# The Nebraska
# Foster Care Review Office
# Quarterly Report

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

## Issued June 10, 2015

# Executive Summary

The Foster Care Review Office's (FCRO) role under the Foster Care Review Act is to independently track children in out-of-home care, review children's cases, collect and analyze data related to the children, identify conditions and outcomes for Nebraska's children in out-of-home care, and make recommendations on any needed corrective actions. The FCRO is an independent state agency, not affiliated with the Department of Health and Human Services, the Courts, the Office of Probation, or any other child welfare entity.

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

## This quarterly report focuses on these main issues:

1. An **analysis of data related to all DHHS wards in out-of-home care** at a point in time (May 4, 2015), including trend data. (page 6)
2. Further a**nalysis of children re-entering out-of-home care after an adoption or guardianship**. (page 15)
3. A **collaborative report on a study of children in a prolonged trial home visit.** (page 23)

## Through analysis of data regarding <u>all</u> children in out-of-home care on May 4, 2015, the Foster Care Review Office has found the following facts and trends:

1. The percentage of children having four or more placements over their lifetime has decreased, but still 29% of children have still had this negative experience. (page 11)
2. The majority (66%) of the DHHS wards are from the Omaha and Lincoln areas. (page 7)
3. Shelter care has been dramatically reduced for the DHHS ward population. (page 12)
4. The majority (54%) of children have had 3 or more case managers over their lifetime. (page 12)
5. There has been a slight improvement in the life-time re-entry rate in the past year, down to 30%. (page 13)

## From analysis of data regarding children who returned to out-of-home care after an adoption or guardianship, the FCRO found the following:

1. Children were in adoptive homes an average of 645 days prior to the adoption, so one could conclude that most of the adoptive parents were familiar with children and their behaviors and needs prior to the legal finalization of that adoption. (page 15)
2. Children averaged 5 years between the adoption and disruption. (page 17)
3. Upon return to out-of-home care 83% of children from adoption disruptions were exhibiting mental health-behavioral issues. (page 18)
4. Over half of children from disrupted guardianships were displaying mental health and/or behavior issues when they re-entered out-of-home care. (page 22)

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

**At the systems level:**

1. **Ensure that all parties, including all legal parties, are required to actively participate in the FCRO case file review process.** Only through active participation by the legal parties, especially the guardian ad litem, can the FCRO provide the necessary oversight to protect the best interest of the child. Currently, there is no uniformity across the State in response to FCRO requests for information.
2. **Educate all system stakeholders, including the judicial system, in the principles of SDM®**, the product that DHHS is using to help with decision-making.[1] Ensure fidelity to the SDM® model.

**At the case level:**

1. **Offer intensive services to parents at the onset of the case, including the specific assessment of a parent's long-term willingness and ability to parent their child**. Ensure that every assessment of the parent's on-going progress measures not only the parent's technical compliance with court orders but also true behavioral changes. Ensure that all stakeholders, especially the legal parties in the judicial system, are timely in meeting the needs of children and families.
2. **Address paternity in a timely manner**, preferably very early in the case so that the father's suitability as a caregiver can be assessed.

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

3. **Attain all appropriate educational, health and development information and services at the time of removal** to ensure that the well-being of all State wards occurs from the beginning. This includes the use of medical homes for all State wards and maintaining children in their school of origin unless good cause exists.
4. Caseworkers, foster parents, agencies responsible for foster homes, guardians ad litem, therapists, courts, and other concerned parties should do everything possible to encourage a **well-thought-out transition plan for any child that must move between placements**, especially if the child is pre-school age or developmentally delayed. The plan must be based on children's age, developmental stage, needs, and attachments.

## Through analysis of the data from the Trial Home Visit collaborative study, the Foster Care Review Office has founding the following facts and trends:

1. In 90% of the cases DHHS did not recommend case closure at the first hearing following the child's return home. (page 29)
2. Additional time was needed to ensure family stability in 55% of trial home visits over 6 months in length. (page 26)
3. In Douglas County the lack of clarity as to which court (district, county, or juvenile) has jurisdiction over matters of establishing custody with a parent who is currently non-custodial was identified as an impediment to case closure in 43% of the cases. (page 26)
4. In over half of the cases involving prolonged trial home visits neglect was the reason that children came into out-of-home care. (page 28)

## Recommendations from the collaborative study on trial home visits:

1. **Review policies (and training) on case closure**. Solicit input from managers, supervisors and social workers which would be useful to identifying areas where there may be lack of internal clarity about the criteria for case closure and/or a lack of clarity as to how to document recommendations for case closure.
2. **Re-examine the current practice that emphasizes a case plan compliance model** of family readiness instead of a safety and risk model. Do this as part of an overall effort to strengthen how assessment tools are integrated into practice with families and into the reports to the court.
3. **Ensure case plans contain goals designed to improve core family dynamics**, and that plans outline reasonable timeframes for DHHS to no longer be involved with the families.
4. **Ensure family-strengthening efforts during the critical first 6-9 months at home are adequate, efficiently organized, and plainly communicated** to the parents and legal parties.

5. **Communicate effectively in court reports and testimony the safety and risk analyses used** so that the court and legal parties are clear as to current safety and the risk of future child abuse and neglect. Clearly communicate the rationale for recommendations to cease court involvement with the families.
6. **Educate attorneys and judges on the SDM[2] safety and risk analysis** being used by DHHS, including how DHHS is ensuring fidelity to the evidence-based SDM model and how the SDM tools have been validated.
7. **Develop a service network sufficient to meet the individual needs** of the families in all regions of Nebraska. Improve access to services, including addressing cost impediments.
8. **Eliminate congestion on court calendars** to ensure judges are sufficiently accessible to get issues resolved and orders modified or issued.
9. **Consider whether assigning a specific team of case workers to each judge** in Lancaster County would improve communication and build trust, as has been the hope for a similar system in Douglas County. Consider if there are differences in staffing levels between the two counties that would impact the pool of staff available to assume a case during a staff vacancy.
10. **Survey how other states handle child custody** when children are under the jurisdiction of the courts for abuse and neglect, with a report back to the Supreme Court's Commission on Children within six months.

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

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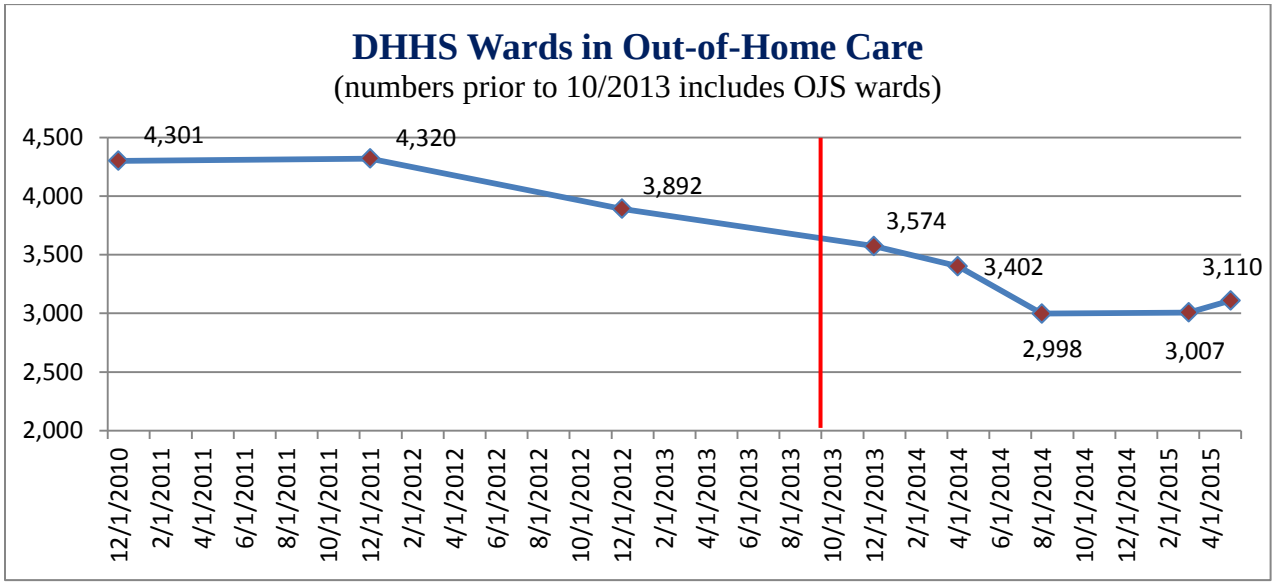
[2] Structured Decision Making is a proprietary set of products being used by DHHS to obtain consistency in assessments and recommendations.

# Section I.

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

This section contains some basic facts about Nebraska's children in out-of-home care due to abuse, neglect, or abandonment, as of May 4, 2015. Important details to note:

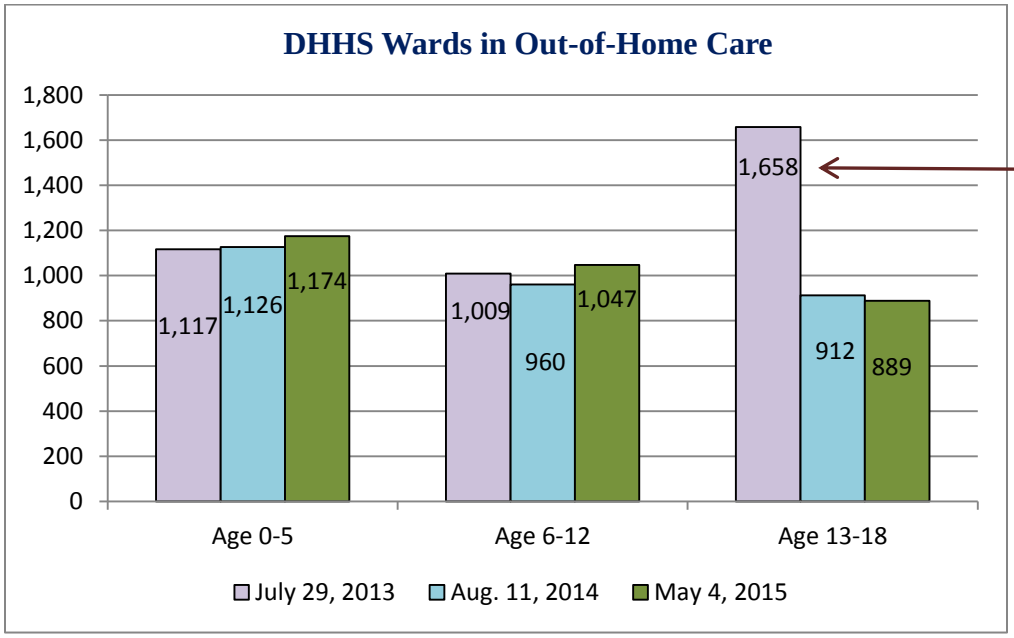
- Much of the decline in the number of DHHS wards October 2013 through 2014 is due to the transfer of DHHS-OJS youth to the Office of Probation.
- The 2014-2015 numbers on the chart below are ONLY for DHHS Wards, not DHHS-OJS, and not Probation.
- The red line indicates when the transfer from OJS to Probation began.
- The 3,110 DHHS wards in out-of-home care on May 4, 2015, came from 1,779 families.




