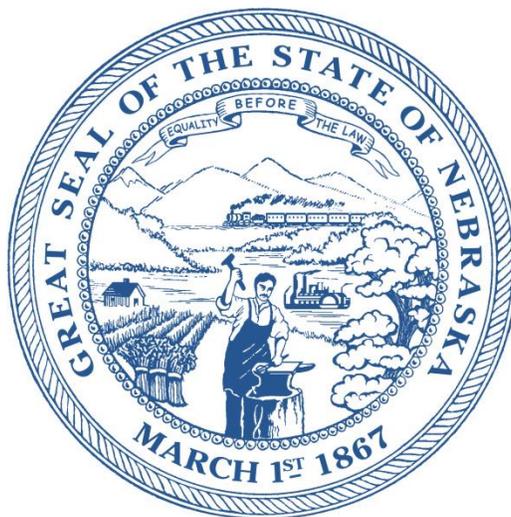


The Nebraska Foster Care Review Office Quarterly Report

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



Issued September 15, 2014

Executive Summary

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, identify conditions and outcomes for Nebraska's children in out-of-home care, and make recommendations on any needed corrective actions. The FCRO is an independent state agency, not affiliated with the Department of Health and Human Services, the Courts, the Office of Probation, or any other child welfare entity.

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

This quarterly report focuses on three main issues:

1. An [analysis of DHHS wards in out-of-home care ages birth through five as of August 11, 2014](#);
2. Preliminary information on a [joint FCRO/DHHS review of children placed out of state in group facilities as of August 11, 2014](#); and,
3. An [analysis of data related to all DHHS wards in out-of-home care](#) at a point in time (August 11, 2014), including trend data.

Through analysis of data about children placed in out-of-home care age birth through five, the Foster Care Review Office has found the following relevant data:

1. 38% (1,126) of the children in out-of-home care were infants and preschoolers. This is a very crucial time in the developmental life of a child as detailed on page 7.
2. Over 40% of these infants and preschoolers have remained in out-of-home care of over one year and 23% of them have experienced more than three placement moves while in care (page 9).
3. The permanency objective, at the time of FCRO review, was not appropriate for almost a quarter of the children in this age group. (page 12)
4. Only 69% of the children reviewed by the FCRO had a complete permanency plan. (page 12)

5. No progress was being made towards permanency for 28% of the children and only limited progress was being made for another 23% on the cases reviewed by the FCRO. (page 14)
6. 61% of the mothers whose parental rights were intact were either not compliant with court-ordered services or minimally compliant at the time of the FCRO case review. (page 13)
7. 20% of the cases reviewed by the FCRO paternity had not been identified and in those cases where paternity had been established 37% of the cases reviewed did not order any services for the father. (page 13)
8. Parental response to visitation opportunities can be one of the best indicators of the viability of reunification but only 40% of the mothers and 22% of the fathers were visiting as ordered by the court at the time of the FCRO case review. (page 14).

Through analysis of data regarding all children in out-of-home care on August 11, 2014, the Foster Care Review Office has found the following facts and trends:

1. The percentage of children having four or more placements over their lifetime has decreased, but still 33% of children have still had this negative experience. (page 24)
2. There are significantly fewer DHHS wards who are teenagers. (page 19) One primary reason is that DHHS Office of Juvenile Services cases are transferring to the Office of Probation. At the time this report is being written, the Office of Probation is not reporting to the FCRO its youth in out-of-home care.
3. The majority (67%) of the DHHS wards are from the Omaha and Lincoln areas, which by 2011 census data those areas would account for 61% of Nebraska's children. (page 19)
4. Minority children continue to be overrepresented in the out-of-home population. (page 22)
5. There are 43 Nebraska children in some form of group (congregate) care at a facility in another state, which could include a treatment placement. (page 16)
6. More DHHS wards are in the least restrictive forms of placement (family type settings) with an increase from 72% to 89%. This increase has been impacted by the DHHS/OJS transfers of cases to Probation. (page 25)
7. Shelter care has been dramatically reduced for the DHHS ward population. (page 26)
8. The majority of children have had 3 or more case managers over their lifetime. (page 27)
9. There has been a slight improvement in the life-time re-entry rate in the past year. (page 27)

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

At the systems level

1. **Ensure the FCRO is able to track youth in out-of-home care through the Office of Probation** and report on that population's outcomes.
2. **Ensure that all parties, including all legal parties, are required to actively participate in the FCRO case file review process.** Only through active participation by the legal parties, especially the guardian ad litem, can the FCRO provide the necessary oversight to protect the best interest of the child. Currently, there is no uniformity across the State in response to FCRO requests for information.
3. **Ensure that all FCRO reports to the Court are automatically admitted and received into evidence at court hearings.** In order for the judicial system to have all of the information available to it to ensure appropriate decision-making is occurring, the FCRO reports must be received and utilized by the court. Due to statutory interpretation, there is no uniformity across the State.
4. **Ensure the FCRO has authority to review children's cases when they are returned to parental care for "trial home visits",** so there is independent oversight of these children's cases at that point. By expanding the authority of the FCRO to review cases during the first 3-6 months that a child is reunified with their parent, the FCRO can verify whether all services are implemented to ensure a successful reunification. Currently the FCRO does not have this statutory authority. Many states do include this term period within the authority of their foster care review offices.
5. Ensure relevant data is collected and shared to meet the needs of children and families by providing for a **formalized data information sharing system** between all state entities including Department of Education, Department of Health and Human Services, Office of Probation and Judicial system.
6. **Educate all system stakeholders, including the judicial system, in the principles of SDM®**, the product that DHHS is using to help with decision-making.¹ Ensure fidelity to the SDM® model.
7. As explained in our June 2015 Quarterly Report, develop an **independent oversight process to ensure children are removed for safety reasons and not for correctable reasons related to poverty** or lack of resources. Ensure that parents are held to the same standards whether for a first removal or a second. Ensure that children removed a second time are only being removed for a sufficient safety risk that would have resulted in a first removal, not just because the parent(s) failed to fully comply with orders from a first removal in a way that did not compromise safety.
8. Ensure that there are sufficient aftercare services available statewide to decrease the number of children who have a return to out-of-home care.

¹ Structured Decision Making® is a proprietary product DHHS is using to assist in determining whether children should be removed from the home and when or if it is safe for children to return to the parental home. It is further described in Appendix B.

At the case level:

1. **Offer intensive services to parents at the onset of the case, including the specific assessment of a parent's long-term willingness and ability to parent their child.**
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. Ensure that all stakeholders, especially the legal parties in the judicial system, are timely in meeting the needs of children and families.
2. **Address paternity in a timely manner**, preferably very early in the case so that the father's suitability as a caregiver can be assessed.
3. **Utilize relative locator services** such as the evidence-based program of Family Finding to quickly determine if there are relatives and if the identified relatives are potentially suitable caregivers for the children.
4. **Minimize placement disruptions** for infants, toddlers and preschool children, by promptly identifying appropriate relative placements (e.g. aunt, grandmother) and by attaining all appropriate health and development services as early as possible in the child's case.
5. **Ensure children are safe in their placements while receiving services**, such as supervised visitation with the parent(s).
6. Caseworkers, foster parents, agencies responsible for foster homes, guardians ad litem, therapists, courts, and other concerned parties should do everything possible to encourage a **well-thought-out transition plan for any child that must move between placements**, 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.
7. If children in out-of-home care must also be in daycare, ensure that the daycare arrangements are safe, secure, and consistent.

Legislative changes that will impact child welfare data in future reports:

- Under LB 561 (2013), starting October 1, 2013, the Office of Probation Administration began providing services for youth with law violations as those children come to the attention of the Courts. Currently, **due to statutory interpretation, the Office of Probation is not providing tracking or review information regarding out-of-home youth under its care.** The FCRO and the Office of Probation are working to resolve this issue, but additional legislation may be required. When resolved, the FCRO will be able to track and provide outcome data on the youth in this population that are in an out-of-home placement.
- Under LB 216 (2013), youth aging out of the foster care system will be able to voluntarily continue services through their 21st birthday through what is known as the **Bridge to Independence** program. The FCRO and DHHS are working on the details for this program, which is slated to begin by October 20, 2014. The FCRO will be providing case file reviews for each of the young adults involved in this program.
- Under LB 936 (2014), the DHHS Division of Developmental Disabilities is required to create a pilot project for state wards with developmental disabilities. This pilot will assist the DHHS Division of Developmental Disabilities and the DHHS Division of Children

and Family Services to work together for state wards with above-average habilitative needs. **Data from the pilot is to be provided to the FCRO, and the FCRO is required to analyze the data and create a report to the Legislature every six months** over the course of the pilot. The first such report is due January 2015. The pilot is to terminate June 30, 2016.

