

The Nebraska Foster Care Review Office Quarterly Report

Submitted pursuant to Neb. Rev. Stat. §43-1303(4)



Issued June 15, 2013

Executive Summary

This quarterly report is provided by the Foster Care Review Office pursuant to Neb. Rev. Statute §43-1303(4) to provide relevant data and other information to policy makers and child welfare stakeholders in order to improve conditions for children in out-of-home care.

Children in out-of-home care may have experienced trauma as a result of their abuse or neglect, and may experience trauma because of some of the decisions made while in the child welfare system, such as frequent changes of caregivers. The term “trauma” as used in this report means “the result of extraordinarily stressful events that shatter the child’s sense of security, making them feel helpless and vulnerable in a dangerous world.” A growing body of national research over the last three decades shows that children who experience trauma are at risk of dysfunction in every area of their lives, and left untreated the affects can last a lifetime.

This report is designed to provide an overview of how the system is responding to the urgent need to help children heal from the trauma of abuse and neglect and to not add to children’s stressors through decisions made while children are in out-of-home care.

Through an analysis of recent data the Foster Care Review Office has found the following positive trends:

- Fewer children are entering out-of-home care (page 5).
- Children are spending less time in shelter care (page 10).

However, the FCRO has also identified the following areas needing improvement:

- Length of time between removal from the home and permanency remains an issue (page 7, and also Section II, page 15).
- The rate of re-entry into out-of-home care needs to be reduced (page 13).
- The number of placement changes need to be reduced (page 9).
- Caseworker changes remain an issue (page 11).
- The state needs to develop a plan to improve data systems regarding children in out-of-home care in order to effectively measure benchmarks and assist the child welfare system in creating meaningful improvements. (See section III, page 25).

Therefore, **the FCRO makes the following recommendations to the child welfare system:**

- Create a mechanism where the FCRO, DHHS, and other involved parties jointly staff the cases of children who have been in out-of-home care for two years or longer. The team should take a problem solving approach and document lessons learned from helping these children achieve permanency. For example:
 - Complete a collaborative analysis regarding barriers to timely permanency, including geographic issues.

- Work to eliminate service gaps. Children who have experienced the trauma of abuse and neglect often need services to heal, and parents need services to effectively deal with the factors that led to removal of the children from their home.
 - Assure timely and accurate initial assessments occur so that services can be offered at a time parents are most amenable to change.
 - Find ways to assist families with meeting requirements to reunify with their children that may not be possible for families in poverty, such as obtaining affordable housing, employment skills, food, day care, after school programs, tutoring, therapy, substance abuse or mental health aftercare, etc.
 - Ensure that all stakeholders, including the court system, are timely in meeting the needs of children and families.
- Continue improvements to ensure that positive trends persist.
 - Determine why children are changing placements and what is needed to stabilize children's placements.
 - Continue to work towards workforce stability, as it is well recognized in child welfare that caseworker changes have a negative impact on case progression.
 - Provide crisis stabilization services in three key areas: 1) as early intervention to prevent a child's removal from the home, 2) when youth transition home and to maintain them safely in that home, and 3) to support foster homes and reduce placement disruptions.
 - Develop flexible, responsive, and compatible data systems that can aid the state in producing high quality data quickly and reliably without resorting to hand counts and other manual means.
 - Provide a conduit for the FCRO to report to DHHS and/or NFC when the FCRO identifies missing or inaccurate data on children's cases so data can be corrected quickly and to facilitate communication on data issues.

The Foster Care Review Office has a multitude of statistics available in addition to those found in this quarterly report.

Please feel free to contact us at the address below if there is a specific topic on which you would like more information, or check our website for past annual reports and other topics of interest.

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Introduction

The Foster Care Review Office's (FCRO) role under the Foster Care Review Act is to independently track children in out-of-home care, review children's cases, collect and analyze data related to the children, and make recommendations on conditions and outcomes for Nebraska's children in out-of-home care, including any needed corrective actions. The FCRO is an independent state agency, not affiliated with the Department of Health and Human Services, the Courts, or any other child welfare entity.

This quarterly report is provided pursuant to Neb. Rev. Statute §43-1303(4) in order to offer relevant data and other information to policy makers and child welfare stakeholders in an effort to improve conditions for children in out-of-home care.

In addition to presenting a snapshot of all children in out-of-home care on April 1, 2013, this report focuses on the issue of children remaining in out-of-home care for extended periods of time. To do so, data is presented for a specific cohort of children; those who have been continuously in out-of-home care for more than two years. An analysis of this specific cohort of children provides important information about the population of children who linger in out-of-home care.

Data quoted within this quarterly update to the Legislature are derived from the Foster Care Review Office's independent tracking system. Neb. Rev. Statute §43-1303 requires DHHS (whether by direct staff or contractors), courts, and child-placing agencies to report to the Foster Care Review Office any child's foster care placement, as well as changes in the child's status (for example, placement changes and worker changes). By comparing information from multiple sources the Foster Care Review Office is able to identify discrepancies. When case files of children are reviewed, previously received information is verified and updated, and additional information is gathered. Prior to individual case review reports being issued, additional quality control steps are taken.

This Report features the following sections:

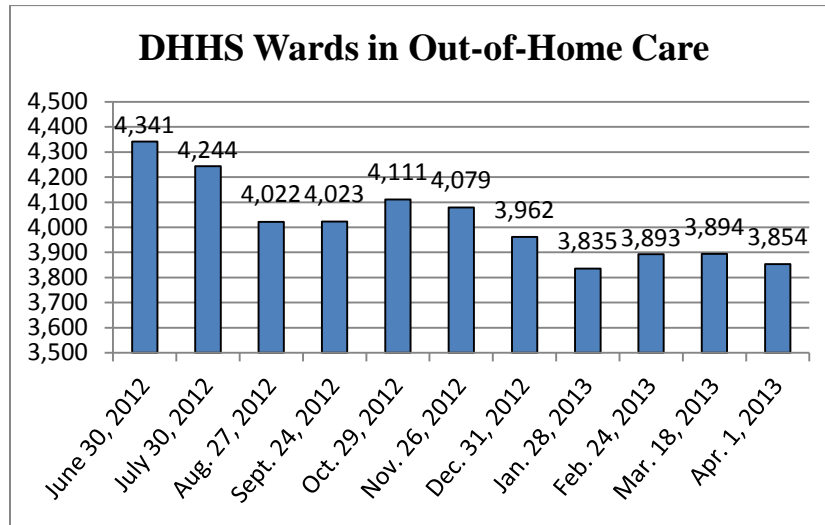
- I. Analysis of data related to all children in out-of-home care on April 1, 2013, including recent trends.
- II. Analysis of data related to children who had been in out-of-home care for more than two years.
- III. Unmet data needs.

Section I. Analysis of All Children in Out-of-Home Care on April 1, 2013

The analysis starts with basic facts about Nebraska’s children in out-of-home care, as shown in the box below. Additional details follow.

Children in Out-Of-Home Care

Since the FCRO’s March 2013 Quarterly Report was released, the number of children in out-of-home care has slightly declined.¹



Outcomes to Consider Together

Although the number of children in out-of-home care has been decreasing, **the length of time children spent in out-of-home has not decreased** nor has there been a decrease in the number of placement changes that children experience.

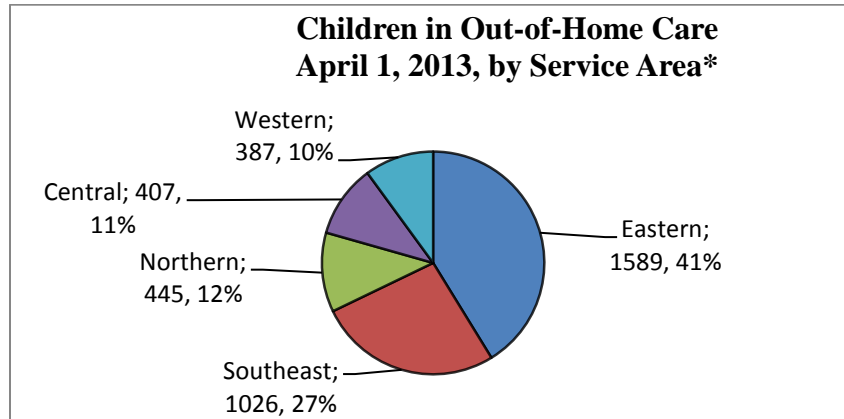
Category	Dec. 31, 2011	June 30, 2012	Dec. 31, 2012	Apr. 1, 2013	Comments
# children in out-of-home care	4,320	4,341	3,962	3,854	Point-in-time.
Average [mean] number of days children had been in out-of-home care (excluding time during prior removals)	459 days	485 days	515 days	512 days	The April 1, 2013, median ² is 352 days.
% of children with 4 or more lifetime placements	46%	50%	46%	47%	

¹ Source for statistics: Foster Care Review Office Independent Tracking System. The term “children” refers to individuals who are age birth through eighteen; the age of majority occurs on the 19th birthday. “Out-of-home care” includes relative homes, foster homes, emergency shelters, group homes, detention, YRTC’s or specialized facilities.

