children need mental health or therapeutic placements, reliable visitation monitoring, and therapeutic respite care. The contract with Magellan should be examined so that behavioral health issues are covered and the appeals process is made more manageable.

2) Children who experience abuse or neglect in their homes and need help recovering.

339 (8.9%) of the 3,086 children reviewed in 2007 had been abandoned. 59.6% of the 334 children reviewed who were under age two entered care due to parental substance abuse. Access is needed to substance abuse, domestic violence, and mental health treatment for the parents. Continued reform is needed for the system, with assurance that all children in out-of-home care receive needed treatments and services.

3) Children who experience trauma in the child welfare system, due to multiple placements or abuse from other children or care givers.

More placements are needed, as well as greater oversight of those placements. Caseloads need to be addressed to give caseworkers more time to help these children in out-of-home care cope with the changes in their lives.

4) Children who had been in foster care and were adopted or placed into guardianship.

The majority of children adopted may need mental health services, especially in the years of adolescence. Access to post-adoptive services needs to be made readily available.

Too many children in foster care are not receiving recommended behavioral disorder or mental health treatment. This situation will, predictably, result in troubled adults later in life. The Board recommends a more humane approach to mental health, including statewide development and support of community mental health centers, and better support following adoption of children from out-of-home care.

Recommendation 4: Recruit and develop stable placements for children to assure that children are not further traumatized by moving from one caregiver to another.

Most would agree that disrupting a child’s home environment, taking that child from one set of caregivers and placing him or her with another, is harmful to the child. Children experiencing four or more placements are likely to be permanently damaged by the instability and trauma of broken attachments.²⁰

The Board recommends these specific steps be taken to assure stable placements with a caring and safe environment for the child:

- 1. Recruit more qualified placements**
- 2. Develop these placements with increased levels of monitoring and support.**
- 3. Place young children (birth to age five) with foster families who are willing to adopt.**
- 4. Identify appropriate kinship placement at the time of the child’s placement in care.**

Further considerations:

The Board finds that the lack of appropriate placements results in children being placed where beds are available, rather than where the children’s needs may best be met. Overcrowding can make it difficult for the foster parent(s) to provide each child with the care needed to heal from their past abuse or neglect experiences.

51.7% of the children in foster care on December 31, 2007, experienced four or more placement changes.

- 847 children (17.0%) had 4-5 placement changes.
- 1,007 children (20.0%) had 6-10 placement changes.
- 752 children (14.9%) had 11 or more placement changes.

The American Academy of Pediatrics, in a November 2000 policy statement affirmed, “children need continuity, consistency, and predictability from their caregiver. Multiple foster home placements can be injurious.”

As a result of a 2004 study, the Children’s Hospital in Philadelphia reported, “Multiple placements...increased the predicted probability of high mental health service use.”

²⁰ More information about placement issues can be found beginning on page 50..

Recommendation 5: Expedite permanency for children by utilizing provisions for prosecutors to obtain the necessary findings from the court in those cases where reasonable efforts to preserve and reunify the family are not required by law.

The phrase “aggravated circumstances” has been judicially interpreted to mean that the nature of the abuse or neglect is so severe or so repetitive (e.g., involvement in the murder of a sibling, parental rights to a sibling have been involuntarily terminated for a similar condition, felonious assault of the child or a sibling, some forms of sexual abuse, etc.) that reunification with the child’s parents jeopardizes and compromises the child’s safety and well-being.

In cases where the parent has subjected a juvenile to “aggravated circumstances,” prosecutors (county attorneys) can request a finding from the court that will excuse the State from its duty to make reasonable efforts to preserve and unify the family.²¹

About 25% of the cases involve the type of parental behaviors that could provide a basis for a court to find an exception.

This provision was put into the law so that children do not unnecessarily linger in foster care while efforts are made to rehabilitate parents whose past actions have indicated will likely never be able to safely parent their children. When the court grants an exception, the prosecutor can begin the termination of parental rights trial, and DHHS can create a plan of adoption or guardianship, thus shortening a child’s length of time in care. This finding does not circumvent the parent’s due process rights, and a termination of parental rights trial is still necessary before the children can be placed for adoption.

The Board recommends that all involved in children’s cases, especially caseworkers and supervisors, recognize and advocate for appropriate action in these cases.

²¹ More information about “aggravated circumstances” can be found beginning on page 74, and in the table on page 190.

Additional Recommendations to Consider:

In addition to the top three recommendations above, local boards have identified other key recommendations, which include:

- Improving GAL Representation. (see page 62)
- Expediting permanency and using permanency hearings effectively. (see page 75)
- Focusing on the special developmental needs of young children, with the goal of making permanency decisions within 15 months of the child coming into foster care. (see page 64)
- Addressing the best interests of older children, including access to mental health and behavioral services. (see page 67)
- Addressing case planning issues. (see page 72)
- Improving the front-end of the system by improving access to prevention services, by addressing concerns regarding response to child abuse reports, and by expanding the use of pre-hearing conferences. (see page 43)
- Addressing foster children's educational issues. (see page 83)
- Holding perpetrators accountable through the criminal process. (see page 87)
- Funding positions the Board lost in the budget cuts. (see page 91)

The Board estimates that the number of children in foster care could be significantly reduced, if Nebraska would also:

1. Increase prevention efforts by creating a statewide system of services to assist families and prevent removal of some children.
 - Vermont and Hawaii have reduced the number of children in foster care by 20-30 percent or more by implementing prevention measures.²²
2. Put cases on a fast track to permanency when parents cannot or will not safely parent their children.
 - Washington State has achieved success by working on the front-end of the system. This included intensive family assessments and moving children who suffered severe abuse onto a fast track for permanency.²³
 - Missouri requires placement with relatives whenever a child is placed in foster care and a court has ruled that relative placement is not contrary to the child's welfare. Relative providers complete nine hours of agency-approved training. They must also pass a comprehensive background check. Missouri identifies relatives early, and supports relative placements.²⁴

²² See Prevent Child Abuse Vermont at www.pcatvt.org or Hawaii Healthy Start Program for more details.

²³ From <http://aspe.hhs.gov/hsp/protective01/index.htm>. National Study of Child Protective Service Systems and Reform. March 2001.

²⁴ From www.abanet.org.

Foster Care Review Board Major Activities During 2007

I. Tracking Children

Pursuant to Neb. Rev. Stat. §43-1303 (1), §43-1303 (2) (d), §43-1303 (2) (e), and §43-1314.01, the Board:

- A. Tracked 9,623 children who were in foster care during 2007 as reported to the Board by DHHS, the Courts, and private agencies. This was done in spite of undergoing a major change in the computer system used for tracking purposes.
- B. Assigned 7,745 children for review by citizen review boards across the state, including alternates.
- C. Provided statistical and other information to researchers, grant seekers, governmental officials, the judiciary as specified by the Chief Justice, the Through the Eyes of the Child teams, and child advocates, and provided the statistical information used throughout this Report.

II. Reviewing Cases

Pursuant to Neb. Rev. Stat. §43-1308, and §43-1314.01, the Board:

- A. Completed 5,458 reviews on 3,806 children.

Reviewing a child's case includes:

- The Foster Care Review Board staff reviews DHHS case files, gathers additional pertinent information regarding the child's welfare, provides information to local board members prior to local board meetings, and provides the means for pertinent parties to participate in the local board meetings.
- Local board members make recommendations and findings on the placement, services and plan, and identify barriers to achieving the permanency objective. A comprehensive recommendation report is issued to all legal parties to the child's cases.
- Conducted follow-up, such as:
 - Contacting DHHS case managers, supervisors, legal staff, adoption workers, or administration as well as guardians ad litem, investigators, or prosecutors on behalf of an individual child's case,
 - Arranging case status meetings between the legal parties to the case on behalf of a child or children to address the case concerns,
 - Arranging and participate in the Governor Case Reviews,
 - Notifying County Attorneys, requesting termination of parental rights,
 - Working with guardians ad litem on case concerns,
 - Bringing cases to LB 1184 meetings to facilitate meeting the child's needs through discussion of the case with the legal parties,

- Working to monitor, assure safety and appropriateness, and address concerns regarding children's placements through citizen review, tours of child caring facilities, and/or child specific facility visits.
- B. Issued 38,206 case specific reports with recommendations to the courts, agencies, attorneys, guardians ad litem, county attorneys, and other legal parties.
- C. Facilitated local board members volunteering over 38,200 hours of service.

III. Visiting Foster Care Facilities

Pursuant to Neb. Rev. Stat. §43-1303 (3), §43-1308 (b), and §43-1302 (2), the Board:

- A. Visited group homes, shelters, and detention facilities to assure that the individual physical, psychological, and sociological needs of the children are being met.
- B. Conducted 122 visits under Project Permanency, where trained local board members visit the foster homes of children, primarily birth to age five, to assure safety and to provide additional information to the foster parents on behaviors common to young children in foster care.
- C. Secured funding for Project Permanency from a number of corporate and public donations. Used this funding for educational programs on bonding and attachment, for the informational books given to foster parents, for a gesture of appreciation for the foster parents, and for the backpacks, blankets, and toys given to the children.

IV. Appearing in Court, Legal Standing

Pursuant to Neb. Rev. Stat. §43-1313, §43-1308(2), and §43-1308(b), the Board:

- A. Appeared in court at least 947 times during 2007, many of these cases involving multiple children.
- B. Issued 38,206 case specific reports with recommendations to the courts, DHHS, attorneys, guardians ad litem, county attorneys, and other legal parties.
- C. Participated in the Through the Eyes of a Child initiative, working in cooperation with courts and other legal parties.

V. Responding to Lawsuits and Inquiries from the Ombudsman

- A. Responded to the lawsuit filed against the Foster Care Review Board by OMNI Behavioral Health. OMNI sought a ruling from the Court to prevent the Board from fulfilling its Legislative mandate to review children's files, to report to law enforcement, the judiciary, and any state or federal monetary funding payers, including state senators, any issues found with contractor's facilities, and to visit foster care facilities.

The Court dismissed the OMNI lawsuit in its entirety prior to trial. In its order dismissing the case, the Court concluded that the plaintiffs' lawsuit in

actuality constituted a *direct challenge* to the purpose and duties of the Foster Care Review Board; and a *direct challenge* to the ability of the courts to insure that children under their jurisdiction are receiving appropriate care and services as several juvenile court judges have ordered that children's placements be available for and cooperate with announced as well as unannounced visits by the case manager, guardian ad litem, CASA, and the Foster Care Review Board.

- B. Responded to inquiries made by the Ombudsman's office on behalf of a disgruntled employee.

VI. Promoting Stability, Continuity and Safety of Children in Foster Placements

Pursuant to Neb. Rev. Stat. §43-1308 (d), and §28-711, the Board:

- A. Met with Governor Heineman to brief him on several concerns in the child welfare system, including the need to reduce caseworker changes, delays in permanency, the length of time children spend in foster care, and the need for more placements, and to advise him of recent progress.
- B. Met with Senators to brief them on child welfare issues.
- C. Worked with the Chief Justice, and provided lists of children in care for two years or more to judges with juvenile court jurisdiction.
- D. Conducted visits to foster care facilities. (see III above)

VII. Promoting Children's Best Interests By Working With the Following Individuals and Entities

Pursuant to Neb. Rev. Stat. §43-1308 (d), §43-1314.01, and §43-1303:

A. The Governor and DHHS

1. Participated in regular meetings between the Board's Executive Director, the DHHS Director, and the DHHS Administrator for Protection and Safety.
2. Participated in monthly staffings on cases of concern. This included the Board's State Board Chairperson, the Executive Director, the Program Coordinator, Supervisors, and Staff, as well as administrators and staff from DHHS.
3. Discussed problems identified with private contracts for transportation of children and supervision of visitation between parents and children.
4. Flagged cases of significant concern for the DHHS Director's attention.
5. Worked to address systemic issues that affect permanency and safety for children.
6. Encouraged increased DHHS participation in reviews.

B. Members of the Legislature

1. Provided information on Nebraska's foster care system to Senators.
2. Continued to respond immediately to case concerns brought forward by State Senators on behalf of constituents, and to adjust the scheduling of these cases for review.

C. The Attorney General

1. Met with the Attorney General to discuss child protection issues.
2. Referred cases of concern to the special unit of the Attorney General's office.

D. Members of the Judiciary

1. Met with Chief Justice Heavican to discuss court-related issues.
2. After years of communicating concerns regarding guardian ad litem representation, and following the Board's request that a commission be put in place to address court issues for children in foster care, in 2006 Chief Justice Hendry nominated the Nebraska Supreme Court's Commission on children, as well as the subcommittee that addressed guidelines and standards for the representation of state wards. The Board's Director served on the Commission and on the subcommittee. In 2007, the Supreme Court adopted the guidelines recommended by the subcommittee.
3. Participated in the Through the Eyes of a Child Initiative, with representatives on every team. In some areas, per judicial request, staff served on pre-hearing conferences.
4. Provided statistics on request to Juvenile Court judges prior to and after the Through the Eyes of a Child Initiative was announced. After the initiative, provided statistics to all Juvenile Court and Separate Juvenile Court Judges on the children in foster care they serve, and on the children from each county.
5. Worked with the JUSTICE computer system (the court's record keeping system) to gain additional information on dates of court reviews.

E. Other Efforts to Promote Best Interests

1. Advocated for children through team meetings, meetings with legal parties, special correspondence, and similar efforts.
2. Several review specialists and supervisors met regularly with their individual area's "1184 teams" (child abuse treatment teams).
3. Sponsored educational events on bonding and attachment, multi-cultural issues, termination of parental rights, and legal issues for local board members and members of the child welfare system.

4. Staff and local board members made numerous presentations about the Board and about the status of children in foster care, to focus groups, community organizations, service clubs, college classes, and foster parent training classes.

Foster Care Review Board Actions in 2007 on Previously Identified Issues

The Foster Care Review Board's top recommendations in the last (2006) annual report were:

1. Reduce caseworker changes in order to stabilize management of children's cases. Fund additional DHHS caseworkers and case aides.
2. Recruit and develop stable placements for children so that children are not further traumatized by moving from one caregiver to another.
3. Build a system within DHHS to assure the delivery of safe, quality services to children, where contractors are utilized, and to provide for sufficient oversight of contractor performance, especially for those contractors which:
 - a. Supervise/monitor court-ordered visitation between parents and children.
 - b. Transport children to those visitations and/or to other providers of services for families.
 - c. Provide children's placements, whether agency-based foster family homes or group homes.
4. Urge active involvement at all levels to achieve the goals established by the Nebraska Supreme Court's initiative, Through the Eyes of the Child.
5. Strengthen the front end of the child welfare system through the use of pre-hearing conferences.
6. Assure that decisions that are critical to the child's permanency are made at the court's mandatory 12-month permanency hearings.
7. Increase accountability for guardians ad litem to assure that they are providing involved, informed representation and effective advocacy for children.

The following were some of the actions taken to address these issues:

To inform the Legislature and the public:

1. The Board held a press conference to describe the major issues and the Board's recommendations for change.
2. The Board's Executive Director met with senators to discuss the issues and proposed solutions.

Regarding the number of caseworker changes:

1. The Board provided DHHS statistical measures on the number of caseworker changes children experienced children experienced to serve as benchmarks and to track progress/lack thereof.
2. The Board's staff appeared in court at least 947 times during 2007. In some of these cases, the Board's staff person was able to provide information that new or vacancy caseworkers did not have ready access to.
3. The Board's Executive Director met with the DHHS Director of the Children and Family Services to discuss stabilizing children's cases.

4. The Board's Executive Director met with DHHS administrators and supervisors to discuss children's cases.
5. The Board's Executive Director met with Governor Heineman to brief him on the issue.
6. The Board began listing the number of caseworkers the children had experienced on the front cover of the recommendation document completed after each review to continue to bring attention to this matter.

Regarding the number of placement changes:

1. For each of the 5,458 reviews conducted in 2007, the Board listed the number of lifetime placements each reviewed child had experienced on the front cover of the recommendation document distributed to the legal parties to the case (caseworker, caseworker supervisors, guardian ad litem, parole/probation officers, etc.) after each review to further highlight the need for stability.
2. Concerns regarding placement stability were also listed in the recommendation report under top concerns, if appropriate, and in the section on the safety and appropriateness of the children's placement.
3. The Board provided DHHS statistical measures on the number of placements children experienced to serve as benchmarks and to track progress/lack thereof. Similar information was provided to the judiciary.
4. The Board conducted 122 visits to foster homes to assure safety and to provide additional information on behaviors common to young children in foster care.
5. Appeared in court at least 947 times during 2007. Some of these cases involved placement appropriateness and stability.
6. The Board provided educational events on bonding and attachment, and the need for placement stability.
7. The Board's Executive Director met with the DHHS Director of the Children and Family Services to discuss stabilizing children's cases.
8. The Board's Executive Director met with DHHS administrators and supervisors to discuss children's cases.
9. The Board's Executive Director met with Governor Heineman to brief him on the issue.
10. The Board's staff and volunteers made presentations on the need for additional foster parents and foster parent supports to community organizations, service clubs, faith-based groups, and others.

Regarding contracted services:

1. The Board's Executive Director met with the DHHS Director of the Children and Family Services to discuss various contract issues, including those disclosed from the 2006 study of children age birth through five, so those concerns could be considered in planning.
2. The Board provided members of the Legislature information on contract deficits.

3. The Board discussed concerns with transportation with senators, who requested a performance audit.
4. The Board's staff began compiling information on transportation deficits that was provided in early 2008 to the Legislative Auditors in charge of the Audit on Transportation.

Regarding pre-hearing conferences:

1. The Board's review staff served on Through the Eyes of the Child teams, where the effective use of pre-hearing conferences was discussed with judges, county attorneys, guardians ad litem, caseworkers, and others involved in the child welfare system.

Regarding 12-month hearings:

1. Review timing was coordinated with 12-month hearings so that the courts could act upon the Board's information and suggestions for permanency.
2. The Board's review staff served on Through the Eyes of the Child teams, where the effective use of 12 month permanency hearings was discussed with judges, county attorneys, guardians ad litem, caseworkers, and others involved in the child welfare system.

Regarding guardian ad litem (GAL) representation:

1. The Board's Executive Director and several members of management met with Chief Justice Heavican to describe the issue.
2. The Board's Executive Director was a member of the Supreme Court's Commission on Children, which developed GAL guidelines that were approved by the Supreme Court.
3. If the Board finds that there is an issue with a GAL's representation, the Board describes the issue in the top concerns section of the recommendation report. The Supreme Court has encouraged judges to act on concerns identified by the Board.

With this introduction, the Board wishes to make the following commendations.

2007 Commendations

The Foster Care Review Board would like to acknowledge the achievements and efforts of the following individuals and agencies:

Governor Dave Heineman is again commended for utilizing his results-oriented leadership to improve the lives of children in foster care. Recognizing that one of the barriers to positive outcomes for children was that the lines of accountability within the DHHS system were unclear; the Governor put into motion his plan to reorganize DHHS. This was passed by the Legislature, and signed into law during 2007. The reorganization has focused energy on addressing the needs of children and families in Nebraska.

The Governor sustained his efforts to promote a culture of collaboration and problem solving within DHHS. The time, energy, and resources that Governor Heineman invested in these efforts has resulted in a second year in which we see a reduction in the number of children in foster, more attention to the needs of the individual children, and more collaboration towards addressing some of the multi-faceted issues that face the child welfare system. The impact of the Governor's work cannot be overstated.

Chief Justice Mike Heavican is commended for his continuation of the *Through The Eyes of the Child* Initiative, for his continuation of the Nebraska Supreme Court Commission on Children in the Courts, and for continuing to work with judges with juvenile court jurisdiction on ways to improve the court processes and improve outcomes for children. The Commission has reviewed and made substantive practice recommendations regarding guardian ad litem representation that have been adopted as Supreme Court guidelines for GAL representation.

Juvenile and County Court Judges are commended for their leadership in the *Through the Eyes of the Child* teams, for their responsiveness to the issues identified by the Board, and for their actions to monitor and, when necessary, expedite case progression as a means of helping to achieve permanency for children in a timely manner.

Judge Everett Inbody and Judge Douglas Johnson are commended for their co-chairmanship and leadership in the Supreme Court's Commission on Children in the Courts, which reviewed and made substantive practice recommendations regarding guardian ad litem representation. The Court adopted the guidelines, and they serve as important benchmarks to assessing the quality of children's legal representation.

Judge Lawrence Gendler is commended for his work coordinating the *Through the Eyes of the Child* teams. Kelli Hauptman and Dr. Vicki Weisz are commended for their work with the teams.

Other judges commended include **Judge Philip Martin and Judge Robert Ide**, who are commended for their active involvement in developing a Family Drug Court for

Central Nebraska. **Judge Michael Offner** is commended for his active involvement in adoption day. Judge Ide and Judge Offner are commended for taking time on the record to review progress and concerns of their cases. **Judge Patrick McDermott** and **Judge Douglas Luebe** are commended for jointly authoring an article on aggravated circumstances for a fact sheet the Board will be distributing to a number of parties within the child welfare system.

Health and Human Services CEO Christine Peterson is commended for facilitating the restructuring of DHHS, and for her leadership in assuring that the needs of children and families are recognized.

Todd Landry, the Director of the Division of Children and Family Services within the Department of Health and Human Services, is commended for his enabling collaboration and problem-solving while maintaining focus on meeting children's best interests. Mr. Landry was appointed to his position in 2007, and brought a fresh perspective to his organization. He has improved communication with DHHS administrators, supervisors, and caseworkers, and he had assisted in addressing case issues.

Health and Human Services Caseworkers and Supervisors are commended for the increased number of children with complete written plans, for completing a high number of adoptions, for the increased number of permanency objectives the Board could find in the child's best interests, for maintaining and expanding the high rate of caseworker contact with the children, and for their service to children in foster care and their families. The DHHS Central Area is commended for their implementation of a Permanency Supervisor to expedite permanency for foster children.

Members of the Legislature are commended for creating the Division of Children and Families within the Department of Health and Human Services, and for passing the resolution resulting in the Health and Human Services Committee conducting a study on issues with the contracted transportation of children in foster care.

Foster Care Review Board Volunteers who serve on local boards are commended for their time, care, concern and commitment to Nebraska's children in foster care. These volunteers from across the state donated over 38,200 hours reviewing children's cases in 2007.

Foster Parents and Placements are commended for showing their concern and dedication by providing children the nurturing care and attention they need to overcome their past traumas.

Attorney General Jon Bruning is commended for his leadership and focus on children's issues, and his continued support of the special unit in his office that prosecutes crimes against children. In particular we commend the work of Randy Stoll, who heads the special unit. Mr. Bruning is also commended for his work on the

methamphetamine issue, and bringing training for officers involved in the removal of children from “meth” homes.

County Attorneys are commended for their many efforts to assure that Nebraska’s children are safe. In particular we commend the work of Alicia Henderson, Jenna Venema, Jeremy Levene, Joseph Dalton, Barb Armstead, and Shellie Sabata. Also commended are Robert Cashoili, Jennifer Chrystal-Clark, Susanne Haas, Rebecca Harling, Kristin Huber, Sandra Markley, Carrie Strovers, Eric Strovers, and Amy Schuchman.

Don Kleine and Nicole Goale of Douglas County, and Gary Lacey and Alicia Henderson of Lancaster County, are commended for prioritizing cases involving serious abuse and requesting hearings to expedite permanency.

Guardians ad litem who do an outstanding job of advocating for their clients are commended. In particular we commend the work of Becky Abel-Brown, Dorothy Benton, Claude Berrickman, Jr., Jami Birkel, Christina Boydston, Lynette Boyle, Jane Burke, Michael Burns, Patrick Campagna, Chris Costantakos, Rachel Daugherty, Ann Ebsen, Stephanie Flodman, Leta Fornoff, Paula Fritz, Jim Gallant, Nancy Garralts, Stacie Goding, Robert Goodwin, Steve Guezel, Kelly Henry-Turner, Tom Incontro, Monica Kruger, Dave Lepant, Laura Lowe, Jacqueline Madar-Campbell, Jason Meilak, John Milligan, Rex Moats, Candice Novak, Larry Ohs, Jason Ossian, Kathleen Rockey, Richard Seckman, John Sellars, Joy Shiffermiller, Scot Sidwell, Roberta Stick, Mariclare Thomas, Bobie Touchstone, William Tringe, Rebecca Tvrdik, Dave Uher, Jeffery Wagner, Karin Walton, Steve Williams, and Jeff Wirth.

CASA Volunteers are commended for their time and dedication to the individual children and families they serve and for participating in local board meetings.

Professor Ann Coyne is commended for freely giving many hours of consultation advice on how best to collect statistical data on changing conditions in the child welfare system, and for developing education programs and research on issues concerning children in foster care.

Local Foster Care Review Board members who conduct facility visits are commended for their contributions, including bringing educational materials to foster parents, providing them with a small “thank-you” for their service, and/or providing toys, blankets, and backpacks for the children.

Project Permanency Monetary and In-Kind Contributors are commended – particularly Project Linus, and Center for People in Need – for making it possible to provide the backpacks, blankets, and other materials.

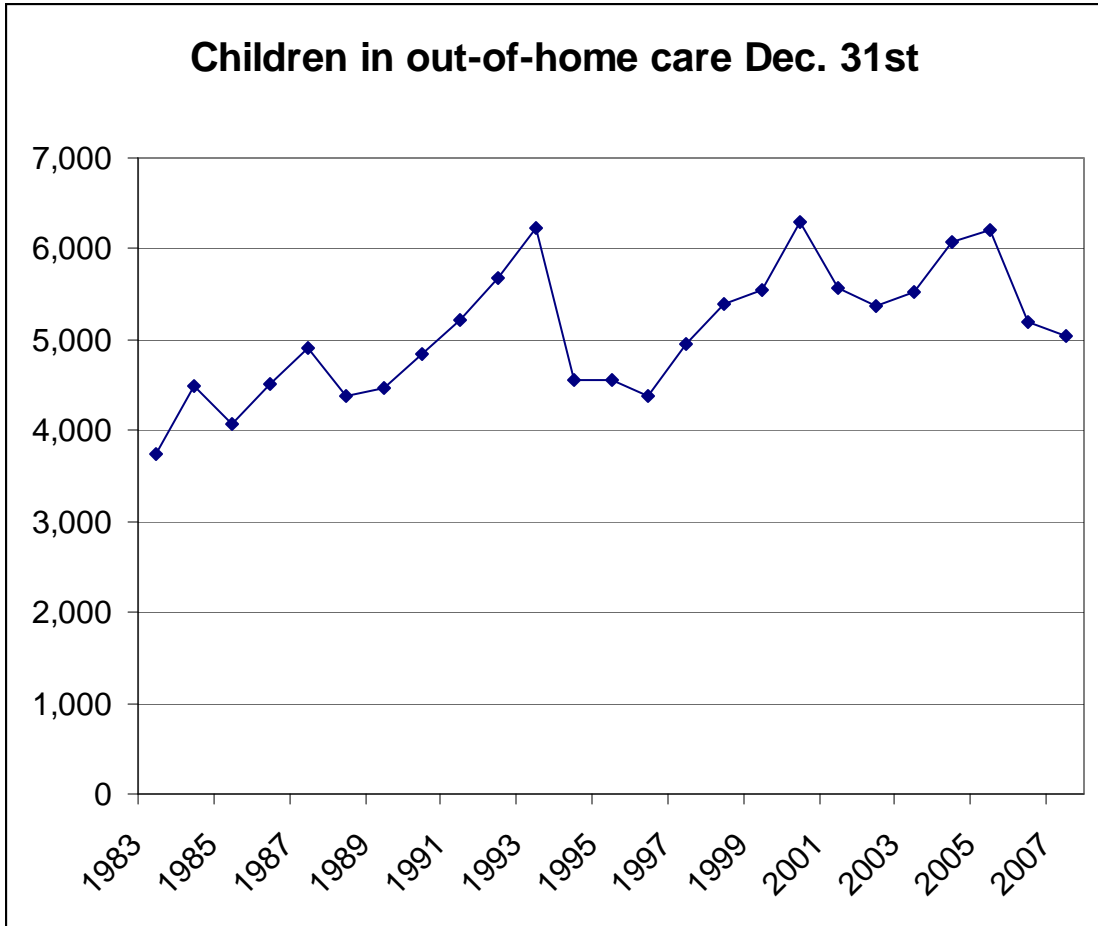
Child Advocacy Centers are commended for their dedication to easing the trauma experienced by children during the investigation and interview of child abuse, neglect, and sexual abuse.

The Nebraska Foster and Adoptive Parents Association (NFAPA) is commended for its mentoring and educational programs, and for distributing information through an excellent newsletter and website.

Voices for Children is commended for issuing the Kids Count Report and for its many efforts to improve the economic, health care, and well-being of all Nebraska children.

Adoption Day Organizers, Volunteers and Contributors in Omaha, Lincoln, and Hastings are commended for making Adoption Day in Nebraska a very special day for Nebraska's children in foster care by providing gifts, food, and fun for participants.

General Questions About Foster Care



General Questions About Foster Care

How many children are in foster care?

While the Board applauds recent efforts to decrease the number of children in foster care, Nebraska continues to have one of the highest per capita ratios of children in foster care with 9,623 children in foster care for one or more days during 2007.²⁵

On December 31, 2007, there were 5,043 children in foster care.²⁶

How do children come into foster care?

The following is a simplified version of the steps in a child's case.

1. A medical professional, educator, neighbor, family member, or other person makes a report of child abuse or neglect. This call can go to law enforcement or to DHHS-CPS. Reports of abuse or neglect received by law enforcement or DHHS are to be cross-reported to each other.
2. A decision is made whether or not to investigate the report.
3. Either law enforcement or CPS may be involved in the investigation; however, only law enforcement may remove a child from his/her parent's custody unless a petition is requested or DHHS already has custody.
4. The County Attorney files a petition with the court detailing the allegations. The Court makes a ruling whether the evidence supports the court's jurisdiction over the child and the parents, and whether the child shall be placed out of the home.
5. DHHS develops the permanency plan for the child and presents it to the court. If there are no objections to the permanency plan, it is court ordered.
6. DHHS provides services to children and their families as specified in the court ordered permanency plan.
7. Court hearings are held at predetermined intervals as required by law.²⁷
8. If the evidence shows parental compliance with the goals of the permanency plan, then reunification may continue to be pursued as a goal, and the child returned to the parents.
9. If there is no compliance, or compliance is substantially inadequate, either the state or the child's guardian ad litem may file a petition with the court requesting that the parent's rights be terminated. The court decides this issue at a hearing at which the parents, their lawyers, the child's guardian ad litem, and the county attorney are present. If the Court terminates rights, and if no appeal is taken, or if

²⁵ Rates of Children in Out-of-Home Care on the Last Day of Federal Year, 2004. http://ndas.cwla.org/data_stats.

²⁶ Statistics are from the Board's tracking system unless otherwise noted.

²⁷ See page 195 for a description of the juvenile court process.

the appeal is denied, then the child may be placed for adoption. Adoption is finalized by a ruling by the Court.

Breakdowns at any stage of this process impede the child’s immediate safety, and the ability to achieve a safe, permanent living arrangement for the child in a timely manner.

Children can also be placed in out of home care due to their unlawful behavior or mental health needs. In these cases, the parents are not ordered by the Court to participate in services.

Why are children removed from their homes?

The following summary table demonstrates why children reviewed during 2007 were removed from their homes of origin. During the reviews, one to ten reasons for entering foster care may be identified for each child. Many children enter care due to multiple issues. For example a child could enter care due to physical abuse, neglect, and parental substance abuse.²⁸

Percent of Children Reviewed	Condition	Important Facts
63.5%	Neglect	<p>Neglect has serious consequences. Nationally, almost as many children die each year from neglect as from physical abuse.²⁹</p> <p>If a child has not been provided for physically, medically, and/or emotionally, it is considered neglect. Neglect can include the denial of critical care, failure to provide basic and necessary medical care and hygiene, failure to supervise children enough to keep them safe, engaging in criminal activity in front of the child, abandonment, and related inattention to the child’s needs. Parental substance abuse, depression, poverty, and/or other mental health issues often contribute to neglect.</p>
44.2%	Parental substance abuse	<p>Parental substance abuse is likely seriously under-reported as a reason for removal as it is often the root of the above problems but may not be recognized upon removal (e.g., the child comes into care due to physical abuse, but the physical abuse happened during a substance abuse episode).</p> <p>In recent years, the methamphetamine epidemic has substantially increased the number of young children in foster care who come from families highly resistant to change. 40.7% of the children under age two reviewed in 2007 had parental methamphetamine abuse as a factor in their case.</p>

²⁸ See Table 5 on page 157 for more details on reasons children entered care and Table 22 on page 188 for more details about parental substance abuse.

²⁹ National Clearinghouse on Child Abuse and Neglect, www.calib.com/nccanch/, July 2003.

Percent of Children Reviewed	Condition	Important Facts
25.0%	Unsafe or substandard housing	Parental substance abuse, poverty, and mental health issues often contribute to housing issues.
23.0%	Physical abuse	Physical abuse can include bruises, lacerations, broken bones, concussions, and brain damage.
19.4%	Children’s behaviors	Many child and youth behaviors stem from unrecognized abuse or neglect.
14.2%	Sexual abuse	Sexual abuse is often not disclosed until after the children are in care. In 8.5% of the children reviewed, sexual abuse was recognized as an initial reason for entering care, the rest disclosed after entering care.
8.9%	Abandonment	Abandonment includes parental rejection or desertion.

According to the National Clearinghouse on Child Abuse and Neglect, in 2000 nearly two-thirds of child victims nationwide suffered neglect, nearly one-fifth suffered physical abuse, and approximately one-tenth suffered sexual abuse.

Regardless of the specific reasons leading to removal, in most cases the parents were unwilling or unable to give children the care necessary to grow, thrive and be safe, so the children were placed in a foster home, group home, or specialized facility as a temporary measure to assure the children’s health and safety. It is the explicit charge and duty of the child welfare system to reduce the impact of the abuse whenever possible.

What are the issues specific to parental methamphetamine abuse?

Over 40 percent of the children reviewed who were under age two entered care due to parental methamphetamine abuse. As shown in the chart below, parental methamphetamine abuse impacts a high percentage of Nebraska’s foster children age 10 and younger.

<u>Age group</u>	<u>in care due to parental meth abuse</u>	<u># of children reviewed this age</u>	<u>% in care due to meth for each group</u>
Under 2 yrs	136	334	40.7%
2-3 years	182	516	35.3%
4-5 years	135	429	31.5%
6-10 years	247	902	27.4%
11-18 years	<u>190</u>	<u>1,625</u>	11.7%
Total	890	3,806	23.4%

Increased parental substance abuse has added a new element of complexity to case demands. The manufacture and use of the highly addictive stimulant, methamphetamine, has grown exponentially over the last 25 years, gaining a strong and lethal foothold throughout the Midwest and Southwestern United States. The very nature of the drug victimizes not only the addicts, but also the children within their care.

The drug is relatively cheap to purchase on the street, or can be inexpensively made following recipes available on the Internet. “Cooking” methamphetamine is almost as easy as baking a chocolate cake. One of the simplest recipes requires the use of anhydrous ammonia, which is abundant in agricultural areas. Laboratories easily fit into car trunks, hotel rooms, garages, and home kitchens.

The use and manufacture of methamphetamine leaves a residue of the drug throughout the home. Blankets, clothing, children’s toys, and even teddy bears have tested positive for the presence of methamphetamine, exposing children to the risk of long term physical injury and mental health impairments. The toxins involved cause medical problems, including anemia, respiratory illness, and neurological symptoms in children. Developmental delay and brain damage have also been linked to the toxins.³⁰

Parental use of methamphetamine creates a second and perhaps more dangerous threat to children because of the drug’s immediate and long term effects on the user. Addicts entrusted with the care of children display post-use behaviors that may include violence, paranoia, hallucinations, agitation, and schizophrenic-like symptoms.

Users suffer cognitive impairments such as memory loss, confusion, insomnia, depression and boredom. The cognitive impairments cause users to misinterpret body language and words, which can result in violent paranoid reactions to perceived threats. Neurological damage and psychotic behavior can persist for months and even years after use is discontinued, and often results in children suffering gross abuse and neglect.³¹

When a methamphetamine addict stops using the drug, or when the supply is interrupted, the addict’s body often “crashes,” from the need for sleep. Addicts may sleep from three to five days, leaving their children unfed, unbathed, unsupervised, and often in the “care” or at the whims of fellow drug abusers. Upon awakening, the addict may suffer from severe depression, heightened cravings, or suicidal ideations. Throughout all of this, the methamphetamine addict is still “parenting” their children.³²

Children in a methamphetamine home are victimized by the very environment in which they live. They are often victims of, or witnesses to, significant domestic violence and physical abuse. The methamphetamine culture is often sexually explicit. More than one law enforcement officer has marveled that the typical methamphetamine home lacks the basic essentials for the care of children, but contains a large screen television and ample supplies of pornographic videos. The children are exposed to both an alcohol and drug

³⁰ Sources include: Kathryn Wells, MD, Medical Director, Denver Family Crisis Center; the National Jewish Research Center on Methamphetamine Research; Research on Drug Courts: A Critical Review, Steven Belenko, PhD, the National Center on Addiction and Substance Abuse at Columbia University, New York, New York, June 2001; Painting the Current Picture: A National Report Card on Drug Courts, the National Drug Court Institute, Washington, DC, May 2005, Volume I, No. 2; Treatment Methods for Women, National Institute on Drug Abuse, National Institute of Health; Methamphetamine: New Treatment for Women and Children, Kathleen M. West, Drug Endangered Children Research Center, Los Angeles, California, and Dr. Gregg Wright, MD, Med, UNL Center on Children, Families, and the Law.

³¹ Ibid.

³² Ibid.

culture as friends of the users come and go. These children tend to isolate themselves from other children, and are characterized by high truancy rates from school.

When identified, “meth” homes are not quickly fixed. Mothers who are required to choose between reunification with their children or continued methamphetamine usage all too often choose their drug rather than their children.³³

How are foster care and poverty related?

The Personal Responsibility and Work Opportunity Reconciliation Act (welfare reform) made two important changes that impact foster care:

1. The law limits eligibility for federal Title IV-E assistance and accompanying Medicaid to only those children in foster care who would have been income eligible for AFDC as of July 16, 1996. As time passes, it is likely that fewer children will meet this income standard, [particularly after increases in the federal minimum wage], and thus the states will likely have decreasing claims for this federal reimbursement program.
2. As time limits for benefits expire and families can no longer rely on TANF for financial assistance and Medicaid, families will lose income assistance. As this occurs, it is more likely that their children will enter foster care.

Foster Care Today, by the Casey Family Programs, c. 2001, describes the findings of a study on the AFDC data from Chicago, which found a significant relationship between a reduction in welfare benefits and involvement with the child welfare system. The National Bureau of Economic Research also found that reductions in welfare benefits were related to higher rates of foster care.

The American Academy of Pediatrics has found on a national level that before being placed into foster care the majority of children were living with their families in poverty.³⁴

The State of Texas found, in a study released in January 2006, that 60 percent of all child removals in Texas involved families making about \$10,000 or less per year.³⁵

Another concern is for youth who “age out” of the system. These youth are more likely to be impoverished, and have high rates of homelessness and incarceration. A study of Washington and Oregon youth who lived at least one year in foster care found that the vast majority spent their early adulthood struggling with poverty, homelessness, and

³³ Honorable John P. Icenogle before the Congressional Committee on Education and the Workforce Subcommittee on Education Reform, Hearing on Combating Methamphetamines through Prevention and Education, Nov. 17, 2005.

³⁴ Health Care of Young Children in Foster Care. PEDIATRICS Vol. 109 No. 3 March 2002.

³⁵ National Public Radio, January 11, 2006.

major depression. One-third of these former foster children were living below the federal poverty level.³⁶

The following Nebraska statistics are of interest:

- About 50% of the children the Board’s reviews in any month qualify for federal Title IV-E funding. To qualify, several eligibility requirements must be met. One of the eligibility requirements for this funding is that the parental income in the month prior to the children’s removal from the home would have qualified for AFDC assistance at the 1996 income standards.
- 63.5% of the children reviewed in 2007 entered care, at least in part, due to neglect.
 - If a child has not been provided for physically, medically, and/or emotionally, it is considered neglect. Neglect can include the denial of critical care, failure to provide basic and necessary medical care and hygiene, failure to supervise children enough to keep them safe, engaging in criminal activity in front of the child, abandonment, and related inattention to the child’s needs. Parental substance abuse, depression, economic issues, and/or other mental health issues often contribute to neglect.
- 25.0% of the children reviewed in 2007 entered care, at least in part, due to housing issues.

Does placing a child in foster care have risks?

Just as there are risks to leaving a child in the parental home, there are risks to placing a child in foster care. As Dr. Ann Coyne of the University of Nebraska Omaha, School of Social Work so eloquently stated:

“The decisions in child welfare are not between good and bad, they are between worse and least worse.”
Dr. Ann Coyne, UNO

“The decisions in child welfare are not between good and bad, they are between worse and least worse. Each decision will be harmful. What decision will do the least amount of damage? We all have a tendency to under rate the risk to the child of being in the foster care system and over rate the risk to the child of living in poverty in a dysfunctional family.”

How does moving children compound the effects of abuse?

Children who are separated from parents or trusted caregivers will experience grief. Placement disruptions are extremely stressful for children of any age, but are especially stressful for children birth to age five, due to their developmental levels.

³⁶As quoted on <http://www.ncjfcj.org/content/view/380/257/> (The National Council of Juvenile and Family Court Judges, 2005)

As noted by the American Academy of Pediatrics:

“Adults cope with impermanency by building on an accrued sense of self-reliance and by anticipating and planning for a time of greater constancy. Children, however, especially when young, have limited life experience on which to establish their sense of self. In addition, their sense of time focuses exclusively on the present and precludes meaningful understanding of ‘temporary’ versus ‘permanent’ or anticipation of the future. For young children, periods of weeks or months are not comprehensible. Disruption in either place or with a caregiver for even 1 day may be stressful. The younger the child and the more extended the period of uncertainty or separation, the more detrimental it will be to the child’s well being.”³⁷

Dr. Elisabeth Kubler-Ross, noted researcher on grief, has found that the younger the child was at the time of the loss, the longer the grief period can be expected to take. Her study of infants who were 18 to 24 months old when a loss occurred revealed that children were still displaying active grief symptoms six to eight years after the loss.

Grief in children is not just sadness. During the grief period, children are likely to exhibit regressive behaviors, learning difficulties, mood swings, sleep disturbances, and anxiety. During this time their developmental progression will also be slowed or stopped. Children may be punished in school, day care, or homes for exhibiting these predictable grief reactions, which further adds to their trauma.

Children of any age who are removed from a foster parent to whom they have attached will grieve the loss of the foster parent. They may also simultaneously need to revisit the grief over the separation from their parents, or they could have more intense reactions to reminders of that grief.

