Working Together to Improve the Lives of Nebraska's Children and Youth in Foster Care

By Executive Director Carolyn K. Stitt and Data Coordinator Linda M. Cox

In the last few years there has been a great deal of work and action by child welfare professionals, legal professionals, and advocates to improve the manner in which Nebraska handles cases of children in out-of-home care. In this more problem-solving environment, the Foster Care Review Board (FCRB) offers its analysis of the child welfare system and its recommendations for corrective actions, as required per Neb. Rev. Stat. §43-1303.

The local board member volunteers[1] who conducted 4,457 reviews of children's cases in 2008, prioritized the following recommendations based on reviews and pertinent data:

1. Reduce the length of time that children are in foster care. Use pre-hearing conferences to identify paternity, and appropriate relatives, placements, and services; identify cases of aggravated circumstances; and use 12-month hearings to determine whether reunification remains viable.
    - 43% of the children reviewed had been in foster care for 2 years or longer.
2. Reduce caseworker changes to stabilize management of children's cases.
    - 35% of DHHS wards have had 4 or more caseworkers while in foster care.
3. Write appropriate, realistic case plans that hold parents accountable and will help reduce the rate of children returning to foster care.
    - 32% of reviewed children's cases were not making progress towards permanency.
    - 31% of reviewed children's plan objectives were inappropriate.
    - 41% of the children who entered out-of-home care in 2008 had been in care before.
4. Recruit and develop stable placements for children.
    - 38% of the children in care on Dec. 31, 2008, had been in 6 or more foster placements over their lifetime, excluding respite and brief hospitalizations.
5. Closely monitor contract service providers to ensure children's best interests are met.
    - 100% of children's placements and services will be privatized by DHHS by 2010. Problems have been identified with some contracted services that have not been addressed.
6. Ensure children receive the critical services they need to heal.
    - 47% of the children in the study had a DSM IV diagnosis or disability.
7. Ensure children receive needed mental health and behavior services.
    - 17% of the children reviewed in 2008 entered care due to their behavioral or mental health issues.
8. Explore ways in which the new federal Fostering Connections to Success and Increasing Adoptions Act (2008) can be implemented or utilized.

Creative solutions will be needed to address these issues and to ensure funding is used appropriately, wisely, and to the benefit of the maximum number of children.

[1] Volunteer's backgrounds include education, medicine, advocacy, foster parenting, business, mental health counseling, government/civil service, child development, administration, social work… See page 128.

Indicators of Progress Being Made For Children in Foster Care

Special study

Governor Heineman directed the joint FCRB/DHHS special study on children in foster care for two years or longer whose plan was reunification with the parents. The study results in over 430 children's plans changing to one that better reflected those children's individual circumstances.

System-wide accomplishments

- Fewer children were in foster care Dec. 31, 2008 (4,620) than Dec. 31, 2007 (5,043).
- 572 children reached permanency through adoption in 2008, a record number.
- 93.8% of the caseworkers for cases reviewed by the FCRB had maintained regular contact with the children.
- 34.9% of the children had experienced four or more caseworkers over their lifetime, compared to 45.9% in 2007.

FCRB /DHHS collaboration

In addition to the study, FCRB staff collaborated with DHHS to work toward resolving the issues identified in over 500 children's cases, by jointly discussing the issues and through discussions with caseworkers, supervisors, and area administrators.

Court/FCRB/DHHS collaboration

County and Separate Juvenile Court Judges focused, with DHHS and the FCRB, on better utilizing pre-hearing conferences and focusing on 12-month permanency hearings.

Judges and FCRB staff served on the regional teams, which are a part of Chief Justice Mike Heavican's ongoing support of the Through the Eyes of a Child initiative.

Court/GAL efforts

Courts are holding guardians ad litem (GALs) accountable by using the Supreme Court Guidelines for their representation of children. The FCRB reports to the judges when it finds ineffective guardian representation so issues can be addressed. FCRB staff listed many guardians ad litem to be commended for exemplary work on behalf of children.

Legislative attention to foster children's issues

The Legislature began to address the special issues of older children's behavioral and mental health, as evidenced by the special session on Safe Haven in 2008.

FCRB accomplishments

Nebraska citizen review volunteers conducted 4,457 reviews of children's cases, and donated more than 31,200 hours – an in-kind donation of over $627,750 plus about $19,440 in unreimbursed mileage (see page 128).

FCRB staff appeared in court 629 times to address issues with children's plans and the lack of services. The judges addressed one or more of the issues in 70% of these cases.

FCRB staff and local volunteers visited foster homes and facilities.

FCRB staff also contributed to over 25 "1184" team meetings, and 50 community forums.

Notwithstanding these efforts, in order to create a more responsive foster care system it is essential that system improvements continue so that every Nebraska child will have the best possible future.

Work to be Done

Case management

Children's caseworkers change too often. 1,588 (34.9%) of the DHHS wards in care on December 31, 2008, had four or more different caseworkers on their cases while in out-of-home care, excluding intake workers.

1,588 DHHS wards had 4 or more caseworkers over their lifetime

Time in foster care/case progress

Children remain in foster care too long. 1,399 (43.2%) of the 3,236 reviewed children had been in foster care for two years or more in their lifetime.

1,399 reviewed children were in care for 2 years

Children's cases do not progress toward permanency as they should. In 31.9% of the 4,457 reviews in 2008, local boards found no progress was being made towards permanency, often due to a lack of parental willingness or ability. This is similar to what the special study showed.

For 1,424 reviewed children there was no progress towards permanency

Placements

Some children are in unsafe or inappropriate placements. 54 of the children reviewed were in unsafe placements, and another 139 were in placements that could not meet their needs. 1,586 of the children reviewed were not placed with their brothers and sisters.

54 reviewed children were found to be in an unsafe placement

Children are moved between placements too often.
1,718 (37.2%) of the 4,620 children in care on December 31, 2008, have been moved to six or more foster placements over their lifetime, not including brief hospitalizations or temporary respite care

1,718 children had 6+ lifetime placements

Services for parents and children

Some children's cases involve issues difficult to resolve, impacting every aspect of their cases. 57.2% of the children age birth through two years reviewed during 2008 were placed in care due to parental substance abuse.

57.2% of children age birth – two entered care due to parental substance abuse. Parents have trouble accessing treatment services.

To access services needed for children and youth with behavioral issues, overtaxed caseworkers must interact with a cumbersome system designed to make it harder to obtain services. Behavioral issues are often brought on by the abuse or neglect children have suffered. Reviewers consistently report that some children are required to go through a process of repeated failure in lower levels of care before managed care will approve the originally recommended level of treatment.

Reviewers, judges, guardians ad litem, and caseworkers consistently report issues with managed care denials.

Children "fail up" in order to access mental health/behavior services, causing them further damage

The Board was in court 629 times, often to seek appropriate services, placements, or plans for children

Plans inappropriate

Children's plan objective often is inappropriate. The Board disagreed with the plan objective in 1,355 (30.4%) of the cases reviewed in 2008.

The plan objective was inappropriate for 1,355 children reviewed

Half struggle

Approximately half of the children in foster care struggle within the system, as evidenced by the children who have experienced 4 or more placements, the children who have been in foster care for 2 years or more, and the children who have experienced 4 or more caseworker changes.

Half of the children struggle in the system

Basis for the FCRB's findings and recommendations

The FCRB's statutory mandate under Neb. Rev. Stat. §43-1303(2)(d) and §43-1303 (3) is to annually evaluate the data the FCRB collects, report on conditions of children in foster care, and make recommendations. That mandate is the impetus for this Annual Report.

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

- The information from the 4,457 reviews conducted in 2008.[2]
- Data for the 9,235 children who were in out-of-home care for some or all of 2008.
- The FCRB's 26-year history of analyzing the Nebraska child welfare system, (including the 2006 special study of children age birth through five, and the 2008 special study of children in care for two years or longer).[3]
- The findings of respected national researchers.

This Report provides important statistical benchmarks, including those listed in the charts on the previous pages, which are from the FCRB's independent tracking system and special study. These benchmarks help the system to gauge future progress and prioritize issues remaining in the child welfare system.

Community-based local boards composed of 4-10 members review the information that FCRB staff collected regarding individual children's cases, and make recommendations about the child's current safety, health, and well-being and how to alleviate barriers to permanency. A total of 268 local board members from a variety of disciplines, including education, business, law, nursing, pharmacy, psychology, and child development, volunteered over 31,200 hours to review children's cases during 2008.

In order to make the recommendations and findings on the placement, services, and plan as required by the Legislature, during the review process, FCRB staff:

- Review the DHHS case files,
- Gather relevant information regarding the child's welfare from a variety of interested parties,
- Provide information to local board members prior to the meetings,
- Provide means for involved parties to participate in the local board meetings, and
- Collect and verify statistical information.

At the review meeting, local board member volunteers:

- Make the prescribed findings,
- Identify the remaining barriers to achieving the permanency objective, and
- Create a comprehensive set of recommendations that are issued to all legal parties in each reviewed child's case.

Data collected in the review process, including the local board's findings on key indicators, are recorded on the FCRB's independent tracking system, along with basic information about each child who enters or leaves foster care. Data is also updated each

[2] A description of the FCRB's structure, tracking system, and case review process starts on page 120.
[3] Information on the FCRB's 26-year history can be found on page 131.

time there is a change for the child while in foster care, such as if there is a change of placement or caseworker.

FCRB research finds that for about 1/3rd of the children in the system it is clear from the onset that the parents will likely make the corrective actions necessary to get the children back, for another 1/3rd of the children it is uncertain whether the parents will change behaviors, and for another 1/3rd of the children it is clear from the beginning that the parents likely cannot or will not ever safely parent their children. Different approaches are needed for each type of case.

This report also cites selected national research that pertains to each topic, such as children's need for stability in placements, caregivers, and educational settings, and the effects of toxic abuse and neglect on children's brain development.

Why the FCRB recommendations should be implemented

Implementing the FCRB's recommended improvements to the foster care system would not only create a more humane system, it would also generate long-term fiscal savings, because abused and neglected children:

- Are often moved from placement to placement, exacerbating the damage caused by the original abuse or neglect.[4] (The longer the child is in foster care, the higher the probability of placement disruption.)
- Are often in special education.[5, 6]
- Have an increased likelihood of current and future drug and alcohol abuse.[7]
- Are more likely to have mental health needs.[8]
- Are more likely to be homeless.[9, 10]
- Are more likely to enter the prison population.[11]

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

[5] "30% to 41% of children and youth in care receive special education services." Yu, 2003, quoted in *Practice Notes*, North Carolina Division of Social Services, September 2006.

[6] Children placed in out-of-home care due to abuse or neglect tended to score lower than the general population on measures of cognitive capacity, language development, and academic achievement. *National Survey of Child and Adolescent Well-Being*, U.S. Department of Health and Human Services 2003.

[7] According to the National Institute on Drug Abuse, as many as two-thirds of people in drug treatment programs reported being abused as children. Swan, 1998.

[8] Abused and neglected children have been found to be at least 25 percent more likely to experience problems such as delinquency, teen pregnancy, low academic achievement, drug use, and mental health problems. Kelley, Thornberry, & Smith, 1997.

[9] 53% of homeless youth in Minnesota had lived in foster homes. Minnesota Coalition for the Homeless, www.mnhomelesscoalition.org (Sept. 18, 2007).

[10] Nationally, there is significant evidence that when young people "age out" of foster care, as many as 40 percent will become homeless. *Aging Out: From Foster Care To Homeless Shelters?* New York City Independent Budget Office.

[11] Being abused or neglected as a child increased the likelihood of arrest as a juvenile by 59 percent. Study of the National Institute of Justice. Abuse and neglect increased the likelihood of adult criminal behavior by 28 percent and violent crime by 30 percent. Widom & Maxfield, 2001.

- May perpetuate the cycle of abuse when they have children of their own.[12]

While the system cannot mitigate all of the traumas that abused children endured, the system can do more to make foster care safer, more stable, nurturing, and healing.

In order to improve conditions for the majority of children in foster care, the Foster Care Review Board prioritized the following recommendations:

Recommendation 1: Reduce time in foster care and permanency delays.

There are several recommendations as to how this can be accomplished.

Recommendation 1(a): Create a complete record of parental compliance or non-compliance.

Foster care is designed to be a temporary solution to the problems of child abuse and neglect. Unfortunately, many children linger in the system. Many issues that led to removal from the parental home are long-standing, making rehabilitation difficult. Some of those deep-rooted conditions include:

- A lack of parental willingness or ability to parent, which is one of the primary barriers to permanency (exiting foster care). This was identified for 1,600 of the 3,236 children reviewed by the FCRB in 2008.
- Parental substance abuse, which affected 1,279 children.
- The length of time in foster care, which can impact parent/child bonds and lead to children identifying more closely with the foster family, and affected 907 children.
- A family history of violence and abuse, which indicates this is a pattern that is more difficult to resolve, affected 863 children.
- Economic/housing issues, which can also be a result of parental depression, educational deficits, poverty, or other serious issues, affected 789 children.

The FCRB/DHHS joint study on cases of children in care for two years or longer whose plan was reunification conducted in 2008 illustrated the need to document parental non-compliance, and identify indicators of parental unwillingness to parent. These indicators include failure to attend parenting time (visitation), inadequately or inappropriately responding to the children during parenting time, the sudden appearance of new issues or relapses just prior to a potential reunification, and/or parental statements about their children.

It is paramount to accumulate such documentation throughout the case so a complete record is available on which courts and the department can base decisions whether the parent is complying or not. Case manager changes have negatively affected the

[12] It is estimated that as many as one-third of abused and neglect children will eventually victimize their own children. Prevent Child Abuse New York, 2003.

amount and quality of the documentation (see recommendation 2), as has contracting for visitation and transportation (see recommendation 5).

Recommendation 1(b): Expand the use of pre-hearing conferences.

Pre-hearing conferences are used in an effort to reduce the length of time children remain in care. At the conferences families can identify services they can utilize to begin the process of change, with the help of the professionals involved. Paternity can be established. Potential relative placements can be identified and their suitability quickly assessed. ICWA issues can be identified.[13] Parenting-time (visitation) schedules can be worked out. Parents can be made to understand they have a short time in which to demonstrate permanent change. All of these things can facilitate expedited case progression.

Recommendation 1(c): Make it standard practice to use the 12-month permanency hearings to reach critical decisions regarding children's cases.

As required by law, the 12-month permanency hearing presents a pivotal point in each child's case at which the court should determine whether the pursuit of reunification remains a viable option, or whether alternative permanency for the child should be pursued. To make this determination, adequate evidence is needed, as well as a clear focus on the purpose of these special hearings.

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

Courts and legal parties should be aware that delays in making permanency decisions increases the probability that the child will experience more transitions to different placements. "Placement drift" has detrimental effects to children's sense of stability, to their educational progress, and to their mental and physical health. Therefore, any delay to decision-making needs to be purposeful and temporary.

Courts that are setting the dates for this hearing at the beginning of the case, informing parents of the need for timely compliance, and using the hearings to set case direction are seeing an improvement in timely permanency.

[13] Indian Child Welfare Act.

Recommendation 1(d): Routinely evaluate children's cases to determine if that case meets aggravated circumstances criteria.

The phrase "aggravated circumstances" has been judicially interpreted to mean that the nature of the abuse or neglect is so severe or so repetitive (e.g., involvement in the murder of a sibling, parental rights to a sibling have been involuntarily terminated for a similar condition, felonious assault of the child or a sibling, some forms of sexual abuse, etc.) that reunification with the child's parents jeopardizes and compromises the child's safety and well-being.

In cases where the parent has subjected a juvenile to "aggravated circumstances," prosecutors (county attorneys) can request a finding from the court that will excuse the State from its duty to make reasonable efforts to preserve and unify the family, if it can be shown that this would be in the child's best interests. [14] About 25% of the cases involve the type of parental behaviors that could provide a basis for a court to find an exception.

This provision was put into the law so that children do not unnecessarily linger in foster care while efforts are made to rehabilitate parents whose past actions have indicated will likely never be able to safely parent their children. Efforts to reunify in these types of cases can expose children to further trauma, particularly when forced to spend time with the offending parent(s).

When the court grants an exception, the prosecutor can begin the process for a termination of parental rights trial, and DHHS can create a plan of adoption or guardianship. This finding does not circumvent the parent's due process rights, and a termination of parental rights trial is still necessary before the children can be placed for adoption. Parents still have a right to appeal a termination finding.

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

Recommendation 1(e): Reduce the number of children who are removed from their parent(s) more than once.

Over 41 percent of the children who entered care during 2008 had been previously removed from their home. Effective planning and appropriate precautions are needed to prevent children from experiencing re-abuse and future removal from the home, and appropriate services would help children who re-enter care due to unmet mental or behavioral health needs.

[14] More information about "aggravated circumstances" can be found beginning on page 99 and in the table on page 196.

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

- Plans need to be specific and match the reasons that the child entered care. (The CFSR review recommended this also.)
- Plans need to be practical and measurable (see recommendation 3).
- Parental behaviors, such as during parenting-time, or whether or not the parents are attending court ordered therapy, substance abuse treatment and support, etc., needs to be accurately measured. This forms the basis of determining the safety/risk to the child when considering when, and whether, children should be reunified with their parents (see recommendation 2).
- Hold parents accountable and ensure they can demonstrate sustained changes in the behaviors that led to the children's removal (see recommendation 3).
- Ensure children are given the stability necessary while in foster care to best enable them to have successful futures (see recommendation 4).
- Reduce the problems inherit in the contract system, and ensure children receive needed services and treatments, such as for mental health (see recommendation 5).

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

Recommendation 2: Reduce caseworker changes in order to stabilize management of children's cases and facilitate the retention of case histories needed for decision-making.

Local board members and staff have identified that case management stability is critical to ensuring children's safety while in out-of-home care, and ensuring children achieve a timely and appropriate permanency.

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

Under the new privatized system scheduled to begin in 2009-2010, communication will need to be tightly maintained between the DHHS caseworker and the service coordinator from the regional contractor assigned to the child's case, as the service coordinator will be fulfilling many traditional caseworker duties.

When a caseworker or service coordinator leaves employment or transfers to another position, that person's workload does not go away. It is divided among other staff, thereby causing an even greater overload situation for other staff members.

After a new caseworker or service coordinator completes training and assumes cases, the case may be transferred again. The new person must take time to become familiar with the case, which may have very complicated issues. Additional time is needed to establish the trust of the child and involved families. When a caseworker leaves, a child's case often "starts over" twice – each restart causing the child to remain in foster care for a longer time without permanency.

Some caseworker change is inevitable, however, efforts need to be made to reduce caseworker changes.[15] This can best be done by implementing the following recommendations:

1. **Limit the number of cases for which a caseworker is responsible.**

   A careful study of caseloads should be conducted to determine the reasonable maximum number of cases a caseworker can handle effectively. Limits should be put in place to ensure that the volume of cases does not overwhelm caseworkers. Additional personnel may be required to provide adequate staffing to cover unforeseen situations without adding to the burden of present staff members.

2. **Add support systems and mentoring for caseworkers.**

   During its reviews, the FCRB has learned that many caseworkers feel alone and without support. Often there is no other person available with whom a caseworker can discuss strategy. This situation can lead to burnout and resignation.

3. **Increase caseworker's pay based on excellent performance**.

   The FCRB acknowledges that there is a continuous and necessary effort to curtail state expenses. Being competitive and improving compensation for outstanding caseworkers is not wasteful. Quite the contrary, maintaining a career staff will create stability in case management, improve evidentiary documentation necessary for successful court outcomes, and move children to permanency more quickly, thereby continuing the recent decline in the number of children in foster care. As the indicators in this Report show, there are costs associated with caseworker changes – such as children spending an increased length of time in out-of-home care.

Further considerations:
Changes in caseworkers creates gaps in the evidence caseworkers provide to prosecutors, breakdowns in essential communication with parents, therapists, and other service providers, and lapses in monitoring parental compliance with case plans. As a result, children may remain in foster care longer with each change in caseworker.

[15] More information about case management issues can be found beginning on page 79.

Caseload and case coordination issues are complicated by DHHS' decision to contract for placements, for transportation of children to and from parenting time (visitation), for parenting time (visitation) supervision/monitoring, and for managed care to control access to higher-level services.

Caseworker stability can also affect placement stability, and the fewer workers that a child has is related to an increased probability that the child will be successfully reunified with the parents. Placement stability is not only beneficial for children's overall well-being and sense of safety, research also finds it is more cost-effective. Thus, caseworker stability increases children's well-being and decreases costs.[16]

1,558 (34.9%) of the 4,549 DHHS wards in foster care on December 31, 2008, had four or more caseworkers during their time in out-of-home care.

Delaware and Illinois are among the states that have found that by analyzing caseload sizes, by providing supervision and mentoring, and by limiting caseloads, caseworker changes were reduced. These states have achieved better results for children. A similar application of time and resources would be an excellent investment, not only for the children in foster care, but also for the dedicated caseworkers striving to help them.

Recommendation 3: Ensure case planning is appropriate given case circumstances and hold parents accountable.

Case planning should detail appropriate, realistic, and timely steps toward rehabilitation of the parents, and then effectively hold them accountable for fulfilling those steps. Local citizen review board volunteers report that all too often they encounter case plans that are inappropriate, unrealistic, or not timely. **The boards agreed with the case plans objectives for only 2,567 (57.6%) of the 4,457 reviews conducted in 2008**.

Some courts have been critical of some plans, ordering DHHS to change the plan to better match the reasons that children entered care and the facts in the case, and to revise impractical recommendations.

Case planning has several components that are discussed separately in this Report. Documentation of parental compliance or non-compliance is critical to assuring the permanency objective is appropriate given case circumstances, and is described in recommendation 1(a). Prosecutors and the courts need to utilize this evidence when making permanency decisions for the children. Cases where parents will likely not be able to safely parent need to be identified (aggravated circumstances) and case plan objectives changed accordingly, as described in recommendation 1(d). Effective planning is needed to prevent children from experiencing re-abuse and future removals, which is described in more detail in recommendation 1(e).

[16] *Literature Review of Placement Stability in Child Welfare,* University of California, Davis, Center for Human Services, August 2008.

There are additional ways parents can be held accountable, including:

- Mediators and legal parties can utilize pre-hearing conferences to reinforce the concept that parents must promptly begin addressing the issues that led to the children's removal from the home.[17]
- Judicial statements can be made to parents that progress must be genuine and timely. Similarly, courts can schedule "12-month" permanency hearings at the beginning of the case, and ensure that those hearings occur in a timely manner.[18]
- DHHS can assess the success or failure of parenting time (visitation).

Further considerations:
While the system must hold parents accountable, it must also **make sure expectations for the parents are reasonable**. There is a federal requirement that the FCRB make a finding at each review on whether there are "reasonable efforts" being made toward permanency. To be reasonable, case plans need to reflect the issues that lead to children's removal, and services to ameliorate such conditions need to be available.

Measures of accountability must be fair. Otherwise, parents and children can wind up in no-win situations such as the actual case illustrated below:

> Young children were removed from the home due to the mother's drug use. The case plan calls for the mother to: 1) maintain sobriety, 2) find employment, 3) participate in supervised visits three times per week, and 4) attend AA/NA. Visit supervision is only available in her region of the state from 9 a.m. to 6 p.m. The only AA/NA group within an hour's drive meets at 7:00 p.m.
>
> If the mother works dayshift, she won't get visits with her children. If she works second shift, she'll not be able to attend AA/NA and may relapse. She can't work third shift because the only jobs available in her area (hospital, nursing home, security) are not an option due to her drug conviction. If she doesn't find employment then she has not met the case plan goals, and would be unable to provide for her or her children. Within these confines the mother is unable to make progress or get her children back.
>
> *The above situation does not serve the children, mother, or community at large.*

Sometimes the issue is not scheduling, but other expectations. Often the parents have come from backgrounds of abuse or neglect themselves, so they do not have a basis for understanding how the system expects them to respond to their children. Thus, tasks for the parents must be clear, concrete, and measurable. Parenting instruction likewise should be concrete, direct, and relevant to the situation. The best is one-on-one instruction in which the parent can see modeled the behavior needed and then

[17] Information on pre-hearing conferences can be found on page 68.
[18] See page 100 for information on permanency hearings.

demonstrate their ability to act appropriately over a period of time without additional intervention by the instructor.

The system must also **address artificial barriers to treatment or rehabilitation of the parents**. For example, an initial assessment or investigation is done when children are removed. Most removals are for parental substance abuse or mental health issues. The needs should be clear by virtue of why the children entered care, yet DHHS now requires another assessment before treatment or treatment evaluations can begin. The purpose behind this requirement remains unclear. Further assessments should only be necessary if there is a question as to what type of treatment might be the most effective for this individual parent or for the individual child who was traumatized by the abuse or neglect.

In summary, if the system holds parents accountable to reasonable, clearly stated expectations, with measurable timeframes or outcomes, then the judge and the other professionals involved in the case should have adequate evidence on which to base decisions as to whether or not to return the children home. This should, in time, decrease the number of children who need subsequent removals from the home due to further abuse or neglect.

Recommendation 4: Recruit and develop stable placements for children to ensure that children are not further traumatized by moving from one caregiver to another.

Nothing is more important for a child than where and with whom he or she lives. Most would agree that disrupting a child's home environment, taking that child from one set of caregivers and placing him or her with another, is harmful to the child. Children experiencing four or more placements are likely to be permanently damaged by the instability and trauma of broken attachments.[19]

The FCRB recommends these specific steps be taken to ensure stable placements with a caring and safe environment for the child:

1. **Recruit more qualified placements.**[20]
2. **Develop these placements with increased levels of monitoring and support.**
3. **Place young children (birth to age five) with foster families willing to adopt.**
4. **Identify appropriate kinship placement at the time of the child's placement in care, and provide those placements with needed supports.**

Further considerations:
The American Academy of Pediatrics in a November 2000 policy statement affirmed, "children need continuity, consistency, and predictability from their caregiver. Multiple foster home placements can be injurious."

[19] More information about placement issues can be found beginning on page 71.
[20] The federal CFSR review also found a need for better recruitment of foster parents/group placements.

Similarly, as a result of a 2004 study, Children's Hospital in Philadelphia reported, "Multiple placements…increased the predicted probability of high mental health service use."

55.2% of the children in foster care on December 31, 2008, experienced four or more placement changes.

- 833 children (18.0%) had 4-5 placement changes.
- 951 children (20.6%) had 6-10 placement changes.
- 767 children (16.6%) had 11 or more placement changes.

The FCRB finds that the lack of appropriate placements results in children being placed where beds are available, rather than where the children's needs may best be met. Overcrowding can make it difficult for the foster parent(s) to provide each child with the care needed to heal from their past abuse or neglect experiences.

The FCRB also finds that some relative placements have not been given explicit information about whether, or to what extent, parents can have contact with the children while under the relative's supervision, or on how to deal with other common inter-familial issues. This has led to some children being moved from the relative's care.

Recommendation 5: Ensure children's best interests are met, and that children receive necessary services. There are several recommendations as to how this can be accomplished.

Recommendation 5(a): Build a system of rigorous oversight within DHHS to ensure:

1. **Children are safe in their placements and while receiving services.**
2. **Safety issues are effectively dealt with, and consequences for failure to ensure children's protection are proportionate.**
3. **Children receive quality services and placements that meet their individual needs.**
4. **The system is structured to not be dependent on any particular contractor, so that poor performance and/or safety issues can effectively be addressed.**
5. **Sufficient oversight is provided of contractor performance, i.e.,**
    - Expectations are clear, as are the proportional consequences for non-compliance.
    - Basic qualifications, such as background checks at specified regular intervals, are implemented and enforced.
    - DHHS has specific qualified and trained individuals in position to monitor contractor compliance on a regular basis and provide timely response to enforce standards and consequences. These persons should be responsive whether DHHS staff, the FCRB, or other professionals identify issue(s).
    - Methods are developed and utilized for assuring that services are performed satisfactorily prior to issuing payments.

6. **Contractor performance issues are considered and resolved prior to signing any new contracts with a particular agency.**
7. **Regardless of whether the work is done by a state employee or a DHHS contractor, financial and other resources are used in the most responsible and effective manner, with DHHS recognizing its accountability for the health, safety, and well-being of all state wards in its legal custody.**

Further considerations:
The FCRB's primary focus is for the safety of children in foster care, which has in many cases been impacted by the way that contracting has been implemented to date. Contracting has also affected the amount of resources available for direct services to parents and families.

Most would agree that DHHS oversight, whether of a contracted service or placement or a directly purchased service or placement for children, has in many instances been lacking. DHHS has the ultimate responsibility for the children's safety and well-being, regardless of whether a placement or service is provided through a contract or through a direct purchase, and needs to provide vigilant oversight accordingly.

Caution is warranted regarding the DHHS plan to extend more contracts
As this Report was being drafted, DHHS was planning to privatize all placements and services for children in foster care by the end of 2009. Under the proposed plan, the selected major contractors can subcontract for placements and services.

Based on the 15-year record of DHHS contracting for some services or placements for children without implementing adequate accountability for safety and outcomes or fiscal controls, the FCRB and a number of other groups have expressed justifiable apprehension of DHHS expanding the use of contracts. For example, improvements have not been seen since the 2008 Legislative Performance Audit found, "DHHS does not have a comprehensive system in place to review contract performance."

At the end of 2008, DHHS contractors were:
1. Providing the supervision or monitoring that Courts ordered DHHS to provide of parenting time (visitation) between parents and children.
2. Transporting some children to visitations with parents or siblings, and/or to other providers of services for families and children.
3. Providing some children's placements, at different levels that included agency-based foster family homes and group homes.
4. Providing mental health or behavioral services, and/or funding approvals.

During 2008, the FCRB identified the following major issues with contracted placements and services through its reviews of children's cases:

Visitation supervision contract issues
Courts order supervision of the parental visitation when there are indications that the child could be at significant risk, and HHS contracts for this service.

- Frequently there are no visitation reports documenting the interactions between parents and children, and whether the parents had to be redirected or

visits stopped due to inappropriate actions by the parents. There is also no proof that the parenting time was actually supervised per the court order.

- Some visitation monitors have reported they are not allowed to record any negative interactions between child and parent.
- Visitation monitors have allowed some children to be injured without intervening.
- A visitation monitor allowed a parent to abscond a child.

Transportation contract issues

- Transportation contractors have arrived to pick up babies, infants, and young children without having a car seat available. This has occurred in different parts of the state, and involved different contractor organizations. Seat belts are sometimes not functional.
- Drivers have smoked in the vehicle with children who have asthma or other serious health issues, even though this was not to occur.
- Foster parents comment about the number of different drivers transporting their foster child, and about the lack of uniform driver identification. Drivers have arrived with other, unidentified adults in the vehicle.
- Drivers are frequently late picking up children for appointments and returning them after appointments.
- Some children have not been picked up after appointments as previously arranged. Many of these children have abandonment issues, so these types of occurrences are particularly traumatic for them.
- Until the Legislature recently intervened, the transportation contracts had no provision requiring that a background check be conducted before a driver could transport children. Prior to that action,
    - A driver was charged with sexual assault of a child being transported.
    - A driver was charged with DUI while a state ward was in the car.

Placement contract issues

The FCRB is required under Neb. Rev. Stat. §43-1308(1)(b) to make a finding at each review of whether the child's placement is safe and appropriate. As part of this process, the FCRB has found that safety issues regarding agency-based placements are frequently not addressed promptly, or in an appropriate manner such as:

- Children have been injured in contracted placements (foster home, treatment, and group homes), including burns, broken bones, etc.
- There is also a lack of supervision at some of these facilities that places the children at significant risk.
- There appear to be few consequences for contractors who allow children to be hurt, or who provide substandard care in their foster homes and facilities.

Issues common to all contracts

- Patterns of issues with certain contractors are not considered when renewing contracts, or issuing new contracts.

Serious breaches of child safety under contracted services or placements are further described in the section of this Report on contract issues, which starts on page 103.

Other states responses to contracting challenges

Many other states, such as Illinois, use an office of inspector general for contracted services that is external to DHHS to ensure that for every contract:

- There are adequate reasons for contracting for the deliverable or service,
- The State receives the deliverable or service,
- The deliverable or service meets quality expectations,
- The deliverable or service assures the safety and well-being of the children for whom the service is contracted, any other clients affected (such as parents), and the public, and,
- Proper fiscal controls are in place.

The goal for these inspector generals is to strengthen oversight, particularly in cases where the agency is dependent on a particular contractor, such as when the contractor provides all the out-of-home care placements for the area.

In those states, the Inspector General is authorized to conduct reviews for fiscal responsibility of contract oversight, either singly or with the State Auditor's office. The Inspector General is also empowered to examine injuries from contractor services, and allegations of abuse or poor quality services. Critical incidents would necessitate a mandatory review of the incident and of the performance of the individual contractor overall. Such incidents would include, but not be limited to:

- A child with injuries,
- Alleged sexual or physical assaults,
- Failure to provide basic necessities such as food, water, and shelter,
- Failure to otherwise assure the children's safety, and,
- Failure to pick-up or return a child.

The Inspector General is authorized to assure that consequences are in place for any contractor providing a placement or service where children are injured, left inappropriately unsupervised, or otherwise had their well-being compromised. Consequences would be dependent on the nature of the allegation/incident. Other considerations would include whether there has been a pattern of allegations/incidents with that particular contractor, if the contractor's training or oversight appeared to be lacking, etc.

The Inspector General has the authority to ensure that all such allegations and incidents are logged in such a way that it has a historical record of the contractor involved, as well as the individual contractor staff person involved. That record would be accessible by caseworkers and others who are planning to utilize the contractor's services for children or dependent adults. The Inspector General also ensures communication of such incidents across licensing types – such as if a

contracted foster parent also holds a day care or adult group home license, or provides care for the developmentally disabled.

The Inspector General's office is mandated to create an annual report and analysis of the contract system. This report is distributed to the Legislature, the Governor, the Foster Care Review Board, the Attorney General's office, other state agencies, and the public.

Taxicabs

The use of taxicabs to transport children needs to be reconsidered. The Legislature conducted a performance audit of transportation, and from their findings in 2008 put into statute that background checks must be performed on contracted drivers who transport state wards. While a good first step, many children, some very young, are transported by taxicab, and there is no such provision for these drivers.

State run facilities

Issues regarding State run facilities need to be addressed.

From reviews, the FCRB has found that oversight is also lacking in State run facilities and traditional foster placements. As stated previously, regardless of whether by a State employee or a DHHS contractor, financial and other resources must be used in the most responsible and effective manner.

Recommendation 5(b): Create a single point of entry to mental health services; increase access to those services, especially during a crisis; build capacity across the state; address managed care denials of services based on behaviors; and provide continual evaluations of the quality of services received.

There can be many reasons for children not receiving services, such as: their needs not being properly identified, a lack of treatment providers or facilities in the children's area of the state, a lack of facilities equipped to handle an individual child's specific issues, or a lack of funding for needed services (see section on managed care issues on page 106).

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

When a child is removed from the family home due to abuse or neglect, he or she is often not clear as to why this essential bond has been interrupted or broken, and why he or she is placed in the care of strangers. This disruption is especially harmful for younger children, layering additional levels of confusion and anger on top of the trauma of initially experiencing abuse and/or neglect in the toxic home environment.

In this series of circumstances, the child, sensing that all these changes are beyond his or her control begins to act out, that is, begins to display behavioral and discipline problems. Why? Children feeling powerless over their circumstances will sometimes rebel against foster parents, care giver, teacher, therapist, etc. – any authority – as if to say, "I am not in control of my life, you are not going to have control either." This is similar to what happens to many children in families experiencing a traumatic divorce, serious marital disharmony, death of a parent, displacement due to fire or flood, or other significant event.

Behavioral issues can easily be an anticipated consequence of a child's abuse and neglect, and/or removal from his or her home and family. Other children enter the system with behavioral issues.

Children who need mental health services fall into four groups:

1) **Children who enter foster care because they have existing mental health issues**.
554 (17.1%) of the 3,236 children reviewed in 2008 entered care due to their own behaviors. These children need mental health or therapeutic placements, reliable visitation monitoring, and therapeutic respite care. The contract with managed care should be examined so that behavioral health issues are covered and the appeals process is made more manageable.

2) **Children who experience abuse or neglect in their homes and need help recovering**.
274 (8.4%) of the 3,236 children reviewed in 2008 had been abandoned.
53.3% of the 2,183 children reviewed who were under age thirteen entered care due to parental substance abuse.
Access is needed to substance abuse, domestic violence, and mental health treatment for the parents. Continued reform is needed for the system, with assurance that all children in out-of-home care receive needed treatments and services.

3) **Children who need help coping with the many adjustments experienced in the child welfare system.**
Caseloads need to be addressed to give caseworkers more time to help these children in out-of-home care cope with the changes in their lives, such as multiple placements, separation from siblings and parents, educational disruptions causing them to fall behind their peers, and disappointments if parents fail to appear for visitation or comply with services.

4) **Children who had been in foster care and were adopted or placed into guardianship**.
The majority of children adopted may need mental health services, especially in the years of adolescence. Access to post-adoptive services needs to be made readily available.

Managed care issues

Much of the treatment for children with mental health needs is paid for through a managed care contractor as a means to control the costs of treatment and psychiatric placements.

The FCRB has identified the following issues with the current managed care system:

1. Children's behavioral disorders do not routinely receive treatment because they are not deemed by the managed care contractor to meet the Medicaid criteria for "medically necessary" services that it requires before it will pay for services. (11.5% of children who entered care due to their behaviors did not have services in place.) Additionally, there appears to be no alternative source of payment for these much-needed services.

   While child welfare funds could be used for such services, it is not the routine practice. Consequently, many children are denied the appropriate services to meet their behavioral problems based on financial grounds.

2. It appears that many children go through a process involving unnecessary repeated failure in lower levels of care (placement changes) before the managed care contractor will approve the higher-level treatment placement that was originally recommended by a professional after assessing the child's needs.

3. Some children are prematurely moved from treatment placements based on whether the managed care contractor will continue to approve payments, rather than based on the children's needs.

The cases below illustrate how these denials can impact children.

- A judge ordered a child to a treatment placement based on a professional recommendation. The child was there a few days, and then moved because the managed care contractor did not authorize payment for the placement. This reportedly occurred because the judge's order did not explicitly specify that the treatment had to be completed, even though that was clearly the order's intent. It is unclear why other funding was not used for this court ordered treatment when the managed care contractor denied the payment.
- One child entered a facility for a managed care approved eight-week treatment placement. The child was progressing on schedule, but had not completed the course of treatment. During the third week, a managed care review happened that denied continued payment. The reason for the denial was not found in the file. The child was abruptly moved, disrupting treatment. The child's education was also negatively affected, as the child was in three different school systems in a one-month period.
- Children have been moved from a treatment placement when they were within a few days (sometimes less than a week) of completing a semester's work rather than allowing them to complete the semester at the treatment center's school. The reason cited for the move was managed care refusing to authorize the additional week.
  - It is not clear why child welfare funds were not used to keep these placements intact. According to DHHS policy (390 NAC 7-000) reasonable efforts are to be made to provide continuity for a child in his or

her school placement. Paying for a week or less in order for the child to finish a semester would seem reasonable and clearly in the child's best interest.

Treatment not accessible to children with impairments

Some children have additional issues that make finding treatment for behavioral/mental health needs even more complicated, even if funding were not a factor. For instance,

- Some treatment models will not work for children with sight or hearing impairments, and many facilities are not equipped to accommodate these specific needs.
- Many facilities are not able to serve children with certain physical issues.
- Treatment facilities for children who do not have skills can be limited, as can family therapy for the non-English speaking, particularly if their native language is not common, such as some Asian or African dialects.

Often the only treatment facility available to meet a particular child's needs is out-of-state, which makes maintaining the family bonds during treatment very difficult. Waiting lists can also be problematic.

Possible funding sources

The FCRB suggests that economic development funding sources be considered to see if there could be incentives to create such facilities within Nebraska. [21] Oversight of the children's care, and ability of parents to maintain contact or participate in family therapy would be enhanced if children remained in Nebraska at a facility that could meet their needs.

Too many children in foster care are not receiving recommended behavioral disorder or mental health treatments. This situation will, predictably, result in troubled adults later in life. The FCRB recommends a more humane approach to mental health, including statewide development and support of community mental health centers, and better support following adoption of children from out-of-home care.

Recommendation 6: Explore ways in which the new federal Fostering Connections to Success and Increasing Adoption Act (2008) can be utilized to help more children achieve a timely permanency and have their needs met while in foster care.

The federal Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351) was signed into law on October 7, 2008. The Act's requirements were intended to achieve better outcomes for children.

[21] And, in 2009-2010, possible ARRA (stimulus) dollars.

Some of the key provisions include:

- Expanding federal assistance to enable more children and youth ages nine and older, and those with other special needs, to be adopted.
- Allowing states to claim federal funds to provide assistance to enable more children and youth to exit foster care to live permanently with relatives who become their legal guardians.
- Allowing states to extend federally funded foster care, adoption and guardianship assistance to age 21 for Title IV-E eligible young adults enrolled in school, employed, or unable to participate in employment of education due to documented medical condition.
- Mandating the development of a transition plan for youth about to age out of foster care (must be done no later than 90 days prior to aging out).
- Extending resources for Education and Training Vouchers.
- Extending Independent Living services.
- Providing federal grants for programs to help children and youth maintain connections with their families.
- Requiring states to make reasonable efforts to place siblings together and help children remain connected to their siblings.
- Requiring states to notify relatives within 30 days when children and youth are removed from their parent's custody.
- Offering new supports and protections for American Indian children.
- Requiring states to ensure that children and youth in foster care or in guardianship or adoptive families are attending school, and to help children in foster care remain in their original school or make a prompt transfer if a different school is more appropriate.
- Requiring state child welfare agencies to work with Medicaid to develop a plan for the coordination of health care for children in foster care.
- States may waive non-safety related licensing standards for relatives on a case-by-case basis; however, federal HHS is to report to Congress on how to increase the percentage of relative foster family homes that are licensed.
- Expanding the use of federal Title IV-E training funds.[22]

Although the Fostering Connections Act was passed in 2008, the regulations were not promulgated until after the change of federal administration in 2009, and some provisions within the Act do not take effect until October 2010.

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

Additional recommendations to consider:

Local boards have also identified other recommendations, which include:

- Improving GAL Representation. (see page 85)
- Focusing on the special developmental needs of young children**,** with the goal of making permanency decisions within 15 months of the child coming into foster care. (see page 87)
- Addressing the best interests of older children, including access to mental health and behavioral services. (see page 91)
- Addressing case planning issues. (see page 97)
- Improving the front-end of the system by improving access to prevention services, by addressing deficits regarding response to child abuse reports, and by expanding the use of pre-hearing conferences. (see page 63)
- Addressing foster children's educational issues. (see page 109)
- Holding perpetrators accountable through the criminal process. (see page 113)

The FCRB estimates that the number of children in foster care could be significantly reduced, if Nebraska would also:

1. Increase prevention efforts by creating a statewide system of services to assist families and prevent removal of some children.
   - Vermont and Hawaii have reduced the number of children in foster care by 20-30 percent or more by implementing prevention measures.

2. Put cases on a fast track to permanency when parents cannot or will not safely parent their children.
   - Washington State has achieved success by working on the front-end of the system. This included intensive family assessments and moving children who suffered severe abuse onto a fast track for permanency.[23] Washington State also shortened the time to six months for parents in cases of serious abuse or neglect to demonstrate an ability to correct the conditions that led to the children's removal from the home.
   - Missouri requires placement with relatives whenever a child is placed in foster care and a court has ruled that relative placement is not contrary to the child's welfare. Relative providers complete nine hours of agency-approved training. They must also pass a comprehensive background check. Missouri identifies relatives early, and supports relative placements.[24]

[23] *National Study of Child Protective Service Systems and Reform.* U.S. Department of Health and Human Services, March 2001. From http://aspe.hhs.gov/hsp/protective01/index.htm.
[24] From www.abanet.org.

Please refer to the following section for a summary of the actions taken by FCRB management and staff to address individual case and systemic issues.

Foster Care Review Board
Major Activities During 2008

Through the process of tracking children and reviewing their cases, agency staff and volunteers work to ensure that:

- Children's placements are safe and appropriate (i.e., number of children in the placement; children in the placement are appropriately matched in terms of ages, and behavioral issues);
- Children's case plans are current and appropriate;
- Services are appropriate and provided for the child and their family in a timely manner as laid out in the case plan and/or court ordered;
- Transportation services are provided on a consistent basis to support the child and family's plan for visitation and services;
- Children are not returning home prematurely, yet ensuring that children are not lingering in the foster care system beyond the time necessary;
- Paternity is established and family connections are made in a timely manner;
- Relative placements are appropriate, provided the same level of support and meeting the goals and expectations;
- Children's cases are being reviewed in court at six-month intervals,
- Children and family's services are not disrupted by this transition, and,
- Termination of parental rights is advocated for where appropriate.

Key statistics for 2008

- Tracked 9,235 children who were in care at some point during the year.
- Conducted 4,457 reviews on 3,236 children's cases.
- Appeared in court 629 times during the year.
- Led a joint study on the cases of children who had been in care for two years or longer whose plan was reunification.
  - At the start of this process 550 children met the criteria.
  - 320 of those children's plans changed prior to collecting data.
  - Data was gathered on 230 children.

The following describes some of the major activities undertaken during 2008 in order to accomplish the above goals.

I. Tracking children in out-of-home care

Pursuant to Neb. Rev. Stat. §43-1303 (1), §43-1303 (2) (d), §43-1303 (2) (e), and §43-1314.01, the FCRB:

A. Tracked 9,235 children who were in foster care during 2008 as reported to the FCRB by DHHS, the Courts, and private agencies.

B. Assigned 6,983 children for review by citizen review boards across the state, including alternates.

C. Provided statistical and other information to researchers, grant seekers, governmental officials, the judiciary as specified by the Chief Justice, the Through the Eyes of the Child teams, the Kids Count Report, United Way, CASA officials, and child advocates, and also provided the statistical information used throughout this Report.

