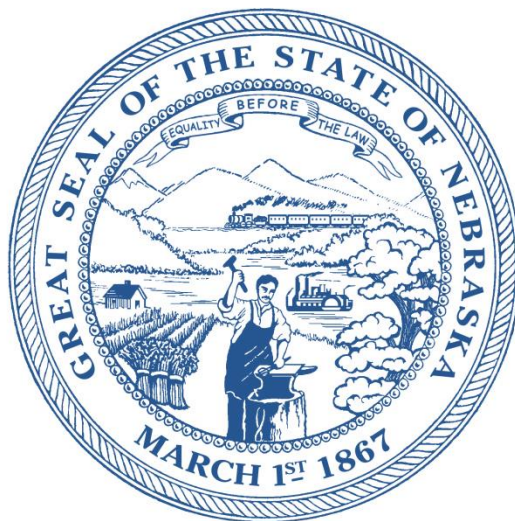


# **The Nebraska Foster Care Review Office Quarterly Report**

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



**Issued September 10, 2015**

## About the FCRO and this Report

The Foster Care Review Office's (FCRO) role under the Foster Care Review Act is to: 1) independently track children in out-of-home care, 2) review those children's cases, 3) collect and analyze data related to the children, 4) identify conditions and outcomes for Nebraska's children in out-of-home care, 5) make recommendations to the child welfare and to the juvenile justice systems on needed corrective actions, and 6) inform policy makers and the public on issues related to out-of-home care. The FCRO is an independent state agency, not affiliated with the Department of Health and Human Services (DHHS), the Courts, the Office of Probation, or any other entity.

Data quoted within this report are from the FCRO's independent tracking system and completed case file reviews unless otherwise noted (e.g., Census data or data from collaborative studies). Neb. Rev. Statute §43-1303 requires DHHS (whether by direct staff or contractors), courts, the Office of Probation, and child-placing agencies to report to the FCRO any child's out-of-home 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, updated, and additional information is gathered. Prior to individual case review reports being issued, additional quality control steps are taken.

Some astute words by Brenda Jones Harden, at [futureofchildren.org](http://futureofchildren.org):

*Protecting and nurturing the young is a universal goal across human cultures. An abundance of research from multiple fields confirms the importance of the family unit as the provider of safe, stable, and nurturing environments for children... Children exposed to violent, dangerous, and/or highly unstable environments are more likely to experience developmental difficulties. Children exposed to violence within their homes experience the most deleterious outcomes...*

*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.*

*Foster children may be witnesses to and victims of family violence, or may not have been supervised or provided for in an appropriate manner. They may have been subjected to the inadequate and impaired caregiving that results from a variety of parental difficulties, such as substance abuse, mental illness, and developmental disabilities. Moreover, these children are predominantly from impoverished backgrounds, a situation that exacerbates the risk factors they experience.*

**It is to these children that the Foster Care Review Office  
dedicates this Quarterly Report.**

## Executive Summary

The Foster Care Review Office provides this report in order to inform the Nebraska Legislature, child welfare system stakeholders, other policy makers, and the public on identified conditions and outcomes for Nebraska's children in out-of-home [foster] care, as well as to recommend needed corrective actions.

This report intentionally concentrates on children who were DHHS wards in out-of-home care on August 4, 2015 (a particular point in time). The children whose outcomes we describe may have entered foster care due to the parental failure to provide for basic food, clothing, medical and shelter needs; physical abuse; sexual abuse; and/or have serious physical, behavioral, or mental health needs that cannot be provided for without state intervention.

We purposely did not comingle this data with the following populations:

1. Children under the Office of Probation.
2. Children under the DHHS Office of Juvenile Services (such as children at the Kearney and Geneva Youth Rehabilitation and Treatment Centers).
3. Young adults in the Bridge to Independence Program (continued services for former wards age 19 or 20).

There is a brief description of collaborative efforts and other news/updates of interest after the analysis of the point-in-time data (page 26).

### **Through analysis of data regarding DHHS wards in out-of-home care on August 4, 2015, the FCRO found the following facts and trends:**

1. There has been a 5% increase in the number of DHHS wards in out-of-home care since August 2014 (page 6).
2. The majority (67%) of the DHHS wards are from the combination of the Eastern Service Area, which is metro Omaha, and the Southeast Service Area, which is metro Lincoln plus the southeastern counties (page 11 and district map in Appendix A).
3. The percentage of DHHS wards having four or more placements over their lifetime is 30% (page 16). That is a threshold where most experts find children will experience serious trauma.
4. About one third (31%) of the children currently in out-of-home care were in out-of-home care before (page 23).
5. The number of caseworker changes continues to be an issue, whether for DHHS or its lead agency contractor (page 22).

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

### At the systems level:

1. **Renew efforts to reduce the number of caseworker changes** that children and families experience.
2. **Increase access to needed behavioral health treatments** early on in the case, and without children having to be removed from the home if safe to do so.
3. **Continue to implement recommendations** from prior FCRO reports, including the FCRO Annual Report issued in December 2014.
4. Key stakeholders, particularly DHHS, the Lead Agency for Omaha, and contractors that provide children's placements, need to 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 and maintain positive school connections.

### At the case level:

1. 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 children's age, developmental stage, needs, and attachments.
2. **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.
3. **Address permanency and exception hearings**, particularly permanency hearings during the period of a termination of parental rights appeal. If such permanency hearings do not occur according to schedule, children eligible for federal IV-E funding become ineligible for the funding until the hearing occurs, which impacts the resources available to the State for children's care.
4. **Develop treatment foster care.** Many children need specific behavioral and mental health issues addressed, some of which could happen in a more home-like setting if there were more specialized treatment foster homes available.

For additional information feel free to contact us at the address below.

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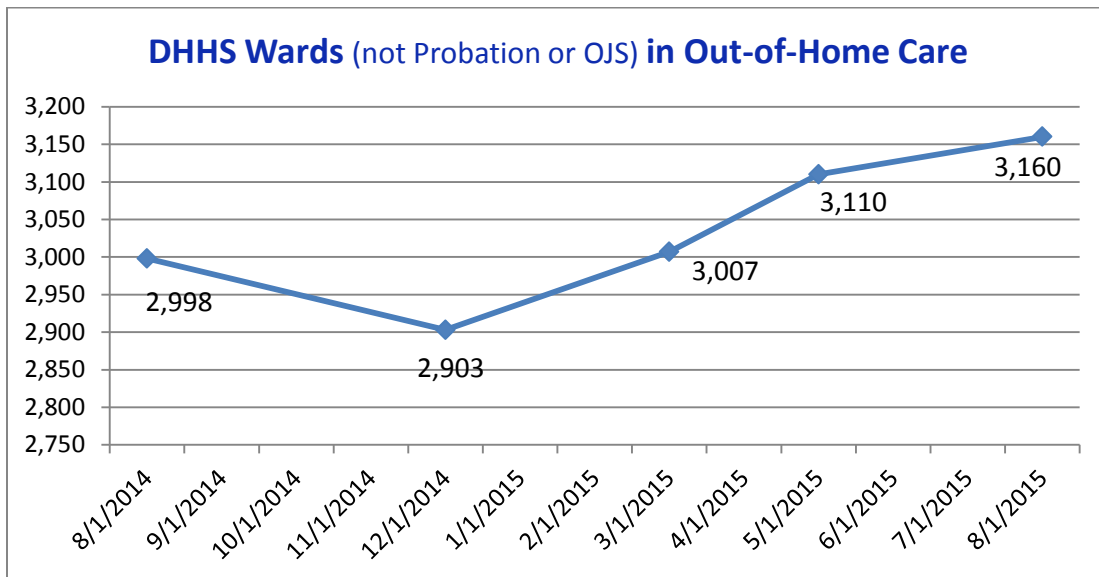
Website: [www.fcro.nebraska.gov](http://www.fcro.nebraska.gov)

# Section I.

## Analysis of Children in Out-of-Home Care on August 4, 2015

This section contains some basic facts about Nebraska’s children who are DHHS wards and are in out-of-home care as of August 4, 2015.<sup>1</sup> Important details to note:

- There were 5% more DHHS wards in out-of-home care on August 4, 2015, than there were a year prior.
- The 3,160 DHHS wards in out-of-home care on August 4, 2015, were from 1,824 families.
- Additional demographics are on the next page.