² Median means the mid-point, with as many over and under that number.

Out-of-Home Care by Service Area

Children in out-of-home care come from every area of the state. The chart below shows the number and percentage of children from each DHHS Service Area. The percentage of children from each service area has been consistent since 2011, indicating that the decline in children placed in out-of-home care is not specific to a particular service area.



*The counties in each service area were defined in LB 961 (2012):

The Central Service Area includes Adams, Blaine, Boyd, Brown, Buffalo, Cherry, Custer, Franklin, Garfield, Greeley, Hall, Harlan, Holt, Howard, Kearney, Keya Paha, Loup, Phelps, Rock, Sherman, Valley, Webster, and Wheeler Counties.

The Eastern Service Area includes Douglas and Sarpy Counties.

The Northern Service area includes Antelope, Boone, Burt, Butler, Cedar, Colfax, Cuming, Dakota, Dixon, Dodge, Hamilton, Knox, Madison, Merrick, Nance, Pierce, Platte, Polk, Saunders, Seward, Stanton, Thurston, Washington, Wayne, and York Counties.

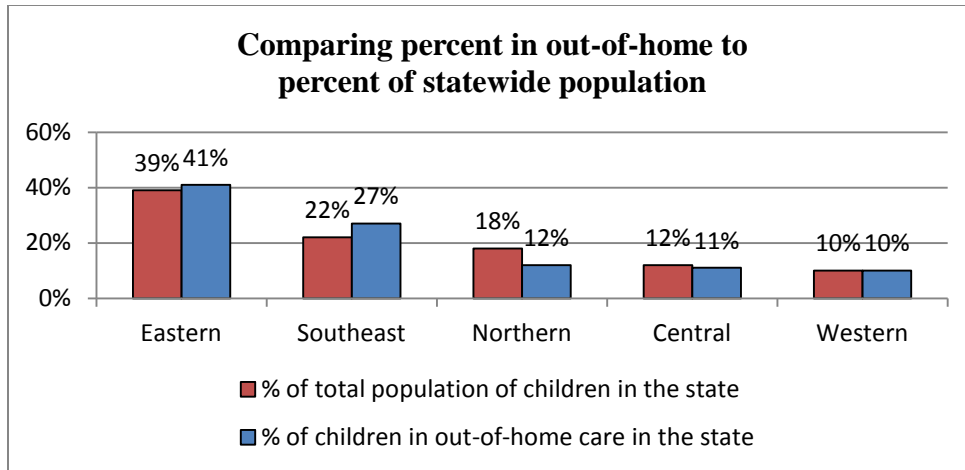
The Southeast Service area includes Cass, Clay, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Nuckolls, Otoe, Pawnee, Richardson, Saline, and Thayer Counties.

The Western Service Area includes: Arthur, Banner, Box Butte, Chase, Cheyenne, Dawes, Dawson, Deuel, Dundy, Frontier, Furnas, Garden, Gosper, Grant, Hayes, Hitchcock, Hooker, Keith, Kimball, Lincoln, Logan, McPherson, Morrill, Perkins, Red Willow, Scotts Bluff, Sheridan, Sioux, and Thomas Counties.

The next chart compares the percentage of the statewide population of children in each service area to the percent of the total population of Nebraska children in out-of-home care in order to see if discrepancies exist.³

In the Eastern and Southeast areas the percent in out-of-home care is larger than their respective percentages of the statewide population of children. There are many possible explanations for this discrepancy. For example, one theory is that because these areas have more services available there may be a difference as to whether children are removed from the home and how long those who are removed stay in out-of-home care.

³ Source for the statewide population of all children: U.S. Census Bureau, 2011 Population Estimates Program, as found in the Kids Count in Nebraska Report 2012, page 65.

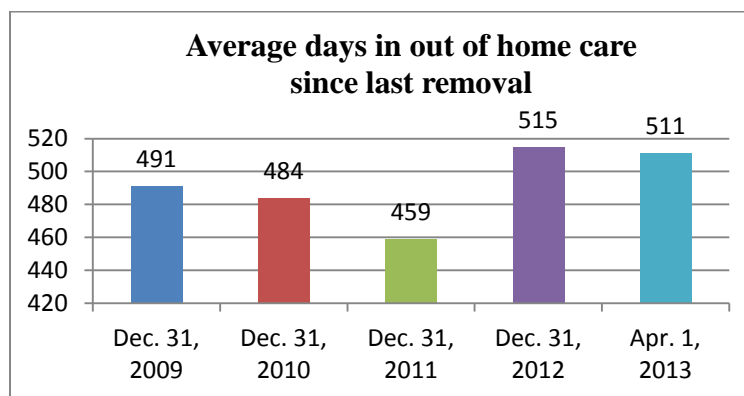


Length of Time in Out-of-Home Care

An analysis of the number of days children have been in out-of-home care since their last removal shows that many children have been in out-of-home care for a considerable period of time. The time since their most recent removal for children who were in out-of-home care on each of the days in the chart below was over 1.25 years (456 days) and under 1.5 years (547 days) – a very long time from a child’s perspective. The chart below is for children who were still in foster care on each date, so these children had not yet achieved permanency.

In addition,

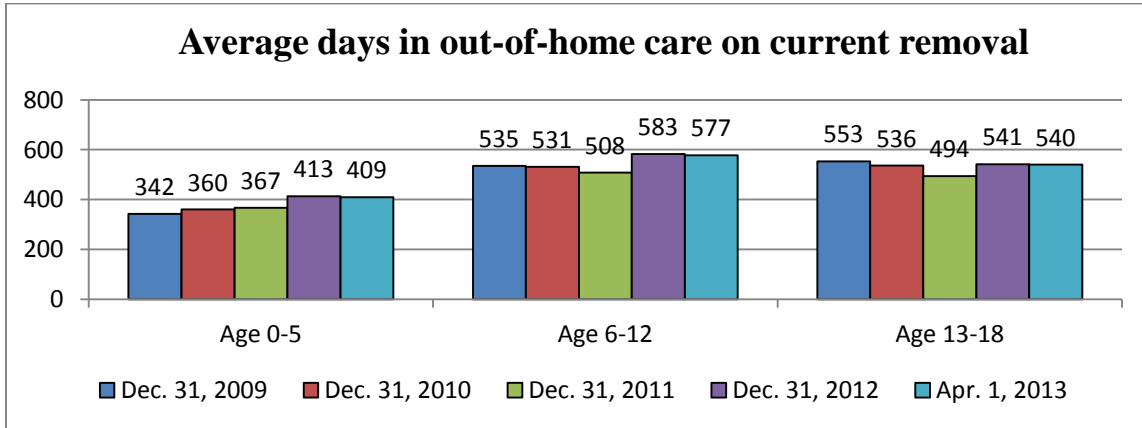
- The time calculation in the chart below does not include previous times in foster care. As shown in the section on re-entry into out-of-home care on page 13, 39% of the children in care on April 1, 2013 had been removed from the home at least once before. Therefore, for many the lifetime days in out-of-home care would be higher.



The next graph presents the difference in the average days in out-of-home care by age group:

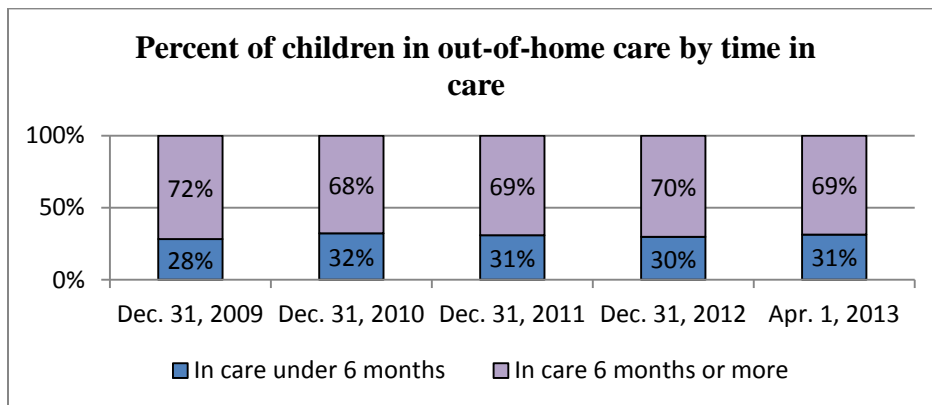
- On April 1, 2013, the average length of time in out-of-home care:
 - for children age 0-5 was 409 days,
 - for children age 6-12 was 575 days, and
 - for children age 13-18 was 540 days.

