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"LOOKING OUT FOR THE CHILDREN"

EIGHTEENTH ANNUAL REPORT OF

THE NEBRASKA STATE FOSTER CARE REVIEW BOARD

2000

Submitted Pursuant to

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

State Foster Care Review Board

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The Board would like to acknowledge and thank the following churches, schools, hospitals, libraries, businesses, and community centers for allowing the local Foster Care Review Boards to use their facilities for monthly board meetings, prospective board member training, and on-going training:

All Saint's Parish, Omaha
Alliance Library, Alliance
Beatrice Community Hospital, Beatrice
Bergan Mercy Hospital, Omaha
Bess Johnson Library, Elkhorn
Blue Valley Mental Health, Falls City
Blue Valley Mental Health, Nebr. City
Children's Hospital Health Care, Omaha
Columbus Chamber Office, Columbus
Educational Service Unit #16, Ogallala
First Christian Church, Lincoln
First Christian Church, Omaha
First Congregational United Church of Christ, Hastings
First Lutheran Church, South Sioux City
Girls Inc., Omaha
Granton Township Library, O'Neill
Great Plains Medical Center, North Platte
Head Start Building, Fremont
Jewish Community Center, Omaha
LaVista Community Center, LaVista
Law Enforcement Center, Kearney
Nebraska State Bar Association, Lincoln
Nemaha County Hospital, Auburn
New Life Baptist Church, Bellevue
New World Inn, Columbus
Odyssey III Counseling, Norfolk
Pierce County Courthouse, Pierce
Rainbow House, Omaha
Regional West Medical Center, Scottsbluff
Seward Civic Center, Seward
Sheridan Lutheran Church, Lincoln
St. Francis Medical Center, Grand Island
St. Joseph's Catholic School, Beatrice
St. Paul's United Methodist Church, Lincoln
St. Timothy's Lutheran Church, Omaha
St. Wenceslaus Catholic Church, Omaha
State Office Building, Omaha
Sump Memorial Library, Omaha
Swanson Library, Omaha
Tecumseh Hospital, Tecumseh
Tri-County Hospital, Lexington
United Nebraska Bank - Lexington
University of Nebraska Medical Center, Omaha
York General Hospital, York

MISSION STATEMENT

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

The Board accomplishes this by:

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

AGENCY VISION

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

The Board works to ensure this by reviewing cases, visiting facilities, tracking children, and taking legal standing on cases where the Board believes the children and youth's best interests are not being met. The Board collects data, disseminates data and finding through the annual report, community meetings, and legislative hearings.

The Board accomplishes this vision by:

1. Reviewing the plan, services, and placements of children in out of home care whether in out of home care through the Department of Health and Human Services, or through private placements, by trained citizen volunteers,

2. Making findings based on the review and the specific rationale for these findings,

3. Sharing the findings with all the legal parties to the case,

4. Collecting data on children in out of home care, updating data on these children, evaluating judicial and administrative data collected on foster care,

5. Disseminating data and findings through means such as an Annual Report, community meetings, and legislative hearings,

6. Visiting facilities for children in out of home care,

7. When deemed appropriate by the State Board, requesting appearance in further court proceedings through limited legal standing by petitioning the court at disposition to present evidence on behalf of specific children in out of home care and their families,

8. Advocating for children and their families through individual case review, legislation, and pressing or policy reform,

9. Organizing, sponsoring, and participating in educational programs.

The State Foster Care Review Board

would like to express its appreciation to

Carole Douglas, James Ganz. Jr., and Barbara Heckman

for editing this annual report

"LOOKING OUT FOR THE CHILDREN"

EIGHTEENTH ANNUAL REPORT OF THE NEBRASKA STATE FOSTER CARE REVIEW BOARD

A PREVIEW AND COMMENTARY

A Preview and Commentary 1
Special Commendations 38
Major Activities of the Board 41
Table 1 Some Characteristics of Children in Foster Care 43
Table 2 Number of Placements of HHS Wards by HHS District 47
Table 3 Number of HHS Children Placed in Same, Neighboring, or Non-Neighboring Counties by County of Court Commitment 48
Table 4 Cost of Foster Care by Placement Type 49
Map of HHS Service Areas 50

SPECIAL SECTION

On-Going Child Welfare Concerns 51

SPECIAL SECTION

Problems with Reports Required of HHS (N-FOCUS) 69

THE FOSTER CARE REVIEW BOARD

The Foster Care Review Act 73
The State Board 74
The Local Foster Care Review Boards 75
The Tracking System 76
Legal Standing 78
Court Reviews 79
Volunteer Hours 80
The National Association of Foster Care Reviewers 80

2000 CASE REVIEWS

Case Reviews 81
Special Requests 82

Table 5 Compliance with the Foster Care Review Act 83
Table 6 Barriers to Permanency of Reviewed Children 91
Health and Education Records Given Foster Parents 96
Table 7 Permanency Plans of Reviewed Children 97
Table 8 Months to Adjudication of Reviewed Children 98
Table 9 Total Placements per Child of Reviewed Children 99
Table 10 Reason Entered Care of Reviewed Children 101

2000 CASE REVIEWS continued...

Table 11 Gender of Reviewed Children 107
Table 12 Race of Reviewed Children 107
Table 13 Agencies Responsible for Reviewed Children 107
Table 14 Reviewed Children by Age 108
Table 15 Proximity to Parent 109
Table 16 Percentage of Life spent in Foster Care 110
Paternity Identification..111
Table 17 Placement Types of Reviewed Children 112
Table 18 Cases Closed by Reason 113

2000 RECOMMENDATIONS AND COMMENDATIONS

Recommendations/Rationale and Commendations of Local Boards by Area 115

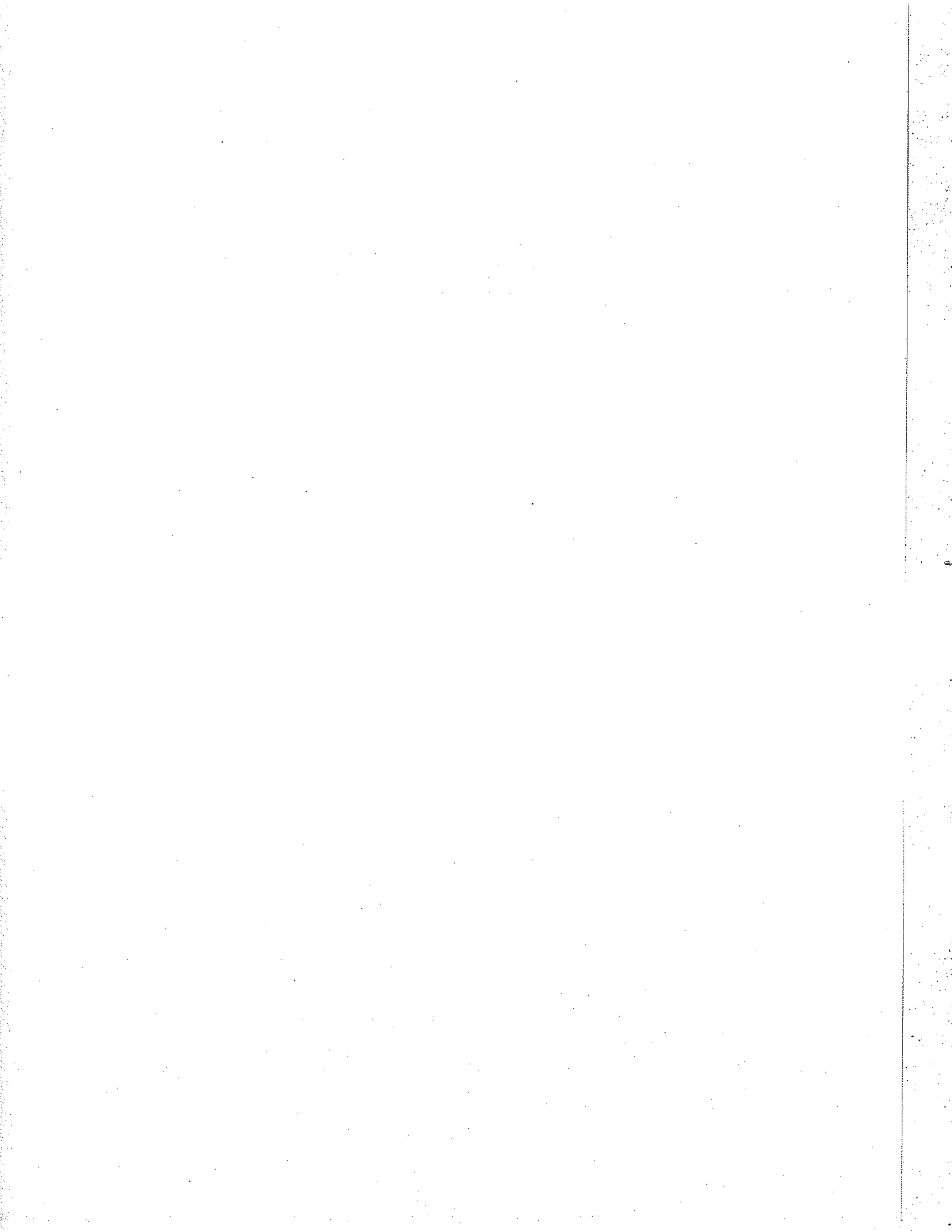
2000 TRACKING SYSTEM DATA

Table 19 Report from the Registry 135
Table 20 Gender of Active Children 136
Table 21 Race of Active Children 136
Table 22 Agencies Responsible for Active Children 137
Table 23 Age of Active Children 138
Table 24 Listing of Children by County of Placement 140
Table 25 Total Placements per Child by Age and Agency 150
Table 26 Placement Type of Children 153
Table 27 Listing of Children by County of Court Commitment 154
Table 28 Number of Active Children by Plan 162
Table 29 Children Entering Care by Age and Times in Care 163
Table 30 Cases Terminated by Reason 164
Table 31 Failed Reunification Attempts/Times in Foster Care 165
Table 32 Child Support Orders..166
Table 33 Status Offender Statistics..167

APPENDICES

Glossary of Terms 169
Following a Case Through Juvenile Court 174
Local Foster Care Review Board Application 176
Confidentiality Form..178
CPS Release..179
Financial Statement 180

A PREVIEW AND COMMENTARY



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

"Only those with a torch are able to pass it on." - Plato

Children in out-of-home care[1] can only be "given a torch" to pass on to succeeding generations if the child welfare system meets their needs and enables them to grow up to become responsible adults.

Many elected officials and staff within the Executive, Legislative, and Judicial branches share a genuine commitment to meeting the needs of children in the Nebraska child welfare system. **The State Foster Care Review Board (FCRB) would like to take this opportunity to focus attention on the outstanding efforts of**:

- **Governor Mike Johanns,** for making child welfare a priority, for supporting increased child abuse prevention efforts, for preliminary work on juvenile justice legislation, for participating in adoptive and foster home recruitment advertisements, and for joining the FCRB in releasing last year's annual report;

- **HHS,**[2] for exploring professional foster care, for funding a statewide foster parent association and encouraging foster parent peer-to-peer mentoring, for conducting joint tours of child-caring facilities with the FCRB to assess children's safety, for continuing a procedure whereby top HHS officials could be notified of cases with particularly acute concerns, for updating the Memo of Agreement between HHS and the FCRB, and for facilitating discussions on a wide range of child welfare issues;

- **The Nebraska Legislature,** for working to increase the number of placements[3] available, for encouraging a renewed focus on meeting the needs of foster children, and for studying the needs of youth in the juvenile justice system and working to find the means to provide them with needed services;

- **The Judiciary,** for continuing to report to the Board early in the children's cases to enable verification of children's status, for putting the intent of the Adoption and Safe Families Act into practice, and for notifying parents that they have a limited amount of time to correct conditions that led to the children's removal;

---

[1] Out-of-home care is temporary placement of the child or youth outside the home of origin, such as in a foster family home, a kinship/relative's home, or a group home, emergency shelter, youth detention center, psychiatric treatment facility, etc. Additional definitions are available in the appendix.
[2] The Nebraska Department of Health and Human Services, referred to as "HHS" throughout this section.
[3] Throughout this document the term "placement" refers either to an individual foster home, kinship home, group home, or specialized facility, or to moving a child to a new caregiver in one of these categories.

- **Foster Parents,** who show their concern and dedication by providing children the nurturing attention needed to overcome the children's past traumas;

- **Many Group Facilities for Youth,** for working to meet the needs of the children as they provide quality, safe care for abused, neglected, or troubled youth; and

- **Voices for Children in Nebraska,** for advocating for children in out-of-home care, and for advocating for prevention of child abuse and neglect.

Yet, in spite of these efforts, system deficits remain that negatively impact children. In particular, **local board members have expressed serious concerns regarding:**

1. **The need for additional prevention efforts** to reduce the incidence of child abuse or neglect.

2. **The need to improve care and reduce the number of placements for young children.**

3. Case **manager turnover which impacts case stability.**

4. **The oversight and training of contract service providers** (key case management duties such as children's transportation and visitation monitoring have been contracted out or have been assigned to other, non-caseworker HHS staff who often lack oversight and training. In addition, private contractors providing agency-based care[4] also often lack HHS oversight. As a result of contracts, there has been a diminished responsibility for decision-making, as the lines of authority remain unclear.)

5. **Placement concerns, such as:**
   - The general lack of all types of appropriate placements, especially for children with serious emotional, behavioral or physical needs and
   - Children and youth experiencing too many placement changes.

6. **Safety concerns, such as:**
   - Children and youth being at risk by the over-reliance on restraints[5] in some facilities; and
   - Other serious safety risks with some placements.

The above concerns will be addressed in this commentary. Elsewhere in this report is a special section that addresses a number of ongoing child welfare system breakdowns,

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[4] Agency-based placements are foster homes and facilities that are recruited, monitored, and retained by private organizations that have contracts with HHS for these types of services.

[5] Restraints used to maintain order in many facilities include physical restraints (also referred to as "takedowns" or "holds"), chemical restraints (medications), and prolonged isolation.

such as inadequate response to child abuse reports, investigation and prosecution issues, and inappropriate plans for children's cases.

Goals for this Report

The brief descriptions of the concerns above illustrate the complexity of the problems that face children in out-of-home care. This preview and commentary will focus on the Local Boards'[6] recommendations and rationale for addressing these problems. The recommendations in this report are made with the goal of developing a child welfare system that will:

- Reduce the number of children coming into the system;
- Allow for an increase in appropriate services being available for children and their families;
- Reduce the number of placements which each child experiences;
- Increase the number of children who are in appropriate placements; and
- Better meet the individual needs of children in out-of-home care.

While the focus of this report is on the work to be done to improve the child welfare system, **the FCRB notes that there are many caring and committed individuals within the system that are doing their best to provide children with what they need** in spite of many system challenges. This report does not discount their efforts. Rather, the intent of this report is to take a closer look at the child welfare system as a whole, focusing on what works, what does not work, and what should be changed.

The problems described in this report do not occur in isolation. Each problem affects many other parts of the child welfare system. Many changes need to occur to move the system from a crisis mode to one that can offer the best possible future for abused and neglected children. As one local board member, Nancy Griffith, said, "*The only hope our kids have is a good, constant family and stable, reliable case management.*"

Two changes would give a lot of children a chance for a good, constant family:

- **Reducing the caseload size, and altering the system to allow case managers to "do" case management and make child-specific decisions,** and
- **Increasing the number of placements available for children and youth.**

Basis for Concerns and Recommendations

The concerns and recommendations that follow are based on the findings of the 52 local citizen review boards who conducted 5,122 citizen reviews for 3,648 children[7] in out-of-home care during calendar year 2000. From these reviews and information compiled on

[6] See the section on the Foster Care Review Board for a description of the agency's structure.

the FCRB's independent tracking system, it appears that the foster care system is working for about half of the children in out-of-home care. For example:

- 55.7 percent of children reviewed in 2000 (2,031 of 3,648) had a complete permanency plan as required by Nebraska statutes;
- 54.5 percent of those entering care during 2000 (2,876 of 5,281) had been placed in out-of-home care only one time;
- 51.9 percent of children in out-of-home care at the end of 2000 (3,260 of 6,286) had experienced less than four placements; and,
- 48.1 percent of children reviewed in 2000 (1,755 of 3,648) had been in care for less than two years at the time of their last review.

The following case examples illustrate the positive things that can happen for children when the system works well. The first case shows a positive reunification.

> *"Rick,"*[8] *age two, was removed from his mother's home due to her drug use. He was just a few weeks old at the time and had medical problems. HHS and his foster parents facilitated daily visits between Rick and his mother before she went to treatment. Visits were held at the foster home where his mother could see appropriate parenting modeled by the foster parents. When his mother went into treatment in another town, his foster mother drove "Rick" to the treatment center to see her.*
>
> *HHS put timely services in place, kept the bond between mother and child intact with frequent visits, and the foster mother developed a mentoring-type relationship with the biological mother. The mother has maintained sobriety, has moved into her own apartment, and has just got "Rick" back into her care. The biological mother stated that knowing that her son was being well cared for helped her to be able to deal with her own issues during treatment. She went on to state that she now has hope for a brighter future for both her and "Rick."*

The second case shows a timely adoption.

> *"Tammy" and "Tina"*[9] *are 3-year old twins. When they were about six months old they were left for the day with a babysitter who was to watch them until 5:30 p.m. By midnight the mother had not returned nor had she contacted the babysitter, so the babysitter contacted the police. The twins*

---

[7] Children's cases are generally reviewed by Local Boards of the FCRB when the child has been in out-of-home care for six months and every six months thereafter until the child returns home, is adopted, or otherwise leaves care, thus some children are reviewed more than once in a given calendar year. See the separate section on the Foster Care Review Board for more information about the FCRB's structure.

[8] The names and other identifying information in this case example have been changed to preserve confidentiality.

[9] Ibid.

were placed in a shelter for the night, and then in a foster home the next morning. When the mother's whereabouts remained unknown for two more weeks, the twins were moved to a foster/adoptive home, where they have remained. Both the mother and the father's parental rights have been terminated. A court date has been set for the twin's adoption.

The two examples above illustrate how the child welfare system can facilitate children having permanency and stability. Yet, in spite of the good work being done by many professionals in the system, there are a number of issues that often get in the way of these kinds of successes. The following conditions are identified so that there can be more successes for more children.

Barriers to Permanency Identified by Local Boards

Local Board members identify barriers to children achieving safe, permanent homes for each case reviewed. The following shows the top barriers cited by local board members as they completed 5,122 reviews on 3,648 children in 2000 (a full list of possible identified barriers is reported in Table 6):

Parental Barriers

- 1,292 (35.4%) of 3,648 children reviewed had the inability or lack of willingness of parents to parent their children identified as a barrier;
- 902 (24.7%) of 3,648 children reviewed had past histories of abuse, neglect and violence identified as a barrier;
- 690 (18.9%) of 3,648 children reviewed had parental substance abuse identified as a barrier.

System Barriers

- 632 (17.3%) of 3,648 children reviewed had the length of time in care identified as a barrier;
- 626 (17.2%) of 3,648 children reviewed had the lack of current plans identified as a barrier;
- 557 (15.3%) of 3,648 children reviewed had the lack of documentation of case progress identified as a barrier.

The sections that follow address the concerns and barriers to permanency identified by the local boards, and include the local boards collective recommendations and rationale.

Section I – Child Abuse Prevention

Additional Child Abuse Prevention Efforts are Needed

Concern: During 2000, 10,838 individual Nebraska children were in out-of-home care for some or all of the year. Clearly, too many Nebraska children have suffered child abuse, child neglect and/or child sexual abuse; efforts must be made to prevent as many instances of abuse as possible. Therefore, there is a need for proven home visitation programs and other proven prevention programs to lessen the ever-growing number of children suffering abuse, and to reduce the numbers of children entering the system.

Recommendations:

- The state should select one or more proven prevention models and implement them statewide to expand child abuse prevention efforts.
- The state should conduct intensive home visitation for high-risk populations (birth-2) and universal visitation with focus on school readiness (birth-5).
- The state should create parent support centers which would focus on children of all ages, serve as an advocacy and training center, be a source of respite care and a host site for parent and adolescent support groups.
- The state should increase Kids Connection[10] coverage to 200% of the level of poverty and should subsidize respite and after school care for children qualifying for Kids Connection.
- The state should assist business owners in the development of quality low cost child-care.
- The state should provide incentives to improve the supply of, and supports for, mental health professionals in rural areas.

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

Section II – Young Children's Issues

Stability While In Out-of-Home Care is Especially Needed for the Youngest Children

Facts: Drs. T. Berry Brazelton & Stanley Greenspan have identified the fundamental building blocks for children to develop higher-level emotional, social and actual abilities:

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

Research on children's physical and emotional development indicates that, especially for the preschool population, it is critical to have stability and continuity of care. Children in this age group are developing the physical connections of the brain. Research has shown that when young children must cope with prolonged or multiple stressors, these vital connections can fail to form properly, resulting in temporary or permanent changes in the children's ability to think, to develop positive inter-personal relationships, and to process future stressors.

Young children are physically and emotionally vulnerable and can be hurt through implementing a parental visitation schedule that is too stressful. The turnover rate in case managers, case aides, and contract employees who monitor visitation and provide transportation can add to children's stress. Young children, especially, need a predictable routine and to be with someone whom they know and trust, at all times.

The following case scenario illustrates the lack of caregiver stability some young children experience and also touches on kinship care issues and agency-based care issues that are described in greater detail later in this commentary.

> *"Debbie"*[11] *entered out-of-home care at birth when she tested positive for cocaine. Following her release from the hospital, "Debbie" was placed in a licensed foster home. "Debbie" was then placed in her grandmother's home at the grandmother's request. Within a short time the grandmother requested "Debbie's" removal due to her constant crying and numerous special needs. "Debbie" was then moved to another licensed foster home since the first foster home had other children placed*

[11] The names and other identifying information in this case example have been changed to preserve confidentiality.

with them while "Debbie" was with her grandmother and was unable to take another high-needs child.

Drug-addicted infants are especially sensitive to changes in their environment and caregiver changes, yet by the time "Debbie" was only 6 months old she had been in four different placements, including her hospital stay. This situation could have been avoided if someone had realistically spoken with the grandmother regarding the child's needs and the grandmother's ability to provide round-the-clock care for "Debbie."

Concern: On any given day between 1,150 and 1,400 children age five and under are in foster care in Nebraska. The FCRB finds that many preschoolers who are in out-of-home care lack stability due to:

- Multiple placements (moves to different foster homes)
  - 444 (32.5%) of the 1,366 preschool children in out-of-home care on Dec. 31, 2000, had been in more than two foster homes
  - 259 (19.0%) of the 1,366 preschool children in out-of-home care on Dec. 31, 2000, had been in more than three foster homes.

- Premature/failed reunification attempts that led to repeat episodes of abuse or neglect and additional traumatic separations from their parents.
  - 192 (17.6%) of the 1,092 preschool children who entered foster care during 2000 had prior removals from the home

- The lack of system focus on children's growth and attachment needs.

Recommendations:

- Provide intensive services to parents with the intent to assess their long-term willingness and ability to parent.
- Minimize placement disruptions by recruiting and working with foster care families for infants, toddlers and preschool children and identifying appropriate relative placements (e.g. aunt, grandmother) early in the child's case.
- Provide specialized training on the importance of bonding and attachment to parents, foster parents, case managers and supervisors.
- Reduce the caseloads for specialized case managers of young children in out-of-home care.
- Provide for case managers to be able to monitor parental visitation for young children and to act quickly if the visitation schedule unduly stresses the children.

- Develop specialized units where highly trained professionals focus on providing permanency[12] for children who have been identified as unable to return home due to parental inability or unwillingness to provide long term care.
- Increase awareness amongst foster parents of the mentoring program available through the statewide foster parent association.

Rationale: The following statistics indicate the number of children age birth through five years who have been impacted by abuse/neglect, premature and failed reunifications, and multiple placements.

- 1,366 (21.7%) of the 6,286 children in care on Dec. 31, 2000, were aged birth through 5 years;
- 1,092 of the 5,281 children (20.7%) who entered care during 2000 were aged birth through 5 years;
- 192 (17.6%) of the 1,092 preschool children who entered care during 2000 had experienced prior removals from the home;
- 444 (32.5%) of the 1,366 preschool children in out-of-home care on Dec. 31, 2000, had been in more than two foster homes, and 259 (19.0%) had been in more than three foster homes.

The FCRB is particularly concerned about the lack of ongoing nurturing relationships caused by multiple placements and failed reunifications. Research shows that childhood stressors such as broken attachments and prolonged grief can cause serious, possibly irreparable, damage to children's brains affecting normal growth and development. Additionally, there is little understanding by the members of the child welfare system of the consequences to children of numerous moves. (Further information on the effects of multiple placements is found in Section IV – Placement Concerns).

Section III – Case Management

Lower Case Worker Turnover is Needed to Create Case Continuity for Children

Concern: The turnover rate of front-line case managers continues to remain high across the state. This situation has caused a number of poor outcomes for children, including a lack of continuity of care and a lack of response to cases not in "high crisis" mode.

"Vacancy"[13] and newly hired case managers frequently report that they do not have adequate time to familiarize themselves with their newly acquired cases, which can have a major impact on case continuity and response.

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

Recommendations:

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

Rationale: Local boards reviewing cases during 2000 found that it was not uncommon for children to have had several different HHS case managers during recent months in care. For example, **819 (22.5%) of the 3,648 children reviewed during 2000 had 4 or more different case managers during their time in out-of-home care**.

There are a number of reasons cited for this turnover rate. Many case managers who have left cite that the case manager's job is nearly impossible to perform and leaves little time to offer stability to children in out-of-home care due to the following:

- Increasingly large caseloads,
- The time-consuming nature of entering required basic case information on the N-FOCUS CWIS computer system.
- The lack of placements for the children in their caseload.
- Children and youth being denied needed mental health services under the ValueOptions[14] contract, and

Some case managers have left HHS for higher paying positions with private agencies with which HHS contracts. Others have left the field entirely.

Case manager turnover is costly, time consuming and disruptive. The state currently pays approximately $10,000 to train each new case manager. In order to widen the pool

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[13] Vacancy case managers are case managers who temporarily assume the cases of a case manager who resigned until a newly hired case manager is able to assume the cases.

[14] ValueOptions is the company that has the state contract to manage the costs of mental health care services for children and youth. There have been problems identified with this contract for a number of years. Further explanation can be found in On-Going Concerns section.

of qualified applicants for case manager vacancies, further examination is needed of pre-service training scheduling practices. Scheduling ideally should not include long overnight absences and distances from their families. Some qualified applicants have been unable to take case management positions due to the conflict between the needs of their small children to maintain parental contacts and the position's requirement for several weeks of training at considerable distances from their home.