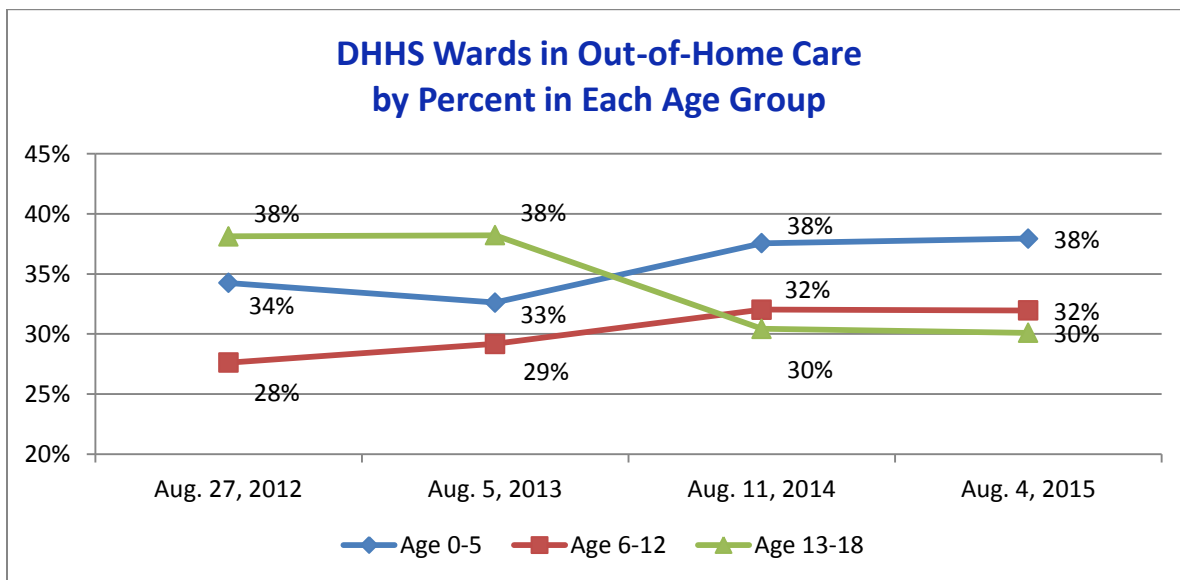
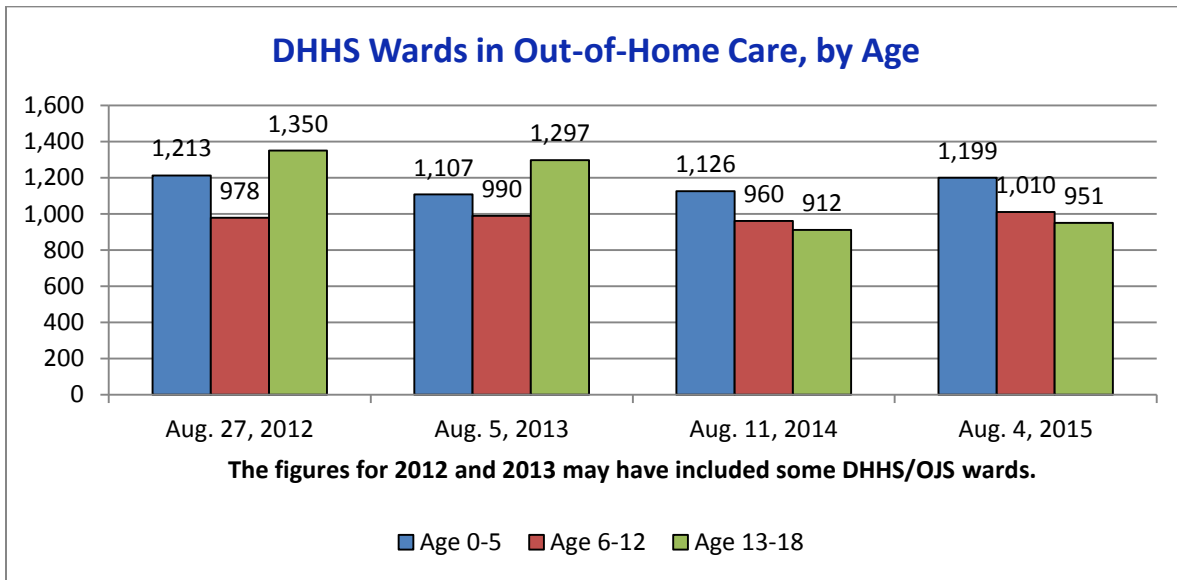
Each section following the demographic section describes the out-of-home care experiences for many children in Nebraska. Keep in mind that children who have experienced abuse and neglect are at an increased risk for many problematic outcomes, some of which may continue into their adulthood. The good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

<sup>1</sup> This section includes only DHHS wards. It does not include youth on Probation or youth under DHHS-OJS, and it does not include the voluntary Bridge to Independence Program for young adults age 19 or 20 who were former DHHS wards.

## Demographics

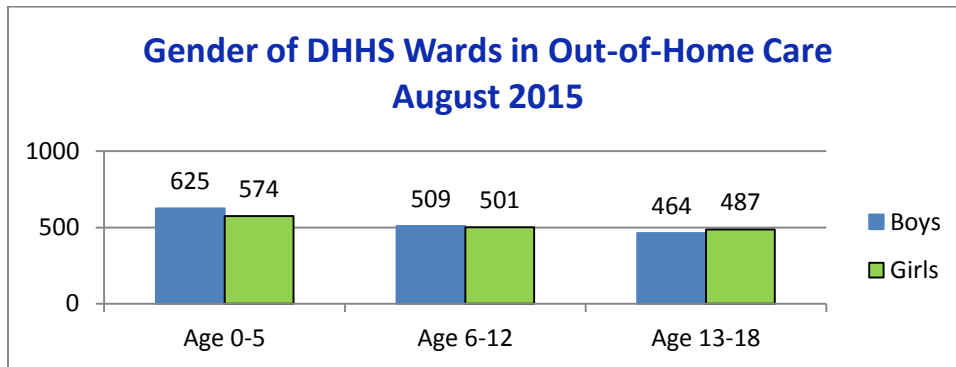
### A. Out-of-Home Care by Age

The charts below show DHHS wards by age group, the first by number and the second by percentage. While the number of children in out-of-home care has risen in the last year, the percentages in each age group have remained the same. 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.

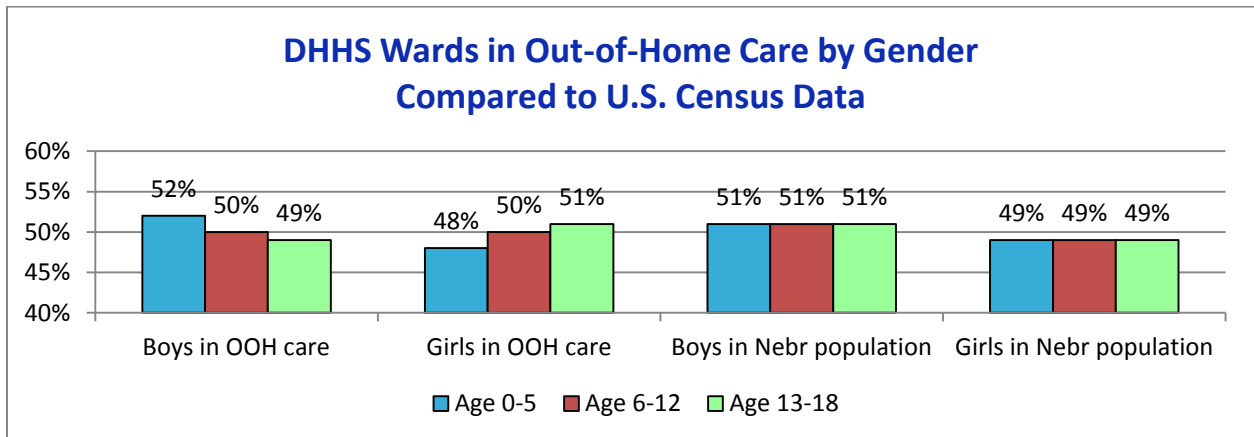


## B. Gender

The chart below shows the gender breakdown by age group for the children in out-of-home care on August 4, 2015. In total, boys are 51% of the children in out-of-home care, girls are 49%. The gender ratio has remained relatively constant for many years.