- Although there has been a recent slight reduction, the average days since the most recent removal **increased significantly** between 2009 and 2013 for children in two groups: age birth through five, and the age 6-12 group.
- The average day since the most recent removal had **decreased** for the children in the 13-18 year age group, but has since risen.
- Each age group currently averages more than a year in out-of-home care.



Foster Care Review Office reviews are to occur at least once every six months for as long as a child is in out-of-home care. The next chart shows the percentages of the children that had been in care for six months or more on the date specified.

- While the number of children in care on any given day has decreased as shown on page 5, there has not been measurable progress in reducing the percentage of children who remained in out-of-home care for at least six months.
- Although there are slightly fewer children in out-of-home care the average length of stay in foster care has increased. Therefore, the number of reviews the FCRO must conduct has increased; however, FCRO funding for staff to conduct the reviews has remained the same.



Placement Changes

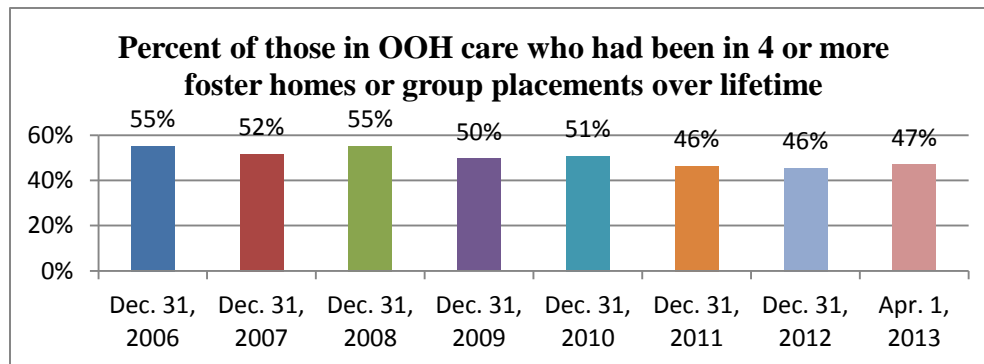
Children may be moved between placements (foster homes, group homes, special facilities) while in out-of-home care. Moves might be a positive thing in the case of a child who needed a high level of care when he/she first entered care and is now progressing toward less restrictive, more family like care. Often moves are due to issues within the system rather than children's needs. In some instances, the cumulative additional turmoil of changing who they live with can be temporarily or permanently harmful for children. Thus, the number of placements for the 3,854 children that were in out-of-home care as of April 1, 2013, is relevant.

The following chart shows DHHS wards in out-of-home care at different points of time, by the number of placements they have experienced in their lifetime. Most experts find that children will experience trauma from four or more placement moves, yet there has been **no significant change in the percentage of children with four or more placements** when you compare children in out-of-home care:

- on December 31, 2011 (46%),
- on December 31, 2012 (45%), and
- on April 1, 2013 (47%).

Lifetime Placements (foster homes, group homes, or specialty facilities)						
	In Out-of-Home Care on Dec. 31, 2011		In Out-of-Home Care on Dec. 31, 2012		In Out-of-Home Care on April 1, 2013	
	<i># of children</i>	<i>%</i>	<i># of children</i>	<i>%</i>	<i># of children</i>	<i>%</i>
1 placement	1,071	25%	1,080	27%	1,003	26%
2 placements	734	17%	623	16%	617	16%
3 placements	511	12%	456	12%	435	11%
4 placements	392	9%	343	9%	340	9%
5-9 placements	950	22%	837	21%	828	21%
10-19 placements	507	12%	466	12%	464	12%
20-29 placements	122	3%	126	3%	130	3%
30-39 placements	28	1%	26	1%	32	1%
40+ placements	5	0%	5	0%	5	0%
Total	4,320		3,962	100%	3,854	100%

In prior years the percentage of children having four or more placements had been as high as 55% (see chart below).



The FCRO recommends that key stakeholders, particularly DHHS, the Lead Agency for Omaha, and contractors who provide children’s placements, better identify and address placement moves that are done for system reasons rather than to meet a particular need of the child. Collaborative efforts are needed to ensure that children find stability in who is providing their day-to-day care.

Types of Placements

When children cannot safely live at home, then they need to live in the least restrictive, most home-like temporary placement possible in order for them to grow and thrive. The chart below compares where children in out-of-home care were living at three points in time. On April 1, 2013, **foster and relative homes, the least restrictive placement types, accounted for 71% of children that are placed out-of-home** (47% in foster homes and 24% with relatives).

Some notable changes include:

- The percentage of children in moderately restrictive placements has **decreased** from 15% in 2011 to 11% in 2013.
- The percentage in the most restrictive placements **increased** from 11% in 2011 to 15% in 2013.

Types of Placement for Children in Out-of-Home Care						
Type	# of Children 12/31/2011		# of Children 12/31/2012		# of Children 4/1/2013	
Least restrictive *	3084	71%	2840	72%	2766	72%
Moderately restrictive **	650	15%	434	11%	424	11%
Most restrictive ***	468	11%	555	14%	559	15%
Runaway	99	2%	80	2%	66	2%
Other	19	<1%	53	1%	39	1%
Total	4,320	100%	3,962	100%	3,854	100%

* Least restrictive includes relative placements, foster family homes, agency-based foster homes, developmental disability homes, and supervised independent living.

** Moderately restrictive includes group homes and boarding schools.

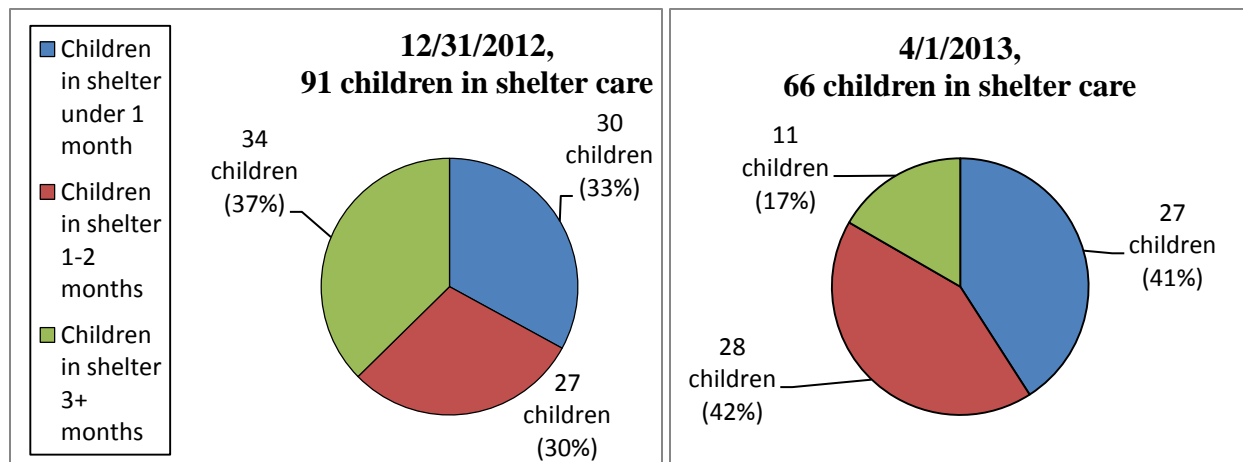
*** Most restrictive includes medical facilities, psychiatric residential treatment facilities, youth rehabilitation and treatment centers at Geneva and Kearney, youth detention centers, and emergency shelters.

Shelter Care

Some children are placed in an emergency shelter pending a more permanent foster placement. Best practice would be for shelters to be used for a short period of time. Unfortunately, that doesn’t always occur. Therefore, DHHS is in the process of instituting changes in the usage of shelter placements. As of July 1, 2013, shelter placements are to add a triage and assessment component to assist in determining appropriate placement matches for the children, that is a placement best suited to meet the individual child’s needs. Also, children can only remain in shelter placement for 20 days. Shelter care placements longer than 20 days will require the DHHS Director’s approval. The FCRO commends DHHS for these positive changes.