Caseworkers have indicated they need more pre-service training on domestic violence, which is a factor in many of the cases. Inexperienced case managers need additional training on domestic violence in order to better assess children's safety and to help families address issues leading to the removal of their children from the home.

The FCRB is concerned that children's cases are being disrupted by case manager turnover after paying approximately $10,000 for initial training. Many case managers are leaving HHS for higher paying positions, such as those available with HHS contractors.

Case Managers Need to Maintain Contact With the Children

Concern: As a result of turnover and other factors, some case managers have not had timely contact with the children. During reviews, FCRB staff members document whether or not the child's file indicates that the case manager has visited the child within the 60 days prior to the review. For 1,599 (43.8%) of the 3,648 children reviewed during 2000 there was no documentation regarding case manager/child contacts. For 225 (6.2%) of the 3,648 children reviewed it was documented that no contact had taken place.

Recommendation:

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

Rationale: Face-to-face contact is necessary to accurately assess the appropriateness and safety of placements and services. This contact also facilitates case managers' communication with the children's caregivers and other parties. It is especially critical for pre-school children.

Contracted Services Need Clearly Defined Lines of Authority and Clearly Defined Lines of Communication

Background Information: As the number of children needing foster care grew, HHS entered into contracts with a number of private agencies in order to avoid increasing the number of permanent case managers.

Services that may now be provided by contractors include:

- Visitation monitoring
- Children's transportation:
    - to and from visits with the parents
    - to and from therapy sessions
    - to and from day care
    - to new foster homes or placements
- Placement recruiting and support (agency-based care) for:
    - foster family homes
    - therapeutic foster homes
    - group homes
    - emergency shelters
- Determination of which homes or facilities should care for the child (agency-based care).

There are a number of different contracting agencies, and some of the agencies provide more than one type of service. Some contractors have exceeded expectations, some have met minimum expectations, and some contractors have not always achieved acceptable levels of care and/or safety for the children.

Concerns: **(1) Contracts have increased the difficulty of case coordination,** as it is not reasonable to expect case managers to effectively coordinate the multitude of different agencies and staff members that may be providing some or all of these services for each child of the fifty or more families in their caseload.

(2) Serious communication gaps are a natural consequence of this system structure. The FCRB has reviewed cases where contractors did not send information and case managers were unaware of some serious concerns. Other reviewed cases found information sent by agencies that was not read or sorted by HHS case managers. The FCRB is also aware of contractors who have been unable to reach case managers for timely decisions. Children's health and safety are directly affected as a result of these case level communication breakdowns.

(3) Communication gaps can occur when the staff providing services have not been trained on how to observe or assess the interactions they see. Family support workers and visitation specialists, whether through HHS or through contractors, often lack the training necessary to assess parent-child interactions and determine whether children are safe on visits. Many do a good job, but untrained visitation workers can increase conflict between the parties, especially if they are unable to recognize children's normal grief reactions to separations from parents or caregivers.

(4) In addition to communication gaps, there is no defined point of authority or responsibility in cases involving contracted services—as a result no one is looking out for the children, and children may remain at risk. The FCRB has reviewed cases

where children and youth have been found to be at risk or have been injured in some contracted placements or on visitation. There has been a lack of quick and effective responses to these situations, and often no corrective actions were taken. This has been especially serious in Omaha and with some specific placements.

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

- Within HHS there is no single point of authority. For instance, when a placement concern arises it is difficult to know whether the concern is best reported to the CPS hotline, to the case manager, or to resource development. When the FCRB has reported concerns to these HHS staff members, a common response is "did you call the [other party]." Even when FCRB staff members have contacted all three parties, there is often no movement to correct the situation.
- At the same time, the contractor may not take corrective action as it could be viewed as admitting fault.
- In the meantime, children often remain at risk.

For example: the FCRB reviewed the case of a young child who was badly injured in a contracting agency's foster home. The case manager's response was that since the child was in an agency-based home the case manager no longer had responsibility for the child, in spite of the child's physical injuries. The CPS hotline and resource development were contacted and there was still no movement to correct the situation. The HHS area administrator was contacted, and the response was to ask if the case manager, CPS hotline or resource development had been contacted. The contracting agency maintained that since HHS had approved the licensing of the home, it was an HHS responsibility. In the meantime, this contractor agency is still having children and youth placed with them and no one has been viewing their homestudies.

(5) The FCRB is concerned that, since implementing contracts, in some cases it remains unclear as to who is accountable when problems occur, who is responsible for addressing these problems once they are identified, and how carefully providers are monitored, even though HHS has implemented a system for monitoring contracted service providers. In many instances, both HHS and its contract providers have been slow to respond to serious concerns. Ineffective communication, unclear expectations, inadequate homes, and/or inadequate preparations are often at the core of these issues.

Recommendations:

- Reduce the use of private contracts for case management and increase the number of case managers.
- Provide additional oversight to contractors, especially for transportation and visitation supervision and agency-based care. (the effects of these contracts are described in greater detail in the next section)

Rationale: While the current contracting practice may reduce the number of people working directly for the Department of Health and Human Services (HHS), **it has not increased case manager efficiency nor has it reduced costs; the State FCRB recommends that the practice of hiring contractors must therefore be re-examined.**

Contracting essential case management duties has added a layer of bureaucracy between the case managers and the children, increasing the likelihood that critical information is not shared and increasing the chances of poor outcomes for the children. This practice has put children at risk in a number of ways, such as:

- Critical information is not communicated or easily accessible between the case manager and all the contractors in a case. This communication gap exists both ways (from the case manager to the contractor and from the contractor to the case manager).
- In some cases contracted staff have the only contact with the children, yet have few contacts with the case managers, and case managers often discount their observations.
- The cost of contracting with for-profit organizations limits the funds available to provide permanent case management for the children's cases.
- Cases do not achieve stability in a timely manner.

The following describes in further detail the effects of specific types of contracts. Since the same contractor often provides both transportation and visitation monitoring, these two services will be grouped together, and since contractors often provide several types of placements, concerns regarding placement contracts are grouped together.

Visitation and Transportation Contractors Need Additional Oversight and Communication Needs to be Improved

Concern: Monitoring the appropriateness and consistency of parental reactions to the children during visitations is at the core of casework, yet in some cases it is being delivered by persons with very little training or understanding of the dynamics involved. The combination of contractor staff with little training and the "hands off" policy of HHS towards contractors has resulted in a number of incidents of children being at risk or harmed during visitation.

> *"Sherry"*[15] *is only a few months old. Her visits with her parents are supposed to be fully monitored by a contract agency's visitation specialist. "Sherry's" foster parents were suspicious because she was having stomach problems after visits. The foster mother also thought the bottle had a suspicious odor.*

[15] The names and other identifying information in this case example have been changed to preserve confidentiality.

The visitation specialist was asked to pay closer attention to the child's bottle. The visitation specialist then discovered that the biological parents were switching the bottles. When the visitation specialist noticed the switched bottle, she emptied the contents down the sink and did not call law enforcement. Thus, there is no evidence to be tested, it remains unknown what the parents were giving "Sherry" in her milk or why the parents were doing this, and there will be no prosecution for this action.

It is highly disturbing that the parents were apparently able to switch the bottles in the visitation specialist's presence at several visits prior to the foster parents expressing their concerns, and that the foreign substance in "Sherry's" milk remains unknown.

It has also been reported that public transportation providers, such as Armadillo Express, Eppley Express, Prince of the Road, and the Greyhound bus lines have been contracted to transport some children to new placements and/or services instead of case managers. In other cases, temporary case aides provide the transportation. **At some of the most traumatic points in their lives, some children are now being transported by strangers who often change frequently rather than by someone they know and trust,** such as a case manager or foster parent.

"Judy,"[16] *is a low functioning eight year-old child. "Judy" often pretends to be cutting her wrist or otherwise harming herself as she has seen her mother do. Given her age and her IQ, it is not clear if "Judy" can discern what death really is. Her mother is not stabilizing mentally and is still suicidal. As a result, all visitations with the mother are to be supervised.*

A family support worker from the mother's town of residence is to provide this monitoring. "Judy" is placed with relatives who live some distance away from "Judy's" mother. Therefore, HHS has a contractor who provides transportation to the visits.

On the day of a recently scheduled visit, the family support worker had car trouble and was not at the mother's home when the transportation provider arrived with "Judy." The transportation provider dropped "Judy" off without checking to see that the family support worker was there or assuring that any adult was home. When the family support worker finally arrived, "Judy" was very quiet and would not speak about what had taken place while she was alone with her mother.

[16] The names and other identifying information in this case example have been changed to preserve confidentiality.

Recommendations:

- Study the cost-effectiveness of all contracts and define a reasonable caseload for HHS workers.
- Hire permanent case aides to complete visitation and/or transportation services and to improve coordination and supervision of these critical areas. These case aides need to receive extensive instruction on how to correctly interpret parental actions and the children's reactions at visitation and to help children deal with the trauma of moves to new facilities/homes. (Currently contract providers are paid at least $14 per hour for their service.).
- Recommit to aggressively monitoring the services and placements that are currently contracted to private agencies.
- Clarify service provider contracts to include clear expectations.
- Review the cost effectiveness and efficiency, and therefore wisdom, of contracting for essential case manager duties.

Rationale: As a broker of services, HHS has become responsible for monitoring contracting agencies to ensure the safety and security of youth, to ensure that services agreed upon are provided, and to ensure that contractors are fiscally responsible. In some areas, HHS contracts with private agencies such as VISINET, Lutheran Family Services, OMNI, etc., to monitor visitation. In some communities, HHS family support workers monitor visits.

Parent and child interaction during visitation is a vital benchmark to determine if reunification is in the child's best interests or if the child would be placed in imminent danger if returned home.

The FCRB's primary concern with this system is whether the children are safe during visits and, if they are not, whether appropriate corrective action is taken. The FCRB is aware of incidents of crucial information concerning a child's safety not reaching the case manager or the person who supervises visitation in a timely manner. When the FCRB's staff contacted case managers bringing these incidents to their attention, case managers often stated that they have not reviewed or even received the visitation documentation. There appears to be no standard method for flagging appropriate concerns.

The FCRB is concerned that in some areas: 1) HHS does not focus on outcomes of visitation and transportation contractors or control the quality or continuity of the service being provided, 2) there is a lack of identification of who takes responsibility for problems identified during visitation and 3) there is a lack of clarity about what corrective actions are being put in place to assure children's safety. In addition, there are numerous communication breakdowns that must be addressed.

HHS Case Aides Need More Training When Assigned to Assist Case Managers with Visitation Monitoring or Transportation

Concern: Based on information from the reviews of numerous cases, it appears many case aides have been asked to assume traditional case manager duties such as visitation supervision, transportation, and placement visitation without the training and expertise to: 1) understand and report the complex family dynamics that occur during home visits and supervised visitation, and 2) reduce the trauma for children being moved from one caregiver to another, or going back and forth from visitation.

> *"Billy,"[17] is a highly traumatized 3-year old child who entered care due to a variety of physical injuries, including broken bones that were in various stages of healing. "Billy" is very attached to his foster parents and fearful of being without them. "Billy" is fearful of the abusive parent. The parent has inappropriate expectations of normal behaviors for a 3-year old child and has been frustrated and gruff with him on visitations. The case aide did not effectively relay this essential information to the case manager, and visitations were allowed to continue. When "Billy" did not want to go on a recent visitation, the case aide told the 3-year old that she "would call the police" if he didn't cooperate.*

The FCRB has also reviewed cases where visitation specialists have escalated the tensions between the foster parents and biological parents.

An additional concern is that in the Omaha area it is reported that case aides are defined as temporary positions, and that case aides are required to transfer from one caseload to the next every six months. Therefore, the case aides may never become familiar with a specific case load or have sufficient background on the individual family dynamics to understand the nuances of the family interactions, or they start to become familiar with the case load and are subsequently transferred.

Recommendations:

- Case aides need to be assigned duties that match their qualifications and expertise and/or be trained to complete the tasks they have been asked to complete.
- Case aides should assist case managers with entering information onto N-FOCUS CIWS so case managers can do the work they have been trained to complete.

Rationale: Through numerous reviews the FCRB has anecdotal evidence that children have numerous different staff providing transportation and visitation services. From the children's perspective, the case aides who provide them with transportation or safety during visits are often a constantly revolving group of strangers.

[17]The names and other identifying information in this case example have been changed to preserve confidentiality.

Understandably, the children's reactions to these situations may be substantially different than it would be if the case aide was a well-known adult in their lives. While the Board does not dispute that many case managers could use some form of assistance with their cases, for the children's sake it is imperative that case aides be given the training and tools necessary to complete the tasks assigned.

Agency-Based Placements Need Additional Oversight and Communication Needs to be Improved

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

Concern: The FCRB has reviewed cases where children were found to be at risk in some state-approved agency-based foster care homes, group homes, and emergency shelters, and found that:

- Serious abuse (severe burns, broken bones, concussions) has occurred in some agency-based placements as a result of a lack of supervision and restraints. (Use of restraints is discussed in section V of this commentary).
- Even after a clear pattern of abuse or neglect has been detected in certain agency-based placements, agencies have continued to place the child and/or other children in the questionable placement.
- Many agencies fail to develop child-specific placements geared to meeting the physical, emotional, or behavioral needs of an individual child. Some children in out-of-home care have experienced several placement moves while in agency-based care without the knowledge or consent of the case manager.
- The FCRB has reviewed some children's cases where the case managers did not know where the children in their care were specifically placed– only that they were in the custody of a contract provider, and cases where case managers did not know which other children were placed in the same home. Without this information safety cannot be assessed.
- In some reviewed cases, case managers did not have a copy of the agency-based foster home's home study—important background information needed for assessing appropriateness. In other cases, the agency's home studies have been seriously outdated (e.g., over 20 years old). Often, case managers have not reviewed the home studies. As this report is being authored, OMNI and Camelot are not providing home studies.
- In some cases, case managers have never met the agency-based foster family.
- Procedures for licensing have been problematic. HHS has granted some licenses for agency-based foster homes without a review of the home study.
- Some agency-based foster homes have too many children placed in their care. No one appears to monitors the number of children in agency-based foster homes.

Some facilities do an excellent job of providing care, but systemic deficiencies need to be addressed so that all agencies are held to appropriate standards of care. Agency-based care is paid at a significantly higher rate than standard foster homes, yet in many cases the benefits are not getting to the children.

Recommendations:

- Re-commit to aggressively monitoring the services and placements that are currently contracted to private agencies.
- Look at how communication now takes place between the case manager, the agency, and the agency-based provider. Examine communication breakdowns, and monitor performance.
- Review communication protocols and procedures for use when a child is injured in an agency-based placement.
- Increase oversight of private agencies' decisions concerning the placement and services for children;
- Implement immediate, proportional consequences for agencies that fail to meet strict guidelines regarding children's safety.
- Clarify expectations of contracted service providers.

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

Children's Files Need to Contain Essential Home Studies and Service Provider Documentation

Concern: The FCRB continues to be concerned about non-compliance with HHS regulations for some children in out-of-home care. In some cases, there is a lack of verification that home studies or approval studies for agency-based placements have been completed. What this can mean for the child is that no one has done a thorough study of the home to make sure it is safe and appropriate for that particular child.

Recommendations:

- HHS should follow its policy to conduct home studies prior to placing children or within 30 days in an emergency situation. HHS should file the home study in the child's permanent record or in another easily accessible location where information would be available for caseworkers and for review of the case by the FCRB.
- Home studies completed by another entity should be provided to HHS in a timely manner and included in the child's permanent file.

- Service providers should not be paid until their reports are provided to the case managers.

Rationale: Home studies of potential foster homes for the child are demonstrated to be the most reliable vehicle to evaluate a child's placement. Home studies indicate the ages and genders of persons living in the home; family history; medical/social/mental health status of the foster parents; their parenting practices and abilities, including which type of children should *not* be placed with the family; physical condition of the home, including sleeping arrangements; the results of Central Registry and law enforcement checks to determine whether there have been prior allegations of child abuse or criminal behaviors; references, and other background checks. Home studies should be completed in a timely manner, either before children are placed in the home or within 30 days of an emergency placement.

A home study enables an evaluation of the specific needs of the child to be placed in relationship to the foster parent's ability to meet the child's needs and meet the needs of other children and youth in the home. Updating home studies prior to the child's placement can be an opportunity to avoid placing several children with numerous problems in the same home.

The FCRB is quite concerned that there was insufficient information in the file of 1,086 (29.8%) of the 3,648 children reviewed in 2000 to determine whether the children were safe in their out-of-home placement and whether the children's basic needs were met.

Through the reviews of individual children in out-of-home care, it is also evident to the FCRB that some service providers are not held accountable to even provide basic reports on their assessments, evaluations, or ongoing therapy with either the child, parents, or both. Without this information it is difficult or impossible to assess parents' progress in therapy or substance abuse programs.

Section IV – Placement Concerns

There is a Need for Additional Placements of All Types, Especially for Children with Severe Emotional or Behavioral Problems, or Who Are Sexually Acting Out

Concern: There is a general lack of placements available for children and youth in out-of-home care, including foster homes, therapeutic foster homes, group homes and residential care facilities. In addition, there has been a failure to develop sufficient therapeutic placements for specific needs, such as violent youth, sexual perpetrators, young children who have been sexually abused, emotionally disturbed children, children

with a dual-diagnosis (e.g., substance abuse and mental health issues), pregnant girls, and children with severe behavior problems. This need is especially acute west of Grand Island.

Many placements have closed or accept only private-pay placements, due to the number of treatment denials by ValueOptions.[18]

Recommendations:

- HHS should increase its focus on placement development to meet the following special needs:
  - Therapeutic placements for violent or aggressive children;
  - Treatment placements for sexual abuse victims or children sexually acting out;
  - Placements equipped to handle disabled children;
  - Therapeutic placements for emotionally disturbed or traumatized children;
  - Placements that specialize in the needs of children who have committed law violations;
  - Treatment placements for children with a dual-diagnosis (ex. substance abuse and mental health issues);
  - Placements able to handle the medical and emotional needs of pregnant girls and adolescents; and
  - Placements for children with severe behavioral problems.
- HHS should work to recruit and retain therapeutic foster homes, group homes, and residential care facilities, especially in the western part of the state.
- The possibility of using state resources, such as using the Nebraska Center on Children and Youth (NCCY) campus as a child-caring facility should be explored.
- A clear plan for oversight of agency-based foster care should be implemented to ensure that children are not at risk in an agency-based placement and that the placement is appropriate for the children's needs.

Rationale: The lack of appropriate placements available today is particularly acute. First, many children already in the system are increasingly being denied services at the level of care needed due to financial reasons and/or due to placement and service deficits. Second, there are more children entering the child welfare system.

Complicating this situation is the fact that many children are entering the system with higher levels of needs due to the chronic or severe nature of the abuse or neglect they have suffered. As a result, available placements frequently do not meet the needs of individual children, causing difficulties, conflict, and eventual removal from the placement.

[18] ValueOptions is the company that has the State's contract for providing managed mental health care services for children and youth. This is discussed in more depth in the On-Going Concerns Section.

Because sufficient placements for children and youth in out-of-home care have not been developed, there is an increased reliance on:

- Emergency shelters (where children and youth remain for months without educational opportunities or services); and
- Group Home II's (developed to house and treat violent and aggressive youth, sexual abuse victims, children who are sexually acting out, emotionally disturbed children, and behaviorally disordered youth together, rather than developing specialized care).

One undesirable aspect of shelter and group care is that it tends to result in the placement of very vulnerable children in the same environment (and sometimes even in the same room) with other children who, because of their own issues, are likely to physically or sexually abuse them.

There is a Need for Greater Retention of Foster Homes

Concern: Many quality foster parents have reported that they quit being foster parents because they were not being given adequate background information on children placed with them, sufficient respite care[19] was unavailable, and support from case managers was unavailable when problems arose. Many foster parents have reported that communication with the biological parents has been made worse by agency-based visitation monitoring.

Foster parents have not always been able to attain requested additional training in behavioral management for children with attachment disorders or children who had experienced severe or chronic abuse or neglect. Some of the children's behaviors are very difficult to handle day in and day out, so foster parents often need on-going help.

Communication gaps appear common, and can lead to serious consequences. The FCRB has reviewed cases where the foster parents were not informed of children's allergies to common medications and where foster parents were not informed of medical conditions. Potentially life-threatening events have occurred as a result.

> *"Peter,"[20] is a young, medically fragile child who needs numerous doctor appointments and works with several specialists to improve his multiple physical conditions. He has been with the foster parents for several months now. His foster mother reports she has repeatedly asked for a comprehensive medical background on "Peter" to assure that all factors are being considered in his treatments.*

[19]Respite care is limited time away from the children in order to complete actions where the children cannot or should not be present, such as when foster parents attend continuing education classes.
[20] The names and other identifying information in this case example have been changed to preserve confidentiality.

His foster parents reports that they have yet to receive the medical background for this high needs child, and have only received a list of needed immunizations. Due to his physical condition, "Peter" needed an emergency hospitalization recently and the foster parents were unable to answer many medically significant questions about his background so the hospital needed to run additional tests to determine the best course of treatment.

In another case:

"Trudy,"[21] *is a 6-year-old girl whose foster parents were not told of her heart condition. "Trudy" needed significant dental work, which the foster parents were to arrange. Since the foster parents didn't know of the heart condition they were unaware that "Trudy" should have been on antibiotics for 10 days prior to each dental procedure to prevent infection in the heart. "Trudy's" health was put at significant risk as a result.*

Many foster parents also report that children's immunization records have not been provided, leading to difficulty with preschool and school enrollments.

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

Recommendations:

- Recognize that foster parents are a vital component of the system.
- Place a medical cover sheet at the front of every child's file so that essential information can be easily consolidated and shared with all appropriate parties as necessary.
- Implement well-supervised procedures to ensure that foster parents are given essential background information on the children being placed with them, including health and education records.
- Provide foster parents with training to address the more complex problems being presented by children today, and to give them the support and respite they need.
- Continue exploring the creation of "professional foster parents" that is, foster parents who are provided enough in wages to be in the home providing daily care for a limited number of children in a home setting.

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[21] The names and other identifying information in this case example have been changed to preserve confidentiality.

Rationale: Foster parents need to be given background information on the children placed with them in order to ensure the safety of themselves, their families, the children being placed with them, and other children entrusted to their care. When conducting reviews the FCRB is required to ask whether the children's foster parents had been given children's educational and health records. Unfortunately, the FCRB found that many foster parents were not been given this information.

Given the ramifications of not having this vital information, especially children's health information, the FCRB began to collect statistics on the issue in the spring of 2000. Below are statistics on the receipt of medical records for 569 of the 725 children age birth through five reviewed during 2000.

- 377(66.2%) of 569 pre-school children's foster parents had been given the child's medical records,
- 129 (22.7%) of 569 pre-school children's HHS file documentation did not indicate whether the foster parents had been given the child's medical records, and the foster parents were unable to be reached at the time of review, and
- 63 (11.1%) of 569 pre-school children's foster parents had *not* been given the child's medical records.

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

There is a Need to Assure that Reunification Attempts (Placements with Parents) Do Not Put Children at Risk

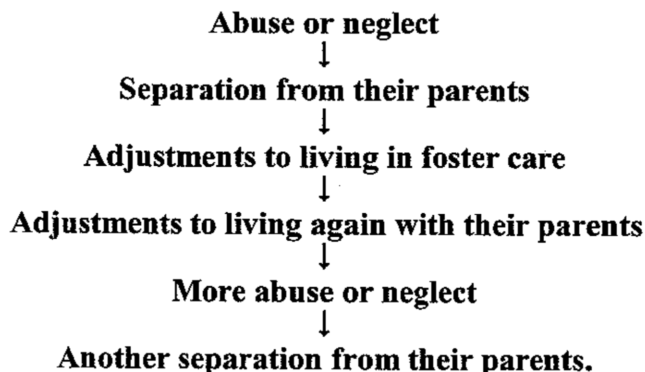
Concern: For any permanency objective or plan to be successful, the problems that caused the child to come into care must be adequately addressed. Some children are being returned home before the issues are fully addressed and before the conditions leading to the removal from the home are corrected. Reasons for this include problems with investigations, with prosecution, with delivery and oversight of appropriate services, or with a practice of attempting reunification with nearly all parents. As a result, these children are being re-victimized and the family's integrity is further impaired.

An unacceptable number of children have this experience. For example 2,405 (45.5%) of the 5,281 children removed from the home during 2000 had experienced at least one prior removal from the parental home and thus were subjected to repeated abuse/neglect and to repeated serial separations from the parents.

Recommendations:

- Conduct better assessments of the families and focus reunification efforts on families who have expressed a desire to change.
- Eliminate the practice of attempting reunification with parents who cannot or will not parent in order to eliminate failed reunifications, further abuse, and repeat episodes in out-of-home care.
- Provide appropriate remedial services to families who are identified as willing to work on new behaviors.
- Write clear, appropriate plans with services, goals, and timeframes and carefully document parental compliance with the plan so that if parents are non-compliant alternative permanency can be pursued.
- Continue implementation and monitoring of the guidelines outlined in the Adoption and Safe Families Act, where child protection and best interests replace family reunification as the guiding policy for child welfare agencies.
- Follow the guidelines outlined in the Adoption and Safe Families Act where reunification need not be pursued in:
  - Cases of murder or voluntary manslaughter of another child by the parent,
  - Felony assault that results in serious bodily injury to a child,
  - Abandonment,
  - Torture,
  - Chronic abuse,
  - Sexual abuse, or
  - Previous involuntary termination of parental rights of a sibling.
- Reduce the time given parents whose children are re-removed from the home to show significant progress before consideration is given to termination of parental rights[22] and moving the case to alternate permanency. This time should be reduced to 6 months.

Rationale: Nearly half of the children removed from their home during 2000 (2,405 of 5,281) had gone through the **failed reunification attempt cycle of:**



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

This can cause serious, life-long harm to children and youth's ability to grow, develop, cope, and adapt. Efforts must be made to greatly reduce the number of children experiencing failed reunification attempts.

As the table below shows, a significant number of children in care are coming from families highly resistant to change, and many of them are returned to their parents prematurely.

Children Entering Care At Any Time During the Calendar Years

Year	Total Entering Care During Calendar Year	# Entering Care Who Had Been in Care Before	Percent Returning to Care
2000	5,281*	2,405	45.5%
1999	4,884*	2,022	41.4%
1998	5,985	2,364	39.5%
1997	5,844	2,451	41.9%
1996	5,490	2,308	42.0%
1995	4,563	1,702	37.3%
⇕	⇕	⇕	⇕
1992	3,824	532	13.9%

*The number of children reported to have entered care in 1999 and in 2000 may likely have been understated due to problems with the reports from HHS.