Good transition plans can certainly help children better cope with the loss, but the need to grieve will remain. Unfortunately, the system often moves the children to new foster homes without giving them any preparation for this major, life-changing event.

What did local boards find on key child welfare indicators?

The Foster Care Review Board conducted 5,458 comprehensive reviews on 3,806 children’s cases in 2007.³⁸ Most of these children had been in care for at least six months prior to their first review. The following data from those reviews illustrates the obstacles faced:

1. 1,588 reviewed children (41.7%) had been in out-of-home (foster) care for at least two years of their lives. (see Table 1)

³⁷ American Academy of Pediatrics Policy Statement on Developmental Issues for Young Children in Foster Care, November 2000.

³⁸ Children are to be reviewed at least once every six months for as long as they remain in foster care, thus many children have more than one review during a calendar year.

2. In 1,385 reviews (25.3%) children either did not have current written plans for reaching permanency as required by state or federal laws, or had incomplete plans that could not be used to fully measure parental compliance. (See Table 3)
3. In 1,651 reviews (30.2%) children had a plan objective that the Board found did not meet the children’s best interests. (See Table 3)
4. In 77 reviews (1.4%) children were in unsafe or inappropriate foster placements and there was insufficient documentation in another 750 reviews (13.7%) to assure children’s safety. (See Table 3)³⁹
5. In 1,714 reviews (31.4%) the Board found that no progress was being made towards permanency. In another 1,361 reviews (24.9%) it was unclear if progress was being made. (See Table 3)

Other indicators, identification of causal factors, and recommendations for system improvements are found throughout this Report.

Individuals involved in Nebraska’s child welfare system worked hard to meet the needs of the 9,623 children who were in foster care during 2007. However, as the following chart shows, considerable work remains to be done if safe, appropriate placements, appropriate plans, and access to needed services are to become the norm for all children.

Findings on Key Indicators

<i>System Working for the Children</i>	<i>Work to Be Done to Improve System</i>
<p><u>Complete, Written Plans</u> 74.6% (4,073 of 5,458) of reviews in 2007 found a complete permanency plan as required by Nebraska statutes. According to statute this is to be updated at least every six months.⁴⁰</p>	<p><u>Incomplete or No Current Written Plans</u> 17.2% (941 of 5,458) of reviews in 2007 found the plan was incomplete, and thus not in compliance with statute. Another 8.1% (444) reviews found that there was no written plan.</p>
<p><u>Less Than Two Years’ in Care</u> 58.3% (2,218 of 3,806) of children reviewed in 2007 had been in care for less than two years at the time of their last 2007 review.</p>	<p><u>More than Two Years in Care</u> 41.7% (1,588 of 3,806) of children reviewed in 2007 had been in care for more than 2 years at the time of their last 2007 review.</p>
<p><u>No Prior Removals from the Home</u> 61.7% (2,736 of 4,437) of those entering care during 2007 had been placed in foster care one time.</p>	<p><u>Previous Removals from the Home</u> 38.3% (1,701 of 4,437) of children entering care had been placed in foster care at least once before.</p>

³⁹ The Board is required under Neb. Rev. Stat. §43-1308(1)(b) to make a finding at each review of whether the placement is safe and appropriate.

⁴⁰ During 2007, the Board conducted 5,458 reviews on 3,806 children. Reviews are typically conducted every six months while children are in foster care; thus some have multiple reviews during a calendar year.

<p><u>Stable Placements</u> 48.3% (2,437 of 5,043) of children in foster care at the end of 2007 had experienced 1-3 placement changes.</p>	<p><u>Multiple Placements</u> 51.7% (2,606 of 5,043) of children in foster care at the end of 2007 had experienced four or more placement moves.</p>
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These indicators were chosen because:

- Written case plans with a stated objective (e.g., reunification with the parents or adoption), are critical in determining whether the parents are complying as required by state and federal law. Such written plans are the means by which to measure progress and to provide solid direction for how the case should proceed.
- Federal guidelines, as well as State law, require that when a child has been in care for 15 of the last 22 months, a decision must be made on whether reunification remains a practical goal, and whether a termination of parental rights should be pursued in order to achieve permanency for the child.
- Premature reunification can lead to additional abuse and result in yet another traumatic removal from the parental home.
 - 38.7% of the children in foster care on December 31, 2007, had been removed from the parental home more than once.
- Each placement change represents a traumatic experience for children. The cumulative effects of multiple moves can lead to permanent damage. A common standard for placement instability is four or more placements.⁴¹
 - 2,606 (51.7%) of the children in foster care on December 31, 2007, had four or more placements during their foster care experience(s).

What are the most frequently cited barriers to permanency?

At each review, local Board members identify the main barriers that remain to the achievement of safe, permanent homes for the children (multiple barriers are allowed).⁴² The following summarizes major barriers.

Most Frequently Identified Parental Barriers to Permanency

1. Parental unwillingness or inability to safely parent their children.
34.8% (1,897 of 5,458) reviews in 2007
2. Parental substance abuse
31.7% (1,732 of 5,458) reviews in 2007
3. Past histories of abuse, neglect and violence
21.1% (1,153 of 5,458) reviews in 2006

⁴¹ Hartnett, Falconnier, Leathers & Testa, 1999; Webster, Barth & Needell, 2000.

⁴² See Table 4 on page 153 for more information on identified barriers to permanency.

Most Frequently Identified System Barriers to Permanency

1. Plan inappropriate.
30.2% (1,651 of 5,458) reviews in 2007
2. Lack of current, written plans for the child's future
8.1% (444 of 5,458) reviews in 2007
3. Lack of documentation of parental compliance/non-compliance
4.8% (261 of 5,458) reviews in 2007

What do the above statistics mean for an individual child?

The numbers in the chart on systems breakdowns and the barriers to permanency represent significant trauma added to the lives of children already traumatized by abuse and neglect. The following are case examples illustrate some of the previously mentioned statistics.

“Melissa,”⁴³ age 7 months, entered foster care when she was 2 weeks old. Her mother is young, has mental health issues, and is borderline mentally challenged. Her mother spent considerable time in foster care, and her mother's siblings are currently in foster care. The mother has stated that she cannot care for a baby, but she isn't willing to let her be adopted. Paternity tests are pending as the purported father wouldn't voluntarily submit, thus a court order needed to be obtained. Melissa's foster mother indicated a willingness to adopt, should that become an option. It is unclear if Melissa's guardian ad litem has visited her in her placement.

“Larry,”⁴⁴ age 11, and his twin brothers “Danny,” and “Bob,” age 2, have been in foster care for over a year. They entered care due to domestic violence, and the mother's mental health disorder. Both parents have relinquished their rights. The children were placed together with a relative who was willing to adopt, and who lived in another state. That placement disrupted when Larry allegedly sexually perpetrated on the foster mother's daughter. Larry was immediately moved back to Nebraska. The twins have now been moved due to concerns with the supervision in the home. Larry and the twins are not in the same foster home. Larry needs services to deal with the sexual perpetration issues as well as the effects of the placement disruption. The twins are not in a placement willing to adopt, so they likely will be moved again soon. Sibling visitation is on hold until Larry's perpetration issues are addressed.

Nebraska should design and support a system that responds to children's needs, and responds more immediately to issues that affect children's health and safety.

⁴³ Name changed to retain confidentiality.

⁴⁴ Names changed to retain confidentiality.

What system issues cause children to remain in foster care?

There are numerous intertwining issues that affect how many children are in foster care. These include, but are not limited to, the following:

1. Nebraska lacks sufficient prevention programs to address problems before they are so severe that a child must be removed for the home.
 - a. Vermont and Hawaii have reduced the number of children in foster care by 20 to 30 percent or more by implementing prevention measures.
 - b. The Centers for Disease Control have found that, compared with controls, the median effect of home visitation programs was a reduction of approximately 40% in child abuse or neglect.
2. Nebraska does not have a single entry point for children entering care. There are more than 300 law enforcement agencies (over 200 city law enforcement agencies, 93 sheriff's offices, and 6 offices of the State Patrol), there are 65 local offices of DHHS, and there is the DHHS statewide hotline. Children may be taken into temporary custody of the State in one of two ways: either by a local law enforcement officer without a warrant or order of the court, based upon the judgment of that officer that certain conditions are present; or by means of a court order obtained from the juvenile court by the county attorney at the same time a petition is filed seeking the child's protection.⁴⁵
3. About 20-25% of the cases involve extreme or chronic abuse or neglect. County Attorneys often do not criminally prosecute extreme abuse or severe neglect. A criminal conviction helps to expedite permanency for children in cases of severe abuse or neglect. By federal law reasonable efforts must be made toward reunification unless a court finds there are aggravated circumstances, such as the parent's rights have been involuntarily terminated on a sibling, or the parent has committed murder, voluntary manslaughter, or aided and abetted murder, or the parent has committed a felony assault resulting in serious bodily injury.
4. Caseworkers' caseloads are often too high, and there is a high change rate leading to instability and inconsistency in case management. During periods of time when there are vacancies or while new staff are learning their cases, there is often no documentation regarding parental compliance.
5. Contracting with outside entities for services such as visitation monitoring and placements has added a layer of bureaucracy between caseworkers and the children, without providing commensurate oversight or monitoring of these services. Poor communication between contractors and caseworkers about parental attendance/response to visitation, a key indicator of whether reunification would be safe and successful, delays permanency.
6. Children are often not placed in placements that are therapeutic or meet their needs. When this becomes apparent, the usual result is that the children are

⁴⁵ Neb. Rev. Stat. Sec. 43-248 outlines several circumstances where a law enforcement officer is authorized to take a child into temporary custody without a warrant or an order of the court. Primary among these is the situation where the juvenile is seriously endangered in his or her surroundings and immediate removal appears necessary for the juvenile's protection.

- moved. As a result, about half the children experience too much instability while in foster care, affecting their behavioral and mental health needs, which in turn can lengthen their time in care.
7. When parents are non-compliant with court orders, with the expectations for their rehabilitation, or with the case professionals, there is often little action to change the direction of the case until it is too late.

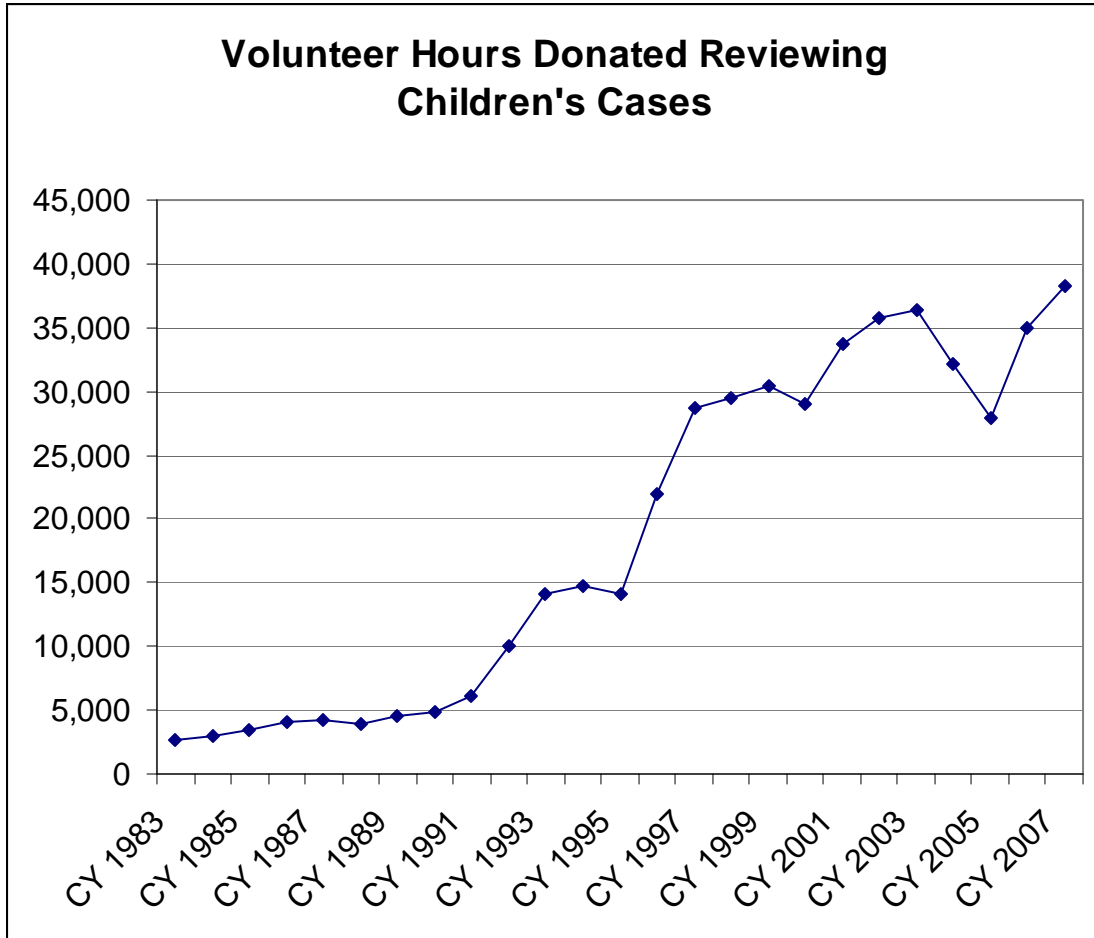
Why is the system slow to self-correct?

Nebraska's child welfare system, like most across the country, does not easily self-correct when issues are identified. This is due to:

1. A lack of resources,
2. An overwhelming number of inter-connected issues and structural barriers within the system,
3. Real or perceived restrictions, based on confidentiality, that prevents information on individual case and systems failures from being available to those outside the system, and,
4. A lack of voluntary or compulsory accountability measures for some parts of the system.

Under these challenging circumstances, the Foster Care Review Board continues its advocacy to ensure that children's best interests are met.

**Additional Information on the
Foster Care Review Board's Recommendations
For Systemic Changes**



Improve the Front End of the System

For clarity, this section is divided into three parts:

1. Improving child abuse prevention.
2. Improving response to reports of child abuse or neglect.
3. Utilizing pre-hearing conferences.

Part 1: Improve child abuse prevention

The Board's recommendations:

1. Legislate a mandatory in-hospital risk assessment at birth by hospital social worker staff, offering parents information on bonding and attachment, and at least three follow up visits to the home, longer if risk is identified or parents request services. Utilize public service agencies and trained volunteer organizations to provide in-home safety checks and to provide printed materials for handouts at doctor's offices, Social Service offices, WIC offices, and other child related offices.
2. Create parent support centers that would focus on children of all ages, and could serve as an advocacy and training center, be a source of respite care, and be a host site for parent and adolescent support groups.
3. Provide incentives to improve the supply of, and support for, mental health professionals and other services in rural areas.

Statistical findings:

Each day an average of 12 Nebraska children and youth are removed from their home of origin, primarily due to abuse or neglect (4,437 children were removed in 2007). By the end of 2007, there were 5,043 children in out-of-home care, which does not include children remaining with the parents but under the supervision of the Courts or DHHS. While the number of children in foster care has been reduced in the last two years, clearly too many Nebraska children have suffered child abuse, child neglect and/or child sexual abuse

Unfortunately, these grim statistics represent only a small fraction of the true population of children in Nebraska who suffer abuse or neglect each year.

Additional rationale:

Research shows that child abuse and neglect occurs in families from every geographic, socioeconomic, religious, and ethnic group. Many such children have behavioral issues and carry the scars of abuse for their entire lives.

There is a need for proven home visitation programs and other proven prevention and intervention programs to lessen the number of children suffering abuse, and to reduce the numbers of children entering the system.

Prevention programs need to include:

1. Early intervention, such as home visitation,
2. Intensive services over a sustained period,
3. Development of a therapeutic relationship between the visitor and parent,
4. Careful observation of the home situation,
5. Focus on parenting skills,
6. Child-centered services focusing on the needs of the child,
7. Provision of concrete services such as health care or housing,
8. Inclusion of fathers in services, and
9. Ongoing review of family needs in order to determine frequency and intensity of services.⁴⁶

Nebraska must build on the positive experiences of other states and regions. For example, the William Penn Foundation funded 14 child abuse prevention demonstration programs in Philadelphia in the 1990's and sponsored one of the most comprehensive evaluations of parent education services. The National Committee for Prevention of Child Abuse evaluated the outcomes. They found that parents' potential for physical child abuse decreased significantly, with those at highest risk on the pre-test showing the greatest improvements. Similar gains were found in providing adequate supervision of children, and responding to children's emotional needs.⁴⁷

In Hawaii, the rate of substantiated cases of child maltreatment for families receiving program services was found to be less than half that of the control group (3.3% vs. 6.8%).⁴⁸

Healthy Families Maryland had only two indicated reports of child maltreatment among 254 families served in four years of program operation (a rate of 0.8%).⁴⁹

Vermont's Success by Six Initiative, which also involves school readiness, reports good results as well.

The Centers for Disease Control studied prevention efforts, and concluded in Feb. 2002:

“On the basis of strong evidence of effectiveness, the [CDC] Task Force recommends early childhood home visitation for the prevention of child abuse and neglect in families at risk for maltreatment, including disadvantaged populations and families with low-birth weight infants. Compared with controls, the median effect size of home visitation programs was reduction of approximately 40% in child abuse or neglect...Programs delivered by nurses

⁴⁶ Leventhal, as quoted by National Clearinghouse on Child Abuse and Neglect, www.calib.com/nccanch/, August 2003.

⁴⁷ National Committee for Prevention of Child Abuse, 1992, www.childabuse.com, August 2003.

⁴⁸ Evaluation of Hawaii's Healthy Start Program, *Future of Children*, Vol. 9 • No. 1 – Spring/Summer 1999.

⁴⁹ Children's Bureau Express, <http://cbexpress.acf.hhs.gov>, April 2003.

demonstrated a median reduction in child abuse of 48.7%...programs delivered by mental health workers demonstrated a median reduction in child abuse of 44.5%”⁵⁰

Based on the research of the CDC and the experience of other states, it is reasonable to conclude that if Nebraska consistently used proven prevention services, the incidence of child maltreatment should decrease – saving the children involved from harm, and freeing resources for families more resistant to change. The CDC studied cost savings and found “In the study subsample of low-income mothers, the analysis showed a net benefit of \$350 per family.”⁵¹

A service network could prevent the removal of some children and, where children have already been removed, could also support children’s safe return to the parents, and enable reunification to occur in a timely manner.

Part 2: Improve response to reports of child abuse or neglect

The Board’s recommendations:

1. Mandate that child maltreatment reports involving children under the age of six are given priority for a response.⁵²
2. Assure that all law enforcement officers who are involved in the removal of children from their homes receive specialized training to help them make the best decisions when faced with the prospect of removing a child from his or her home.
3. Assure that DHHS employees receiving reports of abuse and neglect through the hotline or local DHHS offices are well-trained professionals who are assigned this function based on expertise. Assure supervisory support is occurring.
4. Establish a system for supervision and review of all critical decisions regarding reports of abuse and neglect involving children.
5. State law should be amended to require CPS and law enforcement to investigate reports alleging that children are in the home where they witness domestic violence, or that children are in a home where drugs are used, manufactured, or available to the children. DHHS policy regarding domestic violence and substance abuse allegations should be changed accordingly.⁵³

Structural problems:

Nebraska law requires all persons who have reasonable cause to believe that a child has been subjected to abuse or neglect to report the incident to DHHS or an appropriate law enforcement agency (Neb. Rev. Stat. §28-711). **The current system diffuses responsibility for decision-making** in response to those reports between the CPS

⁵⁰ Centers for Disease Control, www.cdc.gov, October 2003.

⁵¹ Ibid.

⁵² Governor’s Children’s Task Force Recommendation 2.1.

⁵³ Governor’s Children’s Task Force Recommendation 2.2.

hotline, the 65 local offices of DHHS, and the more than 300 law enforcement agencies (over 200 city law enforcement agencies, 93 sheriff's offices, and 6 offices of the State Patrol).

Most people call Child Protective Services (CPS) to report child abuse; however, under Nebraska statutes, law enforcement is the only entity that can remove a child from his or her parent's custody (Neb. Rev. Stat. §43-248). Even when DHHS believes that the child is unsafe, the law enforcement officer may not agree and refuse to remove the child. In reverse, law enforcement may remove a child whom they believe to be in an unsafe situation, yet DHHS may not believe that the child needs to be removed.

In some cases there is a lack of communication between these co-managed systems. The number of child abuse and neglect reports received and the number of potential responders further impacts the system. As a result, there continues to be serious problems with intakes and investigations and a wide variance in response by area.

Investigation quality can literally make the difference between life and death for children, and can also dramatically affect the children's quality of life and future productivity.

Law enforcement training is a significant issue. As first responders, law enforcement officers must assess a child's immediate risk of harm, yet their expertise is in determining if a crime has already occurred, which is a very different skill set.

Officers from small town departments may have had limited training in investigating child abuse calls or the investigations may be hampered by their relationships with the alleged perpetrators. Officers in juvenile units, such as in Lincoln or Omaha, have more training; yet due to the volume of reports or the time the call is made, the first responder is often a street officer who has had only four hours of specialized training on child abuse investigations rather than an officer from the special units.

Due to the work of the officers who have received specialized training, and the work of the advocacy centers, the trauma children experience during investigations can be significantly lessened when these entities are involved.

Currently, investigations vary from a thorough investigation with a face-to-face contact with the child, to someone going to the door, getting no answer, and not returning. Some law enforcement officers do not document a well-being check done on a child.

If there are problems with a law enforcement agency not responding, or with the quality of an investigation, there are limited avenues for correcting the situation. The same is true of CPS.

What occurs when a child abuse report is received:

When a child abuse report is received by DHHS, CPS performs an "intake" process, which is the process of gathering sufficient information from the reporter and agency records in order to complete an intake report. The worker must then assess the

seriousness of the child's situation, accept the call for assessment, or "screen out" the call (choosing to not respond to the incident).

When law enforcement receives a call regarding the possible abuse or neglect of a child, a copy of all reports alleging abuse or neglect, regardless of whether or not the report was investigated, is to be provided to DHHS.

Number of reports DHHS received:

DHHS reported it received 30,135 child abuse reports in calendar year 2007, of which 24,765 involved allegations of child abuse or neglect. According to DHHS, 13,319 reports received an assessment, and 2,894 cases were court substantiated.

Statistical findings from reviews:

During the 5,458 case reviews conducted in 2007, the Board made specific findings in each case on whether reasonable efforts were made to prevent the child's removal. During these comprehensive statewide reviews, the Board found that in some cases no action was taken to protect children for a considerable period of time, even though the issues had been reported to DHHS.

The Board's research on child deaths:

In 2003, at the request of then Governor Mike Johanns and with the permission of the Director of Health and Human Services, the Board researched 33 child deaths. The results of this research showed that:

- 19 children (58%) had been previously reported to either Child Protective Services (CPS) or law enforcement, or the perpetrator had other violent offences, yet either no investigation took place or the investigation was seriously flawed.
- 27 (82%) were newborn through five years old.
- 3 (9%) were wards of the court at the time of their deaths.

Following the Board's initial research in 2003 on 33 child deaths, with Governor Johanns' permission, the Board examined more than 4,262 calls made to DHHS reporting abuse and neglect. (This sample was a random sample derived from a proportion of the calls made in each of the areas of the state). The Board found that 1,202 of these calls involved allegations of serious safety issues due to physical abuse, physical neglect, emotional abuse or sexual abuse. In 680 of the calls, DHHS took no action to insure the children's safety.

In response, Governor Johanns created the Governor's Children's Task Force in 2003 to review these deaths. Subsequent recommendations were made to improve the CPS system. DHHS responded to these challenges by reinstating a supervision mechanism, putting in place an internal accountability plan, adding additional staff approved by the legislature, and meeting with the Board to address numerous child welfare system concerns.

Notwithstanding these efforts, in order to create a more responsive child protection system it is essential that improvements continue so that every Nebraska child will have the best possible future.

Part 3: Utilize pre-hearing conferences

The Board's recommendations:

1. If not already in place, pre-hearing conferences should be scheduled to ensure from the beginning that children who have been removed from the home are safe while in foster care, that their essential needs are met, that services are in place for the family, and that children can exit foster care to safe, permanent homes as soon as possible.

The Board acknowledges that many courts have already implemented this important tool.

Rationale:

Pre-hearing conferences are informal meetings where all the parties to the children's cases, including the parents, come together for the purpose of gaining the cooperation of the parent in a problem solving atmosphere. These conferences can be scheduled within 30 days of the children entering out-of-home care, shortening the time that critical decisions are made and allowing the family to receive needed services immediately to address the reasons that the children entered care. Effective use of pre-hearing conferences at the initial or protective custody hearing phase of the cases can net positive gains prior to adjudication.⁵⁴

At the pre-hearing conference, the parents and legal parties involved may identify any issues of paternity, assure compliance with the Indian Child Welfare Act, identify relatives and explore the feasibility of a relative placement, determine the children's out-of-home placement, schedule visitation, and identify and set up services for the parents and children.

This step is critical, as studies show that parents are more motivated towards reunification and addressing the reasons their children within the first six weeks after their children are removed from their care.⁵⁵

When critical issues are not addressed at the outset of the case, children can potentially spend more time in foster care awaiting the resolution of these critical issues. Utilization of pre-hearing conferences could reduce the number of children with extended stays in foster care.

⁵⁴ These conferences are also referred to as pre-adjudication conferences.

⁵⁵ One such study is "Crisis Intervention in Child Abuse and Neglect," by the U.S. Department of Health and Human Services Administration for Children and Families.

Pre-hearing conferences also address paternity. Paternity had not been established for 731 (19.2%) for the 3,806 children reviewed 2007. Paternity was undocumented, and therefore likely not determined, in another 93 (2.4%) of the children's cases.⁵⁶

Use of the pre-hearing conference to “jump-start” the system can be the means by which to increase stability in children's placements and to expedite their permanency. By adapting techniques learned from the drug court and family court models, front-loading the system would create a more comprehensive ability to monitor and improve parental compliance and directly provide for the needs of the children involved. This is why the Supreme Court's *Through the Eyes of a Child* Initiative has endorsed these conferences.

⁵⁶ Additional information on paternity can be found beginning on page 74 and in the table on page 182.

Address Placement Issues

Contract issues affecting placements are discussed in a separate section, beginning on page 78.

For clarity, this section is divided into four parts:

1. The shortage of foster care placements.
2. Kinship/relative care issues.
3. The number of placement changes that children experience.
4. Safety and abuse issues in foster care placements.

Part 1: Address the shortage of foster care placements

The Board's recommendations:

1. **Recruit more qualified placements for all levels of need.**
2. **Develop these placements with increased levels of monitoring and support.**
3. **Place young children (birth to age 5) with foster families that are willing to adopt.**
 - a. Recruit, develop, and retain child-specific placements for young children, especially those with special physical, emotional, or behavioral needs.

Background:

There are significant shortages of traditional foster homes, agency-based foster homes, treatment foster homes, group homes, residential care facilities, and therapeutic placements for children with specific needs or problems. These special needs or problems for children can include violent or aggressive tendencies, sexual perpetration or victimization, emotional disturbance, pregnancy, children with a dual-diagnosis (e.g., substance abuse and mental health issues), and children with severe behavior problems.

Statistical findings:

The Board finds that a lack of appropriate placements results in some children being placed where beds are available, rather than where these children's needs can best be met. The inability of a placement to meet the needs of individual children, can cause difficulties, conflict, and eventual removal from the placement. The following statistics illustrate how this situation can impact many children's lives:

1. **77 children reviewed in 2007 were found to be in unsafe placements.**⁵⁷ This means that one or more of the following conditions existed:
 - a. A safety issue had been identified and there was not a safety plan in place.

⁵⁷ The Board is required under Neb. Rev. Stat. §43-1308(1)(b) to make a finding at each review of whether the placement is safe and appropriate.

- b. Documentation indicated there was likely abuse or neglect by the caregivers of the child being reviewed and/or another child in the placement.
 - c. There was a combination of children with divergent needs in the placement, such as a very aggressive child in the same foster home with a child who was physically or developmentally unable to defend his or herself.
 - d. There was a mix of children in shelters, foster homes, or group homes in which children who have exhibited physically or sexually aggressive behaviors are placed in the same environment, possibly even the same room, as others who are either vulnerable to, or exhibit the same behavior. The level of supervision was not enough to ensure these children's safety.
 - e. The individual needs of the children were such that safety could not be assured, such as children who needed a higher level of care.
 - f. The children were placed in a relative placement and that relative was unwilling or unable to keep them safe from the person who perpetrated their abuse or neglect.
2. **In another 750 reviews, there was insufficient documentation available to determine if the placement was appropriate.** These cases reflected a lack of home studies, lack of out of home assessments, and no information on other children or adults living in the home.
3. **194 children reviewed in 2007 were found to be in placements that were inappropriate** in relation to the children's needs, even though the child was temporarily safe there. This means that one or more of the following conditions existed:
- Children remain in shelters or detention facilities because there are no appropriate placements available.
 - Children need a higher level of care than is being provided, but remain on a waiting list due to a lack of appropriate placements.
 - Children who require individualized attention due to their high needs are placed in homes with several other high needs children.
 - Adoption is the plan – but placement is not willing or able to provide permanency.

Part 2: Address kinship care issues

The Board's recommendations:

1. Identify and recruit relatives and non-custodial parents within the first 60 days of a child's placement, and assess their previous relationship with the children and ability to safely care for the children, so that delayed identification of these prospective placements does not result in unnecessary moves. Identify paternity in a timely manner so the father and paternal relatives can be considered.

2. Conduct a home approval study, a reference check, background checks, fingerprinting, etc. on all relative placements, prior to the child being placed.
3. Develop a training curriculum for relative caregivers. Include information on the child welfare system and information on the intra-familial issues specific to relative care. This is a core recommendation.
4. Provide relative caregivers access to round-the-clock immediate and effective support when issues arise, and provide them with health and educational records on a timely basis. (continue the Kin-nect Support Line created by NFAPA)
5. Ensure that a relative placement is not selected simply because of biological connections, but rather because it is *a safe, appropriate placement* that is in the child's best interest.

Background:

The Nebraska Family Policy Act (Neb. Rev. Stat. §43-533) states that when a child cannot remain with their parent, preference shall be given to relatives as a placement resource. It also requires that the number of placement changes that a child suffers shall be minimized and that all placements and placement changes be in the child's best interest.

Some children in foster care receive daily care from relatives instead of from non-family foster parents, in a practice known as **relative or kinship care**. Kinship care was put in place to allow children to keep intact *existing and appropriate* relationships and bonds with appropriate family members, and to lessen the trauma of separation from the parents.

Statistical findings:

Nebraska has increasingly utilized relative placements.

- 1,057 (20.9%) of the 5,043 children in out-of-home care on December 31, 2007, were placed with a relative.
 - This compares to 21.2% in 2006, 17.8% in 2005, and 13.4% in 1997.

Additional rationale:

As discussed in the section on pre-hearing conferences, paternity had not been established for 731 (19.2%) of the 3,806 children reviewed in 2007. Paternity was undocumented, and therefore likely not determined, in another 93 (2.4%) of the children's cases. The father's and the paternal relative's suitability as a placement for the child cannot be considered until paternity is identified.⁵⁸

If a maternal or paternal relative is an appropriate placement, the children suffer the minimum disruption possible and are able to remain placed with persons they already know who make them feel safe and secure. Thus, relative care can be especially beneficial when children have a pre-existing positive relationship with a particular relative.

⁵⁸ Additional information on paternity can be found beginning on page 74, and in the table on page 182.

Relative/kinship placements are not appropriate in the following circumstances:

- If the relative cannot establish appropriate boundaries with the parent.
- If the relative is in competition with the parents for the children's affection.
- If there is any indication that the relative has abused other children, was abusive to the child's parents, or allowed the child's abuse.

The Board finds that many children are moved to relatives who are virtual strangers due to decisions that are based only on familial ties, not on the children's attachment needs or best interests. **Many case managers have the misperception that it is DHHS policy that *whenever* a relative is found, children must be moved to the relative's home regardless** of whether it is in the child's best interest.

An additional issue with relative placements is that many relatives do not go through the full licensure process, as they are given "approved" status, and thus they do not receive the type of training on the foster care system and the types of behaviors that abused and neglected children can exhibit that other foster parents receive. For those relative caregivers who have gone through the foster parent licensing process, many have commented on how helpful this information has been to them. **Many relatives have indicated that special training on the intra-familial issues present in relative care would be very helpful** as well.

Although DHHS policy is to quickly identify relatives and determine their suitability as a placement, this does not appear to be consistent in practice. Paternity is not identified consistently. Sometimes there are delays in identifying relatives, sometimes there are delays in assessing relatives as potential placements, sometimes relatives who appear to be suitable placements are not utilized, and sometimes children are placed with relatives that appear to not meet minimal standards for care giving.

Nationally, children in foster care who are placed with relatives are more likely to reunite with parents, have fewer total foster care placements and a lower probability of return to foster care after removal. Children in relative placement settings, however, tend to remain in foster care longer and are less likely to resolve their foster-care stay via adoption.

The Nebraska Foster and Adoptive Parents Association created the Kin-nect Support Line (1-888-848-4546). This is a 24 hour statewide, toll-free line for relative caregivers. It provides emotional support, information, and referrals for training and support groups.

Part 3: Address placement changes children experience

The Board's recommendations:

- 1. Appropriate placements must be identified at the time the child is removed.**
 - a. Identify and recruit relatives and non-custodial parents within the first 60 days of a child's placement so that delayed identification of prospective placements does not result in unnecessary moves.
- 2. Support placements.**
 - a. Provide on-going specialized training to all foster parents, case managers and supervisors regarding the importance of a child forming attachments to his or her caregiver. Provide specialized training to relative caregivers on the system and on the intra-familial issues they are likely to encounter.
 - b. Maintain open lines of communication between the caseworker and the placement.
 - c. Ensure that the mixture of children in foster homes, emergency shelters, and group facilities is considered prior to placements.
 - d. Provide foster parents specialized training in dealing with difficult behaviors and challenges, and ensure that they receive the services and support that they need.

Statistical findings:

The percentage of Nebraska children experiencing multiple placements while in foster care continues to remain high. The following statistics illustrate the number of placements that children experience:

- **48.3% (2,437 of 5,043) of the children in care on December 31, 2007, had experienced four or more placement disruptions over their lifetime.**
- **34.9% (1,759 of 5,043) had experienced six or more placements over their lifetime.**
- **23.1% (307 of 1,326) of DHHS wards birth to age five had experienced four or more placements over their lifetime.**

Experts recognize that it is reasonable to expect children to have a maximum of two placements, such as an emergency shelter where an assessment can be made to determine the most appropriate placement, and then the appropriate placement can be secured.⁵⁹ Most foster children in Nebraska experience more than two placements.

⁵⁹ A common standard is that three or more moves (four or more placements) constitute placement instability (Hartnett, Falconnier, Leathers & Testa, 1999; Webster, Barth & Needell, 2000).

Additional rationale:

Through its reviews, the local boards found that children are moved from placement to placement for the following reasons:

1. The lack of appropriate placements.
2. Relative placements are not identified early, or were disrupted when relatives brought case concerns to the case manager's attention. There is a misconception that anytime a relative is identified, the child must be moved. While placement with an appropriate family member remains a priority, the standard for assessing changes in the child's placement is the child's best interests.⁶⁰
3. Foster parents were unprepared for children's behaviors and needs.

Many experts find that children who experience four or more placement disruptions can be irreparably harmed by the multiple broken attachments. The following is a sampling of their findings.

The Washington State Institute for Public Policy, February 2001, found that: **"Many of them [children with multiple moves] appear bound and determined to force change of caregiver at 'dangerous' times of year in order to avoid having another terrible, out-of-control move take them by devastating surprise again."**⁶¹

Each disruption of a placement is likely to increase the children's trauma, distrust of adults, and negative behaviors, making the success of future placements less likely, and negatively impacting the children's normal growth and development.

As one young man who grew up in foster care said,

"Every day I would come home from school and see if my stuff was packed. That was the first thing I would check."⁶²

The Board finds that many foster parents who have provided many children quality care left the system because of the following issues:

1. Support from case managers was unavailable when problems arose.
2. Adequate background information was not provided regarding the children placed with them.
3. Sufficient respite care was unavailable.⁶³
4. Kinship foster parents who care for relative children often need more help in understanding the system and intra-familial issues than they are given.

⁶⁰ See page 51 for more information on kinship care and its appropriate use.

⁶¹ *Helping Children Cope with Separation and Loss*, Claudia Jewett Jarratt. c. 1994.

⁶² March 29, 2004, editorial by a member of Pew Commission as it appeared on www.tallahassee.com.

⁶³ Respite care is limited time away from the children in order to complete actions where the children cannot or should not be present, such as when foster parents attend continuing education classes.

Foster parents have not always been able to obtain requested additional training in behavioral management regarding children with attachment issues or regarding children who have experienced severe or chronic abuse or neglect. The behaviors associated with these issues can be very frustrating for care providers. Additional information, training, and skill development on these kinds of topics are an invaluable support for foster parents.

Due to the number of issues regarding foster parent training and support, and the impact those issues have on the children, the Board commends the efforts that the Nebraska Foster and Adoptive Association is making to help provide support, training, and mentoring on pertinent issues to foster parents across the state and for establishing the Kin-nect Support Line for kinship (relative) placements.

Part 4: Address safety and abuse in foster care

The Board's recommendations:

- 1. Allegations of abuse, severe neglect, serious bodily injury, serious misconduct, and death occurring in any State-sponsored facility should be promptly and thoroughly investigated by law enforcement and/or DHHS to ensure the safety of the children.**
2. Contracted placements should not investigate reports or complaints of abuse or neglect occurring within their own facilities. Those who are trained and professionally qualified to conduct such investigations, namely DHHS and/or law enforcement, should conduct investigations.
3. Strengthen the contract monitor's role and the system's promptness in investigating allegations of abuse and neglect in out-of-home care placements.
- 4. Assure that a full investigative background check is completed on all applicants for foster care providers, including relative placements, to eliminate many problems with inappropriate caregivers.** While this is to be occurring, it appears this is not consistent across all areas and all DHHS contractors.
- 5. Record all allegations against an individual or facility foster care provider on the N-FOCUS CWIS computer system in such a way that the record is easily accessible. Utilize the history of relevant allegations and dispositions when investigating new allegations, and when determining whether to continue or renew contracts.**

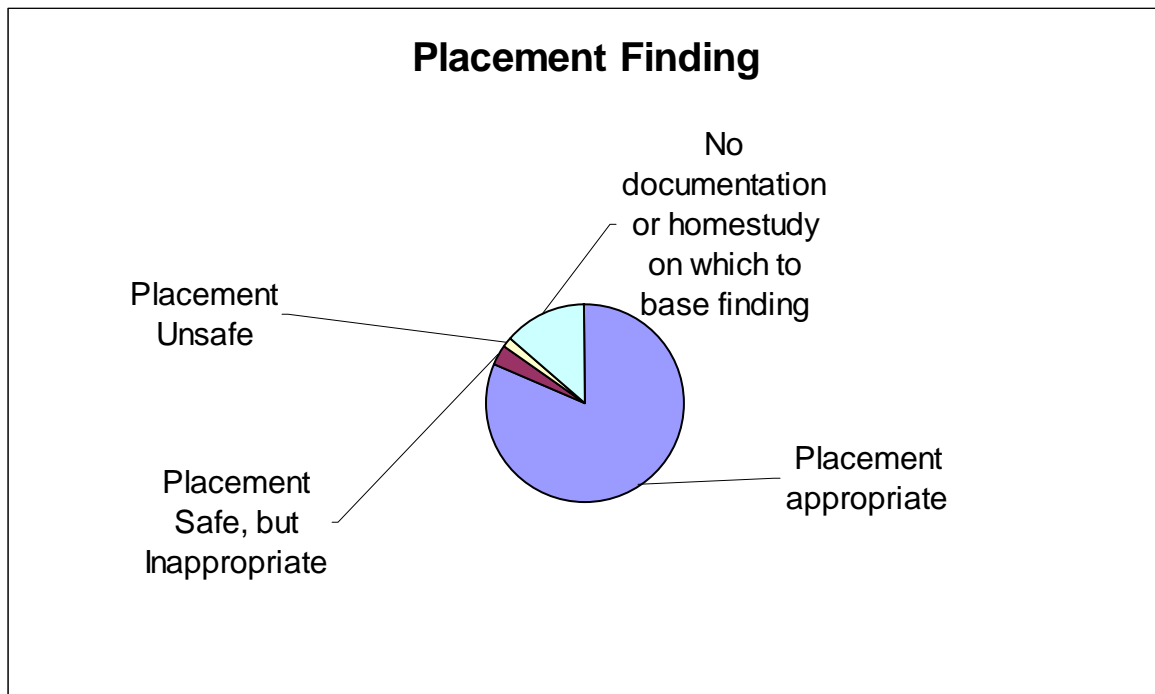
Rationale:

The Board finds that there have been multiple allegations of abuse made against some foster homes, group homes, and agency-based placements. **The Board finds that the system often fails to respond adequately to these types of reports, even if allegations are of serious abuse.**

Under federal regulations and state law, the Board is required to make findings on the safety and appropriateness of the placement of each child in foster care. The Board's reviewers research whether any allegations have been made against the placement of the children being reviewed and the system's response to those allegations. **During 2007, the Board reviewed the cases of 77 children who were not in safe placements.**⁶⁴

The Board notes that many foster parents provide exemplary care for the children entrusted to them; unfortunately, this is not universally the case. The Board is concerned with serious injuries or neglect that are not addressed. There have been cases of sexual abuse, broken bones, burns, and other maltreatment in some placements.

All children and youth placed in the care of the State are entitled to be well cared for and to be safe. It is only rational to expect that the conditions in foster homes and group homes would be much better than those endured by the child prior to coming into care. As a result, foster homes and group homes should offer and be held to a higher standard of care than that occurring in the child's home of origin.



⁶⁴ The Board is required under Neb. Rev. Stat. §43-1308(1)(b) to make a finding at each review of whether the placement is safe and appropriate.

