The Nebraska
Foster Care Review Office
Annual Report

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

With Analysis of Statistics from Calendar Year 2012

Issued December 1, 2013

This Annual Report is dedicated to

the 280+ Foster Care Review Office local board members

who meet each month to review children's cases,

the FCRO staff who facilitate the citizen review boards,

enable the collection of the data described in this report,

and promote children's best interests,

and

everyone in the child welfare system

who work daily to improve conditions

for children in out-of-home care.

Table of Contents

NOTES:

Foster Care Review Office
Annual Report on the Status of
Nebraska's Children and Youth in Foster Care

Respectfully submitted as required under Neb. Rev. Stat. §43-1303(4)

This report contains the Foster Care Review Office's (FCRO) independent data and analysis of the current child welfare system with recommendations for system improvements. FCRO staff track children's outcomes and facilitate case file reviews. Local board members, who are community volunteers that have completed required instruction, conduct case file reviews. In 2012, local board members conducted 4,675 reviews.

During the calendar year of 2012, a total of 7,652 Nebraska children were in out-of-home care for some portion of their life. This is a 9% decrease from calendar year of 2011 when 8,171 Nebraska children were in out-of-home care for some portion of their life. (page 14).

On December 31, 2012, there were 3,892 children in out-of-home care in Nebraska, most of whom had experienced a significant level of trauma prior to their removal from the parental home. This is a 10% decrease compared to December 31, 2011. Of particular note, in recent years there has been an increase in the percentage of children age 0-12 who entered out-of-home care. (page 11). Minority overrepresentation continues to be a substantial issue since there are disproportionately more Native American and Black children in out-of-home care. (page 12 & 13).

The federal *Adoption and Safe Families Act of 1997* (ASFA) clearly and unequivocally establishes three national goals for children in foster care: safety, permanency, and well-being. Safety is to reduce the recurrence of child abuse and/or neglect whether the child is placed at home or out-of-home. Permanency is to ensure that children leave out-of-home care to live in the rehabilitated parental home or, if a return to the parent is not possible, to another "permanent" family. Well-being is to ensure that the child's emotional, behavioral and social needs are being met.

The role of the FCRO is to ensure that each of these important goals is met for each child in out-of-home care, and to report relevant information to policy-makers and the public. Some of the key data indicators are discussed below. **In many indicators there has been no statistically significant progress when compared to previous years**.

<u>Safety</u>

- There has been no significant change in the reasons children are removed from their parental home since 2007. (page 19). Many children have more than one reason for removal, and the top reasons include:
    - Neglect 58%
    - Substance Abuse Issues 43%

- Substandard Housing 27%
- Domestic Violence 17%
- Physical abuse 17%
- Child's Behavior 17%

- 32% of the children in out-of-home care did not have documented contact with their case manager/family permanency specialist within 60 days of the case file review. There has been no improvement in this area. (page 27).
- 50% of the out-of-home caregivers did not receive medical information regarding the child at the time of placement. There has been no improvement in this area. (page 30)
- 20% of the case file reviews did not contain sufficient documentation to assure that the placement is safe and appropriate. This has slightly improved since 2011. (page 34).

Permanency

- 51% of the case files reviewed had a complete case plan. This compares to 55% in 2011. (page 43).
- 27% of the case files reviewed the permanency objective was found to be inappropriate given the circumstances of the case. This has remained the same as 2011. (page 42).
- 59% of the case files reviewed showed no clear evidence of progress on the case. This has remained the same as 2011. (page 44).
- 1 out of 4 children have spent 50% of their lives in out-of-home care. This has remained the same as 2011. (page 47)
- Average number of case managers for a family remains at 4 or more. (page 51).
- Compliance with caseload standards, per DHHS, was between 70-80%. (page 53)
- Consistently 39% of children in out-of-home care had re-entered out-of-home care one or more times. (page 61).
- 19% (610 children) had paternity not addressed. (page 64).
- Court and legal system practices remain an issue (page 65-70).
    - 23%, compared to 19% in 2011, did not have their case adjudicated within 90 days.
    - 43% of the cases there was no documentation regarding guardian ad litem contact with the child, which is a significant increase in missing documentation.
    - 23% of the cases reviewed there were grounds for the filing of a termination of parental rights action but it had not been filed.
- Majority (73%) of children exiting out-of-home care are reuniting with a parent. (page 73).

Well-being

- 51% of children had 4 or more placements, which is a substantial increase of 5% since 2011. (page 77).
- 72% of children are placed in a least restrictive placement, while there is an increase to 14% of children placed in a most restrictive placement. (page 81).
- There has been no change in the use of relative placements for the past three years; approximately 25% of children. (page 83).
- 79% of children in out-of-home care do not have a DSM-IV diagnosis. (page 89).
- 32% of school-aged children reviewed in 2012 were enrolled in special education. (page 92)

The FCRO has carefully analyzed and made recommendations for each of the components in this report. **Some of the key recommendations from this report include**:

1. Appropriately adjudicate both mother and father on the reasons that the children entered care to ensure services can be ordered to address the root causes for abuse or neglect. Address any paternity issues surrounding the biological father in a timely manner.

2. Ensure that there is fidelity to the Structured Decision Making processes. The use of Structured Decision Making assessments have been studied and shown to produce quality, standardized results for use as a basis for determining how best to address parental issues for cases brought to the attention of the child welfare system. These assessments are also used when determining when, and if, children can safely return to the parental home.

3. All stakeholders involved with a family should utilize functional assessments to assist in the promoting of the social and emotional well-being for children who have experienced abuse or neglect. Screening for symptoms related to trauma, especially how experiences of trauma many impair healthy functioning is an essential element of these functional assessments. These functional assessment tools can also be used to inform decisions about the appropriateness of services.

4. Ensure supervisors and case managers have adequate supports and training. There is a need to stabilize the child welfare system so that workers have a realistic sense of permanency to their positions, thereby encouraging retention. Create a user-friendly case management system that provides alerts to the supervisor and worker regarding caseworker contacts with a child; the health and educational records of a child; the safety and appropriateness of a placement; and the appropriate completion of a case plan.

5. Provide crisis stabilization services in three key areas: 1) as early intervention to prevent a child's removal from the home; 2) when children transition home and to maintain them safely in the home; and 3) to support foster homes and reduce placement disruptions.

6. Ensure that the Barriers to Permanency Project continues, and that the recommendations from this Project are carried forward.

7. Implement performance based contracts whereby stakeholders are rewarded based on outcomes and performance rather than process or methods. In order to do this the data system will need to be modified and upgraded. The utilization of Results Based Accountability will assist in ensuring that children and families receive quality services with measureable effects.

CHILD WELFARE/FOSTER CARE ISSUES

AND

RECOMMENDATIONS

TO IMPROVE THE SYSTEM

The following analysis briefly describes some of the major issues in the current child welfare (foster care) system.

The Foster Care Review Office has additional information available on each of the topics presented. Feel free to call 402-471-4420 or email fcro.contact@nebraska.gov for further details.

NOTES:

Section I: PRIMARY INFORMATION

NOTES:

PRIMARY INFORMATION ON CHILDREN AND FAMILIES IN THE CHILD WELFARE SYSTEM

TRAUMA AND HEALING

In cases where ongoing safety issues exist and/or the parents are unwilling or unable to voluntarily participate in services to prevent removal, the children are placed in a foster home, group home, or specialized facility as a temporary measure to ensure the children's health and safety.

What the basic statistics found throughout this Report cannot adequately communicate is that many children enter the system already wounded or traumatized. If conditions that led to removal are not adequately addressed, this increases these children's vulnerability for further injury.

According to the American Academy of Pediatrics, children who have experienced trauma:

- Will respond more quickly and forcefully than other children to anything perceived as a threat.
- Are more likely to misread facial and non-verbal cues, and think there is a threat where none is intended.
- Have a greater likelihood of attention deficits, emotional dysregulation, and oppositional behaviors, which may have been adaptive to the threatening environment but not appropriate in a safe environment.
- Are more likely to have developmental or educational delays.
- Have a greater chance of short-term memory issues.
- May present sleep problems, food issues, toileting problems, anger, aggression, detachment, hyper-arousal, depression, or chronic medical issues.
- Don't know how to say what they are feeling.
- Do not have the skills for self-regulation or for calming down once upset.
- Will often challenge their caregiver in ways that may threaten the stability of the placement.
- May have issues related to adverse brain development.
- Need to be redirected or behavior may start to escalate.
- Need adults that are consistent and predictable enough to teach the lessons their developing brains need, and who understand that children's trauma response is a healthy response to an unhealthy threat rather than a personal affront.
- Can learn new means of coping with stress if given the time and the social-emotional buffering needed.[1]

Beyond the consequences for the child, the impact of trauma carries high costs for society. For example, a child who cannot learn may grow up to be an adult who cannot hold a job. A child with chronic physical problems may grow up to be a chronically ill adult. A child who grows up

[1] Adapted from the American Academy of Pediatrics, Helping Foster and Adoptive Families Cope with Trauma.

learning to hate him or herself may become an adult with an eating disorder or substance addiction.[2]

Children are not the only victims of trauma. Many children in the foster care system have parents who themselves have a trauma history. A compassionate, trauma-informed approach to working with these parents can provide them with opportunities to address their own trauma experiences, understand how it may affect their parenting, and make changes that strengthen their ability to provide appropriate care for their children.[3]

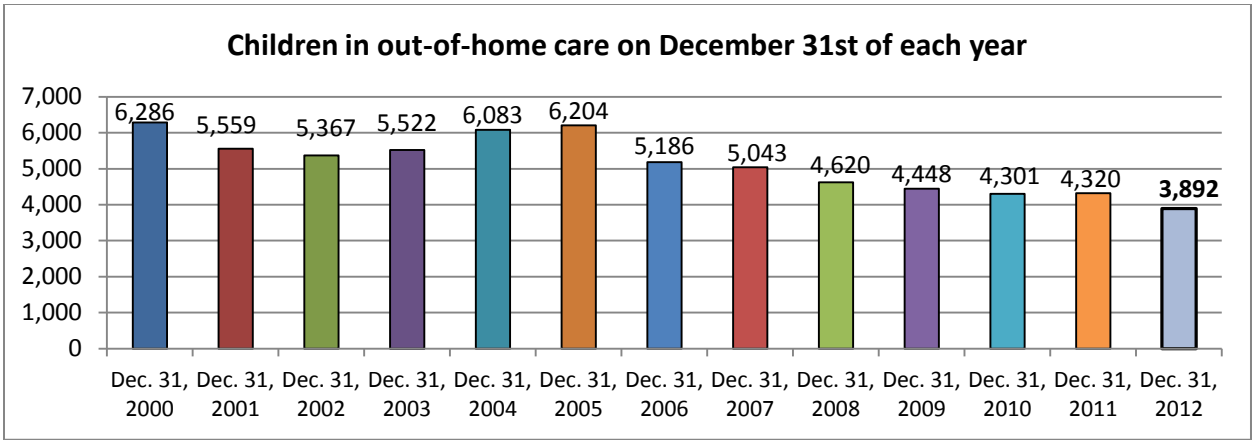
It is the statutory charge of DHHS and the other key players of the child welfare system to reduce the impact of abuse whenever possible and to minimize the trauma of the child's removal.

This is better accomplished by providing appropriate services to the family in a timely manner, obtaining written documentation of their participation and progress (or lack of progress as the case may be), and then providing those reports to the court and legal parties so that informed decisions regarding a child's permanency and future can be timely. The goal is to minimize a child's time in out-of-home care and help the child to heal from any past traumas.

NEBRASKA CHILDREN IN OUT-OF-HOME CARE

On December 31, 2012, there were 3,892 children in out-of-home care in Nebraska, most of whom had experienced a significant level of trauma and abuse prior to their removal from the parental home. In comparison, there were 4,320 children in out-of-home care on December 31, 2011. Note that in both of these time periods youth involved with juvenile justice were included in these numbers.

The following chart provides additional trend data that shows that t**here has been a significant reduction in the number of children in out-of-home care.**

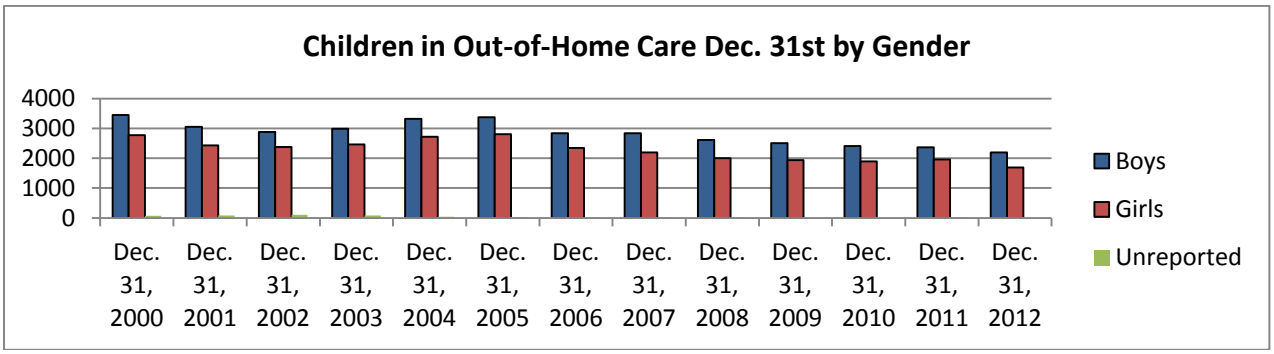


[2] Impact of Complex Trauma, the National Child Traumatic Stress Network.
[3] Raising the Bar: Child Welfare' Shift Toward Well-being, State Policy Advocacy and Reform Center, (SPARC), July 2013. SPARC is supported by the Annie E. Casey Foundation and the Jim Casey Youth Opportunities Initiative.

The downward trend appears to be continuing in 2013, with 3,712 children in out-of-home care on October 1, 2013. The following demographics and trend data are based on reports to the FCRO by DHHS, child placing agencies, and the Courts.

GENDER

On Dec. 31, 2012, 57% of the children in out-of-home care were boys, 43% were girls.[4] **The ratio of boys to girls has remained constant for many years.**

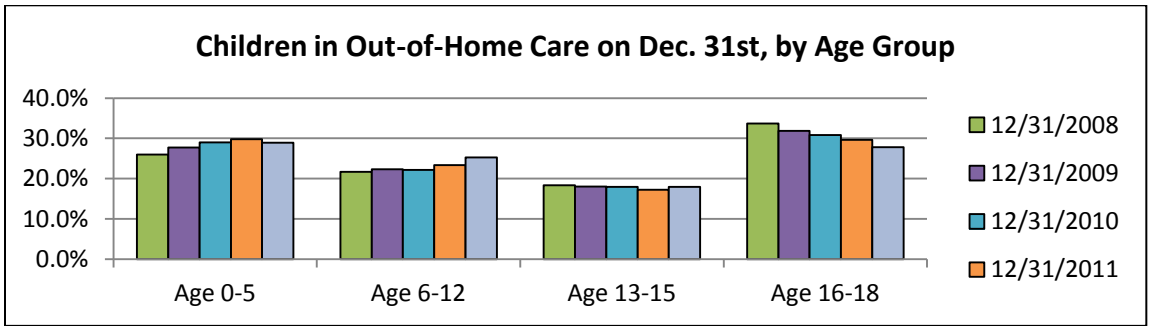


AGE GROUP

When considering age groups, the FCRO finds that on December 31, 2012:

- 29% of the children were infants and preschoolers (age 0-5),
- 25% were elementary school age (age 6-12),
- 18% were young teens (13-15 years of age), and
- 28% were age 16-18. Legal adulthood occurs in Nebraska on the 19th birthday.[5]

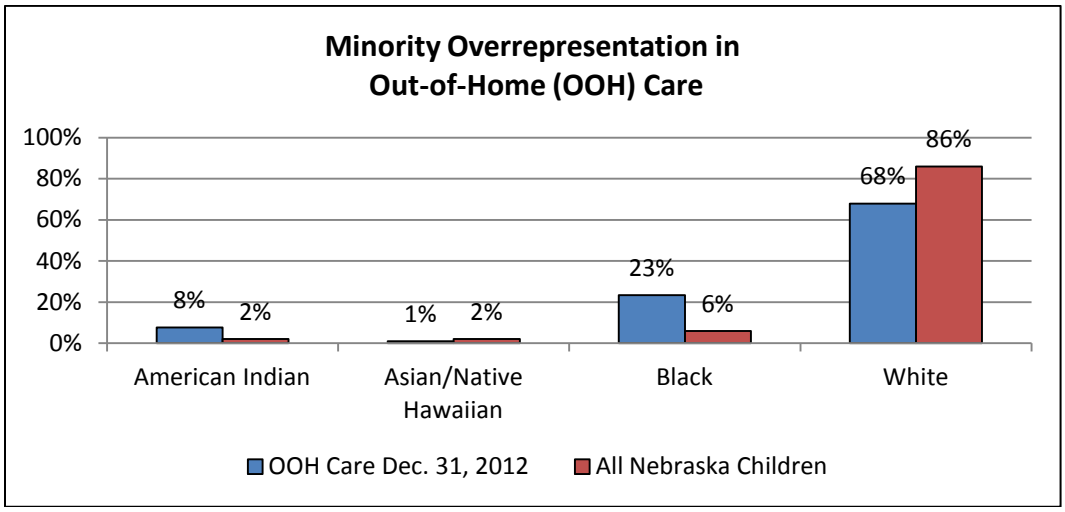
The following chart shows some trends. **Of particular note, in recent years there has been an increase in the percentage age 0-5 and age 6-12. Age 13-15 has remained nearly consistent, and Age 16-18 has decreased.**



[4] Information on gender breakdowns by county of court commitment can be found in Appendix B, page 139.
[5] Information on age breakdowns by county of court commitment can be found in Appendix B, page 130.

RACE

Minority children continue to be overrepresented in the out-of-home population as a whole, as shown below.[6] For more detail by county see page 133.



Race of children in foster care on December 31, 2012

Hispanic is designated as an ethnicity, rather than a race. However, it is possible to extract the number of children with each race who have a documented Hispanic ethnicity. We have put the number with Hispanic ethnicity in parentheses.[7]

White only	2,312 (59%)	(231 with Hispanic ethnicity)
Black only	796 (20%)	(6 with Hispanic ethnicity)
American Indian only	261 (7%)	(34 with Hispanic ethnicity)
Asian only	23 (<1%)	(0 with Hispanic ethnicity)
Native Hawaiian only	10 (<1%)	(7 with Hispanic ethnicity)
Other only	176 (5%)	(146 with Hispanic ethnicity)
Unreported	107 (3%)	(40 with Hispanic ethnicity)
Multi-racial	207 (5%)	(29 with Hispanic ethnicity)
Total	3,892	

The following is a breakdown of the multi-racial children:

- American Indian, Black 17
- American Indian, Black, White 2
- American Indian, Native Haw. 1
- American Indian, Other 9
- American Indian, White 41

[6] The source for the general population of children in Nebraska was www.census.gov/popest/data/national.asrh/2012/index.html.

[7] Information on racial breakdowns by county of court commitment can be found in Appendix B, page 133.

- Asian, Black 1
- Asian, White 5
- Black, Other 8
- Black, Other, White 1
- Black, White 107
- Native Hawaiian, White 1
- White, Other 14

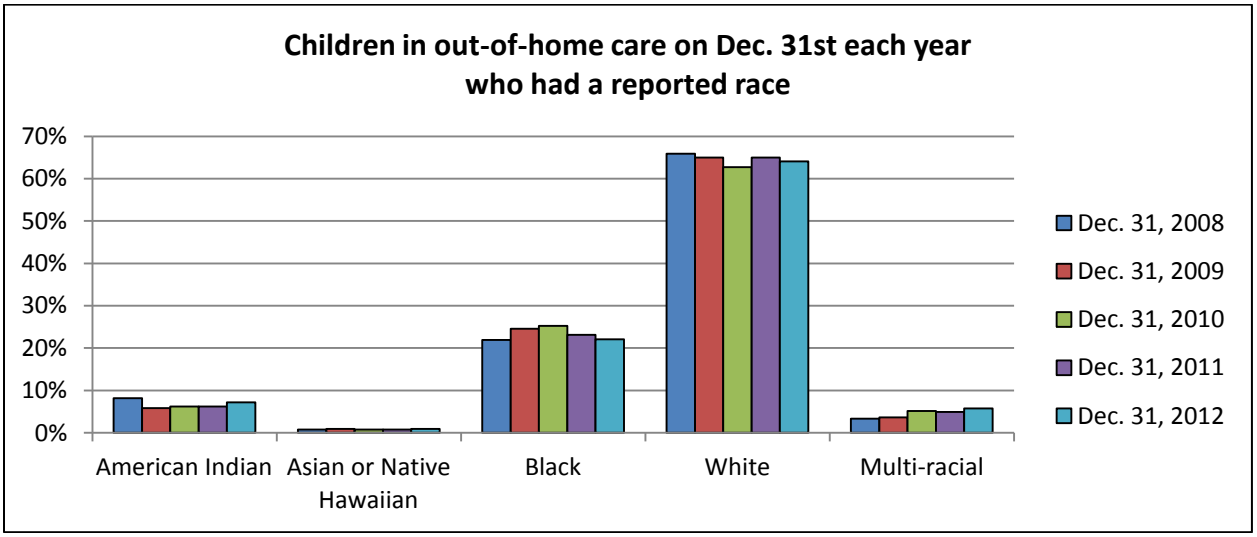
By ethnicity

Hispanic	493 (13%)
Not-Hispanic	2,889 (74%)
Unreported	510 (13%)
Total	3,892

Trend data

The following chart illustrates two key points:

1. The percentage breakdown by race of children in out-of-home care has remained fairly consistent for the last few years.
2. When compared to the Nebraska population, there are disproportionately more Native American and Black children in foster care, and disproportionately fewer White children in foster care.



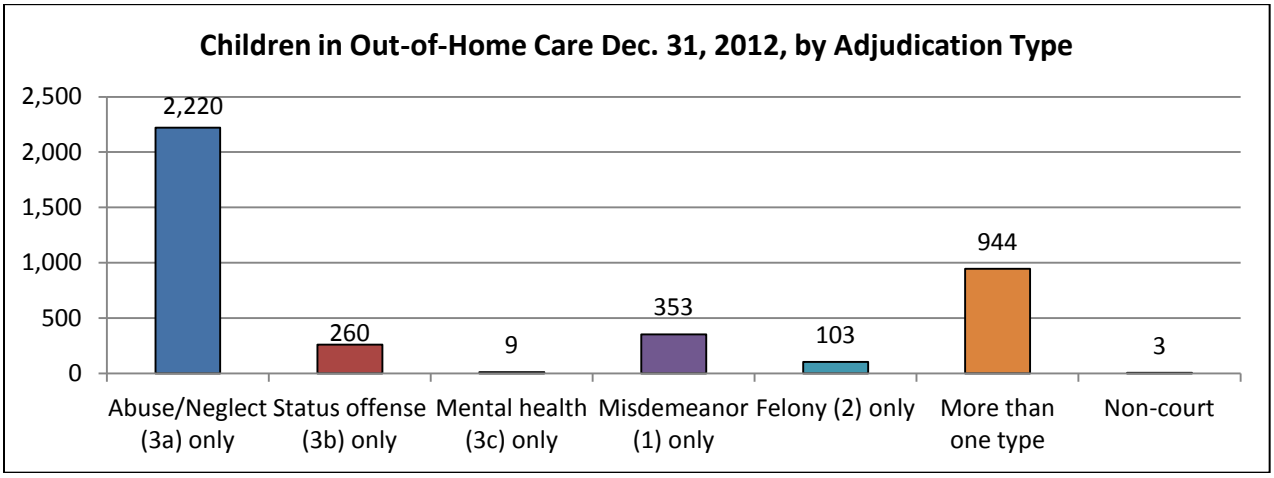
For more information about racial disparities see the FCRO's September 2013 Quarterly Update to the Legislature, and the FCRO's June 2013 Quarterly Update to the Legislature.[8]

In 2013, the Nebraska Legislature is studying issues surrounding the high rate of placement out-of-home for Native American children involved in the foster care system. The FCRO was among those providing information for this study.

[8] Past annual reports and quarterly updates are available at www.fcro.nebraska.gov.

ADJUDICATION TYPES

Adjudication types for the 3,892 children in out-of-home care on Dec. 31, 2012, are shown below.



CHILDREN IN OUT-OF-HOME CARE DURING CALENDAR YEAR 2012

Per Neb. Rev. Stat. §43-1303(2)(b)(iv) the FCRO 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:

In out-of-home care at the beginning of the year	4,320
Entered or re-entered care during calendar year	+ 3,332[9,10]
Children whose cases were active anytime during calendar year	7,652
Left foster care during the year	- 3,831 [11]
Adjustments for delayed reports of exits or entrances	+71
Children in out-of-home care on December 31, 2012	3,892

REVIEWS CONDUCTED

Children's cases are typically reviewed by the Foster Care Review Office at least once every six months for as long as they remain in out-of-home care, thus some children are reviewed twice during a calendar year.[12] The Foster Care Review Office conducted 4,675 comprehensive reviews on 3,223 individual children's cases during 2012.

[9] Some children enter foster care more than once during a calendar year; they are not duplicated in this number.
[10] This includes 1,973 children in their first time in care, and 1,349 children who had been in care previously.
[11] Some children leave care more than once during a calendar year; they are not duplicated in this number.
[12] For more information about the makeup and activities of the Foster Care Review Office, see page 17.

Section II: SAFETY RELATED ISSUES

NOTES:

SAFETY DEFINED

In child welfare there are a number of different definitions of "safety" and that word can be used in ways that the average person, unfamiliar with the system, would not think about. For example, "safety" has a different definition from "risk." Therefore, it is important to define what the Foster Care Review Office means by "safety." Within the context of this Report, safety is defined as free from hurt, injury, danger, or undue hazard of loss, injury, or seriously inadequate care.

Consideration of safety for children in out-of-home care involves a number of factors, including:

1. Is the child safe while in an out-of-home care placement?
    a. For any type of placement,
        i. What is the mix of children in the placement?
        ii. What are those children's individual needs?
        iii. How does that impact the care for the particular child in question?
        iv. Is there a need for a safety plan for the child?
    b. If in a foster or kinship home,
        i. Is there a homestudy available that indicates the foster parents are equipped to handle this individual child's needs?
        ii. Are the foster parents/caregivers provided adequate supports and respite?
    c. If in a group home,
        i. Is there adequate staff on duty 24/7/365?
        ii. Do they use restraints? If so, what is their restraint policy? Have all staff received adequate training on restraint use?
        iii. If the child is prescribed medications or needs adaptations due to a physical or psychological condition, is the staff trained on how to care for the child's condition?
2. Is the child safe during visitation?
3. Does the child's permanency objective facilitate the child's future safety and stability?
    a. Is there domestic violence in the home? How is that being addressed?
    b. What is the support system in the home? Is the family isolated from support? Is there someone the child can easily go to in an emergency?
    c. What is the age and ability of the child to remove him or herself from the situation?
    d. Is there an escape plan?
    e. Is there cyclical mental illness present?

f. Are drug and alcohol issues present?

g. Does the parent have the ability to demonstrate empathy toward the child; can they put themselves in the child's place?

h. Are the children supervised before/after school?

i. Who else is in the home? Do those persons pose a hazard?

j. What is the past behavior of the parents?

k. Does the safety plan align with information on the SDM[13] assessments?

4. Did the agency responsible for the child provide services to ameliorate factors that would inhibit a parent's ability to maintain the child safely at home?
5. Are there limitations to the services available to facilitate a safe return to the home or other permanency objective?
6. Is the child receiving treatment needed to overcome any past traumas?
7. If the child cannot safely return home, what alternatives can provide the best permanency? How are those being facilitated?

Safety consideration also impacts the children's current and future well-being and their likelihood of timely permanency.

[13] Structured Decision Making is the trademarked set of tools currently being utilized by DHHS for assessments throughout the life of a case.

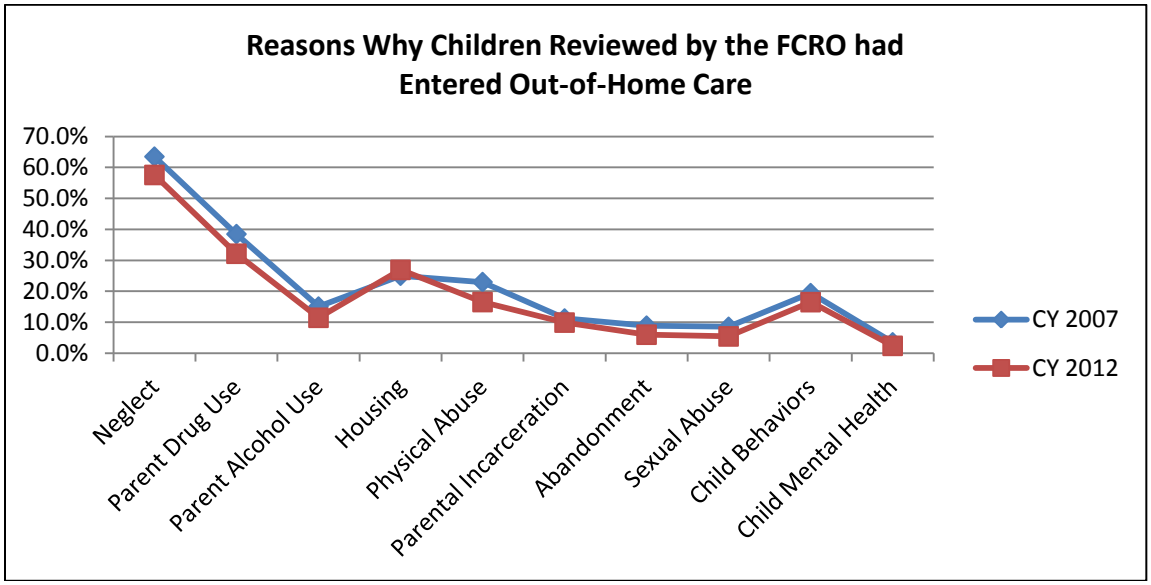
REASONS FOR ENTERING OUT-OF-HOME CARE

The reasons for removal may vary, but as Dr. Brenda Joan Harden of the University of Maryland states,

> "*Children in foster care are particularly vulnerable to detrimental outcomes, as they often come into state care due to their exposure to maltreatment, family instability, and a number of other risk factors that compromise their healthy development…these children are predominantly from impoverished backgrounds, a situation that exacerbates the risk factors they experience.*"[14]

Neglect is the most frequently cited reason for children entering out-of-home care across the nation, and this is also true in Nebraska. Neglect is defined as the failure to provide for a child's basic physical, medical, educational, and/or emotional needs, including the failure to provide adequate supervision. Neglect is often seen in tandem with parental substance abuse or mental health issues. Co-occurring housing issues, physical abuse, or sexual abuse are also common.

Although the number of children in out-of-home care has decreased since 2007, the causes for removal from the home have remained remarkably similar, as the chart below showing the percentages of reviewed children impacted by each indicates:



The next chart provides more details on the reason children entered care collected during the FCRO review process in 2012. Up to 10 reasons may be identified for any particular child as to removal from their home. The FCRO also tracks conditions identified after the child's removal. Some common examples of later identified issues: 1) the children entered care due to a filthy

[14] Brenda Joan Harden, Ph.D., Future of Children, Volume 14, Number 1.

home and later it was found that the mother has mental health issues, or 2) the children entered care due to physical abuse and later the children disclosed sexual abuse was also occurring.

One finding that often surprises people with limited child welfare experience is that physical and sexual abuse are not the most frequently cited reasons for children to be removed from the home; neglect and parental drug use are the two most frequent.

Reason	Identified as reason entered out of home care	Percent	Later identified as an issue	Percent
Neglect	1,856	58%	58	2%
Parent drug abuse	1,036	32%	329	10%
Housing substandard	868	27%	114	4%
Domestic violence	554	17%	154	5%
Physical abuse	533	17%	82	3%
Child's behaviors	532	17%	372	12%
Parent alcohol abuse	369	11%	143	4%
Parent's incarceration	319	10%	209	6%
Parent mental health	287	9%	231	7%
Abandonment	193	6%	186	6%
Sexual abuse	175	5%	118	4%
Parent's illness/disability	115	4%	64	2%
Child's mental health	77	2%	201	6%
Child drug abuse	58	2%	50	2%
Child's illness	42	1%	19	1%
Child's disabilities	33	1%	81	3%
Child alcohol abuse	19	1%	20	1%
Death of parent(s)	18	1%	25	1%
Baby born substance affected	16	0%	5	0%
Child's suicide attempt	14	0%	10	0%
Child's parent in foster care	11	0%	4	0%
Relinquishment	5	0%	95	3%
Unclear why removed	3	0%	0	0%

Services to address parental substance abuse, access to treatment for parental or child mental health issues and access to adequate housing are needed to prevent a substantial number of children from experiencing abuse and entering the foster care system.

It is also important that if new evidence comes to light that an additional or supplemental adjudication petition should be filed. Then, if the court finds reason for adjudication, the parent(s) can be ordered to correct the newly identified issue as well as the issue that first brought the child under the court's jurisdiction.

PARENTAL SUBSTANCE ABUSE

Parental substance abuse here includes alcohol abuse, abuse of prescriptions, and abuse of street drugs. Often the parents have struggled with substance abuse for years. Meaningful intervention for parents seems like an appropriate strategy. Many times these parents have co-occurring mental health issues. Unless those are resolved, sobriety may not be able to be achieved.

The following shows the number of children reviewed in 2012 whose parental substance abuse was either recognized prior to entering foster care **or** was recognized after removal from the home.

1,568 of the 3,223 individual children reviewed in 2012 were in out-of-home care due to parental substance abuse.

- 200 of those children's cases involved **only** parental alcohol abuse.
- 1,050 of those children's cases involved **only** parental drug abuse.
- 318 of those children's cases involved **both** parental drug and parental alcohol abuse.

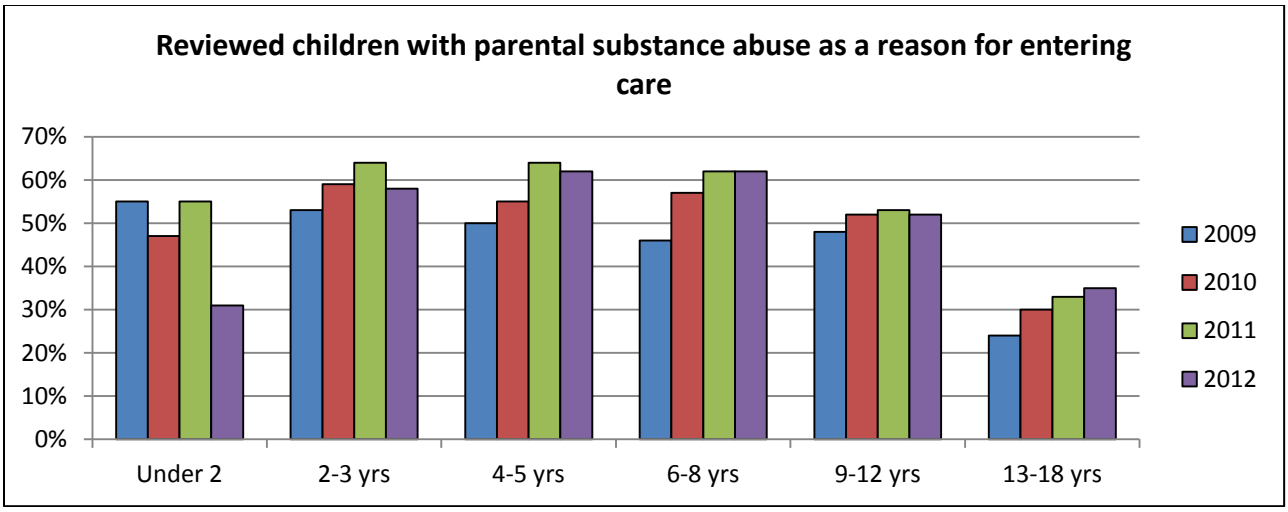
The following chart further describes the 1,568 children by age group. For example, it shows that 294 of the 509 (58%) children reviewed who were age 2-3 at the time of review came into care due to parental substance abuse. The FCRO analyzed the age group percentages due to the number of very young children whose parents were facing this issue. This age group is very vulnerable to the effects of chaotic parenting and possible criminal involvement by the parents.

The chart shows that more than half of the young children ages 2-12 who were reviewed in 2012 came into out-of-home care due to parental substance abuse issues.

Age group at time of review	Parental substance abuse	Children reviewed	Percent with subs. abuse
Under 2	117	378	31%
2-3 yrs	294	509	58%
4-5 yrs	274	441	62%
6-8 yrs	315	506	62%
9-12 yrs	258	499	52%
13-18 yrs	310	890	35%
Total	1,568	3,223	49%

Trends

The percentage of cases involved identified parental substance abuse varies from year to year. However, **the number of children under age 2 who entered care due to substance abuse is significantly less in 2012 than it was in previous years**. This will need further exploration.



Recommendations:

1. Appropriately adjudicate on the reasons that children enter care to ensure services can be ordered to address the root causes for abuse or neglect.
2. Further analyze those who entered care due to neglect to obtain more detail on what this encompasses and then utilize that when developing an array of services and prevention strategies.
3. Examine the service array available to address the most common reasons for children to be removed from the home, and expand the availability of such services.
4. Utilize the most proven strategies to reduce and combat drug abuse.
5. Increase the limited availability of community-based service capacities.

PREVENTING ABUSE OR NEGLECT

Sadly, child abuse is a daily occurrence in Nebraska. Based on the number of children reported to the FCRO as entering out-of-home care (3,332 children in 2012), every day approximately 10 children are removed from their home of origin, primarily due to abuse or neglect. 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.