II. Reviewing children's cases

Pursuant to Neb. Rev. Stat. §43-1308, and §43-1314.01, the FCRB:

A. Completed 4,457 reviews on 3,236 children. Reviewing a child's case includes:

- FCRB staff reviews DHHS case files, gathers additional pertinent information regarding the child's welfare, provides information to local board members prior to local board meetings, and provides the means for pertinent parties to participate in the local board meetings.
- Local board members make recommendations and findings on the placement, services and plan, and identify barriers to achieving the permanency objective. A comprehensive recommendation report is issued to all legal parties to the child's case.
- FCRB staff conduct follow-up, such as:
  - Contacting DHHS case managers, supervisors, legal staff, adoption workers, or administration as well as guardians ad litem, investigators, or prosecutors on behalf of an individual child's case,
  - Arranging case status meetings between the legal parties to the case on behalf of a child or children to address critical issues,
  - Arranging and participating in the Governor Case Reviews,
  - Notifying County Attorneys, or requesting the filing of termination of parental rights,
  - Working with guardians ad litem on case concerns,
  - Bringing cases to "1184" meetings to facilitate meeting the child's needs through discussion of the case with the legal parties,
  - Working to monitor, ensure safety and appropriateness, and address placement issues through citizen review, tours of child caring facilities, and/or child specific facility visits.

B. Issued 31,199 case specific reports with recommendations to the courts, agencies, attorneys, guardians ad litem, county attorneys, and other legal parties.

C. Facilitated local board members volunteering over 31,200 hours of service.

D. Jointly staffed with HHS the cases of over 500 children, and participated in Governor case reviews with HHS over 2,025 children.

III. Visiting foster care facilities

Pursuant to Neb. Rev. Stat. §43-1303 (3), §43-1308 (b), and §43-1302 (2), the FCRB:

A. Visited group homes, shelters, and detention facilities to ensure that the individual physical, psychological, and sociological needs of the children are being met.

B. Conducted 54 visits on 89 children under Project Permanency, where trained local board members visit the foster homes of children, primarily birth to age five, to ensure safety and to provide additional information to the foster parents on behaviors common to young children in foster care.

C. Secured funding for Project Permanency from a number of corporate and public donations. Used this funding for the informational books given to foster parents, for a gesture of appreciation for the foster parents, and for the backpacks, blankets, and toys given to the children.

IV. Appearing in Court, using legal standing

Pursuant to Neb. Rev. Stat. §43-1313, §43-1308(2), and §43-1308(b), the FCRB:

A. Appeared in court at least 629 times during 2008, many of these cases involving multiple children.

B. Issued 31,199 case specific reports with recommendations to the courts, DHHS, attorneys, guardians ad litem, county attorneys, and other legal parties.

C. Participated in the Through the Eyes of a Child initiative, working in cooperation with courts and other legal parties.

D. Met with the Douglas County Attorney's office on prosecution issues.

E. Participated in a number of "1184" team meetings, including Buffalo County, and Lancaster County, and referred some cases to the Douglas County team. In Buffalo County over 73 children's cases were discussed.

V. Conducting Special Study under the Governor's direction

A. Governor Heineman directed the FCRB and DHHS to conduct a joint study of children who had been in care 24 months or more and whose plan was reunification. The Governor named this part of his reform efforts, and the Chief Justice offered the Court's support.

B. The FCRB Executive Director worked with DHHS Director Todd Landry to develop a joint study of FCRB staff had originally determined there were over 500 children who met the criteria. Through the course of discussions with DHHS, 430 children's plans changed to one more appropriate to their circumstances. The FCRB and DHHS held a joint press conference to announce the findings from this study.[25]

[25] For more information about the study, see page 39.

VI. Responding to lawsuit brought by DHHS contractor

A. Responded to the lawsuit OMNI Behavioral Health filed against the Foster Care Review Board. OMNI sought a ruling from the District Court to prevent the Board from fulfilling its statutory mandate to review children's files, to report to law enforcement, the judiciary, and any state or federal monetary funding payers, including state senators, any issues found with contractor's facilities, and to visit foster care facilities.

The District Court dismissed the OMNI lawsuit in its entirety prior to trial. In its order dismissing the case, the Court concluded that the plaintiffs' lawsuit in actuality constituted *a direct challenge* to the purpose and duties of the Foster Care Review Board; and *a direct challenge* to the ability of the courts to insure that children under their jurisdiction are receiving appropriate care and services, as several juvenile court judges have ordered that children's placements be available for and cooperate with announced as well as unannounced visits by the case manager, guardian ad litem, CASA, and the Foster Care Review Board. OMNI appealed this ruling. [The Supreme Court affirmed the District Court's decision in April 2009.]

VII. Promoting stability, continuity and safety of children in foster placements

Pursuant to Neb. Rev. Stat. §43-1308 (d), and §28-711, the FCRB:

A. Met with Governor Heineman to brief him on results of the special study.

B. Met with Senators to brief them on child welfare issues (this is described in more detail under item VIII).

C. Worked with the Chief Justice, and provided lists of children in care for two years or more to judges with juvenile court jurisdiction.

D. Conducted visits to foster care facilities (see item III).

VIII. Promoting children's best interests by working with the following individuals and entities

Pursuant to Neb. Rev. Stat. §43-1308 (d), §43-1314.01, and §43-1303:

A. The Governor and DHHS

1. Participated in regular meetings between the FCRB's Executive Director, the DHHS Director, and the DHHS Administrator for Protection and Safety.

2. Participated in monthly staffings on cases with significant barriers to permanency or problems identified regarding the child's care. This included the Executive Director, the Program Coordinator, Supervisors, and Staff, as well as administrators and staff from DHHS.

3. Discussed problems identified with private contracts for transportation of children and supervision of parenting time (visitation) between parents and children.
4. Flagged cases of significant concern for the DHHS Director's attention.
5. Worked to address systemic issues that affect permanency and safety for children.
6. Encouraged increased DHHS participation in reviews.

B. Members of the Legislature

1. Provided information on Nebraska's foster care system to Senators.
2. Responded to a Legislative request for more information on children with disabilities who are in out-of-home care.
3. Responded to requests for data and other information regarding mental health issues.
4. Provided information regarding contracted transportation and visitation monitoring.
5. Responded to requests for information about foster parents being allowed to provide information to the courts.
6. Responded to the Legislative program audit of the FCRB.
7. Served on the task force formed after the changes to the Safe Haven law.
8. Responded to individual case issues brought forward by State Senators.

C. The Attorney General

1. Met with the Attorney General to discuss child protection issues and the need for prosecutorial training.

D. Members of the Judiciary

1. Met with Chief Justice Heavican to discuss court-related issues.
2. Identified cases where it appeared that guardians ad litem were not following the Supreme Court guidelines for representation for the appropriate judge's attention.
3. Participated in the Through the Eyes of a Child Initiative, with representatives on every team. In some areas, per judicial request, staff served on pre-hearing conferences.
4. Provided statistics on request to Juvenile Court judges prior to and after the Through the Eyes of a Child Initiative was announced. After the initiative, provided statistics to all Juvenile Court and Separate Juvenile Court Judges on the children in foster care they serve, and on the children from each county.
5. Worked with the JUSTICE computer system (the court's record keeping system) to gain additional information on dates of court reviews.

E. Other efforts to promote best interests

1. Advocated for children through team meetings, meetings with legal parties, special correspondence, and similar efforts.
2. Several review specialists and supervisors met regularly with their individual area's "1184 teams" (child abuse treatment teams), which was previously discussed in section IV.
3. Participated in the Partnering for the Education of Children in Out-of-Home Care conference. The FCRB's Data Coordinator is a member of the Department of Education's Subcommittee on Education of Children in Out-of-Home Care.
4. Sponsored educational events on bonding and attachment, termination of parental rights, aggravated circumstances, and legal issues for local board members and members of the child welfare system.
5. Staff and local board members made over 50 presentations about the FCRB and about the status of children in foster care, to focus groups, community organizations, service clubs, college classes, and foster parent training classes and helped recruit potential foster parents.

IX. Maximizing agency resources

A. Facilitated local board members volunteering 31,200 hours reviewing cases on community-based multi-disciplinary boards. This is an in-kind contribution of $627,750.[26]

B. Facilitated local board members donation of their mileage. It is estimated that local board members annually donate about $19,440 in mileage.[27]

C. Facilitated libraries and churches donating the use of their facilities for 443 local board meetings plus at least 10 educational programs. At a modest rate of $50 per meeting, this is an annual donation of $22,650.

D. Secured donations for Project Permanency. Used this for the informational books given to foster parents, for a gesture of appreciation for the foster parents, and for the backpacks, blankets, and toys given to the children.

[26] According to The Independent Sector website, the estimated dollar value of volunteer time in 2008 was $20.25 per hour. This is the base amount that the Financial Accounting Standards Board allows for use on financial statements. A higher rate per hour is allowed for persons serving in their professional capacities.

[27] Based on 443 board meetings during the year, with a minimum of 4 persons in attendance, each of who make a round trip of 15 miles at the 2008 state employee mileage reimbursement rate of $0.585 per mile.

FCRB staff and local board member actions taken during 2008 on issues identified in 2007

The FCRB's primary recommendations in the last (2007) Annual Report were:

1. Reduce caseworker changes in order to stabilize management of children's cases. Fund additional DHHS caseworkers and case aides.
2. DHHS build a system of rigorous oversight, particularly of contracted services and placements.
3. Create a single point of entry to mental health services and increase access.
4. Recruit and develop stable placements for children so that children are not further traumatized by moving from one caregiver to another.
5. Expedite permanency by utilizing aggravated circumstance provisions.

The following summarizes some of the major actions taken to address these issues:

Actions to address the number of caseworker changes:

1. Provided DHHS statistical measures on the number of caseworker changes children experienced to serve as benchmarks and track progress/lack thereof.
2. Staff appeared in court at least 629 times during 2008. In some of these cases, the FCRB's staff person was able to provide information that new or vacancy caseworkers did not have ready access to.
3. The Executive Director met with the DHHS Director of the Children and Family Services to discuss stabilizing children's cases.
4. The Executive Director met with DHHS administrators and supervisors to discuss children's cases.
5. Staff continued listing the number of caseworkers the children had experienced on the front cover of the recommendation document completed after each review to continue to bring attention to this matter.

Actions to address contracted services issues:

1. The Executive Director met with the DHHS Director of the Children and Family Services to discuss various contract issues.
2. Staff and the Executive Director provided members of the Legislature information on contract deficits with transportation and visitation contracts.
3. Staff began compiling information on transportation deficits that was provided in early 2008 to the Legislative Auditors in charge of the Audit on Transportation.

Actions to address the number of placement changes and placement concerns:

1. Listed the number of lifetime placements each reviewed child had experienced on the front cover of the recommendation document distributed after each review to the legal parties to the case (caseworker, caseworker supervisors,

guardian ad litem, parole/probation officers, etc.) to further highlight the need for stability and make all parties aware.

2. Issues regarding placement stability were also listed in the recommendation report under top concerns, if appropriate, and in the section on the safety and appropriateness of the children's placement.
3. Provided DHHS and the Judiciary statistical measures on the number of placements children experienced to serve as benchmarks and track progress/lack thereof.
4. Staff and local board members conducted visits to foster homes to assure safety and to provide additional information on behaviors common to young children in foster care.
5. The Executive Director, Program Coordinator, Supervisors, and staff met with DHHS administrators, supervisors, and caseworkers to discuss cases with identified placement and other issues.
6. Staff worked with children's guardians ad litem to address case concerns, including placement concerns.
7. Staff appeared in court at least 629 times during 2008. Some of these cases involved placement appropriateness and stability.
8. The Executive Director met with the DHHS Director of the Children and Family Services to discuss stabilizing children's cases.
9. The Executive Director met with DHHS administrators and supervisors to discuss children's cases.
10. Staff and volunteers made presentations on the need for additional foster parents and foster parent supports to community organizations, service clubs, faith-based groups, and others.

<u>Work to raise awareness of aggravated circumstance provisions</u>:

1. The Executive Director identified cases involving aggravated circumstances and discussed their issues with DHHS and/or county attorneys.
2. The Executive Director planned a judicial education program on aggravated circumstances.
3. Through the special study on children with plans of reunification who had been in out-of-home care for two years or longer staff were able to describe these issues for DHHS supervisors and staff.
4. Staff planned educational programs on aggravated circumstances. Local board members, DHHS caseworkers and supervisors, county attorneys, judges, guardians ad litem, and other child welfare professionals would be invited to these presentations.
5. Staff served on regional *Through the Eyes of a Child* teams, where the use of aggravated circumstances provisions was one of the topics of discussion.

Used the joint study of children in care two years or longer with a plan of reunification to identify and act upon multiple issues:

1. Developed and participated in the joint study of children who had been in care for 24 months or more and their permanency plan was reunification.
2. The Executive Director and DHHS Director developed the means to "staff" (joint meet) about concerns identified regarding children in the study.
3. Through the course of discussions with DHHS regarding the study, 430 of 550 children's plans changed to one more appropriate to their circumstances.
4. Provided study findings to the Legislature and the Judiciary.

Actions to inform the Legislature and the public about top issues in child welfare:

1. The State Board held a press conference to describe the major issues and the FCRB's recommendations for change.
2. The Executive Director met with senators to discuss the issues and proposed solutions, and participated on the Safe Haven Task Force.
3. Provided an analysis of the 2006 special study on children age birth through five.

With this introduction, the staff and volunteers of the FCRB wish to make the following commendations…

2008 Commendations

The staff and volunteers who serve on local boards would like to acknowledge the achievements and efforts of the following individuals and agencies:

Governor Dave Heineman is commended for sustaining his efforts to promote a culture of collaboration and problem solving within DHHS, and continuing efforts to improve the lives of children in foster care. In particular, the Governor is commended for directing the 2008 joint FCRB/DHHS special study of children in care for two years or longer with plans of reunification. This study immediately resulted in a substantial number of children achieving permanency, and provided the impetuous for joint staffing of cases with a focus on timeliness of permanency that has, and will continue, to move children's cases forward to resolution.

Todd Landry, the Director of the Division of Children and Family Services within the Department of Health and Human Services during 2008, is commended for implementing the Governor's vision around collaboration. In particular he respected and utilized the input of citizen reviewers and FCRB staff regarding children's best interests. **Director Todd Reckling** is commended for continuing these efforts in 2009.

Under their leadership, DHHS has continued to utilize the FCRB's recommendations on case issues. Together, the FCRB and DHHS have developed procedures for joint staffings of cases where the FCRB had identified critical barriers to permanency or substantial issues regarding children's safety, health, and well-being.

Other collaborative efforts have included joint educational programs on a variety of pertinent topics, and a sharing of information. DHHS developed a formal Partner's Council, to help ensure that significant information is shared amongst child welfare system stakeholders, and FCRB top management have attended these meetings.

DHHS Service Area Administrators Nathan Busch, Yolanda Nuncio, Mike Puls, Jeff Schmidt, and Barry DeJong are commended for their critical participation in the special study, for staffing cases jointly with the FCRB, and responding to FCRB recommendations.

DHHS Protection and Safety Administrators, Caseworkers and Supervisors are commended for completing a high number of adoptions, for maintaining and expanding the high rate of caseworker contact with the children, and for their service to children in foster care and their families. Among the workers and supervisors commended are: Seth Coates, Annie Driver, Jim Gehman, Cari Gronemeyer, Sharyn Hjorth, Jamie Hulsey, Karen Knapp, Sally Kneifl, Angela Korth, Shirley Kratochvil, Kari Kraenow, Alicia Kuester, Joy Loschen, Darleen Mahoney, Dawn McDuffee, Alison Sinclair, Alisha Smith, Benita Steffes, Lisa Taylor, and Dan Wieneke.

From the ICCU Unit in Omaha: Stephanie Clark, Treva Haugaard, Cristen White, and Kim Zeuter.

Members of the Legislature are commended for their attention to the needs of persons, including children, with developmental disabilities, and for looking at the mental health needs of children and youth during the focus on the Safe Haven youth. We note the efforts of members of the Judiciary Committee and the Health and Human Services Committees, in particular Senators Brad Ashford, Annette Dubas, Amanda McGill, Dave Pankonin, and Arnie Stuthman. Senator Bill Avery is commended for increasing the eligibility for children to the SCHP program.

Chief Justice Mike Heavican is commended for his continued active support of the *Through The Eyes of the Child* Initiative, focusing on use pre-hearing conferences to identify relatives and paternity, 12-month permanency hearings, guardian ad litem performance, reducing continuances, and streamlining the appeals process for termination of parental rights. In addition, Chief Justice Heavican has continued the Supreme Court Commission on Children in the Courts, and other improvements for court processes involving juveniles. The efforts he has initiated, along with judges with juvenile jurisdiction, regarding pre-hearing conferences and 12-month permanency hearings have reduced the length of time in foster care for many children.

Juvenile and County Court Judges are commended for their leadership in the *Through the Eyes of the Child* teams, for their responsiveness to the issues identified by the FCRB, and for their actions to monitor and, when necessary, expedite case progression as a means of helping to achieve permanency for children in a timely manner, and who talk personally with the children and youth and give them encouragement.

It is notable that FCRB staff recommended half of these judges for special commendations, including: Judges Graten Beavers, Alan Broadbeck, Glenn Camerer, Linda Caster Senff, Elizabeth Crnkovich, Vernon Daniels, Lawrence Gendler, Roger Heideman, Robert Ide, Douglas Johnson, Gerald Jorgensen, Christopher Kelly, Richard Krepela, Douglas Luebe, Phillip Martin, Curtis Maschman, Patrick McArdle, Patrick McDermott, Michael Offner, Robert O'Neal, Jack Ott, Anne Paine, Linda Porter, Randin Roland, Gerald Rouse, Reggie Ryder, Ross Stoffer, Donna Taylor, Wadie Thomas, Steven Timm, Toni Thorson, Kenneth Vampola, and James Worden.

Judge Everett Inbody and Judge Douglas Johnson are commended for their co-chairmanship and leadership in the Supreme Court's Commission on Children in the Courts, which continues efforts to improve the legal system's responsiveness to the needs of children in foster care.

Judge Lawrence Gendler is commended for his work coordinating the *Through the Eyes of the Child* teams. Kelli Hauptman and Dr. Vicki Weisz are commended for their work with the teams.

Attorney General Jon Bruning is commended for his leadership and focus on children's issues, and his continued support of the special unit in his office that prosecutes crimes against children.

County Attorneys are commended for their many efforts to ensure that Nebraska's children are safe. In particular we commend the work of Patrick Calkins, Robert Cashoili, Jennifer Chrystal-Clark, Gail Collins, Nicole Goaley, Rebecca Harling, Alicia Henderson, Amy Schuchman, and Mandi Schweitzer.

Guardians ad litem and/or children's attorneys who do an outstanding job of advocating for their clients are commended. In particular we commend the work of Michael Baldwin, Claude Berreckman, Lynnette Boyle, Christina Boydston, Jon Braaten, Mary Pat Coe, Christine Costantakos, Susanne Dempsey, Erick Eisenhart, Audrey Elliott, Leta Fornoff, James Gallant, Nancy Garrelts, Robert Goodwin, Roger Harris, Kelly Henry-Turner, Katrine Herrboldt, Pamela Hopkins, Tom Incontro, Tanya Janulewicz, Jennifer Kearney, David Lepant, Wes Lubberstedt, Rebecca McClung, Angela Minahan, Dennis Morland, Maxie Morgan, Bill Morris, Jason Ossian, Jenniffer Panko-Rahe, Forrest Peetz, Shannon Prososki, Janice Reeves, Susan Reff, Kathleen Rockey, Dick Seckman, Scott Sidwell, Michaela Skogerboe, James Stecker, John Sellers, Amanda Speichert, Gail Steen, Jacqueline Tessendorf, Mariclare Thomas, Dalton Tietjen, Bobie Touchstone, David Uher, and Karin Walton. Parental Guardians ad litem commended include Adam Tripp.

Public Libraries and Churches across the State are commended for allowing the FCRB to use their facilities at no cost for local board meetings and educational programs. This partnership has helped extend the work of the FCRB by allowing the FCRB's budget resources to be stretched farther.

Professor Ann Coyne is commended for freely giving many hours of consultation advice on how best to collect statistical data on changing conditions in the child welfare system, for developing education programs, and for sharing research on issues concerning children in foster care.

Foster Care Review Board Volunteers who serve on local boards are commended for their time, care, and commitment to Nebraska's children in foster care. These 268 volunteers from across the state donated over 31,200 hours reviewing children's cases in 2008.

Local Foster Care Review Board Members who Conduct Facility Visits are commended for their contributions, including bringing educational materials to foster parents, providing them with a small "thank-you" for their service, and/or providing toys, blankets, and backpacks for the children.

Project Permanency Monetary and In-Kind Contributors are commended – particularly Project Linus, and Center for People in Need – for making it possible to provide the backpacks, blankets, and other materials.

Child Advocacy Centers are commended for their dedication to easing the trauma experienced by children during the investigation and interview of child abuse, neglect, and sexual abuse. In particular we note the efforts of the center in North Platte for screening all child abuse reports to make sure none "fall through the cracks."

Foster Parents and Placements are commended for their understanding, empathy, and dedication as shown by providing children the nurturing care and attention they need to overcome their past traumas.

The Nebraska Foster and Adoptive Parents Association (NFAPA) is commended for its mentoring and educational programs, and for distributing information through an excellent newsletter and website.

Adoption Day Organizers, Volunteers and Contributors in Omaha, Lincoln, and Hastings are commended for making Adoption Day in Nebraska a very special day for Nebraska's children in foster care by providing gifts, food, and fun for participants.

Voices for Children is commended for issuing the Kids Count Report and for its many efforts to improve the economic, health care, and well-being of all Nebraska children.

CASA Volunteers are commended for their time and dedication to the individual children and families they serve and for participating in local board meetings.

◈ ◈◈◈◈◈◈

As we thank and commend the persons above, we are reminded of the following quote:

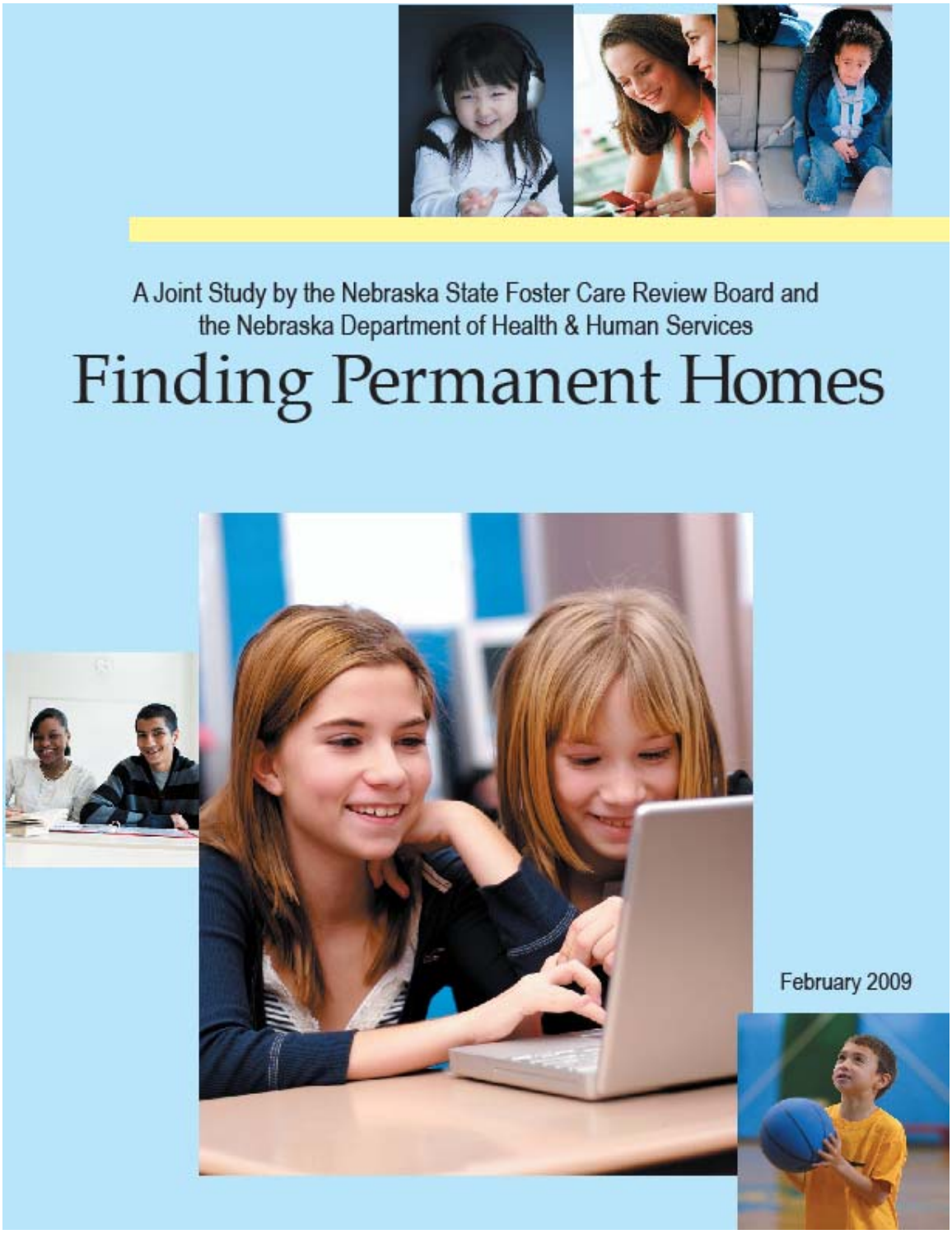
"Leaders are made, they are not born.
They are made by hard effort,
which is the price which all of us must pay
to achieve any goal that is worthwhile."
Vince Lombardi

Special Study of Children with Plans of Reunification Who Have Been in Out-of-Home Care Two Years or Longer

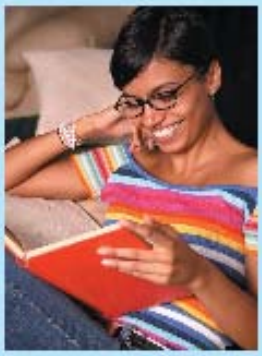
Governor Dave Heineman is commended for directing the 2008 joint FCRB/DHHS special study of children in care for two years or longer with plans of reunification, as are the DHHS Director, Service Area Administrators, Supervisors and Caseworkers that made this joint venture possible. The FCRB also thanks its staff for this collaborative effort.

The study immediately resulted in a substantial number of children achieving permanency, and provided the impetuous for joint staffing of cases with a focus on timeliness of permanency that has, and will continue, to move children's cases forward to resolution.

The following pages summarize the findings.


A Joint Study by the Nebraska State Foster Care Review Board and
the Nebraska Department of Health & Human Services
Finding Permanent Homes
February 2009

Working Together for Children in Foster Care



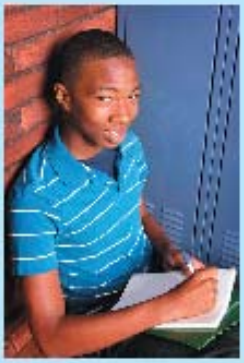
The **Nebraska State Foster Care Review Board** (FCRB) and the **Department of Health and Human Services** (DHHS) continue to work to better understand children in foster care and the barriers they face to finding permanent homes. In fall 2008, caseworkers and supervisors in the DHHS Division of Children and Family Services teamed up with FCRB staff to study 230 children and youth who have been in foster care for two years or longer. Staff focused on parental compliance and placement issues.

Working together on this special study, DHHS and the FCRB learned many lessons and also identified some areas of concern. Here's a brief overview of the results of that study. The complete study can be found on-line at www.dhhs.ne.gov/fostercare.

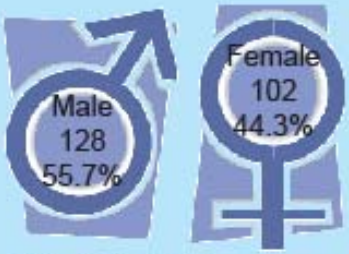
Who Was Included?

Originally, we wanted to examine cases from April 2008 involving 550 children and youth. By the time the study began, plans for many of those children had already changed. 320 children had their plans changed to adoption, guardianship, or other permanent arrangements, or, in some cases were able to return home through careful review and focus on these children. We would like to acknowledge DHHS Children and Family Services caseworkers and supervisors whose work on these cases lead to the decrease and resulted in expedited permanency arrangements.

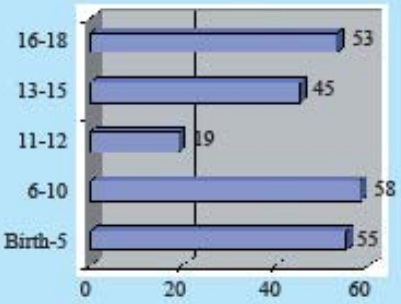
So, for this study, we focused on the 230 children who have been in foster care for two years or longer. Here's a more detailed look at who was included.



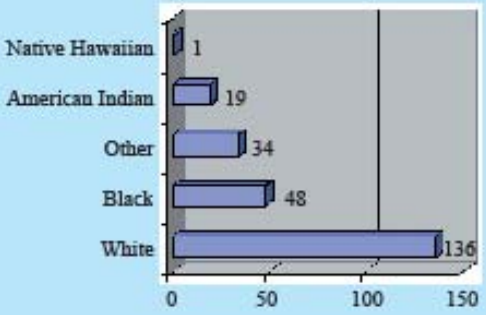
Gender of Youth in Study



Age of Youth in Study

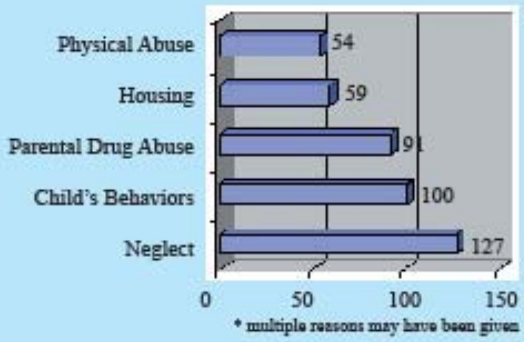


Race of Youth in Study



Positive Results, Concerns, and Lessons Learned

Top 5 Reasons Youth are in Foster Care*



Positive Results for the Youth

The special study validates that some indicators are moving in the right direction. For example:

- Services were provided within 60 days of removal for 192 children (83.5%).
- Current services were appropriate for 183 children (79.6%).
- Children's court hearings are occurring every 6 months for 80% of the children.
- Paternity was established for 173 children (75.2%).
- Permanency plans changed for 111 of the 230 youth because of the study.
- Over half (50.9%) of the children had three or fewer caseworkers over the life-time of the case.

Areas of Concern

- The number one barrier to reunification is the parent not being able or willing to parent (121 children, or 52.6% of cases).
- Mothers did not comply at all or only partially complied with visitation for 69 children (35.0%).
- Safety concerns were identified for 22 of the 117 children (18.8%) despite the fact that visitation was supervised or monitored by a contractor.

Areas of Concern, continued

- There were aggravated circumstances at the time of removal for 26 youth (11.3%), however the plan remained reunification. In only 3 of the 26 children's case was expedited permanency sought (a court ruling that efforts to reunify were not necessary).
- Court permanency hearings did not occur for 11.5% of the children.
- For 40% of the children, we were unable to determine if the required court hearing occurred in order to determine if a termination of parental rights petition should be filed.
- 20.6% of children did not have contact with their siblings. For 18.5% of children it was unclear if sibling contacts were occurring.

Lessons Learned

DHHS and the FCRB learned many lessons from this special study.

- Parental willingness needs to be assessed early, and parental compliance monitored throughout the case.
- Foster parents should be better prepared and supported for the unique challenges of caring for children with a disability.

- A consistent focus is needed on identifying cases of extreme abuse and requesting a hearing where a court may be able to find that efforts to reunify are not necessary.
- There needs to be a particular focus on strengthening stability and safety of placements.
- It is paramount to have a consistent, relentless focus on the best interest of the child if timely, appropriate permanency is to be achieved, and if children and youth are to be safe while in foster care and have their individual needs met.

Next Steps, On-going Efforts

From this special study, DHHS and the FCRB identified important next steps, on-going efforts and partnerships that must continue to ensure that the best interests of foster children are being met. Joint monthly staffings are being held on the cases of the 230 children in the study. Many of these children's plans have now changed, and 29 of the children have left foster care as of Feb. 1, 2009.

In addition to finding permanent resolutions for more children and families, we have made a concerted effort in the past year to develop stronger relationships with others involved in child welfare, particularly the courts.

- DHHS, the courts, and the FCRB are focusing on identifying cases where courts can rule that DHHS can bypass efforts to reunify children with their parents in cases of severe abuse or neglect.
- The FCRB is identifying cases where guardians ad litem are not meeting the Supreme Court's guidelines for representation of children and youth. The FCRB is flagging this information for the judges responsible for those appointments.
- DHHS, the courts, and the FCRB are working on making the court's mandatory 12-month permanency hearings more meaningful.
- All organizations involved in child welfare need to keep the focus on strengthening stability and safety of placements.

The complete study can be found on-line at www.dhhs.ne.gov/fostercare.

Partners in Foster Care and Finding Permanent Homes

About the Dept. of Health & Human Services

Helping people live better lives is more than a mission statement. It's what employees do every day at the Department of Health and Human Services (DHHS).

DHHS is made up of six Divisions: Behavioral Health, Children and Family Services, Developmental Disabilities, Medicaid and Long-Term Care, Public Health and Veterans' Homes. On any given day, approximately 6,500 children and their families receive child welfare services, including comprehensive safety assessments, safety planning and services, foster care and adoption services.

DHHS
Nebraska Department of Health and Human Services

P.O. Box 95026
Lincoln, NE 68509
www.dhhs.ne.gov

About the State Foster Care Review Board

The State Foster Care Review Board's (FCRB) 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.

521 S. 14th St., Suite 401
Lincoln NE 68508-2707
www.fcrb.state.ne.us

Special thanks to DHHS and FCRB staff for their dedication and willingness to work together on this study. Continued collaboration is key to help assure that Nebraskan's children in foster care reach timely, appropriate permanent homes, and that they are safe while in out-of- home care.

ADA/AA/EOE

Additional information from the study:

- 38.2% of the children had experienced 1-3 placement changes over their lifetime, excluding respite and brief hospitalizations.
- 28.4% of the children had experienced 4-6 placements.
- 11.6% of the children had experienced 7-9 placements.
- 21.8% of the children had experienced 10 or more placements over their lifetime.

- 60.4% of the children were at the agency-based level of placement.

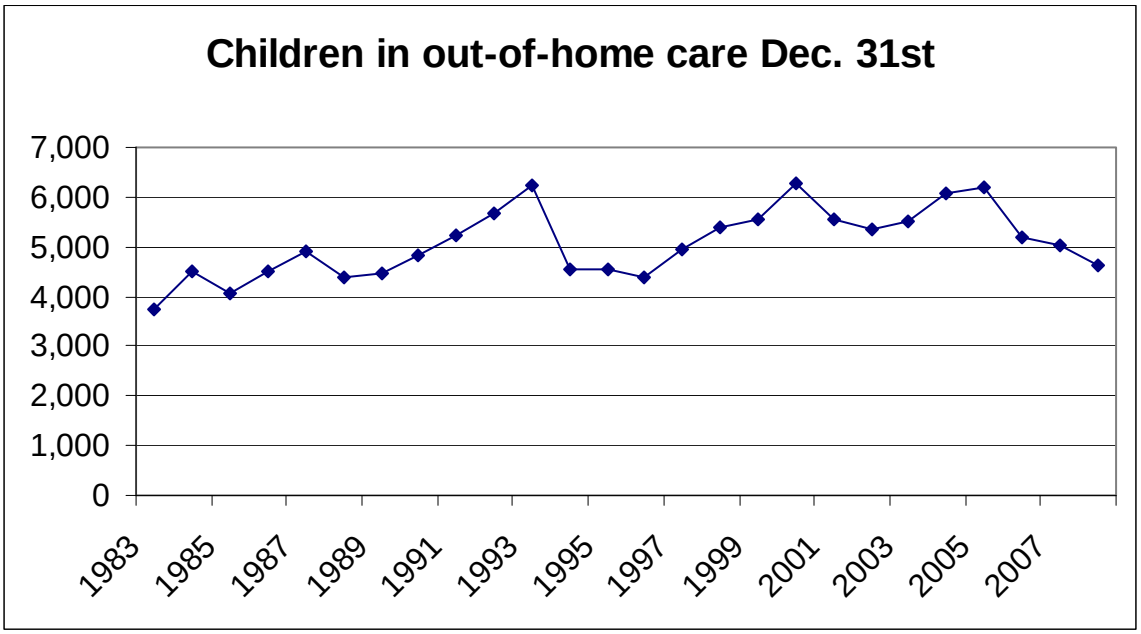
- 10.6% of the children were in placements with identified safety issues.

- 32% of the children had been in care more than once.

- 52.8% of the children were from the Omaha metro region.
- 30.7% of the children were from the Lincoln metro area.

One key finding during the joint staffings on these children's cases is that even if the parent did not articulate their lack of desire to parent, often the parent's behaviors did. For example, in one case the youth had been close to reunifying on four previous occasions. Each time the parent's behaviors would deteriorate such that reunification could not occur. After four episodes the question needed to be called. The FCRB recommended that relinquishment counseling be offered to this parent, so the child had a chance to achieve permanency.

General Questions About Foster Care


Children in out-of-home care Dec. 31st
7,000
6,000
5,000
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1983
1985
1987
1989
1991
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2007

General Questions About Foster Care

How many children are in foster care?

There were 9,235 Nebraska children in foster care for one or more days during 2008.

On December 31, 2008, there were 4,620 children in foster care.[28]

How do children come into foster care?

The following is a simplified version of the steps in a child's case.

1. A medical professional, educator, neighbor, family member, or other person makes a report of child abuse or neglect. This call can go to law enforcement or to DHHS-CPS. Reports of abuse or neglect received by law enforcement or DHHS are to be cross-reported to each other.
2. A decision is made whether or not to investigate the report.
3. Either law enforcement or CPS may be involved in the investigation; however, only law enforcement may remove a child from his/her parent's custody unless a petition is requested or DHHS already has custody.
4. The County Attorney files a petition with the court detailing the allegations. The Court makes a ruling whether the evidence supports the court's jurisdiction over the child and the parents, and whether the child shall be placed out of the home.
5. DHHS develops the permanency plan for the child and presents it to the court. If there are no objections to the permanency plan, it is court ordered.
6. DHHS provides services to children and their families as specified in the court ordered permanency plan.
7. Court hearings are held at predetermined intervals as required by law.[29]
8. If the evidence shows parental compliance with the goals of the permanency plan, then reunification may continue to be pursued as a goal, and the child returned to the parents.
9. If there is no compliance, or compliance is substantially inadequate, either the state or the child's guardian ad litem may file a petition with the court requesting that the parent's rights be terminated**.** The court decides this issue at a hearing at which the parents, their lawyers, the child's guardian ad litem, and the county attorney are present. If the Court terminates rights, and if no appeal is taken, or if the appeal is denied, then the child may be placed for adoption. Adoption is finalized by a ruling by the Court.

[28] Statistics are from the FCRB's tracking system unless otherwise noted.
[29] See page 209 for a description of the juvenile court process.

Breakdowns at any stage of this process impede the child's immediate safety, and the ability to achieve a safe, permanent living arrangement for the child in a timely manner.

Children can also be placed in out of home care due to their unlawful behavior or mental health needs. In these cases, the parents are not ordered by the Court to participate in services.

Why are children removed from their homes?

The following summary table demonstrates why children reviewed during 2008 were removed from their homes of origin. During the reviews, one to ten reasons for entering foster care may be identified for each child. Many children enter care due to multiple issues. For example a child could enter care due to physical abuse, neglect, and parental substance abuse.[30]

Percent of Children Reviewed	Condition	Important Facts
61.0%	Neglect	Neglect has serious consequences. Nationally, almost as many children die each year from neglect as from physical abuse.[31] If a child has not been provided for physically, medically, and/or emotionally, it is considered neglect. Neglect can include the denial of critical care, failure to provide basic and necessary medical care and hygiene, failure to supervise children enough to keep them safe, engaging in criminal activity in front of the child, abandonment, and related inattention to the child's needs. Parental substance abuse, depression, poverty, and/or other mental health issues often contribute to neglect.
45.6%	Parental substance abuse	Parental substance abuse is likely seriously under-reported as a reason for removal as it is often the root of the above problems but may not be recognized upon removal (e.g., the child comes into care due to physical abuse, but the physical abuse happened during a substance abuse episode). In recent years, the methamphetamine epidemic has substantially increased the number of young children in foster care who come from families highly resistant to change.

[30] See Table 5 on page 159 for more details on reasons children entered care and Table 22 on page 194 for more details about parental substance abuse.
[31] National Clearinghouse on Child Abuse and Neglect, www.calib.com/nccanch/, July 2003.

Percent of Children Reviewed	Condition	Important Facts
24.9%	Unsafe or substandard housing	Parental substance abuse, poverty, and mental health issues often contribute to housing issues.
21.0%	Physical abuse	Physical abuse can include bruises, lacerations, broken bones, concussions, and brain damage.
17.1%	Children's behaviors	Many child and youth behaviors stem from unrecognized abuse or neglect.
14.0% (see explanation)	Sexual abuse	Sexual abuse is often not disclosed until after the children are in care. For 8.2% of the children reviewed, sexual abuse was recognized as an initial reason for entering care, the remaining 5.8% disclosed it after entering care.
8.4%	Abandonment	Abandonment includes parental rejection or desertion.

According to the National Clearinghouse on Child Abuse and Neglect, in 2007, 59.0 percent of child-victims nationwide suffered neglect, 10.8 percent suffered physical abuse, and 7.6 percent suffered sexual abuse.

Regardless of the specific reasons leading 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 ensure the children's health and safety. It is the explicit charge and duty of the child welfare system to reduce the impact of the abuse whenever possible.

What are the issues specific to parental methamphetamine abuse?

As shown in the chart below, parental methamphetamine abuse impacts a substantial percentage of Nebraska's foster children age 12 and younger.

Age group	In care due to parental meth abuse	% in care due to meth	# of children reviewed this age
Under 2 years	82	29.0%	283
2-3 years	112	21.5%	521
4-5 years	98	27.0%	363
6-8 years	86	17.1%	503
9-12 years	73	14.2%	513
13-18 years	66	6.3%	1,053
Total	517	23.4%	3,236

Interestingly, a higher percentage of methamphetamine cases were identified in 2007 than in 2008, as illustrated below.

Age group	% in care due to parental meth abuse in 2008	% in care due to parental meth abuse in 2007
Under 2 years	29.0%	40.7%
2-3 years	21.5%	35.3%
4-5 years	27.0%	31.5%

There are likely a number of reasons why this reduction has occurred, including:

- The laws regarding pseudoephedrine were changed in 2005, which reduced the number of meth labs in Nebraska.
- Following that change, it was cheaper and easier to buy meth from Mexico. Since that time, Mexico has been cracking down on meth production.
- The drug court system may be intervening earlier, prior to young persons becoming parents, or may be assuring supports to enable children to be safely at home.
- DHHS is offering more services upfront, which may enable some children to safely remain in the home.
- Pre-hearing conferences may enable more children to remain at home.
- Schools are incorporating substance abuse education more heavily in their curriculum, so perhaps there has been some decrease in the number of young adults abusing meth.
- There has been more publicity about the negative consequences of meth use, which like the anti-drunk driving campaigns may be showing some results.

During this same timeframe, there was a two percent increase in the number of arrests for all substances.[32] (Meth specific statistics were not available from the Crime Commission). Thus, the decrease in meth abuse may mean that other substances were chosen instead.

Regardless of the fact that fewer children were identified, methamphetamine still impacts a substantial number of children's cases, particularly children who by their developmental stages are very vulnerable.

Increased parental substance abuse has added a new element of complexity to case demands. The manufacture and use of the highly addictive stimulant, methamphetamine, has grown exponentially over the last 25 years, gaining a strong and lethal foothold throughout the Midwest and Southwestern United States. The very nature of the drug victimizes not only the addicts, but also the children within their care.

[32] Nebraska Commission on Law Enforcement and Criminal Justice (Crime Commission) statistics comparing 2007 to 2008.

The drug is relatively cheap to purchase on the street, or can be inexpensively made following recipes available on the Internet. "Cooking" methamphetamine is almost as easy as baking a chocolate cake**.** One of the simplest recipes requires the use of anhydrous ammonia, which is abundant in agricultural areas. Laboratories easily fit into car trunks, hotel rooms, garages, and home kitchens.

The use and manufacture of methamphetamine leaves a residue of the drug throughout the home. Blankets, clothing, children's toys, and even teddy bears have tested positive for the presence of methamphetamine, exposing children to the risk of long term physical injury and mental health impairments. The toxins involved cause medical problems, including anemia, respiratory illness, and neurological symptoms in children. Developmental delay and brain damage have also been linked to the toxins.[33]

Even if the parents are not manufacturing the substance, parental use of methamphetamine creates a dangerous threat to children because of the drug's immediate and long-term effects on the user. Addicts entrusted with the care of children display post-use behaviors that may include violence, paranoia, hallucinations, agitation, and schizophrenic-like symptoms.

Users suffer cognitive impairments such as memory loss, confusion, insomnia, depression and boredom. The cognitive impairments cause users to misinterpret body language and words, which can result in violent paranoiac reactions to perceived threats. Neurological damage and psychotic behavior can persist for months and even years after use is discontinued, and often results in children suffering gross abuse and neglect.[34]

When a methamphetamine addict stops using the drug, or when the supply is interrupted, the addict's body often "crashes," from the need for sleep. Addicts may sleep from three to five days, leaving their children unfed, unbathed, unsupervised, and often in the "care" or at the whims of fellow drug abusers. Upon awakening, the addict may suffer from severe depression, heightened cravings, or suicidal ideations. Throughout all of this, the methamphetamine addict is still "parenting" their children.[35]

Children in a methamphetamine home are victimized by the very environment in which they live. They are often victims of, or witnesses to, significant domestic violence and physical abuse. The methamphetamine culture is often sexually explicit. More than one law enforcement officer has marveled that the typical methamphetamine home lacks the basic essentials for the care of children, but contains a large screen television and ample

[33] Sources include: Kathryn Wells, MD, Medical Director, Denver Family Crisis Center; the National Jewish Research Center on Methamphetamine Research; Research on Drug Courts: A Critical Review, Steven Belenko, PhD, the National Center on Addiction and Substance Abuse at Columbia University, New York, New York, June 2001; Painting the Current Picture: A National Report Card on Drug Courts, the National Drug Court Institute, Washington, DC, May 2005, Volume I, No. 2; Treatment Methods for Women, National Institute on Drug Abuse, National Institute of Health; Methamphetamine: New Treatment for Women and Children, Kathleen M. West, Drug Endangered Children Research Center, Los Angeles, California, and Dr. Gregg Wright, MD, Med, UNL Center on Children, Families, and the Law.
[34] Ibid.
[35] Ibid.

supplies of pornographic videos. The children are exposed to both an alcohol and drug culture as friends of the users come and go. These children tend to isolate themselves from other children, and are characterized by high truancy rates from school.