The chart that follows illustrates that there is not a significant difference in the gender ratio of children in out-of-home care when compared to the U.S. Census Data for all Nebraska children in each age group.<sup>2</sup>



## C. Race

All parts of the child welfare system should focus on whether the state is providing child welfare services and interventions proportionate to children's needs regardless of the individual child's race or ethnicity.

Before discussing racial/ethnic data, some background is necessary. Racial categories, which have been included in every US Census, have been constantly changing since the first Census

<sup>2</sup> Interestingly, while the DHHS ratio is very close to the general population ratio, preliminary data from the Office of Juvenile Probation shows that 70% of its probationers placed out-of-home are male.

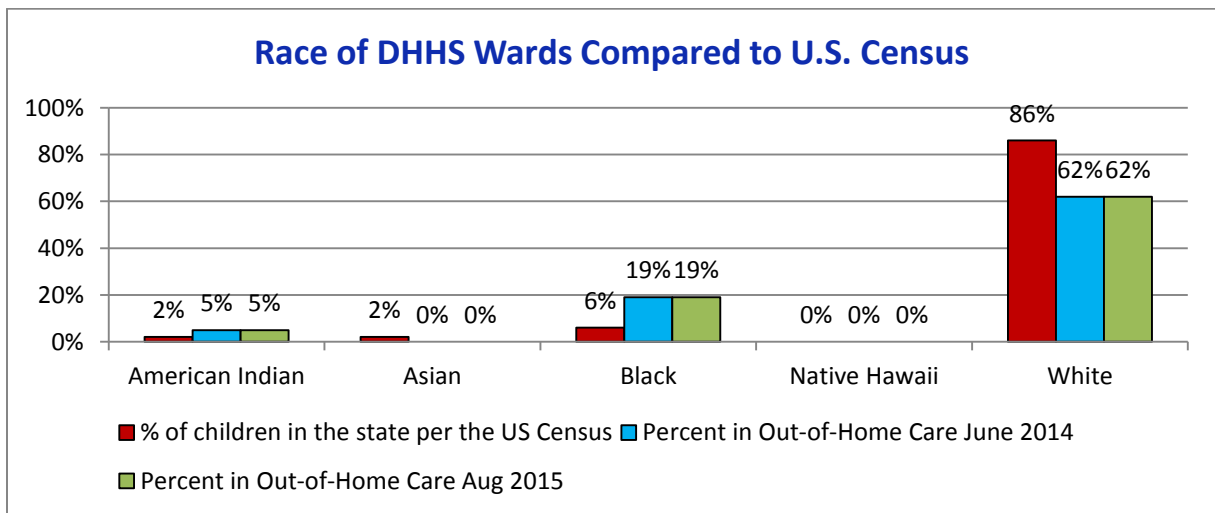


in 1790 as race is a societal construct rather than a scientific designation. Major revisions in how race is measured are being considered for the 2020 census. Here the FCRO uses the best available racial background data.

Over- and under-representation of certain racial groups in out-of-home care 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, law enforcement responses to child endangerment, and other issues related to the response to reports of child abuse and neglect that makes isolation of any one factor difficult.

Nebraska is not alone in struggling with racial disparities. 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.<sup>3</sup>

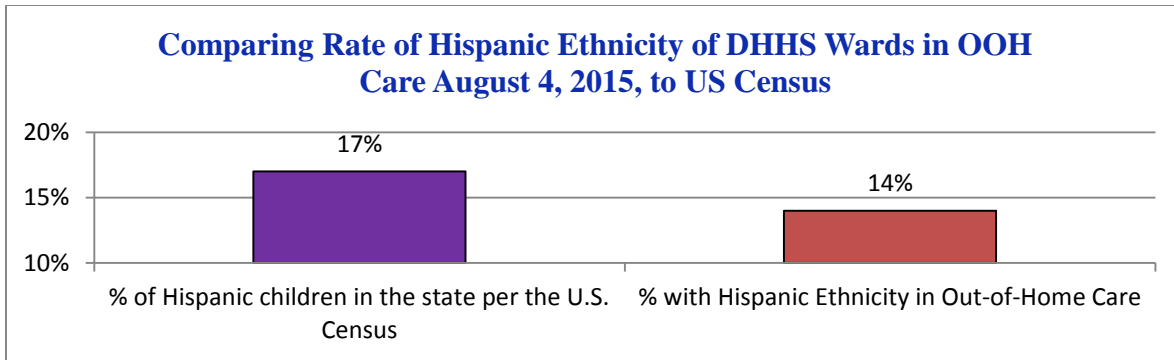
Minority children in Nebraska continue to be overrepresented in the out-of-home population as a whole, as shown in the next two charts.<sup>4</sup> The percentages have remained the same for the last two years.



The next chart compares by ethnicity. Hispanic here is considered to be an ethnicity rather than a race. The chart shows that Hispanic children are not overrepresented in out-of-home care.

<sup>3</sup> *Racial Disparity in Foster Care Admissions*, by Fred Wulczyn and Bridgett Lery, Chapin Hall, September 2007.

<sup>4</sup> The source for the general population of children in Nebraska was [www.census.gov/popest/data/national.asrh/2012/index.html](http://www.census.gov/popest/data/national.asrh/2012/index.html).