The FCRB has repeatedly expressed its concern about the practice of reunifying families in which the parents show little or no interest or ability in parenting their children. Of special concern are the chronically violent families where the children's safety is at risk. The FCRB has identified four major reasons that children return to care:

- Children are removed from the home due to a situation that is never resolved, are returned home, then removed again for the same reason(s);
- Children are removed from the home and reunification occurs prematurely, before the parent(s) is ready to reassume the responsibilities of parenthood;
- Children are removed from the home and then reunified because appropriate placements cannot be found; and
- Young children who were in care act out later as adolescents, and subsequently are returned to care.

In an ideal world, every family would be able to successfully parent their children. Children would be safe, and free from abuse and neglect. Unfortunately, not everyone can parent his or her children.

Professionals in the System Need to Recognize Normal Grief Responses in Children Separated from Parents and/or Foster Parents

Concern: The FCRB finds that many professionals in the child welfare system, including case managers and guardians ad litem do not understand that it is normal for children to grieve for lost attachments to parents and/or foster parents, nor are these professionals able to recognize common grief symptoms.

Recommendations:

- Case managers, foster parents, guardians ad litem, county attorneys, law enforcement, and the judiciary should all be provided with mandatory continuing education on the latest research on children's attachment needs, why children grieve for lost attachments, and how children show grief symptoms.

Rationale: Research shows that in addition to the trauma of removal from the parents, many children are further stressed by deficiencies in the foster care system, particularly deficiencies regarding the appropriateness and oversight of their placements and the number of moves between foster placements that children experience.

To fully comprehend how placement changes can be hard for children it is necessary to understand how children grieve for lost contacts with the significant adults in their lives. The act of removing children from the parental home sets up a grief response in children. Dr. Elisabeth Kubler-Ross, author of *On Death and Dying*, found in her research that children take longer to go through the stages of grief than adults do. The younger the child was at the time of the loss, the longer grief can be expected to take.

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

Children of any age who are removed from a foster parent to whom they've attached will grieve the loss of the foster parents and may need to revisit the grief over the separation from the parents.

Grief for lost attachments to parents or other caregivers may be expressed in a number of ways. Typical responses vary based on the individual circumstances, age, and temperaments of the children as well as the way the adults dealt with the transition between caregivers. Typical grief reactions include:

- Regressive behaviors (e.g., return to baby talk, lapse of toilet training)
- Distracted easily, thinking disorganized, memory lapses, learning difficulties

- Problems with judgment and cause/effect, increased mischievous behavior
- General anxiety, separation anxiety, alarm, panic, fears
- Food issues, including hoarding food or refusing to eat
- Abnormal displays of anger to normal situations
- Sadness, depression, despair
- Self-esteem problems, feeling they've been "thrown away"
- Yearning and pining for the lost caregiver
- Physical symptoms such as sleep disturbances, rapid or irregular heart rates, and lower resistance to infection
- Blaming others or themselves for the situation
- Denial of events
- Avoidance of future relationships

There is a Need to Reduce Children's Moves to New Placements

Concern: Nearly half (3,026 of 6,286) of the children in care Dec. 31, 2000, had experienced four or more placement disruptions. Children who experience a number of disruptions have an increased probability of depression, confusion, short-term memory loss, learning problems, and/or behavioral impairment. Each placement disruption is likely to increase the children's trauma, distrust of adults, and negative behaviors, making future successful placements even more difficult and negatively impacting the children's normal growth and development.

Recommendations:

- Identify relatives and non-custodial parents within the first 120 days of a child's placement so that delayed identification does not result in unnecessary moves.
- Adapt the model Utah is using, in which children under age six must be placed into a prospective foster/adoptive home when they enter care to reduce children's placement disruptions should the case plan change to adoption.
- Recruit, develop, and retain child-specific placements for young children, especially those with special physical, emotional, or behavioral needs.
- Provide on-going specialized training to all foster parents, case managers and supervisors on the importance for children to bond and form attachments to their caregivers.
- Implement foster parent retention steps such as:
    - Recognition that foster parents are a vital component of the system;
    - Access to round-the-clock immediate and effective support when issues arise;
    - Provide health and educational records to foster parents upon placement or within a few hours of placement;
    - Provide other background information, such as likely behaviors (e.g. sexual acting out, fire starting, rages) when children are placed in foster homes and facilities;

    - Create "professional foster parents" that is, foster parents who are provided enough in wages and benefits to be in the home providing daily care for a limited number of young children in a home setting; and
    - Offer additional training on child development, bonding and attachment, and effective methods of behavior modification, and specialized training as needed.
- Award grants or contracts with entities to provide Multidimensional Treatment Foster Care (MTFC). The objectives of a MTFC program are to provide children and youth who have serious and chronic behavioral problems with close supervision, fair and consistent limits, predictable consequences for rule breaking, a supportive relationship with at least one mentoring adult, and limited exposure and access to delinquent peers. MTFC is based on the philosophy that for many children and youth who exhibit antisocial behavior, the most effective treatment is likely to take place in a community setting, in a family environment in which systematic control is exercised over the children's behaviors.
- Build the capacity of out-of-home placements to match the population of children, their location, and their needs.
- Develop a sufficient capacity of shelter beds to accommodate all children entering out-of-home care, for a stay of up to 30 days. This would ensure a thorough assessment of the child's placement needs and increase the likelihood of an appropriate ongoing placement.
- Monitor placement providers closely and consistently.
- Develop placements for children and youth with multiple or specialized needs.
- Implement guidelines designating who should make placement, treatment, and service decisions for children and youth in out-of-home care and put into practice effective means to monitor and review these decisions.
- Require relative caregivers to pass the same standards as other foster care providers to ensure that children are safe and well cared for.

Rationale: Children are often moved because: 1) the lack of appropriate placements resulted in a placement where a bed was available rather than where the children's needs could be met, or 2) foster parents are unprepared for children's typical grief reactions, and unaware that it is necessary and expected that children will grieve their loss whenever they are separated from either a parent or a foster parent to whom they have become attached.

If the new placement is unable to handle the children's grief behaviors, children are often moved again rather than providing services or support to prevent a placement disruption. When these children are moved to the next foster home they need to grieve the relationship with the newly terminated placement, and may need to re-address the grief over the original separation from the parents and any prior separations from foster parents, adding to the children's grief behaviors and trauma and reducing the chance of the children finding a lasting placement.

There is an erroneous assumption made by many in the child welfare system that young children are not impacted by placement changes; to the contrary, research clearly indicates that each movement has a lasting effect on children of all ages and placement changes should be avoided as much as possible. Research indicates:

> "*Moves from foster home to foster home should be limited to all but the most unavoidable situations. Every loss adds psychological trauma and interrupts the tasks of child development.*"[23]

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

As noted researchers J. Freud Goldstein and A. J. Solnit have said:

> "*Adults must remember that once new attachments are formed, separation from these substitute parents is no less painful and no less damaging to the child than separation from birth or adoptive parents.*"[24]

After the separation, research confirms what common sense tells us:

> "*The child's energies are being diverted to coping with the pain of separation and loss, and little energy is available to put into processing what is going on in the here and now.*"[25]

Compounding the issue is that this grief is often not clearly recognized or mitigated by the adults in their lives. **The damage done to children by multiple changes in caregivers can be severe and life-long.** Research shows that many of the adolescents and young adults who are violent, lack empathy, or are severely mentally ill started their lives as one of these children who experienced multiple losses.

As the noted researcher Robin Karr-Morse says,

> "***While we might like to believe that given sufficient opportunity we can reverse any damage done to children, the research tells us that the effects of some early experiences cannot be undone.***"[26]

Experts recognize that it is reasonable to expect children to have a maximum of two placements, such as an emergency shelter where an assessment can be made to determine the most appropriate placement, and then the appropriate placement can be secured.

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[23] Vera I. Fahlberg, M.D., A Child's Journey Through Placement, Page 176. Perspectives Press, c. 1991.
[24] J. Freud Goldstein and A. J. Solnit, Beyond the Best Interests of the Child, c. 1973.
[25] Vera I.Fahlberg, A Child's Journey Through Placement. Page 165. c. 1991. Perspectives Press.
[26] Robin Karr-Morse & Meredith S. Wiley, Ghosts from the Nursery, Page 21. Atlantic Monthly Press, c. 1997.

Unfortunately, most children do not experience this type of continuity of caregivers. Many children experience an excessive number of moves from one foster home to another, requiring adaptation to yet more changes in their environments and more grieving over lost relationships with the important adults in their lives.

The following chart shows that 3,026 (48.1%) of the 6,286 children in care on Dec. 31, 2000, had experienced four or more placements, and 2,071 (33.0%) had experienced six or more placements. This affects all age groups, but due to child development issues this situation is particularly critical for the youngest children.

Children in Out-of-Home Care Dec. 31, 2000

Number of placements	Ages Newborn to 5	Ages 6 –12	Ages 13- 15	Age 16+	Age Unreported	Total
1	580*	347	257	256	29	1,469
2	342	283	185	174	23	1,007
3	185	249	173	173	4	784
4-5	184	276	224	265	6	955
6-9	70	281	292	383	3	1,029
10 - 20	5	113	248	455	0	821
21 or more	0	12	53	156	0	221
Total	1,366	1,561	1,432	1,862	65	6,286

*This includes children placed for adoption upon birth.

The chart below shows how the number of children experiencing multiple placements has increased over the last few years. It is interesting to note that just ten years ago, in 1990, only 32.9 percent (1,592 of 4,832 children) had experienced this many placements.

Children with Four or More Placements

Date	Percent	Children with 4 or More Placements	Total No. of Children in Out-of-Home Care
Dec. 31, 2000	48.1%*	3,026*	6,286
Dec. 31, 1999	51.1%*	2,840*	5,557
Dec. 31, 1998	47.3%*	2,554*	5,402
Dec. 31, 1997	47.5%*	2,355*	4,960
Dec. 31, 1996	48.2%	2,112	4,382
Dec. 31, 1995	41.8%	2,112	4,563
⇕	⇕	⇕	⇕
Dec. 31, 1990	32.9%	1,592	4,832

*Due to problems with data on reports received from HHS, there is an *understatement* of the number of placements. (See concerns with N-FOCUS in the special section on HHS reports).

In light of what research says about children's reactions to caregiver changes, the FCRB is concerned that nearly 1 out of 2 children in out-of-home care have been moved to 4 or more different homes/facilities.

There is a Need for Better Transitional Planning for Children Who Must Move to a New Placement

Concern: The FCRB has reviewed the cases of many children who have been moved to new foster homes or facilities. In many of these cases, a lack of effective transitional planning that considered the children's age, developmental stage, needs, and attachments, has added further trauma for the child. Often, children were given no preparation for this major, life-changing event.

Recommendations:

- Case managers, foster parents, agencies responsible for contracted foster homes, guardians ad litem, therapists, courts, and other concerned parties should do everything possible to encourage a well-thought-out transition plan based on the children's age, developmental stage, needs, and attachments.

Rationale: If it is vitally necessary to move children from one foster home to another, research has shown that there are a number of ways of conducting the transition that will help to the child better cope with the new situation.

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

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

- Early in the transition process obtain a special object such as a blanket, teddy bear, etc. For older children this may be a clothing item, toy, or pillow. If it is impossible to secure the original item, replicate the item as closely as possible and as early as possible in the transition process.
- Encourage repetition of previous patterns for personal care, such as bedtimes with rituals, food preferences, types and times of bathing (shower or bath). Caretakers should note this information so it can be passed on.
- If possible, take Polaroid® or instant pictures of the previous family, the house, and the pets; otherwise, see if copies of photos can be obtained for the child to keep.

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

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

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

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

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

- At the first visit before transition encourage new caretakers to give the child a token gift that goes with the child back to their current placement. This gift can be brought back by the child at the next visit or upon permanent relocation.

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

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

Each transition plan should use what is known about children's attachments and developmental needs. Transition plans should be carried out in the most child-friendly manner possible.

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

Concern: Some children in out-of-home care receive daily care from relatives instead of from non-family foster parents, in a practice known as kinship care. Kinship care was put in place to allow children to keep intact existing relationships with appropriate family members. In order to meet this goal, standard practice should be that within a short time of the children's removal from the home these relatives would be identified and evaluated

as potential homes for the children, and, if appropriate, children's vital relationships with these relatives would continue.

However, many case managers have the misperception that whenever a relative is found, children must be moved to the relative's home regardless of the lack of a previous relationship with the relative, the length of time the children have been in care, the children's attachments to the current non-relative foster parents, or the likelihood the children will likely be suffer significant trauma as a result of the move. Furthermore, these moves are often made in a manner that further traumatizes the children by not providing for appropriate transitions.

The FCRB has reviewed the cases of children who have been moved in such a manner after living for years with suitable non-relative caregivers. As a result, bonds to caring non-relative adults that children have formed over a significant portion of their young lives are broken without cause, based on an inflexible, non child-specific policy regarding relatives.

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

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

Recommendations:

- Identify relatives at the beginning of each case and assess their previous relationship with the children and ability to safely care for the children.
- Establish paternity quickly in the case of every child who must be removed from the home by encouraging county attorneys and HHS to work together on the issue so that paternal relatives can be identified and assessed quickly;
- Provide on-going specialized training to all relative caregivers on the importance for children to bond and form attachments to their caregivers.
- Provide relative caregivers access to round-the-clock immediate and effective support when issues arise, and provide them with health and educational records on a timely basis.

Rationale: Given what is known about children's brain development and their need to form and maintain close bonds to the primary adults around them, a quick determination of the appropriateness of a relative placement makes a great deal of sense. If the relative is an appropriate placement, the children suffer the minimum disruption possible and are able to stay with persons they already know who make them feel safe and secure. If

relatives are not an appropriate placement, then an appropriate non-family caregiver can be secured for the children and the child can begin the process of adapting to their new environment.

Section V – Restraints and Other Safety Issues

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

Concern: The State Foster Care Review Board is concerned that while there are protections against restraints for the elderly populations, there are no such protections for Nebraska's foster children. While discussion among providers used to center around whether to use physical restraints, it is now assumed that they will be using them.

In addition to the very real risk of physical injury to youth as well as to staff, the FCRB is concerned that the use of physical restraints are an affront to the child's dignity, a detriment to the child's self-esteem, and not helpful in teaching the child to control his or her own behaviors. It conveys the message that it is acceptable for those with power to use physical force to get what they want from those without power, which has alarming implications for those youth who go on to have families of their own. In many ways it is little different than the abusive treatment many were receiving in the parental home.

> *"Brad,"[27] age 9, entered care due to physical abuse by the mother that left visible bruises. He has been in care for about 2 years. "Brad" has a learning disability that causes him to struggle with schoolwork, especially math and spelling. "Brad" also has been diagnosed with an impulse control disorder and attention deficit hyperactivity disorder, for which he receives two different psychotropic medications.*
>
> *"Brad" wants desperately to go home, but his mother's substance abuse problem remains unresolved. Because of this she often misses visits. "Brad" gets very angry when this happens. "Brad" is placed in a group facility where, due to his anger at missed visits, his impulse control disorder and his hyperactivity, staff members have used physical or chemical (prescription) restraints on him 40 times in the last month.*

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[27] The names and other identifying information in this case example have been changed to preserve confidentiality.

Recommendations:

- De-escalation of violent and aggressive behavior must be the primary consideration of every provider and treatment program. Special training in de-escalation techniques should be provided to caretakers.
- Restraint-free therapeutic care environments and programs should be developed with the intent to eliminate the use of physical restraints.
- Programs need to be put in place to assist in addressing youth's behaviors.
- Training should be provided to group home staff emphasizing alternatives to restraints, including comprehensive de-escalation techniques.
- A policy should be developed, implemented, and closely monitored by HHS to ensure appropriate use of restraints.
- Contracts for service and placement providers should include clear expectations regarding the use of de-escalation techniques and a requirement for proof of training in prevention and de-escalation techniques.
- Uniform documentation of physical restraints should be developed and reviewed both internally and externally by trained professionals for safety and appropriateness.
- Competitive salary guidelines and qualifications for staff dealing directly with children in group settings should be set to attract quality staff.
- HHS standard contracts should be reviewed to address concerns regarding physical restraints.
- Every restraint incident should be subject to mandatory outside review.
- The "No Eject – No Reject"[28] clause in HHS contracts needs to be re-examined, as does the ability of placements to cope with the needs and behaviors of certain mixes of children and youth. If the facility is unable to provide for the safety or other needs of a proposed new resident due to mixture of children or youth in the placement or other factors, the facility must be able to decline.
- HHS needs to implement clearer guidelines for placement decisions, treatment decisions, and service decisions and put into practice effective means to monitor and review these decisions.

Rationale: Local boards have expressed numerous concerns about the rising use of restraints as well as the inappropriate use of physical restraints (also referred to as "takedowns"), chemical restraints, and prolonged isolation to maintain order in many different facilities across the state. It appears that physical restraints are more likely to occur in situations: (1) where children and youth with multiple serious problems are in the same living situations, (2) where staffing and supervision are inadequate, and (3) where there is not a program to address behaviors.

Group home providers report that they have an increasingly difficult time finding qualified staff for the wages they are able to pay. As a result, they hire younger, less

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

educated, and less experienced staff, including, in many cases, college students not much older than the youth for whom they are providing care. Group homes also experience a high rate of turnover with staff leaving for higher paying positions before they are able to develop any expertise in dealing with troubled young people.

Many facilities now assume they will use restraints. A number of factors are affecting this apparent rise in physical restraints, including:

- Placements do not have programs to effectively deal with children's behaviors before an incident occurs, or if programs exists, staff is not adequately trained;
- The service and placement providers' contract currently states that HHS accepts the written program of the facility without change. Many of these written programs authorize use of physical, chemical, and/or isolation restraints for youth placed at the facility;
- HHS has no policy limiting or monitoring the use of restraints;
- The "no eject, no reject" clause in HHS contracts has resulted in some inappropriate placements. This clause states that facilities cannot turn down a youth being placed at the facility and cannot have the child removed if the facility is not appropriate. Because this negatively affects the need levels and mixtures of youth at facilities, the use of restraints to respond to incidents has increased;
- In some instances, lack of appropriate staffing levels and lack of staff training have led to the inappropriate use of restraints; and
- Throughout the system, there are problems with the decision-making process used when placing children at facilities.

The FCRB is concerned that many of the physical restraint incidents happening in Nebraska today are the result of staff who lack the sophistication to de-escalate a troubled youth without resorting to physical measures. Indeed, staff that has not developed the skills to relate to youth verbally is virtually forced to use physical means. It is unclear whether group home providers have adequately trained staff on how to de-escalate children's negative behaviors, if group home providers have established de-escalation as the preferred practice over the use of restraints, and how group homes monitor restraints in their facilities. Even with the most violent youth, de-escalation techniques may prevent many instances of physical restraint.

Conclusion

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

Nebraska can choose to help children and families break the cycle of abuse by providing the services that children and families need for the children to become productive adult members of society. Nebraska cannot afford to neglect one of our most valuable resources, namely our children. It does so at its peril.

The FCRB would like to Acknowledge the Work and Efforts of the Following Persons and Entities on Behalf of the Abused and Neglected Children and Youth of Nebraska

To Foster Parents:

- The FCRB would like to give special commendation to foster/adoptive parents and families for opening their homes to Nebraska's most vulnerable children.
- The FCRB commends foster parents who return questionnaires, participate in Board meetings, and are willing to speak with the FCRB regarding foster children.
- Foster parents and their biological children and families are commended for working to facilitate visitation between siblings in care.

To the Department of Health and Human Services:

- The FCRB commends those HHS offices/workers who have current, well-written plans for children in care, have files available for the reviewers, and who have worked to develop services in their area.
- The FCRB also commends the HHS workers who attend local FCRB meetings as well as the HHS workers and supervisors who read the FCRB's recommendations and follow-up on the FCRB's concerns.
- The FCRB commends efforts to provide foster parent support plans, and the many case managers who work to assure children are in the most appropriate placements possible.
- The FCRB commends HHS for funding a statewide foster parent association and encouraging peer-to-peer mentoring.

To the Judiciary:

- The FCRB commends the Douglas County Juvenile Court Judges for the many efforts they have made on behalf of children and youth in spite of caseloads of over 800 cases per judge. [Editors note: with the 2001 addition of a fifth Juvenile Court Judge for Douglas County, the caseload per judge is still over 675 children's cases]
- The FCRB commends Judges and their staffs for sending information beginning at the point of the child's removal from the home to aid the FCRB in determining children's out-of-home care status. This has been especially helpful from the larger juvenile courts of Douglas and Lancaster Counties.
- Judges and their staffs are commended for verifying lists of children in out-of-home care placements, especially in Lancaster County, and for following through on requests for additional information as to whether certain children had been removed from the home.
- The FCRB commends Judges who have provided additional information with the reports their courts send the FCRB on children in out-of-home care. Especially noted are Douglas, Lancaster, Hall, Madison, and Cheyenne counties.

- The FCRB commends Judges who have worked with the FCRB to coordinate case review scheduling.
- The FCRB commends Judges who read and implement FCRB recommendations.
- The FCRB commends Judges who have presented information at educational programs across the state. The FCRB would like to especially thank Judge Douglas Johnson of the Douglas County Separate Juvenile Court and Judge Gerald Rouse of District 5 (Seward) for their willingness to be presenters.

To the Legislature:

- The FCRB commends the Legislature for sponsoring several legislative resolutions pertaining to the improvement of the Child Welfare System.

To the Governor:

- The FCRB commends the Governor on his willingness to discuss problems in the child welfare system, and his desire to gain consensus on ways to address these problems.
- The FCRB commends the Governor for his willingness to be in media broadcast spots during the year 2000 that were aimed at recruiting foster and adoptive parents.

To County Attorneys:

- The FCRB commends County Attorneys for verifying lists of children in out-of-home care placements to aid the FCRB in determining children's out-of-home care status. The FCRB also commends County Attorneys and their staffs for responding to requests for additional information on cases where the FCRB had received conflicting or incomplete information on children's status.
- The FCRB commends County Attorneys who file for termination of parental rights when appropriate, including filing as appropriate under the new provisions of the Adoption and Safe Families Act.
- The FCRB commends County Attorneys who appropriately file on newborns with siblings already in care to assure the newborn's safety.
- The FCRB commends the County Attorneys and Deputy County Attorneys from the following counties for their efforts on behalf of children and youth:

  Antelope, Boone, Boyd, Brown, Burt, Cedar, Cherry, Dakota, Dawson, Douglas, Holt, Johnson, Kearney, Knox, Lancaster, Lincoln, Madison, Otoe, Phelps, Pierce, Saline, Scotts Bluff, Seward, Stanton, Thayer, Thurston, and Wayne.

To Guardians Ad Litem:

- The FCRB commends Guardians Ad Litem who are involved in the children's cases and who routinely provide important information on the cases to the FCRB.

To Court Appointed Special Advocates:

- The FCRB commends CASAs who actively advocated for children.

To Facilities That Allow Local Board Meetings:

- The FCRB expresses its thanks to the many facilities that allow Local Board meetings to be held at no charge.

Major Activities of the Foster Care Review Board During 2000

During 2000, the Foster Care Review Board:

- Completed 5,122 reviews on 3,648 children;
- Issued 35,854 case specific reports with recommendations to the courts, agencies, attorneys, guardians ad litem, and county attorneys;
- Tracked 10,838 children who were in out-of-home care during the year;
- Utilized the authority derived from legal standing statutes to advocate in court for two cases involving two children;
- Toured 2 facilities to assure individual physical, psychological, and sociological needs of the children are being met;
- Worked to compensate for the omitted or inaccurate reports from HHS to the Board's Tracking System; and,
- Worked to compensate for information only available on the HHS computer system.

The State Board, Together with Staff and Representative Local Board Members Identified the Top Child Welfare Concerns and Developed Recommendations for System Improvements

In March 2000, the group met to identify the top child welfare system concerns. Concerns identified included: the need for prevention, turnover of case management staff and other case management concerns, the lack of appropriate placements, the lack of oversight of contracted services and placements, the need for system wide training, and the dollars spent for items such as privatization and N-FOCUS often do not get to the children. These concerns were communicated to the Governor and members of the Legislature. (See the preview and commentary for details on concerns and recommendations).

The FCRB Developed a Protocol for Reviewing a Facility or Foster Home When Safety Concerns are Raised

Due to some serious safety concerns uncovered during reviews, the FCRB developed a protocol to ensure that all children in such a facility are reviewed and to share the concerns with top HHS officials.

The FCRB Continued to Meet With Top HHS Officials Regarding Case-Specific and Systemic Issues

The Executive Director and staff from the FCRB met with the HHS Director, the HHS Deputy Director for Protection and Safety, Service Area Administrators, and other top HHS staff to address specific children's cases and to address system issues such as exploring the possibility of professional foster care, funding a statewide foster parent association and encouraging peer-to-peer mentoring, conducting joint tours of child-caring facilities to assess children's safety, updating the memo of agreement between the FCRB and HHS, and facilitating discussion on a wide range of other child welfare issues.

Foster Care Review Board Compensates for (1) the Lack of HHS Reports and (2) the Inaccuracy of HHS Reports to the Tracking System

The Board worked with HHS throughout 2000 to correct the HHS reporting problem, but during 2000 HHS did not consistently provide the required reports, and many reports (56%) required verification due to errors or omissions. To compensate for these problems, the Board worked with HHS to arrange for HHS to provide a temporary employee to help verify information on the reports. The Board also verified information each time a case was assigned for review and during the review process. (See the section on HHS report problems for more details).

SOME CHARACTERISTICS OF CHILDREN IN FOSTER CARE

Tables 1-4

TABLE 1
SOME CHARACTERISTICS OF CHILDREN
IN FOSTER CARE - 2000
(A Ten-Year and One-Year Comparison)

Who are the Children?

Number and Percentage of Children By Age

1990		1999		2000		
1,266	26.2%	1,125	20.2%	1,366	21.7%	Infants & Preschoolers (0-5)
1,015	21.0%	1,307	23.5%	1,561	24.8%	Elementary School (6-12)
1,111	23.0%	1,380	24.8%	1,432	23.8%	Young Teens (13-15)
1,440	29.8%	1,609	29.0%	1,862	29.6%	Older Teens (16+)
0	0.0%	136	2.5%	65	1.0%	Age not reported
4,832	100.0%	5,557	100.0%	6,286[1]	100.0%	Total in care Dec. 31st

Number and Percentage of Children By Race

1990		1999		2000		
3,402	70.4%	3,124	56.2%	3,727	59.3%	White
778	16.1%	946	17.0%	1,090	17.3%	Black
251	5.2%	409	7.4%	478	7.6%	Native American
203	4.2%	335	6.0%	427	6.8%	Hispanic
116	2.4%	80	1.5%	81	1.3%	Asian
82	1.7%	663	11.9%*	483	7.7%	Other or Race Not Reported
4,832	100.0%	5,557	100.0%	6,286[1]	100.0%	Total in care Dec. 31st

*The increase in unknown race is due to the number of reports received from the Department of Health and Human services that did not indicate the children's race.

continued...