Address Case Management Issues

For clarity, this section is divided into two parts:

1. Reducing caseworker changes.
2. Encouraging continued contact with the children.

Part 1: Reduce caseworker changes

The Board's recommendations:

1. **Reduce caseworker changes in order to stabilize management of children's cases. This is one of the Board's top three recommendations.**
 - a. Limit the number of cases for which a caseworker is responsible.
 - i. Careful study of caseloads should be conducted to determine a reasonable maximum number of cases that a caseworker can handle effectively. Additional personnel may be required to provide adequate staffing to cover unforeseen situations without adding to the burden of present staff members.
 - b. Add support systems and mentoring for caseworkers. This will address issues of burnout and morale, and also increase caseworker confidence when addressing difficult challenges.
 - c. Increase caseworker pay based on excellence in performance.
2. **Examine and evaluate how communication presently takes place between caseworkers and contractors, and address those specific areas where there are communication breakdowns, thereby causing frustrations.**
3. **Analyze the quality of the training provided for new caseworkers. The analysis should be performed by an *independent* evaluator and should assess course duration, location, and content, as well as the experiential level of those who are providing the instruction.**
4. **Consider how Delaware, Illinois, and other states have been able to reduce caseworker turnover and improve outcomes.**

Statistical findings:

- **2,252 (45.9%) of the 4,907 DHHS wards in foster care on December 31, 2007, had four or more different caseworkers during their time(s) in foster care.**
 - 1,217 (24.8%) had experienced six or more different caseworkers.
- **342 (36.1%) of 948 children birth to age five in a special study in the fall of 2006 had four or more caseworkers.**

A Milwaukee County, Wisconsin, study found that children who only had one caseworker achieved timely permanency in 74.5% of the cases, as compared with 17.5% of those with two workers, and 0.1% of those having six workers.⁶⁵

⁶⁵ *Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff*, January 2005.

Additional rationale:

Caseworker changes can have a detrimental impact on children's cases. Caseworker changes can result in:

1. Gaps in the evidence which is available for prosecutors and the parties involved in a case;
2. Breakdowns in communication between parties involved in the case;
3. Lapses in continuity, with regard to monitoring parental compliance and the child's needs; and
4. A lack of consistency for children and families who are trying to navigate the system.

These problems often lead to prolonging the time that children spend in foster care.

When a caseworker leaves DHHS or transfers to another position within DHHS, that caseworker's caseload does not go away. That caseload is temporarily redistributed to other caseworkers or staff, thereby causing an even greater overload situation for other staff members.

The case is often transferred back again when a new caseworker comes on board. Once again, this causes delay as the new caseworker must take time to become familiar with the case, which may be characterized by very complicated issues as well as a very lengthy history. Additional time must be taken in order to establish the rapport and trust with the child and the family members involved in the case.

Each time a child case is transferred to a different caseworker, this cycle "starts over" in some dimension, thereby resulting in the child's lingering in foster care for a longer time without permanency. While some caseworker change is inevitable, every effort should be made to reduce caseworker changes.

Children are often the casualties of caseworker burnout and workforce issues. The Board acknowledges the difficulty of the caseworkers' task. This is recognized on a national level, as the following quote illustrates:

"Child welfare personnel are repeatedly asked to make major life decisions on behalf of children who they do not know well. They must achieve a delicate balance. On the one hand, they must never minimize the life-long impact of the decisions they make. On the other, they must not allow themselves to become paralyzed by fear of making a wrong decision. Some conclusions are made as a result of well-defined assessments of current conditions. Unfortunately, many decisions are made by default [e.g., agency policy, lack of resources]."⁶⁶

⁶⁶ *A Child's Journey Through Placement*, Vera Fahlberg, MD, c. 1991

Many caseworkers who have resigned their positions believe that the caseworker's job is nearly impossible to perform adequately due to the following:

1. The need for more supervision, structure, and support.
2. Increasingly large caseloads.
3. The excessively time-consuming nature of entering required basic case information on the N-FOCUS SACWIS computer system.
4. The lack of placements, services, and treatments for the children in their caseload.
5. Children and youth being denied needed mental health services due to managed care private contracts.
6. Insufficient pre-service training on domestic violence, which is a factor in many of the cases.
7. The fragmentation of the role of the caseworker, where some of their duties are delegated to private contractors, and the caseworker is powerless to override contractor decisions.

When Delaware and Illinois faced a similar situation, each State took steps to professionalize and support its caseworkers. This resulted in lower turnover of caseworkers, more support for foster parents, and higher number of children achieving permanency in a timely manner. The professionalization of caseworkers by these States included offering rewards for obtaining certificates of proficiency, lowering caseloads, and raising salaries based upon excellence in performance.

The Board acknowledges that there is a continuing priority within State government to curtail expenditures. However, being competitive with other businesses by raising salaries to attract quality employees, and by increasing compensation for outstanding caseworkers is not wasteful. Quite the contrary, maintaining a qualified career staff will result in stability in case management, improve evidentiary documentation, and move children to permanency more quickly, thereby continuing the recent decline in the number of children in foster care. This makes pragmatic, economic good sense for our State.

Part 2: Encourage continued caseworker contact with children

The Board's recommendation:

1. **Encourage caseworkers to maintain and document their contacts with the children. Keep working to ensure that children are routinely seen by their caseworkers.**

Statistical findings:

The Board commends DHHS caseworkers, supervisors, and administration for continuing to maintain a high number of contacts in spite of heavy caseloads. The

percentage of reviewed children whose cases contained documentation of recent caseworker contact has increased significantly – 92.7% in 2007, compared to 88.8% in 2006, 68.5% in 2001, and 30.9% in 1999.

Additional rationale:

Face-to-face contact is essential to accurately assess the appropriateness and safety of placements and services. It is critical for appropriate case planning and for engaging the parents in activities designed to improve their parenting abilities. It also facilitates caseworkers' communication with the children's caregivers and other parties. Contact is especially critical for pre-school children or the severely handicapped, who may not have contact with adults who could report a possible concern with a placement. These children are more vulnerable to abuse or neglect.

The 2002 Federal Child and Family Services review found that *“the frequency and quality of face-to-face contact between caseworkers and the child and parents in their caseloads was often insufficient to monitor children’s safety or promote attainment of case goals.”*⁶⁷ Based on the Board’s findings from reviews, the next such federal audit should find this an area in which significant improvement has been achieved.

⁶⁷ Final Report, Services Review, U.S. Department of Health and Human Services.

Increase Guardian Ad Litem Accountability

The Board's recommendations:

- 1. Judges need to hold guardians ad litem accountable for their duties in connection with the children they represent by ensuring that, per the Supreme Court's guidelines, the guardian ad litem:**
 - a. Submits a report to the court at the disposition hearing and dispositional review hearings, based on their independent research and judgment and consultation with the child. This report shall include when they visited the children and with whom else they have consulted.
 - b. Consults with the juveniles they represent within two weeks of appointment and at least once every six months thereafter, including visiting the children's placements.
 - c. Has interviewed the foster parents, other custodians, and current DHHS case managers, and interviewed others involved in the case such as parents, teachers, physicians, etc.
 - d. Has attended all hearings regarding the child, unless excused by the Court.
 - e. Has made every effort to become familiar with the needs of the children they represent, including determining whether the children's placement is safe and appropriate.
2. Upon appointment, the court should provide the guardian ad litem a job description and a list of items that need to be completed and included in the guardian ad litem report. This job description and list should include, at a minimum, all of the authorities and duties of the guardian ad litem set forth in Neb. Rev. Stat. §43-272 and 43-272.01, and the Supreme Court Guidelines.
3. Prior to the payment of an invoice for guardian ad litem services, the billing should be reviewed by the judge, the clerk magistrate, or by a staff person designated by the judge. Bills for services should correspond to the work accomplished on behalf of the children. Failure to provide sufficient consultations will be addressed by the judge.

Rationale:

According to Neb. Rev. Stat. §43-272.01, the guardian ad litem is to "stand in lieu of a parent or a protected juvenile who is the subject of a juvenile court petition..." and "shall make every reasonable effort to become familiar with the needs of the protected juvenile which shall include...consultation with the juvenile."

An informed, involved guardian ad litem is the best advocate for the child's legal rights and best interests. Each child has rights that are guaranteed under the U.S. Constitution, the Nebraska statutes and case law. The guardian ad litem is charged with the legal duty of assuring that the best interest and the legal rights of the child are effectively represented and protected in juvenile court proceedings.

The Board applauds the Nebraska Supreme Court for adopting specific practice guidelines in 2007 to help guardians ad litem improve their representation of children in juvenile court proceedings. However, too often local review board volunteers still hear from foster parents and children that have had no contact from the child's guardian ad litem. It is doubtful that a guardian ad litem can effectively "stand in lieu of a parent" if he or she has not seen the child, nor investigated or ascertained the situation regarding child's care and living circumstances.

As reflected in the commendation section, many guardians ad litem are doing exemplary work.⁶⁸

Yet, there are indications that throughout the State many guardians ad litem could play a more substantial role in assuring children's safety. In the Board's experience, while many guardians ad litem responded to the Board's request for information during the review process, others did not (in 2007, 1,760 of 5,219 requests were responded to either by completing a questionnaire or attending the review).

Judges need to hold guardians ad litem accountable for their duties in connection with the children they represent. Guardians ad litem are required to submit reports that are independent of those submitted by the other participants in the case, and that represent the independent judgment and recommendations of the guardian ad litem regarding the child's placement and any other issues affecting the child's best interests and legal rights. Judges should ensure that their guardians ad litem have actually visited the children whom they are appointed to represent. Due to age or physical/mental condition, children who are most vulnerable to abuse and neglect often cannot speak for themselves.

⁶⁸ Guardian ad litem commendations are on page 25.

Focus on Young Children (Birth to Age Five)

The Board's recommendations:

1. Minimize placement disruptions by recruiting and working with foster care families for infants, toddlers and preschool children and identifying appropriate relative placements (e.g. aunt, grandmother) as early as possible in the child's case.
2. Develop specialized units within DHHS where highly trained professionals focus on providing permanency for children who have been identified as unable to return home due to parental inability or unwillingness to provide long term care.⁶⁹ Reduce the caseloads for these specialized caseworkers.
3. Offer intensive services to parents at the onset of the case, with the intent to assess their long-term willingness and ability to parent. Ensure that every assessment of the parent's on-going progress measures not only the parent's technical compliance with court orders but also true behavioral changes.
4. Caseworkers, foster parents, agencies responsible for contracted foster homes, guardians ad litem, therapists, courts, and other concerned parties should do everything possible to encourage a well-thought-out transition plan for any child that must move, especially if the child is pre-school age or developmentally delayed. The plan must be based on the children's age, developmental stage, needs, and attachments.

Background:

The first five years of a child's life are crucial for successful and healthy development. **On December 31, 2007, there were 1,330 children in foster care in Nebraska who were under six years of age.** Focusing upon children birth through age five provides a long-range solution to the number of young children in foster care, while simultaneously protecting that group of children most vulnerable to abuse and neglect.

National research:

Research on children's physical and emotional development indicates that, especially for the preschool population, it is critical to have stability and continuity of care. Children in this age group are developing the physical connections of the brain.

In their research, Drs. T. Berry Brazelton & Stanley Greenspan identified the essentials needed if children are to develop higher-level emotional, social and actual abilities:

Fundamental Building Blocks for Children⁷⁰

1. Ongoing nurturing relationships.
2. Physical protection, safety, and regulation.

⁶⁹ Permanency indicates that the child is in a safe, stable family situation. This could be with the parents, through adoption, or, for older children, through a guardianship.

⁷⁰ Dr. T. Berry Brazelton, & Stanley Greenspan, "Our Window to the Future," Newsweek Special Issue, Fall/Winter 2000.

3. Experiences tailored to individual differences.
4. Developmentally appropriate experiences.
5. Limit setting, structure and expectations.
6. Stable, supportive communities and culture.
7. Protection for the future.

Research has also shown that when young children must cope with prolonged or multiple stressors, these vital 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.⁷¹

Instability in foster care can further exacerbate such problems. **The American Academy of Pediatrics has found that paramount in the lives of children in foster care is the children's need for continuity with their primary attachment figures** and the sense of permanence that is enhanced when placement is stable.⁷²

Many children in foster care have experienced toxic stress levels

Nationally, very young children are the fastest growing segment of the child welfare population. Nearly 40 percent of them are born at low birth weight and/or premature, two factors which increase the likelihood of medical problems and developmental delay. More than half suffer from serious physical health problems. Dental problems are widespread. Over half experience developmental delays, which is four to five times the rate found among children in the general population.⁷³

Statistical findings:

Unfortunately, after children are removed from the home, many experience multiple placements and/or failed reunification attempts with their parents, and thus have a lack of the ongoing nurturing relationships and attachments required for them to grow and thrive.

1. **On an average day in 2007 about 1,325 children ages five and under were in foster care in Nebraska.** By any standard, this number means that many preschoolers have been abused or neglected to the point of requiring removal from the parental home.
2. **530 (40.0%) of the 1,326 children ages five and under who were wards of DHHS and in foster care on December 31, 2007, had been in more than two foster homes.** This compares to 48.4% in 2006, 41.4% in 2005, 35.0% in 2004, 38.0% in 2003, and 36.5% in 2002.

⁷¹ Sources include Robin Karr-Morse and Meredith S. Wiley in Ghosts From the Nursery, c. 1997.

⁷² 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.

⁷³ *Promoting the Emotional Well-Being of Children and Families, Improving the Odds for Healthy Development of Young Children in Foster Care.* Dicker, Gordon, Knitzer. Columbia University, 2002.

3. **307 (23.2%) of the 1,326 DHHS children ages five and under in foster care on December 31, 2007, had been in more than three foster homes.**
4. **203 (15.3%) of the 1,326 DHHS children ages five and under in foster care on December 31, 2007, had been removed from the home at least once before.** This compares to 15.5% in 2006, 13.5% in 2005, 13.8% in 2004, 13.0% in 2003, and 13.7% in 2002.

Transitions:

If it is imperative that children be moved from one foster home to another, research has shown that there are a number of ways of conducting the transition that will help the child better cope with the new situation. Transition plans should be carried out in the most child-friendly manner possible. Young children, especially, need a predictable routine and to be with someone whom they know and trust at all times.

Parental substance abuse:

An additional concern is the number of young children who come into care as the result of substance abuse by their parents. Substance abuse is always difficult to overcome, and methamphetamine abuse appears to be more difficult to overcome than many other mood-altering drugs. For children under age two who were reviewed in 2007, 40.7% came from homes with parental methamphetamine abuse.⁷⁴

With respect to the 948 children birth to age five in the special study conducted in the fall of 2006:

- 103 (10.9%) children were born substance affected.
- For children who entered care because of a parental substance abuse issue, the substance(s) of choice was:
 - Methamphetamine – 352 children (37.1%)
 - Alcohol – 218 children (23.0%)
 - Cocaine – 124 children (13.1%)
 - Marijuana – 60 children (6.3%)
 - Heroin – 9 children (0.9%)

The Board strongly supports the Douglas County Family Drug Treatment Court (FDTC) that serves children birth through age three and their parents. The Court is very clear; it serves children first with a clear focus on permanency, and then the families. From the beginning parents are made aware that the focus of the FDTC is on child well-being and permanency, not simply parental sobriety. The abuse/neglect case is not separate from the drug case. The Board supports the concept and recommends that it be expanded.

⁷⁴ Additional information on parental methamphetamine abuse can be found on page 31 and in the table on page 188.

Children's Mental Health and Behavioral Issues

The Board's recommendations:

1. Create a single point of entry to mental health services.
2. Increase access to those services, especially during a crisis.
3. Build capacity across the state.
4. Address denials of services based on behaviors.
5. Provide continual evaluations of the quality of services received.

Background:

When a child is removed from the family home, he or she is often not clear as to why this bond has been interrupted or broken, and why he or she is placed in the care of strangers. This disruption is especially harmful for younger children, layering additional levels of confusion and anger on top of the trauma of initially experiencing abuse and/or neglect in the toxic home environment. What happens to a child in this series of circumstances?

First, the child, sensing that all these changes are beyond his or her control, begins to act out, begins to display behavioral and discipline problems. Why? Children feeling powerless over their circumstances will sometimes rebel against foster parents, care giver, teacher, therapist, etc. – any authority – as if to say, “I am not in control of my life, you are not going to have control either.”

In reality, behavioral issues can easily be an anticipated consequence of a child's abuse and neglect, and/or removal from his or her home and family. Other children enter the system with behavioral issues that may stem from a variety of causes, some of which are exacerbated by the placement process itself.

Much of the treatment for children with mental health needs is paid for through a managed care contractor, such as Magellan, as a means to control the costs of treatment and psychiatric placements. The Board has identified the following issues with current managed care:

- Some children are required to go through a process of placements involving unnecessary repeated failure in lower levels of care before Magellan will approve the higher-level treatment placement that was originally recommended by a professional after assessing the child's needs.
- Children's behavioral disorders do not routinely receive treatment because they are not deemed by Magellan to meet the criteria for “medically necessary” services that it requires before it will pay for services (11.5% of children who entered care due to their behaviors did not have services in place). Additionally, there appears to be no alternative source of payment for these much-needed services. While child welfare funds could be used for such services, it is not in

routine practice. Consequently, many children are denied the appropriate services to meet their behavioral problems.

- “Medically necessary” appears to be a term used to enable the managed care provider to deny treatment for children based upon financial grounds alone.
- Some children are prematurely moved from treatment placements based on whether the managed care contractor will continue to approve payments, rather than based on the children’s needs.

Children who need mental health services fall into four groups:

1) Children who enter foster care because they already have existing mental health issues.

739 (19.4%) of the 3,086 children reviewed in 2007, entered care due to their own behaviors. These children need mental health or therapeutic placements, reliable visitation monitoring, and therapeutic respite care. The contract with Magellan should be examined so that behavioral health issues are covered and the appeals process is made more manageable.

2) Children who experienced abuse or neglect in their homes and need help recovering.

339 (8.9%) of the 3,086 children reviewed in 2007, had been abandoned. 59.6% of the 334 children reviewed who were under age two, entered care due to parental substance abuse. Access is needed to substance abuse, domestic violence, and mental health treatment for the parents. Continued reform is needed for the system, with assurance that all children in out-of-home care receive needed treatments and services.

3) Children who experience trauma in the child welfare system, due to multiple placements or abuse from other children or care givers.

More placements are needed, as well as greater oversight of those placements. Caseloads need to be addressed to give caseworkers more time to help these children in out-of-home care cope with the changes in their lives.

4) Children who had been in foster care and were adopted or placed into guardianship.

The majority of children adopted may need mental health services, especially in the years of adolescence. Access to post-adoptive services needs to be made readily available.

Too many children in foster care are not receiving recommended behavioral disorder or mental health treatment. This situation will, predictably, result in troubled adults later in life. The Board recommends a more humane approach to mental health, including statewide development and support of community mental health centers, and better support following adoption of children from out-of-home care.

Issues specific to children who enter care due to significant mental health issues

Many of these children enter the child welfare system so that parents can access children's treatments, particularly if they have exhausted their insurance, or have no insurance, and cannot afford to pay for the child's treatment, which can be needed for a considerable length of time and be very expensive.

This includes some children who were adopted from the child welfare system and later as adolescents are predictably re-integrating their early experiences. Since children adopted from the system have frequently suffered the most egregious abuse or neglect, it would not be uncommon for them to need some mental health services as they became older.

How mental health issues can be impacted by early childhood experiences

Some mental health issues stem from earlier experiences, such as being the victim of child abuse or neglect, having one or both parents die, or other early traumas. Some issues are the result of fetal drug or alcohol exposure, and/or other cognitive impairments. Some issues come from chaotic lifestyles, parental substance abuse, or domestic violence in the home. Some issues are related to biology or genetics.

The following are some findings of national experts:

“The importance of positive early environments and stable relationships for a child’s healthy development is incontrovertible...Children who spend their early years in foster care are more likely than other children to leave school, become parents as teenagers, enter the juvenile justice system and become adults who are homeless, incarcerated and addicted to drugs. Answering the cry of infants in foster care is an investment in their lives and the future of all children.”⁷⁵

“Children in a methamphetamine home are victimized by the very environment in which they live. They are often victims of, or witnesses to, significant domestic violence and physical abuse. The methamphetamine culture is often sexually explicit.... The children are exposed to both an alcohol and drug culture as friends of the users come and go. Mothers who are required to choose between reunification with their children or continued methamphetamine usage all too often choose their drug rather than their children.”⁷⁶

⁷⁵ Ensuring the Healthy Develop of Infants in Foster Care: A Guide for Judges, Advocates, and Child Welfare Professionals, Permanent Judicial Commission on Justice for Children, Zero to Three Policy Center, January 2004.

⁷⁶ Honorable John P. Icenogle before the Congressional Committee on Education and the Workforce Subcommittee on Education Reform, Hearing on Combating Methamphetamines through Prevention and Education, Nov. 17, 2005.

“Early neglect significantly predicated aggression.”⁷⁷

Instability in foster care can impact mental health needs

Children may move too often while in foster care, or have other needs that go unmet. This is more fully described in the section on stabilizing children’s placements, so will not be repeated here.

“Moves from foster home to foster home should be limited to all but the most unavoidable situations. Every loss adds psychological trauma and interrupts the tasks of child development.”⁷⁸

Managed care impacts mental health needs

Much of the treatment for these issues is to be paid for under the managed care contract. DHHS has a contract with Magellan as a means to control the costs of inpatient treatment and psychiatric placements, which are expensive, but necessary, services for many children.

The Board has identified the following issues with the current managed care system:⁷⁹

1. Children are required to go through a process involving unnecessary repeated failure in lower levels of care before Magellan will approve the higher-level treatment placement that was originally recommended by a professional based on the children’s needs.
2. Children’s behavioral disorders do not routinely receive treatment because they are not deemed by Magellan to meet the criteria for “medically necessary” services that it requires before it will pay for services, and there appears to be no alternative source of payment for these services.
3. There is no federal definition of “medically necessary,” thus, the definition being used for the Nebraska managed care contract needs to be clarified so that children are not unnecessarily excluded.
4. There are reports of numerous communication breakdowns. For example, Magellan is responsible for arranging with and paying subcontractors to provide children’s transportation to and from therapy sessions. It has been reported that there are frequent communication breakdowns in this system, and therapy sessions are missed as a result.

⁷⁷ Study of the association between early childhood neglect and later childhood aggression, conducted by the University of North Carolina at Chapel Hill. Abstract released in April 2008 in the Journal Pediatrics.

⁷⁸ Vera I. Fahlberg, M.D., *A Child’s Journey Through Placement*, page 176. Perspectives Press, c. 1991.

⁷⁹ See section on the managed mental health contract, beginning on page 81.

Statistical Findings:

- 19.4% of the children reviewed in 2007 (739 of 3,806 children) entered care due to their own behaviors.
 - Regarding these children's permanency objective
 - 437 children (59.1%) had an objective the board agreed with
 - 179 children (24.2%) had an objective the board did not agree with
 - 77 children (10.4%) did not have a current written plan
 - 46 children (6.2%) were in process of an evaluation, so the appropriateness of the permanency objective could not yet be determined
 - Regarding services for these children:
 - 406 children (54.9%) had all services in the plan in motion
 - 127 children (17.2%) had only some of the services in motion
 - 82 children (11.0%) had services offered but not utilized
 - 39 children (5.3%) it was unclear what services were being provided
 - 85 children (11.5%) did not have services defined in the plan
 - Regarding the children's placement:
 - 617 children (83.5%) were in a safe and appropriate placement
 - 22 children (3.0%) were in an unsafe placement
 - 73 children (9.9%) there was insufficient documentation to determine if the placement was safe or appropriate
 - 27 children (3.7%) were in a placement that was safe, but inappropriate to meet their needs
- 63.5% of the children reviewed (2,417 of 3,806 children) entered care due to neglect – the failure to provide critical care, basic and necessary medical care and hygiene, or minimal supervision.
- 8.9% of the children reviewed (339 of 3,806) had been abandoned.
- 46.8% of the reviewed children ages 9-12 entered care due to parental substance abuse.
- 34.9% of the children in care on December 31, 2007, (1,759 of 5,043 children) had been in six or more placements (foster homes or group homes) over their lifetimes.

Expedite Permanency

For clarity, this section is divided into four parts:

1. Improving case planning.
2. Addressing paternity issues.
3. Better utilizing permanency hearings.
4. Addressing service issues.

Part 1: Improve case planning

The Board's recommendations:

1. Utilize pre-hearing conferences and family group conferences to identify services for the family at the onset of the case. Include biological families in the planning process and provide them and their attorneys a clear explanation of what the family must accomplish to get the children returned.
2. Write clear, appropriate plans with services, goals, and timeframes and carefully document parental compliance with the plan so that if parents are non-compliant the court will have a meaningful basis for assessing the reasons for the non-compliance and alternative permanency can be pursued, if needed.
3. Ensure that case plans are developed for *all* youth under OJS, including those at the Geneva and Kearney Youth Rehabilitation and Treatment Centers.
4. Utilize the statutory exceptions to the State's duty to exercise reasonable efforts towards reunification, especially in cases of extreme abuse or neglect.

Statistical findings:

DHHS has made significant progress in assuring that children have current, written case plans. The percentage of cases with plans jumped from 50.4% of the cases reviewed in 1999 to 74.6% of the cases reviewed in 2007. The Board congratulates DHHS on this important achievement, and offers additional recommendations for the children without plans, without complete plans, or with plans with inappropriate goals/permanency objectives.

The following are some statistical indicators of the work to be done:

1. 25.4% of children reviewed in 2007 did not have complete written permanency plans (1,385 of 5,458 reviews).
 - a. 444 children had no current written permanency plan.
 - b. 941 children had written plans that were incomplete, meaning that the plans omitted one or more essential elements needed to establish what is to happen, how this will be accomplished and a timeframe within which the plan is to be completed. These plans are also missing the essential elements needed to hold parents accountable.
2. In 30.2% of the cases reviewed in 2007, the Board disagreed with the child's permanency objective as stated in the plan (1,651 of 5,458 children reviewed).⁸⁰

⁸⁰ For more information about the Board's findings on permanency plans, see table 3 on page 148.

3. 41.7% (1,588 of 3,806) of the children reviewed in 2007 had been in care for at least two years over their lifetime. 9.2% (351) had been in care for five years or more over their lifetime.
4. 38.3% (1,701 of 4,437) of children removed from their home during 2007 had already gone through at least one failed reunification attempt.
5. 8.7% of the children who left care in 2007 had an adoption finalized.⁸¹ Other states have higher rates. South Carolina was 24% in 2004. Oregon was 19% in 2003. Maryland was 18% in 2003.

What a permanency plan must contain:

The Foster Care Review Act of 1982, Neb. Rev. Stat. §43-1312, mandates that each child in out-of home care have a written plan that is to be updated at least once every six months. The plan should include:

1. The long-range goal (permanency objective) such as reunification, adoption, etc.;
2. The purpose for which the child has been placed in foster care;
3. The estimated time necessary to achieve the purpose of foster care placement;
4. A description of services that are to be provided in order to accomplish the purposes of foster care placement;
5. The person(s) who are directly responsible for the implementation of such plan;
6. A complete record of the previous placements of the foster child;
7. Documentation regarding the appropriateness of the placement; and,
8. Independent Living Skills if the youth is 16 years old or older (§43-285(2)).

Additional rationale:

Case plans outline clear expectation of what the parents and children need to accomplish in order that the permanency goal can be achieved. If there is no plan, then there is no way for the parents, the case managers, or legal parties to the case to accurately measure progress. In the case of non-compliant parents, no plan can mean that children linger in foster care without achieving permanency because the professionals lack the documentary evidence required to build a case for termination of parental rights.

The Board finds that case files for OJS often have incomplete permanency plans, lacking time frames, goals, services, and related documentation.

Through pre-hearing conferences and family group conferencing, family members are included in the development of the case plan. During these meetings, parents are given the opportunity to report the services they feel they need and the services in which they are willing to participate.⁸²

But having a permanency plan, in and of itself, is not enough – the plan that is formulated must be appropriate. To be appropriate, case plans should:

⁸¹ For more information on why children's cases terminated, see table 13 on page 178.

⁸² For more information on pre-hearing conferences, see page 48.

- Meaningfully address all the reasons that the child was placed into foster care,
- Be based on the parent's individual needs and circumstances, and
- Include services that are available in the community where the parent and child reside.

While most case plans have a goal of family reunification, Nebraska law describes several circumstances where the State is not required to offer services towards reunification when the court has determined that such circumstances exist. These reasons or aggravated circumstances include but are not limited to: abandonment, torture, sexual abuse, and chronic abuse; the parent involved in murder, manslaughter, felonious assault of a sibling, or situations where the parental rights to a sibling have been terminated involuntarily. If the court finds an exemption exists, then DHHS can develop a plan of adoption or guardianship at the beginning of the case, thus decreasing the length of time that these children will remain in foster care.

It is estimated that 20-30% of the children's cases involve the kind of parental behaviors that could constitute a legal exception to the State's duty to make reasonable efforts to reunify, based on the number of children who enter care due to sexual abuse, chronic or serious physical abuse, abandonment, or circumstances involving homicide or serious bodily injury inflicted upon a sibling. However, in actual practice, the Board does not see many of these cases where the State has aggressively pursued a judicial determination to establish that reasonable efforts to reunify are not required.

Part 2: Address paternity issues

The Board's recommendations:

1. DHHS should work with county attorneys from all 93 counties to assure that paternity has been addressed for every child who has been in care for six months or more.
2. Utilize pre-hearing conferences to identify all possible parents and request that genetic testing be completed at the onset of the case.

Statistical findings:

The Board finds that paternity had not been established for 731 (19.2%) of 3,806 children's cases reviewed in 2007. Paternity was undocumented, and therefore likely not determined, in another 93 (2.4%) children's cases.

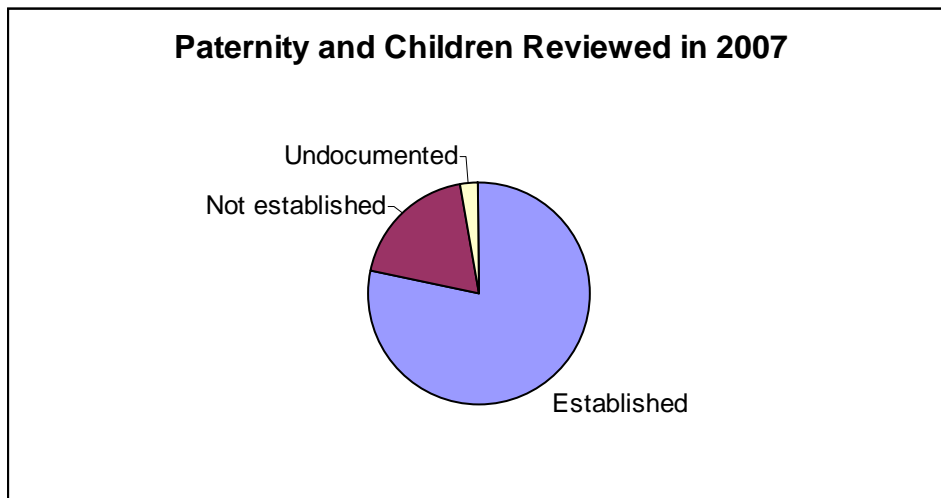
Paternity was not yet established for 19.8% of the reviewed children who had been in foster care for 12 months or more.⁸³ Where paternity is not established, fathers are not included in the case planning.

⁸³ For more information about paternity identification, see table 17 on page 182.

Additional rationale:

Failure to identify or ascertain the issues of the child’s paternity creates two major problems for the child: 1) an inability to assess the suitability of the father or any of his relatives as a prospective custodian of the child, and 2) the child cannot be free for adoption as long as the father’s parental rights remain unaddressed. Both of these problems can result in a delay of permanency for the child consisting of several months or longer. If the child has had a positive relationship with a purported paternal relative, timely paternity identification can help assure that these relations remain intact.

Even though paternity might be established, children can sometimes experience a significant delay in permanency as the non-custodial parent’s rights and ability to parent are assessed. The Board has reviewed cases in which the rights of mothers had been relinquished or terminated long before there was any identification of the children’s father. This situation requires the children to wait several more months for permanency while the father’s rights were being addressed. Ultimately, children cannot be placed for adoption or guardianship until the rights of both parents have been resolved.



Part 3: Better utilize permanency hearings

The Board’s recommendations:

1. Ensure the Courts’ permanency hearings are effectively determining the direction for the case with respect to children who have been in foster care for at least 12 months.
2. Expedite permanency and ensure that children leave foster care in a timely manner.

Statistical findings:

Foster care should be a temporary situation. However, in Nebraska far too many children remain in foster care for extended periods of time, with 41.7% of the children reviewed in 2007 in foster care for 24 months or more over their lifetime, and 9.2% in care for at least 60 months over their lifetime.⁸⁴

Additional rationale:

As required by the federal Adoption and Safe Families Act, significant portions of which have been adopted by Nebraska, the permanency hearings are designed to be a critical point for determining whether the goal of reunification remains viable, or if termination of parental rights should be pursued.

Permanency hearings are required by law to occur in all cases and must focus on appropriate permanency in order that children can move out of the foster care system. Lawyers and judges should be conscientious to assure that permanency hearings take place at the required 12-month intervals in order to reduce the time that children spend in the foster care system.

Part 4: Address service issues

The Board's recommendations:

1. Assist rural and metro communities in developing treatment and services for children, youth, and their families, including:
 - a. Substance abuse,
 - b. Anger control and Batterers' Intervention Programs,
 - c. Mental health treatments,
 - d. Alcohol/drug treatment,
 - e. Housing assistance,
 - f. Family support workers,
 - g. In-home nursing,
 - h. Family and individual therapy, and
 - i. Educational programs.
2. Develop flexible funds for DHHS service areas to use to meet children's and families' needs.

Statistical findings:

The Board finds that appropriate, effective services are not made available to many children, youth, and families. As shown in Table 3 of this report, all the services in the permanency plan were in motion in only 44.0% (2,404 of 5,458) of the reviews conducted in 2007.

⁸⁴ See Table 1 on page 141 for more details.

Additional rationale:

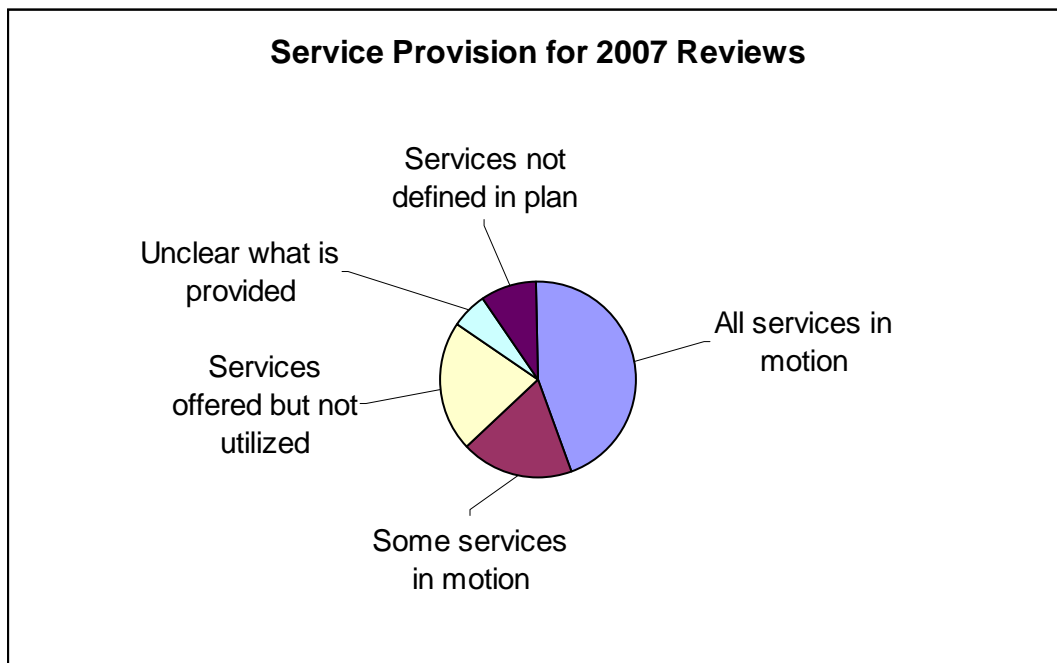
Family reunification is more likely to occur if services are easily accessible, community-based, and delivered within six weeks; however, services are not even available in some parts of the State.

Even when the plan is no longer reunification, children may need a number of services to help them mature into responsible adulthood due to past abuse, neglect, or behavioral issues. In addition, children sometimes remain in foster care for months during which time family issues are not being addressed due to the fact that their parents are on long waiting lists for services.

Delays in the delivery of court-ordered services are of even more concern in the wake of recent federal and state legislation requiring that termination of parental rights be considered in cases where a child has been out of the home for 15 of the past 22 months.

Distance, funding, and case management issues all impact whether or not children and/or their parents receive recommended services.

An additional concern is that services for parents are often available from 8 a.m-5 p.m., without the flexibility to accommodate parents whose available time does not coincide with the normal “business day” of service providers. This makes it exceptionally difficult for parents to comply with case plans, especially where parents are “new hires” or work in positions where taking time from work is regarded with disapproval by employers, or constitutes unpaid time, further impacting families who are often already affected by poverty.



Build a System of Oversight for Contracted Services

The Board's recommendations for all contracts

- 1. Build an oversight system within DHHS to assure the delivery of quality services to children and families where contractors are utilized. This should include:**
 - a. Evaluate all contracts for precise, clearly stated expectations, including consequences for non-compliance.
 - b. Specify basic qualifications for contractor employees, including a mandate that all contract employees have a thorough background check, and that all employees have an appropriate identification card.
 - c. Provide a clear reporting mechanism and a means for DHHS to verify that services have been performed satisfactorily prior to issuing payment for such services.
 - d. Assure that DHHS has specific individuals in position to monitor contract compliance to fulfill fiduciary and child welfare responsibilities.
- 2. Implement immediate, proportional consequences for agencies that fail to meet strict guidelines regarding children's safety.**
 - a. Specify results-oriented penalties, including monetary penalties or immediate termination of the contract, for agencies that do not comply with safety or care standards.
 - b. Clearly identify who within the system has authority and responsibility to investigate safety concerns, as well as who has the authority to take action to correct the concerns. Assure these investigations happen in a timely manner, and that results are communicated effectively.
 - c. Disallow contractor administration from being the sole investigator for any incidents/complaints in order to assure objectivity. State law should be followed and all reports of abuse or neglect investigated by trained DHHS workers, and law enforcement where appropriate.
 - d. Prohibit the current practice of closing investigations of alleged abuse or neglect of a child as "Unfounded" simply because the contractor has disciplined or terminated the staff person involved, or because the child is moved from the placement, or because the child is transferred to a new day care. Follow the DHHS policy of placing persons on the central register, including the contractor's staff members and employees, even if the contractor itself took disciplinary action.
- 3. Ensure consistency in providers.**

Background:

DHHS contracts with private agencies to provide services to foster children and their families. Some children are impacted by more than one contract type. Common contract types include:

- Supervising/monitoring of court-ordered supervised visitation between the parents and children,
- Transportation (to/from visitation, to/from therapy, to/from school activities, etc.),
- Placements (foster homes, group homes),
- Services such as mental health care,
- Case Management, and
- Managed care approvals for treatment level services and transportation to therapy.

From the Board's review data, it appears that over half of the children in foster care are impacted by contracted services or placements that are monitored by a contract provider.

Statistical findings:

From its review of foster children's cases, the Board is concerned about the effect that the current system of contracting of services and placements has on foster children. In at least 22.1% (1,207 of 5,548 reviews) of the reviews conducted in 2007, the children received casework or placement services through a contractor.

In a special study of 948 children under age six that was conducted in the fall of 2006, the Board found the following:

1. 507 (53.5%) of the 948 children had parental visitation supervised or monitored by a contractor. The Board is concerned that often caseworkers were not provided information from the contractor in a cohesive, timely manner.
 - a. **Due to the lack of visitation reports, it was unknown how many different contractor staff persons supervised or monitored the visitation with parents for 147 (29.0%) of the 507 children.**
 - b. For the remaining 360 children, **174 (48.3%) had four or more different persons supervising or monitoring their visitation sessions.**
 - i. 133 had four to 10 different persons supervising/monitoring visitation,
 - ii. 25 had 11 to 15 different persons supervising/monitoring visitation, and
 - iii. 16 children had 16 to 35 persons supervising/monitoring visitation.
2. 360 (37.9%) of the 948 children in the study were transported by contractors during the six months prior to the study.
 - a. **111 of the 360 children (30.8%) had no file documentation indicating the number of different staff persons who had transported the children.**

- b. This included 85 children with 4 to 10 different drivers, 21 children with 11-15 drivers, and 5 children with 16-35 different drivers.

As the above statistics illustrate, no documentation existed in the DHHS record for almost one-third of the young, vulnerable children reviewed. This gap in documentation affects the ability of DHHS to assure children's safety, gather evidence, and assure responsible fiscal management.

Additional rationale:

The practice of contracting services and foster care placements has put children at risk and increased the chances of poor outcomes for children in a number of ways, such as:

1. Critical information is not being communicated or not easily made accessible between the case manager and all the contractors in a case.
 - a. This communication gap exists both from the case manager to the contractor and from the contractor to the case manager.
 - b. Contractors have reported having difficulty obtaining responses to their phone calls, which appears to be endemic.
 - c. Reports from contractors may be illegible, unsigned, or otherwise substandard, or may not exist at all.
2. In some cases, contractor staff persons have the only contact with the children; yet have few interactions with the case managers.
3. Children are being transported by a number of different adults whom they do not know, causing increased stress.
4. The cost of contracting with for-profit organizations limits the funds available to provide permanent case management for the children's cases.
5. Children's cases do not achieve stability in a timely manner due to breakdowns in communication.

There are insufficient means of oversight to ensure that children are safe and that they are actually receiving the contracted service. In many cases the quality and quantity of services has deteriorated since DHHS began contracting out services, and many children and youth are not receiving the services they need.

This problem is only exacerbated when the same employee of the contractor does not consistently render the service, but instead, there are changes within the contractor's personnel. This lack of consistency in the provision of contractor personnel is not only confusing and concerning to children, to parents, and to foster parents, but also impairs the contractor's ability to provide the court with meaningful observations and assessments formulated by the same observer over a period of time.

Confusion in connection with contracted services can also result from lack of clarity in the actual terms of the contract between DHHS and the service provider. If the contract does not identify any specific system of assessing the contractor's performance under the

contract, or for measuring outcomes under the contract, this can also contribute to confusion and lack of quality in the services provided to children.

Any disconnect between the communication of vital information between contractors and DHHS only impairs the quality of case management. In turn, the unavailability of crucial evidentiary documentation means that the court will lack reliable information, and decisions could be made upon an incomplete and inaccurate picture of the child and his or her family and their needs, as well as the level of progress that has been achieved toward court-ordered goals.

Address managed care issues, and ensure children receive services needed to address behavioral and mental health issues⁸⁵

The Board's recommendations:

1. Rewrite contracts with managed care to include payment for services for children and youth with a wide array of behavioral problems.
2. Establish outcome based oversight and control of this contracted service.

Rationale:

DHHS has a contract with a managed care company, Magellan, to approve any specialized treatment placement or services prior to the child receiving the treatment placement or service. The contract was formed as a means to control the costs of inpatient treatment and psychiatric placements.

