The Nebraska Foster Care Review Office Annual Report

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

December 1, 2017

This Annual Report is dedicated to the 340+ Foster Care Review Office local board members that meet each month to review children's cases; the FCRO staff members that facilitate the citizen review boards, enable the collection of the data described in this report, and promote children's best interests; and everyone in the child welfare system who works each day to improve conditions for children in out-of-home care.

Advisory Committee Members

(All Volunteers)

- Michelle Hynes, J.D., Dakota City, local board member (term 3/2/2015 to 3/1/2018)
- Dr. Michele Marsh, Omaha, citizen at large (term 6/30/2017- 3/1/2018)
- Dr. Timothy Robinson, PhD., J.D., Omaha, data expert (term 4/5/2017 - 3/1/2020)
- Peggy Snurr, Beatrice, local board member (term 9/18/2017 - 3/1/2020)
- Craig Timm, Omaha, local board member (term 3/2/2015 - 3/1/2018)

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Foster Care Review Office
Annual Report on the Status of
Nebraska's Children and Youth in Foster Care

Respectfully submitted as required under Neb. Rev. Stat. §43-1303(4)

This report contains the Foster Care Review Office's (FCRO) independent data and analysis of the child welfare system with recommendations for system improvements.

FCRO staff track children's outcomes and facilitate case file reviews. Local board members, who are community volunteers that have completed required instruction, conduct case file reviews and make required findings. In fiscal year 2016-17 (July 1, 2016-June 30, 2017), local board members:

- Conducted **3,757 reviews of cases involving 3,047 NDHHS wards** in out-of-home care; [1,2]
- Conducted **649 reviews** of cases involving NDHSS wards who were in a **trial home visit**;[3] and,
- Conducted **295 reviews of youth in out-of-home care under the Office of Probation Administration** who had no simultaneous child welfare system involvement.

The basic overriding premise for all stakeholders is to "do no more harm" to any child. Through oversight by the FCRO, data is collected on children in out-of-home care or on a trial home visit with the goal of ensuring that no more harm comes to our children while in out-of-home care. As a state, we need to ensure children are better off when they leave out-of-home care than when they entered.

[1] Out-of-home care is 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes but is not limited to foster family homes, foster homes of relatives, group homes, emergency shelters, residential treatment facilities, child-care institutions, pre-adoptive homes, detention facilities, youth rehabilitation facilities, and runaways from any of those facility types. It includes court ordered placements and non-court cases. Children placed with their parents but under the supervision of the courts or NDHHS are not included as they are no longer in substitute care away from their parents. The FCRO uses the term "out-of-home care" to avoid confusion because some researchers and groups define "foster care" narrowly to be only care in foster family homes, while the term "out-of-home care" is broader.

[2] Children are typically reviewed once every six months for as long as they remain in out-of-home care; therefore, some children will have two reviews during a 12-month period.

[3] A trial home visit is the placement of a court-involved child who goes from an out-of-home placement back to his or her legal parent or parents or guardian but remains a ward of the state. [Source: Neb. Rev. Stat. 43-1301(11)] This applies only to NDHHS wards, not to youth who are only under Probation.

NDHHS State Wards in Out-of-Home Care

On June 30, 2017, there were 3,960 children (NDHHS wards) in out-of-home care or trial home visit in Nebraska, most of whom had experienced a significant level of trauma prior to their removal from the parental home. **Some of the key data indicators and relevant changes regarding NDHHS out-of-home state wards are discussed below.**

Increase in state wards out-of-home

- Overall, there has been a **5.1% increase** in state wards in out of home care when comparing July 2016 to June 2017, however this increase is not equally distributed throughout the state. The Western Service Area has seen the largest increase (**22.5%**), followed by the Southeast Service Area (**12.0%**). The Eastern Service Area, which consists of Douglas and Sarpy counties, has had the most stable population over the previous fiscal year. (Page 2)

Demographics

- Disproportionality continues for Native American (**5.5%** in out-of-home, 2.3% in Census) and Black (**15.4%** in out-of-home, 6.2% in Census) children. (Page 10)
- **40.7%** of children in care June 30, 2017, were ages 0-5. (Page 11)

Safety

- **63.0%** of children were removed from home due to neglect per their adjudication.[4] In **13.7%** of cases where the adjudication reason is neglect, parental substance abuse has been identified as an underlying issue without a corresponding adjudication. Similarly, non-adjudicated parental ability issues are identified in **10.8%** of neglect adjudications. (Pages 22, 24)
- **17.0%** of children's cases could and should achieve permanency quickly if the system were meeting their needs, which includes 155 children who should return to parent and 485 children who should have adoption, guardianship, or other permanency finalized. (Page 26)
- **96.5%** of children are placed in a home-like setting, with **49%** of the children placed in a relative or kinship home. (Page 28)
- **15.7%** of children had 4 or more placements since their most recent removal from the home. (Page 30)
- **10.0%** of children that moved from foster placement to foster placement did so due to allegations of abuse or neglect in the foster placement. (Page 31)

Permanency

- **96%** of the cases reviewed had a court-ordered case plan with specific services and tasks. **This is a significant improvement** compared to 87% in 2016. (Page 37).
- It is unacceptable that for **29.9%** of the cases reviewed clearly **no progress** towards permanency was being made, and for another **26.9%** only the most **minimal**

[4] 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.

progress is being achieved. There was no improvement since the last fiscal year. (Page 39)

- From an entry cohort[5] it was determined that **36.8%** of children had experienced 3-4 caseworker changes during one removal, and **16.8%** had experience 5 or more caseworker changes. (Page 43)
- Slightly more than **1/3rd of parents** (35.3% mothers, 34.9% fathers) court-ordered to have visitation were not consistently visiting their children. (Page 46)
- **67%** of mothers and **58%** of fathers were compliant with court ordered services. (Page 47)
- **23%** of children in out-of-home care on June 30, 2017, had been removed from their home more than once. That is an **improvement** from June 2016 when it was **28%**. (Page 49).
- **65.2%** of cases reviewed were adjudicated within 3 months as statute requires. (Page 52)
- **91.1%** of the cases had courts that did conduct timely permanency hearings, but in only **8.2%** of the cases was documentation found regarding the statutorily required exception hearing being conducted. (Page 54).
- **27.3%** of children that left care during FY2016-17 had been in out-of-home care for two years or longer. There has been no significant improvement. (Page 57).
- **49.6%** of children exiting care during FY2016-17 by reunification with parents had been in out-of-home care for over a year; and **10.4%** had been in care for over two years. (Page 60)
- **64.5%** of children exiting care during FY2016-17 by adoption had been in out-of-home care for two years or longer. For guardianships **29.1%** had been in out-of-home care for two years or longer. (Page 60)
- **61.3%** of children exiting care during FY2016-17, were reunified with a parent. (Page 60)

Well-being

- In **17.8%** of the cases with siblings not living in the same foster home there was insufficient information to determine if sibling contacts occurred or not. (Page 63)
- **42%** of children had a professionally diagnosed mental health and/or trauma related condition. This has remained constant for the past three years. (Page 65)
- **41%** of children were prescribed psychotropic medication at the time of their most recent FCRO review. (Page 65)
- Only **66%** (34 of 51 children) that were qualified for NDHHS Developmental Disabilities Services were receiving those specialized services. (Page 66)
- **31%** of school-aged children were either not on target in school or the FCRO was unable to determine if they were on target. (Page 68).
- **40%** of youth reviewed that had a change of foster home in the prior six months also changed schools. (Page 68)

[5] The entry cohort included children that entered foster care during FY2015-16 and remained in care for over 7 days.

NDHHS State Wards in Trial Home Visit

Nebraska statutes define a trial home visit (THV) as "a placement of a court-involved juvenile who goes from a foster care placement back to his or her legal parent or parents or guardian but remains as a ward of the state".

The FCRO conducted **649 reviews** of children in a trial home visit during FY2016-17. These are some of the findings based on the case reviews completed.

Safety and Progress

- **89.1%** of the children reviewed were found to be safe in their parental home and progress was being made in **81.8%** of the parental homes. (Page 71)
- In **25.9%** of the cases reviewed (168 children), it was determined that the case could be closed but for reasons yet to be analyzed the case remained open. (Page 71)

Youth in Out-of-Home Care Supervised by the Office of Probation Administration

The FCRO conducted case file reviews on **295 youth in FY2016-17.** These are some of the findings based on the case reviews completed.

Average daily population

- The average daily population of Probation youth in out-of-home care (which included those with simultaneous involvement with NDHHS and those placed at the YRTCs) decreased by 0.9% when comparing July 2016 to June 2017. The average daily population fluctuated between a **low of 959** in September of 2016 to a **high of 1081** in May of 2017. Most of the youth are from the Omaha or Lincoln areas. (Page 4)

Demographics

- Youth who are Black or African American make up 5.9% of Nebraska's population, but **24.1%** of the Probation supervised youth in out-of-home care. American Indian youth, who are 1.9% of Nebraska's youth population, are **6.2%** of the out-of-home population. (Page 13)
- **32%** of the youth placed outside the parental home are under 16 years of age. (Page 14)

Reasons for Out-of-Home Care

- **9.6%** (28 of 295) of the youth reviewed were in out-of-home care in response to a status offense only.[6] (Page 73)
- **81%** of youth reviewed had a mental health or trauma-related condition. (Page 73)

Previous Involvement with NDHHS

- **32%** of the youth reviewed had previous involvement with the child welfare system through a child welfare court proceeding. (Page 74)

Types of Placements

- **11.9%** of the youth reviewed were in a home-like setting, the rest were in some form of congregate care. (Page 75)
- **36.9%** of the youth reviewed were in a non-treatment congregate care facility. (Page 75)

[6] A status offense is something a youth can be charged with that an adult cannot. Examples include truancy and uncontrollable behaviors.

Youth Characteristics

- **54.2%** of the youth reviewed were in the moderate risk to reoffend under the YLS/CMI while **26.8%** were in the high or very high risk to reoffend category. (Page 75)
- **56.7%** of the barriers to successful completion of Probation involved barriers specific to the youth as opposed to the system or familial issues. (Page 76)
- Youth IQ's were available on 86 of the youth reviewed. For **74** of the 86, their IQ scores were less than 100. IQ testing results are included here not to stigmatize these youth, but because it has major implications regarding obtaining and utilizing the best tools to help this substantial segment of youth law violators to self-regulate their behaviors and keep communities safe. (Page 77)

FY2016-17 RECOMMENDATIONS

Based on the above and other factors described throughout this Annual Report, the FCRO has carefully analyzed and made recommendations for each of the components in this report.

Some of the key recommendations for stakeholders from this report include:

Legislative:

1. Conduct a legislative study with the assistance of the Legal Parties Taskforce for the Nebraska Children's Commission examining changes needed to the juvenile court jurisdictional statutes found at Neb. Rev. Stat. 43-247 in order to appropriately meet the best interest of children and families.
2. Amend legislation ensuring that all youth involved with the juvenile justice system have access to court-appointed legal counsel unless waived by the youth.
3. Enact legislation requiring that all children involved in the child welfare system must attend every court hearing after adjudication. This would require all parties to be trauma-informed and sensitive to the needs of the children and youth.
4. Conduct a study on why some children in trial home visits do not achieve prompt permanency, and consider either requiring court hearings every 90 days or requiring case closure after a certain length of time.

Judicial System:

1. Improve documentation in court orders regarding findings entered as to the statutorily required exception hearing for those children who have been in out-of-home care for 15 out of the past 22 months.
2. Conduct review hearings every three months and specify in court orders what services are required for cases to be successfully completed.

NDHHS:

1. Ensure that all relative and kinship placements are required to attend specific training programs, have an avenue by which to attain a child-specific license in order to qualify for federal IV-E funding, and have necessary agency-based supports at the same level as non-relative licensed foster homes. Contracts with providers should specify these requirements including incentives for licensing.
2. NDHHS needs to complete implementation of internal processes to ensure contractual compliance by providers.

3. Ensure through its contracts that all services, particularly parenting time services, are goal-orientated and progress-driven surrounding three core principles: strengthening core life skills, developing appropriate relationships, and reducing external sources of stress. These contracts should include the utilization of outcome-based uniform reports by all service providers to effectively gauge parental progress and ability to parent their child.
4. Conduct a fidelity study into the evidence-based Structured Decision Making assessments utilized by on-going case managers in order to ensure that NDHHS and lead agency staff are appropriately completing these tools and utilizing the results to complete their statutorily required case plans.

The FCRO encourages everyone involved in the child welfare system to consider all policies and practices to ensure that each child is better off when he or she leaves out-of-home care than they were when they entered.

Similarly, the FCRO encourages all involved with youth in juvenile justice who are placed out-of-home to consider policies and practices to safely reduce risk while maintaining more youth in the familial home.

ACTION ON FY2015-16 RECOMMENDATIONS

Based on factors described through each Annual Report, the FCRO carefully analyzes and makes recommendations each year as required by statute. The following chart describes progress made on the major recommendations from the 2016 Report.

2016 Recommendation	Status 11/2017
Conduct a legislative study with the assistance of the Legal Parties Taskforce for the Nebraska Children's Commission examining changes needed to the juvenile court jurisdictional statutes found at Neb. Rev. Stat. 43-247 in order to appropriately meet the best interest of children and families.	**In progress:** 2017. The Legal Parties Task Force has just begun research on this issue and is exploring statutes from other States. **Next Steps:** Continue with the legal research. Recommendations expected by July 2018.
Conduct a legislative study with the assistance of the Legal Parties Taskforce for the Nebraska Children's Commission examining ways to improve the current prosecutorial model in juvenile court.	**Delayed until July 2018:** The Legal Parties Task Force has postponed research into this issue until the research is completed regarding juvenile court jurisdictional statutes. **Next Steps:** Research to begin in July 2018.
Enact legislation clarifying which court has jurisdiction to enter a change of custody order regarding children involved in juvenile court. This is commonly referred to as a bridge order.	**Completed:** Legislation took effect August 2017. **Next Steps:** Monitor. Discuss how much, if any, time and energy needs to be spent to rehabilitate a custodial parent if a suitable non-custodial parent exists that could provide safe care for the children.

2016 Recommendation	Status 11/2017
Amend the statutory caseload formula to ensure calculations are meaningful and more reflective of the case management supports needed for children under NDHHS supervision. Once completed, ensure that adequate funding is available to ensure compliance with these new caseload standards.	**In Progress:** NDHHS and FCRO have worked with a consultant regarding this issue. A report and recommendations were completed which must be further reviewed. **Next Steps:** Work with NDHHS to determine next steps regarding this study.
Amend legislation ensuring that all youth involved with the juvenile justice system have access to court-appointed legal counsel unless waived by the youth.	**In Progress:** Legislative Bill is pending before the Unicameral this session. Juvenile Services Committee of the Children's Commission has provided information, data, and a pilot project in order to determine the costs for the counties with this legislation. **Next Steps:** Continue to work with the Juvenile Services Committee regarding the pilot project.
Enact legislation requiring that all children involved in the child welfare system must attend every court hearing after adjudication. This would require all parties to be trauma-informed and sensitive to the needs of the children and youth.	**No Progress.**
Implement the Progression Standards for the Separate Juvenile Courts and County Courts sitting as juvenile courts as recommended to the Nebraska Supreme Court Commission for the Protection of Children in the Courts.	**Completed:** Fall of 2017 by Nebraska Supreme Court Rule §6-104. **Next Steps:** FCRO to provide oversight on the implementation of Progression Standards by all courts.

2016 Recommendation	Status 11/2017
Improve documentation in court orders regarding findings entered as to the statutorily required exception hearing for those children who have been in out-of-home care for 15 out of the past 22 months.	**In Progress:** FCRO does collect data surrounding the use of exception hearings by the courts but work needs to continue to ensure that these hearings are occurring statewide. **Next Steps:** Legal Parties Taskforce for the Children's Commission is working on proposed statutory changes to ensure that these hearings are occurring and are effective in obtaining permanency for children.
Conduct review hearings every three months and specify in court orders what services are required for cases to be successfully completed.	**Partial:** More courts are implementing this for some cases and improvements have been seen in ensuring that court orders specifically state what services are required. **Next Steps:** FCRO to determine the feasibility of conducting an analysis on the effect of more frequent hearings on timely permanency for children.
Ensure that all relative and kinship placements are required to attend specific training programs, have an avenue by which to attain a child-specific license in order to qualify for federal IV-E funding, and have necessary agency-based supports at the same level as non-relative licensed foster homes. Contracts with providers should specify these requirements including incentives for licensing. NDHHS needs to complete implementation of internal processes to ensure contractual compliance by providers.	**No Progress.** **Next Steps:** Continue to advocate for such improvements. FCRO has begun collecting data specific to relative/kinship homes as of July 1, 2017 to be able to report out in 2018.

2016 Recommendation	Status 11/2017
Ensure through NDHHS' contracts that all services, particularly parenting time services, are goal orientated and progress-driven surrounding three core principles: strengthening core life skills, developing appropriate relationships, and reducing external sources of stress. These contracts should include the utilization of outcome-based uniform reports by all service providers to effectively gauge parental progress and ability to parent their child.	**No Progress.** **Next Steps:** Continue to advocate for such improvements.
Conduct a fidelity study into the evidence-based Structured Decision Making assessments utilized by on-going case managers in order to ensure that NDHHS and lead agency staff are appropriately completing these tools and utilizing the results to complete their statutorily required case plans.	**No Progress.** **Next Steps:** Continue to advocate for such improvements.
Replicate the Barriers to Permanency Project in the fall of 2017 to determine why children remain in out-of-home care for prolonged periods.	**On hold:** In a meeting with the new NDHHS administration, they indicated they would like to put this on hold until 2018. **Next Steps:** Will discuss with NDHHS in meetings in 2018 as ways to incorporate FCRO data with NDHHS data with regard to children that have been out-of-home placement for more than two years. FCRO will also discuss working with NFC to include them in this project.

Further information is available.

The FCRO has further data and information available on its website (www.fcro.nebraska.gov), or through the contact information on the last page of this Annual Report.

SECTION 1
NEBRASKA CHILDREN IN OUT-OF-HOME CARE

CHILDREN AND YOUTH UNDER STATE CUSTODY DURING FY 2016-17

"State custody" as defined here includes children and youth[7] served by one or both of the two major programs (child welfare/foster care and juvenile justice) that have children placed out-of-home.

The population described consists of:

- NDHHS[8] child welfare wards in out-of-home care or trial home visit.
- Office of Probation Administration supervised youth in out-of-home care.
- NDHHS Office of Juvenile Services [OJS] youth in out-of-home care (primarily at the Kearney and Geneva Youth Rehabilitation and Treatment Centers).

This report does not include any children placed out-of-home through the Developmental Disabilities program, unless there is simultaneous child welfare involvement.

Per Neb. Rev. Stat. §43-1303(2)(b)(iv), the FCRO is to include in each Annual Report the number of children supervised by the foster care programs in the state annually. It is a thought-provoking statistic.

7,923 individual (non-duplicated) Nebraska children or youth were in out-of-home care through a state system for one or more days during FY2016-17.[9]

- 565 of the 7,923 children left care and returned to care during that same 12-month fiscal year.

[7] "Child" is defined by statute as being age birth through eighteen. In Nebraska a child becomes a legal adult on their 19th birthday. The majority involved in the juvenile justice system are age 14-18, therefore in deference to their developmental stage, we generally refer to them as "youth" rather than "children."

[8] The Nebraska Department of Health and Human Services, Children and Family Services Division.

[9] The State's fiscal year is July 1-June 30th.

TRENDS BY SYSTEM

CHILD WELFARE TRENDS

Figure 1.1 below shows the average daily population (ADP) per month of all NDHHS involved children in out-of-home care (including those simultaneously served by the Office of Probation and children in trial home visit). Using ADP data, as opposed to single day snapshot information, allows for a more complete understanding of patterns over time without the risk of presenting outlier information by inadvertently selecting a day with a much higher or much lower than normal number of children in out-of-home care. This also can illustrate the effects of cyclical changes, such as around the beginning and end of the school year.

In the FY2016-17, the average daily population of NDHHS wards in out-of-home care peaked during the months of March, April, and May of 2017 and was lowest in August, June, and November of 2016.

Figure 1.1: Average Daily Population of NDHHS Wards

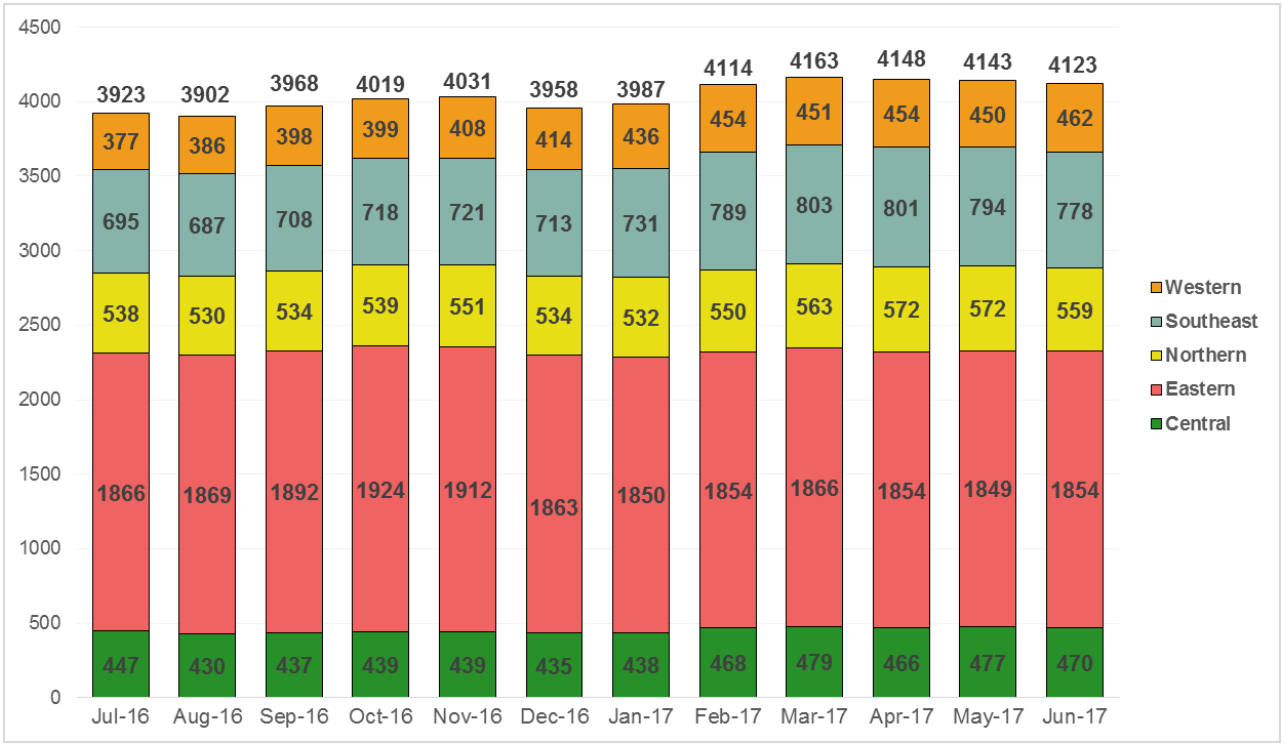
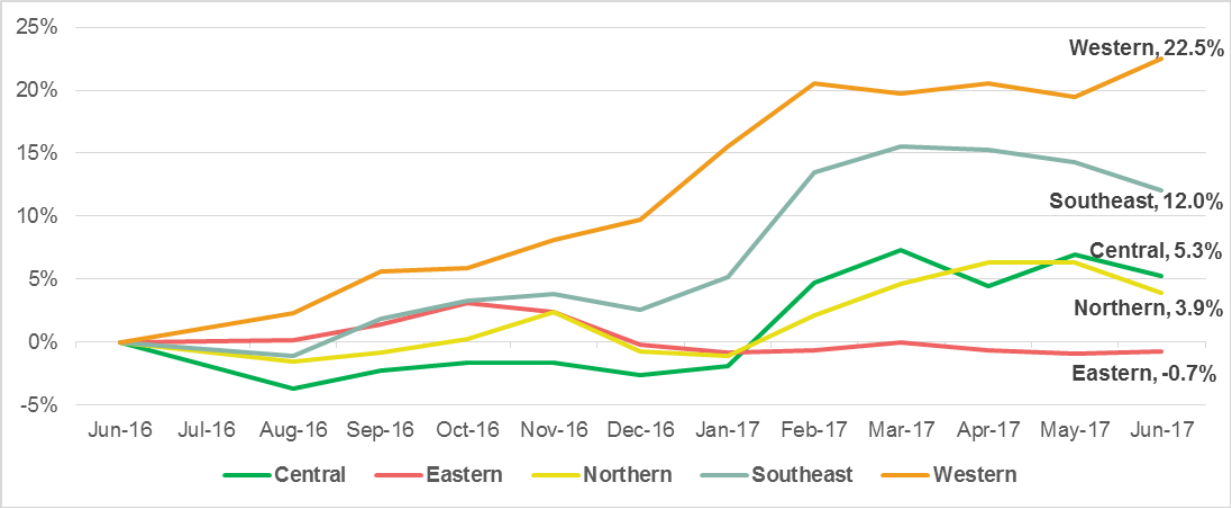


Figure 1.2 demonstrates the amount of change in the daily population of NDHHS wards over the course of FY2016-17 by Service Area. **Overall, there has been a 5.1% increase** in state wards in out of home care when comparing July 2016 to June 2017, however this increase is not equally distributed throughout the state. The Western Service Area has seen the largest increase (**22.5%**), followed by the Southeast Service Area (**12.0%**). The Eastern

Service Area, which consists of Douglas and Sarpy counties, has had the most stable population over the previous fiscal year.