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Section I.

Children in Out-of-Home Care Age Birth through Five

The Foster Care Review Office's special focus for this quarterly report is on young children placed in out-of-home care. 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. This is the time period during which critical 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.

Unfortunately, the following statistic shows that many Nebraska children do not have this type of healthy environment. **On August 11, 2014, 1,126 (38%) of the 2,998 children in out-of-home care were children age birth through five.**²

National research has shown that when a young child is faced with prolonged or multiple stressors, vital connections in the child's brain can fail to form properly, thereby resulting in temporary or permanent changes in the child's ability to think, develop positive inter-personal relationships, and process future stressors. High levels of stress hormones occurring during the period of newborn through age three have been found to create life-long problems with impulse control, anxiety, hyperactivity, and learning disorders.³ Further, children who were physically abused before age five were four times more likely than other children their age to display serious conduct problems by grades three and four.⁴

Instability in foster care can further exacerbate such problems. 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. National research has shown that even babies and infants too young to verbalize their stress are negatively impacted by removal from the home and subsequent decisions (such as placement changes) made while they are in temporary care.⁵

² DHHS wards only, not the remaining youth under DHHS-OJS and not youth under the Office of Probation.

³ Sources include *Ghosts From the Nursery*, Robin Karr-Morse and Meredith, S. Wiley c. 1997.

⁴ Dodge et al (1995), quoted in IOM (Institute of Medicine) and NRC (National Research Council), 2014, *New directions in child abuse and neglect research*, Washington, DC: The National Academies Press.

⁵ Some sources include: *American Academy of Pediatrics Policy Statement on Developmental Issues for Young Children in Foster Care* quote from Rosenfeld, Pilowsky, Fine, November 2000; *Signs and Symptoms of Child Traumatic Stress by Developmental Stage*, The National Child Traumatic Stress Network Child Welfare Trauma Training Toolkit, 2nd edition; *Emotional Trauma in Infancy*, Evelyn Wotherspoon, Erinn Hawkins, and Pamela Gough, Centres of Excellence for Children's Well-being, University of Toronto Faculty of Social Work; *Effects of Foster Care Placement on Young Children's Mental Health*, Dr. Beth Troutman, Susan Ryan, M.A., and Michelle Cardi, M.A., University of Iowa Hospitals and Clinics; *Removal from the Home: Resulting Trauma*, UPenn Collaborative on Community Integration; and many others.

A. Basic Characteristics for Children Age 0-5

On August 11, 2014, there were 1,126 children age 0-5 in out-of-home care, which is 38% of the out-of-home care population. By any standard, this statistic indicates that too many preschoolers have been abused or neglected to the point of requiring removal from the parental home. The following is demographic information regarding these children.

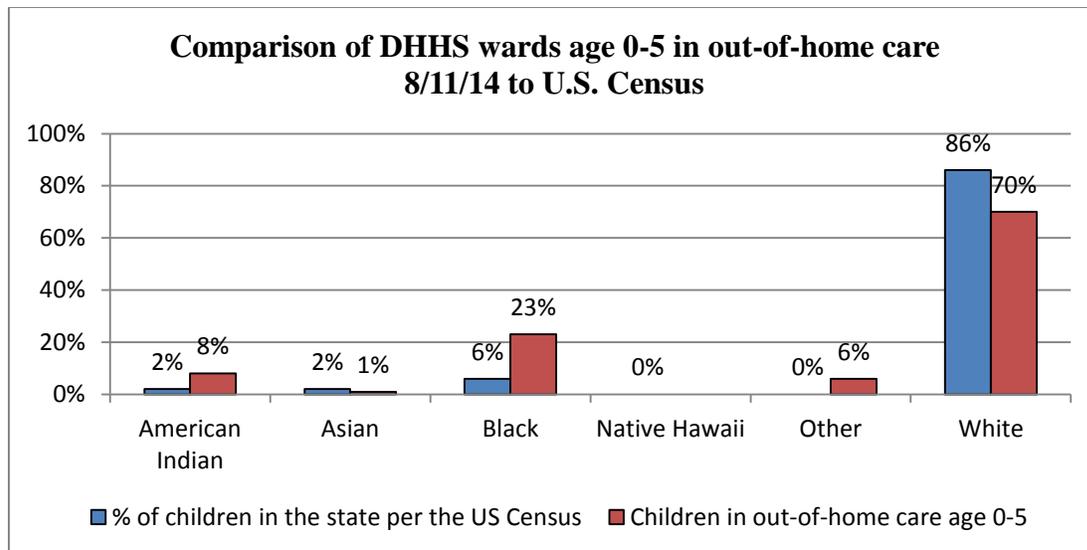
1. Race By Age Group.

The following chart compares the racial backgrounds of children. Please note that some children have more than one race, and thus would be in the count for each of their designated races. The percentage is based on the total number of children in each age group. This age group mirrors the percentages for other age groups.

Children age 0-5		Race
92	(8%)	American Indian
8	(1%)	Asian
258	(23%)	Black
3	(<1%)	Native Hawaiian
64	(6%)	Other race
789	(70%)	White
8	(1%)	Declined to specify
34	(3%)	Unknown

2. Race Compared to Nebraska Census

While there is no significant difference in the percentages by race between the age groups, there is a difference when compared to census data.⁶ There is a definite showing of disproportionality.



⁶ Source for the statewide population of all children: U.S. Census Bureau, 2011 Population Estimates Program, as found in the Kids Count in Nebraska Report 2012, page 65.

3. Gender.

There were 535 girls (48%) and 591 boys (52%) in the 0-5 age group which is comparable to the percentage of all children in out-of-home care.

4. Region of the state.

The 10 counties in Nebraska with the most children age 0-5 in out-of-home care are shown in the chart below, which accounts for 82% of the children in this age group.

	County	Children age 0-5
1	Douglas	416 (37%)
2	Lancaster	215 (19%)
3	Sarpy	58 (5%)
4	Buffalo	52 (5%)
5	Lincoln	43 (4%)
6	Hall	33 (3%)
7	Madison	31 (3%)
8	Scotts Bluff	28 (2%)
9	Platte	25 (2%)
10	Adams	24 (2%)

B. Stability or Lack of Stability for Children Age 0-5.

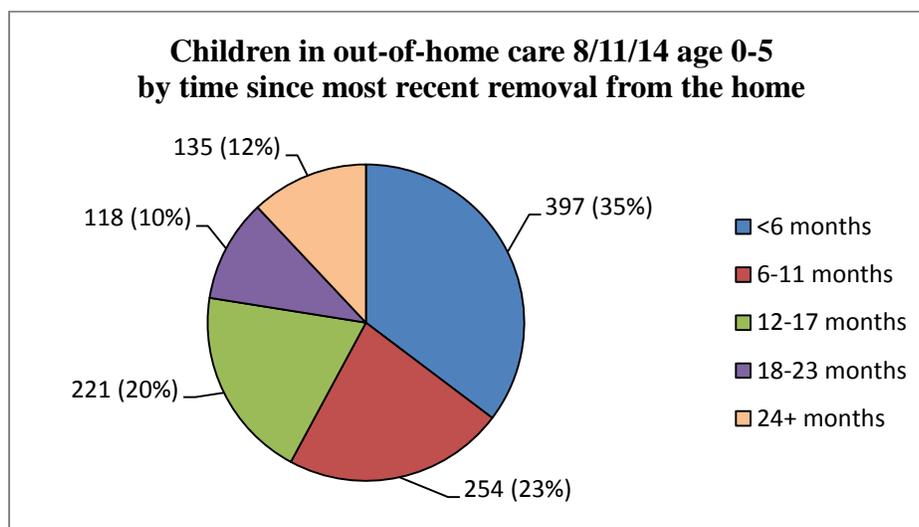
1. Time in care.

Foster care is designed to be a temporary condition. As such, it cannot provide the type of stability available in a permanent situation, be that a return to parents who have corrected the issues that led to the child's removal, adoption, or when age appropriate, guardianship.