When identified, "meth" homes are not quickly fixed. Mothers who are required to choose between reunification with their children or continued methamphetamine usage all too often choose their drug rather than their children.[36]

How are foster care and poverty related?

The Personal Responsibility and Work Opportunity Reconciliation Act (welfare reform) made two important changes that impact foster care:

1. The law limits eligibility for federal Title IV-E assistance and accompanying Medicaid to only those children in foster care who would have been income eligible for AFDC as of July 16, 1996. As time passes, it is likely that fewer children will meet this income standard, [particularly after increases in the federal minimum wage], and thus the states will likely have decreasing claims for this federal reimbursement program.
2. As time limits for benefits expire and families can no longer rely on TANF for financial assistance and Medicaid, families will lose income assistance. As this occurs, it is more likely that their children will enter foster care.

Foster Care Today, by the Casey Family Programs, c. 2001, describes the findings of a study on the AFDC data from Chicago, which found a significant relationship between a reduction in welfare benefits and involvement with the child welfare system. The National Bureau of Economic Research also found that reductions in welfare benefits were related to higher rates of foster care.

The American Academy of Pediatrics has found on a national level that before being placed into foster care the majority of children were living with their families in poverty.[37]

The State of Texas found, in a study released in January 2006, that 60 percent of all child removals in Texas involved families making about $10,000 or less per year.[38]

Another poverty issue is for youth who "age out" of the system. These youth are more likely to be impoverished, and have high rates of homelessness and incarceration. A study of Washington and Oregon youth who lived at least one year in foster care found that the vast majority spent their early adulthood struggling with poverty, homelessness,

[36] Honorable John P. Icenogle before the Congressional Committee on Education and the Workforce Subcommittee on Education Reform, Hearing on Combating Methamphetamines through Prevention and Education, Nov. 17, 2005.
[37] *Health Care of Young Children in Foster Care*. PEDIATRICS Vol. 109 No. 3 March 2002.
[38] National Public Radio, January 11, 2006.

and major depression. One-third of these former foster children were living below the federal poverty level.[39]

The following Nebraska statistics are of interest:

- About 50% of the children the FCRB's reviews in any month qualify for federal Title IV-E funding. To qualify, several eligibility requirements must be met. One of the eligibility requirements for this funding is that the parental income in the month prior to the children's removal from the home would have qualified for AFDC assistance at the 1996 income standards.
- 63.7% of the children reviewed in 2008 entered care, at least in part, due to neglect.
    - If a child has not been provided for physically, medically, and/or emotionally, it is considered neglect. Neglect can include the denial of critical care, failure to provide basic and necessary medical care and hygiene, failure to supervise children enough to keep them safe, engaging in criminal activity in front of the child, abandonment, and related inattention to the child's needs. Parental substance abuse, depression, economic issues, and/or other mental health issues often contribute to neglect.
- 28.7% of the children reviewed in 2008 entered care, at least in part, due to housing issues.

Does placing a child in foster care have risks?

> *"The decisions in child welfare are not between good and bad, they are between worse and least worse."*
> Dr. Ann Coyne, UNO

Just as there are risks to leaving a child in the parental home, there are risks to placing a child in foster care. As Dr. Ann Coyne of the University of Nebraska Omaha, School of Social Work so eloquently stated:

> "The decisions in child welfare are not between good and bad, they are between worse and least worse. Each decision will be harmful. What decision will do the least amount of damage? We all have a tendency to under rate the risk to the child of being in the foster care system and over rate the risk to the child of living in poverty in a dysfunctional family."

How does moving children compound the effects of abuse?

Children who are separated from parents or trusted caregivers will experience grief. Placement disruptions are extremely stressful for children of any age, but are especially stressful for children birth to age five, due to their developmental levels.

[39] As quoted on http://www.ncjfcj.org/content/view/380/257/ (The National Council of Juvenile and Family Court Judges, 2005)

As noted by the American Academy of Pediatrics:

> "Adults cope with impermanency by building on an accrued sense of self-reliance and by anticipating and planning for a time of greater constancy. Children, however, especially when young, have limited life experience on which to establish their sense of self. In addition, their sense of time focuses exclusively on the present and precludes meaningful understanding of 'temporary' versus 'permanent' or anticipation of the future. For young children, periods of weeks or months are not comprehensible. Disruption in either place or with a caregiver for even 1 day may be stressful. The younger the child and the more extended the period of uncertainty or separation, the more detrimental it will be to the child's well being."[40]

Dr. Elisabeth Kubler-Ross, noted researcher on grief, has found that the younger the child was at the time of the loss, the longer the grief period can be expected to take. Her study of infants who were 18 to 24 months old when a loss occurred revealed that children were still displaying active grief symptoms six to eight years after the loss.

Grief in children is not just sadness. During the grief period, children are likely to exhibit regressive behaviors, learning difficulties, mood swings, sleep disturbances, and anxiety. During this time their developmental progression will also be slowed or stopped. Children may be punished in school, day care, or homes for exhibiting these predictable grief reactions, which further adds to their trauma.

Children of any age who are removed from a foster parent to whom they have attached will grieve the loss of the foster parent. They may also simultaneously need to revisit the grief over the separation from their parents, or they could have more intense reactions to reminders of that grief.

Good transition plans can certainly help children better cope with the loss, but the need to grieve will remain. Unfortunately, the system often moves the children to new foster homes without giving them any preparation for this major, life-changing event.

What did local boards find on key child welfare indicators?

The FCRB conducted 4,457 comprehensive reviews on 3,236 children's cases in 2008.[41] Most of these children had been in care for at least six months prior to their first review. The following data from those reviews illustrates the obstacles faced:

1. 1,399 reviewed children (43.2%) had been in out-of-home (foster) care for at least two years of their lives. (see Table 1)

[40] *Policy Statement on Developmental Issues for Young Children in Foster Care*, American Academy of Pediatrics, November 2000.

[41] Children are to be reviewed at least once every six months for as long as they remain in foster care, thus some children have more than one review during a calendar year.

2. In 1,162 reviews (26.1%) children either did not have current written plans for reaching permanency as required by state or federal laws, or had incomplete plans that could not be used to fully measure parental compliance. (See Table 3)
3. In 1,355 reviews (30.4%) children had a plan objective that the FCRB found did not meet the children's best interests. (See Table 3)
4. In 54 reviews (1.2%) children were in unsafe or inappropriate foster placements and there was insufficient documentation in another 831 reviews (18.6%) to ensure children's safety. (See Table 3)[42]
5. In 1,424 reviews (31.9%) the FCRB found that no progress was being made towards permanency. In another 961 reviews (21.6%) it was unclear if progress was being made. (See Table 3)

Other indicators, identification of causal factors, and recommendations for system improvements are found throughout this Report.

Individuals involved in Nebraska's child welfare system worked hard to meet the needs of the 9,235 children who were in foster care during 2008. However, as the following chart shows, considerable work remains to be done if safe, appropriate placements, appropriate plans, and access to needed services are to become the norm for all children.

Findings on Key Indicators

System Working for the Children	Work to Be Done to Improve System
Complete, Written Plans 73.9% (3,295 of 4,457) of reviews in 2008 found a complete permanency plan as required by Nebraska statutes. According to statute this is to be updated at least every six months.	Incomplete or No Current Written Plans 20.6% (918 of 4,457) of reviews in 2008 found the plan was incomplete, and thus not in compliance with statute. Another 5.5% (244) reviews found that there was no written plan.
Less Than Two Years' in Care 56.8% (1,837 of 3,236) of children reviewed in 2008 had been in care for less than two years at the time of their last 2008 review.	More than Two Years in Care 43.2% (1,399 of 3,236) of children reviewed in 2008 had been in care for more than 2 years at the time of their last 2008 review.
No Prior Removals from the Home 59.0% (2,393 of 4,057) of those entering care during 2008 had been placed in foster care one time.	Previous Removals from the Home 41.0% (1,664 of 4,057) of children entering care had been placed in foster care at least once before.

[42] The FCRB is required under Neb. Rev. Stat. §43-1308(1)(b) to make a finding at each review of whether the placement is safe and appropriate.

Stable Placements	Multiple Placements
44.8% (2,069 of 4,620) of children in foster care at the end of 2008 had experienced 1-3 placement changes.	55.2% (2,551 of 4,620) of children in foster care at the end of 2008 had experienced four or more placement moves over their lifetime.

These indicators were chosen because:

- Written case plans with a stated objective (e.g., reunification with the parents or adoption), and definitive timeframes for completion of services or visitation are critical in determining whether the parents are complying, and thus are required by state and federal law.[43] Such written plans are the means by which to measure progress and to provide solid direction for how the case should proceed.
- Federal guidelines, as well as State law, require that when a child has been in care for 15 of the last 22 months, a decision must be made on whether reunification remains a practical goal, and whether a termination of parental rights should be pursued in order to achieve permanency for the child.
- Premature reunification can lead to additional abuse and result in yet another traumatic removal from the parental home.
    - 40.0% of the children in foster care on December 31, 2008, had been removed from the parental home more than once.
- Each placement change represents a traumatic experience for children. The cumulative effects of multiple moves can lead to permanent damage. A common standard for placement instability is four or more placements.[44]
    - 2,551 (55.2%) of the children in foster care on December 31, 2008, had four or more placements during their foster care experience(s).

What are the most frequently cited barriers to permanency?

At each review, local board members identify the main barriers that remain to the achievement of safe, permanent homes for the children (multiple barriers are allowed).[45] The following summarizes major barriers.

Most Frequently Identified Barriers to Reunification

1. Parental unwillingness or inability to safely parent their children.
   35.8% (1,600 of 4,457) reviews in 2008
2. Parental substance abuse
   28.6% (1,279 of 4,457) reviews in 2008
3. Length of time in foster care
   20.3% (907 of 4,457) reviews in 2008

[43] Neb. Rev. Stat. 43-285 requires DHHS to prepare and file a plan, and Neb. Rev. Stat. 43-1312 lists minimum components.
[44] Hartnett, Falconnier, Leathers & Testa, 1999; Webster, Barth & Needell, 2000.
[45] See Table 4 on page 154 for more information on identified barriers to permanency.

4. History of family abuse and/or violence
   19.4% (863 of 4,457) reviews in 2008
5. Economic-housing issues
   17.7% (789 of 4,457) reviews in 2008

What do the above statistics mean for an individual child?

The numbers in the chart on systems breakdowns and the barriers to permanency represent significant trauma added to the lives of children already traumatized by abuse and neglect. The following case example illustrates some of the previously mentioned statistics.

> "Barbara" [46] and "Eve", ages 6 and 4, have been in care for over 4 years, and their younger brother "Jack", age 2, has been in care since birth. A termination of parental rights trial was started, but in the 8 weeks since the trial, the judge has yet to make a final ruling. Due to caseworker changes there was insufficient documentation of active efforts to reunify, and some of the service provision was unclear. Since almost all termination rulings are appealed, it is possible that this could be overthrown on appeal. In the meantime it remains unsafe for the children to return to the parents, and the children continue to not be free for adoption.

Nebraska should design and support a system that responds to children's needs, and responds more immediately to issues that affect children's health and safety.

What system issues cause children to remain in foster care?

There are numerous intertwining issues that affect how many children are in foster care. These include, but are not limited to, the following:

1. Nebraska lacks sufficient prevention programs to address problems before they are so severe that a child must be removed for the home.
   a. Vermont and Hawaii have reduced the number of children in foster care by 20 to 30 percent or more by implementing prevention measures.
   b. The Centers for Disease Control have found that, compared with controls, the median effect of home visitation programs was a reduction of approximately 40% in child abuse or neglect.
2. Nebraska does not have a single entry point for children entering care. There are more than 300 law enforcement agencies (over 200 city law enforcement agencies, 93 sheriff's offices, and 6 offices of the State Patrol), there are 65 local offices of DHHS, and there is the DHHS statewide hotline. Children may be taken into temporary custody of the State in one of two ways: either by a local law

[46] All names changed to retain confidentiality.

enforcement officer without a warrant or order of the court, based upon the judgment of that officer that certain conditions are present; or by means of a court order obtained from the juvenile court by the county attorney at the same time a petition is filed seeking the child's protection.[47]

3. About 20-25% of the cases involve extreme or chronic abuse or neglect. County Attorneys often do not criminally prosecute extreme abuse or severe neglect. A criminal conviction helps to expedite permanency for children in cases of severe abuse or neglect**.**
    a. By federal law reasonable efforts must be made toward reunification unless a court finds there are aggravated circumstances, such as the parent's rights have been involuntarily terminated on a sibling, or the parent has committed murder, voluntary manslaughter, or aided and abetted murder, or the parent has committed a felony assault resulting in serious bodily injury.
4. Caseworkers' caseloads are often too high, and there is a high change rate leading to instability and inconsistency in case management. During periods of time when there are vacancies or while new staff are learning their cases, there is often no documentation regarding parental compliance.
5. Contracting with outside entities for services such as parenting time (visitation) monitoring and placements has added a layer of bureaucracy between caseworkers and the children, without providing commensurate oversight or monitoring of these services. Poor communication between contractors and caseworkers about parental attendance/response to parenting time (visitation), a key indicator of whether reunification would be safe and successful, delays permanency.
6. Children are often not placed in placements that are therapeutic or meet their needs. When this becomes apparent, the usual result is that the children are moved. As a result**,** about half the children experience too much instability while in foster care, affecting their behavioral and mental health needs, which in turn can lengthen their time in care.
7. When parents are non-compliant with court orders, with the expectations for their rehabilitation, or with the case professionals, there is often little action to change the direction of the case until it is too late.

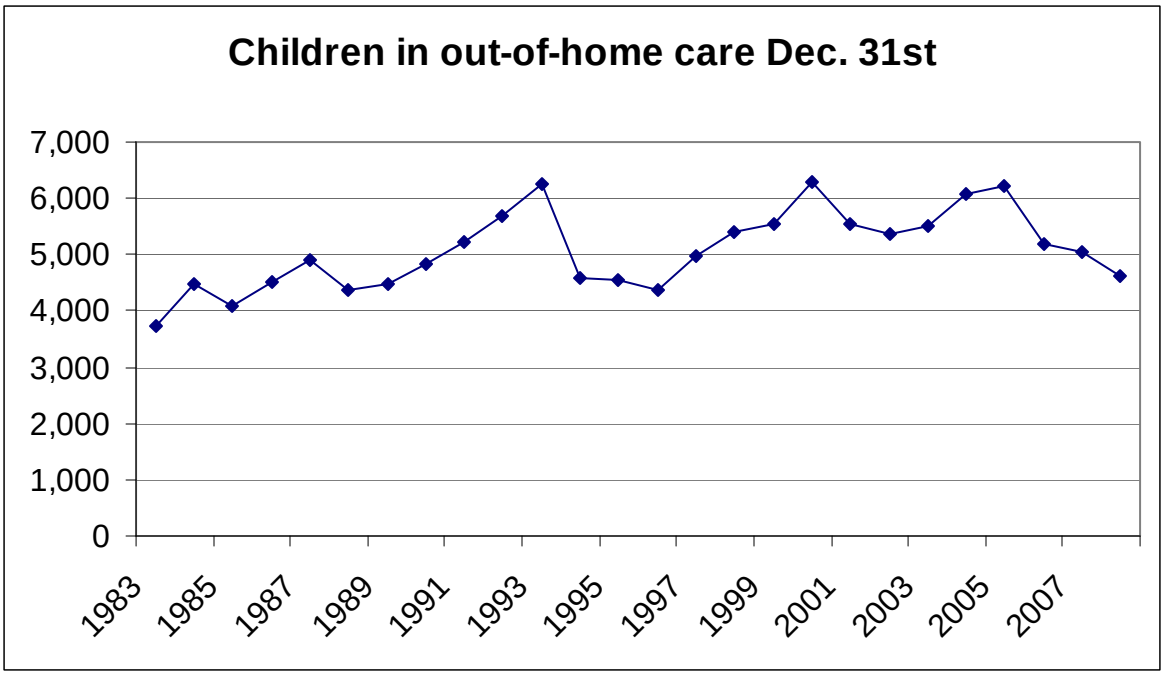
[47] Neb. Rev. Stat. Sec. 43-248 outlines several circumstances where a law enforcement officer is authorized to take a child into temporary custody without a warrant or an order of the court. Primary among these is the situation where the juvenile is seriously endangered in his or her surroundings and immediate removal appears necessary for the juvenile's protection.

Why is the system slow to self-correct?

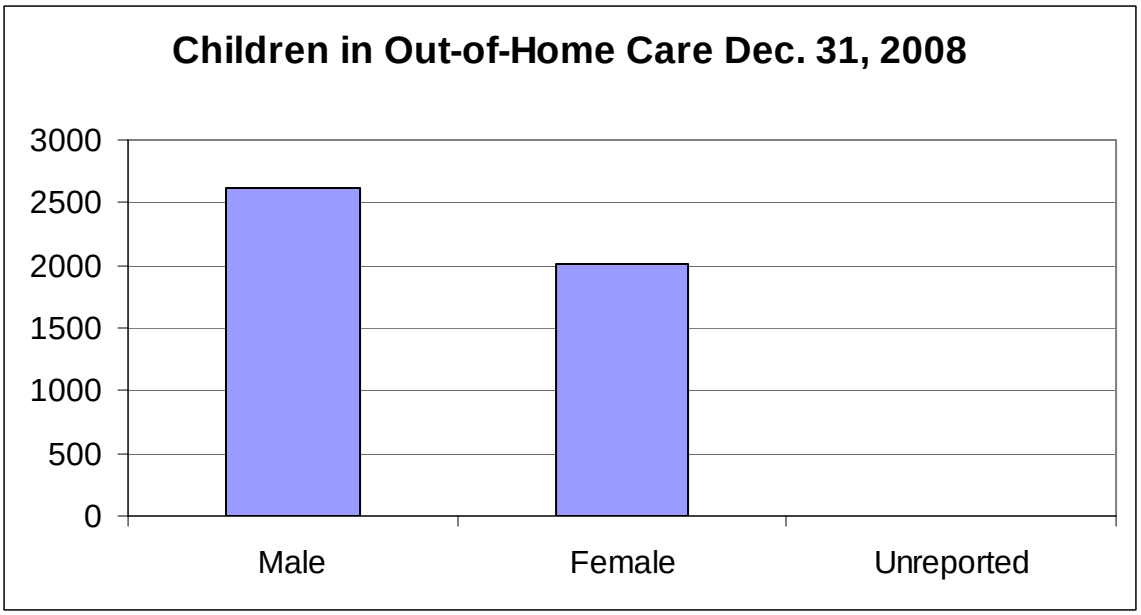
Nebraska's child welfare system, like most across the county, does not easily self-correct when issues are identified. This is due to:

1. The number of inter-connected parts of the system. The system involves:
    - 300 local law enforcement agencies with officers that respond to reports of abuse and neglect,
    - Prosecutors for the 93 counties,
    - Juvenile and county courts,
    - Guardians ad litem (attorneys to represent children's best interests),
    - DHHS caseworkers,
    - DHHS contractors and subcontractors,
    - Other service providers, and
    - The children and their placements.
2. Breakdowns in the system, (e.g., caseworker turnover, or a contractor not providing information/documentation), which affect the quality of the evidence, and can lead to poor decisions if the documentation is not complete or accurate.
3. Structural issues with managed care for mental health services. The contract is written to provide "medically necessary" services, rather than the behavioral services many children need. The managed care contractor requires some children to move before treatment is completed, has made the appellate process difficult, and often denies higher levels of treatment recommended by professionals who are paid to determine the child's needs.
4. DHHS requires an assessment prior to services, even though the need for the services may be apparent from the abuse investigation (e.g., parental substance abuse).
5. No statewide comprehensive system of child abuse/neglect prevention.
6. A lack of resources, including funding, staffing, and placements/services.
7. Workforce issues, such as turnover/changes in prosecutors, guardians ad litem, and/or caseworkers; prosecutors who work part-time due to funding issues, training and experience issues; large caseloads; large dockets causing court delays; etc.
8. Pressures on the system from outside, such as an economic downturn leading to more instances of child abuse, or the increase of methamphetamine abuse.
9. Differences between conditions in rural areas as compared to urban areas, such as a lack of services or public transit.
10. Policies not matching individual children's needs (e.g., reunification attempted for the approximately 1/3rd of the children who have suffered serious or chronic abuse, or who have been in care previously).
11. A lack of incentives to report on or correct identified issues.
12. Pressures to reduce the number of children in the system.
13. Real or perceived restrictions, based on confidentiality, that prevents information on individual case and systems failures from being available to those outside the system.
14. A lack of voluntary or compulsory accountability measures for some parts of the system.

Under these challenging circumstances, the FCRB continues its advocacy to ensure that children's best interests are met.


Children in out-of-home care Dec. 31st
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
1983
1985
1987
1989
1991
1993
1995
1997
1999
2001
2003
2005
2007

Additional Information on the Foster Care Review Board's Recommendations For Systemic Changes


Children in Out-of-Home Care Dec. 31, 2008
3000
2500
2000
1500
1000
500
0
Male
Female
Unreported

Improve the Front End of the System

For clarity, this section is divided into three parts:

1. Improving child abuse prevention.
2. Improving response to reports of child abuse or neglect.
3. Utilizing pre-hearing conferences.

Part 1: Improve child abuse prevention

The FCRB's recommendations:

1. Legislate a mandatory in-hospital risk assessment at birth by hospital social worker staff, offering parents information on bonding and attachment, and at least three follow up visits to the home, longer if risk is identified or parents request services.
2. Utilize public service agencies and trained volunteer organizations to provide in-home safety checks and to provide printed materials for handouts at doctor's offices, Social Service/WIC offices, day cares, and other child related offices.
3. Provide offices of obstetricians and primary-care physicians who see women during pre-natal visits information they can share with the women about child-abuse and neglect prevention and domestic violence.
4. Create parent support centers that would focus on children of all ages, and could serve as an advocacy and training center, be a source of respite care, and be a host site for parent and adolescent support groups and mentors.
5. Provide incentives to improve the supply of, and support for, mental health professionals and other services in rural areas.

Statistical findings:

Each day an average of 11 Nebraska children and youth are removed from their home of origin, primarily due to abuse or neglect (4,057 children were removed in 2008). At the end of 2008, there were 4,620 children in out-of-home care, which does not include children remaining with the parents but under the supervision of the Courts or DHHS**.**

While the number of children in foster care has been reduced over the last three years, clearly too many Nebraska children have suffered child abuse, child neglect and/or child sexual abuse.

Unfortunately, these grim statistics represent only a small fraction of the true population of children in Nebraska who suffer abuse or neglect each year.

Additional rationale:

Research shows that child abuse and neglect occurs in families from every geographic, socioeconomic, religious, and ethnic group. Many such children have behavioral issues and carry the scars of abuse for their entire lives.

There is a need for proven home visitation programs and other proven prevention and intervention programs to lessen the number of children suffering abuse, and to reduce the numbers of children entering the system.

Prevention programs need to include:

1. Early intervention, such as home visitation,
2. Intensive services over a sustained period,
3. Development of a therapeutic relationship between the visitor and parent,
4. Careful observation of the home situation,
5. Focus on parenting skills,
6. Child-centered services focusing on the needs of the child,
7. Provision of concrete services such as health care or housing,
8. Inclusion of fathers in services, and
9. Ongoing review of family needs in order to determine frequency and intensity of services.[48]

As the U. S. Department of Health and Human Services recently noted, effective prevention programs build on five protective factors: 1) nurturing and attachment, 2) knowledge of parenting and child development, 3) parental resilience, including ability to cope and problem-solve, 4) social connections, and 5) concrete supports.[49]

To help children, Nebraska must build on the positive experiences of other states and regions. For example, the William Penn Foundation funded 14 child abuse prevention demonstration programs in Philadelphia in the 1990's and sponsored one of the most comprehensive evaluations of parent education services. The National Committee for Prevention of Child Abuse evaluated the outcomes. They found that parents' potential for physical child abuse decreased significantly, with those at highest risk on the pre-test showing the greatest improvements. Similar gains were found in providing adequate supervision of children, and responding to children's emotional needs.[50]

In Hawaii, the rate of substantiated cases of child maltreatment for families receiving program services was found to be less than half that of the control group (3.3% vs. 6.8%).[51]

In 2008, the New York State Nurse-Family Partnerships program showed a return of $5.70 for every dollar spent on home visitation.[52]

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[48] Leventhal, as quoted by National Clearinghouse on Child Abuse and Neglect, www.calib.com/nccanch/, August 2003.
[49] *Promoting Healthy Families in Your Community*, 2008, Administration for Children and Families, U. S. Department of Health and Human Services.
[50] National Committee for Prevention of Child Abuse, 1992, www.childabuse.com, August 2003.
[51] *Evaluation of Hawaii's Healthy Start Program*, Future of Children, Vol. 9 • No. 1 – Spring/Summer 1999.
[52] New York State Citizen Review Panels for Child Protective Services 2008 Annual Report and Recommendations.

Healthy Families Maryland had only two indicated reports of child maltreatment among 254 families served in four years of program operation (a rate of 0.8%).[53]

Healthy Families New York found a reduction in low birth weight babies for women who entered the program during pregnancy, resulting in significant reductions of expenditures for hospitalizations of these newborns and in complications related to low birth weight.[54]

Erie County, New York, spends an average of $6,500 per year per case for preventative services, compared to costs of $45,000-90,000 per year for children placed out of the home, illustrating how prevention can be cost-effective.[55]

Vermont's Success by Six Initiative, which also involves school readiness and supports for adoptive parents, reports good results as well.[56] According to an October 2003 press statement by the Vermont Governor, Vermont saw its child abuse rate drop 70 percent among children from birth to age three after the initiative was in place.

The Centers for Disease Control studied prevention efforts, and concluded in Feb. 2002:

> "On the basis of strong evidence of effectiveness, the [CDC] Task Force recommends early childhood home visitation for the prevention of child abuse and neglect in families at risk for maltreatment, including disadvantaged populations and families with low-birth weight infants. Compared with controls, the median effect size of home visitation programs was reduction of approximately 40% in child abuse or neglect…Programs delivered by nurses demonstrated a median reduction in child abuse of 48.7%…programs delivered by mental health workers demonstrated a median reduction in child abuse of 44.5%"[57]

Based on the research of the CDC and the experience of other states, it is reasonable to conclude that if Nebraska consistently used proven prevention services, the incidence of child maltreatment should decrease – saving the children involved from harm, and freeing resources for families more resistant to change. The CDC studied cost savings and found "In the study subsample of low-income mothers, the analysis showed a net benefit of $350 per family."[58]

A service network could prevent the removal of some children and, where children have already been removed, could also support children's safe return to the parents, and enable reunification to occur in a timely manner.

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[53] Children's Bureau Express, http://cbexpress.acf.hhs.gov, April 2003.
[54] Evaluation of Healthy Families New York, February 2005.
[55] New York State Citizen Review Panels for Child Protective Services 2008 Annual Report and Recommendations.
[56] Success By Six Annual Report 2004.
[57] Centers for Disease Control, www.cdc.gov, October 2003.
[58] Ibid.

Part 2: Improve response to reports of child abuse or neglect

The FCRB's recommendations:

1. Mandate that child maltreatment reports involving children under the age of six are given priority for a response.[59]
2. Ensure that all law enforcement officers who are involved in the removal of children from their homes receive specialized training to help them make the best decisions when faced with the prospect of removing a child from his or her home.
3. Ensure that DHHS employees receiving reports of abuse and neglect through the hotline or local DHHS offices are well-trained professionals who are assigned this function based on expertise. Ensure supervisory support is occurring.
4. Establish a system for supervision and review of all critical decisions regarding reports of abuse and neglect involving children.
5. State law should be amended to require CPS and law enforcement to investigate reports alleging that children are in the home where they witness domestic violence, or that children are in a home where drugs are used, manufactured, or available to the children. DHHS policy regarding domestic violence and substance abuse allegations should be changed accordingly.[60]

Structural problems:

Nebraska law requires all persons who have reasonable cause to believe that a child has been subjected to abuse or neglect to report the incident to DHHS or an appropriate law enforcement agency (Neb. Rev. Stat. §28-711). **The current system diffuses responsibility for decision-making** in response to those reports between the CPS hotline, the 65 local offices of DHHS, and the more than 300 law enforcement agencies (over 200 city law enforcement agencies, 93 sheriff's offices, and 6 offices of the State Patrol).

Most people call Child Protective Services (CPS) to report child abuse; however, under Nebraska statutes, law enforcement is the only entity that can remove a child from his or her parent's custody (Neb. Rev. Stat. §43-248). Even when DHHS believes that the child is unsafe, the law enforcement officer may not agree and refuse to remove the child. In reverse, law enforcement may remove a child whom they believe to be in an unsafe situation, yet DHHS may not believe that the child needs to be removed.

In some cases there is a lack of communication between these co-managed systems. The number of child abuse and neglect reports received and the number of potential responders further impacts the system. As a result, there continues to be serious problems with intakes and investigations and a wide variance in response by area.

[59] This was also the Governor's Children's Task Force Recommendation 2.1.
[60] This was also the Governor's Children's Task Force Recommendation 2.2.

Investigation quality can literally make the difference between life and death for children, and can also dramatically affect the children's quality of life and future productivity.

Law enforcement training is a significant issue. **As first responders, law enforcement officers must assess a child's immediate risk of harm, yet their expertise is in determining if a crime has already occurred, which is a very different skill set**.

Officers from small town departments may have had limited training in investigating child abuse calls or the investigations may be hampered by their relationships with the alleged perpetrators. Officers in juvenile units, such as in Lincoln or Omaha, have more training; yet due to the volume of reports or the time the call is made, the first responder is often a street officer who has had only four hours of specialized training on child abuse investigations rather than an officer from the special units.

Due to the work of the officers who have received specialized training, and the work of the advocacy centers, the trauma children experience during investigations can be significantly lessened when these entities are involved.

Currently, investigations vary from a thorough investigation with a face-to-face contact with the child, to someone going to the door, getting no answer, and not returning. Some law enforcement officers do not document a well-being check done on a child.

If there are problems with a law enforcement agency not responding, or with the quality of an investigation, there are limited avenues for correcting the situation. The same is true of CPS.

What occurs when a child abuse report is received:

When a child abuse report is received by DHHS, CPS performs an "intake" process, which is the process of gathering sufficient information from the reporter and agency records in order to complete an intake report. The worker must then assess the seriousness of the child's situation, accept the call for assessment, or "screen out" the call (choosing to not respond to the incident).

When law enforcement receives a call regarding the possible abuse or neglect of a child, a copy of all reports alleging abuse or neglect, regardless of whether or not the report was investigated, is to be provided to DHHS.

Number of reports DHHS received:

DHHS reported it received 29,269 child abuse reports in calendar year 2008, of which 24,073 involved allegations of child abuse or neglect. According to DHHS, 13,460 reports received an assessment, and 3,260 cases were court substantiated.[61]

[61] *Child Abuse or Neglect, Annual Data, Calendar Year 2008*, Nebr. Dept. of Health and Human Services.

Statistical findings from reviews:

During the 4,457 case reviews conducted in 2008, the FCRB made specific findings in each case on whether reasonable efforts were made to prevent the child's removal. During these comprehensive statewide reviews, the FCRB found that in some cases no action was taken to protect children for a considerable period of time, even though the issues had been reported to DHHS.

The FCRB's research on child deaths:

In 2003, at the request of then Governor Mike Johanns and with the permission of the Director of Health and Human Services, the FCRB researched 33 child deaths. The results of this research showed that:

- 19 children (58%) had been previously reported to either Child Protective Services (CPS) or law enforcement, or the perpetrator had other violent offences, yet either no investigation took place or the investigation was seriously flawed.
- 27 (82%) were newborn through five years old.
- 3 (9%) were wards of the court at the time of their deaths.

Following the FCRB's initial research in 2003 on 33 child deaths, with Governor Johanns' permission, the FCRB examined more that 4,262 calls made to DHHS reporting abuse and neglect. (This sample was a random sample derived from a proportion of the calls made in each of the areas of the state). The FCRB found that 1,202 of these calls involved allegations of serious safety issues due to physical abuse, physical neglect, emotional abuse or sexual abuse. In 680 of the calls, DHHS took no action to insure the children's safety.

In response, Governor Johanns created the Governor's Children's Task Force in 2003 to review these deaths. Subsequent recommendations were made to improve the CPS system. DHHS responded to these challenges by reinstating a supervision mechanism, putting in place an internal accountability plan, adding additional staff approved by the legislature, and meeting with the FCRB to address numerous child welfare system issues.

Notwithstanding these efforts, in order to create a more responsive child protection system it is essential that improvements continue so that every Nebraska child will have the best possible future.

Part 3: Continue to utilize pre-hearing conferences

The FCRB's recommendations:

1. Continue to use the pre-hearing conference to front-load services for the family in an effort to reduce the time a child remains in foster care.
2. Encourage families to use voluntary services when appropriate.
3. Use the conference as a chance to identify paternal and maternal relatives.

Rationale:

Pre-hearing conferences are informal meetings where all the parties to the children's cases, including the parents, come together for the purpose of gaining the cooperation of the parent in a problem solving atmosphere. These conferences can be scheduled within 30 days of the children entering out-of-home care, shortening the time that critical decisions are made and allowing the family to receive needed services immediately to address the reasons that the children entered care. Effective use of pre-hearing conferences at the initial or protective custody hearing phase of the cases can net positive gains prior to adjudication.

At the pre-hearing conference, the parents and legal parties involved may identify any issues of paternity, ensure compliance with the Indian Child Welfare Act, identify relatives and explore the feasibility of a relative placement, determine the children's out-of-home placement, schedule parenting time (visitation), and identify and set up services for the parents and children. Recent legislation makes all comments at the pre-hearing conferences confidential, so that parents can freely exchange thoughts and concerns without fear of having the information used against them in later hearings.

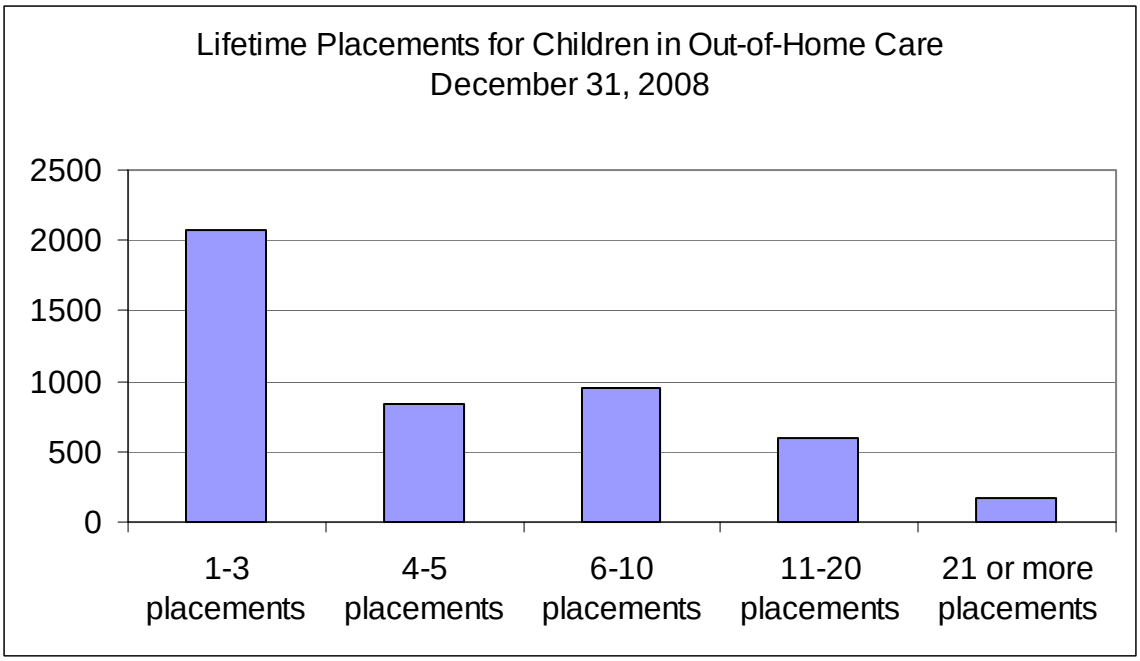
This step is critical, as studies show that parents are more motivated towards reunification and addressing the reasons their children within the first six weeks after their children are removed from their care.[62]

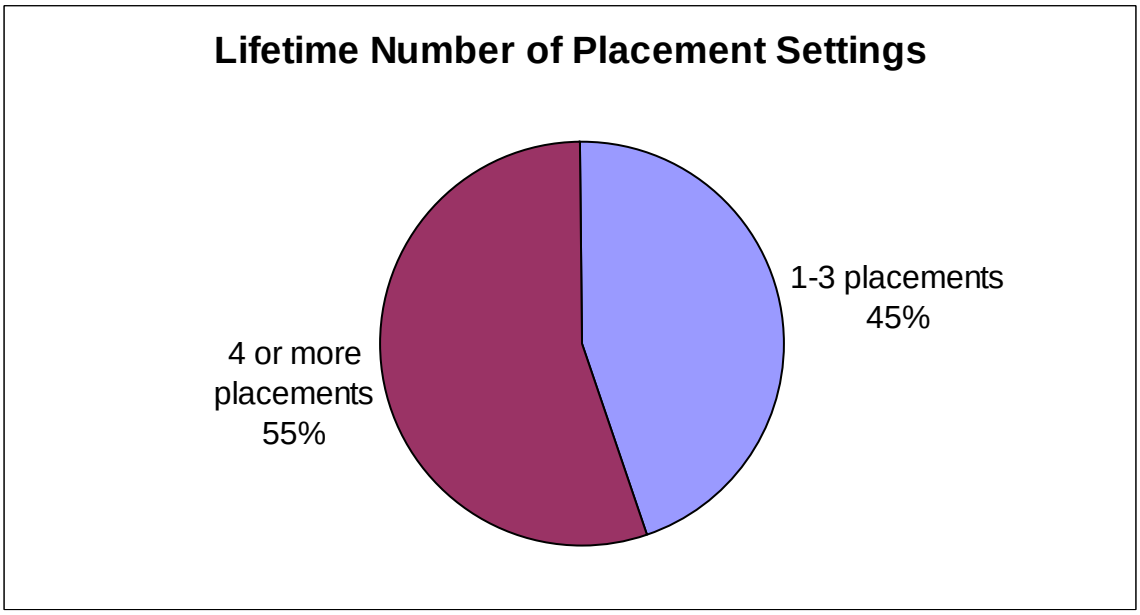
When critical issues are not addressed at the outset of the case, children can potentially spend more time in foster care awaiting the resolution of these critical issues. Utilization of pre-hearing conferences could reduce the number of children with extended stays in foster care.

Pre-hearing conferences should also address paternity. Paternity had not been established for 605 (18.6%) for the 3,236 children reviewed 2008. Paternity was undocumented, and therefore likely not determined, in another 27 children's cases.[63]

Use of the pre-hearing conference to "jump-start" the system can be the means by which to increase stability in children's placements and to expedite their permanency. By adapting techniques learned from the drug court and family court models, front-loading the system would create a more comprehensive ability to monitor and improve parental compliance and directly provide for the needs of the children involved. This is why the Supreme Court's *Through the Eyes of a Child* Initiative has endorsed these conferences, and courts with juvenile jurisdiction are utilizing them across the state.

[62] One such study is "*Crisis Intervention in Child Abuse and Neglect*," by the U.S. Department of Health and Human Services Administration for Children and Families.
[63] Additional information on paternity can be found beginning on page 99 and in table 17 on page 186.


Lifetime Placements for Children in Out-of-Home Care
December 31, 2008
2500
2000
1500
1000
500
0
1-3 placements
4-5 placements
6-10 placements
11-20 placements
21 or more placements


Lifetime Number of Placement Settings
1-3 placements 45%
4 or more placements 55%

Address Placement Issues

Problems specific to contracted placements are discussed with other contract issues, beginning on page 103.

For clarity, this section is divided into four parts:

1. The shortage of foster care placements.
2. Kinship/relative care issues.
3. The number of placement changes that children experience.
4. Safety and abuse issues in foster care placements.

Part 1: Address the shortage of foster care placements

The FCRB's recommendations:

1. Recruit more qualified placements for all levels of need.
2. Develop these placements with increased levels of monitoring and support.
3. Place young children (birth to age 5) with foster families that are willing to adopt.
4. Recruit, develop, and retain child-specific placements for young children, especially those with special physical, emotional, or behavioral needs.

Background:

There are significant shortages of traditional foster homes, agency-based foster homes, treatment foster homes, group homes, residential care facilities, and therapeutic placements for children with specific needs or problems. These special needs or problems for children can include violent or aggressive tendencies, sexual perpetration or victimization, emotional disturbance, pregnancy, certain medical issues, children with a dual-diagnosis (e.g., substance abuse and mental health issues), and children with severe behavior problems.

Statistical findings:

The FCRB finds that a lack of appropriate placements results in some children being placed where beds are available, rather than where these children's needs can best be met. The inability of a placement to meet the needs of individual children can cause difficulties, conflict, and eventual removal from the placement. The following statistics illustrate how this situation can impact many children's lives:

1. **54 children reviewed in 2008 were found to be in unsafe placements**.[64] This means that one or more of the following conditions existed:
    a. A safety issue had been identified and there was not a safety plan in place.

[64] The FCRB is required under Neb. Rev. Stat. §43-1308(1)(b) to make a finding at each review of whether the placement is safe and appropriate.

b. Documentation indicated there was likely abuse or neglect by the caregivers of the child being reviewed and/or another child in the placement.
c. There was a combination of children with divergent needs in the placement, such as a very aggressive child in the same foster home with a child who was physically or developmentally unable to defend his or herself.
d. There was a mix of children in shelters, foster homes, or group homes in which children who have exhibited physically or sexually aggressive behaviors are placed in the same environment, possibly even the same room, as others who are either vulnerable to, or exhibit the same behavior. The level of supervision was not enough to ensure these children's safety.
e. The individual needs of the children were such that safety could not be ensured, such as children who needed a higher level of care.
f. The children were placed in a relative placement and that relative was unwilling or unable to keep them safe from the person who perpetrated their abuse or neglect.

2. **In another 831 reviews, there was insufficient documentation available to determine if the placement was appropriate**. These cases reflected a lack of home studies, lack of out of home assessments, and no information on other children or adults living in the home.
3. **139 children reviewed in 2008 were found to be in placements that were inappropriate** in relation to the children's needs, even though the child was temporarily safe there. This means that one or more of the following conditions existed:
    - Children remain in shelters or detention facilities because there are no appropriate placements available.
    - Children need a higher level of care than is being provided, but remain on a waiting list due to a lack of appropriate placements.
    - Children who require individualized attention due to their high needs are placed in homes with several other high needs children.
    - Adoption is the plan – but placement is not willing or able to provide permanency.

Part 2: Address kinship care issues

The FCRB's recommendations:

1. Identify and recruit relatives and non-custodial parents within the first 60 days of a child's placement, and assess their previous relationship with the children and ability to safely care for the children, so that delayed identification of these prospective placements does not result in unnecessary moves.
2. Identify paternity in a timely manner so the father and paternal relatives can be considered.

3. Conduct a home approval study, a reference check, background checks, fingerprinting, etc. on all relative placements, prior to the child being placed.
4. Develop a training curriculum for relative caregivers. Include information on the child welfare system and information on the intra-familial issues specific to relative care. This is a core recommendation.
5. 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. Continue the Kin-nect Support Line created by NFAPA.
6. Ensure that a relative placement is not selected simply because of biological connections, but rather because it is a safe, appropriate placement that is in the child's best interest.

Background:

The Nebraska Family Policy Act (Neb. Rev. Stat. §43-533) states that when a child cannot remain with their parent, preference shall be given to relatives as a placement resource. It also requires that the number of placement changes that a child experiences shall be minimized and that all placements and placement changes shall be in the child's best interest.

The federal Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351, 2008) requires "due diligence" in identifying relatives within the first 30 days after a child is removed from the home. See the section of pre-hearing conferences on page 68 for how those can be used to help with such identification.

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

Statistical findings:

Nebraska has increasingly utilized relative placements, with 965 (20.8%) of the 4,620 children in out-of-home care on December 31, 2008, placed with a relative. This compares to 13.0% of children reviewed in 1998.

Additional rationale:

As discussed in the section on pre-hearing conferences, paternity had not been established for 605 (18.7%) of the 3,236 children reviewed in 2008. Paternity was undocumented, and therefore likely not determined, in another 27 of the children's cases. The father's and the paternal relative's suitability as a placement for the child cannot be considered until paternity is identified.[65]

[65] Additional information on paternity can be found beginning on page 99, and in Table 17 on page 186.

If a maternal or paternal relative is an appropriate placement, the children suffer the minimum disruption possible and are able to remain placed with persons they already know who make them feel safe and secure. Thus, relative care can be especially beneficial when children have a pre-existing positive relationship with a particular relative.

Relative/kinship placements are not appropriate in the following circumstances:

- If the relative cannot establish appropriate boundaries with the parent.
- If the relative is in competition with the parents for the children's affection.
- If there is any indication that the relative has abused other children, was abusive to the child's parents, or allowed the child's abuse.

The FCRB finds 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 attachment needs or best interests. **Many case managers have the misperception that it is DHHS policy that whenever a relative is found, children must be moved to the relative's home <u>regardless</u> of whether it is in the child's best interest**.

