Mike Johanns
Governor

Carolyn K. Stitt
Executive Director

"...AND HOW ARE THE CHILDREN?"

NINETEENTH ANNUAL REPORT OF

THE NEBRASKA STATE FOSTER CARE REVIEW BOARD

2001

Submitted Pursuant to

Neb. Stat. Chapter 43, Section 43-1303(4), R.R.S.

State Foster Care Review Board

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Nancy Thompson, LMHP, Bonding & Attachment Advisor

The State Foster Care Review Board gratefully acknowledges the perseverance and dedication of the local board member citizen reviewers

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The State Foster Care Review Board

would like to express its appreciation to

James Ganz, Jr. and Barbara Heckman

for editing this annual report

In Memoriam

Foster children lost a very good friend when long-time Foster Care Review Board supporter and local board member Marilyn Beggs passed away in October 2001. Along with her husband, Bob, the Beggs' had over 210 youth placed in their home in the over 30 years they served as providers of foster care for hard-to-place adolescents. In addition, Marilyn was a strong supporter of citizen review and served as a consultant to the Board.

Marilyn was a willing resource who spoke to elected officials, board members, and staff about her experiences as a local board member, foster parent, and probation officer. Marilyn was also influential in promoting the passage of LB 642 in 1996 (expanding the Board to review of all children in out-of-home care), as evidence of her strong belief in the value of citizen review.

The Board's condolences go out to Bob, her children, foster children, grandchildren, family and friends. Marilyn is deeply missed.

"...AND HOW ARE THE CHILDREN"

NINETEENTH ANNUAL REPORT OF THE NEBRASKA STATE FOSTER CARE REVIEW BOARD

THE BOARD'S ANALYSIS OF THE NEBRASKA CHILD WELFARE SYSTEM AS REQUIRED BY STATUTE

STATISTICAL MEASURES OF CHILD WELFARE SYSTEM EFFICACY

APPENDICES

MISSION STATEMENT

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

The Board attempts to accomplish this by and through:

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

AGENCY VISION

The vision of the State Foster Care Review Board is that every child and youth in out-of-home 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.

"It is easier to build a child than to fix an adult."

Anonymous

MAJOR ACTIVITIES OF THE FOSTER CARE REVIEW BOARD DURING 2001

- Completed 6,015 reviews on 4,092 children, an increase from the 5,122 reviews on 3,648 children completed in 2000.
- Issued 42,105 case specific reports with recommendations to the courts, agencies, attorneys, guardians ad litem, and county attorneys, an increase from 35,854 reports issued in 2000.
- Facilitated local board members volunteering 33,660 hours of service.
- Utilized the authority derived from legal standing statutes to advocate in court for 4 cases involving 8 children, and to advocate for about 620 additional children through team meetings, meetings with legal parties, special correspondence, and the like.
- Tracked 11,518 children who were reportedly in out-of-home care during the year.
- Researched and verified the out-of-home care status, and then closed the cases of, approximately 700 children whose cases had been closed without HHS issuing a report.
- Toured several facilities to assure that individual physical, psychological, and sociological needs of the children are being met.
- Organized a joint release of the Annual Report with Governor Mike Johanns and HHS. Worked with the Nebraska Broadcaster's Association on public service announcements recruiting foster parents and on child abuse.
- Provided a series of education programs on brain research and bonding and attachment in Scottsbluff, North Platte, Grand Island, Norfolk, Lincoln, Omaha, and Nebraska City, with over 750 participants. Provided an education program in Omaha on commonly used psychotropic medications.
- Worked to compensate for omitted or inaccurate reports from HHS to the Board's Tracking System. In the last quarter of 2001, 6,181 of the 14,950 (41%) status change reports received from N-FOCUS required some level of substantiation. In addition all case closure reports required verification.
- Met with the HHS Director, Service Area Administrators, and other top HHS staff to address specific children's cases and to address system issues.
- Signed the IV-E contract and organized regular meetings with HHS area representatives.
- Made numerous presentations on the Board and on the status of children in out-of-home care to such varied groups as the National Association of School Psychologists, focus groups, community groups, college classes, and foster parent training classes.
- Created a special section of the Annual Report on special issues affecting young children in foster care.
- Provided statistical and other information to researchers, grant seekers, and child advocates.

After 19 years of serving children in out-of-home care, the Board has:

- Tracked over 62,475 children.
- Conducted over 71,860 reviews of the cases of children in out-of-home care.
- Issued over 505,456 reports.
- Volunteered over 263,558 hours reviewing plans of children in out-of-home care and advocating for their best interests.
- Taken legal standing to advocate in court for over 300 children.
- Toured numerous facilities to make sure that the children were safe and to better understand the programs strengths and weaknesses as compared to individual children's needs.
- Provided or assisted with education programs for District, Juvenile and County Court judges, county attorneys, law enforcement personnel, guardians ad litem, State Senators, service providers, and communities.
- Co-sponsored Legislative Caucuses for Children.
- Provided statistical and other information to researchers, grant seekers, and child advocates.
- Supported legislation favorable to abused and neglected children in foster care, including open adoption, funding for additional caseworkers, foster parent training, the 18-month bill, the confidentiality bill, the Child Protection Unit in the Attorney General's office, and the Adoption and Safe Families Act.
- Planned and co-sponsored the 1998 Adoption Summit with the Governor's office and the Department of Health and Human Services.

The Board attributes each success to its dedicated volunteers and committed staff.

Every success in helping children and their families through case reviews or through endeavors to improve the functioning of the child welfare system as a whole makes these efforts worthwhile.

A PREVIEW AND COMMENTARY

A Preview and Commentary
by Carolyn K. Stitt, M.S.W.
with assistance by Linda Cox

"If you care for your own children, you must take an interest in all, for your children must go on living in the world made by all children."
–Eleanor Roosevelt

Children who have suffered abuse or neglect are likely to be our children's or our grandchildren's school classmates and friends. Many of these children have behavioral issues and carry the scars of abuse for their entire lives. These children are more likely to grow up to become responsible adults if the child welfare system meets their needs while they are in out-of-home care. As the noted researcher Robin Karr-Morse says,

> "***While we might like to believe that given sufficient opportunity we can reverse any damage done to children [from abuse, neglect, or moves], the research tells us that the effects of some early experiences cannot be undone.***" [1]

The Foster Care Review Board completed 6,015 comprehensive reviews on the cases of 4,092 children during 2001, and worked with the child welfare system to achieve progress in a number of vital areas. **The Board commends the following for actions that benefited many children in out-of-home care.** [2]

1. **Governor Mike Johanns** is commended for making child welfare a priority, for foster parent recruitment efforts, for educating the public on the needs of abused and neglected children, and for not cutting caseworker positions during the current revenue downturn.
2. **The Nebraska Legislature** is commended for striving to ensure that front line caseworker positions were not cut when making budget decisions.
3. **The Department of Health and Human Services** is commended for issuing the recent directive that its caseworkers must have monthly contact with the children. The Grand Island office is commended for putting medical cover sheets on case files to ensure that medical information is easily accessible.
4. **The Nebraska Foster and Adoptive Parents Association** (NFAPA) is commended for its mentoring program, for presenting educational programs, and for distributing information through an excellent newsletter.
5. **The Judiciary, especially in Douglas and Lancaster Counties,** is commended for providing additional information that helped assure 600 children that had not been reported by HHS were not lost in the system, were tracked, and were able to receive timely reviews.

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[1] Robin Karr-Morse & Meredith S. Wiley, Ghosts from the Nursery. Atlantic Monthly Press, c. 1997.
[2] Out-of-home care is temporary placement outside the home of origin, such as in a foster family home, a kinship/relative's home, a group home, emergency shelter, or specialized facility.

6. **Foster Parents and Placements** are commended for showing their concern and dedication by providing children the nurturing attention needed to overcome the children's past traumas.

The Board strongly believes that the above initiatives can be built on to assist the system to better serve all children, especially those newborn through five. *The Board encourages the system to recognize that sustained nurturing relationships are vital if young children are to develop normally, a finding confirmed by leading researchers on child development. Applying this principle is particularly important when determining where young children will be placed, whether they should be moved, and what the plan will be for their future.*

After analyzing the child welfare system, **the Board finds that the system currently works for about 50 percent of all children in out-of-home care,** and **the Board believes another 25 percent of the children in care would realize positive outcomes with the implementation of the following measures.**

1. Additional prevention services need to be implemented to stop potential abuse or neglect and to reduce the number of children who must be removed from their homes.

2. Specialized case management should be implemented for young children and for children who have experienced severe or chronic abuse. These caseworkers should have reduced caseloads to enable them to pursue intensive supervision of the cases and ensure that each child's developmental and safety needs are met.

3. Caseworker workloads need to be analyzed to ensure workers have the time to see the children on their caseload and work with the families.

4. HHS needs to develop and implement a clear process for oversight of contractors who provide children with placements, treatments, visitation monitoring, and transportation. Additionally, communication between HHS and contractors needs to be enhanced.

5. Additional placements need to be developed and quality foster parents need to be retained.

6. Measures should continue to be implemented to monitor and reduce the number of restraints children experience while in state custody.

Goals of This Report

This report was written in the hope of improving the system so more children can have the best possible future. To accomplish this, the report provides a concise description of the obstacles that can prevent children in out-of-home care from being safe and/or having their needs met, and provides policy makers recommendations for reducing or

eliminating the obstacles. The Board actively seeks to work together with policy makers and agencies on these issues and thus seeks to improve children's lives.

Basis of the Recommendations

The Foster Care Review Board bases its analysis and recommendations on the collected results of the 6,092 reviews that were conducted on the cases of 4,092 children during 2001. The Board is a state agency created to serve as an overseer of the children in out-of-home care in our state. The case of each child in out-of-home care is reviewed every six months by one of the 58 local citizen review boards across the state. After careful review and research, the boards itemize their concerns and recommendations for the ongoing care and safety of the child. The board's reviews are then forwarded to the judge and other legal parties responsible for the care and well-being of the child.

A more complete description of the structure of the Board and the case review process is found in the section on the Foster Care Review Board (page 85).

The System Can Help Children When It Functions Well

The following examples illustrate the positive things that can happen for children when the system works well. As reported earlier, the system does work well for approximately 50 percent of the children. Again, the Board commends the parties that make this happen. The first case shows a positive reunification.

> *"Mike"[3] was born with a condition requiring use of a sleep monitor and regular use of certain medications or he could have serious breathing difficulties. He entered care when 3 months old because his mother had left him with a care provider for extended periods of time on more than one occasion, had not left his sleep monitor with the caregiver, and had not given the caregiver information on how the mother could be reached in an emergency.*
>
> *As the mother was able to show progress the supervised visits were gradually increased. During this time, the mother and foster mother developed a positive relationship. The mother was willing to learn about child-care from the foster mother, and showed increased proficiency in caring for her son and herself. "Mike" was returned home at age 10 months. That has been over a year now. The foster mother continues to see "Mike" and his mother, and reports that both are continuing to do well.*

[3] All case examples are from real cases. Names and other identifying information have been modified to preserve confidentiality.

The second case illustrates a soon to be completed adoption.

> *"Bobby" is one year old and has been in care since birth. "Bobby" has been in the same placement since entering care. The foster parents have facilitated contact between "Bobby" and his extended family, who are attached to "Bobby" but for numerous reasons cannot provide his daily care. Shortly after he entered care a CASA worker was appointed to his case. The CASA has strongly advocated for him, as has the Board and his HHS caseworker.*
>
> *Efforts at reunification that took into account "Bobby's" tender age and vulnerability were made with the mother, but within a short time the mother ceased contact and disappeared. Paternity testing was completed promptly to rule out a person named as a possible father. Parental rights were then terminated.*
>
> *Since the beginning of this case permanency has been pursued for this child, first with every reasonable effort toward reunification, and then in moving to a termination of parental rights quickly when those efforts failed. A court date has been set and "Bobby's" foster parents will soon be adopting him.*

The two examples above illustrate how the child welfare system can facilitate children having stability and reaching permanency. In these cases there were clear, well written case plans, active case management, good communication between parties, and timely decision making with a focus on permanency.

Yet, in spite of the good work being done by many professionals in the system, there are a number of issues that often get in the way of these kinds of successes.

The remainder of this commentary:

1. ***Identifies conditions that impact children's needs while in the system,***
2. ***Identifies barriers to permanency, and***
3. ***Provides recommendations so that there can be more successes for more children.***

Reasons that Children Enter Care

Children reviewed by the Board in 2001 were removed from the home due to one or more of the following conditions:

- Neglect (46.2% of children reviewed),
  If a child has not been provided for emotionally, physically and/or medically, it is considered neglect. Neglect has serious consequences. For example, nationally, almost as many children die each year from neglect as from abuse.
- Inability to cope with children's behaviors (12.6% of children reviewed)
- Substance abuse - parental (12.3% of children reviewed)
  Substance abuse may not be disclosed until after the children are in care so the number of children impacted is greater than this percentage may indicate. For example, 25.3% of reviewed cases involved parental substance abuse as a major factor.
- Physical abuse (10.2% of children reviewed)
- Inability to cope with children's physical or emotional needs (5.8% of children reviewed)
- Sexual abuse
  Sexual abuse is often not disclosed until after the children are in care.
- Emotional abuse (3.3% of children reviewed)

See table 10 of this report for a more comprehensive list with details.

In recent years the methamphetamine epidemic has substantially increased the number of children in out-of-home care who come from families highly resistant to change.

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

Every Child Abuse or Neglect Victim Bears the Affects – The Question is How Deep Are The Scars and How Debilitating

Child development experts recognize that in spite of the best efforts of the system, children will have to deal with the impact of abuse or neglect for the rest of their lives. How deeply that each of the 11,518 children who were in out-of-home care in 2001 were impacted depends on:

- Severity levels
- Type of abuse or neglect
- How long the abuse occurred

- Child's age at onset
- Extent to which growth and development of the child's brain was affected (stress hormones such as cortisol can impair brain growth and synapse development)
- Child's other physical or mental challenges
- Child's personality and ability to cope
- Whether the child received services to address the abuse
- If the child had their own law violating behaviors
- Foster placement stability and capacity to meet the child's needs (for children removed from the home).

The majority of children reviewed were negatively impacted in several of the above areas. Since each child reacts differently to abuse, but definitely is impacted, it is important that plans and services address the individual child's needs.

The Board uses knowledge of the impact of abuse and neglect when developing recommendations for individual children's cases and when recommending ways the system can better respond to children's needs.

Compounding the Affects of Abuse or Neglect is the Separation from Parents or Caregivers

In addition to dealing with past abuse or neglect, each of the children who were removed from the home had to cope with the confusing and deeply powerful process of separation from their parents and integration into a world of different temporary caretakers, new rules, and new persons with whom they must interact. Children removed from the home may also be torn between conflicting feelings of love and anger towards their parents. This process is especially difficult for children who are very young, who have developmental disabilities, and children with attachment or behavioral disorders.

Children may also be separated from foster caregivers several times as they are moved between placements. This separation can be equally difficult for the children. *More than half of the children in out-of-home care at the end of 2001 (2,860 of 5,559 children) had been moved to four or more different placements. It is reasonable to expect that this level of instability negatively impacted each of the 2,860 children.*

The Board recognizes the effects of separations on bonding and attachment needs of the children and uses this information to urge the system to reduce the number of moves children experience.

More detailed information on this subject can be found in the section on placements (page 27).

Board Findings On Key Child Welfare Indicators

Individuals involved in Nebraska's child welfare system worked hard trying to meet the needs of the 11,518 children who entered out-of-home care during 2001. However, as the following chart shows, work remains to be done if safe, appropriate placements, appropriate plans, and access to needed services are to become the norm for all children.

System Working for the Children	Work to Be Done to Improve System
Complete, Written Plans 58.3% (2,385 of 4,092) of children reviewed had a complete permanency plan as required by Nebraska statutes.	Incomplete or No Current Written Plans 41.7% (1,707 of 4,092) of children reviewed did not have a complete plan as required by Nebraska statutes.
Less Than 2 Years in Care 51.2% (2,094 of 4,092) of children reviewed had been in care for less than two years at the time of their last review.	Over 2 Years in Care 48.8% (1,998 of 4,092) of children reviewed had been in care for more than 2 years at the time of their last review.
Stable Placements 36.9% (2,053 of 5,559) of children in out-of-home care at the end of 2001 had experienced one or two placements.[4]	Multiple Placements (moves) 51.4% (2,860 of 5,559) of children in out-of-home care at the end of 2001 had experienced five or more placements.
No Previous Removals from the Home 57.2% (2,994 of 5,232) of those entering care during 2001 had been placed in out-of-home care only one time and had not suffered a premature reunification.	Previous Removals from the Home 42.8% (2,238 of 5,232) of children entering care had been placed in out-of-home care at least once before.

[4] Placements indicate the individual foster home, kinship home, group home, or specialized facility in which the child has lived.

Top Barriers to Permanency Identified by Local Boards

Ideally the child welfare system would help each of the children in out-of-home care to successfully deal with past abuse and the effects of separation from the parents and then would move children swiftly into safe, permanent living arrangements.

However, this is not always the case. At each review local Board members identify up to ten barriers that remain to the children achieving safe, permanent homes. (See table 6 for the full list of identified barriers). The chart below summarizes major barriers.

Top 3 Parental Barriers to Permanency

Parental Barriers

- Parental unwillingness or inability to safely parent their children - 37.7% (1,542 of 4,092 children reviewed) -
- Past histories of abuse, neglect and violence – 27.4% (1,123 of 4,092 children reviewed)
- Parental substance abuse - 25.3% (923 of 4,092 children reviewed)

Top 3 System Barriers to Permanency

System Barriers

- Lack of current, written plans for the child's future - 18.2% (743 of 4,092 children reviewed)
- Length of time in care has reduced likelihood of successful permanency- 13.7% (562 of 4,092 children reviewed)
- Lack of documentation of case progress - 13.1% (537 of 4,092 reviewed)

Each Issue Affects Many Parts of the System

It is important to recognize that the problems described throughout this report do not occur in isolation. Each issue affects many other parts of the child welfare system. Many changes need to occur to move the system from a crisis mode to one that can offer the best possible future for abused and neglected children.

The sections that follow detail the identified obstacles to children having their needs met and children achieving permanency and gives the Board's recommendations for removing the obstacles.

Section I – Child Abuse Prevention Efforts

Additional Child Abuse Prevention Efforts are Needed

Concern/Rationale for Recommendations: During 2001, 11,518 individual Nebraska children were in out-of-home care for some or all of the year. Clearly, too many Nebraska children have suffered child abuse, child neglect and/or child sexual abuse; efforts must be made to prevent as many instances of abuse as possible. Therefore, there is a need for proven home visitation programs and other proven prevention programs to lessen the ever-growing number of children suffering abuse, and to reduce the numbers of children entering the system.

Recommendations:

1. Expand prevention programs that have been shown to be effective and maximize child abuse prevention resources.
2. Select one or more proven prevention models and implement them statewide to expand child abuse prevention efforts.
3. Conduct intensive home visitation for high-risk populations (birth-2) and universal visitation with focus on school readiness (birth-5).
4. Create parent support centers which would focus on children of all ages, serve as an advocacy and training center, be a source of respite care and a host site for parent and adolescent support groups.
5. Increase Kids Connection[5] coverage to 200% of the level of poverty and should subsidize respite and after school care for children qualifying for Kids Connection.
6. Assist business owners in the development of quality low cost child-care.
7. Provide incentives to improve the supply of, and supports for, mental health professionals in rural areas.
8. Continue training for Protection and Safety staff on early intervention services that are available in different areas across the state. The need for this training was part of the Nebraska Family Portrait Initiative.

[5] Kids Connection is a program that during 2001 provided free health care coverage for children living in families whose income is at or below 185% of the federal poverty level. Kids Connection includes both the Children's Health Insurance Program (CHIP) and the Nebraska Medical Assistance Program (Medicaid).

"Child abuse is the cruelest of all crimes and is rarely perpetrated by a stranger. Sadly most child abuse is perpetrated by someone the child may know and trust or someone known to the family.

Abuse affects children in all countries, of all ages, of all races, nationalities and religions. It happens to girls and boys, babies and teenagers. And, despite the 'stranger danger' campaigns to warn children not to talk to, or go off with strangers, they are more at risk from someone they know.

Mothers and fathers can be child abusers, so too can older brothers and sisters, uncles, aunts and babysitters. Other relatives, family friends, neighbors, youth leaders, religious leaders, sports coaches and school workers are also amongst groups which are known to abuse children. Child abuse is society's problem. Children cannot protect themselves, it's up to each and everyone of us to protect all children."

from the website
"***abusehurtseveryone.com***"

Section II– Young Children's Issues

Placement and Planning Decisions for Young Children Must Promote Stable, On-Going Nurturing Relationships

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

Research has shown that when young children must cope with prolonged or multiple stressors, these vital connections can fail to form properly, resulting in temporary or permanent changes in the children's ability to think, to develop positive inter-personal relationships, and to process future stressors. High levels of stress hormones during ages 0-3 has been found to create life-long problems with impulse control, anxiety, hyperactivity, and learning disorders.

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

Fundamental Building Blocks for Children

1. Ongoing nurturing relationships.
2. Physical protection, safety, and regulation.
3. Experiences tailored to individual differences.
4. Developmentally appropriate experiences.
5. Limit setting, structure and expectations.
6. Stable, supportive communities and culture.
7. Protection for the future.

Concern/Rationale for Recommendations: The Board is concerned that many Nebraska young children are being abused or neglected. The Board is also concerned that after they are removed from the home many experience multiple placements and/or failed reunification attempts with their parents, and thus have a lack of the ongoing nurturing relationships needed to grow and thrive.

- On a normal day between 1,200 and 1,400 children age five and under are in foster care in Nebraska. By any standard, this number means that a lot of preschoolers have been abused or neglected to the point of needing removal from the parental home.
- It could be expected that a child have an emergency placement and then an on-going placement. Every move beyond that can be considered excessive and damaging. Yet 442 (34.1%) of the 1,293 preschool children in out-of-home care

on Dec. 31, 2001, had been in more than two foster homes and 256 (18.7%) had been in more than three foster homes.

- 149 (14.2%) of the 1,047 preschool children who entered foster care during 2001 had been removed from the home at least once before.

The preceding statistics are especially troubling because research shows that childhood stressors such as broken attachments and prolonged grief can cause serious, possibly irreparable, damage to children's brains affecting normal growth and development.

Recommendations:

1. Provide intensive services to parents with the intent to assess their long-term willingness and ability to parent.
2. Minimize placement disruptions by recruiting and working with foster care families for infants, toddlers and preschool children and identifying appropriate relative placements (e.g. aunt, grandmother) early in the child's case.
3. Provide specialized training on the importance of bonding and attachment to parents, foster parents, case managers and supervisors.
4. Develop specialized units where highly trained professionals focus on providing permanency[6] for children who have been identified as unable to return home due to parental inability or unwillingness to provide long term care. Reduce the caseloads for the specialized case managers.
5. Increase awareness amongst foster parents of the mentoring program available through the statewide foster parent association.