The managed care provider does not fund services to address and/or control behavioral problems – only “medically necessary” services as it defines the term. Yet the reason that many children need the higher-level treatment services is due to behavioral issues. Consequently, many children are denied the appropriate services to treat their behavioral problems.

While in theory there is the option of using child welfare funds to cover denied services, this is not the norm in practice. Further, the appeals process is reported to be so cumbersome that many case managers do not even try to appeal a denial.

Thus, “medically necessary” appears to be a term used to enable the managed care provider to deny treatment for children based upon financial grounds alone. In addition, many children are prematurely moved from treatment placements based on whether the managed care contractor will continue to approve payments, rather than based on the children's needs.

⁸⁵ See also the section on mental health and behavioral care issues, beginning on page 67.

Other children are required to go through a process involving unnecessary repeated failures in lower levels of care before Magellan will approve the higher-level placement that was originally recommended, based on the child's needs. For children who may already be stressed by the abuse or neglect they previously experienced, this compounds their issues by unnecessarily adding to the children's stress load, and can create an expectation of failure.

Children and youth often must "fail up" in order to receive needed services, which causes them further damage

There are also some unique communication challenges inherit in the managed care contract system. For example,

- Magellan is responsible for arranging with any of several sub-contractors to provide transportation to and from therapy sessions and paying for this transportation. It has been reported that there are frequent communication breakdowns in this system, and therapy sessions are missed as a result.
- Magellan is responsible for recommending that children be placed in treatment placements provided by any of several contractors, and paying for these placements. Issues regarding children's care are to be determined through Magellan requiring periodic updates on the child and conducting a review of the child's level of placement.

Address Educational Issues for Children In Foster Care

The Board's recommendations:

1. Begin collaborative efforts between local schools districts, the Department, foster parents, guardians ad litem, and other interested parties to reduce communication gaps and encourage school engagement by children, youth, and their caregivers.
2. Ensure that any foster child who qualifies for special education services, receives that service, regardless of where he or she is attending school.
3. Examine the examples of other States and consider implementation of the best ideas for promoting school stability.

Background:

Many children in foster care have lived in chaotic, stressful environments prior to their removal from the home. Some have had pre-natal and/or post-natal exposure to alcohol and/or drugs. These children often begin their formal education at a significant disadvantage.

Further, children who are experiencing separation from their parents, adjusting to a new living environment, and often adjusting to a new school, can experience too much stress to properly concentrate on their education. This is very similar to that situation in which a person who has just lost a spouse realizes that his or her ability to make sound decisions will be impaired during active grief. The grief effects are exacerbated each time a child is moved to a new placement and a new educational setting. Frequent school changes are associated with an increased risk of failing a grade in school and of repeated behavior problems.⁸⁶

Statistical findings:

During the Board's review of children's cases, the child's placement is contacted to ensure that the placement has received educational background information on the child at the time the child was placed. Foster parents, group homes and other placements are charged with making sure that the children placed with them are receiving all necessary services. Educational information is essential for this to occur.

In Nebraska,

- 6.4% of the foster parents of school-aged children reviewed in 2007 indicated they had not been provided the child's education records.

⁸⁶ *Impact of family relocation on children's growth, development, school function, and behavior*, Wood, D., Halfon, N. Scarlata, D., Newacheck, P., & Nessim, S. (1993), *Journal of the American Medical Association*, 270(11), 1134-1338. As quoted in the Legal Center for Foster Care and Education Fact Sheet on Educational Stability, www.abanet.org.

- In another 27.3% of the reviews there was no documentation indicating whether these vital records had been provided to the persons caring for the children on a daily basis.⁸⁷
- The Board was able to determine the special education status for 1,260 children it reviewed in 2007 who were between the ages of 6 and 15. There was documentation that 290 (23.0 %) of these children were enrolled in special education. File documentation was not available for another 246 children in this age group.

Additional rationale:

During the reviews, foster parents also reported concerns with the lack of coordination among the education, child welfare, health, mental health, and judicial systems, a lack of coordinated transition planning, insufficient attention to mental health and behavioral needs, and a lack of appreciation for the effects on the children of the trauma of abuse or neglect and of the trauma of removal from the home and subsequent moves while in foster care, all of which all impact a child's ability to learn.

In addition to children's placements, schools may also be contacted during the board's review of a child's case. Educators have reported that they have not been advised that children were in foster care, thus lacking the proper context within which to assess and respond to behavioral and educational issues. Little communication from one school district to another regarding the services a child had been receiving at the previous school triggers the need for subjecting the child to further educational testing as a prerequisite to receiving services at the new school.

Although children are placed in out of home care, their parents retain legal rights to determine aspects of their children's education. This causes delays in a child's receiving special education services, especially if the child does not remain in the same school system. Parents who are upset with the system, may refuse to authorize educational testing or services. While a surrogate parent can be appointed to represent the child, this involves delays.

National surveys of former foster children have found that the foster system also did not encourage high expectations for their education.⁸⁸ Numerous sources show that youth transitioning from foster care to adulthood often have significant educational deficits. These are the youth most likely to become homeless and face employment challenges.

⁸⁷ See Table 20 on page 185 for additional information on provision of education records to caregivers.

⁸⁸ *No One Ever Asked Us*, Trudy Festinger, (New York: Columbia University, 1984) cited in Patrick A. Curtis, Grady Dale Jr. and Joshua C. Kendall, eds, *The Foster Care Crisis: Translating Research into Policy and Practice* (Lincoln, Neb.: University of Nebraska, 1999), p. 109.

Actions other states have taken to address education issues for children in out-of-home care

In 2005, the State of Arkansas enacted legislation mandating that schools be informed:

1. By the next business day when children enter the child welfare system,
2. By the next business day after a child in foster care transfers to a new placement, and
3. By the next business day after the department comes to reasonably believe that a child in foster care experienced a traumatic event.

The law authorizes the school counselor to share this information with the principal and the child's teachers. The law also specifies that the department, or its designee, who can be a foster parent, shall be the decision maker for all general educational matters for the child, limited only by the court with jurisdiction.

Washington State has enacted legislation that requires the child welfare agency to work with the courts to develop protocols in order to ensure that educational stability is addressed in initial court hearings. Washington law also requires the child welfare agency to recruit foster parents from school districts with high numbers of foster care placements, and requires that the agency implement best practices for educational continuity.

New Hampshire allows children in foster care to continue to attend the same school district, even if the foster placement is outside the school boundaries.

California requires educational agencies to allow children in foster care to continue to attend his or her school of origin through the duration of the school year, subject to certain exceptions. It also makes schools and child welfare agencies jointly responsible for the timely transfer of foster children between schools. The law also provides for immediate enrollment in the new school when a transfer is necessary, even if the foster child is unable to produce records normally required for enrollment.

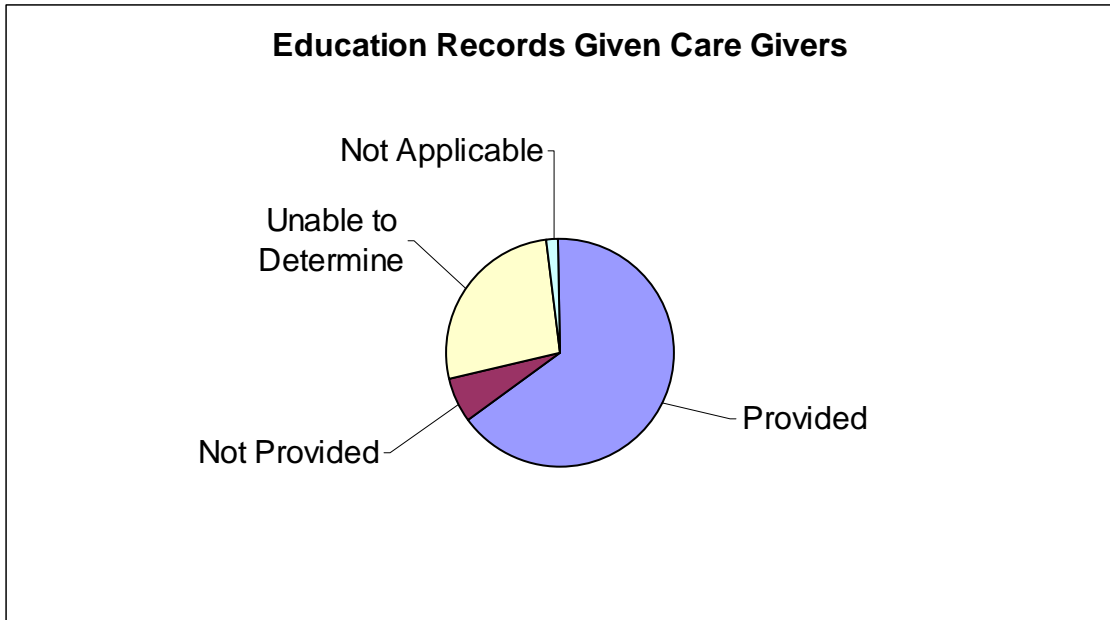
Texas law requires a school district to accept children who are in foster care without documentation, and requires that the State provide the necessary documentation within 30 days of enrollment.

Delaware defines children who are "awaiting foster care placement" as including all children in foster care, in order to obtain funding for education under the federal McKinney-Vento Homeless Assistance Act.

The definition of children eligible under the McKinney-Vento Act includes children who lack a "fixed, regular, and adequate nighttime residence." Since foster care by definition is temporary, many children in foster care have placements that may not be fixed or regular. The Act entitles students to remain in their original school even when they move to a foster placement in a different school district, to the extent feasible, unless it is against the parent or guardian's wishes. The Act requires schools to enroll eligible school students immediately, even if they do not have required documents. The Act

requires each school to designate an appropriate staff person as a liaison for eligible students. Children eligible under the Act are also eligible for Title I benefits, without needing to qualify based on their current academic performance.

Regulations under the federal Individuals with Disabilities Education Act (IDEA) provide that a foster parent may act as a child's "parent" under the act under certain conditions.



Hold Perpetrators Accountable, and Address Prosecution and Court Issues

The Board recommendations:

1. Prosecutors should file amended or supplemental petitions when new, substantive information arises so that the courts can address *all* the important issues in children's cases.
2. Allow the Attorney General's office to provide specialized attorneys who can file juvenile court cases to provide expertise for prosecutors. The Child Protection Unit of the Attorney General's Office has provided quality consultation and case assistance for felony child abuse cases throughout the state. The unit could be expanded or a similar unit established to provide assistance with child abuse and neglect prosecutions in juvenile courts. At the minimum, three attorneys, an investigator, and support staff are needed.
3. Increase training in child abuse prosecutions for newly elected or newly hired prosecutors. Include in this training the technical aspects of prosecution of crimes against young children and a familiarity with the various other professionals who are involved in the cases and their roles.

Background:

Cases involving child abuse or neglect can and should go through two separate tracks—the juvenile court system and the adult criminal court system.

The focus of the juvenile court is to address the reasons that the juvenile is a State ward, by the provision of services to the parents and their children. If parents are unable to become rehabilitated, their parental rights may be terminated. In criminal courts the focus is on holding the parents, or others who abuse or neglect children, criminally liable for their actions, which can result in the imposition of sentences involving fines, jail, probation, community service, or other appropriate dispositions.

In Nebraska, county attorneys are responsible for the prosecution of all child abuse and neglect cases in criminal court and the handling of all abuse and neglect cases in juvenile court.

It is essential to establish a sound legal basis for intervening in the lives of families by involving them in the juvenile court system when child abuse and neglect has occurred. It is also important to define the problem(s) in such a way that the issues are clearly identified, and that perpetrators of child abuse can be held criminally accountable for their actions.

Criminal court:

The Board acknowledges that it can be very difficult to criminally prosecute in cases of child abuse or child neglect when the primary witness is a child. This is especially true in light of the U. S. Supreme Court decision in the Crawford v. Washington case that affects

the admissibility of children's testimony to law enforcement, medical personnel, and others outside of a court hearing.⁸⁹

Nevertheless, it is important that prosecutions do occur in order to assure the safety of the child in question as well as other children that might have contact with the perpetrator.. **Sound and thorough investigations are important because they are the foundation of successful prosecutions.**

From a child's perspective, it is important that prosecutions occur. **Without prosecutions the perpetrators bear few consequences for the child's suffering.** A resolution or closure to the abuse is needed, as well as an assurance to the public that it will not happen again. Numerous research studies have found both disabled and very young children are often capable of testifying in court if the people working with the children know how to proceed.⁹⁰

The same type of situation can happen with plea bargains, even though many plea bargains are done with the best of intentions. For instance, the county attorney may be concerned that the child in question would be further damaged by the rigors of a criminal trial. Depositions can take hours, and recounting the details of sexual or other abuse can be very painful, and for some children impossible. The child may be pre-verbal or otherwise unable to communicate, which can make prosecution very difficult.

While acknowledging the difficulties to prosecution, if a child suffers extreme abuse or severe neglect, the perpetrators of the abuse need to be held criminally liable for the physical and psychological injuries the child suffers.

Juvenile court:

The Department is required by law to pursue reunification as the permanency objective for the child, and to create a plan to further that goal, unless there is adequate evidence upon which the Court can find that grounds for an exception to making reunification efforts exists.

The allegations of the petition are typically based upon the nature of and quality of the evidence available to the prosecuting attorney at the time of the filing of the petition. Effective prosecution of all of the issues that should be addressed in order to assure a child's health, safety and welfare can be impaired by poor investigations that yield insufficient or incomplete evidence.

In some instances, the most difficult issues to prove might not be addressed if the child can be brought under the jurisdiction of the juvenile court on other grounds. Thus, it sometimes happens that the county attorney will pursue adjudication on grounds that are readily provable, while at the same time declining to pursue adjudication upon grounds that are much more difficult to prove, based upon the prosecutor's belief that an easily-secured adjudication will be enough to guarantee the safety of the child.

⁸⁹ *Crawford v. Washington*, #02-9410, Argued Nov. 10, 2003. Decided Mar. 8, 2004.

⁹⁰ Among the researchers making this finding was Dr. Patricia Sullivan, currently at the Creighton School of Medicine Center for the Study of Children's Issues, in Omaha Nebraska.

While this practice might be effective for the quick removal of children from harm's way, the fact is that if the other, more serious grounds for adjudication are not pursued for prosecution, it opens the door to the return of children to situations where they are exposed to an unreasonable risk of further harm or abuse.

For example, consider the situation where the prosecutor has indisputable evidence that the parents maintain an unsafe, dirty house, but has only disputable evidence suggesting that the children have been sexually abused by the parents.

- If the prosecutor pleads the case only as one of a “dirty house” while declining to allege the more difficult ground for adjudication, (e.g., sexual abuse) the children might find themselves returned to the parental home once their parents have cleaned the house.
- This is a situation in which the initial adjudication could be used to remove the children quickly from harm, while the prosecutor continues to gather the evidence needed to file a supplemental petition in order to protect the children from sexual abuse.

Amended or supplemental adjudication petitions should be filed whenever new information is disclosed that materially affects the health, safety and welfare of the children. This does not always occur. If new information is discovered before the adjudication, the prosecutor can amend the petition. If such new information is discovered after the adjudication upon the initial petition, the prosecutor can file a supplemental petition.

Plea-bargaining agreements that reduce or dismiss serious allegations affecting the health, safety and welfare of children (e.g., sexual abuse) place children at risk for future harm, by depriving courts of the ability to meaningfully and directly address these issues, which have been eliminated by agreement from the basis for the adjudication.

Termination of parental rights:

Subject to certain statutory exceptions, the State must file a petition to terminate a parent's rights if the following exist:

1. The child has been in foster care for 15 of the most recent 22 months.
2. The child has been abandoned; or the parent has murdered a sibling; or the parent has committed voluntary manslaughter of a sibling; or the parent aided and abetted murder or manslaughter of a sibling; or the parent has committed felony assault result in serious bodily injury to the child or sibling.
3. Statutory exceptions relieve the State of the duty to file a petition to terminate parental rights when:
 - a. The sole factual basis for the termination is that the parents are financially unable to provide health care for the child.
 - b. If the sole factual basis for the termination is that the parent or parents are incarcerated.

- c. The child is being cared for by a relative.
- d. DHHS has documented in the case plan or permanency plan a compelling reason for determining that filing a petition for termination would not be in the child's best interest.
- e. Parents have not had a reasonable opportunity to avail themselves of services necessary in the approved case plan to correct the reasons the child is in care, but only if such reasonable efforts to preserve and reunify the family are required.

Within 30 days of a child having been in foster care for 15 of the most recent 22 months, the Court must hold a hearing to determine whether there is an exception to the requirement that the State file a petition seeking the termination of parental rights. If the Court finds that no exception exists, the State must file a petition to terminate the parental rights.

A termination can occur if the State proves two things by clear and convincing evidence: 1) at least one of the grounds for termination identified in Neb. Rev. Stat. §43-292 and 2) that termination is in the child's best interests. Under subsections 1-6 and 8-10, the same evidence used to establish the existence of the statutory grounds will often constitute sufficient proof of "best interest," that is, that the parent is unfit.

For example, clear and convincing evidence that the parents come within the meaning of §43-292(4), (which deals with debauchery), can also be used to establish that the parents are unfit. Under §43-292(7) which authorizes termination upon the ground that the child has been in an out-of-home placement for 15 or more of the most recent 22 months, the State must specifically prove by clear and convincing evidence that the parent is unfit in order to establish that it is in the best interest of the child for parental rights to be terminated.

Regardless of the type of hearing, heavy caseloads often tax the capacity of prosecutors to litigate their cases at maximum effectiveness. Newly-elected county attorneys or newly hired deputy county attorneys are often inexperienced in the area of juvenile court issues and practice, and frequently require and deserve more training in this specialized area of the law.

Fund the Positions the Foster Care Review Board Lost Due to the State's Budget Issues

During the budget cuts in the early 2000's the Foster Care Review Board lost five review specialist positions (a 16 percent cut in funding – a 4% budget cut in 2002, followed by a 5%, 3% and 2.62% budget cut in FY 2003, and a 6.3% budget cut in FY 2004). Despite the fact that the number of children in care now is approximately the same as the number of children who were in care just prior to the budget cuts, these review positions have not been restored. In addition, the Board has lost positions due to the decrease in the number of children eligible for IV-E funding, which has resulted in the Board not receiving as large a federal reimbursement for those reviews.

Shortly after the budget cuts were implemented, the State Board adopted a prioritization schedule due to the staff cuts and the resultant inability to review all children to meet its mandates. Special priority is given to children's cases where the Board has received a special request, children who are federal IV-E funding eligible, and children birth to age five who are not IV-E eligible. Staffing shortfalls have resulted in some children not being reviewed – primarily children who are age 6-18 and who are not federal fund IV-E eligible.

By statute, the Foster Care Review Board is required to review the cases of all DHHS wards that have been in out-of-home care for six months, and to re-review the children's cases at least every six months for as long as the ward remains in out-of-home care.

Due to the staff reductions necessitated by the budget cuts in the early 2000's, the Board continued to be unable to review all children in 2007.

In order to give additional children the protection of citizen review, the Foster Care Review Board is requesting funding for additional review specialists.

The protections of citizen review include:

- Reviewing each child's plan to determine if it is in the child's best interest,
- Sharing case concerns with legal parties prior to court so concerns can be addressed,
- Oversight to assure safety and appropriateness of child's placement through citizen review, visits and observations of child caring facilities, and/or Project Permanency visits,
- Advocating to address concerns that affect children's best interests, and
- Tracking all children in out-of-home care in an accurate and timely fashion.⁹¹

In the 1980's Dr. Ann Coyne, affiliated with the School of Social Work at the University of Nebraska at Omaha, conducted three separate studies regarding the efficacy of case reviews. The studies revealed that children whose parents were unable or unwilling to

⁹¹ For more information about the Board's creation and structure, see page 95ff.

provide care and whose case had the benefit of citizen review were two to four times more likely to have adoption as a plan when compared to other cases that were similar in every way except for not having the benefit of citizen case review.

In order to be able to provide this type of service to additional children, the Board respectfully requests that the aforementioned review specialist staff positions be funded.

Conclusion

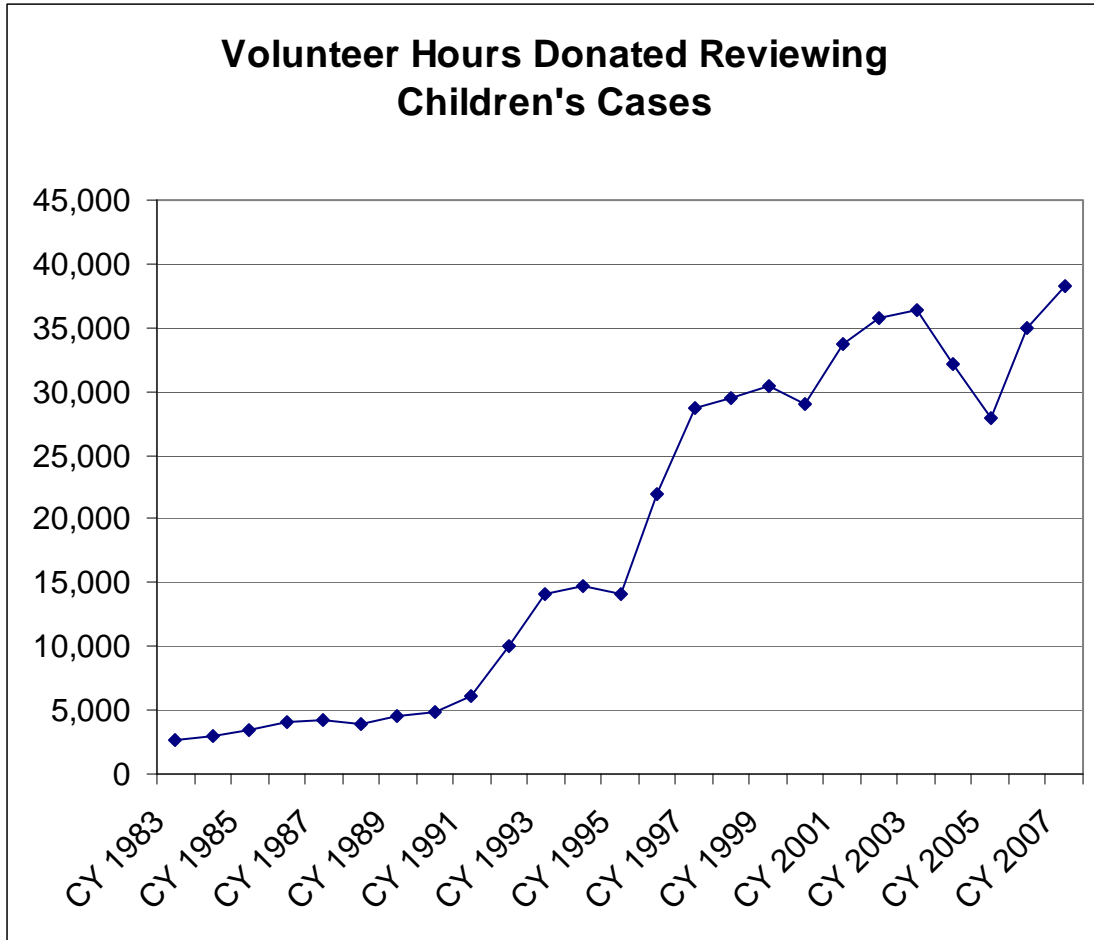
Nebraska can choose to follow the common sense steps recommended by its citizen reviewers and prioritize the safety and well-being of children who have suffered abuse and/or neglect.

Nebraska can choose to help children and families break the cycle of abuse by providing the services children and families need for the children to become productive adult members of society.

Nebraska cannot afford to neglect one of our most valuable resources, namely our children.



**Information About the Structure
and
Role of the Foster Care Review Board**



THE FOSTER CARE REVIEW BOARD

Why citizen review was enacted in Nebraska

At the time that citizen review in Nebraska was initially proposed, advocates conducted a review of a randomly selected sample that the Department of Social Services (now DHHS) thought amounted to about 10 percent of the children in foster care to determine the extent of the problems. They found that:

- Many children had languished in the child welfare system for years,
- Many children had no written plans for their future,
- Court reviews were not routinely occurring, and
- Many children had been “lost” in system; that is, due to poor tracking methods no one knew where some of the children in foster care were placed. Some of these children were never found.
 - In 1982, DSS estimated that there were about 1,800 children in foster care in Nebraska.
 - By the end of 1983 (the Review Board’s first year of tracking foster children), the Board had tracked 4,071 children in foster care in Nebraska.

The Nebraska State Legislature enacted citizen review in Nebraska in 1982 when it passed the Nebraska Foster Care Review Act. The Act was created in response to PL 96-272, federal legislation that mandated the development of permanency planning and periodic review of children in foster care, and in response to other problems in the Nebraska foster care system. The Act established the State Foster Care Review Board and also mandated periodic court reviews of children in foster care. The Act is found in Neb. Rev. Stat. §43-1301 to §43-1318.

Structure of the Foster Care Review Board

The Board was structured to give the agency the independence necessary to highlight breakdowns that can occur at every stage of a child’s case, and to provide input to policy-makers on what is needed to promote best practices for children and families involved in the foster care system.

The Nebraska Legislature designed the Foster Care Review Board to function as an independent State agency that is not directly affiliated with or under the control of either the judicial branch or the Department of Health and Human Services. This permits the Board to assess, report, and make recommendations regarding any problematic conditions and circumstances within each case.

The Board's Mission Statement

The State Foster Care Review Board's mission is to ensure the best interests of children in foster care are being met through external citizen review, monitoring facilities that house children and youth, maintaining up-to-date data on a statewide tracking system, and disseminating data and recommendations through an Annual Report.

The Board attempts to accomplish this by and through:

- Utilizing trained citizen volunteers to review the plans, services, and placements of children in foster care whether in foster care through the Department of Health and Human Services, or through private placement;
- Making findings based on the review and setting forth the specific rationale for these findings;
- Sharing the findings with all the legal parties to the case;
- Collecting data on children in foster care, updating data on these children, and evaluating judicial and administrative data collected on foster care;
- Disseminating data and findings through an Annual Report, community meetings, and legislative hearings;
- Visiting and observing facilities for children in foster care;
- Requesting appearance in further court proceedings through limited legal standing by petitioning the Court at disposition to present evidence on behalf of specific children in foster care and their families, when deemed appropriate by the State Board;
- Advocating for children and their families through individual case review, legislation, and by pressing for policy reform; and,
- Organizing, sponsoring, and participating in educational programs.

The Board's agency vision

The vision of the State Foster Care Review Board is that every child and youth in foster care live in a safe, permanent home, experience an enduring relationship with one or more caring adults, and have every opportunity to grow up to become a responsible and productive adult.

The State Board

In Nebraska, a State Board whose members are appointed by the Governor and approved by the Legislature governs the agency and determines policy. The terms of office of each Board member are staggered in order to assure continuity. The State Board oversees the agency, whose staff facilitates local Foster Care Review Boards in communities across the State and manages the Board's tracking system (an extensive database of all children in foster care).

During 2007, the State Board consisted of eleven members selected by the Governor and approved by the Legislature. By law, the composition of the membership must consist of:

- Three members of local foster care review boards, one from each congressional district;
- One practitioner of pediatric medicine, licensed under the Uniform Licensing Law;
- One practitioner of child clinical psychology, licensed under the Uniform Licensing Law;
- One member with expertise in the area of child welfare;
- One attorney who is or has been a guardian ad litem;
- One representative of a statewide child advocacy group;
- One director of a child advocacy center;
- One director of a Court Appointed Special Advocate (CASA) program; and
- One member of the public who has a background in business or finance.

The responsibilities of the State Board include:

- Creation and revision of Rules and Regulations, and Policies and Procedures;
- Oversight of the budget, expenses, and agency requests;
- Oversight of the selection, training, and supervision of Local Foster Care Review Boards;
- Oversight of the development and maintenance of a tracking system of all children in foster care;
- Oversight of Annual Report recommendations; and,
- Policy decisions and general oversight of the agency.

The State Board holds several meetings each year, usually in Lincoln. State Board meetings are open to the public, and subject to the open meetings law.

The Board's independent tracking system

The Board is required under Nebraska statute to maintain an independent tracking system. The Nebraska system is a national model for the information compiled. The independent tracking system enables the Board to track and report on indicators of how the system is responding to children's needs, measure outcomes for children and appropriately schedule children's reviews. The system is used to compile the statistics for the agency's statutorily required Annual Report and to compile statistics for special reports and fact sheets.

National, state, and local policy makers, courts, researchers, agencies who apply for grants, advocates, and others routinely request the Board's data, as the data is child focused, and frequently the only data of its kind available. Information from this system was given in testimony to Congress on several occasions. For instance, the Executive Director of Nebraska's Foster Care Review Board was invited to give testimony before

Congress due to the Board's data on recidivism and the practice of mandatory reunification, even in cases of extreme or chronic abuse. This became part of the 1997 federal Adoption and Safe Families Act.

The Board's independent computerized tracking system is housed in its main office in Lincoln. Up to 130 articles of information are maintained on children once they enter foster care. After a local board has reviewed the child's case, an additional 93 items of data are added.

Information on the Board's tracking system includes a description of why and when the child entered care; court dates and results; the local board's findings regarding the plan, the permanency objective, the safety and appropriateness of the placement, and barriers to permanency; the amount of time in foster care; sibling information; adoption data; and other pertinent data. Information on the children is continually updated as changes occur.

The Foster Care Review Board's tracking system is one of few in the country that follows all children placed in foster care in the State, as well as recommendations made on children during reviews. The Nebraska Foster Care Review Board receives reports and updates from the Separate Juvenile Courts and County Courts, the Department of Health and Human Services, as well as from private agencies throughout the State.

Per federal mandate, the Board's tracking system was placed on the DHHS N-FOCUS (SACWIS) computer platform in 2006. The Board successfully completed this conversion and maintained most of its data.

The case review process

The following is a brief description of the Nebraska Foster Care Review Board case review process.

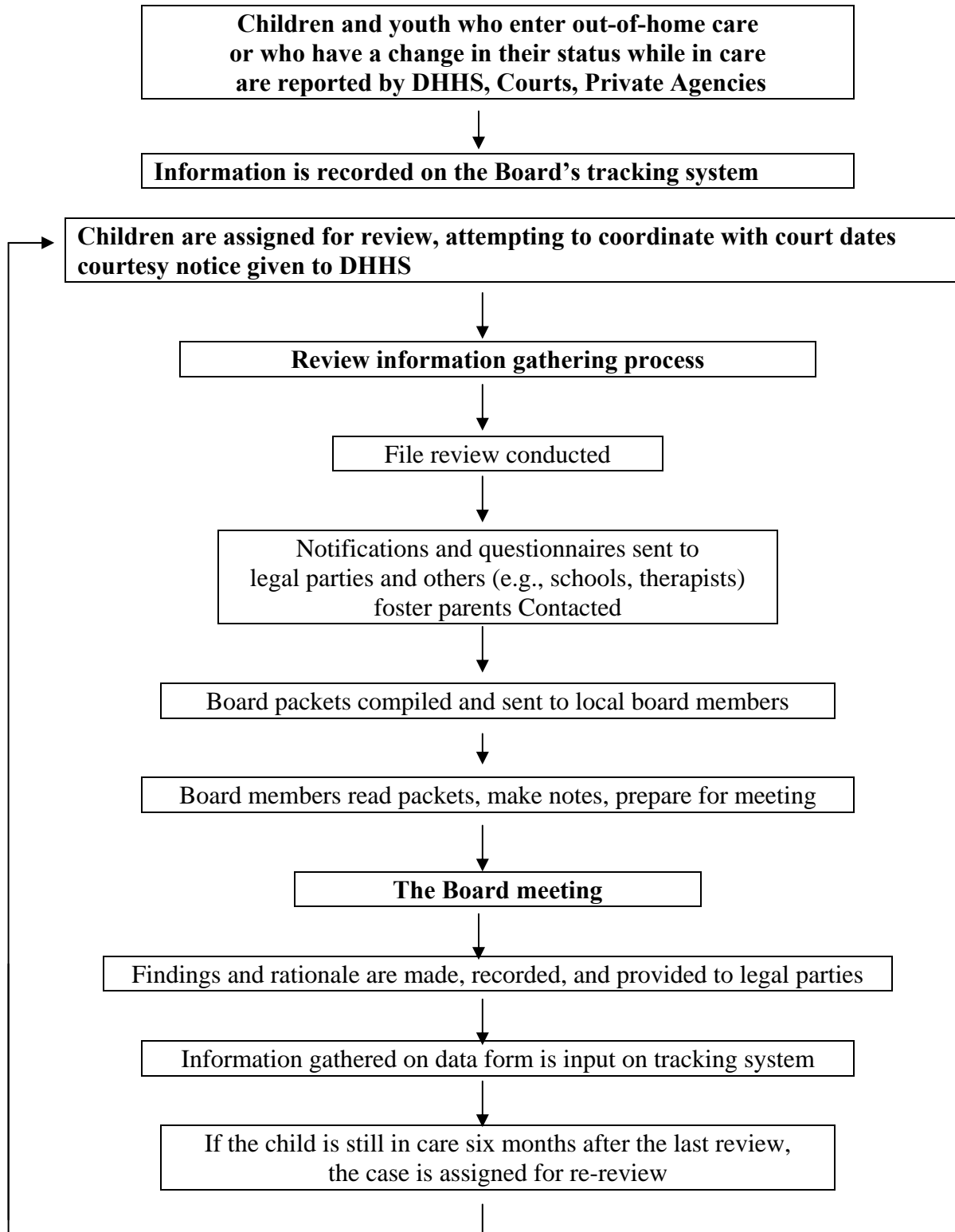
- A. Cases are assigned to a review specialist (staff person) using the Foster Care Review Board's tracking system.
- B. The review specialist goes into the DHHS offices in order to examine the case plan and other relevant file information, and to verify previously received information. The review specialist also consults with the DHHS case manager to obtain any additional or updated information that might not appear in the file.
 1. Board staff members are authorized to have access to DHHS offices across Nebraska in order to actively research all file information on the children and discuss cases with the case managers.
 2. This method provides the Board with a comprehensive cross-section of the information available to DHHS regarding the child and the case, and the record of written information contained within DHHS case files, as well as interviews with the case managers.

- C. Between obtaining file information and the local board meeting, contacts are made with the foster parents/placements, the guardians ad litem, and the case managers for the purpose of clarifying any file information that appears to be conflicting, or to have been omitted, and to obtain information on the most recent developments in the case. Contact may also be made with other professionals involved in the case, such as teachers, counselors, and family support workers, in order to gain more detailed information.
- D. Legal parties are given several opportunities to provide additional information:
- All legal parties are invited to attend and give information at the review meetings.
 - All legal parties are sent questionnaires with questions designed specifically for their role in the case that they can return if unable to attend the meeting.
 - All legal parties are given the opportunity to provide information to the review specialist, who then shares the information with the local board reviewing the case.
 - Other interested parties, such as teachers, counselors, are also provided questionnaires and the opportunity to respond via telephone. When time allows they may also be invited to give information at the review meeting.
- E. After careful review and research by the Board review specialists (staff), materials are presented to multi-disciplinary trained community-based boards. The board members study the written information, review the plan according to their statutory duty, listen to the parties invited to present additional information at the review meeting, and identify their concerns and recommendations for the ongoing care and safety of the child from their multi-disciplinary perspectives. These concerns and recommendations are incorporated into a formal document that is distributed to the judge and to all legal parties. (Local board structure and makeup is discussed in greater detail later in this section.)
- F. These reports are then forwarded to the judge and all legal parties.
- G. In cases where concerns have been identified, review specialists continue to work to address these concerns by attending court hearings, staffing cases with DHHS, or referring cases to treatment team meetings.

The Foster Care Review Board completed 5,458 reviews on 3,806 children in 2007, and issued approximately 38,206 reports with recommendations regarding reviewed children's cases to courts, agencies, guardians ad litem, attorneys, and county attorneys.

Each report included a case history of the child, along with an explanation of the reasons why the child was placed in out-of-home care; court dates; information on services, education, and visitation; recommendations and findings on the placement, services, and plan; and remaining barriers to permanency. The following chart shows the case review process in graphic format.

The Review Process



Use of legal standing

In addition to advocating for children through case reviews, the Board may utilize legal standing. The following is a brief explanation of legal standing history and process.

The Foster Care Review Board was granted legal standing by the Legislature in 1990 and the State Board developed Rules and Regulations governing how and when legal actions should be considered. A public hearing was held and the revised Rules and Regulations were submitted for approval. Consequently, the Board may request legal standing under any of the following conditions:

- Reasonable efforts were not made to prevent a child from entering care,
- There is no permanency plan,
- The permanency plan is inappropriate,
- The placement is inappropriate,
- Regular court hearings are not being held,
- Appropriate services are not being offered,
- The best interest of the child is not being met, or,
- The child is in imminent danger.

Neb. Rev. Stat. §43-1313 allows the Board to request and participate in review hearings at the dispositional level, when the Board deems it necessary to assure one or more of the following:

- the child's safety,
- the child's basic needs are being met, and
- the child's case is moving toward the goal of a safe, permanent placement.⁹²

During 2007, the Board utilized legal standing as follows:

- Hired an attorney for some cases.
- Attended over 947 hearings on cases of concern, many of which involved more than one child.
- Addressed case concerns through staffing meetings with the "1184" teams, the county attorneys, and/or DHHS caseworkers and supervisors.
- Forwarded children's cases that involved serious concerns to the DHHS CEO and/or Protection and Safety and Safety Administrator for review.

During 2007, the Board continued a concerted effort to dramatically increase its presence in court hearings. This increased presence has resulted in increased receptivity to the Board's concerns by many legal parties, and has better enabled the court to address significant or critical issues identified by the Board.

In addition, due to the Board's authority under §43-1313, many potentially problematic cases have been resolved without resort to the costly and time-consuming court process.

⁹² For explanation of the steps in a child case, see Appendix A on page 195.

A local board review may be held instead, followed by a case status meeting with representatives from the responsible agency and other legal parties.

The Board retains attorneys when other avenues have been unsuccessful in addressing the concerns of local board members, or if there is insufficient time to respond to situations of immediate concern. The process for engaging an attorney begins when local boards/staff identify problem cases for which utilization of an attorney might be appropriate. In these cases, the local board's review specialist compiles the case information, which is, in turn, submitted to his/her supervisor. The identified cases along with an outline of the objectives to be accomplished by taking legal standing are then submitted to the Executive Committee of the State Board for further review.

This process has proven very successful in addressing the concerns the local boards have expressed regarding the children.

Local foster care review boards

At the end of 2007 there were 47 Local Boards (some part-time) composed of 295 unpaid volunteer citizens from the community who have completed required training and meet monthly to review the cases of children in foster care. These board members completed 5,458 reviews on 3,806 children in 2007.

In order to provide the maximum beneficial input on a child's case, an attempt is made to select board members from a variety of different occupations and backgrounds. A typical board might include an educator, a medical professional, an attorney, a mental health practitioner, and a foster parent.

Backgrounds of the Local Foster Care Review Board Members Who Served at the End of 2007

1	Agricultural office
1	Architect
6	Attorneys
1	Business consultant
3	Business misc.
1	Business owner
1	Career director
2	CASA director
5	CASA volunteer
3	Child development
1	Child therapist
1	Clergy
1	Community advocate
2	Drug/alcohol counselors
13	Educator (type unspecified)
4	Finance
1	Former CRS worker

20	Foster parent/former foster parent
5	Government (county commissioner, aide, investigator, museum, etc.)
2	Healthcare worker
10	Homemaker
1	Human resources
3	Insurance
4	Journalism
2	Lab tech
9	Law enforcement (police, sheriff, probation officer)
2	Librarian
5	Medical (type unspecified)
1	Medical instructor
1	Medical therapist
9	Mental health counselors
2	Mentor
2	Non-profit business
21	Nursing
7	Office professionals/administrative assistants/office managers
2	Paralegal
1	Pediatrician
5	Pharmacist
1	Physical therapy
2	Physician
1	Pilot
2	Professor
2	Psychologist
1	Public Servant
4	Real Estate
3	Sales/Retail
10	School administration/principals
4	School counselor
4	Social worker
3	Speech pathologist
1	Student
1	Surgical coordinator
32	Teacher
10	Teachers – special education
5	Therapist
1	Tutor
47	Volunteer

As the chart indicates, local board members bring a variety of perspectives to case reviews. Each board of 4-10 persons meets monthly for approximately 3-4 hours. Informational packets are mailed to board members prior to the meeting, and board members spend 3-4 hours in preparation for the meeting.

Three training sessions are required before a person can be placed on a local board. The training includes:

1. The history and role of the Foster Care Review Board;
2. Information on the need for permanency planning;
3. The importance of bonding and attachment;
4. The effect of separation and loss on children at various ages;
5. How a child enters the legal system;
6. The roles of the judge, county attorney, guardian ad litem, child-caring agency, and foster parent;
7. Reviewing a case and comparing the review conducted by the new board with the recommendation of an existing board;
8. The importance of confidentiality;
9. Visitation of foster care facilities, and,
10. Observation of a local board meeting.

The following is a list of the cities as of the end of 2007 that have one or more local foster care review boards (number of local boards in parentheses):

Alliance (1), Bellevue (1), Columbus (1), Fremont (1), Grand Island (2), Hastings (2), Kearney (1), LaVista (1), Lexington (1), Lincoln (9), Norfolk (1), North Platte (2), Omaha (18), Pierce (1), Scottsbluff/Gering (2), Tecumseh (1), South Sioux City (1), and York (1).

Thousands of unpaid hours are donated annually

The Foster Care Review Board in Nebraska exists due to the time and efforts of its volunteers. **State and Local Board members are unpaid volunteers.**

- State Board members, who may drive up to 400 miles each way to attend State Board meetings, may receive reimbursement for mileage and any needed overnight accommodations.
- Many local board members drive up to 60 miles or more (one way) to attend regular board meetings; however, they do not receive any compensation due to budgetary considerations.

In addition to attending their regular meetings, State and Local Foster Care Review Board members attend initial and ongoing training sessions, visit foster care facilities (including foster homes, group homes and institutions), increase their knowledge at seminars and conferences, visit with Legislators, and volunteer in the Review Board's office.

Local and state board members donated over 38,200 hours of service during 2007. These hours would have been greater if the Board had not been forced to reduce the number of boards due to budget cuts.

State and local board members represent a variety of professions and occupations, including law, education, medicine, business, and social services. **The fair-market value of the time that State and local board members donated in 2007 to assist the abused and neglected children of Nebraska, taken at a very conservative estimate of \$20 per hour (see previous chart of professional backgrounds) would have been \$764,000.**

Important milestones in the Board's history

A. Attempts to abolish the Board – 1983, 1984, 1985

In 1983, Governor Kerry introduced a bill to abolish the Board and gave it a zero budget. The bill was vetoed and the Legislature approved funds for 12 local boards. In 1984, at the end of the Legislative Session, Governor Kerry vetoed the Board's appropriation. The Legislature unanimously overrode the veto. In 1985, a bill was introduced to transfer the tracking system to DHHS, to limit the Board to reviewing only private placement children and youth, and to eliminate local boards. This was defeated.