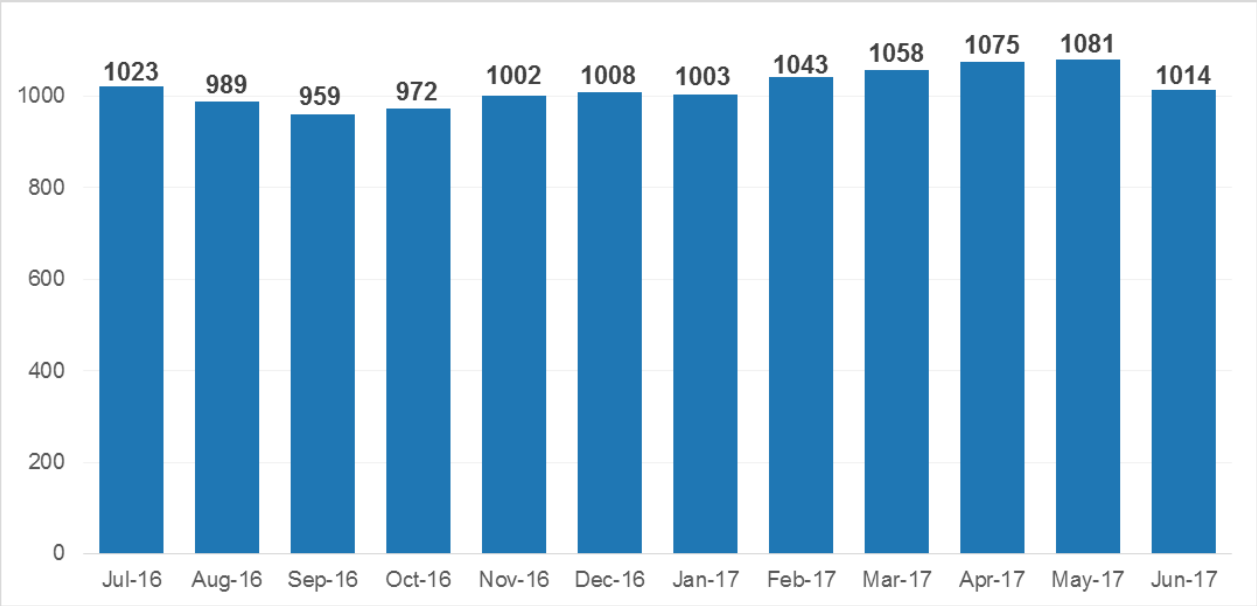
Figure 1.2: Percent Change Average Daily Population of NDHHS Wards



PROBATION TRENDS

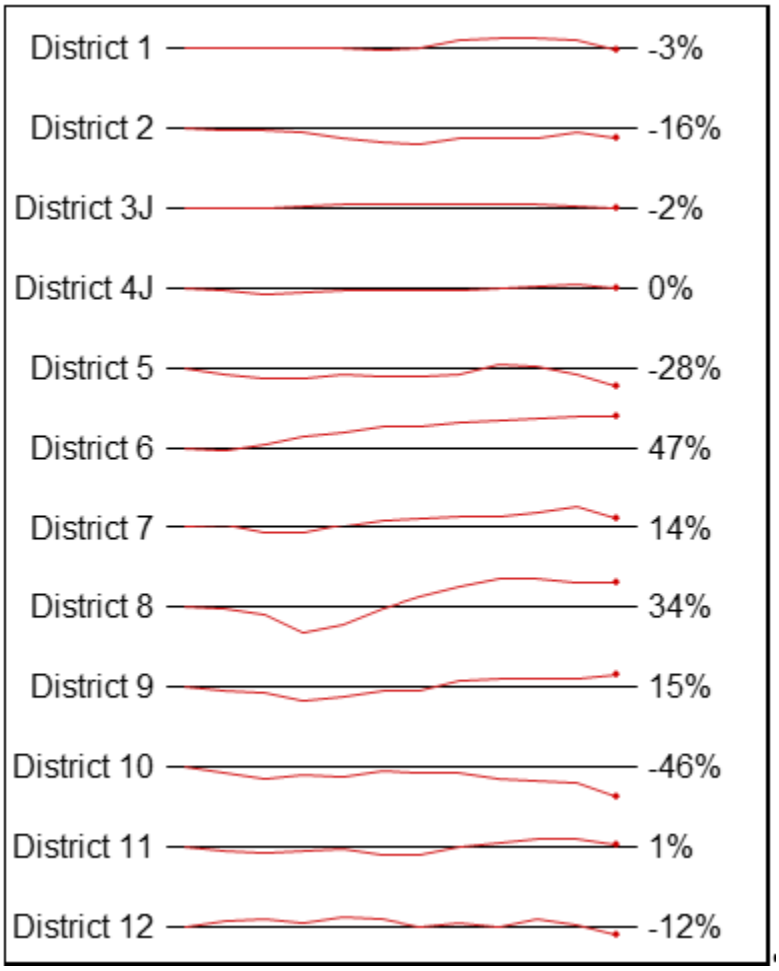
Figure 1.3 shows the number of probation supervised youth in out-of-home care during FY2016-17 including those with simultaneous involvement with NDHHS and those placed at the YRTC. The average daily population of Probation youth in out-of-home care fluctuated between a low of 959 in September of 2016 to a high of 1081 in May of 2017.

Figure 1.3: Probation Average Daily Population in Out-of-Home Care



The overall number of youth in out-of-home care through Probation decreased by 0.9% when comparing July 2016 to June 2017. As shown in **Figure 1.4 on the next page** the trends are substantially different throughout the state.

Figure 1.4: Percent Change in Average Daily Population of Probation Youth in Out-of-Home Care by Judicial District



The relative stability of out-of-home placements statewide can be largely attributed to the stability in the number of youth placed out-of-home in Districts 3J and 4J. Nearly 60% of the youth in out-of-home placements in June 2017 were from one of these two districts.

As shown in Figure 1.4, the remainder of the state has seen significant variation in average daily population in out-of-home placements throughout the fiscal year, from an increase of 46.7% in District 6 to a decrease of 46.0% in District 10. Caution should be used when interpreting the changes in District 8 due to the overall low number of placements throughout the year. Of particular concern is the pattern in District 6, which shows a steady increase in the average number of youth in out-of-home placement for FY15-16.

YRTC TRENDS

Per Neb. Rev. Stat. 43-186 "….When it is alleged that the juvenile has exhausted all levels of probation supervision and options for community-based services and section 43-251.01 has been satisfied, a motion for commitment to a youth rehabilitation and treatment center may be filed and proceedings held…." Youth placed at the Youth Rehabilitation and Treatment Centers (YRTCs) are in the care and custody of the Office of Juvenile Services (OJS) of the Department of Health and Human Services.

Figure 1.5 shows the average daily population of OJS wards at each of the YRTCs for FY 2016-17. The lowest number of youth placed at the YRTCs occurred in July 2016, with a peak in placements during April of 2017. The number of girls placed at the Geneva YRTC has remained stable over the last fiscal year. The number of boys increased 11.8% when comparing July 2016 to June 2017 (**Figure 1.6**). This is after a peak increase of 28.2% from July 2016 to April 2017.

Figure 1.5: Average Daily Population of OJS Wards Placed at a Youth Rehabilitation and Treatment Center

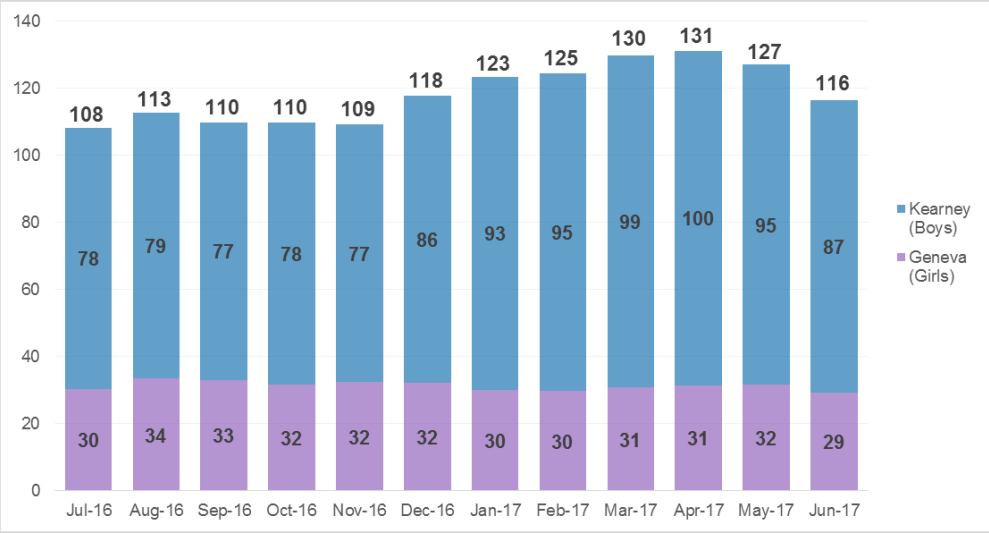


Figure 1.6: Percent Change in Average Daily Population Youth at the YRTCs

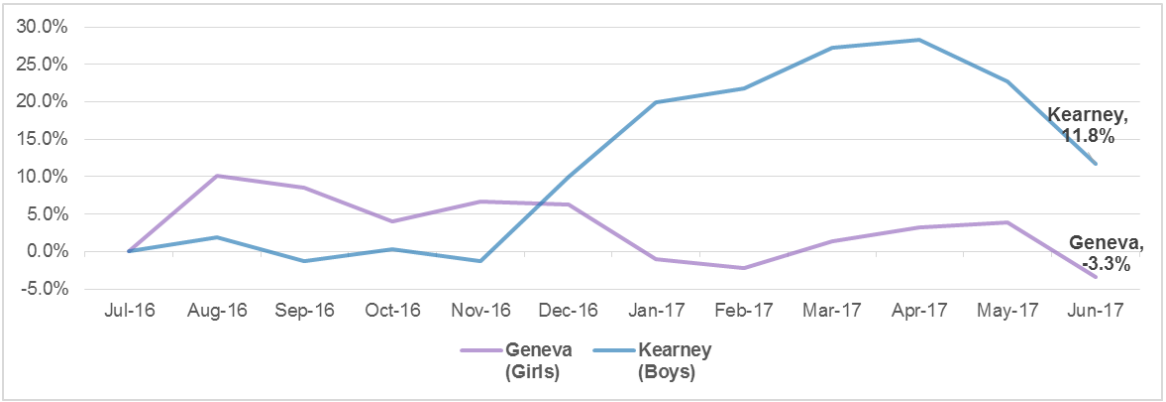
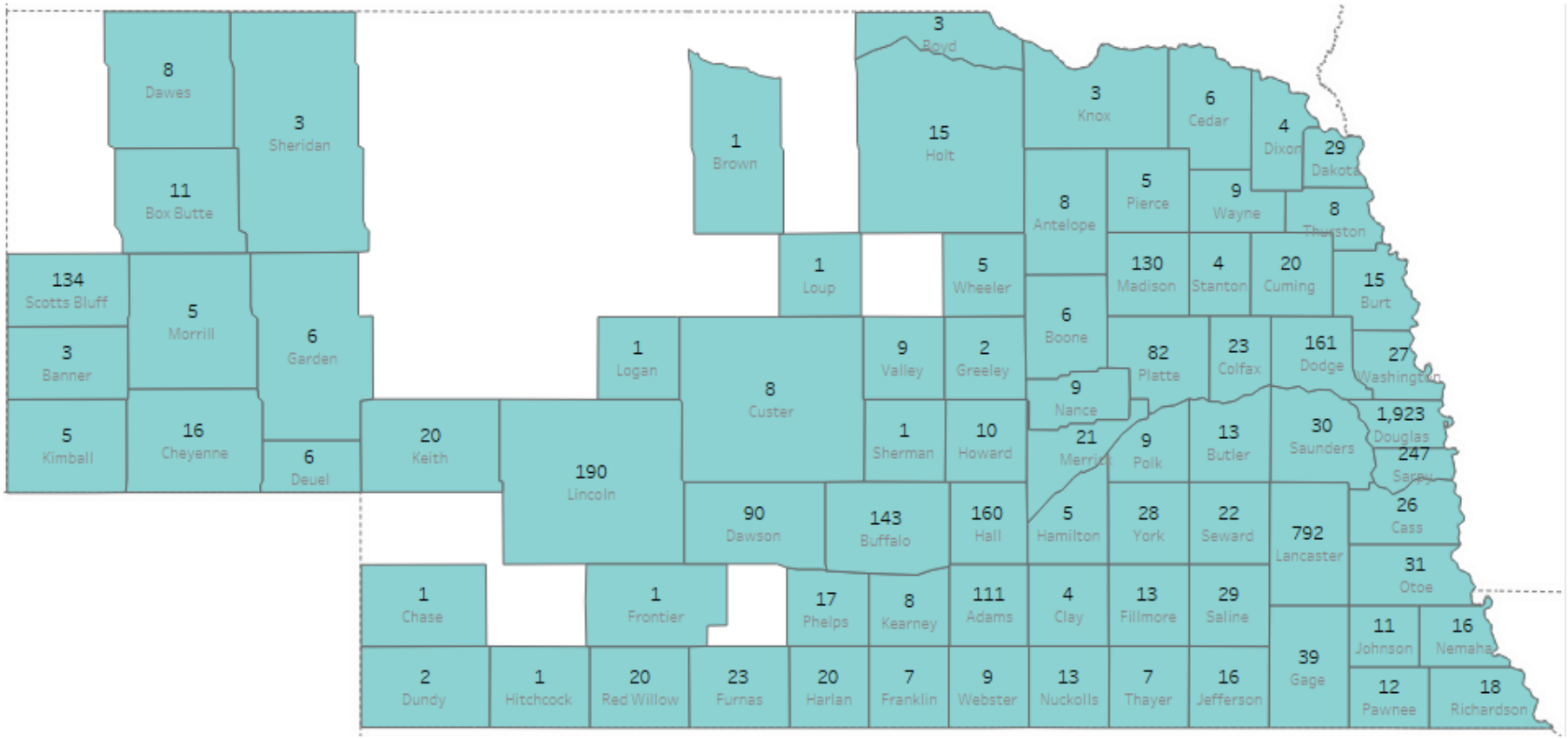


Figure 1.7: Nebraska Children in Out-of-Home Care or Trial Home Visit on June 30, 2017, n=4,950



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SNAPSHOT (POINT IN TIME) DATA
FOR JUNE 30, 2016 (last day of state fiscal year)

Analysis of a snapshot, or point in time, of the data on children in out-of-home care can be helpful in several ways. Every day, children and youth move in and out of Nebraska's out-of-home care structure. By pulling information on all children in care on a single day, we are able to provide a basic demographic breakdown of who is on the system in a given day, which types of out-of-home care are being utilized on a given day, and what the distribution of children and youth between the different stakeholders (Child Welfare, Juvenile Probation, Office of Juvenile Services, or any combination thereof) is.

It is also important that snapshot data is from a point in time that occurred far enough in the past to provide stakeholders ample opportunity to input the required information for all children in care on that day. For this reason, we will provide a breakdown of all children in care on June 30, 2017, the last day of State Fiscal Year 2016-17.

Of the **4,950 Nebraska children** in out-of-home care on June 30, 2017:

- **3,960** were involved solely with NDHHS,
- **731** were involved solely with Juvenile Probation and not placed at a YRTC,
- **137** were involved with both NDHHS and Juvenile Probation and not placed at a YRTC,
- **120** were involved with Juvenile Probation and OJS (114 of whom were placed at a YRTC), and
- **2** were involved solely with NDHHS/OJS.

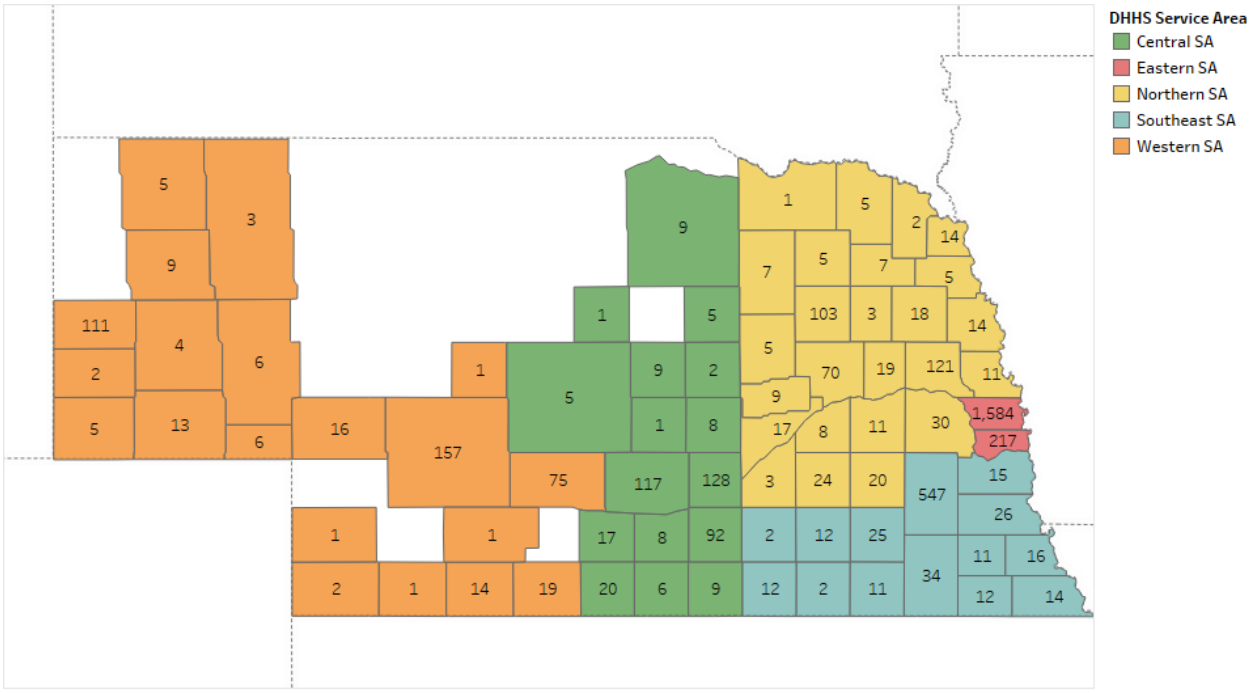
NDHHS SNAPSHOT DATA

On June 30, 2017, 3,960 NDHHS wards (children) were in out-of-home care or trial home visit in Nebraska, most of whom had experienced a significant level of trauma and abuse prior to their removal from the parental home.[10]

LOCATION

Figure 1.8 shows the location of State Wards based on the NDHHS region of the State from which they came (see Appendix A for a list of counties and their respective service areas).

Figure 1.8: Location of NDHHS Wards in Out-of-home Care on 6/30/2017, n=3,960



Data based on NDHHS wards in out-of-home care on 6/30/2017, by court with jurisdiction. Blank counties had no children in out-of-home on that date. Colors indicate the NDHHS service area.

As anticipated, the counties with the largest populations also have the largest number of children in out-of-home care. **Figure 1.9** looks more closely at the distribution of children in out-of-home care compared to the distribution of children in the general population.[11] Both the Eastern and Western service areas have a larger percentage of children in out-of-home care than in the general population. This has remained consistent for the Eastern Service Area for the last three years, but this is the first year that the percentage of children in out-of-home care surpassed the percentage of children in the general population for the Western Service Area (See FCRO 2016 Annual Report).

[10] Some reports on children entering or leaving care are delayed; therefore, the number known to be in care at a particular point depends on the date on which the data was queried.

[11] U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2016.

Figure 1.9: Out-Home Placement Population on 6/30/2017 Compared to Census by Location, n=3,960

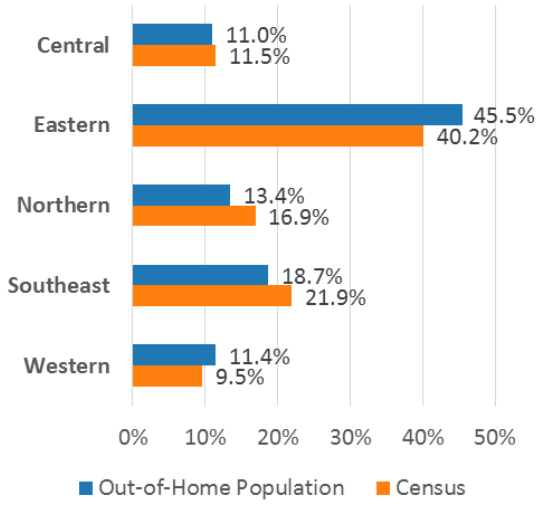
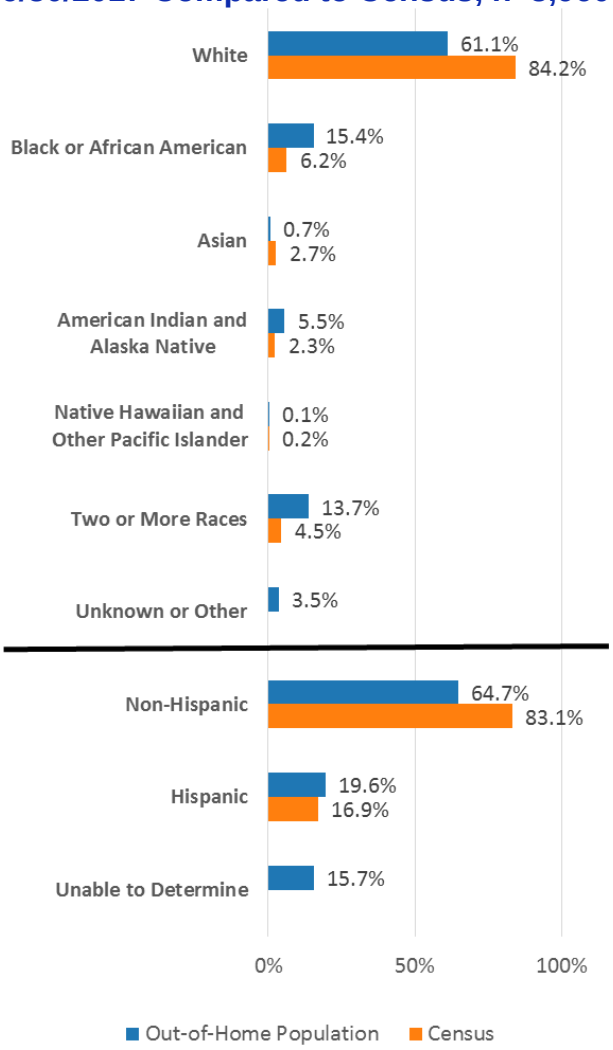


Figure 1.10: Race and Ethnicity of NDHHS wards in Out-of-Home Care on 6/30/2017 Compared to Census, n=3,960



RACE AND ETHNICITY

Minority children continue to be overrepresented in the out-of-home population. **Figure 1.10** compares the racial and ethnic categories of children in out-of-home placement to the number of children in the state of Nebraska.[12]

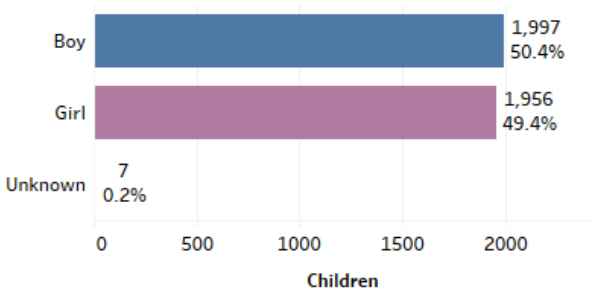
The representation of Black and American Indian children in out-of-home care is more than double their representation in the population. For children who identify as multi-racial, their representation in out-of-home care is three times their representation in the general population.

[12] U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2016.

GENDER

Figure 1.11 shows the ratio of boys to girls. The percent of boys in out of-home care has consistently been slightly higher than girls for years.

Figure 1.11: Gender of NDHHS Wards in Out-of-home Care on 6/30/2017, n=3,960



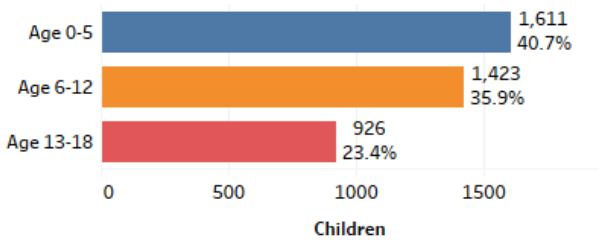
Data based on NDHHS wards in out-of-home care on 6/30/2017.

Boys outnumber girls in the general Nebraska population by about the same percentages (boys 50.9%, girls 49.1%).[13]

AGE GROUPS

Figure 1.12 shows where children fall across the age spectrum.

Figure 1.12: Age Group of NDHHS Wards in Out-of-home Care on 6/30/2017, n=3,960



Data based on NDHHS wards in out-of-home care on 6/30/2017.

Nationally, 39% of children in foster care on September 30, 2015, were age 0-5.[14] The increased prevalence of children in this age group is likely due to their vulnerability and inability to protect themselves from parental abuse or neglect.

[13] U.S. Census Bureau. American Fact Finder 2016 estimates.

[14] U.S. Department of Health and Human Services, Administration for Children and Families, AFCARS Report.

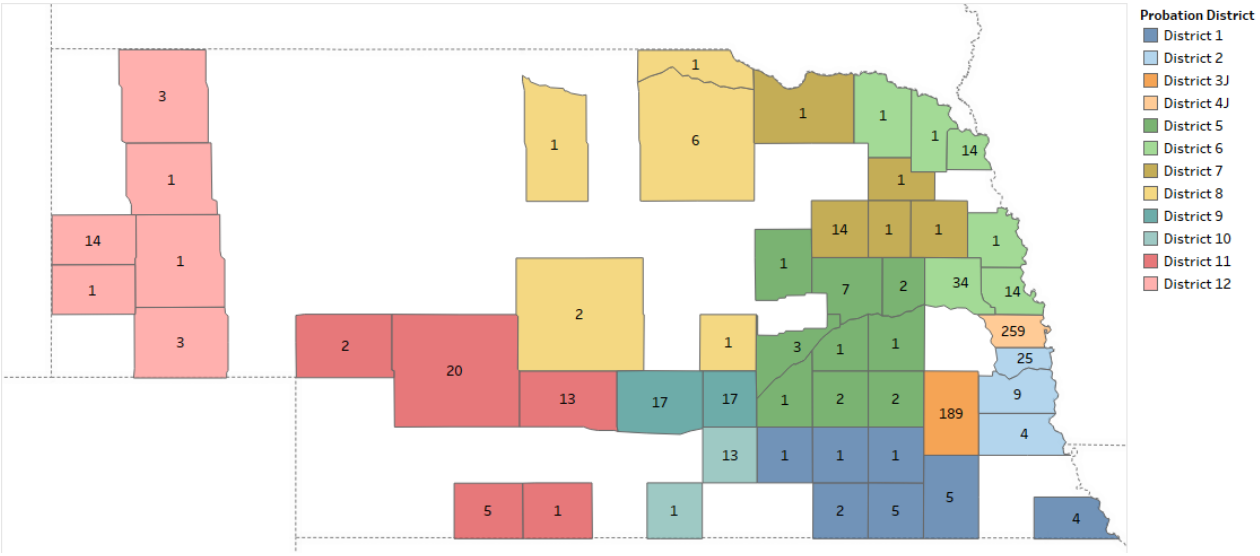
PROBATION SNAPSHOT DATA

On June 30, 2017, there were **731 youth supervised by the Office of Juvenile Probation in Out-of-Home Care**.

LOCATION

Figure 1.13 shows the location of Probation supervised youth in out-of-home care on June 30, 2017, based on the Judicial District of the State from which they came (which may not be where currently placed). If a county is not filled in, there were no youth in out-of-home care from that county. (See Appendix A for a list of counties and their respective district).