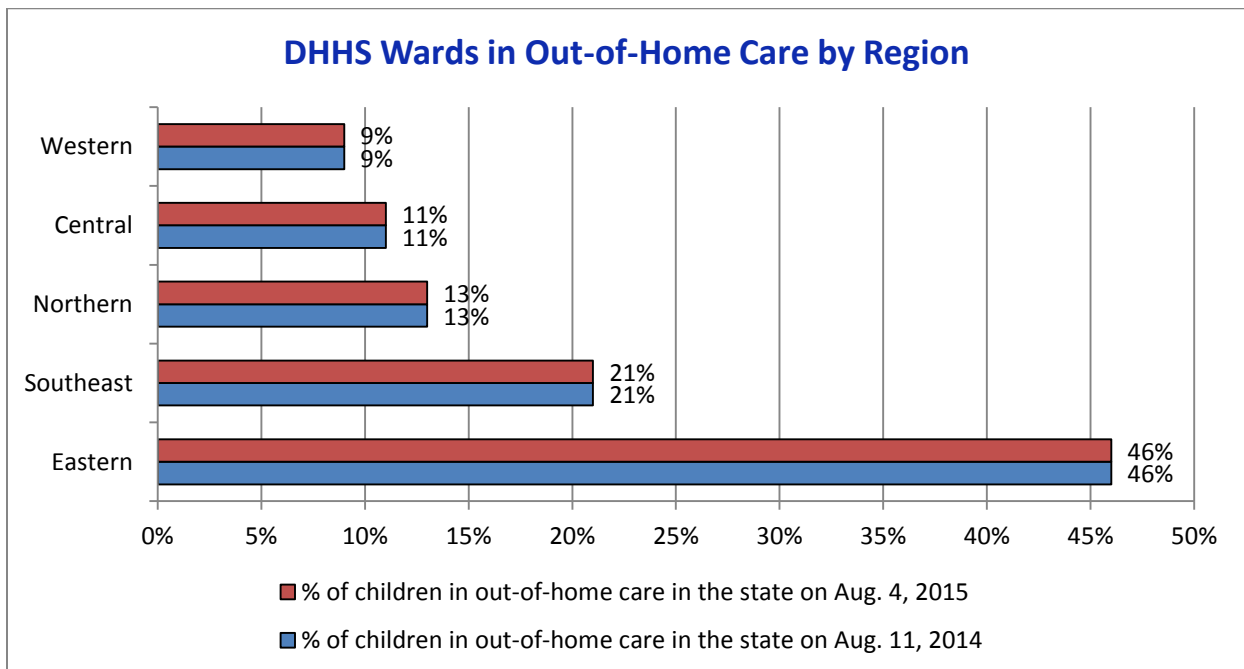
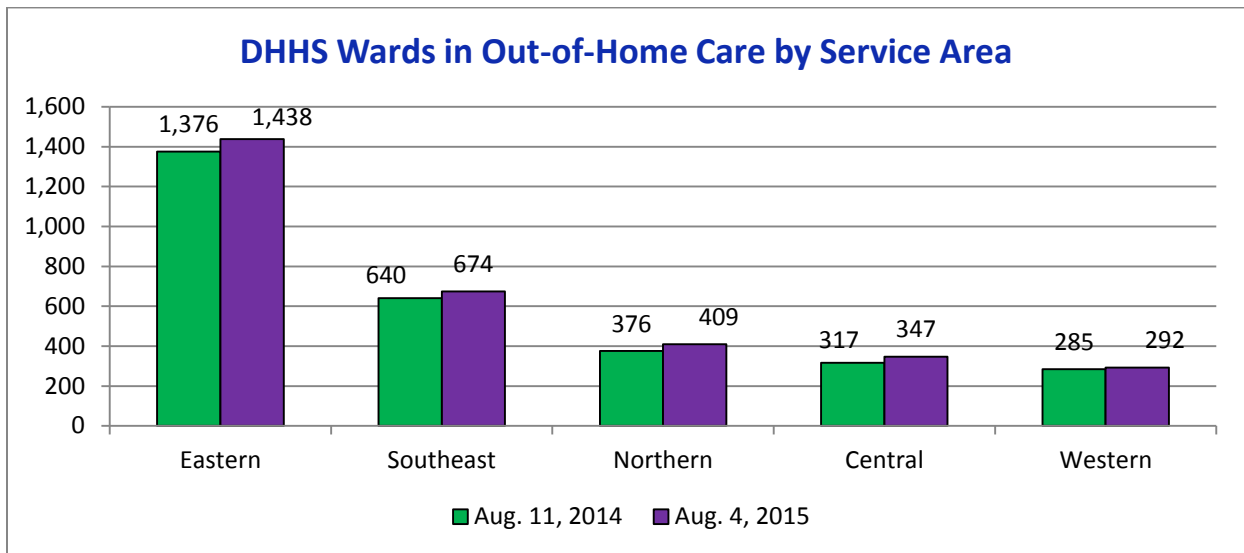


The FCRO found that minority representation in out-of-home care looks different based on gender. What the FCRO found was that while interesting there was not a statistically significance difference:

	<b>Girls</b>	<b>Boys</b>
American Indian	132 (57%)	100 (43%)
Asian	13 (45%)	16 (55%)
Black	365 (48%)	393 (52%)
White	1,042 (49%)	1,085 (51%)

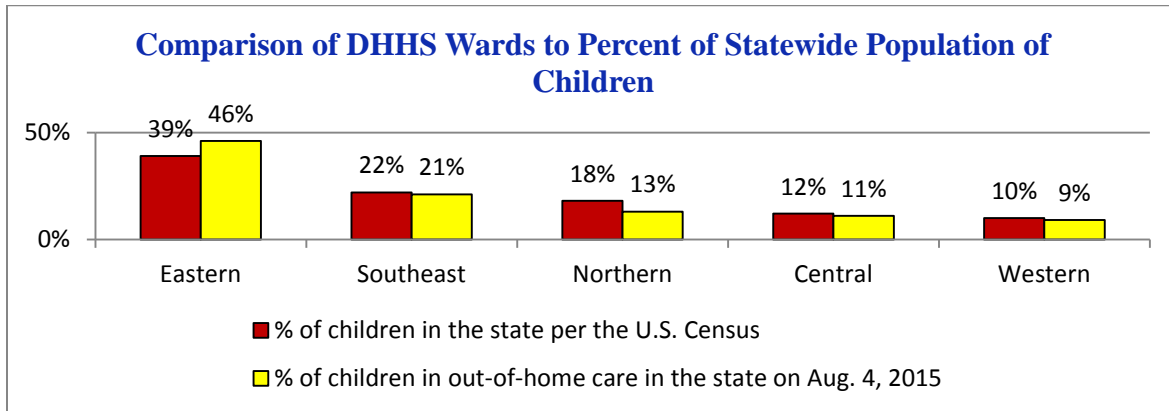
## Geographic Distribution

Children in out-of-home care come from every area of the state. The chart below shows the number of children from each DHHS Service Area.<sup>5</sup> **Although the number in out-of-home care has risen, the percent from each area has remained constant.** Most of the wards continue to be from the metro Omaha (Eastern) and Lincoln (Southeast) areas.



<sup>5</sup> 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.<sup>6</sup>



The chart shows that in the Eastern Service Area the percentage of children in out-of-home care continues to be larger than its respective percentage of the statewide population. That has been the case for many years. There are a number of theories for why this may be, all of which need further research:

- Is there a difference in prosecution of abuse and neglect?
- Is there a difference in judicial response?
- Are there differences in how Black children are treated, as there is a higher concentration of Black children in out-of-home care in the Eastern Service Area?
- Is there a higher concentration of children in poverty?
- Is there a difference based on access to services? Are children put in out-of-home placements because there is access to those placements in certain service areas. Are service areas without as many options less likely to place in out-of-home care?

<sup>6</sup> 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.

## Well-being and Common Out-of-Home Care Experiences

### A. Placement types

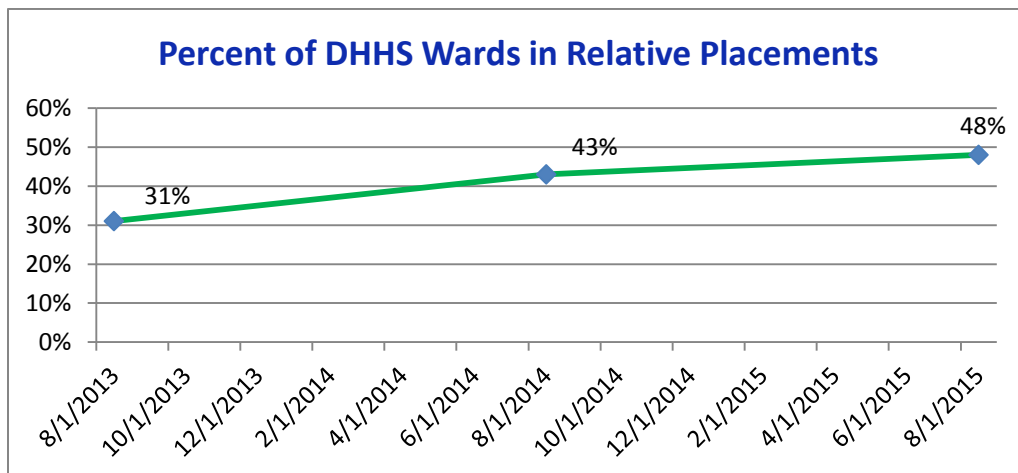
Many children who are DHHS wards are placed in foster care with suitable relatives or “kinship” (non-relative close friends). If children have a pre-existing positive relationship with a suitable caregiver, then the trauma of being removed from the care of the parents may be somewhat diminished, so federal law requires DHHS to make efforts to locate relatives as early in the case as possible. Of course, some children have no relatives, and others have relatives but they are not able to safely provide care for a variety of reasons, so there is no mandate to place with relatives.