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

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

The chart below shows DHHS wards by age group.[3, 4]



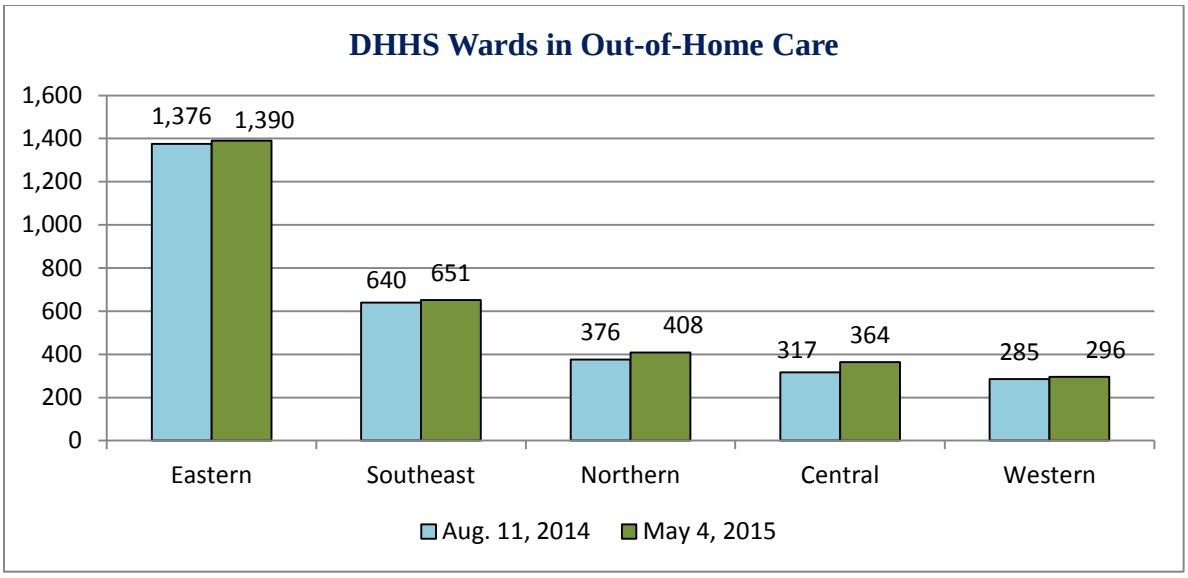

The difference between 2013 and 2014 numbers of older children is due to the impact of transfer from DHHS OJS to Probation

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

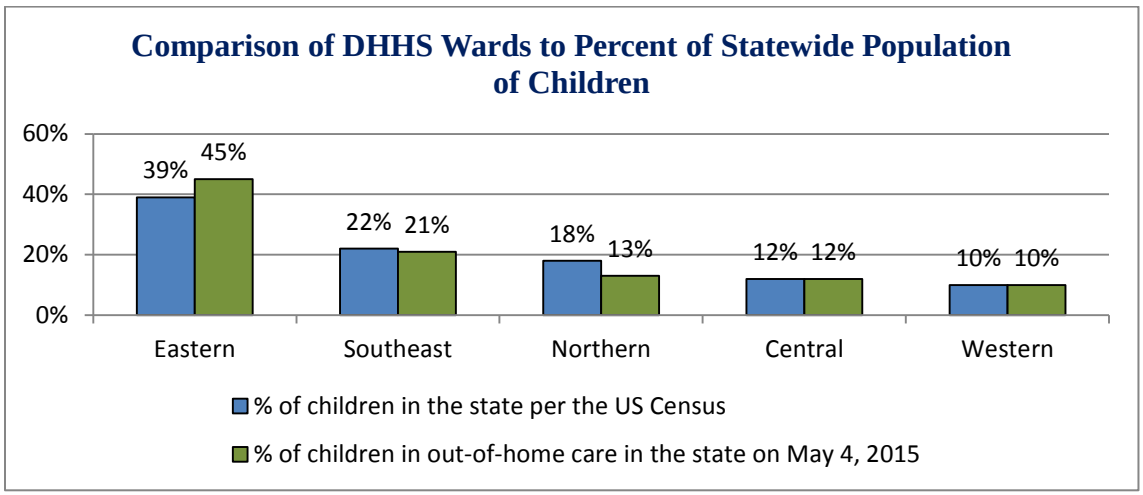
## B. Out-of-Home Care by Service Area

Children in out-of-home care come from every area of the state. The chart below shows the number of children from each DHHS Service Area.[5] The percent from each area has remained nearly constant. Most of the wards continue to be from the metro Omaha (Eastern) and Lincoln (Southeast) areas.

[3] The chart includes only DHHS wards. It does not include youth on Probation or youth under DHHS-OJS.
[4] The statistics in this Report do not include the voluntary Bridge to Independence Program for young adults age 19 or 20 who were former DHHS wards.
[5] See the map in Appendix A for the counties of the service areas.




The next chart compares the percentage of the statewide population of all children in each service area to the percent of the total population of Nebraska children in out-of-home care to see if discrepancies exist.[6]




In the Eastern service area the percentage of children in out-of-home care continues to be larger than their respective percentage of the statewide population.

## C. Race

Over and under-representation of certain racial groups does not occur in a vacuum. There is an intersection of issues regarding race, poverty, education, access to services, family makeup and stressors, substance abuse, criminal activities, mental health challenges, and

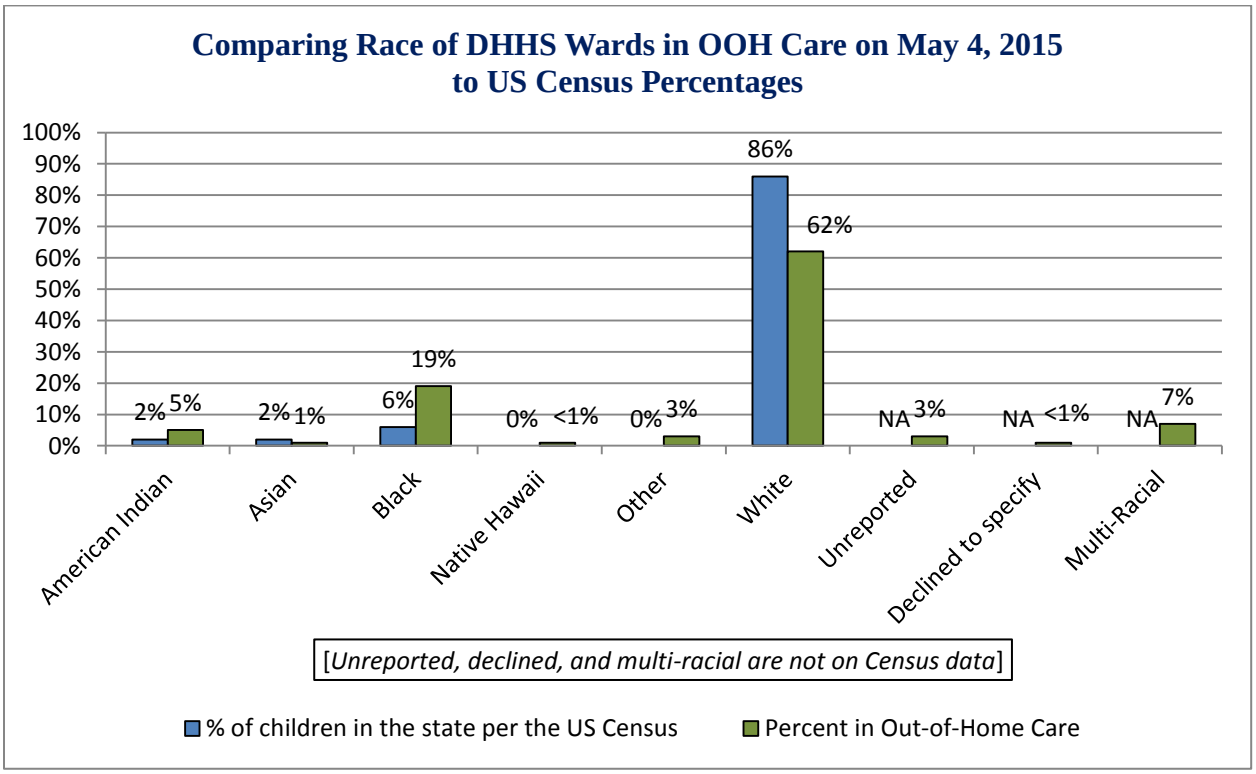
[6] Source for the statewide population of all children: U.S. Census Bureau, 2011 Population Estimates Program, as found in the Kids Count in Nebraska Report 2012, page 65.

other issues related to the response to child abuse and neglect that makes isolation of any one factor difficult.