Parental Visitation Schedules Must Not Harm the Children

Concern/Rationale for Recommendations: The Board is concerned that many young children reviewed show the negative effects of erratic or poorly planned parental visitation. In addition, the high turnover rate for case managers, case aides, and contract employees who monitor visitation and provide transportation means that young children are expected to cope with an ever-changing group of strangers around them during the stressful time of reconnecting to their parents at visitation and the traumatic time when separated from the parents when visitation time is over.

Recommendations:

1. Enable case managers to monitor parental visitation for young children and to act quickly if the visitation schedule unduly stresses the children.

[6] Permanency is the term used to indicate that the child is in a safe, stable family situation. This could be through reunification with the parents, through adoption, or for older children through a guardianship being established.

Necessary Transitions Should Be Done In Way That Helps Children to Better Cope With the Life-Changing Event

Concern/Rationale for Recommendations: The Board has reviewed the cases of many children who have been moved to new foster homes or facilities without an effective transitional plan that considered the children's age, developmental stage, needs, and attachments. Often, children were given no preparation for this major, life-changing event. Research shows that young children can be hurt by a move to a new caregiver that is not well planned and that does not take into consideration their developmental stage.

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

The Board would like to thank Nancy Thompson, a nationally known expert on children's attachment needs and brain development, for providing the following list of ways to help children in transition.

Helping Children in Transition
By Nancy Thompson, M.S.W., L.M.H.P.

- ▷ Early in the transition process obtain a special object such as a blanket, teddy bear, etc. For older children this may be a clothing item, toy, or pillow. If it is impossible to secure the original item, replicate the item as closely as possible and as early as possible in the transition process.

- ▷ Encourage repetition of previous patterns for personal care, such as bedtimes with rituals, food preferences, types and times of bathing (shower or bath). Caretakers should note this information so it can be passed on.

- ▷ If possible, take Polaroid® or instant pictures of the previous family, the house, and the pets; otherwise, see if copies of photos can be obtained for the child to keep.

- ▷ Whenever possible, encourage transitions that include a visit at the present home, a visit at a neutral place (park, restaurant, etc.) and an overnight or daylong visits with discussions about the habits of the new household.

- ▷ Older children should take active part in packing and unpacking their own belongings and putting them away.

- ▷ Provide a duffel bag or other luggage for transporting the child's personal belongings. Do not use a plastic bag or cardboard box.

- ▷ Whenever possible, arrange periodic contact by phone, visit, or mail with the previous caretakers. This becomes more important if the child is moving after a long period of time.

- ▷ Encourage new caretakers to exchange food information, and even recipes for favorite dishes, and prepare them early in the transition process and again when requested by the child.

- ▷ At the first visit before transition encourage new caretakers to give the child a token gift that goes with the child back to their current placement. The child can bring this gift with them at the next visit or upon permanent relocation.

- ▷ New caretakers should provide a secure place for the child's belongings and allow the child to adjust to the new placement before expecting sharing with other children in the home.

- ▷ Children under stress often show regressive behaviors. They need patience and kindness as they struggle to regain their normal developmental level. Tolerating whining, crying, and withdrawal along with thumb-sucking etc., will help the process move along and tolerance will be more effectual than consequences or criticism. Most children will regain their former skills within a few days or weeks.

Recommendations:

1. Case managers, 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 young child that must move based on the children's age, developmental stage, needs, and attachments.
2. Minimize placement disruptions by recruiting and working with foster care families for infants, toddlers and preschool children and identifying appropriate relative placements (e.g. aunt, grandmother) early in the child's case.
3. Increase awareness amongst foster parents of the mentoring program available through the statewide foster parent association, which can also help minimize placement disruptions.

Professionals Must Recognize that Children's Separations from Parents and/or Foster Parents Will Cause Them to Grieve and Will Delay or Impair Their Normal Development

Concern/Rationale for Recommendations: The Board finds that some professionals in the child welfare system, including case managers, guardians ad litem, foster parents, and group home staff, do not understand that it is normal for children to grieve for lost attachments to parents and/or foster parents, nor are these professionals able to recognize

common grief symptoms or the serious consequences that can occur if children are moved. This knowledge is essential if children's best interests are to be met.

It is important for child welfare professionals to recognize that grief over removal from parents or trusted foster parents is as traumatic to children as if the parent or caretaker had suddenly died. Dr. Elisabeth Kubler-Ross, author of *On Death and Dying*, found in her research that children take longer to go through the stages of grief than adults do. **The younger the child was at the time of the loss, the longer grief can be expected to take.**

A study of infants who were 18 to 24 months old revealed that children were still displaying active grief symptoms 6 to 8 years after the loss. When children were older at the time of the loss, the time of active grief became progressively shorter. It wasn't until when the child experiencing the loss was an older teen that it approached the typical 1-2 years of active grief of adults.

Children of any age who are removed from a foster parent to whom they've attached will grieve the loss of the foster parents and may simultaneously need to revisit the grief over the separation from the parents or could have more intense reactions to reminders of that grief. Good transition plans (see the section on Young Children) can certainly help children better cope with the loss, but the need to grieve will remain.

Grief may be expressed in a number of ways depending on the individual circumstances, age, and temperaments of the children as well as the way the adults dealt with the transition between caregivers. Typical grief reactions include:

- Regressive behaviors (e.g., return to baby talk, lapse of toilet training)
- Distracted easily, thinking disorganized, memory lapses, learning difficulties
- Problems with judgment and cause/effect, increased mischievous behavior
- General anxiety, separation anxiety, alarm, panic, fears
- Food issues, including hoarding food or refusing to eat
- Abnormal displays of anger to normal situations
- Sadness, depression, despair, self-esteem problems, feeling they've been "thrown away," yearning and pining for the lost caregiver
- Physical symptoms such as sleep disturbances, rapid or irregular heart rates, and lower resistance to infection
- Blaming others or themselves for the situation
- Denial of events
- Avoidance of future relationships

Many children are punished in school and/or foster homes for exhibiting these "normal" reactions to grief, and the Board believes that more work must be done to inform providers, schools, and workers about these actions.

Recommendations:

1. Provide mandatory continuing education on 1) the latest research on children's attachment needs, 2) why children grieve for lost attachments, and 3) how children show grief symptoms to the following: case managers, foster parents, guardians ad litem, county attorneys, law enforcement, and the judiciary.

750 Child Welfare Professionals Attended Board-Sponsored Educational Programs on Bonding and Attachment

In order to strengthen the knowledge base across the state, the Board invited HHS to co-sponsor a series of educational programs on brain research and bonding and attachment issues featuring nationally recognized experts in the field. Programs were held in Scottsbluff, North Platte, Grand Island, Norfolk, Lincoln, Omaha, and Nebraska City. Over 750 child welfare professionals, including caseworkers, guardians ad litem, judges, county attorneys, and foster care providers, attended these sessions.

Section III – Case Management Issues

Lower Case Worker Turnover Rates Are Needed In Order To Create Case Continuity for Children

Concern/Rationale for Recommendations: The Board is concerned that it was not uncommon for children being reviewed to have had several different HHS case managers while in care. during recent months in care. **1,749 (42.7%) of the 4,092 children reviewed during 2001 have had 4 or more different case managers while in out-of-home care.**

Many case managers who resigned their positions cite that the case manager's job is nearly impossible to perform adequately due to the following:

- The need for more supervision and structure.
- Increasingly large caseloads.
- The time-consuming nature of entering required basic case information on the N-FOCUS CWIS computer system.
- The lack of placements for the children in their caseload.
- Children and youth being denied needed mental health services under managed care contracts.
- Little time for pre-service training on domestic violence, which is a factor in many of the cases.

Recommendations:

1. Make caseloads equitable.
2. Increase levels of support and supervision for case managers.
3. Reduce computer time for case managers by utilizing data-entry personnel.
4. Provide continued and additional energy in the identification and removal of barriers to case manager effectiveness and productivity so that these professionals can serve children, youth and families across the state.
5. Look at how communication now takes place between case managers and contractors and examine communication breakdowns and frustrations.
6. Analyze the HHS Child Welfare budget and worker caseloads. This analysis must include the number of FTE's (full time equivalents) in each position. A common method of measuring caseloads needs to be adopted, along with a recommended caseload for each level of worker.
7. Analyze the training required for new case managers. The analysis should cover course duration, location and content.
8. Reduce supervisor caseloads so they have time to train and guide caseworkers.

Case Managers Need to Maintain Contact With the Children

Concern/Rationale for Recommendations: The Board is concerned that some case managers have not had timely face-to-face contact with the children, as shown below:

- 1,071 (26.2%) of the 4,092 children reviewed during 2001 had no documentation regarding case manager/child contacts and thus likely did not have any contact.
- 219 (5.3%) of the 4,092 children reviewed during 2001 had documentation showing that no contact had taken place.
- 2,802 (68.5%) of the 4,092 children reviewed in 2001 had documented case manager contact within 60 days prior to the review.

Face-to-face contact is necessary to accurately assess the appropriateness and safety of placements and services. It is critical for appropriate case planning. It also facilitates case managers' communication with the children's caregivers and other parties. **Contact is especially critical for pre-school children or the severely handicapped who may not have contact with other adults who could report a possible concern** with a placement and thus are more vulnerable.

Although HHS recommended in the 2001 Nebraska Family Portrait that strategies be developed and implemented to increase the time available to caseworkers to visit with children, families, and stakeholders the Board did not see statistical evidence of this occurring. *[Editor's Note: In late 2002, the HHS Director issued a directive that all caseworkers are to see the children on a monthly basis. The Board supports this directive.]*

Recommendations:

1. Reduce caseloads and encourage case managers to maintain and document their contacts with the children.
2. Eliminate barriers and restate expectations that case managers will see the children.

Section IV – Contract Issues

Contracted Services Need More Clearly Defined Lines of Authority and Communication

Concerns/Rationale For Recommendations. The Board is concerned that core case management duties have been contracted out to the private sector, especially visitation monitoring, transportation, and agency-based placements (about 800 children are in agency-based placements). Contracting essential case management duties has added a layer of bureaucracy between the case managers and the children, increasing the likelihood that critical information is not shared and increasing the chances of poor outcomes for the children.

In many cases the quality and quantity of services has deteriorated; in fact, and many children and youth are not receiving the services they need. This practice has put children at risk in a number of ways, such as:

- Critical information is not being communicated or easily made accessible between the case manager and all the contractors in a case. This communication gap exists both from the case manager to the contractor and from the contractor to the case manager.
- In some cases, contracted staff have the only contact with the children, yet have few contacts with the case managers, and case managers often discount their observations. Contractors have reported having difficulty getting phone calls returned, which appears to be endemic.
- The cost of contracting with for-profit organizations limits the funds available to provide permanent case management for the children's cases.
- Children's cases do not achieve stability in a timely manner.

The Board has found that when a health or safety issue involving a service from a contractor is disclosed, children are often caught in the following no-win situation:

1. When a placement concern arises, it is difficult to know whether it is best reported to the CPS hotline, to the case manager, or to resource development, since HHS has not designated a single point of authority for these matters.
2. When the Board has reported concerns to these HHS staff members, a common response is "did you call the [other party]." That is not acceptable, per se.
3. Even when Board staff members have contacted all three parties, there is often no investigation to correct the situation.
4. While this is happening, the contractor may not take corrective action as it could be viewed as admitting fault.
5. Until the situation is resolved, children often remain at risk.

The following is a brief overview of concerns with specific types of contract services and the Board's recommendations for system improvement.

Visitation and Transportation Contracts

Concern/Rationale for Recommendations. Monitoring the appropriateness and consistency of parental reactions to the children during visitations is at the core of casework, yet in some cases it is being delivered by persons with very little training or understanding of the dynamics involved.

It is very important that the persons delivering this service understand the emotional trauma that children experience where visits do not occur as planned or are disrupted, and that the service providers understand how children of different development stages may express this trauma. It is also important that these incidents be appropriately reported to the children's foster placement so the placements can correctly interpret children's behaviors and help the children deal with situations regarding visitation. Often this does not happen.

Agency-Based Placement Contracts

Background information: Agency-Based Foster Care contractors are private organizations that contract with HHS and are responsible for recruiting, assessing, screening, training, supervising, and providing 24-hour support for many foster homes, therapeutic foster homes and group homes.

Concern/Rationale for Recommendations. Through reviews the Board has found the following troubling situations:

A. Case managers for some reviewed children could not identify where the children were placed—only that they were in the custody of a particular contract provider. Some case managers did not know which other children were placed in the same home or how the other children's needs and behaviors could impact the child being reviewed. Without this information safety cannot be assessed.
B. Serious abuse (severe burns, broken bones, concussions) has occurred in some agency-based placements as a result of a lack of supervision and misuse of restraints. (See the separate section on restraints in this commentary).
C. Even after a clear pattern of abuse or neglect has been detected in certain agency-based placements, agencies have continued to place the child and/or other children in the questionable placement without resolving the placement problems.
D. Many agencies fail to develop child-specific placements geared to meeting the physical, emotional, or behavioral needs of an individual child. Some

children in out-of-home care have experienced several placement moves while in agency-based care without the knowledge or consent of the case manager. guardian ad litem, or Court. Again, the abdication of control is significant, and any progress is reversed.

E. In many reviewed cases, case managers did not have a copy of the agency-based foster home's home study—important background information needed for assessing appropriateness. In other cases, the agency's home studies have been seriously outdated (e.g., over 20 years old). Often, case managers have not reviewed the home studies.
[*Editor's note: in 2002 new contracts were issued with a clause requiring contractors to provide HHS with a copy of the home studies; however, as of late 2002 there were still some agencies that were not providing home studies.*]

F. In some cases, case managers have never met the agency-based foster family.

G. Procedures for licensing have been problematic. HHS has granted some licenses for agency-based foster homes without a review of the home study.

H. Some agency-based foster homes have too many children placed in their care. No one appears to monitor the number of children in agency-based foster homes.

I. The agency receives payment for its agency-based foster homes at a significantly higher rate than standard foster homes, yet in many cases the benefits are not getting to the children.

Experience with the current structure of agency-based foster homes, group homes, and residential facilities shows that there is insufficient oversight of the agency-based system. This lack of oversight in some placements has resulted in poor care, and the lack of quick and effective response to this situation continues to put children at unnecessary risk in many of these facilities.

Some facilities do an excellent job of providing care, but systemic deficiencies need to be addressed so that all agencies are held to appropriate and consistent standards of care.

<u>Recommendations Regarding Contracts</u>:

1. Review the cost-effectiveness, efficiency, and wisdom of contracting for essential case manager duties. Reduce the use of private contracts for case management and increase the number of case managers. Define a reasonable caseload for HHS caseworkers.
2. Oversight must be increased.
   - Recommit to aggressively monitoring the services and placements that are currently contracted to private agencies.
   - Increase oversight of private agencies' decisions concerning the placement and services for children.
   - Provide a method of evaluating the effectiveness of agency-based placements.
3. Implement immediate, proportional consequences for agencies that fail to meet strict guidelines regarding children's safety.

4. Clearly identify who within the bureaucracy is to investigate concerns regarding contractors and is to take action to correct the concerns.
5. Clarify all existing service provider contracts to include clear expectations regarding performance, lines of authority, and communication. Look at how communication now takes place between the case manager, the agency, and the agency-based provider. Examine communication breakdowns, and monitor performance.
6. Review communication protocols and procedures for use when a child is injured in an agency-based placement.
7. Withhold pay from service providers until their reports are provided to the case managers.
8. Hire permanent case aides to complete visitation. Provide case aides extensive instruction on how to correctly interpret parental actions, how to interpret the children's reactions at visitation, and how to help children deal with the trauma of moves to new facilities/homes.
9. Allow case aides to assist case managers with entering information on N-FOCUS CWIS so case managers can do the work they have been trained to complete.
10. Follow HHS policy and conduct home studies prior to placing children or within 30 days in an emergency situation. HHS should file the home study in the child's permanent record or in another easily accessible location where information would be available for caseworkers and for review of the case by the Board. Assure home studies completed by another entity are provided to HHS in a timely manner and included in the child's permanent file.
11. Conduct criminal background checks on all potential foster parents, including those from agency-based placements. Like home studies, this information should be readily accessible for caseworker review. (The 2001 HHS Nebraska Family Portrait lists a goal that "*the Director's Task Force will meet and set the standards related to criminal background checks*")

Section V – Placement Issues

Additional Placements Need to be Developed, Especially Specialized Placements

Concern/Rationale for Recommendations: The Board is concerned that a lack of appropriate placements means children are often placed where beds are available rather than where their needs can best be met. These placements frequently do not meet the needs of individual children, causing difficulties, conflict, and eventual removal from the placement. This harms the child further, resulting in a child with even higher levels of needs and less likelihood of successful outcomes.

The Board is also concerned that the mixture of children in shelters and group homes often places very vulnerable children in the same environment, possibly even the same room, as other children who have exhibited physically or sexually aggressive behaviors. It would be difficult for any facility to keep children safe under such circumstances.

There are significant shortages of traditional foster homes, therapeutic foster homes, group homes, residential care facilities, and therapeutic placements for specific needs, such as violent youth, sexual perpetrators, young children who have been sexually abused, emotionally disturbed children, children with a dual-diagnosis (e.g., substance abuse and mental health issues), pregnant girls, and children with severe behavior problems. The shortfall is especially acute west of Grand Island.

Compounding the situation:

- Many children already in the system are denied services at the level of care needed due to financial reasons and/or due to placement and service deficits.
- There are more children entering the child welfare system, and those children often display higher levels of treatment needs due to the chronic or severe nature of the abuse or neglect they have suffered.

  [*Editors note: During 2002, Group Home II's were eliminated. A new level of care- Enhanced Treatment Group Homes - was developed. The Board will monitor these placements and report the outcomes.*]
- Many treatment placements have closed or accept only private-pay placements due to the number of treatment denials by ValueOptions, which was the company that had the State's contract for providing managed mental health care services for children and youth during 2001. The contract with ValueOptions expired in 2002.

Recommendations:

1. Increase HHS' focus on placement development to meet the following special needs:
   - Therapeutic placements for violent or aggressive children;
   - Treatment placements for sexual abuse victims or children sexually acting out;
   - Placements equipped to handle disabled children;
   - Therapeutic placements for emotionally disturbed or traumatized children;
   - Placements that specialize in the needs of children who have committed law violations;
   - Treatment placements for children with a dual-diagnosis (e.g., substance abuse and mental health issues);
   - Placements able to handle the medical and emotional needs of pregnant girls and adolescents; and
   - Placements for children with severe behavioral problems.
2. Diligently work to recruit and retain therapeutic foster homes, group homes, and residential care facilities, especially in the western part of the state. (This goal is also in the HHS Nebraska Family Portrait Initiative.)
3. Explore the possibility of using state resources, such as using the Nebraska Center on Children and Youth (NCCY) campus as a child-caring facility.
4. Implement a clear plan for oversight of agency-based foster care to ensure that children are not at risk in an agency-based placement and that the placement is appropriate for the children's needs.
5. Improve consistency of licensing practices and standards to ensure safety for children in out-of-home care. (This goal is also in the HHS Nebraska Family Portrait Initiative.)

To Retain Quality Foster Parents Case Managers Need to Give Them Sufficient Information and Support

Concern/Rationale for Recommendations: The Board is concerned that foster parents who have provided many children quality care left the system because of the following issues:

1. Support from case managers was unavailable when problems arose,
2. Adequate background information was not given on children placed with them, and/or
3. Sufficient respite care[7] was unavailable.

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

Case Manager Support

The Board believes that the fragmentation of the case manager's position, and the additional layers of bureaucracy created by the agency-based care system (discussed elsewhere in this commentary) have decreased effective communication between foster parents and caseworkers. This lack of communication must be addressed if children are to be safe and healthy in their placements.

Many foster parents also report that case managers display an attitude that foster parents are not an essential member of the team assisting the children and families. Foster parents report that case managers often do not inform them when there are changes in children's plans and that they are also not included in the planning process.

Providing Essential Background Information on the Children

When conducting reviews the Board is required to ask whether the children's foster parents had been given children's educational and health records. With the exception of a few recent emergency placements, this information should be provided to all foster parents. The Board found that many foster parents were given this information, but a significant minority (33.3%) was either not given the records or provision was unable to be determined.

The statistics below are on medical records for the 945 children age birth through five reviewed during 2001.

- 142 (15.0%) of 945 pre-school children's foster parents had *not* been given the child's medical records.
- 173 (18.3%) of 945 pre-school children's HHS file documentation did not indicate if the foster parents were given the child's medical records and the foster parents were unable to be reached at the time of review to clarify this, and
- 630 (66.7%) of 945 pre-school children's foster parents *had* been given the child's medical records,

Communication gaps do appear, and can lead to serious consequences. The Board has reviewed cases where the foster parents were not informed of children's allergies to common medications and where foster parents were not informed of medical conditions. Potentially life-threatening events have occurred as a result. Many foster parents also report that children's immunization records have not been provided, leading to difficulty with preschool and school enrollments.

In addition, foster parents need to be given background information on the children placed with them in order to ensure the safety of themselves, their families, the children being placed with them, and other children entrusted to their care. This is especially true for children who are exhibiting physical aggression, sexualized behaviors, or destructive behaviors as a result of the abuse or neglect they have endured.

Response to Requests for Assistance

Foster parents have not always been able to obtain requested additional training in behavioral management for children with attachment disorders or children who had experienced severe or chronic abuse or neglect. The behaviors associated with these conditions can be very frustrating, so information that these behaviors could be expected and tips on how to manage the behaviors could be very beneficial. [*Editor's note: The Nebraska Foster and Adoptive Parents Association is working in 2002 to provide support and training on pertinent issues to foster parents.*]

Foster parents also have indicated significant concerns with transitional planning for children. Children changing foster homes are often not given the opportunity to develop a relationship with the new foster parents prior to their placement, and children are often removed from foster homes with very little chance to say "goodbye" or retain important relationships.

Recommendations:

1. Recognize that foster parents are a vital component of the system.
2. Place a medical cover sheet at the front of every child's file so that essential information can be easily consolidated and shared with all appropriate parties as necessary. This is a procedure that HHS in Grand Island has implemented at the Board's request, and it appears to be working well.
3. Implement well-supervised procedures to ensure that foster parents are given essential background information on the children being placed with them, including health and education records.
4. Provide foster parents with training to address the more complex problems being presented by children today, and to give them the support and respite they need. (The HHS Nebraska Family Portrait Initiative includes plans for training the trainers and in-service training for foster parents and staff. The Board supports these goals).
5. Continue exploring the creation of "professional foster parents" that is, foster parents who are provided enough in wages to be in the home providing daily care for a limited number of children in a home setting.