Here are some relevant statistics regarding the kinds of placements for DHHS wards in out-of-home care on August 4, 2015:

Placement type	DHHS Wards	Percent
Relative/kinship	1,521	48%
Non-relative foster home	1,306	41%
Group facility	216	7%
Juvenile detention	38*	1%
Independent living	33	1%
Runaways	33	>1%
Shelter	12	>1%
Unreported type	4	>1%

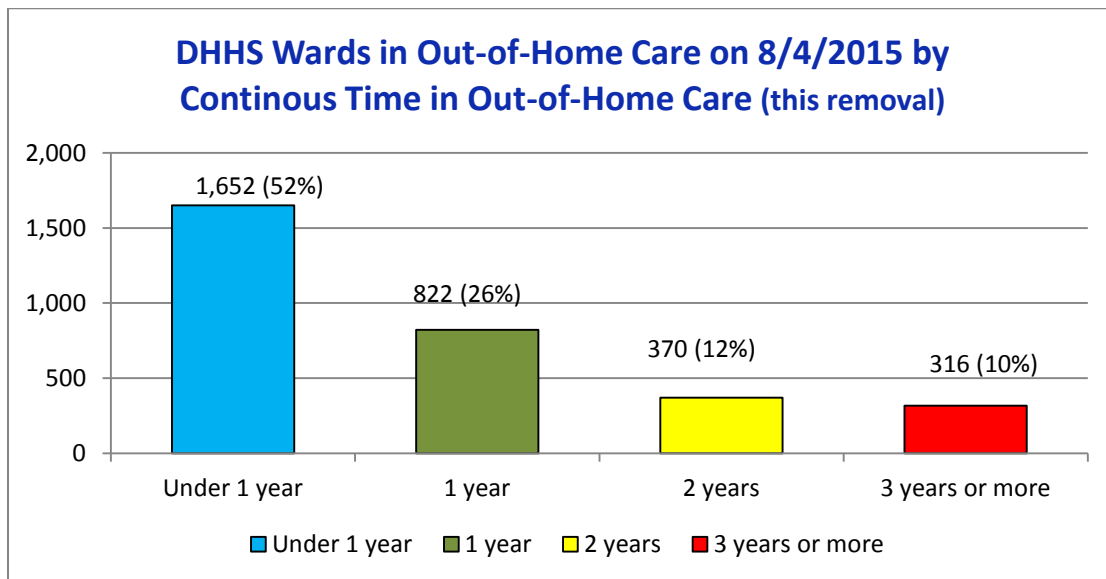
\*Remember this does not include children currently under Probation or DHHS OJS.

**There has been a significant increase in the use of relative placements over the past few years, as illustrated below:**



## **B. Length of Time in Out-of-Home Care**

An analysis of the number of continuous 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 average continuous days since the most recent removal from the home for children in out-of-home care on August 4, 2015, was 504 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 31% of the children that had been removed from the parental home at least once before.



The percentages are nearly identical when compared to wards in out-of-home care on June 30, 2014, as shown on page 60 of the December 2014 Annual Report.

## **C. Placement Changes/Disruptions**

Children are often moved between placements (i.e., foster homes, group homes, special facilities) while in out-of-home care.<sup>7</sup> 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. However, often moves are due to issues within the system rather than children's needs and are or could be considered negative.

<sup>7</sup> Statistics on placement changes provided here do not include temporary respite care, or children's moves back to the parental home.

National research has confirmed that the risk of placement disruption increased with a child's age and time placed out-of-home. Children with behavioral problems were the least likely to achieve placement stability.<sup>8</sup>

It is important to remember that behavioral issues can be an understandable reaction to past traumatic experiences. This would include experiences in the home of origin, and also experiences in the foster care system, such as:

- Separation from the parents.
- Movement from foster caregiver to caregiver.
- Having to discuss sensitive details of their lives over and over again every time the caseworker assigned to their case changes.
- Involved adults not explaining what is happening at a level the child can understand.
- Uncertainty of when, or if, they will see their parents and siblings.
- Frustration over educational delays or being behind their classmates.

Behavioral issues are not always related to a mental health diagnosis, though they can be linked in some cases. These issues can make it more difficult to parent the child, and can create issues in finding persons to adopt or provide guardianship if the parents are unable or unwilling to provide care. Thus, it is essential that foster parents receive adequate training and support not only to prevent placement disruptions, but also to assist children in healing.

Evidence shows that placement instability is associated with attachment disorders, poor educational outcomes, mental health and behavior problems, poor preparation for independent living as children become older, and negative adult outcomes. Many children lose contact with their siblings and relatives, leaving them without a natural support system once they are no longer in the care of the child welfare system.<sup>9</sup>

Children with more than one placement move in the first year of foster care were more likely to not experience placement stability over the long-term. Placements with case worker contact, support, and training were less likely to disrupt. Cases lacking stability were more likely to have a higher number of caseworkers assigned to a case over its lifetime and shorter caseworker tenures (less experience).<sup>10</sup>

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<sup>8</sup> Sources include: Holtan, Amy, et al, Placement Disruption in Long-term Kinship and Nonkinship Foster Care, Children and Youth Services Review 2013, and Fisher, Philip, et al, Foster Placement Disruptions Associated with Problem Behavior, Oregon Social Learning Center and University of Oregon, 2011. .

<sup>9</sup> Supporting Reunification and Preventing Reentry Into Out-of-Home Care, Child Welfare Information Gateway, a service of the Children's Bureau, February 2012.

<sup>10</sup> Holtan, Amy, et al, Placement Disruption in Long-term Kinship and Nonkinship Foster Care, Children and Youth Services Review 2013.

There can be financial and psychological costs when placements change.

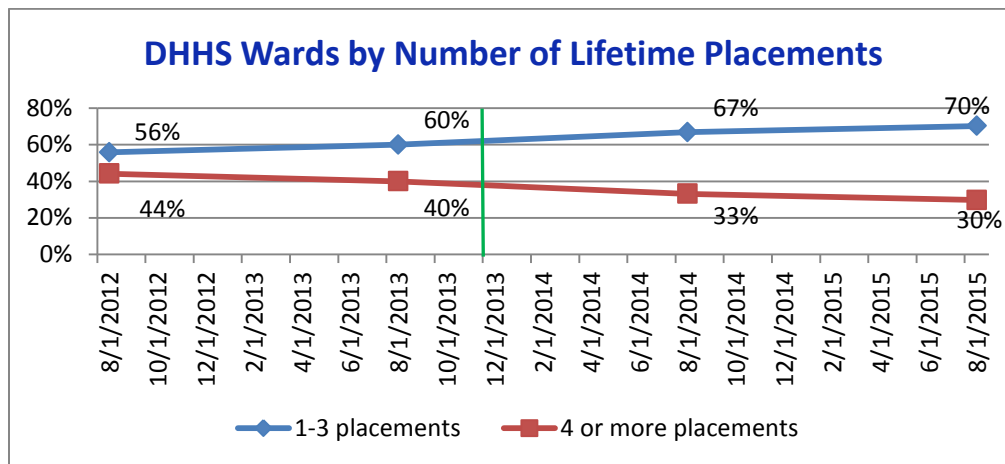
- Financial costs can include the costs of recruiting and training foster parents, as well as the costs for providing higher levels of care such as specialized facilities if children subsequently need those types of services to cope with the many uncertainties they have experienced prior to and while in the foster care system.
- Psychological costs can be incurred by the children, as well as by the caseworkers, foster parents, and support staff persons who struggle to provide children stable placements.

In some instances, the cumulative additional turmoil of changing who they live with can be temporarily or permanently harmful for children by adding to their trauma as previously discussed.<sup>11</sup> Thus, the number of placements for children that are in out-of-home care is relevant.