Regardless of the safety reasons that can make a removal from the home a necessity, the process of initial removal from the home means children are removed from familiar surroundings and lose everything they were used to and comfortable with. Change of this magnitude has a detrimental effect on brain and neurological function, particularly for children not old enough to understand what is taking place. This is one reason why children, especially young children, may regress when initially placed (example: a previously toilet trained preschooler may begin soiling themselves). Some children who are placed in out-of-home care already had insecure attachment to the parents. Changes for these children can be particularly stressful and potentially damaging to children's health and well-being.⁷

The following shows that many children in the 0-5 age group had spent many months or even years in out-of-home care. For over 40% of these children, one year or more have been spent in out-of-home care. For many of these children, that has been a significant portion of their lives if not all of their lives.

⁷ Adapted from *Reducing the Trauma of Investigation, Removal and Initial Out-of-Home Placement*, Portland State University, Center for Improvement of Child and Family Services, (2008-2009).



2. Placement instability.

The following quote summarizes the ill effects that cumulative moves have on the lives of a child and why the FCRO puts emphasis on the number of placement moves experienced over a child's lifetime.

Infants and young children cannot tolerate frequent placement changes or multiple caregivers. Even two to three changes in caregivers with the first year of life can traumatize an infant. The most effective intervention for infant emotional trauma is exposure to high quality, stable, predictable caregiving relationship as early in life as possible. Thus, initial decisions about where to place a very young child must be made with great care and should consider the long-term needs of the infant.⁸

A substantial number of the 1,126 young children in out-of-home care have experienced placement instability while in foster care.

- 262 of the children (23%) had been moved to 3 or more placements over their lives.
- 127 (11%) had been moved to 4 or more placements over their lifetime.

For many of these children, this is not their first removal from the parental home. Each removal is a further traumatic event in that child's life.

- 152 of children (13%) had been removed from the home more than once.

⁸ Wotherspoon, E., Hawkins, E., & Gough, P (2009). *Emotional trauma in infancy*. CECW Information Sheet #75E. Toronto, ON, Canada: University of Toronto Factor-Inwentash Faculty of Social Work.

3. Worker changes.

Worker changes can increase the likelihood of placement changes, and increase the likelihood of longer stays in out-of-home care. For both the Eastern Service Area and the remainder of the State, one out of every four children age 0-5 had four or more caseworkers. The following are some key facts about children in the 0-5 age group:

- 26% of children from the Eastern service area had 4 or more FPS (lead agency) caseworkers over their lifetime.
- 24% of the children from the remainder of the State had 4 or more DHHS caseworkers over their lifetime.

C. Additional information gathered through FCRO Case File Review Process

The FCRO employs professional staff that research and gather information from numerous sources during the FCRO case file review process. This material is provided to local board members who, after all interested parties on the case have provided their input, make required findings and identify barriers to permanency for each child's case. The FCRO professional staff then documents the local board findings in a report that goes to each legal party and judge for the reviewed child's case. In addition, the FCRO's staff completes a comprehensive data sheet of statistical information which is tracked by the FCRO in an effort to establish baselines and work with stakeholders on systemic changes to address issues identified through the tracking and review processes.

The FCRO is not sufficiently funded to staff reviews immediately after children are removed from the home; typically reviews begin when a child has been in out-of-home care for six months or longer. The FCRO completed the case file review process on 737 (65%) of the children in the 0-5 age group during January-June 2014. The following are some of the key findings from the above process.

It is the FCRO's policy to strategically work with all stakeholders on the areas of concern that are in bold text below in order to ensure that these issues are adequately and promptly addressed for the best interest of the children involved.

1. Health and safety

Some key questions asked and findings made with regard to the health and safety of the children includes:

- Were safety steps taken in the plan to protect the child?
 - 695 (94%) children's plans adequately addressed safety.
 - **11 (1%) children's plans did not adequately address safety.**
 - **For 30 (4%) children it could not be determined** if DHHS evaluated safety (e.g., as due to a lack of a plan, a lack of documentation, etc.).
- Is the placement (foster home) safe?
 - **91% of the children were in a safe placement at the time of the review.**
 - **3 of the 737 children were in unsafe placements.**

- For 62 children (8%) there was insufficient documentation to determine placement safety.
- Are health needs of the children being met?
 - **25 children (3%) were found to have significant unmet health needs at the time of review.**

2. Children's plans

The plan sets the direction for the case and gives benchmarks by which progress to permanency can be determined. DHHS creates a plan for the child's future and presents it to the court. The court can adopt the plan, modify the plan, or order that a new plan be developed. Therefore, when the FCRO examines the plan for the child's future it considers both elements. The key questions asked and findings made with regard to the plan include:

- Was the DHHS plan complete?
 - 510 (69%) children's plans were complete.
 - **190 (26%) children's plans were incomplete as they were missing one or more critical component.**
 - 23 (3%) children's plans were out dated (over 6 months old).
 - For **14 (2%) children DHHS did not prepare a plan.**
- Was the court ordered primary permanency objective (e.g. reunification, adoption) appropriate?
 - 409 (56%) children's primary objective was appropriate.
 - **173 (23%) children's primary objective was not appropriate.**
 - 57 (8%) children's case had not yet been adjudicated, so there was no plan to evaluate.
 - 71 (10%) children's cases it was not possible to determine if the objective was appropriate due to recent changes, waiting for evaluations to be completed, etc.
 - **23 (3%) children's court order did not contain a permanency objective.**
 - 4 (1%) children's cases were voluntary, non-court.

3. Parent identification, rights status and compliance with services

The status of parental rights is a critical component to consider during reviews. If parental rights are intact, the parents are likely ordered to participate in specific services designed to address the reasons that children were removed from the home. Measuring compliance is critical in order to determine if reunification is a viable goal. The key questions asked and findings made with regard to the identification of the parent and compliance with services includes:

- Mother's parental rights
 - Mother's rights were intact for 593 of the 737 children (80%). For those 593 children:
 - 101 (17%) mother was compliant with all court-ordered services.

- **190 (32%) mother was compliant with only some court-ordered services.**
 - **172 (29%) mother was not compliant with court-ordered services.**
 - 57 (10%) there was insufficient documentation to determine.
 - 73 (12%) court-ordered services did not apply (such as pre-disposition or if the court did not order any services for the mother).
 - For the 593 children whose mother’s rights were intact, local boards are required to determine if grounds for TPR (termination of parental rights) appear to exist:
 - For 208 (35%) children it appears grounds exist.
 - For 365 (62%) children it appears grounds do not exist.
 - For 9 (2%) children it appears grounds exist, but it may not be in best interests.
 - For 11 (2%) children the question of grounds for TPR is not applicable, such as in a voluntary, non-court case.
- Father’s parental rights:
 - **150 (20%) of the children reviewed did not have paternity identified.**
 - 460 (62%) of the 737 children the father’s rights were intact. For these 460 children:
 - 51 (11%) father was compliant with all court-ordered services.
 - 104 (23%) father was compliant with some court-ordered services.
 - 95 (21%) father was not compliant with court-ordered services.
 - 40 (9%) there was insufficient documentation to determine.
 - **170 (37%) court-ordered services did not apply (such as pre-disposition or if the court did not order any services for the father).**

4. Day care and adapting to more new caregivers

Earlier in this report we discussed the number of foster parent changes that many young children experience and how that can be traumatic for many young children. That is not the only change in caregivers that young children experience, many (451 or 61%) are also enrolled in daycare with daycare workers providing the children’s care during a substantial portion of their awake hours many days each week.

Daycare is a different experience for children who have experienced the trauma of abuse or neglect than it is for infants and children who have not experienced abuse or neglect. For some, the adjustment to two sets of strangers (foster parents and daycare workers) providing their care at different points in the day can be very difficult. Changes of placement can result in changes of daycare centers. Therefore, the FCRO strongly urges stakeholders to consider the need for stability and continuity with the daycare workers who provide much of this fragile population’s care.

5. Visitation

Courts order visitation (also known as parenting time) for many reasons: to ensure that the child bonds with their parents; to determine if the parent is benefiting from parenting classes and other services designed to improve their parenting; to ensure children are safe through supervision of the parents interactions with the children; and to determine if the parent is willing and able to safely parent their children.

Parental response to visitation opportunities can be one of the best indicators of the viability of reunification as a plan for the children.

Data shows that courts are ordering visitation between a child and their parent but only **40% of mothers and 22% of fathers are visiting as ordered by the court**. However, **43% of the fathers were not included in the court orders** for visitation either because the father has not been identified, their parental rights are no longer intact, or he is deceased. For the 737 children reviewed in our case file review process, the FCRO found the following about visitation:

Visitation status	With Mother	With Father
Occurring as court ordered	(40%)	(22%)
Not occurring as court ordered	(33%)	(17%)
No visitation due to a no contact order	(2%)	(3%)
Insufficient documentation to determine	(3%)	(4%)
Not applicable (not identified, no longer have parental rights, deceased)	(22%)	(43%)
Court has not addressed visitation	(1%)	(9%)
Occurring via voluntary agreement	(<1%)	(1%)
Not occurring and a non-court case	0	(<1%)

6. Progress towards permanency

Taking all the above indicators and other case facts into consideration, local boards must determine if progress is being made toward permanency.