Reunification Attempts (Placements with Parents) Must Be Well Planned So They Do Not Put Children at Risk

Concern/Rationale for Recommendations: The Board is concerned that 42.8% (2,238 of 5,232) of children removed from their home during 2001 had gone through at least one failed reunification attempt. This means that children have experienced unnecessary abuse, neglect, or trauma. As mentioned earlier in this report, the negative effects of multiple separations on brain development and children's behaviors are significant.

The Cycle of Failed Reunification Attempts

Child is abused or neglected
↓
Separation from their parents
↓
Effects of separation from the parents on child's development
↓
Adjustments to living in foster care
↓
Possible moves to new foster placements
↓
Adjustments to living again with their parents
↓
Child is abused or neglected yet again...

The Board has identified the major reasons that children return to care:

- Children are removed from the home, but the root cause of the abuse is plea-bargained out of the petition, so the court cannot order the parents to services on those issues.
- Children are removed from the home due to a situation that is never resolved, are returned home, then removed again for the same reason(s).
- Children are removed from the home and reunification occurs prematurely, before the parent(s) is ready to reassume the responsibilities of parenthood.
- Children are removed from the home and then reunified because appropriate placements cannot be found.
- Young children who were in care act out later as adolescents, and subsequently are returned to care.
- Case managers assume the practice is to attempt reunification with all parents, even when it can be predicted to be unsuccessful.

Failed reunification can cause serious, life-long harm to children and youth's ability to grow, develop, cope, and adapt. The Board has repeatedly expressed its concern about the practice of reunifying families in which the parents show little or no interest or ability in parenting their children. Of special concern are the chronically violent families where the children's safety is at risk.

Since many children in care come from families highly resistant to change, the Board recommends that HHS investigate programs such as the one in Washington State where there are special units that work with these types of families. Efforts must be made to greatly reduce the number of children experiencing failed reunification attempts.

Recommendations:

1. Write clear, appropriate plans with services, goals, and timeframes and carefully document parental compliance with the plan so that if parents are non-compliant alternative permanency can be pursued. Include biological families in the

planning process and provide them and their attorneys a clear explanation of what the family must accomplish to get the children returned.

2. Conduct better assessments of the families and focus reunification efforts on families who have expressed a desire to change.
3. Eliminate the practice of attempting reunification with parents who cannot or will not parent in order to eliminate failed reunifications, further abuse, and repeat episodes in out-of-home care.
4. Provide appropriate remedial services to families who are identified as willing to work on new behaviors.
5. Continue implementation and monitoring of the guidelines outlined in the Adoption and Safe Families Act, where child protection and best interests replace family reunification as the guiding policy for child welfare agencies.
6. Follow the guidelines outlined in the Adoption and Safe Families Act where reunification need not be pursued in:
    - Cases of murder or voluntary manslaughter of another child by the parent,
    - Felony assault that results in serious bodily injury to a child,
    - Abandonment,
    - Torture,
    - Chronic abuse,
    - Sexual abuse, or
    - Previous involuntary termination of parental rights of a sibling.
7. Reduce the time given parents whose children are re-removed from the home to show significant progress before consideration is given to termination of parental rights[8] and moving the case to alternate permanency. This time should be reduced to six months and the system should move to ensure services are in place to accelerate this timeframe.
8. Increase the accessibility of services to adoptive parents and legal guardians to prevent children from returning to care in order to access services.

Children Need to Be Stabilized in Foster Care

Concern/Rationale for Recommendations: The Board is concerned that 51.4% (2,860 of 5,559) of the children in care Dec. 31, 2001, had experienced four or more placement disruptions and 1,992 (35.8%) had experienced six or more placements. Children who experience a number of disruptions have an increased probability of depression, confusion, short-term memory loss, learning problems, and/or behavioral impairment.

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

[8] The Nebraska Supreme Court has stated, "A child should not be left suspended in foster care and should not be required to exist in a wholly inadequate home. Further, a child cannot be made to await uncertain parental maturity." In Re Interest of JS, SC, and LS, 224 Neb 234 (1986)

Even under ideal circumstances, separations of children from caregivers to whom they are attached can cause negative impacts for many years, and can have life-long consequences.

> "*Adults must remember that once new attachments are formed, separation from these substitute parents is no less painful and no less damaging to the child than separation from birth or adoptive parents.*"[9]

The damage done to children by multiple changes in caregivers can be severe and life-long. Research shows that many of the adolescents and young adults who are violent, lack empathy, or are severely mentally ill started their lives as one of these children who experienced multiple losses. Conversely, research has shown that the presence of even one positive attachment figure can be a protective factor to promote resilience in children who suffer trauma or separation[10].

Children are often moved because:

1. The lack of appropriate placements resulted in a placement where a bed was available rather than where the children's needs could be met.
2. Foster parents are unprepared for children's typical grief reactions, and unaware that it is necessary and expected that children will grieve their loss whenever they are separated from either a parent or a foster parent to whom they have become attached.
3. Many in the child welfare erroneously assume that young children are not impacted by placement changes; and are unaware research clearly indicates that each movement has a lasting effect on children of all ages and that placement changes should be avoided as much as possible.
4. If the new placement is unable to handle the children's grief behaviors, children are often moved again rather than providing services or support to prevent a placement disruption. This sets up another grief cycle.

Experts recognize that it is reasonable to expect children to have a maximum of two placements, such as an emergency shelter where an assessment can be made to determine the most appropriate placement, and then the appropriate placement can be secured. Unfortunately, more than 1 out of every 2 children in out-of-home care do not experience this type of continuity of caregivers.

Recommendations:

1. Identify relatives and non-custodial parents within the first 120 days of a child's placement so that delayed identification does not result in unnecessary moves.

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[9] J. Freud Goldstein and A. J. Solnit, Beyond the Best Interests of the Child, c. 1973.
[10] Susan Downs et al, Child Welfare and Family Services Policies and Practice, c. 1991, page 280.

2. Adapt the model Utah is using, in which children under age six must be placed into a prospective foster/adoptive home when they enter care to reduce children's placement disruptions should the case plan change to adoption.
3. Recruit, develop, and retain child-specific placements for young children, especially those with special physical, emotional, or behavioral needs.
4. Provide on-going specialized training to all foster parents, case managers and supervisors on the importance for children to bond and form attachments to their caregivers.
5. Implement foster parent retention steps such as:
   - Recognition that foster parents are a vital component of the system;
   - Access to round-the-clock immediate and effective support when issues arise;
   - Provide health and educational records to foster parents upon placement or within a few hours of placement;
   - Provide other background information, such as likely behaviors (e.g. sexual acting out, fire starting, rages) when children are placed in foster homes and facilities;
   - Continue work to create "professional foster parents" that is, foster parents who are provided enough in wages and benefits to be in the home providing daily care for a limited number of young children in a home setting and assure that the children can remain in this home as long as needed regardless of whether Medicaid will continue to pay for this level of care; and
   - Offer additional training on child development, bonding and attachment, and effective methods of behavior modification, and specialized training as needed.
6. Award grants or contracts with entities to provide Multidimensional Treatment Foster Care (MTFC). The objectives of a MTFC program are to provide children and youth who have serious and chronic behavioral problems with close supervision, fair and consistent limits, predictable consequences for rule breaking, a supportive relationship with at least one mentoring adult, and limited exposure and access to delinquent peers. MTFC is based on the philosophy that for many children and youth who exhibit antisocial behavior, the most effective treatment is likely to take place in a community setting, in a family environment in which systematic control is exercised over the children's behaviors.
7. Build the capacity of out-of-home placements to match the population of children, their location, and their needs.
8. Develop a sufficient capacity of shelter beds to accommodate all children entering out-of-home care, for a stay of up to 30 days. This would ensure a thorough assessment of the child's placement needs and increase the likelihood of an appropriate ongoing placement.
9. Monitor placement providers closely and consistently.
10. Develop placements for children and youth with multiple or specialized needs.
11. Implement guidelines designating who should make placement, treatment, and service decisions for children and youth in out-of-home care and put into practice effective means to monitor and review these decisions.
12. Require relative caregivers to pass the same standards as other foster care providers to ensure that children are safe and well cared for.

Stable Foster Placements Can Produce Amazing Results

The Board has reviewed cases where stability in placements has proved extremely beneficial for the child. In the case below, one can only wonder how this boy's life would have been different if he had achieved this level of stability and grief intervention at an earlier age.

> *"Jimmy" suffered the tragic loss of a parent when he was about 5 years old. He began getting in trouble with the law at age 7, for theft of a neighbor's sports equipment. From that time on he was periodically in foster care. He later was involved in vandalism episodes and burglary. During this time, "Jimmy" was in 9 different placements, including the Kearney Youth Rehabilitation and Treatment Center.*
>
> *His 10th set of foster parents had experience dealing with troubled adolescents, and experience dealing with children in grief. They understood that he was afraid to get close to them, because of the number of broken bonds he had in the past. They helped him to choose to be drug and alcohol free. They helped him choose to use his intellect to excel at school. "Jimmy" has been in this home for nearly two years. Now he is on the honor roll and about to enter college. This is an example of a youth who was able to overcome adversities and achieve positive things through the stability he gained with a trained and committed pair of foster parents who understood the principles of grief and attachments.*

Kinship Care Decisions Need to Focus on Maintaining Children's Existing Relationships with Safe, Appropriate Family Members

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

Given what is known about children's brain development and their need to form and maintain close bonds to the primary adults around them, a quick determination of the appropriateness of a relative placement makes a great deal of sense. If the relative is an appropriate placement, the children suffer the minimum disruption possible and are able to stay with persons they already know who make them feel safe and secure. Thus, kinship care is especially beneficial when children have a pre-existing positive relationship with a particular relative.

If relatives are not an appropriate placement, then an appropriate non-family caregiver can be secured for the children and the children can begin the process of adapting to their new environment. Kinship placements are not appropriate if the relative cannot establish

boundaries with the parent, or is in competition with the parents for the children's affection, or if there is any indication that the relative has abused other children (or the child's parents) or allowed their abuse.

Concern/Rationale for Recommendations: The Board is concerned that many children are moved to relatives who are virtual strangers due to decisions that are based only on familial ties, not on the children's best interests. **Many case managers have the misperception that whenever a relative is found, children must be moved to the relative's home regardless** of the lack of a previous relationship with the relative, the length of time the children have been in care, the children's attachments to the current non-relative foster parents, or the likelihood the children may suffer significant trauma as a result of the move.

The Board has reviewed cases in which suitable relatives came forward at the beginning of a case, and they were either never appropriately evaluated as potential placements for the children or their evaluation was so delayed that the children had already formed bonds with their non-relative care givers.

The Board has reviewed the cases of children who have been moved after living for years with suitable non-relative caregivers. As a result, bonds to caring non-relative adults that children have formed over a significant portion of their young lives are broken without cause, based on an inflexible, non child-specific policy regarding relatives. Furthermore, these moves are often made in a manner that further traumatizes the children by not providing for appropriate transitions.

Neither practice conforms to the language or intent of the Adoption and Safe Families Act (1998 Nebraska, based on 1997 federal legislation). The Act is clear that the health, safety, and well being of the child is always to be the overriding concern in decisions about the child, including placement decisions.

Recommendations:

1. Identify relatives at the beginning of each case and assess their previous relationship with the children and ability to safely care for the children.
2. Establish paternity quickly in the case of every child who must be removed from the home by encouraging county attorneys and HHS to work together on the issue so that paternal relatives can be identified and assessed quickly;
3. Provide on-going specialized training to all relative caregivers on the importance for children to bond and form attachments to their caregivers.
4. Provide relative caregivers access to round-the-clock immediate and effective support when issues arise, and provide them with health and educational records on a timely basis.
5. Ensure that a kinship placement is not selected simply because of biological connections, but rather because it is a safe, appropriate placement with someone the children already know and trust.

Section VI – Restraint Issues

Policies Need to be Implemented to Reduce the Number of Restraints Used on Children and Youth

Definition: Restraints include physical restraints (also called takedowns), chemical restraints, confined isolation, and prolonged depravation of food. Some children are subject to more than one type of restraint. Many of the children had multiple episodes of restraints, including some having more than one restraint per day.

Concern/Rationale for Recommendations: The Board is concerned **that 329 children (8.0%) of the 4,092 children reviewed had file information indicating restraints were used on them during the six months prior to the review**. *This is especially concerning given that there is no requirement that a restraint against a child be documented.* It can reasonably be concluded the actual number of children being restrained was significantly higher.

Another concern is that **many of the children that had documented restraints have limited intellectual functioning, and thus are very vulnerable to abuse by adult caregivers.** These children, especially, need programs tailored to their specific needs and abilities that can keep them safe with minimal physical interventions.

The following is a breakdown of the types of restraints the 329 children experienced:

- 343 children who were physically restrained (including 2 who had bones broken as a result of the restraint),
- 86 children who were placed in confined isolation (sometimes for hours),
- 53 children who were chemically restrained,
- 3 children who had food withheld (including a diabetic child), and
- 12 who had documentation that mentioned a restraint, but did not specify which kind.

[*Editors note: In 2002 newspapers reported that a Nebraska foster child who died during a possible restraint. The death is reportedly still under investigation.*]

The Board finds that restraints should be a very rare last option that is used only when all other forms of behavioral controls have failed and the children's or the staff's safety is in jeopardy.

The Board acknowledges that some of the children and youth in care display some very challenging and aggressive behaviors. However, the Board is concerned that some facilities now use restraints as the *primary* method of behavioral control – even though

other behavioral control methods have proven to increase the children's ability to control their own behaviors and decreased the number of acts of physical aggression that children see modeled as acceptable adult behaviors.

The Board has a number of concerns regarding excessive use of restraints. Restraints do little to teach children self-control and increases the children's anger and frustration. Restraints increase the risk of injury to the children and staff, rather than decrease the risk. Restraints convey the message that it is acceptable for those with power to use physical force to get what they want from those without power, which has alarming implications for those youth who go on to have families of their own. **In many ways excessive restraints are little different than the abusive treatment many were receiving in the parental home.**

The Board is concerned that while there are protections against unnecessary restraints for the vulnerable elderly, there are no such protections for Nebraska's vulnerable foster children.

Reasons for the Increased Reliance on Restraints

Based on review information it appears that restraints are more likely to occur because:

1. HHS has no policy limiting or monitoring the use of restraints. *[Editors note: At the time this report was written HHS was in the process of writing policy.]*
2. Some providers appear to base their program on an assumption of using restraints as the primary method of behavioral control instead of using proven behavioral de-escalation techniques.
3. Some placements do not have programs to effectively deal with children's behaviors before an incident occurs, or if programs exist, staff is not adequately trained.
4. The service and placement providers' contract currently states that HHS accepts the written program of the facility without change. Many of these written programs authorize use of physical, chemical, and/or isolation restraints for youth placed at the facility.
5. The "no eject, no reject" clause in HHS contracts has resulted in some inappropriate placements. This clause states that facilities cannot turn down a youth being placed at the facility and cannot have the child removed if the facility is not appropriate. Because this negatively affects the need levels and mixtures of youth at facilities, the use of restraints to respond to incidents has increased.
6. In some instances, lack of appropriate staffing levels and lack of staff training have led to the inappropriate use of restraints.
7. Throughout the system, there are problems with the decision-making process used when placing children at facilities.

In addition, group home providers report that they have an increasingly difficult time finding qualified staff for the wages they are able to pay. As a result, they hire younger, less educated, and less experienced staff, which in many cases are college students not

much older than the youth for whom they are providing care. Group homes also experience a high rate of turnover with staff leaving for higher paying positions before they are able to develop any expertise in dealing with troubled young people. Thus, some group home staff are unable to de-escalate a troubled child's behaviors without resorting to physical measures.

There are Reasonable Alternatives to Restraints

Research, and the experience of group homes that rely on de-escalation techniques, proves that even with the most violent youth, de-escalation techniques often greatly reduces the need for physical restraint. Some group homes have made an effort to incorporate these de-escalation techniques into expected staff behavior and training. In these facilities restraints are very rare. Some group homes have clear policies on how they monitor any restraints in their facilities, while others do not.

Further, many of the behaviors that precipitate restraints could have been reduced if the children's needs had been successfully addressed at a younger age.

Recommendations:

1. Include clear expectations regarding the use of de-escalation techniques and a requirement for proof of training in prevention and de-escalation techniques in all contracts for service and placement providers. Review HHS standard contracts to address concerns regarding restraints. Develop restraint-free therapeutic care environments and programs with the intent to eliminate the use of physical restraints.
2. Develop, implement, and monitor a policy to ensure appropriate use of restraints. Develop uniform documentation of all restraints and review both internally and externally by trained professionals for safety and appropriateness. Subject every restraint incident to mandatory outside review.
3. Implement programs that address youth's behaviors.
4. Provide training to group home staff emphasizing alternatives to restraints, including comprehensive de-escalation techniques.
5. Set competitive salary guidelines and qualifications for staff dealing directly with children in group settings to attract quality staff.
6. Re-examine the "No Eject – No Reject"[11] clause in HHS contracts and re-examine the ability of placements to cope with the needs and behaviors of certain mixes of children and youth. If the facility is unable to provide for the safety or other needs of a proposed new resident due to mixture of children or youth in the placement or other factors, the facility must be able to decline.
7. Implement clearer guidelines for placement decisions, treatment decisions, and service decisions and put into practice effective means to monitor and review these decisions.
8. Implement the measures described elsewhere in this document to ensure that children's needs are met at a younger age.

[11] This clause states that facilities cannot turn down a youth being placed at the facility and cannot have the child removed if the facility is not appropriate.

"Children have never been very good at listening to their elders, but they have never failed to imitate them."

--James Baldwin

TABLE 1

SOME CHARACTERISTICS OF CHILDREN IN FOSTER CARE - 2001

(A Ten-Year and One-Year Comparison)

Who are the Children?

Children in Out of Home Care on Dec. 31st – A Comparison

1991	2000	2001
5,210	6,286 [1]	5,559

Children in Out-of-Home Care on Dec. 31st By Age

1991		2000		2001		
1,271	24.4%	1,366	21.7%	1,293	23.3%	Infants & Preschoolers (0-5)
1,209	23.2%	1,561	24.8%	1,271	22.9%	Elementary School (6-12)
1,120	21.5%	1,432	22.8%	1,285	23.1%	Young Teens (13-15)
1,610	30.9%	1,862	29.6%	1,670	30.0%	Older Teens (16+)
0	0.0%	65	1.0%	40	0.7%	Age not reported
5,210	100.0%	6,286 [1]	100.0%[2]	5,559	100.0%	Total in care Dec. 31st

Children in Out-of-Home Care on Dec. 31st By Race

1991		2000		2001		
3,611	69.3%	3,727	59.3%	3,332	59.9%	White
813	15.6%	1,090	17.3%	993	17.9%	Black
214	4.1%	478	7.6%	383	6.9%	Native American
307	5.9%	427	6.8%	295	5.3%	Hispanic
83	1.6%	81	1.3%	99	1.8%	Asian
182	3.5%	483	7.7%	457	8.2%	Other or Race Not Reported
5,210	100.0%	6,286[1]	100.0%	5,559	100.0%	Total in care Dec. 31st

[1] The number of children in out-of-home care on Dec. 31, 2000, was overstated due to problems with HHS not reporting when many children returned home or otherwise achieved permanency. Verification efforts during 2001 indicated that approximately 5,800 children were actually in out-of-home care at that time.

[2] Due to rounding on individual items this does not total exactly 100.0%.

continued...

Explanation of Table 1—This table compares some characteristics of children in foster care from 1991, 2000, and 2001. Most categories are taken from the 5,559 children who were in out-of-home care on 12-31-2001, unless otherwise marked. Some percentages in this table may not equal 100% due to rounding.

TABLE 1 (continued)

Who are the Children? *(continued...)*

Children in Out-of-Home Care on Dec. 31st By Gender

1991		2000		2001		
2,975	57.1%	3,448	54.9%	3,050	54.9%	Male
2,235	42.9%	2,771	44.1%	2,431	43.7%	Female
0	0.0%	67	1.0%	78	1.4%	Gender not reported
5,210	100.0%	6,286[1]	100.0%	5,559	100.0%	Total in care Dec. 31st

Children in Out-of-Home Care on Dec. 31st By Number of Placements Experienced

1991		2000		2001		
5,210	100.0%	6,286 [1]	100.0%	5,559	100.0%	Total in care Dec. 31st
1,698	32.6%	3,026 [1,2]	48.1%	2,860 [2]	51.4%	# in 4 or more foster homes
1,068	20.5%	2,071 [1,2]	32.9%	1,992 [2]	35.8%	# in 6 or more foster homes

Children Reviewed by the Foster Care Review Board

1991	2000	2001
1,642 [3]	3,648	4,092

Number of Local Foster Care Review Boards

1991	2000	2001
29 [3]	56	59

Reviewed Children by Length of Time in Foster Care

1991		2000		2001		
1,642 [2]	100.0%	3,648	100.0%	4,092	100.0%	Total children reviewed
806	49.1%	1,893	51.9%	1,998	48.8%	# In care at least 2 years
256	15.6%	615	16.9%	553	13.5%	# In care at least 5 years

[1] The Number of children in out-of-home care on Dec. 31, 2000, was overstated due to problems with HHS not reporting when many children returned home or otherwise achieved permanency. Verification efforts during 2001 indicated that approximately 5,800 children were actually in out-of-home care at that time.

[2] The number of children experiencing multiple placements is understated due to a lack of reports by the Department of Health and Human Services on children's placement changes following implementation of the N-FOCUS computer system in 1997.

[3] This was prior to LB642 (1996) that increased the scope and funding for the FCRB.

continued...

TABLE 1 (continued)

Where are the Children?