Explanation of Table 1—This table compares some characteristics of children in foster care from 1990, 1999, and 2000. The percentage of children reviewed by the court has been taken from the number of children reviewed by the Foster Care Review Board during 2000. The other categories are taken from the 6,286[1] children who were in out-of-home care on 12-31-2000, unless otherwise marked.

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

TABLE 1
SOME CHARACTERISTICS OF CHILDREN
IN FOSTER CARE 2000 (continued)
(A Ten Year and One Year Comparison)

Who are the Children? (continued)

Number and Percentage of Children By Gender

1990		1999		2000		
2,696	55.8%	3,120	56.2%	3,448	54.9%	Male
2,136	44.2%	2,408	43.3%	2,771	44.1%	Female
0	0.0%	29	0.5%	67	1.0%	Gender not reported
4,832	100.0%	5,557	100.0%	6,286[1]	100.0%**	Total in care Dec. 31st

Number & Percent of Children Reviewed by the Board also reviewed by the Courts

1990		1999		2000		
981	70.0%	3,007	78.4%	3,102	85.1%	Reviewed in 1 year
261	18.6%	395	10.3%	257	7.0%	No court review in over 1 year
159	11.4%	432	11.3%	289	7.9%	Unreported, pre-adjudication, pre-court review, no court involvement, or court review date unreported
1,401	100.0%	3,834	100.0%	3,648	100.0%	Total children reviewed

Reviewed Children by Length of Time in Foster Care

1990		1999		2000		
602	43.0%	2,045	53.3%	1,893	51.9%	In care at least 2 years
198	14.1%	601	15.7%	615	16.9%	In care at least 5 years
1,401	100.0%	3,834	100.0%	3,648	100.0%	Total children reviewed

Number and Percentage of Children By Number of Placements Experienced

1990		1999		2000		
1,570	32.5%	2,717	48.9%	3,026	48.1%	4 or more foster homes
981	20.3%	1,910	34.4%	2,071	33.0%	6 or more foster homes
4,832	100.0%	5,557	100.0%	6,286[1]	100.0%	Total in care Dec. 31st

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

Number of Children in Out of Home Care on December 31st of Each Year

1990	1999	2000
4,832	5,557	6,286[1]

Number of Children Reviewed Each Year by the Foster Care Review Board

1990	1999	2000
1,401*	3,834	3,648

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

continued...

TABLE 1
SOME CHARACTERISTICS OF CHILDREN
IN FOSTER CARE 2000 (continued)
(A Ten Year and One Year Comparison)

Where are the Children?

Number and Percent of Children by Type of Placement

1990		1999		2000		
1,264	26.2%	2,250	40.5%	2501	39.8%	Foster home
346	7.2%	1,085	19.5%	1347	21.4%	Group home
411	8.5%	630	11.3%	884	14.1%	Relatives
	see 'other'	558	10.0%	583	9.3%	Jail/Youth Development Center
194	4.0%	327	5.9%	267	4.2%	Emergency Shelter
497	10.3%	172	3.1%	189	3.0%	Adoptive home, not final
40	0.8%	107	1.9%	107	1.7%	Psychiatric Treatment facility
40	0.8%	79	1.4%	118	1.9%	Runaway, whereabouts unknown
19	0.4%	39	0.7%	33	.5%	Center for Develop. Disabled
45	0.9%	34	0.6%	62	1.0%	Independent living
67	1.4%	30	0.5%	23	.4%	Foster/Adoptive homes
35	0.7%	29	0.5%	1	>.1%	Drug/Alcohol Treatment [HHS wards only]
33	0.7%	14	0.3%	17	.3%	Medical facility
136	2.8%	12	0.2%	9	.1%	Child Care Agency
71	1.5%	4	>0.1%	0	0%	Long term foster care
1,634	33.8%*	187	3.4%	145	2.3%	Other or type not reported
4,832	100.0%	5,557	100.0%	6,286[1]	100.0%	Total in care Dec. 31st

*includes jail/youth development center

Number and Percent of Children By Closeness to Home (Proximity to Parent)

1990		1999		2000		
2,029	42.0%	2,740	49.3%	3196	50.8%	In same county
614	12.7%	740	13.3%	893	14.2%	In neighboring county
377	7.8%	1,058	19.0%	1201	19.1%	In non-neighboring county
see	below	129	2.4%	242	3.9%	Child in other state
see	below	141	2.5%	225	3.6%	Parent in other state
126	2.6%	See	above	See	above	Either parent or child in another state
1,686	34.9%	749	13.5%	529	8.4%	Proximity not reported
4,832	100.0%	5,557	100.0%	6,286[1]	100.0%	Total in care Dec. 31st

continued...

TABLE 1
SOME CHARACTERISTICS OF CHILDREN
IN FOSTER CARE 2000 (continued)
(A Ten Year and One Year Comparison)

What Happened to the Children?

Number of Children Who Left Care

1990	1999	2000
3,425	4,489	4,333

Number and Percent of Children By Reason for Termination

1990		1999		2000		
1,411	41.2%	2,653	59.1%	2212	51.1%	Returned to parents
see	other	628	14.0%	844	19.5%	Released from corrections
292	8.5%	380	8.5%	261	6.0%	Adopted
40	1.2%	187	4.2%	96	2.2%	Guardianship
246	7.2%	257	5.7%	381	8.8%	Reached Age of Majority**
24	0.7%	0	0.0%	2	>.1%	Marriage or Military
98	2.8%	19	0.4%	6	.2%	Custody transfer
672	19.9%	237	5.3%	268	6.2%	Court terminated
642	18.5%*	128	2.8%	263	6.0%	Other/reason not reported
3,425	100.0%	4,489	100.0%	4,333	100.0%	Total left care during year

*Prior to 1995 children released from corrections were included in the other/unknown category.
**Age of majority is the 19th birthday.

Children Who Have Been Removed From the Home More Than Once of the Total Population in Care on December 31st of Each Year

1999		2000		
3,207	57.7%	3,693	58.7%	In care - initial removal
2,350	42.3%	2,593	41.3%	In care - had prior removal
5,557	100.0%	6,286[1]	100.0%	Total in care Dec. 31st

Children Entering Care During the Calendar Year

1999		2000		
2,862	58.6%	2,876	54.5%	Entered care - initial removal
2,022	41.4%	2,405	45.5%	Entered care - prior removal
4,884	100.0%	5,281	100.0%	Total entered care during year

Number of Local Foster Care Review Boards

1990	1999	2000
22	50	56

TABLE 2
NUMBER OF LIFETIME PLACEMENTS OF HHS WARDS
BY HHS DISTRICT

By County of Placement

HHS District	1-3 Placements	4-6 Placements	7-9 Placements	10 or more Placements	Total Children
Western	136	62	32	48	278
Southwest	609	213	136	234	1,192
Central	366	191	118	175	850
Southeast	176	77	40	36	329
Eastern	1,150	494	246	351	2,241
Northern	230	105	52	83	470
Other States	64	70	28	79	241
Not Reported	19	9	1	9	38
Totals	2,750	1,221	653	1,015	5,639

By County of Court that Committed Child to Care

HHS District	1-3 Placements	4-6 Placements	7-9 Placements	10 or more Placements	Total Children
Western	155	82	48	65	350
Southwest	191	101	46	69	407
Central	346	154	74	138	712
Southeast	598	223	135	203	1,159
Eastern	1,125	524	267	417	2,333
Northern	262	126	79	119	586
Voluntary (No court)	5	1	2	0	8
Not Reported	68	10	2	4	84
Totals	2,750	1,221	653	1,015	5,639

Explanation of Table 2—The Department of Health and Human Services includes children under Child Protective Services, the Office of Juvenile Services (including Geneva and Kearney Youth Rehabilitation and Treatment Centers, and Juvenile Parole), and the Lincoln Regional Center. Health and Human Services is divided into six districts. [See Map for district boundaries]

The first table shows the number of children by district using the county where the child was placed (living) as of 12-31-2000. The second table shows the number of children by district using the county of court of commitment.

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

TABLE 3
NUMBER OF HHS WARDS
PLACED IN SAME, NEIGHBORING, OR NON-NEIGHBORING COUNTIES
IN RELATION TO THEIR PARENT(S)
BY HHS DISTRICT OF ORIGIN

HHS District	Same County	Neighboring County	Non-Neighboring County	Parent in Other State	Child in Other State	Un-reported	Total Children
Western	120	54	117	14	27	18	350
Southwest	159	71	119	11	19	28	407
Central	307	175	180	5	14	31	712
Southeast	633	139	306	6	26	49	1,159
Omaha Metro	1,594	287	181	49	115	107	2,333
Northern	208	110	207	9	28	24	586
Voluntary	3	2	2	0	0	1	8
Not Reported	27	6	13	13	0	25	84
Totals	3,051	844	1,125	107	229	283	5,639

Explanation of Table 3—The Department of Health and Human Services includes children under Child Protective Services, the Office of Juvenile Services (including Geneva and Kearney Youth Rehabilitation and Treatment Centers, and Juvenile Parole), and the Lincoln Regional Center. Health and Human Services is divided into six districts. [See Map for district boundaries]

This table shows where state wards from each Nebraska Health and Human Services district were placed in relationship to their parents on 12-31-2000. Locations have been broken down by "same county," "neighboring county," "non-neighboring county," "other state - child", "other state - parent," and "unknown proximity". The table is by county of court commitment, i.e., the original county the child came from. The "unknown" column indicates children who either were not placed by a court, were newly reported children on whom only preliminary information had been received by 12-31-2000, or children whose parent's whereabouts are unknown.

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

On any given day approximately 229 children are placed in other states. While some of these children are placed with relatives or foster parents who have moved out of state, some were placed in expensive institutions and special schools because Nebraska does not have placements within the state that meet their special needs.

TABLE 4
COST OF OUT-OF-HOME CARE
BY PLACEMENT TYPE – 2000

Placement Type	Number of Children	Cost per child per month	*Minimum* monthly cost
Foster Home	2,501	$222 - $1,200[1]	$555,222
Group Home	1,123	$1,721, $2,379, $5,793[2]	1,932,683
Relative Placement	884	$222-$1,200[1]	196,248
Jail/Youth Development Center	583	$3,150	1,836,450
Emergency Shelter	267	$838, 1,571, 2,881[3]	223,746
Residential Treatment Centers	224	$1,721, $2,379, $5,793[2]	385,504
Adoptive Home - Not Final [private]	189	$0	0
Psychiatric Treatment Facility	109	$7,500 (est.)	817,500
Drug/Alcohol Treatment Facility*	1	$7,500 (est.)	7,500
Other (School, Job Corps)	121	$222 (est.)	26,862
Runaway/Whereabouts Unknown	118	$0	0
Center for Devel. Disabled	49	$2,400	117,600
Independent & Semi-Ind. Living	62	$352	21,824
Foster Adoptive Home	23	$222- $1200[1]	5,106
Child Care Agency	9	$6,150	55,350
Therapeutic Foster Care	6	222 - $1200[1]	1,332
Medical Facility	17	$10,500 (est.)	178,500
Children in Care on Dec. 31, 2000	6,286[4]	Minimum monthly cost for children's care	$6,361,427

*Due to federal regulations, this number includes only HHS wards

[1]The Department of Health and Human Services determines the maintenance payment for a child in foster family care by the age of the child and the child's needs as scored on the FCPAY Checklist. For children from age 0-5 payments range from $222-$1,070, for children from age 6-11 payments range from $292-1,140, for children 12+ payments range from $352-1,200.

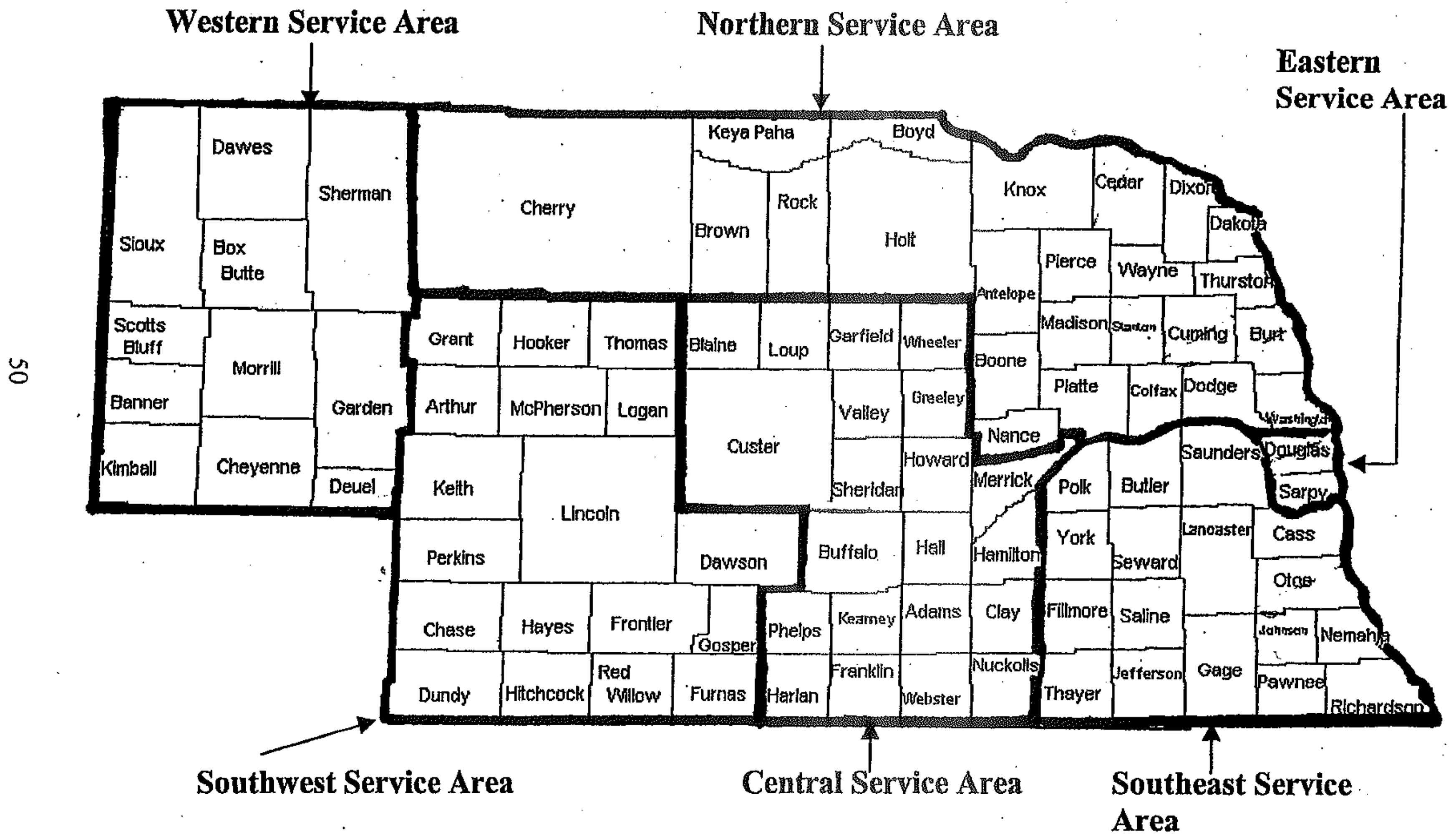
[2]The Department of Health and Human Services group home rates are determined by the group home level. Basic group homes are paid $57.38 per day, Group Home I's are paid $79.31 per day, Group Home II's are paid $193.12 per day.

[3]The Department of Health and Human Services emergency shelter rates are determined by the level. Individual Emergency Shelter homes are paid $27.95 per day, Agency Based Emergency Shelter homes are paid $52.37 per day, Emergency Shelter Centers are paid $96.05 per day.

[4]Editor's note: The number of children in out-of-home care on Dec. 31, 2001 is overstated due to problems with HHS not reporting when many children returned home or otherwise achieved permanency. Verification efforts taken during 2001 indicate that approximately 5,800 children were actually in out-of-home care at that time.

Explanation of Table 4—This table shows the number of children on 12-31-2000, and would be representative of the number of children and mix of placements on any given day. In cases where there is a range of costs, the lowest amount has been used. These costs reflect the basic board rate for the children. Medical expenses, counseling fees, special needs amounts, and school tuition and assessments are not included.

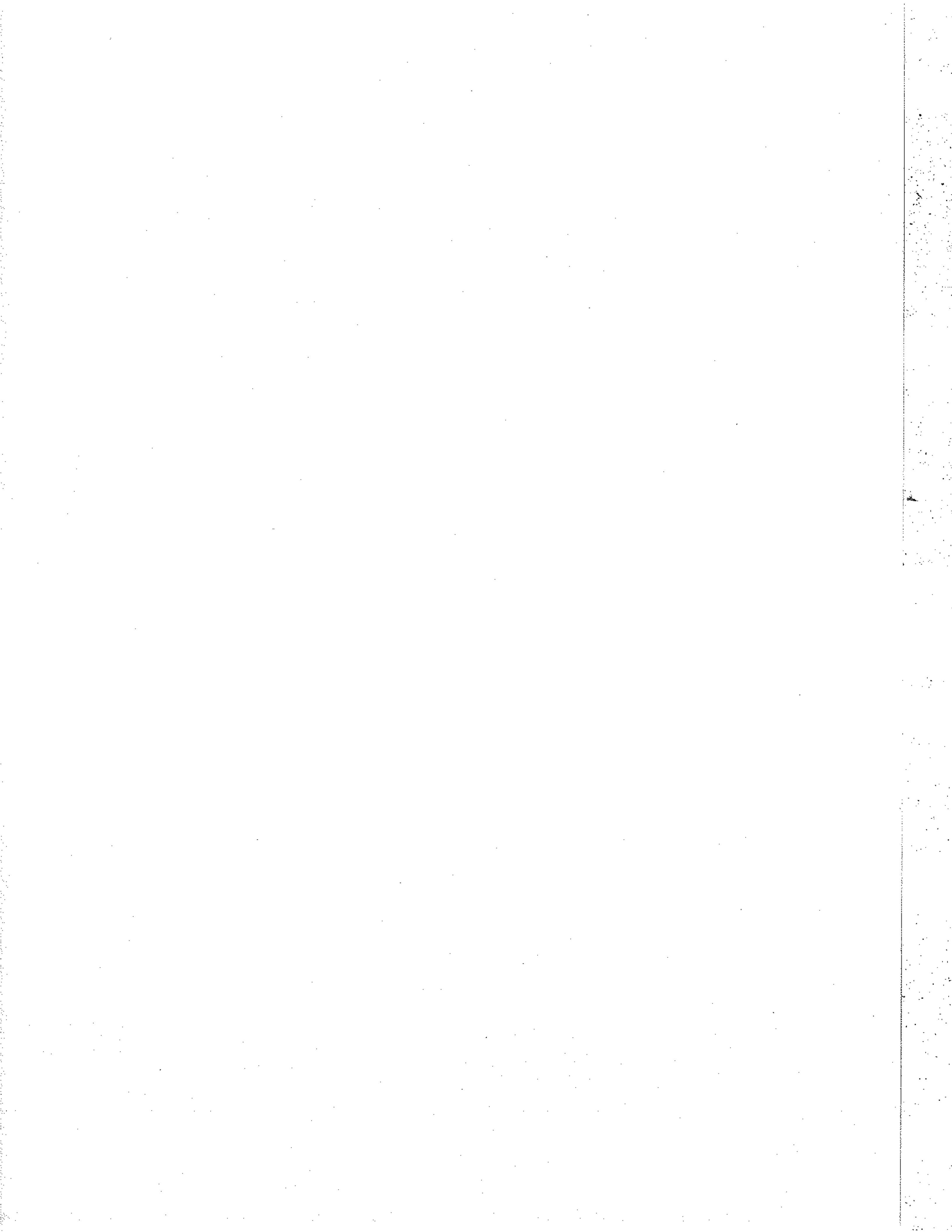
Nebraska Health and Human Services System – Service Areas



Map of Nebraska Department of Health and Human Services Districts

SPECIAL SECTION—

ON-GOING CHILD WELFARE SYSTEM CONCERNS



On-Going Child Welfare Issues

In addition to the concerns outlined in the Preview and Commentary section of this report, **local Foster Care Review Boards have identified a number of issues of an on-going nature that continue to negatively impact children, including**:

1. In many areas, child abuse investigations continue to be incomplete.

2. Prosecution of child abuse or neglect often fails to address the main reasons the child or youth was removed from the home.

3. Appropriate and effective services are not available to many children, youth, and families, and case plans for these services are often not timely.

4. There is lack of effort made to find runaway children and youth.

5. The structure of HHS creates barriers to children receiving needed treatments, services, and placements.

6. Permanency is often not achieved in a timely manner due to a number of factors, including delays in paternity identification.

This special section continues the goals for the report outlined beginning on page 2 in Preview and Commentary. That is, the recommendations in the on-going concerns section are made with the goal of developing a child welfare system that will:

- Reduce the number of children coming into the system;
- Allow for an increase in appropriate services being available for children and their families;
- Reduce the number of placements which each child experiences;
- Increase the number of children who are in appropriate placements; and,
- Better meet the individual needs of children in out-of-home care.

Section I – Abuse Investigations

Child Abuse Investigations and Risk Assessments Continue to Be Problematic

Concern: At the end of 2000, there was still confusion in many counties about how child abuse investigations were to be handled. With the responsibility for investigation assigned to law enforcement, HHS workers are being trained to assess safety rather than participate in investigations. The result is that investigations are not always complete.

This affects what can be put in the Petition filed in court to protect children, and what grounds can be used for a termination of parental rights, if necessary.

Problems with investigations can be grouped into two categories: (1) concerns for children left in dangerous situations due to problems with the investigation, or (2) problems when the investigation does not provide the evidence necessary to successfully prosecute and be able to include all the reasons the child entered care on the child's petition.

Per statute, Child Abuse Investigation Teams were to be formed in each county to reduce these problems. The following are a summary of the FCRB's concerns about the implementation of Child Abuse Investigation teams:

- Child abuse investigation team formation has not solved the statewide problem of determining who has responsibility for what aspect of child abuse investigations, nor has it solved the problem of differences between what is actually done about child abuse in day-to-day practice and what is stated in statutes and/or regulations.
- The public and some professionals are still confused about when, how, and to who suspected child abuse should be reported.
- Some professionals in the system remain confused about when, how, and who should investigate child abuse reports, causing refusals to receive reports of child abuse and/or delays in responding to or investigating reports of child abuse. Delays or refusals can result in children being subjected to continued abuse.
- Teams in some counties have not been formed, or have been formed but do not meet, and teams in some communities are made up of administrators, excluding front-line investigators.
- Some law enforcement officers responding to child abuse calls have not received training on child abuse investigations. Even in metropolitan areas where Juvenile Units exist, the first responders are often street officers who in some cases have had very little specialized training on child abuse/neglect investigations.
- Some law enforcement officers have revealed the name of the person who made the report while conducting an investigation.
- Some dispatchers have not been trained in how to assess safety, how to prioritize calls, or on confidentiality issues.

Recommendations:

To the Governor and the Legislature:

- The Governor and the Legislature should work to establish funding to create regional Child Advocacy Centers to serve children in multi-county districts.

  By establishing such centers, the state would lead efforts to build and strengthen regional expertise for law enforcement and Child Protective Services, provide access to expertise and equipment necessary for medical

examinations for child victims, and facilitate expert interviews of child abuse and neglect victims.

- The Governor and the Legislature should provide for additional mandatory training for new and experienced law enforcement officers responsible for conducting child abuse investigations. In addition to technical skills this training should include an emphasis on law enforcement's responsibility to investigate allegations of child abuse and neglect.

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

- The Governor and the Legislature should implement legislation eliminating the treatment team component of the 1184 teams (child abuse investigation teams).

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

Recommendations To the Attorney General:

- The Attorney General needs to create an effective system for regularly monitoring the effective implementation and the ongoing functioning of child abuse investigation teams (also known as LB 1184 teams) and ought to provide technical assistance for the child abuse investigation teams.

Recommendations To The State Patrol:

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

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

Recommendations To Local Law Enforcement:

- Local law enforcement departments should work together to put in place, across the state, trained investigators who are specialists in child abuse allegations.

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

- Local law enforcement departments need to make provisions to allow officers time to attend training on investigating child abuse, child neglect, and child sexual abuse. Training sites should be arranged to minimize travel difficulties.

  In counties where there are few officers, it is difficult to arrange coverage while the officer attends training. It is also a problem when they must use additional time to travel several hundred miles to Omaha, Lincoln, or the Law Enforcement Training Center in Grand Island when training is not available locally. Local law enforcement and the State Patrol should work together to solve these problems.

- Efforts must continue to discuss problems and solutions related to local law enforcement officers and discuss means to build their expertise.

  As the gatekeepers of the current child welfare system, a lack of expertise on the part of local law enforcement means that initial contacts are often traumatic and that children's harm and/or risk for future harm is not properly assessed. The local law enforcement officers need to be made aware that they are the gatekeepers and that their role is critical, both in the short run and in the long run.

Recommendations To HHS:

- To ensure that children's safety is evaluated, HHS needs to modify its practice to ensure that mandatory, face-to-face risk assessments are conducted under certain conditions, such as calls from other professionals or when serious risk of maltreatment or neglect is alleged. HHS should provide Child Protective Service workers on a 24-hour on-call basis across the state for immediate face-to-face risk assessments to ensure children's safety.

- HHS should conduct risk assessments within 24 hours of receipt of a report from law enforcement, physicians, medical institutions, nurses, school employees, social workers, home visitation staff, or other involved professionals, and particularly when serious risk of maltreatment or neglect is alleged.

- HHS is encouraged to continue its recent effort to establish more effective supervision and review of caseworker decisions.

  The roles of front-line CPS caseworkers and supervisors need to be re-examined. All decisions not to accept a report of child abuse and neglect should be reviewed because some reports of child abuse are inappropriately excluded from further action (examples: divorce cases, cases involving ex-domestic partners, family members, certain non-family members, and/or domestic violence). Identification and removal of barriers to effective worker productivity is to be a part of this process as is evaluation of worker performance.

- HHS needs to re-examine its district boundaries in order to determine if smaller or different districts based on critical masses of population centers and geography might better serve the populous.

- The FCRB supports the efforts underway by the Governor's Commission on the Protection of Children's Child Abuse Task Force to change the terminology on the Central Register/Central Registry from "inconclusive" to "agency substantiated," "agency indicated," or another term, which conveys the same message, in statute, regulations, and policy. As a part of this process, it is recommended that the terms "unfounded" and "petition to be filed" be reassessed to reflect terms that do not empower the batterer in domestic violence situations and that statute, regulations, and policy be changed as necessary.

- There is a need for HHS to better define the difference between the Central Register and the Central Registry[1], and possibly change the names since professionals and the public can be confused by these similar terms.