The FCRO found that for 440 (60%) of the 737 children reviewed either no progress, or at best limited progress, was being made towards permanency. Some details:

- For 210 children (28%) no progress was being made toward permanency.
- For 172 children (23%) only some progress was being made toward permanency.
- For 58 children (8%) there was insufficient documentation to determine progress.

This finding correlates with the number of young children who have been in out-of-home care for prolonged periods, which then impacts the number of children who have experienced multiple placement moves while in care and other negative outcomes.

Recommendations:

1. 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.
2. Minimize placement disruptions for infants, toddlers and preschool children, by promptly identifying appropriate relative placements (e.g. aunt, grandmother) and by attaining all appropriate health and development services as early as possible in the child's case.
3. Caseworkers, foster parents, agencies responsible for contracted foster homes, guardians ad litem, therapists, courts, and other concerned parties should do everything possible to encourage a well-thought-out transition plan for any child that must move between placements, 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 while receiving services such as supervised visitation with the parent(s).
5. Address paternity identification in a timely manner, preferably very early in the case so that father's suitability as a caregiver can be assessed.
6. Ensure fidelity to the SDM® assessment model used to determine if children need to be removed from the home and when/if it is safe to return children to the parents. Determine the number of and reasons for supervisory overrides of SDM® scores.
7. Utilize relative locator services to quickly determine if there are relatives, and if any identified relatives are potentially suitable caregivers for the children.
8. Develop an independent oversight process to ensure children are removed for safety reasons and not for correctable reasons related to poverty or lack of resources.

Section II.

Out of State Placements in Group Facilities

Nebraska children in out-of-home care are not always placed within the state. Sometimes this is related to availability of treatment services, other times it is to ensure placement with relatives. This section gives some preliminary data about children placed out of state and describes a joint effort with DHHS to conduct more research on this topic.

On **August 11, 2014**, there were **96 Nebraska children** placed in another state⁹; **53 (55%) of these children were placed with a relative** who now resides outside Nebraska. The remaining **43 (45%) of these 96 children** were in some form of **congregate (also known as group) care**. Some of the group facilities where the 43 children were placed were treatment placements while others were not.

The following lists the states where the 43 children in group care were sent.

Arizona	6 children	Kansas	6 children
Colorado	4 children	Michigan	2 children
Iowa	10 children	Missouri	2 children
Idaho	3 children	Montana	2 children
Illinois	4 children	Pennsylvania	1 child
Indiana	1 child	Utah	2 children

Regardless of the reason that a child is placed in another state, for cases where contact with the parents is deemed beneficial the distance between the placement and the parents can be a barrier to continued contact. Distance also makes it more difficult for case workers and guardians ad litem to continue their oversight of the children's health and safety.

Preliminary joint FCRO/DHHS analysis

The FCRO and DHHS are jointly examining the cases of children placed in congregate facilities in other states to determine the reasons these youth were placed in another state, such as a deficit in a particular service type or a judicial preference for certain out-of-state practitioners. This analysis is ongoing.

The FCRO would like to share some preliminary findings regarding these children in congregate out-of-state care:

- 55% of the children in out-of-state congregate facilities were in treatment placements.
- 45% were in non-treatment placements. The high percent (45% of the 43 children in congregate care) in non-treatment placements was unexpected, as there was a hypothesis that most children were placed elsewhere in order to obtain a treatment

⁹ Excludes children in out-of-home care through DHHS-OJS or the Office of Probation.

that was not available in Nebraska, or were placed in a facility that was just over the border in another state.

- The majority of children placed out-of-state came from the Eastern Service Area, an area that is said to have the majority of services in the state, which seems counter-intuitive. Next were the Northern Area, Southeast Area, and Western Area, in that order. The Central Service Area did not have any children in out-of-state congregate care. Further research is planned to determine reasons for these regional differences.
- The proximity to Nebraska of the facilities will also be further examined because in some areas an out-of-state placement may be closer than an in-state facility. For example, a facility in northeast Colorado may actually be closer to the parents of a child that lives in western Nebraska than a facility in Omaha or Lincoln.
- Some of the children in out-of-state congregate settings were as young as six. Further research will also look at the ages of the children and how this makes a difference in finding a suitable placement, whether in or out-of-state. For example, placements geared to older teens may not be equipped to handle pre-teens, or placements that use certain cognitive therapies may find that suitable for teens, but not young children. Similarly, some placements may not be suitable for youth of any age with cognitive impairments, pregnant teens, children with multiple diagnosis, etc.
- Further analysis will also be completed regarding the reasons and types of out-of-state treatment facilities these children are placed. Key questions will involve whether this type of treatment is available in Nebraska; whether Nebraska has the necessary number of treatment beds; the number and type of placements prior to the child's placement out-of-state; and what attempts were made to place the child in a treatment facility in Nebraska.

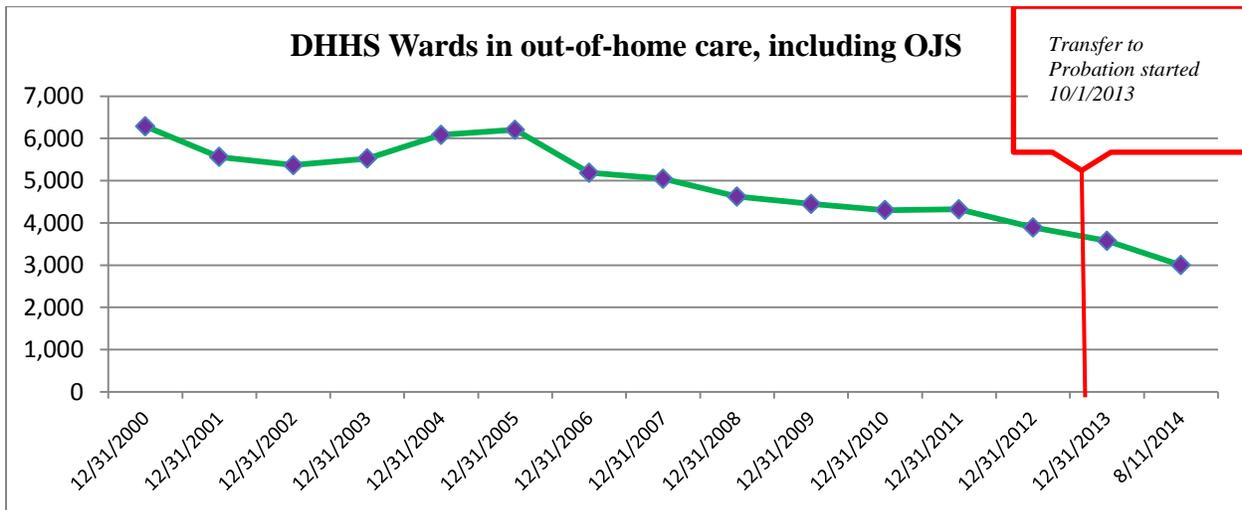
As stated above this is preliminary information. Further findings will be shared as they become available.

Section III.