The announced changes have already resulted in a reduction in the total number of children in shelter care as well as the length of time that children remain in shelters. The chart below shows:

- The total number of children in shelters was reduced by 33%, from 91 children on December 31, 2012, to 66 children on April 1, 2013.
- The percent of children in shelters for 3 months or longer was reduced, from 37% on Dec. 31, 2012 to 17% on April 1, 2013.



Caseworker and Lead Agency Worker Changes

Some level of caseworker turnover is inevitable, but recent years have greatly increased the number of caseworker changes that children and families have experienced. Worker instability decreases the likelihood of complete documentation of parental progress or lack thereof, which is important information that forms the evidence used by courts, DHHS, and other stakeholders to determine case direction. National research clearly shows that under stable case management children’s cases tend to progress through the system faster.

The following shows the lifetime number of caseworker changes DHHS wards in out-of-home care have experienced as reported by DHHS to the Foster Care Review Office.

***Note:** Earlier this year the FCRO learned that there are multiple ways in which DHHS can assign the primary DHHS worker and the lead agency worker to an individual child’s case on their N-FOCUS computer system. Each affects the accuracy and completeness of the reports on worker changes that DHHS sends the FCRO. It makes it difficult to consistently identify the current worker responsible for each child’s case and it creates issues with determining the number of workers that have actually been responsible for an individual child’s case while that child has been in out-of-home care.*

The FCRO has been working with DHHS to determine if a work-around is possible. It is our understanding that as long as DHHS uses its current methodology these issues will

continue. Therefore, the statistics below are issued with the caveat that the number of workers is “as reported by DHHS.”

The chart below shows the lifetime number of workers who have been assigned to children’s cases.

- The percent of children with only one worker since 2011 has risen slightly and appears to be holding steady.
- The percent of children with 4 or more workers has decreased slightly from 2011 to 2012, and appears to be holding steady.

Lifetime Number of DHHS Case Workers for Children in Out-of-Home Care as Reported by DHHS (this does not include workers from lead agencies)						
	In Out-of-Home Care on Dec. 31, 2011		In Out-of-Home Care on Dec. 31, 2012		In Out-of-Home Care on April 1, 2013	
1 DHHS worker	344	8%	552	14%	503	13%
2 DHHS workers	726	17%	724	18%	718	19%
3 DHHS workers	718	17%	584	15%	540	14%
4 DHHS workers	608	14%	444	11%	466	12%
5 DHHS workers	499	12%	364	9%	317	8%
6 or more workers	<u>1,425</u>	<u>33%</u>	<u>1,294</u>	<u>33%</u>	<u>1,310</u>	<u>34%</u>
Total	4,320	100%	3,962	100%	3,854	100%

Worker Changes by Service Area

An analysis of the worker changes was done by Service Area (see next chart), and includes worker changes for the lead agency in the Eastern area. From that analysis:

- The Northern, Southeast, and Western Service Areas have more children with only one worker than the statewide average.
- The Western and Northern areas are substantially better than the statewide average when you combine one or two workers.

	DHHS Caseworker or CFOM (DHHS Case Monitor) changes over the child’s lifetime for children in out-of-home care April 1, 2013						FPS Changes**
	Central	Eastern	Northern	Southeast	Western	Statewide	Omaha FPS
1 worker	11%	8%	16%	19%	18%	13%	14%
2 workers	24%	15%	26%	17%	23%	19%	21%
3 workers	23%	13%	16%	10%	16%	14%	17%
4 workers	15%	14%	13%	8%	12%	12%	15%
5 workers	8%	9%	6%	8%	10%	8%	12%
6+ workers	<u>19%</u>	<u>41%</u>	<u>23%</u>	<u>39%</u>	<u>21%</u>	<u>34%</u>	<u>22%</u>
	100%	100%*	100%	100%	100%	100%	100%**

* This includes DHHS CFOM’s (child and family outcome monitors) and DHHS caseworkers for children who were in out-of-home care when there was no lead agency or when one-third of the children from this area were served by DHHS workers rather than a particular lead agency.

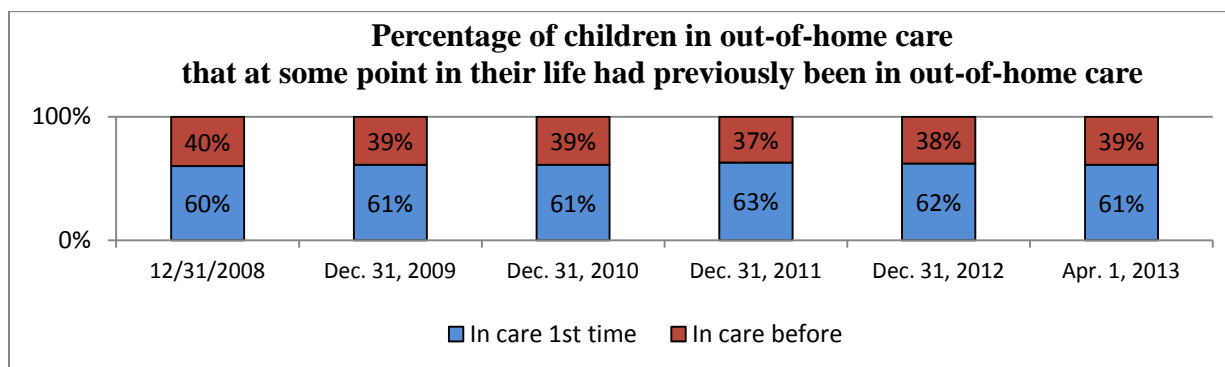
** The category FPS changes (Family Permanency Specialist) refers to changes in lead agency workers

The number of children with 6 or more workers in the Eastern and Southeast areas may be due, at least in part, to the multiple changes to lead agencies and assignments between DHHS and lead agencies in those regions.

Re-entry Rates

Many children had previously been in out-of-home care at some point during their lifetime. The FCRO measures this over the child’s lifetime as opposed to within the past 6-12 months because every out-of-home entry may cause additional trauma for the child. There can be a number of reasons for re-entry, such as premature reunification, multiple mental health episodes, or the need for children to reintegrate prior abuse or neglect as they become adolescents. Data indicate that the number of removals is fairly consistent across service areas.

One way to look at this is to recognize that 39% of the children in out-of-home care on April 1, 2013, had been in out-of-home care at least once before. As the chart below indicates, this rate has remained constant for many years.



By Service Area

Another way to look at the issue is to look for geographic differences. The chart below shows that there appears to be some consistency across the different areas of the state. This may mean that issues with multiple removals are more systemic in nature.

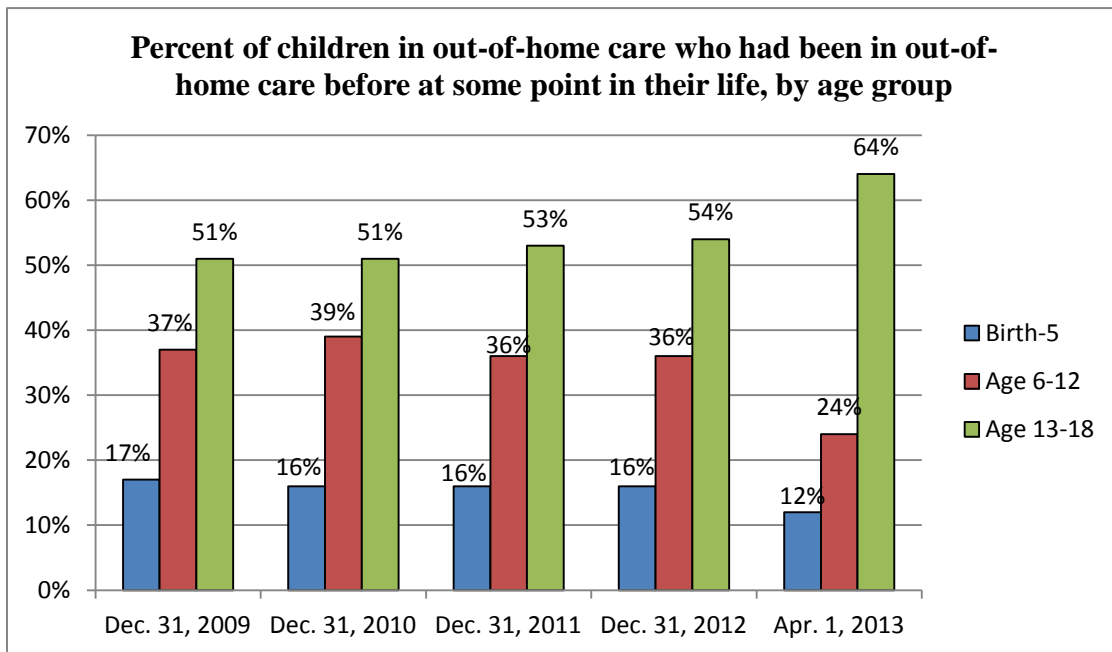
Lifetime # of Removals	Children in Care April 1, 2013 By Service Area ⁴					Total
	Central	Eastern	Northern	Southeast	Western	
1 removal	235 (58%)	977 (61%)	265 (60%)	639 (62%)	230 (59%)	2,346 (61%)
2 removals	105 (26%)	361 (23%)	93 (21%)	218 (21%)	84 (22%)	861 (22%)
3 removals	36 (9%)	168 (11%)	53 (12%)	108 (11%)	41 (11%)	406 (11%)
4 removals	19 (5%)	52 (3%)	27 (6%)	34 (3%)	15 (4%)	147 (4%)
5 removals	7 (2%)	20 (1%)	4 (1%)	18 (2%)	10 (3%)	59 (2%)
6-9 removals	5 (1%)	11 (< 1%)	3 (< 1%)	9 (1%)	7 (2%)	23 (1%)
Totals	407	1,589	445	1,026	387	3,854