Rationale: The proper investigation of child abuse and neglect complaints depends on an informed public being aware of normal child development patterns and capable of identifying and reporting mistreatment when it occurs. Abuse reports must be accepted and investigated by properly trained and experienced investigators statewide within law enforcement, Child Protective Services (CPS) and the medical community. These professionals must work cooperatively and relate effectively with traumatized youth, including those with limited language ability or limited understanding of English.

A number of specialized skills are required for successful child abuse/neglect investigations. These include knowledge of normal child development patterns, gathering medical evidence, interview and investigation techniques for children with limited language abilities or with speech/language deficiencies, and assessing safety to make a determination of when children are at risk for future harm.

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

Section II – Prosecutions

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

Concern: In addressing the needs of troubled children, it is essential to establish a sound legal basis for intervening in families where child abuse and neglect occurred and to define the problem in such a way that the issues are clearly identified. However, in many instances children across the state are being left in dangerous and sometimes deadly situations because Nebraska does not have an effective child protection system. There is a need for a network of skilled, experienced attorneys with access to adequate resources to legally represent the best interests of children as they move through the legal system.

Recommendations:

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

Rationale: Prosecution of child abuse and neglect cases continues to be problematic in some areas of the state. County attorneys are responsible for the prosecution of all child abuse and neglect cases. Prosecution of child neglect, child abuse, and child sexual abuse is costly, time-consuming, and, as previously mentioned, dependent on an adequate investigation.

Even when a child is appropriately removed from the home, **the quality of the investigation has a direct impact on the quality of the petition that the county attorney is able to prepare.** With insufficient or inadequate evidence, the petition cannot fully address all conditions that brought the child into care. Consequently, the court can only order services to address the items in the petition.

For example, if the petition only alleges a dirty house but doesn't address the parent's alcohol abuse, the court cannot order the parent into alcohol treatment. Therefore, the root cause of abuse is not addressed, and the child may be subjected to continued abuse.

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

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

Concern: The FCRB has reviewed a number of status offenders[2] whose behavior was a result of abuse or neglect, yet due to the adjudication status the abuse or neglect is not addressed. A system should be developed and put in place to provide services for the families of children who are adjudicated as status offenders, who often come into care due to family situations. When child abuse or neglect is the root cause of the behavior, the court petition should address these issues.

Recommendations:

- HHS needs to develop programs to allow for working with the families of children adjudicated as status offenders.
- County attorneys need to decrease the number of children and youth charged as status offenders whose actions are a result of being abused or neglected and file charges instead on the parents for the abuse or neglect.
- Petitions need to address each of the family member's issues when children are adjudicated as status offenders and supplemental petitions should regularly be filed when new information surfaces.
- Legislation may be needed to clarify the court's jurisdiction over families of status offenders and delinquents.

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

Section III – Availability of Services

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

Concern: While the main purpose of removing children from their homes is to provide them and their parents with the services needed to address their problems, services for families, children, and youth are not always readily available, even in our largest communities. Thus, a child may remain in out-of-home care longer because his parent was placed on a waiting list for substance abuse treatment or housing. In other cases, it takes an inordinately long time to arrange for counseling services or a psychological evaluation. Delays in the delivery of court-ordered services are of even more concern in the wake of recent federal and state legislation requiring that termination of parental rights be considered in cases where a child has been out of the home for 15 of the past 22 months.

Recommendations:

- HHS should assist rural and metro communities in developing treatment and services for children, youth, and their families, including:
  - Substance abuse;
  - Anger control;
  - Batterers' Intervention Programs;
  - Mental health;
  - Alcohol/drug treatment;
  - Housing assistance;
  - Family support workers;
  - In-home nursing;
  - Family and individual therapy; and,
  - Educational programs.

Rationale: Family reunification is more likely to occur if services are easily accessible, community-based, and delivered within six weeks; however, services are not even available in some parts of the state. Even when the plan is no longer reunification, children may need a number of services to help them mature into responsible adulthood. As shown in Table 5 of this report, **all the services in the permanency plan were in motion for only 1,534 of 3,648 (42.1 percent) of the children reviewed in 2000.**

There are Many Cases Without Current, Written Plans and/or Effective Case Guidance

Concern: As a result of case manager turnover and other factors, in many cases either no plan exists or the plan is out-dated and the case lacks direction. In other instances, the

plan is incomplete and fails to establish clearly what needs to happen and how this will be accomplished.

The Board's greatest concern regarding plans is for those children whose plans are clearly inappropriate and do not reflect their needs or situations. For example, initially almost every child with a living parent will routinely be assigned a goal of reunification, regardless of whether or not reunification is appropriate, and notwithstanding the intent of the Adoption and Safe Families Act (Nebraska 1998, federal 1997).

Recommendations:

- All parties to the case should insist that there be a complete and current permanency plan for each foster child they encounter in their work.
- Case managers should receive the support necessary to ensure that they have time to prepare complete permanency plans.
- All workers providing case management for children and youth in out-of-home care should be trained to write and administer complete permanency plans.

Rationale: The Foster Care Review Act of 1982, Neb. Rev. Stat. 43-1312, mandates that each child in out-of home care have a written plan specifying a permanency objective, such as reunification, adoption, guardianship, or independent living. The plan is to outline appropriate services and to establish goals and time frames by which to measure progress.

The Foster Care Review Act of 1982 mandated that there be a written permanency plan for each child placed in out-of-home care, to be updated at least every six months while the child is in care, or more often if there is a significant change of circumstances. The plan should include:

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

When Local Boards review a case, one of the findings made is whether there is a current and complete written permanency plan. As shown in Table 5, **only 2,031 of the 3,648 children reviewed during 2000, (55.7 percent) had complete written permanency plans with services, timeframes, and tasks.**

Unfortunately, of the 1,617 children without complete written permanency plans, the boards found that:

- 699 children had no current plan;
- 129 children had only verbal plans, not plans documented in writing;
- 24 had more than one plan; and
- 765 had incomplete written plans (missing one or more essential elements).

If there is no plan, then there is no way for the parents, the case managers, or legal parties to the case to accurately measure progress. In the case of non-compliant parents, no plan can mean children remain in out-of-home care for an unnecessarily long period of time because the professionals cannot build a case for termination of parental rights. Parents trying to comply can be extremely frustrated because they do not know what is expected of them. Both scenarios slow the progress of the child's case and lengthen a child's time in out-of-home care. Stability and permanency are critical to a child's well being.

There is a Lack of Services and Placements for Youth Under the Office of Juvenile Services (OJS)

Concern: There has been an influx of at least three hundred or more youth into the child welfare system since the agency mergers. There are limited resources available to children and youth in out-of-home care. Many youth placed at the Youth Rehabilitation and Treatment Centers and detention centers are on long waiting lists for behavior-specific treatment. The lack of services available for these youth contributes to the serious overcrowding problems at these facilities.

Since OJS wards are now considered HHS wards, ValueOptions must approve any specialized services for these youth. ValueOptions, as discussed earlier, does not fund services to address and/or control behavioral problems – only "medically necessary" services. Consequently, many of these delinquent juveniles are denied the appropriate services to treat their behavioral problems. "Medically necessary" would seem to be a term enabling ValueOptions to deny treatment on financial grounds alone.

Recommendations:

- Services and placements to meet the needs of OJS youth need to be funded and developed.
- Uniform standards should be established for case management staff caring for OJS youth.
- Contracts with ValueOptions should be rewritten to include payment for services for children and youth with a wide array of behavioral problems.
- The ValueOptions contract should be canceled if rewriting is not possible and responsibility returned to HHS.

Rationale: When the Office of Juvenile Services was incorporated into the Health and Human Services system, the intent was to increase the number of services and placement

choices for delinquent youth. Many of the youth committed to the Office of Juvenile Services exhibit behavioral problems, such as: sexually acting out, aggression, violence and gang affiliation, and other behavioral problems. Services frequently needed by these youth include alcohol and drug dependency treatment, sex-offender treatment, anger control therapy, behavior modification, and dual treatment for low-functioning youth (treatment for substance abuse and emotional or behavioral issues).

It has now been several years since the Office of Juvenile Services (OJS) was merged into the Department of Health and Human Services. Case managers are expected to handle the cases of both child welfare wards and juveniles who entered the system due to their own behaviors (often as a result of previous abuse). However, because there are insufficient services available to handle the specialized, complex needs of the OJS youth, these youth either do not receive the level of treatment they need or "compete" for scarce child welfare resources.

Because of the denial of services by ValueOptions and the lack of specific services and placements, the FCRB sees these difficult youth placed with the more vulnerable population of abused and neglected children, putting the more vulnerable children at further risk of harm.

In addition, while a child is a child regardless of how he or she entered the system, the case files for OJS youth are often different from of those of CPS children, notably due to a lack of complete permanency plans with time frames, goals, services, and related documentation. Many of the youth committed by the courts to OJS have been in out-of-home care prior to committing a status offense. Case managers and parole officers who care for these youth need to seek out and assess the child's and family's history to determine appropriate services and placements for youth in their care.

Section IV – Efforts to Find Runaways

There is a Lack of Effort Made to Find Runaway Children and Youth

Concern: There is often a lack of effort to find children who have run away from facilities, foster homes, and group homes. Unfortunately, some of these runaways have been injured or killed while on the run.

Recommendations:

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

Rationale: A reported procedure for finding runaway children and youth is that facility workers will assist in a ground search if the runaway is known to be in the vicinity and then the child's name is forwarded to the State Patrol to be included in a list of missing persons. This minimum effort is not enough to help bring stability to this vulnerable population. It is imperative for these children's safety that efforts be made to locate them and give them the services they need to grow into productive adults.

Section V – Structural Barriers

HHS Continues to Spend Considerable Time, Energy, and Resources on Its Internal Organization Rather Than on Substantive Care Needs

Concern: It has been the FCRB's experience that rather than focusing on meeting the needs of children in out-of-home care and working to develop necessary services, HHS continues to spend considerable time, energy, and resources on its internal organization rather than on substantive care needs. A lack of fiscal responsibility and accountability are additional major concerns.

Recommendations:

- Clear lines of authority and responsibility should be established at all levels.
- HHS case managers, supervisors, service area administrators, and central office administrators, should focus more attention to children in out-of-home care.
- Contract providers' programs and services must be carefully scrutinized to ensure fiscal responsibility and efficient outcomes for children in out-of-home care.
- A separate child welfare agency should be created as the consolidation of agencies has not resulted in better services to children and their families.

Rationale: The responsibility and accountability for decisions about child protection, child placement, personnel assignment, resource development, etc., have diminished as a result of many factors, including:

- Problems with the HHS N-FOCUS computer system;
- Size of the agency;
- Chaos that continues because of agency reorganization and personnel shifts;
- Failure to define specific responsibilities for HHS Child Protective Services and Office of Juvenile Services staff, and
- Failure to develop and retain placements for children and youth.

It is the policy of the FCRB to bring serious issues affecting children's lives on an individual case basis to the special attention of the appropriate HHS case manager, supervisor, area supervisors, and/or central office. It has been the FCRB's experience in

many of these instances that either HHS staff felt they did not have the authority to address the FCRB's concerns or they felt that it was not their responsibility to address concerns at the case level. **Failure to identify roles and responsibilities results in a failure to adequately address children's health and safety needs.**

Because the combined HHS budget is so large, it is difficult to determine how resources are distributed and utilized across Nebraska, as well as the true cost of individual programs. Without this specific information, it is difficult to ascertain whether funds are being used effectively and responsibly.

The State's Contract with Managed Care (FHC ValueOptions) Results in Children Not Receiving Needed Services and Treatment Placements

Concern: Children are at risk because the managed-mental health care system lacks oversight. While the FCRB agrees that mental health care treatments are expensive and should be used wisely, the FCRB has reviewed cases where the contractor, ValueOptions, has denied children's treatment needs without good explanation, allowed only a short-term treatment when a long-term treatment is needed, and where children have been referred to treatments that are not available in their area, all apparently as cost-saving measures. The state contract for managing the costs of mental health services gives a financial incentive for ValueOptions to deny children needed services.

Recommendations:

- HHS should not use a managed care provider; rather it should internally manage its services and treatment to children and youth in out-of-home care.
- The contract with ValueOptions (or any other provider) should be written to include payment for services for children and youth with behavioral problems [if HHS continues to use a managed care provider].
- If the contract between HHS and ValueOptions cannot be re-negotiated to include payment for services for children and youth with behavioral problems, HHS should cancel the contract and reassume these duties.

Rationale: A fundamental conflict exists between the role of ValueOptions and the role of HHS. HHS is responsible for providing "medically necessary services" to children in its custody. ValueOptions' role is to determine the necessity of services in evaluations, counseling, and treatment, while maintaining a profit.

It is concerning that ValueOptions is the gatekeeper of the mental health system for children in out-of-home care; however, staff who make decisions on whether to approve treatments for the children do not actually see the children in question.

Because of the monetary benefit to ValueOptions when services are denied, the definition of "medically necessary services" becomes an issue. For instance, the contract makes it possible to deny the treatment services that most children and youth in out-of-home care need, i.e., behavioral services. One of the most predictable consequences of being

physically abused, sexually abused, and/or neglected is for children and youth to present behavioral problems, thus the FCRB is concerned that services for children and youth with behavioral problems are being denied as "not medically necessary."

For many children, part of their "necessary services" is a treatment placement that provides an appropriate level of care. ValueOptions states it is not responsible for placements, only treatment. When a "medically necessary service" for children is an expensive higher treatment level or treatment placement, ValueOptions often recommends less expensive treatment placement levels. These levels are often not available, thus, effectively denying necessary treatment based on financial reasons alone.

Because HHS case managers cannot move children to a higher level of treatment than ValueOptions approves without a lengthy and complicated appeals process, children are placed at a lower level of treatment than needed for the children's health and safety, and many times for the safety of the community as well. The FCRB finds that many children are being denied necessary services.

There is a serious issue of community safety when children and youth do not receive the services they need. For example, if a child is sexually acting out, ValueOptions will deny treatment for the child, calling the issue "behavioral" and saying that treatment cannot begin until the behavior is under control. However, the sexual acting out behavior cannot be successfully addressed without treatment. The child remains in a "Catch-22 situation," unable to receive the treatment needed. In the meantime, any child in contact with the youth exhibiting this behavior is placed at risk.

In addition to denials, the FCRB has received reports that a number of children have been moved prematurely (before completion of treatment) because ValueOptions has denied payment for further treatment, apparently for the sole reason that higher levels of treatment are expensive. Incomplete treatment normally will not accomplish the children's treatment goals.

HHS officials have clearly stated that HHS is responsible for services for children who are their wards. However, the FCRB continues to review cases where children are not receiving services due to a ValueOptions denial. **HHS appears to have delegated their statutory duties to a private company whose compensation base encourages treatment denials.**

ValueOptions may have saved the state money in the short run by denying services. However, this practice continues to put children and citizens at risk and will result in more expense for the state in the long run because children's true needs are not met.

Foster Care and Group Home Payments Are Not Equitable

Concern: For several years the FCRB has been concerned about the apparent inequity in foster care payments made to foster homes and to group homes. The basic rate for foster care starts at $222 per month, which essentially covers room and board. Medical, mental

health, and other services are extra. Group home care starts at $624 per month. However, the FCRB has seen group home payments as high as $200 per day, or over $6,000 per month.

The FCRB has reviewed some children and youth placed in HHS foster homes at one rate and other similar children and youth placed in agency-based foster homes or therapeutic foster homes at a much higher rate.

While the FCRB agrees that these children often have therapeutic needs and require special supervision, the lack of consistency in payment amounts has frustrated a number of providers. In addition, there is an economic disincentive for private contractors to recruit foster homes when group homes receive higher payments for essentially the same children.

Recommendations:

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

HHS Reports from the N-FOCUS Computer System Remain Unreliable

Concern: Reports from the N-FOCUS system continue to be unreliable due to the high error rate and the lack of reports being issued in certain circumstances. There are a number of reasons for these report problems, including the cumbersome nature of input and an overall design of the HHS N-FOCUS computer system that facilitates confusion about children's cases and provides little or no safeguards against easily made errors. In spite of frequent modifications to the report programming, during 2000 the reports remained unreliable.

Recommendations:

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

Rationale: Children and youth in out-of-home care and the work of the FCRB continue to be adversely impacted by the lack of reliable reports from the HHS when children enter into out-of-home care, when children change placement or case manager while in care, and when children leave out-of-home care. HHS is required by statute to issue the reports to the FCRB. The reports are needed to meet state mandates to track children in out-of-home care, and to meet state and federal mandates on scheduling children's cases for timely review and determining accurate case information.

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

Section VI – Permanency and the Length of Time in Care

Permanency is Often Not Achieved in a Timely Manner

Concern: Over 50 percent (1,893 of 3,648) of the children reviewed in 2000 had been in care for at least 2 years without achieving permanency and 17 percent (615 of 3,648) had been in care for five years without achieving a safe, permanent home.

Recommendations:

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

Rationale: Even though foster care is by definition to be a short-term solution, it is inevitable that many children are remaining in out-of-home for extended periods of time given the number of unresolved barriers to permanency. Nebraska data confirms that this is happening.

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

Delays in Establishing Paternity Can Delay Children's Cases

Concern: Paternity is often not identified until children have been in care for several months to well over a year. Without this identification, children cannot be freed for adoption and the father's suitability as a caregiver cannot be fully assessed. If the child has had a positive relationship with a purported paternal relative, timely paternity identification can help assure these relations remain intact. If paternity identification is delayed or does not occur, however, case stability will not be achieved.

Recommendations:

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

Rationale: As the chart below illustrates, the number of children whose paternity has not been addressed is cause for serious concern, especially given that most of these reviewed children had been in care for over six months at the time of the review, and many had been in care for a year or more. Due to young children's development needs, the following statistics are for preschoolers. Paternity identification for older children is also problematic.

- 845 children age birth through five years were reviewed during 2000.
  - 169 of the 845 (20.0%) children's paternity had *not* been established,
  - 395 of the 845 (46.7%) children's paternity had been established,
  - 281 of the 845 (33.3%) children's HHS file documentation did not indicate whether paternity had been established.

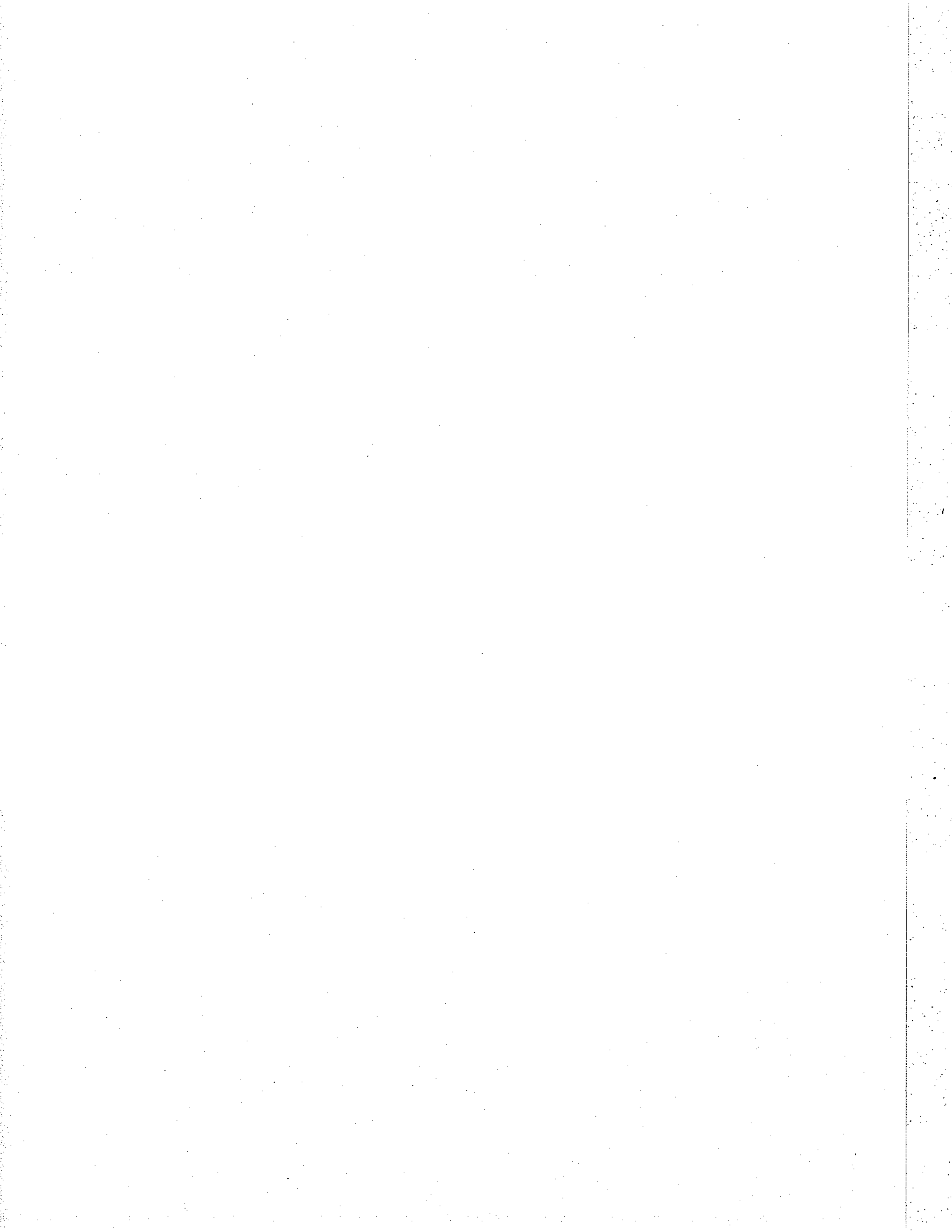
Once paternity is established, children can experience a significant delay in permanency as the non-custodial parent's rights and ability to parent are examined. The FCRB has reviewed cases in which children's mothers had relinquished their rights or had their rights terminated prior to identification of the children's father. The children then needed to wait more months for permanency as the father's rights were addressed, because children cannot be placed for adoption or guardianship until both parent's rights have been settled. The paternity identification problem is especially acute in Douglas County, where about 35 percent of the children in care in the state reside.

NOTES:

SPECIAL SECTION—

HEALTH AND HUMAN SERVICES REPORTS TO THE

FOSTER CARE REVIEW BOARD'S TRACKING SYSTEM



Problems with Reports Issued by the Department of Health and Human Services to the Foster Care Review Board's Tracking System

<u>Background Information</u>: According to the Foster Care Review Act (§43-1301-1318) all courts, child-caring agencies, and child-placing agencies, including HHS, are required to report within three days whenever children enter foster care and report additional information as status changes occur. HHS issues the reports through the HHS N-FOCUS computer system, which is a large computerized database with many different, interacting components. Child welfare information (CWIS) is one of many separate components on N-FOCUS.

Since HHS implemented the N-FOCUS CWIS computer system in 1997, the reports that HHS has issued have been unreliable and do not meet the statutory requirements due to errors and omissions. [Editors note: this continues to be true in 2001].

Due to the number of reports that contain incorrect information or are missing key elements (56% in 2000), FCRB staff efforts required to verify and correct the information received from HHS has quadrupled.

The FCRB and HHS continue to work on fixing report problems, but the source of the problem remains the system itself. In an effort to create a user-friendly database, the N-FOCUS system was designed with such complexity that it failed to implement the basic functions of a database, that is, the ability to collect complete, accurate data and retrieve the data in a meaningful manner

<u>Summary of Current N-FOCUS Report Problems</u>:

During 2000 there were serious voids in the reports on children in out-of-home care that the FCRB received from HHS:

- Many children entering care during 2000 were not reported to the FCRB;
- Many changes of status for children in care (such as placement changes or changes in case managers) were not reported to the FCRB; and,
- Many instances of children leaving care were not reported to the FCRB.

HHS issued over 53,000 N-FOCUS reports to the FCRB in 2000. More than 30,000 (56%) of the 53,000 reports could not be used without further research or verification by the FCRB staff because:

- The reports had an incorrect entry in one or more of the following critical items:
  - The child's name, date of birth, and SSN,
  - The date the child entered out-of-home care,

  - The date, name, and location of the child's current placement,
  - The name of the case manager and location of the HHS office assigned to the child's case, and
  - The date and reason that the child's case closed.

- The reports were incomplete, or

- The reports had ambiguous messages that could have dual meanings, such as:
  - "Closed" in the case manager name may mean the case is transferring to a new case manager or could mean the child has reached permanency, or
  - "No active placement" may mean the child is in the process of moving to a new foster placement or might mean the child has returned home.

In addition, many case closures were input on the N-FOCUS system but did not cause a report to be issued, so no notice of this event was given to the FCRB. Because of this, children's case closures were discovered either through the process of assigning cases for review or through obtaining information from the courts, both of which are staff intensive activities, but were necessary to assure proper review scheduling.

Report deficits have significantly increased the efforts required by FCRB staff to assure all children in out-of-home care are appropriately and accurately tracked and scheduled for review. As a result, the FCRB took a number of pro-active steps to assure that up-to-date, accurate information was obtained, including:

- Modifying FCRB internal processes to include research and verification steps by all staff members who 1) use the FCRB Tracking System or 2) gather information from the reviews, such as modifying the FCRB case assignment process to verify children's status and using the FCRB review process to gather and verify additional information on children's case histories;
- Requesting HHS provide a temporary staff member to work full-time exclusively on researching and verifying children's status and information from the N-FOCUS reports, to which HHS agreed (HHS funding for this position ended in 2000);
- Communicating with the N-FOCUS liaison to assure quality feedback was given to HHS on addressing the recurring problems with the reports;
- Contacting HHS to verify children's information when courts reported children in care that HHS had not reported;
- Contacting HHS case workers to verify conflicting or omitted pieces of information from HHS reports;
- Comparing unclear N-FOCUS reports with the child's data as it appears on the N-FOCUS system to determine if the report erred in how it retrieved information or if the data appeared faulty and then sharing this information with the N-FOCUS liaison to help facilitate corrective efforts;
- Continuing to meet and update top HHS officials on the reporting problems;
- Continuing to obtain additional information from courts; and
- Generating lists of children in out-of-home care that courts were asked to verify.

By scrutinizing the N-FOCUS reports, the FCRB was able to provide the N-FOCUS liaison with much of the information necessary to determine why the report had certain problems so that "fixes"[1] could be created to amend the way the reports are generated. However, these "fixes" have not completely corrected all report errors.