Figure 1.13: Youth in Out-of-Home Care on 6/30/2017
Served by Probation, n=731



Districts 3J and 4J, which represent the Lincoln metro area and Omaha metro area, respectively, have the largest number of Probation supervised youth in out-of-home care.

As shown in **Figure 1.14** on the next page, these two districts also have a disproportionate number of youth in out of home care. In Nebraska, 16.2% of the youth live in District 3J[15], however they make up 25.9% of the youth in out of home care. Similarly, 28.9% of Nebraska's youth live in District 4J, but 35.4% of the youth in out-of-home care come from this area.

[15] U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2016.

Figure 1.14: Probation Supervised Youth in Out-of-Home Placements on 6/30/2017 Compared to Census by Location, n=731

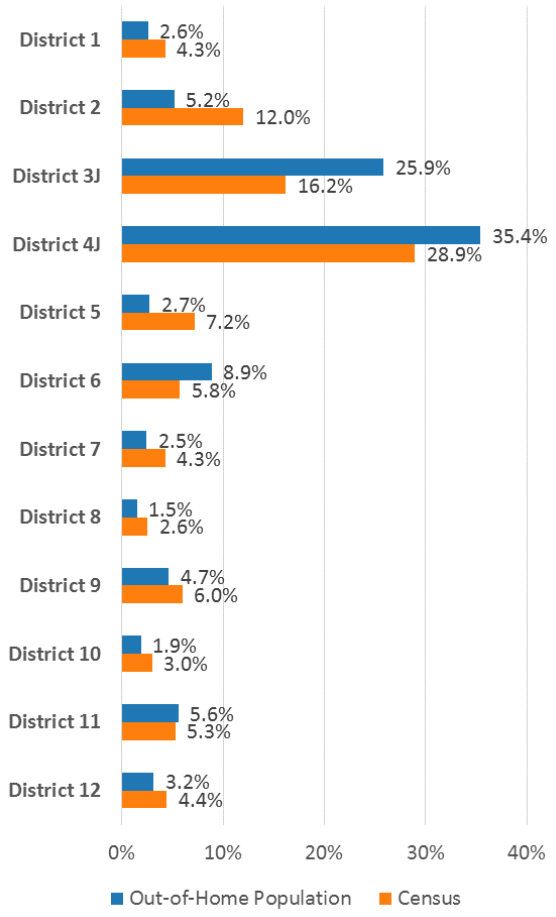
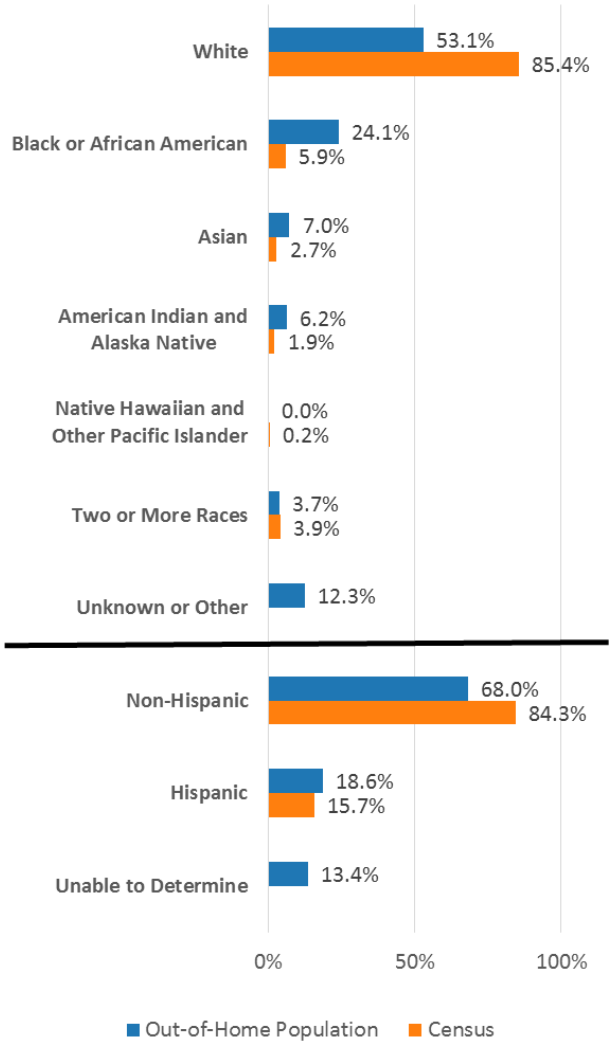


Figure 1.15: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Placement on 6/30/2017 Compared to Census, n=731



RACE AND ETHNICITY

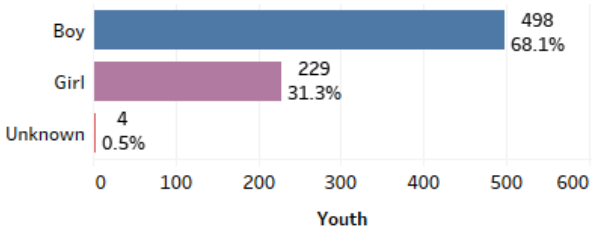
Racial disproportionality is more striking in the Probation supervised out-of-home population than the Child Welfare population, as shown in **Figure 1.15**.

Youth who are Black or African American make up 5.9% of Nebraska's population, but 24.1% of the Probation supervised youth in out-of-home care. American Indian youth, who are 1.9% of Nebraska's youth population, are 6.2% of the out-of-home population.

GENDER

Boys outnumber girls in the Probation youth in out-of-home placement group. This is not surprising giving national numbers on these populations.

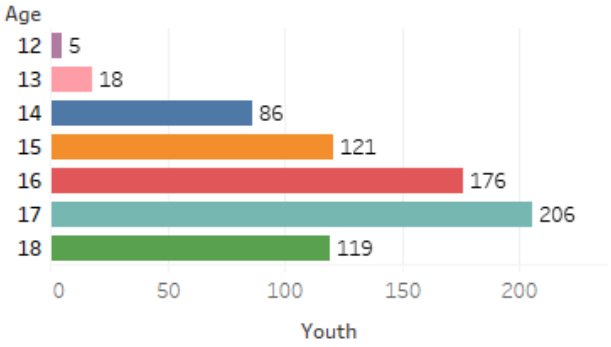
Figure 1.16: Probation Supervised Youth in Out-of-Home Placements by Gender, n=731



AGE

Figure 1.17 shows the ages of youth in out-of-home care supervised by Probation on June 30, 2017. While most are in their upper teen years, **there is a sizeable group of youth placed outside the parental home (230 of 731, or 31.5%) that are under 16 years of age**.

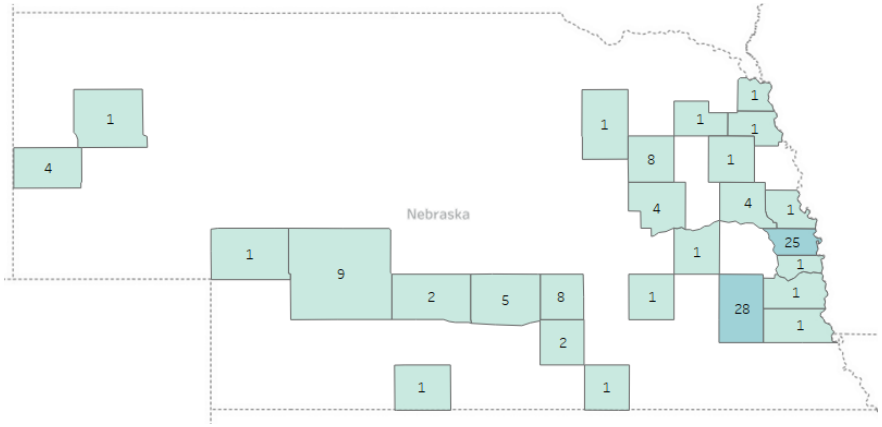
Figure 1.17: Probation Supervised Youth in Out-of-Home Care on 6/30/2017 by Age, n=731



YRTC SNAPSHOT DATA

Youth at the YRTCs come from every region of the state, as illustrated in **Figure 1.18**, with most coming from the more populous regions as would be expected. Interestingly, Lancaster County, which includes the Lincoln metro area, has more youth placed at a YRTC than Douglas County, which includes the Omaha metro area.

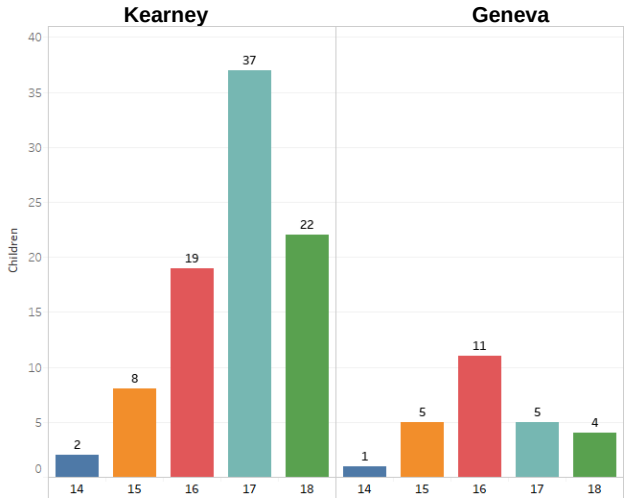
Figure 1.18: Youth Placed by Juvenile Court at a Youth Rehabilitation and Treatment Center under NDHHS/OJS on 6/30/2017, n=114



AGES OF YOUTH AT THE YRTCs

Per Neb. Rev. Stat. §43-251.01(4), youth committed to a youth rehabilitation and treatment center (and thus under OJS) must be at least 14 years of age. See **Figure 1.21** for more details. It is unclear if the difference in average age at each facility (16.8 for boys and 16.2 for girls, nearly a half year younger), is due to the low numbers or to some other causal factor.

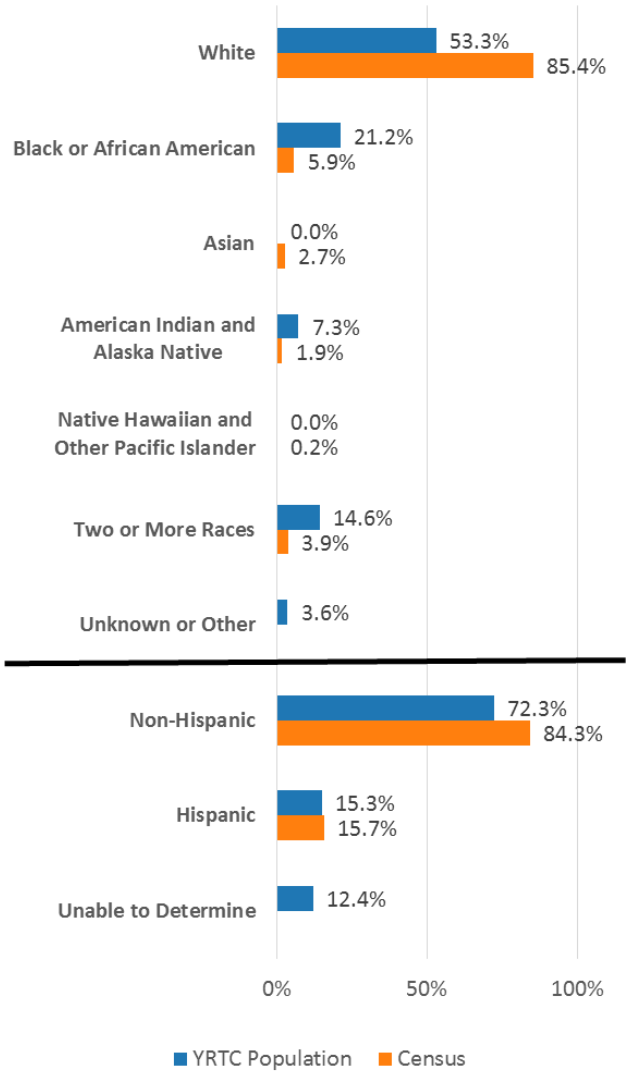
Figure 1.19: Ages of Youth Placed at a Youth Rehabilitation and Treatment Center Under NDHHS/OJS on 6/30/2017, n=114



RACE AND ETHNICITY

As shown in **Figure 1.20,** Black or African American youth are disproportionately placed at the Youth Rehabilitation and Treatment Centers., at a rate **3.5 times their percentage** in the population.[16] This is similar to the disproportionality of youth who identify as multi-racial, who are placed at the YRTC at a rate of 3.7 times their percentage in the population.

Figure 1.20: Race and Ethnicity of YRTC Population on 6/30/2017 Compared to Census Population, n=114



[16] U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2016.

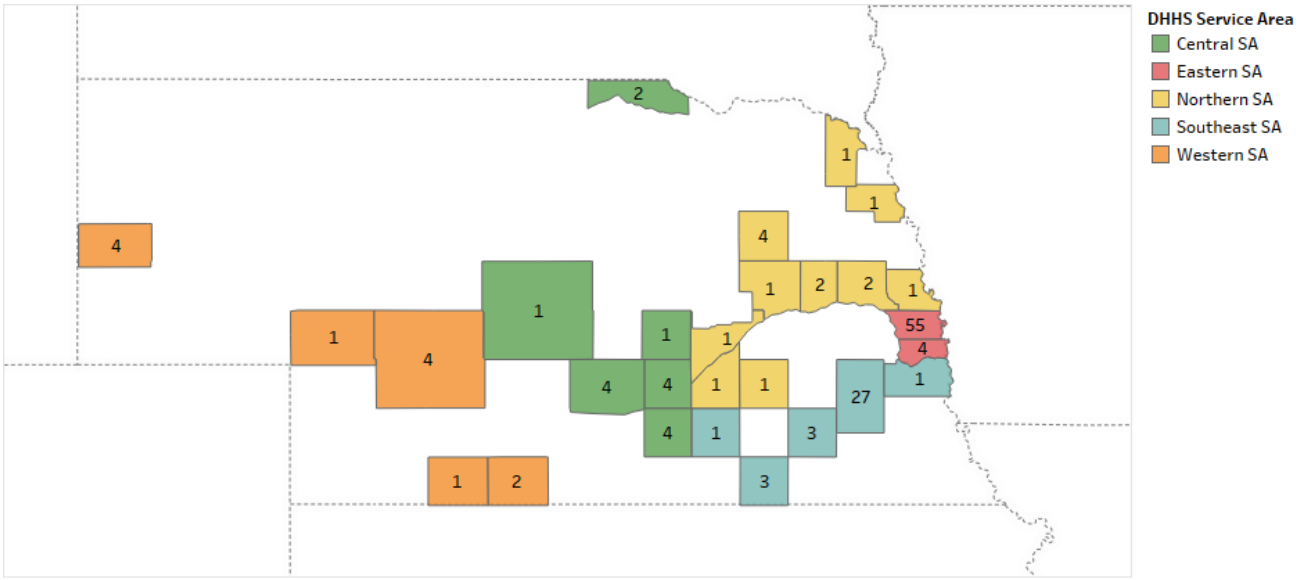
CROSSOVER (AKA DUAL AGENCY) SNAPSHOT DATA

Some youth are simultaneously involved with both child welfare (NDHHS) and probation. The following is snapshot data on that population as of June 30, 2017.

Location

As illustrated in **Figure 1.21**, crossover youth come from many different regions of the state. The majority were from the most populous counties (Douglas – 55, Lancaster 27), as expected. (See Appendix A for a list of counties and their respective district/service area).

Figure 1.21: Crossover Youth in Out-of-Home Care on 6/30/2017, n=137

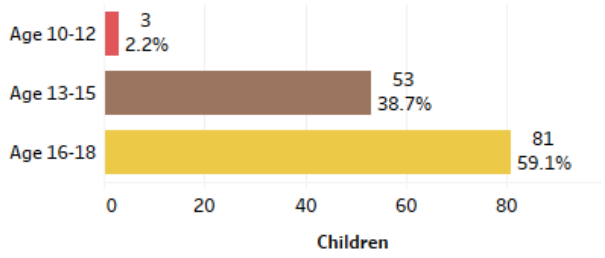


Counties that are in color had youth with both NDHHS and Probation involvement who were in out-of-home care on 6/30/2017. White counties had no children in this category on that date.

AGES OF CROSSOVER YOUTH

Figure 1.22 below shows the age groups for dual agency youth. Most are in their teens, but interestingly 59.1% are in their upper teens. Further analysis is needed to determine why so many of the crossover youth are in this age group.

Figure 1.22: Age groups of Crossover youth that were in Out-of-Home Care on 6/30/2017, n=137

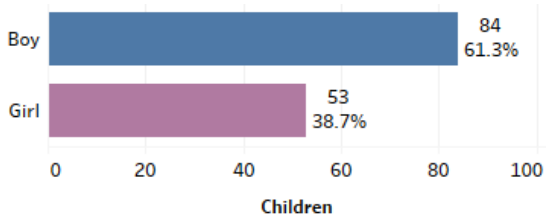


Includes children who have both child welfare and probation involvement that were in out-of-home care on 6/30/2017.

GENDER OF CROSSOVER YOUTH

Figure 1.23 illustrates that more boys than girls are crossover youth. In that respect this group more closely matches that of Probation youth who do not have NDHSS involvement than it does children under NDHHS.

Figure 1.23: Gender of Crossover youth that were in Out-of-Home Care on 6/30/2017, n=137



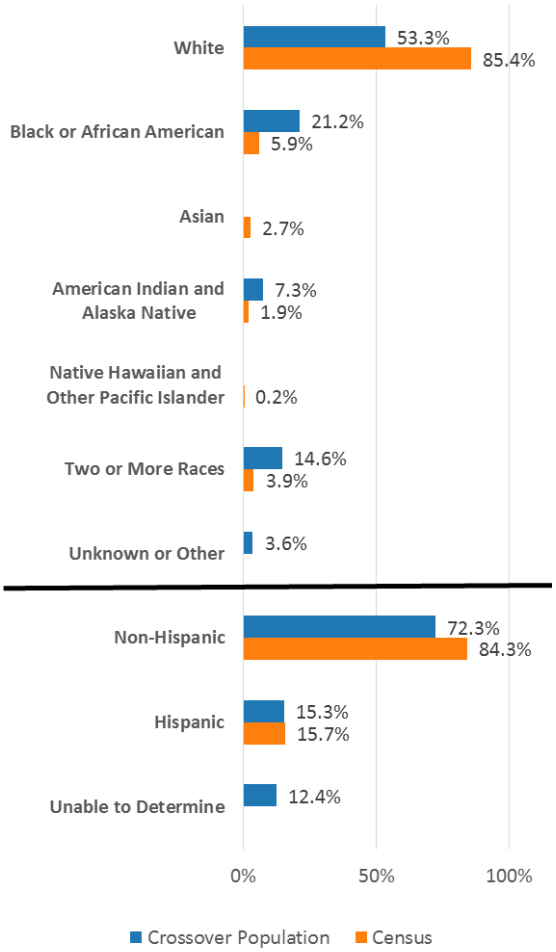
Includes children who have both child welfare and probation involvement that were in out-of-home care on 6/30/2017.

RACE OF CROSSOVER YOUTH

As with other populations discussed throughout this report, there is racial disproportionality in this group also, as shown in **Figure 1.24** below.

Black, American Indian, and multi-racial youth are disproportionately represented in the out-of-home population when compared to the census population.

Figure 1.24: Race and Ethnicity of Crossover Youth in Out-of-Home Care on 6/30/2017 Compared to Census, n=137



SECTION 2 – CHILDREN (STATE WARDS) IN OUT-OF-HOME CARE THROUGH THE CHILD WELFARE SYSTEM (NDHHS)

Helping children heal

It is important to recognize the types of experiences that children in the child welfare system[17] have endured because each child's trauma history impacts the type and extent of services needed to promote healing and well-being. It also affects the timeliness of permanency (exits from care). These factors should be considered in all actions impacting each child and his or her family. For example:

- Many children lived with parents that had serious un- or undertreated mental health issues and/or chronic substance abuse issues.
- Some parents may be ambivalent about wanting to parent, or lack in empathy/understanding needed to safely parent their children.
- Some children did not have the most basic needs (food, clothing, housing, medical care, supervision, sanitation) met in the home of origin.
- Some experienced physical abuse or sexual abuse either directly from their parents or the parents could not or would not protect the children from such abuse.
- Many children in foster care lived in a chaotic, stressful environment prior to their removal from the home. Some moved often and unpredictably, even during the school year. Some regularly witnessed domestic violence.
- Some did not get the early childhood stimulation needed to grow and thrive – such as teaching concepts like language, colors, letters, and numbers.
- After entering the child welfare system many children are moved multiple times between foster placements, further damaging the child's ability to trust and build relationships.
- At removal and/or during placement changes many children are separated from their brothers and sisters, and may also be enrolled in new schools so they are separated from teachers and classmates.
- Some have been impacted by multiple removals from the parental home.[18]

Stakeholders must acknowledge that there are consequences for every decision they make – especially when a child is removed from his or her parents. It is the statutory and ethical charge of stakeholders to reduce impacts of abuse and neglect whenever possible and to minimize all types of institutional neglect. All must work together to help children to heal.

[17] The child welfare system is sometimes referred to as the foster care system.
[18] These conditions are discussed through the remainder of this report.

Description of this section

This section describes Nebraska Department of Health and Human Services (NDHHS) wards (children) in out-of-home care. [19]

The Foster Care Review Office (FCRO) conducted 3,757 case file reviews on 3,047 children in out-of-home care under NDHHS custody in FY2016-17.[20] Data in this section was gathered from case file reviews as well as the general data reported on children in out-of-home care.

We divide this analysis into the three main missions of child welfare:

1. Child safety.
2. Establishing a timely permanent living situation for the children (called "permanency").
3. Ensuring child well-being, both while in care and after leaving the system.

These are the same broad categories that federal officials use when measuring every state's effectiveness on certain statistical measures for state wards.[21]

[19] Out-of-home care is 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes but is not limited to foster family homes, foster homes of relatives, group homes, emergency shelters, residential treatment facilities, child-care institutions, pre-adoptive homes, detention facilities, youth rehabilitation facilities, and runaways from any of those facility types. It includes court ordered placements and non-court cases. Children placed with their parents but under the supervision of the courts or NDHHS are not included as they are no longer in substitute care away from their parents. The FCRO uses the term "out-of-home care" to avoid confusion because some researchers and groups define "foster care" narrowly to be only care in foster family homes, while the term "out-of-home care" is broader.

[20] For information on reviews of NDHHS wards in trial home visit see page 70. For information on reviews of youth under the Office of Probation see page 73.

[21] Federal Administration for Children and Families Executive Summary Data Indicators and National Standards for Child and Family Services Reviews, amended May 13, 2015.

SAFETY OF NDHHS WARDS IN OUT-OF-HOME CARE

Providing for safety is the **core mission** of all stakeholders in the child welfare system. Children are entitled to live in a safe home whether with their own families or with others. Safety needs to be continually assessed throughout all phases of a court proceeding.

SAFETY AND REASONS CHILDREN ARE REMOVED FROM PARENT(S)

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS TO THE CHILD WELFARE SYSTEM

1. Create a collaborative special study on children that entered care due to reasons of neglect to obtain more detail on what this encompasses. Because neglect is so multi-faceted, the array of services and prevention strategies should reflect the many elements of neglect.
2. Use agencies that have proven success at locating families (generically referred to as "family finding"). This must begin at the time of removal from the parental home.
3. Effectively use family group decision-making involving all members of the family in order to serve the best interest of children.
4. Ensure prevention and other needed services are equally accessible for all of Nebraska's at-risk or abused and neglected children.

RECOMMENDATIONS TO THE COURT SYSTEM

1. Appropriately adjudicate the reasons that children enter out-of-home care to ensure services are ordered to address the root causes for abuse or neglect. For example, if parental substance use is identified after the child's removal, file a supplemental petition in juvenile court to allow the court to address the relevant issue with the parent prior to the child's return to the home.
2. Ensure that father's rights are appropriately addressed by stakeholders and courts from the time of removal. Do not wait until months after children's removal when it becomes clear that the mother cannot or will not safely parent before addressing the father's rights and ability to safely parent. That is unfair to both children and fathers.

RECOMMENDATIONS TO THE LEGISLATURE

1. Conduct a legislative study examining changes needed to the juvenile court jurisdictional statutes found at Neb. Rev. Stat. §43-247 and ways to improve the prosecutorial model used in Nebraska to better address the needs for children and families.

BASIS FOR RECOMMENDATIONS

Children's on-going safety, well-being, and plans for their future are all impacted by the reason(s) for which they were removed from the parental home. It is the responsibility of the child welfare system to examine the reasons for children's current situation so that decisions can be made on the most efficacious distribution of resources to meet children's best interest.

Therefore, during the FCRO review process, data are gathered related to adjudicated issues that led to the most current removal, as well as other conditions impacting case progression.

Adjudication is the process whereby a court establishes it has jurisdiction for continued intervention in the family's situation. Issues found true during the court's adjudication hearing are to subsequently be addressed by legal parties to the case and form the basis for case planning throughout the life of the case. Factors adjudicated by the court also plays a role in a termination of parental rights proceeding should that become necessary.

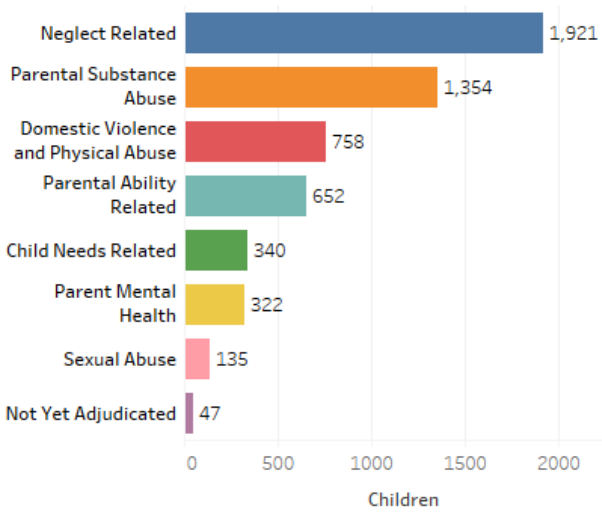
REASONS FOR REMOVAL, ADJUDICATED AND OTHERWISE IDENTIFIED

Based on an analysis of data collected from our review process, the following relevant facts emerged (more than one reason for removal can be identified for each child):

- **63.0% of children removed from the home enter out-of-home care for reasons that are later adjudicated on the basis of parental neglect.** Therefore, neglect needs to be targeted in child abuse prevention efforts.
    - For example, unsafe or unsanitary housing was adjudicated in 25% of reviews.
- **Parental substance use affects 56% of children reviewed** All stakeholders need to come together to deal with this societal problem by ensuring appropriate services are available.
- **Domestic violence and physical abuse affects 35% of children** reviewed.