An additional issue with relative placements is that many relatives do not go through the full licensure process, as they are given "approved" status. Thus, they do not receive the type of training that other foster parents receive on the foster care system and the types of behaviors that abused and neglected children can exhibit. Many relative caregivers who have gone through the foster parent licensing process have commented on how helpful this information has been to them. Many relatives have indicated that special training on the intra-familial issues present in relative care would be very helpful as well.

Although DHHS policy is to quickly identify relatives and determine their suitability as a placement, this does not appear to be consistent in practice. Paternity is not identified consistently. Sometimes there are delays in identifying relatives, sometimes there are delays in assessing relatives as potential placements, sometimes relatives who appear to be suitable placements are not utilized, and sometimes children are placed with relatives that appear to not meet minimal standards for care giving.

Nationally, children in foster care who are placed with relatives are more likely to reunite with parents, have fewer total foster care placements and a lower probability of return to foster care after removal. Children in relative placement settings, however, tend to remain in foster care longer and are less likely to resolve their foster-care stay via adoption.

Since relative placements often have specific needs that non-familial placements do not face, the Nebraska Foster and Adoptive Parents Association created the Kin-nect Support Line (1-888-848-4546). This is a 24 hour statewide, toll-free line for relative caregivers. It provides emotional support, information, and referrals for training and support groups.

Part 3: Address the number of placement changes children experience

The FCRB's recommendations:

1. Appropriate placements must be identified at the time the child is removed.
    a. Identify and recruit relatives and non-custodial parents within the first 60 days of a child's placement so that delayed identification of prospective placements does not result in unnecessary moves.
2. Support placements.
    a. Provide on-going specialized training to all foster parents, case managers and supervisors regarding the importance of a child forming attachments to his or her caregiver. Provide specialized training to relative caregivers on the system and on the intra-familial issues they are likely to encounter.
    b. Maintain open lines of communication between the caseworker and the placement.
    c. Ensure that the mixture of children in foster homes, emergency shelters, and group facilities is considered prior to placements.
    d. Provide foster parents specialized training in dealing with difficult behaviors and challenges, and ensure that they receive the services and support that they need.

Statistical findings:

The percentage of Nebraska children experiencing multiple placements while in foster care continues to remain high. The following statistics illustrate the number of placements that children experience:

- **55.2% (2,551 of 4,620) of the children in care on December 31, 2008, had experienced four or more placement disruptions over their lifetime.** (This compares to 48.3% in 2007, 47.3% in 1998, and 33.0% in 1988).
- 37.1% (1,718 of 4,620) had experienced six or more placements over their lifetime.
- **22.4% (269 of 1,199) of DHHS wards birth to age five had experienced four or more placements over their lifetime.**

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.[66] Most foster children in Nebraska experience more than two placements.

[66] A common standard is that three or more moves (four or more placements) constitute placement instability (Hartnett, Falconnier, Leathers & Testa, 1999; Webster, Barth & Needell, 2000).

Additional rationale:

Through its reviews, the local boards found that children are moved from placement to placement for the following reasons:

1. The lack of appropriate placements.
2. Relative placements are not identified early. There is a misconception that anytime a relative is identified, the child must be moved. While placement with an appropriate family member remains a priority, the standard for assessing changes in the child's placement is the child's best interests. [67]
3. Placements were disrupted when caregivers brought issues to the case manager's attention, particularly if that information contradicted information in support of the children's permanency objective.
4. Foster parents were unprepared for children's behaviors and needs.

Many experts find that children who experience four or more placement disruptions can be irreparably harmed by the multiple broken attachments. The following is a sampling of their findings.

> The Washington State Institute for Public Policy, February 2001, found that: "Many of them [children with multiple moves] appear bound and determined to force change of caregiver at 'dangerous' times of year in order to avoid having another terrible, out-of-control move take them by devastating surprise again.**"**[68]

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

As one young man who grew up in foster care said,

> **"Every day I would come home from school and see if my stuff was packed. That was the first thing I would check."**[69]

The FCRB finds that many 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 provided regarding the children placed with them.
3. Sufficient respite care was unavailable.[70]
4. Kinship foster parents who care for relative children often need more help in understanding the system and intra-familial issues than they are given.

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[67] See page 72 for more information on kinship care and its appropriate use.
[68] *Helping Children Cope with Separation and Loss*, Claudia Jewett Jarratt. c. 1994.
[69] March 29, 2004, editorial by a member of Pew Commission as it appeared on www.tallahassee.com.
[70] 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.

Foster parents have not always been able to obtain requested additional training in behavioral management regarding children with attachment issues or regarding children who have experienced severe or chronic abuse or neglect. The behaviors associated with these issues can be very frustrating for care providers. Additional information, training, and skill development on these kinds of topics are an invaluable support for foster parents.

Due to the number of issues regarding foster parent training and support, and the impact those issues have on the children, the FCRB commends the efforts that the Nebraska Foster and Adoptive Association is making to help provide support, training, and mentoring on pertinent issues to foster parents across the state and for establishing the Kin-nect Support Line for kinship (relative) placements.

Part 4: Address safety and abuse in foster care

The FCRB's recommendations:

1. Allegations of abuse, severe neglect, serious bodily injury, serious misconduct, and death occurring in any State-sponsored facility should be promptly and thoroughly investigated by law enforcement and/or DHHS to ensure the safety of the children.
2. Contracted placements should not investigate reports or complaints of abuse or neglect occurring within their own facilities. Those who are trained and professionally qualified to conduct such investigations, namely DHHS and/or law enforcement, should conduct investigations.
3. Strengthen the contract monitor's role and the system's promptness in investigating allegations of abuse and neglect in out-of-home care placements.
4. Ensure that a full investigative background check is completed on all applicants for foster care providers, including relative placements, to eliminate many problems with inappropriate caregivers. While this is to be occurring, it appears this is not consistent across all areas and all DHHS contractors.
5. Record all allegations against an individual or facility foster care provider on the N-FOCUS CWIS computer system in such a way that the record is easily accessible. Utilize the history of relevant allegations and dispositions when investigating new allegations, and when determining whether to continue or renew contracts.

Rationale:

The FCRB finds that there have been multiple allegations of abuse made against some foster homes, group homes, and agency-based placements. **The FCRB finds that the system often fails to respond adequately to these types of reports, even if allegations are of serious abuse**.

Under federal regulations and state law, the FCRB is required to make findings on the safety and appropriateness of the placement of each child in foster care. The FCRB's reviewers research whether any allegations have been made against the placement of the children being reviewed and the system's response to those allegations. **During 2008, the FCRB reviewed the cases of 54 children who were not in safe placements**.[71]

The FCRB notes that many foster parents provide exemplary care for the children entrusted to them; unfortunately, this is not universally the case. The FCRB has identified serious injuries or neglect in foster placements that were not addressed. There have been cases of sexual abuse, broken bones, burns, and other maltreatment in some placements.

All children and youth placed in the care of the State are entitled to be well cared for and to be safe. It is only rational to expect that the conditions in foster homes and group homes would be much better than those endured by the child prior to coming into care. As a result, foster homes and group homes should offer and be held to a higher standard of care than that occurring in the child's home of origin.

[71] The FCRB is required under Neb. Rev. Stat. §43-1308(1)(b) to make a finding at each review of whether the placement is safe and appropriate.

Address Case Management Issues

Local board members and staff have identified that stable case management is critical to ensuring children's safety while in out-of-home care, and ensuring children achieve a timely and appropriate permanency.

This was echoed in the findings of a Milwaukee County, Wisconsin, study that found that children who only had one caseworker achieved timely permanency in 74.5% of the cases, as compared with 17.5% of those with two workers, and 0.1% of those having six workers.[72] And, the University of Minnesota found that case management turnover correlated with increased placement disruptions,[73] as did many other researchers. Nebraska is not alone in dealing with case management changes; a web search shows that state after state is dealing with this issue.

Further, under the new privatized system scheduled to begin in 2009, communication will need to be tightly maintained between the DHHS caseworker and the service coordinator from the regional contractor assigned to the child's case who will be performing many traditional caseworker functions. Changes in caseworker or service coordinator will negatively impact children's cases, so means need to be found to minimize turnover.

Part 1: Reduce caseworker changes

The FCRB's recommendations:

1. Reduce caseworker changes in order to stabilize management of children's cases. This is one of the FCRB's top recommendations.
    a. Limit the number of cases for which a caseworker is responsible.
        i. Careful study of caseloads should be conducted to determine a reasonable maximum number of cases that a caseworker can handle effectively. Different areas calculate caseloads differently, so it is important to establish and communicate how this will be counted. Additional personnel may be required to provide adequate staffing to cover unforeseen situations without adding to the burden of present staff members.
    b. Add support systems and mentoring for caseworkers. This will address issues of burnout and morale, and also increase caseworker confidence when addressing difficult challenges.
    c. Increase caseworker pay based on excellence in performance.

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

2. Examine and evaluate how communication presently takes place between caseworkers and contractors, and address those specific areas where there are communication breakdowns, thereby causing frustrations.
3. Analyze the quality of the training provided for new caseworkers. The analysis should be performed by an *independent* evaluator and should assess course duration, location, and content, as well as the experiential level of those who are providing the instruction.
4. Consider how Delaware, Illinois, and other states have been able to reduce caseworker turnover and improve outcomes.
5. Ensure that the proposed service coordinators have consistent training, including on how to document and build an accurate case history.
    a. [As of November 2009, the contractors that will be providing the service coordinators were still in process of creating an infrastructure. Many of their new hires for the service coordinator positions may be unfamiliar with the DHHS N-FOCUS system they will need to use to record documentation, the managed care denial process, court processes, and/or what is needed to present evidence for courts to use when making decisions regarding the children's cases.]
6. Ensure that all agencies that will be providing service coordinators have practices in place, such as caseload size caps, support, and mentoring, which will help minimize service coordinator changes.
7. Ensure that DHHS caseworkers have the authority to hold the contracted service coordinators accountable for their performance.

Statistical findings:

- 1,588 (34.9%) of the 4,549 DHHS wards in foster care on December 31, 2008, had four or more different caseworkers during their time(s) in foster care.
    - 875 (19.2%) had experienced six or more different caseworkers.
- 342 (36.1%) of 948 children birth to age five in a special study in the fall of 2006 had four or more caseworkers**.**

Additional rationale:

Children are often the casualties of caseworker burnout and workforce issues. The FCRB acknowledges the difficulty of the caseworkers' task. This is recognized on a national level, as the following quote illustrates:

> "**Child welfare personnel are repeatedly asked to make major life decisions on behalf of children who they do not know well**. They must achieve a delicate balance. On the one hand, they must never minimize the life-long impact of the decisions they make. On the other, they must not allow themselves to become paralyzed by fear of making a wrong decision. Some conclusions are made as a

result of well-defined assessments of current conditions. Unfortunately, many decisions are made by default [e.g., agency policy, lack of resources]."[74]

Many caseworkers who have resigned their positions believe that the caseworker's job is nearly impossible to perform adequately due to the following:

1. The need for more supervision, structure, and support.
2. Increasingly large caseloads.
3. The excessively time-consuming nature of entering required basic case information on the N-FOCUS SACWIS computer system.
4. The lack of placements, services, and treatments for children in their caseload.
5. Children and youth being denied needed mental health services due to managed care private contracts.
6. Insufficient pre-service training on domestic violence, which is a factor in many of the cases.
7. The fragmentation of the role of the caseworker, where some of their duties are delegated to private contractors, and the caseworker is powerless to override contractor decisions.

When Delaware and Illinois faced a similar situation, each State took steps to professionalize and support its caseworkers. This resulted in lower turnover of caseworkers, more support for foster parents, and higher number of children achieving permanency in a timely manner. The professionalization of caseworkers by these States included offering rewards for obtaining certificates of proficiency, lowering caseloads, and raising salaries based upon excellence in performance.

It is easy to see how stabilizing case management would help children achieve a more timely permanency, as caseworker changes can result in:

1. Gaps in the history (evidence), which is available for prosecutors and the parties involved in a case. This history would include the parent's reactions during parenting time (visitation) and the parent's utilization of services, such as therapy, and substance abuse treatment, or other actions that may be court ordered, like obtaining employment and stable housing. It would also include the child's placements, educational stability, treatments received, and other needs identified
2. Breakdowns in communication between parties involved in the case.
3. Lapses in continuity, with regard to monitoring parental compliance and the child's needs.
4. A lack of consistency for children and families who are trying to navigate the system.

These problems often lead to prolonging the time that children spend in foster care.

[74] *A Child's Journey Through Placement*, Vera Fahlberg, MD, c. 1991

When a caseworker leaves DHHS or transfers to another position within DHHS, that caseload is temporarily redistributed to other caseworkers or staff, thereby causing an even greater overload situation for other staff members. The case is often transferred back again when a new caseworker assumes duties. Once again, this causes delays as the new caseworker must take time to become familiar with the case, which may be characterized by very complicated issues as well as a very lengthy history. Additional time must be taken in order to establish the rapport and trust with the child and the family members involved in the case.

Each time a child case is transferred to a different caseworker, this cycle "starts over" in some dimension, thereby resulting in the child's lingering in foster care for a longer time without permanency. While some caseworker change is inevitable, every effort should be made to reduce caseworker changes.

The FCRB acknowledges that there is a continuing priority within State government to curtail expenditures. However, being competitive with other businesses by raising salaries to attract quality employees, and by increasing compensation for outstanding caseworkers is not wasteful. Quite the contrary, maintaining a qualified career staff will result in stability in case management, improve evidentiary documentation, and move children to permanency more quickly, thereby continuing the recent decline in the number of children in foster care. This makes pragmatic, economic good sense for our State.

Part 2: Commend caseworkers for maintaining contact with children

The FCRB's recommendation:

1. Commend caseworkers who maintain and document their contacts with the children. Keep working to ensure that children are routinely seen by their caseworkers.

Statistical findings:

The **FCRB commends DHHS caseworkers, supervisors, and administration for continuing to maintain a high number of contacts** in spite of heavy caseloads. The percentage of reviewed children whose cases contained documentation of recent caseworker contact has increased significantly – 93.8% in 2008, compared to 92.7% in 2007. As recently as 1999, the percent of caseworkers routinely seeing the children was only 30.9%.

Additional rationale:

Face-to-face contact is essential to accurately assess the appropriateness and safety of placements and services. It is critical for appropriate case planning and for engaging the parents in activities designed to improve their parenting abilities. It also facilitates caseworkers' 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 adults who could report a possible issue with a placement. These children are more vulnerable to abuse or neglect.

The 2002 Federal Child and Family Services review found that "the frequency and quality of face-to-face contact between caseworkers and the child and parents in their caseloads was often insufficient to monitor children's safety or promote attainment of case goals."[75]

Based on the FCRB's findings from reviews, if the current rates continue the next such federal audit should find this to be an area in which significant improvement has been achieved.

[75] *Final Report, Services Review*, U.S. Department of Health and Human Services, CFSR, 2002.

What some national sources have found regarding caseworker changes:

"The high turnover rate for child welfare workers often results in children having several different social workers during their stay in foster care. The youth in our focus group discussion reported that they often felt no connection with anyone and had no sense of even one person on whom they could count."

Foster Care, Voices from the Inside, Pew Commission

"The child or family does not care why the worker changed, only that they now must establish a relationship with someone new, which often delays or disrupts services and the case plan. Turnover also affects families with workers who have not left. While recruiting, hiring and training new workers for the vacant positions, remaining workers must manage the cases of departing workers. This increases caseloads and reduces the time and energy spent on any individual child or family."

Center for Public Policy, Texas, February 2009

Evidence of the problems caused by workforce constraints is more than anecdotal: a report by the federal General Accounting Office in 2003 found that the child welfare system is seriously understaffed and that workforce issues are a significant barrier to states' achieving the goals of safety, permanency, and well-being.

Increase Guardian Ad Litem Accountability

The FCRB's recommendations:

1. Continue the progress made with judges holding guardians ad litem accountable for the quality of their representation of children. This can be done by ensuring that, per the Supreme Court's guidelines, the guardian ad litem:
    a. Submits a report to the court at the disposition hearing and dispositional review hearings, based on their independent research and judgment and consultation with the child. This report shall include when they visited the children and with whom else they have consulted. .
    b. Consults with the juveniles they represent within two weeks of appointment and at least once every six months thereafter, including visiting the children's placements.
    c. Has interviewed the foster parents, other custodians, and current DHHS case managers, and interviewed others involved in the case such as parents, teachers, physicians, etc.
    d. Has attended all hearings regarding the child, unless excused by the Court.
    e. Has made every effort to become familiar with the needs of the children they represent, including determining whether the children's placement is safe and appropriate.
2. Upon appointment, the court should provide the guardian ad litem a job description and a list of items that need to be completed and included in the guardian ad litem report. This job description and list should include, at a minimum, all of the authorities and duties of the guardian ad litem set forth in Neb. Rev. Stat. §43-272 and 43-272.01, and the Supreme Court Guidelines.
3. Prior to the payment of an invoice for guardian ad litem services, the billing should be reviewed by the judge, the clerk magistrate, or by a staff person designated by the judge. Bills for services should correspond to the work accomplished on behalf of the children. Failure to provide sufficient consultations should be addressed by the judge.

Rationale:

As reflected in the commendation section, many guardians ad litem are doing exemplary work that greatly benefits the children they represent.[76] The recommendation here in no way minimizes their efforts. Unfortunately, there are indications that throughout the State many guardians ad litem could play a more substantial role in assuring children's safety.

According to Neb. Rev. Stat. §43-272.01, the guardian ad litem is to "stand in lieu of a parent or a protected juvenile who is the subject of a juvenile court petition…" and "shall

[76] Guardian ad litem commendations are on page 37.

make every reasonable effort to become familiar with the needs of the protected juvenile which shall include…consultation with the juvenile."

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

The FCRB respectfully requests that judges inquire of guardians ad litem whether they have seen the children they represent, and under what circumstances.

Focus on Young Children (Birth to Age Five)

The FCRB's recommendations:

1. 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) and attaining all appropriate health and development entitlements as early as possible in the child's case.
2. Develop specialized units within DHHS where highly trained professionals focus on providing permanency for children who have been identified as unable to return home due to parental inability or unwillingness to provide long term care.[77] Reduce the caseloads for these specialized caseworkers.
3. Offer intensive services to parents at the onset of the case, with the intent to assess their long-term willingness and ability to parent. Ensure that every assessment of the parent's on-going progress measures not only the parent's technical compliance with court orders but also true behavioral changes.
4. Caseworkers, foster parents, agencies responsible for contracted foster homes, guardians ad litem, therapists, courts, and other concerned parties should do everything possible to encourage a well-thought-out transition plan for any child that must move, especially if the child is pre-school age or developmentally delayed. The plan must be based on the children's age, developmental stage, needs, and attachments.

Background:

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

The first five years of a child's life are crucial for successful and healthy development. Providing the right conditions for early childhood development is far more effective than trying to fix problems later in life. **On December 31, 2008, there were 1,199 children in foster care in Nebraska who were under six years of age.** Focusing upon children birth through age five provides a long-range solution to the number of young children in foster care, while simultaneously protecting that group of children most vulnerable to abuse and neglect.

[77] Permanency indicates that the child is in a safe, stable family situation. If this cannot happen with the parents, then it can be achieved through adoption, or, for older children, through a guardianship.

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.

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[78]

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.

Research has also 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 occurring during the period of ages newborn through three have been found to create life-long problems with impulse control, anxiety, hyperactivity, and learning disorders.[79]

Many children in foster care have experienced toxic stress levels

Instability in foster care can further exacerbate such problems. The American Academy of Pediatrics has found that paramount in the lives of children in foster care is the children's need for continuity with their primary attachment figures and the sense of permanence that is enhanced when placement is stable.[80]

Nationally, very young children are the fastest growing segment of the child welfare population. Nearly 40 percent of them are born at low birth weight and/or premature, two factors which increase the likelihood of medical problems and developmental delay. More than half suffer from serious physical health problems. Dental problems are widespread. Over half experience developmental delays, which is four to five times the rate found among children in the general population.[81]

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[78] "*Our Window to the Future*," Dr. T. Berry Brazelton, & Stanley Greenspan, Newsweek Special Issue, Fall/Winter 2000.

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

[80] Rosenfeld, Pilowsky, Fine, et al as quoted in the American Academy of Pediatrics Policy Statement on Developmental Issues for Young Children in Foster Care, November 2000.

[81] *Promoting the Emotional Well-Being of Children and Families, Improving the Odds for Healthy Development of Young Children in Foster Care*. Dicker, Gordon, Knitzer. Columbia University, 2002.

Statistical findings:

Unfortunately, after children are removed from the home, many experience multiple placements and/or failed reunification attempts with their parents, and thus have a lack of the ongoing nurturing relationships and attachments required for them to grow and thrive.

1. On an average day in 2008 about 1,200 children ages five and under were in foster care in Nebraska. By any standard, this number means that many preschoolers have been abused or neglected to the point of requiring removal from the parental home.
2. 530 (40.0%) of the 1,326 children ages five and under who were wards of DHHS and in foster care on December 31, 2007, had been in more than two foster homes. This compares to 48.4% in 2006, 41.4% in 2005, 35.0% in 2004, 38.0% in 2003, and 36.5% in 2002.
3. 307 (23.2%) of the 1,326 DHHS children ages five and under in foster care on December 31, 2007, had been in more than three foster homes.
4. 203 (15.3%) of the 1,326 DHHS children ages five and under in foster care on December 31, 2007, had been removed from the home at least once before. This compares to 15.5% in 2006, 13.5% in 2005, 13.8% in 2004, 13.0% in 2003, and 13.7% in 2002.

Transitions:

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

A Checklist for the Healthy Development of Infants in Foster Care

1. What are the medical needs of this infant?
2. What are the developmental needs of this infant?
3. What are the attachment and emotional needs of this infant?
4. What challenges does this caregiver face that could impact his or her capacity to parent this infant?
5. What resources are available to enhance this infant's health development and prospects for permanency?[82]

Informed medical decisions and preventive care are critical to healthy development in the earliest years. The American Academy of Pediatrics recommends that all children in foster care have a "medical home" – an approach to providing comprehensive primary care that facilitates partnerships between patients and their personal physicians. The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and the Early

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

Intervention Program (Part C of IDEA) are the strongest medical, developmental and mental health entitlements to services for eligible children in the earliest years.

Parental substance abuse:

An additional issue is the number of young children who come into care as the result of substance abuse by their parents. Substance abuse is always difficult to overcome, and methamphetamine abuse appears to be more difficult to overcome than many other mood-altering drugs. For children under age two who were reviewed in 2007, 40.7% came from homes with parental methamphetamine abuse. [83] Children born prenatally exposed to substance abuse are far more likely than other children to have serious medical issues, disabilities and developmental delays that if left undetected or unaddressed could undermine reunification with parents or permanency in general.

With respect to the 948 children birth to age five in the special study conducted in the fall of 2006:

- 103 (10.9%) children were born substance affected.
- For children who entered care because of a parental substance abuse issue, the substance(s) of choice was:
    - Methamphetamine – 352 children (37.1%)
    - Alcohol – 218 children (23.0%)
    - Cocaine – 124 children (13.1%)
    - Marijuana – 60 children (6.3%)
    - Heroin – 9 children (0.9%)

The FCRB strongly supports the Douglas County Family Drug Treatment Court (FDTC) that serves children birth through age three and their parents. The Court is very clear; it serves children first with a clear focus on permanency, and then the families. From the beginning parents are made aware that the focus of the FDTC is on child well-being and permanency, not simply parental sobriety. The abuse/neglect case is not separate from the drug case. The FCRB supports the concept and recommends that it be expanded.

[83] Additional information on parental methamphetamine abuse can be found on page 49 and in the table on page 194.

Children's Mental Health and Behavioral Issues

The FCRB's recommendations:

1. Create a single point of entry to mental health services.
2. Increase access to those services, especially during a crisis.
3. Build capacity across the state.
4. Address denials of services based on behaviors.
5. Ensure that courts orders specify that services or treatments are to be completed.
6. Provide continual evaluations of the quality of services received.

Background and rationale:

There can be many reasons for children not receiving needed services, such as a lack of identification of the children's needs, a lack of treatment providers or facilities in the children's area of the state, or a lack of funding for these services (see section on managed care issues on page 106).

Children who do not receive needed services often remain in foster care for extended periods of time. Parents may be unable to cope with these children's needs or behaviors, and it may be difficult to find families willing to make the financial commitment necessary to adopt such children and provide for their specialized needs.

Why some children need mental health/behavioral health services

When a child is removed from the family home, he or she is often not clear as to why this essential bond has been interrupted or broken, and why he or she is placed in the care of strangers. This disruption is especially harmful for younger children, layering additional levels of confusion and anger on top of the trauma of initially experiencing abuse and/or neglect in the toxic home environment. What happens to a child in this series of circumstances?

The child, sensing that all these changes are beyond his or her control begins to act out, that is, begins to display behavioral and discipline problems. Why? Children feeling powerless over their circumstances will sometimes rebel against foster parents, care giver, teacher, therapist, etc. – any authority – as if to say, "I am not in control of my life, you are not going to have control either." This is not dissimilar to what happens to many children in families experiencing a traumatic divorce, serious marital disharmony, death of a parent, displacement due to fire or flood, or other significant event.

Behavioral issues can easily be an anticipated consequence of a child's abuse and neglect, and/or removal from his or her home and family.

Children who enter care due to their own significant mental health issues

Other children enter the system with behavioral issues that may stem from a variety of causes, some of which are exacerbated by the placement process itself. Some of these children had been in foster care previously, others had not.

Many of these children enter the child welfare system so that parents can access children's treatments, particularly if they have exhausted their insurance, or have no insurance, and cannot afford to pay for the child's treatment, which can be needed for a considerable length of time and be very expensive.

This includes some children who were adopted from the child welfare system and later as adolescents are predictably re-integrating their early experiences. Since children adopted from the system have frequently suffered the most egregious abuse or neglect, it would not be uncommon for them to need some mental health services as they became older.

How early childhood experiences can impact mental health

Some mental health issues stem from earlier experiences, such as being the victim of child abuse or neglect, having one or both parents die, or other early traumas. Some issues are the result of fetal drug or alcohol exposure, and/or other cognitive impairments. Some issues come from chaotic lifestyles, parental substance abuse, or domestic violence in the home. Some issues are related to biology or genetics.

The following are some findings of national experts:

> **"The importance of positive early environments and stable relationships for a child's healthy development is incontrovertible**…Children who spend their early years in foster care are more likely than other children to leave school, become parents as teenagers, enter the juvenile justice system and become adults who are homeless, incarcerated and addicted to drugs. Answering the cry of infants in foster care is an investment in their lives and the future of all children."[84]
>
> "Children in a methamphetamine home are victimized by the very environment in which they live. They are often victims of, or witnesses to, significant domestic violence and physical abuse. The methamphetamine culture is often sexually explicit… The children are exposed to both an alcohol and drug culture as friends of the users come and go. Mothers who are required to choose between reunification with their children or continued methamphetamine usage all too often choose their drug rather than their children."[85]
>
> "Early neglect significantly predicated aggression."[86]

[84] *Ensuring the Healthy Develop of Infants in Foster Care: A Guide for Judges, Advocates, and Child Welfare Professionals*, Permanent Judicial Commission on Justice for Children, Zero to Three Policy Center, January 2004.

[85] Honorable John P. Icenogle before the Congressional Committee on Education and the Workforce Subcommittee on Education Reform, Hearing on Combating Methamphetamines through Prevention and Education, Nov. 17, 2005.

[86] *Study of the association between early childhood neglect and later childhood aggression, conducted by the University of North Carolina at Chapel Hill.* Abstract released in April 2008 in the Journal Pediatrics.

Instability in foster care can impact mental health needs

Children may move too often while in foster care, or have other needs that go unmet. This is more fully described in the section on stabilizing children's placements, so will not be repeated here, other than the following pertinent quote.

> "Moves from foster home to foster home should be limited to all but the most unavoidable situations. Every loss adds psychological trauma and interrupts the tasks of child development."[87]

Issues identified with managed care

Much of the treatment for these issues is to be paid for under the managed care contract, which DHHS entered into in order to control the costs of inpatient treatment, psychiatric placements, and other expensive services. The FCRB has identified the following issues with the current managed care system:[88]

1. Children's behavioral disorders do not routinely receive treatment because they are not deemed by the managed care contractor to meet the Medicaid criteria for "medically necessary" services that it requires before it will pay for services. (11.5% of children who entered care due to their behaviors did not have services in place) Additionally, there appears to be no alternative source of payment for these much-needed services.
    a. While child welfare funds could be used for such services, it is not the routine practice. Consequently, many children are denied the appropriate services to meet their behavioral problems based on financial grounds
2. Reviewers report that many children go through a process involving unnecessary repeated failure in lower levels of care (placement changes) before the managed care contractor will approve the higher-level treatment placement that was originally recommended by a professional after assessing the child's needs.
3. Some children are prematurely moved from treatment placements based on whether the managed care contractor will continue to approve payments, rather than based on the children's needs.
4. There are reports of numerous communication breakdowns. For example, the managed care contractor is responsible for arranging with and paying subcontractors to provide children's transportation to and from therapy sessions. It has been reported that there are frequent communication breakdowns in this system, and therapy sessions are missed as a result.

The cases below illustrate how denials can impact children.

- A judge ordered a child to a treatment placement based on a professional recommendation. The child was there a few days, and then moved because the managed care contractor did not authorize payment for the placement. This

[87] *A Child's Journey Through Placement,* Vera I. Fahlberg, M.D., page 176. Perspectives Press, c. 1991.
[88] See section on the managed mental health contract, beginning on page 106.

reportedly occurred because the judge's order did not explicitly specify that the treatment had to be completed, even though that was clearly the order's intent. It is unclear why other funding was not used for this court ordered treatment when the managed care contractor denied the payment.

- One child entered a facility for a managed care approved eight-week treatment placement. The child was progressing on schedule, but had not completed the course of treatment. During the third week, a managed care review happened that denied continued payment. The reason for the denial was not found in the file. The child was abruptly moved, disrupting treatment. The child's education was also negatively affected, as the child was in three different school systems in a one-month period.
- Children have been moved from a treatment placement when they were within a few days (sometimes less than a week) of completing a semester's work rather than allowing them to complete the semester at the treatment center's school. The reason cited for the move was managed care refusing to authorize the additional week.
    - It is not clear why child welfare funds were not used to keep these placements intact. According to DHHS policy (390 NAC 7-000) reasonable efforts are to be made to provide continuity for a child in his or her school placement. Paying for a week or less in order for the child to finish a semester would seem reasonable and clearly in the child's best interest.[89]

Too many children in foster care are not receiving recommended behavioral disorder or mental health treatment. This situation will, predictably, result in troubled adults later in life. The following case illustrates some of the above points:

> "Nancy," now age 14, entered care due to sexual abuse at age 12. A psychological evaluation recommended treatment group home level of care. She was placed at that level, and the provider recommended that she be transitioned to the next lower level of care. Managed care approval would be needed for this level of care. This was discussed with the managed care company, and not challenged. Upon preparing for Nancy's discharge, the placement provider was notified that managed care denied the previously discussed level of care, and recommended that Nancy be returned home without transition. The provider strongly felt that Nancy was not ready for this as sibling issues had not been resolved.
>
> Nancy was discharged against medical advice into a foster home. When Nancy's boyfriend broke up with her, Nancy threatened suicide and attacked a teacher and the police officer that responded to the school's call. Nancy required both handcuffs and shackles to get under control. She was transported to another town for a suicide evaluation. From there she was placed at a shelter in yet another

[89] For more information on education, see the section beginning at page 109.

town. Nancy ran from that shelter and was found in a town a hundred miles away. Nancy was then brought back to the shelter.

The plan for Nancy remains reunification with the father, who recently lost his job and house, so he now resides with a relative. One of the brothers that sexually abused Nancy resides in the home. There is no record of the brother receiving treatment. There is also no documentation regarding the appropriateness of the relative with whom the father is living.

While managed care denials are not the only issues in "Nancy's" case, she was discharged against medical advice to a level of care unable to meet her individual needs. Her future remains uncertain.

Multiple needs

Some children have additional issues that make finding treatment for behavioral/mental health needs even more complicated, even if funding were not a factor. For instance,

- Some treatment models will not work for children with sight or hearing impairments, and many facilities are not equipped to accommodate these specific needs.
- Many facilities are not able to serve children with certain physical issues.
- Treatment facilities for children who do not have skills can be limited, as can family therapy for the non-English speaking, particularly if their native language is not common, such as some Asian or African dialects.

Often the only treatment facility available to meet a particular child's needs is out-of-state, which makes maintaining the family bonds during treatment very difficult. Waiting lists can also be problematic.

The FCRB suggests that economic development funding sources be considered to see if there could be incentives to create such facilities within Nebraska.[90] Oversight of the children's care, and ability of parents to maintain contact or participate in family therapy would be enhanced if children remained in Nebraska at a facility that could meet their needs.

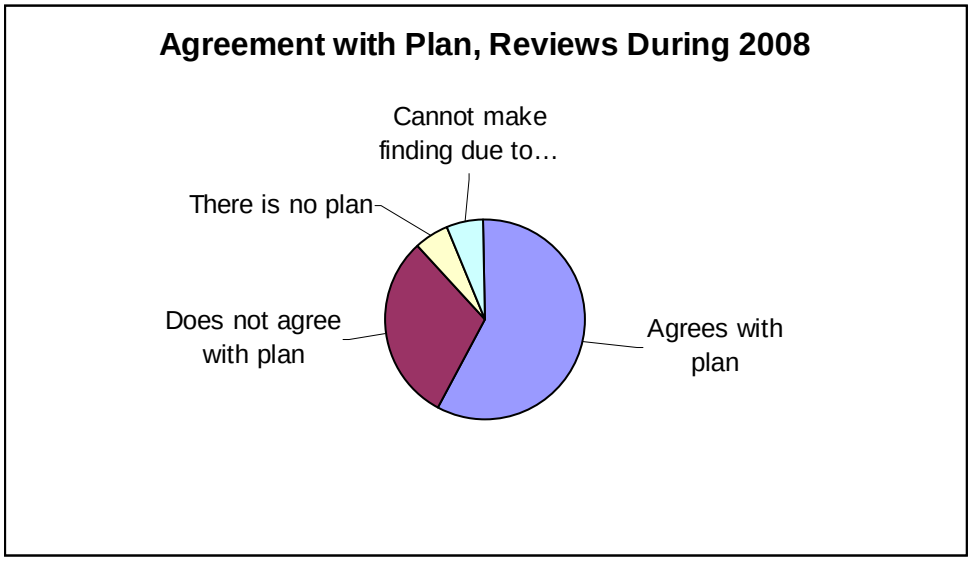
The FCRB recommends a more humane approach to mental health, including statewide development and support of community mental health centers, and better support following adoption of children from out-of-home care.

Statistical findings:

- 17.1% of the children reviewed in 2008 (554 of 3,236 children) entered care due to their own behaviors.
- 61.0% of the children reviewed (1,973 of 3,236 children) entered care due to neglect – the failure to provide critical care, basic and necessary medical care and hygiene, or minimal supervision.

[90] And, in 2009-2010, possible ARRA (stimulus) dollars.

- 8.4% of the children reviewed (274 of 3,236) had been abandoned.
- 50.5% of the reviewed children ages 9-12 (259 of 513) entered care due to parental substance abuse.
- 37.1% of the children in care on December 31, 2007, (1,718 of 4,620 children) had been in six or more placements (foster homes or group homes) over their lifetimes.



Expedite Permanency and Decrease Children's Time in Foster Care

For clarity, this section is divided into four parts:

1. Improving case planning.
2. Addressing paternity issues.
3. Better utilizing permanency hearings.
4. Better utilize dispositional review hearings.
5. Addressing service issues.

Part 1: Improve case planning

The FCRB's recommendations:

1. Utilize pre-hearing conferences and family group conferences to identify services for the family at the onset of the case. 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. Write clear, appropriate plans with services, goals, and timeframes and carefully document parental compliance with the plan so that if parents are non-compliant the court will have a meaningful basis for assessing the reasons for the non-compliance and alternative permanency can be pursued, if needed.
3. Ensure that case plans are developed for all youth under OJS, including those at the Geneva and Kearney Youth Rehabilitation and Treatment Centers.
4. Utilize the statutory exceptions to the State's duty to exercise reasonable efforts towards reunification in cases of extreme abuse or neglect.
5. Make concurrent plans meaningful.

Statistical findings:

DHHS has made significant progress in assuring that children have current, written case plans. The percentage of cases with plans increased from 50.4% of the cases reviewed in 1999 to 73.9% of the cases reviewed in 2008. The FCRB congratulates DHHS on this important achievement, and offers additional recommendations for the children without plans, without complete plans, or with plans with inappropriate permanency objectives.

The following are some statistical indicators of the work to be done:

1. 26.1% of children reviewed in 2008 did not have complete written permanency plans (1,162 of 4,457 reviews).
   a. 244 children had no current written permanency plan.
   b. 918 children had written plans that were incomplete, meaning that the plans omitted one or more essential elements needed to establish what is to happen, how this will be accomplished and a timeframe within which the plan is to be completed. These plans are also missing the essential elements needed to hold parents accountable.

2. In 30.4% of the cases reviewed in 2008, the FCRB disagreed with the child's permanency objective as stated in the plan (1,355 of 4,457 reviews).[91]
3. 43.2% (1,399 of 3,236) of the children reviewed in 2008 had been in care for at least two years over their lifetime. 9.0% (290) had been in care for five years or more over their lifetime.
4. 41.0% (1,664 of 4,057) of children removed from their home during 2008 had already gone through at least one failed reunification attempt.
5. 12.2% of the children who left care in 2008 had an adoption finalized – a new record.[92] Other states have higher rates. South Carolina was 24% in 2004. Oregon was 19% in 2003. Maryland was 18% in 2003.

What a permanency plan must contain:

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 that is to be updated at least once every six months. The plan should include:

1. The long-range goal (permanency objective) such as reunification, adoption, etc.;
2. The purpose for which the child has been placed in foster care;
3. The estimated time necessary to achieve the purpose of foster care placement;
4. A description of services that are to be provided in order to accomplish the purposes of foster care placement;
5. The person(s) who are directly responsible for the implementation of such plan;
6. A complete record of the previous placements of the foster child;
7. Documentation regarding the appropriateness of the placement; and,
8. Independent Living Skills if the youth is 16 years old or older (§43-285(2)).

Additional rationale:

Case plans outline clear expectation of what the parents and children need to accomplish in order that the permanency goal can be achieved. 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 that children linger in foster care without achieving permanency because the professionals lack the documentary evidence required to build a case for termination of parental rights.

The FCRB finds that case files for OJS youth (Office of Juvenile Services) often have incomplete permanency plans, lacking time frames, goals, services, and related documentation.

Through pre-hearing conferences and family group conferencing, family members are given the opportunity to be included in the development of the case plan. During these meetings, parents are given the chance to report the services they feel they need and the services in which they are willing to participate. [93]

[91] For more information about the FCRB's findings on permanency plans, see table 3 on page 148.
[92] For more information on why children's cases terminated, see table 13 on page 180.
[93] For more information on pre-hearing conferences, see page 68.

But having a permanency plan, in and of itself, is not enough – the plan that is formulated must be appropriate. To be appropriate, case plans should:

- Meaningfully address all the reasons that the child was placed into foster care,
- Be based on the parent's individual needs and circumstances, and
- Include services that are available in the community where the parent and child reside.

While most case plans have a goal of family reunification, Nebraska law describes several circumstances where the State is not required to offer services towards reunification when the court has determined that such circumstances exist. These reasons or aggravated circumstances include but are not limited to: abandonment, torture, sexual abuse, and chronic abuse; the parent involved in murder, manslaughter, felonious assault of a sibling, or situations where the parental rights to a sibling have been terminated involuntarily. If the court finds an exemption exists, then DHHS can develop a plan of adoption or guardianship at the beginning of the case, thus decreasing the length of time that these children will remain in foster care.

It is estimated that 20-30% of the children's cases involve the kind of parental behaviors that could constitute a legal exception to the State's duty to make reasonable efforts to reunify, based on the number of children who enter care due to sexual abuse, chronic or serious physical abuse, abandonment, or circumstances involving homicide or serious bodily injury inflicted upon a sibling. However, in actual practice, the FCRB does not see many where the State has aggressively pursued a judicial determination to establish that reasonable efforts to reunify are not required.

Concurrent planning, such as reunification with a concurrent plan of adoption should reunification prove impossible, needs to be more than a simple phrase in the plan. As the federal CFSR review also found, in order for concurrent planning to be meaningful, there must be goals and timeframes in the plan for the implementation of the alternative permanency objective.

Part 2: Address paternity issues

The FCRB's recommendations:

1. DHHS should work with county attorneys from all 93 counties to ensure that paternity has been addressed for every child who has been in care for six months or more.
2. Utilize pre-hearing conferences to identify all possible parents and request that genetic testing be completed at the onset of the case.

Statistical findings:

The FCRB finds that paternity had not been established for 605 (18.7%) of 3,236 children's cases reviewed in 2008. Paternity was undocumented, and therefore likely not

determined, in another 27 children's cases. Paternity was not yet established for 177 of the reviewed children age one to five who had been in foster care for 12 months or more.[94] Where paternity is not established, fathers are not included in the case planning.

Additional rationale:

Failure to identify or ascertain the issues of the child's paternity creates two major problems for the child: 1) an inability to assess the suitability of the father or any of his relatives as a prospective custodian of the child, and 2) the child cannot be free for adoption as long as the father's parental rights remain unaddressed. Both of these problems can result in a delay of permanency for the child consisting of several months or longer. If the child has had a positive relationship with a purported paternal relative, timely paternity identification can help those relations remain intact.

Even though paternity might be established, children can sometimes experience a significant delay in permanency as the non-custodial parent's rights and ability to parent are assessed. The FCRB has reviewed cases in which the rights of mothers had been relinquished or terminated long before there was any identification of the children's father. This situation requires the children to wait several more months for permanency while the father's rights were being addressed. Ultimately, children cannot be placed for adoption or guardianship until the rights of both parents have been resolved.

Recognizing the issues that arise from a lack of paternity identification, the federal Fostering Connections Act of 2008 requires that all states make diligent efforts to identify mothers, fathers, and potential relative placements within the first 30 days after a child's removal from the home.

Part 3: Better utilize permanency hearings

The FCRB's recommendations:

1. Ensure the Courts' permanency hearings are effectively determining the direction for the case with respect to children who have been in foster care for at least 12 months.
2. Expedite permanency and ensure that children leave foster care in a timely and appropriate manner.

Statistical findings:

In addition to permanency hearings, court review hearings can be a means of assuring case progression. In a sample of 3,877 FCRB reviews, at 3,609 court review hearings (93.1%) the HHS plan was adopted as-is, and in 268 court review hearings (6.9%) the HHS plan was modified.

Foster care should be a temporary situation. However, in Nebraska far too many children remain in foster care for extended periods of time, with 43.2% of the children reviewed in

[94] For more information about paternity identification, see table 17 on page 186.

2008 in foster care for 24 months or more over their lifetime, and 9.0% in care for at least 60 months over their lifetime.[95]

Additional rationale:

As required by the federal Adoption and Safe Families Act, significant portions of which have been adopted by Nebraska, the permanency hearings are designed to be a critical point for determining whether the goal of reunification remains viable, or if termination of parental rights should be pursued.

Permanency hearings are required by law to occur in all cases and must focus on appropriate permanency in order that children can move out of the foster care system. Lawyers and judges should be conscientious to ensure that permanency hearings take place at the required 12-month intervals in order to reduce the time that children spend in the foster care system.

Part 4: Effectively utilize dispositional review hearings

The FCRB's recommendations:

1. Ensure the Courts' dispositional review hearings are effectively used to promote case progression toward permanency.

Statistical findings:

In addition to 12-month permanency hearings, court dispositional review hearings can be a means of assuring case progression. In a sample of 3,877 FCRB reviews, at 3,609 court review hearings (93.1%) the HHS plan was adopted as-is, and in 268 court review hearings (6.9%) the HHS plan was modified.

Part 5: Address service issues

The FCRB's recommendations:

1. Assist rural and metro communities in developing treatment and services for children, youth, and their families, including:
    a. Substance abuse,
    b. Anger control and Batterers' Intervention Programs,
    c. Mental health treatments,
    d. Alcohol/drug treatment,
    e. Housing assistance,
    f. Family support workers,
    g. In-home nursing,
    h. Family and individual therapy, and
    i. Educational programs.

[95] See Table 1 on page 141 for more details.

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

Statistical findings:

The FCRB finds that appropriate, effective services are not made available to many children, youth, and families. As shown in Table 3 of this report, all the services in the permanency plan were in motion in only 49.8% (2,220 of 4,457) of the reviews conducted in 2008.

Additional rationale:

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

Even if the plan is no longer reunification, children may need a number of services to help them mature into responsible adulthood due to past abuse, neglect, or behavioral issues. In addition, children sometimes remain in foster care for months during which time family issues are not being addressed due to the fact that their parents are on long waiting lists for services.

Delays in the delivery of court-ordered services are especially troubling 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.

Distance, funding, and case management issues all impact whether or not children and/or their parents receive recommended services. An additional issue is that services for parents are often available only from 8 a.m-5 p.m., without the flexibility to accommodate parents whose available time does not coincide with the normal "business day" of service providers. This makes it exceptionally difficult for parents to comply with case plans, especially where parents are "new hires" or work in positions where taking time from work is regarded with disapproval by employers, or constitutes unpaid time, further impacting families who often are already affected by poverty. **The FCRB suggests that the possibility of using technology, such as video conferencing, be explored as a means of increasing accessibility of services for the parents**.

The following case illustrates the consequences of not having needed services available.

> "Adam" was born with serious hearing impairments. His parents do not speak English, and there are few interpreters available who speak their uncommon language. Due to the lack of appropriate placements to meet his unique needs, during his time in care he has been placed in youth detention facilities (jails) for periods of 4 months, 7 months, and 5 months. He was also placed out of state for many months. When he was placed out of state his parents had no means for parenting time or contact with him, since his deafness precludes using the telephone. It is unclear how or whether his special needs will be met.