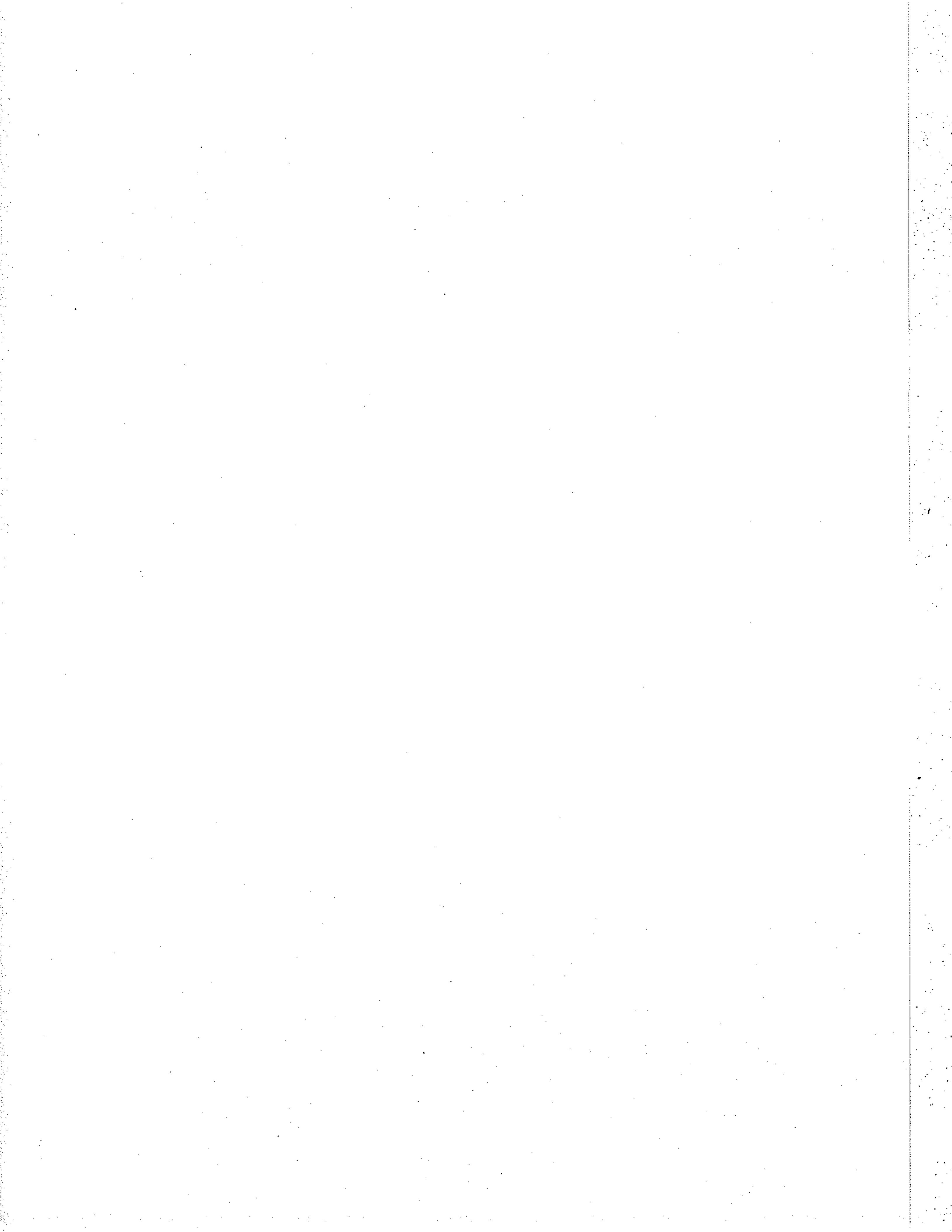
At the end of 2000, another "fix" was being scheduled for March, 2001. [Editor's note: while this "fix" was helpful, it also did not fully correct the situation and the error/omission rate continues to remain too high]

The FCRB would like to assure readers of this report that the FCRB continues to do everything possible to obtain, correct, and verify data on children in out-of-home care.

[1] "Fix" is the common terminology for changing the programming so the report will retrieve information from the database in a different way.

NOTES:

THE FOSTER CARE REVIEW BOARD



THE FOSTER CARE REVIEW BOARD

After 17 years of serving children in out-of-home care, the FCRB has:

- Tracked over 59,719 children;
- Conducted over 65,845 reviews of the cases of children in out-of-home care;
- Issued over 463,351 reports;
- Volunteered over 229,898 + hours reviewing plans of children in out-of-home care;
- Taken legal standing to advocate in court for nearly 300 children;
- Toured numerous facilities to make sure that the children were safe and to better understand the programs strengths and weaknesses as compared to individual children's needs;
- Been instrumental in providing education programs for District, Juvenile and County Court judges, county attorneys, law enforcement, guardians ad litem, State Senators, service providers, and communities;
- Co-sponsored Legislative Caucuses for Children;
- Supported legislation favorable to abused and neglected children in foster care, including open adoption, funding for additional caseworkers, foster parent training, the 18-month bill, the confidentiality bill, the Child Protection Unit in the Attorney General's office, and the Adoption and Safe Families Act; and
- Planned and co-sponsored the 1998 Adoption Summit with the Governor's office and the Department of Health and Human Services.

The FCRB attributes its success to its dedicated volunteers and committed staff. **Each success in helping children and their families through case reviews and improving the functioning of the child welfare system for all at-risk children makes these efforts worthwhile.**

The Nebraska Foster Care Review Act (LB 714) was passed by the Nebraska State Legislature in 1982. The Act was created in response to PL 96-272, Federal legislation which mandated the development of permanency planning and periodic review of children in foster care, and in response to other problems in the Nebraska foster care system. The Act established the State Foster Care Review Board and mandated periodic court reviews of children in foster care. The Act is found in §43-1301-§43-1318.

The FCRB is an independent state agency not directly affiliated with the judicial branch nor the Department of Health and Human Services. The agency is governed by a State Board that is appointed by the Governor and approved by the Legislature. This State Board oversees the agency, whose staff facilitates local Foster Care Review Boards in communities across the State and manages the FCRB's tracking system with an extensive database of all children in out-of-home care.

From the time the FCRB was created in 1982 until mid-1996, the FCRB received less funding than was necessary to review all of the state wards in out-of-home care. Therefore, during this period it was only possible to review about 60 percent of the wards.

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

Full Implementation of the Foster Care Review Act

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

This bill facilitated the original intent of the Legislature when the Foster Care Review Act was passed in 1982. LB 642 established the Foster Care Review Board as the agency responsible for the periodic reviews of children in out of home care pursuant to the federal Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272. LB 642 provided personnel and funding installments starting July 1, 1996, to achieve this goal. Seven staff members were added in July 1996 and three more in September 1996.

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

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

During the summer and fall of 1996, the FCRB recruited and trained 225 community volunteers to serve on new and existing local FCRB's in response to the mandate to review all children who have been in out-of-home care for six months or longer. Additional review and support staff were also hired and trained. The increase in the number of children reviewed during 1997 and 1998 was a direct result of LB 642.

The State Board

The State Foster Care Review Board is responsible for governing the agency and setting policy. The State Board consists of nine members selected by the Governor and approved by the Legislature. Two members are chosen from each of the three Congressional Districts. These members serve three-year terms and are selected on a staggered basis. Three additional Board members are appointed from the Local Review Board chairpersons, one from each Congressional District. These members serve two-year terms.

The responsibilities of the State Board include:

- Creation and revision of Rules and Regulations, and Policies and Procedures;

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

The State Board meets approximately every other month, usually in Lincoln. State Board meetings are open to the public.

The Local Foster Care Review Boards

There are 56 local FCRB's composed of volunteer citizens from the community who have completed required training. The boards are responsible for reviewing the cases of children placed in out-of-home care. **During 2000, 315 volunteers served on the local boards.**

The following is a list of the cities as of the end of 2000 that have one or more local foster care review boards (number of local boards in parentheses):

> Omaha (20), Lincoln (8), Sarpy County (3), Fremont (2), Grand Island (2), Kearney (2), Norfolk (2), Scottsbluff/Gering (2), Alliance (1), Beatrice (1), Columbus (1), Hastings (1), Lexington (1), Norfolk (1), North Platte (1) Ogallala (1), O'Neill (1), Pierce (1), Seward (1), South Sioux City (1), Tecumseh (1), and York (1).

Each local board consists of five or more community volunteers who meet monthly to review cases of children who have been placed in out-of-home care. The reviews focus on the child's permanency plan, the services being provided to the child and/or family, and timelines for accomplishment of the plan. By statute the permanency plan for the child's case contains at least the following: (a) the purpose for which the child has been placed in care, (b) the estimated time necessary to achieve the purposes of the foster care placement, (c) a description of the services which are to be provided in order to accomplish the purposes of the foster care placement, (d) the person or persons who are directly responsible for the implementation of each plan; and (e) a complete record of the previous placements of the foster child.

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

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

Once the FCRB begins reviewing a child's case, reviews continue every six months until the child leaves care. The FCRB attempts to review brothers and sisters together.

Recommendations are sent to the legal parties of the child's case, including the court that placed the child in care, the child's guardian ad litem (attorney), the agency responsible for the child, the parent's attorney(s), and the county attorney. When applicable, recommendations are also sent to the Tribal Court, the child's parole officer, and/or the child's probation officer.

In order to provide maximum input on a child's case, an attempt is made to select board members from a variety of different occupations and viewpoints. A typical board might include an educator, a medical professional, an attorney, a mental health practitioner, and a foster parent. Each board meets monthly for approximately 3-4 hours. Informational packets are mailed to board members prior to the meeting, and board members spend 3-4 hours in preparation for the meeting.

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

a. The history and role of the Foster Care Review Board;
b. Information on the need for permanency planning;
c. The importance of bonding and attachment;
d. The effect of separation and loss on children at various ages;
e. How a child enters the legal system;
f. The roles of the judge, county attorney, guardian ad litem, child-caring agency, and foster parent;
g. Reviewing a case and comparing the review conducted by the new board with the recommendation of an existing board;
h. The importance of confidentiality; and,
i. Observation of a local board meeting.

In order to seek greater input from interested parties in the children's cases during the review of children's cases by local foster care review boards, the FCRB determined in 1991 that interested parties should be asked to give information through questionnaires, and, when time permitted, be invited to attend a portion of the meeting where they could speak with the local board members directly. Parents who retain their parental rights are invited to attend each review of their children's case.

The Tracking System

The FCRB maintains a computerized tracking system in its main office in Lincoln. Since this system began in 1983 through the end of 2000, 59,719 individual Nebraska children in out-of-home care have been tracked.

Nebraska's tracking system is one of few in the country that follows all children placed in out-of-home care in the state. The Nebraska FCRB receives reports and updates from the

Juvenile and County Courts, the Department of Health and Human Services, and private agencies throughout the state.

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

There were serious voids in the reports on children in out-of-home care received from HHS during 2000, including:

- Many children entering care during 2000 were not reported to the FCRB;
- Many changes of status for children in care (such as placement changes or changes in case managers) were not reported to the FCRB; and,
- Many instances of children leaving care were not reported to the FCRB.

The FCRB worked with HHS throughout 1998 to correct the reporting problem, but for most of 1998 HHS did not provide the required reports. As on-going discussions continued on the report problem, in late 1998 HHS began to share a copy of a report created for their internal use as a temporary substitute for the required reports. There were several problems with the provided report:

- The report included children at home as well as those in out-of-home care.
- The report did not include all pieces of required information.
- The report was issued only once per week and was a snapshot of the child's information at that time; therefore, changes made in the interim, such as changes of placement or worker, were not reported.
- The report did not indicate which fields had changed, requiring all fields to be verified for each child every week. This was a time-consuming task that was not possible within existing FCRB staffing levels.

To compensate for these problems, the FCRB worked with HHS to arrange for HHS to provide a temporary employee to help verify information on the reports. The FCRB also contacted all courts and county attorneys to verify which children were in out-of-home care.

During 1999, the new HHS administration prioritized creation of the required reports to the FCRB tracking system. Technical staff of the FCRB worked with the programmers at HHS to describe the exact nature of the information needed.

Mid-year 1999, the reports went on-line. However, there were a number of major problems with the reports. The error and omission rate on these HHS reports remained extraordinarily high during 1999—on 8,004 (69.7%) of the 11,480 status change reports received during Sept.-Dec. 1999 there were major errors or omissions in critical areas

such as the child's name, date of birth, placement location and date, and/or identification of parents, and thus required additional verification efforts.

During 2000, HHS continued to make "fixes"[1] to the reports. HHS issued over 53,000 N-FOCUS reports to the FCRB in 2000. More than 30,000 (56%) of the 53,000 reports could not be used without further research or verification by the FCRB staff because the reports were incomplete, were unintelligible, and/or had an incorrect entry in one or more of the following critical items:

- The child's name, date of birth, and SSN,
- The date the child entered out-of-home care,
- The date, name, and location of the child's current placement,
- The name of the case manager and location of the HHS office assigned to the child's case, and
- The date and reason that the child's case closed.

In addition, many case closures were input on the N-FOCUS system but did not cause a report to be issued, so no notice of this event was given to the FCRB.

Additional information on the report issue are found in the separate section on HHS reports.

As much as possible within existing resources all vital information on children was verified. However, during 2000 there were instances where the FCRB was not notified by HHS of children being in out-of-home care, and there were instances where the FCRB was not notified by HHS of changes in children's status, especially changes of placements.

Legal Standing

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

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

[1] "Fix" is the common terminology for changing the programming so the report will retrieve information from the database in a different way.

- The child is in imminent danger.

§43-1313 allows the FCRB to request and participate in review hearings at the dispositional level[2], when the FCRB deems it necessary to assure one or more of the following:

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

Since the FCRB was granted legal standing in 1990 through the end of 2000:

- 524 cases involving 866 children have been acted upon or utilized legal standing.
- Most (701 of 866) children's cases were handled through meetings with the county attorney and/or other parties to the case.
- An attorney was hired to represent the Board for 155 children.

During 2000:

- Three cases involving four children were referred, or utilized, legal standing.
- An attorney was hired to represent the Board for two children in 2000.

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

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

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

Court Reviews

The Foster Care Review Act requires courts to review the case of a child placed in foster care after the child has been in care for one year. Subsequent reviews must be held every six months thereafter until the child leaves care. Not all children in foster care require court involvement, such as children voluntarily placed in care by their parent(s) and some

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

children available for adoption. Many of the children in these cases have been placed with private agencies, such as Boys Town.

Volunteer Hours

The Foster Care Review Board in Nebraska exists due to the time and efforts of its volunteers. **State and Local Board members are unpaid volunteers.** State Board members may receive reimbursement for mileage. Local Board members, however, many of whom drive up to 60 miles (one way) to attend meetings, do not receive any compensation.

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

The following is a summary of the hours, excluding travel time, donated to the Review Board during 2000.

State Board - 6 meetings and preparation	384 hours
Local Board - 535 meetings and preparation	28,623 hours
Office volunteers	20 hours
TOTAL	29,027 hours

State and local board members represent a variety of professions and occupations, including law, education, medicine, and social services. The value of the time they donate to assisting the abused and neglected children of Nebraska, taken at a very conservative estimate of $15 per hour, was $435,405 for 2000.

The National Association of Foster Care Reviewers

Nebraska is a member of the National Association of Foster Care Reviewers (NAFCR). The NAFCR was established in 1985 to promote permanent families for children by assuring that every child in foster care receives an independent, timely, and complete external citizen review. Nebraska hosted the 1995 NAFCR Conference that was held in Omaha.

Carolyn Stitt, Executive Director of the Review Board, is a past president of the NAFCR. Burrell Williams, former State Board chair, and currently a member of an Omaha Local Board and the State Board, serves on the National Board of Directors.

FOSTER CARE REVIEW BOARD

CASE REVIEWS

CASE REVIEWS

The Foster Care Review Board (FCRB) completed 5,122 reviews on 3,648 children in 2000, and issued approximately 35,854 reports with recommendations regarding reviewed children's cases to courts, agencies, attorneys, guardians ad litem, and county attorneys. Each report included a case history of the child, including the reason(s) the child was placed in foster care; court dates; information on services, education, and visitation; recommendations and findings on the placement, services, and plan; and remaining barriers to permanency.

Criteria for Case Selection

Cases are assigned for Local Board review approximately four to six weeks before the board meeting. This gives the Review Board time to notify the agency and invite interested parties to attend the review or respond by questionnaire. An attempt is made to review all siblings in a family together. Children normally begin receiving reviews when in care five to six months. Once a child has been reviewed, the Review Board will continue reviewing the case at least once every six months until the child returns home, is adopted, or otherwise leaves care.

The files of children supervised by one agency and placed with another are reviewed at the office of the supervising agency whenever possible. For example, youth supervised by the Department of Health and Human Services (HHS) and placed at a group home would be reviewed at the HHS office.

Parents who retain their parental rights are invited to participate at each review of the child's case. At least once a year, the Review Board invites all other legal parties to attend the child's review. Other parties with knowledge of the case, such as teachers or therapists, may also be invited. In lieu of participating at the review, questionnaires may be completed and mailed or a taped response to the questionnaire may be made by calling the Review Board office.

Informational packets on the children being reviewed are mailed or delivered to Board members prior to each meeting so Board members can familiarize themselves with the cases being reviewed. Most Local Board members spend approximately three hours familiarizing themselves with the cases prior to the meeting. Board meetings last three to four hours.

Confidentiality

The Review Board is very cognizant of the need to maintain confidentiality. At the beginning of a Local Board meeting, an agenda is distributed with the names of the children being reviewed. If anyone on the board is familiar with the child or family or

knows about the case, that case may be scheduled last and the person with the possible conflict of interest will be excused from that review.

Special Requests

The Review Board receives a number of inquiries and special requests to review children who have been placed in foster care. A request may come from the child's parent, a foster parent, a State senator, a teacher, or any concerned citizen, and may be for any reason. These requested priority cases are placed on the list of children to be reviewed as soon as possible. If the child appears to be in imminent danger, other actions may be taken also.

During 2000, the Review Board received 29 special requests involving 43 children. This number does not include children and youth that case managers ask the Foster Care Review Board's review specialists to review or prioritize.

Data on the Reviews

Data on the children reviewed by the Foster Care Review Board is included on the following pages. This data reflects the status of the children as of December 31, 2000.

FOSTER CARE REVIEW BOARD

INFORMATION FROM THE REVIEWS

TABLE 5
COMPLIANCE WITH THE FOSTER CARE REVIEW ACT
LOCAL BOARD FINDINGS
FOR CHILDREN REVIEWED DURING 2000

Is there a written permanency plan	# Children	Percentage
•There is a written permanency plan with services, timeframes, and tasks specified.	2,031	55.7%
•There is a verbal plan, but it is not documented in writing.	129	3.5%
•There is a written plan, but it is incomplete.	765	20.9%
•There is more than one plan designated for this child.	24	0.7%
•There is no plan.	699	19.2%
Total	3,648	100.0%

Agreement with permanency plan	# Children	Percentage
•The Board agrees with the child's permanency plan.	1,499	41.1%
•The Board does not agree with the child's permanency plan.	927	25.4%
•The Board partially agrees with the child's permanency plan.	328	9.0%
•The Board cannot agree or disagree with the plan due to the lack of a current written plan.	622	17.1%
•The Board cannot agree or disagree with the plan due to multiple plans.	16	0.4%
•The Board cannot agree or disagree with the plan due to plans being in recent transition.	35	1.0%
•The Board cannot agree or disagree with the plan due to lack of documentation/information.	116	3.2%
•The Board cannot agree or disagree with the plan due to...	105	2.8%
Total	3,648	100.0%

Services in the plan	# Children	Percentage
•All services in the plan are presently in motion.	1,534	42.1%
•Some services in the plan are presently in motion.	508	13.9%
•Services are being offered, but not utilized by ...	550	15.1%
•It is unclear what services are being provided.	476	13.0%
•A plan has not been developed, but services are being provided.	517	14.2%
•A plan has not been developed, and no services are being provided.	63	1.7%
Total	3,648	100.0%

continued...

Explanation of Table 5—This table shows compliance with the Foster Care Review Act as determined through the findings of the local Foster Care Review Boards that reviewed the children's cases during 2000.

TABLE 5
COMPLIANCE WITH THE FOSTER CARE REVIEW ACT (continued)

Current placement appropriate and safe	# Children	Percentage
•The Board finds that the current placement appears appropriate and safe.	2,380	65.2%
•The Board finds that the current placement appears unsafe, and therefore inappropriate.	59	1.6%
•The Board is unable to make a finding on the appropriateness and/or safety of the current placement due to lack of documentation/homestudy.	803	22.0%
•The Board is unable to make a finding on the appropriateness and/or safety of the current placement because:...	283	7.8%
•The Board finds that the current placement is appropriate for [name of child(ren)] but not for [name of other children].	123	3.4%
Total	3,648	100.0%

Department/Custodial Agency Evaluation of Safety	# Children	Percentage
•The Board finds that the Department or agency with custody has evaluated the safety of the child and has taken the necessary measures in the plan to protect the child.	2,254	61.8%
•The Board finds that the Department or agency with custody has not evaluated the safety of the child and has taken the necessary measures in the plan to protect the child.	116	3.2%
•The Board cannot make a finding on whether the Department or agency with custody has evaluated the safety of the child and has taken the necessary measures in the plan to protect the child due to…	524	14.4%
•The Board finds it unclear whether the Department or agency with custody has evaluated the safety of the child and has taken the necessary measures in the plan to protect the child due to…	589	16.1%
•The Board finds that the Department or agency with custody has evaluated the safety of the child and has partially taken the necessary measures in the plan to protect the child.	165	4.5%
Total	3,648	100.0%

continued...

This table shows compliance with the Foster Care Review Act as determined through the findings of the local Foster Care Review Boards that reviewed the children's cases during 2000.

TABLE 5
COMPLIANCE WITH THE FOSTER CARE REVIEW ACT (continued)

Progress being made toward permanency	# Children	Percentage
•Progress is being made towards the permanency objective.	957	26.2%
•Partial progress is being made towards the permanency objective.	452	12.4%
•Minimal progress is being made towards the permanency objective.	468	12.8%
•It is unclear what progress is being made towards the permanency objective.	418	11.5%
•No progress is being made towards the permanency objective.	728	20.0%
•It is unclear what progress is being made toward the permanency objective due to the lack of a written plan.	625	17.1%
Total	3,648	100.0%

Parent-Child Visitation	# Children	Percentage
•Parental visitation arrangements have been made and allow adequate parent-child contact.	1,324	36.3%
•Parental visitation arrangements have been made but do not allow adequate parent - child contact.	41	1.1%
•Parental visitation arrangements have been made, but visitation is not occurring on a regular basis due to parental unwillingness.	319	8.7%
•Parental visitation arrangements have been made, but visitation is not occurring on a regular basis due to other barrier(s).	125	3.4%
•Parental visitation arrangements have been made, but no visitation is occurring due to parental unwillingness.	196	5.4%
•Parental visitation arrangements have been made, but no visitation is occurring due to other barrier(s).	102	2.8%
•No parental visitation arrangements have been made due to court order.	60	1.6%
•Parental visitation is not applicable because:...	723	20.0%
•Parental visitation arrangements are unclear.	411	11.2%
•Parental visitation arrangements have been made that, in the Board's opinion, may allow too much contact or the contact is otherwise not in the best interest of the child.	266	7.3%
•Parental visitation arrangements have not been made by the caseworker.	80	2.2%
•Parental visitation arrangements have not been made by the service contractor.	1	>.1%
Total	3,648	100.0%

continued...

This table shows compliance with the Foster Care Review Act as determined through the findings of the local Foster Care Review Boards that reviewed the children's cases during 2000.

TABLE 5
COMPLIANCE WITH THE FOSTER CARE REVIEW ACT (continued)

Sibling Visitation	# Children	Percentage
•Sibling visitation arrangements have been made and allow adequate sibling contact.	952	26.1%
•Sibling visitation arrangements have been made but do not allow adequate sibling contact.	43	1.2%
•Sibling visitation arrangements have been made, but visitation is not occurring on a regular basis.	45	1.2%
•Sibling visitation arrangements made, but no visitation is occurring.	19	0.5%
•No sibling visitation arrangements made due to court order.	11	0.3%
•No sibling visitation arrangements made due to other barrier(s).	202	5.5%
•Sibling visitation arrangements are unclear.	1,109	30.3%
•Sibling visitation is not applicable. (no siblings/placed together).	976	26.8%
•Sibling visitation is occuring, but is occuring inappropriately.	28	0.8%
•No sibling visitation due to the severance of legal ties.	70	2.0%
•No sibling visitation due to a lack of relationship between siblings.	99	2.7%
•No sibling visitation made by contractor of services/casemanager	94	2.6%
Total	3,648	100.0%

continued...

This table shows compliance with the Foster Care Review Act as determined through the findings of the local Foster Care Review Boards that reviewed the children's cases during 2000.

TABLE 5
COMPLIANCE WITH THE FOSTER CARE REVIEW ACT (continued)

Reasonable Efforts toward reunification	# Children	Percentage
•Reasonable Efforts are being made to return the child home and there is not a continued need for out of home placement.	18	0.5%
•Reasonable Efforts to return the child home are currently being made however there is a continued need for out of home placement.	1,549	42.5%
•Reasonable Efforts to return the child home are no longer being made because the plan is no longer reunification, however, there is a continued need for out of home placement.	1,616	44.3%
•Reasonable Efforts are currently not being made to return the child home and there is a continued need for out of home placement.	62	1.7%
•It is unclear what Reasonable Efforts are being made to promote reunification, therefore, it is not clear if there is a continued need for out of home placement.	23	0.6%
•It is unclear what Reasonable Efforts are being made to promote reunification, however, it is clear there is a continued need for out of home placement.	373	10.2%
•Reasonable Efforts to return the child home are no longer being made because there has been a judicial determination of aggravating circumstances, however, there is a continued need for out of home placement.	7	0.2%
Total	3,648	100.0%

continued...

This table shows compliance with the Foster Care Review Act as determined through the findings of the local Foster Care Review Boards that reviewed the children's cases during 2000.

TABLE 5
COMPLIANCE WITH THE FOSTER CARE REVIEW ACT (continued)

Reasonable efforts prior to entering care	# Children	Percentage
•Reasonable efforts were made to prevent the child's removal from the home.	1,437	39.4%
•Reasonable efforts were not made to prevent the child's removal from the home.	36	1.0%
•Reasonable efforts were not made to prevent the child's removal because an emergency situation existed.	1,871	51.3%
•It is not clear what efforts were made to prevent the child's removal from the home.	263	7.2%
•Reasonable efforts to prevent the child's removal from the home unclear due to child being incarcerated.	30	0.8%
•Reasonable efforts to prevent the child's removal were deemed no necessary due to a judicial determination of aggravating circumstances per Neb. Rev. Stat. §43-254, section 24.	11	0.3%
Total	3,648	100.0%

Grounds for Termination of Parental Rights	# Children	Percentage
•Per §43-1308(1)(b) the Board finds that grounds for termination of parental rights appear to exist under...	847	23.2%
•Per §43-1308(1)(b) the Board finds that grounds for termination of parental rights do not appear to exist under...	1,039	28.5%
•Per §43-1308(1)(b) the Board finds that grounds for termination of parental rights cannot be determination due to the lack of information on the following...	55	1.5%
•Per §43-1308(1)(b) the Board is unable to make a finding on whether grounds exist to terminate parental rights as it is unclear if the termination of parental rights is in the child's best interest.	184	5.0%
•Per §43-1308(1)(b) the Board finds that grounds for termination of parental rights appear to exist for one parent, but not for the other.	50	1.4%
•Per §43-1308(1)(b) the Board finds that grounds for termination of parental rights appears to exist, however, it is not in the best interests of the child due to...	629	17.2%
•Per §43-1308(1)(b) the Board's finding on whether grounds for termination of parental rights appears to exist is not applicable.	844	23.2%
Total	3,648	100.0%

continued...