The FCRO conducted **3,757 reviews on 3,047 children** who were in an out-of-home placement under NDHHS custody in FY2016-17, and **Figure 2.1** shows the **adjudicated** reasons for removal of those children. Children may have multiple reasons. For children reviewed more than once the data reflects their most recent review.

Figure 2.1: Adjudicated Reasons for Removal from the Home by Major Category, n=3,047



Based on NDHHS wards in out-of-home care reviewed in FY2016-17. Multiple reasons may be identified for each child.

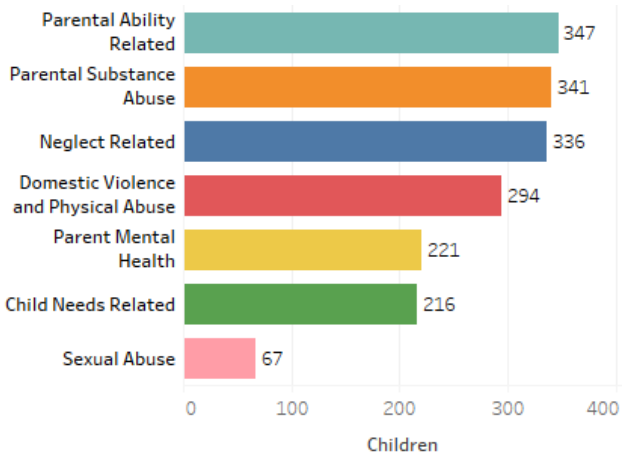
Some notes about the categories:

- "Neglect" may include failure to provide safe and sanitary living conditions.
- The primary drug of choice for parents with substance abuse issues was methamphetamine
- "Parental ability" related may include parental physical illness, incarceration, relinquishment, abandonment or allowing severe abuse of a sibling.
- "Children's needs" may include behavioral issues, mental health, and substance abuse.

Based on case file reviews conducted by the FCRO, for **41.5% of children reviewed there are additional reasons for removal that impact the case (See Figure 2.2).**

How does this happen? Some issues are recognized at the onset of the case, but for various reasons (such as a plea bargain or fragility of the child victim) may not be included in the adjudication. Other issues may come to light later in the case. Regardless, if the true root issue is not adequately addressed, it may be unsafe for the child to return home and his or her trauma may also not be healed.

Figure 2.2: Other Conditions Related to Removal, n=1,275



Based on NDHHS wards in out-of-home care reviewed in FY2016-17. Multiple reasons may be identified for each child.

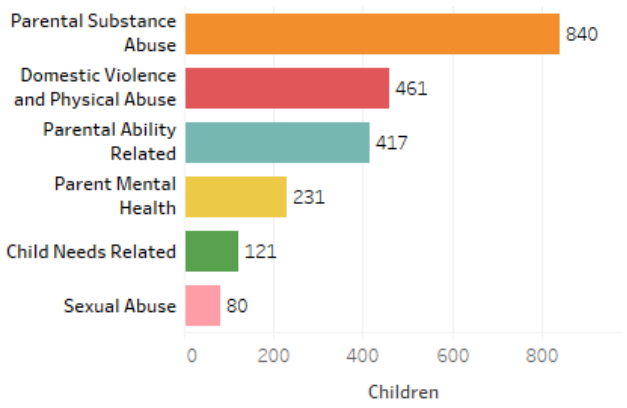
The main non-adjudicated issue that needs to be addressed was parents' substance abuse and factors related to parental ability to safely parent.

CHILDREN ADJUDICATED ON THE BASIS OF NEGLECT

The majority of removals, 63.0%, are adjudicated on the basis of neglect. "Neglect" is a broad category of serious parental acts of omission or commission that result in the failure to provide for a child's basic physical, medical, educational, and/or emotional needs, including the failure to provide minimally adequate supervision.

Neglect is often a symptom of an underlying condition. Some of the more common include: a parental mental health issue, parental substance abuse, parental cognitive functioning deficits, domestic violence in the home, or poverty. **Figure 2.3** looks more closely at the category of children whose adjudication includes neglect. **43.7**% are also adjudicated on the basis of parental substance abuse.

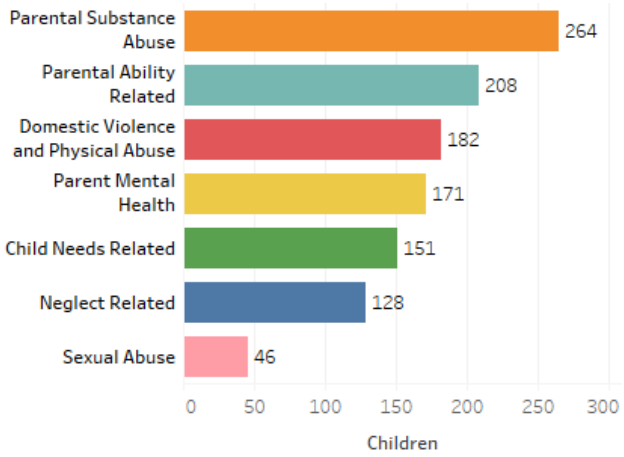
Figure 2.3: Adjudicated Reasons for Removal from the Home when also Adjudicated on Neglect, n=1,921



Based on NDHHS wards in out-of-home care reviewed in FY2016-17 who were adjudicated on the basis of neglect. Multiple reasons may be identified for each child.

Figure 2.4 shows related non-adjudicated issues in cases adjudicated specifically for neglect.

Figure 2.4: Other Conditions when Adjudicated Reason is Neglect, n=1,921



Based on NDHHS wards in out-of-home care reviewed in FY2016-17 who were adjudicated on the basis of neglect. Multiple reasons may be identified for each child.

In **13.7%** of cases where the adjudication reason is neglect, parental substance abuse has been identified as an underlying issue without a corresponding adjudication. Similarly, non-adjudicated parental ability issues are identified in **10.8%** of neglect adjudications.

SAFETY AND CASEWORKER CONTACT WITH CHILDREN

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS TO NDHHS

1. **Keep up the good work!** Share this achievement with front-line staff.
2. Develop an effective feedback loop when issues are identified with the quality of contacts and/or the quality of the documentation.

BASIS FOR RECOMMENDATIONS

According to NDHHS policy, case workers, whether NDHHS or lead agency employees, are to have personal contact with each child every 30 days.[22]

This is an important safeguard for children, particularly young children that may not be seen outside the foster home. Some states have had tragedies occur when caseworkers did not provide this vital service.[23]

During the FCRO case review process, staff document whether or not the child's case manager had contact with the child within 60 days prior to the most recent review. The FCRO purposely chose to use a 60-day window in order to allow time for contact documentation to be completed and thus be the fairest representation of what was actually happening for children and not merely a reflection of the state of the documentation.

Using that window, **for the third year in a row the FCRO found that worker-child contact was documented as occurring within the past 60 days for 98% of children reviewed.**

The FCRO congratulates all involved on that important achievement!

[22] State IV-B agencies [child welfare] must ensure that the total number of monthly caseworker visits to children in foster care is not less than 95 percent (ACYF-CB-IM-11-06). Federal HHS Administration for Children and Families. NDHHS reports it is achieving that goal.

[23] Stutzman, Rene. July 12, 2009. "More than 70 caseworkers lied about efforts to protect children." Orlando Sentinal.

SAFETY AND CONTINUED NEED FOR OUT-OF-HOME CARE

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS TO THE CHILD WELFARE SYSTEM

1. Conduct another collaborative study to analyze the 17% where there is no longer a need for out-of-home placement to determine why permanency had not been achieved for those children. For example, why adoption/guardianship is not finalized or why return to the parent has not occurred. FCRO continues to advocate on these cases but further research is needed.

BASIS FOR RECOMMENDATIONS

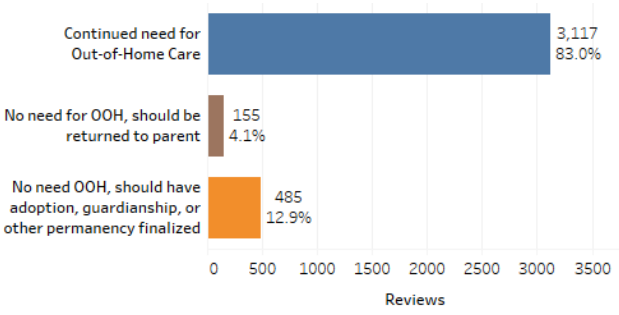
Foster care is meant to act as a safety net for children so that they can be safe and heal from abuse and trauma while adults in the family address issues that led to children's removal. At the same time, it is imperative that children not remain in temporary care (foster care) longer than necessary.

With these considerations in mind, statute requires the FCRO to determine if there is a continued need for out-of-home placement during every review conducted.

In 83% of reviewed cases, out of-home care was still needed. That is nearly identical to findings made every year since 2009, so there is no change.

Figure 2.5 also illustrates the **17.0%** of cases where children could and should achieve permanency if the system were meeting their needs. **For those 640 children, 155 should be permanently returned to parents, while the remainder are awaiting adoption, guardianship, or other permanency.**

Figure 2.5: Need to Remain in Out-of-Home Care, n=3,757



Based on NDHHS wards in out-of-home care reviewed during FY2016-17.

SAFETY OF CHILDREN'S PLACEMENT, and RELATED ISSUES REGARDING PLACEMENT APPROPRIATENESS AND STABILITY

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS TO NDHHS AND ITS CONTRACTORS

1. Congratulate those that worked towards improving the percentage of children in the least restrictive environments. On June 30, 2017, 97% of children were in the least restrictive environments. In comparison, on June 30, 2014, 88% were in the least restrictive environments.
2. Ensure that all kinship and relative placements are required to attend specific training programs; have an avenue by which to attain a child-specific license; and have necessary agency-based supports.
3. Identify appropriate paternal and maternal relative/kinship placements at the time of children's initial placement in foster care. Ensure that family finding occurs at the time of removal from the parental home.
4. Incentivize agencies providing support for foster homes to license, and thus train and support, relative/kinship foster parents. This would assist in the stability of the placement and have a positive impact on federal IV-E funding available for qualified children.
5. When a kinship placement is made, documentation must be made available to all legal parties specifying the *significant relationship* that this caregiver had with the child prior to the child's removal. Do not allow a placement to be considered "kinship" if no such prior relationship existed.

BASIS FOR RECOMMENDATIONS

It must be the expectation by all stakeholders that conditions in foster homes and group homes should be significantly 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 for the best interest of the child.

Foster parents have different skill sets and abilities just as children have different abilities and needs. Matching children with caregivers best suited to meet their needs must occur prior to placement but it is a challenge. This challenge impacts both children's safety and well-being as well as placement stability.

If children cannot safely live in their parental home, they need to live in the least restrictive, most home-like temporary placement possible in order for them to grow and thrive, thus placement "type" matters. Foster care should always be considered a temporary solution. It is without question that "children grow best in families."

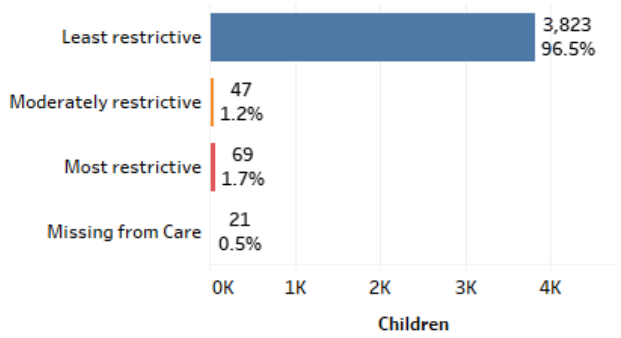
PLACEMENT TYPES

Figure 2.6 on the next page shows restrictiveness of placements for NDHHS wards in out-of-home care.

The vast majority of NDHHS state wards **(97%**) are placed in the least restrictive placement. The percentage is up from the

previous fiscal year, where it was 93%. Least restrictive could include a relative home; a kinship home; or a non-relative agency-based foster home (see definitions which follow the figure).

Figure 2.6: Restrictiveness of Placement Type for NDHHS Wards in Out-of-Home Care on 6/30/2017, n=3,960



Least restrictive includes placements in a home-like setting.
Moderately restrictive includes non-treatment group homes and boarding schools.
Most restrictive includes psychiatric facilites, medical facilities, youth rehabilitation and treatment centers, youth detention, and emergency shelters.

RELATIVE OR KINSHIP CARE

Some children in foster care receive day-to-day care from relatives, in a practice known in Nebraska as relative care. Others receive care from persons that are like a family member, such as a coach, a teacher, a person that was legally their aunt or uncle until a divorce, etc. In Nebraska that is called kinship care.[24]

Whether relative or kinship care, this type was put in place to allow children to keep existing and appropriate relationships and bonds with family members or similar important adults, thus lessening the trauma of separation from the parents.

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

As of June 30, 2017, 49% (1,945 of 3,960) of children in out-of-home care were in a relative or kinship placement. The percentage is lower than the 55% reported for the last fiscal year.

Nearly all relative or kin homes are approved, rather than licensed. No training is required in an approved home, so most relative caregivers do not receive training on workings of the foster care system, coping with the types of behaviors that abused or neglected children can exhibit, or intra-familial issues present in relative care that are not present in non-family situations.

Further, **Federal Title IV-E funding for otherwise eligible children is not available if the child is in a non-licensed facility**, so state funds must be used for a variety of expenses that would be fully or partially covered with federal funds if the caregiver's home was licensed. The failure to require adequate training, and therefore the lessening of licensing options, is unwise both in terms of children's outcomes and the state's financial situation.

Delayed identification of relatives for placements

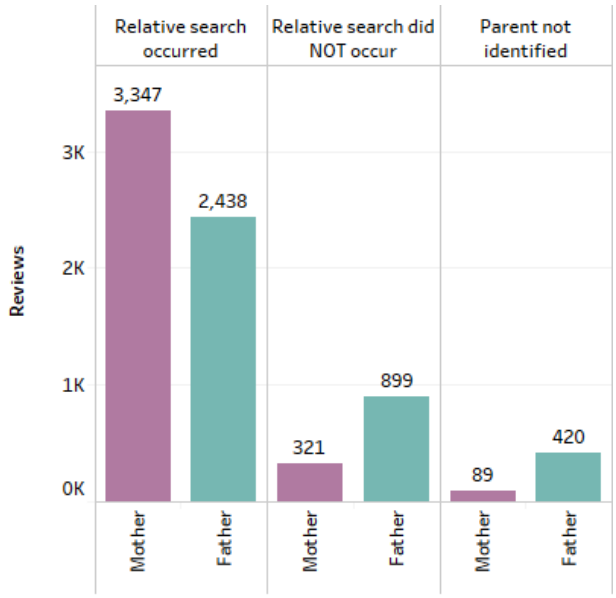
Although NDHHS policy is to quickly identify parents and relatives and determine their suitability as a placement, through reviews it appears that is not consistent in practice.

[24] To avoid confusion it is important to recognize that in some other states all relative care may be called kinship, and in others kinship includes both relatives and non-relatives. National research sometimes uses the terms interchangeably, while Nebraska differentiates between the two categories.

The father's and paternal relative's suitability as a placement for the child cannot be considered until paternity is identified. As soon as a father is identified, services with a track record of locating families (generically referred to as "family finding") should be utilized to help locate relatives so their suitability as a potential caregiver can be addressed promptly.

Figure 2.7 illustrates the search for relatives. Searches for **maternal relatives were documented for 89% of children** reviewed which is better than the 83% in the previous fiscal year, but there is room for further improvement. **Searches for paternal relatives** (where paternity was established) **were documented for 73% of the children reviewed**, compared to 68% in the previous fiscal year.

Figure 2.7: Whether a Search for Parental Relatives Occurred, n=3,757



Based on DHHS wards in out-of-home care reviewed during FY2016-17.

PLACEMENT SAFETY AND APPROPRIATENESS

Under both federal regulations and state law, the FCRO is required to make findings on the safety and appropriateness of the placement of each child in foster care during each review regardless of how long the child has been in that placement.

As a basis for the finding, the FCRO's Review Specialists research whether any abuse allegations have been made against the child's placement and the system's response to those allegations. The FCRO review specialist and local board also consider the results of home studies, which measure strengths and weaknesses of each foster family placement, and the needs of the individual children receiving care by that particular caregiver including but not limited to the child being reviewed.

The FCRO does not assume children to be safe in the absence of documentation. If documentation does not exist, the "unable to determine" category is utilized. For those placements determined to be unsafe, the FCRO **immediately** advocates for a change in placement.

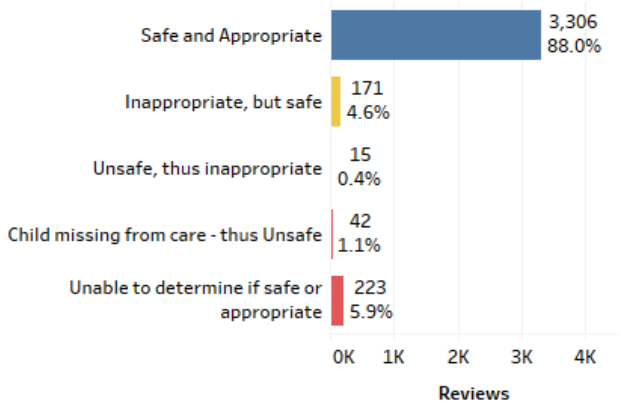
In determining placement appropriateness, consideration is given as to whether this is the least restrictive placement possible for the child, and whether there is documentation that the placement is able to meet this particular child's needs.

In FY2016-17, 88% of the children reviewed were found to be in safe and appropriate placements. In FY 2015-16, 82% of children reviewed were in safe and appropriate placements.

That improvement appears to be primarily due to better documentation; however, as Figure 2.8 on the next page **illustrates it is unacceptable that 6% of**

the cases did not have critical documentation. This issue can easily be solved by NDHHS and its providers. Children's placements must be safe and appropriate to facilitate healing.

Figure 2.8: Placement Safety and Appropriateness, n=3,757



Based on NDHHS wards in out-of-home care reviewed in FY2016-17.

PLACEMENT CHANGE NUMBERS

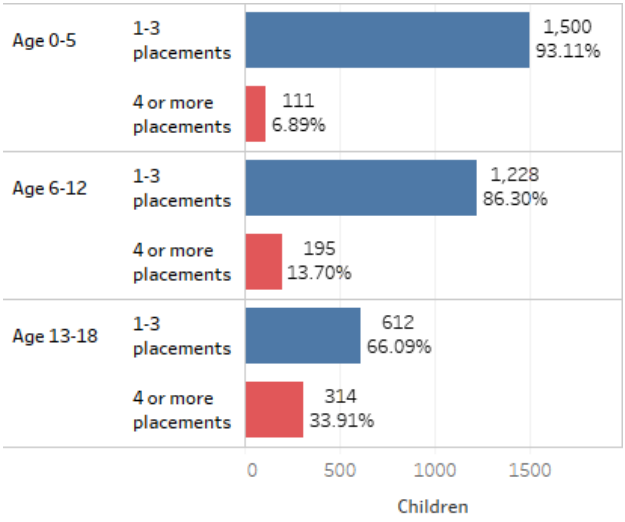
National research indicates that children experiencing **four or more placements** over their lifetime are likely to be permanently damaged by the instability and trauma of broken attachments.[25] However, **children that have experienced consistent, stable, and loving caregivers are more likely to develop resilience to effects of prior abuse and neglect, and more likely to have better long-term outcomes.**

Consider **Figure 2.9** which shows the number of placements since the child's most recent removal for NDHHS wards in out-of-home care as independently tracked by the FCRO. Placement changes included in the counts do **not** include brief hospitalizations, respite care, or returns to the parental home.

Figure 2.9 shows that **16% of children had been documented to already have exceeded the optimum 1-3 placements range**. ***And*, this chart does not include placement moves from any prior times in out-of-home care so the number with over 4 placements in their lifetimes is even greater.**

It is especially concerning that 111 very young children (age 0-5) have had 4 or more placements.

Figure 2.9: Number of Placements Since the Child's Most Recent Removal, n=3,960



Number of moves from one out-of-home placement to another since the most recent removal from the home for DHHS wards placed out-of-home on 6/30/2017.

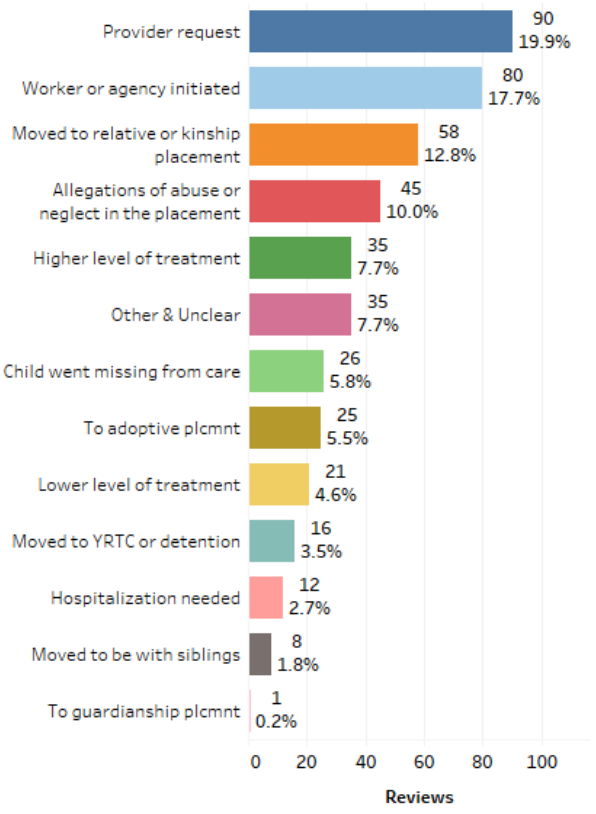
PLACEMENT CHANGE REASONS

During the review process the FCRO collects data on whether children had experienced a placement change within the six months prior to the FCRO review and, if so, why they were most recently moved.

[25] Examples include: Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

When placement change information is available, there are a variety of reasons that primarily fall into the following categories listed on **Figure 2.10.**

Figure 2.10: Reasons for Most Recent Placement Change, n=452



NDHHS wards in out-of-home care reviewed FY2016-17 that had a placement move within six months of the date of review.

Provider requests (often due to behaviors) were the most frequent reason for changes **(19% of those moved),** as was true in the previous fiscal year**.** A question that must be asked is whether the system contributed to these behaviors due to so many placement moves.

Another **18%** of the changes were case manager initiated, which can be for a variety of causes. This was the second most common reason in the prior fiscal year also.

Importantly, <u>10% of moves were due to allegations of abuse/neglect in the foster home</u>. Abuse in a foster home may be related to whether or not adequate supports were available when dealing with children that were showing predictable, albeit difficult, behaviors in response to the abuse, neglect, and trauma they experienced. Other cases may involve relatives or kin that were approved without adequate consideration of their abilities to care for children with higher levels of needs.

The Foster Care Review Office has implemented some data collection tools beginning July 2017 that we plan to use to be able to further examine placement changes, including allegations of abuse and neglect, in future annual reports.

Subsequent school changes

One additional item must be considered when looking at children changing placements – a placement change frequently means a change in schools. Changes in schools greatly impact a child's ability to maintain and improve academically.

For school-aged children that changed placements within six months of case file review, 40% changed schools as a result of the placement move. This is about the same rate as the previous fiscal year. [26]

For many of the children in the state's care, they have lost not only their connections to parents, but also connections to school communities, and possibly siblings.[27]

[26] For additional details on education issues see page 67

[27] For additional information on siblings placed apart, see page 62

PERMANENCY FOR NDHHS WARDS

In this subsection, the Foster Care Review Office discusses the length of time that some children spend in out-of-home care and issues that impede children achieving timely permanency. The longer it takes for a child to obtain permanency the more the child is exposed to the potential for institutional neglect.

Ideally, children that achieve permanency have at least one committed adult that provides a safe and stable home that includes a sense of belonging. This sense of belonging can be achieved by a return to the parent or other alternatives such as adoption or guardianship.

PERMANENCY BARRIERS IMPACTING CHILDREN

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS TO THE CHILD WELFARE SYSTEM

1. Act upon the barriers to permanency that are identified for each child reviewed by the FCRO and described in the FCRO's case-specific recommendations to the legal parties.

BASIS FOR RECOMMENDATIONS

During each review conducted by the FCRO during FY2016-17, the top 1-5 current barriers to safety and permanency that existed for reviewed children were identified. A standard list is used to ensure uniformity.

By definition, identified issues would delay or prevent children's case plans being implemented and children achieving safe, permanent homes. Barriers could be due to: the action or inaction of the parents; action or inaction of the parties to the cases; the need for more time to complete services; or larger systemic issues.

PARENTAL BARRIERS

It is common for children's parents to be living apart at time of removal or review, and for plans to be for the return to only one parent; thus, there are differences in the barriers to permanency found regarding each parent.

Top five barriers regarding mothers were:

1. Lack of progress on adjudicated issues (1,316 children).
2. Refuses to engage in services (570 children).
3. Needs more time to complete services (567 children).
4. Substance abuse a current issue (555 children).
5. Ongoing mental health issues (394 children).

Top five barriers regarding fathers were:

1. Lack of progress on adjudicated issues (587 children).
2. Absent father (377 children).
3. Refuses to engage in services (333 children).

4. Have not yet identified the father (274 children).[28]
5. Incarceration issues (257 children).

Other major barriers for both parents include:

- Lack of housing.
- Not attending visitation consistently.
- Lack of income/employment.
- Incarceration and/or pending criminal charges.
- Inability to deal with child's behaviors.
- Low cognitive functioning level of the parent.

The following are key points about some of the issues listed above:

Where there is a **lack of progress on the adjudicated issues** (the top parental barrier), the system needs to examine if this is due to parental attitudes, a lack of service provision, or some form of system barrier so that it can be dealt with appropriately.

Lack of parental engagement may mean that a different approach is needed. If after trying different approaches, continued lack of engagement may be the parent's way of indicating that they may be ready to consider relinquishing their parental rights and that the case needs to change direction.

If the parent needs **more time to complete services**, parties need to consider how much more time is needed. As the Supreme Court has found, children should not have to spend substantial portions of their childhood awaiting parental fitness.[29] This is true for substance abuse treatment as well.[30]

Lack of housing or employment shows the interweaving of child welfare involvement with poverty issues.

Not attending visitation regularly is a warning sign that reunification may not be successful for this family or could indicate that there are issues impeding attendance that could be corrected.[31]

Inability to deal with children's behaviors may indicate that the parent will need more formal and informal supports if reunification is to succeed.[32]

SYSTEM BARRIERS

There are several systemic barriers to children not receiving permanency, including: timeliness issues, a failure to provide the necessary services, children needing time to complete trauma services, pending termination of parental rights hearings. Other barriers include adoption slowdowns, such as paperwork incomplete, or children not in a placement that has committed to adoption, or the need for a custody redetermination so that the currently non-custodial parent can become custodial parent and provide for the child's care.