There is a need for proven prevention and intervention programs to lessen the number of children suffering abuse, and to reduce the numbers of children entering the system. Prevention needs to represent activities that stop a negative action/behavior, and activities to promote positive actions or behaviors. These can be a buffer to help parents who might otherwise be at risk of abusing their children to find resources, supports, or coping strategies.

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.[15]

The Centers for Disease Control studied prevention efforts, and concluded:

> "*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 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%*"[16]

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

[15] Leventhal, quoted by National Clearinghouse on Child Abuse and Neglect, www.calib.com/nccanch/, Aug. 2003.
[16] Centers for Disease Control, www.cdc.gov, October 2003.

maltreatment should decrease – saving the children involved from harm, and freeing resources for families more resistant to change. 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 thus enable reunification to occur in a timely manner.

Recommendations:

1. Examine the array of services available to address common reasons for children to be removed from the home, and expand the availability of such services.
2. Revise current policy and practice to reflect the urgency, depth, and quality of prevention services needed if Nebraska is to reduce the amount of abuse and neglect its children experience.
3. Enhance the services available to help parents, especially during times of crisis.
4. Use SDM (Structured Decision Making) assessments, which have been studied and shown to produce quality, standardized results, as a basis for determining how best to address parental issues for cases brought to the attention of the Department. Assure there is fidelity to the SDM decision-making processes.
5. Research how some other states are using Alternative Response as a part of their prevention efforts and as an access point to community-based services to determine if that should be part of Nebraska's strategy.

RESPONSE TO REPORTS OF CHILD ABUSE

When the FCRO conducts a file review of a child's case it is required to make a determination of whether reasonable efforts were made to prevent that child's removal from the home. In doing so it is not uncommon to find that there were a number of reports alleging abuse and neglect made over a period of time prior to the first investigation and by the time the first investigation occurred the situation had deteriorated to the point that an emergency removal was necessary. This may explain some of the following statistics:

For children reviewed in 2012, the FCRO found that:

- 59% had reasonable efforts to prevent removal made;
- 38% were removed due to an emergency situation where it would be unsafe for the child to remain in the home, so at that point no efforts to prevent removal could be made;
- 2% of those children's files were unclear on what efforts to prevent removal had been made;
- Under 1% did not have reasonable efforts made to prevent removal; and,
- Under 1% involved a judicial determination of aggravated circumstances, where efforts to prevent removal were not necessary.

As background, 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 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 parental custody (Neb. Rev. Stat. §43-248) unless there is a court order to do so. Law enforcement officer training on child abuse varies widely, both between departments and within departments. 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. The number of child abuse and neglect reports received and the number of potential responders further impacts the system.

Investigation timeliness and quality can literally make the difference between life and death for children, and can also dramatically affect children's quality of life and future productivity so prompt, effective response is critical.

To eliminate subjectivity in these decisions, the Department has recently begun to use Structured Decision Marking, a proprietary set of assessments which has been shown to standardize response to child abuse and neglect reports in a way that addresses a child's safety and risk in an efficient and responsible manner. The FCRO commends DHHS for utilizing a proven program

and encourages DHHS to build in greater oversight to the new Structured Decision Making process in order to ensure fidelity to the model, and to require a timely review of any decision not to investigate a report alleging abuse or neglect.

DHHS is also in the process of implementation of Alternative Response, which would, if statutory changes were made, allow for two paths after the receipt of an abuse report – one would be the traditional investigation for serious allegations or allegations involving injuries, the other would allow for the exploration of whether voluntary services could safely resolve the issues that led to the report.

The FCRO recommends there to be careful consideration of the type of oversight needed of these critical decisions. There also needs to be careful articulation of the expected benefits and analysis of whether those benefits are received. One such expected benefit currently being discussed is whether this would increase the ability of the state to provide interventions prior to abuse or neglect reaching such a severity level that a removal from the home is required for the child's safety.

Recommendations:

1. Continue and expand current efforts to identify the prevention and support services needed across the state, and work on developing means of financing and implementing services where gaps exist.
2. Continue to develop the abilities of a designated entity from across the state to provide some oversight of decisions as to the proper response to individual reports alleging abuse or neglect.
3. Conduct a multi-disciplinary examination of the CPS system, looking specifically at how decisions regarding removal are made, who makes those decisions, and under what circumstances. This should include how decisions are made as to whether or not to accept a report alleging abuse or neglect.
4. Ensure fidelity to proven Structured Decision Making or other proven methods of assessment.
5. If Alternative Response is implemented, do it in such a way as to allow for adequate oversight, particularly for children who are left in the parental home. Ensure it is not used as a means to artificially reduce the number of children in care or to bypass the court system inappropriately.

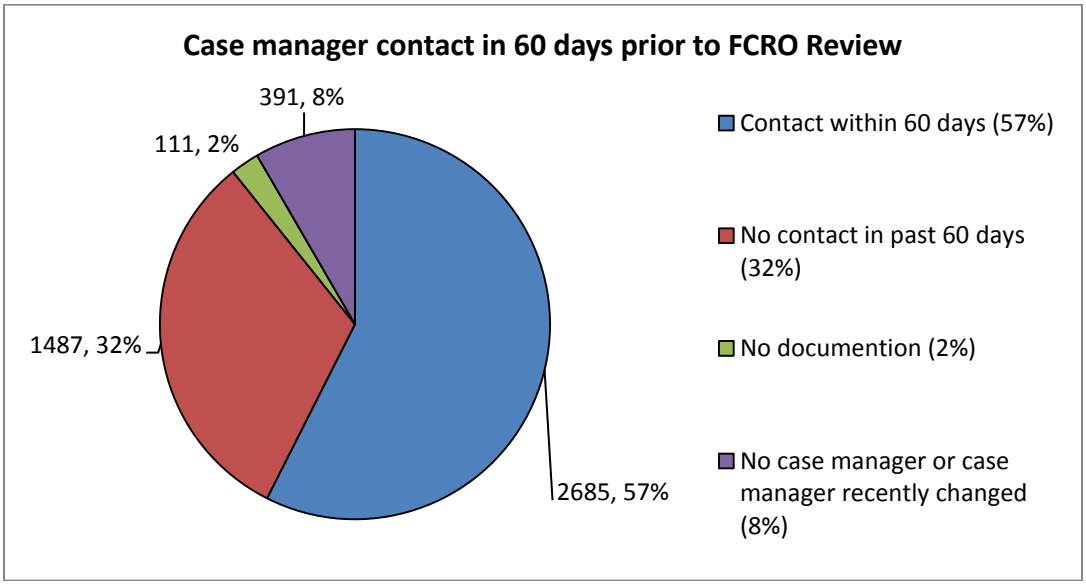
CASEWORKER CONTACT WITH THE CHILDREN

By policy case workers are to have personal contact with each child every 30 days. This is an important safeguard for children, particularly young children who may not be seen outside the foster home. Recently some states have had tragedies occur when caseworkers did not provide this vital service. As a result, some states require workers to take pictures of the children at each visit to ensure contact happened.

During the FCRO case review process, staff document whether or not the child's case manager had contact with the child within the 60 days prior to the most recent review. The FCRO purposely chose to use a 60-day window in order to allow time for contact documentation to be completed and thus be the fairest representation of what was actually happening for the children.

In the absence of documentation indicating personal contact occurred, the FCRO must find that it did not happen. Therefore, **it is particularly concerning that a third of the children reviewed had not been personally contacted by either their caseworker (whether DHHS or Lead Agency) or a courtesy worker (if placed in another area of the state) within the two months prior to the FCRO review.**[17]

For the 4,675 comprehensive reviews conducted by the FCRO in 2012:



[17] In 2012-2014, "State IV-B agencies [child welfare] must ensure that the total number of monthly caseworker visits to children in foster care is not less than 90 percent…If the state title IV-B agency fails to meet any of the applicable standards…is subject to a reduction in Federal Financial Participation of one, three or five percentage points, depending on the amount by which the agency misses the standard." In 2015 the standard raises to 95%. (ACYF-CB-IM-11-06). Federal HHS Administration for Children and Families.

Recommendations:

1. Create a trigger mechanism on the computer to notify supervisors if a worker-child contact has not been documented, and consider doing as some other states where pictures of the child are required.
2. Ensure that workloads do not preclude workers from making personal contacts on a timely basis.
3. Enact oversight mechanisms to assure personal contact is occurring and documented.
4. Impress upon workers the safety benefits that such contact can provide for children.

CONTINUED NEED FOR OUT-OF-HOME CARE

Foster care is to act as a safety net for children so that they can be safe and heal from abuse and trauma while the adults in the family address the issues that led to the children's removal. At the same time, it is imperative that children not remain in temporary care longer than necessary.

With these considerations in mind, statute requires the FCRO to determine if there is a continued need for out-of-home placement during every review conducted. For the 4,675 reviews conducted in 2012 the FCRO found:

Continued need to be in the foster care system	**Reviews**	**Percent**
There is a continued need	4,042	86%
No longer a need for foster placement; child should return to parents	111	2%
No longer a need for foster placement; child's adoption, guardianship or other permanency should be finalized	522	11%
Total	4,675	100%

The percentages above are nearly identical to the findings made in 2009 through 2011.

Recommendations:

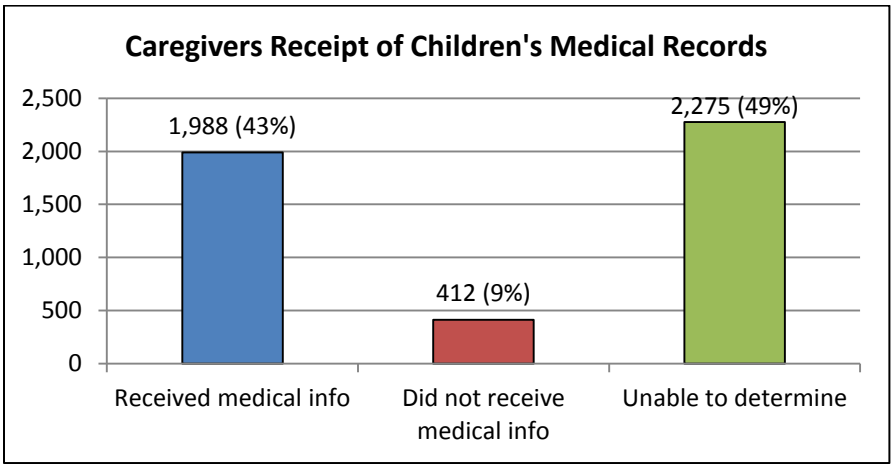
1. Ensure timely completions of adoptions and guardianships.
2. If children are able to safely reunify with their families, make sure that the reunification occurs in a timely and thoughtful manner.

PROVISION OF CHILDREN'S HEALTH RECORDS TO CAREGIVERS

Many children in out-of-home care have chronic medical conditions such as asthma, allergies, diabetes, and the like. Foster parents, group homes and other placements are charged with ensuring that children placed with them receive all necessary medical services. To do so, the caregivers need to know who the child's doctor is, currently prescribed medications (if any), and the proper course of treatment if a medical condition is present. It should be documented that this critical information was shared each time the child changes caregiver.

Due to the impact on safety and well-being, the FCRO is required under federal regulations to attempt to determine whether medical records were provided to the caregivers at the time of the placement. FCRO review specialists carefully analyze all case documentation for indication of whether this occurred.

Also, during the FCRO's review of children's cases, attempts are made to contact the child's placement per federal requirement to determine whether the placement received medical background information on the child at the time the child was placed.[18] Caregivers are not required to respond to the FCRO – and many do not. Contact is attempted for all reviews and results noted for the legal parties in the local board's recommendation report. The following are the results from the 4,675 reviews conducted in 2012.[19]



It is particularly concerning that nearly half of the children's cases reviewed did not have documentation that their caregivers had been provided the child's medical information.

[18] Foster parents are provided the opportunity to attend the review, along with the phone number and email address for the review specialists. Foster parents are provided a questionnaire to complete if attending the review conflicts with their schedules. Review specialists also attempt to contact the placement via phone or email.

[19] Some children are reviewed more than once during the year. Since children could be with a different caregiver at each review, all reviews conducted in 2012 are included.

Recommendations:

1. Enact oversight mechanisms to assure medical information is promptly and accurately supplied to foster parents or other caregivers upon the child's placement, and that the transfer of information is documented.
2. Ensure that caseworkers have vital medical records easily accessible to help facilitate the transfer of that information to the caregivers.
3. During provider training make sure they know it is also their responsibility to request medical information when providing care for a child.

PLACEMENT AVAILABILITY, SAFETY, AND APPROPRIATENESS

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.

Availability and placement array

Foster parents have different skill sets and abilities to provide appropriate care for the varied needs of Nebraska's foster children.[20] Matching children with the care givers best suited to meet their needs is a challenge given the shortage of homes, the proximity of an "open bed" and services, training and supports available.

DHHS provided the following information dated September 2012, on the number of foster homes available. Prior year's totals were not made available, so no comparison may be made.

Licensed foster homes can provide care for unrelated children, up to the maximum number indicated on the license. Approved homes can only provide care for specific children who are relatives or who knew the caregiver prior to removal from the home.

DHHS Service Area	Counties in the DHHS service area	Licensed Homes	Approved Homes[21]	Total
Central Service Area	Adams, Boyd, Brown, Buffalo, Cherry, Custer, Franklin, Greeley, Hall, Harlan, Holt, Howard, Kearney, Loup, Phelps, Valley, Webster	163	114	277
Eastern Service Area	Douglas, Sarpy	730	579	1,309
Northern Service Area	Antelope, Boone, Burt, Butler, Cedar, Colfax, Cuming, Dakota, Dixon, Dodge, Hamilton, Knox, Madison, Merrick, Nance, Pierce, Platte, Polk, Saunders, Seward, Stanton, Thurston, Washington, Wayne, York	280	167	447
Southeast Service Area	Cass, Clay, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Nuckolls, Otoe, Pawnee, Richardson, Saline, Thayer	393	214	607
Western Service Area	Banner, Box Butte, Chase, Cheyenne, Dawes, Dawson, Dundy, Frontier, Furnas, Garden, Gosper, Grant, Hayes, Hitchcock, Hooker, Keith, Kimball, Lincoln, Logan, Morrill, Perkins, Red Willow, Scotts Bluff, Sheridan, Thomas	166	178	344
Out of state		6	93	99
Total		**1,738**	**1,345**	**3,083**

[20] More information on the challenges with Kinship and Relative care can be found on page 83.
[21] See the section on licensing issues on page 177 for an explanation of licensed and approved.

Prior to Reform the FCRO reported the need to develop more placements for children with specific needs (i.e., homes that are willing to take in children with behavioral and mental health conditions, certain physical conditions, older children and teens, pregnant girls, and large sibling groups).

DHHS awarded significant funding to the Lead Agencies to defray start-up expenditures to build capacity ($7 million).[22] Through reviews and by the high number of placement changes some children have experienced, it appears there are still challenges with finding the right placement for individual children when they need an out-of-home placement.

The Foster Care Rate Committee of the Children's Commission is also looking at uniform assessments of children's needs and how that would tie into reimbursement for care.

Safety

Most children enter care due to abuse or neglect. The system has a statutory obligation to place those children in a safe placement and provide needed services and supports to the caregivers.

In the past the FCRO has been contacted by stakeholders and/or learned through reviews that some placements have a lack of supervision that places children at significant risk. The FCRO will contact caseworkers, administrators, and/or the CPS hotline as appropriate when such information comes to light. DHHS and NFC staff have been responsive when the FCRO has brought them issues. The FCRO is aware of two group facilities that were closed down during 2012 because a lack of supervision led to a failure to keep residents safe.

More details regarding safety are available on the next page.

Appropriateness

Regarding appropriateness, consideration is given as to whether this is the least restrictive placement possible for the child, and whether there is documentation that the placement is able to meet this particular child's needs.

An example of a safe, but inappropriate, placement would be placing a teenager in a home that was best suited for an infant. When a placement willing to take a teenager becomes available, then the teen will be moved. Or, the teen may end up in another inappropriate placement if the caregivers are not equipped or willing to deal with issues of an adolescent who has experienced early childhood trauma while the system looks for a more beneficial placement. Even if not specifically told about the caregiver's preference, teens and older children likely sense the caregiver's reservations regarding caring for an older child.

Relative placements may be the most appropriate for a particular child, but often sufficient family finding does not occur, leading children to be placed with strangers rather than appropriate relative caregivers.[23]

[22] Attestation Report of the DHHS Child Welfare Reform Contract Expenditures, State Auditor of Public Accounts, September 2011, page 99.

[23] See page 83 for a section on relative and kinship care.

More details regarding appropriateness are available on the next page.

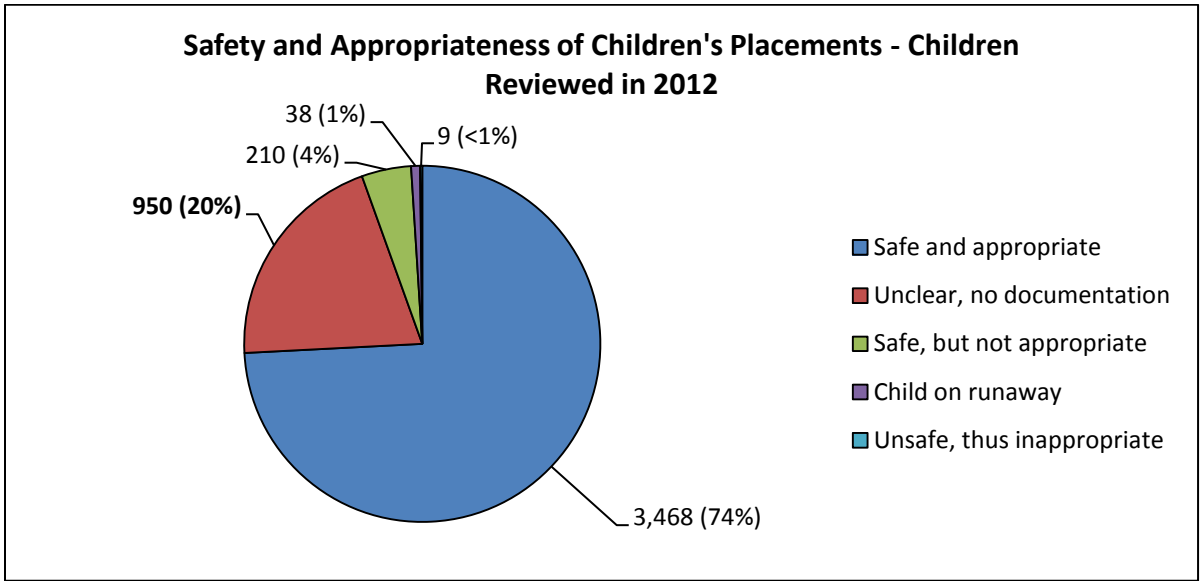
Federal requirements that reviews consider safety and appropriateness

Under federal regulations and state law, the FCRO is required to make findings on the safety and appropriateness of the placement of each child in foster care during each review regardless of how long the child has been in the placement.

FCRO findings on children's placements

As a basis for the finding, the FCRO's review specialists research whether any allegations have been made against the placement of the children being reviewed and the system's response to those allegations. The FCRO also consider the results of home studies, which measure the strengths and weaknesses of each foster family placement, and the needs of the individual children receiving care by that particular caregiver including but not limited to the child being reviewed.

After carefully considering the available information, the FCRO found the following from the research done during the 4,675 reviews conducted during 2012: 74% were safe and appropriate, 20% had no documentation, 4% were safe but inappropriate, 1% involved a child on runaway, and <1% were unsafe.



When reviewed **20% of the children's files did not contain sufficient documentation in order to assure the safety and appropriateness of the children's placement**. This is an improvement from 2011 when 24% of the files were missing such critical documentation. Nonetheless it is still unacceptably high.

The issue of there being insufficient documentation to determine the safety of a substantial number of children is an on-going one that the FCRO continues to address with DHHS and with the lead agency if it is involved in the child's case. Both DHHS and NFC have been responsive, and meetings are occurring with each on a regular basis to address documentation issues.

The FCRO does not assume children to be safe in the absence of documentation.

Recommendations:

1. Assure there is adequate documentation regarding the safety and appropriateness of every child's placement.
2. Identify appropriate kinship placements at the time of children's placement in foster care, and provide those placements with needed supports.
3. Use information provided from prompt assessments in order to better match each child with a placement that are able to meet that child's individual needs. The Children's Commission Foster Care Rate Workgroup is looking at this issue, and its recommendations will need to be considered.
4. Utilize a more individualized approach to foster care recruitment.
5. Improve monitoring and support for placements.
6. Recognize that some problematic behaviors by children and youth in foster care may be linked to untreated childhood traumas, and support placements while ensuring that children receive any needed treatments.

NOTES:

Section III: PERMANENCY RELATED ISSUES

PERMANENCY DEFINED

The term for exiting foster care is "permanency." Permanency means children would leave foster care to live in the rehabilitated home of origin or, if a return to the parent is not possible, children would leave foster care 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.

Timely permanency was the focus of the Foster Care Review Office's September 2013 Quarterly Report, which is available on our website, www.fcro.nebraska.gov.

In this Annual Report, we present information about the following topics related to permanency:

1. Children's length of time in out-of-home care.
2. The number of removals from the home experienced by many children.
3. How caseworker changes impacts permanency.
4. How case planning impacts permanency.
5. Visitation as an indicator of parental willingness and growing ability to safely parent their children.
6. Issues with services for parents and children.
7. Court and legal issues impacting timely exits from foster care.

The FCRO is one of several groups that are participating in a Barriers to Permanency Project[24] which is analyzing the cases of children in care for three years or more to identify the barriers to permanency.

The FCRO is also in process of changing the data it collects regarding permanency barriers. The data points will be collect in 2014.

[24] For more information on the Project see page 161.

BARRIERS TO CHILDREN ACHIEVING PERMANENCY

During each review, local boards are required to identify barriers to children's case plans being implemented and children achieving safe, permanent homes. The barriers are reported to all the legal parties in the cases in the final recommendation reports issued upon completion of each review. Multiple barriers may be identified for each child reviewed. There is a different list of barriers for each permanency objective.

The following summarizes the primary barriers.[25]

- The primary planning barrier was incomplete plans.
- The primary barriers to reunification were:
    - Lack of parental willingness or ability.
    - Parental substance abuse.
    - Housing issues.
    - Employment issues.
    - Family violence.
    - Length of time in foster care.
    - Lack of parental visitation.
- The primary barriers to adoption were:
    - Paperwork incomplete.
    - Child's behavioral issues.
    - Child is not in a placement willing to adopt.
    - Child's mental health issues.
- The primary barriers to guardianship were:
    - Child's behavioral issues.
    - Paperwork incomplete.
- The primary barrier to independent living was the child's behavioral issues.

New collaborative Barriers to Permanency Project

In 2013, due to some of the Foster Care Review Office's findings on children in care for prolonged periods of time and subsequent discussions with stakeholders a collaborative "Barriers to Permanency" study of children in out-of-home care for three years or longer without obtaining permanency has recently begun in the Eastern Service Area.

[25] See page 157 for a full list of barriers found in 2012.

The Foster Care Review Office, the Department of Health and Human Services, the Nebraska Families Collaborative (the lead agency for the eastern area), and the Inspector General comprise the team reviewing cases.

As this Report is being written the project is just getting off the ground. If successful, it will be replicated in other regions of the state. Preliminary results from the Project were shared with the Legislature, which is studying barriers to permanent placements for Nebraska children (LR 261 – 2013). A copy of this testimony can be found in Appendix D, page 161.

Recommendations:

1. Continue to have collaborative, in-depth examinations of why children remain in out-of-home care for prolonged periods.
2. Use what is learned from the study of barriers to assist the system in changing practices. For example, from the preliminary data:
    a. Review the length of the court appeal process for adjudication appeals and termination of parental rights appeals.
    b. Shorten the time for courts orders to be issued following finalization of the court hearing.
    c. Revise statute regarding custody issues in child welfare cases.
    d. Address inadequate technology, such as the computer system used by caseworkers and their supervisors.
    e. Assure the entire system is more trauma-informed.
3. Ensure that stakeholders are timely in meeting the needs of children and families.

CASE PLANNING AND PERMANENCY OBJECTIVES

Helping children achieve permanency is a major role of the entire child welfare system, along with the previously described focus on children's current and future safety. The Court-ordered permanency plan lists one of several possible primary objectives. Typical objectives include reunification, adoption, guardianship, independent living (being in foster care until legal age of majority), or another planned arrangement.

Details in the case plan

Case planning should detail appropriate, realistic, and timely steps toward rehabilitation of the parents (if reunification is the objective), and then effectively hold them accountable for fulfilling those steps.

The DHHS case plan must also be material to the juvenile court's jurisdiction and the measures of accountability must be fair. Otherwise, parents and children can wind up in no-win situations, such as parents being forced to choose between having visitation with their children (if there is no flexibility in visitation hours) or holding a job as required to get their children back.

Sometimes the issue is not scheduling, but other expectations. Often parents do not have a basis for understanding how the system expects them to respond to their children. It may be difficult or impossible for parents who grew up in homes in which they experienced trauma (abuse or neglect, domestic violence, homelessness, incarceration, other serious family stressors) to provide their children with support and structure if the parent's own trauma remains unaddressed. In fact, **national research has demonstrated that a parent's trauma history may increase his or her children's risk of maltreatment and impacts the parent's ability to respond in a protective manner to his or her children**.[26] These parents may also have a difficult time articulating what types of help they need.

Thus, in the case plan the tasks for the parents must be clear, concrete, and measurable. Parenting instruction should be concrete, direct, and relevant to the situation. The best is one-on-one instruction in which the parent can see the modeled behavior needed and then demonstrate their ability to act appropriately over a period of time without additional intervention by the instructor.

Local citizen review board volunteers report that all too often they encounter case plans that are inappropriate, incomplete, unrealistic, or not timely. This is based on a series of findings that the local boards are required to make about the case plan for every child reviewed after a careful analysis of the plan and related documentation. The individual findings are described next.

[26] Impact of Traumatic Stress on Parents Involved in the Child Welfare System, Erika Tulberg, MPH, MPA, as found in CW360 – Trauma-Informed Child Welfare Practice, Winter 2013.

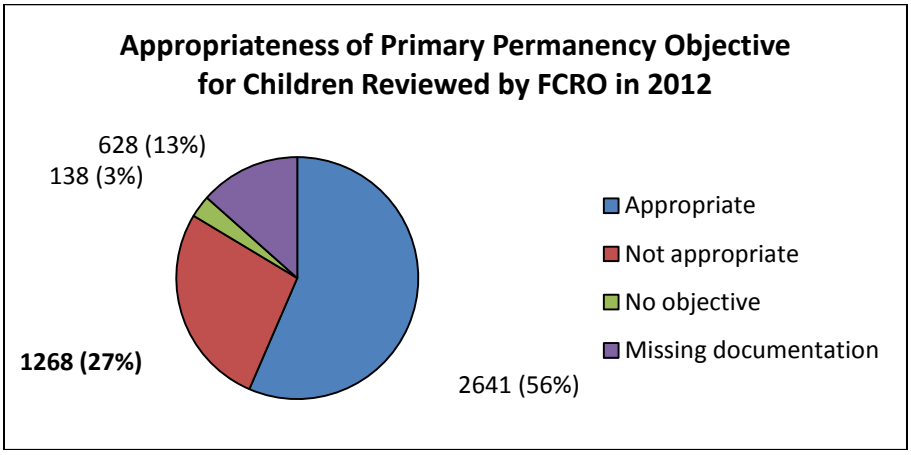
Appropriateness of objective

After a thorough analysis of the available information about the child's case local boards determine whether or not the primary permanency objective or goal (reunification, adoption, guardianship, etc.) is the most fitting for the child being reviewed. If the goal listed does not match the circumstances then the board would find a goal inappropriate.

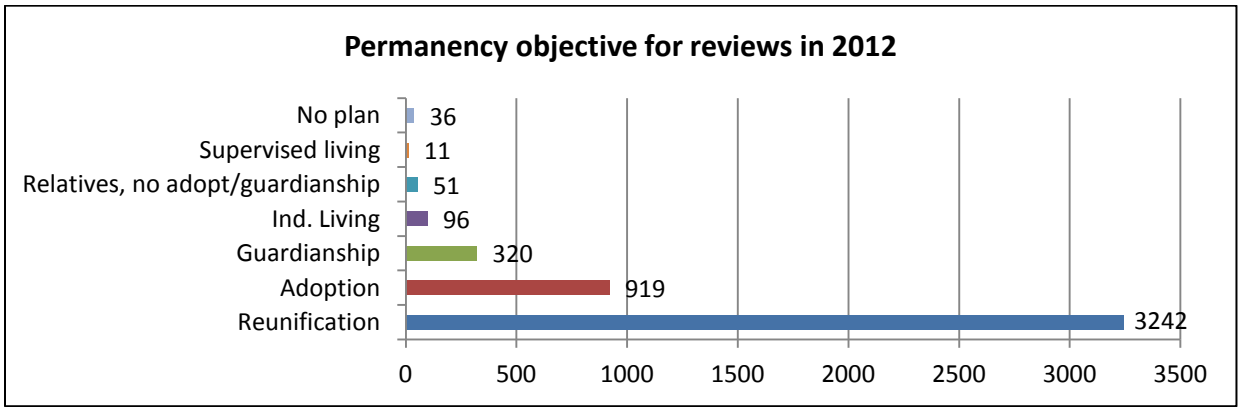
Some examples of inappropriate goals:

- The goal is reunification, but the child's been in out-of-home care for 24 months and the parent has not yet demonstrated *any* increased capacity to keep the child safe.
- The goal is adoption, but the child is 17 and *no* adoptive family has been identified.

In 27% of the cases, the primary objective was found not to be appropriate given the case circumstances. This is same percentage as in 2011. The statistics below are only available for children that the FCRO has reviewed. The FCRO conducted 4,675 reviews in 2012. 56% were appropriate, 27% were not appropriate, 3% had no objective to measure, and 13% were missing needed documentation.



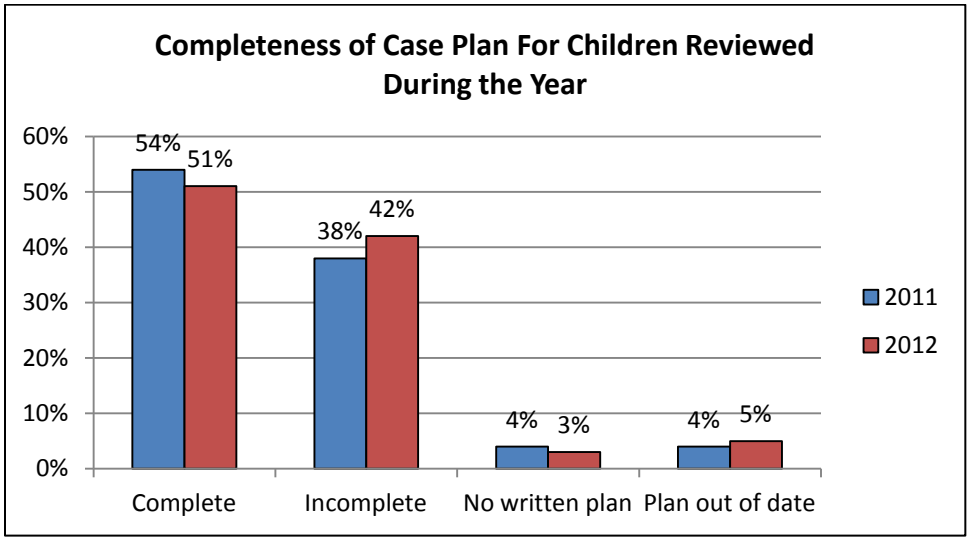
The FCRO found the following primary permanency objectives for reviews conducted in 2012. It is important to recognize that while a permanency objective may be established for a particular child, a full written permanency plan to accomplish that objective may not have been created.



Plan completeness

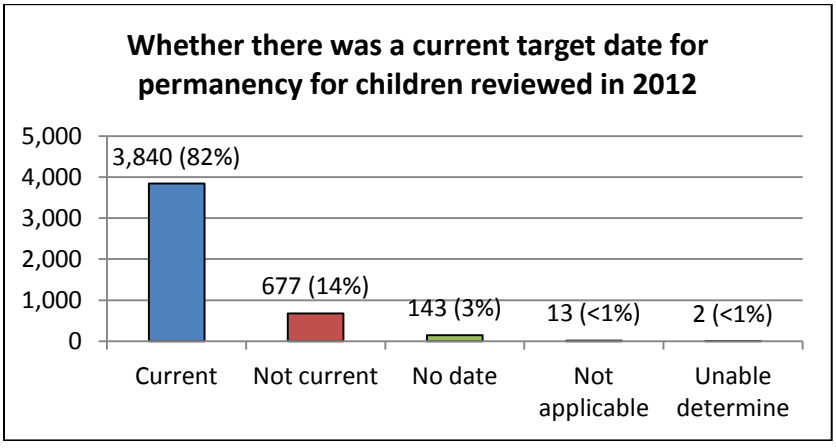
During reviews the FCRO examines whether the permanency plan is complete – that is, whether it has services, timeframes, and tasks specified. **For half of the children the plan was complete**, the rest either had an incomplete plan, no written plan, or a plan that was not current.

Incomplete plans are problematic because they do not provide the means to hold parents and other parts of the system accountable. It can also be frustrating for parents if they are unsure what they need to do in order to have their children returned. Thus, a partial plan can delay permanency for the children. As the chart below shows, there were more children with incomplete plans in 2012 than there was in 2011.



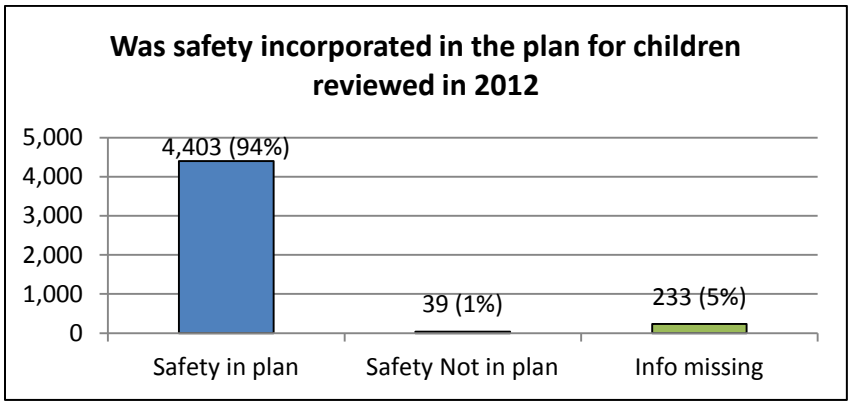
Target date for permanency

The permanency plan is also to include a target or projected date for permanency to be achieved. This requirement is in place to keep everyone's focus on moving the case forward. The following indicates whether that target date was current or not. The 2012 percentages were virtually identical to the findings in 2011.



Safety measures in the plan

DHHS is to evaluate the safety of the child and take necessary measures in the plan to protect the child. As part of the FCRO's oversight mission, the FCRO determines whether this has occurred each time it conducts a review. From the 4,675 reviews conducted in 2012, the FCRO found:

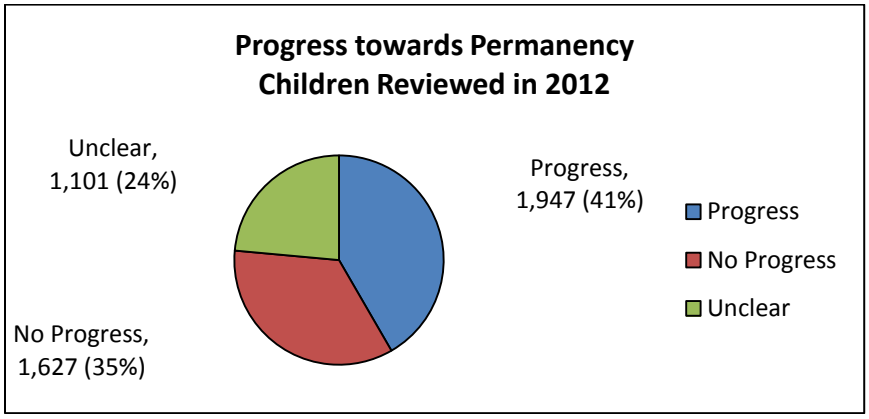


The percentages above were nearly identical to those in 2011.

If the FCRO finds that safety measures have not been included in the plan, the FCRO communicates this to all parties so that the deficits can be remedied as soon as possible.

Progress being made

Another finding made during reviews is whether or not there is progress being made towards the permanency objective. **It is unacceptable that in 59% of the cases reviewed there was no clear evidence of progress.** This was also true in 2011. No progress, no permanency in sight for these children. Thus, it is no surprise that many children have long stays in out-of-home care.