B. Attempt made to put DHHS administrators on the State Board - 1987

In 1987, Governor Bob Kerry appointed DHHS administrators to positions on the State Board. The Legislature did not approve these appointments, and created a statutory mandate that employees of DHHS or the Court could not be appointed to either the State or local Foster Care Review Boards so that the Board would be free to discuss all issues affecting children in out-of-home care.

C. Three studies on the effectiveness of citizen review – 1985, 1986, 1988

In the 1980's Dr. Ann Coyne, who is affiliated with the School of Social Work at the University of Nebraska at Omaha, conducted three separate studies of the efficacy of case reviews. The studies revealed that children whose parents were unable or unwilling to provide care and whose case had the benefit of citizen review were two to four times more likely to have adoption as a plan, when compared to other cases that were similar in every way, but without the benefit of citizen review.

D. Developed training for local board members on foster care issues. Subsequently began to sponsor, co-sponsor, and/or present at educational programs for guardians ad litem, judges, county attorneys (prosecutors), and other disciplines– 1985 to present

The Board is required to provide training to its local board members, and it provides those board members with continuing education. When the Board began the continuing education programs, many local board members commented on how helpful they thought the programs would be for others in the child welfare system. In particular, some of the local board members who were attorneys recommended that

the Board provide education programs for guardians ad litem. As a result, the Board began offering programs for a variety of disciplines.

Since 1985, the Board has sponsored, co-sponsored, and/or presented at numerous education programs on topics identified as concerns through reviews, including:

- Accessing services for children and youth,
- Adoption and Safe Families Act (ASFA),
- Adoption issues,
- Bonding and attachment, separation and loss,
- Child development issues,
- Children's ability to be witnesses,
- Children and youth with aggression issues,
- Developmental disabilities,
- How to interview children,
- How to recognize, investigate, and gather evidence in cases of child abuse,
- Indian Child Welfare Act (ICWA),
- Juvenile court procedures,
- Permanency planning,
- Reasonable efforts,
- Role of the guardian ad litem,
- Sexual abuse,
- Termination of parental rights, and
- Other child welfare system issues.

Some issues have been the topic of educational programs several times over the course of the last twenty years.

Audiences for the Board's programs have included guardians ad litem, judges, county attorneys, state senators, law enforcement, caseworkers, foster parents, local foster care review board members, child advocates, and community members.

For some presentations, the Board would select a topic and then tailor a program on that topic for each of several professions (such as guardians ad litem, judges, and county attorneys). Over a course of a few weeks or months, the Board would provide the program for each discipline on the specific topic of concern. Other times, the Board designed its programs for a multi-disciplinary audience, often including a session on understanding each other's role in addressing the topic of concern.

One of the noteworthy programs the Board conducted was a two-day program on child sexual abuse, which became a National Council of Juvenile and Family Court Judges model program. Another program of note was for members of the Nebraska's Legislature, which had a rare adjournment to attend the event.

In addition, the Board's Director has presented at educational programs of the National Council of Juvenile and Family Court Judges, the National Council for

Adoptable Children, the National Association of Foster Care Reviewers, the Nebraska County Judges Association, the Nebraska County Attorneys Association, the Nebraska Bar Association, the Nebraska Court Administrator's office, other state's review boards, and a number of other organizations.

E. Additional mandatory findings on placement appropriateness - 1990

In 1990, the Legislature expanded the Board's responsibilities to include determining if the child's placement is appropriate, and if there is a continued need for foster placement.

F. Legal standing - 1990

The Legislature granted the Board the ability to take legal standing in children's cases in 1990.

G. Legislature adjourns to attend Board's child sexual abuse symposium - 1990

In a rare move, the Nebraska Legislature cancels committee hearings so senators can attend a Board-sponsored symposium on child sexual abuse, which was also attended by district and county court judges and child welfare professionals.

H. Organized and facilitated Legislative caucuses – 1993-1994

The Board organized and facilitated 29 Legislative Caucuses on children's issues during 1993-1994, and submitted a report to the Legislature.

I. Legislative study – 1994

In a Legislative Study issued in February 1994, the Legislative Research Division recommended that *"...the Legislature should decide the type and number of review systems Nebraska needs. Making such decisions will require weighing the benefits of each existing system against the larger policy issues, including how to make the overall system as effective as possible within resource constraints."*

J. Hosted the National Association of Foster Care Reviewers Convention - 1995

The Board hosted the 10th annual NAFCR National Conference in 1995. Volunteers raised over \$8,000 to defray the costs.

K. Full implementation of the Foster Care Review Act - 1996

In response to the Legislative Study of 1994, LB 642 was sponsored in February 1995 by Senator Michael Avery (and named his priority bill) and co-sponsored by Senators Brashear, Brown, Crosby, Dierks, Engel, Hartnett, Hudkins, Jensen, Kristensen, Lynch, McKenzie, Schellpeper, Vrtiska, Warner, and Wehrbein.

LB 642 facilitated the original intent of the Legislature when the Foster Care Review Act was passed in 1982. [From the time the Board was created in 1982 until mid-1996, the Board received less funding than it needed to review all of the State wards in foster care. Therefore, during this period it was possible to review about only 60 percent of the wards.]

LB 642 established the Foster Care Review Board as the agency responsible for the periodic reviews of children in out of home care pursuant to the federal Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272. LB 642 provided personnel and funding installments starting July 1, 1996, to achieve this goal. Seven staff members were added in July 1996 and three more in September 1996.

Citing the quality of the reviews, the fact that reviews are shared with all legal parties, that reviews are a community-based, multi-disciplinary approach, and that the data collected from these reviews would be valuable to policy makers, the Legislature passed LB 642 on April 10, 1996, with approval by the Governor following on April 12, 1996.

In response to this new opportunity to provide more children with the benefit of citizen review, the Board immediately began to implement reviews for all children.

During the summer and fall of 1996, the Board recruited and trained 225 community volunteers to serve on new and existing local boards in response to the mandate to review all children who have been in foster care for six months or longer. Additional review and support staff were also hired and trained. The increase in the number of children reviewed since 1996 is a direct result of LB 642.

L. Board's Executive Director asked to assist with federal Adoption and Safe Families Act - 1997

The Board was the only one in the country asked to testify before a congressional committee on what became the federal Adoption and Safe Families Act. This was because the Board was the only entity to have an independent, statewide tracking system of data on children in foster care, including data on children returning to foster care. Because of this data, and the Board's stance that reunification was not appropriate for some children, the Board's Executive Director was asked to assist in the writing of this Act. The federal Act became law in 1997.

M. Additional findings added - 1998

In 1998, as part of the Nebraska Adoption and Safe Families Act, the Legislature again increased the Board's responsibilities to include findings on whether the placement and the plan is safe, whether grounds for termination of parental rights appear to exist, and to name a preferred alternate permanency if reunification does not appear to be in the children's best interests.

N. Budgets cut for state agencies – 2000-2004

During the budget cuts in the early 2000's, the Foster Care Review Board lost five review specialist staff positions and a portion of the operating budget. As of 2007, the majority of these cuts in State appropriations for the Foster Care Review Board had yet to be restored.

O. Project Permanency began – 2003-2004

The Board has statutory authority to visit and observe foster care facilities. The Board also has a statutory obligation to make findings on whether children's placements are safe and appropriate. The Board found that in a number of cases the home study information about foster homes was outdated, and that the Board's findings would not be accurate without more current information. At the same time, foster parents were approaching the Board for more information and the courts were entrusting the Board more than ever to provide clear, accurate information on how the child was doing. Thus, in 2003, the Board implemented "Project Permanency," in which specially trained members of local boards visit the foster homes of young children as part of the review process to ensure children are safe and to provide foster parents additional information on child development and the supports available. This is a subset of facility visits conducted.

P. Board staff reviewers began attending court hearings on cases of concern - 2003

Upon the request of a number of courts, and in response to the unprecedented rate of caseworker changes in the cases of children in foster care, the Board's staff began appearing in court in cases of the most serious concern. In 2003, the Board's staff appeared in court 60 times. By 2007, the Board's staff attended court 947 times, with many of the cases involving multiple children.

Q. Researched child deaths – 2003-2004

In 2003-2004, after years of the Board raising concerns regarding the child welfare system, the Board's concerns about children's safety increased dramatically as news reports carried more and more stories of the death of children, some of whom were apparently known to the system. Working with the Governor, the Board researched child deaths. In response, the Governor named a Task Force, and the Legislature appropriated an addition \$3.5 million for 120 additional child protective services workers.

R. Worked with Supreme Court's Commission on guidelines for guardians ad litem – 2005-2007

After years to communicating concerns regarding guardian ad litem representation, and following the Board's request that a commission be put in place to address court issues for children in foster care, Chief Justice Hendry nominated the Nebraska Supreme Court's Commission on children, as well as the subcommittee that addressed guidelines and standards for the representation of state wards. The Board's

Director served on the Commission and on the subcommittee. In 2007, the Supreme Court adopted the guidelines recommended by the subcommittee.

S. Board’s tracking system placed on N-FOCUS platform - 2006

In 2006, as a result of a federal mandate, the Board’s independent tracking system was placed on the DHHS N-FOCUS computer platform. Based upon the Board’s compliance, the State of Nebraska was not penalized or forced to refund \$12.7 million in development fees utilized in the implementation of N-FOCUS plus approximately \$4 million of on-going federal monies. The conversion was able to be accomplished without significant loss of data.

T. Birth to age five study conducted - 2006

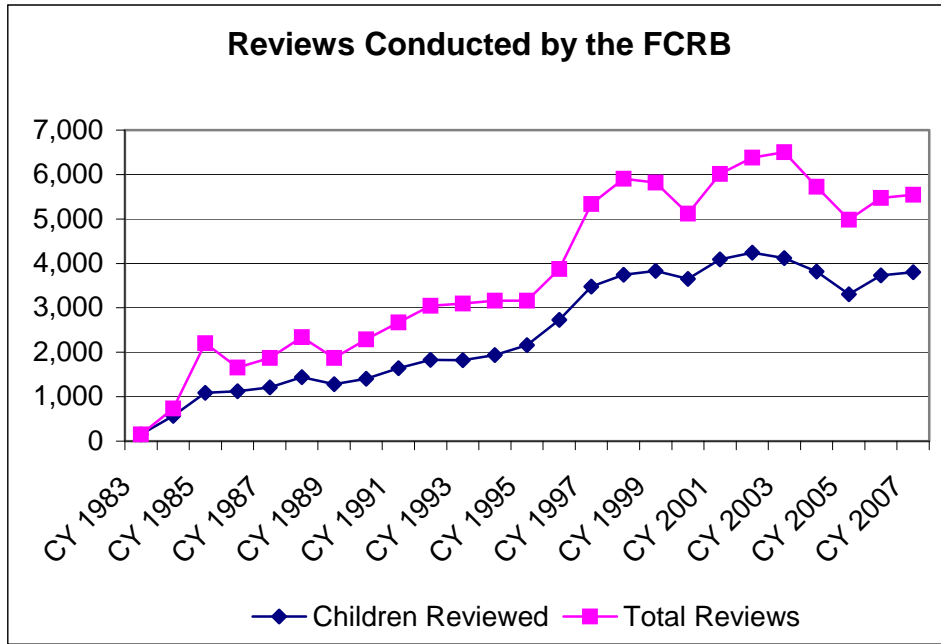
In the fall of 2006, following the Governor’s announcement of his initiative to improve foster care and the Supreme Court’s initiative to improve the court’s response to cases of child abuse and neglect, the Board conducted an unprecedented review of the cases of 948 children birth to age five.

Some of the major education programs sponsored or co-sponsored by the Board

Multi-disciplinary programs	each year since 1987
Programs for guardian ad litem	1985, 1986, 1988, 1989, 1990, 1993, 1994, 1995, 1999, 2000
Programs for county attorneys	1986, 1989, 2006
Programs for county/juvenile court judges	1987, 1988, 1991, 2000, 2007
Programs for state senators	1990, 1991, 1993



**The 25 Year History
of the
Foster Care Review Board**



History of the Foster Care Review Board 1983-2007

In 1982, the Nebraska Legislature passed LB714 creating the Foster Care Review Board (FCRB). Over the past 25 years, the agency has never forgotten its constituency...the most vulnerable of children; nor its purpose....to serve the best interest of each child that is in the Board’s jurisdiction.

Its many accomplishments, which have earned the agency a national reputation, are too numerous to present. We list here just a few highlights, noting with gratitude the men and women of Nebraska who have served as citizen reviewers on local foster care review boards across the state. It is these volunteers, along with our dedicated staff, who made these accomplishments possible.

From 1983 to 2007, our dedicated volunteers conducted 83,921 reviews on 62,199 children, and volunteered over 468,534 hours of service to Nebraska’s children in foster care.

1982 – 1986

Statistics of Interest

- ▶ From 1983 through 1986....
 - total reviews increased over 1000% (151 to 1,654);
 - children on the tracking system increase 195% (4,633 to 13,649);
 - The number of children who had spent at least five years in care decreased from 23% in 1984 to 9% in 1986. This was at least partially due to the increased attention children in out-of-home care received from the courts as the result of the Foster Care Review Act.
- ▶ On December 31, 1986, there were 4,522 children in out-of-home care.

<u>Year</u>	<u>Total Reviews</u>	<u>Children Reviewed</u>	<u>#Local Boards</u>	<u>Volunteers</u>	<u>Volunteer Hours Donated</u>	<u>Children Tracked Since 1983</u>
1983	151	151	4	20	2,631	4,071
1984	738	568	17	89	2,944	7,134
1985	2,202	1,091	17	95	3,409	10,637
1986	1,654	1,123	17	94	4,100	13,649

- ▶ Originating legislation passed in 1982 –
 - At the time:
 - no one knew how many children were in out-of-home care;
 - court reviews were not occurring on a regular basis;
 - children did not have case plans;

- children did not always have guardians ad litem appointed to represent their best interests in court proceedings;
 - children were not receiving physical exams upon entering foster care;
 - there were problems with facilities which housed children and there was no outside entity to oversee/visit; and
 - there was no oversight of the system.
 - The Board was created to independently track, review, and report on conditions for children in foster care, thus it was created to be independent of either the courts or DHHS (the Department of Health and Human Services, which at this time was known as DSS, the Department of Social Services).
- ▶ The estimate by DHHS of the number of children in foster care proved highly inaccurate. In 1982, DHHS (then called DSS) estimated that there were about 1,800 children in foster care. Yet, by the end of 1983, which was the first year of tracking, the Board had tracked 4,071 children in foster care in Nebraska, and on Dec. 31, 1983, the Board had documentation that there were at least 3,744 children in out-of-home care.

The Board:

- ▶ Developed the nation's first state-wide, comprehensive, independent tracking system to track all children in out-of-home care (1983); the only one in the nation to track children in both private and public agencies, and having the capability to report data on a county-by-county basis. The Board thanks Dr. Ann Coyne and Mr. Russ Davison for their invaluable assistance.
- Created the reporting forms, and worked with the courts and agencies on reporting children to the tracking system.
 - The system was placed on the state's mainframe computer system in 1985.
- ▶ Developed the review process and began reviewing children's cases on local boards. From 1982 through 1985, trained 135 local board members and activated two local boards in Omaha and two local boards in Lincoln. By 1986, there were 17 local boards active.
- ▶ Developed agency rules and regulations.
- ▶ Conducted a study, with the assistance of the Department of Corrections, which found in its February 1984 analysis that 30% of male and 32% of female inmates had been in court-ordered out-of-home placements as children, whereas less than 2% of the general population of adults had been in out-of-home care. Further, 59% of the male prisoners and 40% of the female prisoners had spent three or more years in court-ordered out-of-home placements.
- ▶ Was evaluated by Dr. Ann Coyne of the University of Nebraska-Omaha in 1985, 1986, and 1988. She found that children whose cases are reviewed by the Board are 3.6 times more likely to have finalized adoptions, and 1.6 times more likely to be in more home-like foster care placements than are non-reviewed children.

Educational programs:

- ▶ Began providing educational programs, starting in 1985, for local board members and others in the child welfare system.
- ▶ Worked with the Nebraska Bar Association and the Permanency Planning Task Force to co-sponsor guardian ad litem training across the state on bonding and attachment and on separation and loss (1985-1986).
- ▶ Conducted programs on permanency planning training for county attorneys, and additional training for guardians ad litem (1986).

Legislative actions:

- ▶ Defeated multiple attempts to dismantle the agency, thanks to the efforts of citizen reviewers and key legislative supporters, including Speaker Bill Nichol, Senator Dave Landis, Senator Jerome Warner, Senator Loren Schmit, and Senator John DeCamp.
 - In 1983, Governor Kerry introduced a bill (LB 606) to abolish the Board, and gave it a zero budget. The bill was held in committee (killed). The Legislation subsequently approved funds for 12 additional local boards.
 - In 1984, LB 877 was introduced which would have limited reviews to private agencies. It was defeated.
 - In 1984, Governor Kerry vetoed the Board's appropriation, eliminating the Board's funding. The Legislature unanimously overrode the veto.
 - In 1985, a bill (LB 858) was introduced to transfer the tracking of children to DHHS, to limit the Board to reviewing only private placement children and youth, and to eliminate local boards. This bill was held in committee (killed).
- ▶ **Executive Director Carolyn Stitt:**
 - Developed local board training curriculum.
 - Developed the review process and the recommendation format.
 - Created the first annual reports.
 - Developed the data forms used to gather statistics.
 - Developed the means to track reviews.
 - Presented about independent citizen review at the national conference of foster care reviewers in 1986.
 - Served as Vice-Chair of the Nebraska Permanency Planning Task Force.
 - Served on the Board of Directors for the National Board of Citizen Reviewers from 1985 to 1991. (Served as President from 1988-1990).

1987-1989**Statistics of Interest:**

- ▶ From 1987 through 1989, the number of children on the tracking system increases from 16,374 to 22,303).
- ▶ On Dec. 31, 1987, there were 4,912 children in out-of-home care.
- ▶ On Dec. 31, 1989, there were 4,479 children in out-of-home care.

<u>Year</u>	<u>Total Reviews</u>	<u>Children Reviewed</u>	<u>#Local Boards</u>	<u>Volunteers</u>	<u>Volunteer Hours Donated</u>	<u>Children Tracked Since 1983</u>
1987	1,871	1,210	18	104	4,291	16,374
1988	2,344	1,439	19	106	3,887	19,317
1989	1,869	1,281	22	154	4,616	22,303

The Board:

- ▶ Continued tracking children, reviewing cases, and reporting on children in foster care. Added local boards.
- ▶ Included a special section on child sexual abuse in the 1988 annual report.
- ▶ Was studied by Dr. Ann Coyne of the University of Nebraska Omaha School of Social Work, who found that children reviewed by the Board are 4.7 times more likely to have adoption in their permanency plans than children not reviewed. (1988)
- ▶ Participated in the Intergovernmental and Community Planning Process in a cooperative effort to streamline access to services for children.
- ▶ Was recognized by the National Council of Juvenile and Family Court Judges for the Board's work with the Court Administrator's office to conduct workshops on child sexual abuse for county judges; the first such workshop in the nation (1987). The Council implemented the workshops nationwide.

Education programs:

- ▶ Sponsored an educational program for judges on child sexual abuse (1988).
- ▶ Conducted a program for guardians ad litem on the dynamics of incestuous families, the reliability of a child's testimony, preparing a child to be a witness, and the role of the guardian ad litem (1988).
- ▶ Co-sponsored and presented on investigating abuse, medical evidence, child development issues, and prosecution at the county attorney's annual spring seminar. (1989)

Legislative actions:

- ▶ Defeated an attempt to appoint persons with conflicts of interest to the State Board, the agency's governance board.
 - Governor Kerry, in 1987, appointed DHHS administrators to positions on the State Board.
 - They resigned at their confirmation hearing.
 - The Legislature created a statutory mandate (LB239-1987) that employees of the DHHS or the Courts could not be appointed to either the State or local foster care review boards so that the Board would be free to discuss all issues

affecting children in out-of-home care and make recommendations as it found appropriate. The bill also mandated that at least three members of local review boards, who see the children's cases, were appointed to the State Board, and that the Board be representative of each of the three congressional districts. That statute remained in effect until 2006.

► **Executive Director Carolyn Stitt:**

- Spoke on the Board's tracking system at the National Association of Foster Care Reviewers convention in Baltimore MD (1987);
- Was elected president of the National Association of Foster Care Reviewers (1988-1990);
- Was asked to testify at a Congressional hearing on Nebraska's implementation of PL 96-272 and the Board's tracking system (1988);
- Presented at an educational program sponsored by the Nebraska Court Administrator's Office on cases involving allegations of sexual abuse (1988);
- Spoke at the National Association of Foster Care Reviewers conventions on how to implement citizen review (1988);
- Presented on the importance of citizen review for the National Council of Juvenile Court Judges;
- Was a guest speaker at social work classes;
- Consulted on the creation of review boards in Alaska, Washington State, and Chicago;
- Presented at workshops for the review boards in Oklahoma and New Jersey;
- Was a co-consultant with the Edna McConnell Clark Foundation.

<h2 style="margin: 0;">The Franklin Case</h2>

- Received the first allegations of an organized ring of child abuse in 1987. These were turned over to law enforcement. When law enforcement failed to act, the allegations were brought to the Legislature, which created the Franklin Credit Union investigation. This investigation continued throughout 1988, 1989, 1990, and 1991.
- As a result of the investigation, the Legislature made a number of initiatives, such as mandating county attorney training, giving the Board limited legal standing, and creating the Special Unit in the Attorney General's office. (These are described in greater detail in the following section on the events of 1990).
- Co-sponsored, with the Court Administrator's office, and presented at the education program for county judges on cases involving allegations of sexual abuse.
- Sponsored an education program for state senators. **In a rare move, the Legislature canceled committee hearings so that senators could attend a Board-sponsored symposium on child sexual abuse (1990)**, which was also attended by district and county court judges and child welfare professionals.

1990

Statistics of Interest:

- ▶ By the end of 1990 there were 22,357 children on the tracking system.
- ▶ On Dec. 31, 1990, there were 4,832 children in out-of-home care.

<u>Year</u>	<u>Total Reviews</u>	<u>Children Reviewed</u>	<u>#Local Boards</u>	<u>Volunteers</u>	<u>Volunteer Hours Donated</u>	<u>Children Tracked Since 1983</u>
1990	2,289	1,401	27	173	4,925	25,357

The Board:

- ▶ Continued tracking children, reviewing cases, and reporting on children in foster care.
- ▶ The Franklin Credit Union investigation continued throughout 1990 and 1991.
- ▶ Studied, along with Dr. Ann Coyne and the University of Nebraska Omaha School of Social Work, barriers to adoption of developmentally disabled children (1990-1991).
- ▶ Selected to join California, Kansas, Michigan, and Florida in piloting an Early Review Project. The Edna McConnell Clark Foundation through the National Association of Foster Care Reviewer provided the training grant. Task forces were established in Omaha, Lincoln, and Fremont to develop criteria for early reviews (1990-1991). The Early Review Boards were the first to implement participant reviews.

Education programs:

- ▶ In addition to the programs described previously under the Franklin Credit Union Investigation:
 - Sponsored conferences on sexual and ritualistic abuse (1990), and the Indian Child Welfare Act (1990).

Legislative actions:

- ▶ Was granted legal standing (LB1222- 1990), and received funding for four additional local boards;
- ▶ Was authorized to review children's cases at the time they enter out-of-home care [a result of the early review project] (1990);
- ▶ Successfully initiated and promoted the creation of a Child Protection Unit in the Attorney General's office to investigate and prosecute criminal child abuse cases (LB1246 -1990);
- ▶ Successfully initiated and promoted mandatory child abuse training for county attorneys (1990);

- ▶ Successfully supported funding for foster parent education, additional caseworkers, and additional juvenile court judges (1990); and
- ▶ Worked to extend the statute of limitations on child sexual abuse.
- ▶ **Executive Director Carolyn Stitt:**
 - Spoke at the National Association of Foster Care Reviewers conventions on what citizen review can bring your court (1990);
 - Presented on the importance of citizen review for the National Council of Juvenile Court Judges;
 - Was a guest speaker at social work classes;
 - Consulted on the creation of review boards in Alaska, Washington State, and Chicago;
 - Presented at workshops for the review boards in Oklahoma and New Jersey.

1991-1994

Statistics of Interest

- ▶ From 1991 through 1994, the number of...
 - children on the tracking system increases 32% (29,011 to 38,403),
 - volunteer hours increases 145% (6,045 to 14,802).

<u>Year</u>	<u>Total Reviews</u>	<u>Children Reviewed</u>	<u>#Local Boards</u>	<u>Volunteers</u>	<u>Volunteer Hours Donated</u>	<u>Children Tracked Since 1983</u>
1991	2,671	1,642	29	188	6,045	29,011
1992	3,047	1,827	27	196	10,026	31,437
1993	3,097	1,823	28	200	14,082	35,643
1994	3,165	1,935	28	208	14,802	38,403

The Board:

- ▶ Continued tracking children, reviewing cases, and reporting on children in foster care.
 - By 1994, there are 28 community-based local foster care review boards reviewing cases.
- ▶ Implemented use of legal standing (1991), which had been granted by the Legislature in 1990.
- ▶ Issued a report on the Early Review Project (1991).

- ▶ Celebrated the agency's 10th anniversary in 1992, planting a tree on State Capitol grounds to symbolize "Giving Roots to Nebraska's Children."
- ▶ Volunteers who served on local boards joined former board members and other advocates to form the non-profit Friends of Foster Children Foundation, Inc. (1992)
- ▶ Participated in a study to examine duplications in the review process (1994), which led to LB642 in 1996. That bill designated the Board as the responsible party for reviewing the cases of all children in out-of-home care.
- ▶ Worked with rural state senators and Voices for Children to hold 29 Legislative Caucuses for children in 13 communities. The focus was on locally resolving problems in the child welfare system (1993-1994), and identifying systemic issues. A special report on the caucus findings was included in the 1993 annual report.
- ▶ Began the annual provision of statistics for the annual "Kids Count" report coordinated by Voices for Children (starting in 1993).
- ▶ Worked with DHHS and other reporting agencies to improve reports to the Board's tracking system. In addition to the normal quality control procedures, conducted a major quality control assessment of data on the tracking system; and developed a system to eliminate duplications caused by children being reported under different names (1994).
- ▶ Identified concerns, and assisted with improvements at Northeast Nebraska Juvenile Services (a juvenile detention center).
- ▶ Worked to improve conditions at two problematic group homes.

Education Programs:

- ▶ Sponsored a program on how to recognize and treat children who have been sexually abused, which was presented in Chadron with 92 people attending (1991).
- ▶ Sponsored a symposium for judges and senators on child welfare issues (1991).
- ▶ Co-sponsored and planned county judges training on bonding and attachment (1991).
- ▶ Sponsored programs on sexual abuse in Omaha and Grand Island (1992), Hebron, North Platte, and Ogallala (1993), Chadron and Grand Island. These workshops featured nationally recognized speakers from Boys Town National Hospital and the University of Nebraska at Omaha School of Social Work.
- ▶ Sponsored in-service trainings on sexual and ritualistic abuse, gang violence, and fetal alcohol syndrome in seven communities during 1993.
- ▶ Was invited to a national conference on extreme abuse held at Boys Town (1993). This workshop provided valuable contacts with Dr. Richard Gelles and others who

later influenced the 1997 federal Adoption and Safe Families Act regarding cases of extreme abuse.

- ▶ Worked with the Crime Commission and Law Enforcement Training Center to provide training on recognizing, investigating, interviewing and gathering evidence in child abuse cases (1994).
- ▶ Assisted the Permanency Planning Task Force with guardian ad litem training (1994).
- ▶ Conducted training for law enforcement on how to recognize, investigate, and gather evidence in cases of child abuse (1994).
- ▶ Co-sponsored and planned guardian ad litem workshops on sexual abuse and alternatives for promoting permanency (1991), on juvenile court procedures (1993 and 1994), and on accessing services for youth (1994).
- ▶ Assisted with an education program for district court judges.

Legislative Activities:

- ▶ Conducted a series of five child welfare trainings for new senators (1993).
- ▶ Lobbied for legislation that:
 - Required county attorneys to consider termination of parental rights when a child has been in foster care for 18 months (LB1062-1992);
 - Created a study commission to review problems in the juvenile justice system (LB447-1992);
 - Funded additional attorneys for the Child Protection Unit in the Attorney General's office (1992);
 - Created limited open adoption contracts (LB531-1993);
 - Provided for training for investigating and prosecuting (LB559-1993)
 - Created a death review team (LB431-1993);
 - Mandated communication between child protective services and law enforcement (LB557-1993);
 - Was designed to create a statewide district attorney system (1993);
 - Established guidelines for sharing confidential information (LB719-1993);
 - Created an Office of Juvenile Services, which was then under corrections (1994);
 - Created an assistance line for law enforcement (1994);
 - Funded a third juvenile court judge for Douglas County (1994).
- ▶ Advised the Legislature of the weaknesses in LB1184- 1992, which changed the way the child abuse investigations were conducted in Nebraska, making law enforcement the first responders.

Executive Director Activities:

- ▶ Recipient of the National Association of Juvenile and Family Court Judges 1991 Meritorious Service to Children in America Award.

- ▶ Organized and facilitated a “Symposium on Child Welfare” for District Judges, County Court Judges, and State Senators (1991).
- ▶ Organized and facilitated Legislative Caucus for Children meetings across the state (1994-1995).
- ▶ Recipient of the 1994 Seroptomist Woman of Distinction Award.
- ▶ Recipient of the YWCA Tribute to Women Award (1994).
- ▶ Provided information to the House Ways and Means Committee on concerns regarding mandatory reunification. Testified on the Foster Care Review Board and its tracking system, and issues in Nebraska’s foster care system, particularly on recidivism and inappropriate plans of reunification. (The Executive Director was asked to testify before Congress again in 1997).
- ▶ Spoke on citizen review to the Oregon review board (1991).

1995-1998

Statistics of Interest

- ▶ From 1995 through 1998, the number of...
 - children on the tracking system increases from 41,835 to 53,024,
 - volunteer hours increased from 14,076 to 29,635.

<u>Year</u>	<u>Total Reviews</u>	<u>Children Reviewed</u>	<u>#Local Boards</u>	<u>Volunteers</u>	<u>Volunteer Hours Donated</u>	<u>Children Tracked Since 1983</u>
1995	3,159	2,162	29	202	14,076	41,835
1996	3,871	2,732	50	380	22,025	45,511
1997	5,340	3,478	51	364	28,677	49,181
1998	5,907	3,742	50	335	29,535	53,024

The years of 1996 through 1998 proved to be pivotal for the Board, beginning with the passage of LB 642. The bill, in part, provided funding for an additional 22 local review boards, increasing the total number to 50. This enabled the Board to review the cases of all children in out-of-home care. Prior to the legislation, lack of funding prevented the agency from extending its protection and oversight to all children in the system.

The challenge was great. The Board had to recruit and train volunteers, and implement and support the additional boards. But the timing of the expansion was fortuitous as a startling trend became evident...children were entering the system at a higher rate, meaning more needed the oversight of the agency.

In that same year (1996), the legislature approved another dramatic change. Five agencies, including the Department of Social Services and the Office of Juvenile Services, were merged into a mega-agency, the Department of Health and Human Services (DHHS). The Board opposed the merger due to concerns with a lack of accountability and no clear lines of authority. It expressed concerns that the merger would take resources from services for children and families. The transition was far from smooth, dramatically affecting the lives of children under the state's care. A number of poor outcomes were seen, such as an increase in the number of placements, and in the length of time in care.

These difficulties were compounded by the chaos created in 1998 when DHHS converted to a new Child Welfare Information System, N-FOCUS. Although the Board had worked with DHHS during their conversion, multiple errors resulted in the system failing, among other things, to produce mandated information necessary to review children's cases. In some areas DHHS stopped reporting. Thanks to the judges and court staff, the Board was able to compensate by obtaining additional information from the courts.

During this time, DHHS also began to contract with the private sector to provide core case management duties without developing a system of rigorous oversight. The practice has placed many children at risk because of fragmented case management, diminished accountability, and deterioration in the quantity and quality of services. For example, there are deficits in the oversight of contracts for placements, transportation, visitation monitoring, and some services. It is a practice that the Board is aggressively working to alter.

Despite the exceptional challenges, the Board did not relax its mission to address children's needs through numerous avenues as evidenced by the following summary.

The Expansion:

- ▶ The Board's 1996 expansion was reflected in the statistics. From 1995 through 1998, significant *increases* were realized in the number of...
 - children reviewed: 73% (2,162 to 3,742);
 - total reviews: 87% (3,159 to 5,907);
 - children on the tracking system: 27% (41,835 to 53,024);
 - local boards: 79% (28 to 50);
 - volunteers: 80% (202 to 364); and
 - volunteer hours: 276% (14,076 to 53,024).

The Board:

- ▶ Was the only Board in the country asked to testify before the Congressional Ways and Means Committee in 1996 on information used to create the federal Adoption and Safe Families Act (ASFA) because of the Board's stance in opposition to mandatory reunification, and its statistics on children who return to foster care. Executive Director Carolyn Stitt assisted in forming a national work group with Senator Kerry, Senator Hagel, and Senator Grassley (Iowa), and the Board provides information for the drafting of the bill, which was signed into federal law in 1997.

The Board also provided critical input on the Nebraska ASFA act, which became law in 1998.

- ▶ Continued tracking children, reviewing cases, and reporting on children in foster care.
- ▶ Moved the Board's main office from the State Office Building to the Executive Building (1995).
- ▶ Provided data to Boys Town National Research Hospital for a study on the relationship between children with disabilities and abuse/neglect (1995-1997).
- ▶ Hosted the 10th annual conference of the National Association of Foster Care Reviewers in Omaha (1995). Volunteers raise over \$8,000 to defray costs.
- ▶ In response to the passage of LB642 in 1996, expanded the review capabilities by hiring addition staff and adding 21 local boards with 175 volunteers.
- ▶ Drafted a memorandum of agreement with DHHS to improve the working relationship (1997).
- ▶ Developed a new plan to track and review cases in response to changes in the child welfare system, and works with agencies to improve their reporting to the tracking system (1997).
- ▶ Local board members in Omaha participated in a System Watch initiated by judges to help identify strengths and weaknesses in the Douglas County Juvenile Courts. (1997)
- ▶ Contacted all courts and county attorneys to confirm the number and names of children in out-of-home care and to assure that all children had been reported to the Board's tracking system. (1997).
- ▶ Re-examined the data collected on children's cases, and expanded data collected to reflect changes in the child welfare system, such as contracting for placements and services. (1997-1998)
- ▶ Celebrated the Board's 15th anniversary (1998).
- ▶ Planned and co-sponsored an Adoption Summit with the governor's office and DHHS (1998).
- ▶ Began dealing with the consequences of DHHS converting to the N-FOCUS computer system (1998) without making provisions to provide the mandatory reports to the Board on when children enter the system, change status, or leave the system. The process of correcting this situation involved several different Governors and administrations.
- ▶ Arranged to tour the contracted group facilities. The CEO of one contractor refused to allow the Board entrance, even though these visits are allowed by statute. The

DHHS contractor subsequently filed a lawsuit against the Board to prevent visits, which went to mediation and was dismissed in 1999.

- ▶ Facilitated a meeting on concerns with Child Protective Services.
- ▶ Spoke on the tracking system at the clerk magistrates' conference.
- ▶ Met with Options, Inc. (who was then the managed health care contractor) regarding denial of services to children.
- ▶ Worked with DHHS and group homes to improve facility operations.
- ▶ Made adjustments in review procedures related to child safety and permanency plans as mandated by ASFA.
- ▶ Established a toll-free number to facilitate responses to questionnaires.
- ▶ Updated the Directory of Group Homes and Child Caring Facilities.
- ▶ Applied for, and received, a technologies grant to convert the agency's word processing computers to a popular platform that was compatible with most state agencies.
- ▶ A legislative evaluation, mandated in LB 642 found the Board's reviews to be effective and of high quality, and the costs reasonable.

Education Programs:

- ▶ Conducted workshops in three communities on recognizing, investigating, and treating child sexual assault with the Crime Commission and the Law Enforcement Training Center (1995).
- ▶ Co-sponsored guardian ad litem training on cases of adolescents (1995).
- ▶ Conducted workshops on child abuse and developmental disabilities in three communities (1997).
- ▶ Conducted workshops on the Adoption and Safe Families Act in six communities across the state (1998). Attendees included local board members, DHHS staff, judges, county attorneys, and guardians ad litem.
- ▶ Assisted Boys Town in presenting workshops on children with developmental disabilities in three communities.
- ▶ Assisted the Permanency Planning Task Force with guardian ad litem training.

Executive Director Activities:

- ▶ Presented on reasonable efforts and reunification for the National Council for Adoptable Children (1995). At this conference, experts on the child welfare system

from across the county were invited to present their views and formulate a group position for testimony before Congress regarding necessary changes to PL 96-272. This was the precursor to the federal Adoption and Safe Families Act.

- ▶ Traveled to Helena, Montana to speak on “The Benefits and Challenges of Including Citizen Reviews and the Court Process” (1995). Provided technical assistance to advocates for conducting a pilot project, and on drafting and passing legislation.
- ▶ Presented and facilitated a number of programs on ASFA, including programs at the 1998 Governor’s Summit on Adoption.

Legislative activities:

- ▶ Legislative activity included:
 - Funding an additional juvenile court judge in Douglas and Sarpy County (LB19-1995);
 - Supporting legislation to clarify safety needs in the Family Policy Act (LB739-1995);
 - Passage of a bill that defined confidentiality (1995);
 - Creating a law enforcement hotline (LB 842-1996);
 - Replied to questions on the unintended consequences of Partnerships – the bill that merged five agencies into one Department of Health and Human Services (1997);
 - Requiring autopsies in certain child deaths (LB46-1998);
 - Assisted with the drafting and promotion of the state ASFA (LB1041-1998).

1999-2002

Statistics of Interest

- ▶ In 2001, issued 42,105 case specific reports with recommendations to the courts, agencies, attorneys, guardians ad litem, and county attorneys, a 17 percent increase from the 35,854 reports issued in 2000.

<u>Year</u>	<u>Total Reviews</u>	<u>Children Reviewed</u>	<u>#Local Boards</u>	<u>Volunteers</u>	<u>Volunteer Hours Donated</u>	<u>Children Tracked Since 1983</u>
1999	5,816	3,834	50	358	30,396	53,221
2000	5,122	3,648	56	315	20,027	59,719
2001	6,015	4,092	58	383	33,660	62,475
2002	6,378	4,242	62	383	35,776	65,655

The Board:

- ▶ Continued tracking children, reviewing cases, and reporting on children in foster care.

- ▶ Continued to work with DHHS (1999-2002) to correct serious flaws in the state's N-FOCUS computer system which required Board staff to verify all case information provided by DHHS:
 - in the last quarter of 2001, N-FOCUS reports had a 41% error rate;
 - while verifying information, Board staff found that DHHS closed over 700 cases without issuing a report;
 - DHHS agreed to hire a temporary employee to help verify report information;
 - in 2002, 56% of issued reports contain errors or omissions.
- ▶ Created, upon request of the Governor, a report on ways to improve the child welfare system. (1999)
- ▶ Conducted joint visits by Board staff and DHHS staff of problematic and other group facilities, and reported on the results to the Governor. (1999)
- ▶ Met with DHHS to identify the top child welfare system concerns, and develop recommendations for improvements. Concerns included: the need for child abuse prevention; system-wide training; case management problems, including turnover rates; the lack of appropriate placements; the lack of oversight of contracted services and placements; and the expenditure of child welfare funds in ways that did not directly benefit children.
- ▶ Expressed concerns regarding an over-reliance on restraints in many facilities for children and youth. State Board Chair Barbara Heckman and staff participated in DHHS work groups on ways to reduce restraints.
- ▶ Met with DHHS to address specific children's cases and system issues, including: professional foster care, funding a foster parent association, encouraging peer-to-peer mentoring, and conducting joint tours of child-caring facilities.
- ▶ Developed a protocol with DHHS to ensure that all children in child-caring facilities are reviewed; and updated the memo of agreement between the two agencies. (2000)
- ▶ Provided input to DHHS as it created a federally required statewide self-assessment, which is a report on statewide child welfare strengths and weaknesses.
- ▶ Endured serious budget cuts. The economic downturn, worsened by the Sept. 11, 2001 terrorist attacks on the World Trade Center and Pentagon, resulted in a dramatic decrease of state revenues. The Legislature was forced to make substantial budget cuts. Over a nine-month period, the Board's budget was reduced by 10.6%, resulting in the loss of 5 review specialists and 3 office staff positions.
- ▶ Used the authority of legal standing, advocated in court for eight children in four cases, and approximately 620 additional children through team meetings, meetings with legal parties, and special correspondence.
- ▶ Toured several facilities to assure individual physical, psychological, and sociological needs of the children are being met.

- ▶ Streamlined the agency's recommendation process.
- ▶ Revised the Directory of Service Facilities for Nebraska Youth (Group Home Directory) (2002).
- ▶ Began bringing attention to children age birth through five. In 2000, 2001, and 2002, the Board and Gov. Johanns jointly released the agency's annual report. The 2000 report included a special section on "Young Children" (ages birth to five).
- ▶ As a recipient of federal IV-E funds, the Board underwent a federal audit, which found the Board's reviews to be timely, and reinforced many of the agency's top concerns.
- ▶ Staff and volunteers made presentations on the Board and the status of children in out-of-home care to a variety of groups, including the National Association of School Psychologists, focus and community groups, college classes, and foster parent training classes.

Education Programs:

- ▶ Co-sponsored, planned, and presented to guardians ad litem on the Adoption and Safe Families Act (1999), and on interfacing with the Board (2000).
- ▶ Conducted Adoption and Safe Families Act workshops in 4 communities (1999).
- ▶ Conducted workshops on dealing with aggressive youth-alternatives to restraints, at the request of legal parties in the Omaha area (1999).
- ▶ Conducted workshops on bonding and attachment in four communities (1999).
- ▶ Co-sponsored a workshop on the partnership between the Nebraska judiciary and the Foster Care Review Board (2000).
- ▶ Sponsored educational programs on brain research, and bonding and attachment in communities across the state, attracting over 750 attendees.
- ▶ Conducted six educational programs for local board members, DHHS staff, judges, county attorneys, guardians ad litem, and interested persons; and an education program in Omaha on commonly used psychotropic medications.

Legislative Activities:

- ▶ Legislative activity includes supporting:
 - requiring autopsies in suspicious child deaths;
 - additional funding for additional caseworkers (2000) and
 - funding for additional juvenile court judges.