There are also a number of systemic reasons why the primary permanency plan may not be appropriate. Two of the more frequent are: (1) that the plan remains

[28] See page 50 on paternity issues.

[29] Among others: "A child should not be left suspended in foster care and should not be required to exist in a wholly inadequate home. Further, a child cannot be made to await uncertain parental maturity." *In Re Interest of JS, SC, and LS, 224 Neb 234 (1986).* And: "Where a parent is unable or unwilling to rehabilitate him or herself within a reasonable time, the best interests of the children require termination of the parental rights." *In Re Interest Ty M. & Devon M. 265 Neb. 150, 665 N.W.2d 672 (2003).*

[30] See page 47 for more information about service availability.

[31] See page 45 for more information about visitation.

[32] See page 65 for more information about behaviors and trauma.

reunification instead of adoption or guardianship although parents have had time to avail themselves of rehabilitative services but progress is not being made, or (2) the plan is guardianship for young children that would be better served by adoption, which is legally more permanent.

See the next section of this Report for more information on permanency planning and details on specific barriers to permanency.

PERMANENCY OBJECTIVES AND CASE PLANNING

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS TO NDHHS

1. NDHHS conduct a fidelity study into the evidence-based Structured Decision Making assessments utilized in on-going case management to ensure that NDHHS and lead agency staff are appropriately completing these tools and utilizing the results.
2. Upon completion of the fidelity study, NDHHS incorporate Structured Decision Making assessment findings into its court reports and case plans to ensure that these statutorily required documents are complete, appropriate for the circumstances, timely, goal oriented, and clearly specify what needs to occur and what is expected of all involved with the children's case. Plans must be measurable so progress (or lack of progress) can be determined.
3. Ensure that all contracts NDDHS has with providers contain provisions requiring any services to be goal-driven and outcome-based so that parental improvement is measureable and determinable.

RECOMMENDATIONS TO LEGAL SYSTEM

1. Whenever feasible, ensure that court review hearings are being held every three months with all stakeholders being held accountable in ensuring "best interest" of the child remains paramount.
2. Re-examine previously determined exceptions to mandatory termination of parental rights periodically so that children do not unnecessarily linger in care. For example, what was true at 15 months after removal may no longer be valid at 24 months post removal.

BASIS FOR RECOMMENDATIONS

This section describes both the NDHHS plan and the plan as ordered by the courts.

After adjudication of a parent, NDHHS is to prepare and submit to the court a complete plan with services, timeframes, and tasks specified. Courts can order the plan as is, modify it, or order NDHHS to create a new plan. The Court-ordered permanency plan lists one of several possible primary objectives. Typical objectives include reunification, adoption, guardianship, or APPLA (another planned permanent living arrangement).

The NDHHS case plan is one of many tools the child welfare system uses to help children achieve permanency.

Case planning should detail appropriate, realistic, and timely steps toward rehabilitation of parents (if reunification is the objective) based on reasons for court involvement, and then effectively hold parents accountable for fulfilling those steps. This should always be based upon findings of evidence-based tools utilized by NDHHS known as the Structured Decision Making (SDM) assessments.[33]

[33] Structured Decision Making is a proprietary set of evidence-based assessments that NDHHS uses.

Case plans and services provided must work towards these outcomes:

1. Strengthen core life skills;
2. Develop responsive relationships; and
3. Reduce external sources of stress.

NDHHS CASE PLANS AND COURT-ORDERED PLANS

Local citizen review board volunteers report that all too often they encounter NDHHS case plans that are inappropriate, incomplete, unrealistic, or outdated.[34] This is based on a series of findings that local boards are required to make about the NDHHS case plan for every child reviewed after a careful analysis of the plan and related documentation. Local boards also consider if courts have effectively ordered services to meet the permanency plan and made sure plans are complete.

Individual findings regarding case planning for reviews conducted FY2016-17 are described next.

A. SAFETY MEASURES IN THE NDHHS CASE PLAN

NDHHS is to evaluate safety of each child and take necessary measures in the NDHHS case plan to protect that child. As part of the FCRO's oversight mission, the FCRO determines whether this has occurred each time it conducts a review.

For 97.5% of cases reviewed in FY2016-17, NDHHS had taken appropriate safety measures. This is the same as the prior fiscal year. For 28 children NDHHS had not taken appropriate safety measures, and for 63 children it was unable to be determined if NDHHS took adequate safety measures.

If the FCRO finds that safety measures have not been included in the plan, the FCRO immediately communicates this to all parties so that deficits can be immediately remedied.

B. NDHHS CASE PLAN COMPLETENESS

NDHHS is to prepare a complete plan with services, timeframes, and tasks specified, and submit this to the courts. The courts can order the NDHHS case plan as is, modify the plan, or order NDHHS to create a new plan.

In the previous fiscal year, NDHHS had a complete plan for 85% of cases. In this fiscal year, the percentage is about the same with **87% having complete plans.** In addition 158 had an incomplete plan; 304 had an outdated plan in need of updating; and 18 had no plan prepared by NDHHS.

Areas that still need improvement include the following situations:

- A plan or concurrent plan is adoption, but all goals reflect reunification.
- A plan does not address a non-custodial parent.
- A plan does not address paternity, if not already established.
- A service to address an adjudicated issue is not included in the plan.
- A plan is missing goals, or timeframes, or tasks.
- A plan doesn't include all children that should be in the plan.

[34] Plans are to be updated at least once every six months the child is in care.

C. COMPLETENESS OF COURT-ORDERED PLAN

Once a NDHHS case plan is submitted to the courts, the court is to order a rehabilitative plan. The Court-ordered plan needs to be complete, as this is what controls the actions various parties need to take in order for children's cases to move forward to a timely conclusion.

3,529 of the cases reviewed had a court-ordered plan (228 the case was still predisposition so no court-ordered plan would have existed). The FCRO found that **96% had a court order that contained a complete plan. This is an improvement from the prior fiscal year when 87% had a complete plan.**

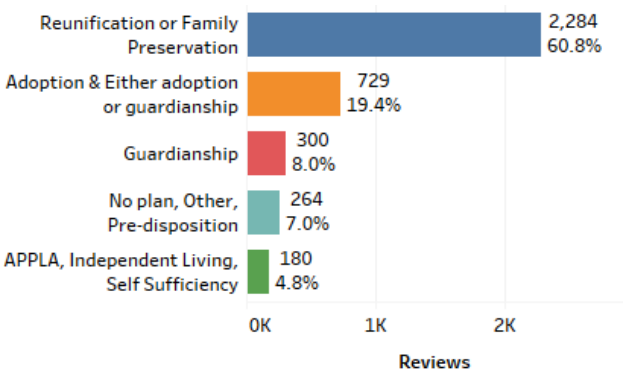
For 116 the court ordered plan was incomplete, and for 41 there was no court order that contained a plan.

D. COURT-ORDERED PERMANENCY OBJECTIVE TYPES

Figure 2.11 shows the primary objective entered by the court for children at time of review. The majority of children reviewed have a plan of reunification **(60%)** with one or both parents followed by adoption and/or guardianship **(27%)**, which is about the same as the prior fiscal year.

This is simply a measure of whether goals exist, not the appropriateness of that goal. [Appropriateness is described later.]

Figure 2.11: Primary Plan Objective, n=3,757



Based on NDHHS wards in out-of-home care reviewed FY2016-17.

E. COURT-ORDERED PERMANENCY OBJECTIVE APPROPRIATENESS

Courts are to determine the appropriate permanency objective at each and every review hearing. After a thorough analysis of available information about the child's case, local boards determine whether or not the primary permanency objective or goal (reunification, adoption, guardianship, etc.) is the most fitting for the individual child being reviewed.[35] If the goal listed does not match circumstances then the board would find a goal inappropriate.

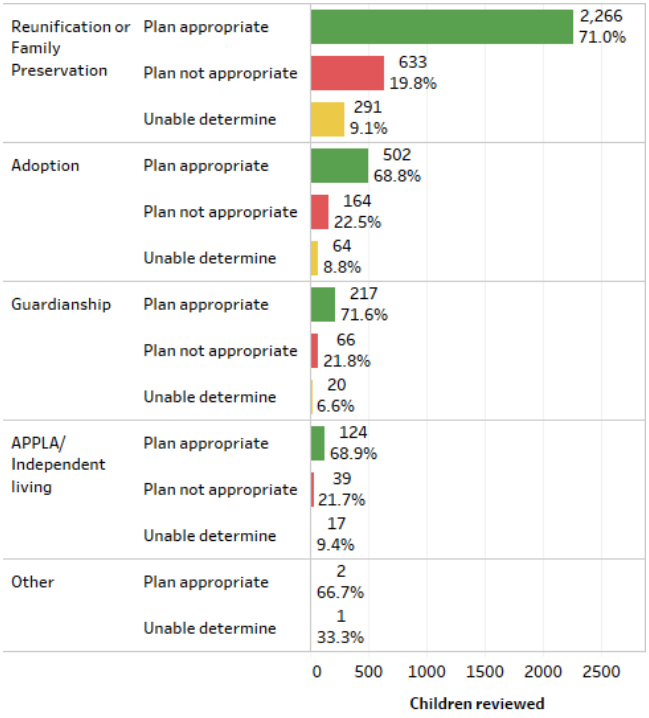
Some examples of inappropriate goals:

- The goal is reunification, but the child's been in out-of-home care for 24 months and the parent has not yet demonstrated *any* increased capacity to keep the child safe.
- The goal is adoption, but the child is 17 and *no* adoptive family has been identified.
- The goal is guardianship, which may not be permanent, and the child is very young.

[35] Unable to be determined may include when there are pending evaluations that could change case goals, or a lack of documentation regarding progress, or the objective was only recently ordered by the courts and services are still being arranged.

Regardless of the permanency objective, in approximately 70% of the cases local boards agreed with the court's permanency objective as shown in **Figure 2.12**, and local boards found the permanency objective inappropriate for approximately 20%. And, roughly 10% of the cases reviewed lacked critical information needed to make the determination.

Figure 2.12: Appropriateness of Primary Objective, n=3,757



Based on NDHHS wards in out-of-home care reviewed FY2016-17.

FCRO staff actively advocate with all stakeholders involved in the case in situations where a local board feels a permanency objective is not appropriate in order to ensure that the best interest of children are being met.

Many times these decisions are being made not because it is in the best interest of the child but rather failure to correctly apply relevant law and policies.

PROGRESS BEING MADE TOWARDS PERMANENCY

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS TO NDHHS

1. Better write, monitor, and document case goals so that any case with a lack of progress gets appropriate attention and actions.

RECOMMENDATIONS TO LEGAL SYSTEM

1. Appropriately hold parties accountable to ensure effective case progression.
2. Appropriately utilize concurrent planning as a means to ensure timeliness of permanency.

BASIS FOR RECOMMENDATIONS

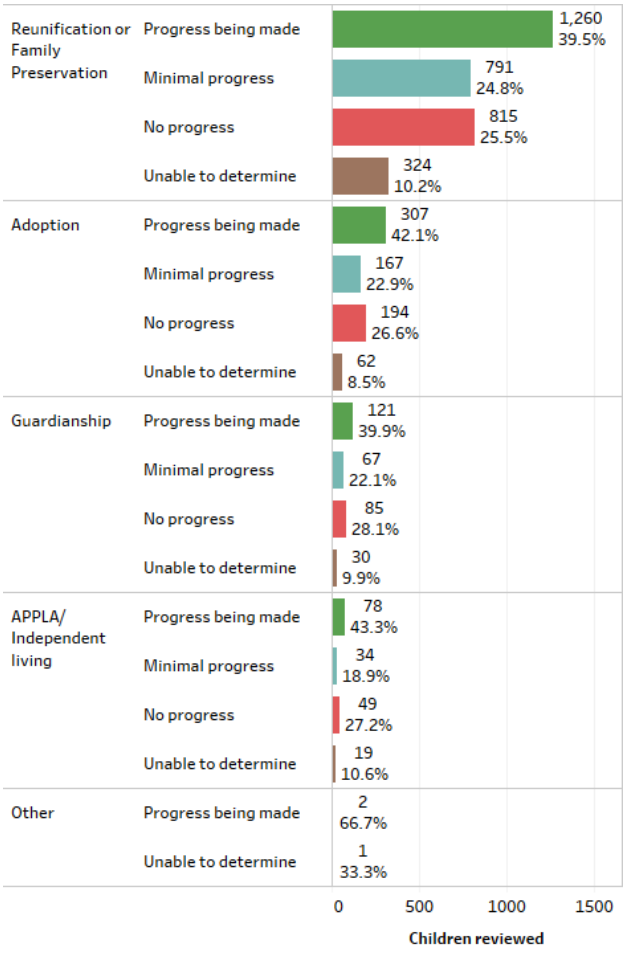
Another finding (**Figure 2.13)** made by local boards during case file reviews is whether or not progress is being made towards achieving the permanency objective. This finding is made after considering all available documentation and stakeholder information.

It is unacceptable that for 1,123 cases (29.9%) reviewed clearly no progress is being made, and for another 1,109 (26.9%) only the most minimal progress is being achieved. There was no improvement since the last fiscal year.

In other words **for over half of children reviewed, cases are stagnating and permanency is still far away.** This could be due to lack of parental engagement or necessary services not being provided.

Thus, it is no surprise that many children have long stays in out-of-home care. **All parts of the child welfare system should be working towards the same goal – permanency.**

Figure 2.13: Progress Towards Permanency, n=3,757



Based on NDHHS wards in out-of-home care reviewed FY2016-17.

REASONABLE EFFORTS TO ACHIEVE PERMANENCY

NDHHS is obligated to make reasonable efforts to preserve and reunify families if this is consistent with the health and safety of the child.[36] If the court finds that reunification of the child is not in his or her best interests, NDHHS is then required to make reasonable efforts to ensure that necessary steps are in place to achieve permanency for that child.

Juvenile courts make determinations of reasonable efforts on a case-by-case basis. A finding that the State failed to provide reasonable efforts has significant consequences to NDHHS, such as disqualification from eligibility of receipt of federal foster care maintenance payments for the duration of the juvenile's placement in foster care.

The FCRO makes an independent finding at each review on whether "reasonable efforts" are being made towards achieving permanency. NDHHS was making reasonable efforts in **98.8%** of all the cases where the FCRO was able to make the determination.

Remember, NDHHS reasonable efforts should not be expected to *always* translate into progress being made. For example, NDHHS may be offering appropriate services, doing appropriate assessments, and the like, but parents may still be disengaged.

CONCURRENT PLANNING AND OBJECTIVES

Statute permits, but does not require, courts to include a concurrent permanency objective in its court-ordered plan. For example, the primary plan may be reunification, but the concurrent plan is adoption.

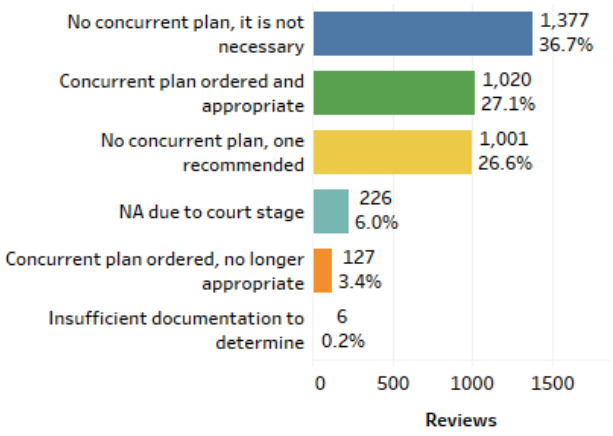
When there is a concurrent plan in the court order, NDHHS must make reasonable efforts towards this plan as well. For example, if there is a concurrent plan of adoption then NDHHS needs to begin or complete the process of determining if there is a potential adoptive home identified, ensuring that paternity issues have been addressed, and possibly discussing a relinquishment of parental rights with parents. By doing so, if reunification is no longer a viable goal, then no time is wasted in shifting to a plan of adoption.

Figure 2.14 on the next page shows whether the court ordered a concurrent plan, and if so did it have an appropriate goal.

As the table illustrates, local boards often concur with the court's decision but i**n 26% of cases reviewed, a concurrent plan should have been ordered by the court was not.** This is the same as the prior fiscal year.

[36]Required unless a statutory exception of "aggravated circumstances" is found by the juvenile court, or the juvenile court has adopted another permanency objective.

Figure 2.14: Concurrent Plan, n=3,757

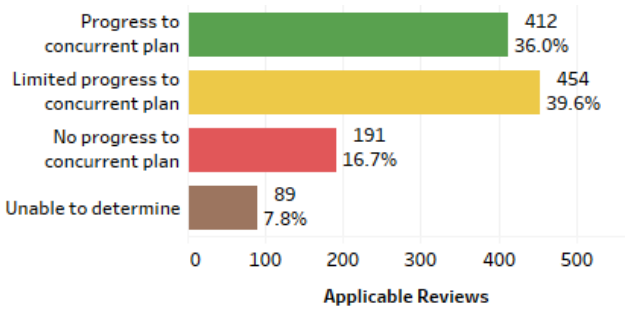


Based on NDHHS wards in out-of-home care reviewed during FY2016-17.

Figure 2.15 indicates if there is sufficient progress being made toward a concurrent goal. Too often the concurrent goal is in name only, with insufficient action being taken toward that goal.

In the majority of cases, partial or no progress was being made. Lack of reasonable efforts can cause delays in permanency for a child.

Figure 2.15: Progress to Concurrent Plan, n=1,146



Based on NDHHS wards in out-of-home care reviewed during FY2016-17. Does not include cases where due to stage of court proceedings or other reasons there was no concurrent plan.

As a system, concurrent planning must be utilized and reasonable efforts to meet the concurrent plan must be implemented so that children do not languish in out-of-home care.

IMPACT ON PERMANENCY OF CASEWORKER CHANGES

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS TO THE LEGISLATURE

1. Review and amend the caseload formula to ensure calculations are meaningful and not overly complicated. Make the formula more reflective of the case management supports needed for children under NDHHS supervision.

2. Provide funding for adequate numbers of caseworkers and supervisors, and then ensure compliance with caseload standards.

RECOMMENDATIONS TO NDHHS

1. Develop adequate supports, training and mentoring for caseworkers, whether employed directly by NDHHS or by a NDHHS contractor. Ensure supervisors have adequate supports and training so they, in turn, can better support their staff.

RECOMMENDATIONS TO STAKEHOLDERS

1. Ensure that the Nebraska Children's Commission continues to work on an in-depth study into workforce issues as required by the Nebraska statutes.

BASIS FOR RECOMMENDATIONS

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 is critical for children to achieve timely and appropriate permanency.

The number of different caseworkers assigned to a case is significant because worker changes can create situations where:

1. There are gaps in information transfer and/or documentation, sometimes on more than one transfer. This includes maintaining an accurate history of the parent's reactions during parenting time (visitation) and 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.
2. New workers lack knowledge of the case history needed to determine appropriate service provisions and recommendations on case direction.
3. New workers are often unfamiliar with quality and availability of services in the community.
4. Effective case management is based on the creation of relationships and trust which take time.
5. Supervisor time is needed to continuously recruit and train new personnel or cover vacant caseloads.
6. Funds that could have been used for direct services are instead needed to pay for repeated recruitment, training, and related costs.

One often-quoted study from Milwaukee County, Wisconsin, **found that children that 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.[37] The University of Minnesota also found that caseworker turnover correlated with increased placement disruptions.[38]

CASEWORKER CHANGES AS REPORTED TO THE FCRO BY NDHHS[39]

The FCRO gathers information about the number of workers that children have had while in out-of-home care over their lifetime as reported by NDHHS. In other words, that each child had worker "A" for a period of time followed by worker "B", etc. This includes both case managers from NDHHS and from the lead agency.

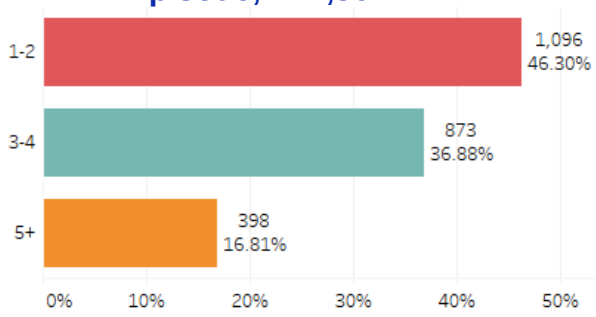
FCRO data on worker changes only reflects the reported number of case workers while children are in out-of-home care, **but does not include the number of caseworkers prior to removal, or if placed under NDHHS supervision in the parental home prior to initial removal** – thus the actual number of worker changes is likely higher for some children.

In order to assess caseworker changes, the FCRO conducted an analysis of an entry cohort of children who entered foster care during the 2015-2016 fiscal year and remained in care for over 7 days (n=2,367)[40]. Just over 2/3 of the sample (n=1,509) had exited care by November 15, 2017. The remaining 36.3% (n=858) were still in care as of November 15, 2017.

In previous years, the FCRO has reported the total number of caseworkers a child has had during their lifetime experiences in out-of-home care. After some discussion with stakeholders, we changed this measure to reflect the number of caseworker changes for **a single episode in out-of-home care**. For children who reside in the Eastern Service Area and are served by the Nebraska Families Collaborative, the data represent the number of Family Permanency Specialists (or FPSs) assigned to the case. For children who reside outside of the Eastern Service Area, the data represent the number of Case Managers assigned to a case.

As shown in Figure 2.16, almost **17%** of the youth in out-of-home care experienced 5 or more caseworker changes during a single episode. Additionally, **36.9%** experienced 3 to 4 caseworker changes during a single episode in care.

Figure 2.16: Caseworkers during Episode, n=2,367



[37] Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff, January 2005.

[38] PATH Bremer Project – University of Minnesota School of Social Work, 2008.

[39] The FCRO has determined that there are a number of issues with the way that NDHHS reports the number of caseworker changes. Therefore, this information is issued with the caveat "as reported by NDHHS."

[40] Caseworker information was missing for 20 youth, therefore they are excluded from this analysis. All of these youth were located in the Eastern Service Area.

Figure 2.17 examines the number of caseworkers while controlling for the amount of time in care. Unsurprisingly, the longer a child is in care, the more likely they are to have more than 2 caseworkers. While it is understandable that changes in the workforce would be more likely to affect the children who have been in the system the longest, it is also concerning that those who likely have the most complicated and difficult cases would also have the most disruption via caseworker changes. Over ¼ of the children who are in care for over 18 months have had 5 or more caseworkers. Even some children with short stays of out-of-home care experience significant caseworker changes. It is unacceptable that any child would have five or more caseworkers if they are in care for less than six months.

Figure 2.17: Caseworkers during Episode by Length of Episode, n=2,367

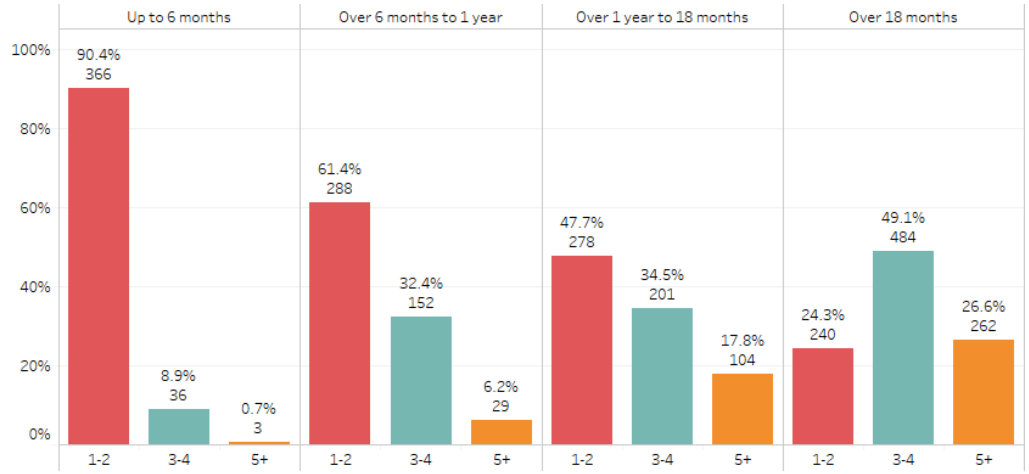
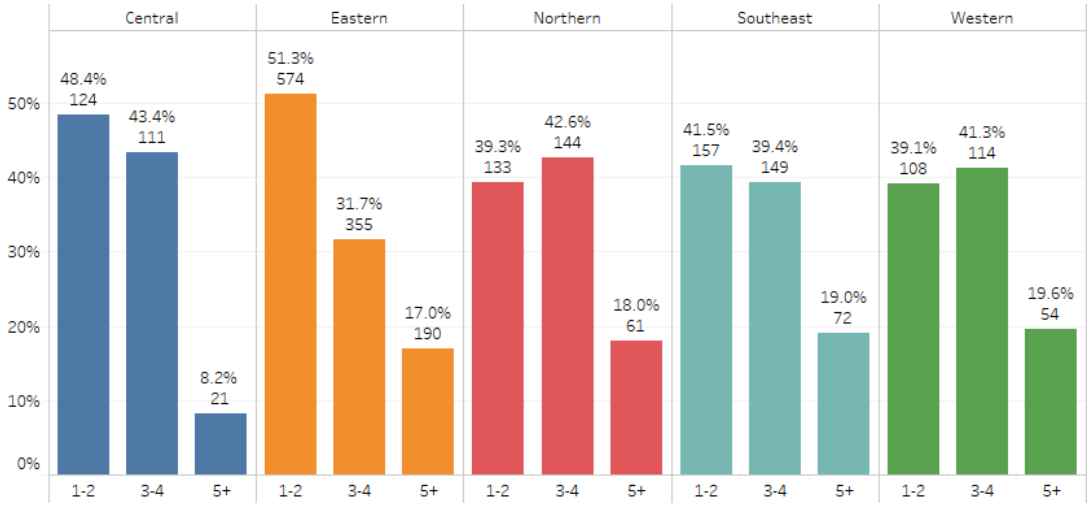


Figure 2.18 examines the number of caseworkers by service area to point out regional variances.[41] For example, the Central Service Area has a lesser percentage with 5 or more workers than the other areas.

Figure 2.18: Caseworkers during Episode by Service Area, n=2,367



[41] See Appendix A, which lists counties and their corresponding service area.

PERMANENCY AS SHOWN BY PARENTAL ENGAGEMENT AT VISITATION (PARENTING TIME)

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS TO NDHHS

1. NDHHS, through its contracts, needs to ensure that all parenting time/visitation services are goal-orientated and progress-driven surrounding three core principles: strengthening core life skills, developing appropriate relationships, and reducing external sources of stress. Contracts should include the utilization of outcome-based uniform reports by all service providers to effectively gauge parental progress and ability to parent their child.