⁴ The counties that are in each service area are listed on page 6.

By age groups

The next chart shows there are differences between age groups. An analysis shows that:

- For children age birth through five, the percentage with prior removals significantly **decreased**, from 17% in 2009 to 12% in 2013.
- For children age 6-12, the percentage with prior removals significantly **decreased**, from 37% in 2009 to 24% in 2013.
- For children age 13-18, though the percentage significantly **increased**, from 51% in 2009 to 64% in 2013.



Although there has been improvement in re-entry rates for younger children, clearly the issue of re-entries continues to involve many children who by virtue of their tender age need stability the most, as well as teenagers about to make the often difficult transition into adult life.

The FCRO recommends that the child welfare system come together to further identify and address the reasons that children need to be taken from their parents care more than once.

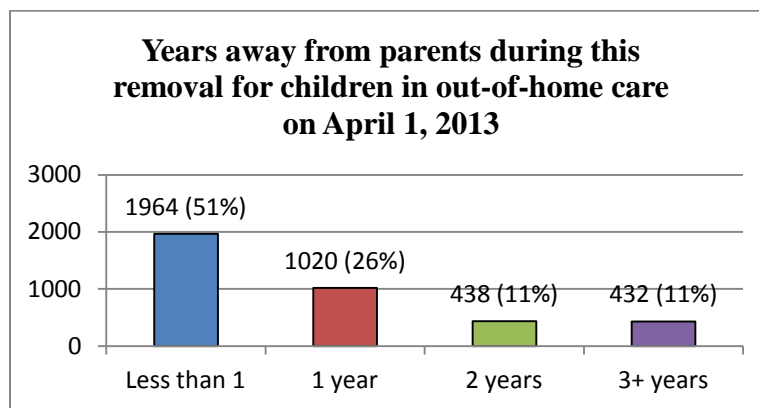
Section II. Data on Children in Prolonged Out-of-Home Care

Foster care is designed to be a temporary solution to the problems of child abuse and neglect. It is paramount to have a consistent, relentless focus on the best interest of the child if timely, appropriate permanency is to be achieved.⁵

The FCRO has an established record of providing stakeholders and policy makers data about the undesirable length of time many children spend in foster care and seeking ways to improve this situation. For example, the FCRO and the Department of Health and Human Services conducted a joint study in 2008 on that very issue. Due to the extra scrutiny children's cases in the study received, 320 children who had been "stuck" in the system had their plans changed and many achieved permanency within a short period of time.⁶

Through recent tracking and reviews it is clear that progress made in 2008-2009 has not continued. The following are some sobering statistics:

- 870 (23%) of the 3,854 children in out-of-home care on April 1, 2013, had been in continual out-of-home care for 2 years⁷ or longer.
- 432 of the 870 above (11% of the 3,854) had been in continual care for 3 years⁸ or longer.
- This did not include the months spent in foster care during prior removals. Since 39% of children had prior removals, it is clear that many children spend considerable time living apart from their parents.



Simply put, it is unacceptable for one in four children in "temporary" out-of-home care to actually spend years in the system while their childhood slips away.

⁵ Permanency means exit from foster care to a rehabilitated home or to another permanent setting if reunification is not possible, such as through adoption, guardianship, or other means. Ideally, children who have achieved permanency should have at least one committed adult who provides them a safe, stable, and secure parenting relationship, with love, unconditional commitment, lifelong support and a sense of belonging.

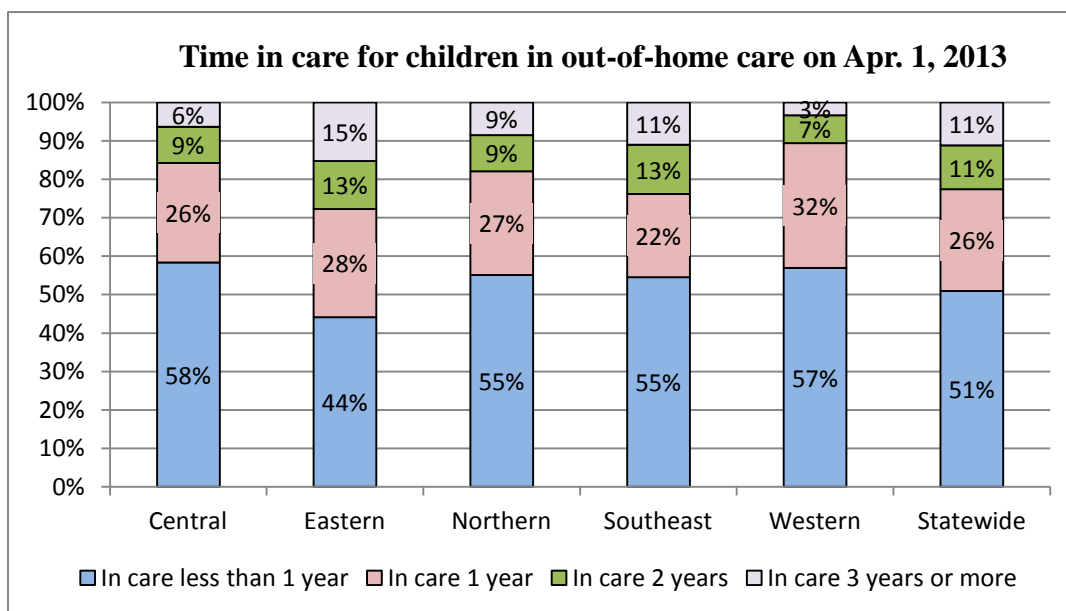
⁶ See <http://www.fcro.nebraska.gov/pdf/publications> for more details on this study.

⁷ 24-35 continuous months.

⁸ 36 continuous months or longer.

The following chart shows that there are some differences based on geography, but the length of time children remain in foster care is an issue in every part of the state.

- The Eastern and Southeast areas (Omaha and Lincoln) have the highest populations of children in out-of-home care.
- The Eastern area has the highest percentage of children in out-of-home care for one year or more.
- The Eastern area has a significantly higher percentage of children in out-of-home care for three years or longer.



The data that follow presents some additional information regarding those children. Due to some important differences between the cases of children in care for 2 years and those in care 3 years or longer, statistics are provided for each group.

A. Permanency plans for the children

To better understand delays to permanency, the FCRO first looked at the goals provided in children’s plans, which are also known as permanency objectives or permanency plans.

- The longer children are in care, the more likely it is that their plan changes from reunification to adoption or guardianship.
- At 2 years in out-of-home care the percentage of children with a plan of reunification is 39%, but by 3 years it decreases to 23%.
- The permanency plan of adoption increases from 31% for those in care 2 years to 45% for those in care 3 years or longer.
- The permanency plan of guardianship increases from 12% for those in care 2 years to 22% for those in care 3 years or longer.