Analysis of Children in Out-of-Home Care on August 11, 2014

This section contains some basic facts about Nebraska's children in out-of-home care as of August 11, 2014. Important facts to note:

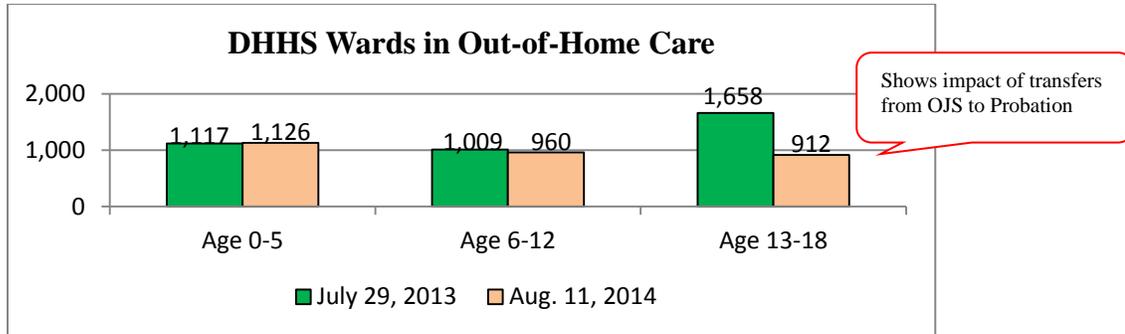
- **95% of the decline in the number of DHHS wards over the last year is likely due to the transfer of DHHS-OJS youth to the Office of Probation.**
 - On August 11, 2014, there were 2,998 in out-of-home care, which is a reduction of 786 children as compared to July 2013 when there were 3,784 children in out-of-home care.
 - 746 out of the 786 decline in number of children were age 13-18 or, in other words, 95% of the reduction is for children under DHHS and DHHS-OJS.
- Currently, due to statutory interpretation, the Office of Probation is not providing tracking or review information about out-of-home youth under its care. The Office of Probation and FCRO are working to resolve this issue. Therefore, **the 2014 numbers on the chart below are ONLY for DHHS Wards, not DHHS-OJS, and not Probation.**



Each section that follows describes the out-of-home care experiences for many children in Nebraska. Keep in mind that children who have experienced abuse and neglect are at increased risk for many problematic outcomes, some of which may continue into their adulthood. The good news is that stable, consistent, and nurturing caregivers and services that address past traumas can ameliorate some if not all of these outcomes.

A. Out-of-Home Care by Age

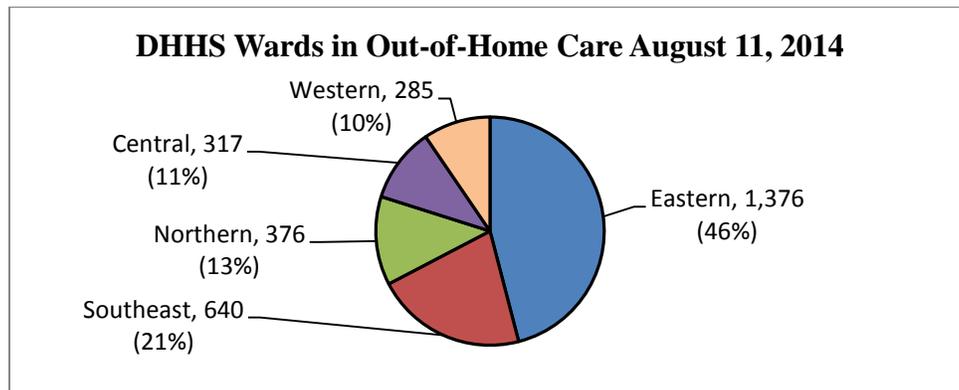
The chart below shows DHHS wards by age group.^{10, 11} Due to the transfer of OJS cases from DHHS to Probation, there are significantly fewer DHHS wards age 13-18 in out-of-home care now than was true prior to the legislation.



To avoid poor outcomes it is important for the state to have age-appropriate interventions available to meet children's needs regardless of the child's age.

B. Out-of-Home Care by Service Area

Children in out-of-home care come from every area of the state. The chart below shows the number and percentage of children from each DHHS Service Area.¹² The percent from each area has remained nearly constant. Most of the wards continue to be from the metro Omaha (Eastern) and Lincoln (Southeast) areas.

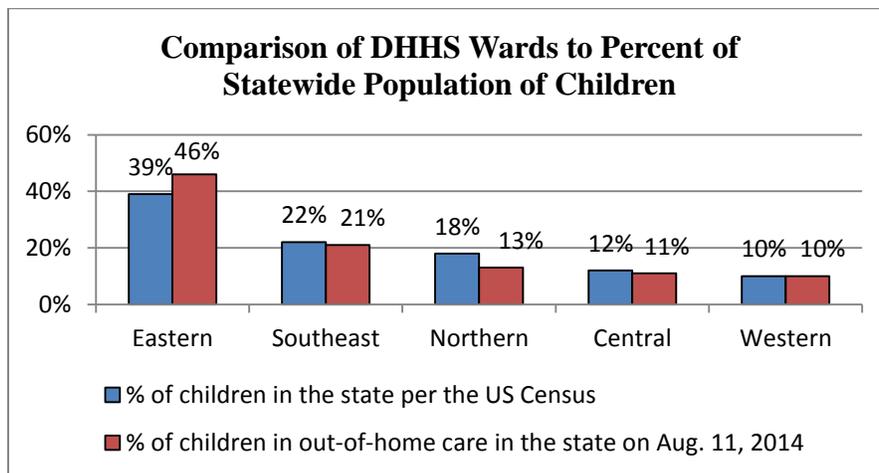


¹⁰ The chart includes only DHHS wards due to the issue with Probation not reporting on their youth. It does not include youth under DHHS-OJS.

¹¹ The statistics in this Report do not include the voluntary Bridge to Independence Program for youth age 19 or 20. Implementation of the Bridges Program will not occur until October 2014.

¹² See the map in Appendix A for the counties of the service areas.

The next chart compares the percentage of the statewide population of all children in each service area to the percent of the total population of Nebraska children in out-of-home care to see if discrepancies exist.¹³



In the Eastern area the percent in out-of-home care continues to be larger than the respective percentages of the statewide population of children. There are many possible explanations for this discrepancy. For example:

- One theory is that because this area has more services available, some of which require an out-of-home placement to access, there may be a difference as to whether children are removed from the home and how long those who are removed stay in out-of-home care.
- Another theory is that there may be a difference in the rates of reporting of child abuse depending on whether the child is in at more urban area or a more rural area.
- Another theory is that there are differences in the judicial response in the separate juvenile courts as compared to county courts acting as juvenile courts.

C. Federal IV-E Funding by Service Area

Federal IV-E funds (part of the Social Security Act) can be used to recoup the cost of room and board and some other services for children in out-of-home care. There are strict criteria for eligibility, including family income/deprivation test (be in poverty based on 1996 AFDC guidelines), there must be certain language in court orders, certain court hearings must have been held in a timely manner, the child must be in an eligible type of out-of-home placement, etc.

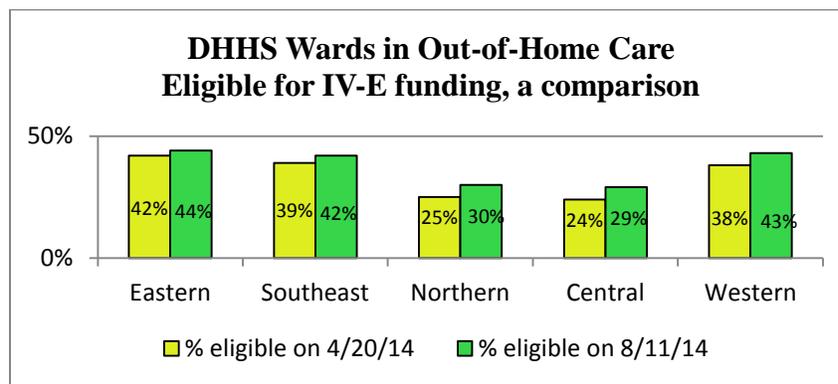
Staff of the Foster Care Review Office, the Department of Health and Human Services, and the Court Improvement Project are working together to improve the identification of eligible children, to ensure more court orders are correctly written so as to qualify, and to ensure that

¹³ Source for the statewide population of all children: U.S. Census Bureau, 2011 Population Estimates Program, as found in the Kids Count in Nebraska Report 2012, page 65.

DHHS records dates of certain court hearings promptly so that the eligibility indicator is properly set.

There are two interesting facts shown by the chart below: 1) differences between the service areas,¹⁴ and 2) recent increases in identification of eligible children, with some improvement being shown in each geographic area.

The following may impact the differences by service area: according to the federal rules, if the original court order does not contain the correct language, the child stays ineligible for IV-E funding for that removal from the home; therefore, it may be some time before some service areas show a statistical change. Another difference between service areas could be in the percentages of children who meet the strict poverty levels required to be eligible.