BASIS FOR RECOMMENDATIONS

Courts order supervision of parental visitation when there is evidence that the child could be at significant risk if parents were allowed unsupervised contact. The purpose of supervising parent/child contact is to ensure safety as the system:

- Meets the child's developmental and attachment needs;
- Assesses and improves the parent's ability to safely parent their child; and,
- Determines appropriate permanency goals and objectives.

One of the clearest indicators of parental improvement and engagement are whether or not they are visiting their children.

Research shows that children that have regular, frequent contact with their family while in foster care experience a greater likelihood of reunification, shorter stays in out-of-home care, increased chances that reunification will be lasting, and overall improved emotional well-being and positive adjustment to placement.[42] Chances for reunification for children in care increase tenfold when mothers visit regularly as recommended by the court.[43]

In order to best facilitate family visitation, there needs to be a well-trained workforce that is knowledgeable regarding parenting practices and child development. Additionally, all referrals to service providers by case managers need to contain specific visitation goals that can be measured. This ensures that both parents and their visitation supervisors know what is expected of them and progress can be shown.

All reports by service providers should be in a uniform format based on progress made. Visitation reports are evidence needed by courts to ensure reasonable efforts are being made, to determine parental compliance and progress, and to ensure timely permanency.

FCRO FINDINGS ON VISITATION

During reviews the FCRO gathers information on parent-child visitation as this is a key indicator of whether reunification efforts may be successful, and an indication

[42] Partners For Our Children, Washington State, Family Visitation in Child Welfare, April 2011.

[43] Davis et al, in Parent-Child Visiting, by Amber Weintraub, April 2008, National Resource Center for Family-Centered Practice and Permanency Planning, at the Hunter College School of Social Work, a service of the Children's Bureau/ACF.

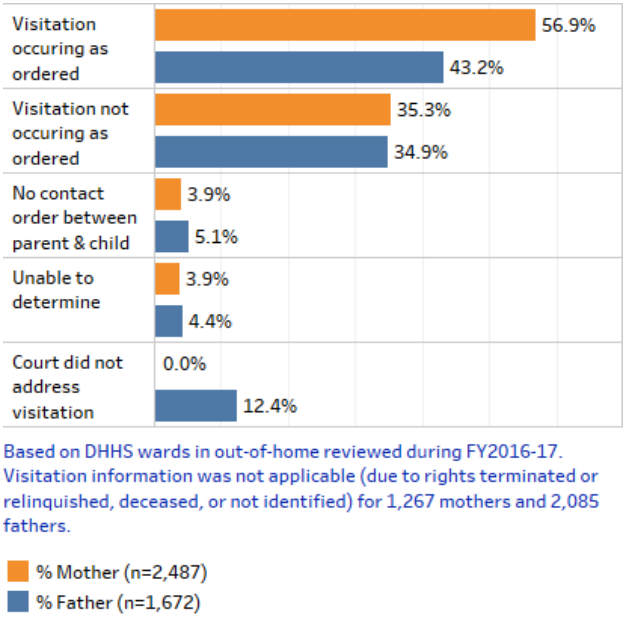
of whether children's attachments to the parents are being built or maintained.

Figure 2.19 shows that slightly more than **1/3rd of parents court-ordered to have visitation were NOT consistently visiting their children.**[44]

Whenever parents are not consistently visiting their children, the system needs to determine if there is a barrier to the visits that needs correction (like parents needing help to obtain transportation or visitation being scheduled during the parent's work hours). If no such barrier exists, then the system needs to seriously consider other permanency objectives or concurrent objectives. As reported in the June 2017 FCRO Quarterly Report, lack of visitation with mother has a statistically significant impact on the amount of time a child spends in care.

The system needs to ask "how can a healthy and permanent relationship form and grow between a parent and child when a parent does not see their child(ren), particularly if the only impediment is parental desire to do so?"

Figure 2.19: Status of Visitation with Parents



[44] See page 39 for additional information on a lack of progress towards permanency.

PERMANENCY AND SERVICES FOR PARENTS

A means for addressing reasons children were removed from the home

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS TO NDHHS

1. Provide crisis stabilization services in these key areas: 1) as early intervention to prevent a child's removal from the home, 2) to maintain children safely in the home with system oversight when necessary, and thus prevent a removal, 3) when children transition home and 4) to support foster homes and reduce placement disruptions.
2. Develop services that are goal-driven and outcome-based through developing and supporting services that focus on strengthening core life skills, developing responsive relationships and reducing external sources of stress.

RECOMMENDATIONS TO THE LEGAL SYSTEM

1. Ensure that the adjudicated reasons are appropriate to meet the needs of successful reunification.
2. Ensure that court orders specify what services need to be successfully completed.
3. Conduct review hearings every three months to effectively gauge progress.

BASIS FOR RECOMMENDATIONS

Services are not limited to parental rehabilitation; children that have experienced abuse or neglect and removal from the home often need services to address their trauma, sometimes over a prolonged period. 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.

SERVICES FOR PARENTS

If parents still have parental rights and were included in the adjudication, they are normally ordered to complete services designed to help correct the adjudicated issues that led to their children's removal from the home.

There are two primary components of services for parents that must be considered: 1) if all needed services are being offered or made available to the parents, and, 2) if so, is the parent compliant. Data regarding these two components are collected with each review conducted.

Over **95%** of applicable parents are offered services, however not all parents take advantage of these services.

Of **mothers** ordered to participate in services, **67% were fully or partially compliant,** while 30% were non-compliant.

Of **fathers** ordered to participate in services, **58% were fully or partially compliant,** while 36% were non-compliant.

Since compliance with services is one means for addressing progress to permanency, it is unacceptable that for **5%** of fathers and **4%** of mothers there was no information on this key metric available in children's files.

Compliance needs to be accurately measured and documented. If there is noncompliance stakeholders must determine whether it is due to a lack of engagement by the parent or due to barriers beyond the parent's control (such as timing of service availability, waiting lists, lack of transportation to and from services). Then the right actions can be taken and cases can progress as quickly as possible.

PERMANENCY AND RE-ENTRY INTO OUT-OF-HOME CARE

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS TO THE CHILD WELFARE SYSTEM

1. Continue collaborative efforts to address the issue of adoption and guardianship disruptions within the child welfare and the juvenile probation systems.
2. Examine reasons for re-entry and the corresponding availability of supports to prevent re-abuse or re-entry into foster care just to access services not available elsewhere.

BASIS FOR RECOMMENDATIONS

Many children enter foster care, go home to bio-parents, adoptive parents, or legal guardians, and then are removed from home again. Repeat removals from home can be damaging to children for many reasons. Prior to a re-entry children may have experienced another episode of abuse or neglect. Children that re-enter care may have unmet needs (such as treatment for trauma).

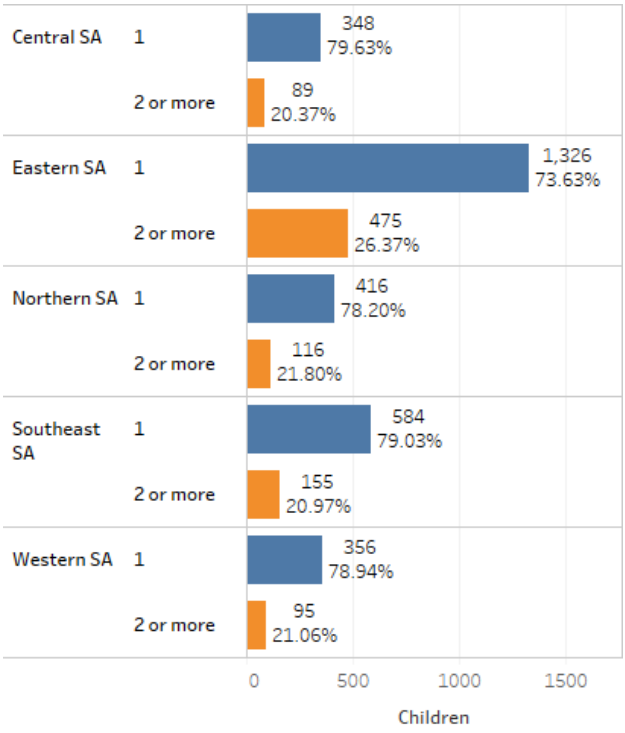
Figure 2.20 shows NDHHS Wards in out-of-home care on June 30, 2017**,** by the number of lifetime removals from the home. The table answers the question on whether there were differences in rates of re-entries between different NDHHS service areas.

Children's past traumas as manifested in behaviors or mental health issues are a more frequent reason for a second removal than for a first.[45]

In the Eastern Service Area (metro Omaha) 26% of the children in out-of-home care on June 30, 2017, had at least one prior removal. In the remainder of the State about 21% of the children in out-of-home care had at least one removal.

Statewide **23%** of NDHHS wards in out-of-home care on June 30, 2017, had been removed from home more than once. **That is an improvement from the prior fiscal year, when 28% had prior removals.**

Figure 2.20 – Times in Care by Service Area



Based on DHHS wards in out-of-home care on 6/30/2017.

[45] See page 21 for more information about reasons for removal.

PERMANENCY AND PATERNITY (FATHER) IDENTIFICATION

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS TO NDHHS AND THE LEGAL SYSTEM

1. Ensure that rights of the biological father are appropriately addressed by stakeholders and courts from the time of removal. Ensure that legal actions are immediately instituted to establish father's legal rights.

BASIS FOR RECOMMENDATIONS

The federal *Fostering Connections to Success and Increasing Adoptions Act* (PL 110-351, 2008) requires that NDHHS apply "due diligence" in identifying relatives within the first 30 days after a child is removed from home.

In spite of the federal requirement and the common sense need, for many children paternity is not identified promptly, if at all. Whether or not the father is a suitable caregiver for his child, and the father's due process and constitutional parental rights must be addressed if the child's well-being is to be provided for adequately.

Some national researchers have noted:

> "The lack of engagement by non-resident fathers[46] might, at least in part, reflect the fact that caseworkers do not have the same expectations for fathers as they do for mothers. Perhaps non-resident fathers are simply responding to low expectations – expectations that likely mirror those of the community and society in general."[47]

Other national research shows the following about non-resident fathers:

> "Children whose non-resident fathers were contacted by child welfare had shorter periods of time in the child welfare system compared to children with unknown non-resident fathers, or children whose non-resident fathers were known, but not contacted."[48]

Figure 2.21 on the next page shows the status of father's rights at the time of the FCRO review.

- **Two thirds (66%) of fathers** in the cases reviewed by the FCRO were known to the stakeholders and had parental rights intact. This is slightly more than the previous year.
- Reviews typically occur at least six months after removal. Thus it is especially concerning that **5% did not have a father identified at the time of review**, and another **7% had a purported father identified but paternity was not yet legally established**.

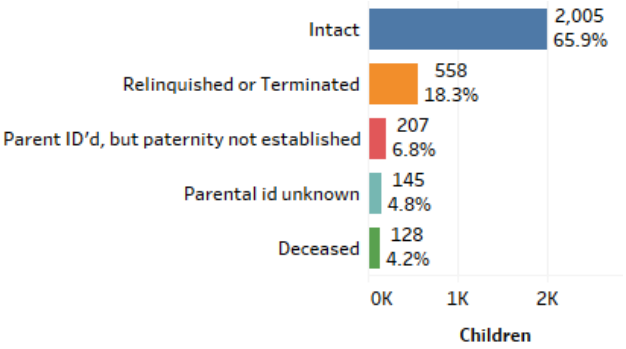
[46] Non-resident father refers to fathers that were not living in the same home as the child.

[47] Malm et al (2006), as quoted in Bringing Back the Dads: Changing Practice in Child Welfare Systems, American Humane Association with funding and support from the U.S. Dept. of Health of Human Services, 2011. Page 34.

[48] Malm and Zielewski (2009), as quoted in Bringing Back the Dads: Changing Practice in Child Welfare Systems, American Humane Association with funding and support from the U.S. Dept. of Health of Human Services, 2011. Page 31.

It is unfair to children and fathers when paternity is not appropriately determined.

Figure 2.21: Father's Rights, n=3,047



Based on NDHHS wards in out-of-home care reviewed during FY2016-17. This chart does not duplicate children that were reviewed more than once during that time period.

PERMANENCY AND COURT AND LEGAL SYSTEM ISSUES

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS TO THE LEGAL SYSTEM

1. Ensure compliance with the Supreme Courts' Progression Standards for juvenile courts.
2. Provide adequate judicial resources to ensure timely adjudication and case progression.
3. Improve documentation by the legal system regarding findings of permanency hearings and 15 month exception hearings.

BASIS FOR RECOMMENDATIONS

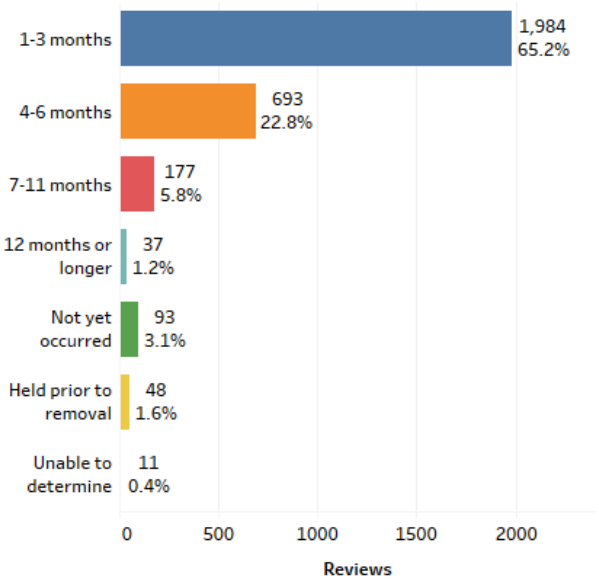
Under Neb. Rev. Stat. §43-278, the adjudication hearing must occur within 90 days of the child entering out-of-home care, unless there is a showing of good cause. This is considered a guideline rather than a mandate. Best practice for adjudication hearings is 60 days[49] and Nebraska Supreme Court Rule §6-104 was recently amended to reflect this best practice as a case progression standard for adjudication hearings in juvenile court.

Figure 2.22 on the following page shows length of time to adjudication for NDHHS wards. Based upon the case file review process, the FCRO finds that in practice **adjudication within 90 days (3 months) did not occur for 35% of children** reviewed in FY2016-17.

There are a number of explanations as to why adjudications may not happen within 90 days. Here are a few more common reasons:

- Delays if court dockets are full.
- Motions for continuance due to:
  - attempting to prevent admissions, testimony, and/or factual determinations made at adjudication from being used by the state to enhance a pending criminal prosecution;
  - parental incarceration;
  - parental transportation issues; and/or
  - legal parties not being adequately prepared.

Figure 2.22: Time to Adjudication, n=3,047



Based on NDHHS wards in out-of-home care reviewed during FY2016-17. This chart does not duplicate children reviewed more than once during that period.

[49] Gatowski, S., Miller, N., Rubin, S., Escher, P.,& Maze, C. (2016) Enhanced resource guidelines: Improving court practice in child abuse and neglect cases. Reno, NV: National Council of Juvenile and Family Court Judges.

GUARDIAN AD LITEM PRACTICES

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

Per Nebraska statutes, GALs are to visit children they represent at least once every six months in their placement.

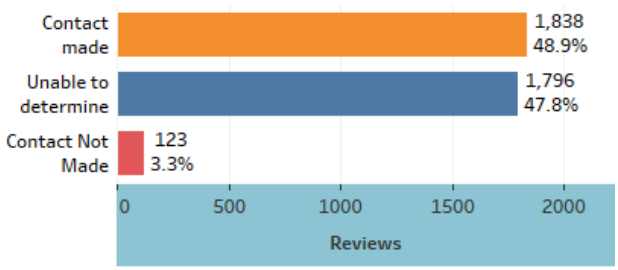
During each case file review, the FCRO attempts to obtain information on whether the GAL has contacted children within 180 days prior to review. This is derived from a variety of sources, including:

- Inquiry about the case made directly to the child's GAL. This includes inquiry with the notice of upcoming review sent to the GAL in advance of the FCRO board meeting. Notice includes the FCRO Review Specialist's phone and email contact information, and offers the GAL the opportunity to simply share their most recent GAL report for the court if that is easier and answers the question.
- Documentation/updates from the child's placement, or from older youth themselves.
- Documentation in the child's NDHHS file.

After all these attempts, **GAL contact was unable to be determined for half of children reviewed,** as shown in **Figure 2.23.**

This is a flawed system, and statutory changes regarding GAL notice to the FCRO have not yet led to improvement in this area. The FCRO will continue to closely monitor this.

Figure 2.23 – GAL Contact with Child In Past 6 Months, n=3,757



Based on NDHHS wards reviewed during FY2016-17. Measures GAL-child contact within the six months prior to the review.

Many guardians ad litem (GALs) are doing exemplary work that greatly benefits children they represent. The issue described here in no way minimizes their efforts, and the FCRO considers them vital partners in the work to ensure children's best interests are met.

CASA VOLUNTEERS

In some areas of the State courts have CASA (Court Appointed Special Advocates) programs. These are non-attorney volunteers that work with a Guardian Ad Litem and the Court by continually gathering information on a single family directly from parents, relatives, foster parents, children, teachers, medical professionals, attorneys, social workers and others involved in the cases.

The FCRO finds that CASA volunteers can be a wealth of information on children's cases. However, there are not enough CASA volunteers for all children who could benefit from their service.

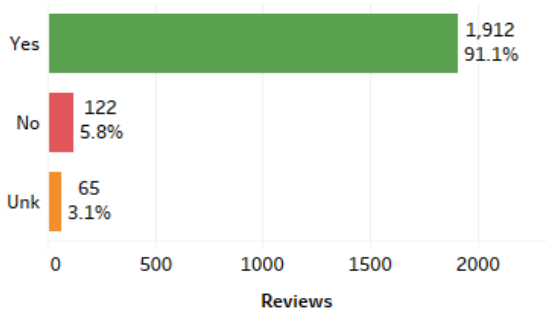
Since there is a shortage of CASA volunteers, most courts assign them to the more intensive cases or cases where children may be extremely vulnerable – such as a child with an incapacitating medical condition. **About 29% of children reviewed had a CASA appointed.**

COURT HEARINGS

Under Neb. Rev. Stat. §43-1312(3), courts shall have a **permanency hearing** no later than 12 months after the date the child enters foster care and annually thereafter. The permanency hearing is a pivotal point in each child's case during 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.

Figure 2.24 shows the status of permanency hearings for reviewed children that had been in out-of-home care for 12 continuous months or longer. In the **majority (91%)** of cases, a permanency hearing had occurred. However for about **9% of the children that court hearing either had not occurred or the documentation was such that it was unable to be determined whether it occurred or not.**

Figure 2.24: Permanency Hearing Occurred, n=2,099

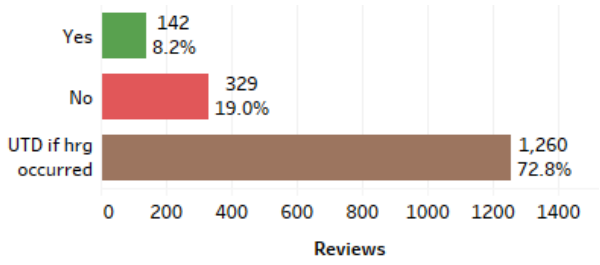


Based on NDHHS wards in out-of-home care for 12 months or longer at time of FY2016-17 review..

Exception hearings are to occur if the child has been in care for 15 of the past 22 months. It is called an exception hearing because at that point the court is to determine if there is a verified exception to requiring the prosecutor (county attorney) or GAL to file a motion for termination of parental rights for an alternative permanency objective to reunification.

For the 1,731 reviews of children in out-of-home care for 15 months or longer, **only 8% had clear documentation of exception hearings.** (**Figure 2.25**). In 73% of applicable cases reviewed, the FCRO was unable to locate any documentation regarding whether an exception hearing had occurred as required under Nebraska law. FCRO will continue to work with the legal system to improve on this requirement.

Figure 2.25: Exception Hearings, n=1,731



Based on NDHHS wards in out-of-home care for 15 months or longer at time of FY2016-17 review.

PERMANENCY AND TERMINATION OF PARENTAL RIGHTS

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS TO THE COURTS

1. Ensure that exception hearings [see prior section] occur as required, and ensure that documentation of such is clear for all the legal parties.

RECOMMENDATIONS TO THE LEGISLATURE

1. Amend Nebraska statutes to allow NDHHS attorneys to file termination of parental rights petitions.

BASIS FOR RECOMMENDATIONS

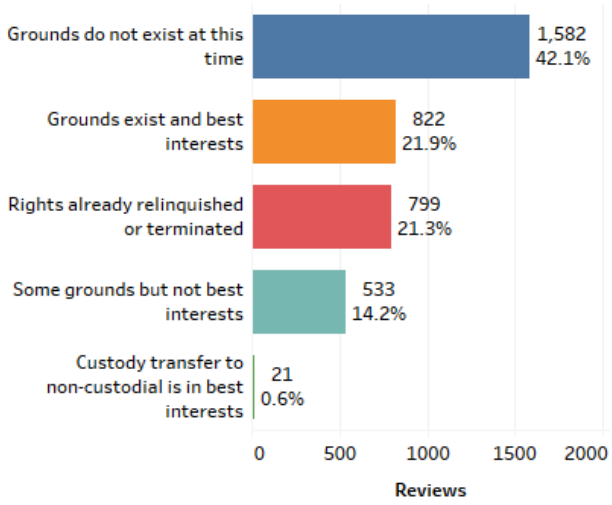
Parents have a fundamental right to the care, custody, and control of their children – but that right must be balanced with children's critical need for safety, stability, and permanency.

Termination of parental rights (TPR) is the most extreme remedy for parental deficiencies. With a TPR, parents have lost all rights, privileges, and duties regarding their children and children's legal ties to the parent are permanently severed. Severing parental ties can be extremely hard on children, who in effect become legal orphans; therefore, in addition to proving parental unfitness under Neb. Rev. Stat. §43-292 prosecution (county attorney) must also prove that the action is in children's best interests.

The FCRO is required by Neb. Rev. Stat. §43-1308 to make findings regarding termination of parental rights for each child reviewed: 1) if grounds appear to exist, 2) if a return to parents is likely, and 3) if return to parents is unlikely what should be the permanency goal.

Figure 2.26 illustrates the findings, starting with the status of apparent grounds for termination of parental rights. In about **22% of children's cases, grounds for a termination of rights, including best interests, appears to exist.** For about 42% grounds did not exist at time of review. That is about the same percentage as during the prior fiscal year.

Figure 2.26: Grounds for Termination of Parental Rights, n=3,757



Based on NDHHS wards in out-of-home care reviewed during FY2016-17. Shows the status as of the date of review.

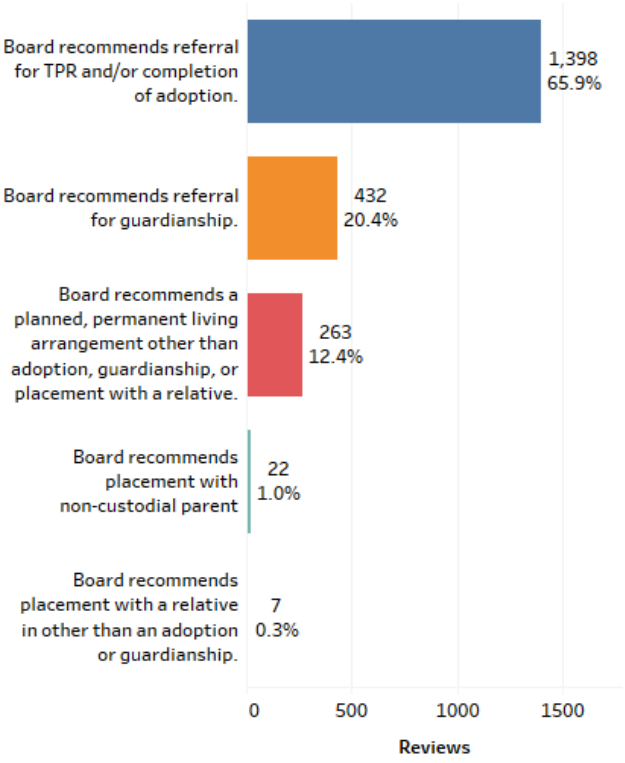
In about 43% of the cases local boards found reunification likely. For the remaining children that are unlikely to return to parents, the FCRO is required to make a recommendation on an alternative goal.

Figure 2.27 shows the boards' recommendation when return to the parent is unlikely.

Adoption, being the most permanent alternative, is generally what is recommended **(66%)**. In some cases, such as where children do not want to completely severe ties to the parents, guardianship may be the best option **(20%)**. The "other permanency" category could include preparing for adult living for youth age 16 or older **(12%).**

Whether or not return to the parents is likely, the FCRO works to ensure that children do not linger unnecessarily in out-of-home care.

Figure 2.27: Recommended Permanency if Return to Parents Not Likely, n=2,122



Based on NDHHS wards in out-of-home care reviewed FY2016-17. Does not include cases where return to the parents may be likely.

PERMANENCY AND LENGTH OF TIME IN FOSTER CARE

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS TO THE CHILD WELFARE SYSTEM

1. Ensure that all courts hold a 15-month exception hearing as required by Nebraska law to determine if a termination of parental rights petition needs to be filed against the parents. Once this determination has been made by the courts, legal parties must immediately implement the court's order. The exception hearing needs to be periodically reviewed until permanency is achieved.
2. Enact legislation requiring that all children are present at court hearings. By having children present in court, children will have a voice and legal parties will place the best interest of children first. This would require all parties to be trauma-informed and sensitive to the needs of the individual children and youth.
3. Hold court review hearings every 3 months so that cases are progressing in the most expedient manner. Through more frequent reviews, all parties involved in the case can be held accountable.

BASIS FOR RECOMMENDATION

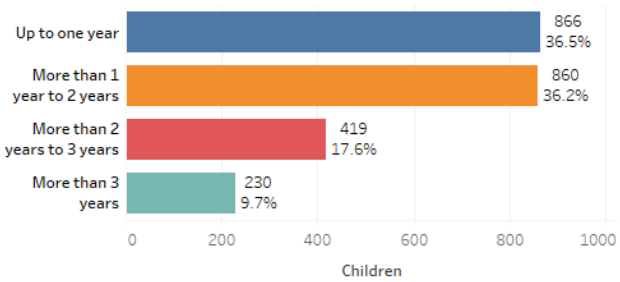
Time in foster care is not a neutral event in a child's life. There are risks to leaving a child in the parental home after reports of abuse or neglect, and there are risks to placing a child in foster care. A trauma-informed child protection system needs to be knowledgeable about potential short- and long-term impacts on disruptions in attachment relationships, especially for the youngest children. This has appropriately been called "institutional neglect."