Children in out-of-home care on April 1, 2013			
Permanency Plan	In out-of-home care 2 years*	In out-of-home care 3 years or longer ** **	Total
Return to parents (reunification)	173 (39%)	99 (23%)	272 (31%)
Adoption	138 (31%)	196 (45%)	334 (38%)
Guardianship	51 (12%)	94 (22%)	145 (17%)
Independent living (aging out)	17 (4%)	23 (5%)	40 (5%)
Relative placement	5 (1%)	4 (1%)	9 (1%)
Supervised living (cognition issues)	1 (<1%)	3 (1%)	4 (<1%)
Other/Unknown (not reviewed)	52 (12%)	12 (3%)	64 (7%)
No plan	1	1	2 (<1%)
Total	438 Children	432 Children	870 Children

*The number of months here does not include previous episodes of out-of-home care. A chart on re-entries into care later in this section shows why this is an important distinction.

**Children in the 36+ months category include 71 children in care for 3 years, 22 children in care for 4 years, 2 children in care for 5 years, 1 child in care for 6 years, and 3 children in care for 7 years.

By age of child

The chart below shows the information by the age of the child as of April 1st. Age is relevant because:

- Children age 12 and younger are 59% of the children in out-of-home care for 2 years. Age 13-18 is 41% of that population.
- Children age 12 and younger are 46% of the children in out-of-home care for 3 years or longer. Age 13-18 is 41% of that population.
- 113 children age 2-5 were in out-of-home care for two years, and 53 children age 3-5 have been in out-of-home care for 3 years or longer. This is a substantial portion of their young lives.
- The number of older children (age 13-18) with plans of reunification at two years in out-of-home care is about half the rate of younger children.
- Guardianship, because it is less permanent than an adoption, is seldom pursued for younger children but often planned for teenagers.
- The plan of independent living, or remaining in foster care until reaching the age of majority, is typically reserved for children 16 years of age or older.

Permanency Plan	In out-of-home care 2 years			In out-of-home care 3 years or longer		
	Age 0-5	Age 6-12	Age 13-18	Age 0-5	Age 6-12	Age 13-18
Return to parents (reunification)	52 (46%)	69 (48%)	52 (29%)	15 (28%)	42 (29%)	42 (18%)
Adoption	56 (50%)	66 (46%)	16 (9%)	35 (66%)	88 (60%)	73 (29%)
Guardianship	1 (1%)	4 (3%)	46 (26%)	2 (4%)	14 (10%)	78 (34%)
Independent living (aging out)	0	0	17 (9%)	0	0	25 (11%)
Relative placement	4 (4%)	1 (<1%)	0	1 (2%)	2 (1%)	1 (<1%)
Supervised living (cognition issues)	0	0	1 (<1%)	0	0	3 (1%)
No plan	0	0	1 (<1%)	0	0	0
Other/Unknown (not reviewed)	0	5	47 (26%)	0	1 (<1%)	10 (4%)
Total	113	145	180	53	147	232

A surprising number of older children have a permanency objective of adoption. Further research is also needed to determine system delays to the timely completion of adoption or guardianship. Some factors needing consideration are:

- How quickly the system moves from plans of reunification to adoption,
- Whether the system uses concurrent planning to promptly move to adoption should reunification not be possible,
- How quickly fathers are identified,
- If the family finding process quickly identifies potential relative placements, and kin who may consider permanent placement should that prove necessary,
- Whether both parents abilities to safely parent the children are considered at the same time or one after the other, (if reasonable efforts are made with both parents),
- The termination of parental rights and relinquishments processes,
- The impact of appeals of judicial terminations of parental rights,
- The process of determining who receives an adoption or guardianship subsidy and how much that subsidy will cover, and
- Other factors that may impact children's cases.

B. Plans of return to parents (reunification)

In order to address children's issues it is often helpful to focus on a group with similar characteristics. This report focuses on cases of children whose plan is reunification (return to parents) after at least two years in out-of-home care.

Racial and ethnic backgrounds for children with plans of reunification

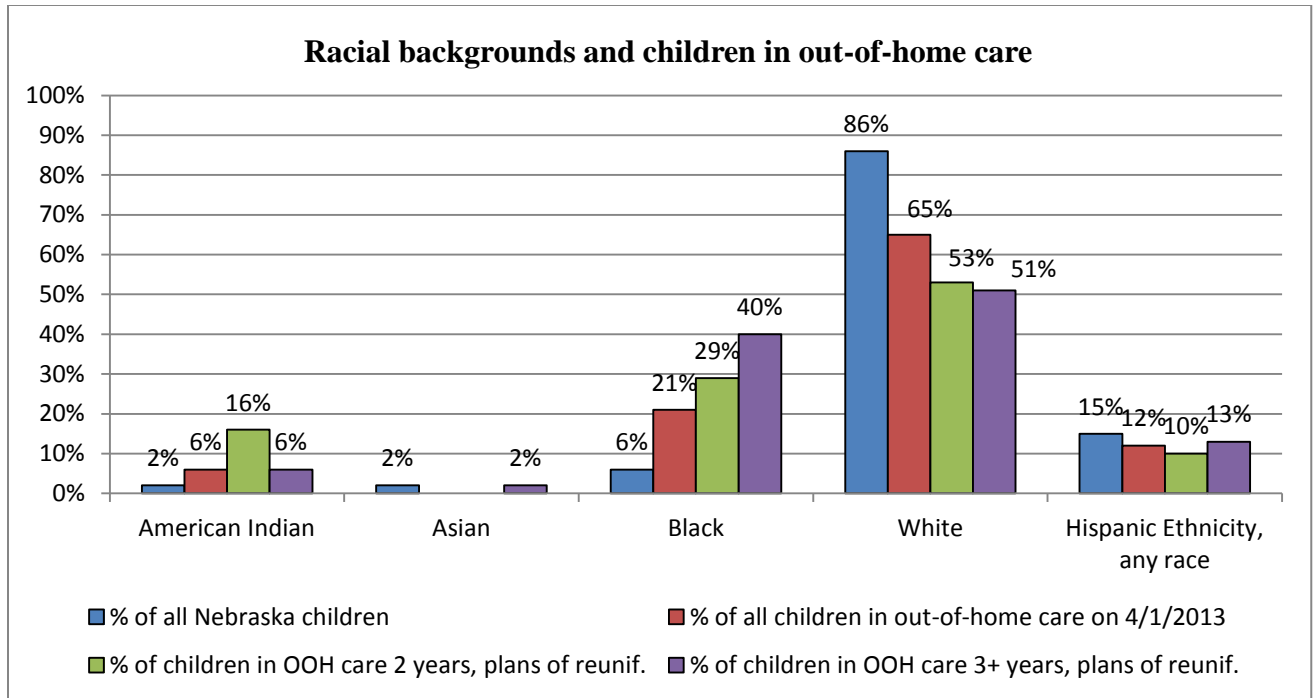
Minority children continue to be overrepresented in the out-of-home population as a whole. When concentrating on those children in care for at least two years, the table which follows shows that percentage goes further askew.

For instance, Black children, which are 6% of the general Nebraska population of children,⁹ comprise 21% of all children in out-of-home care, 29% of children in care for two years with plans of reunification, and 40% of the children in care for 3 years or longer.

Likewise, children with Native American ancestry, which are 2% of the general Nebraska population of children, comprise 6% of all children in out-of-home care and 16% of children in care for two years with plans of reunification.

There are also differences for children of Hispanic ethnicity, with 15% of the general population of Nebraska children being of Hispanic ethnicity, compared to 12% of the population of children in out-of-home care.

⁹ Source: <http://www.census.gov/popest/data/national/asrh/2012/index.html>



Re-entries into out-of-home care for children with plans of reunification

Many of these children have experienced multiple removals from the home at various points in their lifetime, as shown below. **The percentage of children with plans of reunification after being in out-of-home care for two or more continuous years who have had multiple removals is higher than the 39% average of the general out-of-home population.**

Removals	Plan is Reunification	
	In out-of-home care 2 years	In out-of-home care 3 years or longer
1 st removal	98 (57%)	55 (56%)
More than 1 removal	75 (43%)*	44 (44%)**
Total	173	99

* This includes 55 children on their second removal, 15 children with three removals, and 6 children with four or more removals.

** This includes 24 children with two removals, 15 children with three removals, and 5 children with four or more removals.