Reasonable efforts to reunify

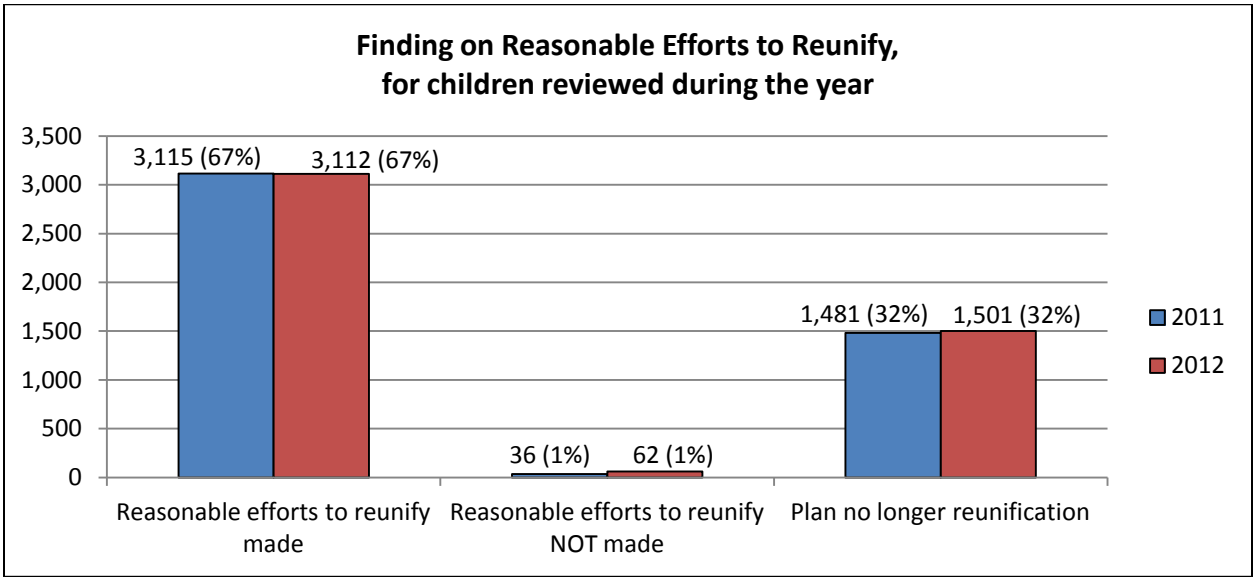
While the system must hold the parents accountable, DHHS is obligated to make "reasonable efforts" to preserve and reunify the family if this is consistent with the health and safety of the child unless a statutory exception of "aggravated circumstances" is found by the juvenile court, or the juvenile court has adopted another permanency objective. Aggravated circumstances include abandonment, chronic abuse, sexual abuse, involuntary termination of parental rights to a sibling of the child, serious bodily injury or the murder of a sibling.

If the court finds that reunification of the child is not in his or her best interests, DHHS is then required by Neb. Rev. Stat. §43-283.01 to make "reasonable efforts" to ensure that the child is placed in a permanent placement and the necessary steps are in place to achieve permanency for the children.

The juvenile court makes the determination of reasonable efforts on a case-by-case basis. A finding that the State has failed to provide reasonable efforts has significant consequences to DHHS, such as disqualification from eligibility of receipt of federal foster care maintenance payments for the duration of the juvenile's placement in foster care.

There is also a federal requirement that the FCRO make a finding at each review on whether there are "reasonable efforts" being made towards achieving permanency for the children. While the specifics of what constitutes "reasonable efforts" has not been defined by federal statute, the DHHS case plan must include a rehabilitative strategy that reflects the issues that led to the removal of the children from the home, the services that DHHS is providing to ameliorate these concerns and the requirements (if any remain) of the parents to address the adjudication.

How to effectively measure whether the efforts made by DHHS are "reasonable" has always been a challenge. These are the FCRO's findings, and a comparison to last year. We are concerned for the 62 children where no reasonable efforts were made.



Concurrent planning

Statute allows the court to include a concurrent permanency objective in the plan. For example, the primary plan may be reunification, but the concurrent plan is adoption. This is optional.

Many courts use concurrent planning. Some find it can be an opportunity to impress upon the parents that they have only a limited time to begin addressing the issues or the goal may change to adoption or guardianship for the children. If there is a concurrent plan, DHHS must make reasonable efforts towards this plan also.

Beginning in January 2014, in addition to the previously described findings on the primary permanency objective the FCRO will begin to make findings specific to the concurrent plan, if one is in place.

Plans of adoption require specialized support services

The FCRO often finds there are delays to the completion of adoptions. To successfully complete an adoption of a child from foster care, there needs to be one or more workers who understand all the legal implications to facilitate the completion of adoption paperwork, including subsidies, who can support the on-going worker.

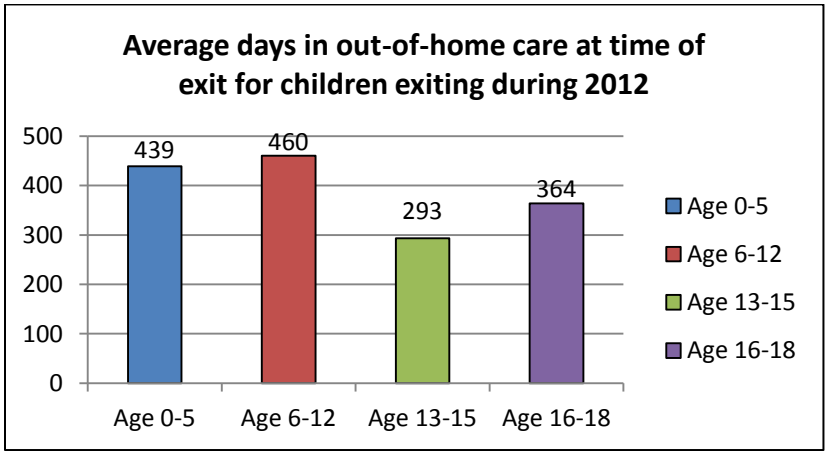
Recommendations:

1. Insist on appropriate case plans that detail specific and timely improvements that parents need to demonstrate to show that a return of the child(ren) to the parent's care could be safe and successful.
2. Assure case plans are complete, appropriate to the circumstances, and timely.
3. Assure adoptions are completed by persons with expertise in this intricate area of juvenile law, and address causes for delays – such as subsidy issues.
4. Articulate the efforts to search for fathers and relatives in the case plan as another means of assuring family finding and paternity identification is being done.

LENGTH OF TIME IN FOSTER CARE

It is paramount to have a consistent, relentless focus on the best interest of the child if timely, appropriate permanency is to be achieved. It is also important to remember that foster care is designed to be a temporary solution to the problems of child abuse and neglect. Unfortunately, many children linger in the foster care system while their childhood slips away.

Consider the average number of days in out-of-home care for children who left care during 2012. Please note the figures in the chart below do not include prior time in out-of-home care for the 50% of children in this group who had been in care previously. Even so, for most age groups the average was over a year in out-of-home care. The FCRO does not have similar data for prior years, but intends to start collecting this yearly so that trends can be identified.



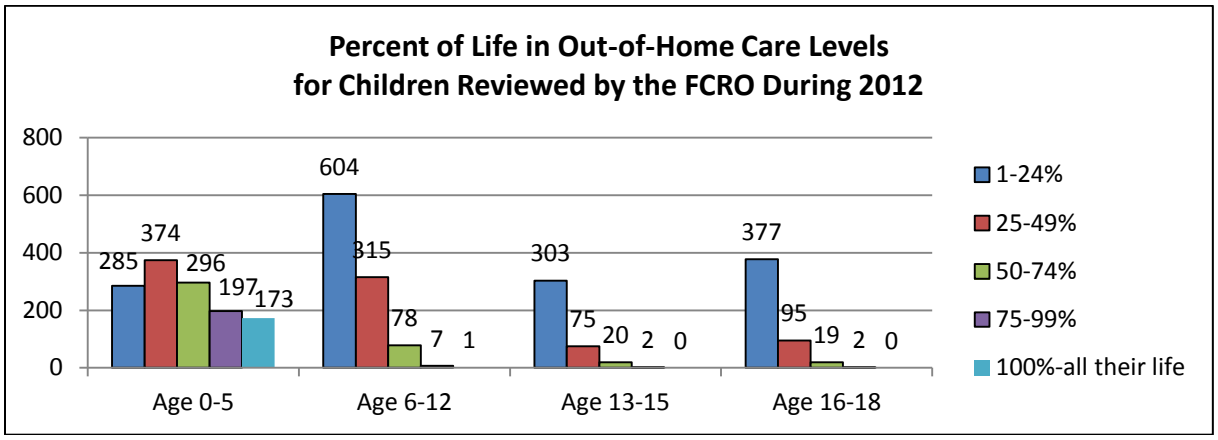
Another way of looking at the time in out-of-home care is by percent of life in out-of-home care.

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 FCRO'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.

What is particularly concerning is the numbers of children who have spent 50% of their lives or more living in a "temporary" foster care placement. Nearly 1 in 4 children reviewed in 2012 had spent more than half their lives in foster care, including:

- 666 children age 0-5,
- 86 children age 6-12,
- 22 children age 13-15 and
- 21 children age 16-18.

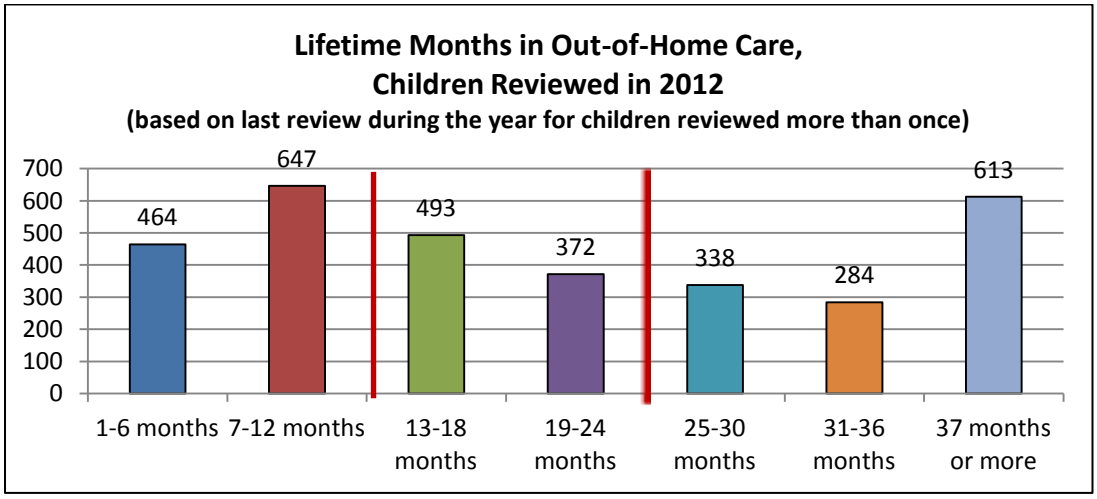
There has been no improvement in this measure since last year (2011) when there were also 1 in 4 children in this group.



Additional information on children who have been in out-of-home care for prolonged periods can be found in the FCRO's June 2013 Quarterly Update to the Legislature.[27]

Lifetime months in out-of-home care

The negative effects of children living in foster care, a supposedly temporary situation, increases with the time children spend in out-of-home care. During reviews the FCRO considers the number of months over each child's lifetime that the child spent in foster care and records that number for statistical purposes. The chart below shows that many children spend a significant number of months out of the home. This chart is consistent with last year's (2011) findings.



Why is the length of stay in foster care important for the children involved? Just as there are risks to leaving a child in the parental home after reports of abuse or neglect, 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:

[27] Past annual reports and quarterly reports are available at www.fcro.nebraska.gov.

> "*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*."

Time in foster care is not a neutral event for the children involved. Time in foster care can impact parent/child bonds, and lead to children identifying more closely with the foster family. A trauma-informed child protection system needs to be knowledgeable about the potential short- and long-term impacts on disruptions in attachment relationships – especially for the youngest children.

Younger children especially are very sensitive to their environment. Children in out-of-home care have already had at least one major change in their environment by entering a foster care placement. Most have experienced another major event when moved to new caregivers after the initial placement. Some have experienced multiple such events. All of this is distressing for most children.

Many issues that lead to removal from the parental home are long-standing, making rehabilitation difficult. Services to address those deep-rooted issues are often not readily available or affordable. In other instances, parents may not be willing or able to parent their children and yet the plan remains reunification – so the child cannot safely go home and there can be no permanence through adoption or guardianship – so the child lingers in the system.

The good news is that there are practices described throughout this Report that can expedite case progression and result in a timely permanency.

Addressing the reasons for the length of time in foster care is imperative if Nebraska wants to improve its foster care system.

The next section discusses barriers to permanency that can impact the length of time that children spend in out-of-home care.

Recommendations:

1. Recognize that children are impacted by being removed from the parents, and work to minimize that trauma for children who must be removed in order to be safe.
2. Continue and enhance multi-disciplinary examination of barriers to permanency.
3. Create a continuous mechanism whereby 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. Utilize a problem-solving approach, and document lessons learned.

NOTES:

CASEWORKER CHANGES

How caseworker changes affect children

Local board members and staff have identified that stable case management is critical to ensuring children's safety while in out-of-home care, and for children to achieve a timely and appropriate permanency. A stable workforce reduces the number of times that children must discuss very private and often painful issues with a stranger. Caseworker changes can affect placement stability, with increased numbers of placements correlating with increased numbers of caseworkers.

This was echoed in the findings of a Milwaukee County, Wisconsin, study that 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.[28] The University of Minnesota also found that caseworker turnover correlated with increased placement disruptions.[29] Nationally, it is found that children who have fewer workers have a greater probability of being successfully reunified with the parents.

Nebraska is not alone in dealing with caseworker changes and turnover; a web search shows that state after state is dealing with this issue. The FCRO encourages Nebraska to consider some of the successful measures being used in other locations as it addresses this serious issue.

Retention of caseworkers, whether they work directly for DHHS or for a lead agency, is critical to ensuring children's safety while in out-of-home care, and ensuring children achieve a timely and appropriate permanency.

The number of different caseworkers assigned to a case is significant because worker changes can create situations where:

1. Workers do not have physical contact with the children on their caseload and cannot ensure those children's safety.
2. There are gaps in the information transfer and/or documentation, sometimes on more than one transfer.
3. New workers lack knowledge of the case history needed to determine service provision or make recommendations on case direction, especially when first learning their new cases.
4. New workers are often unfamiliar with the quality and availability of services.
5. Case progression is slowed.
6. Supervisor time is needed to continuously recruit and train new personnel.
7. Funds that could have been used for direct services are needed to pay for repeated recruitment, training, and related costs.

[28] *Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff*, January 2005.
[29] PATH Bremer Project – University of Minnesota School of Social Work, 2008.

Caseworker changes often negatively impact the ability to document and maintain an accurate history of the parent's reactions during parenting time (visitation) and the parent's utilization of services, such as therapy, and substance abuse treatment, or other actions that may be court ordered, like obtaining employment and stable housing. Similarly, many changes negatively impact the accurate documentation and history of the child's placements and needs.

Number of caseworker changes, as reported to the FCRO by DHHS[30]

The FCRO gathers information about the number of workers that children have had while in out-of-home care over their lifetime as reported by DHHS. In other words, that each child had worker "A" for a period of time followed by worker "B", etc. **The FCRO data on worker changes only reflects the reported number of case workers while children are in out-of-home care, but does not include the number of caseworkers prior to a removal or if placed under DHHS supervision in the parental home – thus the actual number is likely higher for many children.**

Age group	Average # of DHHS Workers (all except Omaha)	Average # of Lead Agency Workers (Omaha only)
Age 0-5	4	4
Age 6-12	5	4
Age 13-18	5	4

Ways to reduce changes

To reduce the number of worker changes, it is critical that the state learns from departing workers. For example, departing workers have told FCRO staff that one of the major factors affecting retention is workloads and the number of hours they are expected to work each week, particularly if the caseworker has young children of his or her own. Also impacting worker stability is insecurity over employment due to the ever changing work environment since late 2009.

The following is a brief summary of the most significant of changes impacting worker's employment:

- When service coordination was privatized there was a reduction in the number of DHHS employees, so many went to work for one of the five lead agencies.
- Shortly thereafter three lead agencies either withdrew or declared bankruptcy. Those employees had to either seek work with new companies or with DHHS.
- Where lead agencies remained, the lead agency's staff's role changed from service coordinator to being responsible for all case management, and the DHHS workers role changed from hands on casework to becoming outcome monitors who could only provide limited oversight and no hands-on work with the cases.

[30] The FCRO has determined that there are a number of issues with the way that DHHS reports the number of caseworker changes. Therefore, this information is issued with the caveat "as reported by DHHS."

- Then one of the two remaining lead agencies withdrew. In one area all casework came back to DHHS and in another area cases were assigned to the remaining lead agency. Again many workers changing employers.
- There is the uncertainty of calling the remaining lead agency a "pilot" and uncertainty as to the recommendations in the report due soon on whether to continue this pilot or not.
- There is uncertainty as LB 561 was implemented October 1, 2013, and children formerly under DHHS-OJS now become under the Office of Probation. Most OJS workers faced a job change at that point.

Legislation requiring smaller caseloads has recently taken affect, and the FCRO has yet to see this significantly impacting cases being reviewed. According to the report to the Legislature issued by DHHS on September 13, 2013, as of July 2013, statewide compliance with the caseload size for ongoing cases was between 70-80%. One area, Eastern, was at 100% compliance, the remaining four service areas varied between about 55-90% compliance.[31]

Recommendations:

1. Develop adequate supports and mentoring for caseworkers, whether public or private.
2. Better utilize exit interviews to determine measures that could impact caseworker changes.
3. Conduct research to see if implementation of the new caseload standards is actually occurring and if it results in fewer worker changes.
4. Give workers the tools needed to do the job effectively. Recognize the importance of giving supervisors technology tools to enhance their work in overseeing the caseworkers, such as providing alerts and exception reports.
5. Stabilize the system so that workers have a realistic sense of permanency to their positions, encouraging retention.
6. Consider the recommendations and observations offered by the Workforce Development Workgroup of the Children's Commission.[32]
7. Ensure supervisors have adequate supports and training so they, in turn, can better support their staff.

[31] 2012 Caseload Report submitted by DHHS to the Legislature on September 13, 2013, page 8.

[32] The Workforce Development Workgroup is charged with fostering a consistent, stable, skilled workforce serving children and families. As part of this mission, the group is to benchmark the state with the lowest worker turnover, develop a plan for retention of frontline staff, develop a retention plan for workers, address morale and culture, address education and training, clearly define point persons and roles, conduct a comprehensive review of caseworker training and curriculum, develop a pilot project for guardians ad litem, and hire and adequately compensate well-trained professionals.

VISITATION (PARENTING TIME)

Courts order supervision of parental visitation when there is evidence that the child could be at significant risk if the parents were allowed unsupervised contact. The purpose of supervising parent/child contact is to ensure safety as the system:

- Meets the child's developmental and attachment needs;
- Assesses and improves the parent's ability to safely parent their child; and,
- Determines appropriate permanency goals and objectives.

Parents need to be prepared for the purpose of the visits, what is expected during visits, and how visits may change over time in length and frequency.[33] It is important to understand that there is no expectation of perfection during visitation.[34] Should there be a conflict between what is in the best interests of the child and what is in the best interests of the parents, the best interest and well-being of the child shall always take precedence.[35] Parenting time shall not be used as a threat or form of discipline to the child or to control or punish the parent.[36]

While children are in foster care, visitation with parents is widely recognized as a vital tool for promoting timely reunification.[37] Visitation helps to identify and assess potentially stressful situations between parents and their children.[38] Visitation helps children adapt to being in care, cope with feelings of loss and abandonment, and improve overall emotion wellbeing.[39]

Research shows that children who have regular, frequent contact with their family while in foster care experience a greater likelihood of reunification, shorter stays in out-of-home care, increased chances that the reunification will be lasting, and overall improved emotional well-being and positive adjustment to placement.[40] Chances for reunification for children in care increase tenfold when mothers visit regularly as recommended by the court.[41]

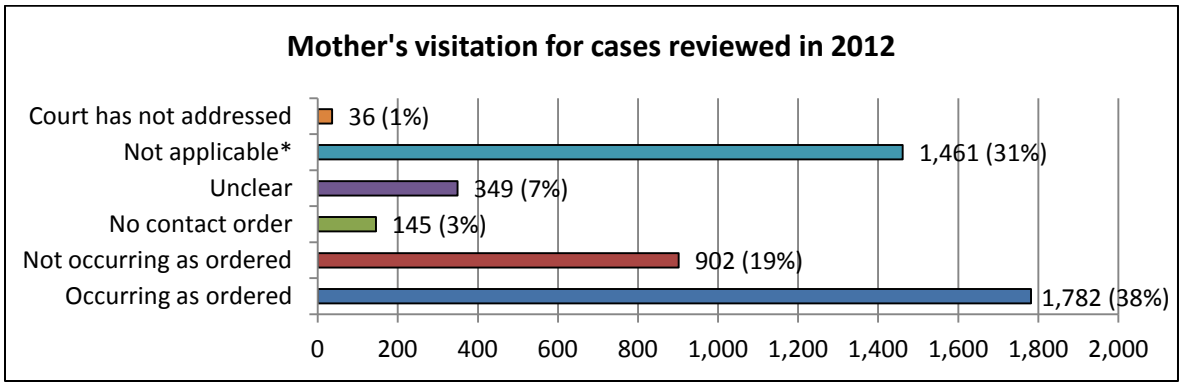
[33] Family Visitation in Child Welfare, Partners For Our Children, Washington State, April 2011.
[34] Ohio Caseload Analysis Initiative, Visitation/Family Access Guide 2005. Adapted from Olmsted County Minnesota CFS Division.
[35] Guidelines for Parenting Times for Children in Out of Home Care, Nebraska Supreme Court Commission on Children in the Courts, June 2009.
[36] Ibid.
[37] Davis, Landsverk, Newton & Ganager, in Parent-Child Visiting, by Amber Weintraub, April 2008, National Resource Center for Family-Centered Practice and Permanency Planning, at the Hunter College School of Social Work, a service of the Children's Bureau/ACF.
[38] Ohio Caseload Analysis Initiative, Visitation/Family Access Guide 2005. Adapted from Olmsted County Minnesota CFS Division.
[39] Fanshel & Shinn, in Parent-Child Visiting, by Amber Weintraub, April 2008, National Resource Center for Family-Centered Practice and Permanency Planning, at the Hunter College School of Social Work, a service of the Children's Bureau/ACF.
[40] Family Visitation in Child Welfare, Partners For Our Children, Washington State, April 2011.
[41] Davis et al, in Parent-Child Visiting, by Amber Weintraub, April 2008, National Resource Center for Family-Centered Practice and Permanency Planning, at the Hunter College School of Social Work, a service of the Children's Bureau/ACF.

Best practice is to document parental interactions during visits with the children because that is the biggest indicator of whether reunification can be successful. Without objective and complete visitation reports, it is not possible to determine the appropriateness of contact, if parent/child contact should increase, and if progress is occurring.

Visitation reports also allow an assessment of consistency of the personnel providing supervision, and assist in determining if there are scheduling barriers (i.e., visitation scheduled when the parent is at work, or the child is in school, or no visit occurring because there was no visitation supervisor or transportation driver available.) Further, visitation reports are evidence needed by the courts to assure reasonable efforts are being made, to determine parental compliance and progress, and to ensure timely permanency.

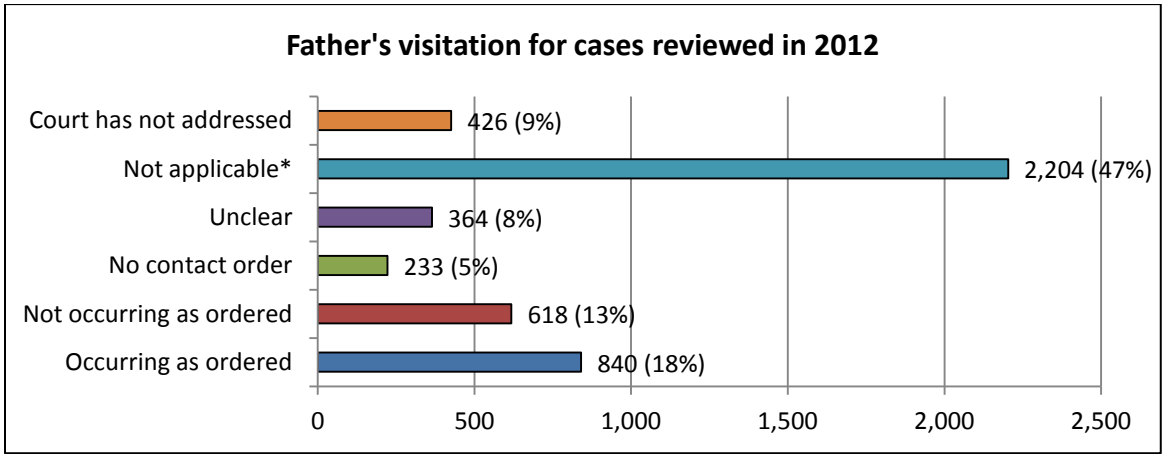
FCRO findings on visitation

The FCRO found the following regarding parent-child visitation. There are clear differences in the percentages on whether there is visitation with the mother or the father.



*Not applicable would include cases where the Mother's rights are not intact, or the mother is deceased, or where the child's adjudication is such that visitation cannot be ordered.

In the chart regarding fathers below, the high rate of "not applicable" is due in part to paternity not being addressed in many children's cases.



*Not applicable would include cases where the Father was not adjudicated, where the father's rights are not intact, where the father is deceased, or where the child's adjudication is such that visitation cannot be ordered.

There are no statistical differences between the 2012 and 2011 findings regarding either the mother's or the father's visitation.

Recommendations:

1. Ensure children have the maximum contact with the parent as possible as appropriate to each individual child's case circumstances.
2. Order parenting time to reinforce the attachments between parent and child, and promote timely reunification by measuring willingness and ability to parent.
3. Improve documentation to reduce the amount on unclear instances in regard to parental visitation.
4. Assure that applicable visitation arrangements are made.
5. Assure that issues with supervised visitation are promptly and effectively brought to the caseworker's attention.
6. Improve identification of paternity and the addressing of father's rights.

SERVICES FOR PARENTS AND CHILD

Family reunification is more likely to occur if services are easily accessible, community-based, and delivered within six weeks of the child's removal; however, many needed services are not available in some parts of the state.

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

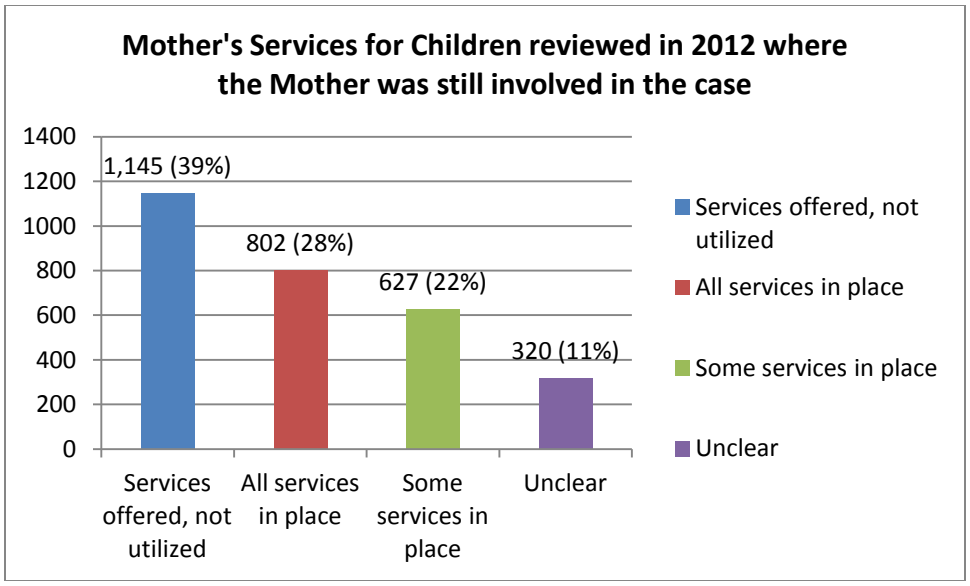
Delays in the delivery of court-ordered services are of even more concern in the wake of legislation requiring that termination of parental rights be considered in cases where a child has been out of the home for 15 of the past 22 months.

An additional concern is that services for parents are often only 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 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 where time off constitutes unpaid time, further impacting families who are often already affected by poverty.

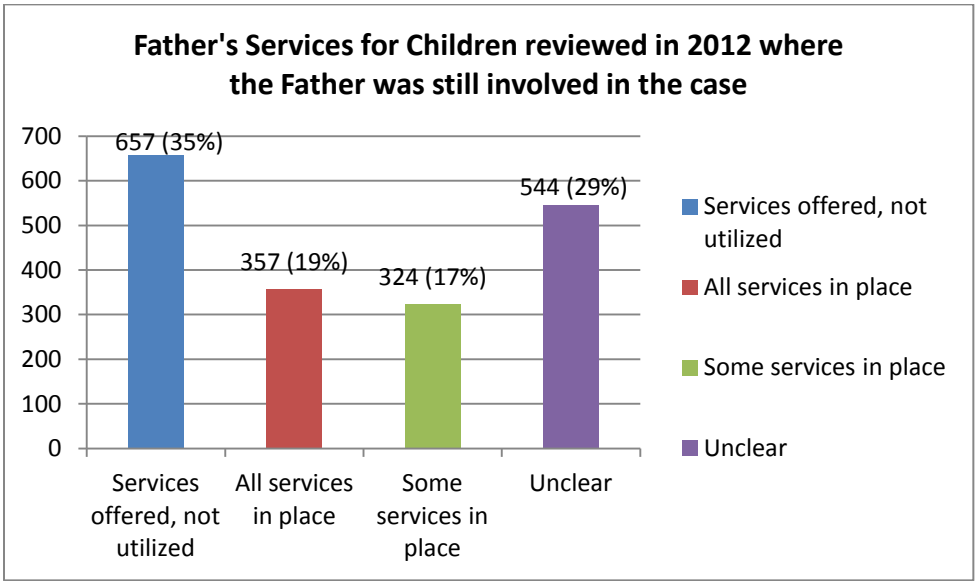
Services are not limited to parental rehabilitation. Children who have experienced abuse or neglect, and removal from the home often need services to address that trauma, sometimes over a prolonged period. Even if the plan is no longer reunification, children may need a number of services to help them mature into responsible adulthood due to past abuse, neglect, or behavioral issues.

As the charts which follow illustrate, from the 4,675 reviews conducted in 2012, the FCRO finds that appropriate, effective services are not made available to many children, youth, and families.

The next chart does not include the 1,781 reviews conducted on children in out-of-home care in 2012 in which the mother was not involved in the case, such as those where the mother was deceased, the mother had relinquished rights, the mother's rights had been terminated, or the juvenile's adjudication was such that services cannot be ordered for the parents.

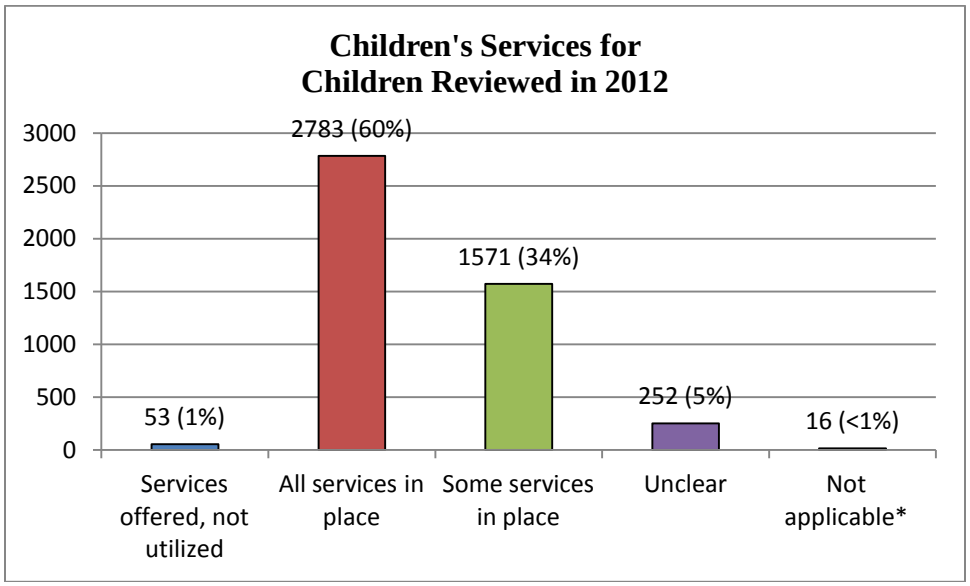


The next chart does not include the 2,793 reviews conducted on children in out-of-home care in 2012 in which the father was not involved in the case, such as those where the father was not adjudicated on, the father was deceased, the father had relinquished rights, the father's rights had been terminated, or the juvenile's adjudication was such that services cannot be ordered for the parents.



There were no statistical differences in the findings regarding mother's or father's services between 2012 and 2011.

The following chart shows the services for the children. Older children can refuse some services, for instance they may not wish to attend family therapy.



*Not applicable would include youth who have been on runaway.

There are some differences between in these findings for 2011 and 2012.

Finding	**2011**	**2012**
All services in place	65%	60%
Some, but not all, services in place	26%	34%
Unclear	8%	5%

Recommendations:

1. Assist rural and metro communities in developing treatment and services for children, youth, and their families through a trauma-informed lens 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.
3. 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,

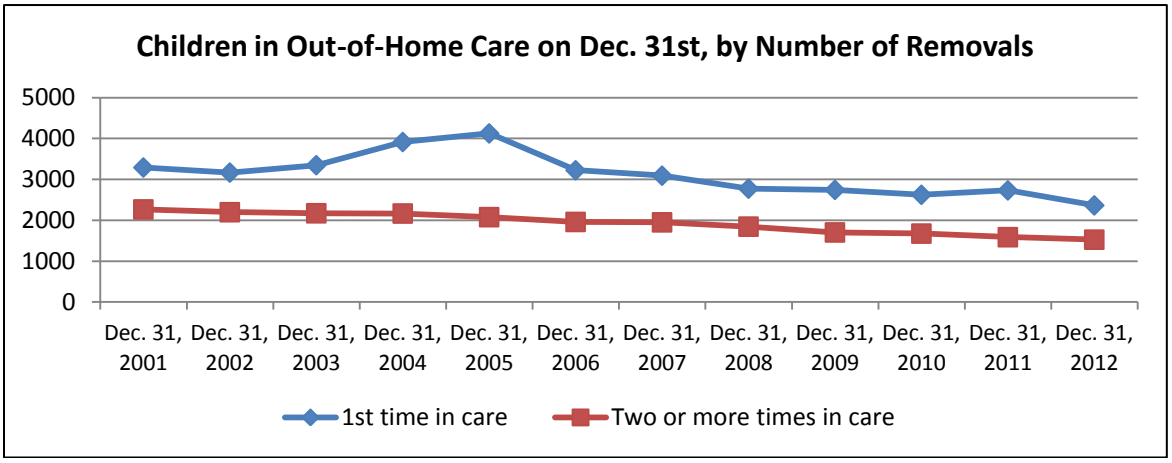
employment skills, food, day care, before and after school programs, tutoring, therapy, substance abuse or mental health aftercare, etc.

4. Provide crisis stabilization services in three key areas: 1) as early intervention to prevent a child's removal from the home, 2) when children transition home and to maintain them safely in that home, and 3) to support foster homes and reduce placement disruptions.
5. Assure there is adequate documentation of services for the mother, father, and child.
6. Hold DHHS accountable to ensure that children receive needed treatments and services.
7. Verify through supporting evidence that parents have been provided the services and visitation opportunities needed by either DHHS or one of the private providers with which it contracts.
8. Specify in court orders that services are to be successfully completed so that services and treatments are not ended prematurely.

RETURNS TO CARE

Many children are in foster care, return home, and then are removed from the home again. As reported in the September 2013 Quarterly Report, some children return to care quickly, while others may be home a year or more before another removal occurs.[42]

On December 31, 2012, 39% (1,527) of the children in out-of-home care had been removed from their home more than once. As reported in the September 2013 Quarterly Report, the rate on July 29, 2013, was also 39%. The chart below shows the trends.



Effective planning and appropriate precautions are needed to prevent children from experiencing re-abuse and future removal from the home. The national Child Welfare Outcomes Report found that:

> *"Many states that have a high percentage of reunifications occurring in less than 12 months from the child's entry into foster care also have a high percentage of children who reenter foster care in less than 12 months from the time of reunification. This is an important finding because it raises the possibility that not all of the problems that resulted in the child's initial entry into foster care were resolved adequately at the time of reunification, or that new problems arose at the point of reunification that were not addressed sufficiently by the agency."*[43]

The National Resource Center for Foster Care and Permanency Planning has found the following key elements appear to be important factors in successful reunification outcomes:

1. Placement decision-making,
2. Parent-child visitation,
3. Intensive services,
4. Foster parent-birth parent collaboration, and

[42] FCRO September 2013 Quarterly Update to the Legislature. Available at www.fcro.nebraska.gov.
[43] Child Welfare Outcomes Report 2008-11.

5. Aftercare services.[44]

Post-reunification services should include clinical services such as therapy, substance abuse treatment, domestic violence intervention, and crisis intervention, material or financial services, and support networks such as day care, respite care, peer groups, and linkages with the health and education systems and other community-based services.[45]

Appropriate services would help children who re-enter care due to unmet mental or behavioral health needs. The national Child Welfare Outcomes Report found that:

> *"Many states with a relatively high percentage of foster care reentries also had a relatively high percentage of children entering foster care who were adolescents…states with large numbers of youth in their foster care populations would benefit from developing strategies that target the needs of these youth."*[46]

The FCRO recognizes that no one can accurately predict the future well-being of any child who has been returned home from foster care. However, actions can be taken to decrease the likelihood of children needing to return to foster care, including:

- Plans need to be specific and match the reasons that the child entered care.
- Plans need to be practical and measurable.
- Parental behaviors, such as during parenting-time, or whether or not the parents are attending court ordered therapy, substance abuse treatment and support, etc., need to be accurately measured. This forms the basis of determining the safety/risk to the child when considering when, and whether, children should be reunified with their parents.
- Parents need to demonstrate sustained changes in the behaviors that led to the children's removal.
- Children and parents need easier access to services and treatments, such as for mental health issues.
- The system needs to be better aware of the negative effects of trauma on children and parents.

With increased vigilance and focus, Nebraska can reduce the number of children returning to foster care.

Recommendations:

1. Conduct further analysis on children that returned to out-of-home care to see if the second removal involved new issues or if there was a failure to permanently stabilize the family home.
2. Ensure fidelity to the decision making tools that are used to determine whether reunification is safe and appropriate.