Build a System of Oversight for Contracted Services

The FCRB's recommendations for all contracts

1. Build an oversight system within DHHS to ensure the delivery of quality services to children and families where contractors are utilized. This should include:
    a. Evaluate all contracts for precise, clearly stated expectations, including consequences for non-compliance.
    b. Specify basic qualifications for contractor employees, including a mandate that all contract employees have a thorough background check, and that all employees have an appropriate identification card.
    c. Provide a clear reporting mechanism and a means for DHHS to verify that services have been performed satisfactorily prior to issuing payment for such services.
    d. Ensure that DHHS has specific individuals in position to monitor contract compliance to fulfill fiduciary and child welfare responsibilities.
2. Implement immediate, proportional consequences for agencies that fail to meet strict guidelines regarding children's safety.
    a. Specify results-oriented penalties, including monetary penalties or immediate termination of the contract, for agencies that do not comply with safety or care standards.
    b. Clearly identify who within the system has authority and responsibility to investigate safety issues, as well as who has the authority to take action to correct the issues. Ensure these investigations happen in a timely manner, and that results are communicated effectively.
    c. Disallow contractor administration from being the sole investigator for any incidents/complaints in order to ensure objectivity. State law should be followed and all reports of abuse or neglect investigated by trained DHHS workers, and law enforcement where appropriate.
    d. Prohibit the current practice of closing investigations of alleged abuse or neglect of a child as "Unfounded" simply because the contractor has disciplined or terminated the staff person involved, or because the child is moved from the placement, or because the child is transferred to a new day care. Follow the DHHS policy of placing persons on the central register, including the contractor's staff members and employees, even if the contractor itself took disciplinary action.
3. Ensure consistency in service providers.

DHHS retains responsibility for state wards

It is important to keep in mind that whether a placement or service is provided through a contract or through a direct purchase, DHHS has the ultimate responsibility for the children's safety and well-being, and needs to provide vigilant oversight accordingly.

Background:

During 2008 DHHS contracted with private agencies to provide services to many foster children and their families. Some children are impacted by more than one contract type. Common contract types include:

- Supervising/monitoring of court-ordered supervised visitation between the parents and children,
- Transportation (to/from visitation, therapy, school activities, etc.),
- Placements (foster homes, group homes),
- Services such as mental health care,
- Case Management, and
- Managed care approvals for treatment level services, and transportation to therapy appointments.

From the FCRB's review data, at the end of 2008 over half of the children in foster care are impacted by contracted services or placements that are monitored by a contract provider. If the DHHS plan for 2009-2010 comes to fruition, all children will receive contracted services.

Statistical findings:

From its review of foster children's cases, the FCRB finds that the current system of contracting of services and placements has a negative effect on many foster children. In at least 25.2% (1,122 of 4,457 reviews) of the reviews conducted in 2008, the children received casework or placement services through a contractor.

Additional rationale:

The practice of contracting services and foster care placements has put children at risk and increased the chances of poor outcomes for children in a number of ways, such as:

1. Critical information is not being communicated or not easily made accessible between the case manager and all the contractors in a case.
    a. This communication gap exists both from the case manager to the contractor and from the contractor to the case manager.
    b. Contractors have reported having difficulty obtaining responses to their phone calls, which appears to be endemic.
    c. Reports from contractors may be illegible, unsigned, or otherwise substandard, or may not exist at all.
2. In some cases, contractor staff persons have the only contact with the children; yet have few interactions with the case managers.
3. Children are being transported by a number of different adults whom they do not know, causing increased stress.
4. The cost of contracting with for-profit organizations limits the funds available to provide permanent case management for the children's cases.

5. Children's cases do not achieve stability in a timely manner due to breakdowns in communication.

There are insufficient means of oversight to ensure that children are safe and that they are actually receiving the contracted service. In many cases the quality and quantity of services has deteriorated since DHHS began contracting out services, and many children and youth are not receiving the services they need.

The following case illustrates this point:

> "Dirk,"[96] age 3, has been in out-of-home care since a few months old, sister "Diamond," age 4 months, entered care at birth. The plan is reunification. The children are to have 100% supervised visits with the parents, as the court found it questionable as to whether the parents are capable of independently parenting their children safely. Supervision is to be done by a contractor.
>
> "Diamond" has returned from visits with infected sores on multiple occasions. It was medically determined that this comes from formula dripping from her mouth and not being cleaned adequately for a considerable length of time. It remains unclear why the visitation supervisors did not intervene on behalf of "Diamond."
>
> It is unknown what other vital documentation of parental inability to care for the children has been lost and not made available to the Judge and caseworker. The local board reviewing the case has recommended that the visitation monitor be changed immediately and this child's health and safety made a primary focus of supervised visits.

This problem is only exacerbated when the same employee of the contractor does not consistently render the service, but instead, there are changes within the contractor's personnel. For example, in a one-month period some children have had four or five different persons monitor visitation or provide transportation.

This lack of consistency in the provision of contractor personnel is not only confusing to children, to parents, and to foster parents, but also impairs the contractor's ability to provide the court with meaningful observations and assessments formulated by the same observer over a period of time.

Confusion in connection with contracted services can also result from lack of clarity in the actual terms of the contract between DHHS and the service provider. If the contract does not identify any specific system of assessing the contractor's performance under the contract, or for measuring outcomes under the contract, this can also contribute to confusion and lack of quality in the services provided to children.

Any disconnect between the communication of vital information between contractors and DHHS only impairs the quality of case management. In turn, the unavailability of crucial evidentiary documentation means that the court will lack reliable information, and

[96] Names changed to preserve confidentiality.

decisions could be made upon an incomplete and inaccurate picture of the child and his or her family and their needs, as well as the level of progress that has been achieved toward court-ordered goals.

Address managed care issues, ensuring children receive services needed to address behavioral and mental health issues

The FCRB's recommendations:

1. Rewrite contracts with managed care to include payment for services for children and youth with a wide array of behavioral problems.
2. Establish outcome based oversight and control of this contracted service.
3. Change the appeals process so that denials can be reasonably appealed without the burden of overly restrictive timeframes.[97]

Rationale:

DHHS has a contract with a managed care company, to approve any specialized treatment placement or services prior to the child receiving the treatment placement or service. The contract was formed as a means to control the costs of inpatient treatment and psychiatric placements.

The managed care provider does not fund services to address and/or control behavioral problems – only "medically necessary" services as it defines the term. Yet the reason that many children need the higher-level treatment services is due to behavioral issues. Consequently, many children are denied the appropriate services to treat their behavioral problems because of funding issues.

While in theory there is the option of using child welfare funds to cover managed care denied services, this is not the norm in practice. Further, the appeals process is reported to be so cumbersome and with such a tight timeframe that many case managers do not even try to appeal a denial.

A related issue is that many children are prematurely moved from treatment placements based on whether the managed care contractor will continue to approve payments, rather than based on the children's needs.

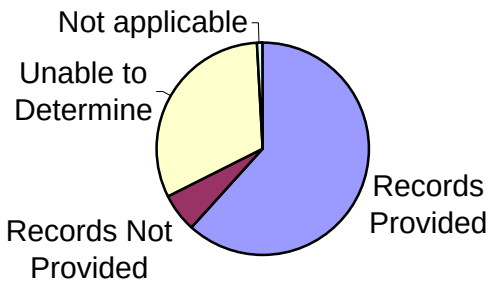
Other children are required to go through a process involving unnecessary repeated failures in lower levels of care before managed care will approve the higher-level placement that was originally recommended, based on the child's needs. For children who may already be stressed by the abuse or neglect they previously experienced, this compounds their issues by unnecessarily adding to the children's stress load, and can create an expectation of failure.

[97] See also the section on mental health and behavioral care issues, beginning on page 91.

There are also unique communication challenges inherit in the managed care contract system. For example,

- Managed care is responsible for arranging with any of several sub-contractors to provide transportation to and from therapy sessions and paying for this transportation. It has been reported that there are frequent communication breakdowns in this system, and therapy sessions are missed as a result.
- Managed care is responsible for recommending that children be placed in treatment placements provided by any of several contractors, and paying for these placements. Issues regarding children's care are to be determined through managed care requiring periodic updates on the child and conducting a review of the child's level of placement.

Records Provided to Caregivers for Reviewed Children Age 6-15



Address Educational Issues for Children In Foster Care

The FCRB's recommendations:

1. Begin collaborative efforts between local schools districts, the Department, foster parents, guardians ad litem, and other interested parties to reduce communication gaps and encourage school engagement by children, youth, and their caregivers.
2. Ensure that any foster child who qualifies for special education services receives that service, regardless of where he or she is attending school.
3. Examine the examples of other States and consider implementation of the best ideas for promoting school stability.

Background:

Many children in foster care have lived in chaotic, stressful environments prior to their removal from the home. Some have had pre-natal and/or post-natal exposure to alcohol and/or drugs. These children often begin their formal education at a significant disadvantage.

Further, children who are experiencing separation from their parents, adjusting to a new living environment, and often adjusting to a new school, can experience too much stress to properly concentrate on their education. This is very similar to that situation in which a person who has just lost a spouse realizes that his or her ability to make sound decisions will be impaired during active grief. The grief effects are exacerbated each time a child is moved to a new placement and a new educational setting. Frequent school changes are associated with an increased risk of failing a grade in school and of repeated behavior problems.[98]

Statistical findings:

During the FCRB's review of children's cases, the child's placement is contacted to ensure that the placement has received educational background information on the child at the time the child was placed. Foster parents, group homes and other placements are charged with making sure that the children placed with them are receiving all necessary services. Educational information is essential for this to occur.

In Nebraska,

- 5.8% of the foster parents of school-aged children reviewed in 2008 indicated they had not been provided the child's education records.

[98] *Impact of family relocation on children's growth, development, school function, and behavior*, Wood, D., Halfon, N. Scarlata, D., Newacheck, P., & Nessim, S. (1993), Journal of the American Medical Association, 270(11), 1134-1338. As quoted in the Legal Center for Foster Care and Education Fact Sheet on Educational Stability, www.abanet.org.

- In another 31.3% of the reviews there was no documentation indicating whether these vital records had been provided to the persons caring for the children on a daily basis.[99]
- The FCRB was able to determine the special education status for 1,209 children it reviewed in 2008 who were between the ages of 6 and 15.[100] File documentation showed that 348 (24.1%) of the 1,209 children were enrolled in special education, while 861 children were not enrolled. Nationally about 9% of the general population of school children received special education.[101] Thus, it could be said that Nebraska's foster children were more than twice as likely to be in special education than children in the general population.

Additional rationale:

During the reviews, foster parents also reported issues with the lack of coordination among the education, child welfare, health, mental health, and judicial systems, a lack of coordinated transition planning, insufficient attention to mental health and behavioral needs, and a lack of appreciation for the effects on the children of the trauma of abuse or neglect and of the trauma of removal from the home and subsequent moves while in foster care, all of which all impact a child's ability to learn.

In addition to children's placements, schools may also be contacted during the FCRB's review of a child's case. Educators have reported that they have not been advised that children were in foster care, thus lacking the proper context within which to assess and respond to behavioral and educational issues. Little communication from one school district to another regarding the services a child had been receiving at the previous school triggers the need for subjecting the child to further educational testing as a prerequisite to receiving services at the new school.

Although children are placed in out of home care, in Nebraska their parents retain legal rights to determine aspects of their children's education. This causes delays in a child's receiving special education services, especially if the child does not remain in the same school system. Parents who are upset with the system, may refuse to authorize educational testing or services. While a surrogate parent can be appointed to represent the child, this involves delays.

National surveys of former foster children have found that the foster system also did not encourage high expectations for their education.[102] Numerous sources show that youth transitioning from foster care to adulthood often have significant educational deficits. These are the youth most likely to become homeless and face employment challenges.

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[99] See Table 20 on page 189 for additional information on provision of education records to caregivers.
[100] File documentation was not available for 236 children in this age group.
[101] *The Condition of Education 2009*, US Dept. of Education.
[102] *No One Ever Asked Us*, Trudy Festinger, (New York: Columbia University, 1984) cited in Patrick A. Curtis, Grady Dale Jr. and Joshua C. Kendall, eds, *The Foster Care Crisis: Translating Research into Policy and Practice* (Lincoln, Neb.: University of Nebraska, 1999), p. 109.

Education provisions of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008

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

As part of this plan, the agency must include assurances that the placement of the child in foster care takes into account the appropriateness of the currently education setting and the proximity to the school in which the child was enrolled at the time of placement, and the child welfare agency has coordinated with appropriate local educational agencies to ensure that the child remains in the school in which the child is enrolled at the time of placement unless remaining in that school is not in the child's best interest.[103]

The Act was signed into law in October 2008, however the federals regulations were not promulgated until 2009. Since this report deals with 2008 data, it remains to be seen what effect this legislation may have on children's educational stability in Nebraska.

Actions other states have taken to address education issues for children in out-of-home care

In 2005, the State of Arkansas enacted legislation mandating that schools be informed:

1. By the next business day when children enter the child welfare system,
2. By the next business day after a child in foster care transfers to a new placement, and
3. By the next business day after the department comes to reasonably believe that a child in foster care experienced a traumatic event.

The law authorizes the school counselor to share this information with the principal and the child's teachers. The law also specifies that the department, or its designee, who can be a foster parent, shall be the decision maker for all general educational matters for the child, limited only by the court with jurisdiction.

Washington State has enacted legislation that requires the child welfare agency to work with the courts to develop protocols in order to ensure that educational stability is addressed in initial court hearings. Washington law also requires the child welfare agency to recruit foster parents from school districts with high numbers of foster care placements, and requires that the agency implement best practices for educational continuity.

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

New Hampshire allows children in foster care to continue to attend the same school district, even if the foster placement is outside the school boundaries.

California requires educational agencies to allow children in foster care to continue to attend his or her school of origin through the duration of the school year, subject to certain exceptions. It also makes schools and child welfare agencies jointly responsible for the timely transfer of foster children between schools. The law also provides for immediate enrollment in the new school when a transfer is necessary, even if the foster child is unable to produce records normally required for enrollment.

Texas law requires a school district to accept children who are in foster care without documentation, and requires that the State provide the necessary documentation within 30 days of enrollment.

Delaware defines children who are "awaiting foster care placement" as including all children in foster care, in order to obtain funding for education under the federal McKinney-Vento Homeless Assistance Act.

The definition of children eligible under the McKinney-Vento Act includes children who lack a "fixed, regular, and adequate nighttime residence." Since foster care by definition is temporary, many children in foster care have placements that may not be fixed or regular. The Act entitles students to remain in their original school even when they move to a foster placement in a different school district, to the extent feasible, unless it is against the parent or guardian's wishes. The Act requires schools to enroll eligible school students immediately, even if they do not have required documents. The Act requires each school to designate an appropriate staff person as a liaison for eligible students. Children eligible under the Act are also eligible for Title I benefits, without needing to qualify based on their current academic performance.

Regulations under the federal Individuals with Disabilities Education Act (IDEA) provide that a foster parent may act as a child's "parent" under the act under certain conditions.

Hold Perpetrators Legally Accountable, and Address Prosecution and Court Issues

The FCRB recommendations:

1. Prosecutors should file amended or supplemental petitions when new, substantive information arises so that the courts can address *all* the important issues in children's cases.
2. Allow the Attorney General's office to provide specialized 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.
3. Increase training in child abuse prosecutions for newly elected or newly hired prosecutors. Include in this training the technical aspects of prosecution of crimes against young children and a familiarity with the various other professionals who are involved in the cases and their roles.

Background:

Cases involving child abuse or neglect can and should go through two separate tracks—the juvenile court system and the adult criminal court system.

The focus of the juvenile court is to address the reasons that the juvenile is a State ward, by the provision of services to the parents and their children. If parents are unable to become rehabilitated, their parental rights may be terminated. In criminal courts the focus is on holding the parents, or others who abuse or neglect children, criminally liable for their actions, which can result in the imposition of sentences involving fines, jail, probation, community service, or other appropriate dispositions.

In Nebraska, county attorneys are responsible for the prosecution of all child abuse and neglect cases in criminal court and the handling of all abuse and neglect cases in juvenile court.

It is essential to establish a sound legal basis for intervening in the lives of families by involving them in the juvenile court system when child abuse and neglect has occurred. It is also important to define the problem(s) in such a way that the issues are clearly identified, and that perpetrators of child abuse can be held criminally accountable for their actions.

Criminal court:

The FCRB acknowledges that it can be very difficult to criminally prosecute in cases of child abuse or child neglect when the primary witness is a child. This is especially true in light of the U. S. Supreme Court decision in the Crawford v. Washington case that affects

the admissibility of children's testimony to law enforcement, medical personnel, and others outside of a court hearing.[104]

Nevertheless, it is important that prosecutions do occur in order to ensure the safety of the child in question as well as other children that might have contact with the perpetrator. **Sound and thorough investigations are important because they are the foundation of successful prosecutions.**

From a child's perspective, it is important that prosecutions occur. **Without prosecutions the perpetrators bear few consequences for the child's suffering.** A resolution or closure to the abuse is needed, as well as an assurance to the public that it will not happen again. Numerous research studies have found both disabled and very young children are often capable of testifying in court if the people working with the children know how to proceed.[105]

The same type of situation can happen with plea bargains, even though many plea bargains are done with the best of intentions. For instance, the county attorney may be concerned that the child in question would be further damaged by the rigors of a criminal trial. Depositions can take hours, and recounting the details of sexual or other abuse can be very painful, and for some children impossible. The child may be pre-verbal or otherwise unable to communicate, which can make prosecution very difficult.

While acknowledging the difficulties to prosecution, if a child suffers extreme abuse or severe neglect, the perpetrators of the abuse need to be held criminally liable for the physical and psychological injuries the child suffers.

Juvenile court:

The Department (HHS) is required by law to pursue reunification as the permanency objective for the child, and to create a plan to further that goal, unless there is adequate evidence upon which the Court can find that grounds for an exception to making reunification efforts exists.

The allegations of the petition are typically based upon the nature of and quality of the evidence available to the prosecuting attorney at the time of the filing of the petition. Effective prosecution of all of the issues that should be addressed in order to ensure a child's health, safety and welfare can be impaired by poor investigations that yield insufficient or incomplete evidence.

In some instances, the most difficult issues to prove might not be addressed if the child can be brought under the jurisdiction of the juvenile court on other grounds. Thus, it sometimes happens that the county attorney will pursue adjudication on grounds that are readily provable, while at the same time declining to pursue adjudication upon grounds

[104] *Crawford v. Washington*, #02-9410, Argued Nov. 10, 2003. Decided Mar. 8, 2004.
[105] Among the researchers making this finding was Dr. Patricia Sullivan, currently at the Creighton School of Medicine Center for the Study of Children's Issues, in Omaha Nebraska.

that are much more difficult to prove, based upon the prosecutor's belief that an easily-secured adjudication will be enough to guarantee the safety of the child.

While this practice might be effective for the quick removal of children from harm's way, the fact is that if the other, more serious grounds for adjudication are not pursued for prosecution, it opens the door to the return of children to situations where they are exposed to an unreasonable risk of further harm or abuse.

For example, consider the situation where the prosecutor has indisputable evidence that the parents maintain an unsafe, dirty house, but has only disputable evidence suggesting that the children have been sexually abused by the parents.

- If the prosecutor pleads the case only as one of a "dirty house" while declining to allege the more difficult ground for adjudication, (e.g., sexual abuse) the children might find themselves returned to the parental home once their parents have cleaned the house.
- This is a situation in which the initial adjudication could be used to remove the children quickly from harm, while the prosecutor continues to gather the evidence needed to file a supplemental petition in order to protect the children from sexual abuse.

Amended or supplemental adjudication petitions should be filed whenever new information is disclosed that materially affects the health, safety and welfare of the children. This does not always occur. If new information is discovered before the adjudication, the prosecutor can amend the petition. If such new information is discovered after the adjudication upon the initial petition, the prosecutor can file a supplemental petition.

Plea-bargaining agreements that reduce or dismiss serious allegations affecting the health, safety and welfare of children (e.g., sexual abuse) place children at risk for future harm, by depriving courts of the ability to meaningfully and directly address these issues, which have been eliminated by agreement from the basis for the adjudication.

Termination of parental rights:

Subject to certain statutory exceptions, the State must file a petition to terminate a parent's rights if the following exist:

1. The child has been in foster care for 15 of the most recent 22 months and it is in the child'.
2. The child has been abandoned; or the parent has murdered a sibling; or the parent has committed voluntary manslaughter of a sibling; or the parent aided and abetted murder or manslaughter of a sibling; or the parent has committed felony assault result in serious bodily injury to the child or sibling.

3. Statutory exceptions relieve the State of the duty to file a petition to terminate parental rights when:
    a. The sole factual basis for the termination is that the parents are financially unable to provide health care for the child.
    b. The sole factual basis for the termination is that the parent or parents are incarcerated.
    c. The child is being cared for by a relative.
    d. DHHS has documented in the case plan or permanency plan a compelling reason for determining that filing a petition for termination would not be in the child's best interest.
    e. Parents have not had a reasonable opportunity to avail themselves of services necessary in the approved case plan to correct the reasons the child is in care, but only if such reasonable efforts to preserve and reunify the family are required.

Within 30 days of a child having been in foster care for 15 of the most recent 22 months, the Court must hold a hearing to determine whether there is an exception to the requirement that the State file a petition seeking the termination of parental rights. If the Court finds that no exception exists, the State must file a petition to terminate the parental rights.

A termination can occur if the State proves two things by clear and convincing evidence: 1) at least one of the grounds for termination identified in Neb. Rev. Stat. §43-292 and 2) that termination is in the child's best interests. Under subsections 1-6 and 8-10, the same evidence used to establish the existence of the statutory grounds will often constitute sufficient proof of "best interest," that is, that the parent is unfit.

For example, clear and convincing evidence that the parents come within the meaning of §43-292 (4), (which deals with debauchery), can also be used to establish that the parents are unfit. Under §43-292 (7) which authorizes termination upon the ground that the child has been in an out-of-home placement for 15 or more of the most recent 22 months, the State must specifically prove by clear and convincing evidence that the parent is unfit in order to establish that it is in the best interest of the child for parental rights to be terminated.

Regardless of the type of hearing, heavy caseloads often tax the capacity of prosecutors to litigate their cases at maximum effectiveness. Newly-elected county attorneys or newly hired deputy county attorneys are often inexperienced in the area of juvenile court issues and practice, and frequently require and deserve more training in this specialized area of the law.

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.

Quote on the State Capitol, Lincoln

Information About the Structure and Role of the Foster Care Review Board

Comparison of the Role of the Foster Care Review, HHS, and the Courts

Role of Citizen Review

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

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

Tracking Function
- Track all children in out-of-home care per statute (FCRB Tracking System)
- Provide statewide picture of all children in out-of-home care

Role of DHHS

Risk Assessment
- If not an emergency removal, assesses family to determine child's risk if allowed to remain in the home
- Places children in out-of-home care or responds to law enforcement removal

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

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

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

Reports to the FCRB
- Informs the FCRB of child's removals from the home, placement or case management changes, and case closings, per statute

Role of the Juvenile or County Court

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

Fact Finding and Decision Making
- Act as fact finder, review all pertinent information
- Provide for pre-hearing conferences
- Provide adjudication and disposition of case
- Provide 12-month permanency hearing and dispositional review hearings
- Monitor parental compliance
- Order services based on facts presented as evidence
- Appoints a guardian ad litem, accepts GAL reports, and monitors GAL performance
- Makes judicial record for permanency plan if child is not able to return home
- Makes review that is on record and may be appealed
- Acts as ultimate decision-maker on family reunification, adoption, independent living, termination of parental rights

Reports to the FCRB
- Informs the FCRB of child's removals from the home, placement or case management changes, and case closings, per statute.

THE FOSTER CARE REVIEW BOARD

Why citizen review was enacted in Nebraska

At the time that citizen review in Nebraska was initially proposed, advocates conducted a review of a randomly selected sample that the Department of Social Services (now DHHS) thought amounted to about 10 percent of the children in foster care to determine the extent of the problems. They found that:

- Many children had languished in the child welfare system for years,
- Many children had no written plans for their future,
- Court reviews were not routinely occurring, 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, DSS estimated that there were about 1,800 children in foster care in Nebraska.
    - By the end of 1983 (the FCRB's first year of tracking foster children), the FCRB had tracked 4,071 children in foster care in Nebraska.

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.

Structure of the Foster Care Review Board

The FCRB was structured to give the agency the independence necessary to identify and highlight breakdowns that occur in children and youth's cases, and to provide input to policy-makers on what is needed to promote best practices for children and families involved in the foster care system.

The Nebraska Legislature designed the Foster Care Review Board to function as an independent State agency that is not directly affiliated with or under the control of either the judicial branch or the Department of Health and Human Services. This permits the FCRB to assess, report, and make recommendations regarding any problematic conditions and circumstances within each case.

The FCRB's mission statement

The FCRB's mission is to ensure the best interests of children in foster 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 FCRB attempts to accomplish this by and through:

- Utilizing trained citizen volunteers to review the plans, services, and placements of children in foster care whether in foster 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 foster 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 and observing facilities for children in foster 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 foster 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; and,
- Organizing, sponsoring, and participating in educational programs.

The FCRB's agency vision

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

The State Board

In Nebraska, a State Board whose members are appointed by the Governor and approved by the Legislature governs the FCRB and determines policy. The terms of office of each State Board member are staggered in order to ensure continuity. The State Board oversees the agency, whose staff facilitates local boards in communities across the State and manages the FCRB's tracking system (an extensive database of all children in foster care).

During 2008, the State Board consisted of eleven members selected by the Governor and approved by the Legislature. By law, the composition of the membership must consist of:

- Three members of local foster care review boards, one from each congressional district;
- One practitioner of pediatric medicine, licensed under the Uniform Licensing Law;
- One practitioner of child clinical psychology, licensed under the Uniform Licensing Law;
- One member with expertise in the area of child welfare;
- One attorney who is or has been a guardian ad litem;
- One representative of a statewide child advocacy group;
- One director of a child advocacy center;
- One director of a Court Appointed Special Advocate (CASA) program; and
- One member of the public who has a background in business or finance.

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;
- Oversight of the selection, training, and supervision of Local Foster Care Review Boards;
- Oversight of the development and maintenance of a tracking system of all children in foster care;
- Oversight 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, and subject to the open meetings law.

The FCRB's independent tracking system

The FCRB is required under Nebraska statute to maintain an independent tracking system. The Nebraska system is a national model for the information compiled. The independent tracking system enables the FCRB to track and report on indicators of how the system is responding to children's needs, measure outcomes for children and appropriately schedule children's reviews. The system is used to compile the statistics for the agency's statutorily required Annual Report and to compile statistics for special reports and fact sheets.

National, state, and local policy makers, courts, researchers, agencies who apply for grants, advocates, and others routinely request the FCRB's data, as the data is child focused, and frequently the only data of its kind available. Information from this system was given in testimony to Congress on several occasions. For instance, the Executive Director of Nebraska's Foster Care Review Board was invited to give testimony before

Congress due to the FCRB's data on recidivism and the practice of mandatory reunification, even in cases of extreme or chronic abuse. This became part of the 1997 federal Adoption and Safe Families Act.

The FCRB's independent computerized tracking system is housed in its main office in Lincoln. Up to 130 articles of information are maintained on children once they enter foster care. After a local board has reviewed the child's case, an additional 93 items of data are added.

Information on the FCRB's tracking system includes a description of why and when the child entered care; court dates and results; the local board's findings regarding the plan, the permanency objective, the safety and appropriateness of the placement, and barriers to permanency; the amount of time in foster care; sibling information; adoption data; and other pertinent data. Information on the children is continually updated as changes occur.

The FCRB's tracking system is one of few in the country that follows all children placed in foster care in the State, as well as recommendations made on children during reviews. The FCRB receives reports and updates from the Separate Juvenile Courts and County Courts, the Department of Health and Human Services, as well as from private agencies throughout the State.

Per federal mandate, the FCRB's tracking system was placed on the DHHS N-FOCUS (SACWIS) computer platform in 2006. The FCRB's staff successfully completed this conversion and maintained most of its data.

The case review process

The following is a brief description of the FCRB's case review process.

A. Cases are assigned to a review specialist (staff person) using the FCRB's tracking system.

B. The review specialist goes into the DHHS offices in order to examine the case plan and other relevant file information, and to verify previously received information. The review specialist also consults with the DHHS case manager to obtain any additional or updated information that might not appear in the file.

    1. FCRB staff members are authorized to have access to DHHS offices across Nebraska in order to actively research all file information on the children and discuss cases with the case managers.
    2. This method provides the FCRB with a comprehensive cross-section of the information available to DHHS regarding the child and the case, and the record of written information contained within DHHS case files, as well as interviews with the case managers.

C. Between obtaining file information and the local board meeting, contacts are made with the foster parents/placements, the guardians ad litem, and the case managers for the purpose of clarifying any file information that appears to be conflicting, or to have been omitted, and to obtain information on the most recent developments in the case. Contact may also be made with other professionals involved in the case, such as teachers, counselors, and family support workers, in order to gain more detailed information.

D. Legal parties are given several opportunities to provide additional information:
- All legal parties are invited to attend and give information at the review meetings.
- All legal parties are sent questionnaires with questions designed specifically for their role in the case that they can return if unable to attend the meeting.
- All legal parties are given the opportunity to provide information to the review specialist, who then shares the information with the local board reviewing the case.
- Other interested parties, such as teachers, counselors, 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 the FCRB's review specialists (staff), materials are presented to multi-disciplinary trained community-based local boards. The local board members study the written information, review the plan according to their statutory duty, listen to the parties invited to present additional information at the review meeting, and identify their issues and recommendations for the ongoing care and safety of the child from their multi-disciplinary perspectives. These issues and recommendations are incorporated into a formal document that is distributed to the judge and to all legal parties. (Local board structure and makeup is discussed in greater detail later in this section.)

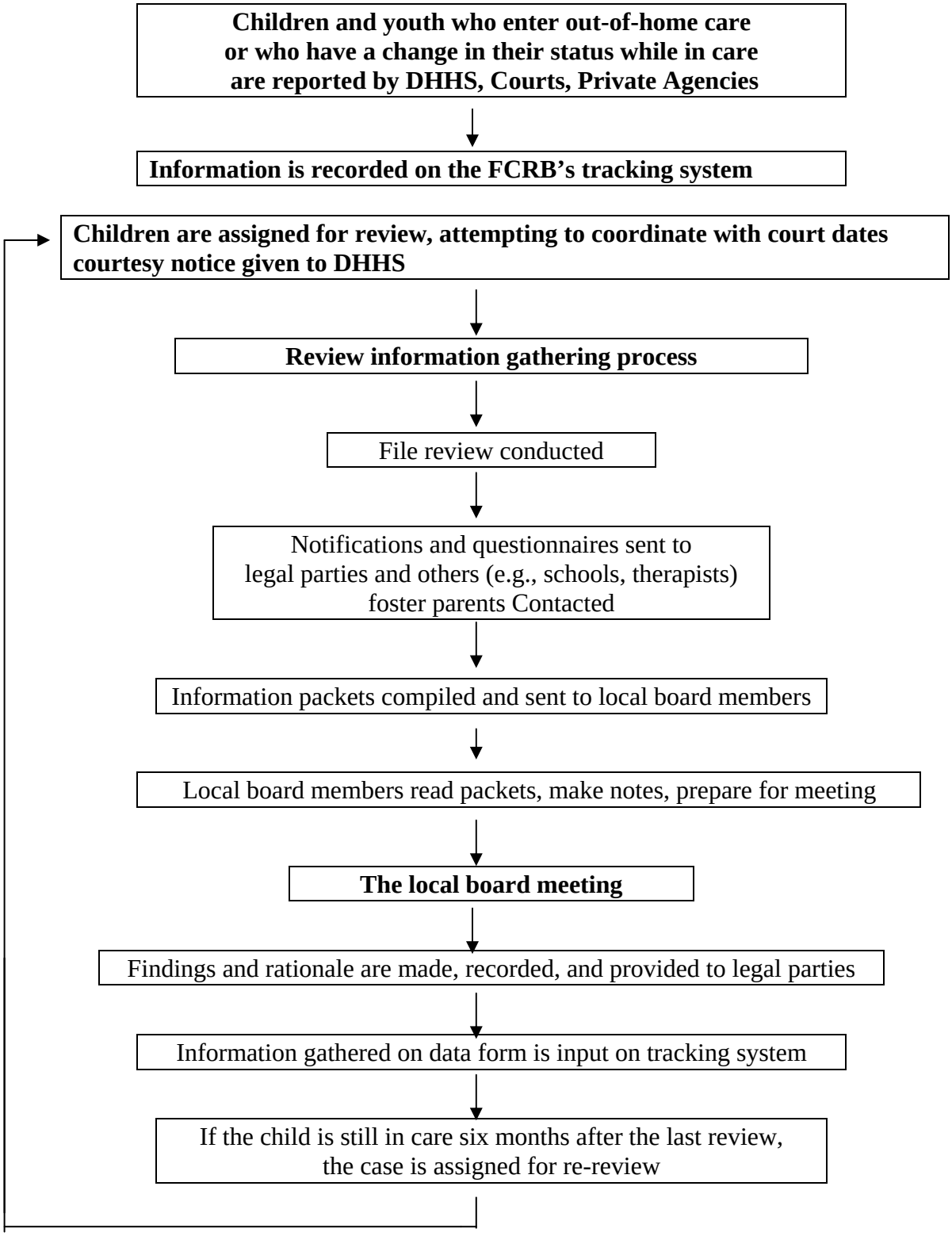
F. These reports are then forwarded to the judge and all legal parties.

G. In cases where serious issues have been identified, review specialists continue to work to address these problems by attending court hearings, staffing cases with DHHS, or referring cases to treatment team meetings.

The FCRB completed 4,457 reviews on 3,236 children in 2008, and issued approximately 31,200 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, along with an explanation of the reasons why the child was placed in out-of-home 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 chart shows the case review process in graphic format.

The Review Process



Use of legal standing

In addition to advocating for children through case reviews, the FCRB may utilize legal standing. The following is a brief explanation of legal standing history and process.

The FCRB was granted 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 FCRB 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 FCRB to request and participate in review hearings at the dispositional level, when the FCRB deems it necessary to ensure 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.[106]

During 2008, the FCRB utilized legal standing as follows:

- Hired an attorney for some cases.
- Attended over 629 hearings on cases with serious issues, many of which involved more than one child.
- Addressed case issues through staffing meetings with the "1184" teams, the county attorneys, and/or DHHS caseworkers and supervisors.
- Forwarded children's cases that involved serious issues to the DHHS CEO and/or Protection and Safety and Safety Administrator for review.

During 2008, the FCRB continued a concerted effort to be present at more court hearings. This increased presence has resulted in increased receptivity to the FCRB's recommendations by many legal parties, and has better enabled the court to address significant or critical issues identified by the FCRB.

[106] For explanation of the steps in a child case, see Appendix A on page 209.

In addition, due to the FCRB's authority under §43-1313, many potentially problematic cases have been resolved without resort to the costly and time-consuming court process. In those cases, a local board review may be held, a case status meeting with representatives from the responsible agency and other legal parties may be held, or there may be a joint staffing with DHHS.

The FCRB retains attorneys when other avenues have been unsuccessful in addressing the issues identified by local board members, or if there is insufficient time to respond to situations of immediate urgency. The process for engaging an attorney begins when local boards/staff identify problem cases for which utilization of an attorney might be appropriate. In these cases, the local board's review specialist compiles the case information, which is, in turn, submitted to his/her supervisor.

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

Local foster care review boards

At the end of 2008 there were 43 Local Boards (some part-time) composed of 268 unpaid volunteer citizens from the community who have completed required training and meet monthly to review the cases of children in foster care. These local board members completed 4,457 reviews on 3,236 children in 2008.

In order to provide the maximum beneficial input on a child's case, an attempt is made to select local board members from a variety of different occupations and backgrounds. A typical board might include an educator, a medical professional, an attorney, a mental health practitioner, and a foster parent.

BACKGROUNDS OF THE
LOCAL FOSTER CARE REVIEW BOARD MEMBERS
WHO SERVED AT THE END OF 2008

Type	No.	Comments
Administrative and Support	10	(Includes 2 administrative assistants, 2 in administration or management, 3 clerical/secretarial, and 3 office managers.)
Agriculture	1	
Architecture	1	
Attorney	6	
Business, Banking, Finance, Insurance	16	(Includes 4 in banking and finance, 1 business owner, 1 career director, 1 consultant, 1 human resources professional, 2 in insurance, 3 in real estate, 1 recruiter, and 2 in retail.)
CASA	5	(Includes 2 directors and 3 volunteers.)
Clergy	2	
Community organizers and advocates	29	(Includes 24 advocates or community volunteers, 1 big brother/big sister, 1 board member, 1 community alliance, 1 Girls, Inc., and 1 from Make-A-Wish.)

Type	**No.**	**Comments**
Counseling/Mental Health/ Psychology (non-education)	15	(Includes 6 counselors, 2 drug/alcohol counselors, 1 mental health care unspecified, 1 professor of psychology, 2 psychologists, and 3 therapists.)
Day Care Provider	1	
Education	77	(Includes 2 school counselors, 14 unspecified educators, 1 school human resources, 1 mentor, 1 school nurse, 1 para-educator, 3 principals/assistant principals, 1 post-secondary, 2 professors, 2 school psychologists, 1 school administrator, 1 school volunteer, 1 school social worker, 1 art teacher, 2 elementary teachers, 1 infant/toddler teacher, 27 teachers with unspecified levels, 10 special education teachers, and 2 tutors.)
Foster parents, former foster parents, or foster-adopt parents	17	
Government or civil service	13	(Includes 1 governmental attorney, 1 county commissioner, 1 city administrator, 4 assistants, 1 historical society, 1 legislative aide, 1 library foundation chair, 1 mediator, and 2 probation officers.)
Homemaker	13	
Journalist	3	
Law enforcement (PD/sheriff/state patrol)	8	
Medical	42	(Includes 8 healthcare workers, 1 healthcare provider, 2 laboratory technicians, 4 nurses with unspecified levels, 1 assistant nurse, a home health nurse, 1 LPN, 1 pediatric nurse, 7 RN's, 2 RN's with OB-GYN specialty, 1 pediatrician, 5 pharmacists, 1 physical therapist, 1 physician, 1 emergency room physician, 3 speech pathologists, and 1 surgical coordinator.)
Military	1	
Pilot	1	
Social work (see education for school social workers)	7	(Includes 2 CPS workers, 1 former family support worker, 2 masters of social work, and 2 social workers.)
Students at a post-secondary level	2	

As the chart indicates, local board members bring a variety of perspectives to case reviews. Each local board of 4-10 persons meets monthly for approximately 3-4 hours. Informational packets are mailed to local board members prior to the meeting, and those 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:

1. The history and role of the Foster Care Review Board;
2. Information on the need for permanency planning;
3. The importance of bonding and attachment;
4. The effect of separation and loss on children at various ages;
5. How a child enters the legal system;
6. The roles of the judge, county attorney, guardian ad litem, child-caring agency, and foster parent;

7. Reviewing a case and comparing the review conducted by the new board with the recommendation of an existing board;
8. The importance of confidentiality;
9. Visitation of foster care facilities, and,
10. Observation of a local board meeting.

The following is a list of the cities as of the end of 2008 that have one or more local foster care review boards (number of local boards in parentheses):

Alliance (1), Columbus (1), Fremont (1), Grand Island (2), Hastings (2), Kearney (1), Lexington (1), Lincoln (8), Norfolk (1), North Platte (2), Omaha (15), Papillion (1), Pierce (1), Scottsbluff/Gering (2), Tecumseh (1), South Sioux City (1), and York (1).

Thousands of unpaid hours are donated annually

The FCRB in Nebraska exists due to the time and efforts of its volunteers. State and local board members represent a variety of professions and occupations, including law, education, medicine, business, and social services. **Local and state board members donated over 31,200 hours of service during 2008.** These hours would have been greater if the FCRB had not been forced to reduce the number of local boards due to budget cuts.

The fair-market value of the time that State and local board members donated in 2008 to assist the abused and neglected children of Nebraska, taken at a very conservative estimate of $20.25 per hour (see chart of professional backgrounds of local board members) **would have been $627,750.**[107]

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. Some do not claim this reimbursement.

Local board members do not receive any mileage compensation due to budgetary considerations. Many local board members drive up to 60 miles or more (one way) to attend regular local board meetings. In addition to attending their regular meetings, State and Local Foster Care Review Board members also attend initial and ongoing training sessions, visit foster care facilities (including foster homes, group homes and institutions), increase their knowledge at seminars and conferences, visit with Legislators, and may volunteer in the FCRB's office. **It is estimated that local board members annually donate *at least* $19,440 in mileage**.[108]

[107] According to The Independent Sector website, the estimated dollar value of volunteer time in 2008 was $20.25 per hour. This is base amount that the Financial Accounting Standards Board allows for use on financial statements. A higher rate per hour is allowed for persons serving in their professional capacities.

[108] This was based on 443 board meetings during the year, with a minimum of 4 persons in attendance, each of who make a round trip of 15 miles at the 2008 state employee mileage reimbursement rate of $0.585 per mile.

Statutory basis for the FCRB's comprehensive Annual Report

The FCRB is statutorily required under the Foster Care Review Act, specifically Neb. Rev. Stat. 43-1303(2) and (3), to make an Annual Report that must include:

1. Personal data on length of time in foster care;
2. Number and types of placements as accumulated;
3. Frequency and results of court reviews;
4. Number of children supervised by the foster care programs in the State annually;
5. An evaluation of the judicial and administrative data collected on foster care;
6. Recommendations to the department that shall include, but not be limited to the annual judicial and administrative data collected on foster care and the annual evaluation of such data;
7. A summary of Findings and Recommendations made by the local foster care review boards, and
8. Such other items as the State Board determines.

The FCRB is mandated to disseminate this comprehensive annual report to the judiciary, public and private agencies, which would include the Legislature and Governor, the Department of Health and Human Services, and members of the public.

Important milestones in the FCRB's history

A. Attempts to abolish the FCRB – 1983, 1984, 1985

In 1983, Governor Kerry introduced a bill to abolish the FCRB and gave it a zero budget. The bill was vetoed and the Legislature approved funds for 12 local boards. In 1984, at the end of the Legislative Session, Governor Kerry vetoed the FCRB's appropriation. The Legislature unanimously overrode the veto. In 1985, a bill was introduced to transfer the tracking system to DHHS, to limit the FCRB to reviewing only private placement children and youth, and to eliminate local boards. This was defeated.

B. Attempt made to put DHHS administrators on the State Board - 1987

In 1987, Governor Bob Kerry appointed DHHS administrators to positions on the State Board. The Legislature did not approve these appointments, and created a statutory mandate that employees of DHHS or the Court could not be appointed to either the State or local Foster Care Review Boards so that the FCRB would be free to discuss all issues affecting children in out-of-home care. (The state board structure was changed again in 2006)

C. Three studies on the effectiveness of citizen review – 1985, 1986, 1988

In the 1980's Dr. Ann Coyne, who is affiliated with the School of Social Work at the University of Nebraska at Omaha, conducted three separate studies of the efficacy of FCRB case 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 that were similar in every way, but without the benefit of citizen review.

D. Developed training for local board members on foster care issues. Subsequently began to sponsor, co-sponsor, and/or present at educational programs for guardians ad litem, judges, county attorneys (prosecutors), and other disciplines– 1985 to present

The FCRB is required to provide initial training to its local board members, and it provides those board members with continuing education. When the FCRB began the continuing education programs, many local board members commented on how helpful they thought the programs would be for others in the child welfare system. In particular, some of the local board members who were attorneys recommended that the FCRB provide education programs for guardians ad litem. As a result, the FCRB began offering programs for a variety of disciplines.

Since 1985, the FCRB has sponsored, co-sponsored, and/or presented at numerous education programs on topics identified as major issues through reviews, including:

- Accessing services for children and youth,
- Adoption and Safe Families Act (ASFA),
- Adoption issues,
- Bonding and attachment, separation and loss,
- Child development issues,
- Children's ability to be witnesses,
- Children and youth with aggression issues,
- Developmental disabilities,
- How to interview children,
- How to recognize, investigate, and gather evidence in cases of child abuse,
- Indian Child Welfare Act (ICWA),
- Juvenile court procedures,
- Permanency planning,
- Reasonable efforts,
- Role of the guardian ad litem,
- Sexual abuse,
- Termination of parental rights, and
- Other child welfare system issues.

Some issues have been the topic of educational programs several times over the course of the last twenty years.

Audiences for the FCRB's programs have included guardians ad litem, judges, county attorneys, state senators, law enforcement, caseworkers, foster parents, local foster care review board members, child advocates, and community members.

For some presentations, the FCRB would select a topic and then tailor a program on that topic for each of several professions (such as guardians ad litem, judges, and county attorneys). Over a course of a few weeks or months, the FCRB would provide the program for each discipline on the specific topic. Other times, the FCRB designed its programs for a multi-disciplinary audience, often including a session on understanding each other's role in addressing the topic.

One of the noteworthy programs the FCRB conducted was a two-day program on child sexual abuse, which became a National Council of Juvenile and Family Court Judges model program. Another program of note was for members of the Nebraska's Legislature, which had a rare adjournment to attend the event.

In addition, the FCRB's Director has presented at educational programs of the National Council of Juvenile and Family Court Judges, the National Council for Adoptable Children, the National Association of Foster Care Reviewers, the Nebraska County Judges Association, the Nebraska County Attorneys Association, the Nebraska Bar Association, the Nebraska Court Administrator's office, other state's review boards, and a number of other organizations.

E. Additional mandatory findings on placement appropriateness - 1990

In 1990, the Legislature expanded the FCRB's responsibilities to include determining if the child's placement is appropriate, and if there is a continued need for foster placement.

F. Legal standing - 1990

The Legislature granted the FCRB the ability to take legal standing in children's cases in 1990.

G. Legislature adjourns to attend FCRB's child sexual abuse symposium - 1990

In a rare move, the Nebraska Legislature cancels committee hearings so senators can attend an FCRB-sponsored symposium on child sexual abuse, which was also attended by district and county court judges and child welfare professionals.