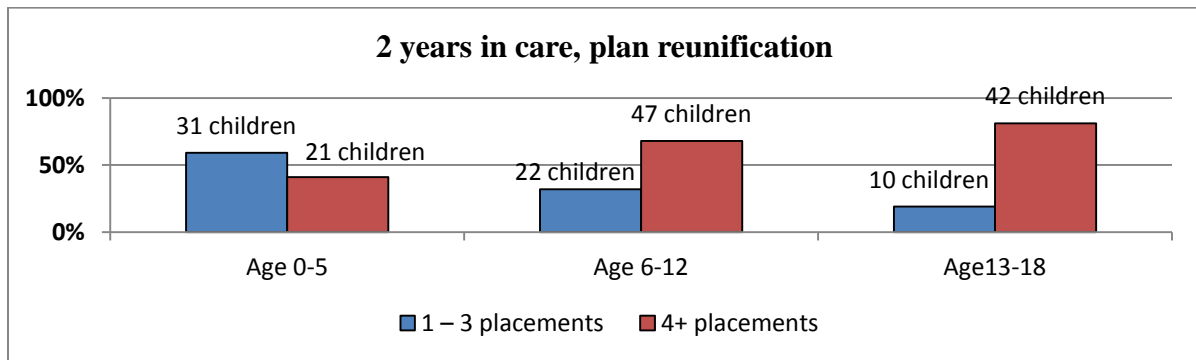
The number of continuous months in care quoted here only includes the current episode. Thus the 119 children with more than one removal have actually been in out-of-home care much longer over their lifetime than the charts in this section indicate.

Number of placement changes for children with plans of reunification

It is an established fact within child welfare that the longer a child remains in out-of-home care the more likely it is that they will be moved between placements.¹⁰ The tables below show that many of these children have not only experienced abuse or neglect, they have also experienced instability in caregivers while in out-of-home care. The trauma of these experiences will make it more difficult for the children to transition back into the parental home even under the best of circumstances.

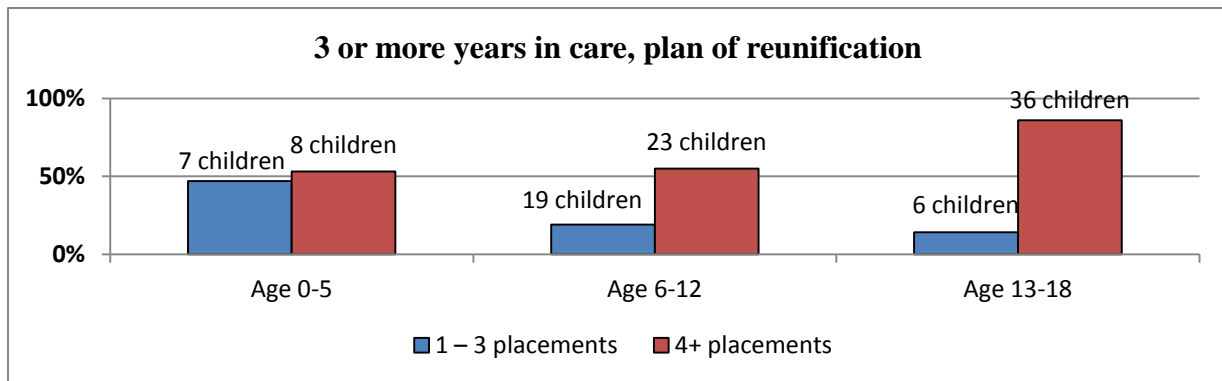
For children in care for two years with a plan of reunification:

- Children had been in their most recent placement for a range of 13-1,088 days (which is nearly 3 years).
- The median was 487 days at the current placement (1.33 years).
- Children age birth through five had been in their placement an average of 605 days, children age 6-12 an average of 533 days, and children age 13-18 an average of 321 days.



For children in care for three or more years with a plan of reunification:

- Children had been in their most recent placement for a range of 17-1,704 days (which is 4.67 years).
- The median was 530 days at the placement (almost a year and a half).



¹⁰ Placements include relative homes, foster homes, emergency shelters, group homes, detention, YRTC's, or specialized facilities.

Placement type for children with plans of reunification

The type of placement where the child resides can reveal some characteristics of the child's needs, particularly mental health and behavioral health needs. It is particularly interesting that most of these children are in relative or foster homes, the least restrictive types, yet they still have not achieved permanency.

- 100% of the children age 0-5 are in the least restrictive types of placements.
- 97% of the children age 6-12 are in the least restrictive types of placements.
- 44% of the older children are in the least restrictive placements, with 38% in the most restrictive placement types.

Placement Type on April 1, 2013, For Children with a Plan of Reunification								
Type	In out-of-home care 2 years				In out-of-home care 3 years or longer			
	By age group				By age group			
	Age 0-5	Age 6-12	Age 13-18	Total	Age 0-5	Age 6-12	Age 13-18	Total
Least restrictive	52 (100%)	66 (96%)	21 (40%)	139 (80%)	15 (100%)	41 (98%)	20 (48%)	76 (77%)
Moderately restrictive	0	1 (1%)	16 (31%)	17 (10%)	0	0	5 (12%)	5 (5%)
Most restrictive	0	2 (3%)	12 (23%)	14 (8%)	0	1 (2%)	16 (38%)	17 (17%)
AWOL/runaway	0	0	3 (6%)	3 (2%)	0	0	1 (2%)	1 (1%)
Grand Totals	52	69	52	173	15	42	42	99

* Least restrictive includes relative placements, foster family homes, agency-based foster homes, developmental disability homes, and supervised independent living.

** Moderately restrictive includes group homes and boarding schools.

*** Most restrictive includes medical facilities, psychiatric residential treatment facilities, youth rehabilitation and treatment centers at Geneva and Kearney, youth detention centers, and emergency shelters.

This chart also shows that the age of the child makes a difference when looking at the level of placement.

- 23% of the children age 13-18 who have been in care continuously for two years are in the most restrictive placements, and this increases to 38% of those in care three years or longer.
- 31% of the children age 13-18 have been in care continuously for two years are in the moderately restrictive placements, which decreases to 12% for those in care three years or longer.

It may be that children that have experienced more placement instability (see page 9) may need a higher level of care than those whose placement has been relatively stable, and older children tend to have experienced more caregiver changes. Another reason may be the lack of foster homes willing to accept teenagers, particularly if that teenager is displaying behavioral issues that often accompany the trauma of having experienced abuse or neglect.

DHHS case manager changes for children with plans of reunification

Case manager changes can be detrimental to case progression, and the longer a child remains in care the greater the likelihood of multiple workers.

- 54% of the population of all children in out-of-home care on April 1, 2013, regardless of the length of time in care, had 4 or more workers.
- 94% of the children in the chart below have had 4 or more workers over their lifetime.

	Plan is Reunification							
	In out-of-home care 2 years				In out-of-home care 3 years or longer			
	Lincoln DHHS office	Omaha DHHS office	Rest of the state	Total	Lincoln DHHS office	Omaha DHHS office	Rest of the state	Total
Lifetime Case Managers¹¹								
1-3 case managers	0 (0%)	2 (2%)	10 (43%)	12 (7%)	0 (0%)	0 (0%)	2 (13%)	2 (2%)
4+ case managers	48 (100%)	100 (98%)	13 (57%)	151 (93%)	17 (100%)	67 (100%)	13 (87%)	97 (98%)
Total	48	102	23	173	17	67	15	99

There is a marked difference in the number of worker changes experienced by children from the Lincoln and Omaha area when compared to the rest of the state. This is likely due to the fact that Omaha and Lincoln experienced the most changes as a result of privatization.¹²

Other statistics of interest about children with plans of reunification

The chart that follows includes some miscellaneous facts about these children, and the FCRO draws your attention to the following:

- More than 90% of these children were under the jurisdiction of DHHS Children and Family Services, not juvenile delinquent cases.
- 43% and 45% of the children respectively come from families that meet certain rigid poverty thresholds, as indicated by the number that qualify for federal IV-E funding.¹³
- Most of the children do not come from families with large numbers of children.
- Douglas and Lancaster County cases are over-represented when compared to the total population of children in out-of-home care.
 - Douglas has 37% of the total population in out-of-home care, but 55% and 64% respectively for those in care 2 or 3+years with plans of reunification.
 - Lancaster has 22% of the total population in out-of-home care, but 27% of those in care two years or longer with plans of reunification.

¹¹ As reported to the FCRO by DHHS.

¹² For more information on these changes, see the timeline on page 124 of the last FCRO annual report, which is available at: <http://www.fcro.nebraska.gov/pdf/publications/annualreport/2012/fcro-annual-report.pdf>.

¹³ Federal IV-E funds (part of the Social Security Act) can be used to recoup the cost of room and board and some other services. There are strict criteria for eligibility, including the family must have met an income/deprivation test, there must be certain language in court orders, the child must be in an eligible type of placement, etc.