[44] Reunification of Foster Children with their Families, the First Permanency Outcome, John Sciamanna, SPARC (State Policy Advocacy and Reform Center), October 2013.
[45] Ibid.
[46] Ibid.

3. Work to eliminate service gaps and ensure that services are in place before children are placed back in the home. 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.
4. Ensure that children are not reunified with parents prematurely, before issues that led to removal of the children had been fully addressed.
5. Develop better access to behavioral and mental health services for adolescents.
6. Find ways to assist families with meeting their 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, before and after school programs, tutoring, therapy, substance abuse or mental health aftercare, etc. If these supports are not available, children may return to out-of-home care.

PATERNITY IDENTIFICATION

The federal *Fostering Connections to Success and Increasing Adoptions Act* (PL 110-351, 2008) requires that DHHS apply "due diligence" in identifying relatives within the first 30 days after a child is removed from the home. Due diligence is not defined. In spite of this requirement, for many children paternity is not identified promptly, if at all.

Most children in out-of-home care are removed from their mother's care. Unfortunately, the system often does not consider the possibility that the father could be an appropriate caregiver.

The FCRO conducted 4,675 reviews on 3,223 children during 2012.[47] Reviews are typically conducted at least once every six months for as long as the children remain in care. So that paternity is not counted twice for children with two reviews, the following is in regard to the 3,223 children. From their reviews the FCRO found:

Status of Father's Rights	**Children**	
Established	1,889 (59%)	
Not established	610 (19%)	[including 173 for whom father's identification was unknown]
Terminated	337 (10%)	
Relinquished	292 (9%)	
Deceased	95 (3%)	

In other words, **paternity had been established for 2,613 children (81%), but was <u>not</u> established for 610 children (19%)**. This is slightly better than in 2011, when paternity was not established for 21% of the children reviewed; however this is still not within best practices.

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 earlier in the case. This can cause serious delays in children achieving permanency because the case must start from the beginning with reasonable efforts to reunify with the father.

Lack of paternity identification has been linked to excessive lengths of time in care for children. Delays in identifying paternity can also result in delays in determining if the father or any of the paternal relatives are appropriate placements for the child.

<u>Recommendations</u>:

1. Assure that there is a timely and diligent search for all family at the beginning of the case, including the children's fathers. Make certain that paternity is addressed in a timely manner.
2. Recognize that early paternity identification should be the practice norm.
3. Assure that filings against the father, if appropriate, are made and his legal rights dealt with.

[47] Reviews typically occur at least once every six months for as long as the child is in out-of-home care.

COURT AND LEGAL SYSTEM ISSUES

ADJUDICATION HEARING DELAYS

An adjudication hearing is the court hearing where facts are presented to prove the allegations in the petition alleging abuse or neglect. It is to protect the interests of the juvenile, not to punish the parents. Punitive charges would be in criminal court, a separate matter entirely. In an adjudication hearing the burden of proof is on the state, through the County Attorney. Because parents have a fundamental interest in the relationship with their children, due process must be followed. 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 the 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. Sometimes attorneys will advise parents not to voluntarily begin services prior to adjudication as that could be interpreted as an admission of guilt, while other attorneys may encourage the parents to participate in voluntary services and evaluations to show that they are pro-active about getting their children back.

Under Neb. Rev. Stat. §43-178, the adjudication hearing must occur within 90 days of the child entering out-of-home care, unless there is a showing of good cause. This is considered a guideline rather than a mandate.

The FCRO conducted 4,675 reviews on 3,223 children during 2012 – and 3,120 of those children had been adjudicated at the time of the review. Through data obtained in the course of reviews for the 3,120 children (unduplicated for children with more than one review in the year) during 2012, the FCRO finds that in practice **adjudication with 90 days (3 months) did not occur for 23% of the children**.

Time to Adjudication	Children
1-3 months	2,411 (77%)
4 months	254 (8%)
5 months	185 (6%)
6 months	92 (3%)
Over 6 months	178 (6%)
Total	3,120

Trend data shows that the percentage whose adjudication took longer than 90 days has increased, from 19% in 2011 to 23% in 2012.

There are a number of reasons why adjudications may not happen within 90 days. Here are a few of the more common reasons:

- Delays while waiting for the completion of assessments or evaluations.
- Delays due to caseworker changes.
- Delays if the court docket is full.

- Motions for continuance made to prevent admissions, testimony, and factual determinations made at the adjudication from being used by the state in order to enhance a pending criminal prosecution.
- Motions for continuance due to parental incarceration.
- Motions for continuance due to parental transportation issues.
- Motions for continuances due to legal parties not being adequately prepared.
- The caseworker may be waiting to see if the parents will resolve the issue(s) promptly so the case can be dismissed.

While some of these may be "good cause," both parents and child are entitled to a prompt adjudication hearing. Motions for continuations may be particularly problematic in areas with heavy court dockets or where courts only meet as juvenile courts on specific days during the month. Courts need to weigh motions for continuation carefully to avoid prolonged delays.

Recommendations:

1. Enable parents or youth to complete needed assessments or evaluations in a timely manner so work can begin to correct the conditions that led to the child's removal early in the case when the parents are more likely to be highly motivated to succeed.
2. Weigh motions for continuation against the need for a prompt adjudication. If a continuation must occur, do so for the shortest time possible.
3. Provide adequate judicial resources to ensure timely adjudication and case progression.
4. Assure timely adjudications so that parents can begin services to correct the reasons why children were placed into out-of-home care.

GUARDIAN AD LITEM PRACTICES

Many guardians ad litem are doing exemplary work that greatly benefits the children they represent. The issue described here in no way minimizes their efforts, and we consider them vital partners in the work to ensure children's best interests are met.

Unfortunately, there are indications that throughout the State many guardians ad litem could play a more substantial role in assuring children's safety. 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.*"

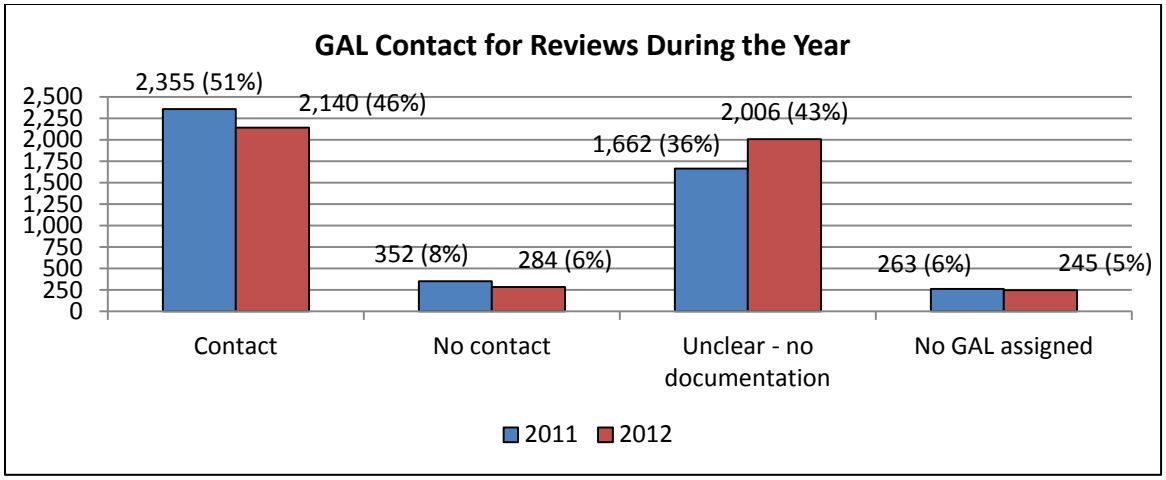
An informed, involved guardian ad litem is the best advocate for the child's legal rights and best interests. Each child has rights that are guaranteed under the U.S. Constitution, Nebraska statutes and case law. The guardian ad litem is charged with the legal duty of assuring that the best interest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

The FCRO respectfully requests that judges inquire of guardians ad litem whether they have seen the children they represent, and under what circumstances. The FCRO also requests that judges continue the progress made holding guardians ad litem accountable for the quality of their representation of children. This can be done by ensuring that, per the Supreme Court's guidelines, the guardian ad litem:

- 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.
- 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.
- Interviews the foster parents, other custodians, and current DHHS case workers, and interviews others involved in the case such as parents, teachers, physicians, etc.
- Attends all hearings regarding the child, unless excused by the Court.
- Makes every effort to become familiar with the needs of the children they represent, including determining whether the children's placement is safe and appropriate.

At each review, the FCRO determines whether or not there is documentation (including from questionnaires sent to GALs prior to reviews) that the GAL has seen the children within the 180 days prior to review, as this can be an important safeguard for the children, particularly young children who may not often be seen outside the foster home. Per Supreme Court guidelines, guardians ad litem are to visit the children they represent at least once every six months.

The following data was collected during the 4,675 reviews[48] conducted in 2012, and also shows how that compares to the reviews conducted in 2011.



[48] Some children are reviewed more than once during the year. Since GALs are to meet with the children every six months, all reviews conducted during 2012 are included.

The above chart indicates that the number for which there was no documentation regarding GAL contacts has increased significantly. To gain better access to needed information, the FCRO is working with the JUSTICE system (the case management computer system used by the Courts) to obtain reports the GAL for the child being reviewed had submitted to the court.

Recommendations:

1. Assure that guardians ad litem are following the Supreme Court's guidelines by conducting independent determination as to the juvenile's best interests, and consulting with the juvenile at least once in the placement (an important safety provision). Failure to provide sufficient consultations should be addressed by the judge.
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. Ensure that Guardian ad Litem reports are filed.
4. Continue to work with JUSTICE regarding granting the FCRO access to GAL reports.

COURT HEARINGS

The FCRO encourages the child welfare system to consider how the following Court system practices can be evaluated, maintained, and/or improved.

Pre-hearing conferences.

According to the Through the Eyes of a Child website, http://www.throughtheeyes.org/, a pre-hearing conference is an informal, facilitated meeting prior to appearing in court.[49] The purpose of the Pre-Hearing conference is three-fold: (1) to gather information about the family at the beginning of the court process, (2) to include the parents in decision-making process and improve their buy-in, and (3) to identify and initiate necessary services as soon as possible.

6-month dispositional reviews.

Under Neb. Rev. Stat. §43-1313, when a child is placed in foster care, the court having jurisdiction must review on the record the dispositional order for the child at least once every six months. At that hearing the court is required to determine whether the physical, psychological, and sociological needs of the child are being met. The court may reaffirm the prior dispositional order, or order another disposition for the child.

The FCRO makes every attempt to schedule its review of the child's case to occur just prior to the court's six month review so that the court and all the legal parties have

[49] Through the Eyes of a Child is an initiative of the Supreme Court.

current, relevant information from the reviews to use when making the required determinations. The FCRO has an internal quality control practice in place whereby it can assess how effectively the scheduling of FCRO reviews coordinates with court reviews and make practice changes as warranted.

12-month permanency hearings.

Under Neb. Rev. Stat. §43-1312(3), courts shall have a permanency hearing no later than 12 months after the date the child enters foster care and annually thereafter. The 12-month permanency hearing is a pivotal point in each child's case at which the court should determine whether the pursuit of reunification remains a viable option, or whether alternative permanency for the child should be pursued. To make this determination, adequate evidence is needed, as well as a clear focus on the purpose of these special hearings.

Whenever possible this hearing should be the moment where case direction is decided. Even if there are good reasons for waiting before making the final decisions, such as a brief wait for parents or child to complete a particular service or have a particular evaluation, the permanency hearing can and must serve a useful function. In those cases the hearing should reinforce that the only delays to permanency the court will tolerate are those that are in the child's best interests, and that children not only deserve permanency, it is a basic developmental need.

It is reported to the FCRO that some courts that are setting the dates for this hearing at the beginning of the case, informing parents of the need for timely compliance, and using the hearings to set case direction – and that those courts are seeing an improvement in timely permanency. It is also reported that these hearings are not happening for some children's cases.

Aggravated circumstance findings.

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, if it can be shown that this would be in the child's best interests.

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.

This 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. Efforts to reunify in these types of cases can expose children to further trauma, particularly when forced to spend time with the offending parent(s) or to contemplate a potential return to their care.

When the court grants an exception, the prosecutor can begin the process for a termination of parental rights trial, and DHHS can create a plan of adoption or guardianship. 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. Parents still have a right to appeal a termination finding.

- Aggravated circumstance conditions, as identified by FCRO staff, were present for 240 (7%) of the 3,223 children reviewed in 2012.

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

Recommendations:

1. Look at continuances, and determine strategies for limiting the number of times they are necessary.
2. Evaluate the appeals process and the time periods it takes to resolve case issues.
3. Ensure that all FCRO post-review reports are placed into evidence as allowed by Neb. Rev. Stat. 43-285(7). Continue to use FCRO recommendations and reports which identify the major issues in each case reviewed and offer recommendations alleviating those issues and other major barriers to permanency.
4. Develop means to establish improved docket control so that hearings can occur in a timely manner. Consider use of pre-trial conferences on contested matters an related stipulations as an aid to docket control.
5. Require courts to issue their orders within 30 days of completion of a hearing.
6. Look at the filing of termination of parental rights petitions, and whether guardians ad litem or the mediation centers may be able to help move this process forward. Consider the reasons why a county attorney may determine not to file a termination petition.
7. Study pre-hearing conferences to determine if they are being used to quickly identify paternity and enable services to begin, and to hold parents accountable for timely change.
8. Improve the court's documentation regarding Permanency Hearings, and differentiate them from standard 6-month review hearings.
9. Make it standard practice to use the 12-month permanency hearings to reach critical decisions regarding children's cases.
10. Utilize aggravated circumstance provisions in applicable cases.
11. Use the Educational Checklist in order to address any issues impacting the children's education.
12. Continue to work with the Through the Eyes of the Child teams to increase understanding and collaboration among entities that make up the child welfare system.

TERMINATION OF PARENTAL RIGHTS

Parents have a fundamental right to the care, custody, and control of their children – but that right must be balanced with the children's critical need for safety, stability, and permanency. Termination of parental rights is the most extreme remedy for parental deficiencies. With a termination, the parents have lost all rights, privileges, and duties regarding their children and the child's legal ties to the parent are permanently severed. To ensure due process and that parental rights are not unduly severed, the level or degree of evidence needed is higher than in other parts of abuse or neglect cases. There are also different provisions for children who fall under the Indian Child Welfare Act (ICWA).

Severing parental ties can be extremely hard on children, who in effect become legal orphans; therefore, in addition to proving parental unfitness under Neb. Rev. Stat. §43-292 the prosecution must also prove that the action is in the children's best interests.

The FCRO is required to make two findings regarding termination of parental rights for each child reviewed: 1) if grounds appear to exist, and 2) if a return to the parents is unlikely what should be the permanency goal.

In the report that is issued after each review and provided to all legal parties of record, whenever the local board finds that grounds appear to exist, the specific sections of statute that appear to have been met are cited.

Grounds for termination of parental rights per §43-1308(1)(b)	**Reviews**	**Percent**
The local board finds grounds for TPR appear to exist and it would be in the best interests of the child	1,093	23%
The local board finds grounds for TPR do not appear to exist	2,286	49%
The local board finds that grounds for TPR appears to exist, but TPR is not in the child's best interests	360	7%
A finding on grounds for termination is not applicable because the parents are deceased or the rights have already been relinquished or terminated	934	20%
Total	4,675	100%

There were no significant differences in the findings regarding grounds for TPR made in 2011 and those made in 2012.

The next chart gives the recommended plan if return home is unlikely. Here, too, there are no significant differences compared to the findings made in 2011.

Recommended plan children's return to parents is unlikely	**Reviews**	**Percent**
Return not likely, recommends referral for TPR and/or adoption	1,897	72%
Return not likely, recommends referral for guardianship	507	19%
Return not likely, recommends placement with a relative (without adoption or guardianship)	7	<1%
Return not likely, recommends a planned, permanent living arrangement other than adoption, guardianship, or placement with a relative	236	9%
Total	2,647*	100%

*For 2,028 reviews the return of the parents was likely.

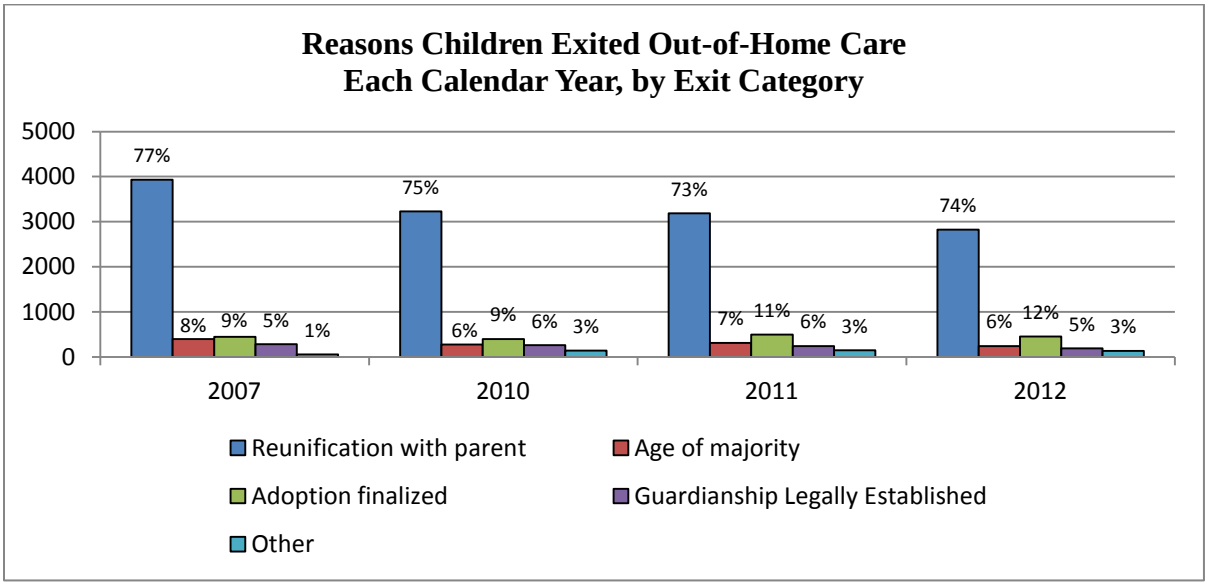
Recommendations:

1. Provide more training for new-elected county attorneys or newly hired deputy county attorneys in this specialized area of law.
2. Pursue guardian ad litem filing for termination of parental rights petitions.
3. Review needed statutory changes in this area.
4. Assure that proper documentation of parental willingness and abilities to safely care for their children is maintained so it is available should a termination action be necessary.
5. Assure that paternity is identified at the onset of cases so any possible ICWA issues can be promptly addressed.

REASONS FOR EXITS FROM CARE

Most (73%) Nebraska children that leave the foster care system return to their parents. Others are adopted, reach the legal age of majority (adulthood), have a legal guardianship finalized, or a custody transfer (to another state or a tribe). This pattern has held true for many years now as illustrated in the following charts.

This chart shows exits by numbers and percent of children.



The next chart shows greater details about exits. Some children exit out-of-home care more than once in a year. For those children, each reason for leaving care is counted in the table.

Reason for Leaving Out-of-Home Care	**2011**		**2012**	
Returned to parents	3,137	72%	2,801	73%
Released from YRTC or detention (likely to parents)	50	1%	21	1%
Adopted	495	11%	451	12%
Reached age of majority (19th birthday or date of judicial emancipation)	305	7%	238	6%
Guardianship	242	6%	189	5%
Court terminated (no specific reason given)	28	<1%	29	<1%
Custody transferred	107	2%	71	2%
Marriage or military	2	<1%	0	<1%
Other/reason not reported	9	<1%	31	<1%
Total left care	4,375	100%	3,831	100%

Comparison to national statistics

The following chart compares Nebraska percentages with national percentages for three of the categories.[50] There are clear differences, although the reasons for these differences need further research. One possibility is that some other states do not include juvenile justice youth under their child welfare agency – thus the groups being compared may be different.

Reason for Exit	Nebraska	National
Reunification	73%	51%
Adoption	12%	21%
Guardianship	5%	7%

Recommendations:

1. Incorporate reasons for leaving care in studies of children returning to care.

[50] Reunification of Foster Children with their Families, the First Permanency Outcome, John Sciamanna, SPARC (State Policy Advocacy and Reform Center), October 2013.

Section IV. ISSUES RELATED TO WELL-BEING

WELL-BEING DEFINED

There are three outcome categories in child welfare: safety, permanency, and well-being. Well-being is probably the least concrete and the hardest to measure. It means the healthy functioning of children that allows them to be successful throughout childhood and into adulthood.

Well-being includes but is not limited to:

1. Preserving beneficial connections and providing for continuity of beneficial relationships for children.
2. Increasing the capacity of families to provide for their children's needs, and connecting families to appropriate mental health and other service providers.
3. Ensuring that children receive quality services to meet:
    a. Physical, dental, and eye care needs.
    b. Mental health needs.
    c. Educational, cognitive, and developmental needs.
    d. Emotional, spiritual, and social functioning needs.
4. Enabling children to heal as best possible from prior traumas, toxic stress, abuse and neglect.
5. Minimizing further trauma.
6. Ensuring that children in the child welfare system get access to "normal" developmental opportunities.
7. Providing opportunities for children to thrive and go on to become productive adults.

Action steps that can be taken to promote positive development for children in child welfare include:

- Identify and address developmental needs.
- Promote improved health outcomes.
- Provide supplemental developmental supports when needed.
- Promote positive educational outcomes for children and youth in foster care.
- Support bonding and attachment during out-of-home placement.
- Tailor supports to meet each child's particular needs.
- Provide opportunities to thrive.
- Provide access to "normal" developmental opportunities.
- Develop plans, backed by data, for promoting the well-being of children, including subpopulations that are at greatest risk for poor outcomes.
- Advocate for multi-agency responses to meeting children's needs.
- Support opportunities for court personnel training.[51]

[51] Raising the Bar: Child Welfare's Shift Toward Well-Being, State Policy Advocacy and Reform Center (SPARC), July 2013.

PLACEMENT ISSUES

NUMBER OF PLACEMENTS

Nothing is more important for a child than where and with whom he or she lives. In child welfare this is known as the child's "placement." Most would agree that disrupting a child's home environment by taking that child from one set of caregivers and placing him or her with another is harmful to the child even if the change is necessary. **National research indicates that children experiencing four or more placements over their lifetime are likely to be permanently damaged by the instability and trauma of broken attachments.**[52] However, children who have experienced consistent, stable, and loving caregivers are more likely to develop resilience to the effects of prior abuse and neglect, and more likely to have better long-term outcomes.

As Dr. Peter Pecora found:

> *"Children entering out-of-home care undergo enormous changes. Apart from being separated from their family, many of these children are not able to maintain relationships with friends and community members…Changing homes because of placement disruption compounds the immeasurable sense of loss these children must face by leaving behind relationships again and again…"*
>
> And, "*While many child welfare staff and some new state laws try to minimize school change when a placement changes, in too many situations the child is forced to change schools. School mobility has been implicated as a clear risk for dropout."*[53]

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.*"

Another prestigious research organization found that:

> "*Numerous studies have shown an association between frequent placement disruptions and adverse child outcomes, including poor academic performance, school truancy, and social or emotional adjustment difficulties such as aggression, withdrawal, and poor social interaction with peers and teachers. Emerging research has shown that a child's risk of these negative outcomes increases following multiple placement disruptions regardless of the child's history of maltreatment or prior behavioral problems*."

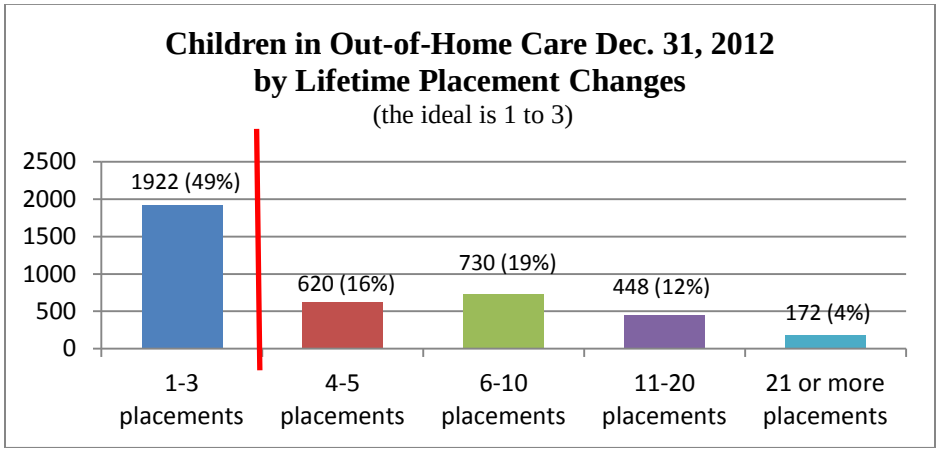
[52] Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.
[53] Dr. Peter Pecora, Senior Director of Research Services with Casey Family Programs and Professor at the School of Social Work at the University of Washington, in The Foster Care Alumni Studies – Why Should the Child Welfare Field Focus on Minimizing Placement Change (2007)

> "*Placement instability is often dismissed as a consequence of the behavioral problems children have upon care…Policy Lab researchers published new evidence…that debunked this common misconception about placement instability*."[54]

The type of placement and the stability of that placement influence child outcomes. It is incumbent upon the child welfare system to provide children with supportive microsystems, that is, direct relationships with caring adults. [55]

In a recent publication Judith Cohen, MD, and Anthony Mannarino, PhD, described an adolescent suffering from trauma who refuses to discuss his long history of physical and verbal abuse and neglect, witnessing of domestic violence, and being bullied at school. The boy reacts to his foster parents with angry, aggressive behavior and refuses to obey the rules. He is hyper vigilant and complains that his foster parents disrespect him. The foster parent reacts by becoming more strict and giving him commands in loud voices – not realizing that these actions are actually triggering more trauma reminders for the youth. "*The adults in his life do not understand this, they see him as a kid with bad behaviors who needs discipline*." Unfortunately, this type of reaction by the adults to youth who have experienced significant trauma is all too common.[56]

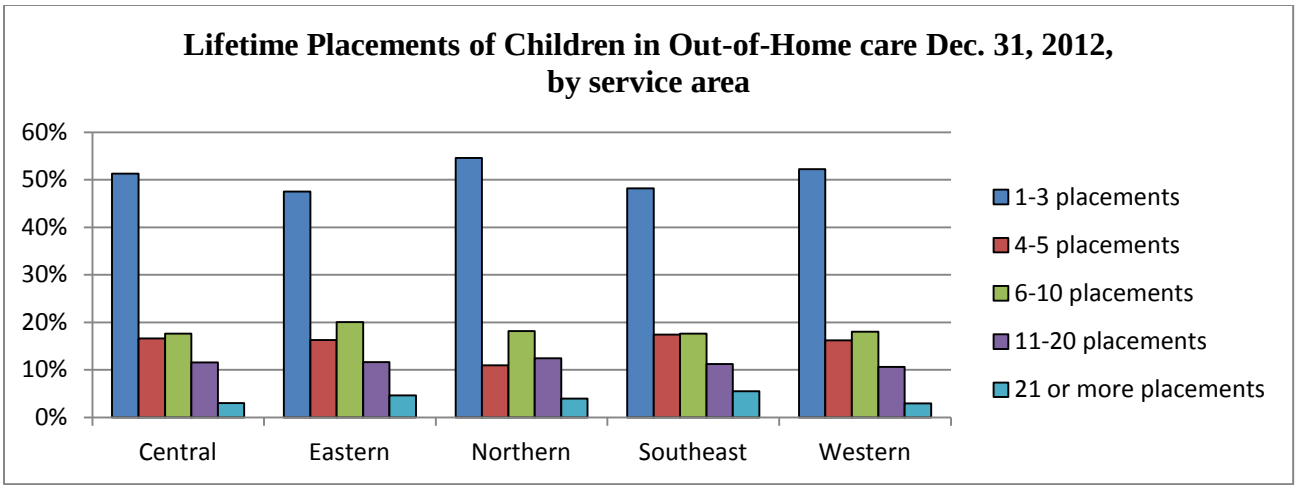
So how do Nebraska's children in foster care fare? Consider the chart below. It shows the number of lifetime placements for the 3,892 children in out-of-home care on Dec. 31, 2012, as independently tracked by the FCRO. Placement changes included in the lifetime count do not include brief hospitalizations, respite care, or returns to the parental home. It shows that 51% exceeded the optimum 1-3 placements range.



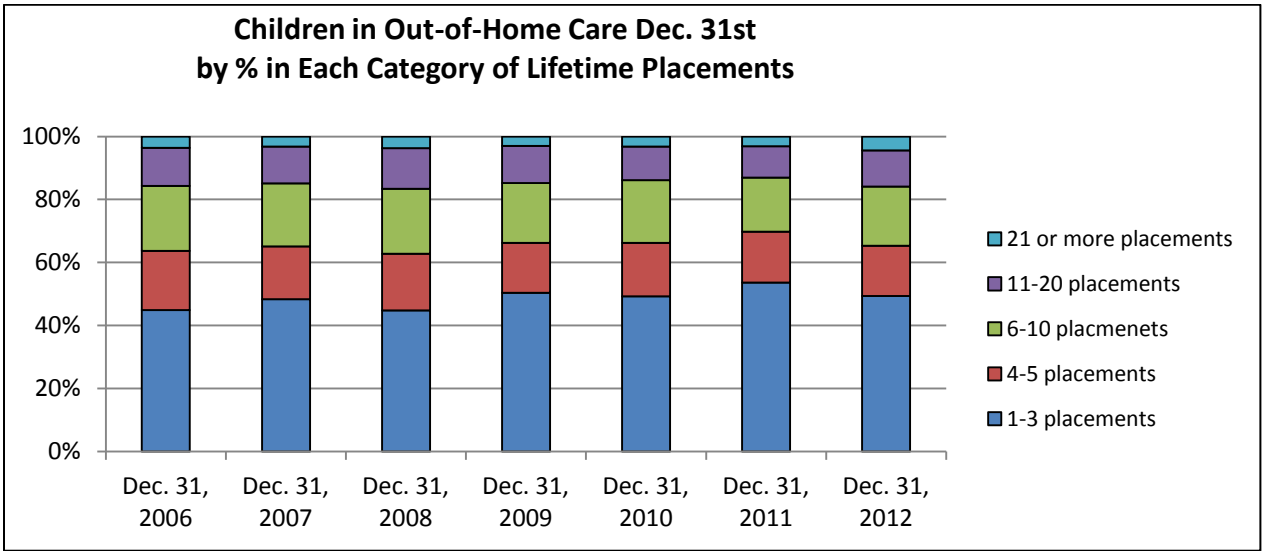
Last year (2011) 54% were in the optimum 1-3 placement range, as compared to only 49% in 2012.

[54] Evidence to Action, Fall 2009, Children's Hospital of Philadelphia Research Institute Policy Lab.
[55] Safety and Stability for Foster Children; a Developmental Perspective, Brenda Jones Harden, Future of Children, vol. 14, Number 1.
[56] Trauma-Focused Cognitive Behavioral Therapy for Youth in Child Welfare, CW360 – Trauma-Informed Child Welfare Practice – Winter 2013.

While a statewide examination can be beneficial, it can also help to look at regional differences, if any. This next chart breaks this information down by Service Areas as defined in statute.[57] As you can see there are some differences, particularly for 1-3 placements, 4-5 placements, and 21 or more placements.



Last is some historical data comparing the percentage of the total population in care on December 31st of each year that is in each category. An examination of this chart indicates that little progress is being made in reducing lifetime placements, as there are still far too many children who have experienced 4 or more lifetime placements.



To be able to provide even more data on these children, in 2014 we will continue to count the lifetime placements for all children. And, when reviewing children's cases we will be separately tracking the number of placements during the most current removal as well as reasons for the most recent placement changes.

[57] See page 171 for a description of the counties in each area.

The following summarizes some of the reasons children move from one foster home or group home to another.

1. It can be challenging to be the caregiver of a traumatized child, and to manage the traumatized child's reactive behaviors. The American Academy of Pediatrics suggests that pediatricians "**assume that all children who have been adopted or fostered have experienced trauma**."[58] Behaviors that were adaptive and protective in the home of origin where there were threatening situations may be maladaptive when children are in a safe environment. Without an understanding of the effects of past traumas, behaviors can be misinterpreted as pathologic.[59]
2. There may not be an appropriate placement available that is equipped to meet that child's particular needs when the child needs to be removed, so inevitably those children end up being moved, sometimes multiple times.
3. Sometimes the mixture of children in a placement is inappropriate, leading to moves. For example, an aggressive older child in the same home as a vulnerable child confined to a wheelchair or an infant, or children who are sexually acting out with other children.
4. Some foster parents have been overcrowded (too many foster children at one time), making it difficult to provide each child with the care needed to heal from their past abuse or neglect experiences.
5. Some children are moved because after months in care a relative has been identified. The children may, or may not, have a relationship with this person.
6. Some relative placements have not been given explicit information about whether, or to what extent, parents can have contact with the children while under the relative's supervision, or on how to deal with other common inter-familial issues. This has led to some children being moved from the relative's care.
7. Sometimes there are delays in making permanency decisions. This increases the probability that the child will experience more transitions to different placements. "Placement drift" has detrimental effects to children's sense of stability, to their educational progress, and to their mental and physical health. Therefore, any delay to decision-making needs to be purposeful and temporary.
8. There may be issues with getting approvals for children to be in higher level and thus more expensive, treatment placements.
9. Some youth with law breaking behaviors may move back and forth between detention and home several times.
10. Some are transitions from higher levels of care into lower levels of care as children's behaviors or needs are successfully addressed.
11. Some foster parents give notice due to frustrations with DHHS over not providing needed information when children are placed and/or not providing needed supports.

[58] Helping Foster and Adoptive Families Cope with Trauma, the American Academy of Pediatrics.
[59] Ibid.

12. Licensing and reimbursement changes may result in some group facilities no longer providing foster care, thus children must be moved.

In 2013, the Legislature passed LB 530, which would address certain issues with the reimbursement rates for foster parents. It requires DHHS to implement standardized level of care assessment tools and adopt the recommendations of the Foster Care Reimbursement Rate Committee of the Children's Commission beginning July 1, 2014. It is hoped that the recommendations of this group may lead to some actions that will help stabilize the available pool of caregivers.

After this section there will be some more details on issues impacting the number of placements children experience, specifically on the availability of placement options and kinship care.

Recommendations:

1. Determine why children are changing placements, and what is needed to stabilize placements.
2. Utilize a more individualized approach to foster care recruitment.
3. Improve monitoring and supports for placements.
4. Identify appropriate kinship placements at the time of the children's placement in foster care, and provide those placements with needed supports.
5. Provide kinship caregivers explicit information on whether, or what extent, parents can be in contact with the children and on how to deal with inter-familial issues.
6. Provide services in foster homes to help stabilize the foster placements.

TYPES OF PLACEMENT

If 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 two points in time.

Type	Dec. 31, 2011	Dec. 31, 2012
Least restrictive *	3,084 (71%)	2,840 (72%)
Moderately restrictive **	650 (15%)	434 (11%)
Most restrictive ***	468 (11%)	555 (14%)
Runaway	99 (2%)	80 (2%)
Other	19 (<1%)	53 (1%)
Total	4,320	3,962

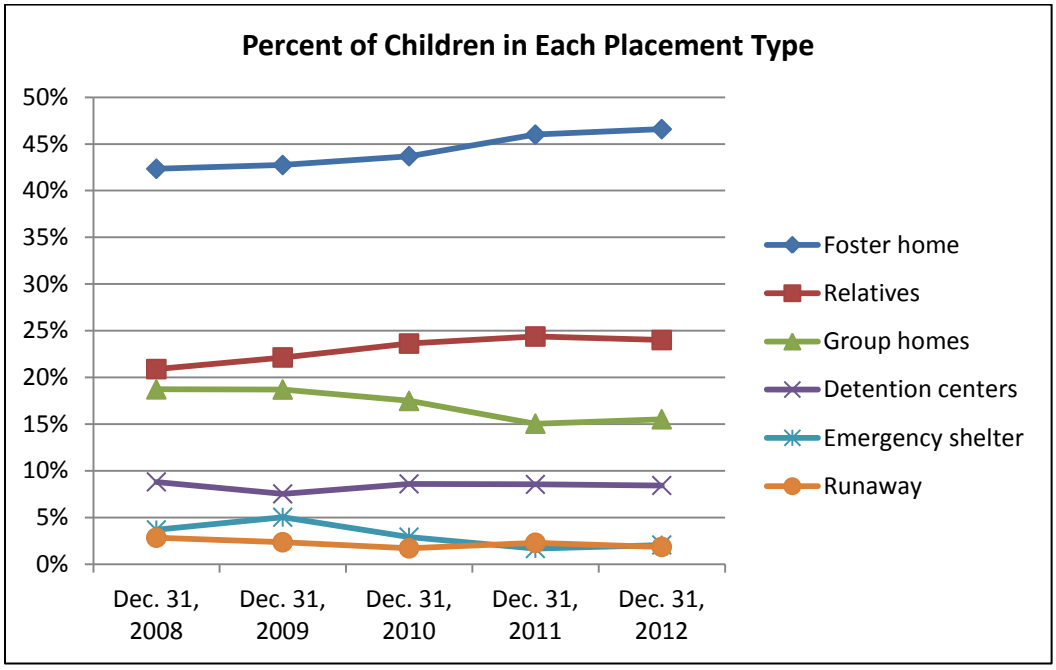
* Least restrictive includes relative placements, foster family homes, agency-based foster homes, developmental disability homes, and supervised independent living.

** 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.

The following is another way of looking at the most common placement types over the past few years. It compares some of the most common placement types by the percent of children in that placement on December 31st of each year. The green line shows that placements in group homes have gone down, while the blue line shows that placements in foster homes increased.