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

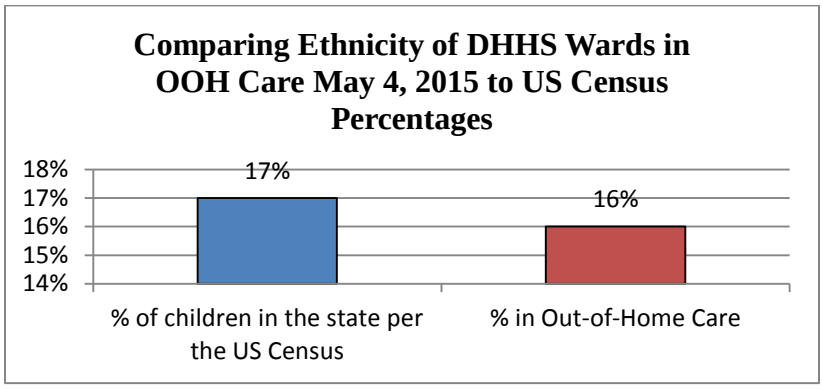
Nebraska is not alone in struggling with racial disparities. Studies such as that conducted by Chapin Hall in 2007 indicate that overrepresentation of children of color in the foster care system is a national issue.[7]

Minority children in Nebraska continue to be overrepresented in the out-of-home population as a whole, as shown in the next two charts.[8,]




[7] *Racial Disparity in Foster Care Admissions*, by Fred Wulczyn and Bridgett Lery, Chapin Hall, September 2007.
[8] The source for the general population of children in Nebraska was www.census.gov/popest/data/national.asrh/2012/index.html.

This chart compares by ethnicity. DHHS considers Hispanic to be an ethnicity rather than a race.

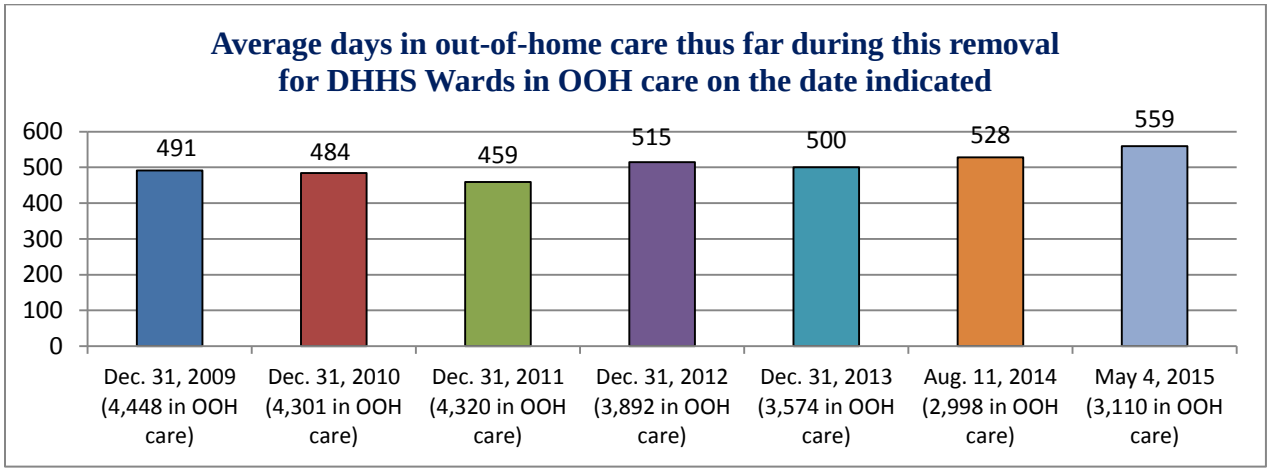



## D. Length of Time in Out-of-Home Care

An analysis of the number of days children have been in out-of-home care since their last removal shows that many children have been in out-of-home care for a considerable period of time. The current average is 559 days or 1.5 years. Of additional concern, the time calculation in the chart below does not include previous times in foster care for the 30% of children that had been removed from the parental home at least once before.

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

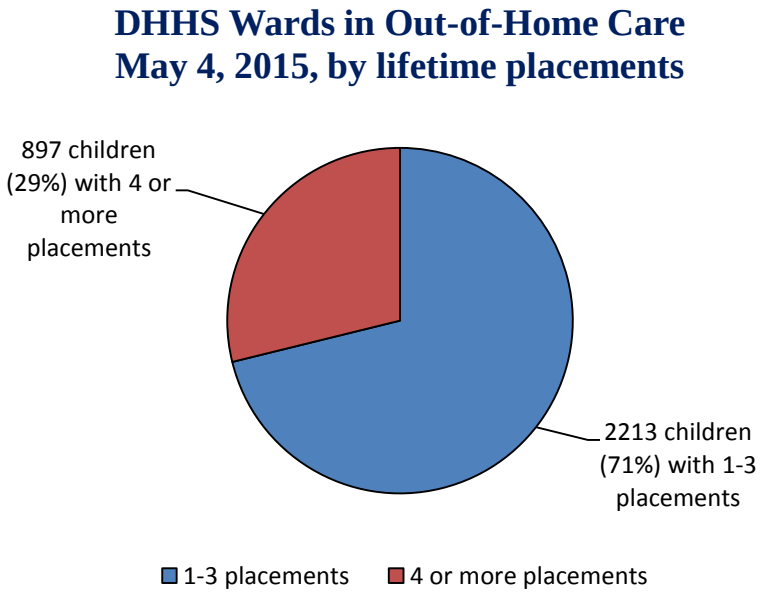
1) The number of days is increasing, so the indicator has worsened; or
2) There are fewer children in out-of-home care (due to the transfer of many children's cases to probation) so only children from cases with the most entrenched issues remain in out-of-home care; thus, the average days in care could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



## E. Placement Changes

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

Most experts find that children will experience serious trauma from four or more placement moves. About one third (**29%) of children in out-of-home care on May 4, 2015, had experienced four or more placements.** However, there is some good news – this is a welcome decrease from August 11, 2014, when **33%** of those in out-of-home care had experienced four or more placements.




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

## F. Shelter Care

Some children are placed in an emergency shelter pending a more permanent foster placement. Best practice is for shelters to be used for a short period of time.

Current policy is that shelter placements are to add a triage and assessment component to assist in determining the placement best suited to meet the individual child's needs. And, children can only remain in shelter placement for 20 days. Shelter care placements longer than 20 days require the DHHS Director's approval.

**On May 8, 2015, only 8 DHHS wards were in a shelter placement.**

## G. Caseworker and Lead Agency Worker Changes

One of the chief findings in the oft-quoted *Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff (*2005) was that "increases in the number of worker changes correlated to lessening the chance of permanency achievement."[9]

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

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

Stability helps to minimize moves between placements, and an understanding of the impact of changes on children means that workers make necessary moves less traumatic.. Stability increases the likelihood of a timely permanency; that is, children's cases progressing through the system faster. Therefore, it is best practice to have only one or two caseworkers over the course of a case.[10]

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

[10] We are working to be able to record the number of case workers both by episode in out-of-home care and by lifetime. These are important measures of child well-being and timely permanency. DHHS is continuing to work with us to better automate reports of children's cases being transferred between case workers.

The following are some pertinent facts about the lifetime number of caseworker changes DHHS wards in out-of-home care have experienced as reported by DHHS to the Foster Care Review Office.[11]

- In the 4 areas that do not currently have a lead agency:
    - 54% of children (933 of 1,719) have had 3 or more DHHS workers over their lifetime.
        - 106 of the 933 children also had 3 or more lead agency workers during the period where there were lead agencies in those areas.
- In the Eastern area, which does utilize a lead agency:
    - 45% of children (629 of 1,390) have had 3 or more Lead Agency workers over their lifetime.
        - Some of these children also had DHHS caseworkers during the time prior to lead agencies.

## H. Re-Entry Rates

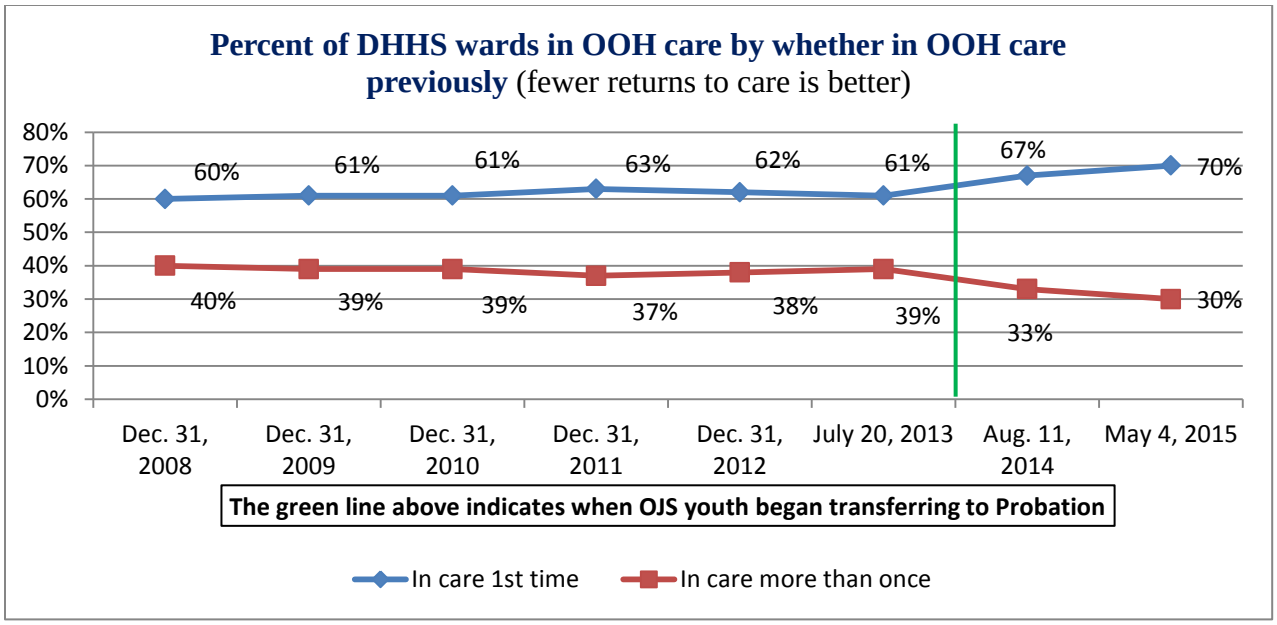
Many children had previously been in out-of-home care during their lifetime. The FCRO measures re-entry over the **child's lifetime** as opposed to within the past 6-12 months as is typical for some federal measures. Every out-of-home entry may cause additional trauma for the child and thus is a relevant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

There can be many reasons for re-entry, such as premature reunification, multiple mental health episodes, or the need for many children to process prior abuse or neglect in light of their new developmental stages, which may be a cause of behavioral or mental health issues. Data indicate that the number of re-removals is fairly consistent across service areas. In the Northern Service area 28% of children in out-of-home care May 4, 2015, had been removed from the home at least once before; in the Central area 29% were on a re-removal; and in the Eastern, Southeast, and Western Service Areas 31% were on a re-removal.