	Plan is Reunification	
	In out-of-home care 2 years	In out-of-home care 3 years or longer
DHHS CFS cases	167 (97%)	92 (93%)
DHHS OJS cases	6 (3%)	7 (7%)
IV-E eligible	75 (43%)	45 (45%)
Not IV-E eligible	98 (57%)	54 (55%)
Families represented	173 children from 107 families	99 children from 60 families
From Douglas County	96 (55%)*	63 (64%)*
From Lancaster County	46 (27%)**	16 (16%)**
From Sarpy County	2 (1%)***	4 (4%)***

* Douglas County has 37% of the total population of children in out-of-home care.

** Lancaster County has 22% of the total population of children in out-of-home care.

*** Sarpy County has 5% of the total population of children in out-of-home care.

C. Need for Analysis of Issues Leading to Permanency Delays

The Foster Care Review Office invites the Department of Health and Human Services and other involved stakeholders to jointly staff the cases of children who have been in out-of-home care for three years or longer. The setting should be one conducive to problem solving. Lessons learned from reviewing and assisting these children to achieve permanency can then be applied to the cases of other children in the child welfare and juvenile justice system. It would further enable the creation of policy recommendations to improve permanency outcomes for children in foster care.

Other States have completed such a process (known as Cold Case Projects) with great success in obtaining permanency for children. The process that the FCRO is recommending would be as follows:

- 1) Select a DHHS Service Area to begin the Cold Case Project review process based upon established protocols for case selection;
- 2) Create and implement a standard instrument to identify legal and non-legal barriers to permanency;
- 3) Create and implement joint Cold Case Project teams that would review all of these cases to ensure consistency in data collection and case reviews;
- 4) Create and implement a case review process for each child to include the following:
 - a. Review of all N-FOCUS documentation;
 - b. Review of all legal filings;
 - c. Meeting with current case manager or family permanency specialist responsible for the case to include the child's history;
- 5) Creation of a standardized Findings and Recommendation form;
- 6) Analysis of collective data from each of these case reviews.

Based upon research of other States that have utilized a Cold Case Project, there are seven predictors that directly impact delays in permanency consist of the following:

1. Lack of federal funding reimbursement;
2. Number of months in care since the current removal;
3. Lack of termination of parental rights;
4. Caretaker (in the removal home) year of birth;
5. Age of the child at the time of the case review;
6. Number of placement settings in the current removal.

Recently, the Department of Health and Human Services has invited the Foster Care Review Office to attend its monthly CQI (continuous quality improvement) meetings and to provide input on identified issues. This is a very positive development. Discussions have begun regarding the need for the creation and implementation of a Cold Case Project for the best interest of Nebraska children in foster care. A meeting has been scheduled to begin this process in the Eastern Service Area.

Section III. Unmet Data Needs

There are many questions about the population discussed in the previous section as well as other populations of children in out-of-home care that the FCRO cannot answer due to limited data capacity. The Foster Care Review Office was informed by federal HHS officials many years ago that it needed to be on the N-FOCUS platform because N-FOCUS was the SACWIS¹⁴ system of record since the state accepted SACWIS funding to create N-FOCUS in the mid-1990's. However, to date N-FOCUS has never been fully SACWIS compliant.

There are a number of issues the FCRO regularly encounters as a result of having its data on the N-FOCUS platform.

- N-FOCUS was not designed to be flexible. As the Department of Health and Human Services Chief Information Officer said in public testimony to the Legislature's Health and Human Services Committee, N-FOCUS was never designed to be a system that could rapidly respond to changes in the child welfare system.
 - It is built on 1990's architecture, requiring continual maintenance.
 - It is a specialty product, so only a few professionals are trained to program changes and a select few can successfully query the system.
 - It is an integrated system, working closely with Medicaid and other federal reporting requirements, so the few persons equipped to make N-FOCUS changes are kept busy keeping up with federal requirements.
- The FCRO cannot quickly or simply add or change data elements as the need arises. The FCRO must compete with other DHHS projects for the programmer resources needed to make changes. Just adding a new code to an existing data element can be time-consuming, and adding new data elements can take months or years.
- The FCRO cannot change where data is entered to make a more natural flow, such as keeping all data about a specific topic together.
- Even if an FCRO requested change is prioritized, each takes months to accomplish and uses a substantial amount of FCRO and DHHS human resources in the programming and testing phases.
- The FCRO does not control where and how data is stored, which impacts the ability to retrieve the data. Due to the original designs by DHHS for the FCRO data storage retrieval of the data can be difficult, or in some cases impossible.
- N-FOCUS does not interface with the juvenile probation computer system, the court's data system (JUSTICE), or the department of education's computer system. The FCRO is mandated to track all children in out-of-home care, including those from DHHS, probation, juvenile justice, and smaller child-placing agencies. The way the system is structured makes integrating FCRO data on these populations quite difficult. Further

¹⁴ SACWIS stands for State Automated Child Welfare Information System.

each of these groups has relevant data about children that could be shared, but the N-FOCUS platform doesn't allow for an outward or inward exchange of data with other entities.

- The FCRO was not given the ability to mark children's cases for randomized or longitudinal studies. Tracking these children requires an inordinate amount of manual labor.
- The current system requires so much staff time for input and for extracting reports that the FCRO cannot collect some very relevant data on children's well-being that could be used to provide a more complete picture of children's outcomes.

In short, N-FOCUS does not facilitate responsiveness to changes in the child welfare system, does not meet the FCRO's needs, and impedes the FCRO's ability to quickly and reliably produce data without resorting to hand counts and other manual means.

In order to effectively measure benchmarks and assist the child welfare system in creating meaningful improvements, the Foster Care Review Office needs to be able to answer relevant questions, like the following questions regarding children who have been in out-of-home care for two years or longer and whose plan remains reunification.

1. How many of the cases of children in care for two years or longer with plans of reunification involve parental unwillingness to parent? (This was the top finding of the 2008 study on delays to permanency). How many involve issues with parental compliance with visitation? (#2 finding of the 2008 study).
2. Have both parents been addressed from the beginning of these children's cases? If not, why not?
3. How many of the children's cases involved delayed identification of paternity and paternal relatives? How many times did the consideration of the father as a potential placement not start until after it was clear the mother would be unable to safely parent?
4. How many cases are having regular court reviews and permanency hearings? How effective are these hearings? How many continuances have been granted? What was the reason for the continuation request? Why was the plan allowed to remain reunification at the "15-month" hearing? Has anything changed since that hearing that would indicate the permanency objective needs to be reconsidered?
5. What types of efforts have guardians ad litem made to assist these child clients?
6. How many of the children are separated from their siblings? If they are, are the children maintaining regular contact with siblings? If not, why is there not regular contact?
7. How often have these children been moved to new schools, and are their educational needs being addressed?
8. Are these cases negatively impacted by race, ethnicity, language, or cultural issues? Are there different results depending on the gender of the child?
9. Is poverty a significant factor in delays to permanency? If so, what can be done to provide the resources needed?

10. What types of family team meetings, staffing meetings, etc., are being used to help these children achieve permanency? How can their efficacy be measured?
11. How many times have these children's permanency objectives changed, and why?
12. Are the older children receiving the skills they will need to live as successful adults?
13. How many of these children's caregivers are prepared to provide a forever home if the parents are unable to safely parent the children?
14. How many of these children achieve permanency in the next few months? Year? Longer?
15. How many of these children have a return to out-of-home care after being reunified?
16. How many of these children have a juvenile justice intervention at some point in the future?
17. Does having a CASA volunteer assigned improve outcomes for children?

These are an example of how a “richer” data set could assist in developing policy recommendations.

To be able to objectively answer questions like these, the FCRO needs to have a data system that allows for easy recording and retrieval of clearly defined data elements in a flexible environment and the ability to connect data about a child from different data sources (N-FOCUS, JUSTICE and NPACS). If the FCRO had access to a modern, easy to use system, staff time spent in manual data collection could be devoted to a more in depth analysis of the data. This, in turn, would give policy-makers the objective, measurable fact-based knowledge needed to determine how to improve the child welfare and how to measure whether actions taken to improve the system are having the desired results.

The Foster Care Review Office urges Nebraska to devote the resources necessary to improve data collection about the foster care system. To this end, the FCRO is developing, in collaboration with the Nebraska Children's Commission IT Work Group, a “Proof of Concept” to pilot a system to address the identified data challenges.