MONTHS IN OUT-OF-HOME CARE

The negative effects of living in foster care increases with the time children spend in out-of-home care. **Figure 2.28** that follows shows the length of time from the most recent removal from the home for NDHHS wards that left out-of-home care during FY2016-17.

For children that have been removed from the home more than once, this does not include time in out-of-home care during past removals; thus many children spend a significant number of months out of the home.

Figure 2.28: Length in OOH Care Most Recent Removal For Children Exiting Care During FY2016-17, n=2,375

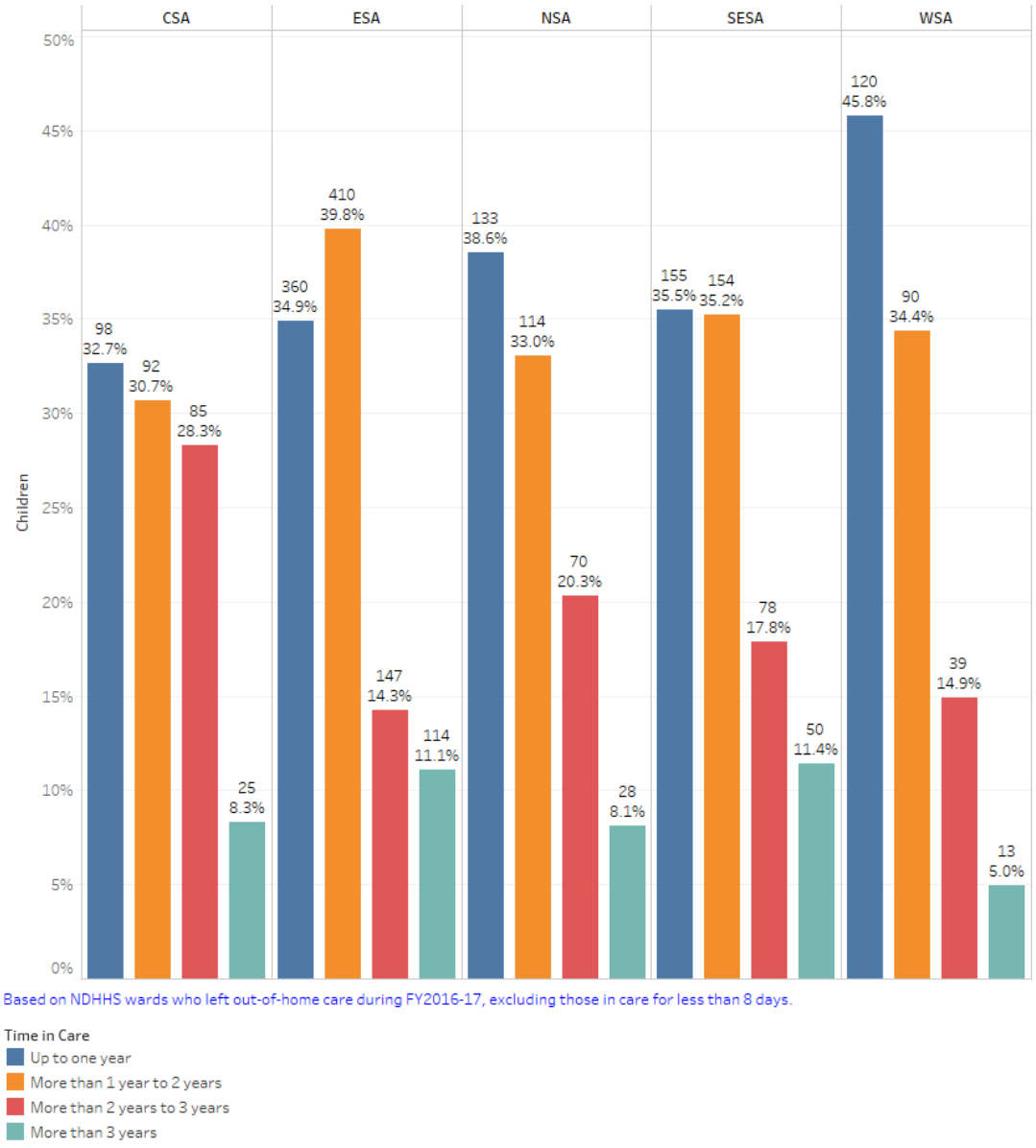


Based on NDHHS wards who left out-of-home care during FY2016-17, excluding those in care for less than 8 days.

It is particularly concerning that over a fourth (27.3%) of the children leaving care during the fiscal year had been in out-of-home care for two years or longer. From a child's perspective this is a very long time. Furthermore, Nebraska statutes clearly state that other permanency objectives must be considered when a child has been out-of-home for 15 out of 22 months.[50]

Figure 2.29 shows the length of time in care data previously discussed and adds service area to point out regional differences. More research is needed to determine why such differences exist.

Figure 2.29 – Length in OOH Care Most Recent Removal for Children Exiting Care During FY2016-17 by Service Area, n=2,375



[50] See page 60 for information on why these children left care.

There are several factors that may affect the length of time that a child will be in care. The June Quarterly Report[51] of the FCRO outlines several factors that affect length of stay:

1. **Experiences/disruptions to the foster care experience**. The number of caseworker changes, placement changes, re-entries into care, and times missing from care are all correlated to the length of time a child will spend in care.
2. **Exit reason**. The reason a child exits the foster care system is correlated to the length of time they will spend in care. Children who are reunified with their parents typically spend the least amount of time in care, followed by children who exit via guardianship. Children who are adopted spend more time in care, and children who exit because they age out of the system spend the most time in care. This final group is leaving the foster care system without a permanent family structure in place.
3. **Visitation with mother and siblings**. Children with regular visitation with their mother and their siblings are more likely to exit the foster care system in less than 18 months.
4. **Parental rights and the court process**. Children who are in care for more than 18 months are more likely to have their parents' rights terminated than those who exit within 18 months. Another key difference between children in care less than 18 months and children in care more than 18 months is the time to adjudication. Children in care more than 18 months typically take ½ a month longer to reach adjudication. While the difference is relatively small, this can serve as an early signal to future delays.
5. **Special needs of youth**. Children with a disability diagnosis or a mental health diagnosis are more likely to be in care for over 18 months. This points to the continued need for specialized placements and services for children with mental health and disability diagnoses in order to encourage faster time to permanency.

[51] The Nebraska Foster Care Review Office Quarterly Report. June 1, 2017. http://fcro.nebraska.gov/pdf/FCRO-Reports/2017-q2-quarterly-report-2.pdf

PERMANENCY AND REASONS FOR EXITS FROM WARDSHIP

RECOMMENDATIONS TO THE CHILD WELFARE SYSTEM

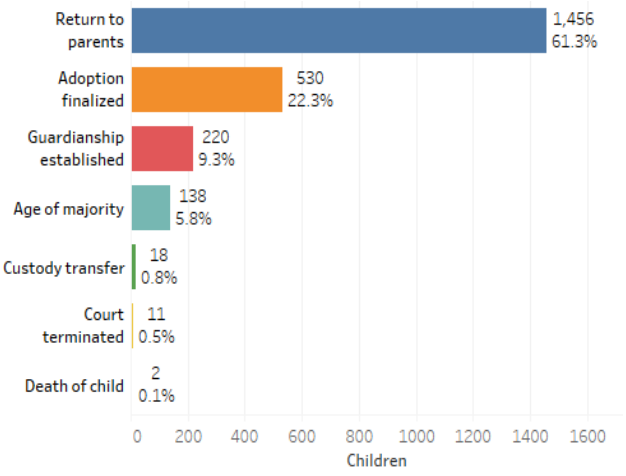
- Ensure case progression occurs as expeditiously as possible, regardless of the reason for leaving the foster care system.

BASIS FOR RECOMMENDATIONS

Most (**61%**) Nebraska children that leave the foster care system return to their parents. Others are adopted (**22%**), have a legal guardianship finalized (**9%**), reach the legal age of majority/adulthood (**6%**), or a custody transfer (usually to another state or a tribe).

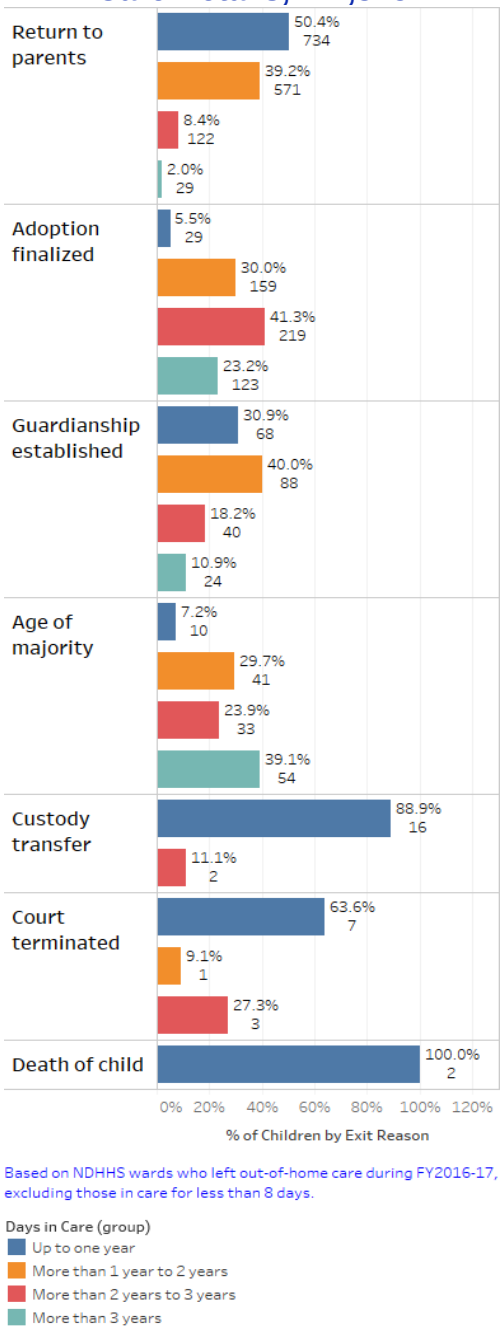
Figure 2.30 shows reasons for exit for the children that left out-of-home care during FY2016-17.

Figure 2.30: Reasons NDHHS Wards Left Care during FY2016-17 n=2,375



It is also interesting to look at the length of time it took this cohort of children to reach permanency based on the permanency type (**Figure 2.31**).

Figure 2.31: Reasons NDHHS Wards Left Care during FY2016-17, with Time in Care Details, n-2,375



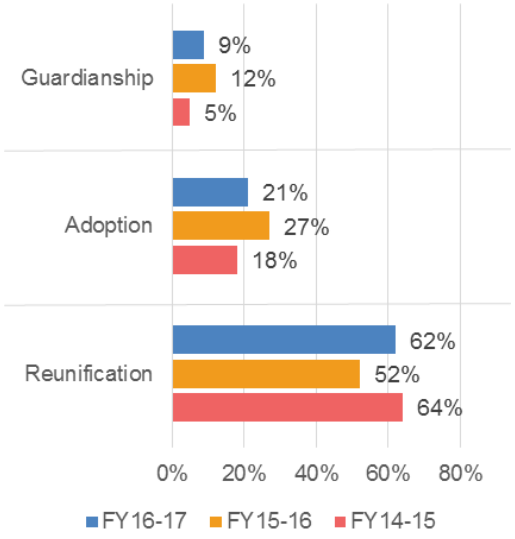
Key points from **Figure 2.31** on the previous page:

- 10% of reunifications took over two years.
- 65% of adoptions from foster care take over two years to complete (this includes time spent attempting reunification, time spent while terminating parental rights, time spent waiting for TPR appeal decisions, and time spent waiting the completion of the legal adoption).
- 29% of guardianships took over two years.
- 64% of children who became legal adults (age of majority) before achieving permanency, had been in out-of-home care two years or longer.

Comparison by year

Figure 2.32 shows some interesting patterns regarding exit reasons for the last three years. In FY15-16, the percentage of adoptions and guardianships increased while the percentage of reunifications decreased. However, in FY16-17, the distribution of adoptions, guardianships, and reunifications more closely mirrors the patterns from FY14-15.

Figure 2.32: Exit Reasons by Year



Comparison to national statistics

Every state has its own approach to foster care, so national statistics are at best a "ball-park" look at foster care throughout America. Nonetheless, it can be interesting to compare Nebraska to national averages.

The national percentages below were compiled by the Annie E. Casey foundation (aecf.org) using statistics that states are required to submit to the Federal Health and Human Services Children's Bureau. The latest year available was 2015.

Exit Reason	Nebraska	National
Reunification	62%*	51%*
Adoption	21%	21%
Guardianship	9%	9%

*It appears that Nebraska exceeded the national average for reunification, but this may be misleading. In some states formal cases are closed when children are placed with relatives and those states do not report subsequent reunifications; however in Nebraska cases of relative placement remain open and subsequent reunifications are reported.

WELL-BEING AND NDHHS WARDS IN OUT-OF-HOME CARE

In this subsection, the Foster Care Review Office details specific well-being measures and outcomes. Well-being means a child has the internal resources to successfully deal with the challenges of day-to-day life. This section on well-being includes an analysis of data regarding access to mental and physical health services and educational services.

WELL BEING AND MAINTAINING CONNECTIONS WITH SIBLINGS -- AN INTEGRAL ROLE FOR PLACEMENTS

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS TO ALL STAKEHOLDERS

1. Ensure siblings are given the priority placement by being placed together as required. When joint sibling placement does not or cannot occur, ensure that the legal system is making the needed findings in court orders.
2. If it is legally determined that siblings cannot be placed together, appropriate and consistent contact needs to occur among the siblings unless it would be detrimental to the child to do so. Such visits should focus on sibling bonds, therefore, they should occur outside of parental visitation sessions.

BASIS FOR RECOMMENDATIONS

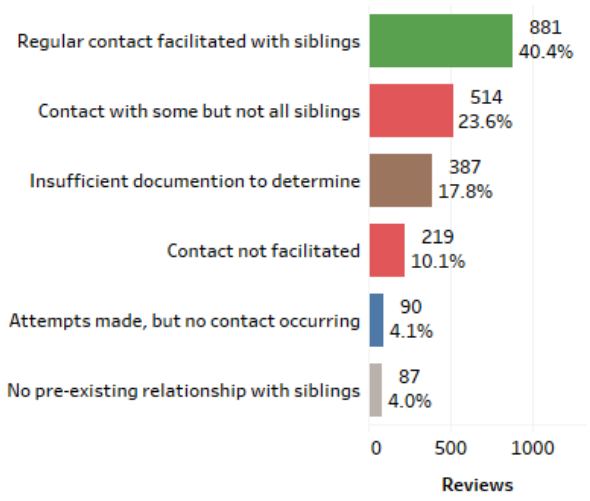
Children that have experienced abuse or neglect may have formed their strongest bonds with siblings. It is important to keep these bonds intact, or children can grow up without essential family and suffer from that loss. In the absence of being placed together, sibling bonds can be kept intact through sibling visitation.

Due to the importance of maintaining sibling connections, data is gathered during reviews regarding sibling contacts. **Figure 2.33** shows children who have siblings but are not placed with those siblings.

In 18% of the cases of separated siblings there was insufficient information on whether sibling contacts occurred or not. The percentage was the same in the prior fiscal year, so there has been no improvement.

Documentation of efforts to meet this important requirement must be improved upon.

Figure 2.33 – Sibling Contact For Separated Siblings



Based on NDHHS wards in out-of-home care reviewed FY2016-17. This chart only includes children separated from one or more siblings at time of review. [Not included are 1,331 children who were placed with all siblings, 218 children that had no siblings, and 30 children with court orders prohibiting sibling contact].

Children who are in care for extended periods of time are more likely to have minimal or disrupted contact with their siblings[52].

The sibling relationship is especially crucial to children in foster care, as it is often a source of stability for children whose families are otherwise unstable, and can provide attachments while children experience disruptive events[53] When children cannot be placed with their siblings, it is important that all parties make an effort to maintain sibling relationships through contact that promotes sibling bonding.

[52] The Nebraska Foster Care Review Office Quarterly Report, June 2017. Available at: http://fcro.nebraska.gov/pdf/FCRO-Reports/2017-q2-quarterly-report-2.pdf.

[53] "Sibling Issues in Foster Care and Adoption," Child Welfare Information Gateway. Children's Bureau. January 2013.

WELL BEING AND PHYSICAL, MENTAL, AND DENTAL HEALTH ISSUES FOR CHILDREN IN OUT-OF-HOME CARE

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS TO NDHHS AND SERVICE PROVIDERS

1. Ensure that all foster parents, no matter the type of foster home, are required to complete monthly reports which include all health, education and dental information.
2. Enact oversight mechanisms requiring that medical information be promptly and accurately supplied to foster parents or other caregivers upon the child's placement, and that this transfer of information is documented. Ensure that caregivers understand it is their responsibility to request medical information when providing care for a child so that no important information "falls through the cracks."
3. Explore how the use of braided or blended funding alternatives can assist children in receiving needed help.

BASIS FOR RECOMMENDATIONS

Due to the impact on safety and well-being, the FCRO is required under federal regulations to attempt to determine whether medical records were provided to the caregivers at the time of the placement and if medical needs are being met while placed in out-of-home care. FCRO Review Specialists carefully analyze all case documentation for indication of whether this occurred.

During the FCRO's review of children's cases, attempts are made to contact the child's placement per federal requirement to determine whether the placement received medical background information on the child at the time the child was placed.[54] Caregivers are not required to respond to the FCRO – and many do not. Contact is attempted for all reviews and results found are shared the legal parties in the local board's recommendation report.

In **75%** of the cases, the foster parents/caregivers were given medical and educational information regarding the child, in 20% of the cases it was unable to be determined despite multiple requests and opportunities to provide the information, and in 2% of the cases the foster parents had *not* been given the information.

HEALTH AND DENTAL CARE NEEDS MET OR UNMET

About **90%** of children had their health and dental needs met. **It is concerning that 10% either had unmet health or dental needs or documentation was lacking.**

[54] Foster parents are provided the opportunity to attend the FCRO review, along with the phone number and email address for the Review Specialists. Foster parents can complete a questionnaire, which is sent to each of them or available online. Review specialists also attempt to contact the placement via phone or email prior to the local board meeting.

The percentages are virtually the same as during the last fiscal year so there is no improvement.

HEALTH RECORD AVAILABILITY.

The FCRO gathers statistics on whether children's health records were readily accessible on the NDHHS computer system, N-FOCUS.

During FY2016-11 reviews, 84% of children's health records were available in the NDHHS system of record. This means that **in 16% of the cases, reviewers had to go to other sources for health status information**.

This situation needs to improve in order to ensure caseworkers and their supervisors have instant access to this critical information should emergencies arise, or if a case must transfer to different personnel.

ACCESS TO MENTAL HEALTH SERVICES

During reviews the FCRO looks at whether children had a diagnosed mental health or trauma related condition.

As shown by the following, **a significant number of children in out-of-home care are impacted by the managed care and behavioral health systems.**

- **54%** of children reviewed were court-ordered to therapy.
- **42%** of children reviewed had at least one verified mental health or trauma-related condition.
- **41%** of children reviewed were currently prescribed at least one psychotropic medication.
- **37%** of children reviewed were displaying behaviors that make caregiving difficult.
- **10%** of children reviewed were exhibiting sexualized behaviors, often typical of victims of child sexual abuse.
- **6%** of children reviewed were court-ordered to a treatment placement.
- **4%** of children reviewed had self-harming behaviors in the six month period prior to review.

Through reviews it is apparent that there are a lack of mental health service providers in the majority of the state, particularly where populations are sparse.

Even if you can find a provider, payment is also an issue. First, it must be determined to be medically necessary. Then, if that threshold is met you have to find a provider willing to take the Medicaid rate.

Children that 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.

All stakeholders must ensure that appropriate and timely mental health services are available statewide.

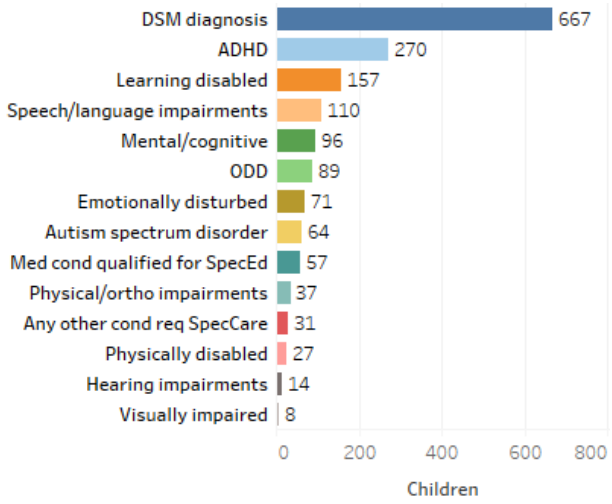
CHILDREN IN OUT-OF-HOME CARE THAT HAVE A VERIFIED CHRONIC IMPAIRMENT

Many children in the child welfare system in out-of-home placement have one or more verified chronic impairments (**990 or 32%** of reviews).[55] For another 7% at the time of review a diagnosis was suspected and pending.

Figure 2.34 shows the types of impairments for the **990 reviewed children with such a diagnosis. Over 67% of those children had a DSM-IV diagnosis. The most common are ADHD, Oppositional Defiant Disorder, and speech/language**.

Any of those impairments greatly impact children's ability to succeed in school and develop other cognitive skills. Specialized services are needed to appropriately meet the needs of these children.

Figure 2.34 – Verified Impairment Type(s), n=990



Based on the 990 NDHHS wards reviewed in FY2016-17 that had a professionally verified impairment. Some children have more than one diagnosed impairment.

Developmental disabilities

Among the most vulnerable children who experienced abuse and neglect are those that also meet the strict criteria for qualification for Developmental Disabilities Services thru NDHHS; they are **5.7% of children that were reviewed.**

Only 66% (34 of the 51 children) that were qualified were receiving services. This means that the majority are not receiving the needed disability services through the NDHHS Division of Disability Services.

[55] Impairments can be physical, mental health, or both.

WELL BEING AND EDUCATION OF CHILDREN IN FOSTER CARE

Foster Care Review Office recommendations, followed by a summary of rationale:

RECOMMENDATIONS FOR CROSS-SYSTEMS COLLABORATION

1. Continue collaborative efforts between local schools districts, NDHHS, the Department of Education, foster parents, guardians ad litem, and other interested parties to reduce communication gaps and encourage school engagement by children, youth, and their caregivers.
2. Conduct a pilot study to examine how attendance and testing scores are impacted by out-of-home care.

BASIS FOR RECOMMENDATIONS

Children's education can be positively or negatively impacted by early experiences. For example:

- Many children in foster care lived in a chaotic, stressful environment prior to their removal from the home.
- Some had pre-natal and/or post-natal exposure to alcohol and/or drugs.
- Some moved often and unpredictably, even during the school year.
- Some did not get the early childhood stimulation needed to grow and thrive – such as parents reading to children or teaching concepts like colors, letters, and numbers.
- Some, even in early elementary school, had parents that did not ensure their regular school attendance.
- Some have been impacted by multiple removals from the parental home.

Such children often begin their formal education at a significant disadvantage. [56]

Further, children experiencing separation from their parents (and possibly also brothers and sisters), adjusting to a new living environment, and adjusting to a new school, can be coping with too much stress to properly concentrate on their education. Grief effects are compounded each time a child is moved. Not only do the children often have serious educational deficits, they may be displaying trauma-related behaviors that negatively impact their education.

National research shows that frequent school changes are associated with an increased risk of failing a grade in school and of repeated behavior problems.[57]

On a local level, in 2015 the Nebraska Department of Education issued a *State Ward Statistical Snapshot* that describes

[56] The Nebraska Department of Education found in school year 2011-12 that fourth grade students who were absent less than 10 days averaged a score of 108/200 in their standardized math test, while children who were absent over 20 days averaged 83/200. Similarly in reading children absent less than 10 days scored 113/200 while students absent over 20 days averaged 91/200. By grade 8 the differences are even more pronounced.

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

many of the educational deficits faced by Nebraska's state wards.[58] **The FCRO encourages all to examine that report.**

EDUCATION RECORDS SHARED WITH CAREGIVER

Foster parents, group homes and other placements are charged with ensuring that children placed with them receive all necessary educational services. Having critical educational information about each child in their care is essential for this to occur.

During the FCRO's review of children's cases, attempts are made to contact the child's placement per federal requirement to determine whether the placement had received educational background information on the child at the time the child was placed.[59]

While 75% did receive educational information, **it is concerning that it was unclear whether 20% of the caregivers had received educational information.**

SCHOOL PERFORMANCE

During the FCRO's review of children who are of Nebraska's mandatory age for school attendance, reviewers consider whether children being reviewed are on target for core classes.

The FCRO thanks the educators that have helped the 69% of the children reviewed who were academically on target. However, **16% were not on target** which has the potential to impact the child's entire life, and for another **15%** there was insufficient documentation to make a determination.

As discussed elsewhere in this Report, children in out-of-home care can display some very challenging behaviors as a result of the cumulative traumas that they have experienced. These behaviors may be displayed in the child's placement, during visitation, and during the school day.

SCHOOL CHANGES DUE TO PLACEMENT MOVES

Per federal mandates[60] there is to be a formal determination that it is not in the child's best interest to remain in the school of origin prior to a school change; however, that decision is frequently predicated on the availability of a placement bed and the length of commute rather than children's safety in the school climate or the availability of educational services.

The FCRO finds that a **school change occurred for 40% of those moved within six months of the case file review.**[61] By definition a school change as measured here did not include normal transitions from elementary to middle school, or middle school to high school.

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[58] Benjamin Baumfalk & Eva Shepherd, State Ward Statistical Snapshot Project, Nebraska Department of Education, June 29, 2012, and Nebraska Department of Education 2015.

[59] Foster parents are provided the opportunity to attend the review, along with the phone number and email address for the review specialists. Foster parents are provided a questionnaire to complete if attending the review conflicts with their schedules. Review specialists also attempt to contact the placement via phone or email.

[60] 20 U.S.C. 6311(g)(1)(E)(i)-(iii).

[61] See page 30 for additional information on the impact of placement changes.

EARLY DEVELOPMENT NETWORK

A child is eligible for Early Development Network (EDN) services if he or she is not developing typically, or has been diagnosed with a health condition that will impact his or her development.

Parents must consent to an Early Development Network referral for children age birth through three years of age. Often parents of children in out-of-home care refuse to provide their consent.

The FCRO found that EDN referrals were made for 87% of children age birth-three, and 85% of those referred had an EDN assessment completed.

SECTION 3
CHILDREN (STATE WARDS) IN THE CHILD WELFARE SYSTEM THAT ARE IN A TRIAL HOME VISIT

In 2015, the Nebraska Legislature defined a trial home visit (THV) as "a placement of a court-involved juvenile who goes from a foster care placement back to his or her legal parent or parents or guardian but remains as a ward of the state." Reviews of children who are in this status began in early 2016.