Looking at the red line, you can see that the use of relative caregivers went up and hit a plateau. If the chart went back another five years, you would see that use of relative caregivers has increased significantly from what it was ten years ago, when only around 12% were placed with relatives. Based on limitations with the data systems, it is not possible to compare these numbers to the individual children's needs.



Recommendations:

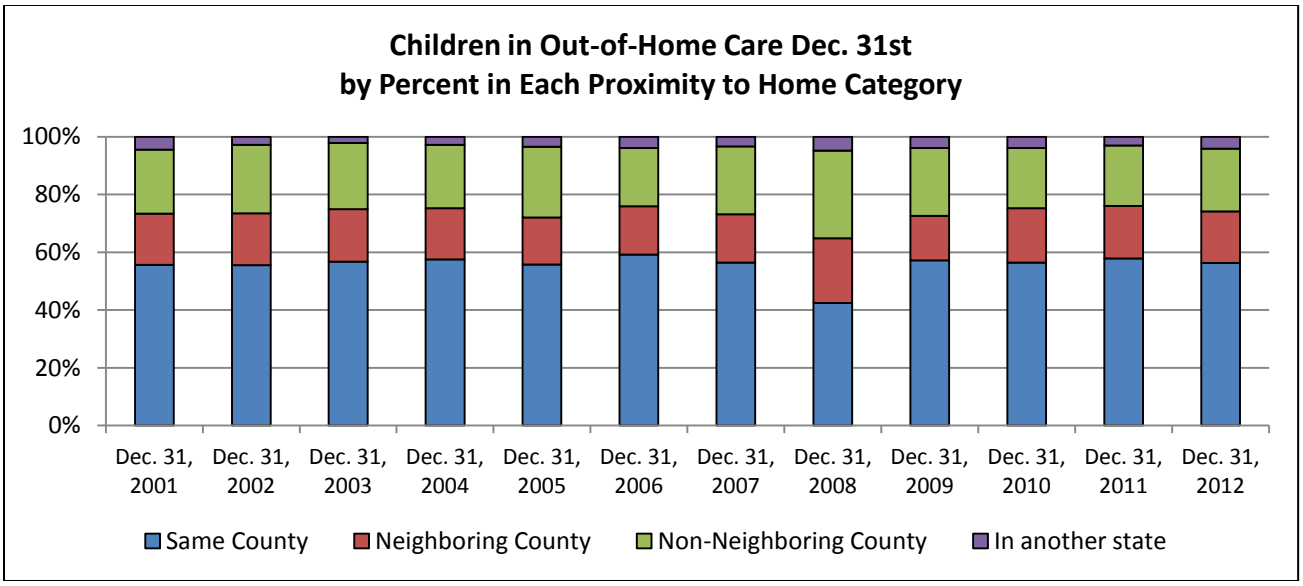
1. Continue work to place children in the least restrictive possible environment consistent with their needs.

PLACEMENT CLOSENESS TO HOME

It is critical for most children in out-of-home care to continue to have visitation with their parents so that the parent-child bonds are maintained. However, many families have problems securing reliable transportation, which makes maintaining consistent visitation difficult. This is true in both urban and rural areas. Therefore, the FCRO records how close children's placements are to the county in which their out-of-home action took place.

Ideally, children would be placed in the same county or just across the border into a neighboring county so that distance does not become a hindrance to continued child-parent contacts.

Comparing children in out-of-home care on December 31st of each year there is a fairly consistent percentage of children that are placed further away from the parents (those in a non-neighboring county of Nebraska or in an out of state placement). Sometimes distances are due to the location of the few specialized placements that are available.



In addition to distances causing difficulties with visitation, distances can also impact a child's education. Some children are transported some distance to maintain their original school enrollment, while for others distance means a change of school is necessary.

Recommendations:

- Develop a wider array of placements so that children can be placed near their parents and family and to help avoid educational disruptions.

KINSHIP (RELATIVE) CARE

Some children in foster care receive their 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.

If a maternal or paternal relative is an appropriate placement, children suffer less disruption and are able to remain placed with persons they already know who make them feel safe and secure. Thus, relative care can

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 experiences shall be minimized and that all placements and placement changes shall be in the child's best interest.

be especially beneficial when children have a pre-existing positive relationship with a particular relative.

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.

National research has shown:

1. Kinship caregivers are significantly poorer than non-kin foster parents.
2. Kinship caregivers have less formal education than non-kin foster parents.
3. Kinship caregivers are more likely to be single.
4. Kinship caregivers are more likely to accept large sibling groups into their homes.
5. Kinship caregivers tend to be older, with a sizable number over 60 years of age.
6. Kinship caregivers tend to have more health issues than non-kin foster parents.
7. Kinship caregivers often were given no time to prepare for their new roles.
8. Kinship caregivers often report that care giving is a very meaningful and rewarding role for them.
9. Kinship caregivers and the children in their care receive fewer services.
10. More children in kinship homes were removed due to neglect than for physical abuse.
11. Placement stability is greater for children in a kinship home.
12. Children in kinship care are less likely to be reunified with their parents.
13. Children in kinship care have a lower probability of returns to foster care.
14. Kinship placements can enhance child well-being by keeping connections with siblings, the broader family, and the community intact.
15. In some cultures, adoption has little relevance or meaning, so the kinship caregivers are less likely to push for that to occur.
16. National research is limited, and made more difficult by different jurisdictions defining and tracking kinship care arrangements in different ways.
17. A study by the Children's Hospital of Philadelphia found that three years after placement with relatives, children have significantly fewer behavior problems. [60,61,62,63,64]

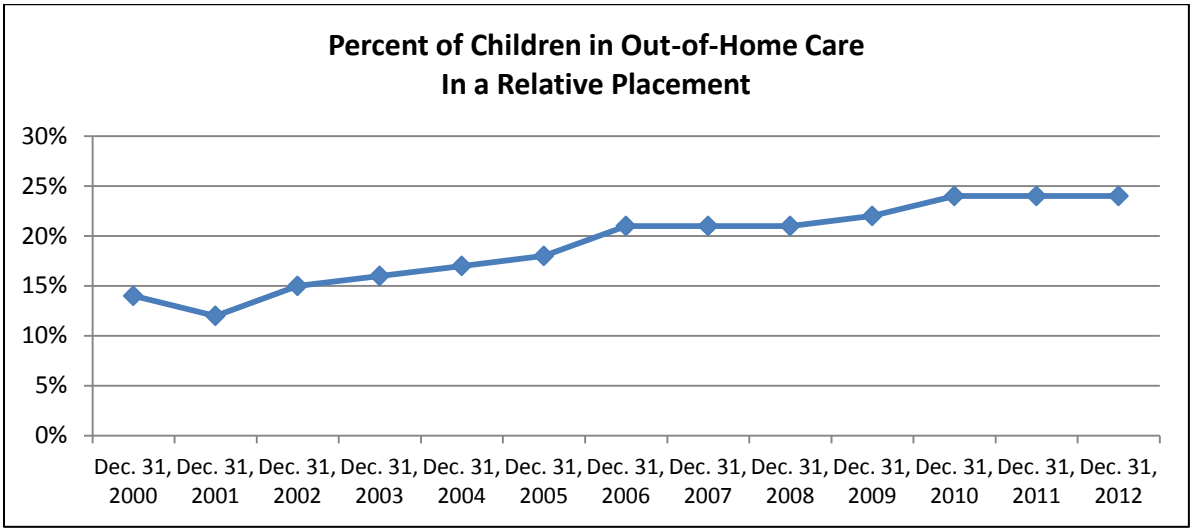
[60] Urban.org, Kinship Foster Care An Ongoing, Yet Largely Uninformed Debate, Rob Green.
[61] Science Daily, Kinship Care More Beneficial Than Foster Care, Study Finds, June 2008.
[62] Kinship Care: Supporting Those who Raise Our Children. Annie E. Casey Foundation, 2005.
[63] Center for Law and Social Policy, Is Kinship Good for Kids, March 2007.
[64] Kinship Care in the United States: A Systematic Review of Evidence-Based Research, School of Social Work, Colorado State University, July 2005.

Nationally, children in foster care who are placed with relatives are:

- more likely to reunite with parents,
- have fewer total foster care placements,
- have a lower probability of return to foster care after removal,
- tend to remain in foster care longer, and
- are less likely to resolve their foster-care stay via adoption.

Nebraska

Nebraska has been increasingly utilizing relative placements, as shown in the graph below. However in the past three years the percentage has remained steady.



Delayed identification of relatives

Although DHHS policy is to quickly identify parents and relatives and determine their suitability as a placement, through reviews it appears that is not consistent in practice. The father's and the paternal relative's suitability as a placement for the child cannot be considered until paternity is identified. Family finding should be utilized to help locate relatives so their suitability as a potential caregiver can be addressed.

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, sometimes children are placed with persons not yet proven to be relatives, and sometimes children are placed with relatives that appear to not meet minimal standards for care giving.

Specific information relative caregivers need

Relative placements have specific training needs. They need the type of training that other foster parents receive on the workings of the foster care system and on the types of behaviors that abused and neglected children can exhibit. In addition, many relatives have requested training on dealing with the intra-familial issues present in relative care that are not present in non-family care situations.

New legislation regarding "kinship" homes

In 2013, the Nebraska Legislature passed LB 265, the Children's Residential Facilities and Placing Licensure Act, which will allow foster children to access kinship and relative foster care more easily. Key provisions include:

- Defines kinship homes as homes where the caretaker has lived with the children or has had significant contact with the children.
- Defines relative homes as homes where caretaker is related to the children.
- Defines extended family homes under ICWA to include clan member and band member of a tribe.
- Requires DHHS to develop rules and regulations for licensure. Kinship and relative homes are exempt from mandatory licensure but they may voluntarily pursue licensure, and the bill ensures they would have the assistance of DHHS to do so.
- Requires that all foster family homes be approved by the Department via a background check and a home visit.
- Allows non-safety requirements to be waived for relative homes pursuing licensure. A relative home that meets all other licensing requirements would be considered fully-licensed for the purposes of drawing federal funding from the Fostering Connections Act.

The effects of this new legislation will be measured in future FCRO Annual Reports.

Recommendations:

1. 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.
2. Identify and recruit relatives and non-custodial parents within the first 60 days of a child's placement. 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.
3. Identify paternity in a timely manner so the father and paternal relatives can be considered.
4. 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.
5. Provide kinship caregivers explicit information on whether, or what extent, parents can be in contact with the children and on how to deal with inter-familial issues.
6. 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.

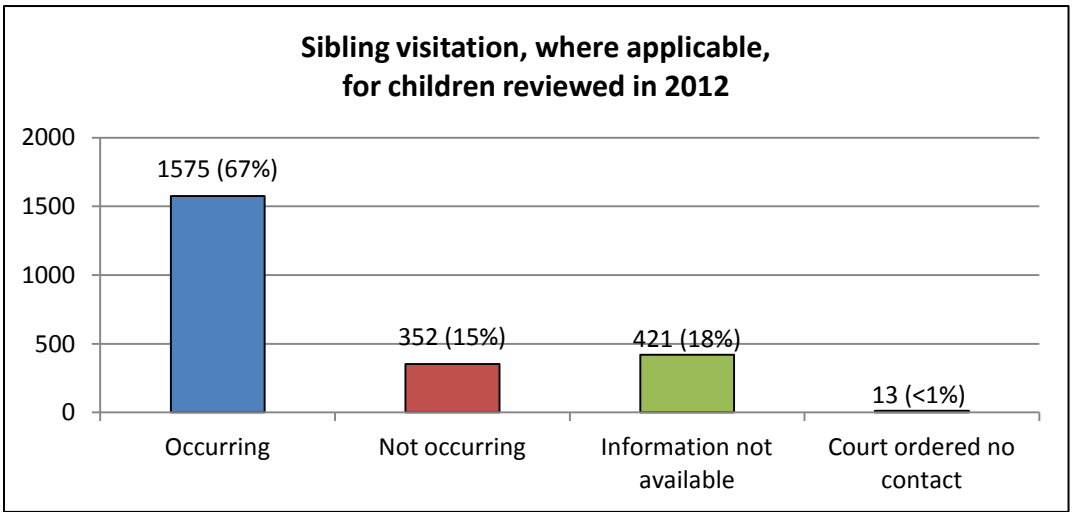
7. Clarify that a step-parent or parent to a child's partial sibling is considered a relative for purposes of foster care licensing.
8. Develop a mechanism to increase the licensing of relative and kinship homes, which would then beneficially impact the ability of the state to draw down federal IV-E funds (see page 107 for a description of IV-E).

MAINTAINING CONNECTIONS WITH SIBLINGS

Children who have experienced abuse or neglect may have formed their strongest bonds with siblings. If bonds exist it is important to keep them intact, or children can grow up without essential family and suffer from that loss.

It can be difficult for the state to find placements willing to take large sibling groups, especially if one or more of the children have significant behavioral issues. In the absence of being placed together, sibling bonds can be kept intact through sibling visitation.

Due to the importance of maintaining sibling connections, local board members are required to make a finding during reviews regarding sibling contacts. The chart below shows whether or not sibling visitation was occurring. It does not include the 2,314 children who either had no sibling or were placed with all siblings.



The percentages in each category have remained the same from 2011 through 2012. Further research is needed to determine why it is not occurring for the 15% above.

Recommendations:

1. Promptly identify relatives, as national research shows that relative placements have been found to be more likely to be willing to take sibling groups.
2. Look for placements willing to take sibling groups.
3. Improve oversight and support for placements with sibling groups.
4. Assure children who are unable to be placed with siblings can keep their vital ties intact.
5. Clarify for the cases where information was not available whether sibling visitation was occurring.
6. Determine why sibling visits are not occurring for some children and address those issues.

ACCESS TO MENTAL HEALTH SERVICES

The FCRO found that an unduplicated 21% (665) of children reviewed in 2012 had a DSM IV (psychiatric) diagnosis, which indicates that a significant number of children are impacted by the managed care system. Some additional statistics of note:

- 303 reviewed children (9%) had a documented diagnosis of Attention Deficit Hyperactivity Disorder (ADHD),
- 218 reviewed children (6%) had Oppositional Defiant Disorder (ODD), and
- 77 reviewed children (2%) had a diagnosis of Emotionally Disturbed.

All of these are common diagnoses for children who have experienced trauma. Thus it is not surprising that the percentage of children with a DSM IV diagnosis has remained statistically unchanged for the past few years.

Through reviews it appears that getting needed services, especially for behavioral issues, is chronically difficult. Much of the treatment for children with mental health needs is paid for through a managed care contractor as a means to control the costs of treatment and psychiatric placements. Nebraska contracts with Magellan Behavioral Health to determine what and whether Medicaid will pay for mental health treatment, because these are often expensive services. Nebraska uses the regional behavioral health network for those not qualified for Medicaid. The regions should provide access or assistance to those individuals.

Behavioral issues can be an anticipated consequence of a child having been abused or neglected and/or from the trauma of removal from his or her home and family. Other children enter the system with behavioral issues.

Children's behavioral disorders do not routinely receive needed treatment because they are not deemed by the managed care contractor to meet the Medicaid criteria for "medically necessary" services that it requires before it will pay for services. When found to not be "medically necessary" by the managed care provider, there appears to be little or no alternative source of payment for these much-needed services. The service, if provided, must be paid for by DHHS or the Lead Agencies; otherwise the child goes without. DHHS often requires the court to order services if denied by Magellan, which delays the receipt of needed services since it could be several months until the child's next court hearing

Children may be 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. Therapeutic services are frequently limited to a specific number of sessions. Delays to therapy can occur while appealing for additional sessions, if needed.

Treatment not accessible to some specific populations

There can be many reasons for children not receiving services, such as: their needs not being properly identified, a lack of treatment providers or facilities in the children's area of the state, a

lack of facilities equipped to handle an individual child's specific issues, or a lack of funding for needed services.

Some children have additional issues that make finding treatment for behavioral/mental health needs even more complicated, even if funding was not a factor. Some examples include: children with serious physical conditions, pregnant teens, and children with language barriers, sight or hearing impairments, or developmental delays.

Sometimes the only treatment facility available to meet a particular child's needs is out of state, which makes maintaining the family bonds during treatment very difficult. Waiting lists can also be problematic. The situation is compounded by the number of treatment facilities recently lost in our state since 2009. Oversight of the children's care and ability of parents to maintain contact or participate in family therapy would be enhanced if children remained in Nebraska at a facility that could meet their needs.

Lack of services can increase the length of time in foster care

Children who do not receive needed services often remain in foster care for extended periods of time. Their behaviors can put themselves and those around them at risk. Parents may be unable to cope with these children's needs or behaviors. It may be difficult to find families willing to make the financial commitment necessary to adopt such children and provide for their specialized needs.

Recommendations:

1. Acknowledge and mitigate as best possible the impact of trauma on children.
2. Assure there are appropriate services provided based on children's assessments.
3. Address managed care denials of services based on behaviors to ensure children receive needed services.
4. Assure payment sources are available for children and youth with a wide array of behavioral problems.
5. Provide continual evaluations of the quality of services received.
6. Establish outcome based oversight and control of contracted managed care services.
7. Change the appeals process so that denials can be reasonably appealed without the burden of overly restrictive timeframes.
8. Assure that reports from the service provider are received prior to making payment.
9. Increase access to community-based services.
10. Assure that some of the funds to the Regions are earmarked for helping children, particularly children who have experienced trauma.

EDUCATION OF CHILDREN IN FOSTER CARE

Most 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. Some moved often, even during the school year. Some did not get the early childhood stimulation needed to grow and thrive – such as parents reading to children or teaching concepts like colors, letters, and numbers. Some, even in early elementary school, had parents that did not assure their regular school attendance.[65] 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.

National research shows that frequent school changes are associated with an increased risk of failing a grade in school and of repeated behavior problems.[66]

In June 2012 the Nebraska Department of Education issued a *State Ward Statistical Snapshot*.[67] This report was an eye-opener. The following are some of the key findings:

- **43.7% of state wards in 12th grade graduated high school, compared to 87.4% of the non-wards.**
- 25.2% of state wards were found to be highly mobile – that is, in two or more public schools during a calendar year. This compares to 4.2% of non-wards.
- Wards missed an average 15.94 days during the school year compared to 7.76 days for non-wards.
- 36.2% of state wards qualified for special education, compared to 16.6% of non-wards.
- 7.9% of state wards had a verified behavioral disorder disability, compared to 0.6% of non-wards.
- In the 4th grade math test scores, wards averaged 88.26 compared to non-wards who averaged scores of 102.96. For 11th graders wards average 50.61 compared to non-wards at 96.36.

[65] The Nebraska Department of Education found in school year 2011-12 that fourth grade students who were absent less than 10 days averaged a score of 108/200 in their standardized math test, while children who were absent over 20 days averaged 83/200. Similarly in reading children absent less than 10 days scored 113/200 while students absent over 20 days averaged 91/200. By grade 8 the differences are even more pronounced.

[66] 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.

[67] State Ward Statistical Snapshot Project, Benjamin Baumfalk & Eva Shepherd, Nebraska Department of Education, June 29, 2012.

- In the 4th grade reading tests, wards averaged a score of 94.35 compared to 109.28 for non-wards.

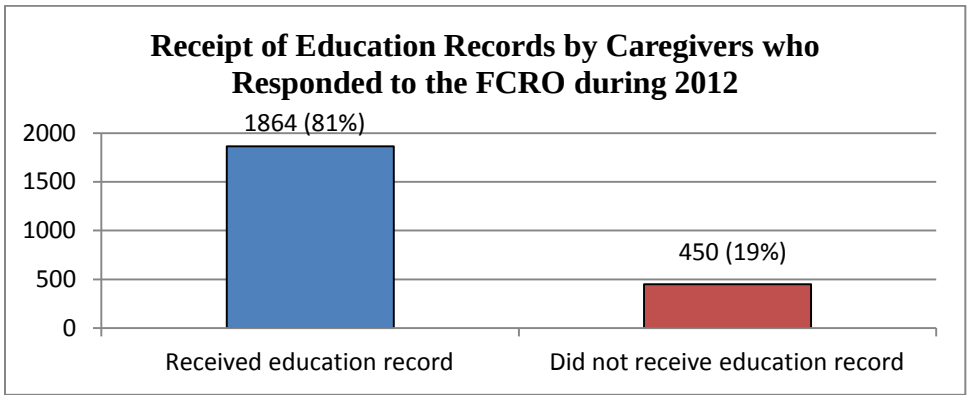
After this report was issued, a collaborative committee met and created an Educational Checklist for use by the Judiciary as the courts review children's cases. It is hoped that the increased focus on children's education will increase the timeliness of permanency as well as children's well-being. The pilot areas will start using this in late 2013, and it is hoped to go statewide in 2014.

The FCRO plans to start collecting data from the educational checklists during reviews conducted in 2014.

FCRO findings regarding education

Foster parents, group homes and other placements are charged with ensuring that children placed with them receive all necessary educational services. Educational information is essential for this to occur. During the FCRO's review of children's cases, attempts are made to contact the child's placement per federal requirement to determine whether the placement had received educational background information on the child at the time the child was placed.[68] Placements are not mandated to respond to the request for information and many do not.

The following is based on the information provided by the caregivers for 2,314 children (caregivers for 2,361 children did not respond):



Special education

Nationally about 9% of the general population of school children received special education.[69] The FCRO was able to determine the special education status for 1,118 children who were between the ages of 6 and 15 and were reviewed in 2012. File documentation showed that 359 (32%) of the children were enrolled in special education, while 759 (68%) children were not. Thus, it could be said that **Nebraska's foster children were more than 3 times as likely to be in special education when compared to children in the general population**.

[68] Foster parents are provided the opportunity to attend the review, along with the phone number and email address for the review specialists. Foster parents are provided a questionnaire to complete if attending the review conflicts with their schedules. Review specialists also attempt to contact the placement via phone or email.
[69] The Condition of Education 2009, US Dept. of Education.

Other issues

During reviews foster parents also report issues 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 FCRO's review of a child's case. Educators have sometimes 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, in Nebraska 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, especially if they suspect it was an educator who reported the abuse that led to the child's removal. While a surrogate parent can be appointed to represent the child, this involves delays.

A child is eligible for Early Development Network services if he or she is not developing typically, or has been diagnosed with a health condition that will affect his or her development. Parents must consent to an Early Development Network referral for children age birth through three years of age. Often parents of children in out-of-home care refuse to provide their consent.

Due to the importance of education to child well-being, the FCRO will collect more education-related data elements starting in 2014.

National studies

National surveys of former foster children have found that the foster system also did not encourage high expectations for their education.[70] 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.

Federal requirements

The federal *Fostering Connections to Success and Increasing Adoptions Act of 2008* included a requirement that child welfare agencies must include a plan for ensuring the educational stability of the child while in foster care as a part of every child's case plan. As part of this plan, the

[70] 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.

agency must include assurances that the placement of the child in foster care takes into account the appropriateness of the currently education setting and the proximity to the school in which the child was enrolled at the time of placement, and the child welfare agency has coordinated with appropriate local educational agencies to ensure that the child remains in the school in which the child is enrolled at the time of placement unless remaining in that school is not in the child's best interest.[71]

The definition of children eligible under the federal McKinney-Vento Homeless Assistance 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 educational "parent" under the act under certain conditions.

These federal provisions were put in place to improve educational outcomes for children in out-of-home care. The FCRO encourages everyone who works with children in foster care to be aware of these provisions and apply them whenever appropriate.

Recommendations:

1. Ensure that appropriate educational records are passed on to caregivers.
2. Continue to address school stability and discourage moves that would create a change of school during a school term.
3. Continue collaborative efforts between local schools districts, DHHS, foster parents, guardians ad litem, and other interested parties to reduce communication gaps and encourage school engagement by children, youth, and their caregivers. Consider a pilot to increase communication and school engagement.
4. Ensure that any foster child who qualifies for special education services receives that service, regardless of where he or she is attending school.
5. Provide foster care services to age 21 for those youth who want or need such services to better provide for their educational needs.
6. Begin using the educational checklist for courts statewide.

[71] Fostering Connections to Success and Increasing Adoption Act, Frequently Asked Questions, National Foster Care Coalition, 2009.

Section V. WELL BEING AND SPECIAL POPULATIONS

NOTES:

CHILDREN AGE BIRTH THROUGH FIVE

The first five years of a child's life are crucial for successful and healthy development. Providing the right conditions for early childhood development is far more effective than trying to fix problems later in life. Unfortunately many children do not have this type of healthy environment.

> "*The largest problem we have in terms of vulnerability of children is low-income, highly stressed environments. Environments where the impact of daily stress, particularly if compounded by exposure to violence, or mental illness in the family, particularly maternal depression or substance abuse, that level of stress, that kind of toxic stress in the environment of a young child is actually interfering with the development of the brain*."
>
> -Dr. Jack Shonkoff, Founding Director
> Center on the Developing Child, Harvard University

On December 31, 2012, of the 3,892 children in out-of-home care, **1,127 children were under six years of age**, the period during which brain functionality is being formed. 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.

Research has shown that when young children must cope with prolonged or multiple stressors 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.[72]

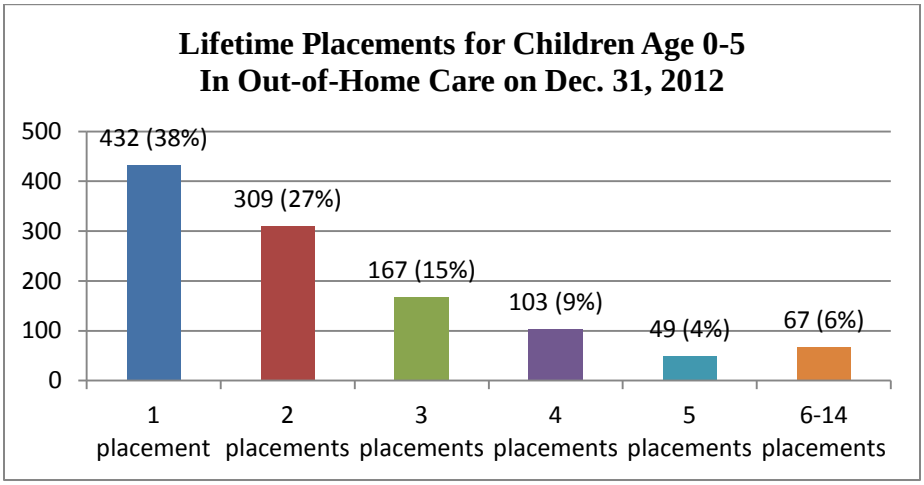
Instability in foster care can further exacerbate such problems. The American Academy of Pediatrics has found that paramount in the lives of children in foster care is the children's need for continuity with their primary attachment figures and the sense of permanence that is enhanced when placement is stable.[73]

When a child is removed from the family home due to abuse or neglect, he or she is often not clear as to why this essential 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.

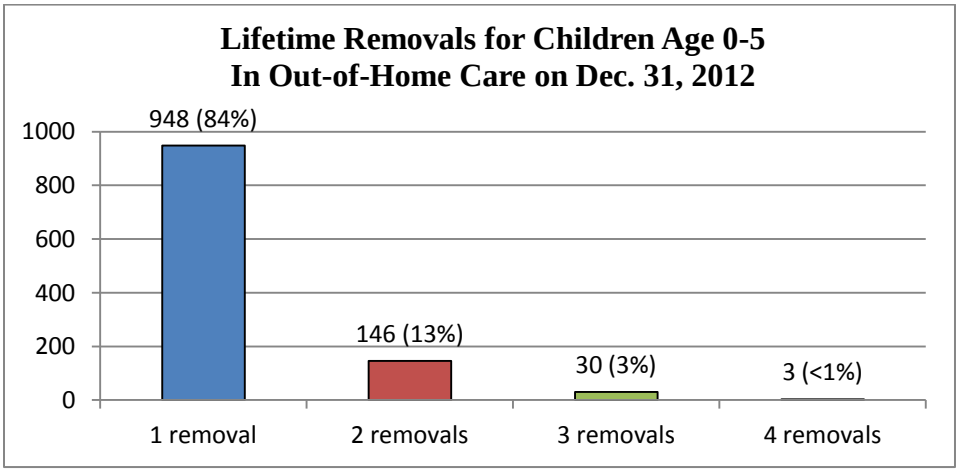
After children are removed from the home, many experience multiple placements and/or failed reunification attempts with their parents, and thus have a lack of the ongoing nurturing

[72] Sources include *Ghosts From the Nursery*, Robin Karr-Morse and Meredith S. Wiley c. 1997.
[73] 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.

relationships and attachments required for them to grow and thrive. The following statistics indicate the prevalence of this issue. First, lifetime placements (moves from foster home to foster home).



Then number of removals from the home.



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 who they know and trust at all times.

Effective transition planning can also contribute to a reduction of children re-entering out-of-home care, and decrease total time in out-of-home care.

The following are some of the things to be considered when planning for young children:

A Checklist for the Healthy Development of Infants in Foster Care[74]

1. What are the medical needs of this infant?
2. What are the developmental needs of this infant?
3. What are the attachment and emotional needs of this infant?
4. What challenges does this caregiver face that could impact his or her capacity to parent this infant?
5. What resources are available to enhance this infant's health development and prospects for permanency?

Also, informed medical decisions and preventive care are critical to healthy development in the earliest years. The American Academy of Pediatrics recommends that all children in foster care have a "medical home" – an approach to providing comprehensive primary care that facilitates partnerships between patients and their personal physicians. The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and the Early Intervention Program (Part C of IDEA) are the strongest medical, developmental and mental health entitlements to services for eligible children in the earliest years. Because of the importance of these screenings the FCRO will be collecting statistics about these beginning in 2014.

An additional issue is the number of young children who come into care as the result of substance abuse by their parents. **For children under age two who were reviewed in 2012, 31% (117 of 378) came from homes with parental substance abuse, and 58% (294 of 509) children age two to three came into care due to parental substance abuse**. Substance abuse is always difficult to overcome, and methamphetamine abuse, which is often the drug of choice, appears to be more difficult to for parents to overcome than many other mood-altering drugs. Children born prenatally exposed to an abused substance are far more likely than other children to have serious medical issues, disabilities and developmental delays that if left undetected or unaddressed could undermine reunification with parents or permanency in general.

Recommendations:

1. Minimize placement disruptions by recruiting and working with foster care families for infants, toddlers and preschool children, by promptly identifying appropriate relative placements (e.g. aunt, grandmother) and by attaining all appropriate health and development entitlements as early as possible in the child's case.
2. 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.
3. Caseworkers, foster parents, agencies responsible for contracted foster homes, guardians ad litem, therapists, courts, and other concerned parties should do everything possible to

[74] *Ensuring the Healthy Development of Infants in Foster Care: A Guide for Judges, Advocates and Child Welfare Professionals*, Dicker, Sheryl and Elysa Gordon, January 2004.

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.

4. Ensure children are safe in their placements and while receiving services, such as supervised visitation with the parent(s).

CHANGES TO THE NEBRASKA JUVENILE JUSTICE SYSTEM

This Report contains an analysis of 2012 data. Therefore, it does not measure the significant changes to the Nebraska Juvenile Justice system brought about by LB 561 in 2013.

Many of the provisions of this legislation did not take effect until October 2013, so it will likely be 2014's data that will show the first evidence of its impact.

Some key provisions of this legislation include:

- Expansion of the Nebraska Juvenile Services Delivery Project – The Project would be expanded statewide in a three-step process starting July 1, 2013. State Probation would be expanded to include community supervision, evaluations and the reentry function for youth leaving the YRTCs, with all new cases being supervised by probation beginning October 1, 2013.
- Intensive Supervised Probation is created for cases in which all levels of probation supervision and options for community-based services have been exhausted and the commitment of the juvenile to OJS for placement at a YRTC is necessary for the protection of the juvenile and the public.
- Strikes OJS authority for community supervision, parole and evaluations after October 31, 2013.
- Limitation on sending juveniles to secure detention or YRTC – a juvenile cannot be sent unless it is a matter of immediate and urgent necessity for the protection of the juvenile or the person or property of another or the juvenile is likely to flee the jurisdiction of the court.
- Adds funding to the County Juvenile Services Aid Program yearly and renames it the Community-based Juvenile Services Aid Program to promote the development of community based care across the state. The grants would remain in the Crime Commission and a Director position would be created to oversee meaningful, effective management and disbursement of aid dollars to expand and encourage the use of diversion and community-based services to treat youth on the front end of the system.
- Creates the position of the Director of Juvenile Diversion Programs in the Crime Commission to assist in the creation and maintenance of juvenile pre-trial diversion programs to keep more youth out of the judicial system and in community-based services.
- Require additional recommendations from the Children's Commission OJS Sub-Committee regarding the role of the YRTCs in juvenile justice system and the need for mental and behavioral health services for juvenile in Nebraska.
- Create a Community and Family Reentry Process for juveniles leaving a YRTC to more effectively reenter their communities with the involvement of their families. The program will be implemented by the Office of Probation Administration in cooperation

with the Office of Juvenile Services.

- LB 86 (McGill) - Would provide that staff secure juvenile detention facilities be placed under the general oversight of the Jail Standards Board.

The FCRO is planning how it will move forward after January 1, 2014. There are meetings being held between the FCRO Data Coordinator and Probation data system employees on how to create and improve reporting of Probation youth who are in an out-of-home care placement.

A separate and distinct data form is being created so that during FCRO reviews data elements specific to this population can be captured. A new format for the post-review report from the FCRO to the legal parties is in development that will better capture the information needed for good decision-making regarding this population.

Recommendations:

1. Continue work to provide youth needed treatment and services in the least restrictive environment therapeutically possible.
2. Assure that transfers to and from the YRTCs and Probation are as seamless as possible.

VOLUNTARY EXTENSION OF CERTAIN FOSTER CARE SERVICES TO AGE 21

The transition from childhood to adulthood can be rough for many adolescents, but for young persons who have experienced abuse and neglect, mental health issues, or seriously dysfunctional families it becomes even more of a challenge.

- Some of these young people have been hampered by educational gaps, thus some have not yet received a high school diploma at age 19, which is the current age of majority in Nebraska.
- Some lack the basics on how to get and keep a job.
- Some lack knowledge of financial management, such as leases, credit, taxes, and car payments.
- Many do not have the first and last month's rent required as a deposit on an apartment, and many will have not references that may be needed to obtain an apartment.
- Some do not have access to the basics needed for apartment living, such as towels, bedding, kitchen ware, furniture etc.
- Many lose their source of medical insurance when they "age out."
- Some may not know how to drive or have access to car or reliable transportation.
- Some need assistance with obtaining further education.
- Many will not have a relationship with a responsible adult who is willing to provide advice and counsel when issues arise or have a place to come to on the holidays.
- Some have been dropped off at a homeless shelter on their 19th birthday as they can no longer stay in their foster placement once they become a legal adult.

Recognizing this pattern across the nation, the federal Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351) was signed into law on October 7, 2008. The Act's requirements were intended to achieve better outcomes for children. Some of its many provisions were aimed at older youth who were about to "age out" of the system – that is, to reach the legal age of majority while still in out-of-home care.

These include:

- Allowing states to extend federally funded foster care, adoption and guardianship assistance to age 21 for Title IV-E eligible young adults enrolled in school, employed, or unable to participate in employment of education due to documented medical condition
- Mandating the development of a transition plan for youth about to age out of foster care (must be done no later than 90 days prior to aging out).
- Extending resources for Education and Training Vouchers.
- Extending Independent Living services.
- Providing federal grants for programs to help children and youth maintain connections with their families.

- Expanding the use of federal Title IV-E training funds.[75]

In 2013, the Legislature passed LB 216 which would allow youth as they approach the age of majority to enter into a voluntary foster care agreement with DHHS for extended services up to the age of 21. Services may include Medicaid health coverage, postsecondary education assistance, foster care payments, and/or continued case management services.

To qualify the young adult must be employed 80 hours per month, or be enrolled in a recognized educational program, or be incapable of meeting these requirements due to a medical condition. The program does not start until the there is federal approval, and thus it will not start until 2014.

Beginning in 2014, the FCRO will be conducting reviews of all young people in the program who are in out-of-home care.

Recommendations:

1. Develop the processes by which foster care services can be extended to age 21 for those youth who want or need such services.
2. Assure that children age 13-18 and their families receive needed and age-appropriate services to include independent living skills.

[75] Sources include: National Foster Care Coalition, 2009; Center for Law and Social Policy 2009; CWLA, 2009; and Casey Family Programs 2009.

Section VI. OTHER SIGNIFICANT ISSUES

IMPACTING CHILD WELFARE

NOTES:

FEDERAL IV-E FUNDS

The Title IV-E (pronounced 4E) Foster Care program provides funds to States to assist with: the costs of foster care maintenance for eligible children; administrative costs to manage the program; and training for staff, for foster parents and for private agency staff. These funds are part of the Social Security Act. The purpose of the program is to help states provide proper care for children who need placement outside their homes, in a foster family home or an institution and who have not only experienced abuse or neglect, but also family income deprivation.

In Public Law (PL) 96-272, it states that part of this large federal grant should be made available to entities conducting the periodic review of IV-E eligible children in out-of-home care.

When LB 642 was put in place on July 1996, the FCRO became Nebraska's IV-E Federal Review Agency. The FCRO is responsible for the periodic review of IV-E children in out-of-home care pursuant to the federal Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272. As a result, the FCRO receives federal money to conduct its reviews of children deemed eligible.

What does IV-E Eligible mean?

A child is IV-E eligible when the following are all in place: a child or a child's caregiver is determined to have been eligible to receive federal assistance such as ADC, Social Security, etc., at the time the child was removed (using 1996 income rates), the original court order contained correct language, and the child is placed in certain types of facilities (a licensed foster home qualifies, a youth detention facility does not).

DHHS Income Maintenance Workers, in conjunction with the DHHS Protection and Safety Case Worker, obtain the financial and other information and make the determination, which the federal government will periodically review. Children's IV-E status is reported to the FCRO via N-FOCUS (the DHHS computer system).