Children in Out-of-Home Care on Dec. 31st by Type of Placement

1991		2000		2001		
1,469	28.2%	2,501	39.8%	2,392	43.0%	Foster home
375	7.2%	1,347	21.4%	1,195	21.5%	Group home
445	8.5%	884	14.1%	690	12.4%	Relatives
See 'other' below		583	9.3%	573	10.3%	Jail/Youth Development Center
209	4.0%	267	4.2%	126	2.3%	Emergency Shelter
500	9.6%	189	3.0%	211	3.8%	Adoptive home, not final (private)
See 'other' below		118	1.9%	112	2.0%	Runaway, whereabouts unknown
100	1.9%	108	1.7%	74	1.3%	Psychiatric Treatment or substance abuse facility
15	0.3%	33	0.5%	25	0.4%	Center for Develop. Disabled
45	0.9%	62	1.0%	45	0.8%	Independent living
55	1.1%	23	0.4%	30	0.5%	Foster/Adoptive homes
51	0.9%	17	0.3%	43	0.8%	Medical facility, nursing home
166	3.2%	9	0.1%	2	>0.1%	Child Care Agency
1,780	34.2%*	145	2.3%	41	0.7%	Other or type not reported
5,210	100.0%	6,286 [1]	100.0%	5,559	100.0% [2]	Total in care Dec. 31st

*includes jail/youth development center and runaways

Children in Out-of-Home Care on Dec. 31st By Closeness to Home (Proximity to Parent)

1991		2000		2001		
2,152	41.3%	3,196	50.8%	2,719	48.9%	In same county
698	13.4%	893	14.2%	866	15.6%	In neighboring county
412	7.9%	1,201	19.1%	1,084	19.5%	In non-neighboring county
Combined below		242	3.9%	219	3.9%	Child in other state
Combined below		225	3.6%	116	2.1%	Parent in other state
161	3.1%	See above		See above		Either parent or child in another state
1,787	34.3%	529	8.4%	555	10.0%	Proximity not reported
5,210	100.0%	6,286 [1]	100.0%	5,559	100.0%	Total in care Dec. 31st

[1]The Number of children in out-of-home care on Dec. 31, 2000, was overstated due to problems with HHS not reporting when many children returned home or otherwise achieved permanency. Verification efforts during 2001 indicated that approximately 5,800 children were actually in out-of-home care at that time.

[2]This column does not total exactly 100% due to rounding on individual items.

continued...

TABLE 1 (continued)

What Happened to the Children?

Children Who Left Care
By Reason

1991		2000		2001		
1,903	51.8%	2,212	51.1%	2,373	49.8%	Returned to parents
See 'other' below		844	19.5%	874	18.4%	Released from corrections
110	3.0%	381	8.8%	383	8.0%	Reached Age of Majority (19th birthday)
256	7.0%	261	6.0%	225 [1]	4.7%	Adopted
528	14.4%	268	6.2%	140	2.9%	Court terminated (no reason given)
60	1.6%	96	2.2%	107	2.2%	Guardianship
202	5.5%	6	0.1%	2	>0.1%	Custody transferred
20	0.5%	2	>0.1%	1	>0.1%	Marriage or Military
594	16.3%	263	6.1%	657 [1]	13.8%	Other/reason not reported
3,673	100.0%	4,333 [2]	100.0%	4,762	100.0%	Total left care during year

Children in Care on December 31st of Each Year
By Number of Times Removed From Home

2000		2001		
3,693	58.7%	3,292	59.2%	In care - initial removal
2,593	41.3%	2,267	40.8%	In care - had prior removal
6,286 [2]	100.0%	5,559	100.0%	Total in care Dec. 31st

Children Who Entered Care During the Calendar Year
By Number of Times Removed From Home

2000		2001		
2,876	54.5%	2,994	57.2%	Entered care - initial removal
2,405	45.5%	2,238	42.8%	Entered care – had prior removal
5,281	100.0%	5,232	100.0%	Total entered care during year

[1] The number of adoptions completed is understated due to the number of reports from HHS indicating children left care, but not indicating the reason for leaving care.

[2] The Number of children in out-of-home care on Dec. 31, 2000, was overstated and the number leaving care was understated due to problems with HHS not reporting when many children returned home or otherwise achieved permanency. Verification efforts during 2001 indicated that approximately 5,800 children were actually in out-of-home care at that time.

[3] This was prior to LB642 (1996) that increased the scope and funding for the Board.

TABLE 2

NUMBER OF LIFETIME PLACEMENTS OF HHS WARDS BY HHS SERVICE AREA

By County of Placement

HHS Service Area	1-3 Placements	4-6 Placements	7-9 Placements	10 or more Placements	Total Children
Western	85	49	30	30	194
Southwest	131	88	35	44	298
Central	324	161	93	183	761
Southeast	491	224	126	225	1,066
Eastern	861	442	259	357	1,919
Northern	219	117	52	88	476
Other States	48	62	36	61	207
Not Reported	1	1	0	1	3
Totals	2,160	1,144	631	989	4,924

By County of Court that Committed Child to Care

HHS Service Area	1-3 Placements	4-6 Placements	7-9 Placements	10 or more Placements	Total Children
Western	99	73	40	53	265
Southwest	153	98	42	63	356
Central	290	140	83	126	639
Southeast	530	240	114	225	1,109
Eastern	861	451	284	411	2,007
Northern	216	141	65	109	531
Voluntary (No court)	2	0	0	0	2
Not Reported	9	1	3	2	15
Totals	2,160	1,144	631	989	4,924

Explanation of Table 2—The Department of Health and Human Services includes children under Child Protective Services, the Office of Juvenile Services (including Geneva and Kearney Youth Rehabilitation and Treatment Centers, and Juvenile Parole), and the Lincoln Regional Center. During the majority of 2001, Health and Human Services was divided into six service areas. [See map on next page for district boundaries]

The first table shows the number of children by area using the county where the child was placed (living) as of 12-31-2001. The second table shows the number of children by area using the county of court commitment.

The number of children experiencing multiple placements is understated due to a lack of reports by the Department of Health and Human Services on children's placement changes.

TABLE 3

NUMBER OF HHS WARDS PLACED IN THE SAME, NEIGHBORING, OR NON-NEIGHBORING COUNTIES IN RELATION TO THEIR PARENT(S) BY HHS AREA OF ORIGIN

HHS District	Same County	Neighboring County	Non-Neighboring County	Parent in Other State	Child in Other State	Un-reported	Total Children
Western	90	42	98	9	16	10	265
Southwest	148	78	99	10	13	8	356
Central	252	171	177	11	14	14	639
Southeast	600	141	292	4	31	41	1,109
Omaha Metro	1,353	268	177	42	122	45	2,007
Northern	176	133	180	16	12	14	531
Voluntary	1	0	0	0	0	1	2
Not Reported	5	3	4	0	0	3	15
Totals	2,625	836	1,027	92	208	136	4,924

Explanation of Table 3—The Department of Health and Human Services includes children under Child Protective Services, the Office of Juvenile Services (including Geneva and Kearney Youth Rehabilitation and Treatment Centers, and Juvenile Parole), and the Lincoln Regional Center. During the majority of 2001, Health and Human Services was divided into six areas. [See map on previous page for district boundaries]

This table shows where state wards from each Nebraska Health and Human Services area were placed in relationship to their parents on 12-31-2001. Locations have been broken down by "same county," "neighboring county," "non-neighboring county," "other state - child", "other state - parent," and "unknown proximity". The table is by county of court commitment, i.e., the original county the child came from. The "unknown" column indicates children who either were not placed by a court, were newly reported children on whom only preliminary information had been received by 12-31-2001, or children whose parent's whereabouts are unknown.

A greater percentage of children in the Eastern and Southeast areas are placed in the same county because of the increased availability of placements and resources in these areas. The Review Board is concerned about the lack of appropriate placements for children, especially in rural Nebraska.

On any given day approximately 208 children are placed in other states. While some of these children are placed with relatives or foster parents who have moved out of state, some were placed in expensive institutions and special schools because Nebraska does not have placements within the state that meet their special needs.

TABLE 4

COST OF OUT-OF-HOME CARE ROOM AND BOARD BY PLACEMENT TYPE

Placement Type	# of Children	Cost per child per month	*Minimum* monthly cost
Foster Home	2,392	$222 - $1,200, or $1,875 [1]	$736,694 [9]
Group Home or Residential Treatment Center	1,195	$1,935, $2,670, $5,794 [2]	$4,145,235 [10]
Relative Placement	690	$222-$1,200 [3]	$153,180 [11]
Jail/Youth Development Center	573	$3,300-7,500 [4]	$2,093,100 [12]
Adoptive Home - Not Final [private]	212	$0	0
Emergency Shelter	126	$839, 1,785, 3,225 [5]	$245,658 [13]
Runaway/Whereabouts Unknown	112	$0	0
Psychiatric or Substance Abuse Treatment Facility	74	$4,920 [6]	$364,080
Other (School, Job Corps)	72	$222 - $1,200 (est.)	$15,984 [14]
Independent & Semi-Ind. Living	45	$352	$15,840
Adoptive Foster Home – Not Private	29	$222- $1200 [7]	$6,438
Center for Develop. Disabled	25	$2,400	$60,000
Medical Facility	12	$22,872 [8]	$274,464
Child Care Agency	2	$6,150 (est.)	$12,300
Children in Care on Dec. 31, 2001	**5,559**	**Minimum monthly cost**	**$8,122,973**
		Minimum Annual Cost	**$97,476,676**

Explanation of Table 4—This table shows the number of children on 12-31-2001, and would be representative of the number of children and mix of placements on any given day. In cases where there is a range of costs, the lowest amount has been used unless otherwise noted. These costs reflect the basic board rate for the children. **Medical expenses, counseling fees, special needs amounts, school tuition, case worker/supervisor salaries, judicial system costs, and other non-room and board costs are not included in the above amounts.**

Facts About the Rates

[1] HHS determines the maintenance payment for a child in foster family home or in relative care by the age of the child and the child's needs as scored on the FCPAY Checklist.
Payments for children from age 0-5 range from $222-$1,070, payments for children age 6-11 range from $292-1,140, payments for children age 12+ range from $352-1,200.
Agency based foster care begins reimbursement at $62.50 per day (about $1,875 per month).

[2] HHS group home rates are determined by the group home level.
Basic group homes are paid $64.50 per day ($1,935 per month), Group Home A's are paid $89.00 per day ($2,670 per month), Group Home II's were paid $193.12 per day ($5,794 per month). Group Home II's were discontinued 9-1-2002.

continued...

TABLE 4 (continued)

COST OF OUT-OF-HOME CARE BY PLACEMENT TYPE – 2001

Facts About the Rates (continued...)

[3] Relatives are paid at foster parent rates. See footnote 1.

[4] The per diem for the Geneva Youth Rehabilitation and Treatment Center is $128.00. The per diem for the Kearney Youth Rehabilitation and Treatment Center is $110.00. The per diem for the Douglas County Youth Center is $123.60. The per diem for the Lancaster County Youth Service Center ranges from $170 to $200 depending on the contract. The per diem for Northeast Nebraska Juvenile Services in Madison ranges from $110 to $250 depending on the contract and the level.

[5] HHS emergency shelter rates are determined by the level.
Individual Emergency Shelter homes are paid $27.95 per day, Agency Based Emergency Shelter homes are paid $59.50 per day, Emergency Shelter Centers are paid $107.50 per day.

[6] The cost for psychiatric/substance abuse is based on the residential services rate, which as of early 2002, was $164.00 per day.

[7] See rates in footnote 1.

[8] Based on 2001 daily costs for newborns with significant health issues ($1,906 per stay for an avg. 2.5 day stay)

How Minimum Monthly Amounts Were Calculated

[9] Calculated by age - 23.3% of the children at $222; 22.9% at $292; 53.8% at $352.

[10] Calculated as the sum of 1/3 of the youth at each level.

[11] Since most relative placements involve younger children this was calculated at $222 per month.

[12] Calculated as the sum of:

- 80 youth at Geneva at $128 per day times 30 days
- 170 youth at Kearney at $110 per day times 30 days
- 250 youth at Douglas County at $124 per day times 30 days
- 30 youth at Lancaster at $170 per day times 30 days
- 43 youth at other facilities at $110 per day times 30 days.

[13] Calculated as the sum of 1/3 of the children at each level.

[14] Calculated at $222.

PERSISTENT ISSUES IN CHILD WELFARE

Persistent Child Welfare Concerns

The Foster Care Review Board is concerned that, in addition to the problems discussed in the Preview and Commentary, there are also many persistent child welfare issues that negatively impact children in out-of-home care. As stated in the Preview, each of the concerns discussed in this report affect many other parts of the child welfare system and children's safety, health, and/or well-being.

Although the concerns that follow have been persistent, the Foster Care Review Board has outlined some common sense solutions to these problems. The Board encourages additional dialogue and problem solving so that more children in out-of-home care can have positive outcomes.

Child Abuse Investigations and Risk Assessments Continue to Be Problematic

Concern/Rationale for Recommendations: The Board is concerned that children can be left at risk of further harm due to the following issues involving investigations.

1. The public is still confused about when, how, and to who suspected child abuse should be reported, thus some abuse is not reported.
2. Some abuse reports are not accepted, so no investigation takes place and children remain at risk. Some dispatchers have not been trained in how to assess children's safety, how to prioritize calls, or on confidentiality issues.
3. In Nebraska law enforcement is responsible for child abuse investigations—even though the individual officer may not have the specialized skills for interacting with children. HHS-CPS is to assess safety, rather than participate in investigations. The result is that investigations are not always complete and some serious delays due to a lack of coordination between law enforcement and CPS.
4. First response officers often have not received training on child abuse investigations. Even in metropolitan areas where Juvenile Units exist, the first responders are often street officers who may have had little specialized training on child abuse/neglect investigations. This training needs to include:
    - How to interview traumatized children, including those with limited language ability or little understanding of English.
    - Normal child development patterns.
    - How to gather medical evidence.
    - How to determine whether children are at risk for future harm and whether they need immediate removal to be safe.

5. Due to the lack of training received by many in law enforcement:
    - Some abuse is not recognized, so the children remain at risk.
    - The way the investigation is handled can further traumatize the child.
    - Many times the investigation either does not provide the evidence necessary to successfully prosecute or provides evidence on some, but not all, of the conditions that must be regarded for children's safety (e.g., evidence on the dirty house, but not on the concurrent sexual abuse).
    - Some law enforcement officers have placed the person who made the abuse report at jeopardy by revealing their name during the investigation.
6. Per statute, Child Abuse Investigation Teams were to be formed in each county to reduce coordination problems between law enforcement, CPS, and county attorneys, however the Board finds:
    - Team formation has not solved the statewide problem of determining who has responsibility for what aspect of child abuse investigations, nor has it solved the problem of differences between what is actually done about child abuse in day-to-day practice and what is stated in statutes and/or regulations.
    - Teams in some counties have not been formed, or have been formed but have not met/do not meet, and teams in some communities are made up of administrators, excluding front-line investigators.

Recommendations to the Governor and the Legislature

1. Establish funds to create regional Child Advocacy Centers to serve children in multi-county districts, build and strengthen regional expertise for law enforcement and Child Protective Services, provide access to expertise and equipment necessary for medical examinations for child victims, and facilitate expert interviews of child abuse and neglect victims.

2. Provide additional mandatory training for all law enforcement officers responsible for conducting child abuse investigations, whether new or experienced.

3. Eliminate the treatment team component of the 1184 teams (child abuse investigation teams). The function of these teams was not clear in the originating legislation. It appears that treatment teams should be made up of service oriented professionals, such as health care providers, schools, HHS, and the like, who could staff cases to ensure that everything is being done for the families. Many counties find that treatment teams are difficult to coordinate and appear to duplicate the functions of the HHS case manager.

Recommendations to the Governor, the State Patrol, and the Attorney General

1. The Governor, together with the State Patrol and Attorney General, needs to make clear to all local law enforcement agencies in the state that it remains their statutory responsibility to investigate allegations of child abuse and neglect, and to inform them of sources of assistance with difficult cases.

Recommendations to the Attorney General

1. Create an effective system for regularly monitoring the effective implementation and the ongoing functioning of child abuse investigation teams (also known as LB 1184 teams) and ought to provide technical assistance for the child abuse investigation teams.

Recommendations to the State Patrol

1. Build on the expertise that is currently being provided to local law enforcement by assuring such expertise is available round-the-clock to enhance law enforcement response to child abuse and neglect cases in each district and create an assistance and referral system to help officers in counties that do not have trained investigators.

2. Provide a number of skilled investigators for assistance in child abuse and neglect investigations outside Lincoln or Omaha. These State Patrol officers would need to be available 24 hours per day, seven days per week, and be located so that transportation time to the area requesting assistance is not prohibitive.

Recommendations to Local Law Enforcement

1. Organize rural counties into multi-county districts where individuals with interest in providing their professional expertise in child abuse and neglect cases could be identified and trained in each of the above disciplines. Each multi-county district would include a child advocacy center to facilitate the competent interview of child victims.

2. Allow officers time to attend training on investigating child abuse, child neglect, and child sexual abuse. Work with the State Patrol to select training sites that minimize travel difficulties. Continue problem-solving means to build expertise.

Recommendations To HHS

1. Modify practice to ensure that mandatory, face-to-face risk assessments are conducted under certain conditions, such as calls from other professionals or when serious risk of maltreatment or neglect is alleged. HHS should provide

Child Protective Service workers on a 24-hour on-call basis across the state for immediate face-to-face risk assessments to ensure children's safety.

2. Conduct risk assessments within 24 hours of receipt of a report from law enforcement, physicians, medical institutions, nurses, school employees, social workers, home visitation staff, or other involved professionals. This is especially critical when serious risk of maltreatment or neglect is alleged.

3. Continue recent HHS efforts to establish more effective supervision and review of caseworker decisions. The roles of front-line CPS caseworkers and supervisors need to be re-examined. Identification and removal of barriers to effective worker productivity is to be a part of this process as is evaluation of worker performance.

   As part of this process, all decisions not to accept a report of child abuse and neglect should be reviewed because some reports of child abuse are inappropriately excluded from further action. For example, it has been reported that reports with serious allegations in some divorce cases, cases involving ex-domestic partners, family members, certain non-family members, and/or domestic violence, have reportedly not been accepted based only on the relationship of the reporter to the alleged perpetrator.

4. Better define the difference between the Central Register and the Central Registry[1], and possibly change the names since professionals and the public can be confused by these similar terms.

Prosecution of Child Abuse and/or Neglect Often Fails to Address the Underlying Reasons for the Abuse

Concern/Rationale for Recommendations: The Board is concerned that prosecution can be hampered by poor investigations, and that plea-bargaining out serious case concerns (e.g. sexual abuse) places children at risk for future harm since courts cannot address issues not in the petition. The Board finds that because prosecution is time consuming and costly, there are economic disincentives that can result in children being left in dangerous and sometime deadly situations.

In Nebraska county attorneys are responsible for the prosecution of all child abuse and neglect cases. It is essential that they establish a sound legal basis for intervening in families where child abuse and neglect occurred and to define the problem(s) in such a way that the issues are clearly identified.

[1] The Central Registry is a database kept by HHS where each report of suspected child abuse and/or neglect is filed. Persons who have committed court substantiated child abuse and/or neglect are listed on the central register. Names on the central register may be revealed to employers or volunteer coordinators if the employment or volunteering would involve working with children.

Courts can only order services to address the items in the petition. With insufficient or inadequate evidence, the petition cannot fully address all conditions that brought the child into care. The same type of situation can happen with plea-bargains. For example, if the petition only alleges a dirty house but doesn't address the parent's alcohol abuse, the court cannot order the parent into alcohol treatment. If the parents follow the plan regarding the items in the petition, the court may have no choice but to send the children home even though the children may be at risk.

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

Recommendations:

1. Build a statewide, consistent, comprehensive child protective services system.
2. Develop a coordinated and timely response to child abuse.
3. Introduce legislation to replace the county attorney system with a publicly elected non-partisan district attorney system (for counties outside of Lancaster and Douglas Counties) with candidates for office who meet certain professional prosecution standards (such as five years experience prosecuting felony cases).
4. Let the County Attorney's Association remind county attorneys of the critical need to file supplemental petitions when new information arises so that the courts can address all the important issues in children's cases.
5. Allow the Attorney General's office to provide specialist attorneys who can file juvenile court cases to provide expertise for prosecutors. The Child Protection Unit of the Attorney General's Office has provided quality consultation and case assistance for felony child abuse cases throughout the state. The unit could be expanded or a similar unit established to provide assistance with child abuse and neglect prosecutions in juvenile courts. At the minimum, three attorneys, an investigator, and support staff are needed. This staff could also provide the 1184 Team oversight and technical assistance.
6. Increase accountability for prosecution of child abuse and neglect whether the state creates a district attorney system or augments the current county-by-county system.

Some Children are Adjudicated as Status Offenders, When Child Abuse or Neglect May be the Root Cause of the Behaviors

Concern/Rationale for Recommendations: The Board has reviewed a number of status offenders[2] whose behavior was a result of abuse or neglect, yet due to the adjudication

[2] Status offenders are children charged with offenses that cannot be charged against adults (e.g. truancy, failure to obey parents).

status the abuse or neglect is not addressed. A system should be developed and put in place to provide services for the families of children who are adjudicated as status offenders, who often come into care due to family situations. When child abuse or neglect is the root cause of the behavior, the court petition should address these issues.

Recommendations:

1. Develop programs to allow HHS to work with the families of children adjudicated as status offenders.
2. Decrease the number of children and youth charged by county attorneys as status offenders whose actions are a result of being abused or neglected and file charges instead on the parents for the abuse or neglect.
3. Create petitions that address each of the family member's issues when children are adjudicated as status offenders and supplemental petitions should regularly be filed when new information surfaces.
4. Clarify the court's jurisdiction over families of status offenders and delinquents with appropriate legislation.

Appropriate, Effective Services Are Not Available to Many Children and Families

Concern/Rationale for Recommendations: The Board is concerned that appropriate, effective services are not made available to many children, youth, and families. As shown in Table 5 of this report, all the services in the permanency plan were in motion for only 1,521 of 4,092 (37.2%) of the children reviewed in 2001.

Family reunification is more likely to occur if services are easily accessible, community-based, and delivered within six weeks; however, services are not even available in some parts of the state. Even when the plan is no longer reunification, children may need a number of services to help them mature into responsible adulthood due to past abuse, neglect, or behavioral issues. In addition, children may remain in foster care for months without family issues being addressed while their parents are on long waiting lists.

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

Recommendations:

1. Assist rural and metro communities in developing treatment and services for children, youth, and their families, including:
    - Substance abuse
    - Anger control
    - Batterers' Intervention Programs
    - Mental health

- Alcohol/drug treatment
- Housing assistance
- Family support workers
- In-home nursing
- Family and individual therapy
- Educational programs.

2. Develop flexible funds for HHS service areas to use to meet children's and families' needs.

There are Many Cases Without Current, Written Plans or With Inappropriate Plans

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

- The long-range goal such as reunification, adoption, etc.;
- The purpose for which the child has been placed in foster care;
- The estimated time necessary to achieve the purpose of foster care placement;
- Goals and time frames with which to measure progress;
- A description of services that are to be provided in order to accomplish the purposes of foster care placement;
- The person(s) who are directly responsible for the implementation of such plan;
- A complete record of the previous placements of the foster child;
- Documentation regarding the appropriateness of the placement; and,
- The address of the placement.