### Lifetime placements

**Most experts find that children will experience serious trauma from four or more placement moves.** Many of these children led transient lifestyles prior to removal from the home, and may have difficulties in forming relationships. Frequent caregiver changes can add to their trauma, especially for very young children who are so dependent on adults for their physical and emotional well-being.

The following chart shows that progress has been made in reducing the number of placements, but still about one third (30%) of children in out-of-home care on August 4, 2015, had experienced four or more placements over their lifetime. The green line on the chart indicates when DHHS-OJS started to transition to the Office of Probation.



<sup>11</sup> Fisher, Philip, et al, Foster Placement Disruptions Associated with Problem Behavior, Oregon Social Learning Center and University of Oregon, 2011.



As of August 4, 2015, 940 (30%) of the 3,160 DHHS wards in out-of-home care had experienced 4 or more lifetime placements.

**Recent placement changes**

Placement changes are not just a function of time in out-of-home care. Even children who have been placed outside the home for a relatively short period of time can experience multiple placement moves. The following charts focus on children in out-of-home care for the first time in their lives, that way the number of lifetime placements includes only the current episode. To make it easier to read, the chart is divided by children’s age on August 4, 2015. Placement changes for children under age 13 normally do not involve stepping down from higher levels of treatment to lower levels; rather, they are often due to system issues.

The commonalities between the age groups is that even children in out-of-home care for under a year may have experienced many placement changes; and, as anticipated, the longer the child had been in out-of-home care the more likely they were to have experienced multiple placement moves.

	<b>Age 0-5, in Out-of-Home Care on 8/4/2015, on First Removal</b>			
<b># of placements</b>	<b>In out-of-home less than a year</b>	<b>In out-of-home care 1 year</b>	<b>In out-of-home care 2 years</b>	<b>In out-of-home care 3 years or longer</b>
1 placement	426 (68%)	128 (47%)	41 (35%)	8 (30%)
2 placements	168 (27%)	93 (34%)	43 (36%)	6 (27%)
3 placements	28 (4%)	35 (13%)	16 (14%)	6 (22%)
4 placements	2 (>1%)	11 (4%)	14 (12%)	2 (7%)
5-9 placements	2 (>1%)	5 (2%)	4 (3%)	5 (19%)
10-19 placements	0	0	0	0
20+ placements	0	0	0	0

**Imagine being a baby, toddler, or preschooler who in the course of a few months had lived with a parent, experienced abuse or neglect, been removed from the parent, and then been moved between primary caregivers (who may have been strangers) three or more times. In addition:**

- During this time you may have seen your parent for a few hours each week only to be taken away from them each time (that’s often what visitation seems like to little children); or you may not have seen your parent regularly or at all.
- Older siblings may not have been placed with you in any of those placements and you might not have had any contact with them. Often these siblings were your primary

caregivers in the parental home due to parental issues, so you may have deep attachments to them.

- Your bed changed, your routine changed, the food offered you may have changed, the people around changed, and you may have changed daycare with each placement change (another set of strangers).
- This is the time period of your life when the most rapid physical and mental growth should be occurring, but it is hard to move forward when you are busy just trying to survive.

**This was the experience of 32 little children in Nebraska in the last year.**

As previously discussed behavioral issues are a prime reason for placement moves. It is no wonder that children who are angry or confused by such chaos in their lives may exhibit behavioral issues. The system can, and must, do better by Nebraska’s children.

	<b>Age 6-12, in Out-of-Home Care on 8/4/2015, on First Removal</b>			
<b># of placements</b>	<b>In out-of-home less than a year</b>	<b>In out-of-home care 1 year</b>	<b>In out-of-home care 2 years</b>	<b>In out-of-home care 3 years or longer</b>
1 placement	247 (73%)	83 (45%)	18 (22%)	6 (10%)
2 placements	74 (22%)	55 (30%)	21 (26%)	5 (8%)
3 placements	18 (5%)	27 (15%)	11 (14%)	9 (15%)
4 placements	1 (>1%)	10 (5%)	9 (11%)	10 (16%)
5-9 placements	0	9 (5%)	20 (25%)	22 (35%)
10-19 placements	0	2 (1%)	2 (2%)	10 (16%)
20+ placements	0	0	0	0

School aged children have many of the same traumatic experiences as younger children described earlier. They are likely in daycare before or after school or on non-school days. In addition with each move they may have changed school and peer groups (see page 20).

	<b>Age 13-18, in Out-of-Home Care on 8/4/2015, on First Removal</b>			
<b># of placements</b>	<b>In out-of-home less than a year</b>	<b>In out-of-home care 1 year</b>	<b>In out-of-home care 2 years</b>	<b>In out-of-home care 3 years or longer</b>
1 placement	117 (55%)	33 (31%)	6 (10%)	2 (2%)
2 placements	52 (25%)	25 (24%)	11 (17%)	3 (3%)
3 placements	18 (9%)	10 (9%)	11 (17%)	7 (8%)
4 placements	13 (6%)	11 (10%)	7 (11%)	7 (8%)
5-9 placements	9 (4%)	20 (19%)	11 (17%)	31 (35%)
10-19 placements	2 (1%)	6 (6%)	16 (25%)	22 (25%)
20+ placements	0	1 (1%)	1 (2%)	17 (19%)

Older children may have experienced the same traumatic experiences as younger children described earlier. While likely not in day care, they may also have experienced a significant number of school changes, and may be at an educational deficit. In addition, older children may be facing the prospect of soon becoming legal adults without any type of permanent family or the means to support themselves.

Nationally it was found that by age 26, 36% of former foster youth had been homeless at least once.<sup>12</sup> That is one of the reasons the Bridge to Independence program was recently enacted by the Legislature, allowing a continuation of certain foster care supports to qualifying young adults age 19 or 20.<sup>13</sup>

### **Time in the current placement**

Another question that must be asked when considering children's well-being is how long children have been in their current placement. Of course, that may vary depending on how long children have been in out-of-home care.

The following statistics are for **822 DHHS Wards who had been in out-of-home care for at least 1 year, but less than 2 years:**

- 8% had been in their 8/4/2015 placement less than 3 months.
- 30% had been in their 8/4/2015 placement from 3-12 months.

<sup>12</sup> Midwest Study, Midwest Evaluation of the Adult Functioning of Former Foster Youth, as quoted on the Chapin Hall website August 25, 2015.

<sup>13</sup> The FCRO intends to issue a separate report at a later date on reviews of the cases of young adults in the Bridges Program.

- 62% had been in their 8/4/2015 placement 1 year or longer.

In other words, **38% of the above children had been moved between caregivers in the last 12 months.**

### Moves and education

In the Nebraska State Ward Statistical Snapshot Project, a highly mobile student was defined as, “Any student who enrolls in two or more public schools during an academic year.” 25% of the DHHS wards were found to be highly mobile, as compared to 4% of non-wards.<sup>14</sup> The snapshot also found that 36% of wards, compared to 17% of non-wards, were receiving special education services. Further, in test scores where a higher score is preferable, third graders who were wards scored 87 on Math, compared to 104 by non-wards; and, on reading they scored 93 compared to 105 by non-wards.

A national study that tracked children from early childhood to young adulthood found that school changes (other than natural grade progression) reduced the odds of high school graduation even after controlling for a variety of family background variables.<sup>15</sup> Children who change schools frequently make less academic progress than their peers, and each time they change schools they fall farther and farther behind.<sup>16</sup> Children who experience frequent school changes may also face challenges in developing and sustaining positive supportive relationships with teachers or peers.

The FCRO has begun to collect some data around school performance and intends to include that in the December 2015 Annual report.

### Other considerations

When allocating scarce resources to foster families, it is important to recognize the types of interventions that would be most advantageous, and which populations of children are likely going to require foster parent training and support if those children are to experience stability in their living arrangements.

Performance based contracting for providers and supporters of foster families (relative and non-relative) if correctly implemented should provide more oversight and assist all to utilize resources effectively.