H. Organized and facilitated Legislative caucuses – 1993-1994

The FCRB organized and facilitated 29 Legislative Caucuses on children's issues during 1993-1994, and submitted a report to the Legislature.

I. Legislative study – 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.*"

J. Hosted the National Association of Foster Care Reviewers Convention - 1995

The FCRB hosted the 10th annual NAFCR National Conference in 1995. Volunteers raised over $8,000 to defray the costs.

K. 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.

LB 642 facilitated the original intent of the Legislature when the Foster Care Review Act was passed in 1982. [From the time the FCRB was created in 1982 until mid-1996, the FCRB received less funding than it needed to review all of the State wards in foster care. Therefore, during this period it was possible to review only 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 FCRB immediately began to implement reviews for all children.

During the summer and fall of 1996, the FCRB 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 foster 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.

L. FCRB's Executive Director asked to assist with federal Adoption and Safe Families Act - 1997

The FCRB was the only one in the country asked to testify before a congressional committee on what became the federal Adoption and Safe Families Act. This was because the FCRB was the only entity to have an independent, statewide tracking system of data on children in foster care, including data on children returning to foster care. Because of this data, and the FCRB's stance that reunification was not appropriate for some children, the FCRB's Executive Director was asked to assist in the writing of this Act. The federal Act became law in 1997.

M. Additional findings added - 1998

In 1998, as part of the Nebraska Adoption and Safe Families Act, the Legislature again increased the FCRB'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.

N. Budgets cut for state agencies – 2000-2004

During the budget cuts in the early 2000's, the FCRB lost five review specialist staff positions and a portion of the operating budget. As of 2008, the majority of these cuts in State appropriations for the FCRB had yet to be restored.

O. Project Permanency began – 2003-2004

The FCRB has statutory authority to visit and observe foster care facilities. The FCRB also has a statutory obligation to make findings on whether children's placements are safe and appropriate. The FCRB found that in a number of cases the home study information about foster homes was outdated, and that the FCRB's findings would not be accurate without more current information. At the same time, foster parents were approaching the FCRB for more information and the courts were entrusting the FCRB more than ever to provide clear, accurate information on how the child was doing.

Thus, in 2003, the FCRB implemented "Project Permanency," in which specially trained members of local boards visit the foster homes of young children as part of the review process to ensure children are safe and to provide foster parents additional information on child development and the supports available. This is a subset of facility visits conducted.

P. FCRB staff reviewers began attending court hearings on cases with serious issues identified - 2003

Upon the request of a number of courts, and in response to the unprecedented rate of caseworker changes in the cases of children in foster care, the FCRB's staff began appearing in court in cases with the most serious issues. In 2003, the FCRB's staff

appeared in court 60 times. In 2008, the FCRB's staff attended court 629 times, with many of the cases involving multiple children.

Q. Researched child deaths – 2003-2004

In 2003-2004, after years of the FCRB identifying issues regarding how children enter the child welfare system, the FCRB's unease about children's safety increased dramatically as news reports carried more and more stories of the death of children, some of whom were apparently known to the system. Working with the Governor, the FCRB researched child deaths. In response, the Governor named a Task Force, and the Legislature appropriated an addition $3.5 million for 120 additional child protective services workers. The FCRB's Executive Director served on the Task Force.

R. Worked with Supreme Court's Commission on guidelines for guardians ad litem – 2005-2007

After years to communicating issues regarding guardian ad litem representation, and following the FCRB's request that a commission be put in place to address court issues for children in foster care, Chief Justice Hendry nominated the Nebraska Supreme Court's Commission on children, as well as the subcommittee that addressed guidelines and standards for the representation of state wards. The FCRB's Director served on the Commission and on the subcommittee. In 2007, the Supreme Court adopted the guidelines recommended by the subcommittee. Chief Justice Heavican has requested that the FCRB note in its recommendations when it appears a guardian ad litem is not meeting the guidelines, so the judge in the case can act on this appropriately.

S. FCRB's tracking system placed on N-FOCUS platform - 2006

In 2006, as a result of a federal mandate, the FCRB's independent tracking system was placed on the DHHS N-FOCUS computer platform. Based upon the FCRB's compliance, the State of Nebraska was not penalized or forced to refund $12.7 million in development fees utilized in the implementation of N-FOCUS plus approximately $4 million of on-going federal monies. The conversion was accomplished without significant loss of data.

T. Birth to age five study conducted - 2006

In the fall of 2006, following Governor Dave Heineman's announcement of his initiative to improve foster care and the Supreme Court's initiative to improve the court's response to cases of child abuse and neglect, the FCRB conducted an unprecedented review of the cases of 948 children birth to age five.

U. Ability to visit facilities confirmed - 2008

The District Court affirmed the FCRB's authority to visit children's placements as granted by the Legislature, which juvenile courts had ordered to occur. [The Nebraska Supreme Court concurred in 2009].

V. Study of children with plan of reunification conducted - 2008

In 2008, Governor Dave Heineman announced the special joint FCRB/DHHS study of children in care for 24 months or longer whose plan was reunification with the parents. This project was unprecedented in the cooperation levels and in changing the cultures of the agencies to one of problem solving.

This project made a difference at many levels. For example, 550 children met the criteria in April 2008. Due to the knowledge that these cases would receive extra scrutiny, by August 2008, 320 of those children's plans had changed to adoption, guardianship, or other permanency. By the end of the year another 111 children's plans had changed as a result of the monthly staffings on these children's cases.

Some of the major education programs sponsored or co-sponsored by the FCRB

Multi-disciplinary programs	each year since 1987
Programs for guardian ad litem	1985, 1986, 1988, 1989, 1990, 1993, 1994, 1995, 1999, 2000
Programs for county attorneys	1986, 1989, 2006
Programs for county/juvenile court judges	1987, 1988, 1991, 2000, 2007
Programs for state senators	1990, 1991, 1993

Additional publications of the FCRB can be found on the agency's website:

www.fcrb.state.ne.us

Child Welfare System Performance Measures

Statistical Tables

Children in Out of Home Care Dec. 31, 2008 By Age Group

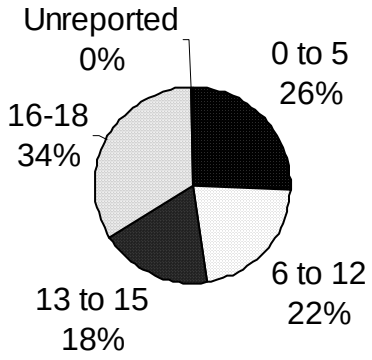


TABLE 1

SOME CHARACTERISTICS OF CHILDREN IN FOSTER CARE

(A Ten-Year and One-Year Comparison)

Who are the children?

A comparison of the number of children in foster care on December 31st

Dec. 31, 1998	Dec. 31, 2007	Dec. 31, 2008
5,402 children	5,043 children	4,620 children

Age of children in foster care on December 31st

1998		2007		2008		Age group
1,129	20.9%	1,330	26.4%	1,199	26.0%	Infants & preschoolers (0-5)
1,355	25.1%	1,153	22.9%	1,002	21.7%	Elementary school (6-12)
1,348	25.0%	964	19.1%	847	18.3%	Young teens (13-15)
1,460	27.0%	1,587	31.5%	1,556	33.7%	Older teens (16+)
110	2.0%	9	0.2%	16	0.3%	Age not reported
5,402	100.0%	5,043	100.0%	4,620	100.0%	Total

The percentage of young children in out-of-home care in care has increased significantly in the last decade, with 26.0% of the children in out-of-home care being in this age group in 2008, compared to 20.9% in 1998.

Similarly, the percentage of older teens has risen significantly, 33.7% in 2008 compared to 27.0% in 1998.

Gender of children in foster care on December 31st

1998		2007		2008		Gender
2,945	54.5%	2,841	56.3%	2,614	56.6%	Male
2,407	44.6%	2,198	43.6%	2,003	43.4%	Female
50	0.9%	4	> 0.1%	3	> 0.1%	Gender not reported
5,402	100.0%	5,043	100.0%	4,620	100.0%	Total

continued...

Explanation of Table—This table compares some characteristics of children in foster care from 1998, 2007, and 2008. Some percentages in this table may not equal 100% due to rounding. All statistics in this table are from the Foster Care Review Board Tracking System.

TABLE 1 (continued)

SOME CHARACTERISTICS OF CHILDREN IN FOSTER CARE

(A Ten-Year and One-Year Comparison)

Race of children in foster care on December 31st
With Hispanic as an ethnicity

1998		2007		2008		Racial Designation
2,632	48.7%	2,957	58.6%	2,651	57.4%	White
789	14.6%	929	18.4%	882	19.1%	Black
287	5.3%	482	9.6%	Not applicable		Hispanic as race
240	4.4%	339	6.7%	328	7.1%	American Indian
74	1.4%	27	0.5%	30	0.6%	Asian
Not applicable		95	1.9%	113	2.4%	Multiple designations[109]
1,380	25.5%[110]	214	4.2%	616	13.3%	Other or race not reported
5,402	100.0%	5,043	100.0%	4,620	100.0%	Total
Not applicable		502	10.0%	503	10.9%	Hispanic as ethnicity[111]

Race of children in foster care on December 31st
With Hispanic as a race

1998		2007		2008		Racial Designation
2,632	48.7%	2,957	58.6%	2,591	56.1%	White, Non-Hispanic
789	14.6%	929	18.4%	881	19.1%	Black, Non-Hispanic
287	5.3%	482	9.6%	503	10.9%	Hispanic as race
240	4.4%	339	6.7%	322	7.0%	American Indian, Non-Hispanic
74	1.4%	27	0.5%	30	0.6%	Asian , Non-Hispanic
Not applicable		95	1.9%	90	1.9%	Multiple designations, Non-Hispanic
1,380	25.5%[112]	214	4.2%	203	4.4%	Other or race not reported, Non-Hispanic
5,402	100.0%	5,043	100.0%	4,620	100.0%	Total

continued...

[109] Beginning in 2006 there is a separate category for multiple racial designations.
[110] DHHS implemented the N-FOCUS computer system in 1998. As a result of caseworkers needing to re-enter all information about existing cases, by the end of the year there were still serious deficiencies in the information available and reported.
[111] In 2008, the 503 children with Hispanic ethnicity had the following racial backgrounds: 412-Other, 59-White, 25-Multiple, 6-Native American, 1-Black, and 0-Asian.
[112] DHHS implemented the N-FOCUS computer system in 1998. As a result of caseworkers needing to re-enter all information about existing cases, by the end of the year there were still serious deficiencies in the information available and reported.

TABLE 1 (continued)

Lifetime number of placements of children in foster care on December 31st

For children who had experienced multiple removals from the home, the figures below includes all placements from earlier removals as well as from the current removal from the home.

Respite care and brief hospitalizations are not included in the counts below.

1998		2007		2008		Number of Lifetime Placements[113]
2,848	52.7%	2,437	48.3%	2,069	44.8%	1-3 foster homes/placements
804	14.9%	847	16.8%	833	18.0%	4-5 foster homes/placements
1,053	19.5%	1,007	20.0%	951	20.6%	6-10 foster home/placements[114]
572	10.6%	594	11.8%	598	12.9%	11-20 foster home/placements[115]
125	2.3%	158	3.1%	169	3.7%	21 or more foster home/placements
5,402	100.0%	5,043	100.0%	4,620	100.0%	Total

Number of Local Foster Care Review Boards on December 31st

1998	2007	2008
50 local boards	47 local boards	43 local boards[116]

Children reviewed by the FCRB and total reviews conducted

1998	2007	2008
3,742 children reviewed	3,806 children reviewed	3,236 children reviewed
5,907 reviews conducted	5,458 reviews conducted	4,457 reviews conducted [117]

Reviewed children by lifetime length of time in foster care

1998		2007		2008		Length of Time in Care
1,768	47.2%	2,218	58.3%	1,837	56.8%	In care less than 2 years
1,456	38.9%	1,237	32.5%	1,109	34.2%	In care from 2-4 years
518	13.8%	351	9.2%	290	9.0%	In care at least 5 years in lifetime
3,742	100.0%	3,806	100.0%	3,236	100.0%	Individual children reviewed

continued...

[113] Additional details on the number of placements can be found in Table 9 on page 164.

[114] 1,718 (37.2%) of the children in 2008 had been in 6 or more placements. This compares to 1,750 (32.4%) in 1998.

[115] Of the 880 children with 10 or more placements in 2008, there were slightly more male (529 or 60.1%) than female (351 or 39.9%).

[116] During the period of economic downturn in the early 2000's, the Boards budget was cut by over 16%. This necessitated staffing cuts, which required eliminating support for some local boards. Therefore, there were more local boards in 1998.

[117] Children are typically re-reviewed every six months for as long as in out-of-home care, therefore some children will be reviewed more than once during a calendar year.

TABLE 1 (continued)

Where are the children?

Children in foster care on December 31st by proximity to home

1998		2007		2008		Closeness to Home[118]
2,652	49.0%	2,728	54.1%	2,454	53.1%	In same county
695	12.9%	810	16.1%	769	16.6%	In neighboring county
958	17.7%	1,135	22.5%	1,041	22.5%	In non-neighboring county
138	2.6%	165	3.3%	163	3.5%	Child in other state
176	3.3%	2	>0.1%	n/a	n/a	Parent moved to other state
783[119]	14.5%	203	4.0%	193[120]	4.2%	Proximity not available, including runaways
5,402	100.0%	5,043	100.0%	4,620	100.0%	Total

Children in foster care on December 31st by type of placement[121]

1998		2007		2008		Placement Type
1,815	33.6%	2,148	42.6%	1,956	42.3%	Foster home & fos/adopt homes
655	12.1%	1,057	21.0%	965	20.9%	Relatives
1,183	21.9%	867	17.2%	865	18.7%	Group homes, residential treatment facilities, or center for developmentally disabled
565	10.5%	470	9.3%	407	8.8%	Jail/youth development center
582	10.8%	258	5.1%	170	3.7%	Emergency shelter
41	0.8%	121	2.4%	131	2.8%	Runaway, whereabouts unknown
11	0.2%	59	1.2%	49	1.1%	Independent living
221	4.1%	33	0.7%	30	0.6%	Psychiatric treatment or inpatient substance abuse facility
7	0.1%	13	0.3%	17	0.4%	Medical facility
241	4.5%	2	>0.1%	0	0%	Adoptive home, not final (private)
81	1.5%	15	0.3%	30	0.6%	Other or type not reported
5,402	100.0%	5,043	100.0%	4,620	100.0%	Children in care December 31st

continued...

[118] Beginning in 2008, closeness to home is measured by the relationship between the child's county of placement and the county of the court of jurisdiction.

[119] DHHS implemented the N-FOCUS computer system in 1998. Due to problems with reports generated by that system and the need for caseworkers to reenter information, proximity was not reported for a substantial number of children.

[120] On Dec. 31, 2008, there were 131 children on runaway status.

[121] Additional details on placement types can be found in Table 2 on page 146.

TABLE 1 (continued)

Have the children been in foster care before?

Children in foster care on December 31st.

1998		2007		2008		
3,159	58.5%	3,092	61.3%	2,774	60.0%	Initial removal
2,243	41.5%	1,951	38.7%	1,846[122]	40.0%	Had prior removal
5,402	100.0%	5,043	100.0%	4,620	100.0%	Total entered care

Children who entered out-of-home care during the calendar tear

1998		2007		2008		
3,621	60.5%	2,736	61.7%	2,393	59.0%	Initial removal
2,364	39.5%	1,701	38.3%	1,664	41.0%	Had prior removal
5,985[123]	100.0%	4,437	100.0%	4,057	100.0%	Total entered care[124]

What happened to the children?

Reason for leaving out-of-home care

1998		2007		2008		Reason for Leaving Care
2,332	45.1%	3,473	68.0%	3,445	69.6%	Returned to parents
1,580	30.5%	460	9.0%	221	4.5%	Released from corrections (presumably to parents as no out-of-home placement type was indicated)
355	6.9%	446	8.7%	572	11.6%	Adopted[125]
259	5.0%	397	7.8%	329	6.6%	Reached age of majority (19th birthday or date of judicial emancipation)
157	3.0%	281	5.5%	249	5.0%	Guardianship
149	2.9%	28	0.5%	36	0.7%	Court terminated (no specific reason given)
36	0.7%	0	0.0%	81[126]	1.6%	Custody transferred
2	>0.1%	6	0.1%	9	0.2%	Marriage or military
303	5.9%	19	0.4%	10[127]	0.2%	Other/reason not reported
5,173	100.0%	5,110[128]	100.0%	4,952[129]	100.0%	Total left care

[122] 1,104 (59.8%) of the 1,846 children with a prior removal were male, 741 (40.1%) were female, 1 child's gender was not reported.
[123] Likely understated due to the implementation of the N-FOCUS computer program and reporting delays.
[124] This is an unduplicated number. Some children entered care more than once in a year. Their cases would be in the "had prior removal" category. For additional information see Table 12 on page 179.
[125] **The number of adoptions of state wards completed in 2008 exceeded the previous record, which occurred in 2007. The FCRB congratulates DHHS on this achievement**..
[126] Due to changes in IV-E brought about by the federal Foster Connections to Success and Increasing Adoptions Act of 2008, DHHS transferred a number of children back to the tribes by the end of 2008.
[127] This includes 8 children who died while in foster care.
[128] 314 of these children left care more than once in 2007. Each reason is counted.
[129] 287 of these children left care more than once in 2008. Each reason is counted.

TABLE 2

MINIMUM COST OF FOSTER CARE ROOM AND BOARD

Explanation– The costs below reflect only the basic board rate for the 5,043 children in foster care on 12-31-2008 – medical expenses, counseling fees, special needs amounts, school tuition, transportation provided by contractors, case worker/supervisor salaries, judicial system costs, and other non-room and board costs are not included, with the exception of children in assisted living nursing facilities and hospitals where nursing care is part of the daily rates**.** Costs are calculated to be representative of the number of children, ages, and mix of placements on any given day. **The estimates likely under represent the true costs.**

Placement type	**Children**	**Monthly cost or range**[130]	**Monthly**
Foster home – level unspecified (including fos/adopt)	920	$226 - $1,224, $1,913, or $3,021	$1,737,696[131]
Fos/adopt	99	$226 - $1,224, $1,913, or $3,021	71,775[132]
Agency based foster home	803	$1,913	1,536,139
Continuity care foster home	112	$1,224	137,088
Treatment foster care home	22	$3,021	66,462
Relative placement	965	$226 - $1,224, $1,913, or $3,021	699,625[133]
Group home – level unspecified	330	$1,974, $2,723, $4,799, $6,083	1,281,426[134]
Group home level "A"	43	$2,723	117,089
Treatment level group home	185	$4,799	887,815
Enhanced treatment level g. home	23	$6,083	139,909
Residential treatment center level	241	$8,734	2,104,894
Center for development disabled	43	$2,723 (est.)	117,089
Jail/youth development center	407	$4,350 - $6,675	1,770,450[135]
Emergency shelter	170	$855, $1,820, or $3,290	335,750[136]
Runaway/whereabouts unknown	131	not applicable	n/a
Independent & semi-ind. living	49	$359	17,591
Psychiatric treatment facility	30	$16,288	488,640
Assisted living facility	18	$8,234-$18,009	148,212[137]
Medical facility	17	$15,000	255,000
Special school	5	$3,000 (est.)	15,000
Other	7	$359 (est.)	2,513
Children in care on Dec. 31, 2008	**4,620**	**Minimum monthly total**	**$11,930,163**

Minimum annual cost for room and board only - $143,161,956

[130] See the explanation of rates on the following page for more details.
[131] 306 children x $725 per month which is the average of standard foster payment range + 306 children x $1,913 per month + 308 children x $3,021 per month ($221,850 + $585,378 + $930,468).
[132] Computed at 99 children x $725 per month (the average of standard foster payment range).
[133] 965 children x $725 per month which is the average of standard foster payment range.
[134] 84 children x $1,974 ($165,816) + 82 children x $2,723 ($223,286) + 82 children x $4,799 ($393,518) + 82 children x $6,083 ($498,806).
[135] 407 children x $4,350 per month.
[136] 58 children x $855 per month ($49,590) + 56 children x $1,820 per month ($101,920) + 56 children x $3,290 per month ($184,240).
[137] 18 children x $8,234 per month.

Table 2 (continued)
Details Regarding Payment Rates

Foster home/relative foster care rates: DHHS 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, which is completed by the foster parents. Rates for state fiscal year 2006 are as follows:

- Foster home payments for children from age 0-5 ranged from $226.44 - $1,091.40 per month.
- Foster home payments for children age 6-11 ranged from $359.04-$1,186.06 per month.
- Foster home payments for children age 12-18 ranged from $359.04-$1,224.00 per month
- Agency based foster care began reimbursement at $63.75 per day (about $1,913 per month), with continuity care at $40.80 per day (about $1,224 per month).
- Treatment foster care is paid the minimum foster home payment for the child's age plus $100.71 per day (about $3,021.30 per month)

DHHS group home rates: are determined by the group home level. Rates for state fiscal year 2006:

- Basic group homes are paid $65.79 per day (about $1,973.70 per month),
- Group Home A's are paid $90.78 per day (about $2,723.40 per month),
- Treatment Group Homes are paid $159.95 per day ($4798.50 per month
- Enhanced Treatment Group Homes are paid $202.76 per day ($6,082.80 per month).

Residential treatment centers: according to the Medicaid managed care facility rates effective July 1, 2006, days 1-90 are reimbursed at $291.14 per day (about $8,734 per month during the first three months of care); days 271+ are reimbursed at $259.95 per day (about 7,798 per month).

Rehabilitation centers/youth jails:

- Kearney Youth Rehabilitation and Treatment Center - $123.63 ($3,709 per month).
- Geneva Youth Rehabilitation and Treatment Center - $141.51 ($4,245 per month).
- Douglas County Youth Center - $123.60 for Douglas County wards (about $3,708 per month), $170.00 for state wards (about $5,100 per month).
- Lancaster County Youth Service Center contract for state wards is $222.50 ($6,675 per month).
- Northeast Nebraska Juvenile Services in Madison ranges from $110 to $250 depending on the contract and the level. The contract for state wards is $145.00 per day ($4,350 per month)
- Western Nebraska Juvenile Services contract for state wards is $170.00 per day ($5,100 per month).

Emergency shelters: DHHS emergency shelter rates are determined by the level. Rates for fiscal year 2006:

- Individual Emergency Shelter homes are paid $28.51 per day ($855.00 per month).
- Agency Based Emergency Shelter homes are paid $60.69 per day ($1,820.70 per month).
- Emergency Shelter Centers are paid $109.65 per day ($3,289.50).

In-patient psychiatric/substance abuse: according to the Medicaid managed care facility rates effective July 1, 2006, the per diem is based on which day of hospitalization, with the first two days being reimbursed at the highest rate, $618.67 per day, varying until days 7+ are reimbursed at $519.89 per day (about $16,288 per month).

Assisted living nursing facilities: is based on the 2006 per diem rate that ranges from $274.47-$600.31 per day ($8,234.10-$18,009.30 per month) depending on level of care needed, which includes provision of skilled nursing care.

Hospitalization of newborns: The Nebraska Hospital Association provided the following statistics: The average hospital charge for normal newborns was $1,502 for CY 2005, while the average hospital charge for newborns with problems was $6,102. Costs are figured based on a three-day stay for normal newborns. ($1,502/3 or $500 per day).

Basis for the findings in Table 3

The FCRB is required under state and federal law and regulations to make a number of findings regarding the children it reviews. The results of these findings, along with important trend data, are listed in the following table. Some pertinent statutes and regulations regarding the FCRB's findings include:

1. Each child in foster care shall have a case plan that is written and complete with services, timeframes, and tasks identified within 60 days of placement. [Neb. Rev. Stat. §43-1308, §43-1312, Section 475 (1) of the Social Security Act (SSA) and 390 NAC 5-004.02A, 8-001.11]. A written plan will be developed following the assessment of family or child's needs. Case plan evaluation and revision will then occur at least every six months. [390 NAC 5-004.02] The plan shall contain at least the following:
    a. The purpose for which the child has been placed in foster care.
    b. The estimated length of time necessary to achieve the purposes of the foster care placement.
    c. The person or persons who are directly responsible for the implementation of such plan, and
    d. A complete record of the previous placements of the foster child. [Neb. Rev. Stat. §43-1312].
    e. If a child is 16 years of age or older, the plan shall include services designed to assist the youth in acquiring independent living skills. [Neb. Rev. Stat. §43-285(2) and 390 NAC 5-004.02A].
    f. A visitation plan is to be developed for the child and parents to ensure continued contact when appropriate. [390 NAC 7-001.02A]

2. Per Neb. Rev. Stat. §43-1308, the FCRB is to determine:
    a. What efforts have been made to carry out the plan, including the progress or lack thereof towards meeting the case plan objective.
    b. Whether reasonable efforts to accomplish permanency are being made.
    c. Whether there is a continued need for foster placement.
    d. Whether the child's current placement is safe and appropriate.
    e. Whether reasonable efforts were made to prevent the removal (this is also a requirement for federal IV-E reviews).
    f. Whether grounds for termination of parental rights appear to exist.
    g. Whether the child is likely to be returned to their parent's care and if not, recommend an alternative plan.
    h. Any other recommendations it chooses to makes regarding the child.
        i. Each child's placement shall receive educational and health information at the time of placement. [Section 475 (5) of the Social Security Act (SSA)]
        ii. The custodial agency, normally DHHS, is to evaluate the safety of the child and take the necessary measures in the plan to protect the child. [Adoption and Safe Families Act]
        iii. Visits between siblings are to be arranged between siblings, when appropriate, if they cannot be placed together. [U.S. Dept. of Health and Human Services, Child Welfare Information Gateway].

TABLE 3

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT
LOCAL BOARD FINDINGS
FOR CHILDREN REVIEWED DURING 2008

Is there a written permanency plan	Reviews	Percent
•There is a written plan with services, timeframes, and tasks	3,295	73.9%
•There is no plan	244	5.5%
•There is a plan, but it is incomplete	918	20.6%
Total	4,457	100.0%

In comparison,
The percentage of children with a complete written plan in 2007 was 74.6%.
The percentage of children with a complete written plan in 1998 was 52.4%.

Board agreement with the child's permanency plan	Reviews	Percent
•The Board agrees with the child's permanency plan	2,567	57.6%
•The Board does not agree with the plan	1,355	30.4%
•There is no current plan	264	5.9%
•The Board cannot agree or disagree due to [reason]	271	6.1%
Total	4,457	100.0%

In comparison,
The local boards agreed with the children's plans in 54.8% of the reviews conducted in 2007.
The local boards agreed with the children's plans in 50.8% of the reviews conducted in 1998.

Services in the permanency plan	Reviews	Percent
•All services in the plan are presently in motion	2,220	49.8%
•Some services are in motion	766	17.2%
•Services are offered, but not utilized	730	16.4%
•Unclear what is being provided	233	5.2%
•Services have not been defined in a plan	508	11.4%
Total	4,457	100.0%

In comparison,
The local boards found all services in motion in 44.0% of the reviews conducted in 2007.
The local boards found all services in motion in 40.4% of the reviews conducted in 1998.

continued…

Explanation of Table—This table shows compliance with the Foster Care Review Act (Neb. Rev. Stat. §43-1301-1318) as determined by the local Foster Care Review Boards that conducted 4,457 reviews on 3,236 children during 2008. Children are typically reviewed every six months while in out-of-home care; therefore, some children were reviewed twice during the year. A description of the basis for the findings precedes this table.

TABLE 3 (continued)

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT
LOCAL BOARD FINDINGS
FOR CHILDREN REVIEWED DURING 2008

Is the current foster placement safe and appropriate	Reviews	Percent
•Current placement appears safe and appropriate	3,433	77.0%
•Unsafe, thus inappropriate	54	1.2%
•Safe, but not appropriate	139	3.1%
•No documentation or homestudy on which to base finding	831	18.6%
Total	4,457	100.0%

In comparison,
Local boards found the placement safe and appropriate for 81.3% of the reviews conducted in 2007.

Safety evaluation by department or custodial agency	Reviews	Percent
•Custodial agency evaluated the safety of the child and taken the necessary measures in the plan to protect the child	4,028	90.4%
•Custodial agency evaluated the safety and not taken action	79	1.8%
•Board cannot make a finding due to a lack of written plan	350	7.9%
Total	4,457	100.0%

Local boards found the agency (DHHS) evaluated the safety for 88.4% of the reviews conducted in 2007.

Sibling visitation arrangements	Reviews	Percent
•Sibling visitation occurring	1,686	37.8%
•Sibling visitation is not occurring	529	11.9%
•Sibling visitation information was not available	507	11.4%
•Sibling visitation is not applicable (examples: no siblings, placed together, or court ordered no visitation)	1735	38.9%
Total	4,457	100.0%

continued….

TABLE 3 (continued)

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT
LOCAL BOARD FINDINGS
FOR CHILDREN REVIEWED DURING 2008

Progress being made toward permanency plan objective	**Reviews**	**Percent**
•Progress being made towards the permanency objective	2,072	46.5%
•No progress towards permanency	1,424	31.9%
•Unclear	961	21.6%
Total	4,457	100.0%

Local boards found progress in 43.7% of the reviews conducted in 2007**.**

Reasonable efforts toward reunification	**Reviews**	**Percent**
•Reasonable Efforts to reunify are being made	2,256	50.6%
•Reasonable Efforts to reunify are not being made	999	22.4%
•Reasonable Efforts are no longer being made because the plan is no longer reunification or reasonable efforts are otherwise not required	1,202	27.0%
Total	4,457	100.0%

Continued need to be in the foster care system	**Reviews**	**Percent**
•There is a continued need	3,986	89.4%
•There is no longer a need for foster placement	471*	10.6%
Total	4,457	100.0%

*In a sample of 200 of the 471 children, 44 could return to parents, 156 had other plans, such as adoption or guardianship.

In comparison,
Local boards found no need to be in foster care for 7.4% of the reviews conducted in 2007.

continued….

TABLE 3 (continued)

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT
LOCAL BOARD FINDINGS
FOR CHILDREN REVIEWED DURING 2008

During 2008, a change was made to the finding regarding parental visitation.

- January 1-August 31, this finding was made regarding the "primary" parent, often the mother.
- From September 1st through the end of the year the findings were differentiated between the mother and the father.

Findings for reviews from January 1-August 31, 2008:

Parent-child visitation arrangements (1 or both parents)	Reviews	Percent
•Parental visitation occurring as ordered	1,453	46.1%
•Parental visitation not occurring as ordered	613	19.5%
•Parental visitation is unclear	204	6.4%
•Parental visitation was not ordered	150	4.8%
•Parental visitation is not applicable due to [reason]	729	23.2%
Total	3,149	100.0%

Findings for reviews from September 1-December 31, 2008:

Parent-child visitation arrangements re the mother	Reviews	Percent
•Visitation with mother is occurring as ordered	490	37.5%
•Visitation with mother not occurring as ordered	292	22.3%
•The court has ordered no contact with the mother	62	4.7%
•Visitation with mother is unclear	123	9.4%
•Visitation with mother is not applicable due to [reason, such as rights not intact or deceased]	341	26.1%
Total	1,308	100.0%

Parent-child visitation arrangements re the father	Reviews	Percent
•Visitation with father is occurring as ordered	245	18.7%
•Visitation with father not occurring as ordered	278	21.3%
•The court has ordered no contact with the father	55	4.2%
•Visitation with father is unclear	185	14.1%
•Visitation with father is not applicable due to [reason, such as rights not intact, paternity not established, or deceased]	545	41.6%
Total	1,308	100.0%

continued…

TABLE 3 (continued)

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT
LOCAL BOARD FINDINGS
FOR CHILDREN REVIEWED DURING 2008

Grounds for termination of parental rights per §43-1308(1)(b)	**Reviews**	**Percent**
•The Board finds grounds for TPR appear to exist	1,255	28.2%
•The Board finds grounds for TPR do not appear to exist	1,785	40.0%
•The Board finds that grounds for TPR appears to exist, but TPR is not in the child's best interests	508	11.4%
•A finding on grounds for termination is not applicable because the parents are deceased or the rights have already been relinquished or terminated	909	20.4%
Total	4,457	100.0%

The Board's recommended plan if return of the children to the parents is unlikely	**Reviews**	**Percent**
•The Board finds that return is not likely and recommends referral for TPR and/or adoption	1,932	43.3%
•The Board finds that return is not likely and recommends referral for guardianship	535	12.0%
•The Board finds that return is not likely and recommends placement with a relative	78	1.8%
•The Board finds that return is not likely and recommends a planned, permanent living arrangement other than adoption, guardianship, or placement with a relative	350	7.9%
•The Board finds that return to the parents is likely	1,562	35.0%
Total	4,457	100.0%

Reasonable efforts to prevent the removal	**Reviews**	**Percent**
•Reasonable efforts were made to prevent the child's removal from the home or could not have prevented removal	4,324	97.0%
•Reasonable efforts were not made to prevent the child's removal from the home.	18	0.4%
•It was unclear what efforts were made to prevent removal	64	1.4%
•Reasonable efforts to prevent removal were not necessary due to a judicial determination	51	1.1%
Total	4,457	100.0%

TABLE 4

BARRIERS TO PERMANENCY FOR CHILDREN REVIEWED DURING 2008

During each review, local boards identify 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.

Multiple barriers may be identified for each child reviewed. There is a different list of barriers for each permanency objective. The following are the barriers for the reviews conducted during 2008.

Reunification barriers

	# of Reviews
Lack of parental willingness/ability	1,600
Parental substance abuse	1,279
Length of time in foster care	907
History of family abuse/violence	863
Economic – housing issues	789
Lack of parental visitation	783
Parents need more time to complete services	772
Economic-employment issues	764
Child's behavioral issues	756
Other reunification barriers[138]	699
Parental mental illness	438
Parental incarceration	395
Child's mental health issues	297
HHS/agency lacks documentation regarding progress	269
Paternity not established	265
Parental whereabouts unknown	232
Child's history of violent and/or abusive behaviors	214
Caseworker changes or turnover	191
Severity of abuse makes safe reunification unlikely	186

continued…

[138] Other reunification barriers include such issues as parent does not take responsibility for conditions that led to the child's removal, parent refuses to allow child to return home, risk of abuse between siblings, unresolved domestic violence in the parental home, parent facing criminal charges and/or possible prison sentence, new allegations of abuse by the parent, child is a runaway, youth does not want to be reunified, the youth is soon to become age of majority, services have not yet been provided to the parent or child, the parent is a minor, etc

TABLE 4 Barriers to Permanency (cont.)

Reunification barriers continued…

	# of Reviews
Not in best interests due to child's attachments	184
Child's substance abuse issues	147
Low functioning parent	135
No current written case plan	124
Child's disability	122
No barriers to reunification	104
Child's illness	88
Parental illness or health issues	81
Child's educational needs/lack of special education in child's area	66
Language barriers	63
Cultural barriers	59
HHS pressure to return home prematurely	48
Parent/purported parent's immigration status	41
Services have not been provided to parents	41
Court continuances	34
Public assistance needed before child goes home	31
Lack of home based services – other	26
Lack of home based services – mental health	16
Lack of home based services – substance abuse	2
Parent not been notified	0

continued…

TABLE 4 Barriers to Permanency (cont.)

Adoption barriers

	# of Reviews
Other adoption barriers[139]	389
Adoption paperwork not complete	356
Child's behavioral issues	221
Child is not in a placement willing to adopt	187
No barriers to adoption	134
Paternity has not been addressed	131
Child's mental health issues	119
A petition to terminate parental rights has been filed and the hearing is pending	97
Child's history of violent and/or abusive behaviors	81
Parents whereabouts is unknown	72
No current written case plan	69
A request to file was given to the County Attorney, but a petition was not filed	57
Child's education issues	39
A request to file a petition to terminate parental rights has not been sent to the County Attorney	36
Child's disability	36
Court did not terminate parental rights	32
Court continuances	31
Issues regarding separating the siblings	19
HHS policy	11
HHS lacks documentation regarding the lack of parental progress	6
Child's illness	4
Child's substance abuse issues	3
County Attorney lacks evidence to terminate parental rights	3
Mental health professional unwilling to testify TPR in child's best interests	0

continued…

[139] Other adoption barriers include child has not been in the placement for six months yet, pending publication for a parent, youth does not want adoption, a pending appeal on a termination of parental rights, case management changes and/or transfers, court date not set, court time unavailable, more time needed for services to the child or the potential adoptive parents, and financial/subsidy issues.

TABLE 4 Barriers to Permanency (cont.)

Guardianship barriers

	# of Reviews
Child's behavioral issues	172
Other guardianship barriers[140]	146
Child's mental health	84
Placement not willing to accept guardianship	71
Child's history of violent and/or abusive behaviors	52
Guardianship subsidy paperwork not completed	52
Child's educational issues	46
No barriers to guardianship	37
Child's substance abuse issues	31
No current written case plan	21
Child's disability	18
An exception to guardianship has not been made by the Dept (child is younger than 13)	5
Child's illness	0

Independent living barriers

	# of Reviews
Child's behavioral issues	77
Other independent living barriers[141]	65
Child's educational issues	53
Child's mental health issues	49
No independent living skills training	39
Child's history of violent and/or abusive behaviors	36
Child's substance abuse issues	32
No barriers to independent living	26
Child's disability	16
Case plan does not address permanency goal	6
No current written case plan	4
Child's illness	2

continued…

[140] Other guardianship barriers include being in the placement less than six months, financial issues for the placement, jeopardizing of funding or former ward benefits, child does not want guardianship, case management changes, parent unwilling to consent to guardianship.

[141] Other independent living barriers include maturity issues, the child needs to complete high school, the child's age, risk to community safety, and case management changes.

TABLE 4 Barriers to Permanency (cont.)

Barriers for children where the objective is unclear

	# of Reviews
No case plan	114
Plan is incomplete	100
Plan is outdated	39
Other case plan barriers	30
No plan barriers	1

TABLE 5

REASONS CHILDREN ENTERED FOSTER CARE FOR CHILDREN REVIEWED DURING 2008

The first chart shows the reason(s) identified upon removal from the home for the 3,236 children and youth reviewed by the FCRB during 2008. The chart on the next page shows conditions that were identified after the removal and gives the combined number of children significantly affected by the condition. Multiple reasons are allowed for each child.

Reasons for entering foster care that were identified upon removal[142]				
			By number of removals	
Category	**Reasons entered care known on removal for all children reviewed**		**Reviewed children who were in foster care for the first time [143]**	**Reviewed children who had been in foster care at least once previously**
Neglect[144]	1,973	61.0%	1,245	728
Parental drug abuse	1,238	38.3%	835	403
Parental meth abuse[145]	517	16.0%	380	137
Parental alcohol abuse	487	15.0%	295	192
Housing substandard/unsafe	805	24.9%	485	320
Physical abuse	678	21.0%	377	301
Parental incarceration	351	10.8%	230	121
Abandonment	274	8.4%	166	108
Parental illness/disability	330	10.2%	199	131
Sexual abuse[146]	265	8.2%	170	95
Death of parent(s)	34	1.1%	21	13
Relinquishment	25	0.8%	2	23
Child's behaviors[147]	554	17.1%	242	312
Child's mental health	92	2.8%	36	56
Child's disabilities	86	2.7%	44	42
Child's drug abuse	76	2.3%	40	36
Child's meth abuse[148]	45	1.3%	35	10
Child's alcohol abuse	32	1.0%	11	21
Child's illness	45	1.4%	28	17
Child's suicide attempt	7	0.2%	1	6

[142] Up to ten reasons for entering foster care could be identified for each child reviewed.
[143] 2,079 reviewed children were in their first time in care, 1,157 had been in care at least once before.
[144] Neglect is failure to provide for a child's basic physical, medical, educational, and/or emotional needs.
[145] This is a subset of parental drug abuse cases.
[146] Children and youth often do not disclose sexual abuse until after removal from the home. This chart includes only sexual abuse identified as an initial reason for removal and does not reflect later disclosures.
[147] Many of the behaviors identified as a reason for children and youth to enter foster care are predictable responses to prior abuse or neglect. Also, due to budget cuts the FCRB is prioritizing the review of children age birth to five, and those that qualify for federal IV-E funding; thus many troubled adolescents are not being reviewed.
[148] This is a subset of child's drug abuse.

TABLE 5 (continued)

Up to 10 reasons for entering foster care could be identified for each of the 3,3236 children reviewed in 2008. Similarly, up to 10 later identified conditions could be recorded for each of the children reviewed.

The following are two common examples of later identified conditions: 1) a child is removed from the home due to neglect, and later parental drug abuse is identified, or 2) a child is removed from the home for physical abuse, and later the child discloses that sexual abuse also was occurring.

Conditions affecting children in out-of-home care				
Category	**Reviewed children significantly affected by the condition**		**Condition identified at Removal**	**Condition identified or occurred after removal**
Neglect[149]	2,062	63.7%	1,973	89
Parental drug abuse	1,596	49.3%	1,238	358
Parental meth abuse[150]	716	22.1%	517	199
Parental alcohol abuse	588	18.2%	487	101
Housing substandard/unsafe	930	28.7%	805	125
Physical abuse	802	24.8%	678	124
Parental incarceration	554	17.1%	351	203
Sexual abuse	453	14.0%	265	188
Abandonment	451	13.9%	274	177
Parental illness/disability	444	13.7%	330	114
Relinquishment	125	3.9%	25	100
Death of parent(s)	76	2.3%	34	42
Child's behaviors[151]	796	24.6%	554	242
Child's mental health	198	6.1%	92	106
Child's disabilities	146	4.5%	86	60
Child's drug abuse	133	4.1%	76	57
Child's meth abuse[152]	59	1.8%	45	14
Child's alcohol abuse	1	>0.1%	0	1
Child's illness	49	1.5%	32	17
Child's suicide attempt	22	0.7%	7	15

[149] Neglect is the failure to provide for a child's basic physical, medical, educational, and/or emotional needs.
[150] This is a subset of parental drug abuse.
[151] The percentage of children who enter foster care due to their behaviors is greater in the total foster care population than is true in reviewed population. Due to budget cuts that forced a reduction in staff, the FCRB is prioritizing reviews of children who are age birth to five, and children who qualify for federal IV-E funds. Therefore, older youth and youth who are in the Kearney or Geneva Youth Rehabilitation and Treatment Centers are somewhat under-represented.
[152] This is a subset of child's drug abuse.

TABLE 6

PERCENTAGE OF LIFE SPENT IN FOSTER CARE FOR CHILDREN REVIEWED DURING 2007

Percent of life in care	Total children reviewed	Ages 0-5	Ages 6-12	Ages 13-15	Ages 16-18
1-24%	1,470	182	521	308	459
25-49%	854	281	361	96	116
50-74%	456	288	104	22	42
75-99%	256	218	28	3	7
100%	200	198	2	0	0
Total	3,236	1,167	1,016	429	624

- **912 (28.2%) of the reviewed children have spent more than half of their lives in foster care.** This includes
    - 704 preschool children (ages 0-5),
    - 134 elementary school aged children (ages 6-12),
    - 25 middle school/junior high aged children (ages 13-15), and
    - 49 youth age 16 and older who will be becoming adults soon and creating families of their own.

- **456 children and youth have spent the majority (75%+) of their lives in foster care, including 200 reviewed children who have spent every day of their lives (100%) in foster care.**

- Children reviewed in 2008 averaged having spent 36.6% of their life in foster care.

Explanation of Table— The FCRB conducted 4,457 reviews on 3,236 children during 2008. Some children receive more than one review during a calendar year. In the above table rather than duplicating those children, the percent as of the last review in 2008 was used.

This table shows the percentage of the child's life that has been spent in foster care. The percentage of life in care is determined by dividing the number of months the child has been in foster care at the time of the FCRB's review by the child's age, in months, at the time of the review. For example, a 24 month old child who has been in care 6 months would have been in care 25% of his life (6 divided by 24). While 6 months, 12 months, 18 months, or more in foster care may not seem long from an adult perspective, from the child's perspective it is a long and significant period of time.

TABLE 7

2008 REPORT FROM THE TRACKING SYSTEM REGISTRY

Per Neb. Rev. Stat. §43-1303(2)(d)(iv) the FCRB is to include in the annual report **the number of children supervised by the foster care programs in the state**. This is calculated as follows:

Children in out-of-home care at the beginning of the year per last annual report	5,043
Adjustment for delayed reporting	+135[153]
Children who entered or re-entered care during calendar year	+ 4,057[154]
Children whose case was active anytime during calendar year	9,235
Children who left foster care during the year	- 4,615[155]
Children in out-of-home care on December 31, 2008	4,620

Agency with custody of children in out-of-home care on December 31, 2008:

The Department of Health and Human Services (DHHS) Includes children under Child Protective Services, and the Office of Juvenile Services (including Geneva and Kearney Youth Rehabilitation and Treatment Centers and Juvenile Parole).	4,549
Correction, detention, probation, parole or courts, excluding children who are DHHS or DHHS/OJS wards	43
Other entities	28
Total	4,620

[153] Some children were in care at the beginning of the year, but reports to that effect were not received by the time last year's annual report statistics were run. Also, some children had left care by the beginning of the year, but reports had not been received by the time last year's annual report statistics were run. Thus, an adjustment to the prior statistic is necessary.
[154] 355 children entered foster care more than once during 2008; they are not duplicated in this number.
[155] 287 children left care more than once in 2008; they are not duplicated in this number.

TABLE 8

CHILDREN IN OUT-OF-HOME CARE ON DECEMBER 31, 2008 BY AGE

Children's age	# of Children	Subtotal	Subtotal %	
under 1 year	198			
1 year	239			
2 years	224			
3 years	197			
4 years	174			
5 years	167			
		1,199	26.0%	Ages birth - 5
6 years	173			
7 years	150			
8 years	142			
9 years	129			
10 years	134			
11 years	136			
12 years	138			
		1,002	21.7%	Ages 6-12
13 years	191			
14 years	246			
15 years	410			
		847	18.3%	Ages 13-15
16 years	576			
17 years	606			
18 years	374			
		1,556	33.7%	Ages 16-18
Unreported age	16	16	0.3%	Unreported Age
Total	4,620	4,620	100.0%	

Explanation of Table—This table shows the number of active children on December 31, 2008, by age. Generally, children up to approximately age 11 enter care due to their parent's inability to parent, neglect, abusive situations, or medical problems.[156] Youth age 12-18 may also enter foster care because of actions they have taken in addition to the previously stated reasons.