Concern/Rationale for Recommendations: The Board is highly concerned when children have plans that are clearly inappropriate and do not reflect their needs or situations. For example, initially almost every child with a living parent will routinely be assigned a goal of reunification, regardless of whether or not reunification is appropriate, and notwithstanding the intent of the Adoption and Safe Families Act (Nebraska 1998, federal 1997).

The Board is also concerned for children when there is no current, complete written permanency plan. Only 2,385 (58.3%) of the 4,092 children reviewed had complete written permanency plans with services, timeframes, and tasks, and **1,707 children reviewed (41.7%) did not have complete written permanency plans, as shown below:**

- 818 children had no current plan;
- 155 children had only verbal plans, not plans documented in writing;
- 21 had more than one plan; and
- 713 had incomplete written plans (missing one or more essential elements needed to establish what is to happen and how this will be accomplished).

If there is no plan, then there is no way for the parents, the case managers, or legal parties to the case to accurately measure progress. In the case of non-compliant parents, no plan can mean children remain in out-of-home care without permanency because the professionals cannot build a case for termination of parental rights. Parents who are trying to comply can be extremely frustrated because they do not know what is expected of them. Both scenarios slow the progress of the child's case and lengthen a child's time in out-of-home care. Stability and permanency are critical to a child's well being.

Recommendations:

1. Insist that there be a complete and current permanency plan for each foster child.
2. Give case managers the support necessary to ensure that they have time to prepare complete permanency plans.
3. Provide additional training to all workers providing case management on how to write and administer complete permanency plans.

Youth Under the HHS Office of Juvenile Services (OJS) Need Better Access to Services and Placements

Concern/Rationale for Recommendations: The Board is concerned that youth under HHS-OJS often do not receive needed services and treatment placements, and that this means that the youth are often placed with more vulnerable children in homes or facilities that cannot be expected to fully meet their needs. Also, case files for OJS often lack complete permanency plans with time frames, goals, services, and related documentation.

OJS youth typically need services to address behavioral issues such as sexually acting out, aggression, violence, gang affiliation, chemical dependency, and anger management. Some need treatment for dual diagnosis (such as a low-IQ youth who needs treatment for alcohol abuse and anger management). HHS has a contract with a managed care company to approve any specialized services for these youth. The managed care provider does not fund services to address and/or control behavioral problems – only "medically necessary" services. Consequently, many delinquent juveniles are denied the appropriate services to treat their behavioral problems. "Medically necessary" would seem to be a term enabling managed care providers to deny treatment on financial grounds alone.

Many of the youth committed by the courts to OJS had been in out-of-home care prior to committing a status offense. Case managers and parole officers who care for these youth need to seek out and assess the child/family history to determine appropriate services and placements.

Recommendations:

1. Develop funding for services and placements to meet the needs of OJS youth.
2. Develop uniform standards for case management staff caring for OJS youth.

3. Require case plans for all youth under OJS, including those at the YRTC's - Geneva and Kearney Youth Rehabilitation and Treatment Centers. (This goal is also in the HHS Nebraska Family Portrait Initiative).
4. Rewrite contracts with managed care to include payment for services for children and youth with a wide array of behavioral problems.
5. Cancel the managed care contract if rewriting is not possible, and return responsibility to HHS.
6. Provide youth with preparation for, and transition to, adult living.

Efforts Are Needed to Find Runaway Children and Youth

Concern/Rationale for Recommendations: The Board is concerned that in recent years some runaway state wards have been injured or killed while on the run. It is imperative for children's safety that efforts are made to locate runaways and give them the services they need to grow into productive adults.

If a child is missing from some facilities, the reported procedure is that facility workers will assist in a ground search if the runaway is known to be in the vicinity and if the child is not found then his/her name is forwarded to the State Patrol to be included in a list of missing persons. This minimum effort is not enough to help bring stability to this vulnerable population.

Recommendations:

1. An assessment needs to be done of each runaway incident to assess the cause.
2. HHS, the State Patrol and local law enforcement need to increase efforts to locate runaways.
3. HHS needs to implement clearer guidelines for placement decisions, treatment decisions, and service decisions, and to put into practice effective means to monitor and review these decisions.

Foster Care and Group Home Payments Are Not Equitable

Concern/Rationale for Recommendation: For several years the Board has been concerned about the apparent inequity in foster care payments made to foster homes and to group homes. The basic rate for foster care starts at $222 per month, which essentially covers room and board. Medical, mental health, and other services are extra. Group home care starts at $1,935 per month. Often there seems to be little difference between children placed in group homes and children placed in foster homes.

The Board has reviewed some children and youth placed in HHS foster homes at one rate and other similar children and youth placed in agency-based foster homes or therapeutic foster homes at a much higher rate. This apparent inconsistency in payment amounts has frustrated a number of providers. In addition, there is an economic disincentive for

private contractors to recruit foster homes when group homes receive higher payments for essentially the same children.

Recommendations:

1. HHS should continue its work on equity of payments to foster parents and group home providers.

Permanency is Often Not Achieved in a Timely Manner

Concern/Rationale for Recommendation: The Board is concerned that nearly half (1,904 of 4,092) of the children reviewed in 2001 had been in care for at least 2 years without achieving permanency and 13.5% (553 of 4,092) had been in care for five years or more without achieving a safe, permanent home. Even though foster care is by definition to be a short-term solution, it is inevitable that many children are remaining in out-of-home for extended periods of time given the number of unresolved barriers to permanency.

The child welfare system has a duty to ensure that all abused and neglected children have the opportunity to grow up in safe, permanent homes with adult caregivers who care for the children and seek what is best for their development and well being. Further, because of the very nature of childhood and child development, it is critical that this happens in a timely manner.

Recommendations:

1. Provide intensive services to parents with the intent of assessing their long-term willingness and ability to parent.
2. Utilize provisions of the Adoption and Safe Families Act to move immediately to termination of parental rights in cases of serious or chronic abuse or where the parents lost their parental rights to siblings for the same condition.
3. Provide intensive case management for all young children (age 0-5 plus siblings) through additional case managers who would provide focused stability, services, and care for these young children. Each case manager should have a caseload not exceeding 15 children and each supervisor should have a staff not to exceed eight case managers.
4. Develop specialized units where highly trained professionals focus on providing timely permanency for school age children who have been identified as not being able to return home due to parental inability or unwillingness to provide long term care.
5. Create permanency units to serve children age six or older who have been in care for two or more years or who have suffered extreme abuse, and their siblings. Families would be evaluated, and if it were identified that the likelihood of a child being returned to the parents is small, these units would work to create permanency for that child.

6. Explore the use of family group conferencing, where the extended family works to help develop the safety plans for the children under certain circumstances. Assure that if family group conferencing is used that there is adequate supervision to ensure children's safety. (Family group conferencing was piloted as part of the HHS Nebraska Family Portrait Initiative).

Delays in Establishing Paternity Can Delay Children's Cases

Concern/Rationale for Recommendations: The Board is concerned that paternity had not been established for 16.5% (677 of 4,092) children's cases and it was undocumented in another 16.5% (677 children's cases). Of the 4,092 children reviewed in 2001, paternity had been established for only 2,738 (66.9%).

Without paternity identification, children cannot be freed for adoption and the father's suitability as a caregiver cannot be fully assessed. If the child has had a positive relationship with a purported paternal relative, timely paternity identification can help assure these relations remain intact. If paternity identification is delayed or does not occur, however, case stability will not be achieved.

Once paternity is established, children can experience a significant delay in permanency as the non-custodial parent's rights and ability to parent are examined. The Board has reviewed cases in which children's mothers had relinquished their rights or had their rights terminated prior to identification of the children's father. The children then needed to wait more months for permanency as the father's rights were addressed, because children cannot be placed for adoption or guardianship until both parent's rights have been settled. The paternity identification problem has been especially acute in Douglas County, where about 35%of the children in care in the state reside. *[Editor's Note: As this document was being written in 2002, the Board worked with the Douglas County Court Administrator's office to increase paternity identification in the county. As a result, affidavits of paternity will be given during the intake process.]*

Recommendations:

1. HHS should work with county attorneys from all 93 counties to assure that paternity has been addressed for every child who has been in care for six months or more.

HHS Reports from the N-FOCUS Computer System Remain Unreliable

Concern/Rationale for Recommendations: Due to the impact of inadequate reports from this system on the children in care and on the Board's efforts to track and review children's cases, this issue is covered in greater depth in the special section on N-FOCUS found later in this document.

Recommendations:

1. A better use of valuable HHS staff time would be to have data entry specialists do routine entry on N-FOCUS, freeing the time of trained case managers to be used in other areas of children's cases.
2. There needs to be an easier way to monitor and correct errors on the system.

Conclusion

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

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

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

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COMMENDATIONS

Commendations

The Board Recognizes the Many Programs and Individuals That Made a Positive Difference For Children in 2001

There are a number of programs and individuals that made a substantial positive difference in the life of foster children during 2001 or early 2002 that the Board wishes to acknowledge:

★ **Governor Mike Johanns** is commended for publicly making child welfare a priority, for foster parent recruitment efforts, for educating the public on the needs of abused and neglected children, and for protecting caseworker positions during the current revenue shortfalls. Governor Johanns is also commended for his willingness to discuss child welfare issues, his desire to gain consensus on ways to address these problems, and for joining the Board in releasing last year's annual report.

★ **The Nebraska Legislature** is commended for working to minimize the effects of the budgetary crisis on services to children in foster care. The Board especially thanks the members of the Health and Human Services Committee for visiting facilities that care for children and youth. All Senators who have attended local board meetings are commended.

★ **HHS officials, supervisors, and case managers** are commended for creating the Nebraska Family Portrait plan, exploring professional foster care, conducting joint tours of child-caring facilities with the Board, putting in place a state-wide system to address the Board's case concerns, and facilitating discussions on a wide range of child welfare issues. HHS is commended for routinely inviting Board staff to attend team meetings regarding the children's cases in the Lincoln area and for initiating family group conferencing in the Omaha, Lincoln, and Scottsbluff areas. The HHS caseworkers that routinely see the children in their caseloads are also commended.

★ **The Judiciary** is commended for continuing to report to the Board early in the children's cases to enable verification of children's case status, for notifying parents that they have a limited time to correct conditions that led to the children's removal, and local actions such as beginning a drug court in Lancaster County. The Board also commends the many judges who have met with the local Board's and the judges who have participated as presenters at educational programs across the state. The Board also commends the CASAs (Court Appointed Special Advocates) who actively have advocated for children.

★ **County Attorneys** are commended for responding to requests for additional or clarifying information about children's out-of-home care status, especially in Douglas and Lancaster counties. County attorneys are commended for meeting with local Boards to discuss area issues. County attorneys who file for termination of parental rights when appropriate are also commended, as are those who appropriately file on newborns with siblings already in care to assure the newborn's safety.

★ **Foster Parents** are commended for showing their concern and dedication by providing children the nurturing attention needed to overcome the children's past traumas (e.g., working with attachment disordered children who often exhibit highly negative behaviors as a method of distancing themselves emotionally from the foster parents). Children and families of foster parents are commended for supporting them in their commitment to helping abused or neglected children.

★ **NFAPA (Nebraska Foster and Adoptive Parents Association)** is commended for mentoring new foster parents and for giving policy makers information.

★ **Many Group Facilities for Youth** are commended for striving to provide quality, safe care for abused, neglected, or troubled youth. (Some examples include Christian Heritage in the Kearney area for offering an independent living program that allows foster children to transition to early adulthood with some supervision, programs at Cedars Youth Services in Lincoln that target specific needs, and the Uta Halee programs in Omaha).

★ **Many Service Providers** are commended for assuring children in various geographic areas have access to services (e.g., Region III worked with HHS to start the intensive care units and offers services in the Kearney Area).

★ **Child Advocacy Centers and Family Advocacy Networks** are commended for providing a safe place for children to be interviewed and examined after reports of abuse, neglect, and/or sexual abuse.

★ **Many Guardians ad Litem** are commended for understanding their client's needs and being willing to work with the other parties to assure needs are met. In Omaha, the Nebraska Legal Services GAL's have had more contact with the children, provide the court with more reports on the children, and have been responsive to Board concerns.

★ **Many Child Welfare Professionals** are commended for attending Board and HHS co-sponsored workshops held statewide on children's needs for bonding and attachment and the newest brain development research. A combined total of over 750 professionals were in attendance.

★ **Domestic Violence Coalitions** are commended, especially those that offer services for both victims and offenders.

★ **The Friends of Foster Children Foundation** is commended for working to provide foster children with the things needed to normalize their childhood (band uniforms/instruments, sports fees, tutoring assistance, adaptive devices, etc.).

★ **Voices for Children in Nebraska and other advocacy organizations** are commended for advocating for children in out-of-home care, and for advocating for prevention of child abuse and neglect.

★ **Facilities that allow Local Boards to use their facilities at no charge** are commended for helping the Board serve children. (a full list of these facilities is in the preface to this report.)

★ **The Board wishes to commend all the "unsung heroes"** who have reported suspected abuse or neglect, provided support to families in crisis, given their expertise towards efforts to improve conditions for children, or who have been a listening ear for a child.

The Board encourages the aforementioned persons and groups to continue their good efforts.

In addition, the Board encourages expanded efforts so that *all* children in out-of-home care are safe in their placements and receive needed services.

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"A child is a person who is going to carry on what you have started. He is going to sit where you are sitting, and when you are gone, attend to those things which you think are important. You may adopt all the policies you please, but how they are carried out depends on him. He will assume control of your cities, states and nations. He is going to move in and take over your churches, schools, universities and businesses . . . the fate of humanity is in his hands."

Abraham Lincoln,
President of the United States

SPECIAL SECTION

DEPARTMENT OF HEALTH AND HUMAN SERVICES REPORTS TO THE

FOSTER CARE REVIEW BOARD'S TRACKING SYSTEM

Problems Continue with Reports on Children In Out-of-Home Care Issued by the HHS N-FOCUS CWIS Computer System

Recommendations to Improve the HHS N-FOCUS System

In the 2001 HHS Nebraska Family Portrait document, HHS acknowledged that several areas of the N-FOCUS information system needed to be corrected. These areas include:

- Some data continues to be entered inaccurately or not at all.
- Although N-FOCUS has been in use for five years, a commercially prepared program (Crystal Reports) to create limited reports without having to undergo the time and expense of customized programming has just been purchased. There still are not routine quality control reports issued.
- Expectations regarding data entry and use of N-FOCUS have not been made clear. There are no formal definitions of what constitutes an official case record.
- Time spent entering information on N-FOCUS prevents caseworkers from spending time with children and families.
- System redesign should include ideas from caseworkers.
- HHS programmer staffing levels are inadequate to fully support the work.
- "Help desk" personnel lack sufficient training.

The Board agrees with the above areas identified in the Family Portrait, and adds the following based on experience in utilizing the HHS N-FOCUS system.

The Board finds that the recommended actions listed below would be most helpful to the front-line user, and thus would help users to increase the accuracy of information on N-FOCUS.

1. Require less information to be input on the computer.
2. Achieve consistency by using trained data entry operators.
3. Build features into the system that encourages accuracy, such as alerts and edits.
4. Revamp the screens to increase efficiency and to provide only one location to put each critical piece of information.
5. Change programming to eliminate problems caused by cases having more than one caseworker, cases in the process of transferring, and case closure reports that do not indicate the reason for closure.

Summary of 2001 HHS N-FOCUS Report Problems

Over 25,169 (42%) of the 60,000 reports HHS issued to the Board in 2001 could not be used without further research or verification by the Board staff because:

1. Reports had an incorrect entry in one or more of the following critical items:
    - The child's name, date of birth, and/or other identifier.
    - The date the child entered out-of-home care.
    - The date, name, and location of the child's current placement.
    - The name of the case manager.
    - The location of the HHS office assigned to the child's case.
    - The date and reason that the child's case closed.

2. Reports were incomplete, with one or more critical items left blank.

3. Reports had ambiguous messages that could have dual meanings, such as "no active placement" – which in some instances means the child is in the process of moving to a new foster placement and other times means the child was returned home.

4. Reports were of a type that has historically had such a high error rate that all such reports must be verified. Case closures, which should only indicate children no longer subject to review, are one such example since these reports are often are issued in error. Because these reports affect the Board's ability to meet federal compliance standards for reviews, Board staff verifies all closure reports.

Verification was needed on reports of children entering care (907 of the 2,817 reports received), changing status while in care (23,162 of the 56,087 reports received), and leaving care (all of the 1,099 case closure reports received from 9/1/2001 to 12/31/2001, plus all reports received from 1/1/2001 to 8/30/2001 [statistic not available]).

In addition to errors or omissions on the reports, there were also many instances where N-FOCUS failed to generate the required report when children entered care, changed status (such as placement changes or changes in case managers), or when children left care. Many of these instances were caught because the courts had reported the child was in care. Board efforts to respond to these challenges are detailed below.

Board Response to HHS N-FOCUS Report Problems

Chronic HHS N-FOCUS report deficits have forced the Board to take a number of proactive steps to assure that up-to-date, accurate information is obtained about children in out-of-home care. Without these steps, the Board's state and federally mandated missions could not be met and children could get "lost" in the system.

The following Board efforts to compensate for inaccurate or incomplete HHS N-FOCUS reports will continue as long as necessary.

- Including research and verification steps in the internal processes used by all staff members who use the Board Tracking System or gather information from the reviews.
- Providing an additional point of verification during the Board case assignment process to check children's out-of-home status, their HHS case manager, and the HHS office where their file information is located.
- Incorporating into the Board review process gathering and verifying information on children's case histories, such as which placements the children have been in and how long the children have been in care.
- Communicating specific case examples with the N-FOCUS liaison to help HHS determine if the problems are related to the data on the N-FOCUS system, the way that N-FOCUS reports the data, or both.
- Contacting HHS to verify children's information when courts reported children in care that HHS had not reported.
- Contacting HHS case workers to verify conflicting or omitted pieces of information from HHS reports.
- Comparing unclear N-FOCUS reports with case manager narratives on N-FOCUS to see if there is clarifying information that was input in sections that are not data fields and thus do not transmit on N-FOCUS reports.
- Continuing to meet and update top HHS officials on the reporting problems.
- Continuing to obtain additional information from courts to use to assure the Board knows of all children in care, so children can be tracked and reviews can be scheduled appropriately.
- Generating lists of children in out-of-home care that courts were asked to verify.

By scrutinizing the N-FOCUS reports, the Board was able to provide the N-FOCUS liaison with much of the information necessary to determine why the reports had certain problems.

Some report problems were related to data entry, others were caused by the way that N-FOCUS reports are generated. While the report program changes made by HHS in late 2001 and again in early 2002 were helpful, they did not fully correct the situation, nor did they address the data entry component.

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NOTES:

CONCERNS AND RECOMMENDATIONS with RATIONALE OF THE LOCAL FOSTER CARE REVIEW BOARDS

Concerns Identified by the Local Board Members From Each Geographic Area of the State

GEOGRAPHIC AREA: Omaha Metro

Placements, Services, Treatment Concerns

A. Children often experience several disruptions/placements/moves during their time in foster care. Many of these could be avoided by placing children appropriately, but to do so requires adequate numbers of available placements.

B. There are not enough placements to meet children's needs, especially adolescents with behavioral management issues, sexually acting out youth, low functioning youth, and mentally ill children. Children need appropriate placements, even if it means that some must be placed out-of-state for specialized treatment.

C. Finances appear to be the deciding factor in many placement decisions.

D. Some foster and group homes have an inappropriate mix of children (e.g., sexually acting out youth placed with younger children or victims of previous abuse, boys and girls placed with sleeping quarters on the same floor of facilities that have no awake night staff).

E. Some placements are overcrowded, for example foster homes with more than eight children.

F. Youth about to age out of the system need more services.

Foster Parent Support Concerns

A. There is a lack of support systems and training for foster parents. Omaha has only one contracted support person to work with families. HHS should utilize family preservation services to help support foster parents and reduce the number of disrupted placements.

B. Foster parents are often not provided information about foster children before the children are placed, including any particular health or safety concerns.

C. HHS should explore payment issues for both foster parents and daycare providers.

D. Foster parents lack access to additional specialized trainings where they can learn to more effectively deal with the needs of children in out-of-home care.

E. Exit interviews for foster parents need to be established so that information gained from the exit interviews can be used to improve the program.

Contractor Oversight Concerns

A. There is a lack of appropriate monitoring of some foster and group homes. Inappropriate foster parents are able to move from one agency-based company to another and thereby continue to have children placed with them.

B. There is a need for more consistency in receiving monthly progress reports from the foster parents or group home staff.

C. It is unclear who monitors the qualifications of some professionals who evaluate children.

D. Home studies need to be placed in the children's file or otherwise be accessible in order to help ensure that a particular foster home is able to meet the individual needs of the children in their care.

E. Children's access to appropriate services and treatments is restricted by managed care denials of services for children/youth with behavioral problems.

Restraint Concerns

A. The lack of programs and the reliance on restraints by some facilities leaves children at risk of injury, and is an ineffective means of teaching children self-control.

Time in Foster Care Concerns

A. Many children remain in foster care for an excessive length of time.

B. There are still delays in the length of time it takes HHS to send a Termination of Parental Rights memo to the County Attorney.

C. Children remain in care too long after they are free for adoption. Adoptions need to be finalized promptly.

D. HHS should provide more timely information to the County Attorney for termination of parental rights filings so that children do not wait "in limbo", unable to go home and unable to be adopted.

E. HHS should provide more resources to the adoption unit in order to complete adoptions in a more timely fashion.

Safety of Runaway/AWOL Youth Concerns

A. If children are AWOL/runaways, often no hearings are scheduled and no plans are formulated to find the children. HHS needs to state to the courts what efforts are being made to find the children, and courts should continue to monitor the situation.

Case Management Concerns

A. There is a lack of visits by case managers to foster homes. Steps need to be implemented to assure that case managers visit children in their placement to see the interaction of foster parents and the children.

B. Case loads are too high and there are not enough caseworkers to provide case management services needed by children and families.

C. Important service provider documentation is not available for review, including that from therapists, schools, medical personnel, progress reports, and home studies. HHS needs to have important documents in the child's file, available for the case manager and for review by the Board.

D. Family support workers (FSW's) need additional training. FSW training should be standardized and additional training provided.

E. Case managers need to keep informed on the cases of children placed out of state.

Paternity and Child Support Concerns

A. There is often no attempt to collect child support from the parents. Child support should be required of all parents of children in care.

B. There is need for clarification on "John Doe" publications. District court won't accept this as a means of addressing paternity.

C. Attempts to identify and locate each child's father are inconsistent and need to occur earlier in the child's case rather than after the child has been in care for several months.

D. HHS and the County Attorney disagree on who is responsible for paternity information. As a result, HHS and the County Attorney's Office are at a standstill. The County Attorney's Office is waiting on HHS to seek and provide the information while HHS feels it is a County Attorney responsibility.