The FCRO recommends that key stakeholders, particularly DHHS, the Lead Agency for Omaha, and contractors that provide children’s placements, better identify and address

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<sup>14</sup> State Ward Statistical Snapshot Project, Nebraska Department of Education, June 2012.

<sup>15</sup> Havenman and Wolfe, 1994.

<sup>16</sup> Kerbow, 1996, quoted in Fostering Success in Education, January 2014.

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.

#### **D. 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.”<sup>17</sup>

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 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.

Worker stability helps to minimize moves between placements, and an understanding of the impact of changes on children means that workers make necessary moves less traumatic. Worker stability increases the likelihood of timely permanency; that is, children’s cases progressing through the system faster. Therefore, it is best practice to have only one or two caseworkers over the course of a case.<sup>18</sup>

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<sup>17</sup> *Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff*, Connie Flow, Jess McDonald, and Michael Sumski, January 2005.

<sup>18</sup> The FCRO is working to be able to record the number of case workers both by episode in out-of-home care and by lifetime, and will be able to do that on the FCRO’s new database when it is implemented (projected for later this year). These are important measures of child well-being and timely permanency. DHHS is continuing to work with the FCRO to better automate reports of children’s cases being transferred between case workers.

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.<sup>19</sup>

- **In the 4 areas that do not currently have a lead agency:**
  - 55% of children (951 of 1,722) have had 3 or more DHHS workers over their lifetime.
  - When considering only children in their first removal from the home, 41% (487 of 1,182) had 3 or more DHHS workers since removal.
    - The 487 children in this group averaged 679 days (1.8 years) in out-of-home care, and 3 placement changes.
- **In the Eastern area, which does utilize a lead agency:**
  - 47% of children (679 of 1,438) have had 3 or more Lead Agency workers over their lifetime.
  - When considering only children in their first removal from the home, 38% (380 of 989) had 3 or more Lead Agency workers since removal.
    - The 380 children in this group averaged 903 days (2.5 years) in out-of-home care, and 4 placement changes.

The facts above show that whether considering the experience of all children or only children in their first removal from the home, whether from the lead agency area or not, it is common for children and families to experience worker changes. These changes can have serious repercussions in regard to children's stability and length of time in care.

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<sup>19</sup> 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."

## Reentries into Out-of-Home Care

### Background

When children and families come to the attention of the child welfare system sometimes all they need is a little assistance, but sometimes the child's safety has been compromised or the risk of a safety compromise is so high that the State must intervene. In some of those interventions, the only way to ensure the child's safety is to remove him or her from the parental home.

While the child is in out-of-home care, in addition to monitoring the child's safety, the system should assure that:

- Parents have access to the services needed and successfully address the reasons that led to the child's removal from the home.
- Families have demonstrated capacity for keeping the child safe.
- Children receive what is needed to help them cope with past traumas.
- A safety plan is in place for the critical time period when the child is re-integrated into the family.
- Parents demonstrate that they can independently obtain services and other supports they may need after the State is no longer involved so that the child can be safely raised in a permanent home.

Many of the community supports needed to maintain a successful reunification (such as affordable, accessible mental health treatment, assistance with employment, paying for safe daycare, etc.) can also help prevent abuse or neglect from happening in the first place.

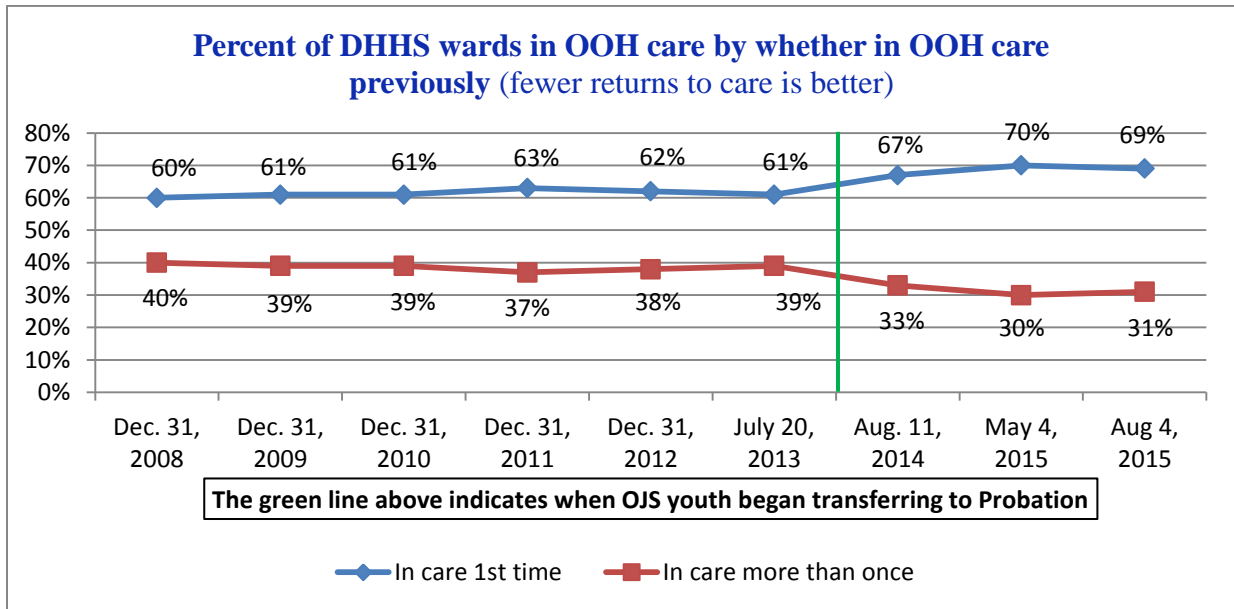
The challenge to all parts of the child welfare system is to ensure that reunifications are both timely and do not result in reentry into out-of-home care. Children do best when raised in a stable family setting, so "permanency" after an episode of being in out-of-home care is critical. However, as shown below many children do not have this stability.

### A. Reentry Rates

Many children currently in out-of-home care had previously been in out-of-home care. The FCRO measures re-entry over the **child's lifetime** as opposed to within the past 6-12 months as is typical for some 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, recurrent issues impeding parental ability or willingness to provide safe care, 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 re-removals is consistent across service areas with all reporting **31% of the children currently in out-of-home care had experienced at least one prior removal from the home**. As illustrated below, the rate was 33% in August 2014, so has remained functionally constant in recent months.



## **B. Characteristics of Children With Multiple Removals**

Logic dictates that the older a child is the more likely he or she is to have experienced multiple removals from the home. Nonetheless, as the chart below shows, even some very young children who are currently in out-of-home care had prior removals.

Child's Age Group	DHHS Wards in Out-of-Home Care 8/4/2015 who had Prior Removals from the Parental Home			
	2 times in OOH care (1 prior removal)	3 times in OOH care (2 prior removals)	4 times in OOH care (3 prior removals)	5 or more times in OOH care (4 or more prior removals)
Age 0-3	70	6	1	0
Age 4-5	64	14	1	0
Age 6-12	265	68	17	1
Age 13-18	251	147	49	35

Collectively, 156 children age 0-5 have had prior removals from the home, and 351 children age 6-12 have had prior removals from the home. That means a lot of young children have experienced significant trauma. The youngest and children with cognitive impairments may not understand why this is happening to them. Some may have internalized that “they are



bad” since they are the ones being removed from the home. All feel the impact, and may do so well into adulthood.

Boys (533 or 54%) are more likely to have multiple removals than girls (456 or 46%); however this is not much different from the general population in out-of-home care.

**There were no unexpected geographic variances, as each DHHS Service Area had the same rate of returnees as they had of the original population.**

### **Consequences for young children**

In the FCRO’s June 2014 Quarterly Report, there was an in-depth analysis of children who had prior removals from the home. At that time the FCRO found that two-thirds of the young children were removed from the home due to neglect<sup>20</sup> or substandard housing. For one-third parental substance abuse was a primary reason for removal.