This table shows compliance with the Foster Care Review Act as determined through the findings of the local Foster Care Review Boards that reviewed the children's cases during 2000.

TABLE 5
COMPLIANCE WITH THE FOSTER CARE REVIEW ACT (continued)

Recommended plan if return of the children to the parents is unlikely	# Children	Percentage
•The Board finds that the return of the child to the parents is likely, therefore the findings under §43-1308(1)(c) do not apply	459	12.6%
•The Board is unable to make a finding under §43-1308(1)(c) on whether return of the child to the parents is likely or unlikely due to the lack of information on …	504	13.8%
•Per §43-1308(1)(c) the Board finds that return of the children to the parent is not likely and recommends referral for termination of parental rights and/or adoption.	660	18.1%
•Per §43-1308(1)(c) the Board finds that return of the children to the parent is not likely and recommends referral for guardianship.	352	9.6%
•Per §43-1308(1)(c) the Board finds that return of the children to the parent is not likely and recommends referral for placement with a relative.	83	2.3%
•Per §43-1308(1)(c) the Board finds that return of the children to the parent is not likely and recommends referral for a planned, permanent living arrangement other that adoption, guardianship, or placement with a relative.	944	25.9%
•Per §43-1308(1)(c) the Board finds that return of the children to the parent is not likely but cannot recommend a specific permanency option due to lack of information on…	114	3.1%
•Per §43-1308(1)(c) the Board finds that return of the children to the parent is not likely as parental rights are no longer intact due to termination/relinquishment of parental rights or death of a parent, and the plan is adoption.	532	14.6%
Total	3,648	100.0%

This table shows compliance with the Foster Care Review Act as determined through the findings of the local Foster Care Review Boards that reviewed the children's cases during 2000.

NOTES:

TABLE 6
BARRIERS TO PERMANENCY
OF CHILDREN REVIEWED DURING 2000

During each review, local boards identify the top five barriers to children's case plans being implemented and children achieving safe, permanent homes. The barriers are reported to all the legal parties of the children's cases in the final recommendation reports issued after completion of each review. The following is a compilation of the barriers identified during 2000. Categories appear in order of the number of barriers identified. The most frequently identified barriers are parental barriers.

Category	Number of Children
Parental Barriers	
Ability/willingness to parent child	1,292
Past history of abuse/violence/neglect	902
Substance abuse problems of parents	690
Relationship among family members	523
Resistant/uncooperative to services	446
Inadequate/inappropriate housing	239
Lack of visitation	309
Possible sexual abuse if returned	172
Mental illness	200
Economic stress	172
Inability to cope with child's disability	169
Distance between family members	134
Low functioning parent	159
Incarceration	147
Bonding problems	162
Parent(s) whereabouts unknown	139
Noncompliance with Court Order	171
Failure to pay child support	41
Number of times child placed in foster care	68
Chronic health problems of parent	61
Lack of job training/skills	59
Lack of transportation	24
Illiteracy	4
Other parenting barriers	188
Total Parental Barriers Identified	*6,471*

continued…

Explanation of Table 6—This table compiles the top five barriers to permanency identified by the local boards for each of the 3,648 individual children reviewed during 2000. Barriers may be in any of the categories, and more than one barrier can be in the same category.

TABLE 6
BARRIERS TO PERMANENCY
OF CHILDREN REVIEWED DURING 2000 (continued)

Category	Number of Children
Implementation Barriers	
Length of time in care	632
Lack of progress	372
Number of disruptions/placements/moves	306
Delay in home study	102
Inadequate casework services	122
Inadequate preparation for independence	71
Inadequate contact with child	40
Inadequate contact with parent(s)	12
Inadequate contact with foster parents	26
Worker not facilitating visitation with parents	2
Worker not facilitating visitation with siblings	10
Other implementation barriers	35
Total Implementation Barriers Identified	*1,730*
Planning Barriers	
No plan	626
Plan inappropriate	209
Inappropriate timeframe (too long or too short)	119
No timeframe	74
No objectives	57
Plan unclear	24
Inappropriate objectives	29
Multiple plans	17
No parent/agency contract/agreement with father	11
No parent/agency contract/agreement with mother	5
Other planning barriers	44
Total Planning Barriers Identified	*1,215*

continued...

This table compiles the top five barriers to permanency identified by the local boards for each of the 3,648 individual children reviewed during 2000. Barriers may be in any of the categories, and more than one barrier can be in the same category.

TABLE 6
BARRIERS TO PERMANENCY
OF CHILDREN REVIEWED DURING 2000 (continued)

Category	Number of Children
Management Barriers[1]	
Lack of documentation	557
Case transfer interrupts service	46
Poor monitoring of contracting agencies (purchased services)	38
Inadequate supervision of caseworker	57
Caseload too large	78
Inadequate knowledge of case by case manager	20
Uncovered case	4
Lack of awareness of policy by worker	0
Policy inappropriate to case	2
Other management barriers	62
Total Management Barriers Identified	*864*

[1]During the review process FCRB staff members document whether or not the child's case manager has visited the child within the 60 days prior to the most recent review.

- 1,824 (50.0%) of the 3,648 children reviewed had documentation of case manager contact with the children within the 60 days prior to review.

- 225 (6.2 %) of the 3,648 children reviewed documented no contact between the case manager and the children within the 60 days prior to review.

- 1,599 (43.8 %) of the 3,648 children reviewed had no file documentation to indicate whether the case manager had visited the children within the 60 days prior to review.

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

continued...

This table compiles the top five barriers to permanency identified by the local boards for each of the 3,834 individual children reviewed during 2000. Barriers may be in any of the categories, and more than one barrier can be in the same category.

TABLE 6
BARRIERS TO PERMANENCY
OF CHILDREN REVIEWED DURING 2000 (continued)

Category	Number of Children
Legal Barriers	
Parent's rights override children's rights	213
Lack of legal action to pursue permanency	119
Court delays	89
Guardian ad litem not taking active role	120
No guardian ad litem	30
Clarification of child's legal status	17
No court reviews	16
No court involvement	9
Conflict with Indian Child Welfare Act	9
Court orders conflict with agency plan	7
Court does not enforce orders	10
No timeframes in court order	1
Other legal barriers	119
Total Legal Barriers Identified	*759*
Resource Barriers	
Lack of independent living skill training	92
Lack of adoptive homes for special needs children	29
Lack of specialized foster homes in community	44
Support services not available	23
Residential treatment facility not available	11
Counseling services not available	7
Lack of adoptive resources/recruitment	12
Lack of foster homes in community	9
Inadequate health care services	2
Group homes not available	2
Lack of home-based services	1
Parenting classes not available	1
Other resource barriers	95
Total Resource Barriers Identified	*328*

continued...

This table compiles the top five barriers to permanency identified by the local boards for each of the 3,648 individual children reviewed during 2000. Barriers may be in any of the categories, and more than one barrier can be in the same category.

TABLE 6
BARRIERS TO PERMANENCY
OF CHILDREN REVIEWED DURING 2000 (continued)

Category	Number of Children
Coordination Barriers	
Inadequate coordination/communication between agencies	37
Interstate compact delays	9
Inadequate coordination/communication within agency	14
Inadequate coordination/communication between agency & court	4
Inadequate coordination/communication w/tribe	7
Other coordination barriers	10
Total Coordination Barriers Identified	*81*
Placement Barriers	
Problems in foster home	56
Placement does not meet special needs (physical, mental, emotional)	74
Group home/institutional placement	5
Placement does not meet educational needs	11
Difference in foster care and adoption standards	1
AFDC payment is lower than foster care payment (relative placement)	0
Other placement barriers	174
Total Placement Barriers Identified	*321*
Other Barriers in Categories Not Listed Above*	**516**
No Barriers Identified**	**344**

This table compiles the top five barriers to permanency identified by the local boards for each of the 3,648 individual children reviewed during 2000. Barriers may be in any of the categories, and more than one barrier can be in the same category.

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

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

TABLE 6b

HEALTH AND EDUCATION RECORDS PROVIDED TO THE CAREGIVERS FOR CHILDREN REVIEWED DURING 2000

	Age of the Child as of Dec. 31, 2000			
	Ages 0- 5	**Ages 6-12**	**Ages 13-15**	**Age 16+**
Health Records Given to Foster Parent or Caregiver	377	481	327	465
Health Records Not Given	63	71	40	41
Unknown if Health Records Given	282	493	322	565
Not applicable	3	8	30	77
Total	725	1,053	719	1,148

	Age of the Child as of Dec. 31, 2000			
	Ages 0-5	Ages 6-12	Ages 13-15	Age 16+
Education Records Given to Foster Parent or Caregiver	351	484	322	459
Education Records Not Given	32	62	45	46
Unknown if Education Records Given	268	494	322	566
Not applicable	74	13	30	77
Total	725	1,053	719	1,148

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

TABLE 7
PERMANENCY PLANS OF CHILDREN
REVIEWED DURING 2000

Permanency Plan	No. of Children	Percentage
Return to Parents	1,719	47.1%
Adoption	436	12.0%
No Plan	403	11.0%
Long Term Foster Care	414	11.3%
Guardianship	244	6.7%
Independent Living	241	6.6%
Multiple Plans	134	3.7%
Permanency[1]	25	>1.0%
Supervised Living	22	>1.0%
Relative Adoption	4	>1.0%
Placement with Relatives	4	>1.0%
Plan in transition	1	>1.0%
Other[2]	1	>1.0%
Total	3,648	100.0%

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

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

TABLE 8
MONTHS TO ADJUDICATION
OF CHILDREN REVIEWED DURING 2000

Number of Months	Number of Children	
Under 1 month	1,244	
1 month	560	
2 months	524	
3 months	476	2,804 within 3 months
4 months	352	
5 months	239	
6 months	105	
7 months	54	
8 months	44	
9 months	14	
10 months	9	
11 months	6	
12 months	3	
Over 1 year	18	844 over 3 months
Total	3,648	

The adjudication hearing is the hearing at which the court determines whether a child has been maltreated or whether there is some other basis for the court to take jurisdiction of the child. By law this should occur within 90 days of the child entering out of home care.

TABLE 9
TOTAL PLACEMENTS PER CHILD
FOR CHILDREN REVIEWED DURING 2000

No. of Placements	No. of Children	Percentage
1	238	6.5%
2	456	12.5%
3	493	13.5%
4	369	10.1%
5	297	8.1%
6	259	7.1%
7	232	6.4%
8	182	5.0%
9	155	4.2%
10	131	3.6%
11-15	400	11.0%
16-20	212	5.8%
21-25	120	3.3%
26-49	97	2.7%
50 or more	7	0.2%
Total	3,648	100.0%

- 1,795 (49.2%) of the reviewed children have experienced more than 5 placements.
- 836 (23.0%) of the reviewed children have experienced more than 10 placements.
- 104 (2.9%) of the reviewed children have experienced over 25 placements.
- 7 reviewed children have been in 50 or more documented placements.

Explanation of Table 9—This table shows the number of placements reviewed children have experienced as of December 31, 2000.

The Review Board counts each move as a placement; therefore, if the child was placed in a foster home, then was sent to a mental health facility for a one-month evaluation, then was returned to a different foster home, the Review Board would count three placements. The Review Board would count a mental health hospitalization as a placement; however, a hospitalization for an operation would not be counted.

The Review Board is concerned by the number of children with multiple placements because every move or placement has an effect on the child. The child must adjust to new people, a new set of rules, and, often, a new school. The Board is concerned when a child has a high number of placements because of the potential adverse affect numerous moves can have on a child.

NOTES:

TABLE 10
REASONS ENTERED CARE
OF CHILDREN REVIEWED DURING 2000

Reasons Entered Care – Neglect Category	Child's first time in care	Percent	Child was removed before	Percent	Total Children Affected	Percent
Parenting skills inadequate	322	9.6%	369	9.9%	691	9.7%
General neglect - including inadequate child hygiene	332	9.9%	295	7.9%	627	8.8%
Abandonment, absent parent, throwaway, desertion, etc.	217	6.4%	151	4.0%	368	5.2%
Homemaking skills and/or home sanitation inadequate	191	5.7%	169	4.5%	360	5.1%
Housing and/or utilities inadequate, or homelessness	171	5.1%	156	4.2%	327	4.6%
Incarceration of parent	112	3.3%	76	2.0%	188	2.6%
Children's supervision inadequate	81	2.4%	73	2.0%	154	2.2%
Failure to protect child	81	2.4%	72	1.9%	153	2.2%
Unwilling to provide care or parent child	60	1.8%	73	2.0%	133	1.9%
Mental limitations of parent	55	1.6%	31	0.8%	86	1.2%
Voluntary placement in out-of-home care by parents	31	0.9%	53	1.4%	84	1.2%
Failure to thrive	22	0.7%	26	0.7%	48	0.7%
Criminal activity by parent or parent's friends in child's presence	25	0.7%	12	0.3%	37	0.5%
Physical illness/disabilities of parent	11	0.3%	10	0.3%	21	0.3%
Voluntary placement of child for adoption by parents	9	0.3%	11	0.3%	20	0.3%
Total This Category	1,720 of 3,368 reasons	51.1%	1,577 of 3,733 reasons	42.2%	3,297 of 7,101 reasons	46.4%

Explanation of Table 10—This table shows the reasons why children and youth reviewed by the Foster Care Review Board were placed in out-of-home care. Each of the 3,648 children reviewed during 2000 had one to six reasons identified for entering care, with a total of 7,101 reasons identified. Reasons could be identified in more than one category. 2,017 of the children reviewed were in their first removal from the home, for these children 3,368 reasons were identified. 1,631 of the reviewed children had been removed from the home at least once before, for these 3,733 reasons were identified.

TABLE 10
REASONS ENTERED CARE
OF CHILDREN REVIEWED DURING 2000 (continued)

Reasons Entered Care – Physical Abuse Category	**Child's first time in care**	**Percent**	**Child was removed before**	**Percent**	**Total Children Affected**	**Percent**
Physical abuse	231	6.8%	238	6.4%	469	6.6%
Chronic family violence	129	3.8%	155	4.2%	284	4.0%
Sibling severe injury	21	0.6%	6	1.6%	27	0.4%
Severe injury of one parent by other parent	14	0.4%	2	>0.1%	16	0.2%
Sibling death	1	>0.1%	4	0.1%	5	>0.1%
Total This Category	396 of 3,368 reasons	11.8%	405 of 3,733 reasons	10.8%	801 of 7,101 reasons	11.3%

Reasons Entered Care – Substance Abuse Category	**Child's first time in care**	**Percent**	**Child was removed before**	**Percent**	**Total Children Affected**	**Percent**
Drug/alcohol abuse by parents	418	12.4%	311	8.3%	729	10.3%
Born drug addicted	41	1.2%	6	0.2%	47	0.7%
Fetal alcohol effects (FAE)	1	>0.1%	0	0	1	>0.1%
Fetal alcohol syndrome (FAS)	2	>0.1%	0	0	2	>0.1%
Total This Category	462 of 3,368 reasons	13.7%	317 of 3,733 reasons	8.4%	779 of 7,101 reasons	11.0%

continued…

Explanation of Table 10—This table shows the reasons why children and youth reviewed by the Foster Care Review Board were placed in out-of-home care. Each of the 3,648 children reviewed during 2000 had one to six reasons identified for entering care, with a total of 7,101 reasons identified. Reasons could be identified in more than one category. 2,017 of the children reviewed were in their first removal from the home, for these children 3,368 reasons were identified. 1,631 of the reviewed children had been removed from the home at least once before, for these 3,733 reasons were identified.

TABLE 10
REASONS ENTERED CARE
OF CHILDREN REVIEWED DURING 2000

Reasons Entered Care – Children's Behaviors Category	Child's first time in care	Percent	Child was removed before	Percent	Total Children Affected	Percent
Incorrigible, ungovernable behaviors of child	118	5.9%	293	18.0%	175	4.8%
Delinquency --includes misdemeanor, felony, gang activities, cult activities, and truancy	85	4.2%	226	13.9%	311	8.5%
Runaway behaviors of child	32	1.6%	78	4.8%	110	3.0%
Drug/alcohol abuse by child	8	0.4%	46	2.8%	54	1.5%
Suicide attempts by child	7	0.4%	49	3.0%	56	1.5%
Total This Category	250 of 3,368 reasons	7.4%	692 of 3,733 reasons	18.5%	706 of 7,101 reasons	9.9%

Children's behaviors totaled 942 (13.3%) of the 7,101 reasons identified for why each reviewed child entered care this time. **There was a major difference in the percentage identified between children in care for the first time** [250 (7.4%) of 3,368 reasons] **versus children who had experienced a prior removal from the home** [692 (18.5%) of 3,733 reasons].

It is also important to note that there was a substantial difference in the rate of suicide attempts, from 0.4% [7 of 3,368 for children in care the first time] **to 3.0%** [49 of 3,733 for children with prior removals from the home].

continued...

Explanation of Table 10—This table shows the reasons why children and youth reviewed by the Foster Care Review Board were placed in out-of-home care. Each of the 3,648 children reviewed during 2000 had one to six reasons identified for entering care, with a total of 7,101 reasons identified. Reasons could be identified in more than one category. 2,017 of the children reviewed were in their first removal from the home, for these children 3,368 reasons were identified. 1,631 of the reviewed children had been removed from the home at least once before, for these 3,733 reasons were identified.

TABLE 10
REASONS ENTERED CARE
OF CHILDREN REVIEWED DURING 2000 (continued)

Reasons Entered Care – Children's Physical or Emotional Needs Category	Child's first time in care	Percent	Child was removed before	Percent	Total Children Affected	Percent
Developmental/behavioral problems of child	83	2.5%	192	5.1%	275	3.9%
Emotional limitations of child	17	0.5%	59	1.6%	76	1.1%
Physical illness/disabilities of the child -- including AIDS/HIV, youth pregnancy , mental retardation of child, eating disorder	25	0.7%	18	0.5%	43	0.6%
Intensive evaluation	6	0.2%	23	0.6%	29	0.4%
Parent deceased	6	0.2%	1	>0.1%	7	0.1%
Total This Category	137 of 3,368 reasons	4.1%	293 of 3,733 reasons	7.8%	430 of 7,101 reasons	6.1%

continued...

Explanation of Table 10—This table shows the reasons why children and youth reviewed by the Foster Care Review Board were placed in out-of-home care. Each of the 3,648 children reviewed during 2000 had one to six reasons identified for entering care, with a total of 7,101 reasons identified. Reasons could be identified in more than one category. 2,017 of the children reviewed were in their first removal from the home, for these children 3,368 reasons were identified. 1,631 of the reviewed children had been removed from the home at least once before, for these 3,733 reasons were identified.

TABLE 10
REASONS ENTERED CARE
OF CHILDREN REVIEWED DURING 2000

Reasons Entered Care – Sexual Abuse* Category	Child's first time in care	Percent	Child was removed before	Percent	Total Children Affected	Percent
Sexual abuse	111	3.3%	104	2.9%	215	3.0%
Sexual abuse of a sibling	24	0.7%	5	0.1%	29	0.4%
Sexual perpetrator - child alleged to be	29	0.9%	33	0.9%	62	0.9%
Total This Category	164 of 3,368 reasons	4.9%	142 of 3,733 reasons	3.8%	306 of 7,101 reasons	4.3%

*It is important to note that sexual abuse in foster children is often disclosed *after* removal from the home, rather than as an initial reason for removal.

Reasons Entered Care – Emotional Abuse Category	Child's first time in care	Percent	Child was removed before	Percent	Total Children Affected	Percent
Emotional problems of parent	86	2.6%	95	2.5%	181	2.5%
Emotional abuse, psychological abuse	24	0.7%	21	0.6%	45	0.6%
Total This Category	110 of 3,368 reasons	3.3%	116 of 3,733 reasons	3.1%	226 of 7,101 reasons	3.2%

continued...

Explanation of Table 10—This table shows the reasons why children and youth reviewed by the Foster Care Review Board were placed in out-of-home care. Each of the 3,648 children reviewed during 2000 had one to six reasons identified for entering care, with a total of 7,101 reasons identified. Reasons could be identified in more than one category. 2,017 of the children reviewed were in their first removal from the home, for these children 3,368 reasons were identified. 1,631 of the reviewed children had been removed from the home at least once before, for these 3,733 reasons were identified.

TABLE 10
REASONS ENTERED CARE
OF CHILDREN REVIEWED DURING 2000

Reasons Entered Care – "Other" Category	Child's first time in care	Percent	Child was removed before	Percent	Total Children Affected	Percent
Adult-child conflict in the home-- both parent and step parent/paramour	52	1.5%	93	2.5%	145	2.0%
Other	52	1.5%	49	1.3%	101	1.4%
Financial problems	15	0.4%	32	0.9%	47	0.7%
Social isolation	3	0.1%	4	0.1%	7	0.1%
Welfare Reform Financial Problems	1	>0.1%	1	>0.1%	2	>0.1%
Citizenship - lack benefits due to parent not citizen	2	>0.1%	0	0	2	>0.1%
Adoption disruption	2	>0.1%	6	0.2%	8	0.1%
Guardianship disruption	2	>0.1%	6	0.2%	8	0.1%
Total This Category	129 of 3,368 reasons	3.8%	191 of 3,733 reasons	5.1%	320 of 7,101 reasons	4.5%

Explanation of Table 10—This table shows the reasons why children and youth reviewed by the Foster Care Review Board were placed in out-of-home care. Each of the 3,648 children reviewed during 2000 had one to six reasons identified for entering care, with a total of 7,101 reasons identified. Reasons could be identified in more than one category. 2,017 of the children reviewed were in their first removal from the home, for these children 3,368 reasons were identified. 1,631 of the reviewed children had been removed from the home at least once before, for these 3,733 reasons were identified.

TABLE 11
GENDER OF CHILDREN REVIEWED DURING 2000

	No. of Children	Percentage
Males	1,934	53.0%
Females	1,714	47.0%
Total Reviewed	3,648	100.0%

TABLE 12
RACE OF CHILDREN REVIEWED DURING 2000

	Age of Child in Care					
	Age 0 - 5	Ages 6 - 12	Ages 13 - 15	Age 16+	Total	Percent
White	405	620	480	834	2,339	64.1%
Black	177	247	125	148	697	19.1%
Native American	48	88	53	64	253	6.9%
Hispanic	74	88	48	88	298	8.2%
Asian	9	1	0	4	14	0.4%
Unreported or other	12	12	13	10	47	1.3%
Total	725	1,056	719	1,148	3,648	

TABLE 13
AGENCIES RESPONSIBLE FOR CHILDREN REVIEWED DURING 2000

	Number of Children	Percentage
Health and Human Services including: Child Welfare/CPS, Office of Juvenile Services (OJS), and Lincoln Regional Center	3,645	99.9%
Detention Centers/Probation	0	0.0%
Private Agencies	3	0.1%
Total Reviewed	3,648	100.0%

Explanation of Tables 11-13—This table shows the agency responsible for the children who were reviewed by the Foster Care Review Board during 2000. If the child has left care since their review, the most recent agency responsible is listed.

TABLE 14
NUMBER OF CHILDREN REVIEWED DURING 2000
BY AGE OF CHILD ON DECEMBER 31, 2000

Age of the Child (as of Dec. 31, 2000)	Number of Children	Percent
less than one year	30	8.7%
1	129	3.5%
2	161	4.4%
3	152	4.2%
4	128	3.5%
5	125	3.4%
6	147	4.0%
7	133	3.6%
8	154	4.2%
9	163	4.5%
10	150	4.1%
11	142	3.9%
12	167	4.6%
13	183	5.0%
14	242	6.6%
15	294	8.1%
16	385	10.6%
17	339	9.3%
18	306	8.4%
19 and older	118	3.2%
Total	3,648	100.0%

Explanation of Table 14--This table shows the number of children reviewed in each age category. The child's age was the age as of December 31, 2000. Once the Review Board begins reviewing a child, reviews continue until the child reaches the age of majority (age 19). This, plus the youth reviewed at detention centers, explains the higher number of youth ages 15-17 reviewed.

TABLE 15
PROXIMITY OF CHILDREN TO PARENT
OF CHILDREN REVIEWED DURING 2000

Proximity	Number Reviewed	Percent
Children reside in the same county as the parent(s)	2,170	59.4%
Children reside in an adjoining county	469	12.9%
Children do not reside in an adjoining county, but reside in Nebraska	635	17.4%
Children live in a different state or country	192	5.3%
Children live in Nebraska, but parents now live in a different state/country	75	2.1%
No information has been provided on the parent's county or the child's county of placement so proximity cannot be determined.	107	2.9%
Total	3,648	100.0%

Explanation of Table 15--This table shows where children reviewed by the Foster Care Review Board during 2000 were placed as of Dec. 31, 2000, in relationship to the county where the children's primary parent resides. This table demonstrates the need for local resource development so children will not have to be placed in communities far from their homes and families.

TABLE 16a
PERCENTAGE OF LIFE SPENT IN FOSTER CARE

Percentage of Life In Foster Care	Number of Children	Percent
0-10%	859	23.5%
11-20%	830	22.8%
21-30%	533	14.6%
31-40%	397	10.9%
41-50%	283	7.7%
51-60%	204	5.6%
61-70%	151	4.1%
71-80%	124	3.4%
81-90%	86	2.4%
91-100%	181	5.0%
Total	3,648	100.0%

- 1,959 (53.7%) of reviewed children have spent more than 20 percent of their lives in out-of-home care. This is similar to the 53.2% of the children reviewed in 1999.
- 746 (20.4%) of reviewed children have spent more than 50 percent of their lives in out-of-home care. This is the same percentage as in 1999.
- 181 (5.0%) of the reviewed children have spent 100% of their lives in foster care. This compares to 4.9% of the children reviewed in 1999.

Explanation of Table 16a—This table shows the percentage of the child's life that has been spent in out-of-home care. The percentage of life in care is determined by dividing the number of months the child has been in out-of-home care at the time of the Board's review by the child's age, in months, at the time of the review. For example, a 24 month old child who has been in care 6 months would have been in care 25% of his life (6 divided by 24).