E. The County Attorney's office does not believe that Juvenile Court has the jurisdiction to make paternity determination. However, this was clarified with the passage of the Nebraska Adoption and Safe Families Act, which clearly gave the Juvenile Court jurisdiction regarding paternity for children in out-of-home care.

F. Publication notices for fathers with unknown locations should start early in the case in order to prevent children from lingering in out-of-home care if the father is able to provide for their needs, or to speed the process of freeing children for adoption when parents are unwilling/unable to parent.

G. HHS, county attorneys, the Board and other interested parties should meet to examine delays in addressing paternity so that adoptions can be completed in an expedient manner.

Adoption Concerns

A. After paternity is addressed, children often remain in care too long waiting completion of adoptions or guardianships.

B. There is a lack of adoptive placements and support for adoptive placements, especially for children with special needs.

C. HHS should create a strategic plan to raise awareness regarding the need for adoptive homes, and allocate resources (both budget and staff) to help recruit/train prospective adoptive parents in order to increase the number and maintain/increase the quality of prospective adoptive homes.

D. When a family interested in adoption is identified, the family should receive support before, during, and after the adoption.

E. Parents interested in a special needs child should receive the extra education needed to create a successful adoption.

F. Adoptive home studies should be completed promptly so that any potential problems can be discovered and corrected in a manner that causes the least negative impact on the child.

Investigation Concerns

A. There is a need for more thorough investigations, including risk assessments, and interviews with the children, so that children's safety can be assured.

B. There are too many inconclusive investigations due to a lack of information or contact with the parents, thus cases are closed and children remain at risk.

Prosecution Concerns

A. County Attorneys need to be aggressive in prosecutions and be less amenable to plea bargains so that the issues that brought children into care can be adequately addressed.

B. There is a need for more appropriate adjudications that fully address the reasons children enter foster care.

Detention Center Concerns

A. It appears some young children (ex. age 8) have been placed at the Douglas County Youth Center. There is no minimum age limit for children to be placed at the Douglas County Youth Detention Center; however, there can be serious safety concerns for young children placed with older adolescents.

B. Children do not receive comprehensive services while placed in detention. It is unclear if all children in detention facilities are receiving appropriate educational services. Therapeutic services are not being provided.

C. It is difficult to obtain needed evaluations for the children in the detention center due to managed care denials for psychological and psychiatric evaluations.

D. A citizen advisory board should be appointed to oversee the Douglas County Detention Center.

E. Officials need to explore and utilize options, other than detention, to work with the children/youth in order to encourage accountability and stability.

GEOGRAPHIC AREA: Lincoln Metro and Southeast Nebraska

Placement, Services, Treatments Concerns

A. There is a lack of appropriate placements. There are not enough treatment facilities or foster homes available.
B. Specialized foster homes need to be recruited for children with special needs.
C. There needs to be an emphasis on resource development of both treatment facilities and foster homes so children can be placed appropriately and to discourage disruptions of primary caregiver.
D. Children are sometimes moved from stable placements to live with newly identified relatives who may be strangers or have little relationship to the child.
E. Some children are placed with relatives who are unwilling or unable to meet the children's needs and keep the children safe.
F. Relatives should be held to the same standards of care as non-relative placements. Home studies should be completed on relatives in a timely manner.
G. Children experience too many placements, more efforts are needed to prevent placement disruptions.
H. Children are inappropriately placed in a shelter or remain in shelters too long waiting an appropriate long-term placement.
I. When sexual perpetrators are removed from a foster home, services to address the sexual abuse should be ensured for the victim/survivor. Adequate information before placement may reduce these occurrences.
J. It needs to be emphasized to case managers that the Adoption and Safe Families Act is clear that the child's best interests and safety are the overriding consideration with placements. Relatives need to be identified early in the case, so that appropriate relative placements can take place early in the case. Relatives who wish to care for the children should be required to follow the same guidelines and standards as any other foster parent. Not all relatives are appropriate placements.

Lack of Foster Parent Support Concerns

A. HHS needs to give foster parents more information on the children, especially information needed to assure children's safety.
B. There are not enough educational programs for foster parents.
C. Respite payments are not enough to pay providers.
D. Foster parents need to be included in team meetings and planning for children.
E. Foster parents need to be made aware of timeframes, such as whether they are emergency care or full-time.
F. It is reported that some foster parents feel a lack of support from HHS. Some foster parents have reported that when they questioned whether a child's plan was in that child's best interests, some case managers have retaliated by either threatening to remove children from their homes or by removing children from their homes.
G. Foster parents should be encouraged to provide the Board with information on the children in their care.

Contractor Oversight Concerns

A. There is a general lack of accountability on contract service providers.
B. HHS needs to require monthly written progress reports from service providers.
C. Managed mental health care contractors deny children needed treatment services/placements.

Restraint Concerns

A. There is an increased usage of physical restraints in a number of facilities due to the lack of programs.

Concerns for the Safety of Runaway/AWOL Youth

A. Greater efforts should be made to find runaway youth and ensure their safety.

Lack of Documentation Concerns

A. Home studies are not routinely in the case files. Home studies are often not current.
B. There is a lack of current case plans/court reports in the file.
C. There is a lack of documentation from parties involved in the case, especially foster parents reports, psychological reports, and reports from residential treatment centers. Contract providers need to provide documentation, and this information needs to be in the children's files.
D. Case managers are being prevented from giving the Board information on some cases.
E. Medical services need to be documented and immunization histories should be given to the child's placement.
F. Guardian ad Litem reports are not always in the children's file.

Case Plan Concerns

A. Reunification remains the child's permanency plan, even when inappropriate.
B. Concurrent planning should be done from the initial opening of the case so parents are given notice that they have a limited time to correct the conditions that brought children into care.
C. Parent's rights often override children's rights and safety.
D. There are inadequate timeframes on goals.
E. Families should be involved in the development of a case plan.
F. Case plans are often incomplete or outdated.
G. Children/youth need to be involved in developing the case plan (if age appropriate) so they understand the direction of the plan.
H. Plans need to be clearly explained to the parents (or youth in some cases) so that they know what they are being asked to do.

Other Case Management Concerns

A. Case managers need to visit children in their foster placement every 30 days, per HHS policy.
B. Case manager turnover and the large case load size for some case managers are resulting in poor case management or the disruption of continuity for cases.
C. There are difficulties with Medicaid and Inter-State Placements.

D. Recommendations of the Board are not acted upon. There needs to be more teamwork between the Board and HHS.
E. The HHS N-FOCUS system is ineffective, frequently contains inaccurate information, and the cases of some children in care have not been entered on the system.
F. Case managers need to coordinate communication between schools and other service providers and to advocate for children's educational needs.
G. The Boards would like to see a post foster care tracking system of children - how they are doing, their perceptions of the system, etc. so the system can assess outcomes.
H. Case managers need more training on bonding and attachment, since this is an issue affecting any child removed from the home.
I. There have been cases with misinformation on children's ethnic and racial backgrounds.

OJS Ward Concerns

A. There are little or no services given to the families of OJS wards, yet the children's behaviors are often a result of family dynamics.
B. There are no progress notes from the Kearney YRTC in the files.

Adoption and Guardianship Concerns

A. Case plans are not updated while children wait for adoptions to be finalized.
B. The system is slow in terminating parental rights.
C. Case managers need more training on completing adoptions.
D. If the child's plan is adoption, there is frequently less contact by case managers.
E. Guardianships need to be completed in a timelier manner so children can feel a sense of stability.
F. Long-term foster care agreements need to be pursued for children when adoption or guardianships are inappropriate so that children can feel a sense of stability.

Time in Care Concerns

A. Children wait too long for completion of permanency.

Paternity and Child Support Concerns

A. The system is slow in establishing paternity and parental rights, which should be identified early in the process.
B. Child support should be ordered at the initial stages, even if the amount is minimal.
C. Children's eligibility under ICWA should be addressed at the beginning of the case.

Investigation Concerns

A. Investigators need to interview both the victim and the perpetrator.
B. Investigation should be completed in a timely manner.

Prosecution Concerns

A. Some youth have law violations that are not being acted upon by the County Attorney. Youth are not being held accountable, and this can disrupt a potential placement.

B. Petitions filed by the County Attorneys need to be more detailed and give specific reasons the child entered care.

GAL Concerns

A. Many GALs are not active on behalf of the children they represent.

Other Court and Legal Action Concerns

A. The Case Plan and Court Report should be separated for greater clarity.

B. Recommendations by the Boards are not always being considered by the courts.

C. Parents' rights often seem to override children's safety and stability rights.

D. Appropriate language for IV-E eligibility is not always used in the court orders at the first hearing, limiting eligibility for the additional IV-E funds for as long as the child remains in care.

Detention Center Concerns

A. There is a lack of involvement in the children's case by Probation Officers.

GEOGRAPHIC AREA: Central Nebraska

Placements, Services, Treatments Concerns

A. There is a lack of treatment facilities in Nebraska for juvenile sex offenders.
B. There is lack of foster homes that are able to provide care for multiple siblings.
C. There are not enough good placements of all types – foster homes, group homes, drug/alcohol treatment services.
D. There is a lack of services for dual diagnosis children.
E. Appropriate therapeutic placements are not available for high needs children.
F. Foster parents often do not get the information they need about the child to serve the child's needs and to keep the child and family safe.
G. Foster parents report they have to wait a long time for payments and have had to provide for children's needs without reimbursement.
H. Relative placements are not always safe or appropriate. Relative placements need to be held to the same standards as non-relative placements.
I. Homestudies are frequently outdated or incomplete. Homestudies on foster homes through agency-based services are not available.

Lack of Oversight Concerns

A. HHS needs to require traditional foster homes, as well as other placements, to submit progress reports and better monitor those homes, especially contracted placements.

Managed Care Concerns

A. HHS pays for evaluations then does not provide the recommended services or the managed mental health care contractor denies the recommended services and they are not provided.

Case Management Concerns

A. Case managers should be encouraged to attend reviews.
B. Case loads are too high, especially for the adoption worker in Grand Island. High caseloads lead to handling cases on a crisis level basis.
C. Case worker turnover has created case transfers and delays.
D. Sibling visitation plans are needed.
E. There is a lack of coordination and communication with service providers, foster parents, biological parents, and children.
F. Some case managers are given cases from other areas (Lincoln), resulting in a lot of drive time and inefficient use of case management resources.

OJS Ward Concerns

A. OJS Wards need to have case plans so that everyone is clear on what direction the case is to take.

Paternity Concerns

A. Paternity needs to be determined at the beginning of *every* case.

B. All parents should be included in court action from the beginning of the case. Also, identified non-custodial parents should be notified at the *beginning* of each case that the child is in care, and their intentions should be determined.

Prosecution Concerns

A. All terminations of parental rights petitions need to be filed in a timely manner. County attorneys need support for filing termination cases.
B. County attorneys need to be more aggressive in pursuing criminal petitions against the parent(s).
C. Plea-bargaining remains problematic.
D. Before filing a status offender petition, prosecutors need to consider whether or not the youth is really a victim of abuse or neglect, and file accordingly.

Court and Legal Action Concerns

A. Courts should continue to have review hearings for children placed at the Youth Rehabilitation and Training Centers or on parole/probation so that there is continuing oversight of the case management.
B. Board recommendations are not always entered as a part of the court record.
C. Juvenile court orders need language allowing the appropriate exchanges of information between schools, children's placements, daycare providers, and others as needed to keep children safe and to assure their needs are being met.
D. Board staff should be included in team meetings when the case is especially difficult or the Board has expressed specific concerns. This would help keep lines of communication open between all parties.
E. Some GALs are not making contact with the child unless the child is at court.

Other Concerns

A. The adoption process is too slow. Often parental rights override the children's rights, delaying permanency.
B. Safety issues need to be addressed more thoroughly by all parties.
C. More independent living services are needed. Youth leaving the system often are ill equipped to care for themselves.
D. More services are needed in Spanish.

GEOGRAPHIC AREA: Northeast Nebraska

Placement Concerns

A. There is a lack of specialized treatment homes.
B. Sexually-acting-out youth should be identified and placed appropriately so that other children in the home remain safe.
C. Children are often placed in shelters without due consideration to the mixture of children already in the facility.

Lack of Oversight

A. Homestudies should be updated.
B. HHS needs to require accountability and record keeping of its subcontractors.

Managed Care Concerns

A. Managed care often denies treatment placements.
B. There are inherent differences of philosophy between the goals of managed care providers and the child's well being. The child's well being should be prioritized.

Lack of Documentation

A. There is a lack of documentation in some files, especially medical information and independent living information.
B. Home studies are often not updated, and there is a lack of information on foster homes.
C. Information on Independent Living Assessments, PAL (preparation for adult living) Reports, home studies, outcome studies, and medical reports need to be in the files.
D. Therapy information is needed in the files.

Case Management Concerns

A. Caseworkers need to be enabled to attend Board meetings.
B. The teamwork between HHS and the Board needs to continue.
C. The expungement process should be reviewed [removing a name from the child abuse registry]. The Board suggests that only a court order could expunge the name of a convicted child molester/abuser.
D. HHS needs to improve reporting to the Review Board tracking system, which HHS is required to do by law. Children are being "lost" again.
E. Schools need to be aware of certain information on children in order to keep other children safe.
F. Caseworker caseload is too high.
G. HHS often uses a generic case plan.
H. There is too much HHS case manager turnover.

Paternity Concerns

A. Paternity needs to established early in the case. Petitions need to include both parents. Child support should be addressed early in the case.

Investigation Concerns

A. All instances of reported child abuse/neglect should be investigated.
B. Law enforcement needs more training on interview techniques with children.
C. Children's cases should take priority whenever their safety is threatened.

Prosecution Concerns

A. County attorneys should be given support for filing termination cases.
B. Some children are charged as status offenders that are really victims of abuse/neglect.

Court and Legal Action Concerns

A. Guardians ad litem often do not take an active role. Guardians ad Litem need more contact with children.
B. Pretrial conferences and decisions are often made in the judge's chambers rather than in a full court proceeding.
C. Legal parties need additional training on the Adoption and Safe Families Act.
D. CASA (court appointed special advocates) programs need to be strengthened and there needs to be more consistency within and between programs.
E. Adjudications are sometimes delayed. There are too many continuances.

Detention Center Concerns

A. Appropriate discipline, services, education, and safety concerns remain.
B. Detention centers still have a lack of schooling and services.

GEOGRAPHIC AREA: Panhandle and Western Nebraska

Placement, Services, Treatments Concerns

A. There are not enough foster homes in the community.
B. There is a lack of treatment and group homes in western Nebraska.
C. There is a lack of services for age 18 and older.
D. There are no placements in the area for sexual perpetrators.
E. There is a lack of placement options for those who have significant mental health issues.
F. The lack of availability of placements results in some children being inappropriately placed.
G. Sometimes using extended family as placements continues the cycle of abuse or the neglect the children came from.
H. Therapeutic foster homes developed by private agencies should be licensed through HHS and required to have CPS and criminal history background checks to ensure children's safety.

Support for Foster Parents Concerns

A. Foster parents are not always provided necessary information regarding the child. HHS should share information with foster parents, such as sexual perpetration issues, and aggressive behaviors by the youth. This information is important for the foster parents to assure that the child and other children in the home are safe, and foster parents properly address safety issues.
B. HHS should assure that the foster parents are provided necessary information regarding the child, including who their guardian ad litem is and how to contact him/her.
C. HHS should provide services and additional training to foster parents to help with special needs children so they can better understand and cope with the needs of children in their care.
D. Foster parents need to know of the resources that are available for them to use to assist the foster children. For example, they need to know which dentists accept Medicaid.

Oversight Concerns

A. There is a need for better procedures and more thorough investigations of foster homes in response to complaints about the home.
B. There is a lack of impartial oversight of the YRTC's.

Lack of Documentation Concerns

A. There is a lack of documentation provided by service providers, especially therapists. HHS should provide better documentation of foster children's medical, educational, therapy reports, and special needs in the HHS file.
B. Home studies are either not available in the HHS file or are not completed prior to placement of children.

Case Plan Concerns

A. Case plans need to be updated when a child is moved to a different placement.
B. Parents frequently do not understand the goals of the case plan. HHS should provide case plan goals that are understandable, measurable, and attainable. HHS should ensure that the case plan is written clearly, and then go over the goals and expectations with all parents.
C. OJS wards need case plans and better documentation in their files.

Case Management Concerns

A. The gap of services for youth between 19 and 21 needs to be addressed. The improved PALS program to provide a year of transition is helpful, but needed for more youth.
B. Case managers have too large a caseload.
C. There is too much case manager turnover.
D. HHS may be involved with a family for a number of years before the children are removed from the home. Protocols need to be developed to assure children's safety.
E. Communication should improve between HHS and local schools.
F. HHS should provide more supervision, worker accountability to case managers so children receive the protection and services needed.
G. HHS should allow and encourage workers to attend Foster Care Review Board case reviews. This benefits the Board by having additional information available for review and benefits HHS by allowing the case manager to meet with all the parties to the case.

Paternity Concerns

A. Paternity needs to be identified early in cases.

Investigation Concerns

A. Personnel involved in abuse/neglect investigations need to be thoroughly trained on how to identify, investigate, and prosecute child abuse cases. This should include training in appropriate questions to ask children.
B. HHS and law enforcement needs to do a better job of cross reporting.
C. A national child abuse registry is needed to track abuse when families travel across state lines so that the history of abuse/neglect allegations is known to investigators regardless of the number of moves a family makes.

Prosecution Concerns

A. Filings for termination of parental rights often do not happen in a timely manner.
B. Original petitions do not always address all issues that lead to the removal of the child.
C. Supplemental or amended petitions are not always filed to include allegations of abuse/neglect revealed after the child has been placed in out of home care.
D. Child support is not always ordered. It is important to emphasize the responsibilities of parents by assessing support.

E. Discourage the practice of pleading child abuse down to a lesser charge for a parent's admission in the juvenile case so that the reasons for a child entering care can be addressed..

F. Take a pro-active role in assessing and filing for termination of parental rights when appropriate.

Court and Legal Action Concerns

A. Judges need to read Board recommendations, which provide information from a variety of sources.

B. GALs should see the children more often. They need to take an active role in working for the best interest of the child. They should assure the safety of the children assigned to them.

C. GALs should prepare and submit reports to courts frequently. GALs should be paid based on their involvement with the youth and their reporting to the court.

D. GALs should be appointed in all juvenile cases, including status offender cases.

E. Parents frequently report that they don't understand what is expected of them. All parties should make sure parents understand their responsibilities and the options if those responsibilities are not met.

F. Courts need to be more diligent in holding all parties accountable to the case plan, especially the parents.

G. CASAs need to be established in all areas of the state.

H. Enforce child support judgments for children in out-of-home care. Parents should be made financially accountable.

I. Children are remaining in care too long after parental rights have been severed awaiting completion of their adoption.

Detention Center Concerns

A. There is a need for family services for children and family.

Other Concerns

A. There is a lack of dental providers in western Nebraska who are willing to accept Medicaid.

B. Guardianship may jeopardize a youth's ability to use the former state ward program to advance their education.

C. Bilingual services are not always available for children or parents.

"The greatest natural resource that any county can have is its children.

Danny Kaye

"Life affords no greater responsibility, no greater privilege, than the raising of the next generation."

Dr. C. Everett Koop

FOSTER CARE REVIEW BOARD

and CASE REVIEWS

THE FOSTER CARE REVIEW BOARD

Unique and Beneficial Aspects of Citizen Review in Nebraska

- **The Board's structure gives the agency the independence needed to point out the flaws at every stage of a child's case, and to provide input to policy-makers on what is needed to promote best practices.** The Nebraska Legislature designed the Foster Care Review Board to be an independent state agency that is not directly affiliated with either the judicial branch or the Department of Health and Human Services. In other states the review agency is a part of a larger social services or judicial system, and thus must answer to them when reporting on conditions for children.

- **In Nebraska, a State Board that is appointed by the Governor and approved by the Legislature governs the agency. The terms of office are staggered so that a change in Governor does not automatically result in an entirely new State Board.** The State Board by law must include representatives from each of the state's congressional districts. The State Board oversees the agency, whose staff facilitates local Foster Care Review Boards in communities across the State and manages the Board's tracking system (an extensive database of all children in out-of-home care).

- **Board staff members go into the HHS offices across the state to actively research all file information on the children and discuss cases with the case managers,** rather than accepting whatever the HHS office chooses to impart as happens in some other states. The section on case reviews gives more details on the entire case review process.

- **The Board invites all interested parties, including the legal parties, foster parents or other placement providers, educators and service providers to give information through questionnaires. Whenever time permits interested parties are also invited to attend a portion of the local board meeting** where they could speak directly with the local board members. Parents who retain their parental rights are always invited to attend the reviews of their children's case. It should be noted that the availability of questionnaires as a means for interested parties to provide input has helped to mitigate some of the distance challenges inherit in the state.

- **Additional contacts are made with the foster parents/placements, the guardians ad litem, and the case managers** to clarify conflicting or omitted file information and to get information on the latest developments in the case.

- **After careful review and research by Board staff, materials are presented to multi-disciplinary trained community-based boards that study the information then itemize their concerns and recommendations** for the ongoing care and safety of the child. This is written into a formal document that is distributed to the judge

and all legal parties. Local board structure and makeup is discussed in more detail later in this section.

- **The Board is required under Nebraska statute to maintain an independent tracking system.** The Nebraska system is a national model, both for the information compiled and for its ease of use. The independent tracking system enables the Board to both track and report on indicators of how the system is responding to children's needs. Information from this system was given in testimony to Congress on several occasions. For instance, Nebraska's Foster Care Review Board was invited to give testimony before Congress on what became the 1997 Adoption and Safe Families Act. Information from this system is used to compile the statistics for the agency's annual report.

- **The Board is statutorily required to create a yearly comprehensive assessment of conditions for children in foster care** and report those conditions to the Governor, members of the Legislature, the Judiciary, HHS, the press and the public. This is done through the annual report. The Board also provides special reports and fact sheets.

- **As a result of its dialogue with policy makers the Board has been instrumental in the passage of local Nebraska legislation** to require an assessment of whether a termination should be filed after the child has been in care for 18 months, providing for mandatory training of prosecutors, creating the Child Protection Unit in the State Attorney General's office, and under certain circumstances allowing an open adoption contract between parents of state wards and the adoptive parents in order to facilitate permanency.

- **The Board has limited legal standing available to appear in court on behalf of foster children** to challenge inappropriate plans. This is discussed in more detail later in this section.