Executive Director Activities:

- ▶ Planned workshops on the Adoption and Safe Families Act.

- ▶ Worked with the State Board to 1) streamline recommendation formats, and 2) to develop a priority list of the order in which children should be scheduled for review.
- ▶ Recipient of “Outstanding Advocate Award” from the Nebraska Association of School Psychologists (2000).
- ▶ Recipient of the “Outstanding Advocate Award” from the National Association of School Psychologists for her notable work on behalf of children and youth (2001).

2003-2004

Statistics of Interest

<u>Year</u>	<u>Total Reviews</u>	<u>Children Reviewed</u>	<u>#Local Boards</u>	<u>Volunteers</u>	<u>Volunteer Hours Donated</u>	<u>Children Tracked Since 1983</u>
2003	6,503	4,116	62	333	36,417	68,377
2004	5,728	3,819	55	372	32,077	71,399

The Board:

- ▶ Continued tracking children, reviewing cases, and reporting on children in foster care.
- ▶ At the request of Governor Johanns, researched 10 child deaths due to abuse, and took a report on an additional 33 children. Researched problems in the CPS (child protective services) system after the failure of the system to respond to safety concerns regarding foster children (2003). Brought those concerns to the attention of the Governor, DHHS Director, and Legislature. The Governor subsequently named the Board’s Executive Director Research Chair for the Children’s Task Force. Under the Governor and DHHS Director’s leadership did further research on more than 4,000 of the 22,000 intake reports received in previous months. With the leadership of Governor Johanns and key senators, the following was enacted by the 2004 Legislature:
 - \$3.5 million was appropriated for additional workers.
 - Additional training for law enforcement was funded.
 - Funding was secured to improve computer access for law enforcement and CPS.
 - Seven child advocacy coordinators were to be hired.
- ▶ Began Project Permanency (2003), where trained local board members visit the foster homes of young children (birth to five) to assure safety and to provide additional information on behaviors common to young foster children. In conjunction with this, held trainings for child welfare professionals across the state on young children’s needs for stability, typical behavioral indications of stress in foster children at different developmental levels, and how to plan to best avoid putting further stress on

the children. Continued the Project Permanency visits during 2004, and obtained funding for the project from a number of corporate and public donations.

- ▶ Developed a revised recommendation format based on judicial input, and modified the data the Board collected on outcome indicators.
- ▶ Entered into discussions with Federal Health and Human Services regarding their insistence that the Board's independent tracking system be put on the DHHS N-FOCUS platform. Federal officials stated that unless this occurred, the state would face a fine of approximately \$14 million. Planning for the major restructuring of the Board's database began.
- ▶ Cooperatively worked with DHHS on:
 - A memorandum of agreement regarding HIPAA.
 - Regular meetings between the Board's Executive Director, the DHHS Director, and the DHHS Administrator for Protection and Safety.
 - The DHHS performance improvement plan.
 - Concerns with case management in the Omaha area.
 - Concerns regarding a contractor that had advised its foster parents not to speak to the Board, whereas the DHHS Director advised the contractor that was contrary to their agreement.
 - Staffing individual cases of concern.
 - Updated the new DHHS director on child welfare issues.
 - Discussed the communication disconnect between licensing for daycare providers, licensing for foster parents, and the caseworkers who utilize these services, following an incident of abuse in an Omaha day care that was run by a foster parent who also cared for many foster children.
 - Discussed problems identified with private contractors for transportation of children and supervision of visitation between parents and children.
 - Revised the process of staffing cases of concern and flagging cases for the DHHS Director's attention.
- ▶ Organized a joint release of the Annual Report with key senators.
- ▶ Had several staff attend comprehensive multiple day trainings on the state's new accounting system (NIS), and modified practice to conform with the new standards.
- ▶ Greatly increased the Board's presence in court hearings.
- ▶ Worked to compensate for omitted or inaccurate reports from DHHS to the Board's tracking system.
- ▶ Developed a means of coping with the continuing major budget cuts made in light of an economic downturn.
- ▶ Provided the Governor a report on reported abuse in certain group homes.

- ▶ Researched, at the Governor's request, cases involving sexual abuse of children in foster homes to determine who knew about the allegations and how they responded.
- ▶ Met with Chief Justice Hendry to discuss ways to improve judicial response to children experiencing abuse or neglect. The Chief Justice appointed a special commission to address the issues, with special focus on expediting reviews, improving guardian ad litem representation, and creating a summit on child welfare cases.
- ▶ Worked with the University of Nebraska Omaha School of Social Work, including participation in meetings with a representative of the Child Welfare League of America.
- ▶ Maintained a booth at the 2004 Law Enforcement Coordinating Committee conference in Kearney to discuss child abuse response.

Educational Programs:

- ▶ Sponsored educational events on Bonding and Attachment (2003), termination of parental rights, precision in report language, and interfacing with the courts (2003).
- ▶ Co-sponsored an educational program on a Model Mental Health Court, with over 200 in attendance.
- ▶ Presented at the Judicial Education Program for District, County, and Juvenile Court judges.
- ▶ Key staff attended the National Council of Juvenile and Family Court Judges regional training in Kansas City.
- ▶ Gave an educational program to child welfare professionals, which was opened by the Governor.

Legislative Activities:

- ▶ Supported a bill (LB 1238-2004) to create intake and prosecution centers.

Executive Director Activities:

- ▶ Served as Research Chair for the Governor's Task Force for Children.
- ▶ Built a coalition to discuss intake and investigation concerns.
- ▶ Worked on the Nebraska's Lost Children report.
- ▶ Testified at the request of the Governor to the Appropriations Committee on the need for more caseworkers.

2005-2006

Statistics of Interest

<u>Year</u>	<u>Total Reviews</u>	<u>Children Reviewed</u>	<u>#Local Boards</u>	<u>Volunteers</u>	<u>Volunteer Hours Donated</u>	<u>Children Tracked Since 1983</u>
2005	4,984	3,309	52	303	27,910	74,497
2006	5,473	3,728	48	347	35,000	77,388

The Board:

- ▶ Continued tracking children, reviewing cases, and reporting on children in foster care in spite of the major computer conversion. Placed the Board's tracking system on the N-FOCUS operating system as part of the efforts to meet federal mandates:
 - Continued the time-intensive process of describing the individual data fields and communicating how the Board's system needs to function on the new platform.
 - Ensured that the Board would be able to track, review, and report on outcomes utilizing the new system.
 - Conducted many hours of testing prior to "conversion" date (March 13, 2006).
 - The Data Coordinator trained on the query function in the new system and then rewrote the hundreds of regularly used data queries for the new, more cumbersome system.
 - Found that DHHS was unable to convert much essential data from the Board's legacy system to the new platform, so began the tedious, labor-intensive task of rebuilding this data immediately upon the March 13, 2006, conversion. Negotiated with DHHS for payment for four temporary staff to assist with this mammoth endeavor.
 - Immediately after conversion began the process of quality control queries on the new system to ensure that those data fields that were able to convert did so accurately.
- ▶ Greatly increased the Board's presence at court hearings, appearing over 639 times during 2005, and 1,098 times during 2006.
- ▶ Continued previous cooperative work with DHHS.
- ▶ Participated in the Supreme Court's summit on children. Staff and local board members became part of the subsequent Through the Eyes of the Child regional teams.
- ▶ Provided statistical information and lists to the 10 separate juvenile court judges and 36 county court judges (who serve as juvenile court judges) as part of the Supreme Court's Through the Eyes of the Child Initiative.

- ▶ Discussed problems identified with private contracts for transportation of children and supervision of visitation between parents and children.
- ▶ Met with the Chief Justice of the Nebraska Supreme Court to describe issues indentified with court practices. The Chief Justice then created the Supreme Court's Commission on Children, and called for a summit (2006) on improving court practice regarding child abuse and neglect cases. Chief Justice Mike Heavican continued the Commission. Provided statistical data for the summit.

Educational Programs:

- ▶ Co-sponsored educational programs regarding methamphetamine abuse, held these programs in five communities across the state.
- ▶ Sponsored educational programs on bonding and attachment, and held programs on improving language in the documents submitted to courts.

Legislative Activities:

- ▶ Responded to legislation that changed the makeup of the Board's governance board.

Executive Director Activities:

- ▶ Served on the Supreme Court's Commission on Children.
- ▶ Served on the Governor's Commission for the Protection of Children.
- ▶ Met with the DHHS director.
- ▶ Met with the Chief Justice.
- ▶ Coordinated the birth to five special study.
- ▶ Assured reviews were being scheduled to be conducted prior to court hearings so that the courts would have timely information on which to base decisions.

2007

Statistics of Interest

- ▶ Tracked 9,623 children who were in foster care during 2007.
- ▶ Completed 5,458 reviews on 3,806 children during 2007.
- ▶ Issued 38,206 case specific reports with recommendations to the courts, agencies, attorneys, guardians ad litem, county attorneys, and other legal parties.
- ▶ Conducted 122 visits of foster care facilities.
- ▶ Appeared in court at least 947 times during 2007, with many of these hearings involving sibling groups.

<u>Year</u>	<u>Total Reviews</u>	<u>Children Reviewed</u>	<u>#Local Boards</u>	<u>Volunteers</u>	<u>Volunteer Hours Donated</u>	<u>Children Tracked Since 1983</u>
2007	5,458	3,806	47	295	38,200	80,124

The Board:

- ▶ Continued tracking children, reviewing cases, and reporting on children in foster care.
- ▶ Began the process of revising the agency rules and regulations.
- ▶ Participated in a fiscal audit that found no materiel weaknesses.
- ▶ The State Board honored Governor Dave Heineman for his work to reform child welfare and Chief Justice Mike Heavican for his efforts to improve the court's response to foster care cases.
 - Continued work with the Governor and DHHS on foster care reform.
 - The DHHS CEO directed her supervisors to attend local board meetings.
 - Forwarded to the Governor's office a list of caseworkers to be commended.
 - A staff person from the Governor's policy research office shadowed staff to gain a better understanding of the Board's activities and processes.
 - Continued work with the Chief Justice and the Through the Eyes of a Child teams.
 - Provided statistics to the Judiciary on multiple occasions, including the number of children in care for each county, the number who had been in care for two years or longer, and the number who were ages birth through five.
- ▶ Completed re-entry of data made necessary because of the tracking system going on the N-FOCUS platform in 2006.
- ▶ Worked to obtain court hearing dates for more children.
- ▶ Provided the data that the Citizen Review Panel, part of the Governor's Commission on the Protection of Children, heavily utilized in their annual report.
- ▶ Cooperated with an extensive investigation by the Ombudsman's office that found no law violations.

Educational Programs:

- ▶ Conducted educational programs on the Risks of Foster Care, Findings and Legal Issues, Brain Development, Project Permanency Refresher, Risk to Child in Foster Care, and Multi-Cultural Issues.

Legislative Activities:

- ▶ Supported a Legislative study of key child welfare issues.

- ▶ Supported legislation to refine the lines of authority and structure at DHHS and to create the equivalent of a children's agency.
- ▶ Supported a bill to allow foster parents to inform the court via a written report.
- ▶ Requested an audit of transportation contracts.

Executive Director Activities:

- ▶ The Executive Director was a member of the team planning an educational program for County Court Judges, who serve as juvenile judges in areas without separate juvenile courts.
- ▶ The Executive Director was asked to speak at the convention of the League of Municipalities on ways that mayors and city councils could positively affect children in foster care and those at risk.

In the Past 25 Years

Education Programs

Since 1985, the Board has sponsored, co-sponsored, and/or presented at numerous education programs on topics identified as concerns through reviews, including:

- Accessing services for children and youth,
- Adoption and Safe Families Act (ASFA),
- Adoption issues,
- Bonding and attachment, separation and loss,
- Child development issues,
- Children's ability to be witnesses,
- Children and youth with aggression issues,
- Developmental disabilities,
- How to interview children,
- How to recognize, investigate, and gather evidence in cases of child abuse,
- Indian Child Welfare Act (ICWA),
- Juvenile court procedures,
- Permanency planning,
- Reasonable efforts,
- Role of the guardian ad litem,
- Sexual abuse,
- Termination of parental rights, and
- Other child welfare system issues.

Some issues have been the topic of educational programs several times over the course of the last twenty years.

Audiences for the Board's programs have included guardians ad litem, judges, county attorneys, state senators, law enforcement, caseworkers, foster parents, local foster care review board members, child advocates, and community members.

For some presentations, the Board would select a topic and then tailor a program on that topic for each of several professions (such as guardians ad litem, judges, and county attorneys). Over the course of a few weeks or months, the Board would provide the program for each discipline on the specific topic of concern. Other times, the Board designed its programs for a multi-disciplinary audience, often including a session on understanding each other's role in addressing the topic of concern.

One of the noteworthy programs the Board conducted was a two-day program on child sexual abuse, which became a National Council of Juvenile and Family Court Judges model program. Another program of note was for members of the Nebraska's Legislature, which had a rare adjournment to attend the event.

In addition, the Board's Director has presented at educational programs of the National Council of Juvenile and Family Court Judges, the National Council for Adoptable Children, the National Association of Foster Care Reviewers, the Nebraska County

Judges Association, the Nebraska County Attorneys Association, the Nebraska Bar Association, the Nebraska Court Administrator's office, other state's review boards, and a number of other organizations.

Legislation

The Board has been influential in the debate on the following important pieces of legislation affecting, or potentially affecting, children in out-of-home care.

- Defeated measures to eliminate the Foster Care Review Board.
- Obtained limited legal standing.
- Supported bills to:
 - Create the Child Protection Unit in the Attorney General's office.
 - Extend the statute of limitations on child sexual abuse.
 - Mandate county attorney training on child abuse and neglect.
 - Require county attorneys to consider termination if children had been in foster care for 18 months (this was prior to the Adoption and Safe Families Act).
 - Create guidelines for sharing confidential information.
 - Allow for open adoption contracts.
 - Name the Board the IV-E review agency for Nebraska.
 - Change the Family Policy Act to clarify safety needs and best interests of children.
 - Create the Nebraska Adoption and Safe Families Act.
 - Require autopsies to be conducted in suspicious child deaths.
 - Fund more caseworkers.
 - Fund additional juvenile court judges.
- Advised the Legislature of the weaknesses in changing the way child abuse investigations are conducted.
- Testified in regard to the child death review team.
- Responded to a legislative study on review in Nebraska.
- Responded to questions on Partnerships – the five agency merger.

Summary

For 25 years the Foster Care Review Board has tracked children in foster care, reviewed children's cases, advocated for children in out-of-home care, worked to ensure children's safety, and worked to ensure that plans are made for children's futures.

The agency was the first in the nation to develop an independent tracking system. And, unprecedented is the recruitment and training of hundreds of volunteers from a variety of disciplines who review and make recommendations regarding individual cases. This has proven to be not only an effective method of protecting children's interests, but has enabled the agency to function in a cost-effective manner.

Since its inception, the Board has worked tirelessly on system reform through lobbying, education, training, and the creation of partnerships.

Its many accomplishments have led to national recognition, as evidenced by the fact that on more than one occasion the Board has been asked to present testimony to congressional committees.

Additionally, other states have sought the direction and advice of the Board when seeking ways to improve or create oversight agencies.

All has been accomplished because of tenacious and knowledgeable staff, committed and educated volunteers, and the number of entities with which the Board has created working relationships.

By any criteria, the Foster Care Review Board, for 25 years, has been an exceptional agency and a leader in assuring foster children are safe, and in working for systemic reform.



Child Welfare System Performance Measures

Statistical Tables

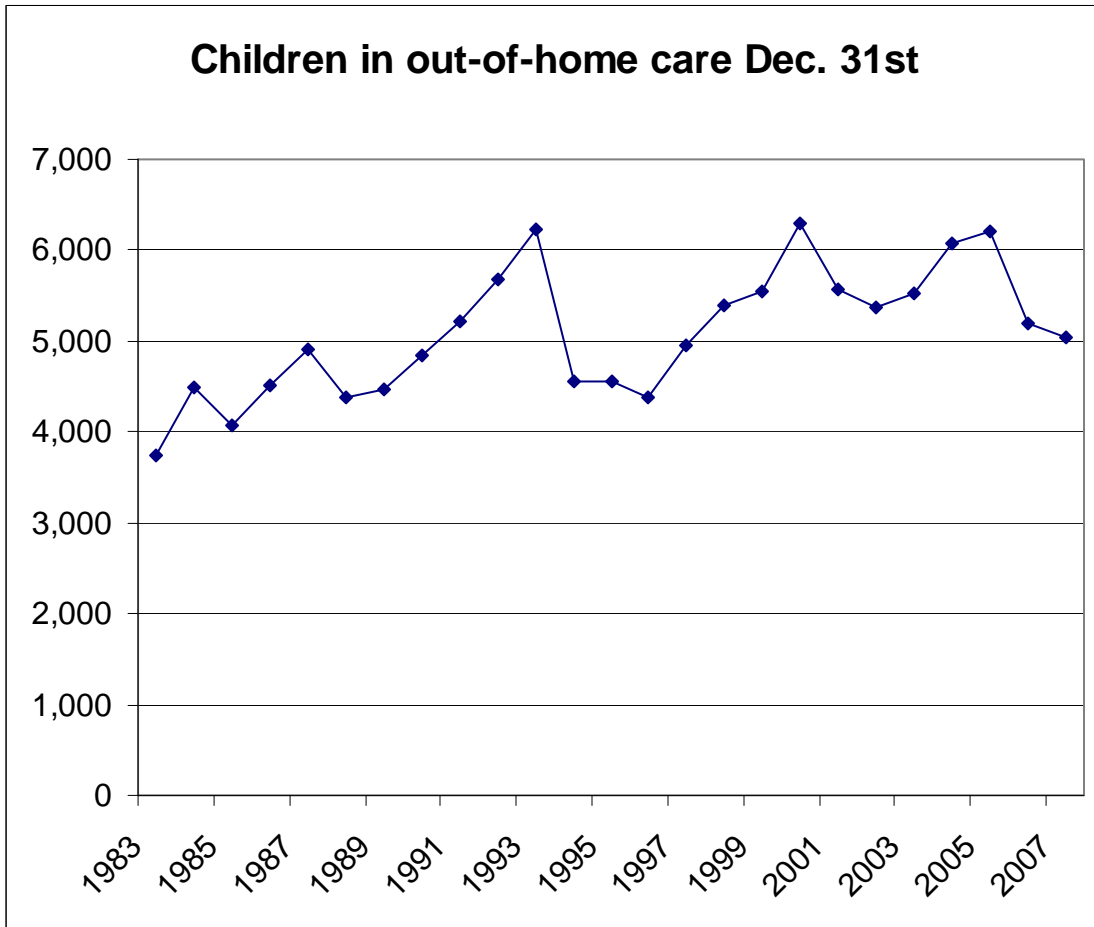


TABLE 1**SOME CHARACTERISTICS OF CHILDREN IN FOSTER CARE**

(A Ten-Year and One-Year Comparison)

Who are the Children?**A Comparison of the Number of Children in Foster Care on December 31st**

Dec. 31, 1997	Dec. 31, 2006	Dec. 31, 2007
4,960 children	5,186 children	5,043 children

Age of Children in Foster Care on December 31st

1997		2006		2007		Age Group
1,060	21.4%	1,333	25.7%	1,330	26.4%	Infants & Preschoolers (0-5)
1,320	26.6%	1,181	22.8%	1,153	22.9%	Elementary School (6-12)
1,248	25.2%	1,031	19.9%	964	19.1%	Young Teens (13-15)
1,229	24.8%	1,630	31.4%	1,587	31.5%	Older Teens (16+)
103	2.1%	11	>0.2%	9	0.2%	Age not reported
4,960	100.0%	5,186	100.0%	5,043	100.0%	Total

The percentage of young children in foster care in Nebraska is increasing.
This mirrors what is being reported on a national level.

Gender of Children in Foster Care on December 31st

1997		2006		2007		Gender
2,704	54.5%	2,835	54.7%	2,841	56.3%	Male
2,211	44.6%	2,346	45.2%	2,198	43.6%	Female
45	0.9%	5	> 0.1%	4	> 0.1%	Gender not reported
4,960	100.0%	5,186	100.0%	5,043	100.0%	Total

continued...

Explanation of Table—This table compares some characteristics of children in foster care from 1997, 2006, and 2007. Some percentages in this table may not equal 100% due to rounding. All statistics on this table are from the Foster Care Review Board Tracking System.

TABLE 1 (continued)**SOME CHARACTERISTICS OF CHILDREN IN FOSTER CARE**

(A Ten-Year and One-Year Comparison)

Race of Children in Foster Care on December 31st

1997		2006		2007		Racial Designation
2,834	57.1%	3,212	61.9%	2,957	58.6%	White
890	17.9%	946	18.2%	929	18.4%	Black
317	6.4%	Not available		482	9.6%	Hispanic as race
307	6.2%	334	6.4%	339	6.7%	American Indian
62	1.3%	23	0.4%	27	0.5%	Asian
Not applicable		87	1.7%	95	1.9%	Multiple designations ⁹³
<u>550</u>	<u>11.1%</u>	<u>584</u>	<u>11.3%</u>	<u>214</u>	<u>4.2%</u>	Other or Race Not Reported
4,960	100.0%	5,186	100.0%	5,043	100.0%	Total
Not applicable		502	9.7%	Not applicable		Hispanic as ethnicity

18.2% of the Nebraska children were minority according to Census data reported in the 2006 Kids Count report. On December 31, 2007, 41.4% of the children in out-of-home care were minority.

Lifetime Number of Placements of Children in Foster Care on December 31st

Respite Care and brief hospitalizations are not included in the counts below.

For children who had experienced multiple removals from the home, the figures below includes all placements from earlier removals as well as from the current removal from the home.

1997		2006		2007 ⁹⁴		Number of Lifetime Placements
2,605	52.5%	2,330	44.9%	2,437	48.3%	1-3 foster homes/placements
847	17.1%	975	18.8%	847	16.8%	4-5 foster homes/placements
948	19.1%	1,067	20.6%	1,007	20.0%	6-10 foster home/placements
464	9.4%	629	12.1%	594	11.8%	11-20 foster home/placements
<u>96</u>	<u>1.9%</u>	<u>185</u>	<u>3.6%</u>	<u>158</u>	<u>3.1%</u>	21 or more foster home/placements
4,960	100.0%	5,186	100.0%	5,043	100.0%	Total

continued...

⁹³ Beginning in 2006 there is a separate category for multiple racial designations.

⁹⁴ Additional details on the number of placements can be found in Table 9 on page 162.

TABLE 1 (continued)**Number of Local Foster Care Review Boards on December 31st**

1997	2006	2007
61 local boards	48 local boards	47 local boards ⁹⁵

Children Reviewed by the Foster Care Review Board and Total Reviews

1997	2006	2007
3,478 children reviewed 5,340 reviews conducted	3,728 children reviewed 5,473 reviews conducted	3,806 children reviewed 5,458 reviews conducted ⁹⁶

Reviewed Children by Lifetime Length of Time in Foster Care

1997		2006		2007		Length of Time in Care
1,704	49.0%	2,675	71.8%	2,218	58.3%	In care less than 2 years
1,346	38.7%	994	26.7%	1,237	32.5%	In care from 2-4 years
<u>428</u>	<u>12.3%</u>	<u>59</u>	<u>1.6%</u>	<u>351</u>	<u>9.2%</u>	In care at least 5 years in lifetime
3,478	100.0%	3,728	100.0%	3,806	100.0%	Individual children reviewed

Where are the Children?**Children in Foster Care on December 31st By Proximity to Home**

1997		2006		2007		Closeness to Home
2,478	50.0%	2,522	48.6%	2,728	54.1%	In same county
634	12.8%	711	13.7%	810	16.1%	In neighboring county
632	12.7%	862	16.6%	1,135	22.5%	In non-neighboring county
52	1.0%	165	3.2%	165	3.3%	Child in other state
229	4.6%	65	1.3%	2	>0.1%	Parent moved to other state
<u>935</u>	<u>18.9%</u>	<u>861</u>	<u>16.6%</u> ⁹⁷	<u>203</u>	<u>4.0%</u>	Proximity not available
4,960	100.0%	5,186	100.0%	5,043	100.0%	Total

continued...

⁹⁵ During the period of economic downturn in the early 2000's, the Boards budget was cut by over 16%. This necessitated staffing cuts, which required eliminating support for some local boards. Therefore, there were more local boards in 1997.

⁹⁶ Children are typically re-reviewed every six months for as long as in out-of-home care, therefore some children will be reviewed more than once during a calendar year.

⁹⁷ Due to the mandatory change of the Foster Care Review Board's tracking system to a new computer system during 2006, this field needed to be re-entered for each child. Re-entry was incomplete on December 31, 2006, thus the higher number in the "not available" category for 2006 as compared to 2007.

TABLE 1 (continued)**Children in Foster Care on December 31st By Type of Placement⁹⁸**

1997		2006		2007		Placement Type
1,841	37.1%	2,204	42.5%	2,148	42.6%	Foster home & fos/adopt homes
668	13.5%	1,101	21.2%	1,057	21.0%	Relatives
562	11.3%	934	18.0%	867	17.2%	Group homes, residential treatment facilities, or center for developmentally disabled
498	10.0%	411	7.9%	470	9.3%	Jail/Youth Development Center
580	11.7%	222	4.3%	258	5.1%	Emergency Shelter
41	0.8%	165	3.2%	121	2.4%	Runaway, whereabouts unknown
15	0.3%	74	1.4%	59	1.2%	Independent living
236	4.8%	23	0.4%	33	0.7%	Psychiatric Treatment or inpatient substance abuse facility
19	0.4%	23	0.4%	13	0.3%	Medical facility
249	5.0%	2	>0.1%	2	>0.1%	Adoptive home, not final (private)
<u>251</u>	<u>5.1%</u>	<u>27</u>	<u>0.5%</u>	<u>15</u>	<u>0.3%</u>	Other or type not reported
4,960	100.0%	5,186	100.0%	5,043	100.0%	Children in care December 31st

Have the Children Been In Foster Care Before?**Children in Foster Care on December 31st**

1997 figures were not available for this category.

2000		2006		2007		
3,693	58.7%	3,225	62.2%	3,092	61.3%	Initial removal
<u>2,593</u>	<u>41.3%</u>	<u>1,961</u>	<u>37.8%</u>	<u>1,951</u>	<u>38.7%</u>	<u>Had prior removal</u>
6,286	100.0%	5,186	100.0%	5,043	100.0%	Total entered care

Children Who Entered Care During the Calendar Year

1997		2006		2007		
3,393	58.1%	2,891	60.6%	2,736	61.7%	Initial removal
<u>2,451</u>	<u>41.9%</u>	<u>1,877</u>	<u>39.4%</u>	<u>1,701</u>	<u>38.3%</u>	<u>Had prior removal</u>
5,844	100.0%	4,768	100.0%	4,437	100.0%	Total entered care ⁹⁹

continued...

⁹⁸ Additional details on placement types can be found in Table 2 on page 146.

⁹⁹ This is an unduplicated number. Some children entered care more than once in a year. Their cases would be in the "had prior removal" category.

TABLE 1 (continued)**What Happened to the Children?****Reason For Leaving Foster Care**

1997		2006		2007		Reason for Leaving Care
2,831	51.1%	2,693	59.7%	3,473	68.0%	Returned to parents
1,430	25.8%	455	10.1%	460	9.0%	Released from corrections (presumably to parents as no out-of-home placement type was indicated)
267	4.8%	463	10.3%	446	8.7%	Adopted ¹⁰⁰
271	4.9%	443	9.8%	397	7.8%	Reached Age of Majority (19 th birthday or date of judicial emancipation)
174	3.1%	232	5.1%	281	5.5%	Guardianship
64	1.2%	82	1.8%	28	0.5%	Court terminated (no specific reason given)
49	0.9%	35	0.8%	0	0.0%	Custody transferred
9	0.2%	4	>0.1%	6	0.1%	Marriage or Military
447	8.1%	107	2.4%	19	0.4%	Other/reason not reported
5,542	100.0%	4,514	100.0%	5,110 ¹⁰¹	100.0%	Total left care

¹⁰⁰ The number of adoptions completed may be somewhat understated due to the number of reports from DHHS indicating children left care, but not indicating the reason for leaving care.

¹⁰¹ 314 of these children left care more than once in 2007. Each reason is counted.

TABLE 2**MINIMUM COST OF FOSTER CARE ROOM AND BOARD**

Explanation– The costs below reflect only the basic board rate for the 5,043 children in foster care on 12-31-2007 – medical expenses, counseling fees, special needs amounts, school tuition, transportation provided by contractors, case worker/supervisor salaries, judicial system costs, and other non-room and board costs are not included, with the exception of children in assisted living nursing facilities and hospitals where nursing care is part of the daily rates. Costs are calculated to be representative of the number of children, ages, and mix of placements on any given day. **The estimates likely under represent the true costs.**

Placement Type	Children	Monthly Cost or Range¹⁰²	Monthly
Foster Home – level unspecified (including fos/adopt)	1,199	\$226 - \$1,224, \$1,913, or \$3,021	\$2,260,579 ¹⁰³
Agency Based Foster Home	832	\$1,913	1,591,616
Continuity Care Foster Home	88	\$1,224	107,712
Treatment Foster Care Home	29	\$3,021	87,609
Relative Placement	1,057	\$226 - \$1,224, \$1,913, or \$3,021	766,325 ¹⁰⁴
Group Home – level unspecified	258	\$1,974, \$2,723, \$4,799, \$6,083	1,000,469 ¹⁰⁵
Group Home level “A”	148	\$2,723	403,004
Treatment level G.H.	121	\$4,799	580,679
Enhanced treatment level G.H.	78	\$6,083	474,474
Residential treatment center level	210	\$8,734	1,834,140
Center for Development Disabled	52	\$2,723 (est.)	141,596
Jail/Youth Development Center	470	\$4,350 - \$6,675	2,044,500 ¹⁰⁶
Emergency Shelter	258	\$855, \$1,820, or \$3,290	512,990 ¹⁰⁷
Runaway/Whereabouts Unknown	121	not applicable	n/a
Independent & Semi-Ind. Living	59	\$359	21,181
Psychiatric Treatment Facility	33	\$16,288	537,504
Assisted Living Facility	8	\$8,234-\$18,009	65,872 ¹⁰⁸
Medical Facility	13	\$15,000	45,000
Special School	3	\$3,000 (est.)	9,000
Adoptive Home Not Final - Private	2	---	n/a
Other	4	\$359 (est.)	1,436
Children in Care on Dec. 31, 2007	5,043	Minimum monthly total	\$12,485,686

Minimum Annual Cost for Room and Board Only \$149,828,232

¹⁰² See the explanation of rates on the following page for more details.

¹⁰³ 400 children x \$725 per month which is the average of standard foster payment range + 400 children x \$1,913 per month + 399 children x \$3,021 per month (\$290,000 + \$765,200 + \$1,205,379).

¹⁰⁴ 1,057 children x \$725 per month which is the average of standard foster payment range.

¹⁰⁵ 65 children x \$1,974 (\$128,310) + 65 children x \$2,723 (\$176,995) + 65 children x \$4,799 (\$311,935) + 63 children x \$6,083 (\$383,229).

¹⁰⁶ 470 children x \$4,350 per month.

¹⁰⁷ 86 children x \$855 per month (\$73,530) + 86 children x \$1,820 per month (\$156,520) + 86 children x \$3,290 per month (\$282,940).

¹⁰⁸ 8 children x \$8,234 per month.

Table 2 (continued) *Details Regarding Payment Rates*

Foster Home/Relative Foster Care rates: DHHS determines the maintenance payment for a child in foster family home or in relative care by the age of the child and the child's needs as scored on the FCPAY Checklist, which is completed by the foster parents. Rates for state fiscal year 2006 are as follows:

- Foster home payments for children from age 0-5 ranged from \$226.44 - \$1,091.40 per month.
- Foster home payments for children age 6-11 ranged from \$359.04-\$1,186.06 per month.
- Foster home payments for children age 12-18 ranged from \$359.04-\$1,224.00 per month
- Agency based foster care began reimbursement at \$63.75 per day (about \$1,913 per month), with continuity care at \$40.80 per day (about \$1,224 per month).
- Treatment foster care is paid the minimum foster home payment for the child's age plus \$100.71 per day (about \$3,021.30 per month)

DHHS Group Home rates: are determined by the group home level. Rates for state fiscal year 2006:

- Basic group homes are paid \$65.79 per day (about \$1,973.70 per month),
- Group Home A's are paid \$90.78 per day (about \$2,723.40 per month),
- Treatment Group Homes are paid \$159.95 per day (\$4798.50 per month)
- Enhanced Treatment Group Homes are paid \$202.76 per day (\$6,082.80 per month).

Residential Treatment Centers: according to the Medicaid managed care facility rates effective July 1, 2006, days 1-90 are reimbursed at \$291.14 per day; days 271+ are reimbursed at \$259.95 per day (about \$8,734 per month during the first three months of care).

Rehabilitation Centers/Youth Jails:

- Kearney Youth Rehabilitation and Treatment Center - \$123.63 (\$3,709 per month).
- Geneva Youth Rehabilitation and Treatment Center - \$141.51 (\$4,245 per month).
- Douglas County Youth Center - \$123.60 for Douglas County wards, \$170.00 for state wards (about \$5,100 per month).
- Lancaster County Youth Service Center contract for state wards is \$222.50 (\$6,675 per month).
- Northeast Nebraska Juvenile Services in Madison ranges from \$110 to \$250 depending on the contract and the level. The contract for state wards is \$145.00 per day (\$4,350 per month)
- Western Nebraska Juvenile Services contract for state wards is \$170.00 per day (\$5,100 per month).

Emergency Shelters: DHHS emergency shelter rates are determined by the level. Rates for fiscal year 2006:

- Individual Emergency Shelter homes are paid \$28.51 per day (\$855.00 per month).
- Agency Based Emergency Shelter homes are paid \$60.69 per day (\$1,820.70 per month).
- Emergency Shelter Centers are paid \$109.65 per day (\$3,289.50).

In-Patient Psychiatric/Substance Abuse: according to the Medicaid managed care facility rates effective July 1, 2006, the per diem is based on which day of hospitalization, with the first two days being reimbursed at the highest rate, \$618.67 per day, varying until days 7+ are reimbursed at \$519.89 per day (about \$16,288 per month).

Assisted Living Nursing Facilities: is based on the 2006 per diem rate that ranges from \$274.47-\$600.31 per day (\$8,234.10-\$18,009.30 per month) depending on level of care needed, which includes provision of skilled nursing care.

Hospitalization of Newborns: The Nebraska Hospital Association provided the following statistics: The average hospital charge for normal newborns was \$1,502 for CY 2005, while the average hospital charge for newborns with problems was \$6,102. Costs are figured based on a three-day stay for normal newborns. (\$1,502/3 or \$500 per day).

Basis for the Findings in Table 3

The Foster Care Review Board is required under state and federal law and regulations to make a number of findings regarding the children it reviews. The results of these findings, along with important trend data, are listed in the following table. Some pertinent statutes and regulations regarding the Board's findings include:

1. Each child in foster care shall have a case plan that is written and complete with services, timeframes, and tasks identified within 60 days of placement. [Neb. Rev. Stat. §43-1308, §43-1312, Section 475 (1) of the Social Security Act (SSA) and 390 NAC 5-004.02A, 8-001.11]. A written plan will be developed following the assessment of family or child's needs. Case plan evaluation and revision will then occur at least every six months. [390 NAC 5-004.02] The plan shall contain at least the following:
 - a. The purpose for which the child has been placed in foster care.
 - b. The estimated length of time necessary to achieve the purposes of the foster care placement.
 - c. The person or persons who are directly responsible for the implementation of such plan, and
 - d. A complete record of the previous placements of the foster child. [Neb. Rev. Stat. §43-1312].
 - e. If a child is 16 years of age or older, the plan shall include services designed to assist the youth in acquiring independent living skills. [Neb. Rev. Stat. §43-285(2) and 390 NAC 5-004.02A].
 - f. A visitation plan is to be developed for the child and parents to ensure continued contact when appropriate. [390 NAC 7-001.02A]
2. Per Neb. Rev. Stat. §43-1308, the Board is to determine:
 - a. What efforts have been made to carry out the plan, including the progress or lack thereof towards meeting the case plan objective.
 - b. Whether reasonable efforts to accomplish permanency are being made.
 - c. Whether there is a continued need for foster placement.
 - d. Whether the child's current placement is safe and appropriate.
 - e. Whether reasonable efforts were made to prevent the removal (this is also a requirement for federal IV-E reviews).
 - f. Whether grounds for termination of parental rights appear to exist.
 - g. Whether the child is likely to be returned to their parent's care and if not, recommend an alternative plan.
 - h. Any other recommendations it chooses to makes regarding the child.
 - i. Each child's placement shall receive educational and health information at the time of placement. [Section 475 (5) of the Social Security Act (SSA)]
 - ii. The custodial agency, normally DHHS, is to evaluate the safety of the child and take the necessary measures in the plan to protect the child. [Adoption and Safe Families Act]
 - iii. Visits between siblings are to be arranged between siblings, when appropriate, if they cannot be placed together. [U.S. Dept. of Health and Human Services, Child Welfare Information Gateway].

TABLE 3

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT LOCAL BOARD FINDINGS FOR CHILDREN REVIEWED DURING 2007

Is there a written permanency plan	Reviews	Percent
•There is a written plan with services, timeframes, and tasks	4,073	74.6%
•There is no plan.....	444	8.1%
•There is a plan, but it is incomplete.....	<u>941</u>	<u>17.2%</u>
Total	5,458	100.0%

In comparison,

The percentage of children with a complete written plan in 2006 was also 74.6%.

The percentage of children with a complete written plan in 1997 was 50.7%.

Board agreement with the child’s permanency plan	Reviews	Percent
•The Board agrees with the child’s permanency plan.....	2,991	54.8%
•The Board disagrees with the plan.....	1,651	30.2%
•There is no current plan.....	409	7.5%
•The Board cannot agree or disagree due to [reason].....	<u>407</u>	<u>7.5%</u>
Total	5,458	100.0%

In comparison,

The Board agreed with the children’s plans in 58.0% of the reviews conducted in 2006.

The Board agreed with the children’s plans in 40.2% of the reviews conducted in 1997.

Services in the permanency plan	Reviews	Percent
•All services in the plan are presently in motion.....	2,404	44.0%
•Some services are in motion.....	1,000	18.3%
•Services are offered, but not utilized.....	1,209	22.2%
•Unclear what is being provided.....	335	6.1%
•Services have not been defined in a plan.....	<u>510</u>	<u>9.3%</u>
Total	5,458	100.0%

In comparison,

The Board found services in motion in 48.9% of the reviews conducted in 2006.

The Board found services in motion in 37.8% of the reviews conducted in 1997.

continued...

Explanation of Table—This table shows compliance with the Foster Care Review Act (Neb. Rev. Stat. §43-1301-1318) as determined by the local Foster Care Review Boards that reviewed the children’s cases during 2007. There were 5,458 reviews on 3,806 children conducted during 2007. Children are typically reviewed every six months while in out-of-home care; therefore, some children were reviewed twice during the year. A description of the basis for the findings precedes this table.

TABLE 3 (continued)

**COMPLIANCE WITH THE FOSTER CARE REVIEW ACT
LOCAL BOARD FINDINGS
FOR CHILDREN REVIEWED DURING 2007**

Progress being made toward permanency plan objective	Reviews	Percent
•Progress is being made towards the permanency objective	2,383	43.7%
•No progress towards permanency.....	1,714	31.4%
•Unclear.....	<u>1,361</u>	<u>24.9%</u>
Total	5,458	100.0%

In comparison,
The Board found progress in 46.0% of the reviews conducted in 2006.

Continued need to be in the foster care system	Reviews	Percent
•There is a continued need.....	5,056	92.6%
•There is no longer a need for foster placement.....	<u>402</u>	<u>7.4%</u>
Total	5,458	100.0%

In comparison,
The Board found no need to be in foster care for 8.2% of the reviews conducted in 2006.

Is the current foster placement safe and appropriate	Reviews	Percent
•Current placement appears safe and appropriate.....	4,437	81.3%
•Unsafe, thus inappropriate.....	77	1.4%
•Safe, but not appropriate.....	194	3.6%
•No documentation or homestudy on which to base finding	<u>750</u>	<u>13.7%</u>
Total	5,458	100.0%

In comparison,
The Board found the placement safe and appropriate for 78.5% of the reviews conducted in 2006.

Safety evaluation by department or custodial agency	Reviews	Percent
•Custodial agency evaluated the safety of the child and taken the necessary measures in the plan to protect the child	4,826	88.4%
•Custodial agency evaluated the safety and not taken action.....	102	1.9%
•The Board cannot make a finding due to a lack of written plan.....	<u>530</u>	<u>9.7%</u>
Total	5,458	100.0%

In comparison,
The Board found agency evaluated the safety for 84.9% of the reviews conducted in 2006.

continued...

TABLE 3 (continued)

**COMPLIANCE WITH THE FOSTER CARE REVIEW ACT
LOCAL BOARD FINDINGS
FOR CHILDREN REVIEWED DURING 2007**

Reasonable efforts toward reunification	Reviews	Percent
•Reasonable Efforts to reunify are being made.....	3,623	66.4%
•Reasonable Efforts to reunify are not being made.....	158	2.9%
•Reasonable Efforts are no longer being made because the plan is no longer reunification or reasonable efforts are otherwise not required.....	<u>1,677</u>	<u>30.7%</u>
Total	5,458	100.0%

Parent-child visitation arrangements	Reviews	Percent
•Parental visitation occurring as ordered.....	2,469	45.2%
•Parental visitation not occurring as ordered.....	1,033	18.9%
•Parental visitation is unclear.....	413	7.6%
•Parental visitation was not ordered.....	316	5.8%
•Parental visitation is not applicable due to [reason].....	<u>1,227</u>	<u>22.5%</u>
Total	5,458	100.0%

Sibling visitation arrangements	Reviews	Percent
•Sibling visitation occurring.....	1,976	36.2%
•Sibling visitation is not occurring.....	732	13.4%
•Sibling visitation information was not available.....	721	13.2%
•Sibling visitation is not applicable (no siblings or placed together).....	<u>2,029</u>	<u>37.2%</u>
Total	5,458	100.0%

continued...