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

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

It is a positive that fewer children are experiencing returns to care.



# Section II.

# Re-Entries Into Out-of-Home Care for Children Who Had Been in an Adoption or Guardianship

In the Foster Care Review Office's December 2014 Annual Report, we discussed that some children returned to out-of-home care after having been in the child welfare system previously, exiting to either adoption or guardianship. The following is further information on that particular group of children.

## ADOPTION

### Number of reviewed children that had a prior adoption

44 children reviewed by the FCRO during Jan-June 2014 had an adoption prior to their then current entry into out-of-home care. The chart below shows their service area and compares the percentage to the general population of children in out-of-home care on June 30, 2014.

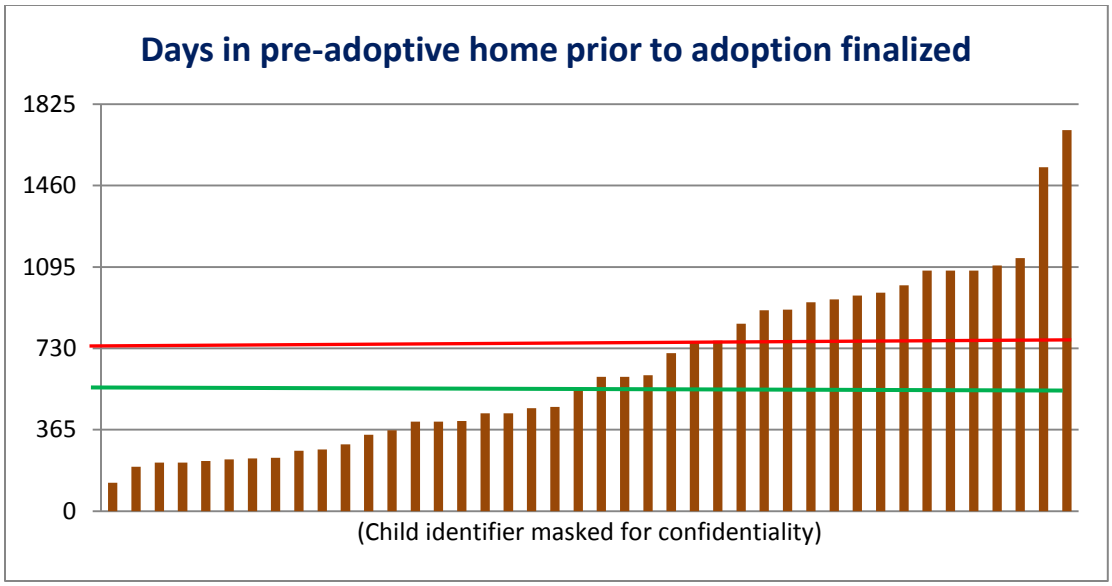
| Service Area | # of Children with prior adoption | % of children with prior adoption | Percent in OOH care 6/30/2014 |
|---|---|---|---|
| Central | 1 | 2% | 10% |
| Eastern | 24 | 55% | 45% |
| Northern | 9 | 20% | 11% |
| Southeast | 10 | 23% | 25% |
| Western | 0 | 0% | 9% |
| Total | 44 | | |

### How long children were in the pre-adoptive home

The next graph shows how long children were in the home prior to the completion of the adoption.

Some facts to consider:

- Children averaged 645 days (1.77 years) in the home prior to adoption, so one could conclude that most of the adoptive parents were familiar with children and their behaviors/needs prior to the legal finalization of that adoption.
- Most were in the home a year or longer prior to adoption.
- The range was 127 – 1,709 days.

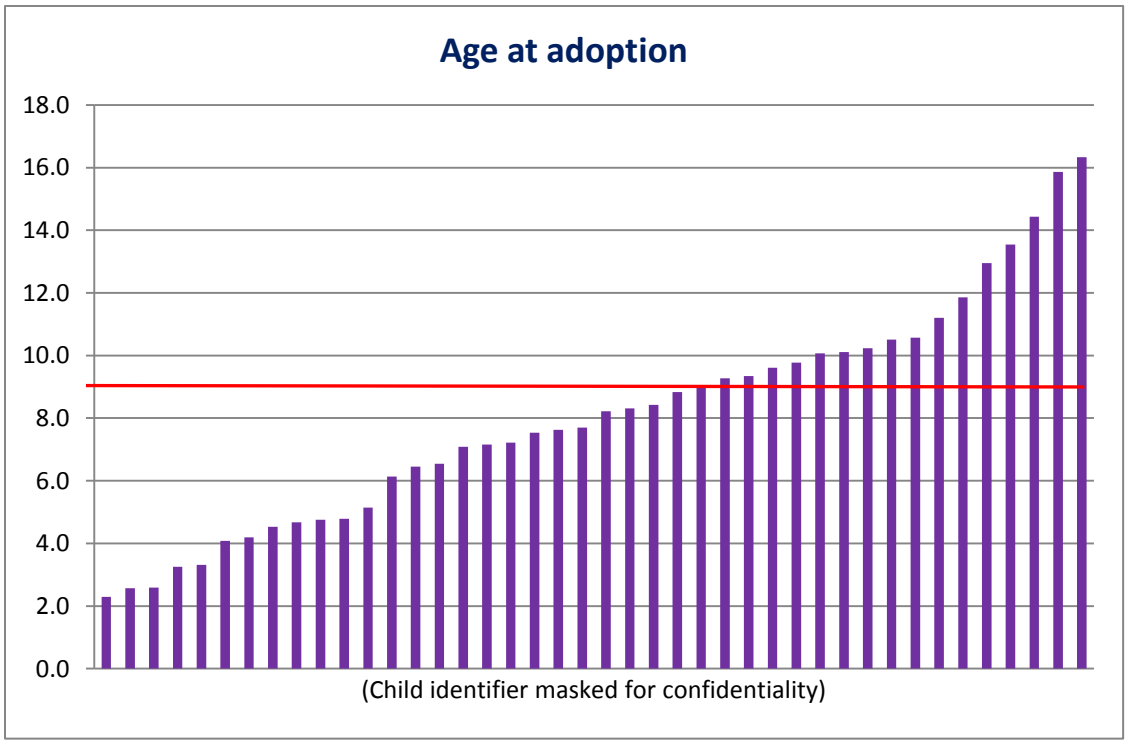



*The red line is the average days in the home prior to adoption.*

*The green line shows that most children were in the home at least a year prior to adoption.*

## Age at adoption

The average age at adoption was 8.0 years. The range was 2.3-16.3 years.




*The red line is the average age at adoption.*

## Type of pre-adoptive home

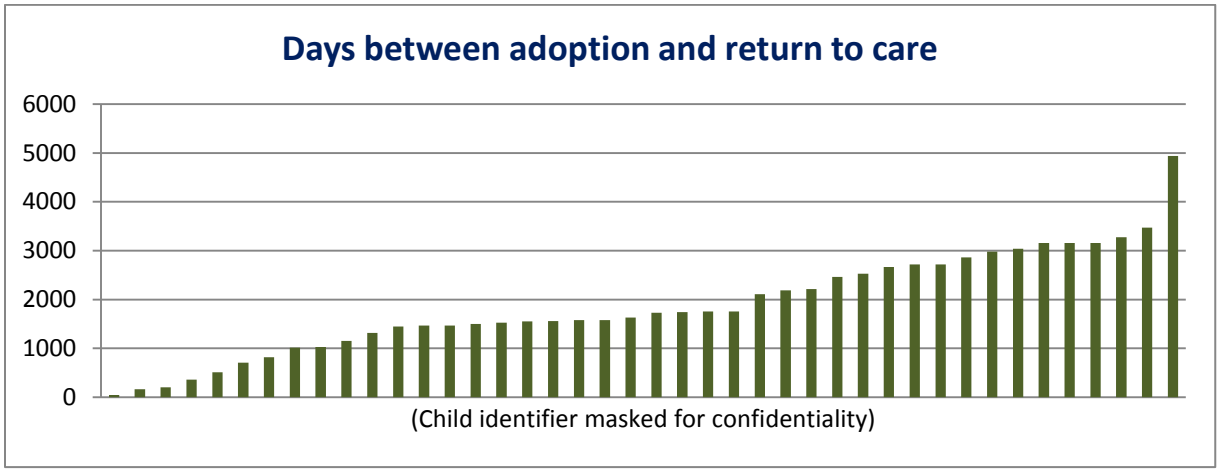
By type, the adoptive home was:

- Non-relative
  - 21 children (47%) – non-relative foster family homes
- Relative
  - 11 children (25%) – relative
- Unable to determine
  - 10 children (23%) – foster/adoptive home (unclear if relative or not)
  - 2 children (4%) – unable to determine

## Time between adoption and return to care

Facts regarding the time between adoption finalization and return to care:

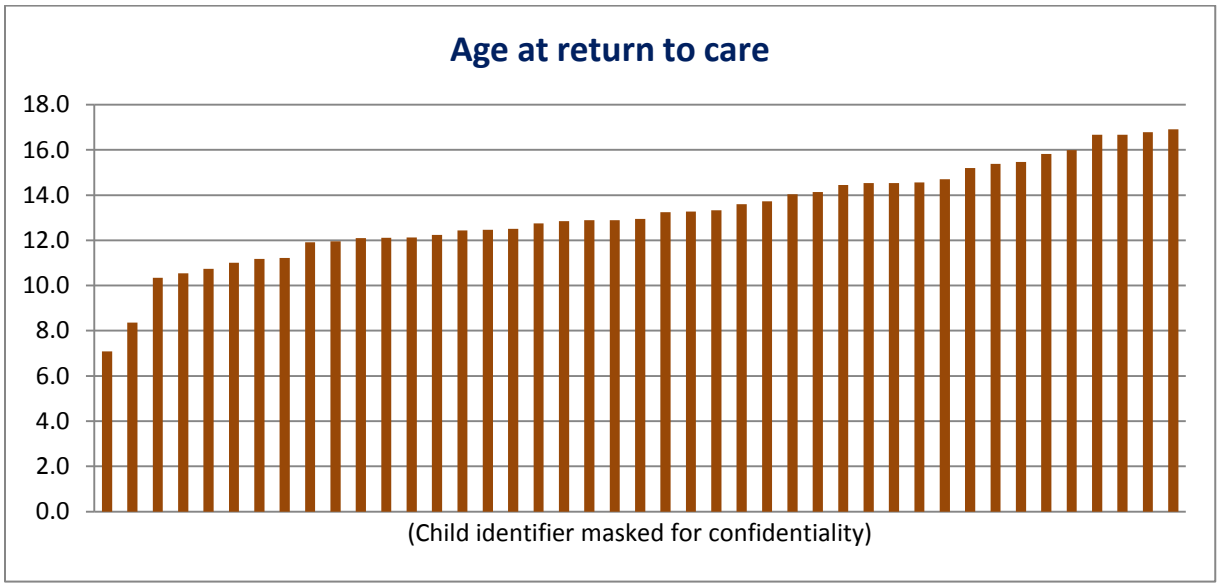
- Children averaged 1,888 days (5.17 years) between the adoption and a disruption.
- The range was 45 – 4,940 days.