- **The Board works cooperatively with HHS, the Bar Association, and the Judiciary, and others to provide continuing educational programs for legal parties, child welfare professionals, and local board members** on issues such as children's bonding and attachment needs, how to conduct investigations of alleged abuse, neglect, or sexual abuse; provisions of the Adoption and Safe Families Act (ASFA), reasonable efforts and reunification plans, developmental disabilities and abuse, alternatives to restraints. The Board has also facilitated Legislative caucus meetings on the child welfare system and worked with the Governor's office to plan an adoption summit.

The Structure of the State Foster Care Review Board

The State Foster Care Review Board is responsible for governing the agency and setting agency policy. The State Board consists of nine members selected by the Governor and approved by the Legislature. Two members are chosen from each of the three Congressional Districts. These members serve three-year terms and are selected on a staggered basis. Three additional Board members are appointed from the Local Review Board chairpersons, one from each Congressional District. These members serve two-year terms. Terms are staggered so that a change in Governor does not automatically mean a change in the makeup of the State Board.

The responsibilities of the State Board include:

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

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

Local Foster Care Review Boards

During 2001 there were 58 Local Boards composed of 383 unpaid volunteer citizens from the community who have completed required training and meet monthly to review the cases of children in out-of-home care. In order to provide maximum input on a child's case, an attempt is made to select board members from a variety of different occupations and viewpoints. A typical board might include an educator, a medical professional, an attorney, a mental health practitioner, and a foster parent.

Each board meets monthly for approximately 3-4 hours. Informational packets are mailed to board members prior to the meeting, and board members spend 3-4 hours in preparation for the meeting.

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

a. The history and role of the Foster Care Review Board;
b. Information on the need for permanency planning;
c. The importance of bonding and attachment;
d. The effect of separation and loss on children at various ages;
e. How a child enters the legal system;

f. The roles of the judge, county attorney, guardian ad litem, child-caring agency, and foster parent;
g. Reviewing a case and comparing the review conducted by the new board with the recommendation of an existing board;
h. The importance of confidentiality; and,
i. Observation of a local board meeting.

The following is a list of the cities as of the end of 2001 that have one or more local foster care review boards (number of local boards in parentheses):

Alliance (1), Auburn (1), Beatrice (1), Bellevue (1), Columbus (1), Elkhorn (1), Fremont (1), Grand Island (3), Hastings (2), Kearney (2), LaVista (1), Lexington (1), Lincoln (10), Norfolk (1), North Platte (2) O'Neill (1), Ogallala (1), Omaha (19), Papillion (1), Pierce (1), Scottsbluff/Gering (3), Seward (1), South Sioux City (1), and York (1).

Thousands of Unpaid Hours are Donated Annually

The Foster Care Review Board in Nebraska exists due to the time and efforts of its volunteers. **State and Local Board members are unpaid volunteers.** State Board members, who may drive up to 400 miles each way to attend State Board meetings, may receive reimbursement for mileage and any needed overnight accommodations. Many local board members drive up to 60 miles or more (one way) to attend regular board meetings; however, they do not receive any compensation due to budgetary considerations.

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

The following is a summary of the hours, excluding travel time, donated to the Review Board during 2001.

State Board members	
4 regular meetings and preparation	256 hours
inter-agency meeting participation	40 hours
research and analysis	120 hours
Local Board members	
621 meetings and preparation	33,224 hours
Office volunteers	20 hours
TOTAL	33,660 hours

State and local board members represent a variety of professions and occupations, such as law, education, medicine, business, and social services. **The value of the time that state and local board members donate to assisting the abused and neglected children of Nebraska, taken at a very conservative estimate of $20 per hour, was $673,200 for 2001.**

Use of Limited Legal Standing

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

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

Neb. Rev. Stat. §43-1313 allows the Board to request and participate in review hearings at the dispositional level[1], when the Board deems it necessary to assure one or more of the following:

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

Since the Board was granted legal standing in 1990 through the end of 2001:

- 528 cases involving 874 children have been acted upon or utilized legal standing.
- Most (701 of 874) children's cases were handled through meetings with the county attorney and/or other parties to the case.
- An attorney was hired to represent the Board for 163 children.

During 2001:

- Four cases involving eight children were referred, or utilized, legal standing.
- An attorney was hired to represent the Board for the eight children in 2001.

[1] For explanation of the steps in a child case, see the Appendix for the chart "Following a Case Through Juvenile Court."

Due to the authority derived by the Board from §43-1313, many potentially problematic cases have been resolved without involving the costly and time-consuming process of the courts. A local board review may be held instead, followed by a case status meeting with representatives from the responsible agency and other legal parties.

Attorneys are retained by the Board when other avenues are unsuccessful in addressing the local board members' concerns or if there is little time to respond. The process for hiring an attorney starts when local boards/staff identify problem cases for which hiring an attorney might be appropriate. In these cases, the local board's review specialist compiles the case information and submits this to his/her supervisor. The identified cases and the objectives of what would be accomplished by taking legal standing are then submitted to the Executive Committee of the State Board for review.

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

The Board's Tracking System Database

Per statute, the Board maintains an independent computerized tracking system, which is housed in its main office in Lincoln. Since this system began in 1983 through the end of 2001, 62,475 individual Nebraska children in out-of-home care have been tracked.

Up to eighty-two articles of information are kept on children once they enter out-of-home care. After a local board has reviewed the child's case an additional ninety-three pieces of data are added. Information on the Board's tracking system includes why and when the child entered care, court dates and results, sibling information, adoption data, and barriers to the permanency plan. Information on the children is continually updated as changes occur.

Nebraska's tracking system is one of few in the country that follows all children placed in out-of-home care in the state. The Nebraska Foster Care Review Board receives reports and updates from the Juvenile and County Courts, the Department of Health and Human Services, and private agencies throughout the state.

HHS is a primary source for information about the children, and there have been on-going problems with the reports available since HHS converted to the N-FOCUS computer system for child welfare cases in 1997. There is a separate section of this report dealing specifically with HHS N-FOCUS report issues and how those issues have forced the Board to institute a number of pro-active steps to ensure that data on the Board's tracking system is the most reliable possible. As a result of these steps, Board data on key foster care indicators is considered much more reliable than available through HHS.

Data from the Board's tracking system is used throughout this report. Nebraska data has been used repeatedly to challenge the concept of mandatory plans of reunification on both a state and a national level. The Board views compliance with the Adoption and Safe Families Act as meaning that the child's best interests are being served, and the Board is a firm advocate for best interests on both a case-by-case and a systems level.

Why Citizen Review Was Enacted in Nebraska

The legislation creating the Foster Care Review Act was inspired by child advocates with faith in the concept of permanency planning reviews and the vision to see how citizen review boards would help the foster children of Nebraska move from the foster care system towards permanent homes in a timely manner.

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

At the time that citizen review in Nebraska was initially proposed, many children had languished in the child welfare system for years, and many children had been "lost" in system; that is, due to poor tracking methods no one knew where some of the children in foster care were placed. Some of these children were never found.

In 1982 the Department of Social Services estimated that there were about 1,800 children in foster care in Nebraska. By the end of 1983 (the Review Board's first year of tracking foster children), it was clear that there were over 4,000 children in foster care in Nebraska. At the end of 2001, the daily average number of children in foster care in Nebraska is about 5,500.

Important Milestones in the History of the Board

A. Studies on the Effectiveness of Citizen Review

In the 1980's Dr. Ann Coyne with the School of Social Work at the University of Nebraska at Omaha conducted three separate studies of the efficacy of reviews. The studies revealed that children whose parents were unable or unwilling to provide care and whose case had the benefit of citizen review were two to four times more likely to have adoption as a plan when compared to other cases similar in every way except not reviewed.

B. Additional Mandatory Findings on Placement Appropriateness

In 1990, the Legislature increased the Board's responsibilities to include determining if the child's placement is appropriate and if there is a continued need for out-of-home placement.

C. Legislative Study of 1994

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

D. Full Implementation of the Foster Care Review Act - 1996

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

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

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

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

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

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

E. Additional Mandatory Findings Added - 1998

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

The National Association of Foster Care Reviewers

Nebraska is a member of the National Association of Foster Care Reviewers (NAFCR). The NAFCR was established in 1985 to promote permanent families for children by assuring that every child in foster care receives an independent, timely, and complete external citizen review. Nebraska hosted the 1995 NAFCR Conference that was held in Omaha. Carolyn Stitt, Executive Director of the Review Board, is a past president of the NAFCR. Burrell Williams, past State Board chair and current member of an Omaha Local Board and the State Board, previously served on the National Board of Directors.

"***Volunteerism is humanism in its most compassionate form. It is an extended hand to a voiceless plea, a sun on the worst days, a lighted candle on the darkest night. It is that small voice that whispers from our heart, reminding us that we all share this Blue Marble for so little time that to give it meaning, we must share our love.***"

Cliff Robertson, Actor

CASE REVIEW PROCESS

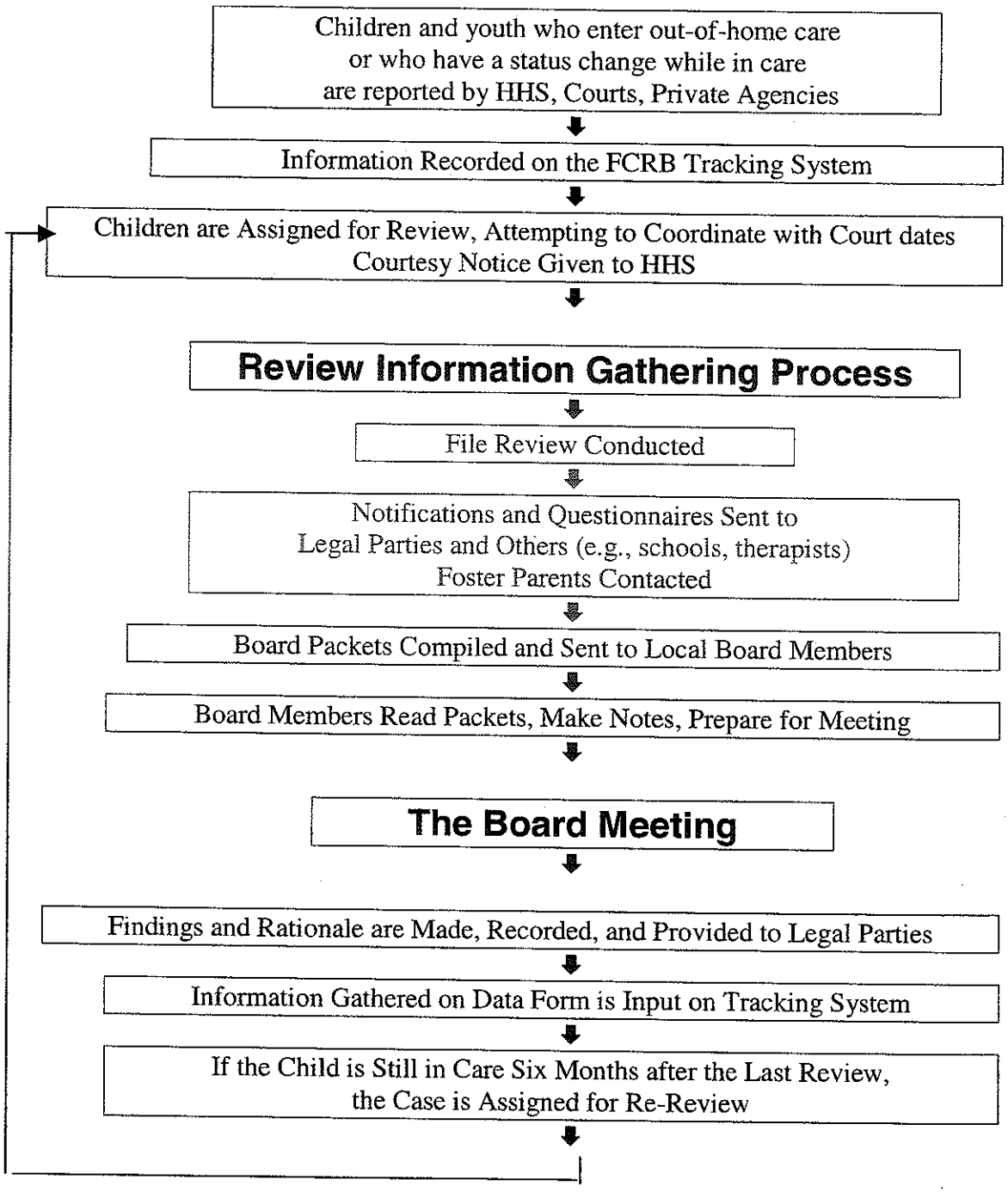
The Foster Care Review Board completed 6,015 reviews on 4,092 children in 2001, and issued approximately 42,105 reports with recommendations regarding reviewed children's cases to courts, agencies, guardians ad litem, attorneys, and county attorneys. Each report included a case history of the child with the reasons why the child was placed in foster care; court dates; information on services, education, and visitation; recommendations and findings on the placement, services, and plan; and remaining barriers to permanency.

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

A. The FCRB goes into the HHS offices to pull the case plan and other relevant file information, and to verify previously received information
B. Contacts are made with foster parents/placements, GAL's, and case managers
C. Legal parties are given several opportunities to provide additional information
   - All legal parties are invited to give information at the review meetings
   - All legal parties are given questionnaires designed specifically for their profession that they can return if unable to attend the meeting
   - All legal parties are given the opportunity to provide information via telephone that is taped for consideration by the local board reviewing the case
D. Other interested parties, such as teachers, counselors, and the like are also provided questionnaires and the opportunity to respond via telephone. When time allows they may also be invited to give information at the review meeting.
E. After careful review and research by review specialists, multi-disciplinary boards itemize their concerns and recommendation for the ongoing care and safety of the child
F. The recommendations are then forwarded to the judge and all legal parties.

The following chart shows this process in graphic format.

The Foster Care Review Board – Review Process



STATISTICAL MEASURES OF CHILD WELFARE EFFICACY

TABLES 5 – 33

(Tables 1-4 are on page 41 at the end of the Preview and Commentary)

TABLE 5

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT
LOCAL BOARD FINDINGS FOR CHILDREN REVIEWED DURING 2001

IS THERE A WRITTEN PERMANENCY PLAN			# Children	Percent
•There is no plan or the plan is incomplete.			1,707	41.7%
	# Children	*Percent*		
No plan.	*818*	*20.0%*		
Verbal plan, not in writing.	*155*	*3.8%*		
Incomplete plan.	*713*	*17.4%*		
Multiple plans.	*21*	*0.5%*		
	1,707	*41.7%*		
•There is a written plan with services, timeframes, and tasks.			2,385	58.3%
		Total	4,092	100.0%

BOARD AGREEMENT WITH CHILD'S PERMANENCY PLAN			# Children	Percent
•The Board disagrees with the plan, or there is no plan.			2,496	61.0%
	# Children	*Percent*		
Board disagrees with the plan.	*985*	*24.1%*		
Board partially agrees with the plan.	*377*	*9.2%*		
No current written plan.	*784*	*19.2%*		
Plan unclear, multiple plans.	*40*	*1.0%*		
Plans unclear, recent transition.	*25*	*0.6%*		
Plan unclear, no documentation.	*152*	*3.7%*		
Plan unclear, other reasons.	*133*	*3.2%*		
	2,496	*61.0%*		
•The Board agrees with the child's permanency plan.			1,596	39.0%
		Total	4,092	100.0%

continued...

Explanation of Table 5—This table shows compliance with the Foster Care Review Act as determined through the findings of the local Foster Care Review Boards that reviewed the children's cases during 2001.

TABLE 5 (continued)

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT

SERVICES IN THE PLAN/OFFERED			# Children	Percent
•Needed services not provided, or not utilized.			1,937	47.3%
	# Children	Percent		
Some services are in motion.	*611*	*14.9%*		
Services offered, not utilized.	*801*	*19.6%*		
Unclear what is being provided.	*449*	*11.0%*		
No plan, no services provided.	*76*	*1.8%*		
	1,937	*47.3%*		
•No plan has been developed, but services are being provided			634	15.5%
•All services in the plan are presently in motion.			1,521	37.2%
		Total	4,092	100.0%

PROGRESS BEING MADE TOWARD PERMANENCY PLAN OBJECTIVE			# Children	Percent
•No progress, partial progress, or progress unclear			3,068	75.0%
	# Children	Percent		
No progress towards permanency.	*752*	*18.4%*		
Partial progress.	*1,130*	*27.6%*		
Unclear due to lack of written plan	*758*	*18.5%*		
Unclear due to other reasons.	*428*	*10.5%*		
	3,068	*75.0%*		
•Progress is being made towards the permanency objective.			1,024	25.0%
		Total	4,092	100.0%

continued...

Explanation of Table 5—This table shows compliance with the Foster Care Review Act as determined through the findings of the local Foster Care Review Boards that reviewed the children's cases during 2001.

TABLE 5 (continued)

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT

IS CURRENT PLACEMENT APPROPRIATE AND SAFE	# Children	Percent
•Placement inappropriate, unsafe, or it is unclear	1,326	32.4%
Unsafe, thus inappropriate.	*73*	*1.8%*
No documentation/homestudy.	*830*	*20.3%*
Safety and appropriateness unclear.	*295*	*7.2%*
Placement is not appropriate for all siblings placed together.	*128*	*3.1%*
	1,326	*32.4%*
•Current placement appears appropriate and safe.	2,766	67.6%
Total	4,092	100.0%

Safety evaluation by department or custodial agency	# Children	Percent
•Custodial agency has not fully evaluated safety or it is unclear.	1,495	36.5%
Custodial agency has not evaluated the safety/taken action.	*91*	*2.2%*
Unclear if custodial agency has evaluated safety.	*1,215*	*29.7%*
Custodial agency partially evaluated safety	*189*	*4.6%*
	1,495	*36.5%*
•Custodial agency evaluated the safety of the child and taken the necessary measures in the plan to protect the child.	2,597	63.5%
Total	4,092	100.0%

continued...

Explanation of Table 5—This table shows compliance with the Foster Care Review Act as determined through the findings of the local Foster Care Review Boards that reviewed the children's cases during 2001.

TABLE 5 (continued)

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT

Reasonable efforts toward reunification			**# Children**	**Percent**
•Reasonable Efforts are not being made to return the child home or it is unclear what efforts are being made or there is no longer a need for out-of-home placement			725	17.7%
	# Children	*Percent*		
No Reasonable Efforts/continued need for out of home placement.	*77*	*1.9%*		
Unclear Reasonable Efforts, unclear need for out-of-home placement	*55*	*1.3%*		
Unclear Reasonable Efforts, continued need for out-of-home placement.	*532*	*13.0%*		
Reasonable Efforts are being made and there is not a continued need for out of home placement.	*61*	*1.5%*		
	725	*17.7%*		
•Reasonable Efforts are being made and there is a continued need for out of home placement.			1,818	44.4%
•Reasonable Efforts are no longer being made because the plan is no longer reunification, however, there is a continued need for out of home placement.			1,538	37.6%
•Reasonable Efforts to return the child home are no longer being made because there has been a judicial determination of aggravating circumstances, however, there is a continued need for out of home placement.			11	0.3%
		Total	4,092	100.0%

continued...

Explanation of Table 5—This table shows compliance with the Foster Care Review Act as determined through the findings of the local Foster Care Review Boards that reviewed the children's cases during 2001.

TABLE 5 (continued)

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT

Parent-child visitation arrangements			**# Children**	**Percent**
•Parental visitation arrangements are not optimal for the child			1,277	31.2%
	# Children	*Percent*		
Arrangements made				
but do not allow adequate parent - child contact.	*68*	*1.7%*		
but not regularly occurring due to parental unwillingness.	*353*	*8.6%*		
but not regularly occurring due to other barrier(s).	*175*	*4.3%*		
but no visitation is occurring due to parental unwillingness.	*230*	*5.6%*		
but no visitation is occurring due to other barrier(s).	*98*	*2.4%*		
but allow too much contact or the contact is otherwise not in the best interest of the child.	*298*	*7.3%*		
Arrangements not made	*55*	*1.3%*		
	1,277	*31.2%*		
•Unclear parental visitation arrangements.			462	11.3%
•Parental visitation arrangements have been made and allow adequate parent-child contact.			1,434	35.0%
•Parental visitation is not applicable because:...			824	20.1%
•No parental visitation arrangements due to court order.			95	2.3%
		Total	4,092	100.0%

continued...

Explanation of Table 5—This table shows compliance with the Foster Care Review Act as determined through the findings of the local Foster Care Review Boards that reviewed the children's cases during 2001.

TABLE 5 (continued)

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT

Sibling visitation			**# Children**	**Percent**
•Sibling visitation arrangements are not optimal for the child			1,731	42.3%
	# Children	***Percent***		
Arrangements unclear.	*1,262*	*30.8%*		
Arrangement made, but do not allow adequate sibling contact.	*64*	*1.6%*		
Arrangement made, but visitation is not occurring on a regular basis.	*56*	*1.4%*		
Arrangement made, but no visitation is occurring.	*22*	*0.5%*		
Sibling visitation is occurring, but inappropriately.	*31*	*0.8%*		
No sibling visitation made by contractor of services or casemanager	*71*	*1.7%*		
•No sibling visitation arrangements made due to other barrier(s).	*225*	*5.5%*		
	1,731	*42.3%*		
•Sibling visitation arrangements have been made and allow adequate sibling contact.			1,041	25.4%
•Sibling visitation is not applicable. (no siblings or placed together).			1,124	27.5%
•No sibling visitation arrangements made due to court order.			12	0.3%
•No sibling visitation due to the severance of legal ties.			80	2.0%
•No sibling visitation due to a lack of relationship between siblings.			104	2.5%
		Total	4,092	100.0%

continued...

Explanation of Table 5—This table shows compliance with the Foster Care Review Act as determined through the findings of the local Foster Care Review Boards that reviewed the children's cases during 2001.

TABLE 5 (continued)

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT

Reasonable efforts prior to entering care			# Children	Percent
•Reasonable efforts were not made or are unclear			328	8.0%
	# Children	*Percent*		
Reasonable efforts were not made to prevent the child's removal from the home.	*45*	*1.1%*		
It is not clear what efforts were made to prevent the child's removal from the home.	*223*	*5.4%*		
Reasonable efforts to prevent the child's removal from the home unclear due to child being incarcerated.	*60*	*1.5%*		
	328	*8.0%*		
•Reasonable efforts were not made to prevent the child's removal because an emergency situation existed.			2,283	55.8%
•Reasonable efforts were made to prevent the child's removal from the home.			1,459	35.7%
•Reasonable efforts to prevent the child's removal were deemed no necessary due to a judicial determination of aggravating circumstances per Neb. Rev. Stat. §43-254, section 24.			22	0.5%
		Total	4,092	100.0%

continued...

Explanation of Table 5—This table shows compliance with the Foster Care Review Act as determined through the findings of the local Foster Care Review Boards that reviewed the children's cases during 2001.