How many are eligible?

On December 31, 2012, 930 (24%) of the 3,892 children in out-of-home care were qualified for IV-E funding. This is a lower penetration rate than most other states, primarily because the economic threshold for qualifying for Nebraska ADC in 1996 was so much more stringent than most other states.

How does the FCRO assist in determining IV-E eligibility?

The FCRO assists in determining IV-E eligibility by reviewing the IV-E status of children being reviewed, participating with a multi-disciplinary team overseeing systemic efforts to ensure children's IV-E eligibility, and communicating issues concerning children's IV-E eligibility to relevant parties.

How the FCRO Claims Federal Funds

The FCRO reports its quarterly expenditures (via the Budget Status Report) and the number of IV-E eligible children reviewed each month to DHHS. The following equation is used to determine the amount of federal funds the FCRO is eligible to claim.

Federal Fund Equation

The funds FCRO is eligible to claim are determined in the following manner:

1. 1/2 of the FCRO Expenditures for the Quarter
2. Multiplied by (x) the % of IV-E children reviewed

Thus, if 30% of the children reviewed by FCRO during a quarter were IV-E eligible, the FCRO would be reimbursed for 15% of the expenditures for that quarter.

What can the Federal IV-E Funds be used for?

The federal funds are used to offset the FCRO's cost of reviewing children in out-of-home care. These funds can be used for PSL (salaries) and general operations of the FCRO. DHHS also is able to collect IV-E funds, which it uses for children's room and board expenditures.

UNMET DATA NEEDS

There are many questions about 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 SACWIS[76] system of record because 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 in early 2013, 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.
    - In the FCRO's experience, the DHHS technical staff have been hardworking individuals whose ability to serve user needs is hampered by an antiquated system.
- 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

[76] SACWIS stands for State Automated Child Welfare Information System.

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 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.
- N-FOCUS does not have readily available, easy to use analytics.

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.

Most other states have found their SACWIS systems have not kept up with advances in technology that allows for use and analytics by persons without advanced programming knowledge. The Children's Commission IT (Information Technology) Group has been viewing demonstrations of these in order to get a better sense of what existing technology is able to do for other areas of the country. The FCRO Director and Data Coordinator are members of that group, as are representatives from a variety of other agencies interested in data on children.

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 children are separated from their siblings? If they are, are these 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 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.

Recommendations:

1. Enhance the ability of the Foster Care Review Office to collect and analyze data needed to establish baselines and measure future changes in the system. Ensure the technology is flexible, easy to use, and easy to keep up to date.
2. 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.
3. 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 that data can be corrected quickly and to facilitate communication on data issues.
4. Research the technological possibilities for analytics and data sharing between entities with an interest in the same populations of children.
5. Make the Children's Commission IT Workgroup an entity that will continue to meet after the Children's Commission sunsets in 2016 due to the importance of its work.
6. Develop alerts and exception reports that assist workers and supervisors in their jobs.
7. Allow for data to be collected in a way that enhances reporting and makes the entry of that data easier for the front-line worker.

SUMMARY

Nebraska clearly has work to be done to ensure that all children in foster care are safe and have an appropriate caregiver who receives needed supports and oversight, and to ensure that children and families receive needed services so cases can appropriately close in a timely manner.

That said the state has entered a very promising time for some real positive changes in its child welfare system. Now, more than ever there is dialogue and problem-solving discussions between different parts of the system and increased collaboration between stakeholder, policy-makers, and advocates. Creative and pragmatic solutions are being sought.

The Foster Care Review Office will continue to play its part in these important deliberations. The FCRO will continue to track children and their outcomes, analyze and report on the data, point to deficits in the system and make well-reasoned recommendations for system improvement.

NOTES:

APPENDICES

NOTES:

APPENDIX A

INFORMATION ABOUT THE FOSTER CARE REVIEW OFFICE

Basis for the Data and Information in this Report

The FCRO's recommendations in this Annual Report are based on the following:

- An analysis of the data for children who were in out-of-home care for some or all of 2012 as input on the FCRO's tracking system.
- Information staff collected from the 4,675 reviews conducted in 2012.
  - Data collected during the review process, including the local volunteer board's findings on key indicators, are recorded on the FCRO's independent tracking system, along with basic information about each child who enters or leaves foster care.
  - Data is also updated each time there is a change for the child while in foster care, such as if there is a change of placement or caseworker.
- An analysis of trends from past data.

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.

Per Neb. Rev. Statute §43-1303 DHHS (whether by direct staff or contractors), courts, and child-placing agencies are required to report to the FCRO 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 many sources, the FCRO determines discrepancies. When case files of children are reviewed, this previously received information is verified and updated, and additional information is gathered. Prior to individual case reviews reports being issued, additional quality control steps are taken.

Through the above quality control steps the FCRO is aware that there are some caseworker and placement changes that are not reported as mandated under §43-1303, so the number of such changes is most likely under-reported. The FCRO continues to report these instances to the Department of Health and Human Services (DHHS) for correction.

Per the Family Policy Act (Neb. Rev. Stat. §43-533), it is the state's policy that the health and safety of the child are of paramount concern; therefore, children's health and safety are the focus of the FCRO's recommendations and this Annual Report.

Significant Changes to the Foster Care Review Act

In 2012 the Legislature passed LB 998 which made significant changes to the Foster Care Review Act. These changes took effect on July 1, 2012, which was coincidentally the agency's 30th anniversary. The following summarizes what changed, and what remains the same.

Key changes include:

1. The agency name changed from Foster Care Review Board (FCRB) to the Foster Care Review Office (FCRO).
2. The FCRB State Board (governance body) was replaced by the FCRO Advisory Committee – which was given different duties. Primarily, the duties involve hiring the Executive Director and serving as a resource to the agency.
3. The Executive Director is mandated to provide quarterly updates to the Health and Human Services Committee of the Legislature. The fourth quarter report is the FCRO Annual Report, which must be completed by December 1 each year.
4. The Annual Report and updates must include issues, policy concerns, and problems which have come to the attention of the Office, and an analysis of the data. The Director is also to recommend alternatives to the identified issues and related needs of the Office and foster care system.

Although the agency name and details on its upper level governance were changed, the mission remained the same. The FCRO's mission is to ensure that the best interests and safety needs of children in out-of-home care are being met through maintaining a statewide independent tracking system; conducting external citizen reviews; disseminating data, analysis, and recommendations to the public, the child welfare system, and the Legislature; and monitoring children's/youth placements.

Also remaining the same:

- The FCRO continues to be an independent state agency not affiliated with the courts, private agencies, or with the Department of Health and Human Services.
- The FCRO continues to have the ability to appear in court on behalf of children (Neb. Rev. Stat. §§43-285(6), 43-1308(2), 43-1313).
- FCRO findings and recommendations submitted to a court continue to be admissible if provided to all other parties of record (Neb. Rev. Stat. §43-1825 (7)).
- Staff members of the former FCRB were retained by the FCRO.
- Office locations did not change.

Comparison of the Role of the Foster Care Review Office, DHHS, and the Courts

Role of Citizen Review

Federal and State Mandated Review System

- Local Boards conduct reviews that meet state and federal mandates, and that focus on children's best interests

Review Function

- Focus on child's best interest per statute 'to determine the physical, psychological, and sociological circumstances of such foster child'
- Review all documents in the placement agency's file and seek additional information from other concerned parties
- Analyze plan based on variety of backgrounds and expertise available through multi-disciplinary boards
- Make recommendations to be shared will all legal parties based on knowledge of community services, clearly listing main concerns
- Seek legal intervention when the case review indicates a child is in danger
- Tour facilities per mandate and report concerns to appropriate authorities
- Gather information through reviewing children from all placement agencies and provide a statewide picture of all children in out-of-home care

Tracking Function

- Track all children in out-of-home care per statute (FCRO Tracking System)
- Provide statewide picture of all children in out-of-home care on a quarterly basis

Role of DHHS

Risk Assessment

- If not an emergency removal, assesses family to determine child's risk if allowed to remain in the home

Case Management and Planning

- Assures case management
- Develops the child's case plan, and presents the plan to the courts, updating the plan at least every 6 months
- Initiates action toward termination of parental rights, if in child's best interests
- Facilitates court orders

Places Children

- Places children in a foster home, relative's home, or group home that is to meet the child's needs or places the child with the parent(s)
- Provides oversight of the placement and services for the child

Provides Assessments & Services

- Assesses the child and family in order to determine needed services to support family reunification
- Provides for services for children in out-of-home care, such as counseling, medical, dental, and treatment services
- Provides for services to children and families where children are able to remain in the home of origin with HHS supervision
- Informs the courts of services offered and accepted

Reports to the FCRO

- Informs the FCRO of child's removals from the home, placement or case management changes, and case closings, per statute (using DHHS N-FOCUS)

Role of the Court

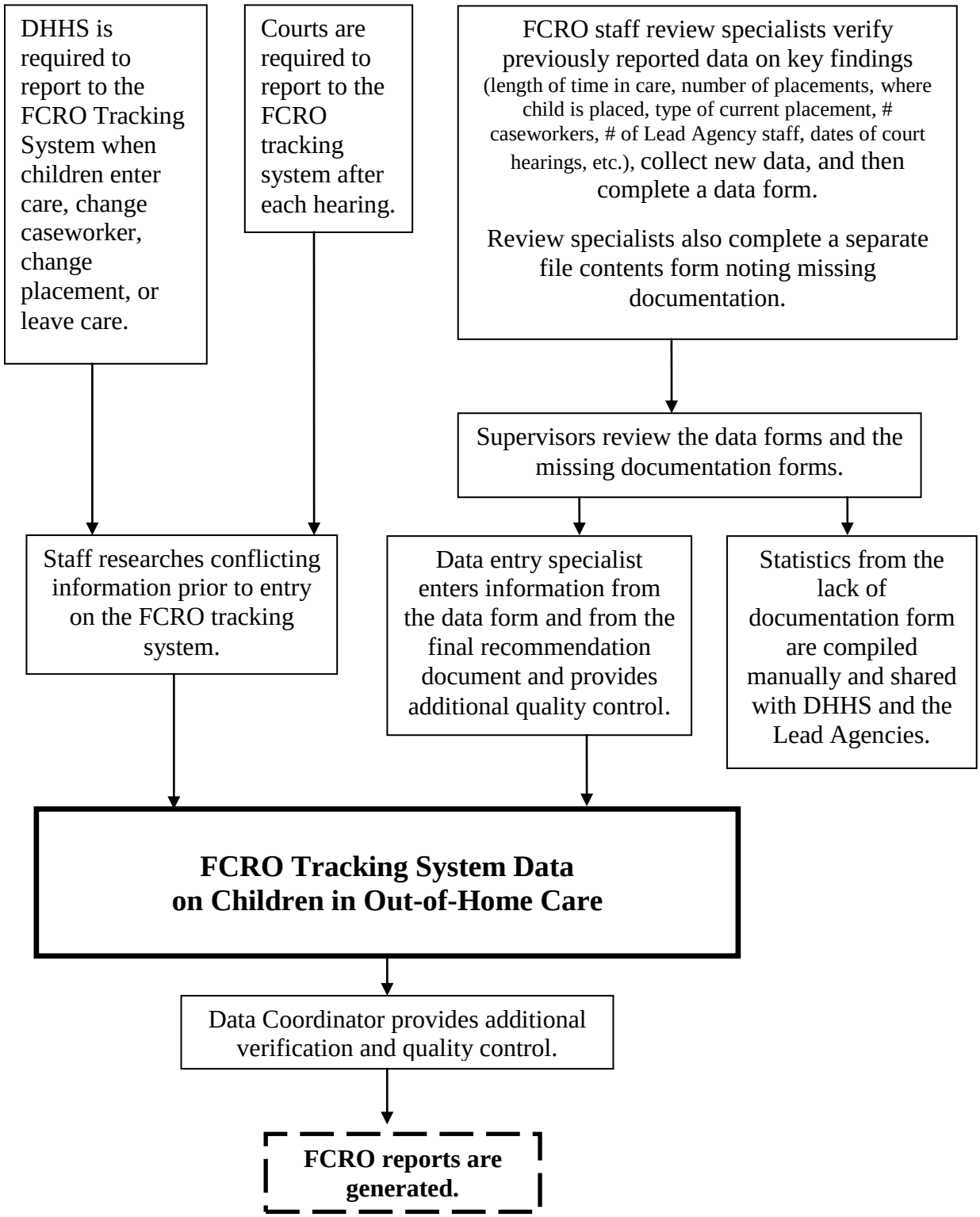
Due Process

- Assure due process rights are protected
- Assure all parties are present and have legal advice

Fact Finding and Decision Making

- Act as fact finder
- Provide adjudication and disposition of case
- Monitor parental compliance
- Order services based on facts presented as evidence
- Makes judicial record for permanency plan if child is not able to return home
- Makes review that is on record and may be appealed
- Acts as ultimate decision-maker on family reunification, adoption, independent living, termination of parental rights

The FCRO Tracking Process



2012 Acknowledgements

The staff and volunteers who serve on local boards would like to acknowledge the achievements and efforts of the following **Public Libraries, Hospitals, Police Departments, Fire Stations, Facilities, and Churches across the State** for allowing the FCRO to use their facilities at no cost for local board meetings and educational programs. This partnership has helped extend the work of the FCRO by allowing the FCRO's budget resources to be stretched farther.

In 2012, these included:

Bergen Mercy Hospital - Omaha
Calvary United Methodist Church - Lincoln
Christ United Methodist Church - Lincoln
Columbus Police Dept. - Columbus
Durham Outpatient Care Center - Omaha
Fire Station 1 - Grand Island
First Lutheran Church - South Sioux City
First United Methodist Church - Omaha
Fremont Presbyterian Church - Fremont
Landmark Center - Hastings
LaVista Community Center - LaVista
Lexington Library – Lexington
Lifelong Learning Center, Norfolk
Lutheran Church of the Masters - Omaha
Madonna Rehab. Center - Lincoln
Make-A-Wish Office - Omaha
New Life Baptist Church - Bellevue
North Platte Community College – North Platte
Pacific Hills Lutheran Church - Omaha
Regional West Med Center - Scottsbluff
St Andrew's Episcopal Church - Omaha
St. Elizabeth Ann Catholic Church - Omaha
St. John's Lutheran Church- Tecumseh
St. Stephens Building - Grand Island
State Office Building - Omaha
Sump Memorial Library - Papillion
Swanson Library - Omaha
United Lutheran Church - Lincoln
VerMeer Center - Lincoln
Willard Community Center - Lincoln
York General Hospital –York

2012 Local Foster Care Review Board Members

The Foster Care Review Office gratefully acknowledges the perseverance and dedication of each local board member citizen reviewer. The following persons served on a local board during 2012:

Susan Ables-Athy
Ginny Adams
Sheila Adams
Mike Aerni
Matt Aksamit
Donna Aksamit
Connie Albrecht
Mary Ambrose
Jill Amos
Dawn Andersen
Judy Anderson
Rosalee Anderson
Jackie Anderson
Kathleen Armsbury
Bruce Baker
Jacquelyn Baker
Rebecca Barnes
Laureen Barnett Botts
Rob Barney
JoAnn Bartek
Margaret Bartle
Judith Bencker
Linda Benjamin
Mayce Bergman
Marilyn Bernthal
Sara Bharwani
Joe Bizzarri
Jan Bolte
Connie Bottger
Brooke Boyer
Sue Boyer
Stephanie Branch
Kathy Bratt
Linda Broderick
Kourtney Brodin
Monica Brown
Phyllis Brown
Diane Brown
Jim Brown
Nancy Brune
Evelyn Buethe
Barb Buller
Nancy Bunner
Barbara Burr
Julie Burton
Twyla Cadotte
Jennifer Calahan
Candace Campbell
Patricia Candy
Cassandra Christensen
Sharon Cirone
Trisha Lynn Clark
LuEtta Clark
Lisa Cluck
Dr. William Collamer
Donna Coltrane
Judy Combs
Peg Connealy
Jodi Davis
Donna DeFreece
Katie Dethlefs
Stacey Dieckman
Mickey Dodson
Yvonne C. Downs
Jeanne Dryburgh
Cheryl Dubas
Ron Dupell
Tina Dykes
Gladys Ediger
Jolaine Edwards
Lynette Dvorak
Peg Eledge
Linda Eley
Vera Engdahl
Georgie Evan
Terry Eyler
Linda Farho
Maureen Fitzgerald
Jeff Foote
Marcia Fouraker
Glenda Fraber
Bryan Freeman
Judi Freouf
Meg Fricke
Chantalle Galbraith
Mary Gallardo
Marti Gault
Hobart Gay
Judith Geiger
Vickie Gillespie
Polly Goecke
Kay Lynn Goldner
Laura Gonnella
Theresa Maria
Nancy Griffith
Mary Beth Gust
Patricia Hanson
Mary Harder
Tom Hare
Staci Hargens
Sheryl Harig
Curt Harrington
Amy Harrington
Yvonne Hatcher
Jeff Haunton

Continued…

2012 Local Foster Care Review Board Members (continued)

Traci Hawk
Paula Hazelrigg
MaryLou Hegarty
Gena Hegemann
Jessie Heldenbrand
Christy Henjes
LaVonne Henry
Janet Hibbs
Joy Higgins
Valerie Hinrichs
Mary Jane Hinrichsen
Patricia Hinrikus
Patricia Hoffman
Lola Hoover
Deb Hopkins
Kathy Hunter
Michelle Hynes
Jennifer Irvine
Willie Jamison
Charolett Janssen
Marie Jensen
Pamela Johnson
Brandy Johnson
Kathleene Kaiser
Cookie Patricia Katskee
Elaine Kersten
Katie King
Pat King
Jeanine Kline
Bob Kohles
Sue Kohles
Rebecca Koller
Ruthie Kollmar
Rainer Kopp
Sarah Ann Kotchian
Rosemary Kracht
Sandra Kroon
Sandra Kruback
Ruth Kruse
Jackie Kuskie
Ruth Lake
Terry Larson
Diane Lausterer
Denise LeClair
Kara Legrow
Colleen Lembke
Willa Lemburg
Paul Lepard
Keonyoung Lim
Marilyn Linberry
Cathy Lindmier
Cathryn Linscott
Jan Lipska
Barbara Lockhart
Ann Lusk
Diane Lydick
Patti Magni
Desiree Mauch
Susie May
Jareldine Mays
Amy Mazankowski
Tracey McChargue
Carolyn McDonald
Joellen McGinn
Kay McMeen
Father Ernesto Medina
Sharon Mendlick
Judy Meter
Angela Meza
Sharon Miller
Dana Mimick
Loey Minske
Mary Mollner
Jaci Monaghan
Sherry Moore
Kim Moore
Kurt Mueller
Iola Mullins
Mindy Nepper
Mary Newman
Tom Nider
Martha Nielsen
Amy O'Brien
Sandi O'Brien
Deb Owens
Molly Parde
Jerry Parsons
Megan Patterson
Erin Duggan Pemberton
Noelle Petersen
Nancy Peterson
Nicole Peterson
Lara Pham
Jeannie Pluhacek
Jackie Polak
Elaine Pugel
Sandra Quathamer
Alfredo Ramirez
Julie Rannells
Julie Redwing
Greg Rein
Wilma Richard
LaVonne Richardson
Sara Elizabeth Rips
Sara Rips
Janet Rogers
Pam Root
Elizabeth Rupp
Cathy Rupprecht
Patricia Ruth
Kathleen Samland
Minnie Sasser
Charlotte Schenken
Myrna Schmid
Cathy Schraeder
Dave Schroeder
Mark Schulze
Dr. Tina Scott
John Seyfarth
Peggy Shaffer
Joshua Shasserre
Lori Sheehan
Nicole Sherer
Scott Sherer
Karen Shramek
Jennifer Shuman
Pat Sim

2012 Local Foster Care Review Board Members (continued)

Linda Sims
Judy Slater
Lisa Smith
Jennifer Snyder
Lindsay Snyder
Shannon Sorensen
Tani Spacher
Tara Stafford
Paulette Stefka
Mary Stiverson
Joyce Stranglen
Mark Suing
Sue Suing
Cheryl Svoboda
Kimberly Taylor-Riley
Nancy Tegeler
Marge Thomas
Nancy Thompson
Candice Toombs
Dawn Urban
Greg Urbanek
Dee Valenti
Roberta Vana
Jerene Vandewege
Jody VanLaningham
Kendra Victor
Lisa Walker
Wauneta Warwick
Christine Watson
Bridget Weber
Debra Weihing
Roberta Wilhelm
Lisa Wilke
Sarah Williams
Beth Wilson
Billie Jean Wilson
Bev Wolfe
Candy Wombacher
Roberta "Lynne" Woody
Al Wooley
Shanna Wright
Denise Wright
Joan Zetterman
Lisa Zysset
Candy Zywiec

Backgrounds of local foster care review board members

Our governing statutes state "In order to develop a strong, well-balanced local board membership the members of the local board shall reasonably represent the various social, economic, racial, and ethnic groups of the county or counties from which its members may be appointed."

Statute also states that "no one employed by a child welfare agency may be appointed to a local board. Court personnel, agency personnel, and persons employed by a child placement agency are not eligible to serve on local boards or the Advisory Committee."

The Foster Care Review Office makes every effort to recruit volunteers from different socio-economic levels, as well as a variety of ethnic and occupational backgrounds that reflect the makeup of the community as a whole.

As of July 1, 2013 there were 48 Local Boards statewide, composed of 282 citizen volunteers. These dedicated volunteers are required to complete training before being assigned to a board. Once assigned they continually hone their skills through ongoing training and development.

Each board meets monthly to review the cases of children in foster care. These local boards completed 4,675 reviews on 3,22 children as of December 31, 2012.

BACKROUNDS OF THE FCRO LOCAL BOARD MEMBERS

(Most represent more than one area)

Social Work Fields / CASA	31
Business / Self-Employed	46
Legal / Law Enforcement	13
Volunteer / Retired / Homemaker	36
Education / Librarian	65
Medical / Pharmacy	32
Counselor / Therapist / DV	19
Foster / Adoptive Parents	39
Other	44

- *Military*
- *Human Resources*
- *Pilot*
- *Accountants*
- *Day Care*
- *Marketing*

FOSTER CARE REVIEW OFFICE
Major Activities During 2012

Tracking:
- Tracked 7,652 children who were in foster care during 2012 as reported to the FCRO by DHHS, the Courts, and private agencies.
- Entered comprehensive data gathered during 4,675 reviews.
- Met with the technical team for the first phase of the electronic data transfer of reports from DHHS to the FCRO tracking system. Originally it was to occur in spring 2012; currently this is scheduled to be implemented with the March 2014 N-FOCUS release (changes).

Disseminate Information:
- Provided information on children in out-of-home care for the Through the Eyes of the Child teams, the Kids Count Report, the United Way, and CASA officials.
- The annual report was disseminated.
- Quarterly updates to the legislature began.

Reviews:
- Assigned over 5,000 children for review by citizen review boards across the state, (including alternates in case an assigned child had left care.)
- Completed 4,675 reviews on 3,223 children in 2012.
    - Made nearly 10,000 collateral contacts as part of the review process.
    - For each of the 4,675 reviews conducted, a report with case-specific recommendations was issued to the legal parties in the case, such as the courts, agencies (e.g., DHHS), parental attorneys, guardians ad litem, county attorneys, and other legal parties. This resulted in a total of approximately 32,725 reports being issued.
- Jointly staffed children's cases (met to find solutions to serious issues) with DHHS/Lead agencies.
- Appeared in court 413 times during 2012, often on behalf of 754 children.
- Facilitated local board members volunteering over 37,000 hours of service.
- The combined donation of volunteer time, mileage, and voluntary use of facilities totaled over $847,800 during 2012.

NOTES:

APPENDIX B

COUNTY DATA

Children in Out-of-Home Care on Dec. 31, 2012, by County of Court Commitment and Age Group

The following statistics are for the ten counties with the highest populations of children in out-of-home care. The percentages shown are based on the population in that county. For example, the percent of children age 0-5 in Douglas County is 30% (which is 454/1,516).

County	Children	Age 0-5	Age 6-12	Age 13-18
Douglas	1,516	454 (30%)	428 (25%)	634 (42%)
Lancaster	811	245 (30%)	169 (28%)	397 (49%)
Sarpy	171	38 (22%)	41 (21%)	92 (54%)
Lincoln	150	48 (32%)	35 (24%)	67 (45%)
Hall	115	36 (31%)	18 (16%)	61 (53%)
Buffalo	97	36 (37%)	34 (35%)	27 (28%)
Scotts Bluff	93	33 (36%)	28 (30%)	32 (34%)
Madison	86	27 (31%)	27 (31%)	32 (38%)
Adams	75	27 (36%)	15 (20%)	33 (44%)
Dodge	71	14 (20%)	16 (23%)	41 (58%)
Statewide	**3,892**	**1,127 (29%)**	**983 (25%)**	**1,782 (46%)**

The next chart shows how many children were in out-of-home care on December 31, 2012, from each of the Nebraska counties. It further goes on to show for each county how many of those children were in each of the three age groups.

		By Age Group		
County	Children	Age 0-5	Age 6-12	Age 13-18
Adams	75	27	15	33
Antelope	8	2	0	6
Arthur	1	0	0	1
Banner	0	0	0	0
Blaine	0	0	0	0
Boone	6	2	1	3
Box Butte	12	5	4	3
Boyd	3	0	1	2
Brown	0	0	0	0
Buffalo	97	36	34	27
Burt	3	1	0	2
Butler	14	3	6	5
Cass	27	3	9	15
Cedar	1	0	1	0
Chase	3	0	0	3
Cherry	9	1	4	4
Cheyenne	10	6	1	3
Clay	15	3	4	8
Colfax	23	9	9	5
Cuming	9	1	3	5
Custer	13	5	3	5
Dakota	31	8	8	15

		By Age Group		
County	**Children**	**Age 0-5**	**Age 6-12**	**Age 13-18**
Dawes	5	2	0	3
Dawson	32	8	5	19
Deuel	4	2	1	1
Dixon	5	2	1	2
Dodge	71	14	16	41
Douglas	1,516	454	428	634
Dundy	2	0	2	0
Fillmore	14	1	1	12
Franklin	10	4	2	4
Frontier	1	0	0	1
Furnas	4	0	1	3
Gage	22	6	3	13
Garden	1	0	0	1
Garfield	0	0	0	0
Gosper	0	0	0	0
Grant	0	0	0	0
Greeley	0	0	0	0
Hall	115	36	18	61
Hamilton	7	1	1	5
Harlan	7	1	0	6
Hayes	1	0	0	1
Hitchcock	8	2	3	3
Holt	10	4	2	4
Hooker	0	0	0	0
Howard	5	0	0	5
Jefferson	11	1	4	6
Johnson	4	0	4	0
Kearney	19	4	8	7
Keith	15	5	6	4
Keya Paha	0	0	0	0
Kimball	4	1	1	2
Knox	2	0	0	2
Lancaster	811	245	169	397
Lincoln	150	48	35	67
Logan	1	0	0	1
Loup	1	0	0	1
Madison	86	27	27	32
McPherson	1	0	1	0
Merrick	15	3	6	6
Morrill	8	1	2	5
Nance	6	0	1	5
Nemaha	4	0	0	4
Nuckolls	3	0	0	3
Otoe	23	1	9	13
Pawnee	1	0	0	1
Perkins	3	0	0	3
Phelps	24	8	4	12
Pierce	6	2	1	3
Platte	50	14	17	19
Polk	2	1	0	1
Red Willow	13	3	0	10

		By Age Group		
County	**Children**	**Age 0-5**	**Age 6-12**	**Age 13-18**
Richardson	10	5	2	3
Rock	1	0	0	1
Saline	22	4	6	12
Sarpy	171	38	41	92
Saunders	21	6	6	9
Scotts Bluff	93	33	28	32
Seward	15	1	2	12
Sheridan	4	2	0	2
Sherman	0	0	0	0
Sioux	0	0	0	0
Stanton	11	5	3	3
Thayer	2	0	0	2
Thomas	1	0	0	1
Thurston	6	3	2	1
Valley	6	0	0	6
Washington	25	8	4	13
Wayne	2	0	0	2
Webster	3	0	0	3
Wheeler	0	0	0	0
York	33	9	7	17
Non-court	3	0	0	3
Totals	**3,892**	**1,127**	**983**	**1,782**

Children in Out-of-Home Care on Dec. 31, 2012, by County of Court Commitment and Race

The following statistics are for the ten counties with the highest populations of children in out-of-home care. The percentages shown are based on the population in that county. For example, the percent of children who are American Indian in Douglas County is 6% (which is 91/1,516).

County	Children	American Indian	Asian	Black	Native Hawaiian	Other	White	Un-reported	Multiple
Douglas	1,516	91	10	317	4	77	902	28	83
		(6%)	(1%)	(21%)	(<1%)	(5%)	(59%)	(2%)	(5%)
Lancaster	811	58	3	140	2	42	500	31	35
		(7%)	(<1%)	(17%)	(<1%)	(5%)	(62%)	(4%)	(4%)
Sarpy	171	9	0	40	2	6	101	8	5
		(5%)	(0%)	(23%)	(1%)	(4%)	59%)	(5%)	(3%)
Lincoln	150	9	0	31	0	5	91	4	10
		(6%)	(0%)	(21%)	(0%)	(3%)	61%)	(3%)	(7%)
Hall	115	4	0	24	1	1	75	3	7
		(3%)	(0%)	(21%)	(1%)	(1%)	65%)	(3%)	(6%)
Buffalo	97	7	2	22	0	6	52	2	6
		(7%)	(2%)	(23%)	(0%)	(6%)	(54%)	(2%)	(6%)
Scotts Bluff	93	10 (11%)	2 (2%)	20 (22%)	0 (0%)	3 (3%)	51 (55%)	3 (3%)	4 (4%)
Madison	86	9	2	21	0	4	44	2	4
		(10%)	(2%)	(24%)	(0%)	(5%)	(51%)	(2%)	(5%)
Adams	75	6	0	17	0	2	44	1	5
		(8%)	(0%)	(23%)	(0%)	(3%)	(59%)	(1%)	(7%)
Dodge	71	4	0	15	0	2	41	4	5
		(6%)	(0%)	(21%)	(0%)	(3%)	(58%)	(6%)	(7%)
Statewide	**3,892**	**261**	**23**	**796**	**10**	**176**	**2,312**	**104**	**207**
		(7%)	**(1%)**	**(21%)**	**(<1%)**	**(5%)**	**(59%)**	**(3%)**	**(5%)**

The next chart shows how many children were in out-of-home care on December 31, 2012, from each of the Nebraska counties. It further goes on to show for each county how many of those children were in each of the different racial categories.

		By Race							
County	Total Children	American Indian	Asian	Black	Native Hawaiian	Other	White	Un-reported	Multiple
Adams	75	6	0	17	0	2	44	1	5
Antelope	8	0	0	2	0	1	4	1	0
Arthur	1	0	0	0	0	0	1	0	0
Banner	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Blaine	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Boone	6	2	0	3	0	0	1	0	0
Box Butte	12	4	0	0	0	0	7	0	1
Boyd	3	0	0	1	0	0	1	0	1
Brown	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Buffalo	97	7	2	22	0	6	52	2	6
Burt	3	0	0	0	0	0	2	0	1
Butler	14	1	0	4	0	0	7	0	2

		By Race							
County	**Total Children**	**American Indian**	**Asian**	**Black**	**Native Hawaiian**	**Other**	**White**	**Un-reported**	**Multiple**
Cass	27	3	0	6	0	0	16	1	1
Cedar	1	0	0	0	0	0	0	0	1
Chase	3	0	0	0	0	0	3	0	0
Cherry	9	2	1	3	0	1	2	0	0
Cheyenne	10	2	0	1	0	0	5	0	2
Clay	15	1	0	5	0	0	8	1	0
Colfax	23	4	0	6	1	1	10	1	0
Cuming	9	1	0	1	0	0	7	0	0
Custer	13	0	0	6	0	0	6	1	0
Dakota	31	0	0	6	0	1	20	3	1
Dawes	5	1	0	1	0	0	2	0	1
Dawson	32	4	0	5	0	1	21	0	1
Deuel	4	1	0	0	0	1	2	0	0
Dixon	5	0	0	2	0	0	3	0	0
Dodge	71	4	0	15	0	2	41	4	5
Douglas	1,516	91	10	317	4	77	902	28	83
Dundy	2	0	0	0	0	0	1	0	1
Fillmore	14	1	0	0	0	0	11	1	1
Franklin	10	1	0	2	0	1	6	0	0
Frontier	1	0	0	1	0	0	0	0	0
Furnas	4	0	0	0	0	0	2	2	0
Gage	22	1	0	3	0	0	15	1	2
Garden	1	0	0	0	0	0	1	0	0
Garfield	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Gosper	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Grant	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Greeley	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hall	115	4	0	24	1	1	75	3	7
Hamilton	7	0	0	1	0	2	4	0	0
Harlan	7	0	0	0	0	0	6	0	1
Hayes	1	0	0	1	0	0	0	0	0
Hitchcock	8	0	0	1	0	0	7	0	0
Holt	10	0	0	3	0	2	4	1	0
Hooker	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Howard	5	0	0	0	0	0	5	0	0
Jefferson	11	1	0	3	0	0	7	0	0
Johnson	4	0	0	0	0	1	2	0	1
Kearney	19	1	0	1	0	1	14	0	2
Keith	15	1	1	4	0	0	8	1	0
Keya Paha	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kimball	4	0	0	2	0	0	2	0	0
Knox	2	0	0	1	0	0	1	0	0
Lancaster	811	58	3	140	2	42	500	31	35
Lincoln	150	9	0	31	0	5	91	4	10
Logan	1	0	0	0	0	0	1	0	0
Loup	1	0	0	0	0	1	0	0	0
Madison	86	9	2	21	0	4	44	2	4
McPherson	1	0	0	1	0	0	0	0	0
Merrick	15	2	0	5	0	0	7	0	1
Morrill	8	0	0	2	0	0	6	0	0
Nance	6	0	0	2	0	0	4	0	0

		By Race							
County	**Total Children**	**American Indian**	**Asian**	**Black**	**Native Hawaiian**	**Other**	**White**	**Un-reported**	**Multiple**
Nemaha	4	1	0	0	0	0	1	0	2
Nuckolls	3	0	0	0	0	1	2	0	0
Otoe	23	2	0	5	0	2	12	1	1
Pawnee	1	0	0	0	0	0	1	0	0
Perkins	3	0	0	1	0	1	1	0	0
Phelps	24	2	0	2	0	2	16	0	2
Pierce	6	0	0	1	0	0	5	0	0
Platte	50	4	0	10	0	2	29	0	5
Polk	2	0	00	0	0	0	2	0	0
Red Willow	13	0	0	3	0	1	9	0	0
Richardson	10	0	0	2	0	1	6	0	1
Rock	1	0	0	0	0	0	1	0	0
Saline	22	1	0	5	0	1	12	1	2
Sarpy	171	9	0	40	2	6	101	8	5
Saunders	21	1	0	8	0	2	9	0	1
Scotts Bluff	93	10	2	20	0	3	51	3	4
Seward	15	1	1	2	0	0	9	1	1
Sheridan	4	1	0	1	0	0	2	0	0
Sherman	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sioux	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Stanton	11	2	0	4	0	0	5	0	0
Thayer	2	0	0	1	0	0	1	0	0
Thomas	1	0	0	0	0	0	1	0	0
Thurston	6	0	0	1	0	0	4	0	1
Valley	6	0	0	2	0	0	2	1	1
Washington	25	1	0	7	0	0	15	0	2
Wayne	2	0	0	0	0	0	2	0	0
Webster	3	0	0	1	0	0	2	0	0
Wheeler	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
York	33	3	1	7	0	1	19	0	2
Non-court	3	1	0	1	0	0	1	0	0
Total	**3,892**	**261**	**23**	**796**	**10**	**176**	**2,312**	**104**	**207**

Children in Out-of-Home Care on Dec. 31, 2012, by County of Court Commitment and Ethnicity

The following statistics are for the ten counties with the highest populations of children in out-of-home care. The percentages shown are based on the population in that county.

County	Children	Hispanic
Douglas	1,516	12%
Lancaster	811	11%
Sarpy	171	14%
Lincoln	150	15%
Hall	115	13%
Buffalo	97	9%
Scotts Bluff	93	10%
Madison	86	13%
Adams	75	8%
Dodge	71	8%
Statewide	**3,892**	**12%**

The next chart shows how many children were in out-of-home care on December 31, 2012, from each of the Nebraska counties and how many of those children were of Hispanic ethnicity.