## Age at return to care

Facts regarding the age at return to care:

- The average age at return to care was 13.2 years.
- The range was 7.1-16.9 years.




## Mental health issues as a reason for returns to out-of-home care

We wanted to determine if there were some other commonalities to these cases so that we could share that information with DHHS and service providers. To do that required an additional review of those cases to obtain statistical information not otherwise available.

We thank local board member volunteer Jo McGinn for helping us with this project. Jo carefully researched the FCRO pre- and post- review documentation from 24 of the cases (about half). She also reviewed caseworker narratives describing why children were re-entering out-of-home care. As the charts before in this section illustrate, there was a lot of variance regarding ages when exiting and re-entering out-home-care, reasons for original removal from the home of origin, and the time between adoption and re-entry.

However, it was strikingly similar that **in 20 of the 24 cases (83%) children were exhibiting mental health/behavioral issues upon their return to out-of-home care**, with 19 of those 24 youth (79%) re-entering out-of-home care primarily because of those mental health/behavioral issues.

Since children of parents who have relinquished or had their parental rights terminated tend to have experienced substantial early childhood trauma, the need to have mental health supports at varying times throughout their life should be expected – even if those children were adopted by individuals/couples that greatly cared about them.

As the FCRO has stated in many past annual and quarterly reports, Nebraska needs to do a better job of providing families needed access to mental health services. The State needs to consider the number of mental health practitioners who are able to take on new patients when a crisis arises or in order to avert a crisis, the number who are affordable to persons of all socio-economic classes, and the number who are located in or near local communities statewide as it works to improve access.

# GUARDIANSHIP

## Number of reviewed children that had a prior guardianship

There were 68 children reviewed by the FCRO during Jan-June 2014 that had a guardianship prior to their current entry into out-of-home care.

Dates regarding those guardianships were only available for 37 of those children. The reasons for this varied; however, some of the children entered a guardianship in Nebraska prior to coming into the child welfare system, others entered into guardianships in other states and later entered the Nebraska child welfare system.

## Type of pre-guardianship placement

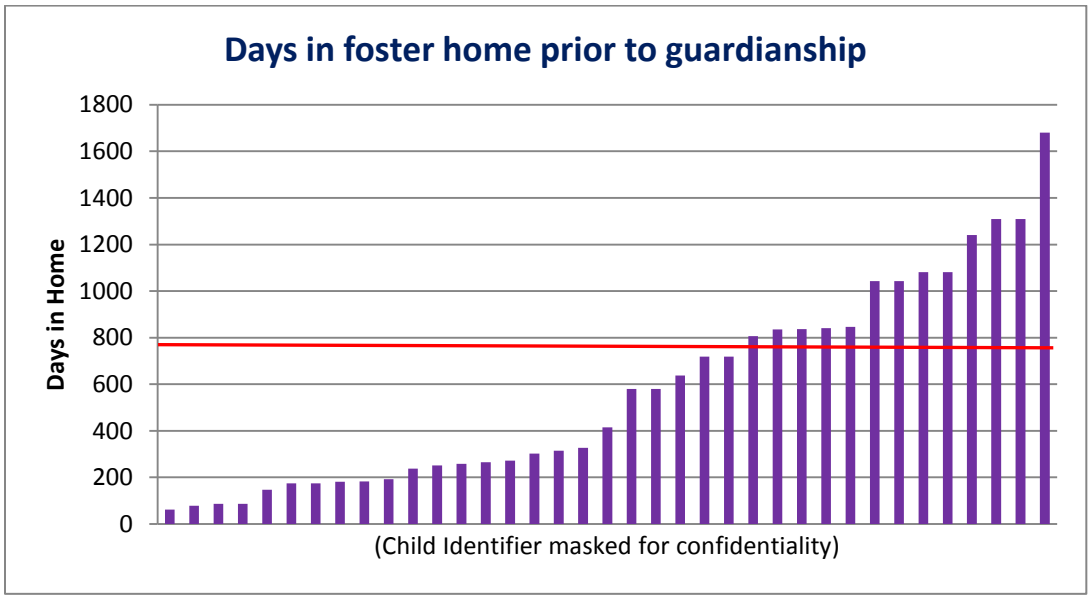
For the 37 children whose dates of guardianship was known, the following shows the type of placement prior to guardianship.

- 25 children (67%) – relative/kinship
- 10 children (27%) – non-relative foster family home
- 2 children (5%) – unable to determine

## Days in the foster home prior to guardianship

Facts regarding the number of days in the foster home prior to guardianship:

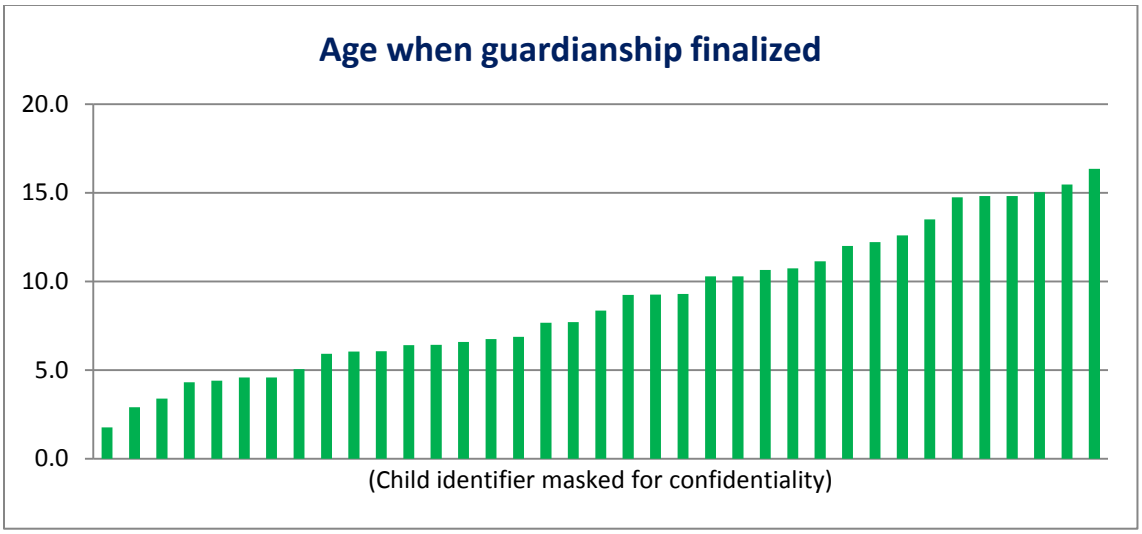
- Children averaged 573 days (1.57 years) in the home prior to the finalization of the guardianship.
- The range was 62-1,681 days.




*The red line shows the average.*

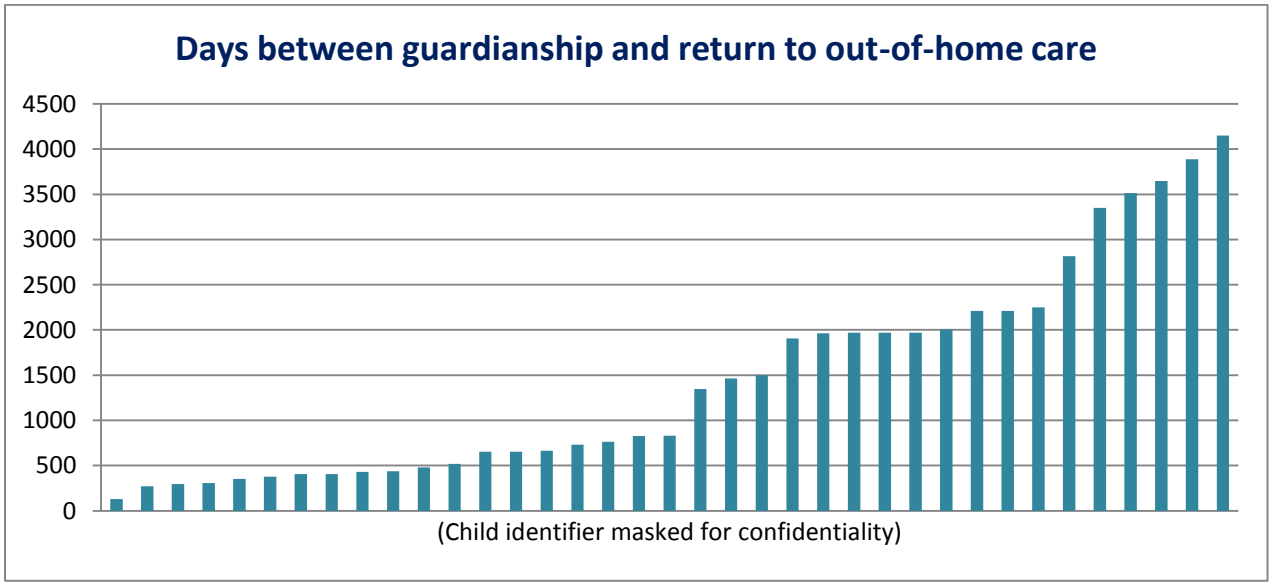
## Age at guardianship

The average age at guardianship finalization was 8.9 years (range 1.8-16.4 years).