D. Race

Over and under-representation of certain racial groups does not occur in a vacuum. There is an intersection of issues regarding race, poverty, education, access to services, family makeup and stressors, substance abuse, criminal activities, mental health challenges, and other issues related to the response to child abuse and neglect that makes isolation of any one factor difficult. **The focus should be on whether the state is providing child welfare services and interventions proportionate to the children's needs regardless of the individual child's race or ethnicity.**

Studies such as that conducted by Chapin Hall in 2007 indicate that overrepresentation of children of color in the foster care system is a national issue.¹⁵

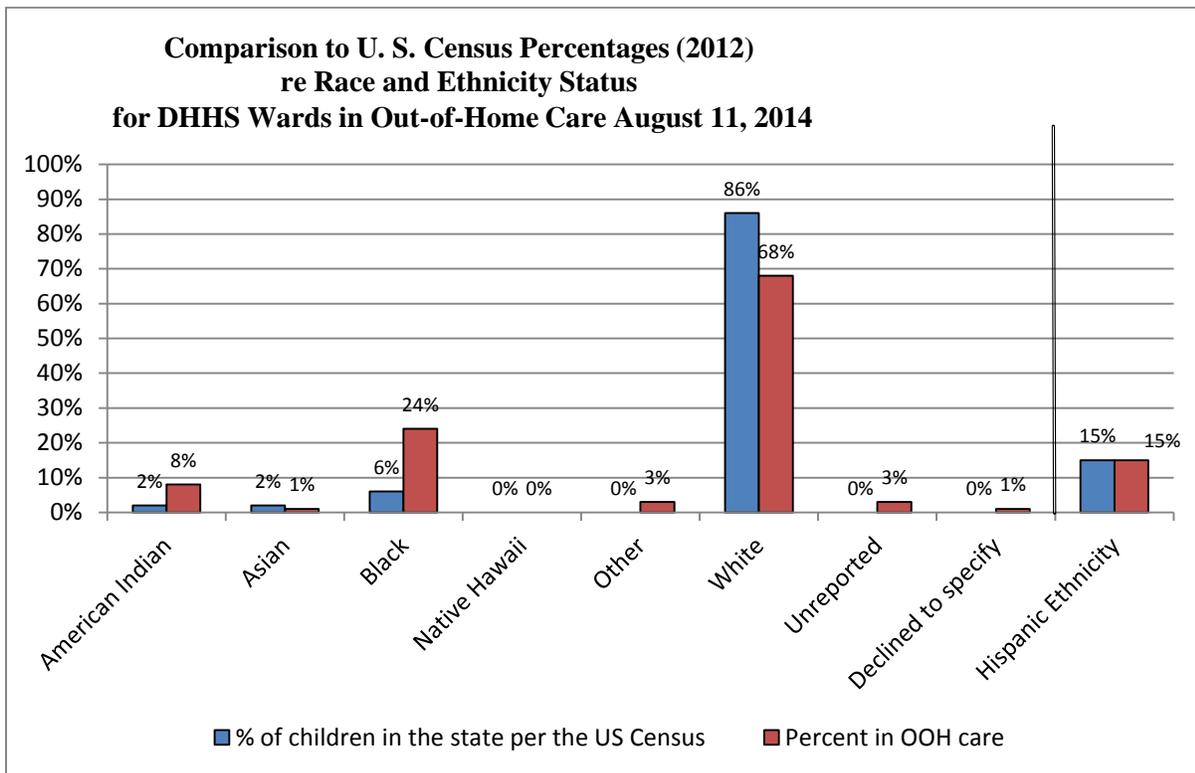
Minority children in Nebraska continue to be overrepresented in the out-of-home population as a whole, as shown in the next chart.^{16,17}

¹⁴ See the map in Appendix A for the counties of the service areas.

¹⁵ *Racial Disparity in Foster Care Admissions*, by Fred Wulczyn and Bridgett Lery, Chapin Hall, September 2007.

¹⁶ The source for the general population of children in Nebraska was www.census.gov/popest/data/national/asrh/2012/index.html.

¹⁷ The numbers of children in the chart labeled in out-of-home care do not add up to 100% because some children are multi-racial and thus included in each identified race.

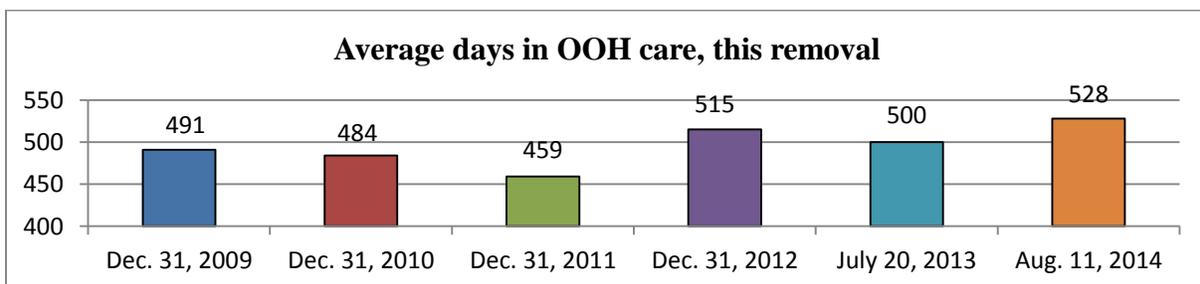


E. Length of Time in Out-of-Home Care

An analysis of the number of days children have been in out-of-home care since their last removal shows that many children have been in out-of-home care for a considerable period of time. The current average is 528 days or 1.4 years. Of additional concern, the time calculation in the chart below does not include previous times in foster care for the 33% of the children that had been removed from the parental home at least once before.

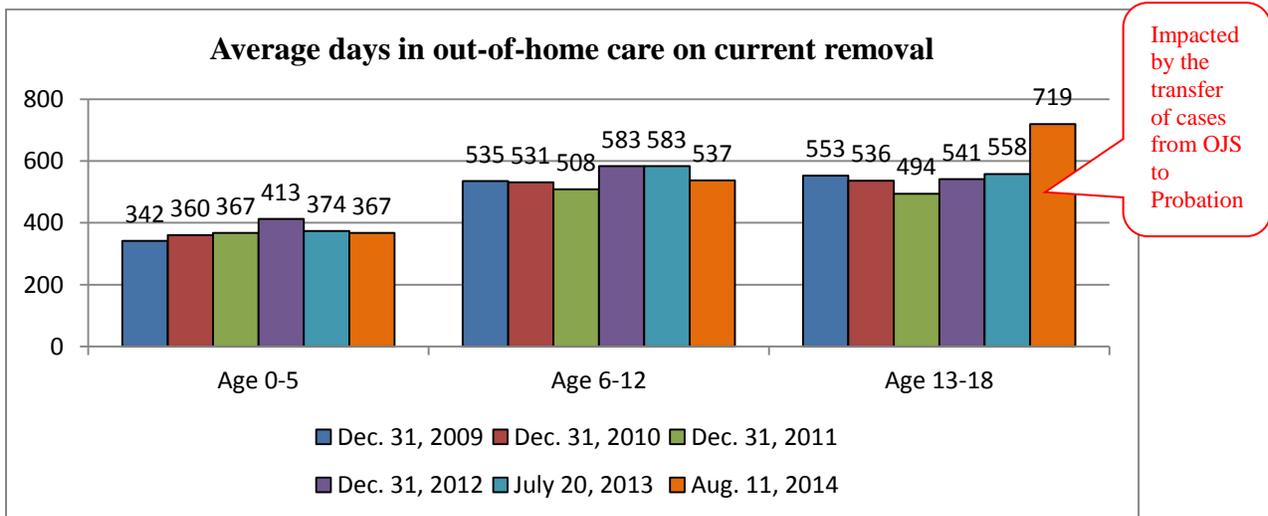
There are two ways to interpret the data on this chart:

- 1) The number of days is increasing, so the indicator has worsened; or
- 2) There are fewer children in out-of-home care so only the children from cases with the most entrenched issues remain; thus, the average days in care could be expected to increase and comparisons to prior averages would be difficult because they would be to a different population of children.

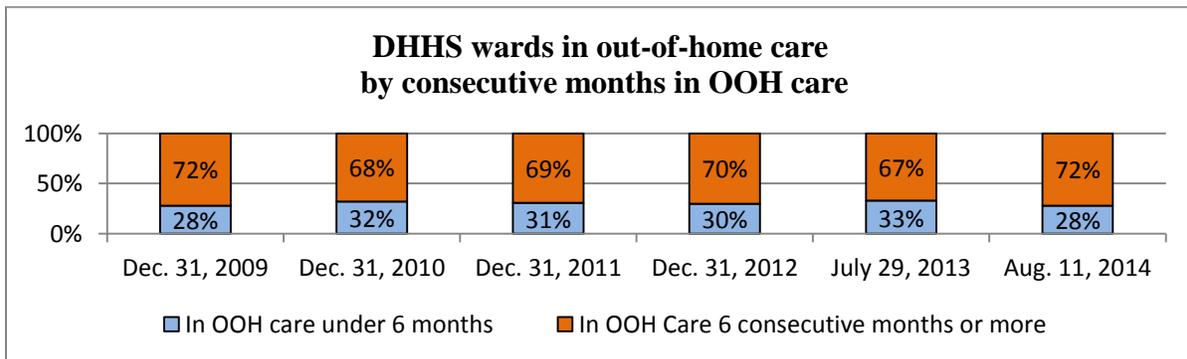


The next graph presents the difference in the average days in out-of-home care by age group. In the past few months:

- The average for the 0-5 age group **decreased slightly** (367 on August 11, 2014, compared to 374 days on July 20, 2013).
- The average for the 6-12 age group also **decreased slightly** (537 on August 11, 2014, compared to 583 on July 20, 2013).
- The average for the 13-18 age group **increased significantly** (719 days on April 20, 2014, compared to 558 on July 20, 2013).
 - Much of the change in the statistic for the 13-18 year old age group can be attributed to the transfer from OJS to Probation. Many of the OJS wards (status offenders and delinquents) had shorter out-of-home stays when compared to the abuse/neglect population; thus, removing them from the population affected the average.