		Ethnicity	
County	**Total Children**	**Hispanic**	**Non-Hispanic**
Adams	75	9	66
Antelope	8	1	7
Arthur	1	0	1
Banner	0	N/A	N/A
Blaine	0	N/A	N/A
Boone	6	0	6
Box Butte	12	3	9
Boyd	3	0	3
Brown	0	N/A	N/A
Buffalo	97	10	87
Burt	3	0	3
Butler	14	1	13
Cass	27	3	24
Cedar	1	0	1
Chase	3	1	2
Cherry	9	1	8
Cheyenne	10	0	10
Clay	15	2	13
Colfax	23	1	22
Cuming	9	0	9

		Ethnicity	
County	**Total Children**	**Hispanic**	**Non-Hispanic**
Custer	13	1	12
Dakota	31	2	29
Dawes	5	1	4
Dawson	32	3	29
Deuel	4	1	3
Dixon	5	0	5
Dodge	71	6	65
Douglas	1,516	173	1,343
Dundy	2	1	1
Fillmore	14	0	14
Franklin	10	1	9
Frontier	1	0	1
Furnas	4	1	3
Gage	22	1	21
Garden	1	0	1
Garfield	0	N/A	N/A
Gosper	0	N/A	N/A
Grant	0	N/A	N/A
Greeley	0	N/A	N/A
Hall	115	10	105
Hamilton	7	2	5
Harlan	7	0	7
Hayes	1	0	1
Hitchcock	8	1	7
Holt	10	2	8
Hooker	0	N/A	N/A
Howard	5	1	4
Jefferson	11	2	9
Johnson	4	1	3
Kearney	19	1	18
Keith	15	1	14
Keya Paha	0	N/A	N/A
Kimball	4	1	3
Knox	2	0	2
Lancaster	811	117	694
Lincoln	150	19	131
Logan	1	0	1
Loup	1	1	0
Madison	86	7	79
McPherson	1	0	1
Merrick	15	0	15
Morrill	8	1	7
Nance	6	0	6
Nemaha	4	0	4
Nuckolls	3	1	2
Otoe	23	2	21
Pawnee	1	0	1
Perkins	3	1	2
Phelps	24	6	18
Pierce	6	0	6
Platte	50	8	42

		Ethnicity	
County	**Total Children**	**Hispanic**	**Non-Hispanic**
Polk	2	2	0
Red Willow	13	1	12
Richardson	10	1	9
Rock	1	0	1
Saline	22	3	19
Sarpy	171	26	145
Saunders	21	3	18
Scotts Bluff	93	12	81
Seward	15	0	15
Sheridan	4	1	3
Sherman	0	N/A	N/A
Sioux	0	N/A	N/A
Stanton	11	2	9
Thayer	2	0	2
Thomas	1	0	1
Thurston	6	1	5
Valley	6	1	5
Washington	25	4	21
Wayne	2	0	2
Webster	3	0	3
Wheeler	0	N/A	N/A
York	33	4	29
Non-court	3	0	3
Total	**3,892**	**469**	**3,423**

Children in Out-of-Home Care on Dec. 31, 2012, by County of Court Commitment and Gender

The following statistics are for the ten counties with the highest populations of children in out-of-home care. The percentages shown are based on the population in that county.

County	Children	Boys	Girls
Douglas	1,516	835 (55%)	681 (45%)
Lancaster	811	468 (58%)	343 (42%)
Sarpy	171	97 (57%)	74 (43%)
Lincoln	150	84 (56%)	66 (44%)
Hall	115	67 (58%)	48 (42%)
Buffalo	97	52 (54%)	45 (46%)
Scotts Bluff	93	52 (56%)	41 (44%)
Madison	86	45 (52%)	41 (48%)
Adams	75	47 (63%)	28 (37%)
Dodge	71	39 (55%)	32 (45%)
Statewide	**3,892**	**2,199 (57%)**	**1,693 (43%)**

The next chart shows how many children were in out-of-home care on December 31, 2012, from each of the Nebraska counties, how many were boys, and how many were girls.

County	Children	Boys	Girls
Adams	75	47	28
Antelope	8	5	3
Arthur	1	1	0
Banner	0	0	0
Blaine	0	0	0
Boone	6	3	3
Box Butte	12	5	7
Boyd	3	2	1
Brown	0	0	0
Buffalo	97	52	45
Burt	3	1	2
Butler	14	10	4
Cass	27	14	13
Cedar	1	1	0
Chase	3	2	1
Cherry	9	6	3
Cheyenne	10	6	4
Clay	15	12	3
Colfax	23	12	11
Cuming	9	7	2
Custer	13	5	8
Dakota	31	18	13
Dawes	5	5	0
Dawson	32	18	14

County	Children	Boys	Girls
Deuel	4	2	2
Dixon	5	2	3
Dodge	71	39	32
Douglas	1,516	835	681
Dundy	2	0	2
Fillmore	14	8	6
Franklin	10	4	6
Frontier	1	0	1
Furnas	4	1	3
Gage	22	17	5
Garden	1	0	1
Garfield	0	0	0
Gosper	0	0	0
Grant	0	0	0
Greeley	0	0	0
Hall	115	67	48
Hamilton	7	4	3
Harlan	7	3	4
Hayes	1	1	0
Hitchcock	8	5	3
Holt	10	7	3
Hooker	0	0	0
Howard	5	3	2
Jefferson	11	8	3
Johnson	4	2	2
Kearney	19	9	10
Keith	15	7	8
Keya Paha	0	0	0
Kimball	4	2	2
Knox	2	2	0
Lancaster	811	468	343
Lincoln	150	84	66
Logan	1	1	0
Loup	1	1	0
Madison	86	45	41
McPherson	1	1	0
Merrick	15	9	6
Morrill	8	3	5
Nance	6	2	4
Nemaha	4	1	3
Nuckolls	3	0	3
Otoe	23	11	12
Pawnee	1	1	0
Perkins	3	2	1
Phelps	24	18	6
Pierce	6	4	2
Platte	50	26	24
Polk	2	1	1
Red Willow	13	7	6
Richardson	10	5	5
Rock	1	0	1
Saline	22	11	11

County	Children	Boys	Girls
Sarpy	171	97	74
Saunders	21	13	8
Scotts Bluff	93	52	41
Seward	15	11	4
Sheridan	4	3	1
Sherman	0	0	0
Sioux	0	0	0
Stanton	11	7	4
Thayer	2	1	1
Thomas	1	1	0
Thurston	6	2	4
Valley	6	3	3
Washington	25	20	5
Wayne	2	1	1
Webster	3	3	0
Wheeler	0	0	0
York	33	22	11
Non-court	3	1	2
Total	**3,892**	**2,199**	**1,693**

NOTES:

Children in Out-of-Home Care on Dec. 31, 2012, by County of Court Commitment and Lifetime Placements

The following statistics are for the ten counties with the highest populations of children in out-of-home care. The percentages shown are based on the population in that county.

County	Children	1-3 placements	4-6 placements	7-9 placements	10 or more placements
Douglas	1,516	726 (48%)	345 (23%)	173 (11%)	272 (18%)
Lancaster	811	398 (49%)	180 (22%)	82 (10%)	151 (19%)
Sarpy	171	75 (44%)	47 (27%)	17 (10%)	32 (19%)
Lincoln	150	83 (55%)	32 (21%)	17 (11%)	18 (12%)
Hall	115	54 (47%)	29 (25%)	10 (9%)	22 (19%)
Buffalo	97	55 (57%)	14 (14%)	13 (13%)	15 (15%)
Scotts Bluff	93	44 (47%)	24 (26%)	9 (10%)	16 (17%)
Madison	86	50 (58%)	18 (21%)	4 (5%)	14 (16%)
Adams	75	37 (49%)	20 (27%)	6 (8%)	12 (16%)
Dodge	71	39 (55%)	8 (11%)	5 (7%)	19 (27%)
Statewide	**3,892**	**1,922 (49%)**	**839 (22%)**	**428 (11%)**	**700 (18%)**

The next chart shows how many children were in out-of-home care on December 31, 2012, from each of the Nebraska counties, and the breakdown by lifetime number of placements

County	Children	1-3 placements	4-6 placements	7-9 placements	10 or more placements
Adams	75	37	20	6	12
Antelope	8	3	2	0	3
Arthur	1	0	0	0	1
Banner	0	N/A	N/A	N/A	N/A
Blaine	0	N/A	N/A	N/A	N/A
Boone	6	5	0	0	1
Box Butte	12	7	4	1	0
Boyd	3	1	1	0	1
Brown	0	N/A	N/A	N/A	N/A
Buffalo	97	55	14	13	15
Burt	3	1	1	0	1
Butler	14	7	1	5	1
Cass	27	7	1	9	10
Cedar	1	1	0	0	0
Chase	3	0	0	1	2
Cherry	9	6	2	0	1
Cheyenne	10	8	1	0	1
Clay	15	9	4	1	1
Colfax	23	20	2	0	1
Cuming	9	3	3	0	0
Custer	13	7	2	0	4
Dakota	31	16	8	3	4
Dawes	5	3	2	0	0
Dawson	32	13	8	5	6

County	Children	1-3 placements	4-6 placements	7-9 placements	10 or more placements
Deuel	4	2	2	0	0
Dixon	5	4	1	0	0
Dodge	71	39	8	5	19
Douglas	1,516	726	345	173	272
Dundy	2	2	0	0	0
Fillmore	14	8	3	0	3
Franklin	10	6	2	1	1
Frontier	1	0	1	0	0
Furnas	4	2	0	0	2
Gage	22	11	1	3	7
Garden	1	1	0	0	0
Garfield	0	N/A	N/A	N/A	N/A
Gosper	0	N/A	N/A	N/A	N/A
Grant	0	N/A	N/A	N/A	N/A
Greeley	0	N/A	N/A	N/A	N/A
Hall	115	54	29	10	22
Hamilton	7	4	1	0	2
Harlan	7	4	2	1	0
Hayes	1	1	0	0	0
Hitchcock	8	7	0	1	0
Holt	10	5	2	1	2
Hooker	0	N/A	N/A	N/A	N/A
Howard	5	0	1	1	3
Jefferson	11	10	0	1	0
Johnson	4	3	0	1	0
Kearney	19	10	6	3	0
Keith	15	12	1	0	2
Keya Paha	0	N/A	N/A	N/A	N/A
Kimball	4	3	1	0	0
Knox	2	0	0	0	2
Lancaster	811	398	180	82	151
Lincoln	150	83	32	17	18
Logan	1	0	0	1	0
Loup	1	0	0	0	1
Madison	86	50	18	4	14
McPherson	1	0	0	0	1
Merrick	15	8	2	3	2
Morrill	8	1	2	2	3
Nance	6	1	0	4	1
Nemaha	4	0	1	0	3
Nuckolls	3	0	1	1	1
Otoe	23	7	6	4	6
Pawnee	1	1	0	0	0
Perkins	3	1	0	1	1
Phelps	24	15	2	3	4
Pierce	6	1	2	2	1
Platte	50	29	8	6	7
Polk	2	1	0	1	0
Red Willow	13	4	3	2	4
Richardson	10	3	6	1	0
Rock	1	1	0	0	0
Saline	22	8	7	2	5

County	Children	1-3 placements	4-6 placements	7-9 placements	10 or more placements
Sarpy	171	75	47	17	32
Saunders	21	11	2	6	2
Scotts Bluff	93	44	24	9	16
Seward	15	4	3	5	3
Sheridan	4	3	1	0	0
Sherman	0	N/A	N/A	N/A	N/A
Sioux	0	N/A	N/A	N/A	N/A
Stanton	11	9	1	0	1
Thayer	2	2	0	0	0
Thomas	1	0	0	0	1
Thurston	6	5	0	0	1
Valley	6	1	0	3	2
Washington	25	13	4	5	3
Wayne	2	0	0	0	2
Webster	3	2	0	0	1
Wheeler	0	N/A	N/A	N/A	N/A
York	33	15	5	2	11
Non-court	3	3	0	0	0
Total	**3,892**	**1922**	**839**	**428**	**700**

Children in Out-of-Home Care on Dec. 31, 2012, by County of Court Commitment and Removals from Home

The following statistics are for the ten counties with the highest populations of children in out-of-home care. The percentages shown are based on the population in that county.

County	Children	First Removal	Previous Removals
Douglas	1,516	960 (63%)	556 (37%)
Lancaster	811	511 (63%)	300 (37%)
Sarpy	171	90 (53%)	81 (47%)
Lincoln	150	95 (63%)	55 (37%)
Hall	115	52 (45%)	63 (55%)
Buffalo	97	56 (58%)	41 (42%)
Scotts Bluff	93	57 (61%)	36 (39%)
Madison	86	57 (66%)	29 (34%)
Adams	75	44 (59%)	31 (41%)
Dodge	71	39 (55%)	32 (45%)
Statewide	**3,892**	**2,365 (60%)**	**1,527 (40%)**

The next chart shows how many children were in out-of-home care on December 31, 2012, from each of the Nebraska counties, and the breakdown by lifetime number of removals.

County	Total Children	First Removal	Previous Removals
Adams	75	44	31
Antelope	8	6	2
Arthur	1	1	0
Banner	0	0	0
Blaine	0	0	0
Boone	6	1	5
Box Butte	12	7	5
Boyd	3	2	1
Brown	0	0	0
Buffalo	97	56	41
Burt	3	1	2
Butler	14	4	10
Cass	27	8	19
Cedar	1	1	0
Chase	3	1	2
Cherry	9	6	3
Cheyenne	10	6	4
Clay	15	12	3
Colfax	23	17	6
Cuming	9	6	3
Custer	13	8	5
Dakota	31	23	8
Dawes	5	1	4
Dawson	32	16	16
Deuel	4	1	3

County	Total Children	First Removal	Previous Removals
Dixon	5	3	2
Dodge	71	39	32
Douglas	1,516	960	556
Dundy	2	2	0
Fillmore	14	11	3
Franklin	10	9	1
Frontier	1	1	0
Furnas	4	2	2
Gage	22	11	11
Garden	1	1	0
Garfield	0	0	0
Gosper	0	0	0
Grant	0	0	0
Greeley	0	0	0
Hall	115	52	63
Hamilton	7	3	4
Harlan	7	3	4
Hayes	1	1	0
Hitchcock	8	7	1
Holt	10	7	3
Hooker	0	0	0
Howard	5	1	4
Jefferson	11	10	1
Johnson	4	4	0
Kearney	19	13	6
Keith	15	11	4
Keya Paha	0	0	0
Kimball	4	3	1
Knox	2	1	1
Lancaster	811	511	300
Lincoln	150	95	55
Logan	1	1	0
Loup	1	1	0
Madison	86	57	29
McPherson	1	1	0
Merrick	15	9	6
Morrill	8	3	5
Nance	6	1	5
Nemaha	4	2	2
Nuckolls	3	2	1
Otoe	23	10	13
Pawnee	1	1	0
Perkins	3	1	2
Phelps	24	16	8
Pierce	6	2	4
Platte	50	31	19
Polk	2	1	1
Red Willow	13	7	6
Richardson	10	4	6
Rock	1	1	0
Saline	22	10	12
Sarpy	171	90	81

County	Total Children	First Removal	Previous Removals
Saunders	21	21	0
Scotts Bluff	93	57	36
Seward	15	5	10
Sheridan	4	4	0
Sherman	0	0	0
Sioux	0	0	0
Stanton	11	9	2
Thayer	2	2	0
Thomas	1	1	0
Thurston	6	6	0
Valley	6	2	4
Washington	25	16	9
Wayne	2	1	1
Webster	3	3	0
Wheeler	0	0	0
York	33	16	17
Non-court	3	1	2
Total	**3,892**	**2,365**	**1,527**

Children in Out-of-Home Care on Dec. 31, 2012, by County and Closeness of Placement to Home

The following statistics are for the ten counties with the highest populations of children in out-of-home care. The percentages shown are based on the population in that county.

	Children	Same County	Neighboring County	Non-Neighboring County	Child Placed Out of State	Unreported or Unknown
Douglas	1,516	1,112 (73%)	174 (11%)	121 (8%)	54 (4%)	55 (4%)
Lancaster	811	452 (56%)	71 (9%)	231 (28%)	28 (3%)	29 (4%)
Sarpy	171	63 (37%)	75 (44%)	20 (12%)	6 (4%)	7 (4%)
Lincoln	150	72 (48%)	33 (22%)	39 (26%)	5 (3%)	1 (1%)
Hall	115	46 (40%)	19 (17%)	42 (37%)	2 (2%)	6 (5%)
Buffalo	97	50 (52%)	28 (29%)	13 (13%)	5 (5%)	1 (1%)
Scotts Bluff	93	57 (61%)	5 (5%)	19 (20%)	8 (9%)	4 (4%)
Madison	86	41 (48%)	20 (23%)	23 (27%)	2 (2%)	0 (0%)
Adams	75	32 (43%)	21 (28%)	20(27%)	1 (1%)	1 (1%)
Dodge	71	26 (37%)	18 (25%)	13 (18%)	14 (20%)	0 (0%)
Statewide	**3,892**	**2,126 (55%)**	**674 (17%)**	**822 (21%)**	**155 (4%)**	**110 (3%)**

The next chart shows how many children were in out-of-home care on December 31, 2012, from each of the Nebraska counties, and the breakdown by closeness to home category.

County	Total Children	Same County	Neighboring County	Non-Neighboring County	Child Placed Out of State	Unreported or Unknown
Adams	75	32	21	20	1	1
Antelope	8	2	1	5	0	0
Arthur	1	0	0	0	1	0
Banner	0	N/A	N/A	N/A	N/A	N/A
Blaine	0	N/A	N/A	N/A	N/A	N/A
Boone	6	4	0	2	0	0
Box Butte	12	2	3	7	0	0
Boyd	3	0	1	2	0	0
Brown	0	N/A	N/A	N/A	N/A	N/A
Buffalo	97	50	28	13	5	1
Burt	3	0	1	2	0	0
Butler	14	4	3	7	0	0
Cass	27	4	16	7	0	0
Cedar	1	0	1	0	0	0
Chase	3	0	0	3	0	0
Cherry	9	0	2	6	0	1
Cheyenne	10	4	2	2	2	0
Clay	15	4	6	5	0	0
Colfax	23	10	4	8	1	0
Cuming	9	1	1	4	3	0
Custer	13	5	4	3	1	0
Dakota	31	14	8	7	2	0
Dawes	5	0	2	2	1	0
Dawson	32	8	9	13	1	1
Deuel	4	3	0	1	0	0

County	Total Children	Same County	Neighboring County	Non-Neighboring County	Child Placed Out of State	Unreported or Unknown
Dixon	5	1	2	2	0	0
Dodge	71	26	18	13	14	0
Douglas	1,516	1,112	174	121	54	55
Dundy	2	0	0	2	0	0
Fillmore	14	1	5	7	0	1
Franklin	10	4	1	5	0	0
Frontier	1	0	0	1	0	0
Furnas	4	0	2	2	0	0
Gage	22	4	8	10	0	0
Garden	1	0	0	1	0	0
Garfield	0	N/A	N/A	N/A	N/A	N/A
Gosper	0	N/A	N/A	N/A	N/A	N/A
Grant	0	N/A	N/A	N/A	N/A	N/A
Greeley	0	N/A	N/A	N/A	N/A	N/A
Hall	115	46	19	42	2	6
Hamilton	7	3	3	1	0	0
Harlan	7	0	1	6	0	0
Hayes	1	0	1	0	0	0
Hitchcock	8	0	7	0	1	0
Holt	10	0	5	4	1	0
Hooker	0	N/A	N/A	N/A	N/A	N/A
Howard	5	1	2	2	0	0
Jefferson	11	4	5	2	0	0
Johnson	4	0	0	4	0	0
Kearney	19	1	11	6	1	0
Keith	15	8	3	4	0	0
Keya Paha	0	N/A	N/A	N/A	N/A	N/A
Kimball	4	2	0	2	0	0
Knox	2	0	0	2	0	0
Lancaster	811	452	71	231	28	29
Lincoln	150	72	33	39	5	1
Logan	1	0	0	0	0	1
Loup	1	0	0	1	0	0
Madison	86	41	20	23	2	0
McPherson	1	0	0	1	0	0
Merrick	15	8	3	3	0	1
Morrill	8	2	6	0	0	0
Nance	6	1	1	4	0	0
Nemaha	4	0	0	4	0	0
Nuckolls	3	0	0	3	0	0
Otoe	23	7	3	12	0	1
Pawnee	1	1	0	0	0	0
Perkins	3	0	0	3	0	0
Phelps	24	12	3	8	1	0
Pierce	6	0	3	3	0	0
Platte	50	16	16	17	1	0
Polk	2	1	0	1	0	0
Red Willow	13	4	2	7	0	0
Richardson	10	2	0	8	0	0
Rock	1	0	1	0	0	0
Saline	22	2	9	6	5	0
Sarpy	171	63	75	20	6	7

County	Total Children	Same County	Neighboring County	Non-Neighboring County	Child Placed Out of State	Unreported or Unknown
Saunders	21	2	13	6	0	0
Scotts Bluff	93	57	5	19	8	4
Seward	15	3	5	5	1	1
Sheridan	4	0	1	2	1	0
Sherman	0	N/A	N/A	N/A	N/A	N/A
Sioux	0	N/A	N/A	N/A	N/A	N/A
Stanton	11	0	8	2	1	0
Thayer	2	0	1	1	0	0
Thomas	1	0	0	0	0	1
Thurston	6	4	0	2	0	0
Valley	6	0	1	4	1	0
Washington	25	10	7	6	2	0
Wayne	2	0	0	2	0	0
Webster	3	0	0	3	0	0
Wheeler	0	N/A	N/A	N/A	N/A	N/A
York	33	6	7	18	1	1
Non-court	3	3	0	0	0	0
Total	**3,892**	**2,126**	**674**	**822**	**155**	**110**

Children in Out-of-Home Care on Dec. 31, 2012, by County of Court Commitment and Adjudication Type(s)

The following statistics are for the ten counties with the highest populations of children in out-of-home care. The percentages shown are based on the population in that county.

County	Children	3a	3b	3c	1	2	Multiple
Douglas	1,516	903 (60%)	55 (4%)	0 (0%)	107 (7%)	26 (2%)	425 (28%)
Lancaster	811	488 (60%)	66 (8%)	0 (0%)	86 (11%)	24 (3%)	147 (18%)
Sarpy	171	93 (54%)	8 (5%)	0 (0%)	20 (12%)	11 (6%)	39 (23%)
Lincoln	150	73 (49%)	21 (14%)	0 (0%)	14 (9%)	4 (3%)	38 (25%)
Hall	115	51 (44%)	5 (4%)	0 (0%)	22 (19%)	5 (4%)	32 (28%)
Buffalo	97	67 (69%)	5 (5%)	1 (1%)	1 (1%)	2 (2%)	21 (22%)
Scotts Bluff	93	54 (58%)	7 (8%)	1 (1%)	3 (3%)	0 (0%)	28 (30%)
Madison	86	48 (56%)	2 (2%)	0 (0%)	10 (12%)	4 (5%)	22 (26%)
Adams	75	45 (60%)	12 (16%)	0 (0%)	5 (7%)	2 (3%)	11 (15%)
Dodge	71	42 (59%)	5 (7%)	0 (0%)	11 (15%)	0 (0%)	13 (18%)
Statewide	**3,892**	**2,220 (57%)**	**260 (7%)**	**9 (<1%)**	**353 (9%)**	**103 (3%)**	**944 (24%)**

The next chart shows how many children were in out-of-home care on December 31, 2012, from each of the Nebraska counties, and the breakdown by adjudication type.

County	Total Children	Abuse – Neglect (3a)	Status Offense (3b)	Mental Health (3c)	Misdemeanor (1)	Felony (2)	Multiple[77] Types
Adams	75	45	12	0	5	2	11
Antelope	8	2	2	0	0	1	3
Arthur	1	0	0	0	1	0	0
Banner	0	N/A	N/A	N/A	N/A	N/A	N/A
Blaine	0	N/A	N/A	N/A	N/A	N/A	N/A
Boone	6	5	1	0	0	0	0
Box Butte	12	7	1	0	2	0	2
Boyd	3	2	0	0	1	0	0
Brown	0	N/A	N/A	N/A	N/A	N/A	N/A
Buffalo	97	67	5	1	1	2	21
Burt	3	2	1	0	0	0	0
Butler	14	11	1	0	2	0	0
Cass	27	11	5	0	1	1	9
Cedar	1	0	0	0	0	0	1
Chase	3	0	3	0	0	0	0
Cherry	9	6	1	0	0	0	2
Cheyenne	10	4	0	0	0	1	5
Clay	15	6	4	0	2	0	3
Colfax	23	19	0	0	2	1	1
Cuming	9	2	1	1	1	2	2
Custer	13	10	0	0	2	0	1

[77] Includes a few unreported types.

County	Total Children	Abuse – Neglect (3a)	Status Offense (3b)	Mental Health (3c)	Misdemeanor (1)	Felony (2)	Multiple[78] Types
Dakota	31	11	0	0	12	0	8
Dawes	5	3	0	0	1	0	1
Dawson	32	12	5	0	4	1	10
Deuel	4	3	0	0	0	1	0
Dixon	5	4	0	0	0	0	1
Dodge	71	42	5	0	11	0	13
Douglas	1,516	903	55	0	107	26	425
Dundy	2	2	0	0	0	0	0
Fillmore	14	7	2	0	2	0	3
Franklin	10	8	1	0	0	0	1
Frontier	1	0	0	0	0	0	1
Furnas	4	1	1	1	0	0	1
Gage	22	6	2	0	5	2	7
Garden	1	0	0	0	0	0	1
Garfield	0	N/A	N/A	N/A	N/A	N/A	N/A
Gosper	0	N/A	N/A	N/A	N/A	N/A	N/A
Grant	0	N/A	N/A	N/A	N/A	N/A	N/A
Greeley	0	N/A	N/A	N/A	N/A	N/A	N/A
Hall	115	51	5	0	22	5	32
Hamilton	7	4	1	0	1	0	1
Harlan	7	2	3	0	2	0	0
Hayes	1	1	0	0	0	0	0
Hitchcock	8	7	1	0	0	0	0
Holt	10	6	0	0	1	1	2
Hooker	0	N/A	N/A	N/A	N/A	N/A	N/A
Howard	5	0	1	2	2	0	0
Jefferson	11	6	0	2	0	0	3
Johnson	4	1	2	0	0	0	1
Kearney	19	11	0	0	1	0	7
Keith	15	11	0	0	1	0	3
Keya Paha	0	N/A	N/A	N/A	N/A	N/A	N/A
Kimball	4	3	0	0	0	0	1
Knox	2	1	0	0	0	0	1
Lancaster	811	488	66	0	86	24	147
Lincoln	150	73	21	0	14	4	38
Logan	1	0	0	0	00	0	1
Loup	1	0	1	0	0	0	0
Madison	86	48	2	0	10	4	22
McPherson	1	1	0	0	0	0	0
Merrick	15	2	2	0	3	0	8
Morrill	8	5	3	0	0	0	0
Nance	6	5	0	0	0	0	1
Nemaha	4	1	1	0	2	0	0
Nuckolls	3	0	3	0	0	0	0
Otoe	23	10	0	0	4	0	9
Pawnee	1	0	0	0	0	0	1
Perkins	3	0	0	0	0	0	3
Phelps	24	13	2	1	2	1	5
Pierce	6	4	2	0	0	0	0

[78] Includes a few unreported types.

County	Total Children	Abuse – Neglect (3a)	Status Offense (3b)	Mental Health (3c)	Misdemeanor (1)	Felony (2)	Multiple[79] Types
Platte	50	30	2	0	4	3	11
Polk	2	2	0	0	0	0	0
Red Willow	13	4	5	0	1	0	3
Richardson	10	7	0	0	1	0	2
Rock	1	0	0	0	0	0	1
Saline	22	15	0	0	1	1	5
Sarpy	171	93	8	0	20	11	39
Saunders	21	13	1	0	2	1	4
Scotts Bluff	93	54	7	1	3	0	28
Seward	15	3	1	0	2	5	4
Sheridan	4	3	0	0	0	0	1
Sherman	0	N/A	N/A	N/A	N/A	N/A	N/A
Sioux	0	N/A	N/A	N/A	N/A	N/A	N/A
Stanton	11	4	0	0	0	0	7
Thayer	2	0	0	0	0	0	2
Thomas	1	0	0	0	1	0	0
Thurston	6	4	1	0	0	0	1
Valley	6	2	2	0	0	0	2
Washington	25	14	1	0	2	1	7
Wayne	2	0	2	0	0	0	0
Webster	3	1	0	0	0	0	2
Wheeler	0	N/A	N/A	N/A	N/A	N/A	N/A
York	33	16	6	0	3	2	6
Non-court	3	N/A	N/A	N/A	N/A	N/A	N/A
Total	**3,892**	**2,220**	**260**	**9**	**353**	**103**	**944**

[79] Includes a few unreported types.

Children in Out-of-Home Care on Dec. 31, 2012, by County of Court Commitment and Misc. Outcome Indicators

The next chart shows how many children were in out-of-home care on December 31, 2012, from each of the Nebraska counties, and several different outcome indicators.

County	Total Children	More than 2 years in care	More than 4 DHHS Workers	4 or more lead agency workers
Adams	75	8	31	N/A
Antelope	8	1	3	N/A
Arthur	1	0	1	N/A
Banner	0	N/A	N/A	N/A
Blaine	0	N/A	N/A	N/A
Boone	6	0	4	N/A
Box Butte	12	0	5	N/A
Boyd	3	0	2	N/A
Brown	0	N/A	N/A	N/A
Buffalo	97	11	46	N/A
Burt	3	1	3	N/A
Butler	14	5	7	N/A
Cass	27	12	22	N/A
Cedar	1	0	0	N/A
Chase	3	2	1	N/A
Cherry	9	0	8	N/A
Cheyenne	10	1	6	N/A
Clay	15	2	6	N/A
Colfax	23	3	15	N/A
Cuming	9	3	5	N/A
Custer	13	1	7	N/A
Dakota	31	9	14	N/A
Dawes	5	1	3	N/A
Dawson	32	7	13	N/A
Deuel	4	0	2	N/A
Dixon	5	0	1	N/A
Dodge	71	16	34	N/A
Douglas	1,516	408	N/A	798
Dundy	2	0	2	N/A
Fillmore	14	3	10	N/A
Franklin	10	0	3	N/A
Frontier	1	0	2	N/A
Furnas	4	1	2	N/A
Gage	22	4	14	N/A
Garden	1	0	0	N/A
Garfield	0	N/A	N/A	N/A
Gosper	0	N/A	N/A	N/A
Grant	0	N/A	N/A	N/A
Greeley	0	N/A	N/A	N/A
Hall	115	23	61	N/A
Hamilton	7	1	4	N/A
Harlan	7	1	2	N/A
Hayes	1	0	0	N/A
Hitchcock	8	0	2	N/A

County	Total Children	More than 2 years in care	More than 4 DHHS Workers	4 or more lead agency workers
Holt	10	2	6	N/A
Hooker	0	N/A	N/A	N/A
Howard	5	3	3	N/A
Jefferson	11	1	1	N/A
Johnson	4	0	2	N/A
Kearney	19	7	9	N/A
Keith	15	0	3	N/A
Keya Paha	0	N/A	N/A	N/A
Kimball	4	0	3	N/A
Knox	2	1	2	N/A
Lancaster	811	188	498	N/A
Lincoln	150	24	70	N/A
Logan	1	0	0	N/A
Loup	1	0	1	N/A
Madison	86	12	19	N/A
McPherson	1	0	1	N/A
Merrick	15	1	7	N/A
Morrill	8	0	7	N/A
Nance	6	1	6	N/A
Nemaha	4	2	2	N/A
Nuckolls	3	2	3	N/A
Otoe	23	8	15	N/A
Pawnee	1	0	1	N/A
Perkins	3	0	2	N/A
Phelps	24	3	7	N/A
Pierce	6	0	4	N/A
Platte	50	4	20	N/A
Polk	2	0	2	N/A
Red Willow	13	0	5	N/A
Richardson	10	0	8	N/A
Rock	1	0	1	N/A
Saline	22	1	9	N/A
Sarpy	171	30	N/A	75
Saunders	21	2	13	N/A
Scotts Bluff	93	8	64	N/A
Seward	15	3	10	N/A
Sheridan	4	0	3	N/A
Sherman	0	N/A	N/A	N/A
Sioux	0	N/A	N/A	N/A
Stanton	11	0	1	N/A
Thayer	2	0	0	N/A
Thomas	1	0	1	N/A
Thurston	6	3	3	N/A
Valley	6	3	5	N/A
Washington	25	5	12	N/A
Wayne	2	1	2	N/A
Webster	3	0	1	N/A
Wheeler	0	N/A	N/A	N/A
York	33	5	18	N/A
Non-court	3	0	0	N/A
Total	**3,892**	**844**	**2,316**	**873**

APPENDIX C

BARRIERS TO PERMANENCY

BARRIERS TO PERMANENCY IDENTIFIED DURING THE 4,675 REVIEWS CONDUCTED IN 2012

Reviews	Plan completeness barriers
1364	Plan is incomplete
95	Plan is outdated
59	No Case Plan
15	Other case plan barriers
4	No plan barriers

Reviews	Reunification barriers
1873	Lack of parental willingness/ability
1520	Parental substance abuse
1259	Economic – housing issues
1213	Economic-employment issues
1112	History of family abuse/violence
1017	Length of time in foster care
1003	Lack of parental visitation
948	Other reunification barriers
907	Parents need more time to complete services
859	Child's behavioral issues
687	HHS/Agency lacks documentation regarding progress
625	Paternity not established
543	Parental incarceration
538	Parental mental illness
359	Parental whereabouts unknown
316	Child's mental health issues
254	Caseworker changes or turnover
252	Not in best interests due to child's attachments
232	Child's history of violent and/or abusive behaviors
208	Severity of abuse makes safe reunification unlikely
135	Parent/purported parent's immigration status
129	Child's substance abuse issues
122	Low functioning parent
108	Child's educational needs/lack of special education in child's area
94	Language barriers
90	Child's disability
82	No current written case plan
80	Cultural barriers
80	Child's illness
58	Parental illness or health issues
45	No Barriers to Reunification
43	Court continuances
40	Services have not been provided to parents
37	Public assistance needed before child goes home
20	HHS pressure to return home prematurely
7	Lack of home based services – mental health
7	Parent not been notified
4	Lack of home based services – other
3	Lack of home based services – substance abuse

Reviews	Adoption barriers
425	Adoption paperwork not complete
425	Other adoption barriers
333	Child's behavioral issues

199	Child is not in a placement willing to adopt
180	Child's mental health issues
120	No barriers to adoption
116	Child's history of violent and/or abusive behaviors
111	Paternity has not been addressed
108	A petition to terminate parental rights has been filed and the hearing is pending
63	No current written case plan
61	Child's education issues
55	Parents whereabouts is unknown
54	Request to file a petition to terminate parental rights not been sent to the County Attorney
48	Child's disability
33	Court did not terminate parental rights
33	Issues regarding separating the siblings
25	Court continuances
14	Child's illness
13	A request to file was given to the County Attorney, but a petition was not filed
11	HHS policy
6	Child's substance abuse issues
1	HHS lacks documentation regarding the lack of parental progress

Reviews	**Guardianship barriers**
180	Other guardianship barriers
174	Child's behavioral issues
115	Guardianship subsidy paperwork not completed
89	Placement not willing to accept guardianship
82	Child's mental health
76	Child's history of violent and/or abusive behaviors
47	Child's educational issues
34	No barriers to Guardianship
33	Child's substance abuse issues
29	Child's disability
19	An exception to guardianship has not been made by the Dept (child is younger than 13)
11	No current written case plan
9	Child's illness

Reviews	**Independent Living barriers**
77	Child's behavioral issues
51	Other independent living barriers
42	Child's mental health issues
32	No independent living skills training
32	Child's educational issues
31	Child's history of violent and/or abusive behaviors
29	Child's substance abuse issues
14	No barriers to independent living
12	Child's disability
8	Case plan does not address a permanency goal of independent living
5	No current written case plan
5	Child's illness

NOTES:

APPENDIX D

BARRIERS TO PERMANENCY PROJECT TESTIMONY

Barriers to Permanency Project
Testimony to the Health and Human Services Committee on LR 261
November 14, 2013
Kim Hawekotte, J.D. – FCRO Executive Director

Senator Campbell and members of the Health and Human Services Committee, my name is Kim Hawekotte. I am the Executive Director of the Foster Care Review Office. I am here today testifying on behalf of the Barriers to Permanency Project. Fellow members of this project are also present today. We want to thank each agency for their assistance, dedication and belief in this Project.

History of Barriers to Permanency Project

In the June Quarterly Report of the Foster Care Review Office, we focused on children that had been continuously in out-of-home care for more than two years. This Report does not include the months spent in foster care during prior removals. It just considered their current removal from home. This Report found the following State-wide data:

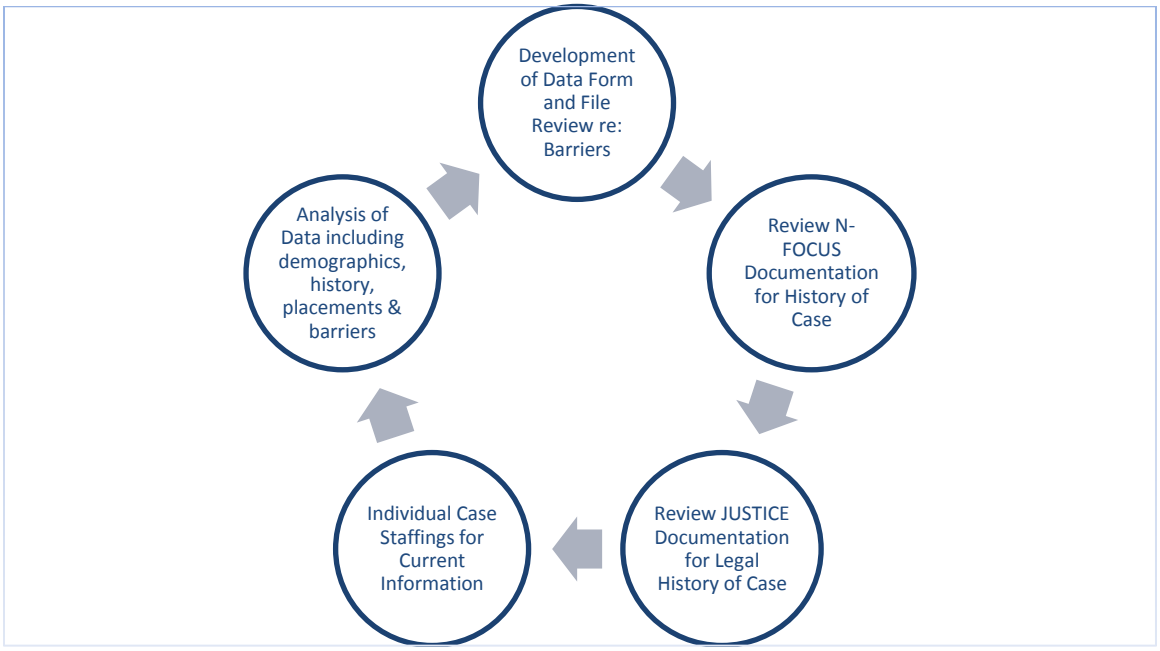
- 870 (23%) of the 3,854 children in out-of-home care had been in out-of-home care for 2 years or longer;
    - 432 of these 870 children had been in out-of-home care for 3 years of longer;
- Eastern Service Area and Southeast Service Area had a significantly higher percentage of children in out-of-home care for two years or longer;
- 458 (53%) of these children were age 12 and younger and 412 (47%) were age 13 and older;
- 166 (19%) of these children were ages 0 to 5;
- Native American and African American children were overrepresented in the population of children in out-of-home care for more than 2 years compared to the population as a whole;
- 44% of these children are from families that meet the rigid poverty thresholds for IV-E funding.