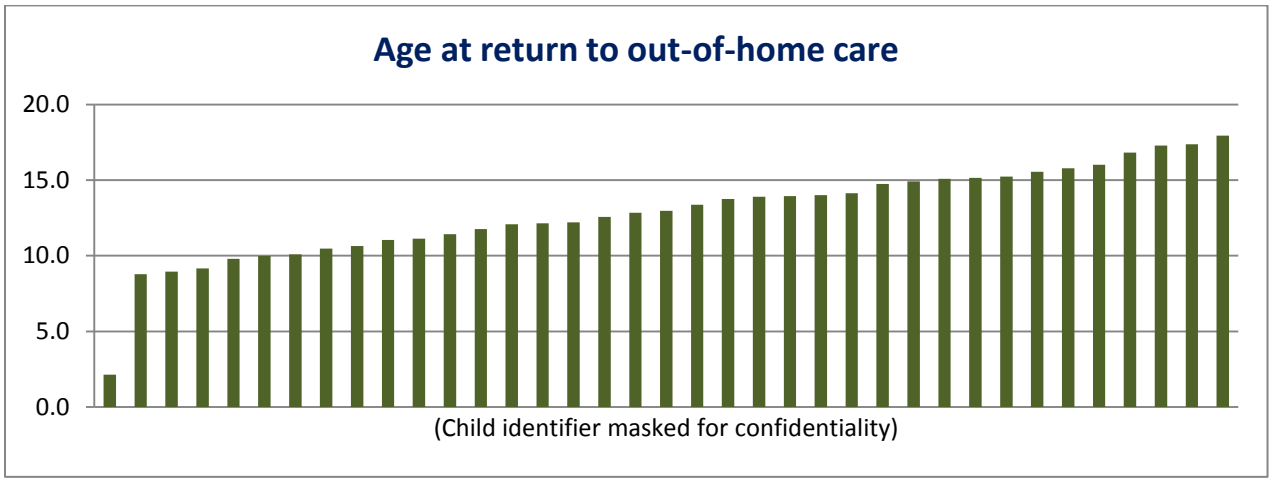

## Days between guardianship and return to out-of-home care

Children averaged 1,450 days (3.97 years) between the guardianship and a return to out-of-home care. The range was 129-4,151 days.



## Age at return to care

The average age at return to care was 12.8 years (range 2.1-18.0 years).




## Issues that resulted in children's return to care

Reasons for children's return to out-of-home care after a guardianship disruption included:

- In 57% of the cases, the child had mental health and/or behavioral issues.
- In 24% of the cases, the parent had sought dissolution of the guardianship and then was unable to maintain the child safely in the home.
    - It is important to remember that it is much easier to dissolve a guardianship than an adoption.
- In 20% of the cases, the guardians were abusive or allowed abuse to occur within their home.
- In 5% of the cases, the guardianship disrupted when the guardians divorced.
- In the remaining cases, there were other issues present such as the declining health of the guardian, guardians unable to meet some financial needs, and the inability to cope with older youth who has developmental delays.

***The next section describes a collaborative project looking at children in prolonged "trial home visits", which are returns to parental care with continued court and department oversight.***

# Section III.

# Trial Home Visits in Nebraska – A Collaborative Study

## A. Background

### 1. Definition of a Trial Home Visit

The Nebraska Department of Health and Human Services defines a trial home visit as "*a court involved youth that goes from an out of home placement back to his/her custodial parent. During this period the youth remains a ward of the state and continues to receive services*."

Federal AFCARS defines a trial home visit as "The child has been in a foster care placement, but, under title IV-E agency supervision, has been returned to the principal caretaker for a limited and specified period of time."[12] A trial home visit is intended to be a short term option in preparation for returning the child home permanently.[13]

In many other states, a trial home visit is time-limited in statute to be 30-, 60-, or 90-days, at which time court jurisdiction is automatically terminated unless a new action is filed with the court. In Nebraska there is no such statutory requirement, nor do court orders routinely specify the length of time during which the child will be on the trial home visit.

### 2. Study Overview

In January 2014, at the request of the Nebraska Department of Health and Human Services (DHHS), Casey Programs[14] initiated a study on how the use of trial home visits (using the DHHS definition) impacted time to case closure and reunification.

Statewide data had shown a number of children remaining under DHHS supervision and the custody of the court for 6-, 9-, and more than 12 months after being returned to their parents' home through a trial home visit.

Casey Program Consultants Bill Stanton and Judge Joanne M. Brown worked with a core group of local experts consisting of Vicki Weisz of the Court Improvement

[12] AFCARS technical bulletin # 1 on data elements, Feb. 2012, page 10.
[13] Federal Child Welfare Policy Manual, Feb. 6, 2013, section 8.3c.5.
[14] Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building communities of hope for children and families. Casey Family Programs is partnering in all 50 states to support the safety and success of children and families.

Project; Lindy Bryceson, Doug Beran, Sherrie Spilde, and Camas Steuter from DHHS (Children and Family Services Division); and Kim Hawekotte, Director of the Foster Care Review office to organize and conduct the study. **We thank Judge Brown for her work organizing the collaboration and creating the first draft of this report**.

## a. Scope and Process of the Study

DHHS data staff generated a series of reports which queried demographic factors relating to children in trial home visits, e.g., total time in care, number of removals, age, and judicial assignment.[15] Douglas and Lancaster County were then selected as the pilot counties for the study based on their being the primary state population centers. Per 2014 Census Data, Douglas County has 30% of the children in Nebraska, and Lancaster County has 15% of the children, for a combined total of 45% of the children in Nebraska.

## b. Assessment of information

Between the months of March and June 2014, in order to supplement the data and provide context for the decision making about those cases with children in trial home placements, interviews and focus groups were conducted in both counties.

Five large focus groups were convened in Lincoln (Lancaster County) with ongoing social workers, ongoing supervisors, investigation unit social workers and investigation unit supervisors. A separate focus group was conducted with attorneys who practice in Lancaster County representing children, guardians ad litem (GALs), and attorneys from the County Attorney's Office.

In Omaha (Douglas County), a large focus group of social workers and supervisors employed by Nebraska Families Collaborative (NFC) was convened. Attorneys representing parents, GALs, and attorneys from the Office of the County Attorney were invited to participate in a focus group to discuss the impact of trial home visits from their perspectives. DHHS management was interviewed as well.

Consultants also met with Douglas County Juvenile Court Judges individually to discuss their philosophy about the purpose of trial home visits and how these contributed to the goal of timely permanency for all children.

[15] In 2014, the Foster Care Review Office had no jurisdiction to independently track or review cases of children placed with their parents; therefore, data regarding which children were in a trial home visit came from DHHS. When LB265 is implemented in late August 2015, the FCRO will be granted this authority.

Summaries of the focus groups and interviews were shared with the core group. Some of the common themes are highlighted below:

- DHHS is viewed as a "huge safety net" for families because the necessary services are sometimes not directly available to families due to eligibility requirements, inadequate funding, and limited specialized services.
- Sustainability in the home is the primary concern for many judges. This leads to expansion of case plans to include additional requirements before a case can be closed and more time under judicial supervision. As one respondent stated, "It's always safer to go with a more restrictive recommendation than a less restrictive one" so case closure is not always recommended as early as it could be.
- Advocacy by attorneys for parents is inconsistent.
- GALs have a loud voice in the court and sometimes have more credibility with the judges than social workers. As one social worker stated, "We lost so much expertise and experience over the past 5 years that in many cases the attorneys and judges do know much more about the case than we do."
- Often the focus in court is on "…what the department [DHHS] has or has not done rather than on what the parent needs to do or has done…we forget what parents came into the system for and get away from the adjudicated issues to trying to make the perfect parent."
- Social workers have felt that "Some judges don't trust our recommendations and make working with parents more difficult by the way we are treated in court."

### c. The file review process

Based on assessment of the information gathered from all these sources, the core group decided that more quantitative and qualitative information was necessary to reach any conclusions.

The group agreed that a case by case file review would be used to obtain case level data regarding how trial home visits were impacting time to permanency. The goal of the review was to obtain specific information about the use of trial home visits and why certain cases were not closed at the first review but remained under the supervision of the court and custody of DHHS for 6, 9 or 12 months or longer. The core group constructed a file review instrument which gathered specific information about each family and information on systemic issues.

It was also decided to include only those cases where the child had been in a trial home visit for more than six months based on the statewide data showing that the majority of cases were closed within six months in trial home visit.

The File Review Instrument asked structured questions for cases with children in trial home visit status for **more than six months** in four categories:

1) Family demographics.
2) Reasons for entering care or later identified reasons.
3) DHHS recommendations (case closure or continue in trial home placement).
4) Issues keeping cases open, i.e., parents' case plan and services, court and legal issues, and issues related to DHHS.

## d. Case manager interviews

The review at both locations was conducted by a three person team involving members of the core group and the consultants. In addition to the review of the actual case files, the social worker currently assigned to each case and his/her supervisor were interviewed during the file review in order to make sure that information was being properly interpreted.

The challenges involved in working with some families towards reunification were discussed; however, there was consensus among social workers and supervisors that the majority of these cases were not being recommended for closure either because additional time was needed by a parent to complete services or it was believed that additional time was needed to establish family stability (22/41 or 55%). It was believed that this was a good reason to keep the case in trial home visit status and under judicial oversight. This opinion was even more significant in **Lancaster County** (74%) than in **Douglas County** (38%).

In **Douglas County**, child custody issues were identified by social workers and supervisors as the most significant impediment to case closure (43%) versus 16% in **Lancaster County**. In these cases there is a lack of clarity as to which court (district, county, or juvenile) has jurisdiction over matters of establishing custody with the parent who is currently non-custodial when the custodial parent of a state ward is found to be unable or unwilling to safely parent the child.