One of the system questions raised by that report was *“whether parents are held to a different standard once they have come to the attention of the system. In other words, are some children removed for the second time due to a compliance issue on the part of their parent that would **not** have been a sufficient safety risk to result in a first removal of the child? For example, consider a case where the mother was court-ordered to continue to attend AA but missed some meetings. Sometimes there was a clear safety issue, such as mother was found intoxicated, but in other cases there didn’t appear to be re-use, just a failure to follow the letter of the safety plan. In those circumstances, it appears that removing the children may have been unnecessary. Perhaps all that was needed was assistance with child care or transportation.*

*In order to determine this issue, a detailed case specific analysis would need to be completed. One of the first steps would be to ensure the proper utilization and fidelity to the assessments contained within the Structured Decision-Making® model and that all stakeholders involved in the lives of a child are educated on these assessments”.*<sup>21</sup>

The FCRO’s June 2014 Quarterly Report further states *“Given that the plan for most of these children who have already experienced one failed reunification is to again return to the parental home, it is essential that parental progress or lack thereof be sufficiently documented and services made available to ensure the plan’s success.”*

**The FCRO continues to recommend that issues related to re-removals from the homes of infants, toddlers, and early school aged children be examined in further depth by a collaborative effort of the child welfare system.**

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<sup>20</sup> “Neglect” is a technical term that often does not convey the seriousness of the situations it encompasses. Neglect can be described as an act of omission, such as not providing for basic needs such as medical care, food, clothing, and shelter; not providing emotional supports; not providing adequate supervision; not protecting children from known dangers; and not ensuring school attendance. 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.

<sup>21</sup> Structured Decision Making® is a proprietary tool that DHHS is using to determine safety and risk at all stages of a child’s case.

## Section II.

### Collaborative Efforts and Other News

The following is a brief update on some collaborative efforts underway as of mid-August, and other news of interest:

#### **External:**

- A collaborative group with representatives from the Department of Health and Human Services, the Office of Juvenile Probation, the Court Improvement Project, the Office of Inspector General, and the Foster Care Review Office continues to meet on a regular basis to share information and discuss mutual child welfare/juvenile justice issues.
- A workgroup (DHHS, Office of Inspector General for Child Welfare, Office of Probation) has been formed to study out-of-state congregate (group) placements for Nebraska's children, whether they are under DHHS or Probation.
- The FCRO is part of an Office of Probation workgroup working on definitions for JDAI (Juvenile Detention Alternatives Initiative) reports.
- Preliminary meetings regarding the strengths and obstacles of creating a Statewide warehouse (LB265, 2015) regarding child welfare and related issues have begun. Agency heads have been meeting to discuss scope and other pertinent issues.
- The FCRO is working with key stakeholders on LR296 regarding financing of the child welfare system.
- The FCRO is represented on the Children's Commission Data Technology, Accountability, and Reporting (DTAR) workgroup.

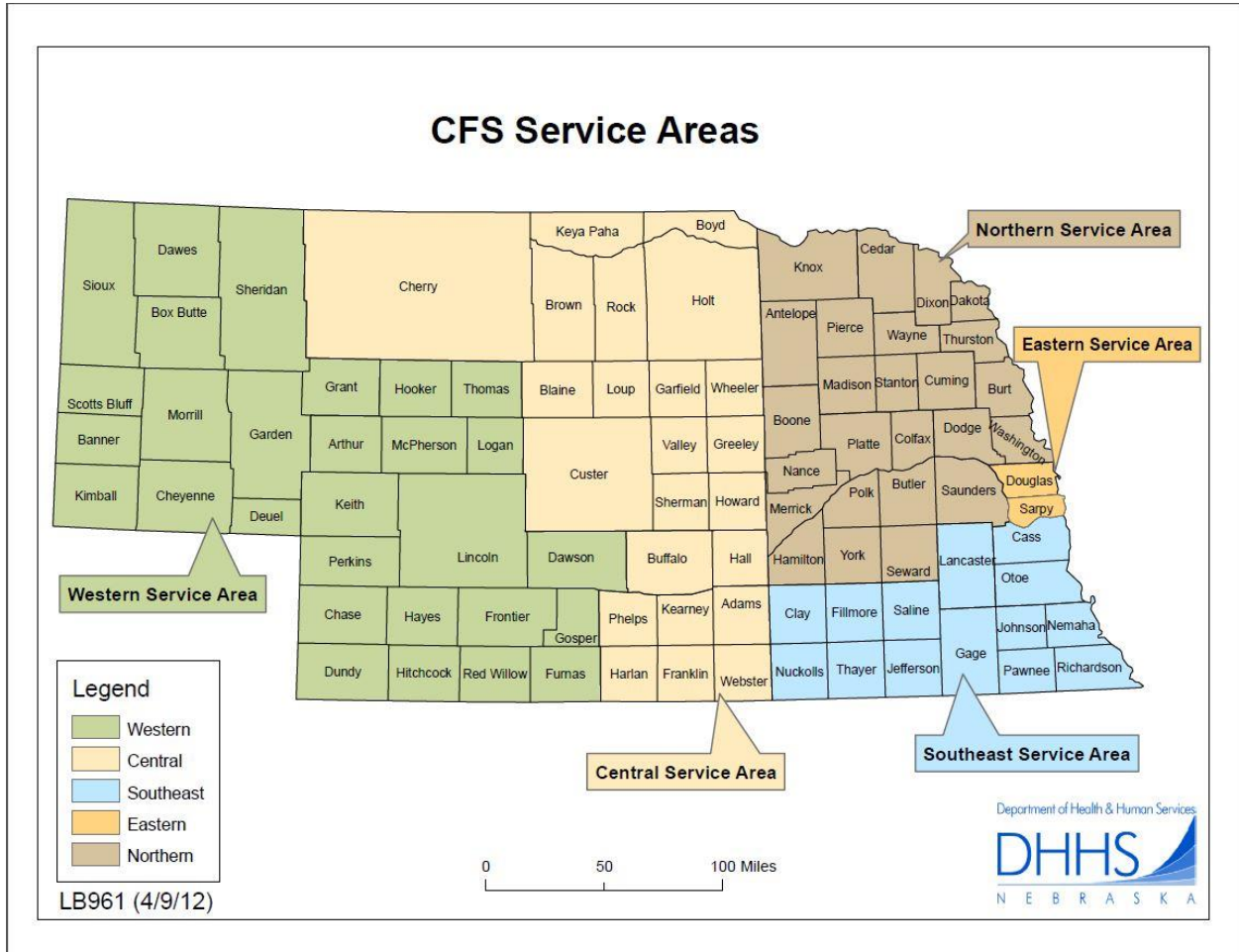
#### **Internal:**

- The Office of Probation has begun reporting its youth in out-of-home placements to the FCRO on a weekly basis, with a Probation case file review process to begin in October.
- Discussions have begun with Developmental Disabilities about the next Developmental Disabilities pilot report.
- Work is underway on the new FCRO database. It should be operational by the end of year.
- Information about FCRO reviews of young adults in the Bridges to Independence program is being compiled for a later report.
- Internal FCRO workgroups are meeting regarding the logistics of reviews of children under Probation and children on trial home visits.
- As always, the FCRO continues to review children in out-of-home care, track children's outcomes, report on those outcomes, and advocate for children's best interests on a case-by-case and system level.

# Appendix A

## Service Area Definitions

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

### Foster Care Review Office

#### Mission

The Foster Care Review Office's mission is to provide oversight of the child welfare and juvenile justice systems by tracking and reviewing children in out-of-home care, reporting on aggregate outcomes, and advocating on individual and systemic levels to ensure that children's best interests and safety needs are met.

#### Vision

Every child involved in the child welfare or juvenile justice systems becomes resilient, safe, healthy, and economically secure.

#### Purpose for the FCRO 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 FCRO 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.

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**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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