TABLE 3 (continued)

**COMPLIANCE WITH THE FOSTER CARE REVIEW ACT
LOCAL BOARD FINDINGS
FOR CHILDREN REVIEWED DURING 2007**

Reasonable efforts to prevent the removal	Reviews	Percent
•Reasonable efforts were made to prevent the child’s removal from the home or could not have prevented removal.....	5,115	93.7%
•Reasonable efforts were not made to prevent the child’s removal from the home.....	56	1.0%
•It was unclear what efforts were made to prevent removal	105	1.9%
•Reasonable efforts to prevent removal were not necessary due to a judicial determination.....	<u>182</u>	<u>3.3%</u>
Total	5,458	100.0%

Grounds for termination of parental rights per §43-1308(1)(b)	Reviews	Percent
•The Board finds that grounds for termination of parental rights appear to exist.....	1,456	26.7%
•The Board finds that grounds for termination of parental rights do not appear to exist.....	2,211	40.5%
•The Board finds that grounds for tpr rights appears to exist, but it would not be in the child’s best interests.....	757	13.9%
•A finding on grounds for termination is not applicable because the parents are deceased or the rights have already been relinquished or terminated.....	<u>1,034</u>	<u>18.9%</u>
Total	5,458	100.0%

The Board’s recommended plan if return of the children to the parents is unlikely	Reviews	Percent
•The Board finds that return is not likely and recommends referral for termination of parental rights and/or adoption	2,217	40.6%
•The Board finds that return is not likely and recommends referral for guardianship.....	624	11.4%
•The Board finds that return is not likely and recommends placement with a relative.....	139	2.5%
•The Board finds that return is not likely and recommends a planned, permanent living arrangement other than adoption, guardianship, or placement with a relative.....	462	8.5%
•The Board finds that return to the parents is likely.....	<u>2,016</u>	<u>36.9%</u>
Total	5,458	100.0%

TABLE 4

BARRIERS TO PERMANENCY FOR CHILDREN REVIEWED DURING 2007

During each review, local boards identify barriers to children's case plans being implemented and children achieving safe, permanent homes. The barriers are reported to all the legal parties of the children's cases in the final recommendation reports issued after completion of each review. The following are the barriers for the reviews conducted during 2007. Multiple barriers may be identified.

Barriers for children's cases with a plan objective of Reunification

Barrier	# of Reviews
Lack of parental willingness/ability	1,897
Parental substance abuse	1,732
Length of time in foster care	1,181
History of family abuse/violence	1,153
Economic – housing issues	1,059
Lack of parental visitation	985
Child's behavioral issues	911
Parents need more time to complete services	895
Economic-employment issues	854
Parental incarceration	539
Parental whereabouts unknown	406
Parental mental illness	402
Paternity not established	382
Child's mental health issues	361
Not in best interests due to child's attachments	275
DHHS/Agency lacks documentation regarding progress	253
Child's history of violent and/or abusive behaviors	252
Severity of abuse makes safe reunification unlikely	222
No current written case plan	177
Child's substance abuse issues	155
Low functioning parent	141
Caseworker changes	132
HHS pressure to return home prematurely	109
Child's disability	108
Parental illness or health issues	91
Parent/purported parent's immigration status	70
Services have not been provided to parents	69
Public assistance needed before child goes home	59
Child's educational needs/lack of special education	57
Child's illness	57
Language barriers	53
Cultural barriers	39

TABLE 4 Barriers to Permanency (cont.)

Court continuances	37
Lack of home based services – mental health	14
Lack of home based services – other	14
Lack of home based services – substance abuse	9
Parent not been notified	3
Other reunification barriers*	794
*Other reunification barriers include such issues as unresolved domestic violence in the parental home, parent facing criminal charges and/or possible prison sentence, new allegations of abuse by the parent, child is a runaway, youth does not want to be reunified, the youth is soon to become age of majority, services have not yet been provided to the parent or child, the parent is a minor, etc.	
No Barriers to Reunification	89

Barriers for children’s cases with a plan objective of Adoption

Barrier	# of Reviews
Child’s behavioral issues	237
Adoption paperwork not complete	204
Child is not in a placement willing to adopt	155
Child’s mental health issues	109
Paternity has not been addressed	99
Petition to terminate parental rights filed and the hearing is pending	80
No current written case plan	79
Parents whereabouts is unknown	56
Child’s history of violent and/or abusive behaviors	52
Court continuances	37
Request to file petition to terminate parental rights not sent County Atty	35
Child’s disability	31
Child’s education issues	31
Issues regarding separating the siblings	31
Request to file given to the County Attorney, but a petition was not filed	23
Court did not terminate parental rights	13
HHS lacks documentation regarding the lack of parental progress	8
Child’s substance abuse issues	7
Child’s illness	6
County Attorney lacks evidence to terminate parental rights	5
HHS policy	4
Mental health professional unwilling testify TPR in child’s best interests	0
Other adoption barriers	350
No Barriers to Adoption	245

TABLE 4 Barriers to Permanency (cont.)**Barriers for children's cases with a plan objective of Guardianship**

Barrier	# of Reviews
Child's behavioral issues	171
Child's mental health	69
Child's history of violent and/or abusive behaviors	65
Placement not willing to accept guardianship	63
Guardianship subsidy paperwork not completed	44
Child's educational issues	41
Child's substance abuse issues	28
Child's disability	22
No current written case plan	22
An exception to guardianship has not been made by the Dept (child is younger than 13)	6
Child's illness	1
Other guardianship barriers	146
No Barriers to Guardianship	55

Barriers for children's cases with a plan objective of Independent Living

Barrier	# of Reviews
Child's behavioral issues	88
Child's history of violent and/or abusive behaviors	50
No independent living skills training	48
Child's educational issues	47
Child's mental health issues	46
Child's substance abuse issues	28
Child's disability	25
Case plan does not address a permanency goal of independent living	8
No current written case plan	4
Child's illness	0
Other independent living barriers	81
No Barriers to Independent Living	50

TABLE 4 Barriers to Permanency (cont.)

Barriers for children's cases where the plan objective is unclear:

Barrier	# of Reviews
No case plan	232
Plan is outdated	128
Plan is incomplete	86
Other	67

TABLE 5

REASONS CHILDREN ENTERED FOSTER CARE FOR CHILDREN REVIEWED DURING 2007

This table includes two charts. The first shows the reason(s) identified upon removal from the home for the 3,806 children and youth reviewed by the Foster Care Review Board during 2007. Each could have multiple reasons identified.

The chart on the next page shows conditions that were identified after the removal and gives the combined number of children significantly affected by the condition.

Reasons for Entering Foster Care Identified Upon Removal¹⁰⁹				
Category			By Number of Removals	
			Reviewed children who were in foster care for the first time	Reviewed children who had been in foster care at least once previously
Neglect ¹¹⁰	2417	63.5%	1561	856
Parental Drug Abuse	1465	38.5%	1043	422
Parental Meth Abuse	890	23.4%	714	176
Parental Alcohol Abuse	574	15.1%	366	208
Housing substandard/unsafe	953	25.0%	585	368
Physical Abuse	875	23.0%	529	346
Parental Incarceration	427	11.2%	274	153
Abandonment	339	8.9%	202	137
Sexual Abuse ¹¹¹	325	8.5%	208	117
Parental Illness/Disability	345	9.1%	214	131
Death of Parent(s)	48	1.3%	24	24
Relinquishment	30	0.8%	7	23
Child's Behaviors ¹¹²	739	19.4%	324	415
Child's Mental Health	134	3.5%	49	85
Child's Disabilities	101	2.7%	60	41
Child's Drug Abuse	89	2.3%	35	54
Child's Meth Abuse	2	0.1%	1	1
Child's Alcohol Abuse	51	1.3%	25	26
Child's Illness	55	1.4%	33	22
Child's Suicide Attempt	16	0.4%	7	9

¹⁰⁹ Up to ten reasons for entering foster care could be identified for each child reviewed. See the next page for reasons discovered after removal from the home.

¹¹⁰ Neglect is failure to provide for a child's basic physical, medical, educational, and/or emotional needs.

¹¹¹ Children and youth often do not disclose sexual abuse until after removal from the home. The chart on this page includes only sexual abuse identified as an initial reason for removal and does not reflect later disclosures.

¹¹² Many of the behaviors identified as a reason for children and youth to enter foster care are predictable responses to prior abuse or neglect. Also, due to budget cuts the Board is prioritizing the review of children age birth to five, and those that qualify for federal IV-E funding; thus many troubled adolescents are not being reviewed.

TABLE 5 (continued)

Each of the 3,806 children reviewed 2007 could have multiple reasons identified for entering foster care throughout their lifetimes, and multiple conditions identified after removal(s).

Conditions Affecting Children Foster Care ¹¹³				
Category	Children Significantly Affected by the Condition		Condition Identified at Removal	Condition Identified After Removal
Neglect ¹¹⁴	1701	44.7%	1561	140
Parental Drug Abuse	1446	38.0%	1043	403
Parental Meth Abuse	762	20.0%	314	448
Parental Alcohol Abuse	517	13.6%	366	151
Housing substandard/unsafe	1109	29.1%	953	156
Physical Abuse	1024	26.9%	875	149
Parental Incarceration	647	17.0%	427	220
Abandonment	551	14.5%	339	212
Sexual Abuse	539	14.2%	325	214
Parental Illness/Disability	501	13.2%	345	156
Relinquishment	130	3.4%	30	100
Death of Parent(s)	84	2.2%	48	36
Child's Behaviors ¹¹⁵	963	25.3%	739	224
Child's Mental Health	256	6.7%	134	122
Child's Disabilities	169	4.4%	101	68
Child's Drug Abuse	158	4.2%	89	69
Child's Alcohol Abuse	54	1.4%	25	29
Child's Illness	74	1.9%	55	19
Child's Suicide Attempt	33	0.9%	16	17
Child's Meth Abuse	3	0.1%	2	1

¹¹³ Up to ten reasons for entering foster care could be identified for each of the children reviewed. Similarly, up to ten later identified conditions could be recorded for each of the children reviewed. The following are two common examples of later identified conditions: 1) a child is removed from the home due to neglect, and later parental drug abuse is identified, or 2) a child is removed from the home for physical abuse, and later the child discloses that sexual abuse also was occurring.

¹¹⁴ Neglect is the failure to provide for a child's basic physical, medical, educational, and/or emotional needs.

¹¹⁵ The percentage of children who enter foster care due to their behaviors is greater in the total foster care population than is true in reviewed population. Due to budget cuts that forced a reduction in staff, the Board is prioritizing reviews of children who are age birth to five, and children who qualify for federal IV-E funds. Therefore, older youth and youth who are in the Kearney or Geneva Youth Rehabilitation and Treatment Centers are somewhat under-represented.

TABLE 6

PERCENTAGE OF LIFE SPENT IN FOSTER CARE FOR CHILDREN REVIEWED DURING 2007

Percent of Life In Care	Total Children Reviewed	Ages 0-5	Ages 6-12	Ages 13-15	Ages 16-18
1-24%	1,860	231	661	400	568
25-49%	980	322	372	121	165
50-74%	447	268	101	31	47
75-99%	271	212	36	5	18
100%	<u>248</u>	<u>246</u>	<u>2</u>	<u>0</u>	<u>0</u>
Total	3,806	1,279	1,172	557	798

- **966 (25.4%) of the reviewed children have spent more than half of their lives in foster care.** This includes
 - 726 preschool children (ages 0-5),
 - 139 elementary school aged children (ages 6-12),
 - 36 middle school/junior high aged children (ages 13-15), and
 - 65 youth age 16 and older who will be becoming adults soon and creating families of their own.
- **519 children and youth have spent the majority (75%+) of their lives in foster care, including 248 reviewed children who have spent every day of their lives (100%) in foster care.**
- Children reviewed in 2007 averaged having spent 34.7% of their life in foster care.

Explanation of Table— The Board conducted 5,458 reviews on 3,806 children during 2007. Some children receive more than one review during a calendar year. In the above table rather than duplicating those children, the percent as of the last review in 2007 was used.

This table shows the percentage of the child's life that has been spent in foster care. The percentage of life in care is determined by dividing the number of months the child has been in foster care at the time of the Board's review by the child's age, in months, at the time of the review. For example, a 24 month old child who has been in care 6 months would have been in care 25% of his life (6 divided by 24). While 6 months, 12 months, 18 months, or more in foster care may not seem long from an adult perspective, from the child's perspective it is a long and significant period of time.

TABLE 7

2007 REPORT FROM THE TRACKING SYSTEM REGISTRY

Per Neb. Rev. Stat. §43-1303(2)(d)(iv) the Board is to include in the annual report **the number of children supervised by the foster care programs in the state.** This is calculated as follows:

Children in out-of-home care on December 31, 2006	5,186
Children who entered or re-entered care during 2007	+ <u>4,437</u> ¹¹⁶
Children whose case was active anytime during 2007	9,623

The number of children in care on December 31st can be calculated as follows:

Children whose case was active anytime during 2007	9,623
Children reported to have left foster care during 2007	- 4,796 ¹¹⁷
Net balance of children who entered care before 2007, but not were reported until 2007, and children who left care before 2007, but were not reported until 2007	+ <u>216</u> ¹¹⁸
Children in out-of-home care on December 31, 2007	5,043

Agency with custody of children in out-of-home care on December 31, 2007:

The Department of Health and Human Services This includes children under Child Protective Services, the Office of Juvenile Services (including Geneva and Kearney Youth Rehabilitation and Treatment Centers and Juvenile Parole), and the Lincoln Regional Center.	4,907
Correction, Detention, Probation, Parole or Courts, excluding children who are DHHS or DHHS/OJS wards	97
Private Agencies (including pre-adoptive)	<u>39</u>
Total	5,043

¹¹⁶ 533 children entered foster care more than once during 2007; they are not duplicated in this number.

¹¹⁷ 314 children left care more than once in 2007; they are not duplicated in this number.

¹¹⁸ DHHS sometimes is delayed in reporting when children enter or leave care.

TABLE 8
CHILDREN IN OUT-OF-HOME CARE
ON DECEMBER 31, 2007
BY AGE

Children's Age	# of Children	Subtotal	Subtotal %	
under 1 year	194			
1 year	295			
2 years	249			
3 years	200			
4 years	192			
5 years	200			
		1,330	26.4%	Ages birth - 5
6 years	217			
7 years	171			
8 years	163			
9 years	158			
10 years	143			
11 years	138			
12 years	163			
		1,153	22.9%	Ages 6-12
13 years	203			
14 years	294			
15 years	467			
		964	19.1%	Ages 13-15
16 years	591			
17 years	596			
18 years	400			
		1,587	31.5%	Ages 16-18
<u>Unreported Age</u>	<u>9</u>	<u>9</u>	<u>0.1%</u>	Unreported Age
Total	5,043	5,043	100.0%	

Explanation of Table—This table shows the number of active children on December 31, 2007, by age. Generally, children up to approximately age 11 enter care due to their parent's inability to parent, neglect, abusive situations, or medical problems.¹¹⁹ Youth age 12-18 may also enter foster care because of actions they have taken in addition to the previously stated reasons.

¹¹⁹ If a child has not been provided for physically, medically, and/or emotionally, it is considered neglect. Neglect can include the denial of critical care, failure to provide basic and necessary medical care and hygiene, failure to supervise children enough to keep them safe, engaging in criminal activity in front of the child, abandonment, and related inattention to the child's needs. Parental substance abuse and mental health issues often contribute to neglect.

TABLE 9

TOTAL LIFETIME PLACEMENTS (individual foster homes, group homes, specialized facilities)

FOR CHILDREN IN OUT-OF-HOME CARE ON DECEMBER 31, 2007
WHO ARE WARDS OF THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)¹²⁰

Number of Placements	Total	Ages 0 to 5	Ages 6 -12	Ages 13- 15	Age 16+	Age Unk.
1	890	450	211	121	108	0
2	849	346	217	132	154	0
3	597	223	164	87	123	0
4	480	140	140	90	110	0
5	350	74	102	78	95	1
6	289	45	77	63	104	0
7	244	25	59	61	99	0
8	204	8	49	49	98	0
9	137	4	28	34	71	0
10	121	4	24	30	63	0
11-20	588	7	77	159	345	0
21-30	125	0	4	30	91	0
31-40	26	0	0	4	22	0
over 40	7	0	0	1	6	0
Total	4,907	1,326	1,152	939	1,489	1

Children of any age can be damaged by multiple caregiver changes, yet:

- 2,571 (52.4%) of DHHS children had experienced 4 or more placements.
- 867 (17.7%) of DHHS children had experienced 10 or more placements.

The Board is especially concerned for the number of preschool children who have had multiple placements. Brain development experts have indicated that young children are permanently damaged by multiple broken attachments to care givers, yet an alarming number of young children have this experience.

- **530 (40.0%) of the DHHS preschoolers have lived in 3 or more different homes. This is, however, an improvement from last year's 48.4%.**
- **93 (7.0%) of the DHHS preschoolers have lived in 6 or more homes. This is close to last year's 8.0%.**

Explanation of Table—Both parts of this table shows the number of lifetime placements the children and youth who were in out-of-home care as of December 31, 2007, have experienced, the difference between the charts is the type of agency with custody.

¹²⁰ Health and Human Services wards include children under Child Protective Services, the Office of Juvenile Services (including Geneva and Kearney Youth Rehabilitation and Treatment Centers and Juvenile Parole), and the Lincoln Regional Center.

TABLE 9 (continued)**TOTAL LIFETIME PLACEMENTS****(individual foster homes, group homes, specialized facilities)****FOR CHILDREN IN OUT-OF-HOME CARE ON DECEMBER 31, 2007
AND ARE NOT WARDS OF DHHS**

These children include infants in pre-adoptive placements, children/youth placed with private agencies, children/youth in private mental health facilities, and youth sentenced to local detention/correctional facilities.

Number of Placements	Total	Ages 0 to 5	Ages 6 –12	Ages 13- 15	Age 16+	Age Unknown
1	51	4	0	10	34	3
2	43	0	0	9	34	0
3	7	0	0	2	4	1
4	15	0	1	0	12	2
5	2	0	0	0	2	0
6	7	0	0	2	3	2
7	1	0	0	0	1	0
8	2	0	0	0	2	0
9	1	0	0	0	1	0
10	1	0	0	1	0	0
11-20	6	0	0	1	5	0
21-30	0	0	0	0	0	0
31-40	0	0	0	0	0	0
over 40	0	0	0	0	0	0
Total	136	4	1	25	98	8

Explanation of Table—Both parts of this table shows the number of lifetime placements the children and youth who were in out-of-home care as of December 31, 2007 have experienced, the difference is the type of agency with custody.

TABLE 10

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

County	Total Children	Age Group						Race						
		age 0-5	age 6-8	age 9-12	age 13-15	age 16+	age unk	Black	White	American Indian	Asian	Other	Hispanic	Multiple
Adams	98	23	8	12	16	39	0	3	78	1	2	1	6	7
Antelope	8	3	0	0	2	3	0	0	7	0	0	0	0	1
Arthur	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Banner	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blaine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Boone	2	0	0	0	0	2	0	0	2	0	0	0	0	0
Box Butte	8	1	0	0	0	7	0	0	4	3	0	0	1	0
Boyd	4	3	0	0	1	0	0	0	4	0	0	0	0	0
Brown	2	0	0	0	1	1	0	0	2	0	0	0	0	0
Buffalo	87	23	8	9	16	31	0	4	70	0	0	6	4	3
Burt	8	0	2	1	1	4	0	0	8	0	0	0	0	0
Butler	28	7	5	7	6	3	0	0	27	0	0	1	0	0
Cass	48	11	8	7	10	12	0	1	44	0	0	1	2	0
Cedar	1	0	0	0	1	0	0	0	1	0	0	0	0	0
Chase	7	2	0	3	0	2	0	0	6	0	0	0	0	1
Cherry	11	1	2	2	4	2	0	0	7	2	0	2	0	0
Cheyenne	13	2	0	0	6	5	0	0	12	1	0	0	0	0
Clay	11	3	0	1	5	2	0	0	10	1	0	0	0	0
Colfax	24	8	2	3	4	7	0	0	6	3	0	2	13	0
Cuming	18	4	2	3	6	3	0	0	15	0	0	0	3	0
Custer	19	4	2	1	8	4	0	0	18	0	0	0	1	0
Dakota	51	13	2	1	14	21	0	1	22	6	0	1	17	4
Dawes	10	0	0	1	0	9	0	0	4	6	0	0	0	0
Dawson	47	10	1	2	15	19	0	2	21	6	0	3	15	0
Deuel	5	2	0	0	0	3	0	0	5	0	0	0	0	0
Dixon	12	2	1	2	2	5	0	0	11	1	0	0	0	0
Dodge	74	21	6	14	11	22	0	2	52	4	0	0	15	1
Douglas	1811	517	222	216	312	540	4	667	799	97	5	85	127	31
Dundy	4	0	0	0	0	4	0	0	4	0	0	0	0	0
Fillmore	20	4	1	2	7	6	0	1	19	0	0	0	0	0

TABLE 10 (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

County	Total Children	Gender			Number of Placements				Removals	
		Male	Female	Unk	1-3 Placements	4-6 Placements	7-9 Placements	10 or more Placements	1st removal	2+ removals
Adams	98	56	42	0	43	24	12	19	54	44
Antelope	8	6	2	0	4	2	0	2	4	4
Arthur	0	0	0	0	0	0	0	0	0	0
Banner	0	0	0	0	0	0	0	0	0	0
Blaine	0	0	0	0	0	0	0	0	0	0
Boone	2	1	1	0	1	1	0	0	1	1
Box Butte	8	5	3	0	4	2	0	2	4	4
Boyd	4	4	0	0	3	0	1	0	4	0
Brown	2	1	1	0	2	0	0	0	1	1
Buffalo	87	54	33	0	48	22	6	11	54	33
Burt	8	2	6	0	4	1	1	2	5	3
Butler	28	18	10	0	19	5	0	4	24	4
Cass	48	25	23	0	21	4	5	18	21	27
Cedar	1	0	1	0	1	0	0	0	1	0
Chase	7	4	3	0	5	1	1	0	4	3
Cherry	11	7	4	0	4	5	1	1	5	6
Cheyenne	13	8	5	0	3	3	1	6	6	7
Clay	11	7	4	0	4	4	3	0	8	3
Colfax	24	11	13	0	15	5	2	2	14	10
Cuming	18	9	9	0	9	4	2	3	11	7
Custer	19	8	11	0	11	2	4	2	13	6
Dakota	51	32	19	0	24	11	9	7	32	19
Dawes	10	7	3	0	4	2	2	2	5	5
Dawson	47	27	20	0	16	12	12	7	21	26
Deuel	5	3	2	0	3	1	1	0	2	3
Dixon	12	6	6	0	6	1	3	2	9	3
Dodge	74	39	35	0	32	10	11	21	41	33
Douglas	1811	1005	803	3	831	449	203	328	1126	685
Dundy	4	4	0	0	2	1	0	1	2	2
Fillmore	20	8	12	0	10	7	3	0	12	8

TABLE 10 (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

County	Total Children	Placement Proximity to Home County					Other	
		Same County	Neighboring County	Non-Neighboring County	Child Placed Out of State	Unreported	More Than 2 Years in Care	4 or More Case Workers
Adams	98	37	33	23	5	0	21	43
Antelope	8	3	1	4	0	0	4	4
Arthur	0	0	0	0	0	0	0	0
Banner	0	0	0	0	0	0	0	0
Blaine	0	0	0	0	0	0	0	0
Boone	2	0	0	2	0	0	1	0
Box Butte	8	5	1	2	0	0	3	3
Boyd	4	3	0	1	0	0	0	0
Brown	2	0	0	2	0	0	0	0
Buffalo	87	42	14	29	1	1	6	25
Burt	8	3	0	4	0	1	3	2
Butler	28	10	12	6	0	0	4	2
Cass	48	16	18	14	0	0	2	10
Cedar	1	1	0	0	0	0	0	0
Chase	7	5	0	2	0	0	2	3
Cherry	11	1	0	10	0	0	0	8
Cheyenne	13	2	1	10	0	0	3	7
Clay	11	1	7	2	1	0	2	5
Colfax	24	10	9	4	0	1	0	5
Cuming	18	1	5	12	0	0	3	2
Custer	19	11	5	3	0	0	5	15
Dakota	51	15	7	23	2	4	12	15
Dawes	10	0	2	8	0	0	0	1
Dawson	47	14	14	16	1	2	5	8
Deuel	5	2	0	3	0	0	0	2
Dixon	12	1	6	5	0	0	4	5
Dodge	74	27	22	19	6	0	13	28
Douglas	1811	1312	179	186	59	75	480	911
Dundy	4	1	0	2	1	0	1	1
Fillmore	20	2	13	5	0	0	2	2

TABLE 10 (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

County	Total Children	Adjudication Status							Unreported
		Abuse Neglect Dependency (3a)	Status Offense (3b)	Mental Health (3c)	Misdemeanor (1)	Felony (2)	More Than One Type		
Adams	98	52	10	0	14	4	3	15	
Antelope	8	2	3	0	2	0	1	0	
Arthur	0	0	0	0	0	0	0	0	
Banner	0	0	0	0	0	0	0	0	
Blaine	0	0	0	0	0	0	0	0	
Boone	2	0	1	0	0	0	0	1	
Box Butte	8	4	0	0	3	0	0	0	
Boyd	4	0	3	1	0	0	0	0	
Brown	2	0	0	0	0	0	0	2	
Buffalo	87	42	7	1	12	2	3	20	
Burt	8	1	5	0	1	0	0	1	
Butler	28	17	1	1	1	0	0	8	
Cass	48	31	2	0	4	0	1	10	
Cedar	1	0	1	0	0	0	0	0	
Chase	7	0	5	0	0	0	0	2	
Cherry	11	6	2	0	0	0	0	3	
Cheyenne	13	5	3	0	0	0	0	5	
Clay	11	5	2	2	1	0	0	1	
Colfax	24	16	3	0	0	0	0	5	
Cuming	18	10	2	0	0	1	0	5	
Custer	19	9	4	0	0	0	1	5	
Dakota	51	19	0	0	19	2	3	8	
Dawes	10	0	0	0	1	4	1	4	
Dawson	47	15	8	0	7	1	7	9	
Deuel	5	2	0	0	1	0	0	2	
Dixon	12	3	0	0	2	2	0	5	
Dodge	74	48	2	1	6	3	5	9	
Douglas	1811	1223	68	0	211	19	68	222	
Dundy	4	1	0	0	0	0	1	2	
Fillmore	20	15	0	0	1	0	0	4	

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

County	Total Children	Age Group						Race						
		age 0-5	age 6-8	age 9-12	age 13-15	age 16+	age unk	Black	White	American Indian	Asian	Other	Hispanic	Multiple
Franklin	1	0	0	0	0	1	0	0	1	0	0	0	0	0
Frontier	4	2	0	0	1	1	0	0	4	0	0	0	0	0
Furnas	9	2	1	1	3	2	0	0	9	0	0	0	0	0
Gage	41	14	4	3	11	9	0	1	38	1	0	1	0	0
Garden	6	2	1	1	2	0	0	0	6	0	0	0	0	0
Garfield	3	0	0	0	1	2	0	0	3	0	0	0	0	0
Gosper	3	1	0	1	1	0	0	0	3	0	0	0	0	0
Grant	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Greeley	11	1	2	3	3	2	0	1	9	0	0	0	1	0
Hall	185	62	19	26	35	43	0	9	128	0	0	12	34	2
Hamilton	15	1	0	2	8	4	0	0	14	0	0	1	0	0
Harlan	10	5	2	0	1	2	0	0	10	0	0	0	0	0
Hayes	3	0	0	0	1	2	0	0	3	0	0	0	0	0
Hitchcock	3	1	1	0	0	1	0	0	3	0	0	0	0	0
Holt	11	3	0	1	0	7	0	0	11	0	0	0	0	0
Hooker	1	0	0	0	0	1	0	0	1	0	0	0	0	0
Howard	7	0	0	1	4	2	0	0	7	0	0	0	0	0
Jefferson	10	3	1	1	3	2	0	0	10	0	0	0	0	0
Johnson	11	3	1	1	5	1	0	1	9	0	1	0	0	0
Kearney	4	0	0	1	0	3	0	0	4	0	0	0	0	0
Keith	20	1	0	2	7	10	0	0	15	0	0	2	3	0
Keya Paha	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kimball	13	4	0	1	3	5	0	0	13	0	0	0	0	0
Knox	4	0	1	1	1	1	0	0	3	1	0	0	0	0
Lancaster	1057	315	117	122	183	320	0	175	634	82	18	37	79	32
Lincoln	201	42	21	29	42	67	0	5	158	6	0	4	26	2
Logan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Loup	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Madison	87	24	16	7	15	25	0	6	57	11	0	1	10	2
McPherson	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Merrick	15	3	2	3	0	7	0	0	13	0	0	0	2	0
Morrill	11	7	1	1	0	2	0	0	5	1	0	1	4	0
Nance	6	0	0	0	3	3	0	0	6	0	0	0	0	0

TABLE 10 (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

County	Total Children	Gender			Number of Placements				Removals	
		Male	Female	Unk	1-3 Placements	4-6 Placements	7-9 Placements	10 or more Placements	1st removal	2+ removals
Franklin	1	1	0	0	0	0	0	1	0	1
Frontier	4	2	2	0	3	0	0	1	3	1
Furnas	9	8	1	0	1	4	1	3	3	6
Gage	41	25	16	0	24	9	4	4	30	11
Garden	6	5	1	0	6	0	0	0	6	0
Garfield	3	1	2	0	1	2	0	0	0	3
Gosper	3	2	1	0	2	1	0	0	2	1
Grant	0	0	0	0	0	0	0	0	0	0
Greeley	11	4	7	0	2	5	3	1	3	8
Hall	185	110	75	0	94	39	27	25	110	75
Hamilton	15	13	2	0	5	5	2	3	8	7
Harlan	10	6	4	0	5	4	0	1	5	5
Hayes	3	1	2	0	1	1	0	1	1	2
Hitchcock	3	2	1	0	0	2	0	1	1	2
Holt	11	6	5	0	3	2	1	5	6	5
Hooker	1	1	0	0	0	0	0	1	0	1
Howard	7	3	4	0	2	2	1	2	2	5
Jefferson	10	4	6	0	4	5	1	0	5	5
Johnson	11	5	6	0	6	2	0	3	7	4
Kearney	4	1	3	0	2	1	0	1	2	2
Keith	20	13	7	0	6	7	2	5	8	12
Keya Paha	0	0	0	0	0	0	0	0	0	0
Kimball	13	11	2	0	4	7	1	1	8	5
Knox	4	3	1	0	0	0	0	4	2	2
Lancaster	1057	591	466	0	541	220	139	157	681	376
Lincoln	201	103	98	0	98	34	23	46	114	87
Logan	0	0	0	0	0	0	0	0	0	0
Loup	0	0	0	0	0	0	0	0	0	0
Madison	87	53	34	0	25	26	15	21	48	39
McPherson	0	0	0	0	0	0	0	0	0	0
Merrick	15	9	6	0	5	5	1	4	7	8
Morrill	11	4	7	0	10	0	1	0	6	5
Nance	6	3	3	0	3	0	1	2	4	2

TABLE 10 (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

County	Total Children	Placement Proximity to Home County					Other	
		Same County	Neighboring County	Non-Neighboring County	Child Placed Out of State	Unreported	More Than 2 Years in Care	4 or More Case Workers
Franklin	1	1	0	0	0	0	0	1
Frontier	4	0	2	2	0	0	2	2
Furnas	9	3	0	6	0	0	2	3
Gage	41	16	6	15	4	0	5	14
Garden	6	4	2	0	0	0	0	0
Garfield	3	0	1	1	0	1	2	2
Gosper	3	0	2	1	0	0	0	1
Grant	0	0	0	0	0	0	0	0
Greeley	11	0	5	6	0	0	2	11
Hall	185	85	43	50	4	3	21	73
Hamilton	15	2	7	5	0	1	0	5
Harlan	10	4	1	5	0	0	0	2
Hayes	3	0	1	2	0	0	1	2
Hitchcock	3	0	0	3	0	0	2	3
Holt	11	3	1	6	1	0	4	4
Hooker	1	0	0	1	0	0	1	0
Howard	7	2	1	4	0	0	2	3
Jefferson	10	3	5	2	0	0	1	2
Johnson	11	1	5	4	1	0	4	7
Kearney	4	0	2	2	0	0	1	2
Keith	20	4	5	10	0	1	0	10
Keya Paha	0	0	0	0	0	0	0	0
Kimball	13	3	3	7	0	0	5	6
Knox	4	1	1	2	0	0	3	3
Lancaster	1057	645	62	273	44	33	252	558
Lincoln	201	95	28	69	7	2	44	71
Logan	0	0	0	0	0	0	0	0
Loup	0	0	0	0	0	0	0	0
Madison	87	31	29	22	5	0	31	33
McPherson	0	0	0	0	0	0	0	0
Merrick	15	0	11	2	1	1	3	6
Morrill	11	7	4	0	0	0	2	4
Nance	6	0	0	6	0	0	1	0

TABLE 10 (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

County	Total Children	Adjudication Status						
		Abuse Neglect Dependency (3a)	Status Offense (3b)	Mental Health (3c)	Misdemeanor (1)	Felony (2)	More Than One Type	Unreported
Franklin	0	0		0	1	0	0	0
Frontier	4	1	2		0	0	0	1
Furnas	9	2	4		0	1	0	1
Gage	41	22	5	0	3	2	1	8
Garden	6	0	6		0	0	0	0
Garfield	3	0	2		0	1	0	0
Gosper	3	0	1		0	1	0	0
Grant	0	0	0		0	0	0	0
Greeley	11	9	1	0	1	0	0	0
Hall	185	118	4	1	11	5	5	41
Hamilton	15	4	2	0	5	0	1	3
Harlan	10	7	0	0	0	0	1	2
Hayes	3	2	1		0	0	0	0
Hitchcock	3	0	3		0	0	0	0
Holt	11	7	1	0	1	1	0	1
Hooker	1	0	1		0	0	0	0
Howard	7	0	3		2	0	0	2
Jefferson	10	4	1	0	2	0	2	1
Johnson	11	10	0	0	0	0	1	0
Kearney	4	0	3		0	0	0	1
Keith	20	11	2	0	2	1	1	3
Keya Paha	0	0		0	0	0	0	0
Kimball	13	8	1	0	2	1	0	1
Knox	4	0	2		0	1	1	0
Lancaster	1057	739	21	0	125	16	44	112
Lincoln	201	103	38	0	15	5	10	30
Logan	0	0	0		0	0	0	0
Loup	0	0		0	0	0	0	0
Madison	87	55	7	0	11	1	6	7
McPherson	0	0	0		0	0	0	0
Merrick	15	8	1	0	2	0	2	2
Morrill	11	10	0	0	1	0	0	0
Nance	6	0	1		0	1	3	1

TABLE 10 (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

County	Total Children	Age Group						Race						
		age 0-5	age 6-8	age 9-12	age 13-15	age 16+	age unk	Black	White	Indian	Asian	Other	Hispanic	Multiple
Nemaha	5	0	2	0	1	2	0	0	5	0	0	0	0	0
Nuckolls	3	0	0	0	0	3	0	0	2	0	0	1	0	0
Otoe	8	0	0	0	5	3	0	0	7	0	0	1	0	0
Pawnee	3	0	0	1	0	2	0	1	2	0	0	0	0	0
Perkins	3	0	0	0	2	1	0	0	3	0	0	0	0	0
Phelps	24	3	4	2	4	11	0	0	24	0	0	0	0	0
Pierce	4	0	0	0	0	4	0	0	4	0	0	0	0	0
Platte	54	17	6	6	14	11	0	2	34	1	0	1	16	0
Polk	11	2	2	3	2	2	0	0	8	1	0	1	1	0
Red Willow	27	5	1	3	6	12	0	1	25	0	0	0	1	0
Richardson	8	0	0	1	2	5	0	0	6	0	0	1	0	1
Rock	1	0	0	0	1	0	0	0	1	0	0	0	0	0
Saline	21	5	2	0	4	10	0	1	17	0	0	0	2	1
Sarpy	210	37	24	30	43	75	1	34	144	3	0	10	17	2
Saunders	27	9	2	5	2	9	0	0	19	0	0	4	4	0
Scotts Bluff	194	61	23	28	39	43	0	0	84	36	0	4	67	3
Seward	29	3	1	1	7	17	0	0	27	0	0	2	0	0
Sheridan	9	0	0	1	4	4	0	0	2	6	0	0	1	0
Sherman	6	1	0	2	2	1	0	0	6	0	0	0	0	0
Sioux	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Stanton	1	0	0	0	1	0	0	0	1	0	0	0	0	0
Thayer	8	1	0	0	3	4	0	0	4	0	0	3	1	0
Thomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Thurston	13	2	2	0	4	5	0	0	3	9	0	1	0	0
Valley	10	0	3	1	2	4	0	0	8	0	0	1	1	0
Washington	17	0	4	2	4	7	0	2	15	0	0	0	0	0
Wayne	4	0	0	1	0	3	0	0	3	0	0	0	1	0
Webster	10	1	1	5	2	1	0	0	8	0	0	2	0	0
Wheeler	0	0	0	0	0	0	0	0	0	0	0	0	0	0
York	39	10	4	5	6	14	0	0	35	0	0	2	1	1
Unreported or tribal	111	13	8	10	23	53	4	9	25	50	1	19	6	1
Total	5043	1330	551	602	964	1587	9	929	2957	339	27	214	482	95

TABLE 10 (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

County	Total Children	Gender			Number of Placements				Removals	
		Male	Female	Unk	1-3 Placements	4-6 Placements	7-9 Placements	10 or more Placements	1st removal	2+ removals
Nemaha	5	1	4	0	2	3	0	0	4	1
Nuckolls	3	1	2	0	0	1	1	1	1	2
Otoe	8	5	3	0	3	2	2	1	7	1
Pawnee	3	2	1	0	2	0	1	0	2	1
Perkins	3	3	0	0	1	1	0	1	3	0
Phelps	24	12	12	0	16	1	2	5	10	14
Pierce	4	3	1	0	3	0	0	1	3	1
Platte	54	30	24	0	38	6	3	7	45	9
Polk	11	7	4	0	4	6	1	0	4	7
Red Willow	27	20	7	0	16	5	1	5	16	11
Richardson	8	5	3	0	5	1	1	1	6	2
Rock	1	0	1	0	0	1	0	0	0	1
Saline	21	11	10	0	8	4	2	7	9	12
Sarpy	210	121	89	0	85	62	27	36	117	93
Saunders	27	19	8	0	18	3	3	3	17	10
Scotts Bluff	194	105	89	0	104	36	18	36	135	59
Seward	29	16	13	0	9	10	3	7	12	17
Sheridan	9	7	2	0	4	3	2	0	6	3
Sherman	6	2	4	0	6	0	0	0	6	0
Sioux	0	0	0	0	0	0	0	0	0	0
Stanton	1	0	1	0	1	0	0	0	1	0
Thayer	8	5	3	0	5	1	0	2	6	2
Thomas	0	0	0	0	0	0	0	0	0	0
Thurston	13	5	8	0	6	2	0	5	8	5
Valley	10	5	5	0	4	1	4	1	7	3
Washington	17	9	8	0	8	3	3	3	7	10
Wayne	4	2	2	0	2	2	0	0	4	0
Webster	10	3	7	0	7	3	0	0	6	4
Wheeler	0	0	0	0	0	0	0	0	0	0
York	39	22	17	0	19	10	3	7	20	19
Unreported or tribal	111	73	37	1	79	13	7	12	74	37
Total	5043	2841	2198	4	2437	1142	590	874	3092	1951

TABLE 10 (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

County	Total Children	Placement Proximity to Home County					Other	
		Same County	Neighboring County	Non-Neighboring County	Child Placed Out of State	Unreported	More Than 2 Years in Care	4 or More Case Workers
Nemaha	5	0	2	3	0	0	1	1
Nuckolls	3	0	1	2	0	0	1	2
Otoe	8	1	1	5	1	0	2	1
Pawnee	3	0	0	2	0	1	0	1
Perkins	3	0	2	1	0	0	0	1
Phelps	24	3	12	8	0	1	1	12
Pierce	4	0	1	3	0	0	1	1
Platte	54	14	15	25	0	0	11	12
Polk	11	0	6	3	2	0	2	2
Red Willow	27	5	7	15	0	0	1	10
Richardson	8	1	0	5	1	1	0	1
Rock	1	0	0	1	0	0	0	1
Saline	21	3	8	8	0	2	2	8
Sarpy	210	62	115	19	2	12	42	110
Saunders	27	12	12	1	1	1	6	10
Scotts Bluff	194	120	10	52	9	3	61	95
Seward	29	8	10	11	0	0	4	10
Sheridan	9	0	2	7	0	0	1	3
Sherman	6	3	2	1	0	0	0	5
Sioux	0	0	0	0	0	0	0	0
Stanton	1	0	0	1	0	0	0	0
Thayer	8	0	1	7	0	0	0	0
Thomas	0	0	0	0	0	0	0	0
Thurston	13	7	0	5	0	1	2	2
Valley	10	1	3	6	0	0	2	4
Washington	17	4	3	7	2	1	0	9
Wayne	4	1	0	2	0	1	1	1
Webster	10	1	6	3	0	0	0	2
Wheeler	0	0	0	0	0	0	0	0
York	39	17	9	12	0	1	6	5
Unreported or tribal	111	30	6	17	4	54	24	18
Total	5043	2728	810	1135	165	205	1138	2262

TABLE 10 (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

County	Total Children	Adjudication Status						
		Abuse Neglect Dependency (3a)	Status Offense (3b)	Mental Health (3c)	Misdemeanor (1)	Felony (2)	More Than One Type	Unreported
Nemaha	5	2		0	1	0	0	1
Nuckolls	3	0	1	0	2	0	0	0
Otoe	8	1	2	0	1	1	1	2
Pawnee	3	0		0	1	0	0	2
Perkins	3	0	1	0	1	0	1	0
Phelps	24	11	4	0	2	0	2	5
Pierce	4	1	1	0	0	1	1	0
Platte	54	37	2	1	4	1	1	8
Polk	11	6	0	0	0	0	0	5
Red Willow	27	10	1	0	2	0	0	14
Richardson	8	1	2	0	0	0	1	4
Rock	1	1	0	0	0	0	0	0
Saline	21	13	0	1	1	2	0	4
Sarpy	210	116	17	0	18	2	11	46
Saunders	27	18	2	0	1	1	0	5
Scotts Bluff	194	148	11	0	16	1	10	8
Seward	29	12	2	1	2	0	1	11
Sheridan	9	0	2	0	2	2	0	3
Sherman	6	5		0	0	0	0	0
Sioux	0	0	0	0	0	0	0	0
Stanton	1	0	0	0	0	0	0	1
Thayer	8	0	4	0	2	0	0	2
Thomas	0	0	0	0	0	0	0	0
Thurston	13	7	2	0	0	0	0	4
Valley	10	8	1	0	0	0	0	1
Washington	17	7	1	0	2	1	1	5
Wayne	4	0	1	0	0	0	0	3
Webster	10	10	0	0	0	0	0	0
Wheeler	0	0	0	0	0	0	0	0
York	39	23	4	0	4	1	2	5
Unreported or tribal	111	21	3	0	5	4	4	74
Total	5043	3152	264	12	539	90	208	778

TABLE 11
NUMBER OF REVIEWED CHILDREN
BY PERMANENCY OBJECTIVE

Permanency Objective	Number of Children	Percent
Return to Parent	3,630	66.5%
Adoption*	941*	17.2%
Guardianship	376	6.9%
No objective	271	5.0%
Independent Living	189	3.5%
Supervised Living	13	0.2%
Live with Relative	13	0.2%
Long Term Foster Care	4	>0.1%
Other	<u>21</u>	<u>0.4%</u>
Total	5,458	100.0%

*The objective of adoption above includes 624 children with an objective of non-relative adoption and 317 children with a plan of relative adoption.