The next chart shows the percentages of the children that had been in care for six months or more on the date specified. While the number of children in care on any given day has decreased, there has not been significant progress in reducing the percentage of children who remained in out-of-home care for more than six months.



F. Placement Changes

Children are often moved between placements (foster homes, group homes, special facilities) while in out-of-home care. Moves might be a positive thing in the case of a child who needed a high level of care when he/she first entered care and is now progressing toward less restrictive, more family like care. Often moves are due to issues within the system rather than children's needs. In some instances, the cumulative additional turmoil of changing who they live with can be temporarily or permanently harmful for children. Thus, the number of placements for the 2,998 children that were in out-of-home care as of August 11, 2014, is relevant.

Most experts find that children will experience serious trauma from four or more placement moves. One third (**33%**) of the children in out-of-home care on August 11, 2014, had experienced four or more placements. However, there is some good news (which is impacted by changing populations):

- The percentage of children with only one lifetime placements has increased.
- The percentage of children with four or more placements has decreased.

The chart below shows the impact of the transfer of former DHHS-OJS wards to the Office of Probation. These are older youth, thus more likely to have higher number of lifetime placements.

Lifetime Placements (foster homes, group homes, or specialty facilities)				
	In Out-of-Home Care on July 29, 2013 (includes DHHS & DHHS-OJS)		In Out-of-Home Care on August 11, 2014 (includes only DHHS – no OJS, no Probation)	
	# of children	%	# of children	%
1 placement	992	26%	981	33%
2 placements	741	20%	672	22%
3 placements	472	12%	352	12%
4 placements	315	8%	215	7%
5-9 placements	736	19%	481	16%
10-19 placements	406	11%	210	7%
20-29 placements	92	2%	68	2%
30-39 placements	28	1%	14	<1%
40+ placements	<u>2</u>	0%	<u>5</u>	<1%
Total	3,784	100%	2,998	100%

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

The FCRO will continue to monitor progress. There are a number of future actions that may positively impact this indicator in the future such as:
the Foster Care Rate Committee of the Children’s Commission agreement on foster care rates, the impact of using assessment tools such as Children and Adolescents Needs and Strengths and Nebraska Caregiver Responsibility to better match children to caregivers who can provide for their needs, and continued collaborative efforts.

G. Placement Types

If children cannot safely live at home, then they need to live in the least restrictive, most home-like temporary placement possible for them to grow and thrive. The chart below compares where children in out-of-home care were living at three points in time.

On August 11, 2014, **foster and relative homes, the least restrictive placement types, accounted for 89% of DHHS wards that are placed out-of-home.** The following chart shows how the transfer of many status offenders and delinquent youth to Probation (which are not presented here) has changed the percentages in the most restrictive settings, in particular the cells marked in yellow.

Types of Placement for DHHS Wards in Out-of-Home Care						
Type	12/31/2011		12/31/2012		8/11/2014	
Least restrictive *	3,084	71%	2,840	72%	2,671	89%
Moderately restrictive **	650	15%	434	11%	146	5%
Most restrictive ***	468	11%	555	14%	153	6%
Runaway	99	2%	80	2%	16	<1%
Other	<u>19</u>	<u><1%</u>	<u>53</u>	<u>1%</u>	<u>2</u>	<u><1%</u>
Total	4,320	100%	3,962	100%	2,998	100%

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

** Moderately restrictive includes group homes and boarding schools.

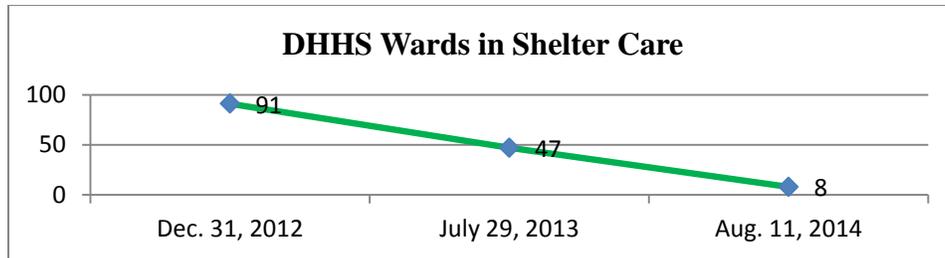
*** Most restrictive includes medical facilities, psychiatric residential treatment facilities, youth rehabilitation and treatment centers at Geneva and Kearney, youth detention centers, and emergency shelters.

H. Shelter Care

Some children are placed in an emergency shelter pending a more permanent foster placement. Best practice is for shelters to be used for a short period of time. The chart below shows trends in the number of children in shelter placement.

When looking at these trends it is important to consider a major policy change implemented by DHHS effective July 1, 2013. Since that time shelter placements are to add a triage and assessment component to assist in determining the placement best suited to meet the individual child’s needs. And, children can only remain in shelter placement for 20 days. Shelter care placements longer than 20 days require the DHHS Director’s approval.

These changes, coupled with the fact that the FCRO is unable to report on OJS or Probation wards, have resulted in a reduction in the total number of children in shelter care as well as the length of time that children remain in shelters. The FCRO commends DHHS for these positive changes.



I. Caseworker and Lead Agency Worker Changes

One of the chief findings in the oft-quoted *Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff* (2005) was that “increases in the number of worker changes correlated to lessening the chance of permanency achievement.”¹⁸

As stated in previous FCRO annual and quarterly reports, worker changes impact case progression. When agencies lack a sufficient number of qualified staff, there is an increase in caseloads causing higher stress levels for those workers who remain in the system. Furthermore, miscommunication and mistakes can occur when children’s cases are transferred between workers.

It takes time for a new worker to establish trust with the children and families. Higher levels of worker changes result in a substantial portion of the workforce not being experienced and not having had the chance to develop skills and proficiencies over time.

Stability helps to minimize moves between placements, and an understanding of the impact of changes on the children means that workers make necessary moves less traumatic for the children. Stability increases the likelihood of a timely permanency; that is, children’s cases progressing through the system faster.

¹⁸ *Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff*, Connie Flow, Jess McDonald, and Michael Sumski, January 2005.

The following are some pertinent facts about the lifetime number of caseworker changes DHHS wards in out-of-home care have experienced as reported by DHHS to the Foster Care Review Office.¹⁹

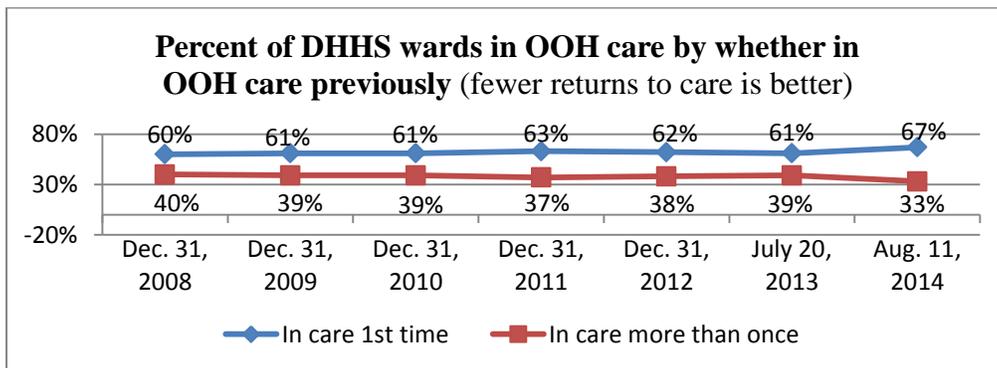
- Best practice is to have only one or two caseworkers.
 - In the 4 areas that do not have a lead agency, the FCRO found that:
 - 44% (714 of 1,618) have had 2 workers or less over their lifetime.
 - 56% (904 of 1,913) have had 3 or more workers over their lifetime.
 - In the Eastern area that does have a lead agency, the FCRO found that:
 - 47% (645 of 1,376) have had 2 workers or less over their lifetime.
 - 53% (731 of 1,376) have had 3 or more workers over their lifetime.