Continuing issues related to parental substance abuse were identified in 30% of the cases overall.

***The following summarizes the findings in regard to each of the four categories above.***

# B. File Review Findings

## 1. Demographics of the families

There were 41 families from Douglas and Lancaster counties with children in trial home visit status for more than six months. All were reviewed. That included 22 families from Douglas County and 19 families from Lancaster County. Of these, 12 families (30%) were no longer in DHHS custody at the time of the review, six each from Douglas and Lancaster Counties. Further,

- Each family had an average of three (3) children who had been removed and returned on trial home visit.
- The average age of children involved was 9 years old.

### a. Race

Information on the race of the children was gathered, as shown on the chart below. The chart also compares the general population of all of Nebraska's children, and children in out-of-home care at the end of June 2014 to the population in this study. The chart clearly shows a disproportionate number of children of color in out-of-home care, and a further disproportionality in the trial home visit group. Reasons for this disproportionality were not determined.

| Race | Nebraska children in the general population | Children in out-of-home care on June 30, 2014 [16] | Children in trial home visit for 6 months or longer |
|---|---|---|---|
| American Indian | 2% | **5%** | **15%** |
| Asian | 2% | <1% | 3% |
| Black | 6% | 19% | 15% |
| White | 86% | 62% | 45% |
| Other, biracial or undesignated | 4% | **13%** | **22%** |

[16] Source: Foster Care Review Office Annual Report, issued December 2014.

## b. Time with parent

Facts were gathered regarding the number of days the child had been placed with a parent on the trial home visit at the time of the file review. This does not include the time children spent in out-of-home placement(s).

The age group category in the chart below indicates the age of the youngest child from the family that was placed with a parent. Thus, if the family had a 3-year old and a 7-year placed with the parent, the category recorded would be the age 0-5 group.

There were 8 families with the youngest child age 0-5, 21 families with the youngest child age 6-12, and 11 families with the youngest child age 13 or older. The overall average time a child was placed with a parent was 480 days, the median was 396 days.

| **Age group** (by youngest child) | **Average Days With Parent** | **Median Days With Parent** |
|---|---|---|
| Age 0-5 | 444 | 467 |
| Age 6-12 | 377 | 314 |
| Age 13-18 | 686 | 463 |

## c. Fathers

Data was not collected regarding how many cases had active involvement by children's fathers.

## d. Reasons children entered out-of-home care

Reviewers could select multiple reasons entered care for a family. By percentage of issues overall, the most common issues overall for entering care/later identified issues were 1) neglect,[17] 2) domestic violence, and 3) parental drug or alcohol use. [Reviewers could pick alcohol use, drug use, or both].

- By percentage of issues identified in Douglas County, neglect was the primary issue (71%), followed by parental alcohol use (38%) and domestic violence (33%).
- In Lancaster County, domestic violence (58%) was the primary, followed by neglect (53%) and parental drug use (37%).

[17] Neglect is a broad category of parental acts of omission or commission that result in the failure to provide for a child's basic physical, medical, education, and/or emotional needs, including the failure to provide adequate supervision.

| Reasons These Children Entered Out-of-Home Care | | | |
|---|---|---|---|
| **Reason** | **Total families** | **Douglas County** | **Lancaster County** |
| Neglect | **25 (63%)** | **15 (71%)** | **10 (53%)** |
| Domestic violence | **18 (45%)** | **7 (33%)** | **11 (58%)** |
| Parental drug use | **13 (33%)** | 6 (29%) | **7 (37%)** |
| Parental alcohol use | 12 (30%) | **8 (38%)** | 4 (21%) |
| Child's behavior | 11 (28%) | 6 (29%) | 5 (26%) |
| Parental meth use | 8 (20%) | 3 (14%) | 5 (26%) |
| Child mental health | 7 (18%) | 4 (19%) | 3 (16%) |
| Parental mental health | 6 (15%) | 5 (24%) | 1 (5%) |
| Parental incarceration | 5 (13%) | 4 (19%) | 1 (5%) |
| Sexual abuse | 5 (13%) | 4 (19%) | 0 (0%) |
| Physical abuse | 5 (13%) | 1 (5%) | 4 (21%) |
| Sibling abuse | 2 (5%) | 0 (0%) | 2 (11%) |
| Abandonment | 1 (3%) | 1 (5%) | 0 (0%) |
| Relinquishment | 1 (3%) | 1 (5%) | 0 (0%) |
| Child physical illness | 1 (3%) | 1 (5%) | 0 (0%) |
| No fault adjudication | 1 (3%) | 0 (0%) | 1 (5%) |
| Other (e.g., educational neglect, failure to protect, truancy) | 9 (23%) | 4 (19%) | 5 (26%) |

Note: reviewers could indicate multiple reasons for entering care; percentages will not equal 100%.

## e. DHHS recommendations to the court to close the case

A threshold question that the core group considered was whether DHHS was recommending in its reports to the court that trial home visit cases be closed after six months and what impacted the recommendation of case closure. The Case Review Instrument attempted to gather both quantitative and qualitative information about this question.

Data was collected regarding case closure at the first hearing for 30 of the 41 cases. The data collected indicated that DHHS did not recommend case closure **at the first hearing** following the child's return home in 27 **(90%)** of cases, and did recommend case closure in 3 **(10%)** cases. [The other 11 cases were either marked as "other" or were missing data.]

Overall, case closure was recommended in at least one hearing since the child or children were returned home on a trial visit in only 13 (33%) cases. In all other cases (28), the files indicated that the agency had not yet recommended case closure. The following chart indicates this by County.

| Timing of Recommendation to Close the Case | Douglas County | Lancaster County |
|---|---|---|
| Case closure recommended at first hearing after reunification | 3 of 22 cases (14%) | 0 of 19 cases |
| Case closure recommended at least once following the child's return home | 6 of 22 cases **(29%)** | 7 of 19 cases **(37%)** |
| Case closure not recommended | 13 of 22 cases (59%) | 12 of 19 cases (63%) |

The question remains as to why there are not recommendations for case closures in more of these cases.

## f. SDM (Structured Decision Making) findings

SDM is a proprietary set of evidence-based tools that DHHS is using to assist with decision-making at various stages of a child's case, including at decisions to request courts to close the case.

### SDM Safety Assessment

The SDM Safety Assessment guides the decision of whether or not a child may safely remain in the home, the ability to offer interventions to mitigate a safety threat, or if the child must be placed in protective custody.

There are three possible findings:

- "**Safe**" indicates that no safety threats are identified at this time.
- "**Conditionally safe**" means that one or more safety threats are present, safety interventions have been identified, and the interventions were agreed to by the caregivers.
- "**Unsafe**" indicates that one or more children will likely be in imminent danger of serious harm if they remain in the home without intervention.

In the most recent Safety Assessment for these cases, overall:

- 23 (64%) of the assessments indicated that the child was "**safe"**.
- 4 (11%) indicated that the child was "**conditionally safe"**.
- 9 families (25%) were rated as having at least one child that was "**unsafe"**. This finding needs some explanation as it does not necessarily mean that children were at imminent risk of harm.
    - In some cases one or more children from the family could return home safely while one or more of their siblings could not due to individual case circumstances. An example might be where one

sibling was having significant behaviors that required continued out-of-home treatment, but the rest of the siblings could safely be returned to the parental home.
    - In some of these cases children would not be safe if returned to one parent but would be safe with the other parent. Sometimes custody needs to be resolved in these cases, sometimes they can reunify with the parent deemed to be a safe placement without custody issues.
- In 2 families either they were returned to the parent prior to SDM being implemented, or the SDM assessment was not documented.
- A question that remains unanswered is whether the "safe" children are the ones where case closure is recommended or not?

The following chart shows the county breakdown.

| Finding | Douglas County | Lancaster County | Totals |
|---|---|---|---|
| Safe | 11 cases | 12 cases | 23 cases |
| Conditionally Safe | 1 case | 3 cases | 4 cases |
| Unsafe | 6 cases | 3 cases | 9 cases |
| Unable to Determine | 1 case | 1 case | 2 cases* |

*Either occurred prior to SDM Safety Assessments being implemented or was not documented in a retrievable manner.

## SDM Risk Assessment

The SDM Risk Assessment determines if a family is at very high, high, moderate, or low probability of abusing or neglecting their children in the future (1-2 years). Families with high or very high risk need ongoing services.

The initial risk assessment is to be completed within 30 days of a report of child abuse or neglect is accepted by DHHS. The in-home risk assessment is to be done every 90 days following the completion of the initial risk assessment or more frequently if needed. It assists in determining the amount and intensity of the services needed, and whether the services are mitigating risk.

| Finding | Douglas County | Lancaster County | Totals |
|---|---|---|---|
| Low risk | 4 cases | 1 case | 5 cases |
| Moderate risk | 9 cases | 14 cases | 23 cases |
| High risk | 3 cases | 4 cases | 7 cases |

| | | | |
|---|---|---|---|
| Very high risk | 0 cases | 0 cases | 0 cases |
| Unable to determine | 6 cases | 0 cases | 6 cases* |

*Either occurred prior to SDM Risk Assessments being implemented or was not documented in a retrievable manner.

## C. Issues keeping the cases open

From the trial home visit review form, the group was able to quantify which identified issues were keeping each case open. These are issues that were identified from the review of the case file, not in the interviews with the workers or DHHS legal division staff. Please note that some of the issues that were identified in the case file review were determined not to be as important in the later interviews.

Reviewers could identify multiple issues for each family; there was no restriction on how many reasons were selected. The chart below shows the top 3 issues. It is followed by more information on the different types of issues that could be selected.

| Rank | Statewide | Douglas County | Lancaster County |
|---|---|---|---|
| 1. | Child custody issues (33%) | Unresolved child custody issues (52%) | Case management issues (74%) |
| 2. | Court delays and continuances (25%) | Mother refuses to engage in services consistently (29%) | Father is making inconsistent progress on adjudicated issues (26%) |
| 3. | Father is making inconsistent progress on adjudicated issues (23%) | Mother is making inconsistent progress on adjudicated issues (29%) | Court delays and continuances (26%) |

### 1. Child Custody, Court Delays, and Other Legal Issues

The most common issues cited relating to the courts or the law were court continuances; unresolved child custody issues (25% each overall); and court's expressed desire to monitor sustainability of family stability.