Explanation of Table—This table shows the permanency objectives for children reviewed during 2007. It is important to recognize that while a permanency objective may be established for a particular child, a full written permanency plan to accomplish that objective may not have been created (see table 3, finding on the plan).

TABLE 12
CHILDREN ENTERING OUT-OF-HOME CARE
DURING THE YEAR, BY AGE¹²¹

Age of child as of December 31st	Entering Care in 2007			Prior Years	
	First Removal from home	Prior reunifications	Total Children Entering Care	Children Entering 2006	Children Entering 2005
Under 1	237	6	243	256	343
1 year	217	28	245	218	278
2 years	166	38	204	182	218
3 years	128	32	160	165	201
4 years	104	33	137	156	220
5 years	104	42	146	158	132
6 years	110	43	153	140	156
7 years	82	44	126	121	168
8 years	82	49	131	130	139
9 years	69	34	103	118	117
10 years	75	42	117	112	129
11 years	58	38	96	138	136
12 years	82	48	130	143	148
13 years	102	61	163	177	222
14 years	154	93	247	292	321
15 years	247	183	430	459	451
16 years	292	285	577	644	495
17 years	245	316	561	619	563
18 years	136	226	362	414	238
19 + years	22	49	71	79	37
Unknown age	24	11	35	47	2
TOTAL	2,736	1,701	4,437	4,768	4,714

# removed more than once	1,701	1,877	1,386
recidivist rate*	38.3%	39.4%	29.4%

*Recidivism rate here is computed as the percent of children entering care in the year who had been removed from the home at least once before, as in $1,701/4,437 = 38.3\%$)

Explanation of Table—This table shows the number of children who entered out-of-home care through both public and private agencies, and includes past years for comparison. Most children who enter care when age newborn through pre-adolescence enter care due to the parent's inability to parent, an abusive situation, neglect, or medical problems. Some are infants placed for adoption whose adoption has not been finalized. Older children may also enter care because of their own actions. This chart is based on the child's December 31st age, so children in the 19+ age group would have entered care while age 18 (19 is the age of majority). The Board is particularly concerned with the number of young children experiencing premature, failed reunifications, due to brain research indicating that there can be physical changes to brain physiology caused by abuse, neglect, and separations from parents/caregivers.

¹²¹ 528 children entered care more than once during 2007, they are not duplicated in the chart. See table 16 for information about race and number of times in care.

TABLE 13
CASES TERMINATED IN 2007 BY REASON

Reason Left Care	Number of Children	Percent
Reunification or Presumed Reunification		
Custody Returned to Parent	3,473	68.0%
Released from Corrections with no other information given (presumably returned to parents)	460	9.0%
Age of Majority or Other Emancipation		
Reached Age of Majority	397	7.8%
Emancipated by Military Service or Marriage	6	0.1%
Adoption		
Adoption Finalized*	462	9.0%
Guardianship		
Guardianship Established	281	5.5%
Other Reasons		
Court Terminated (with no specifics given)	28	0.5%
Death of Child	<u>3</u>	<u>≥ 0.1%</u>
<u>Total cases terminated</u>	5,110¹²²	100.0%

*446 adoptions were originally reported to the Board. Later a total of 462 adoptions were identified.

Explanation of Table—This table shows the number of children whose cases were terminated (closed) for each reason during 2007. (This does not include children who left during 2006, but who weren't reported until 2007).

¹²² There were 5,110 cases closed on 4,796 children during 2007. 314 children left foster care more than once during the calendar year.

TABLE 14

**LIFETIME CASEWORKER CHANGES EXPERIENCED
By DHHS AND DHHS-OJS WARDS
WHO WERE IN FOSTER CARE ON DECEMBER 31, 2007**

# of Caseworkers in Child's Lifetime	Number of Children	# of Caseworkers in Child's Lifetime	Number of Children
1 caseworker	813	13 caseworkers	29
2 caseworkers	1,070	14 caseworkers	24
3 caseworkers	772	15 caseworkers	14
4 caseworkers	586	16 caseworkers	4
5 caseworkers	449	17 caseworkers	14
6 caseworkers	340	18 caseworkers	5
7 caseworkers	236	19 caseworkers	2
8 caseworkers	195	20 caseworkers	4
9 caseworkers	143	21 caseworkers	0
10 caseworkers	95	22 caseworkers	1
11 caseworkers	64	23 caseworkers	1
12 caseworkers	43	24 or more caseworkers	<u>3</u>
		Total DHHS or DHHS/OJS wards	4,907

- 181 (11.3%) of the 1,604 DHHS wards who were in care on December 31, 2007, and who had entered foster care for the first time in 2007, had experienced four or more caseworker changes during their less than one year in care. The average for these children was 3 caseworker changes.
- 2,655 (54.1%) of the 4,907 DHHS wards in care on December 31, 2007, had experienced four or more different caseworkers handling their case at some time during their lifetime.
- 1,217 (24.8%) had experienced six or more different caseworkers.
- 479 (36.1%) of the 1,326 DHHS wards under age six had experienced four or more different caseworkers handling their case at some time during their lifetime.
- The average child under age six who was in care on December 31, 2007, had experienced three caseworker changes.
- Children in care on December 31, 2007, who had experienced four or more placement moves, averaged five different caseworkers over their lifetime.

Explanation of Table—This table shows the number of DHHS caseworkers who have been assigned to children over their lifetime.

TABLE 15

CASE MANAGER CONTACT WITH CHILDREN

During the review process Board staff members document whether or not the child's case manager has visited the child within the 60 days prior to the most recent review.

The following data was collected during the 5,458 reviews conducted in 2007.

- 5,035 (92.2%) of the reviews found documented case manager contact within 60 days prior to the review.
- 305 (5.6%) of the reviews found documentation showing that no case manager contact had taken place within 60 days of the review.
- 94 (1.7%) of the reviews found no documentation regarding case manager/child contacts and thus likely did not have any contact.
- 24 of the reviews involved parole or probation cases for which no DHHS caseworker was assigned.

The Board observes that significant improvements were made on this measure since last year. In particular:

- **In 2007, in 92.7% of the reviews there had been case manager contact within 60 days.**
- **The percent with case manager contact in 2006 was 88.8%.**
- **In 2007, 1.7% of the reviews had no documentation of case manager contact.**
- **The percent with no documentation in 2006 was 6.1%.**

The Board congratulates DHHS on its continued focus on this important safeguard for children.

Explanation of Table— At each review, the Foster Care Review Board determines whether or not caseworkers have seen the children within the 60 days prior to review, as this can be an important safeguard for the children, particularly young children who may not be seen outside the foster home.

TABLE 16

DELAYS TO ADJUDICATION FOR CHILDREN REVIEWED DURING 2007

734 of the 3,806 children reviewed in 2007 had an adjudication that took over 90 days to complete, as shown below:

Number of Months	Children Reviewed
4 months	283
5 months	172
6 months	132
7 months	74
8 months	12
9 months	20
10 months	10
11 months	10
12 months	7
13 months	1
15 months	4
18 months	3
21 months	2
23 months	1
28 months	1
36 months	2

Explanation of Table— At the adjudication hearing, facts are presented to prove the allegations in the petition. The burden of proof is on the state, through the County Attorney. If the parents deny the allegations, then a fact-finding hearing like a trial is held, where the parents have a right to counsel.

At this hearing the finding of fact occurs, the allegations in the petition are found to be true or false, and the child is either made a state ward or not. The Court cannot order the parents to services prior to completion of the adjudication hearing.

By law (Neb. Rev. Stat. 43-278) this hearing must occur within 90 days of the child entering out-of-home care. As shown above, in practice the 90-day rule is not always followed.

TABLE 17
PATERNITY ESTABLISHMENT
FOR CHILDREN REVIEWED DURING 2007

Paternity Established	Children	Age 0-5	Age 6-12	Age 13-15	Age 16+
Yes, established	2,219	712	694	329	484
Yes & Rights Terminated	397	132	162	48	55
Yes, Rights Relinquished	245	85	91	40	29
Yes & Father deceased	<u>121</u>	<u>14</u>	<u>29</u>	<u>29</u>	<u>49</u>
TOTAL IDENTIFIED	2,982	943	976	446	617
No, Paternity Not Est.	460	224	110	54	72
No, Parental ID Unknown	<u>271</u>	<u>95</u>	<u>70</u>	<u>39</u>	<u>67</u>
TOTAL NOT IDENTIFIED	731	319	180	93	139
UNDOCUMENTED	<u>93</u>	<u>17</u>	<u>16</u>	<u>18</u>	<u>42</u>
GRAND TOTAL	3,806	1,279	1,172	557	798

Paternity and Young Children (children under age 6)

- **24.9% (319 of the 1,279 young children) did not have paternity established**
 - 121 of the children had been in care between 12-23 months (1 year)
 - 63 of the children had been in care between 24-35 months (2 years)
 - 22 of the children had been in care for 36 months or more (3 years or more)
 - 6 of the 22 children had no purported father identified, and paternity had not been established by publication.

Of the 2,668 reviewed children who had been foster care for 12 months or more:

- 529 (19.8%) did not have paternity established or did not have a father/purported father identified.
- 25 (0.9%) had no file documentation about paternity establishment.

When considering children with no paternity established or whose paternity is undocumented, it is likely that paternity has not been established for over a fifth of the children reviewed (824 of 3,806 – 21.7 %).

Explanation of Table– The Board conducted 5,458 reviews on 3,806 children during 2007. Some children receive more than one review during a calendar year. In the above table rather than duplicating those children, the paternity status as of the last review in 2007 was used.

Lack of paternity identification has been linked to excessive lengths of time in care for children. Often paternity is not addressed until after the mother’s rights are relinquished or terminated instead of addressing the suitability of the father as placement concurrently with the assessment of the mother’s ability to parent. This can cause serious delays in children achieving permanency.

TABLE 18
MONTHS IN FOSTER CARE FOR
CHILDREN REVIEWED DURING 2007

Months In Care	Children Reviewed	Ages 0-5	Ages 6-12	Ages 13-15	Ages 16-18
0-6 months	458	230	112	66	50
7-12 months	759	321	215	94	129
13-18 months	556	216	156	78	106
19-24 months	519	213	183	61	62
25-30 months	352	136	119	36	61
31-36 months	307	86	105	40	76
37-40 months	111	21	44	22	24
41-48 months	213	37	95	32	49
49+ months	<u>531</u>	<u>19</u>	<u>143</u>	<u>128</u>	<u>241</u>
Totals	3,806	1,279	1,172	557	798

- **2,033 (53.4%) of the 3,806 reviewed children have spent more than 18 months of their lives in foster care.** This includes:
 - 512 preschool children (birth- age 5),
 - 689 elementary school aged children (ages 6-12),
 - 319 middle school/junior high aged children (ages 13-15), and
 - 513 youth age 16 and older who will soon become adults and create families of their own.
- **855 (22.5%) of the reviewed children and youth have spent over 3 years of their lives in foster care.**
- **531 (14.0%) children and youth have spent over 4 years of their lives in foster care.**

Explanation of Table— The Board conducted 5,458 reviews on 3,806 children during 2007. Some children receive more than one review during a calendar year. In the above table rather than duplicating those children, the months in care as of the last review in 2007 was used. This table shows the number of months of the child's life that has been spent in foster care.

TABLE 19

**PROVISION OF HEALTH RECORDS
TO THE CAREGIVERS
FOR CHILDREN REVIEWED DURING 2007**

Health Records Given to Foster Parent or Caregiver	Total Reviews		Ages 0- 5	Ages 6-12	Ages 13-15	Age 16+
Yes	3,521	64.5%	1,335	1,179	469	538
No	320	5.9%	119	114	44	43
Unable to determine	1,465	26.8%	461	435	247	322
Not applicable	<u>152</u>	<u>2.8%</u>	<u>12</u>	<u>11</u>	<u>21</u>	<u>108</u>
Total	5,458	100.0%	1,927	1,739	781	1,011

This is based on the reviews conducted for children in this age group. Some children are reviewed more than once in a year, and each of their 2007 reviews would be counted in the above table.

There is a correlation between children experiencing multiple caseworker changes and health records not being communicated to their caregivers:

61.8% of the cases where health records were not provided involved children who had four or more case managers over their lifetime.

60.9% of the cases where it was unable to be determined if health records were provided involved children who had four or more case managers over their lifetime.

The Board also documents when children's DHHS files contain medical records, and when they do not.

- In 3,582 (65.6%) of the 5,458 reviews conducted in 2007, the DHHS file contained medical information.

Explanation of Table– The Foster Care Review Board is required under federal regulations to determine if health records had been provided to the foster parents or other care providers at the time of the placement. This is done for all reviews and noted for the legal parties in the Board's recommendation report.

TABLE 20

**PROVISION OF EDUCATION RECORDS
TO THE CAREGIVERS
FOR CHILDREN REVIEWED DURING 2007**

For the chart on education records below, only reviewed children ages 6-15 are included, as all of these children should be of school age.

Education Records Given to Foster Parent or Caregiver	Reviews of School Aged Children		Children Ages 6-12	Children Ages 13-15
Yes	1,626	64.5%	1,158	468
No	162	6.4%	118	44
Unable to Determine	689	27.3%	441	248
Not applicable	43	1.7%	22	21
Total	2,520	100.0%	1,739	781

This is based on the reviews conducted for children in this age group. Some children are reviewed more than once in a year, and each of their 2007 reviews would be counted in the above table.

There is a correlation between children experiencing multiple caseworker changes and education records not being communicated to their caregivers:

61.1% of the cases where education records were not provided involved children who had four or more case managers over their lifetime.

65.6% of the cases where it was unable to be determined if education records were provided involved children who had four or more case managers over their lifetime.

The Board also documents when children's DHHS files contain educational records, and when they do not.

- In 1,536 (61.1%) of the 2,520 reviews of children ages 6-15 conducted in 2007, the DHHS file contained education information.

Explanation of Table– The Foster Care Review Board is required under federal regulations to determine if educational records had been provided to the foster parents or other care providers at the time of the placement. This is done for all reviews and noted for the legal parties in the Board's recommendation report.

TABLE 21**2007 FACTS ON MINORITY CHILDREN IN
NEBRASKA'S CHILD WELFARE SYSTEM****Minority children as a percent of those in foster care on December 31st.**

Race	Number of Children	Percent
White	2,957	58.6%
Black	929	18.4%
Hispanic as race	482	9.6%
American Indian	339	6.7%
Asian	27	0.5%
Multiple designations	95	1.9%
Other or Race Not Reported	<u>214</u>	<u>4.2%</u>
Total	5,043	100.0%

- 18.2% of the Nebraska children were minority according to Census data reported in the 2006 Kids Count report.
- On December 31, 2007, 41.4% of the children in out-of-home care were minority.

Minority children and placement moves while in foster care.

Race	Number of Children	1-3 placements	4-6 placements	7-9 placements	10 or more placements
American Indian, not hispanic	339	152	66	38	83
Asian, not hispanic	27	16	6	1	4
Black, not hispanic	929	373	229	129	198
White, not hispanic	2957	1474	656	344	483
Other, not hispanic	182	92	45	21	24
Hispanic	482	247	114	49	72
Multi-Racial	95	57	21	7	10
Unidentified Race	<u>32</u>	<u>26</u>	<u>6</u>	<u>0</u>	<u>0</u>
Totals	5,043	2,437	1,143	589	874

The following are the percent of children within a racial category above who experienced four or more placement changes over their lifetime:

- 59.8% of the Black children.
- 55.2% of the American Indian children.
- 50.2% of the White children.
- 48.8% of the Hispanic children
- 40.0% of the children of multi-racial background.

TABLE 21 (cont.)

Minority children and times in foster care.

Children in care on December 31, 2007

Race	Number of Children	1st time in care	% for this race	Been in care before	% for this race
Black, not hispanic	929	523	56.3%	406	43.7%
American Indian, not hispanic	339	198	58.4%	141	41.6%
Hispanic	482	293	60.8%	189	39.2%
White, not hispanic	2957	1842	62.3%	1115	37.7%
Other, not hispanic	182	117	64.3%	65	35.7%
Unidentified Race	32	24	75.0%	8	25.0%
Multi-Racial	95	73	76.8%	22	23.2%
Asian, not hispanic	<u>27</u>	<u>22</u>	81.5%	<u>5</u>	18.5%
	5,043	3,092		1,951	

Minority children and time in foster care since most recent removal.

Children in care on December 31, 2007, by Consecutive Time in Foster Care Since Last Removal From the Home

Race	In Care For Less Than a Year	In Care For 1 Year	In care for 2-4 Years	In Care for 5 years or longer	Total Children
American Indian, not hispanic	175	67	76	21	339
Asian, not hispanic	14	7	5	1	27
Black, not hispanic	502	204	181	42	929
White, not hispanic	1652	665	524	116	2957
Other, not hispanic	103	40	35	4	182
Hispanic	299	88	82	13	482
Multi-Racial or Unidentified Race	<u>62</u>	<u>27</u>	<u>35</u>	<u>3</u>	<u>127</u>
Totals	2,807	1098	938	200	5,043

% of children in care on December 31, 2007, who had been in care for over one year

Multiple Race	51.2%
American Indian	48.4%
Black	46.0%
White	44.1%
Hispanic	38.0%

TABLE 22

PARENTAL SUBSTANCE ABUSE IN CASES OF CHILDREN REVIEWED IN 2007

Parental substance abuse

The following chart shows the number of children who entered care due to any form of parental substance abuse, including alcohol abuse and the abuse of prescriptions and/or street drugs.

Age group	Entered Care Due to Parental Substance Abuse	Children reviewed	Percent
Under 2	199	334	59.6%
2-3 yrs	290	516	56.2%
4-5 yrs	235	429	54.8%
6-8 yrs	316	580	54.5%
9-12 yrs	277	592	46.8%
13-18 yrs	<u>366</u>	<u>1,355</u>	<u>27.0%</u>
Total	1,683	3,806	44.2%

Parental methamphetamine abuse

The following chart shows the number of children who entered care due to parental methamphetamine abuse. These parents may also be abusing other substances as well.

Age group	in care due to parental meth abuse	# of children reviewed this age	% in care due to meth
Under 2 yrs	136	334	40.7%
2-3 years	182	516	35.3%
4-5 years	135	429	31.5%
6-10 years	247	902	27.4%
11-18 years	<u>190</u>	<u>1625</u>	11.7%
Total	890	3,806	23.4%

Explanation of Table— The tables above show the frequency of parental substance abuse as a factor in the cases of children reviewed during 2007.

TABLE 23

2007 SELECTED FACTS ON CHILDREN IN NEBRASKA’S CHILD WELFARE SYSTEM

Number of children in foster care

There were 5,043 children in foster care on December 31, 2007.

- This is a decrease of 143 children from the 5,186 in foster care on December 31, 2006.
- This was an increase of 83 children from the 4,960 children in foster care on December 31, 1997.

Number of reviews conducted

- Local boards conducted about as many reviews in 2007 as in 2006 (5,458 in 2007, 5,473 in 2006).

Ratio of females/males

The ratio of males/females in out-of-home care has remained constant during the last 10 years (about 56% male, 44% female).

Children in foster care soon to become adults

There were 384 youth age 18 in out-of-home care on December 31, 2007.

Average days in foster care

Children who were in out-of-home care on December 31, 2007, had been in foster care an average of 524 days since their most recent removal from the home. For children who have had more than one removal, this does not include previous episodes in foster care. The average is over one year in out-of-home care for all age groups, except for the age unreported who have recently entered foster care.

Age birth to five	398 days
Age 6-12	569 days
Age 13-15	561 days
Age 16-18	572 days
Age unreported	176 days
Age 0-18	524 days on average

Percent of lifetime in foster care

Children reviewed in 2007 averaged having spent 34.7% of their life in foster care.

TABLE 23 (continued)**Aggravated circumstances**

Aggravated circumstances (reasons that a court could use as grounds to find that efforts to reunify are not necessary, such as torture, sexual abuse, felonious assault of the child or a sibling) were present for 319 (6.0%) of 5,292 reviews conducted in 2007. (This information was not collected for all children reviewed in 2007).

For children age birth through five, aggravated circumstances were present for 117 (6.1%) of 1,906 reviews.

[Editors note: due in part to additional training on identifying when aggravated circumstance are present, by the first half of 2008, 8.0% of the cases were identified as having such circumstances.]

Permanency hearings

There were 3,452 reviews conducted in 2007 that involved children who had been in foster care for 12 consecutive months or longer.

- 1,043 of the 3,452 children had permanency hearings. 680 of these were held with review hearings.
- 396 of the 3,452 children did not have a permanency hearing. A request for such a hearing was documented for 140 of the 396 children.
- For 2,013 of the 3,452 children there was no file documentation of the hearing, or the documentation was unclear.

For the 1,043 children who had permanency hearings...

- In 947 cases the judge rule that there was a need to file a TPR
- In 52 cases it was unable to determine what the judge made.
- In 44 cases the judge made another ruling

Also for the 1,043 children who had permanency hearings...

- In 571 cases the plan submitted by DHHS was in the child's best interests.
- In 340 cases the plan was not in the best interests.
- In 132 cases it was unable to determine if the plan was in the best interests.

TABLE 23 (continued)**Required physicals**

Nebraska law requires that children who are removed from the home due to abuse or neglect have a physical examination within two weeks of removal, yet for many children there is no documentation of this occurring. For the 3,806 children reviewed in 2007:

- 2,058 (54.1%) of the 3,806 children had no documentation as to whether the children received a physical within two weeks of removal as required by law.
- 328 (8.6%) of the children had documentation that showed the children did not receive a physical in the two-week time span.
- 1,386 (36.4%) of the children had documentation of receiving the physical in the appropriate timeframe.
- 34 reviewed children entered care due to their own actions and due to their adjudication type a physical was not required.

The Board's Mission Statement

The State Foster Care Review Board's mission is to ensure the best interests of children in foster care are being met through external citizen review, monitoring facilities that house children and youth, maintaining up-to-date data on a statewide tracking system, and disseminating data and recommendations through an Annual Report.

The Board attempts to accomplish this by and through:

- Utilizing trained citizen volunteers to review the plans, services, and placements of children in foster care whether in foster care through the Department of Health and Human Services, or through private placement;
- Making findings based on the review and setting forth the specific rationale for these findings;
- Sharing the findings with all the legal parties to the case;
- Collecting data on children in foster care, updating data on these children, and evaluating judicial and administrative data collected on foster care;
- Disseminating data and findings through an Annual Report, community meetings, and legislative hearings;
- Visiting and observing facilities for children in foster care;
- Requesting appearance in further court proceedings through limited legal standing by petitioning the Court at disposition to present evidence on behalf of specific children in foster care and their families, when deemed appropriate by the State Board;
- Advocating for children and their families through individual case review, legislation, and by pressing for policy reform; and,
- Organizing, sponsoring, and participating in educational programs.

Appendices

Appendix A

The Juvenile Court Process For Abuse or Neglect Cases

Note: The Foster Care Review Board has the authority to review children's cases any time after the removal from the home. Typically the Board schedules reviews so that information gathered from the review can be shared with all legal parties just prior to a Court hearing, so that the Court can address the Board's concerns.

Report of abuse or neglect (also called a complaint)– is made by medical personnel, educators, neighbors, foster parents, social workers, policy, and/or others. State law requires anyone with reason to believe abuse or neglect is occurring to report this to authorities. This may be reported to the Department of Health and Human Services (DHHS-CPS) or a local law enforcement agency. Each of these agencies is to cross report to the other.

Report accepted or screened out – after CPS receives a report, it assesses the nature of the complaint and assigns a prioritization for investigation. Serious flaws in this system exist. (See the section on CPS response to child abuse reports for additional details.)

Investigation– law enforcement and/or CPS (child protective services division of DHHS) investigates the allegations or concerns in the report. The investigation provides the evidence for the County Attorney to file a petition. The child may be removed from the home if an emergency situation exists.

County Attorney files a petition – detailing all of the abuse or neglect allegations. This is done within 48 hours of an emergency removal; if not an emergency removal, the County Attorney files a petition requesting removal from the home or requesting DHHS supervision of the home. Nothing is determined, found, or ordered at this point, that is done at the hearings described below. Parents who abuse their children can be tried in adult courts for the criminal part of their actions as well as being involved in a juvenile court action about the child and the child's future.

Petition definitions – petitions must contain specific allegations related to specific statutes in the Nebraska Juvenile Code. These are:

- §43-247 (3a) – children who are neglected, abused, or abandoned.
- §43-247 (3b) – children who have exhibited behaviors problems such as being disobedient, truant, or runaways
- §43-247 (3c) – juveniles who are mentally ill and dangerous as defined in §83-1009.
- §43-247 (1) – juveniles who have committed a misdemeanor other than a traffic offense.
- §43-247 (2) – juveniles who have committed a felony.

Detention hearing is held – legal rights are explained to the parents, a Guardian ad litem (special attorney) is appointed to represent the child’s best interests, counsel may be appointed for the parents. This hearing determines if probable cause exists to warrant the continuance of Court action or the child remaining in out-of-home care. The Court can only rule on the allegations in the petition. Affidavits and testimony can also be used.

If an emergency removal did not occur, the child may be removed from the home or may remain in the home under the supervision of DHHS. Services may be offered to the child and/or the parents after the detention hearing. Parents are frequently advised by their counsel not to accept services, as this may be an admission of guilt for the adjudication hearing to come.

DHHS is given custody at the detention hearing – and is then responsible for the child’s placement, plan, and services, if the court finds grounds for adjudication. DHHS is responsible for developing the child’s case plan, submitting the plan to the court, and updating the plan at least every six months while the child remains in care. The Court must adopt the DHHS case plan unless other legal parties present evidence that the plan is not in the child’s best interest or the Court amends the case plan based on its own motion.

DHHS makes a placement – the child’s needs are to be evaluated and the child is to be placed in the most home-like setting possible that meets the child’s needs, whether through direct foster parents, relatives, or agency-based care. This may occur either before or after the detention hearing, depending on circumstances.

Plea-bargaining – because allegations can be hard to prove, many serious allegations are sometimes removed from the petition in an agreement between the County Attorney and the parents so that parents or youth will admit to lesser charges.

Adjudication hearing is held – facts are presented to prove the allegations in the petition. The burden of proof is on the state, through the County Attorney. If the parents deny the allegations, then a fact-finding hearing like a trial is held, where the parents have a right to counsel.

At this hearing the finding of fact occurs, the allegations in the petition are found to be true or false, and the child is either made a state ward or not. The Court cannot order the parents to services prior to completion of the adjudication hearing. By law this must occur within 90 days of the child entering out-of-home care. In practice the 90-day rule is not always followed.

Dispositional hearing is held – the Court sets the adjudication status for the case, if the parent admits the allegations or is adjudicated, the Court adopts the DHHS rehabilitation plan for the parents (case plan) and orders services based on this plan. There is a statutory presumption that the DHHS plan is in the best interests of the child. The onus is put on any other party to the proceedings to prove that a plan is not in the child’s best interests.

Dispositional review hearings – these court hearings occur at least once every six month to determine whether any progress is being made towards permanency for the child. The child’s plan should be updated to reflect the current situation. The State Foster Care Review Board has legal standing to file as a party to any pleading or motion to be heard by the court at these hearings. The Review Board attempts to schedule its reviews in advance of this court hearing so that the Court can act on the Board’s concerns.

s – after the child has spent 12 months in foster care, the Court is to hold a special dispositional hearing to determine the most appropriate permanency plan for the child.

When a child has been in care for 15 of the last 22 months – the County Attorney is required to file a motion for a hearing either for a termination of parental rights, or to explain why termination is not in the best interest of the child.

Permanency – is obtained through any of the following: 1) a safe return to the parent’s home, 2) adoption, 3) guardianship, 4) a long-term foster care agreement, or 5) by reaching adulthood. Adoption or guardianship can occur following either a relinquishment of parental rights or by a Court-ordered termination of parental rights.

Termination of parental rights hearings – if the state through a county attorney proceeds to a termination of parental rights action, the parents have the right to counsel. In such a trial the burden of proof is greater than the level of proof needed in juvenile court proceedings. Many county attorneys have equated the time to establish grounds and proceed to trial as being equal to involvement in a murder trial. The role of the defense counsel is adversarial—that is the parental attorney has an obligation to defend the client against the allegations in the petition. There is a right to appeal, and many parental attorneys automatically appeal any decision to terminate parental rights.

Relinquishments – relinquishments are actions of the parents to give DHHS the rights to the child. DHHS will only accept relinquishments if both parents sign, or the other parent’s parental rights have been terminated, or the other parent is deceased. This is sometimes done to facilitate an open adoption.

Open adoption – a legally enforceable exchange of information contract between biological parents who have relinquished rights and adoptive parents, that is agreed to by both parties. This is only applicable for children who are state wards.

**Local Foster Care Review Board members
come from a variety of backgrounds.
If you would be interested in serving on a local board,
please complete the form found in Appendix B.**

Appendix B

**STATE OF NEBRASKA
FOSTER CARE REVIEW BOARD**

521 S. 14th Street, Suite 401
Lincoln, NE 68508-2707
(402) 471-4420

Applications for volunteers to serve on a local Foster Care Review Board as set in Nebraska Statute, Section 43-1301 to 43-1319, R.R.S. Employees of the State Foster Care Review Board or child caring and placing agencies or the Courts are ineligible to serve on local boards.

Name

Address City ZIP Phone No.

Occupation Address ZIP Phone No.

I am available for <u>training</u> on the following (check all that apply)				I am available to <u>serve on a Board</u> that meets on the following (check all that apply)			
Day	Morning	Afternoon	Evening	Day	Morning	Afternoon	Evening
Mon.				Mon.			
Tues.				Tues.			
Wed.				Wed.			
Thurs.				Thurs.			
Fri.				Fri.			
Sat.			NA	Sat.			NA

Regular exceptions to the above schedule: _____

Nebraska Statute 43-1304 states: “The members of the Board shall reasonably represent the various social, economic, racial, and ethnic groups of the county or counties from which its members may be appointed.” In order to comply with the Act, please answer the following:

Your age: 19-30 _____ Family income: \$ 4,000-10,000 _____
 31-45 _____ \$11,000-20,000 _____
 46 & older _____ \$21,000-39,000 _____
 \$40,000 - above _____

Race: Caucasian _____ Black _____ Hispanic _____ Indian _____ Asian _____ Other _____

Marital status: _____ Number of children _____

I am presently a foster parent [this is not a requirement]: yes _____ no _____

continued →

Please list current and past activities (you can use an additional sheet if more room is needed).

Please list the name, address, and phone number of three references.

1. _____
2. _____
3. _____

Please write a short paragraph of why you would like to serve on a local Foster Care Review Board.

FOR OFFICE USE ONLY:

Date application received _____

Part I Training _____ Part II Training _____

Date appointed to Board _____ Appointed to Board _____

NEBRASKA STATE FOSTER CARE REVIEW BOARD
521 S. 14th Street, Suite 401
Lincoln, NE 68508-2707
(402) 471-4420

Child Abuse/Neglect Central Register Release of Information

I hereby apply to serve on the Foster Care Review Board. I hereby give my permission and authorize any law enforcement agency, child protective service agency, governmental agency, or court to release to the State Foster Care Review Board, its agents or representatives, any documents, records, or other information pertaining to me.

I understand my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registers. The purpose of this check will be to determine if my name is being maintained on either register as a result of previous abuse/neglect allegations that have been investigated and have not been determined to be unfounded. To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment perpetration, neither have I been convicted of a crime involving moral turpitude.

I understand that my refusal to authorize the release of the above-mentioned information may adversely affect my application to serve as a member of the Foster Care Review Board.

I hereby authorize the Nebraska Department of Health and Human Services to release specific and detailed information contained on the Adult or Child Protective Services Central Register including the information that a record has been found to:

The State Foster Care Review Board
521 S. 14th, Suite 401
Lincoln NE 68508

Signature _____ Date

Current Address _____ City _____ State _____ How Long? _____

Current Employer _____ How Long? _____

Printed Name _____ Birth Date _____ Social Security Number

Other Names Used in Past Twenty (20) Years →
(Please Print or Type)
Use back of sheet if necessary

- 1. _____
- 2. _____
- 3. _____

- 1. _____
- 2. _____
- 3. _____

Other Addresses Used in Past Twenty (20) Years
(Please Print or Type)
Use back of sheet if necessary

Names of Children Who Have Lived With You →
in Past Twenty (20) Years (Please Print or Type)
Use back of sheet if necessary

- 1. _____
- 2. _____
- 3. _____

Other addresses, other names, other children residing with you (continued from front page of the form, if necessary):

Appendix C

ACKNOWLEDGEMENTS – 2007

The State Foster Care Review Board would like to acknowledge and thank the following churches, schools, hospitals, libraries, businesses, and community centers for allowing the local Foster Care Review Boards to use their facilities for monthly board meetings, prospective board member training programs, and on-going continuing education programs:

Alliance Public Library, Alliance
Bergan Mercy Hospital, Omaha
Carol Yokum Resource Center, Lincoln
Christ United Methodist Church, Lincoln
Columbus Police Department, Columbus
Dundee Elementary School, Omaha
First Lutheran Church, South Sioux City
Fremont Presbyterian Church, Fremont
Hastings Police Department, Hastings
Immanuel Alegent Hospital, Omaha
Independent Living Center, Grand Island
Landmark Center, Hastings
LaVista Community Center, LaVista
Law Enforcement Center, Kearney
Lexington Public Library
Liberty Elementary School, Omaha
Lutheran Church of the Master, Omaha

Madonna Rehabilitation Center, Lincoln
Make-A-Wish Offices, Omaha
New Life Baptist Church, Bellevue
North Platte Community College, North
Platte
Pacific Hills Lutheran Church, Omaha
Presbyterian Church of the Cross, Omaha
Regional West Medical Center, Scottsbluff
St. Andrews Episcopal Church, Omaha
St. John's Lutheran Church, Tecumseh
St. Paul's United Methodist Church,
Lincoln
St. Wenceslaus Catholic Church, Omaha
State Office Building, Omaha
Sump Memorial Library, Papillion
United Lutheran Church, Lincoln
United Methodist Church, Norfolk
York General Hospital, York

Appendix D

PROJECT PERMANENCY QUESTIONS

BOARD MEMBER QUESTIONS FOR FOSTER PARENTS

FCRB Home Visit of the _____ home

Child's Name _____ Age _____

Board members _____ & _____

Date _____ Time _____ AM PM

[Be sure that the opening statement has been read]

Key Information About The Child

1. What date was _____ placed in your home? _____

2. When he/she was placed with you, did you receive adequate information regarding:

the child's development	Yes	No
the child's educational needs	Yes	No
the child's medical needs	Yes	No
if the child has allergies	Yes	No
any diet considerations		
such as which formula	Yes	No

3. What do you understand is the current plan for the child?
 (*on sheet in the pocket of the binder*)

01-Reunification	02-Kinship Care
03-Adoption	04-Long Term Foster Care
11-Guardianship	00-Unreported/unknown
Other: _____	

4. Can you tell me about the child's temperament, personality, and response to stress?

Grief

Research clearly shows that in foster children ages birth through five, most of their behaviors are a result of the grief they experienced because they have been separated from their parents or from a trusted caregiver. Research shows this grief can last for many years.

1. What information, if any, have you been given about childhood grief? What questions do you have about how children respond to separation from parents or from trusted caregivers?
(Refer to section _____)

2. Next I'll be asking you about some behaviors that are typical of grief. This will help us, on the Board, to better understand what the child's needs are and will help us make better recommendations. Is the child showing...

Regressive behaviors (soiling self when formerly toilet trained, return to baby talk, use of pacifier when previously weaned, etc.).....Yes No

Not listening or spacey behaviorsYes No

Sleep Disturbances.....Yes No

Food issues (hoarding, refusal to eat).....Yes No

Rhythmic behavior (rocking self excessively.).....Yes No

Rages beyond normal tantrums.....Yes No

Bothered by nothing – flat emotions.....Yes No

Impulse control weak for their ageYes No

Lack of energyYes No

Over active, without a physical cause.....Yes No

- Overly clingingYes No
- Too affectionate with strangers.....Yes No
- Intense control battlesYes No
- Significant learning delays.....Yes No
- Destructive to selfYes No
- Destructive to othersYes No
- Refuses touch or comforting.....Yes No

3. How do you decide which of the child’s behaviors need to be responded to, and how do you to respond to those behaviors?

Services to the Child

1. What is the child’s daily routine?

2. Is the child in daycare or an early childhood program?

Day Care	Yes	No
Program	Yes	No

3. Has the child received a comprehensive health assessment since being placed in your home? Yes No

4. Are the child’s immunizations up to date? Yes No Partial

5. When was the child’s last visit to the doctor? _____

1. Who was present at the appointment? _____

2. Are there any other children in the home? Who are they?

1. _____ Age _____
Foster child? Yes No If yes, when Placed _____

2. _____ Age _____
Foster child? Yes No If yes, when Placed _____

3. _____ Age _____
Foster child? Yes No If yes, when Placed _____

4. _____ Age _____
Foster child? Yes No If yes, when Placed _____

5. _____ Age _____
Foster child? Yes No If yes, when Placed _____

3. Are you a daycare provider? Yes No
If so, for how many children? _____

4. Are there any disabled adults in the home? Yes No
If so, how many? _____

5. Do you have respite care available? Is the quality of the respite care acceptable?

Training, Experience

1. How many years have you been a foster placement? _____

2. Has anyone talked to you about basic child development and what is to be expected as “normal” at each stage of growth? Yes No
(refer to page ___)

Contact with Legal Parties

1. When was the last time the case manager was at your home? _____
How much contact does the child have with the case manager?

2. When was the last time the child's guardian ad litem was at your home?
How much contact do you or the child have with the guardian ad litem?
(refer to page _____ for GAL definition, to contact page for name)

Other Questions or Comments

Do you have any other concerns that you want the board to be aware of?

Thank you

“Thank you for assisting the Board. At the end of the binder is an envelope containing some coupons that local sponsors have given us to say “thank you” for your service.

If you think of anything you would like to add or have any other questions, please feel free to contact us. The Board's information is on the contact sheet in the inside pocket of the binder.”

Appendix E

Group Home Information Visit Questions

Youth Detention, Group Home, or other facility questions:

Facility

- What is the Capacity of your facility? How full is it usually?
- What age range of youth are commingled?
- What is the percentage of minority youth?
- How young a child will be admitted here?
 - What is the age limit?
- Please describe what will occur when a youth is admitted?
 - How long is the youth allowed to stay?
- Describe contact with family, friends, etc.
- Will the youth be given a copy of rules, consequences for certain behaviors, etc.
- What programs and services are available to the youth?
- How is discipline be handled?
 - Will there be a time out room and what criteria will there be for placing a youth there.
 - Is there a policy limiting the amount of time a youth can be there?
 - Is the main focus of the facility on control or on positive guidance?
 - Are handcuffs or shackles used for discipline?
 - What is the most common method of discipline?
- How are serious incidents (suicide, assaults) handled?
 - How often do they occur?
 - Is law enforcement contacted?
- Does a citizen advisory board exist to monitor the facility, educate the public, recommended appropriate changes?
- Do you report to the Foster Care Review Board?
- Are children assessed before being accepted to the respite care program?

Staff

- What are the qualifications of the staff?
- What type of training do they receive?
- What is the staff to youth ratio?

- Are social workers, psychologists, certified teachers on staff and available to individual youth at convenient hours?
- Is medical care available at all times? Weekends? Who supervises medications?
- Who supervises the children who are here for respite care?
How long do they usually stay?
- What opportunity kids have for interaction with staff? Is there any counseling, one on one consultation, etc.

Education

- What is a typical day's schedule?
Are waking hours filled with productive activities?
- Is the school accredited? By whom?
How many hours are spent in class work?
Are School Materials forwarded from children's schools?
- During the education hours when are they in the classroom, and when in recreation?
How much pure education time do they get per day or week?
Where will the teachers come from?
- Is there a library? When will they go the the library?
- Exactly where will they be when they're not in classrooms or lunch? Locked in their room? TV room? Any other activities?. Will they go outside? Where?
- What will they do on weekends? Any organized activity? When in rooms?

APPENDIX F

STAFF WHO SERVED DURING SOME OR ALL OF 2007

Carolyn K. Stitt, Executive Director

Kathleen Stolz, Program Coordinator

Lincoln Area Supervisor

Michele Blodgett

Omaha Supervisor

Tammy Peterson

Rural-West Supervisor

Tami Gangwish

***Lincoln Area
Review Staff***

Terra Bentley

Jodi Borer

Michele Blodgett

Cheryl Johnson

Tony Menard

Nikki Swope

Lynda Todd

Jessie Zuniga

Omaha

Review Staff

Rachael Andrews

Erin Bader

Benjamin Gray

Anna Nelson

Tammy Oswald

Stacey Sothman

Pauline Williams

Rural-West

Review Staff

Terra Bentley

Jolie Camden

Karen Olsen

Dawn Paulsen

Sarah Schwartz

Ramona Tarin

Heidi Ore, Administrative Coordinator Linda Cox, Special Projects/Data Coordinator

Lincoln Office Staff

Brooke Celemnts

Lydia Daniel

Pat Kuhns

Dora May

Nickole Morehart

Holly Powell

Abby Webben

Student Interns

Sam Ballard

CONSULTANTS DURING 2007

Dr. Ann Coyne, Bonding & Attachment Advisor

Karen Kilgarin, Communication Advisor

Nancy Thompson, LMHP, Bonding & Attachment Advisor

APPENDIX G

STATE FOSTER CARE REVIEW BOARD FINANCIAL STATEMENT

Fiscal Year 2006-2007

Appropriations

General Fund	\$1,280,541.00
Cash Fund	\$6,000.00
Federal Funds	<u>\$380,000.00</u>
TOTAL	\$1,666,541.00

Expenditures

Staff Salaries & Benefits	\$1,350,931.10
Postage	\$32,260.63
Telephone and Communications	\$36,918.43
Data Processing Fees	\$3,740.87
Publications and Printing	\$28,274.94
Rent	\$56,478.72
Legal Fees	\$13,979.65
Office Supplies & Miscellaneous	\$20,975.32
Travel Expenses	<u>\$54,383.79</u>
TOTAL	\$1,649,099.13

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