[156] If a child has not been provided for physically, medically, and/or emotionally, it is considered neglect. Neglect can include the denial of critical care, failure to provide basic and necessary medical care and hygiene, failure to supervise children enough to keep them safe, engaging in criminal activity in front of the child, abandonment, and related inattention to the child's needs. Parental substance abuse and mental health issues often contribute to neglect.

TABLE 9

TOTAL LIFETIME PLACEMENTS

(individual foster homes, group homes, specialized facilities)

FOR CHILDREN IN OUT-OF-HOME CARE ON DECEMBER 31, 2008 WHO ARE WARDS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)[157]

Number of Placements	Total	Ages 0-5	Ages 6 –12	Ages 13-15	Ages 16-18	Age Unk.
1	719	412	149	75	83	0
2	755	316	176	107	156	0
3	538	202	145	66	125	0
4	458	115	137	95	111	0
5	368	64	109	80	115	0
6	284	43	81	58	102	0
7	220	25	63	46	86	0
8	168	7	27	49	85	0
9	160	10	25	52	73	0
10	112	1	19	26	66	0
11-20	598	4	66	157	371	0
21-30	128	0	4	22	102	0
31-40	30	0	1	3	26	0
over 40	11	0	0	1	10	0
Total	4,549	1,199	1,002	837	1,511	0

Children of any age can be damaged by multiple caregiver changes, yet:

- 2,537 (55.8%) of DHHS children had experienced 4 or more placements.
- 879 (19.3%) of DHHS children had experienced 10 or more placements.

It is particularly troubling that so many preschool children have had multiple placements. Brain development experts have indicated that young children are permanently damaged by multiple broken attachments to care givers, yet an alarming number of young children have this experience.

- 471 (39.3%) of the DHHS preschoolers have lived in 3 or more different homes. This is about the same as last year's 40.0%.
- 90 (7.5%) of the DHHS preschoolers have lived in 6 or more homes. This is close to last year's 7.0%.

Explanation of Table—Both parts of this table shows the number of lifetime placements the children and youth who were in out-of-home care as of December 31, 2008, have experienced, the difference between the charts is the type of agency with custody.

[157] Health and Human Services wards include 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.

TABLE 9 (continued)

TOTAL LIFETIME PLACEMENTS

(individual foster homes, group homes, specialized facilities)

FOR CHILDREN IN OUT-OF-HOME CARE ON DECEMBER 31, 2008 AND ARE *NOT* WARDS OF DHHS

These children include infants in pre-adoptive placements, children/youth placed with private agencies, children/youth in private mental health facilities, and youth sentenced to local detention/correctional facilities.

Number of Placements	Total	Ages 0-5	Ages 6–12	Ages 13-15	Ages 16-18	Age Unknown
1	16	0	0	3	9	4
2	35	0	0	6	20	9
3	6	0	0	1	4	1
4	3	0	0	0	2	1
5	4	0	0	0	4	0
6	2	0	0	0	1	1
7	3	0	0	0	3	0
8	0	0	0	0	0	0
9	1	0	0	0	1	0
10	1	0	0	0	1	0
11-20	0	0	0	0	0	0
21-30	0	0	0	0	0	0
31-40	0	0	0	0	0	0
over 40	0	0	0	0	0	0
Total	71	0	0	10	45	16

Explanation of Table—Both parts of this table shows the number of lifetime placements the children and youth who were in out-of-home care as of December 31, 2008, have experienced, the difference is the type of agency with custody.

TABLE 10

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Age Group						Race						
County	Total Children	age 0-5	age 6-8	age 9-12	age 13-15	age 16+	age unk	Black	White	American Indian	Asian	Other	Multiple	Hispanic Ethnicity
Adams	99	21	12	13	17	36	0	2	77	2	3	9	6	15
Antelope	4	0	2	0	2	0	0	0	4	0	0	0	0	0
Arthur	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Banner	1	0	0	0	0	1	0	0	1	0	0	0	0	0
Blaine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Boone	1	0	0	0	1	0	0	0	1	0	0	0	0	0
Box Butte	10	3	0	0	1	6	0	0	4	4	0	2	0	0
Boyd	1	0	0	0	1	0	0	0	1	0	0	0	0	0
Brown	1	0	0	0	0	1	0	0	1	0	0	0	0	0
Buffalo	69	16	8	11	9	25	0	0	56	1	0	11	1	8
Burt	10	4	1	0	1	4	0	0	10	0	0	0	0	0
Butler	31	7	9	6	4	5	0	0	31	0	0	0	0	0
Cass	50	8	8	7	7	20	0	1	45	0	0	3	1	2
Cedar	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chase	5	1	0	2	0	2	0	0	5	0	0	0	0	0
Cherry	8	1	0	3	2	2	0	0	3	5	0	0	0	0
Cheyenne	21	2	1	0	8	10	0	0	18	1	0	2	0	3
Clay	7	0	0	1	3	3	0	0	7	0	0	0	0	0
Colfax	23	7	2	4	3	7	0	0	12	0	0	11	0	11
Cuming	16	0	2	3	4	7	0	0	15	0	0	1	0	1
Custer	14	5	0	2	2	5	0	0	11	0	0	3	0	3
Dakota	36	6	6	4	8	12	0	1	14	10	0	10	1	10
Dawes	6	0	0	0	2	4	0	0	1	4	0	0	1	0
Dawson	55	10	2	5	11	27	0	9	23	0	0	23	0	20
Deuel	3	2	0	0	0	1	0	0	3	0	0	0	0	0
Dixon	3	0	0	0	0	3	0	0	3	0	0	0	0	0
Dodge	91	32	3	16	12	28	0	2	66	2	1	19	1	19
Douglas	1743	477	193	212	292	566	3	662	731	94	4	215	37	167
Dundy	4	0	1	0	0	3	0	0	4	0	0	0	0	0
Fillmore	15	4	0	5	2	4	0	0	15	0	0	0	0	0

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Gender			Number of Placements				Removals	
County	Total Children	Male	Female	Unk	1-3 Placements	4-6 Placements	7-9 Placements	10 or more Placements	1st removal	2+ removals
Adams	99	58	41	0	45	21	15	18	63	36
Antelope	4	2	2	0	0	2	1	1	0	4
Arthur	0	0	0	0	0	0	0	0	0	0
Banner	1	0	1	0	1	0	0	0	1	
Blaine	0	0	0	0	0	0	0	0	0	0
Boone	1	0	1	0	1	0	0	0	1	0
Box Butte	10	7	3	0	6	3	0	1	7	3
Boyd	1	1	0	0	0	0	1	0	1	0
Brown	1	0	1	0	0	1	0	0	1	0
Buffalo	69	40	29	0	36	13	11	9	41	28
Burt	10	4	6	0	5	1	1	3	7	3
Butler	31	18	13	0	12	13	4	2	23	8
Cass	50	25	25	0	18	11	8	13	23	27
Cedar	0	0	0	0	0	0	0	0	0	0
Chase	5	4	1	0	1	3	0	1	0	5
Cherry	8	7	1	0	2	4	2	0	5	3
Cheyenne	21	10	11	0	8	3	3	7	11	10
Clay	7	5	2	0	2	0	3	2	3	4
Colfax	23	10	13	0	15	2	3	3	15	8
Cuming	16	7	9	0	7	3	2	4	10	6
Custer	14	6	8	0	9	3	1	1	11	3
Dakota	36	20	16	0	11	13	7	5	20	16
Dawes	6	4	2	0	1	0	2	3	1	5
Dawson	55	32	23	0	19	12	7	17	23	32
Deuel	3	2	1	0	1	1	0	1	2	1
Dixon	3	3	0	0	1	0	0	2	1	2
Dodge	91	48	43	0	44	14	15	18	53	38
Douglas	1743	993	750	0	710	462	212	359	1036	707
Dundy	4	3	1	0	1	1	1	1	3	1
Fillmore	15	4	11	0	8	4	1	2	11	4

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Placement Proximity to Home County					Other	
County	**Total Children**	**Same County**	**Neighboring County**	**Non-Neighboring County**	**Child Placed Out of State**	**Unreported**	**More Than 2 Years in Care**	**4 or More Case Workers**
Adams	99	39	33	24	1	2	27	28
Antelope	4	0	0	3	1	0	2	3
Arthur	0	0	0	0	0	0	0	0
Banner	1	0	1	0	0	0	0	0
Blaine	0	0	0	0	0	0	0	0
Boone	1	0	0	1	0	0	0	0
Box Butte	10	3	0	6	0	1	1	0
Boyd	1	1	0	0	0	0	1	0
Brown	1	1	0	0	0	0	0	0
Buffalo	69	39	9	19	1	1	5	14
Burt	10	3	1	6	0	0	1	1
Butler	31	7	19	3	0	2	9	5
Cass	50	12	17	20	0	1	11	11
Cedar	0	0	0	0	0	0	0	0
Chase	5	1	1	3	0	0	0	2
Cherry	8	5	0	3	0	0	0	3
Cheyenne	21	2	3	13	1	2	2	9
Clay	7	2	3	2	0	0	0	3
Colfax	23	5	13	3	0	2	0	5
Cuming	16	1	2	13	0	0	4	4
Custer	14	0	11	3	0	0	2	3
Dakota	36	11	2	18	1	4	6	6
Dawes	6	0	1	4	0	1	1	1
Dawson	55	12	22	13	4	4	5	7
Deuel	3	2	0	1	0	0	0	1
Dixon	3	1	0	2	0	0	0	1
Dodge	91	35	19	28	7	2	15	24
Douglas	1743	1221	171	192	71	88	430	726
Dundy	4	1	0	3	0	0	1	1
Fillmore	15	1	4	10	0	0	2	2

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Adjudication Status							
County	**Total Children**	**Abuse Neglect Dependency (3a)**	**Status Offense (3b)**	**Mental Health (3c)**	**Misdemeanor (1)**	**Felony (2)**	**More Than One Type**	**Unreported**
Adams	99	61	14	0	8	7	1	8
Antelope	4	1 2		0	0	0	0	1
Arthur	0	0 0		0	0	0	0	0
Banner	1	0		0	0	0	0	0
Blaine	0	0 0		0	0	0	0	0
Boone	1	0 1		0	0	0	0	0
Box Butte	10	3	1	0	3	2	0	1
Boyd	1	0 0		1	0	0	0	0
Brown	1	1 0		0	0	0	0	0
Buffalo	69	35	8	0	13	5	1	7
Burt	10	7	1	0	2	0	0	0
Butler	31	27	1	0	1	2	0	0
Cass	50	28	8	0	10	2	0	2
Cedar	0	0 0		0	0	0	0	0
Chase	5	2 3		0	0	0	0	0
Cherry	8	6		0	0	0	0	0
Cheyenne	21	5	8	1	3	3	1	0
Clay	7	1 2		2	0	1	0	1
Colfax	23	15	2	0	2	2	0	2
Cuming	16	10	2	0	2	1	1	0
Custer	14	11	1	0	0	1	0	1
Dakota	36	17	0	0	15	1	2	1
Dawes	6	1 0		0	1	3	0	1
Dawson	55	14	21	0	7	0	6	7
Deuel	3	2		0	0	0	0	0
Dixon	3	1 0		0	1	1	0	0
Dodge	91	60	5	0	13	3	3	7
Douglas	1743	1180	67	0	255	12	69	160
Dundy	4	0 3		0	0	0	1	0
Fillmore	15	14	0	0	1	0	0	0

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Age Group						Race						
County	**Total Children**	**age 0-5**	**age 6-8**	**age 9-12**	**age 13-15**	**age 16+**	**age unk**	**Black**	**White**	**American Indian**	**Asian**	**Other**	**Multiple**	**Hispanic Ethnicity**
Franklin	4	2	0	0	1	1	0	0	4	0	0	0	0	0
Frontier	8	2	1	1	3	1	0	0	7	0	0	0	1	0
Furnas	13	4	3	2	1	3	0	0	13	0	0	0	0	0
Gage	33	5	3	4	8	13	0	2	29	2	0	0	0	0
Garden	1	0	0	0	0	1	0	0	1	0	0	0	0	0
Garfield	2	0	0	0	0	2	0	0	2	0	0	0	0	0
Gosper	1	1	0	0	0	0	0	0	1	0	0	0	0	0
Grant	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Greeley	4	0	1	0	2	1	0	1	2	0	0	1	0	1
Hall	186	49	19	24	40	54	0	10	121	7	5	37	6	35
Hamilton	14	0	0	0	7	7	0	0	12	0	0	2	0	0
Harlan	9	3	1	3	1	1	0	0	8	1	0	0	0	0
Hayes	2	0	0	0	1	1	0	0	2	0	0	0	0	0
Hitchcock	1	0	0	0	0	1	0	0	1	0	0	0	0	0
Holt	7	2	0	1	1	3	0	0	7	0	0	0	0	0
Hooker	1	0	0	0	0	1	0	0	1	0	0	0	0	0
Howard	6	0	0	0	4	2	0	0	6	0	0	0	0	0
Jefferson	12	3	1	3	3	2	0	0	10	1	0	0	1	0
Johnson	15	4	1	2	4	4	0	1	13	0	1	0	0	0
Kearney	4	2	0	0	0	2	0	0	4	0	0	0	0	0
Keith	17	3	0	1	4	9	0	0	13	0	0	4	0	2
Keya Paha	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kimball	8	3	1	1	1	2	0	0	6	1	0	1	0	1
Knox	3	0	0	0	1	2	0	0	2	1	0	0	0	0
Lancaster	942	284	110	92	159	297	0	148	540	78	15	124	37	85
Lincoln	151	45	12	15	30	49	0	4	122	8	0	14	3	15
Logan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Loup	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Madison	71	20	6	7	14	24	0	5	47	6	0	12	1	14
McPherson	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Merrick	19	5	0	5	3	6	0	0	16	0	0	3	0	0
Morrill	11	4	2	2	1	2	0	0	7	0	0	4	0	4
Nance	8	1	0	0	2	5	0	0	8	0	0	0	0	0

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Gender			Number of Placements				Removals	
County	Total Children	Male	Female	Unk	1-3 Placements	4-6 Placements	7-9 Placements	10 or more Placements	1st removal	2+ removals
Franklin	4	1	3	0	3	0	0	1	3	1
Frontier	8	4	4	0	5	1	2	0	6	2
Furnas	13	9	4	0	9	2	0	2	7	6
Gage	33	21	12	0	18	4	7	4	21	12
Garden	1	1	0	0	0	0	0	1	1	0
Garfield	2	1	1	0	2	0	0	0	0	2
Gosper	1	0	1	0	1	0	0	0	1	0
Grant	0	0	0	0	0	0	0	0	0	0
Greeley	4	2	2	0	0	1	2	1	2	2
Hall	186	103	83	0	84	41	23	38	104	82
Hamilton	14	9	5	0	4	2	5	3	6	8
Harlan	9	4	5	0	5	3	0	1	5	4
Hayes	2	1	1	0	1	0	0	1	1	1
Hitchcock	1	1	0	0	0	0	0	1	0	1
Holt	7	4	3	0	3	2	1	1	5	2
Hooker	1	1	0	0	0	0	0	1	0	1
Howard	6	4	2	0	2	2	0	2	3	3
Jefferson	12	6	6	0	5	4	3	0	7	5
Johnson	15	8	7	0	8	4	0	3	11	4
Kearney	4	2	2	0	3	0	0	1	3	1
Keith	17	10	7	0	3	8	3	3	7	10
Keya Paha	0	0	0	0	0	0	0	0	0	0
Kimball	8	7	1	0	5	2	1	0	5	3
Knox	3	3	0	0	1	0	0	2	3	0
Lancaster	942	533	409	0	450	225	104	163	597	345
Lincoln	151	79	72	0	69	36	14	32	73	78
Logan	0	0	0	0	0	0	0	0	0	0
Loup	0	0	0	0	0	0	0	0	0	0
Madison	71	40	31	0	29	19	8	15	43	28
McPherson	0	0	0	0	0	0	0	0	0	0
Merrick	19	12	7	0	11	3	3	2	14	5
Morrill	11	5	6	0	4	6	0	1	4	7
Nance	8	4	4	0	2	2	1	3	4	4

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Placement Proximity to Home County					Other	
County	**Total Children**	**Same County**	**Neighboring County**	**Non-Neighboring County**	**Child Placed Out of State**	**Unreported**	**More Than 2 Years in Care**	**4 or More Case Workers**
Franklin	4	1	0	3	0	0	0	1
Frontier	8	4	3	1	0	0	4	4
Furnas	13	6	5	2	0	0	1	2
Gage	33	17	4	10	1	1	9	10
Garden	1	0	0	1	0	0	1	1
Garfield	2	0	1	1	0	0	2	2
Gosper	1	0	1	0	0	0	0	1
Grant	0	0	0	0	0	0	0	0
Greeley	4	0	1	3	0	0	2	4
Hall	186	76	64	38	3	5	24	52
Hamilton	14	2	4	8	0	0	1	2
Harlan	9	3	4	1	0	1	0	3
Hayes	2	0	1	1	0	0	0	1
Hitchcock	1	0	0	1	0	0	0	1
Holt	7	2	0	4	1	0	3	2
Hooker	1	0	0	1	0	0	1	0
Howard	6	2	3	1	0	0	3	2
Jefferson	12	4	6	2	0	0	3	1
Johnson	15	5	6	4	0	0	4	5
Kearney	4	1	2	1	0	0	1	1
Keith	17	3	3	9	1	1	4	6
Keya Paha	0	0	0	0	0	0	0	0
Kimball	8	2	4	2	0	0	1	1
Knox	3	0	0	3	0	0	2	1
Lancaster	942	508	94	289	23	28	186	359
Lincoln	151	71	25	44	6	5	28	41
Logan	0	0	0	0	0	0	0	0
Loup	0	0	0	0	0	0	0	0
Madison	71	35	10	24	1	1	13	23
McPherson	0	0	0	0	0	0	0	0
Merrick	19	4	7	4	1	3	3	2
Morrill	11	4	3	3	1	0	2	3
Nance	8	0	1	7	0	0	3	2

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Adjudication Status							
County	**Total Children**	**Abuse Neglect Dependency (3a)**		**Status Offense (3b)**	**Mental Health (3c)**	**Misdemeanor (1)**	**Felony (2)**	**More Than One Type**	**Unreported**
Franklin	4	2	0		0	0	0	0	2
Frontier	8	1	5		0	0	1	0	1
Furnas	13		9	3	0	1	0	0	0
Gage	33		18	2	0	6	1	1	5
Garden	1	0	1		0	0	0	0	0
Garfield	2	0	2		0	0	0	0	0
Gosper	1		1		0	0	0	0	0
Grant	0	0	0		0	0	0	0	0
Greeley	4	1	3		0	0	0	0	0
Hall	186		116	11	3	25	5	1	25
Hamilton	14		1	5	1	4	1	1	1
Harlan	9	1	7		0	1	0	0	0
Hayes	1		0		0	0	0	0	1
Hitchcock	1	0	1		0	0	0	0	0
Holt	7	3	4		0	0	0	0	0
Hooker	1	0	1		0	0	0	0	0
Howard	6	0	2		2	2	0	0	0
Jefferson	12		7	0	0	2	1	0	2
Johnson	15		14	0	0	0	0	1	0
Kearney	4	0	3		0	0	1	0	0
Keith	17		9	4	0	1	1	0	2
Keya Paha	0		0		0	0	0	0	0
Kimball	8	1	6		0	0	0	0	1
Knox	3	0	1		0	1	1	0	0
Lancaster	942		640	37	1	155	29	18	62
Lincoln	151		85	35	0	14	4	4	9
Logan	0	0	0		0	0	0	0	0
Loup	0		0		0	0	0	0	0
Madison	71		43	7	1	9	1	2	8
McPherson	0	0	0		0	0	0	0	0
Merrick	19		9	2	0	3	0	1	4
Morrill	11		8	1	0	1	0	0	1
Nance	8	1	4		0	1	1	1	0

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Age Group						Race						
County	**Total Children**	**age 0-5**	**age 6-8**	**age 9-12**	**age 13-15**	**age 16+**	**age unk**	**Black**	**White**	**Indian**	**Asian**	**Other**	**Multiple**	**Hispanic Ethnicity**
Nemaha	12	3	4	2	1	2	0	0	10	0	0	1	1	0
Nuckolls	3	0	0	0	0	3	0	0	3	0	0	0	0	0
Otoe	22	6	2	1	5	8	0	0	21	0	0	0	1	0
Pawnee	4	3	0	0	0	1	0	1	3	0	0	0	0	0
Perkins	2	0	0	0	2	0	0	0	2	0	0	0	0	0
Phelps	22	7	1	2	1	11	0	0	22	0	0	0	0	0
Pierce	2	0	0	0	0	2	0	0	2	0	0	0	0	0
Platte	46	14	6	3	10	13	0	0	36	0	0	10	0	11
Polk	4	0	1	1	1	1	0	0	2	0	0	2	0	2
Red Willow	23	5	1	3	3	11	0	0	21	0	0	2	0	2
Richardson	6	2	0	0	2	2	0	0	6	0	0	0	0	0
Rock	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Saline	18	3	0	0	6	9	0	0	14	0	0	3	1	3
Sarpy	212	25	16	30	51	90	0	24	150	3	0	31	4	18
Saunders	9	1	0	1	4	3	0	0	7	0	0	2	0	2
Scotts Bluff	119	40	10	15	30	24	0	0	70	21	0	25	3	38
Seward	32	5	1	4	6	16	0	0	30	1	0	1	0	0
Sheridan	4	0	0	0	3	1	0	0	0	4	0	0	0	0
Sherman	4	0	0	2	0	2	0	0	4	0	0	0	0	0
Sioux	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Stanton	1	0	0	0	0	1	0	0	1	0	0	0	0	0
Thayer	4	0	0	0	1	3	0	0	4	0	0	0	0	0
Thomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Thurston[158]	65	23	7	7	15	13	0	0	5	58	0	0	2	0
Valley	7	2	0	1	0	4	0	0	4	0	0	3	0	1
Washington	16	0	0	1	2	13	0	0	15	0	1	0	0	0
Wayne	6	0	0	1	1	4	0	0	3	2	0	0	1	0
Webster	2	0	0	0	0	2	0	0	2	0	0	0	0	0
Wheeler	0	0	0	0	0	0	0	0	0	0	0	0	0	0
York	35	10	5	4	8	8	0	0	27	0	0	5	3	7
Unreported or tribal	60	2	0	2	12	31	13	9	20	11	0	20	0	3
Total	4620	1199	465	537	847	1556	16	882	2651	328	30	616	113	503

[158] This may include some tribal wards.

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Gender			Number of Placements				Removals	
County	Total Children	Male	Female	Unk	1-3 Placements	4-6 Placements	7-9 Placements	10 or more Placements	1st removal	2+ removals
Nemaha	12	7	5	0	8	4	0	0	11	1
Nuckolls	3	0	3	0	2	0	1	0	2	1
Otoe	22	11	11	0	10	5	2	5	13	9
Pawnee	4	3	1	0	1	3	0	0	1	3
Perkins	2	1	1	0	0	1	1	0	0	2
Phelps	22	11	11	0	9	5	3	5	13	9
Pierce	2	2	0	0	1	1	0	0	2	0
Platte	46	25	21	0	27	9	3	7	32	14
Polk	4	2	2	0	2	1	1	0	2	2
Red Willow	23	14	9	0	9	6	4	4	11	12
Richardson	6	3	3	0	4	2	0	0	6	0
Rock	0	0	0	0	0	0	0	0	0	0
Saline	18	14	4	0	7	2	4	5	8	10
Sarpy	212	133	79	0	83	54	31	44	119	93
Saunders	9	5	4	0	6	2	0	1	6	3
Scotts Bluff	119	56	63	0	63	26	8	22	81	38
Seward	32	17	15	0	18	8	1	5	23	9
Sheridan	4	3	1	0	2	0	1	1	3	1
Sherman	4	1	3	0	4	0	0	0	4	0
Sioux	0	0	0	0	0	0	0	0	0	0
Stanton	1	1	0	0	0	0	1	0	0	1
Thayer	4	4	0	0	1	1	1	1	3	1
Thomas	0	0	0	0	0	0	0	0	0	0
Thurston[159]	65	27	38	0	41	11	2	11	40	25
Valley	7	5	2	0	2	1	2	2	4	3
Washington	16	10	6	0	6	6	1	3	7	9
Wayne	6	4	2	0	2	1	2	1	2	4
Webster	2	1	1	0	0	1	0	1	1	1
Wheeler	0	0	0	0	0	0	0	0	0	0
York	35	23	12	0	18	8	5	4	19	16
Unreported or tribal	60	43	14	3	52	4	1	3	52	8
Total	4620	2614	2003	3	2069	1119	552	880	2774	1846

[159] This may include some tribal wards.

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Placement Proximity to Home County					Other	
County	**Total Children**	**Same County**	**Neighboring County**	**Non-Neighboring County**	**Child Placed Out of State**	**Unreported**	**More Than 2 Years in Care**	**4 or More Case Workers**
Nemaha	12	0	3	8	1	0	0	3
Nuckolls	3	2	1	0	0	0	0	1
Otoe	22	13	4	3	2	0	2	2
Pawnee	4	2	1	1	0	0	0	1
Perkins	2	0	1	1	0	0	0	1
Phelps	22	8	6	8	0	0	1	5
Pierce	2	0	1	1	0	0	0	0
Platte	46	14	11	17	3	1	8	7
Polk	4	0	2	2	0	0	0	0
Red Willow	23	9	4	8	1	1	0	6
Richardson	6	2	0	4	0	0	0	1
Rock	0	0	0	0	0	0	0	0
Saline	18	4	7	6	1	0	3	4
Sarpy	212	64	105	28	9	6	29	76
Saunders	9	1	3	2	1	2	0	2
Scotts Bluff	119	70	8	26	12	3	49	52
Seward	32	7	14	10	1	0	2	4
Sheridan	4	0	0	4	0	0	0	0
Sherman	4	3	1	0	0	0	4	4
Sioux	0	0	0	0	0	0	0	0
Stanton	1	0	1	0	0	0	0	0
Thayer	4	0	0	3	0	1	1	0
Thomas	0	0	0	0	0	0	0	0
Thurston[160]	65	42	0	16	5	2	9	7
Valley	7	1	0	5	0	1	3	4
Washington	16	2	7	6	0	1	2	5
Wayne	6	1	0	5	0	0	1	2
Webster	2	0	1	0	0	1	0	1
Wheeler	0	0	0	0	0	0	0	0
York	35	17	3	14	0	1	5	8
Unreported or tribal	60	37	1	2	2	18	20	1
Total	4620	2454	769	1041	163	193	965	1590

[160] This may include some tribal wards.

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Adjudication Status							
County	**Total Children**	**Abuse Neglect Dependency (3a)**	**Status Offense (3b)**	**Mental Health (3c)**	**Misdemeanor (1)**	**Felony (2)**	**More Than One Type**	**Unreported**
Nemaha	12	8	1	0	0	1	1	1
Nuckolls	3	1 0		0	0	0	0	2
Otoe	22	12	4	0	4	1	0	1
Pawnee	4	3		0	1	0	0	0
Perkins	2	1 1		0	0	0	0	0
Phelps	22	11	4	0	3	1	1	2
Pierce	2	0		0	0	0	1	0
Platte	46	32	1	0	5	0	1	7
Polk	4	0 3		0	0	0	0	1
Red Willow	23	6	5	0	4	3	1	4
Richardson	6	1 3		0	1	1	0	0
Rock	0	0 0		0	0	0	0	0
Saline	18	8	0	0	5	1	0	4
Sarpy	212	113	26	0	32	6	1	34
Saunders	9	1 3		0	0	1	0	4
Scotts Bluff	119	83	7	1	9	1	1	17
Seward	32	15	3	2	4	0	1	7
Sheridan	4	0 2		0	1	0	0	1
Sherman	4	4		0	0	0	0	0
Sioux	0	0 0		0	0	0	0	0
Stanton	1	0 0		0	0	0	0	1
Thayer	4	0		0	2	1	0	1
Thomas	0	0 0		0	0	0	0	0
Thurston[161]	65	10	0	0	2	0	0	53
Valley	7	5		0	1	0	0	0
Washington	16	4	2	0	2	0	2	6
Wayne	6	2 2		0	0	0	0	2
Webster	2	1		0	1	0	0	0
Wheeler	0	0 0		0	0	0	0	0
York	35	27	0	0	4	1	0	3
Unreported or tribal	60	3	0	0	0	0	0	57
Total	4620	2865	329	15	644	111	125	531

[161] This may include some tribal wards.

TABLE 11

NUMBER OF REVIEWED CHILDREN BY PERMANENCY OBJECTIVE

Permanency objective	Children	Percent
Return to parent	2,915	65.4%
Adoption	936*	21.0%
Guardianship	291	6.5%
No current objective	136	3.1%
Independent living	130	2.9%
Supervised living	23	0.5%
Live with relative	18	0.4%
Group home care	4	>0.1%
Long term foster care	3	>0.1%
Other	1	>0.1%
Total	**4,457**	**100.0%**

*The objective of adoption above includes 613 children with an objective of non-relative adoption and 323 children with a plan of relative adoption.

Comparisons:

This year, 21.0% of reviews were of children with a plan of adoption
Last year, 17.2% of reviews were of children with a plan of adoption.

This year, 65.4% of reviews were of children with a plan of reunification
Last year, 66.5% of reviews were of children with a plan of reunification.

This year, 3.1% of reviews were of children with no current objective.
Last year, 5.0% of reviews were of children with no current objective.

Explanation of Table—This table shows the permanency objectives for children reviewed during 2008. It is important to recognize that while a permanency objective may be established for a particular child, a full written permanency plan to accomplish that objective may not have been created (see table 3, finding on the plan).

TABLE 12

CHILDREN ENTERING OUT-OF-HOME CARE DURING THE YEAR, BY AGE[162]

	Entering care in 2008			Prior years	
Age of child as of December 31st	First removal from home	Removed previously	Total children entering care	Children entering 2007	Children entering 2006
Under 1	229	15	244	243	256
1 year	189	25	214	245	218
2 years	138	34	172	204	182
3 years	116	34	150	160	165
4 years	106	29	135	137	156
5 years	103	31	134	146	158
6 years	93	42	135	153	140
7 years	72	39	111	126	121
8 years	60	40	100	131	130
9 years	53	37	90	103	118
10 years	50	38	88	117	112
11 years	69	45	114	96	138
12 years	68	47	115	130	143
13 years	88	61	149	163	177
14 years	133	97	230	247	292
15 years	173	208	381	430	459
16 years	244	273	517	577	644
17 years	227	311	538	561	619
18 years	134	217	351	362	414
19 + years	16	38	54	71	79
Unknown age	32	3	35	35	47
TOTAL	2,393	1,664	4,057	4,437	4,768
# removed more than once			1,664	1,701	1,877
recidivist rate*			41.0%	38.3%	39.4%

*Recidivism rate here is computed as the percent of children entering care in the year who had been removed from the home at least once before, as in 1,701/4,437 = 38.3%)

Explanation of Table—This table shows the number of children who entered out-of-home care through both public and private agencies, and includes past years for comparison. Most children who enter care when age newborn through pre-adolescence enter care due to the parent's inability to parent, an abusive situation, neglect, or medical problems. Some are infants placed for adoption whose adoption has not been finalized. Older children may also enter care because of their own actions. This chart is based on the child's December 31st age, so children in the 19+ age group would have entered care while age 18 (19 is the age of majority). The number of young children experiencing premature, failed reunifications, is significant due to brain research indicating that there can be physical changes to brain physiology caused by abuse, neglect, and separations from parents/caregivers.

[162] 355 children entered care more than once during 2008, they are not duplicated in the chart.

TABLE 13

CASES TERMINATED IN 2008 BY REASON

Reason left care	Children	Percent
Reunification		
Custody returned to parent	3,125	67.7%
Released from corrections with no other information given (presumably returned to parents)	206	4.5%
Age of majority or other emancipation		
Reached age of majority	329	7.1%
Emancipated by military service or marriage	9	0.2%
Adoption		
Adoption finalized	572	12.4%
Guardianship		
Guardianship established	246	5.3%
Other Reasons		
Court terminated (with no specifics given)	45	0.7%
Custody transfer (to tribes or another state)	75	1.6%
Death of child	8	0.2%
Total cases terminated	4,615[163]	100.0%

2008 saw a record number of completed adoptions – 572, as compared to the 462 adoptions completed in 2007.

The FCRB congratulates DHHS on increasing the number of completed adoptions.

Explanation of Table—This table shows the number of children whose cases were terminated (closed) for each reason during 2008. (This does not include children who left during 2007, but who weren't reported until 2008).

[163] 287 children left foster care more than once during the calendar year. This chart lists their last case closure reason.

TABLE 14

LIFETIME CASEWORKER CHANGES EXPERIENCED BY DHHS AND DHHS-OJS WARDS WHO WERE IN FOSTER CARE ON DECEMBER 31, 2008

# of Caseworkers in Child's Lifetime	Children	# of Caseworkers in Child's Lifetime	Children
1 caseworker	815	13 caseworkers	23
2 caseworkers	1457	14 caseworkers	15
3 caseworkers	689	15 caseworkers	14
4 caseworkers	406	16 caseworkers	2
5 caseworkers	307	17 caseworkers	11
6 caseworkers	239	18 caseworkers	3
7 caseworkers	167	19 caseworkers	3
8 caseworkers	135	20 caseworkers	2
9 caseworkers	100	21 caseworkers	4
10 caseworkers	68	22 caseworkers	1
11 caseworkers	49	23 caseworkers	1
12 caseworkers	38	24 or more caseworkers	0
		Total DHHS or DHHS/OJS wards	**4,549**

Additional Facts:

- 1,588 (34.9%) of the children above had experienced 4 or more different caseworkers handling their case during their lifetime. This compared to 45.9% in 2007.
- 875 (19.2%) had experienced 6 or more different caseworkers. (24.8% in 2007)
- 234 (5.1%) had experienced 10 or more different caseworkers. (6.2% in 2007)
- Children aged birth to five averaged 3 caseworkers, while children in the age groups 6-12, 13-15, and 16-18, averaged 4 caseworkers. The average for children age 0-18 was four.
- There were 1,488 wards in out-of-home care on December 31, 2008, who had entered care for the first time during 2008. 28 (1.9%) of these children had experienced 4 or more caseworkers during 2008.
- Children who had experienced 4 or more caseworker changes, averaged 10 placement changes. Children who had experienced 7 or more caseworker changes averaged 13 placement changes.

The FCRB congratulates DHHS on reducing caseworker changes.

Explanation of Table—This table shows the number of DHHS caseworkers who have been assigned to children over their lifetime.

TABLE 15

CASE MANAGER CONTACT WITH CHILDREN

During the review process FCRB 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.

The following data was collected during the 4,457 reviews conducted in 2008.

- 4,183 (93.8%) of the reviews found documented case manager contact within 60 days prior to the review.
- 183 (4.1%) of the reviews found documentation showing that no case manager contact had taken place within 60 days of the review.
- 78 (1.8%) of the reviews found no documentation regarding case manager/child contacts and thus likely did not have any contact.
- 13 (0.3%) of the reviews involved parole or probation cases for which no DHHS caseworker was assigned.

The FCRB observes that improvements continue to be made on this measure. In particular:

- **In 2008, in 93.8% of the reviews there had been case manager contact within 60 days.**
- **The percent with case manager contact in 2007 was 92.7%.**
- **The percent with case manager contact in 2006 was 88.8%.**

The FCRB congratulates DHHS on its continued focus on this important safeguard for children.

Explanation of Table– At each review, the FCRB determines whether or not caseworkers have seen the children within the 60 days prior to review, as this can be an important safeguard for the children, particularly young children who may not be seen outside the foster home.

TABLE 16 (a)

DELAYS TO ADJUDICATION FOR CHILDREN REVIEWED DURING 2008

676 (20.9%) of the 3,236 children reviewed in 2008 had an adjudication that took over 90 days to complete, as shown below:

Number of Months	Children Reviewed
4 months	269
5 months	156
6 months	108
7 months	44
8 months	23
9 months	23
10 months	17
11 months	5
12 months	9
13 months	3
15 months	4
16 months	6
17 months	3
24 months	3
28 months	1
36 months	2

Explanation of Table— At the adjudication hearing, facts are presented to prove the allegations in the petition. The burden of proof is on the state, through the County Attorney. If the parents deny the allegations, then a fact-finding hearing like a trial is held, where the parents have a right to counsel.

At this hearing the finding of fact occurs, the allegations in the petition are found to be true or false, and the child is either made a state ward or not. The Court cannot order the parents to services prior to completion of the adjudication hearing.

By law (Neb. Rev. Stat. 43-278) this hearing must occur within 90 days of the child entering out-of-home care. As shown above, in practice the 90-day rule is not always followed. The next page shows a sample by county of court commitment.

TABLE 16 (b)

DELAYS TO ADJUDICATION FOR CHILDREN REVIEWED DURING 2008

Time to Adjudication, For a Sample of 1,938 of the Children Reviewed in 2008													
		Age 0 to 5				Age 6 to 12				Age 13-18			
COUNTY	Children ages 0-18 in sample	1-3 mos to Adjud.	4-6 mos to Adjud.	7+ mos to adjud.	Total this age group	1-3 mos to Adjud.	4-6 mos to Adjud.	7+ mos to adjud.	Total this age group	1-3 mos to Adjud.	4-6 mos to Adjud.	7+ mos to adjud.	Total this age group
Adams	30	11	4	0	15	1	4	0	5	8	1	1	10
Antelope	4	0	1	0	1	3	0	0	3	0	0	0	0
Box Butte	1	0	0	0	0	0	0	0	0	1	0	0	1
Boyd	3	0	3	0	3	0	0	0	0	0	0	0	0
Buffalo	26	6	6	0	12	10	0	0	10	4	0	0	4
Burt	1	0	0	0	0	1	0	0	1	0	0	0	0
Butler	6	0	1	0	1	3	0	0	3	1	1	0	2
Cass	29	0	6	0	6	7	2	0	9	14	0	0	14
Chase	5	0	1	0	1	2	0	0	2	1	1	0	2
Cherry	1	1	0	0	1	0	0	0	0	0	0	0	0
Cheyenne	1	0	0	0	0	0	0	0	0	1	0	0	1
Colfax	9	1	2	0	3	2	0	0	2	4	0	0	4
Cuming	6	0	1	2	3	1	0	0	1	2	0	0	2
Custer	6	0	2	1	3	1	0	0	1	1	1	0	2
Dakota	9	0	4	3	7	2	0	0	2	0	0	0	0
Dawson	7	0	4	0	4	2	0	0	2	1	0	0	1
Dixon	4	0	1	0	1	2	0	0	2	1	0	0	1
Dodge	32	3	9	1	13	7	2	0	9	8	2	0	10
Douglas	975	213	119	29	361	210	115	27	352	158	83	21	262
Dundy	1	0	0	0	0	0	0	0	0	1	0	0	1
Furnas	1	0	0	0	0	1	0	0	1	0	0	0	0
Gage	15	2	6	0	8	0	0	0	0	6	1	0	7
Garden	1	0	0	0	0	0	0	0	0	1	0	0	1
Garfield	2	0	0	0	0	0	0	0	0	2	0	0	2
Greeley	8	1	0	0	1	1	2	0	3	3	1	0	4
Hall	116	38	14	5	57	30	8	1	39	18	2	0	20
Hamilton	1	0	0	0	0	0	0	0	0	1	0	0	1
Harlan	11	0	5	0	5	2	3	0	5	0	1	0	1
Hayes	1	0	0	0	0	0	0	0	0	1	0	0	1
Hitchcock	3	0	0	0	0	2	0	0	2	1	0	0	1
Holt	2	0	0	0	0	0	0	0	0	2	0	0	2
Howard	2	0	0	0	0	0	0	0	0	2	0	0	2
Jefferson	8	1	2	0	3	2	0	0	2	3	0	0	3
Johnson	4	0	2	0	2	0	0	0	0	2	0	0	2

The chart above shows the time to adjudication for 1,938 of the children reviewed during 2008.

TABLE 16 (b)

DELAYS TO ADJUDICATION FOR CHILDREN REVIEWED DURING 2008 (continued)

Time to Adjudication, For a Sample of 1,938 of the Children Reviewed in 2008													
		Age 0 to 5				Age 6 to 12				Age 13-18			
COUNTY	Children ages 0-18 in sample	1-3 mos to Adjud.	4-6 mos to Adjud.	7+ mos to adjud.	Total this age group	1-3 mos to Adjud.	4-6 mos to Adjud.	7+ mos to adjud.	Total this age group	1-3 mos to Adjud.	4-6 mos to Adjud.	7+ mos to adjud.	Total this age group
Kearney	1	0	0	0	0	0	0	0	0	1	0	0	1
Keith	1	0	0	0	0	1	0	0	1	0	0	0	0
Lancaster	325	100	22	15	137	62	32	12	106	54	22	6	82
Lincoln	12	0	0	0	0	1	1	0	2	9	1	0	10
Madison	51	16	3	0	19	17	2	0	19	10	2	1	13
Merrick	6	2	0	0	2	4	0	0	4	0	0	0	0
Morrill	1	0	1	0	1	0	0	0	0	0	0	0	0
Nance	1	0	0	0	0	1	0	0	1	0	0	0	0
Nemaha	2	0	0	0	0	2	0	0	2	0	0	0	0
Otoe	5	1	0	0	1	0	0	0	0	3	1	0	4
Pawnee	2	1	0	0	1	0	0	0	0	1	0	0	1
Phelps	3	1	0	0	1	0	0	0	0	2	0	0	2
Platte	18	5	0	0	5	4	0	0	4	6	2	1	9
Polk	1	0	0	0	0	0	0	0	0	1	0	0	1
Red Willow	3	2	0	0	2	0	1	0	1	0	0	0	0
Richardson	1	0	0	0	0	0	0	0	0	1	0	0	1
Saline	6	1	1	0	2	2	0	0	2	2	0	0	2
Sarpy	87	12	9	1	22	18	12	6	36	12	10	7	29
Saunders	4	1	2	0	3	1	0	0	1	0	0	0	0
Scotts Bluff	48	13	3	0	16	13	1	2	16	5	10	1	16
Seward	3	0	0	0	0	1	0	0	1	1	1	0	2
Sherman	1	0	1	0	1	0	0	0	0	0	0	0	0
Thurston	3	0	0	0	0	0	0	0	0	3	0	0	3
Valley	6	0	0	0	0	3	0	0	3	2	1	0	3
Washington	2	0	0	0	0	0	0	0	0	1	1	0	2
Wayne	1	0	0	0	0	0	0	0	0	1	0	0	1
Webster	3	0	0	0	0	2	0	0	2	1	0	0	1
York	9	1	0	0	1	3	0	0	3	5	0	0	5
Tribal	1	0	0	0	0	1	0	0	1	0	0	0	0
TOTAL	1938	**474**	**194**	**57**	**725**	**428**	**185**	**48**	**661**	**369**	**145**	**38**	**552**
		65.4%	26.8%	7.9%		64.8%	28.0%	7.3%		66.8%	26.3%	6.9%	

The chart above shows the time to adjudication for 1,938 of the children reviewed during 2008.

TABLE 17

PATERNITY ESTABLISHMENT FOR CHILDREN REVIEWED DURING 2007

Paternity established	Children	Age 0-5	Age 6-12	Age 13-15	Age 16+
Established & rights intact	1866	653	567	269	377
Established & rights terminated	345	112	156	35	42
Established & rights relinquished	299	109	121	42	27
Established & father deceased	94	6	25	17	46
SUBTOTAL	**2,604**	**880**	**869**	**363**	**492**
Paternity not established	397	191	98	42	66
Father not identified	208	91	45	18	54
SUBTOTAL	**605**	**282**	**143**	**60**	**120**
UNDOCUMENTED	**27**	**5**	**4**	**6**	**12**
GRAND TOTAL	**3,236**	**1,167**	**1,016**	**429**	**624**

Paternity and young children (children under age 6)

- **24.2% (282 of the 1,167 young children) did not have paternity established**
  - 105 of the children had been in care less than 12 months
  - 119 of the children had been in care between 12-23 months (1 year)
  - 38 of the children had been in care between 24-35 months (2 years)
  - 20 of the children had been in care for 36 months or more (3 years or more)

When considering children with no paternity established or whose paternity is undocumented, **it is likely that paternity has not been established for nearly a fifth of the children reviewed** (605 of 3,236 – 18.7 %).

Explanation of Table– The FCRB conducted 4,457 reviews on 3,286 children during 2008. Some children receive more than one review during a calendar year. In the above table rather than duplicating those children, the paternity status as of the last review in 2008 was used.

Lack of paternity identification has been linked to excessive lengths of time in care for children. Often paternity is not addressed until after the mother's rights are relinquished or terminated instead of addressing the suitability of the father as placement concurrently with the assessment of the mother's ability to parent. This can cause serious delays in children achieving permanency.

TABLE 18

MONTHS IN FOSTER CARE FOR CHILDREN REVIEWED DURING 2007

Months in care	Children reviewed	Ages 0-5	Ages 6-12	Ages 13-15	Ages 16-18
0-6 months	335	196	76	33	30
7-12 months	573	277	157	71	68
13-18 months	532	234	139	61	98
19-24 months	476	191	157	51	77
25-30 months	328	118	114	45	51
31-36 months	248	63	89	31	65
37-40 months	133	41	59	9	24
41-48 months	190	30	89	34	37
49+ months	421	17	136	94	174
Totals	3,236	1,167	1,016	429	624

- **1,796 (55.5%) of the 3,236 reviewed children have spent more than 18 months of their lives in foster care.** This includes:
    - 460 preschool children (birth- age 5),
    - 644 elementary school aged children (ages 6-12),
    - 264 middle school/junior high aged children (ages 13-15), and
    - 428 youth age 16 and older who will soon become adults and create families of their own.