TABLE 5 (continued)

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT

Grounds for Termination of Parental Rights	# Children	Percent
•Per §43-1308(1)(b) the Board finds that grounds for termination of parental rights appear to exist under...	1,017	24.9%
•Per §43-1308(1)(b) the Board finds that grounds for termination of parental rights do not appear to exist under...	1,122	27.4%
•Per §43-1308(1)(b) the Board finds that grounds for termination of parental rights cannot be determination due to the lack of information on the following...	92	2.2%
•Per §43-1308(1)(b) the Board is unable to make a finding on whether grounds exist to terminate parental rights as it is unclear if the termination of parental rights is in the child's best interest.	229	5.6%
•Per §43-1308(1)(b) the Board finds that grounds for termination of parental rights appear to exist for one parent, but not for the other.	42	1.0%
•Per §43-1308(1)(b) the Board finds that grounds for termination of parental rights appears to exist, however, it is not in the best interests of the child due to...	697	17.0%
•Per §43-1308(1)(b) the Board's finding on whether grounds for termination of parental rights appears to exist is not applicable.	893	21.8%
Total	4,092	100.0% [1]

[1]This column does not total exactly 100% due to rounding on individual items.

continued...

Explanation of Table 5—This table shows compliance with the Foster Care Review Act as determined through the findings of the local Foster Care Review Boards that reviewed the children's cases during 2001.

TABLE 5 (continued)

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT

The Board's recommended plan if return of the children to the parents is unlikely			**# Children**	**Percent**
•There was insufficient information to make an accurate finding			839	20.6%
	# Children	*Percent*		
Unable to determine if return is likely or unlikely due to the lack of information on ...	*653*	*16.0%*		
Unable to make finding due to other circumstances	*76*	*1.9%*		
Return of the children to the parent is not likely but cannot recommend a specific permanency option due to lack of information on...	*110*	*2.7%*		
	839	*20.6%*		
•Return of the children to the parents is unlikely, and the Board recommends...			2,737	66.9%
	# Children	*Percent*		
referral for termination of parental rights and/or adoption.	*752*	*18.4%*		
adoption as parental rights are no longer intact due to termination, relinquishment, or death.	*573*	*14.0%*		
referral for guardianship.	*383*	*9.4%*		
referral for placement with a relative.	*120*	*2.9%*		
referral for a planned, permanent living arrangement other that adoption, guardianship, or placement with a relative.	*909*	*22.2%*		
	2,737	*66.9%*		
•The Board finds that the return of the child to the parents is likely, therefore the findings under §43-1308(1)(c) do not apply			516	12.6%
		Total	4,092	100.0% [1]

[1]This column does not total exactly 100% due to rounding on individual items.

Explanation of Table 5—This table shows compliance with the Foster Care Review Act as determined through the findings of the local Foster Care Review Boards that reviewed the children's cases during 2001.

NOTES:

TABLE 6

BARRIERS TO PERMANENCY FOR CHILDREN REVIEWED DURING 2001

During each review, local boards identify the top ten barriers to children's case plans being implemented and children achieving safe, permanent homes. The barriers are reported to all the legal parties of the children's cases in the final recommendation reports issued after completion of each review. The following is a compilation of the barriers identified during 2001. Categories appear in order of the number of barriers identified. The most frequently identified barriers are parental barriers.

Category	Number of Children
Parental Barriers	
Ability/willingness to parent child	1,542
Past history of abuse/violence/neglect	1,123
Substance abuse problems of parents	923
Resistant/uncooperative to services	687
Relationship among family members	589
Lack of visitation	429
Inadequate/inappropriate housing	377
Mental illness	275
Lack of job training/skills	274
Possible sexual abuse if returned	236
Noncompliance with Court Order	205
Parent(s) whereabouts unknown	197
Inability to cope with child's disability	194
Bonding problems	190
Distance between family members	190
Low functioning parent	187
Incarceration	182
Economic stress	172
Failure to pay child support	68
Number of times child placed in foster care	82
Chronic health problems of parent	53
Lack of transportation	34
Illiteracy	14
Other parenting barriers	224
Total Parental Barriers Identified	8,447 identified barriers [1]

continued...

[1]This table compiles the top ten barriers to permanency identified by the local boards for each of the 4,092 individual children reviewed during 2001. Barriers may be in any of the categories, and more than one barrier can be in the same category.

TABLE 6 (continued)

BARRIERS TO PERMANENCY FOR CHILDREN REVIEWED DURING 2001

Category	Number of Children
Implementation Barriers	
Length of time in care	562
Lack of progress	421
Number of disruptions/placements/moves	266
Delay in home study	90
Inadequate casework services	87
Inadequate preparation for independence	80
Inadequate contact with foster parents	29
Inadequate contact with child	28
Worker not facilitating visitation with siblings	24
Inadequate contact with parent(s)	21
Worker not facilitating visitation with parents	13
Other implementation barriers	37
Total Implementation Barriers Identified	1,658 identified barriers [1]

Category	Number of Children
Planning Barriers	
No plan	743
Plan inappropriate	181
Inappropriate timeframe (too long or too short)	178
No timeframe	77
Plan unclear	67
No objectives	45
Inappropriate objectives	25
Multiple plans	18
No parent/agency contract/agreement with father	3
No parent/agency contract/agreement with mother	3
Other planning barriers	54
Total Planning Barriers Identified	1,394 identified barriers [1]

continued...

[1]This table compiles the top ten barriers to permanency identified by the local boards for each of the 4,092 individual children reviewed during 2001. Barriers may be in any of the categories, and more than one barrier can be in the same category.

TABLE 6 (continued)

BARRIERS TO PERMANENCY FOR CHILDREN REVIEWED DURING 2001

Category	Number of Children
Management Barriers	
Lack of documentation	537
Case transfer interrupts service	70
Caseload too large	65
Poor monitoring of contracting agencies (purchased services)	33
Inadequate supervision of caseworker	34
Inadequate knowledge of case by case manager	19
Uncovered case	7
Lack of awareness of policy by worker	7
Policy inappropriate to case	5
Other management barriers	66
Total Management Barriers Identified	843 identified barriers [1]

Case Manager Contact with Children

During the review process Board staff members document whether or not the child's case manager has visited the child within the 60 days prior to the most recent review. Of the 4,092 children's files reviewed during 2001:

- 2,802 (68.5 %) *had documentation of case manager contact* with the children within the 60 days prior to review.
- 219 (5.3 %) *had documentation that there was no contact* between the case manager and the children within the 60 days prior to review.
- 1,071 (26.2 %) *had no file documentation* to indicate whether or not the case manager had visited the children within the 60 days prior to review.

Local Boards have expressed concern that many case managers are not visiting the children and witnessing the interaction of the children with their caregivers.

continued...

[1]This table compiles the top ten barriers to permanency identified by the local boards for each of the 4,092 individual children reviewed during 2001. Barriers may be in any of the categories, and more than one barrier can be in the same category.

TABLE 6 (continued)

BARRIERS TO PERMANENCY FOR CHILDREN REVIEWED DURING 2001

Category	Number of Children
Legal Barriers	
Guardian ad litem not taking active role	265
Parent's rights override children's rights	217
Lack of legal action to pursue permanency	160
Court delays	80
No guardian ad litem	29
Clarification of child's legal status	28
No court reviews	13
Conflict with Indian Child Welfare Act	8
Court orders conflict with agency plan	5
Court does not enforce orders	4
No court involvement	2
No timeframes in court order	1
Other legal barriers	121
Total Legal Barriers Identified	933 identified barriers [1]

Category	Number of Children
Resource Barriers	
Lack of independent living skill training	79
Lack of specialized foster homes in community	52
Lack of adoptive homes for special needs children	30
Support services not available	17
Residential treatment facility not available	17
Lack of foster homes in community	9
Lack of home-based services	9
Lack of adoptive resources/recruitment	8
Counseling services not available	7
Group homes not available	7
Parenting classes not available	5
Inadequate health care services	4
Other resource barriers	83
Total Resource Barriers Identified	327 identified barriers [1]

continued...

[1]This table compiles the top ten barriers to permanency identified by the local boards for each of the 4,092 individual children reviewed during 2001. Barriers may be in any of the categories, and more than one barrier can be in the same category.

TABLE 6 (continued)

BARRIERS TO PERMANENCY FOR CHILDREN REVIEWED DURING 2001

Category	Number of Children
Coordination Barriers	
Inadequate coordination/communication within agency	23
Interstate compact delays	15
Inadequate coordination/communication between agencies	14
Inadequate coordination/communication between agency & court	2
Inadequate coordination/communication w/tribe	1
Other coordination barriers	24
Total Coordination Barriers Identified	79 identified barriers [1]

Category	Number of Children
Placement Barriers	
Placement does not meet special needs (physical, mental, emotional)	85
Problems in foster home	63
Placement does not meet educational needs	27
Group home/institutional placement	6
Difference in foster care and adoption standards	2
AFDC payment is lower than foster care payment (relative placement)	3
Other placement barriers	183
Total Placement Barriers Identified	369 identified barriers [1]

Other Barriers in Categories Not Listed Above	958 identified barriers [1,2]

No Barriers Identified	385 children [3]

[1]This table compiles the top ten barriers to permanency identified by the local boards for each of the 4,092 individual children reviewed during 2001. Barriers may be in any of the categories, and more than one barrier can be in the same category.

[2]The "Other" category includes older youth who refuse to return home, and unusual situations that do not fall into any of the categories listed.

[3]If the Review Board is unable to identify a barrier to the child achieving permanency, the "No Barriers" category is used. Children in this category should be in the process of being transitioned home or their adoption should be nearing finalization.

TABLE 6B

PROVISION OF HEALTH AND EDUCATION RECORDS TO THE CAREGIVERS FOR CHILDREN REVIEWED DURING 2001

Health Records Given to Foster Parent or Caregiver	Total Children Reviewed		Ages 0- 5	Ages 6-12	Ages 13-15	Age 16+
Yes	2,480	60.6%	630	751	449	650
No	460	11.2%	142	173	72	73
Unknown	981	24.0%	169	284	233	295
Not applicable	171	4.2%	4	22	23	122
Total	4,092	100.0%	945	1,230	777	1,140

Education Records Given to Foster Parent or Caregiver	Total Children Reviewed		Ages 0- 5	Ages 6-12	Ages 13-15	Age 16+
Yes	2,416	59.0%	551	765	456	644
No	413	10.1%	118	156	63	76
Unknown	979	23.9%	163	283	236	297
Not applicable	284	6.9%	113	26	22	123
Total	4,092	100.0%[1]	945	1,230	777	1,140

[1]This column does not total exactly 100% due to rounding on individual items.

Explanation of Table 6b – The Foster Care Review Board is required under federal regulations to determine if health and educational records had been provided to the foster parents or other care providers at the time of the placement. This table shows that many times this information is not documented.

TABLE 7

PERMANENCY PLANS FOR CHILDREN REVIEWED DURING 2001

Permanency Plan	Number of Children	Percent
Return to Parents	2,114	51.7%
Adoption	526	12.9%
No Current Plan	471	11.5%
Long Term Foster Care	420	10.3%
Guardianship	247	6.0%
Independent Living	182	4.4%
Multiple Plans	87	2.1%
Supervised Living	18	0.4%
Permanency	15 [1]	0.4%
Placement with Relatives	1	>0.1%
Other	11 [2]	0.3%
Total	4,092	100.0%

[1] "Permanency" is a category for those children whose parents' rehabilitation plan is proving unsuccessful and consideration is being given to voluntary relinquishment or termination of parental rights. These children's plans cannot be considered to be "adoption" because legal actions may not have been initiated or completed.

[2] "Other" includes children whose cases have not yet been adjudicated.

TABLE 8

MONTHS TO ADJUDICATION FOR CHILDREN REVIEWED DURING 2001

Number of Months To Adjudication	Number of Children	
Under 1 month	1,238	
1 month	672	
2 months	610	
3 months	607	3,127 (76.4%) within 3 months
4 months	385	
5 months	259	
6 months	145	
7 months	54	
8 months	38	
9 months	24	
10 months	15	
11 months	12	
12 months	2	
Over 1 year	14	948 (23.2%) over 3 months
Documentation not found in the file	17	
Total	4,092	

Explanation of Table 8—The adjudication hearing is the hearing at which the court determines whether a child has been maltreated or whether there is some other basis for the court to take jurisdiction of the child. By law this should occur within 90 days of the child entering out of home care. 948 (23.2%) took over 3 months to adjudicate.

TABLE 9

TOTAL PLACEMENTS PER CHILD FOR CHILDREN REVIEWED DURING 2001

Lifetime Placements	# of Children	Percent	Ages 0-5	Ages 6-12	Ages 13 – 15	Age 16+
1	337	8.2%	178	119	21	19
2	551	13.5%	255	188	52	56
3	553	13.5%	196	196	72	89
4	403	9.8%	127	143	64	69
5	365	8.9%	78	145	74	68
6	322	7.9%	62	110	67	83
7	228	5.6%	19	78	54	77
8	205	5.0%	14	65	54	72
9	168	4.1%	8	41	51	68
10	131	3.2%	6	35	36	54
11-15	414	10.1%	1	87	122	204
16-20	197	4.8%	1	15	51	130
21-25	110	2.7%	0	6	27	77
26-49	105	2.6%	0	2	32	71
50 or more	3	>0.1%	0	0	0	3
Totals	4,092	100.0%	945	1,230	777	1,140

- 1,883 (46.0%) of the reviewed children had experienced more than 5 placements.
- 1,155 (28.2%) of the reviewed children had experienced more than 10 placements.
- 108 (2.6%) of the reviewed children had experienced over 25 placements.
- 3 reviewed children had been in 50 or more documented placements by the time of their last review.

Explanation of Table 9—This table shows the number of placements reviewed children have experienced as of December 31, 2001. The Review Board counts each move as a placement; therefore, if the child was placed in a foster home, then was sent to a mental health facility for a one-month evaluation, then was returned to a different foster home, the Review Board would count three placements. The Review Board would count a mental health hospitalization as a placement; however, a hospitalization for an operation would not be counted.

Every move or placement has an effect on the child as the child must adjust to new people, a new set of rules, and, often, a new school. Thus, the number of children who experience multiple placements concerns the Review Board. The Board is especially concerned when a child has a high number of placements because of the potential adverse affect numerous moves can have on a child, especially young children.

NOTES:

TABLE 10A

SUMMARY OF REASONS CHILDREN ENTERED OUT-OF-HOME CARE FOR CHILDREN REVIEWED DURING 2001

This table shows the reasons why children and youth reviewed by the Foster Care Review Board were placed in out-of-home care. Each of the 4,092 children reviewed during 2001 had one to six reasons for entering out-of-home care identified, with a total of 8,916 reasons identified for these children. Reasons could be identified in more than one category.

This table also shows the differences between children in out-of-home care for the first time as compared to children who had experienced prior removals from the home. 2,369 of the children reviewed were in their first removal from the home, for these children 5,216 reasons were identified. 1,550 of the reviewed children had been removed from the home at least once before, for these children 3,700 reasons were identified.

Major Category	**Number of Reasons for Entering Out-of-Home Care Identified for...** All reviewed children [1]		Reviewed children who were in foster care for the first time [1]		Reviewed children who had been in foster care at least once previously [1]	
Neglect	4,119	46.2%	2,569	49.3%	1,550	41.9%
Children's Behaviors	1,124 [2]	12.6%	400 [2]	7.7%	724 [2]	19.6%
Parental Substance Abuse	1,097	12.3%	748	14.3%	349	9.4%
Physical Abuse	908	10.2%	588	11.3%	320	8.6%
Children's Physical or Emotional Needs	518	5.8%	210	4.0%	308	8.3%
Sexual Abuse	484 [3]	5.4%	351 [3]	6.7%	133 [3]	3.6%
Emotional Abuse	290	3.3%	182	3.5%	108	2.9%
Other issues	376	4.2%	168	3.2%	208	5.6%
Total reasons identified	*8,916*	*100.0%*	*5,216*	*100.0%*	*3,700*	*100.0%**

*Due to the effect of rounding, percents may not add up to 100.0%.

[1] Up to six reasons for entering out-of-home care could be identified for each child reviewed. Reasons could be from one or more categories.

[2] Many of the behaviors identified as a reason for children and youth to enter out-of-home care are predictable responses to prior abuse or neglect.

[3] Children and youth often do not disclose sexual abuse until after removal from the home. This figure includes only sexual abuse identified as an initial reason for removal and does not reflect later disclosures.

Category detail follows →

TABLE 10B

DETAIL ON THE REASONS ENTERED OUT-OF-HOME CARE FOR CHILDREN REVIEWED DURING 2001

NEGLECT CATEGORY	Total children affected for each reason[1]	Percent[2]	Children in out-of-home care for the 1st time[1]	Percent[3]	Children with past removals from the home[1]	Percent[4]
Parenting skills inadequate	794	8.9%	453	8.7%	341	9.2%
General neglect - including inadequate child hygiene	797	8.9%	506	9.7%	291	7.9%
Abandonment, absent parent, throwaway, desertion, etc.	471	5.3%	333	6.4%	138	3.7%
Housing and/or utilities inadequate, or homelessness	439	4.9%	272	5.2%	167	4.5%
Homemaking skills and/or home sanitation inadequate	416	4.7%	244	4.7%	172	4.6%
Incarceration of parent	285	3.2%	189	3.6%	96	2.6%
Children's supervision inadequate	221	2.5%	135	2.6%	86	2.3%
Failure to protect child	175	2.5%	135	2.6%	40	1.1%
Unwilling to provide care or parent child	160	1.8%	101	1.9%	59	1.6%
Mental limitations of parent	106	1.2%	67	1.3%	39	1.1%
Criminal activity by parent or parent's friends in child's presence	79	0.9%	59	1.1%	20	0.5%
Voluntary placement in out-of-home care by parents	75	0.8%	22	0.4%	53	1.4%
Failure to thrive	53	0.6%	25	0.5%	28	0.8%
Parental physical illness or disability	27	0.3%	17	0.3%	10	0.3%
Voluntary placement of child for adoption	21	0.2%	11	0.2%	10	0.3%
Totals This Category	*4,119*	*46.2% of all reasons identified*	*2,569*	*49.3% of all reasons for this group*	*1,550*	*41.9% of all reasons for this group*

[1] During reviews 1-6 reasons why each child entered out-of-home care are identified. These reasons can be from more than one category or can be from within the same category.
[2] Percent = number identified for this reason/8,916 total reasons for all reviewed;
[3] Percent = number identified for this reason /5,216 total reasons for children in care the first time;
[4] Percent = number identified for this reason /3,700 total reasons for children previously in care

continued...

Explanation of Table 10—This table shows the reasons why children and youth reviewed by the Foster Care Review Board were placed in out-of-home care. Each of the 4,092 children reviewed during 2001 had one to six reasons identified for entering care, with a total of 8,916 reasons identified. Reasons could be identified in more than one category.

TABLE 10B (continued)

DETAIL ON THE REASONS ENTERED OUT-OF-HOME CARE FOR CHILDREN REVIEWED DURING 2001

PHYSICAL ABUSE CATEGORY	Total children affected for each reason[1]	Percent[2]	Children in out-of-home care for the 1st time[1]	Percent[3]	Children with past removals from the home[1]	Percent[4]
Physical abuse	529	5.9%	340	6.5%	189	5.1%
Chronic family violence	312	3.5%	196	3.8%	116	3.1%
Sibling severe injury	39	0.4%	34	0.7%	5	0.1%
Severe injury of one parent by other parent	20	0.2%	14	0.3%	6	0.2%
Sibling death	8	0.1%	4	0.1%	4	0.1%
Totals This Category	*908*	*10.2% of all reasons identified*	*588*	*11.3%*	*320*	*8.6%*

PARENTAL SUBSTANCE ABUSE CATEGORY	Total children affected for each reason[1]	Percent[2]	Children in out-of-home care for the 1st time[1]	Percent[3]	Children with past removals from the home[1]	Percent[4]
Drug/alcohol abuse by parents	1,008	11.3%	685	13.1%	323	8.7%
Born drug addicted	85	1.0%	60	1.2%	25	0.7%
Fetal alcohol effects (FAE)	2	>0.1%	1	>0.1%	1	>0.1%
Fetal alcohol syndrome (FAS)	2	>0.1%	2	>0.1%	0	0.0%
Totals This Category	*1,097*	*12.3% of all reasons identified*	*748*	*14.3%*	*349*	*9.4%*

[1] During reviews 1-6 reasons why each child entered out-of-home care are identified. These reasons can be from more than one category or can be from within the same category.
[2] Percent = number identified for this reason/8,916 total reasons for all reviewed;
[3] Percent = number identified for this reason /5,216 total reasons for children in care the first time;
[4] Percent = number identified for this reason /3,700 total reasons for children previously in care

continued...

Explanation of Table 10—This table shows the reasons why children and youth reviewed by the Foster Care Review Board were placed in out-of-home care. Each of the 4,092 children reviewed during 2001 had one to six reasons identified for entering care, with a total of 8,916 reasons identified. Reasons could be identified in more than one category.

TABLE 10B (continued)

DETAIL ON THE REASONS ENTERED OUT-OF-HOME CARE FOR CHILDREN REVIEWED DURING 2001

CHILDREN'S BEHAVIORS CATEGORY	**Total children affected for each reason[1]**	**Percent[2]**	**Children in out-of-home care for the 1st time[1]**	**Percent[3]**	**Children with past removals from the home[1]**	**Percent[4]**
Incorrigible, ungovernable behaviors of child	440	4.9%	167	3.2%	273	7.4%
Delinquency --includes misdemeanor, felony, gang activities, cult activities, and truancy	397	4.5%	157	3.0%	240	6.5%
Runaway behaviors of child	145	1.6%	42	0.8%	103	2.8%
Drug/alcohol abuse by child	85	1.0%	22	0.4%	63	1.7%
Suicide attempts by child	57	0.6%	12	0.2%	45	1.2%
Totals This Category	*1,124*	*12.6% of all reasons identified*	*400*	*7.7%*	*724*	*19.6%*

Children's behaviors were more heavily identified as a reason for entering care for children with prior removals from the home (7.7% for first time in care versus 19.6% for those with prior removals).

[1] During reviews 1-6 reasons why each child entered out-of-home care are identified. These reasons can be from more than one category or can be from within the same category.
[2] Percent = number identified for this reason / 8,916 total reasons for all reviewed;
[3] Percent = number identified for this reason / 5,216 total reasons for children in care the first time;
[4] Percent = number identified for this reason / 3,700 total reasons for children previously in care

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Explanation of Table 10—This table shows the reasons why children and youth reviewed by the Foster Care Review Board were placed in out-of-home care. Each of the 4,092 children reviewed during 2001 had one to six reasons identified for entering care, with a total of 8,916 reasons identified. Reasons could be identified in more than one category.