One of the recommendations in this Report was the creation of a collaborative process to review each of these children to determine their individual barriers to permanency. In August, the Barriers to Permanency Project was created and a collaborative was formed including the Nebraska Inspector General, Department of Health and Human Services, Nebraska Families Collaborative and the Foster Care Review Office. Due to the size of this undertaking, it was decided that the Barriers to Permanency Project would begin in the Eastern Service Area. The Eastern Service Area comprises approximately 40% of all children in out-of-home care.

It is the belief of the Barriers to Permanency Project that every system is set up to get the outcomes they are currently getting. We need to honestly look at this data and barriers to changes the system. The 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 will further enable the creation of policy recommendations to improve permanency outcomes for children in out-of-home care.

Process Utilized by the Barriers to Permanency Project



Data Collected by Barriers to Permanency Project

A common data form was jointly created and used in the review of each of these individual cases. The information was collected from N-FOCUS, JUSTICE and paper file reviews. The data collected included:

1. Basic Case Identifiers
2. Demographics of Child and Family
3. Legal Status History
4. Reasons entered Out-of-Home Care
5. Current Permanency Goals
6. Status of Parental Rights including Fathers
7. Current Placement Type
8. Placement History
9. Number of Removals from Parental Home
10. Child Characteristics/Services

The process also included the creation of a common set of barriers. Barriers fall into these categories:

1. Legal Barriers (ex: ICWA, custody, immigration, paternity or no termination of parental rights filed)
2. Court/Legal Parties Barriers (ex: appeal of termination, delays/continuances, fragmented court system)

3. Parent/Guardian Barriers (ex: mental health, substance abuse, incarceration, refusal to take child back)
4. Subsidy/Funding Barriers (ex: adoption, guardianship, DD funding)
5. Child Barriers (ex: severe mental health, DD, child behaviors)
6. Placement Barriers (ex: current placement unwilling to provide permanency; lack of support in placement, relatives unwilling to provide permanency)
7. Case Management Barriers (ex: number of case managers, need family finding, lack of effective case management throughout life of case, lack of effective current case management, lack of independent living services)

Relevant Preliminary Data Findings

This process and analysis was completed on 299 children in the Eastern Service Area over the past two months. Each of these children had continuously been in out-of-home care for over two years. For 75% of these children it was their first removal from home; for 20% of these children it was their second removal from home; and for 5% it was their 3rd or more removal from home. No value judgments were made by any of the individuals or agencies involved but rather a systemic view of each of the factors involved with these children.

A. Demographic Information

Time in Out-of-Home Care

Total for All Children Median of 3.9 Years

- 48% Were Under 4 Years in Care with a Median of 3.5 Years
- 52% Were Over 4 Years in Care with a Median of 5.1 Years

Age When Began Out-of-Home Care

Age 0-5	107 children (36%)
Age 6-10	91 children (30%)
Age 11-15	101 children (34%)

Current Age

Age 0-5	34 children (11%)
Age 6-10	85 children (28%)
Age 11-15	75 children (25%)
Age 16-19	105 children (35%)

- Median Age for Children under 4 Years in Care was 11 Years of Age
- Median Age for Children over 4 Years in Care was 14 Years of Age

Gender

Female	141 children (47%)
Male	158 children (53%)

- No statistical differences for children under and over 4 Years in Care

Legal Status

HHS Ward	260 children (87%)
HHS/OJS Ward	30 children (10%)
Dual	9 children (3%)

* No statistical differences for children under and over 4 Years in Care

County of Filing

Sarpy County	16 children (5%)
Douglas County	283 children (95%)

* 29% of the Douglas County cases were with one judge with the remaining equally divided between the other four judges

Race

White	106 children (35%)	86% of all children in Nebraska
Hispanic	29 children (10%)	15% of all children in Nebraska
African Amer.	134 children (45%)	6% of all children in Nebraska
Native Amer.	14 children (5%)	2% of all children in Nebraska
Bi-racial	14 children (5%)	

* No statistical differences for children under and over 4 Years in Care

B. Parental Rights

Mother's Parental Rights

Deceased	3.5%
Intact	33%
Relinquished	31%
TPR	30%

Father's Parental Rights

Deceased	8%
Intact	37%
Relinquished	15%
TPR	33%

* Termination of parental rights for both parents is more likely to have occurred after a child has been in care for longer than 4 years.

C. Permanency Goals

Primary Permanency Goals

Reunification	25%
Adoption	37%

* No statistical differences for children under and over 4 Years in Care

D. Placement

Total Placements Under 4 Years of Care

1 Placement	5%
2-4 Placements	**29%**

Total Placements More than 4 Years in Care

1 Placement	0%
2-4 Placements	**14%**

5-8 Placements	30%	5-8 Placements	33%
9-12 Placements	12%	9-12 Placements	14%
13-20 Placements	12%	13-20 Placements	13%
21 or More Placements	**12%**	**21 or More Placements**	**28%**

Types of Current Placement

Adoptive Home	6%
Congregate Care	11%
Foster Care	55%
Relative Foster Care	14%
Treatment	2%
Detention/Jail	5%
Independent Living	3%
Runaway	4%

- Youth with more than 13 placements and have been in care **less** than 4 years tend to have more detention placements, more runaways and more placements with parents.
- Youth with more than 13 placements and have been in care more than 4 years tend to have more foster care placements and slightly more treatment placements.
- African Americans comprise 45% of the youth that have been in care for two years or more but are **less** likely to be in an adoptive home and relative foster care and **more** likely to be in congregate care and foster care with families not known to them.

E. Child's Needs

Children in care for longer than 4 years were more likely to have an identified need.

	< 4 years	> 4 years
Learning	17.5%	25.2%
Developmental	7.1%	16.3%
Emotional	16.7%	22.8%
Behavioral	42.9%	56.1%
Mental health	49.2%	63.4%

F. Barriers to Permanency

The top three barriers to permanency were collected on each of the 299 reviewed cases. Not all reviewed cases had three barriers. The main goal of this process was to identify the main categories with regard to barriers. Based upon this preliminary work, we are now able to know

where further research is needed. The needed further analysis has begun and should be completed in the next 45 days.
The top three main categories that were barriers to permanency include legal barriers, court/legal party barriers and case management concerns.

1. Legal Barriers

    * Most prevalent was the lack of filing of a termination of parental rights action.
    * Second was the failure to deal with paternity or father's legal rights.
    * Third were immigration issues impacting permanency.

    We know that one of the main legal barriers within juvenile court revolves under custody issues. When a child is placed with a non-custodial parent, the financial and legal ability to obtain a change in a domestic custody order greatly impacts the ability to achieve permanency and close a juvenile case. This situation arises due to a conflict between the district court and juvenile courts. The children involved in these types of situations were not included in our file review due to the fact that these children are considered placed at home. Further research must be completed on this issue and a process has been started to review these cases.

2. Court/Legal Parties Barriers

    * Most prevalent was a fragmented legal system. Examples of these include failure of a guardian ad litem to meet their statutory responsibilities or failure to file needed supplemental petitions or lack of focus on permanency by the legal system.
    * Second was the time period involved in the appeal process. This can add more than a year to a case and includes both appeals of adjudications and appeals of termination of parental rights.
    * Third was the number of delays and continuances within the court process.

    Further analysis is being completed in this area to be better able to identify specific court processes that are delaying permanency for children.

3. Subsidy/Funding Barriers

    * Most prevalent was the amount of adoption subsidy and funding especially issues surrounding medical and mental/behavioral health care.
    * Second was evenly split between guardianship subsidies and DD funding for these children. All of the children that had a barrier regarding DD funding have been in out-of-home care for longer than 4 years.

4. Child Barriers

    * Most prevalent two concerns revolved around the child's behaviors and the severe mental health needs of the child.

    Further analysis is being completed in this area to compare the number and types of placements for these children. It was of concern that in the cases where this was listed as a barrier there were a substantial number of placements (in two cases over 50 placements) and also numerous treatment placements over many years.

5. Placement Barriers

    * Most prevalent was the current placement unwilling to provide permanency.
    * Second was the child was not in any type of potential permanent placement.

6. Case Management Barriers

    * Most prevalent was the lack of effective case management through the life of the case.
    * Second was the lack of completing or documenting any type of family finding process to locate biological fathers, relatives and other potential permanent placements.
    * Third was the number of case managers that had been involved with the child.

    Of the 299 cases reviewed, 67% of these cases began **prior** to January 1, 2011, when case management was contracted by DHHS with lead agencies. 32% of these cases began **after** January 1, 2011. Of these 299 cases, two-thirds of these cases were transferred to NFC from either KVC or DHHS while one-third of these cases have continuously been with NFC.

Considerations and Next Steps

Next Steps

As is true with any good data project, it raises as many questions as it answers. Since we are only in the preliminary phase of analyzing all of the data, some of the questions that we are researching further include:

1. Comparison of the reason the child entered out-of-home care and his/her length of stay and type of placements.
2. The re-entry rate by age, race, type of case and by judge.
3. Further detail on the specific barriers surrounding the court/legal parties.
4. Further research into the custody issue delaying permanency.
5. Further research into the correlation between a barrier of the child's behavior and the number and type of placements.

6. Further research into the number of sibling groups and the other specific barriers to this population. This also needs to include whether sibling contacts are in place.

Considerations

Based upon what we have seen at this time, considerations should be given to the following:

1. Review of the length of the court appeal process. We do acknowledge that there is a legal right to appeal a decision but are concerned about the median time for the appeal process over 10 months. We further acknowledge that this issue is being closely monitored and recommend that this process continue.

2. Requirement that court orders must be issued within 30 days of the finalization of the court hearing. Since any and all court decisions do affect the life of a child, it is important that these orders are issued promptly so that cases can continue to move forward to permanency.

3. Revision of the current statutes regarding custody issues. As discussed above, further clarification of the Nebraska statutes regarding which court should handle custody matters need to be done. For these children, they are in a permanent placement with a noncustodial parent and the case could close after the necessary custody orders.

4. Lack of a trauma-informed system from the legal system to case management to providers. We acknowledge that every placement change for a child impacts a child. Too many placement decisions are being made without full consideration of the impact this will have on a child. We also need to ensure that appropriate mental/behavioral health treatment is focused on the trauma suffered by a child.

5. Challenges regarding technology. This collaborative group spent over 400 hours just to find some of this basic data. We further found a lack of consistency in the data and no ability to use this data in any type of accessible analytics. This data needed to be collected manually. There also needs to be developed a computer system that provides alerts and exception reports in a way that makes it easier for workers and supervisors to do their job. If data were easier to enter for the workers, there would be increased completeness and accuracy which we found lacking on many of the reviewed cases. These technological improvements would greatly impact the barrier of ineffective case management.

6. Further evaluation of the Nebraska Foster Care System in necessary to adequately address barriers to permanency. The current system does not provide incentives to foster care providers for serving Nebraska's children most in need of a foster care home, nor does it provide incentives for moving children to permanency. In fact, one could argue that, under the current foster care system, foster care providers are actually incentivized to deny placement of Nebraska's neediest children and keep children in foster care unnecessarily.

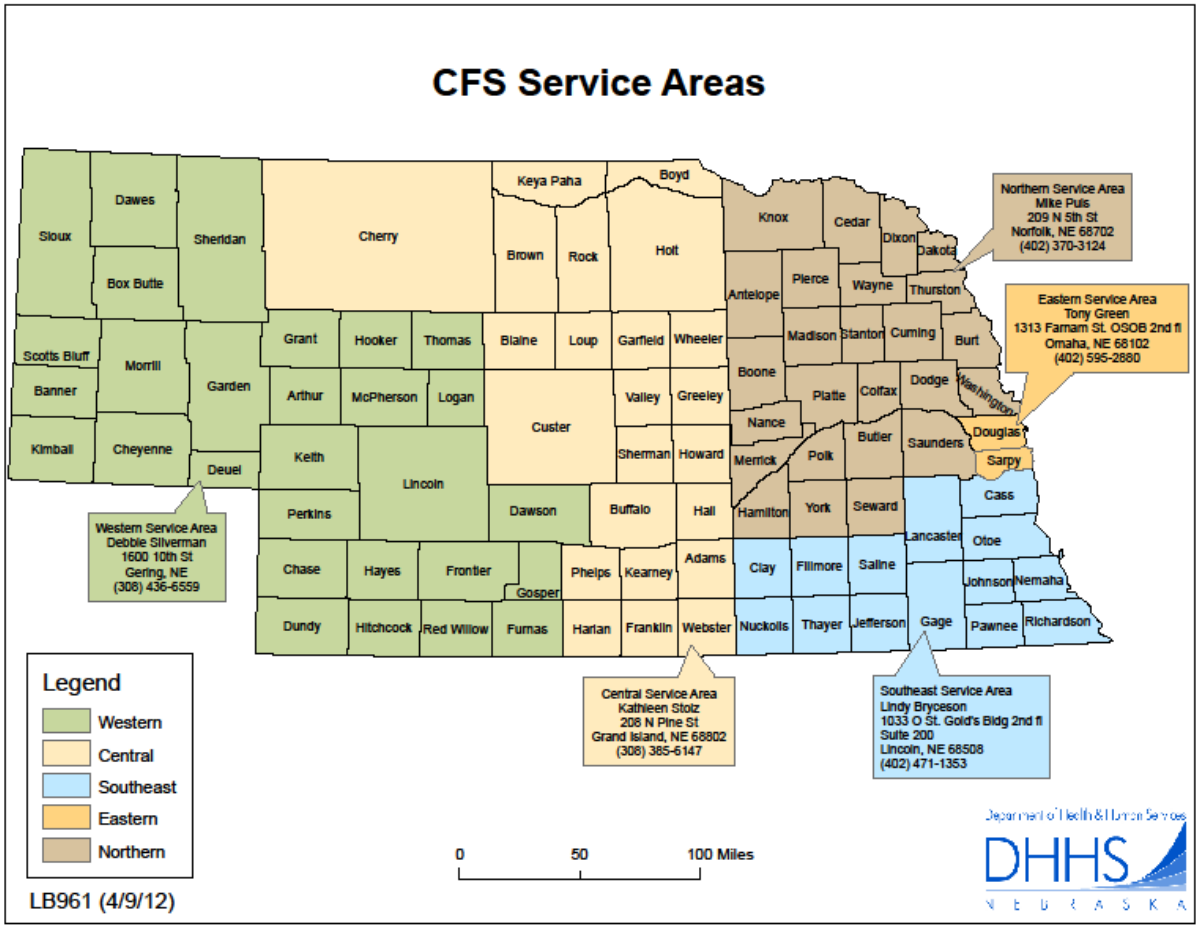
I would like to personally thank each of the agencies involved in this extensive undertaking. It would not have been possible without all of their hard work and dedication. Special thanks the NFC, DHHS and the Inspector General.

APPENDIX E

SERVICE AREAS

DEFINITION OF SERVICE AREAS

The following map showing the Service Areas is courtesy of the Department of Health and Human Services. When the Foster Care Review Office refers to a "service area" it is using the same definition as DHHS.



APPENDIX F

POVERTY

POVERTY AND CHILDREN

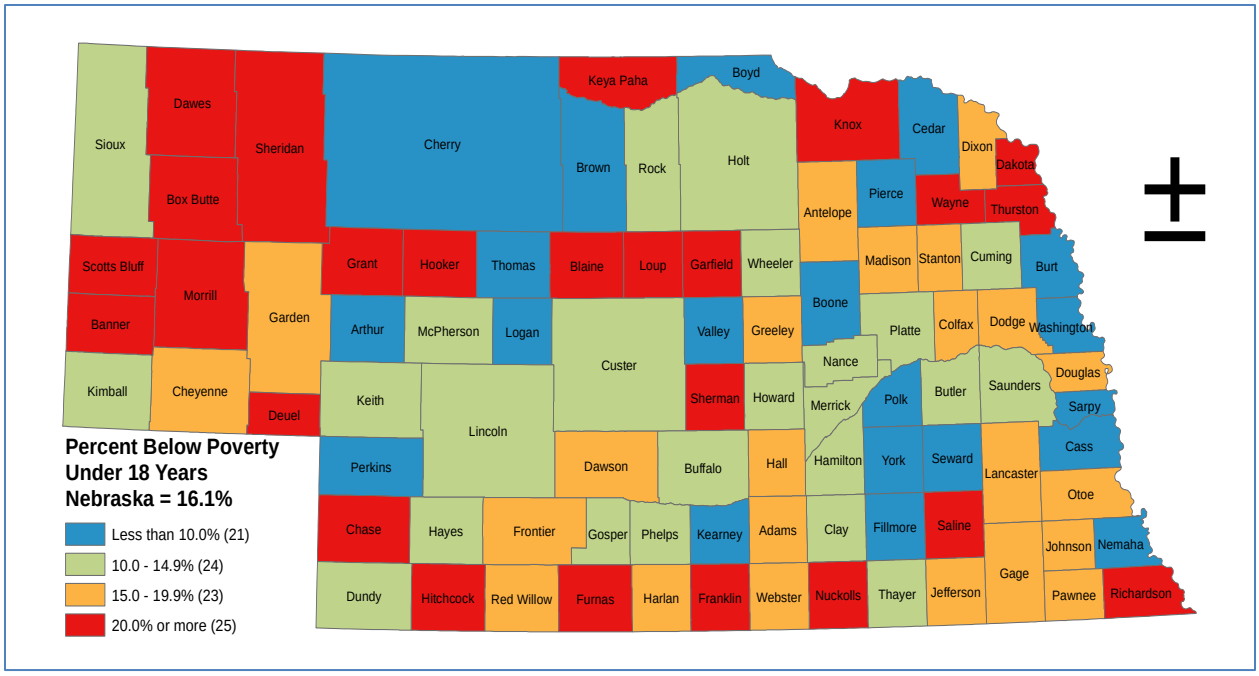
National research indicates a correlation between rates of children in foster care and poverty. Consider the following paragraphs from Foster Care Today, Casey Family Programs, 2001:

> *Poverty severely limits the ability of some families to provide basic necessities for their children, including food, shelter, clothing, health care, and transportation to school and needed services. In 1999, 17% of U.S. children experienced hunger and 30% of children being raised by single mothers were determined to be "food insecure" (that is, "uncertain of having, or unable to acquire, adequate food sufficient to meet their basic needs at all times due to inadequate household resources for food") (Andrews, Nord, Bickel, & Carlson, 2000, p. 1). Poverty and poor health also are related…*
>
> *Given the impact of poverty on the ability of many families to provide adequately for their children, it is not surprising that children living in poverty are far more likely to be reported to child protective services as victims of child neglect (Duncan & Brooks-Gunn, 1998). In one study, however, children whose families had annual incomes below $15,000 were found to be at increased risk of every form of child maltreatment (Sedlak & Broadhurst, 1996). The extent to which determinations of child maltreatment lead to foster care placement also appears tied to poverty. Both Lindsey (1994) and Pelton (1989) found that the major determinant of children's removal from their parents' custody was not the severity of child maltreatment but unstable sources of parental income. Data from other sources confirm that a significant number of children in foster care are from poor families. In 1999, more than one-half of the children in foster care qualified for federally assisted foster care, which is tied to eligibility for welfare benefits (U.S. House of Representatives, 2000).*

Therefore to provide perspective on how poverty is a challenge for many Nebraska children we are including the following chart which is derived from census data provided by the Department of Labor.

Percent of children in poverty in 2012	Number of Nebraska Counties
Under 10.0%	3 counties
10.0%-14.9%	18 counties
15.0%-19.9%	33 counties
20.0%-24.9%	27 counties
25.0%-36.8%	13 counties

More study is needed to determine how poverty impacts Nebraska's children in foster care and in out-of-home care through the juvenile justice system.


Sioux
Dawes
Sheridan
Box Butte
Cherry
Keya Paha
Brown
Rock
Holt
Boyd
Knox
Cedar
Dixon
Dakota
Antelope
Pierce
Wayne
Thurston
Scotts Bluff
Morrill
Grant
Hooker
Thomas
Blaine
Loup
Garfield
Wheeler
Madison
Stanton
Cuming
Burt
Banner
Garden
Arthur
McPherson
Logan
Valley
Greeley
Boone
Platte
Colfax
Dodge
Washington
Kimball
Cheyenne
Deuel
Keith
Custer
Sherman
Howard
Nance
Merrick
Polk
Butler
Saunders
Douglas
Sarpy
Lincoln
Perkins
Dawson
Buffalo
Hall
Hamilton
York
Seward
Lancaster
Cass
Otoe
Chase
Hayes
Frontier
Gosper
Phelps
Kearney
Adams
Clay
Fillmore
Saline
Johnson
Nemaha
Gage
Dundy
Hitchcock
Red Willow
Furnas
Harlan
Franklin
Webster
Nuckolls
Thayer
Jefferson
Pawnee
Richardson
Percent Below Poverty
Under 18 Years
Nebraska = 16.1%
Less than 10.0% (21)
10.0 - 14.9% (24)
15.0 - 19.9% (23)
20.0% or more (25)

NOTES:

APPENDIX G

LICENSING ISSUES

LICENSING ISSUES

In order for states to receive federal payments for foster care and adoption assistance, federal law under title IV-E of the Social Security Act requires that states "consider giving preference to an adult relative over a nonrelated caregiver when determining the placement for a child, provided that the relative caregiver meets all relevant State child protection standards."[80]

Title IV-E further requires states to exercise due diligence to identify and provide notice to all grandparents and other adult relatives of the child (including any other adult relatives suggested by the parents) that the child is being removed from the custody of his or her parents, explain the options the relative has to participate in the care and placement of the child, and describe the requirements to become a foster parent to the child.[81]

DHHS policy dictates that relatives should become licensed foster homes whenever possible. In order for a relative foster home to become licensed, certain criteria must be met.[82]

1. A licensed foster parent must submit to background checks, to include a National Criminal History Check, (certain crimes automatically preclude licensing), Central Register of child and adult protection cases, (denied if not expunged), and State Patrol Sex Offenders Registry.
2. All adult members must also provide three favorable character references.
3. Applicants must also present a Health Information Report, and if requested, the applicant may be required to provide a written physician's statement regarding the effect of prescribed medication on the applicant's ability to provide care for children.
4. The applicant may also have to submit to a physical examination if the Health Information Report or DHHS agent observation indicates that an applicant has a potential health problem which may interfere with ability to care for a child.
5. The maximum of children, both biological and foster, that can be residing in the home is 9, with no more than 6 children under the age of 12.
6. There must be a minimum 35 square feet of living space per individual in the home excluding bedrooms, bathrooms and kitchen.
7. Bedrooms must meet a minimum of 35 square feet for each child occupying them.
8. Rooms that are primarily used for other purposes cannot be used as bedrooms and all bedrooms must be able to be accessible directly without having to go through another bedroom.
9. Children of opposite sexes must have separate bedrooms.
10. There must be two exits from the home on grade level.
11. Toilets must be on same floor as children's sleeping rooms.

[80] 42 U.S.C. § 671(a)(19), Placement refers to the placing of a child in the home of an individual other than a parent or guardian or in a facility other than a youth services center.
[81] 42 U.S.C. § 671(a)(29), as amended by the Fostering Connections to Success and Increasing Adoptions Act of 2008.
[82] Nebraska Health and Human Services Manual letter #75-2002.

12. Sleeping rooms must have natural light.
13. The State Fire Marshal's office will conduct an inspection on the potential foster home for any potential safety risks.
14. If the applicant is caring for seven or more children, the applicant's residence must meet the requirements for Small Residential Board and Care Facilities.
15. The home that is seeking approval for licensing for care of seven or more children must also undergo a sanitation inspection.
16. Potential foster parent applicants have to attend 21 hours of DHHS-Approved pre-service training (PRIDE), and 12 hours in-service training annually.

The Department of Health and Human Services may waive, in whole or in part, foster care training requirements when a relative is the foster care provider. Such waivers shall be granted on a case-by-case basis upon assessment by the department of the appropriateness of the relative foster care placement.[83]

If a relative cannot meet the minimum expectations to become a licensed foster home or the relatives do not want to become licensed, certain requirements must still be met. Completion of background checks on all household members age 13 and over on the CPS Central Register and Adult Protective Services Central Registry and any household member age 18 and over, a background check through the Sex Offender Registry, local and national law enforcement checks must be conducted. If background checks find that a household member is on either the CPS or APS Central Registry, has a felony conviction or is listed on the Sex Offender Registry a "Request for Relative Approval Exception" must be signed by DHHS Administration.[84]

Legislation stipulated that after July 1, 2012 "*no person shall furnish or offer to furnish foster care for one or more children not related to such person by blood, marriage, or adoption without having in full force and effect a written license issued by the department …*"[85] It prohibits "child specific" foster placement other than relative foster parents, and all other potential foster homes must be licensed. [86]

This was problematic in instances where there is a potential caregiver that is known to the children and with whom the children have a natural relationship but may not meet all licensing criteria. Examples of common scenarios include a parent of a half-sibling that is only related to one of the children or a step-parent that is no longer married to the biological parent of the children.

Children in these scenarios had to be placed elsewhere. Even if the step-parent or parent of half-sibling pursues licensing, it takes time to go through all the licensing steps and to complete the required training. Then children who have just began adjusting to life in the placement they needed while the relative pursued licensing may be moved again, this time to the newly licensed

[83] Neb. Rev. Stat. 7§1-1904.
[84] Division of Children and Family Services Administrative Memo #16-2012 issued June 15, 2012.
[85] Neb. Rev. Stat. §71-1902 (1).
[86] Neb. Rev. Stat. §71-1904.

relative and start the adaptation process over again. That certainly was not the intent of the legislation.

Formerly there was an ability to create a provisional license while the potential foster home completed licensing requirements; that is no longer the case. "Any reference to considering, assessing, or making placement of a child in an unlicensed foster home, unless the child and foster parent are related by blood, marriage, or adoption, in existing administrative memos or Guidebooks is no longer applicable based on the new statute" and, "Beginning July 1, 2012, DHHS will not place children in the home of a foster or adoptive parent who does not have an operational license for foster care unless the foster or adoptive parent is related to the child by blood, marriage, or adoption. This statute applies to emergency and non-emergency placements."[87]

In 2013, the Nebraska Legislature passed LB 265, which revised the above legislation to allow foster children to access kinship and relative care more easily.[88]

Standardization

At a meeting on November 1, 2012, DHHS Children and Family Services Director Thomas Pristow indicated that the department was in process of standardizing the training curricula for foster homes, regardless of which contractor provides the foster home's training and supports. The FCRO supports this move to ensure that all caregivers are provided the essential information needed to provide care to children who have experienced abuse, neglect, or other trauma in their home of origin.

[87] Division of Children and Family Services Administrative Memo #16-2012 issued June 15, 2012.
[88] See page 86 for a more in depth description of this legislation.

APPENDIX H

CHILD WELFARE TIMELINE

CHILD WELFARE CHANGE TIMELINE

Governor Heineman Announces Directives

June 21, 2006: Governor Heineman announced new child welfare directives. At that time Nebraska had an all-time high number of children in out-of-home care (over 6,200). The Governor ordered DHHS to prioritize cases of children age five and younger and work to resolve cases more quickly. He asked for all professionals involved with children in out-of-home care to collaborate on resolving children's issues.

September 2006: The Supreme Court held the first Through the Eyes of a Child Summit, and regional teams formed for collaboration.

Dec. 31, 2006: The number of children in out-of-home care had been reduced from 6,204 at the beginning of the year to 5,186.

Dec. 31, 2007: The number of children in out-of-home care was reduced to 5,043.

July 2008: The federal Child and Family Services Review (CFSR) indicated that Nebraska was not meeting seven standards of child safety, permanency, and well-being.

July 10, 2008: Governor Heineman, Chief Justice Heavican, and the FCRB Chair Georgina Scurfield, held a press conference to announce that the FCRB and DHHS would be conducting a joint study of children who had been in out-of-home care 2 years or longer. As a result, both agencies instituted routine joint meetings on cases of concern.

September 2008: DHHS unveiled its plan for child welfare and juvenile services reform, including contracting for in-home services.

Dec. 31, 2008: The number of children in out-of-home care was reduced to 4,620.

Through 2008, adoptions were at an all-time high – 572 children were adopted in 2008.

Private Agencies Assume Service Coordination

July 2009: Current child welfare change efforts began.

July 2009: State and Federal funds totaling $7 million were given to the Lead Agencies for recruitment of staff, locating work sites, leasing of equipment, and any other purposes reasonably necessary to prepare for full implementation.

August 2009: Training of Service Coordinators began. 25 days of initial caseworker training was provided to Service Coordinators, with additional training to be provided by the Department and Lead Agency.

Summer 2009: Concerted effort made by DHHS to train caseworkers and Service Coordinators regarding Roles and Responsibilities; licensed foster parents contacted by DHHS regarding the impending change and the need to be licensed under a Lead Agency or sub-contractor.

October 2009: Contracts amended for service delivery to begin on November 1, 2009 with full statewide implementation by April 1, 2010.

October 2009: FCRB began planning on child welfare change data to be collected.

November 2009: Service contracts are signed by DHHS and the Lead Agencies totaling $149,515,887 for services through June 30, 2011.

November 2009: FCRB began training staff on the additional data collection.

November 1, 2009: Weekly transfer of child welfare cases began in Douglas and Sarpy County. Individual case staffing occurred and one year's worth (not the entire file) of the families' case file documentation was copied and given to the Contractor.

December 31, 2009: Contracts are amended, increasing payments by $9,677,246.

December 31, 2009: There were 4,448 children in out-of-home care.

Jan. 1, 2010: FCRB began collecting data on child welfare changes.

April 2010: Transfer of child welfare cases to Lead Agencies complete.

April 2, 2010: CEDARS announced its intention to withdraw from their contract by June. The cases of 300 children reverted to DHHS for case management.

April 16, 2010: Visinet declared bankruptcy. The cases of 1,000 children reverted to DHHS for case management. (The court later overturns this bankruptcy).

April 2010: FCRB began working with DHHS on documentation deficits and how best to report them to DHHS for correction.

May 2010: DHHS and Visinet sign an agreement that DHHS will directly pay Visinet foster parents and subcontracts, and pay Visinet $627,270 to pay its former employees.

June 2010: The process for recording documentation deficits was in place, and the FCRB began reporting individual cases to DHHS and the Lead Agencies.

July 2010: Change of contracts. Sets monthly amounts. DHHS agrees to make payments for independent living and former wards instead of contracts. KVC contract increased as Cedars and Visinet are no longer providing services. Contract revised to front load July through September payments.

September 2010: DHHS and Boys and Girls announce they have mutually ended the contract. BGH is to be responsible for services prior to October 1.

October 15, 2010: Boys and Girls ceased operations. The cases of 1,400 reverted to DHHS for case management.

October 15, 2010: DHHS issued a press release titled *DHHS Announces Next Steps to Strengthen Child Welfare/Juvenile Services Reform*. In this announcement it stated that $9.86 million in emergency federal funding for TANF (formerly aid to dependent children) and $6 million dollars of state general funds was received. DHHS also announced a reduction of staff and transfer of more responsibilities to the remaining service agencies by January 1, 2011, further accelerating the Reform effort. Contracts changed that when non-medically necessary treatment is ordered by the court, the parties will work together to identify alternatives.

October 2010: Caseworkers reported they are seeking alternative employment in response to the announcement of reductions in staff.

November 8, 2010: There were 4,508 children in out-of-home care.

November 15, 2010: Governor Heineman weighed in, noting that both state and Lead Agencies have to do a better job in the future.

November 17, 2010: Seven Lincoln area State Senators hold a town hall meeting on child welfare changes.

December 2010: Contracts add case management services effective January 2011. Payment to NFC increased by $7 million and KVC by $12 million.

December 2010: FCRB releases a report on child welfare changes to date.

December 2010: DHHS brings in the Casey Foundation to assist with improvements to the child welfare system. DHHS and Casey met with stakeholders who identified a wide range of issues with the child welfare changes.

December 31, 2010: There were 4,301 children in out-of-home care.

Private Agencies Assume Case Management

January 1, 2011: The two remaining Lead Agencies (Nebraska Family Collaborative-NFC and KVC) assume case management duties for the children already assigned to their agencies. Lead Agency Service Coordinators become Family Permanency Specialists (FPS). DHHS caseworkers become DHHS Children and Family Outcome Monitors (CFOM's).

January 2011: The Legislature introduces a number of bills and resolutions designed to improve the child welfare system and to address the systems issues brought to the members by constituents. Proposals included:

- LB 80, which would remove section requiring another party to object to the department's plan and prove not in best interests for the court to disapprove the plan, (amended into LB 648 and passed.)
- LB 177, which would require a transition plan for youth age 16 and older, require reasonable efforts to accomplish sibling visitations, and adopt other provisions of the federal Fostering Connections Act, (passed).
- LB 199, which would require DHHS to develop a method to determine reimbursement rates, (hearing held, no further action pending LR 37).
- LB 433, which would require oversight of child welfare contracts, (held after the Governor announced a voluntary moratorium on new contracts).
- LB 598, which would reduce the length of time to permanency hearings, (hearing held, no further action).
- LB 651, which would require the FCRB to study foster parents, (hearing held, no further action).
- LR 37, which would require a legislative study of child welfare changes. (passed)

June 2011: DHHS announces KVC will get $5.5 million more in fiscal year 2011 and $7 million in fiscal year 2012. NFC will receive $14.2 million in fiscal 2012 up from $13.8 million.

June 2011: KVC announces layoffs of 75 workers.

June 17, 2011: DHHS announces Vicki Maca has been appointed as administrator of Families Matter.

June 2011: The DHHS Southeast Area Administrator resigned effective June 3, 2011, and the DHHS Eastern Service Area Administrator resigned effective July 26, 2011. These are the two areas with Lead Agencies.

June 30, 2011: There are 4,272 children in out-of-home care.

July 2011: Providers due payments from Boys and Girls receive letters from DHHS with an offer to payout 35% of what is owed to each by Boys and Girl

August 17, 2011: DHHS issued a news release that case management for an additional 620 families would be assigned to NFC by October 15, 2011. The contract increases by $53,366,735.

State Auditor releases report

Sept. 7, 2011: State Auditor Mike Foley releases a scathing report on the state's child welfare system.

Oct. 15, 2011: Scot Adams becomes Interim Director of the DHHS Division of Children and Family Services following the Sept. 16, 2011, resignation of Todd Reckling due to health problems.

Fall 2011: LR 37 hearings are held across the state.

Nov. 16, 2011: Uta Halee Girls Village closes their residential treatment center due to declining revenue under reform.

January 6, 2012: KVC renegotiates its contract to receive an additional $1.8 million. It withdraws as a lead agency on Feb. 22, 2012.

Jan. 18, 2012: LB 998, which changes the governance of the FCRB, was introduced.

Jan. 20, 2012: Former FCRB Director Carol Stitt resigns.

KVC withdraws as lead agency

Feb. 22, 2012: KVC announces it is withdrawing as a lead agency effective March 1, 2012. This leaves only NFC as a lead agency.

Mar. 7, 2012: Thomas Pristow was named Director of DHHS Children and Family Services Division.

Child welfare bills advance

Spring 2012: A series of child welfare bills (LB 821 on Children's Commission & Inspector General, LB 1060 on data, LB 949 on fiscal monitoring, LB 961 creating a lead agency pilot, and LB 820 on a IV-E waiver) plus LB 998, on the makeup of the FCRO, all advance.

May 30, 2012: Governor Heineman names Nebraska Children's Commission.

Changes to Foster Care Review Office take effect

July 1, 2012: The Foster Care Review Board becomes the Foster Care Review Office (FCRO). Data Coordinator Linda M. Cox is named in the bill as interim executive director.

Aug. 7, 2012: Governor Heineman names members of the FCRO Advisory Committee.

Federal officials notify state regarding child welfare fines

Aug. 21, 2012: Federal officials notified DHHS that the state would be penalized for failing to following regulations regarding the use of foster care funds. The penalty is for 2010 and additional penalties are likely for fiscal years 2011 and 2012.

Continued focus on improving outcomes for children

Aug. 30, 2012: The Foster Care Review Office Advisory Committee meets for the first time.

Fall 2012: Legislative hearings regarding the child welfare system continue.

January 20, 2013: Kim Hawekotte is named the Director of the Foster Care Review Office.

July 1, 2013: The Director of the Foster Care Review Office is added to the voting membership of the Children's Commission. (LB 269)

July 1, 2013: Changed the structure of the Children's Commission by housing staff of the Commission under the Foster Care Review Office for administrative purposes. This includes the Administrative Coordinator and newly created Policy Analyst position.

May 25, 2013: Kinship and relative foster care licensure changes take effect. (LB 265)

October 2013: All new cases of youth law violators fall under Probation. Cases formerly under OJS continue under OJS until completed or transferred to Probation. OJS continues in charge of the Youth Rehabilitation and Development Centers in Geneva and Kearney.

January 2014: Extended foster care services for young adults age 19-21 to become available.

The Foster Care Review Office can be reached at:

Foster Care Review Office
521 S. 14th, Suite 401
Lincoln NE 68508
402.471.4420

email: fcro.contact@nebraska.gov

www.fcro.nebraska.gov