J. Re-entry Rates

Many children had previously been in out-of-home care during their lifetime. The FCRO measures re-entry over the **child’s lifetime** as opposed to within the past 6-12 months as is typical for federal measures. Every out-of-home entry may cause additional trauma for the child and thus is a relevant factor in looking at the child’s best interests and well-being.

There can be many reasons for re-entry, such as premature reunification, multiple mental health episodes, or the need for many children to process prior abuse or neglect in light of their new developmental stages, which may be a cause of behavioral or mental health issues. Data indicate that the number of removals is fairly consistent across service areas.

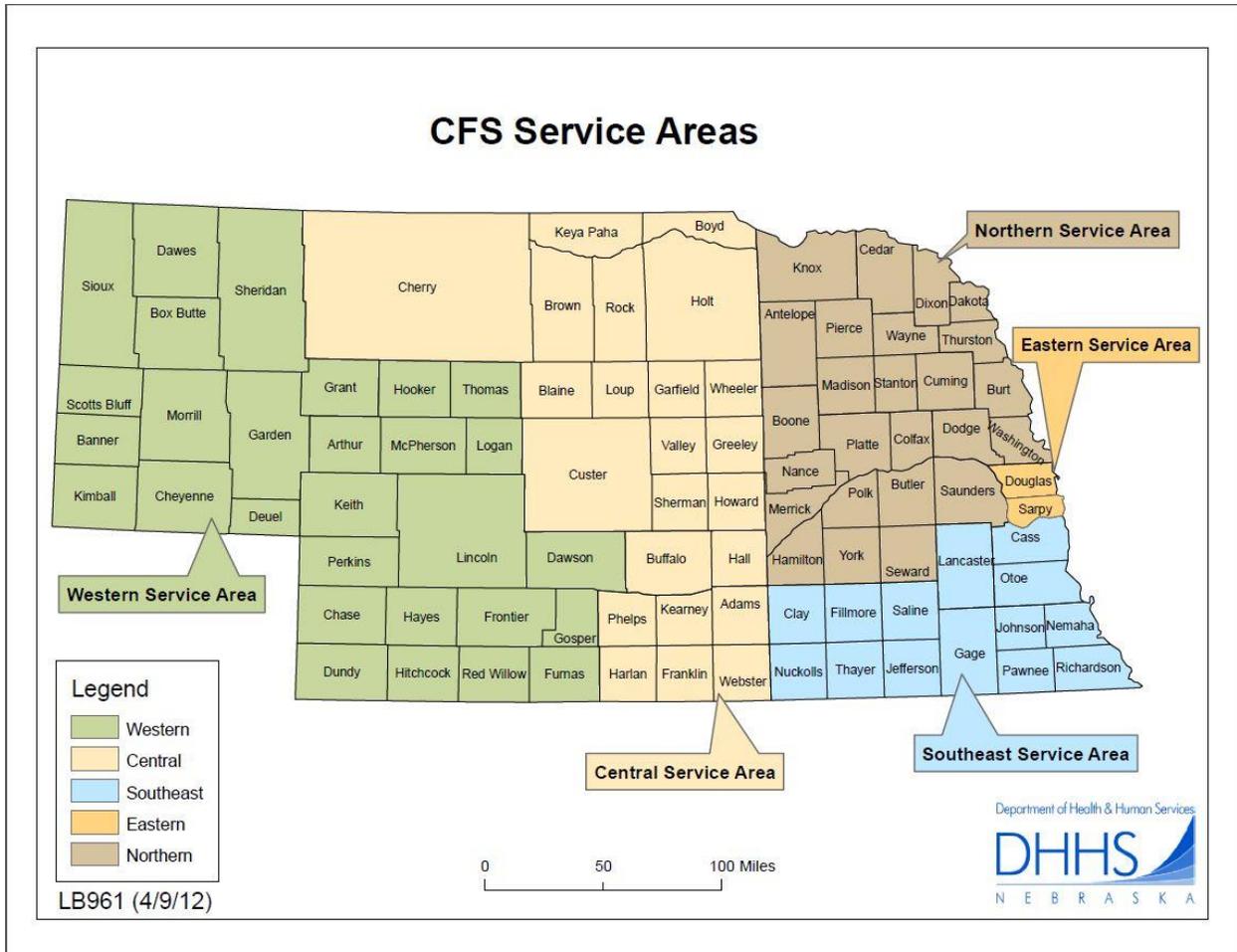
As the next chart indicates, the ratio of single removals to multiple removals had remained constant for many years, and recently shown a slight improvement. A primary reason for that slight improvement is the transfer of delinquent/status offender cases to the Office of Probation. Those youth are more likely to re-enter care than children from abuse/neglect cases.



¹⁹ There are multiple ways in which DHHS can assign the primary DHHS worker and the lead agency worker to an individual child’s case on their N-FOCUS computer system. Each is flawed and affects the accuracy and completeness of the reports on worker changes that DHHS sends the FCRO. It is our understanding that as long as DHHS uses its current methodology these issues will continue. Therefore, the statistics below are issued with the caveat that the number of workers is “as reported by DHHS.”

Appendix A Definition of Service Areas

The following map showing the Service Areas is courtesy of the Department of Health and Human Services. Service Areas are defined by statute.



Appendix B

Structured Decision Making (SDM®)

Structured Decision Making (SDM®)²⁰ is a proprietary set of tools now being used by the Department of Health and Human Services in order to determine the need for an out-of-home placement and the potential viability of returning children to the parental home.

SDM® is based on research that shows that for complex decisions, structured frameworks often result in more reliable and accurate decisions than clinical judgment alone, even for highly skilled professionals. Decisions in child protection and foster care are among the most complex in the social services field, requiring workers to consider short-term safety and long-term risk. These are critical decisions for both children and families.

Recognizing these complicating factors, DHHS chose to adopt the SDM® structured assessment tools to guide key decisions at critical points during its involvement with children and families.

Potential benefits of SDM® include:

- Crucial decisions can be made with consistency and accuracy.
- The tools use national research to reach findings of child vulnerabilities, safety threats, safety interventions, and decisions about placement safety and suitability.
- Findings have been validated through national research and the experience of the many other states that are using this product.
- Workers can use the information organized in the structured tools to explain to families how they will make decisions and to explain why they have made a decision to which the family disagrees.
- The tool prioritizes information gathering and fact-based decision-making.
- The tool improves decisions in “borderline” cases. While decisions at the extremes of the spectrum can be easily made, cases that fall closer to the middle can sometimes be difficult to decide. The assessments help clarify criteria and allow workers to make decisions more swiftly with greater confidence.
- It provides a common language for discussing decision making, and helps focus case narrative.
- The tool can help verify and support decision-making.
- If fidelity to the model is maintained, it provides for greater transparency in decision-making with community stakeholders.
- Families can be ensured that decisions are based on established protocols that are consistently used to assess all families. By sharing how decisions are to be derived, families may have less anxiety, resentment, and/or resistance.

²⁰ This page is derived from a variety of materials provided by DHHS during stakeholder informational meetings.

Appendix C

Foster Care Review Office

Mission Statement

The Foster Care Review Office's mission is to ensure 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 youth placements.

Vision

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

Purpose for Tracking System

The Foster Care Review Office is mandated to maintain an independent tracking system of all children in out of-home placement in the State. The tracking system is used to provide information about the number of children entering and leaving care as well as other data about children's needs and trends in foster care, including data collected as part of the review process, and for internal processes.

Purpose of Reviews

The Foster Care Review Office was established as an independent agency to review the case plans of children in foster care. The purpose of the reviews is to assure that appropriate goals have been set for the child, that realistic time limits have been set for the accomplishment of these goals, that efforts are being made by all parties to achieve these goals, that appropriate services are being delivered to the child and/or his or her family, and that long-range planning has been done to ensure a timely and appropriate permanency for the child, whether through return to a home where the conditions have changed, adoption, guardianship, or another plan.

The Foster Care Review Office has other statistics available in addition to those found in this quarterly report. Please feel free to contact us at the address below if there is a specific topic on which you would like more information, or check our website for past annual and quarterly reports and other topics of interest.

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