- **744 (23.0%) of the reviewed children and youth have spent over 3 years of their lives in foster care.**

- **421 (13.0%) children and youth have spent over 4 years of their lives in foster care.**

Explanation of Table— The FCRB conducted 4,457 reviews on 3,236 children during 2008. Some children receive more than one review during a calendar year. In the above table rather than duplicating those children, the months in care as of the last review in 2008 was used. This table shows the number of months of the child's life that has been spent in foster care.

TABLE 19

PROVISION OF HEALTH RECORDS TO THE CAREGIVERS FOR CHILDREN REVIEWED DURING 2008

Health records given to foster parent or caregiver	Total reviews		Ages 0- 5	Ages 6-12	Ages 13-15	Age 16+
Yes	2,817	63.2%	1,111	889	369	448
No	259	5.8%	113	94	25	27
Unable to determine[164]	1,300	29.2%	413	436	184	267
Not applicable[165]	81	1.8%	11	9	10	51
Total	4,457	100.0%	1,648	1,428	588	793

Additional facts:

- 131 of the 259 (50.6%) of the cases where health records were not provided involved children who had four or more case managers over their lifetime.
- 708 of the 1,300 (54.5%) of the cases where it was unable to be determined if health records were provided involved children who had four or more case managers over their lifetime.

File documentation

The Board also documents whether children's DHHS file contains their medical records.

- In 3,093 (69.4%) of the 4,457 reviews conducted in 2008, the DHHS file contained medical information.

Explanation of Table– The FCRB is required under federal regulations to attempt to determine if health records had been provided to the foster parents or other care providers at the time of the placement. This is done for all reviews and noted for the legal parties in the Board's recommendation report. Some children are reviewed more than once in a year, and each of their 2008 reviews is counted in the above table as they could have been in different placements at each review.

[164] Due to time restrictions, FCRB Review Specialists attempt to contact the foster parents or other caregivers twice prior to each review. For these 1,300 reviews, there was no documentation in the DHHS case file indicating records had been provided, and the caregiver was unable to be contacted.

[165] Not applicable would include such conditions as children on runaway status, youth in independent living, young children absconded by parents, and newborns.

TABLE 20

PROVISION OF EDUCATION RECORDS TO THE CAREGIVERS FOR CHILDREN REVIEWED DURING 2008

For the chart on education records below, only reviewed children ages 6-15 are included, as all of these children should be of school age.

Education records given to foster parent or caregiver	**Reviews of school-aged children**		**Children Ages 6-12**	**Children Ages 13-15**
Yes	1,225	60.8%	859	366
No	116	5.8%	91	25
Unable to determine[166]	631	31.3%	445	186
Not applicable[167]	44	2.2%	33	11
Total	2,016	100.0%	1,428	588

Additional facts:

- 50.9% of the cases (59 of 116 children) where education records were not provided involved children who had four or more case managers over their lifetime.
- 60.9% of the cases (384 of 631 children) where it was unable to be determined if education records were provided involved children who had four or more case managers over their lifetime.

File documentation

The FCRB also documents when children's DHHS files contain educational records, and when they do not.

- The DHHS file contained education information in 63.4% (1,279 of 2,016) of the reviews of children ages 6-15 conducted in 2008.

Explanation of Table– The FCRB is required under federal regulations to attempt to determine if educational records had been provided to the foster parents or other care providers at the time of the placement. This is done for all reviews and noted for the legal parties in the FCRB's recommendation report. Some children are reviewed more than once in a year, and each of their 2008 reviews is counted in the above table as they could have been in different placements at each review.

[166] Due to time restrictions, FCRB Review Specialists attempt to contact the foster parents or other caregivers twice prior to review. For these 631 reviews, there was no documentation in the DHHS case file indicating records had been provided, and the caregiver was unable to be contacted.

[167] Not applicable would be cases where the caregiver is unknown, such as children on runaway or children absconded by the parents.

TABLE 21

2008 FACTS ON MINORITY CHILDREN IN NEBRASKA'S CHILD WELFARE SYSTEM

Minority children as a percent of those in foster care on December 31st.

Race	Children
American Indian - Not Hispanic	322
Asian - Not Hispanic	30
Black - Not Hispanic	881
Multiple - Not Hispanic	90
Other - Not Hispanic	182
Unreported - Not Hispanic	21
White - Not Hispanic	2,591
Hispanic	503
Grand total	**4,620**

18.2% of the Nebraska children were minority (total of all non-White races) according to Census data reported in the 2006 Kids Count report. 43.9% of the children above are not White.

The following is the racial background of the 503 Hispanic Children:

Race	Children
Hispanic - American Indian	6
Hispanic - Asian	0
Hispanic - Black	1
Hispanic - Multiple racial backgrounds	23
Hispanic - Other racial backgrounds	413
Hispanic - Unreported race	0
Hispanic - White	60
Total Hispanic	503

continued…

TABLE 21 (continued)

Minority children and times in foster care.

Race	Children in care for first time	Children who have been in care before	Total Children
American Indian - Not Hispanic	186	136	322
Asian - Not Hispanic	16	14	30
Black - Not Hispanic	492	389	881
Multiple - Not Hispanic	57	33	90
Other - Not Hispanic	122	60	182
Unreported - Not Hispanic	18	3	21
White - Not Hispanic	1,575	1,016	2,591
Total Hispanic	308	195	503
Grand total	**2,774**	**1,846**	**4,620**

For the Hispanic children above, this is breakdown:

Race	Children in care for first time	Children who have been in care before	Total Children
Hispanic - American Indian	3	3	6
Hispanic - Asian	0	0	0
Hispanic - Black	0	1	1
Hispanic - Multiple racial backgrounds	16	7	23
Hispanic - Other racial backgrounds	255	158	413
Hispanic - Unreported race	0	0	0
Hispanic - White	34	26	60
Total Hispanic	308	195	503

continued…

TABLE 21 (continued)

Minority children and placement moves while in foster care.

Race	Children with 1-3 placements	Children with 4-6 placements	Children with 7-9 placements	Children with 10 or more placements	Total Children
American Indian - Not Hispanic	137	84	30	71	322
Asian - Not Hispanic	13	9	3	5	30
Black - Not Hispanic	318	241	116	206	881
Multiple - Not Hispanic	48	19	10	13	90
Other - Not Hispanic	93	36	22	31	182
Unreported - Not Hispanic	19	2	0	0	21
White - Not Hispanic	1,204	592	315	480	2591
Hispanic	237	136	56	74	503
Grand total	**2,069**	**1,119**	**552**	**880**	**4,620**

For the 503 Hispanic children above, this is the breakdown:

Race	Children with 1-3 placements	Children with 4-6 placements	Children with 7-9 placements	Children with 10 or more placements	Total Children
Hispanic - American Indian	2	2	2	0	6
Hispanic - Asian	0	0	0	0	0
Hispanic - Black	0	1	0	0	1
Hispanic - Multiple racial backgrounds	11	7	3	2	23
Hispanic - Other racial backgrounds	195	109	46	63	413
Hispanic - Unreported race	0	0	0	0	0
Hispanic - White	29	17	5	9	60
Total Hispanic	237	136	56	74	503

continued…

TABLE 21 (continued)

Consecutive time in foster care

(if child has been in foster care more than once, this is from the most recent removal from the home)

Race	In care less than 1 year	In care for 1 year	In care for 2-4 years	In care 5 years or longer	Total Children
American Indian - Not Hispanic	160	85	64	13	322
Asian - Not Hispanic	21	4	4	1	30
Black - Not Hispanic	457	215	179	30	881
Multiple - Not Hispanic	51	22	15	2	90
Other - Not Hispanic	108	36	33	5	182
Unreported - Not Hispanic	18	1	2	0	21
White - Not Hispanic	1,434	631	424	102	2591
Hispanic	309	104	79	11	503
Grand total	**2,558**	**1,098**	**800**	**164**	**4,620**

TABLE 22

PARENTAL SUBSTANCE ABUSE IN CASES OF CHILDREN REVIEWED IN 2008

Parental substance abuse

The following chart shows the number of children who entered care due to any form of parental substance abuse, including alcohol abuse and the abuse of prescriptions and/or street drugs.

Age group	Entered care due to parental substance abuse	Children reviewed	Percent
Under 2	162	283	57.2%
2-3 yrs	284	521	54.5%
4-5 yrs	197	363	54.3%
6-8 yrs	263	503	52.3%
9-12 yrs	259	513	50.5%
13-18 yrs	311	1,053	29.5%
Total	**1,476**	**3,236**	**45.6%**

Parental methamphetamine abuse

The following chart shows the number of children who entered care due to parental methamphetamine abuse. These parents may also be abusing other substances as well. This is a subset of the children above.

Age group	In care due to parental meth abuse	% in care due to meth	# of children reviewed this age
Under 2 yrs	82	29.0%	283
2-3 years	112	21.5%	521
4-5 years	98	27.0%	363
6-8 years	86	17.1%	503
9-12 yrs.	73	14.2%	513
13-18 years	66	6.3%	1,053
Total	**517**	**16.0%**	**3,236**

Additional facts

- 162 children under age 2 entered care due to parental abuse substance. For 82 (50.6%) the parent's substance of choice was methamphetamine.
- 481 children under age 2-5 entered care due to parental substance abuse. For 210 (43.7%) the parent's substance of choice was methamphetamine.

continued…

Explanation of Table– The tables above show the frequency of parental substance abuse as a factor in the cases of children reviewed during 2008.

TABLE 22 (continued)

Interestingly, there was a higher percentage of methamphetamine cases identified in 2007 than in 2008.

Age group	% in care due to parental meth abuse in 2008	% in care due to parental meth abuse in 2007
Under 2 years	29.0%	40.7%
2-3 years	21.5%	35.3%
4-5 years	27.0%	31.5%

It is not clear why this reduction has occurred. The laws regarding pseudoephedrine were changed in 2005, which reduced the number of meth labs in Nebraska. Following that change, it was cheaper and easier to buy it from Mexico. Since that time, Mexico has been cracking down on methamphetamine production. Regardless, methamphetamine still impacts a substantial number of children's cases.

TABLE 23

Statistics Related to Specific Court Hearings

Aggravated circumstances

Aggravated circumstances are reasons per Neb. Rev. Stat. 43-283.01 under which a court could determine that efforts to reunify are not necessary, such as torture, sexual abuse, felonious assault of the child or a sibling. This provision of statute was designed to help children who had suffered serious or chronic abuse/neglect, and whose parents could/would likely never safely parent, to achieve permanency in a timely manner.

- Aggravated circumstance conditions were present for 331 (7.4%) of the 4,457 reviews conducted in 2008 (children ages birth-18).
- For children age birth through five, aggravated circumstances were present for 136 (8.2%) of the 1,653 reviews.

Permanency hearings

Courts are mandated to conduct a special permanency hearing when children have been in out-of-home care for 12 months, and every 12 months thereafter.

There were 3,021 reviews conducted in 2008 that involved children who had been in foster care for 12 consecutive months or longer.

- 1,248 children (41.3%) had documented permanency hearings. 756 of these were held with review hearings.
- 263 of the 3,452 children had documentation that indicated they had not had a permanency hearing. A request for such a hearing was documented for 110 of these children.
- For the remaining 1,510 children there was no file documentation of the hearing, or the documentation was unclear.

For the 1,248 children who had documented permanency hearings…

- In 731 cases the plan submitted by DHHS was in the child's best interests.
- In 371 cases the plan was not in the child's best interests.
- In 146 cases it was unable to be determined if the plan was in the child's best interests.

continued…

TABLE 23 (continued)

“15 month”/“Exception” hearings

Courts are to hold an “exception” hearing when children have been in care for 15 months to determine if a termination of parental rights hearing needs to be held.

There were 2,241 reviews of children in care for 15 months or longer.
909 of these cases had a termination of parental rights petition filed and/or completed.

In 145 of the remaining 1,332 cases there was documentation of an exception hearing being held. At the hearing the following exceptions were found (more than one exception could be found for each child):

- 62 were “excepted” because of a lack of evidence that a termination of parental rights was in the child’s best interests.
- 3 were excepted because the only reason for care was parental incarceration.
- 54 were excepted because the child was placed with a relative.
- 44 were excepted because the parents had not been given sufficient opportunity to correct the conditions that led to the child’s removal from the home.

TABLE 24

Further Information on Placement Type

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Placement type by number of times in foster care for children placed out-of-home on December 31, 2008

The following chart shows some interesting differences in the placement type for children who are in foster care for the first time compared to children with prior removals.

Placement type	1st time in care		In care more than once		Total Children
Foster Home – level unspecified	648	70.4%	272	29.6%	920
Fos/adopt	72	72.7%	27	27.3%	99
Agency based foster home	450	56.0%	353	44.0%	803
Continuity care foster home	69	61.6%	43	38.4%	112
Treatment foster care home	13	59.1%	9	40.9%	22
Relative placement	728	75.4%	237	24.6%	965
Group home – level unspecified	184	55.8%	146	44.2%	330
Group home level "A"	18	41.9%	25	58.1%	43
Treatment level group home	84	45.4%	101	54.6%	185
Enhanced treatment level g.h.	7	30.4%	16	69.6%	23
Residential treatment center	110	45.6%	131	54.4%	241
Center for development disabled	23	53.5%	20	46.5%	43
Jail/youth development center	157	38.6%	250	61.4%	407
Emergency shelter	104	61.2%	66	38.8%	170
Runaway/whereabouts unknown	50	38.2%	81	61.8%	131
Independent & semi-ind. living	22	44.9%	27	55.1%	49
Psychiatric treatment facility	15	50.0%	15	50.0%	30
Assisted living facility	6	33.3%	12	66.7%	18
Medical facility	11	64.7%	6	35.3%	17
Special school	1	20.0%	4	80.0%	5
Other	2	28.6%	5	71.4%	7
Children in care on Dec. 31, 2008	**2,774**	60.0%	**1,846**	40.0%	**4,620**

continued…

TABLE 24 (continued)

Placement type by gender for children placed out-of-home on December 31, 2008

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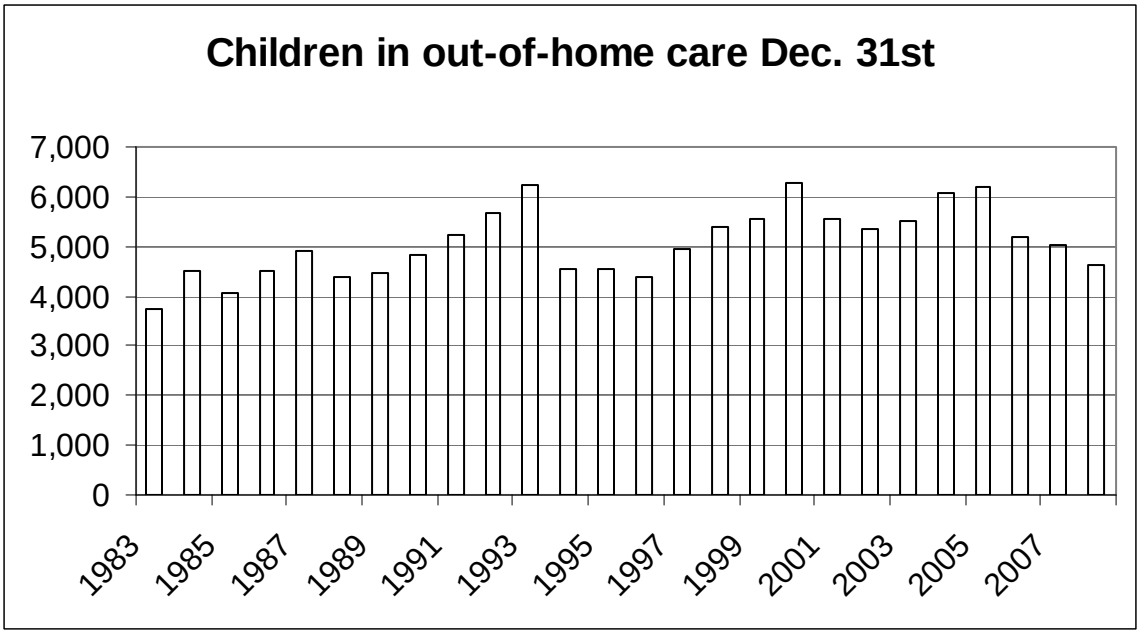
Placement type	**Female**		**Male**		**Un-reported**		**Total children**
Foster home – level unspecified.	443	48.2%	477	51.8%	0	0.0%	920
Fos/adopt	54	54.5%	45	45.5%	0	0.0%	99
Agency based foster home	388	48.3%	415	51.7%	0	0.0%	803
Continuity care foster home	61	54.5%	51	45.5%	0	0.0%	112
Treatment foster care home	11	50.0%	11	50.0%	0	0.0%	22
Relative placement	459	47.6%	506	52.4%	0	0.0%	965
Group home – level unspecified	135	40.9%	195	59.1%	0	0.0%	330
Group home level "A"	16	37.2%	27	62.8%	0	0.0%	43
Treatment level group h.	61	33.0%	124	67.0%	0	0.0%	185
Enhanced treatment g.h.	4	17.4%	19	82.6%	0	0.0%	23
Residential treatment ctr	74	30.7%	167	69.3%	0	0.0%	241
Center for development disabled	13	30.2%	30	69.8%	0	0.0%	43
Jail/youth development center	103	26.0%	301	74.0%	3	0.7%	407
Emergency shelter	78	45.9%	92	54.1%	0	0.0%	170
Runaway/whereabouts unknown	48	36.6%	83	63.4%	0	0.0%	131
Independent & semi-ind. living	23	46.9%	26	53.1%	0	0.0%	49
Psychiatric treatment facility	13	43.3%	17	56.7%	0	0.0%	30
Assisted living facility	6	33.3%	12	66.7%	0	0.0%	18
Medical facility	10	58.8%	7	41.2%	0	0.0%	17
Special school	2	40.0%	3	60.0%	0	0.0%	5
Other	1	14.3%	6	85.7%	0	0.0%	7
Children in care on Dec. 31, 2008	**2,003**	43.4%	**2,614**	56.6%	**3**	0.1%	**4,620**

TABLE 25

SELECTED FACTS ON CHILDREN IN NEBRASKA'S CHILD WELFARE SYSTEM

Number of children in foster care

There were 4,620 children in out-of-home care on December 31, 2008. The following chart is a comparison of the children in out-of-home care each December 31st.



Ratio of females/males

The ratio of males/females in out-of-home care has remained constant during the last 10 years (about 56% male, 44% female).

Trends regarding the ages of children in foster care

In 2008, 26.0% of the children in care were age birth through five. This compares to 20.9% in 1998.

In 2008, 33.7% of the children in care were age 16-18. This compares to 27.0% in 1998.

Children in foster care soon to become adults

There were 374 youth age 18 in out-of-home care on December 31, 2008.

TABLE 25 (continued)

Length of time in foster care

4,620 children were in out-of-home care on Dec. 31, 2008.

- 55.4% of these children had most recently entered care during 2008.
- 23.7% of these children had most recently entered care during 2007.
- 9.7% of these children had most recently entered care during 2006.
- 11.2% of these children had most recently entered care in 2005 or before.

3,236 individual children were reviewed in 2008.

- 1,837 (56.8%) had been in care for 0-23 months (under 2 years)
- 1,109 (34.2%) had been in care for 24-59 months (2-4 years).
- 290 (9.0%) had been in care for 60 months or longer (5 years or longer).

Average days in foster care

Children in foster care on December 31, 2008, averaged 504 days in out-of-home care, or about 16.8 months. For children age birth to five, the average was 362 days in care, or almost 1 year.

Special education

24.1% of school-aged children reviewed in 2008 were in special education.
Nationally, 9% of school-aged children are in special education.

TABLE 26

SELECTED FACTS ON REVIEWED CHILDREN AGE BIRTH THROUGH THREE

	Times in Foster Care, Age 0-3, Reviewed in 2008					
	Douglas County	**Lancaster County**	**Lincoln County**	**Hall County**	**Custer County**	**Buffalo County**
First Removal	273	191	21	32	4	5
Second Removal	32	12	6	7	0	2
Third Removal	3	1	1	1	0	0
Children Reviewed	308	204	28	40	4	7

	Physical Exams Within 2 Weeks of Removal					
	Douglas County	**Lancaster County**	**Lincoln County**	**Hall County**	**Custer County**	**Buffalo County**
Documented within 2 weeks	160	93	12	25	1	6
Children Reviewed	308	204	28	40	4	7
% Documented	51.9%	45.6%	42.8%	62.5%	25.0%	85.7%

	Paternity Establishment, Age 0-3					
	Douglas County	**Lancaster County**	**Lincoln County**	**Hall County**	**Custer County**	**Buffalo County**
Father ID'd, rights intact	158	127	20	18	3	6
Father's rights terminated	28	10	2	6	1	0
Father's rights relinquished	21	9	4	4	0	1
Father deceased	1	1	0	0	0	0
No paternity established or father not identified	100	57	2	12	0	0
Total Children Reviewed	308	204	28	40	4	7

TABLE 26 (continued)

	Primary Reasons Entered Care, Age 0-3, Reviewed in 2008 **Multiple Reasons Allowed Per Child**					
	Douglas County	**Lancaster County**	**Lincoln County**	**Hall County**	**Custer County**	**Buffalo County**
Parental Drug Use	190	112	18	31	3	2
Meth Use	75	49	9	19	1	2
Parental alcohol abuse	44	22	11	5	1	1
Neglect	172	151	19	27	1	5
Unsafe/substandard housing	93	28	10	16	1	1
Parental Incarceration	52	11	6	10	0	0
Relinquishment	6	0	0	8	0	1
Abandonment	33	17	0	7	2	0
Parental illness or disabilities	52	29	4	7	1	2
Physical Abuse	56	39	3	7	0	2
Child's Behaviors	2	3	0	7	2	1
Child's Illness	14	2	1	1	0	1
Sexual Abuse	18	6	0	0	0	0
Child's disabilities	6	4	0	3	0	1

	Lifetime Number of Caseworkers, Age 0-3					
	Douglas County	**Lancaster County**	**Lincoln County**	**Hall County**	**Custer County**	**Buffalo County**
1 worker	34	27	4	5	0	0
2 workers	107	74	9	15	2	7
3 workers	66	46	9	7	0	0
4 workers	39	22	4	5	0	0
5 workers	32	15	0	6	2	0
6 workers	11	6	2	2	0	0
7 workers	7	4	0	0	0	0
8 workers	9	6	1	0	0	0
9 workers	3	2	0	0	0	0
10 workers	0	2	0	0	0	0
Total Children Reviewed	308	204	28	40	4	7

TABLE 26 (continued)

	Lifetime Number of Placements, Age 0-3					
	Douglas County	**Lancaster County**	**Lincoln County**	**Hall County**	**Custer County**	**Buffalo County**
1 placement	53	83	7	9	1	1
2 placements	91	55	9	10	2	3
3 placements	66	38	4	10	1	1
4 placements	45	16	5	5	0	0
5 placements	19	3	1	3	0	0
6 placements	19	7	2	1	0	1
7 placements	9	1	0	1	0	1
8 placements	3	0	0	1	0	0
9 placements	3	1	0	1	0	0
Total Children Reviewed	308	204	28	40	4	7

	Placement Received Medical Records, Age 0-3					
	Douglas County	**Lancaster County**	**Lincoln County**	**Hall County**	**Custer County**	**Buffalo County**
Received records	173	156	27	23	4	2
Did not receive records	23	5	1	7	0	3
Unable to determine	112	43	0	10	0	2
Total Children Reviewed	308	204	28	40	4	7

	Contact with Siblings, Age 0-3					
	Douglas County	**Lancaster County**	**Lincoln County**	**Hall County**	**Custer County**	**Buffalo County**
No siblings	72	74	4	15	3	3
Contact with all siblings	169	74	19	10	1	4
Contact with some, but not all siblings	38	23	3	7	0	0
No contact with siblings	19	16	2	8	0	0
Unable to Determine	10	17	0	0	0	0
Total Children Reviewed	308	204	28	40	4	7

TABLE 26 (continued)

	GAL contact, Age 0-3					
	Douglas County	**Lancaster County**	**Lincoln County**	**Hall County**	**Custer County**	**Buffalo County**
Contact in 6 mos prior to review	209	71	5	24	4	3
No contact 6 mos prior to review	13	28	20	9	0	3
Unable to determine	86	105	4	7	0	1
Total Children Reviewed	308	204	28	40	4	7

	Months to Adjudication, Age 0-3					
	Douglas County	**Lancaster County**	**Lincoln County**	**Hall County**	**Custer County**	**Buffalo County**
1 month	42	30	9	3	2	0
2 months	50	7	3	10	0	0
3 months	40	20	6	10	0	2
4 months	41	4	1	7	0	3
5 months	26	2	2	1	0	0
6 months	14	3	1	1	0	0
7 months	6	2	0	1	1	0
8 months	3	2	0	1	0	0
9 months	3	3	1	0	0	0
10 months	3	3	0	0	0	0
11 months	2	0	0	1	0	0
12 months	1	0	0	0	0	0
13-16 months	2	0	0	0	0	0
17 months	1	0	0	0	0	0
28 months	1	0	0	0	0	0
Adjudicated prior to removal, in under 1 month, or unclear	73	128	5	5	1	2
Total Children Reviewed	308	204	28	40	4	7

According to the
National Center on Child Abuse and Prevention

12.1 of every 1,000 children in the United States are abuse or neglect victims.[168]

[168] 2007 data, as quoted by the Center for Child and Family Policy, Duke University, website.

Appendices

Please feel free to visit our website:
www.fcrb.state.ne.us

Appendix A

The Juvenile Court Process For Abuse or Neglect Cases

Note: The FCRB has the authority to review children's cases any time after the removal from the home. Typically the FCRB schedules reviews so that information gathered from the review can be shared with all legal parties just prior to a Court hearing, so that the Court can address the issues identified by the FCRB.

Report of abuse or neglect (also called a complaint)– is made by medical personnel, educators, neighbors, foster parents, social workers, policy, and/or others. State law requires anyone with reason to believe abuse or neglect is occurring to report this to authorities. This may be reported to the Department of Health and Human Services (DHHS-CPS) or a local law enforcement agency. Each of these agencies is to cross report to the other.

Report accepted or screened out – after CPS receives a report, it assesses the nature of the complaint and assigns a prioritization for investigation. Serious flaws in this system exist. (See the section on CPS response to child abuse reports for additional details.)

Investigation– law enforcement and/or CPS (child protective services division of DHHS) investigates the allegations or issues identified in the report. The investigation provides the evidence for the County Attorney to file a petition. The child may be removed from the home if an emergency situation exists.

County Attorney files a petition – detailing all of the abuse or neglect allegations. This is done within 48 hours of an emergency removal; if not an emergency removal, the County Attorney files a petition requesting removal from the home or requesting DHHS supervision of the home. Nothing is determined, found, or ordered at this point, that is done at the hearings described below. Parents who abuse their children can be tried in adult courts for the criminal part of their actions as well as being involved in a juvenile court action about the child and the child's future.

Petition definitions – petitions must contain specific allegations related to specific statutes in the Nebraska Juvenile Code. These are:

- §43-247 (3a) – children who are neglected, abused, or abandoned.
- §43-247 (3b) – children who have exhibited behaviors problems such as being disobedient, truant, or runaways
- §43-247 (3c) – juveniles who are mentally ill and dangerous as defined in §83-1009.
- §43-247 (1) – juveniles who have committed a misdemeanor other than a traffic offense.
- §43-247 (2) – juveniles who have committed a felony.

Detention hearing is held – legal rights are explained to the parents, a Guardian ad litem (special attorney) is appointed to represent the child's best interests, counsel may be appointed for the parents. This hearing determines if probable cause exists to warrant the continuance of Court action or the child remaining in out-of-home care. The Court can only rule on the allegations in the petition. Affidavits and testimony can also be used.

If an emergency removal did not occur, the child may be removed from the home or may remain in the home under the supervision of DHHS. Services may be offered to the child and/or the parents after the detention hearing. Parents are frequently advised by their counsel not to accept services, as this may be an admission of guilt for the adjudication hearing to come.

DHHS is given custody at the detention hearing – and is then responsible for the child's placement, plan, and services, if the court finds grounds for adjudication. DHHS is responsible for developing the child's case plan, submitting the plan to the court, and updating the plan at least every six months while the child remains in care. The Court must adopt the DHHS case plan unless other legal parties present evidence that the plan is not in the child's best interest or the Court amends the case plan based on its own motion.

DHHS makes a placement – the child's needs are to be evaluated and the child is to be placed in the most home-like setting possible that meets the child's needs, whether through direct foster parents, relatives, or agency-based care. This may occur either before or after the detention hearing, depending on circumstances.

Plea-bargaining – because allegations can be hard to prove, many serious allegations are sometimes removed from the petition in an agreement between the County Attorney and the parents so that parents or youth will admit to lesser charges.

Adjudication hearing is held – facts are presented to prove the allegations in the petition. The burden of proof is on the state, through the County Attorney. If the parents deny the allegations, then a fact-finding hearing like a trial is held, where the parents have a right to counsel.

At this hearing the finding of fact occurs, the allegations in the petition are found to be true or false, and the child is either made a state ward or not. The Court cannot order the parents to services prior to completion of the adjudication hearing. By law this must occur within 90 days of the child entering out-of-home care. In practice the 90-day rule is not always followed.

Dispositional hearing is held – the Court sets the adjudication status for the case, if the parent admits the allegations or is adjudicated, the Court adopts the DHHS rehabilitation plan for the parents (case plan) and orders services based on this plan. There is a statutory presumption that the DHHS plan is in the best interests of the child. The onus is put on any other party to the proceedings to prove that a plan is not in the child's best interests.

Dispositional review hearings – these court hearings occur at least once every six month to determine whether any progress is being made towards permanency for the child. The child's plan should be updated to reflect the current situation. The FCRB has legal standing to file as a party to any pleading or motion to be heard by the court at these hearings. The FCRB attempts to schedule its reviews in advance of this court hearing so that the Court can act on the issues the FCRB has identified. .

Permanency hearing – after the child has spent 12 months in foster care, the Court is to hold a special dispositional hearing to determine the most appropriate permanency plan for the child.

When a child has been in care for 15 of the last 22 months – the County Attorney is required to file a motion for a hearing either for a termination of parental rights, or to explain why termination is not in the best interest of the child.

Permanency – is obtained through any of the following: 1) a safe return to the parent's home, 2) adoption, 3) guardianship, 4) a long-term foster care agreement, or 5) by reaching adulthood. Adoption or guardianship can occur following either a relinquishment of parental rights or by a Court-ordered termination of parental rights.

Termination of parental rights hearings – if the state through a county attorney proceeds to a termination of parental rights action, the parents have the right to counsel. In such a trial the burden of proof is greater than the level of proof needed in juvenile court proceedings. Many county attorneys have equated the time to establish grounds and proceed to trial as being equal to involvement in a murder trial. The role of the defense counsel is adversarial—that is the parental attorney has an obligation to defend the client against the allegations in the petition. There is a right to appeal, and many parental attorneys automatically appeal any decision to terminate parental rights.

Relinquishments – relinquishments are actions of the parents to give DHHS the rights to the child. DHHS will only accept relinquishments if both parents sign, or the other parent's parental rights have been terminated, or the other parent is deceased. This is sometimes done to facilitate an open adoption.

Open adoption – a legally enforceable exchange of information contract between biological parents who have relinquished rights and adoptive parents, that is agreed to by both parties. This is only applicable for children who are state wards.

Local Foster Care Review Board members
come from a variety of backgrounds.
If you would be interested in serving on a local board,
please complete the form found in Appendix B.

Appendix B

STATE OF NEBRASKA
FOSTER CARE REVIEW BOARD
521 S. 14th Street, Suite 401
Lincoln, NE 68508-2707
(402) 471-4420

Applications for volunteers to serve on a local Foster Care Review Board as set in Nebraska Statue, Section 43-1301 to 43-1319, R.R.S. Employees of the State Foster Care Review Board or child caring and placing agencies or the Courts are ineligible to serve on local boards.

_____
Name

_____
Address City ZIP Phone No.

_____
Occupation Address ZIP Phone No.

_____
Email Address

I am available for <u>training</u> on the following (check all that apply)					**I am available to <u>serve on a Board</u> that meets on the following (check all that apply)**			
<u>Day</u>	Morning	Afternoon	Evening		Day	Morning	Afternoon	Evening
Mon.					Mon.			
Tues.					Tues.			
Wed.					Wed.			
Thurs.					Thurs.			
Fri.					Fri.			
Sat.			NA		Sat.			NA

Regular exceptions to the above schedule: _____

Nebraska Statute 43-1304 states: "The members of the Board shall reasonably represent the various social, economic, racial, and ethnic groups of the county or counties from which its members may be appointed." In order to comply with the Act, please answer the following:

Your age: 19-30 _____
31-45 _____
46 & older _____

Family income: $ 4,000-10,000 _____
$11,000-20,000 _____
$21,000-39,000 _____
$40,000 - above _____

continued➔

Race: Caucasian ____ Black _____ Hispanic _____ Indian _____ Asian ____ Other ___

Marital status: _____ Number of children _____

I am presently a foster parent [this is not a requirement]: yes ____ no _____

Please list current and past activities (you can use an additional sheet if more room is needed).

Please list the name, address, and phone number of three references.

1. _____

2. _____

3. _____

Please write a short paragraph of why you would like to serve on a local Foster Care Review Board.

FOR OFFICE USE ONLY:

Date application received _____

Part I Training _____ Part II Training _____

Date appointed to Board _____ Appointed to Board _____

Rev 8/5/09

STATE OF NEBRASKA

FOSTER CARE REVIEW BOARD

CONFIDENTIALITY

Foster Care, Chapter 43-1310. Records and information; confidential; unauthorized disclosure; penalty. All records and information regarding foster children and their parents and relatives in possession of the state board or local board shall be deemed confidential. Unauthorized disclosure of such confidential records and information and any violation of the rules and regulations of the Department of Health and Human Services shall be a Class III misdemeanor.

Class III misdemeanor:	Maximum -	three months imprisonment, or five hundred dollars fine, or both
	Minimum -	none

CONSENT FORM

I, _____, agree to the rules and regulations set by the
(*please print*)
State Foster Care Review Board.

In particular, I promise not to disclose any information obtained from my participation in the Foster Care Reviews in accordance with confidentiality provisions.

I further promise not to use any information or data for my own personal, professional, or monetary advantage.

_____ _____
signature *date*

_____
address

_____, NE _____

Signed in the Presence of:

_____ _____
Signature *date*

Reverse of confidentiality form

Nebraska Department of Health and Human Services

Division of Children and Family Services

State of Nebraska

Dave Heineman, Governor

AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: _____

Please do not use abbreviations

Address and Phone Number: _____

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant)_____

_____ _____

Signature (applicant) **Date**

Current Address: _____

(Street/City/State/Zip)

_____ _____

Applicant Date of Birth **Applicant Social Security Number**

Other names previously used such as former married names, maiden name and nick names. Please Print.

_____

_____

_____

_____

Names and birth dates of your children and children who have lived with you. Please Print.

_____

_____

_____

_____

Any Address at which you have resided during the past 20 years. Please Print.

_____

_____

_____

Helping People Live Better Lives

An Equal Opportunity/Affirmative Action Employer

printed with soy ink on recycled paper

Reverse of CPS background check form.

Appendix C

ACKNOWLEDGEMENTS – 2008

The State Foster Care Review Board would like to acknowledge and thank the following churches, schools, hospitals, libraries, businesses, and community centers for allowing the local Foster Care Review Boards to use their facilities for monthly board meetings, prospective board member training programs, and on-going continuing education programs:

Alliance Public Library, Alliance
Bergan Mercy Hospital, Omaha
Carol Yokum Resource Center, Lincoln
Christ United Methodist Church, Lincoln
Columbus Police Department, Columbus
Dundee Elementary School, Omaha
First Lutheran Church, South Sioux City
First United Methodist Church, Omaha
Fremont Presbyterian Church, Fremont
Hastings Police Department, Hastings
Immanuel Alegent Hospital, Omaha
Independent Living Center, Grand Island
Landmark Center, Hastings
LaVista Community Center, LaVista
Law Enforcement Center, Kearney
Lexington Public Library
Liberty Elementary School, Omaha
Lutheran Church of the Master, Omaha
Madonna Rehabilitation Center, Lincoln
Make-A-Wish Offices, Omaha
New Life Baptist Church, Bellevue
North Platte Community College, North Platte
Odyssey III Counseling, Norfolk
Pacific Hills Lutheran Church, Omaha
Presbyterian Church of the Cross, Omaha
Regional West Medical Center, Scottsbluff
St. Andrews Episcopal Church, Omaha
St. John's Lutheran Church, Tecumseh
St. Paul's United Methodist Church, Lincoln
St. Wenceslaus Catholic Church, Omaha
Swanson Library, Omaha
State Office Building, Omaha
Sump Memorial Library, Papillion
United Lutheran Church, Lincoln
United Methodist Church, Norfolk
University of Nebraska Medical Center, Omaha
York General Hospital, York

Appendix D

PROJECT PERMANENCY QUESTIONS

BOARD MEMBER QUESTIONS FOR FOSTER PARENTS

FCRB Home Visit of the _____ home

This home serves through a contract with _____

Child's Name _____Age _____

Board members _____ & _____

Date _____ Time _____ AM PM

[Be sure that the opening statement has been read]

Key Information About The Child

1. What date was _____ placed in your home? _____

2. When he/she was placed with you, did you receive adequate information regarding:

the child's development	Yes	No
the child's educational needs	Yes	No
the child's medical needs	Yes	No
if the child has allergies	Yes	No
any diet considerations such as which formula	Yes	No

3. What do you understand is the current plan for the child?
   (on sheet in the pocket of the binder)

01-Reunification	02-Kinship Care
03-Adoption	04-Long Term Foster Care
11-Guardianship	00-Unreported/unknown
Other: _____	

4. Can you tell me about the child's temperament, personality, and response to stress?

Grief

Research clearly shows that in foster children ages birth through five, most of their behaviors are a result of the grief they experienced because they have been separated from their parents or from a trusted caregiver. Research shows this grief can last for many years.

1. What information, if any, have you been given about childhood grief? What questions do you have about how children respond to separation from parents or from trusted caregivers?
   (Refer to section _____)

2. Next I'll be asking you about some behaviors that are typical of grief. This will help us, on the Board, to better understand what the child's needs are and will help us make better recommendations. Is the child showing…

   Regressive behaviors (soiling self when formerly toilet trained, return to baby talk, use of pacifier when previously weaned, etc.).....Yes No

   Not listening or spacey behaviors.....Yes No

   Sleep Disturbances.....Yes No

   Food issues (hoarding, refusal to eat).....Yes No

   Rhythmic behavior (rocking self excessively.).....Yes No

   Rages beyond normal tantrums.....Yes No

   Bothered by nothing – flat emotions.....Yes No

   Impulse control weak for their age .....Yes No

   Lack of energy .....Yes No

   Over active, without a physical cause.....Yes No

   Overly clinging .....Yes No

   Too affectionate with strangers.....Yes No

   Intense control battles .....Yes No

   Significant learning delays.....Yes No

Destructive to self .....Yes No

Destructive to others .....Yes No

Refuses touch or comforting.....Yes No

3. How do you decide which of the child's behaviors need to be responded to, and how do you to respond to those behaviors?

Services to the Child

1. What is the child's daily routine?

2. Is the child in daycare or an early childhood program?

Day Care	Yes	No
Program	Yes	No

3. Has the child received a comprehensive health assessment since being placed in your home? Yes No

4. Are the child's immunizations up to date? Yes No Partial

5. When was the child's last visit to the doctor? _____

    1. Who was present at the appointment? _____
    2. What was the reason for the appointment? _____

6. Is the child receiving regular dental exams? Yes No

7. What other services, such as physical therapy, occupational therapy, speech, individual or family counseling, does the child participate in?

8. Are there any services that you feel the child needs that he/she is not receiving?

Visitation Questions

1. Is visitation occurring with the parents?

Mother	Yes	No
Father	Yes	No

2. How often are visits occurring?

3. Is visitation supervised? Yes No If yes, by whom? _____

4. Who is transporting the child to visits?

5. Is the child visiting his/her siblings?

6. Do you get reports of how the visits went?

Number In the Home

1. It has been reported to us that the following foster children are currently placed in your home. Can you please confirm if this is accurate?

   1. _____ Age _____

   2. _____ Age _____

   3. _____ Age _____

   4. _____ Age _____

   5. _____ Age _____

   6. _____ Age _____

2. Are there any other children in the home? Who are they?

   1. _____ Age _____
      Foster child? Yes No If yes, when Placed _____

   2. _____ Age _____
      Foster child? Yes No If yes, when Placed _____

   3. _____ Age _____
      Foster child? Yes No If yes, when Placed _____

   4. _____ Age _____
      Foster child? Yes No If yes, when Placed _____

   5. _____ Age _____
      Foster child? Yes No If yes, when Placed _____

3. Are you a daycare provider? Yes No
   If so, for how many children? _____

4. Are there any disabled adults in the home? Yes No
   If so, how many? _____

5. Do you have respite care available? Is the quality of the respite care acceptable?

Training, Experience

1. How many years have you been a foster placement? _____

2. Has anyone talked to you about basic child development and what is to be expected as "normal" at each stage of growth? Yes No
   (refer to page ___)

Contact with Legal Parties

1. When was the last time the HHS case manager was at your home? _____
   How much contact does the child have with the case manager?

2. When was the last time the Service Coordinator was at your home? _____
   How much contact does the child have with the service coordinator?

3. When was the last time the child's guardian ad litem was at your home?
   How much contact do you or the child have with the guardian ad litem?
   (*refer to page _____ for GAL definition, to contact page for name)*

Other Questions or Comments

Do you have any other issues that you want the board to be aware of?

Thank you

"Thank you for assisting the Board. At the end of the binder is an envelope containing some coupons that local sponsors have given us to say "thank you" for your service. If you think of anything you would like to add or have any other questions, please feel free to contact us. The Board's information is on the contact sheet in the inside pocket of the binder."

Form revised 10-20-2009

Appendix E

Group Home Information Visit Questions

Youth Detention, Group Home, or other facility questions:

Facility

- What is the Capacity of your facility? How full is it usually?
- What age range of youth are commingled?
- What is the percentage of minority youth?
- How young a child will be admitted here?
  What is the age limit?
- Please describe what will occur when a youth is admitted?
  How long is the youth allowed to stay?
- Describe contact with family, friends, etc.
- Will the youth be given a copy of rules, consequences for certain behaviors, etc.
- What programs and services are available to the youth?
- How is discipline be handled?
  Will there be a time out room and what criteria will there be for placing a youth there.
  Is there a policy limiting the amount of time a youth can be there?
  Is the main focus of the facility on control or on positive guidance?
  Are handcuffs or shackles used for discipline?
  What is the most common method of discipline?
- How are serious incidents (suicide, assaults) handled?
  How often do they occur?
  Is law enforcement contacted?
- Does a citizen advisory board exist to monitor the facility, educate the public, recommended appropriate changes?
- Do you report to the Foster Care Review Board?
- Are children assessed before being accepted to the respite care program?

Staff

- What are the qualifications of the staff?
- What type of training do they receive?
- What is the staff to youth ratio?

- Are social workers, psychologists, certified teachers on staff and available to individual youth at convenient hours?
- Is medical care available at all times? Weekends? Who supervises medications?
- Who supervises the children who are here for respite care?
  How long do they usually stay?
- What opportunity kids have for interaction with staff? Is there any counseling, one on one consultation, etc.

Education

- What is a typical day's schedule?
  Are waking hours filled with productive activities?
- Is the school accredited? By whom?
  How many hours are spent in class work?
  Are School Materials forwarded from children's schools?
- During the education hours when are they in the classroom, and when in recreation?
  How much pure education time do they get per day or week?
  Where will the teachers come from?
- Is there a library? When will they go the the library?
- Exactly where will they be when they're not in classrooms or lunch? Locked in their room? TV room? Any other activities?. Will they go outside? Where?
- What will they do on weekends? Any organized activity? When in rooms?

APPENDIX F

STAFF WHO SERVED DURING SOME OR ALL OF 2008

Carolyn K. Stitt, Executive Director

Program Coordinators: Kathleen Stolz and Mary Furnas

Lincoln Area Supervisor	***Omaha Supervisor***	***Rural-West Supervisor***
Michele Blodgett	Stacey Sothman	Tami Gangwish
Lincoln Area Review Staff	***Omaha Review Staff***	***Rural-West Review Staff***
Terra Bentley	Rachael Andrews	Terra Bentley
Jodi Borer	Erin Bader	Jolie Camden
Michele Blodgett	Stephanie Gardella	Scott Curtis
Cheryl Johnson	Benjamin Gray	Karen Olsen
Tony Menard	Diana Haney	Dawn Paulsen
Alissa Schoenholz	Anna Nelson-Vaughn	Sarah Schwartz
Nikki Swope	Tammy Oswald	Ramona Tarin
Lynda Todd-Figaro	Pauline Williams	
Jessie Zuniga		

Heidi Ore, Administrative Coordinator -- Linda Cox, Special Projects/Data Coordinator

Lincoln Office Staff

Brooke Clements
Lydia Daniel
Karie Dey
Pat Kuhns
Dora May
Nickole Morehart
Holly Powell
Abby Webben

CONSULTANTS DURING 2008

Dr. Ann Coyne, Bonding & Attachment Advisor
Karen Kilgarin, Communication Advisor
Dr. Stacie Bleicher, Medical Advisor
Christine Costantakos, Attorney Advisor

APPENDIX G

STATE FOSTER CARE REVIEW BOARD FINANCIAL STATEMENT

Fiscal Year 2008-2009

Appropriations

General Fund	$1,337,136.80
Cash Fund	$6,000.00
Federal Funds	$380,000.00
TOTAL	$1,723,136.80

Expenditures

Staff Salaries & Benefits	$1,256,669.72
Postage	$28,281.10
Telephone and Communications	$33,434.65
Data Processing Fees	$8,344.28
Publications and Printing	$30,192.52
Rent	$62,719.08
Legal Fees	$2,520.00
Office Supplies & Miscellaneous	$20,344.22
Travel Expenses	$50,018.33
TOTAL	$1,534,569.52

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