Each of these issues had been identified in the focus groups and interviews and specifically listed as a separate category in the File Review in order to get more detailed information about the impact of the courts and legal issues on the length of trial home visits and in specific cases.

Unresolved child custody issues was the primary court/legal reason in **Douglas County** (52%) and continuances was the primary court/legal reason in **Lancaster County** (26%).

The following chart provides more details.

| Issue | Overall | Douglas County | Lancaster County |
|---|---|---|---|
| Unresolved child custody issues | 13 **(33%)** | 11 **(52%)** | 2 (11%) |
| Court delays and/or continuances | 10 (25%) | 5 (24%) | 5 **(26%)** |
| Court wants to monitor the sustainability of family stability | 5 (13%) | 3 (14%) | 2 (11%) |
| Juvenile judge will not hear child custody issues | 2 (5%) | 2 (10%) | 0 (0%) |
| ICWA (Indian Child Welfare Act) issues | 1 (3%) | 1 (5%) | 0 (0%) |
| Waiting appellate decision | 1 (3%) | 1 (5%) | 0 (0%) |
| Other | 1 (3%) | 0 (0%) | 1 (5%) |

## 2. DHHS/Lead Agency Issues Impeding Permanency

One of the primary reasons contributing to delays in reunification and increasing time in care was recognized to be social worker turnover, ineffective case management, and delay in providing services to the child. Overall, this was identified in 11 of the 41 cases. This was identified more often in Lancaster County; however, this information was incomplete due to the instrument format which was not uniformly completed regarding this question.

## 3. Parents' Case Plan, Services, and Progress

The three most common case plan and service issues identified overall (by percentage of Services identified overall) were:

1. Father is making inconsistent progress.
2. Mother is making inconsistent progress.
3. Mother refuses to engage in services consistently.

The three most common case plan and service issues identified in Douglas County (by percentage of issues identified in Douglas County) were:

1. Mother refuses to engage in services consistently.
2. Mother is making inconsistent progress on adjudicated issues.

3. Father refuses to engage in services consistently/mother's substance abuse.

The most common case plan and service issues in Lancaster County (by percentage of issues identified in Lancaster County) were:

1. Father is making inconsistent progress.
2. Mother is making inconsistent progress/mother needs time to complete services/mother's lack of adequate income/employment.

The following chart shows the findings regarding the **mother**, in order by overall ranking.

| **Issues Regarding the Mother** | | | |
|---|---|---|---|
| **Issue** | **Overall** | **Douglas County** | **Lancaster County** |
| Mother is making inconsistent progress on adjudicated issues | **8 (20%)** | **6 (29%)** | 2 (11%) |
| Mother refuses to engage in services consistently | **7 (18%)** | **6 (29%)** | 1 (5%) |
| Mother substance abuse | 6 (15%) | **5 (24%)** | 1 (5%) |
| Mother needs time to complete services | 5 (13%) | 3 (14%) | 2 (11%) |
| Mother's lack of adequate income/employment | 5 (13%) | 3 (14%) | 2 (11%) |
| Mother mental health | 4 (10%) | 4 (19%) | 0 (0%) |
| Mother's lack of stable housing | 3 (8%) | 2 (10%) | 1 (5%) |
| Mother lacks funds for needed services/housing | 2 (5%) | 2 (10%) | 0 (0%) |
| Mother domestic violence | 1 (3%) | 0 (0%) | 1 (5%) |
| Mother gave birth to another child | 1 (3%) | 0 (0%) | 1 (5%) |
| Other issues with mother | 7 (18%) | 3 (14%) | **4 (21%)** |

The following chart shows the findings regarding the **father**, in order by overall ranking.

| Issues Regarding the Father | | | |
|---|---|---|---|
| **Issues** | **Overall** | **Douglas County** | **Lancaster County** |
| Father is making inconsistent progress on adjudicated issues | **9 (23%)** | 4 (19%) | **5 (26%)** |
| Father refuses to engage in services consistently | 6 (15%) | **5 (24%)** | 1 (5%) |
| Father needs time to complete services | 5 (13%) | **4 (19%)** | 1 (5%) |
| Father substance abuse | 3 (8%) | 2 (10%) | 1 (5%) |
| Father domestic violence | 2 (5%) | 1 (5%) | 1 (5%) |
| Father returning from long term incarceration | 2 (5%) | 1 (5%) | 1 (5%) |
| Father lacks funds for needed services/housing | 2 (5%) | 2 (10%) | 0 (0%) |
| Father current criminal charge | 1 (3%) | 1 (5%) | 0 (0%) |
| Father's lack of adequate income/employment | 1 (3%) | 1 (5%) | 0 (0%) |
| Father's lack of stable housing | 1 (3%) | 1 (5%) | 0 (0%) |
| Father cultural concerns | 1 (3%) | 1 (5%) | 0 (0%) |
| Other issues with the father | 3 (8%) | 1 (5%) | 2 (11%) |

The following chart shows the findings regarding the children.

| Issues Regarding the Child | | | |
|---|---|---|---|
| **Issues** | **Overall** | **Douglas County** | **Lancaster County** |
| Concerns regarding siblings | 4 (10%) | 3 (14%) | 1 (5%) |
| Services not provided for child | 1 (3%) | 1 (5%) | 0 (0%) |

## D. Recommendations Regarding Trial Home Visits

In conclusion, while recognizing the tremendous commitment and dedication of DHHS management and social workers to strengthening Nebraska families, this study led the consultants and core group to formulate a number of recommendations designed to improve systemic issues.

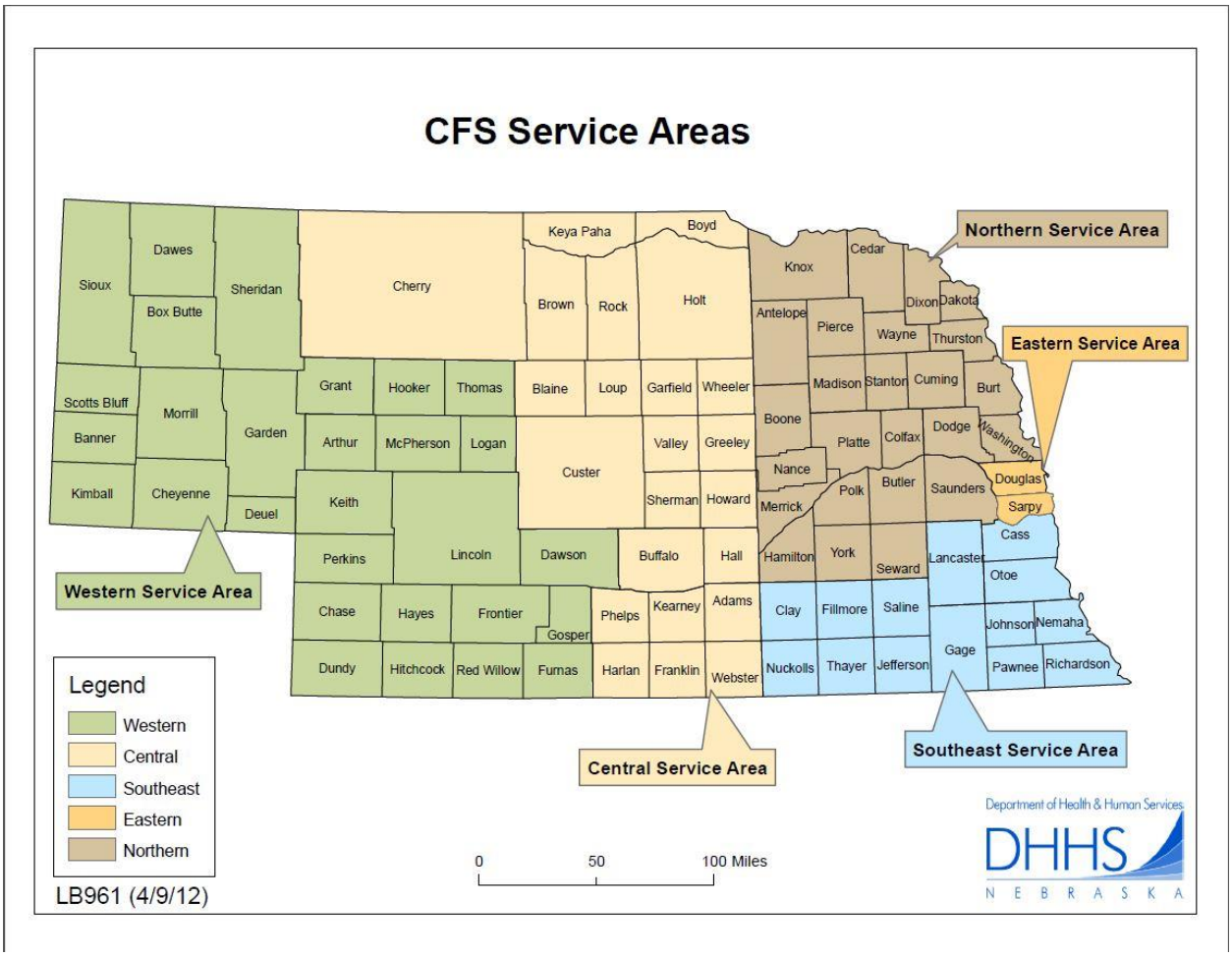
These recommendations provide guidance for daily actions of case managers and supervisors, the CPS CQI process, training, assignment, and collaboration, even though there was a relatively small number of cases that had trial home visits extending past six months and the focus of the study was on only the two largest counties by population.

You can find a detailed list of the recommendations in the Executive Summary (beginning on page 4).

# Appendix A

## Service Area Definitions

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



# Appendix B

# Foster Care Review Office

## Mission Statement

The Foster Care Review Office's mission is to ensure the best interests and safety needs of children in out-of-home care are being met through maintaining a statewide independent tracking system; conducting external citizen reviews; disseminating data, analysis, and recommendations to the public, the child welfare system, and the Legislature; and monitoring youth placements.

## Vision

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

## Purpose for the FCRO Tracking System

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

## Purpose of FCRO Reviews

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

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


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