Since all of these children were in an out-of-home care placement prior to a trial return home, many, if not all, of the conditions described in Section 2 also apply to them. They are not repeated in this section.

During FY2016-2017 **the FCRO conducted 649 reviews of children in a trial home visit.** There were several purposes for the reviews of this population:

- To ensure children's safety,
- To determine why some children spent months in trial home visits without court discharge, and
- To determine if families were getting the help needed to prevent future interventions.

Foster Care Review Office recommendations, followed by a summary of rationale:

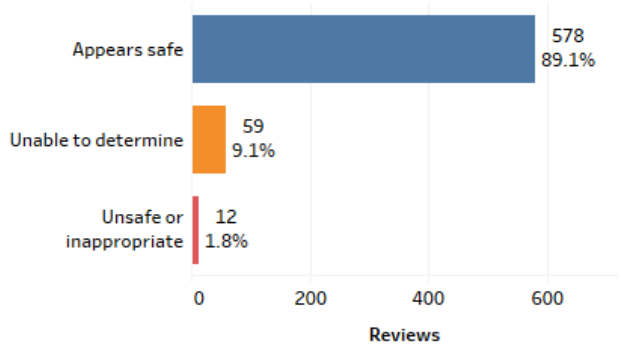
RECOMMENDATIONS TO THE CHILD WELFARE SYSTEM

1. For those **26%** (168 children) where it was determined the case could be closed, further analysis needs to be completed to see why the case was not closing within the legal system. This analysis would assist in ensuring that resources are being appropriately expended for the families and children that need it the most.

PLACEMENT SAFETY

Children in trial home visits were found to be **safe in 89%** of the reviews. As **Figure 3.1** shows, for **10%** safety could not be determined due to a lack of information**. For children found unsafe at home**, **FCRO staff works with stakeholders to ensure issues could be quickly resolved.**

Figure 3.1: Placement Safety and Appropriateness (THV), n=649



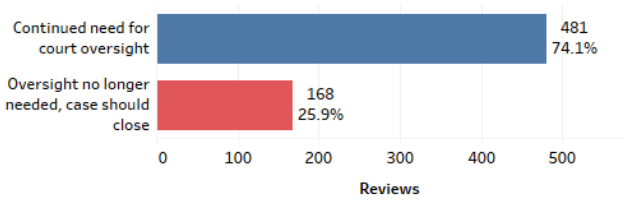
Based on NDHHS wards in a trial home visit at time of review during FY2016-17.

NEED FOR CONTINUED COURT OVERSIGHT

Figure 3.2 shows that in **74% of the cases reviewed, continued court oversight was found appropriate,** primarily because more time was needed to complete services**.**

In 26% of the cases it was felt that permanent return to the parents would be appropriate without continued court oversight. Further analysis needs to be completed to see why the case was not closing within the legal system. This analysis would assist in ensuring that resources are being appropriately expended for the families and children that need it the most.

Figure 3.2: Continued Oversight Needed, n=649

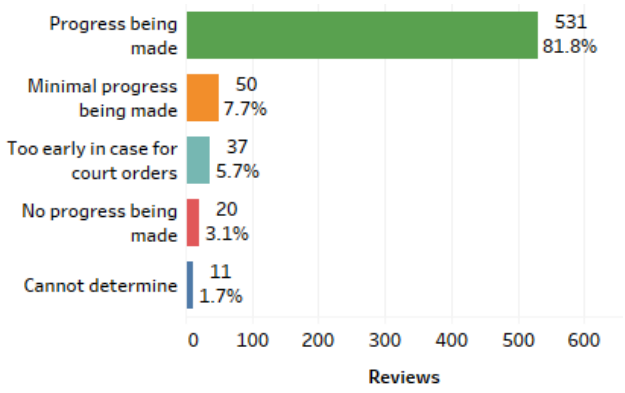


Based on NDHHS wards in a trial home visit at time of review during FY2016-17.

CASE PROGRESS

As shown in **Figure 3.3**, in **89%** of the cases at least some progress towards permanency was being made. In **3%** of the cases was no progress being made.

Figure 3.3: Progress Towards Permanency, n=649



Based on NDHHS wards in a trial home visit at time of review during FY2016-17.

REASONABLE EFFORTS

For **84% of children reasonable efforts** towards permanency were being made.

CASA

In **25%** of the cases reviewed, there was a CASA currently involved, which is close to the same percentage as children in out-of-home care.

NEXT STEPS

As more data is accumulated, the FCRO plans to explore how many of children in trial home visit are subsequently re-removed from the home of origin, and what variables lend themselves to more successful permanency for children.

Further analysis will also occur regarding the impact the length of time in out-of-home care has to the success of a trial home visit.

SECTION 4
YOUTH IN OUT-OF-HOME CARE SUPERVISED BY THE OFFICE OF PROBATION ADMINISTRATION[62]

Foster Care Review Office recommendations, followed by a summary of rationale:

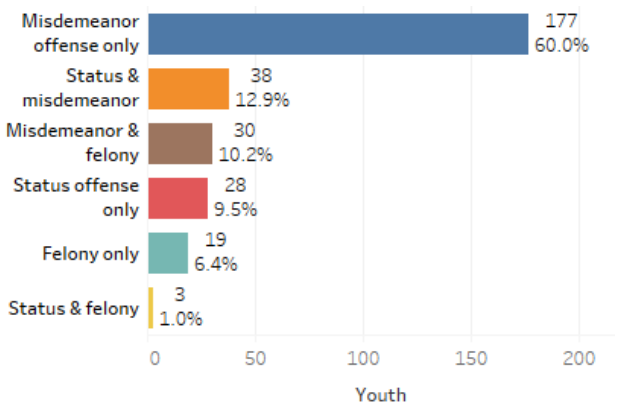
RECOMMENDATIONS TO THE JUVENILE JUSTICE SYSTEM

1. Ensure that youth who have committed status offenses remain in-home whenever possible through the use of effective in-home services.
2. Identify the barriers that keep youth from returning home, particularly youth whose YLS scores indicate they are at a low risk to reoffend.

REASONS ON PROBATION

Figure 4.1 shows the offenses that led to Probation for youth reviewed in FY2016-17, including 28 youth that had only a status offense (an offense that an adult could not be charged with, such as truancy or running from home).

Figure 4.1: Offenses For Youth Reviewed FY2016-17, n=295



Youth in out-of-home care supervised by Probation that were reviewed FY2016-17.

[62] Significant changes to the Nebraska Juvenile Justice system were brought about by LB 561, many of which took effect in October 2013. One of the key changes was transferring youth from the NDHHS Office of Juvenile Services (OJS) to the Office of Probation Administration. (The majority involved with the Office of Juvenile Probation are age 14-18, therefore in deference to their developmental stage we refer to them as "youth" rather than "children".) Following that change there were conflicting interpretations of Nebraska statute regarding whether the Foster Care Review Office had authority to conduct reviews of youth in out-of-home care who were under the Office of Probation Administration. That was resolved by the Legislature in 2015, becoming effective in the summer of 2015.

REASONS FOR ENTERING OUT-OF-HOME CARE

For the majority of youth placed on Probation by the courts, services were provided prior to a youth being placed out-of-home. Therefore, it is important to consider the reasons that a youth was placed in out-of-home care.

Some pertinent facts about the youth reviewed:

- **81%** had a mental health or trauma related condition.
- **70%** were court-ordered to therapy.
- **43%** were ordered to have a substance abuse evaluation.
- **13%** had episodes of being missing from care.
- **8%** were ordered to have a sex offender evaluation.
- **6%** of the girls reviewed were pregnant at the time of review.

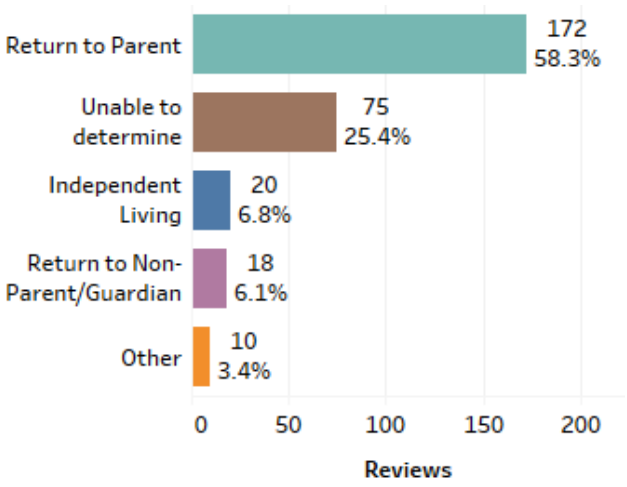
Meeting a youth's behavioral, mental health and substance use issues in a manner that takes into account cognitive functioning is key to effectively addressing the needs of the youth.

These services must include the entire family of the youth since almost two-thirds of these youth will be returning to their parents and/or guardian.

PLANS FOR YOUTH ON PROBATION

As shown in **Figure 4.2**, most youth reviewed had a plan to return to parents or guardians, *however* that might not reflect all cases since a significant percentage (**25%**) did not have a current written team plan/goal.

Figure 4.2: Plan for Probation Supervised Youth, n=295



Based on reviews of youth supervised by the Office of Probation that were reviewed during FY2016-17.

PREVIOUS INVOLVEMENT WITH NDHHS

Many (31.5%) youth reviewed had previous involvement with the child welfare system through a child welfare court proceeding. Thus, some behaviors that led to involvement with the Office of Probation may have stemmed from untreated or under-treated trauma.

YOUTH LEGAL REPRESENTATION

Roughly **one-third** (106 of 295) of the youth reviewed had a guardian ad litem. Six of the youth reviewed had a CASA.

Most (**99%**) of the youth had a court appointed attorney; however, **the majority of cases reviewed were from Douglas and Lancaster County, which explains the higher number of appointed attorneys.**

During reviews the FCRO attempted to determine at what stage the youth had access to that legal counsel. For **64%** we

were unable to determine when that happened.

HEALTH AND EDUCATION RECORDS IN FILE

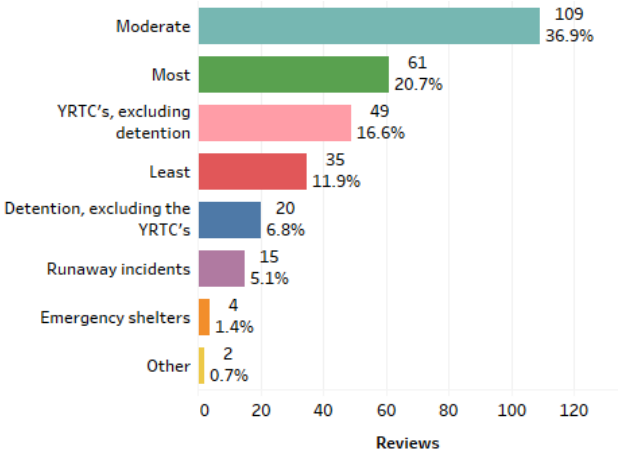
Medical information was not available in the file for 56% of the youth. Regarding education records, **47%** of the youth had no education record in the file.

It is difficult for the FCRO to make assessments regarding well-being of Probation supervised youth without these key pieces of information.

PLACEMENT RESTRICTIVENESS

During reviews staff determined the level of restrictiveness of placement for youth in out-of-home care through Probation. As **Figure 4.3** indicates, **most were in some form of moderately or most restrictive placement.**

Figure 4.3: Placement Restrictiveness, n=295



Based on reviews of youth supervised by the Office of Probation conducted during FY2016-17.

Most restrictive includes treatment group homes, PRTF, mental health treatment, behavioral treatment, substance abuse treatment, medical facilities and the like.

Moderately restrictive includes non-treatment group homes, boarding homes, DD group homes, schools and the like.

Least restrictive includes relative, kinship, foster family homes, DD family homes, and independent living.

About 83% (245 of 295) were in a congregate care settings; broadly categorized as a group home like facility or a facility related to detention.

For the 174 youth in a group home type of setting, most (65% of 113 youth) were in a non-treatment facility. Only 35% (61 youth) were in a treatment facility.

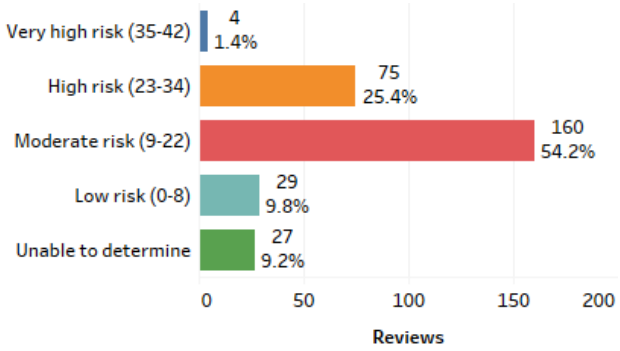
Further research is needed to determine why the 113 youth in a non-treatment facility could not have been served in the home.

YLS SCORES

The YLS is an evidence-based scoring tool that indicates the youth's likelihood to reoffend at their current stage of Probation. Ideally this would decrease as services are used and internalized by the youth.

Figure 4.4 shows that 54% of the youth were in the moderate risk to reoffend and 25% were in the high risk to reoffend. There were still low risk to reoffend youth in out-of-home care. Further analysis needs to be completed because low and moderate risk youth should be placed in a family setting with in-home services.

Figure 4.4: YLS Scores, n=295



Based on reviews of youth supervised by the Office of Probation conducted during FY2016-17.

CONTACT WITH PARENTS AND SIBLINGS

Contact with parents or siblings can be an indicator of future success reintegrating into families and communities. **Figure 4.5** shows that **68%** of youth have contact with their mother while in out-of-home care. Fewer youth (**32%**) have contact with the father**. (Figure 4.6)**

Figure 4.5: Contact with Mother, n=295

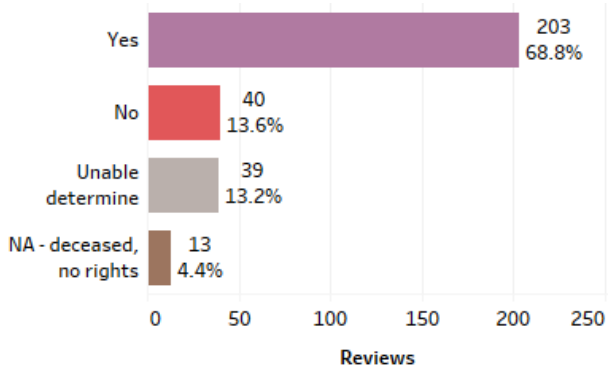
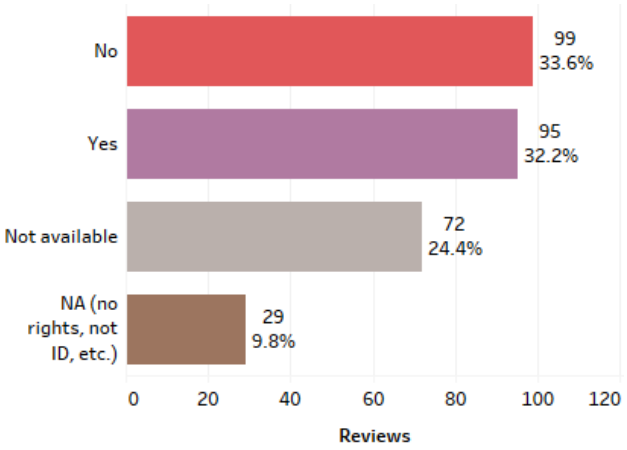
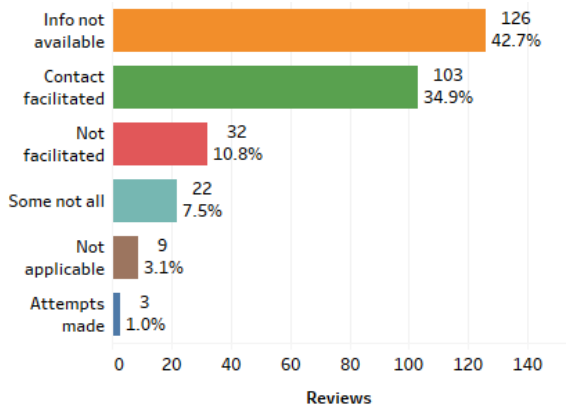


Figure 4.6: Contact with Father, n=295



Sibling connections can be important to the youth also (**Figure 4.7**). Only **42% had contact facilitated with some or all of their siblings. For another 42% information was not available in the files provided.**

Figure 4.7: Contact with Siblings, n=295

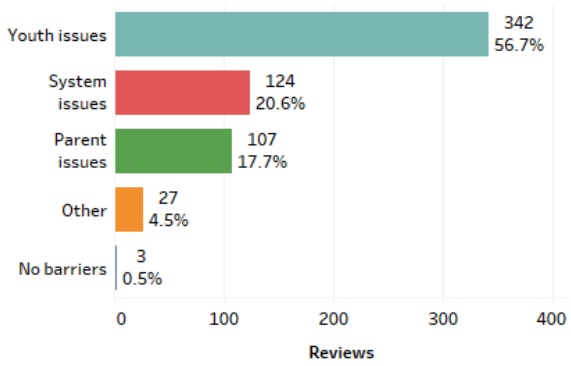


Based on reviews of youth supervised by the Office of Probation conducted during FY2016-17.

BARRIERS TO SUCCESSFUL COMPLETION OF PROBATION

Barriers to the successful completion of Probation fall into 1 of 4 categories outlined in **Figure 4.8** below. This shows the need for the development of in-home services to work with the parent and the youth.

Figure 4.8: Barriers to Successful Completion of Probation, n=295



Based on reviews of youth supervised by the Office of Probation conducted during FY2016-17.

The two main barriers included the finding that the youth needed time to complete his/her treatment and the parent lacks the skills to manage their youth.

YOUTH IQ

IQ scores are not available for all youth reviewed by the FCRO. IQ testing results are included here not to stigmatize these youth, but because it has major implications regarding obtaining and utilizing the best tools to help this substantial segment of youth law violators to self-regulate their behaviors and keep communities safe.

IQ scores were available for 86 of the 295 youth reviewed, and the FCRO assumes that IQ tests may have been given for youth who appeared to have a deficit more often than other youth. That said, 74 of those 86 youth had an IQ of less than 100.

Although the percentage with lower IQs of those tested would likely not translate to all youth in out-of-home care, **1 in 4 youth reviewed** (74 of 295) **had lower IQs.**

Since lower functioning youth are particularly vulnerable, the following must be researched in more detail:

- **IDEA and juvenile justice**
  The Individuals with Disabilities Education Act (IDEA) is the Federal Government's special education law. IDEA provides supplementary Federal funds to assist States and local communities in providing educational opportunities for approximately 6 million students with varying degrees of disability who participate in special education. As a requirement for receiving IDEA Federal funding, States must offer free, appropriate public education in the least restrictive environment.[63] Youth with below average IQ may be covered under IDEA.

- **Appropriateness of interventions**
  Information about the disability often helps to explain behavior in a way that facilitates constructive intervention, and it is essential to arriving at a disposition that will meet the youth's rehabilitative needs at a level that can be internalized by the youth.

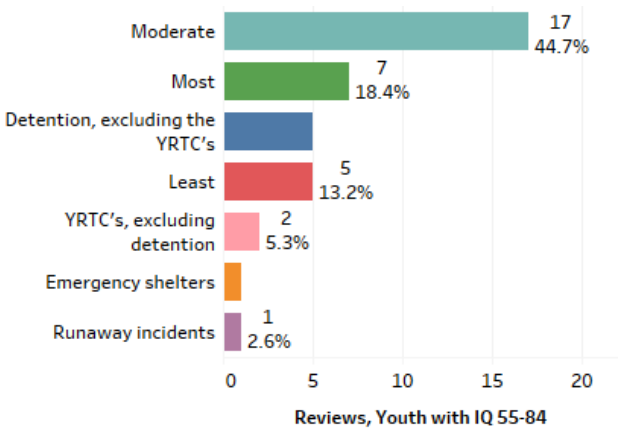
- **Validity of YLS with lower IQ youth**
  The YLS is an assessment of the risk to reoffend that is used by Probation in making decisions regarding youth assigned to them. Further research needs to include whether their YLS scores are valid for youth with below average IQs.

- **Appropriateness of placement type**
  Figure 4.9 shows the placement type for youth with an **IQ of 55-84.** Nearly all were in group homes or even more restrictive placements. A question remains as to whether those types of placement are able to handle youth with cognitive issues.

  Although PRTF's and other therapeutic models may be evidence-based practice, it is important to recognize that most evidence-based practice (EBP) testing is based on youth with a 90 IQ or better – a full 8 points above the least-impacted in this IQ group.

[63] National Technical Assistance Center for the Education of Neglected or Delinquent Children and Youth.

Figure 4.9: Below Average IQ and Placement Probation Supervised Youth Reviewed FY2016-17. N=295



Most restrictive includes treatment group homes, PRTF, mental health treatment, behavioral treatment, substance abuse treatment, medical facilities and the like.

Moderately restrictive includes non-treatment group homes, boarding homes, DD group homes, schools and the like.

Least restrictive includes relative, kinship, foster family homes, DD family homes, and independent living.

NEXT STEPS

In the future, the FCRO plans to collect additional data on youth under Probation.

As more data is accumulated, the FCRO plans to explore such issues as the length of time in out-of-home care; the number of placements for these youth; reasons for the placement changes; re-entry into out-of-home care; and appropriateness of services.

SUMMARY

Nebraska clearly has work to be done to ensure that all children and youth in out-of-home care or on a trial home visit are safe, have an appropriate caregiver that receives needed supports and oversight, and receives needed services so cases can appropriately close in a timely manner.

The Foster Care Review Office continues to work towards these goals by providing oversight of the child welfare and juvenile justice systems in the following ways:

1. Collecting pre-review data on all children in out-of-home care (and children in trial home visits if through NDHHS) from required reporters. This includes children entering and leaving care, and changes (such as placement or worker) while in care.
2. Conducting over 3,700 case files reviews annually on children placed out-of-home through NDHHS, over 600 reviews of children in trial home visit, and about 300 reviews on youth solely supervised by the Office of Probation.
    a. The purpose of reviews is to assure that:
        - appropriate goals have been set for the child,
        - realistic time limits have been set for the accomplishment of these goals,
        - efforts are being made by all parties to achieve these goals,
        - appropriate services are being delivered to the child and/or his or her family,
        - long range planning has been done to ensure timely and appropriate permanency for the child, whether through a return to a home where conditions have changed, adoption, guardianship, or another plan, and
        - the best interest of the child is identified and remains at the forefront of any and all decisions.
3. Collecting additional data in the review process and verifying previous data.
4. Analyzing available data and making fact-based recommendations for system improvements to conditions and outcomes for children in out-of-home care, including needed corrective actions.
5. Through both reviews at the individual level and data analysis at the system level, focus on advocating for children and youth and their best interests.
6. Sharing the analysis, aggregate outcomes, and recommendations with system stakeholders, policy makers, and the public through Quarterly and Annual Reports, collaborative meetings, and other means.

Appendix A
County to NDHHS Service Area and Judicial (Probation) District

County	NDHHS Service Area	Probation District
Adams	Central SA	District 10
Antelope	Northern SA	District 7
Arthur	Western SA	District 11
Banner	Western SA	District 12
Blaine	Central SA	District 8
Boone	Northern SA	District 5
Box Butte	Western SA	District 12
Boyd	Central SA	District 8
Brown	Central SA	District 8
Buffalo	Central SA	District 9
Burt	Northern SA	District 6
Butler	Northern SA	District 5
Cass	Southeast SA	District 2
Cedar	Northern SA	District 6
Chase	Western SA	District 11
Cherry	Central SA	District 8
Cheyenne	Western SA	District 12
Clay	Southeast SA	District 1
Colfax	Northern SA	District 5
Cuming	Northern SA	District 7
Custer	Central SA	District 8
Dakota	Northern SA	District 6
Dawes	Western SA	District 12
Dawson	Western SA	District 11
Deuel	Western SA	District 12
Dixon	Northern SA	District 6
Dodge	Northern SA	District 6
Douglas	Eastern SA	District 4J
Dundy	Western SA	District 11
Fillmore	Southeast SA	District 1
Franklin	Central SA	District 10
Frontier	Western SA	District 11
Furnas	Western SA	District 11

County	NDHHS Service Area	Probation District
Gage	Southeast SA	District 1
Garden	Western SA	District 12
Garfield	Central SA	District 8
Gosper	Western SA	District 11
Grant	Western SA	District 12
Greeley	Central SA	District 8
Hall	Central SA	District 9
Hamilton	Northern SA	District 5
Harlan	Central SA	District 10
Hayes	Western SA	District 11
Hitchcock	Western SA	District 11
Holt	Central SA	District 8
Hooker	Western SA	District 11
Howard	Central SA	District 8
Jefferson	Southeast SA	District 1
Johnson	Southeast SA	District 1
Kearney	Central SA	District 10
Keith	Western SA	District 11
Keya Paha	Central SA	District 8
Kimball	Western SA	District 12
Knox	Northern SA	District 7
Lancaster	Southeast SA	District 3J
Lincoln	Western SA	District 11
Logan	Western SA	District 11
Loup	Central SA	District 8
Madison	Northern SA	District 7
McPherson	Western SA	District 11
Merrick	Northern SA	District 5
Morrill	Western SA	District 12
Nance	Northern SA	District 5
Nemaha	Southeast SA	District 1
Nuckolls	Southeast SA	District 1
Otoe	Southeast SA	District 2

County	NDHHS Service Area	Probation District
Pawnee	Southeast SA	District 1
Perkins	Western SA	District 11
Phelps	Central SA	District 10
Pierce	Northern SA	District 7
Platte	Northern SA	District 5
Polk	Northern SA	District 5
Red Willow	Western SA	District 11
Richardson	Southeast SA	District 1
Rock	Central SA	District 8
Saline	Southeast SA	District 1
Sarpy	Eastern SA	District 2
Saunders	Northern SA	District 5
Scotts Bluff	Western SA	District 12
Seward	Northern SA	District 5
Sheridan	Western SA	District 12
Sherman	Central SA	District 8
Sioux	Western SA	District 12
Stanton	Northern SA	District 7
Thayer	Southeast SA	District 1
Thomas	Western SA	District 11
Thurston	Northern SA	District 6
Valley	Central SA	District 8
Washington	Northern SA	District 6
Wayne	Northern SA	District 7
Webster	Central SA	District 10
Wheeler	Central SA	District 8
York	Northern SA	District 5

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At the time this Annual Report was written, the main office of the Foster Care Review Office was tentatively scheduled to move by or before the end of January 2018.

New mailing information is below:

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1225 L Street, Suite 401
Lincoln NE 68508

Phone and Internet contact information will remain the same:

402.471.4420
www.fcro.nebraska.gov
email: fcro.contact@nebraska.gov