TABLE 16b

PATERNITY ESTABLISHMENT FOR CHILDREN REVIEWED DURING 2000

WAS PATERNITY ESTABLISHED

	Ages 0-5	Ages 6-12	Ages 13-15	Age 16+	Total
Paternity Was Established	391	543	454	788	2,176
Paternity Was Not Established	165	235	104	118	622
Unknown if Paternity Established	169	278	161	242	850
Total	725	1,056	719	1,148	3,648

HOW PATERNITY WAS ESTABLISHED

	Ages 0-5	Ages 6-12	Ages 13-15	Age 16+	Total
Born in Marriage	77	72	98	127	374
Birth Certificate	74	61	58	75	268
Acknowledgement of Paternity	40	34	19	22	115
Legal Adoption	0	7	8	22	37
Blood Test	23	4	3	0	30
Publication	6	4	0	2	12
District Court Order	6	2	2	1	11
Adjudication	3	3	3	0	9
Unknown way, but established	16	39	20	37	112
Other	2	3	1	3	9
Way not researched*	144	314	242	499	1,199
Total	391	543	454	788	2,176

*The FCRB recently began collecting statistics regarding the way paternity was established. Review specialists were not required to go through volumes of files to recapture this information for children who entered out-of-home care before 1999.

Explanation of Table 16b – Lack of paternity identification has been linked to excessive lengths of time in care for children. Often paternity is not addressed until after the mother's rights are relinquished or terminated instead of the suitability of the father as placement being addressed concurrently with the assessment of the mother's ability to parent. This can cause serious delays in children achieving permanency.

TABLE 17
PLACEMENT TYPES OF THE CHILDREN REVIEWED DURING 2000 BASED ON THEIR PLACEMENT ON DECEMBER 31, 2000

Placement Type	Number of Children	Percent
Foster Home	1,418	38.9%
With Parent	498	13.7%
Relative Placement	450	12.4%
Group Home	351	9.6%
Jail/Youth Development Centers	125	3.4%
Residential Treatment Center	106	2.9%
Runaway/Whereabouts Unknown/AWOL	59	1.6%
Independent Living	48	1.3%
Emergency Shelter	34	0.9%
Foster Adoptive Home	33	0.9%
Psychiatric Treatment Facility	27	0.7%
Center for Developmentally Disabled	21	0.6%
School or Job Corp	7	0.2%
Child Care Agency	4	0.1%
Medical Facility	3	0.1%
Other/Unreported	464	12.7%
Total	3,648	100.0%

Explanation of Table 17—This table shows the placement type as of December 31, 2000, of the children reviewed during 2000. The placement type shown on this table may not be the placement type of the child at the time the child was reviewed. This is especially true of the 498 children who were at home. The Review Board does not review children at home or once an adoption has been finalized.

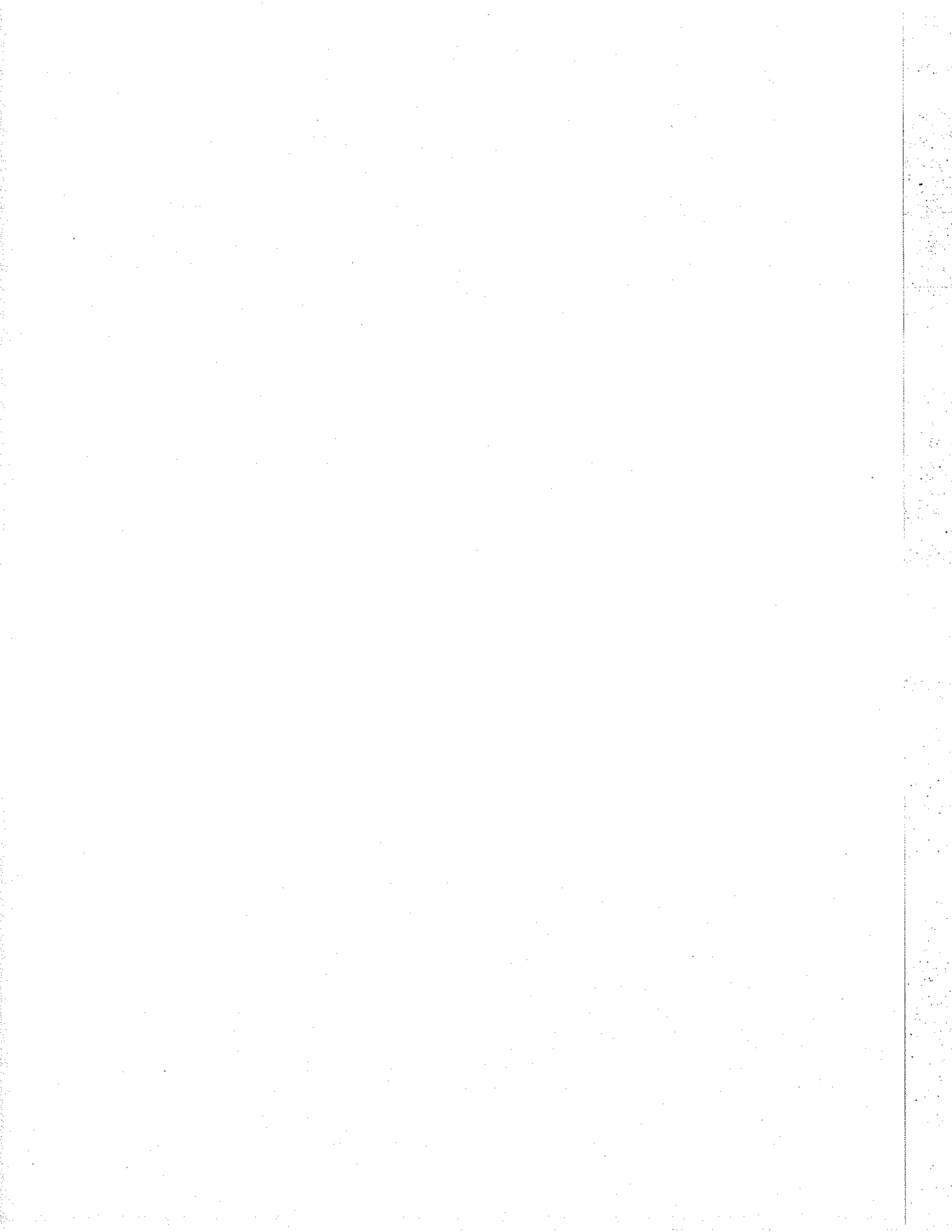
TABLE 18
CASES OF CHILDREN CLOSED IN 2000
WHO HAD BEEN REVIEWED
BY REASON CASE CLOSED

	No. Reviewed in 2000 and closed in 2000	No. Reviewed in 1999 and closed in 2000	Total
Return to Parent	468	167	635
Adoption Finalized	78	88	166
Guardianship Established	55	36	91
Age of Majority	116	64	180
Other/Unknown	101	22	123
Completed Jail Sentence	58	36	94
Court Terminated	159	35	194
Custody Transferred	0	1	1
Marriage/Military Service	0	1	1
Death	0	1	1
TOTAL	1,035	451	1,486

Explanation of Table 18—This table shows the number of reviewed children whose cases closed during 2000, and the reason for the termination.

NOTES:

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



Concerns, Recommendations and Rationale, and Commendations, as identified by the Local Board Members from each Geographic Area of the State

AREA:	Omaha Metro

I. Placement Concerns—Lack of Appropriate Placements, Services, Treatments

A. There are not enough placements to meet the needs of the children, especially adolescents with behavioral management issues, sexually acting out youth, low functioning youth, and mentally ill children.

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

Recommendations and Rationale

A. HHS should increase the number of placements available so that all children's needs are met.

II. Placement Concerns—Inappropriate Placements

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

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

C. Some placements are overcrowded.

Recommendations and Rationale

A. HHS should increase the number of placements available to address overcrowding and inappropriate placements.

III. Placement Concerns—Lack of Foster Parent Support

A. There is a lack of support systems and training for foster parents. Omaha has only one contracted support person to work with families.

B. Foster parents and daycare providers are not being paid by the State in a timely manner and there is a lack of equity in payment.

Recommendations and Rationale

A. Foster parents need access to additional specialized trainings so they can more effectively deal with the needs of children in out-of-home care.

B. HHS should utilize family preservation services to help support foster parents and reduce the number of disrupted placements.

C. HHS should develop an exit interview or focus groups for foster parents. Focus groups should include previous, current, and potential foster

parents, to better determine foster parents needs while examining why foster parents quit being foster parents.

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

IV. Placement Concerns—Lack of Oversight

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

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

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

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

Recommendations and Rationale

A. HHS should develop procedures to assure oversight of placements.

V. Placement Concerns—Managed Care Concerns

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

VI. Placement Concerns—Reliance on Restraints

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

VII. Adoption Concerns

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

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

Recommendations and Rationale

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

B. When a family interested in adoption is identified, the family should receive support before, during, and after the adoption. Parents interested in a special needs child should receive the extra education needed to create a successful adoption. HHS should provide in-home resources to support the "fos/adoptive" parents [foster homes that are prospective adoptive

homes] in caring for the needs of their children and achieving stability. This could prevent many adoptions from disrupting (the child again being placed in foster care).

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

VIII. Length of Time in Care Concerns

A. Local Boards are concerned about the length of time that children linger in foster care.

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

C. Children linger in care too long after they are free for adoption. Adoptions need to be finalized in a timelier manner.

Recommendations and Rationale

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

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

IX. Concerns for the Safety of Runaway/AWOL Youth

A. If children are AWOL/runaways, often no hearings are scheduled and no plans are formulated to find the children.

Recommendation and Rationale

A. HHS needs to state to the courts what efforts are being made to find the children, and courts should continue to monitor the situation.

X. Case Management Concerns

A. Important service provider documentation is not available for review, including that from therapists, schools, medical personnel, progress reports, and home studies.

B. Family support workers (FSW's) need additional training.

C. There is a lack of visits by case managers to foster homes.

Recommendations and Rationale

A. HHS needs to have important documents in the child's file, available for the case manager and for review by the FCRB.

B. FSW training should be standardized and additional training provided.

C. Steps need to be implemented to assure that case managers visit children in their placement to see the interaction of foster parents and the children.

XI. Paternity Concerns

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

B. The Department of Health and Human Services (HHS) and the County Attorney disagree on who is responsible for paternity information. As a result, HHS and the County Attorney's Office are at a standstill. The County Attorney's Office is waiting on HHS to seek and provide the information while HHS feels it is a County Attorney responsibility.

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

D. There is often no attempt to collect child support from the parents.

Recommendations and Rationale

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

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

C. Child support should be required of all parents of children in care.

XII. Investigation Concerns

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

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

Recommendations and Rationale

A. Law enforcement and CPS (child protective services) should conduct more thorough investigations and provide appropriate documentation to the County Attorney to ensure child safety.

B. Investigators need additional training and oversight.

XIII. Prosecution Concerns

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

Recommendations and Rationale

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

XIV. Detention Center Concerns

A. There is inappropriate use of the Douglas County Youth Detention Center as a non-detention placement. There are concerns with the length of time spent until appropriate placement is found when this happens.

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

C. There is no minimum age limit for children to be placed at the Douglas County Youth Detention Center.

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

Recommendations and Rationale

A. Board members should continue to tour the facilities.

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

C. The Board should provide education for the Douglas County Board on the need to change philosophy from merely detaining children/youth to recognizing the need to provide children/youth with services while in detention so that services are made available.

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

Progress Seen and Commendations

- Judges and children's advocates should be applauded for the time they volunteer to meet, speak, and facilitate discussions.
- Judges, for holding parents accountable for following Court orders.
- Foster Parents who consistently "hang in there."
- Legal Aid assisting as guardian ad litems (seeing kids more, more reports in files).
- Caseworkers who prepare cases, unify plans, and regularly visit with children.
- Quicker terminations/ more relinquishments.
- The local review board members and staff would like to commend CASAs for their involvement in children's cases, (an additional voice).
- Review specialists in translating Board requests into clearer language.
- Better communication between FCRB & HHS.

AREA:	Lincoln Metro and Southeast Nebraska

I. Placement Concerns—Lack of Appropriate Placements, Services, Treatments
   A. There is a lack of appropriate placements. There are not enough treatment facilities or foster homes available.

II. Placement Concerns—Inappropriate Placements
   A. Children experience too many placements, more efforts are needed to prevent placement disruptions.
   B. Children are inappropriately placed in a shelter or remain in shelters too long waiting an appropriate long-term placement.
   C. Children are sometimes moved from stable placements to live with newly identified relatives who may be strangers or have little relationship to the child. Some children are placed with relatives who are unwilling or unable to meet the children's needs and keep the children safe.
   D. When sexual perpetrators are removed, services to address the sexual abuse should be ensured for the victim/survivor.

   Recommendations and Rationale
   A. There needs to be an emphasis on resource development of both treatment facilities and foster homes so children can be placed appropriately and to discourage disruptions of primary caregiver.
   B. It needs to be emphasized to case managers that the Adoption and Safe Families Act is clear that the child's best interests and safety are the overriding consideration with placements. Relatives need to be identified early in the case, so that appropriate relative placements can take place early in the case. Relatives who wish to care for the children should be required to follow the same guidelines and standards as any other foster parent. Not all relatives are appropriate placements.

III. Placement Concerns—Lack of Foster Parent Support
   A. Foster parents need access to more specialized educational programs.
   B. Local boards are concerned because foster parents are excluded from team meetings and planning for children, yet they should be involved.
   C. It is reported that some foster parents feel a lack of support from HHS. Some foster parents have reported that when they questioned whether a child's plan was in that child's best interests, some case managers have retaliated by either threatening to remove children from their homes or by removing children from their homes.
   D. HHS needs to give foster parents more information on the children, especially information needed to assure children's safety.

   Recommendations and Rationale
   A. The Memorandum of Understanding between HHS and the Board needs to be sent to all foster parents so they understand that they can provide the Board with information on the children in their care.

B. Foster parents should be actively included in team meetings and planning for children because of their understanding of the needs of the children in their care.

IV. Placement Concerns—Lack of Oversight

A. There is a general lack of accountability on contract service providers.

B. HHS needs to require monthly written progress reports from service providers.

Recommendations and Rationale

A. Case managers need to visit children in their foster placement every 30 days, per HHS policy.

V. Placement Concerns –Managed Care Concerns

A. Too many needed treatment services/placements are being denied by Options, Inc., the managed mental health care contractor.

VI. Placement Concerns—Reliance on Restraints

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

VII. Adoption and Guardianship Concerns

A. Case plans are not updated while children wait for adoptions to be finalized.

B. The system is slow in terminating parental rights.

C. Case managers need more training on completing adoptions.

D. If the child's plan is adoption, there is frequently less contact by case managers.

Recommendations and Rationale

A. Guardianships need to be completed in a timelier manner so children can feel a sense of stability.

B. Long-term foster care agreements need to be pursued for children when adoption or guardianships are inappropriate so that children can feel a sense of stability.

VIII. Length of Time in Care Concerns

A. Children wait too long for completion of permanency.

IX. Concerns for the Safety of Runaway/AWOL Youth

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

X. Case Management Concerns – Lack of Documentation

A. Home studies are not routinely in the case files. Home studies are often not current.

B. There is a lack of current case plans/court reports in the file.

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

XI. Case Management Concerns – Case Plans
A. Reunification remains the child's permanency plan, even when inappropriate.
B. There are inadequate timeframes on goals.
C. Families should be involved in the development of a case plan.
D. Case plans are often incomplete or outdated.

Recommendations and Rationale
A. Children/youth need to be involved in developing the case plan (if age appropriate) so they understand the direction of the plan.
B. Do not use terms interchangeably (as in case plan and permanency objective). It is important to be clear when stating expectations of everyone involved in a child's case.

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

XIII. Case Management Concerns – Other Concerns
A. Case manager turnover and the large case load size for some case managers are resulting in poor case management or the disruption of continuity for cases.
B. There are difficulties with Medicaid and Inter-State Placements.
C. Recommendations of the Board are not acted upon. There needs to be more teamwork between the Board and HHS.
D. The HHS N-FOCUS system is ineffective, frequently contains inaccurate information, and the cases of some children in care have not been entered on the system.
E. Case managers need to coordinate communication between schools and other service providers and to advocate for children's educational needs.

Recommendations and Rationale
A. The Boards would like to see a post foster care tracking system of children - how they are doing, their perceptions of the system, etc. so the system can assess outcomes.

B. Case managers need more training on bonding and attachment, since this is an issue affecting any child removed from the home.

XIV. Paternity Concerns

A. The system is slow in establishing paternity and parental rights, which should be identified early in the process.

Recommendations and Rationale

A. Paternity determinations need to be completed in a more timely manner so that children do not linger in care.

XV. Investigation Concerns

A. Investigators need to interview both the victim and the perpetrator.

B. Investigation should be completed in a timely manner.

XVI. Prosecution Concerns

A. Child support should be ordered at the initial stages, even if the amount is minimal.

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

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

XVII. Other Court and Legal Action Concerns

A. There is a lack of involvement by some Guardians ad litem.

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

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

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

XVIII. Detention Center Concerns

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

Progress Seen and Commendations

- There are more adoptions being completed and more often adoption is the plan for young children.
- More Fathers are seeking custody.
- Increased communication between FCRB and HHS.
- Local Boards are empowering.
- Increasing amount of children receiving wrap-around services (schools, after school).
- Loving, dedicated foster parents who care for the children, return questionnaires, and participate in Board meetings.

AREA:	Central Nebraska

I. Placement Concerns—Lack of Appropriate Placements, Services, Treatments

A. Children need more specialized placements.

B. There is a need for transitional care for youth aging out of the system.

C. There is a lack of services for foster homes. When foster homes become frustrated with a child's behaviors instead of being offered services to help deal with those behaviors, the child is often removed from the placement.

D. There is a lack of services for juvenile perpetrators.

II. Placement Concerns—Inappropriate Placements

A. Violent youth need to be separated from others to protect those around them. More information on the children's needs and behaviors should be shared with service providers and placements so that appropriate safety measures could be enacted. Violent youth are often placed inappropriately due to the lack of placements.

B. Some children reviewed have suffered harm by not having a home study done when first placed in a foster home. The home study later reveals pertinent information regarding the placement that causes placement disruptions where bonds have been made.

C. Shelter care is used as a long-term placement. Children are transferred from shelter to shelter because no long-term placements are available for them.

D. The sibling bond needs to be considered when making placement decisions.

III. Placement Concerns—Lack of Foster Parent Support

A. Foster parents should be given more information on what they can and cannot do, and what the Board can and cannot do.

IV. Placement Concerns—Lack of Oversight

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

V. Placement Concerns—Managed Care Concerns

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

VI. Case Management Concerns—OJS wards

A. Since the absorption of OJS with HHS, it appears the OJS case managers either have a lack of knowledge and/or training. There is a lack of case plans, communication of the permanency plans to the legal parties, and insufficient parental contact and involvement in the case.

B. There is a disconnect between rehabilitation vs. detention. CPS and OJS have insufficient communication and coordination of cases.

VII. Case Management Concerns—Lack of Documentation

A. Case files often do not contain needed documentation from service providers. (i.e., therapist, school, medical) There is insufficient documentation in the child's file from therapists, schools, medical examinations, and the court.

B. Files often lack background information. Information on paramours of the parent(s) is often lacking from the files.

C. Boards need more information on parents (i.e.: investigative, criminal) when plan is reunification.

D. HHS N-Focus (computer system) changes have caused delays in case management, and a lack of information on the child in HHS file.

VIII. Case Management Concerns—Other Concerns

A. Parties to the cases, especially therapists, caseworkers, and foster parents, need to improve their communication with one another.

B. There are far too many transfers between offices and between workers. Transfers between case managers and/or HHS offices delay cases.

C. Permanency is not pursued promptly after termination/relinquishment occurs.

D. Income maintenance and CPS (child protective services) workers need to communicate on child support, paternity.

E. Case managers should be encouraged to attend reviews.

F. There needs to be a plan of care.

G. Case managers are not maintaining contact with the children.

H. Case managers should make the child's physical placement, rather than assigning it to case aides or privatized transportation providers.

I. There is a need for family case management.

J. Supervisors are centralized.

K. Adoption case worker case loads are too high.

IX. Paternity Concerns

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

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

X. Prosecution Concerns

A. Terminations of parental rights need to be filed in a more timely manner.

B. County attorneys need to be more aggressive in pursuing criminal petitions against the parent(s).

C. Plea-bargaining remains problematic.

XI. Court and Legal Action Concerns

A. Delays in adjudications in some cases are a concern.

B. There is a lack of guardian ad litem contact with clients. Some guardians ad litem are not knowledgeable of their cases.

C. Because CASAs (Court appointed special advocates) can't present evidence or call witnesses at hearings (two methods used to safeguard children's safety), it is a problem when a CASA is appointed instead of, rather than in conjunction with, an attorney guardian ad litem. Guardians ad litem are one of two parties that can file to terminate parental rights (the other party is the county attorney).

D. Courts should continue to have hearings for children placed at the Youth Rehabilitation and Training Centers or on parole/probation so that there is continuing oversight of the case management.

E. The Indian Child Welfare Act (ICWA) causes legal delays.

F. Unnecessary placements could be avoided through the use of in-home probation services.

Recommendations and Rationale

A. There should be regional juvenile courts to provide the expertise needed for these complicated cases.

B. Language should be added to court orders to allow appropriate exchanges of information with schools, foster parents, day-care providers and others, as needed to keep children safe and assure needs are met.

XII. Other Concerns

A. The adoption process is too slow.

B. Safety issues need to be addressed more thoroughly by all parties.

Progress Seen/Commendations

- Service area administrators are meeting regularly with staff.
- More case managers are willing to work with the FCRB.
- Thanks to Judges for taking the time to meet with Review Boards, this helped to increase understanding.
- Thanks to Judge Maschman for the way children are treated and recognized in Court.
- Judges for holding HHS accountable
- More FCRB reports are being offered into the court record.
- Extra efforts are being made to make home studies available to Review Specialists.

AREA:	Northeast Nebraska

I. Placement Concerns—Lack of Appropriate Placements, Services, Treatments
   A. There is a lack of specialized treatment homes.

II. Placement Concerns—Inappropriate Placements
   A. Sexually-acting-out youth should be identified and placed appropriately so that other children in the home remain safe.
   B. Children are often placed in shelters without due consideration to the mixture of children already in the facility.

III. Placement Concerns—Lack of Oversight
   A. Homestudies should be updated.
   B. HHS needs to require accountability and record keeping of its subcontractors.

IV. Placement Concerns –Managed Care Concerns
   A. Managed care often denies treatment placements. Options' appeal process must be changed.
   B. There are inherent differences of philosophy between the goals of managed care providers and the child's well being. The child's well being should be prioritized.

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

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

Recommendation and Rationale

A. Case plans need to be tailored to the individual circumstances.

B. HHS needs to assess the reasons for staff turnover and then work to correct conditions leading to employees seeking employment elsewhere.

VII. Paternity Concerns

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

VIII. Investigation Concerns

A. All instances of reported child abuse/neglect should be investigated.

B. Law enforcement needs more training on interview techniques with children.

C. Children's cases should take priority whenever their safety is threatened.

XIII. Prosecution Concerns

A. County attorneys should be given support for filing termination cases.

B. Some children are charged as status offenders that are really victims of abuse/neglect.

XIV. Court and Legal Action Concerns

A. Guardians ad litem often do not take an active role. Guardians ad Litem need more contact with children.

B. Pretrial conferences and decisions are often made in the judge's chambers rather than in a full court proceeding.

C. Legal parties need additional training on the Adoption and Safe Families Act.

D. CASA (court appointed special advocates) programs need to be strengthened and there needs to be more consistency within and between programs.

E. Adjudications are sometimes delayed. There are too many continuances.

Recommendations and Rationale

A. Judges and other parties need to meet with Board members to understand each other's roles and needs.

B. Establish a task force to help rural counties with child abuse investigations, parental rights terminations, and other child protection matters. This task force could provide expertise in situations that may not be routinely encountered in regions with smaller population bases.

XV. Detention Center Concerns

A. Appropriate discipline, services, education, and safety concerns remain.

B. Detention centers still have a lack of schooling and services.

Recommendation and Rationale

A. There needs to be a plan of care drawn up for each child in detention facilities.

Progress Seen and Commendations

- Dakota County are getting CASA's.
- There are more relinquishments occurring.
- More terminations are occurring in a timely manner.
- Northeast caseworkers are doing a better job of returning phone calls, attending meetings and sending updates.
- Judges for their respect of the Foster Care Review Board.
- Some GAL's more active, and there is less turnover of guardians ad litem.

AREA:	Panhandle and Western Nebraska

I. Placement Concerns—Lack of Appropriate Placements, Services, Treatments
   A. There are not enough foster homes in the community.
   B. There is a lack of treatment and group homes in the Panhandle.
   C. There is a lack of services for 19 and 20 year olds.

II. Placement Concerns—Inappropriate Placements
   A. The lack of availability of placements results in some children being inappropriately placed.
   B. The lack of certain types of treatment and group homes means parents may have difficulty with visitation due to distances involved.

III. Placement Concerns—Lack of Foster Parent Support
   A. Foster parents need to be given information on the children prior to their placement.
   B. Foster parents need more support.

   Recommendations and Rationale
   A. HHS should give foster parents "starter kits" of clothes, hygiene products, and vouchers, when children are placed to help with the immediate needs of the child.

IV. Placement Concerns—Lack of Oversight
   A. There is a need for better procedures and more thorough investigations of foster homes in response to complaints about the home.
   B. The Board has concerns about over-medication of children in some placements.
   C. There are too many approved foster homes rather than licensed foster homes. Approved homes do not have the same training requirements as licensed homes.
   D. There is a lack of oversight of placements, especially therapeutic foster homes through contractors.
   E. Criminal checks are not completed prior to placement of children.
   F. Contract agencies should be required to provide thorough training to visitation specialists.

   Recommendations and Rationale
   A. Require therapeutic foster homes to be licensed through HHS, including a CPS (child protective services) and law enforcement check in order to ensure the children's safety in these placements.
   B. Require and encourage foster parents/placements to complete monthly progress reports and return them to the case manager so the case manager remains informed on the child's needs and to provide accountability of service providers.

V. Placement Concerns –Managed Care Concerns

A. The Options contract should be changed to require approval and provision of treatment to sexually acting out youth, and children with attachment disorders.

B. HHS should change the Options contract to provide a more achievable appeal process for Options denials. The current appeal process does not allow appealing parties adequate time to complete steps so the appeal will be considered.

VI. Adoption Concerns

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

VII. Length of Time in Care Concerns

A. Children need to move through the system faster.

VIII. Case Management Concerns—Lack of Documentation

A. Monthly reports from the children's placements are needed and should be in each child's file.

B. There is a lack of documentation provided by service providers, especially therapists. HHS should provide better documentation of foster children's medical, educational, therapy reports, and special needs in the HHS file.

C. Home studies are either not available in the HHS file or are not completed prior to placement of children.

D. **Need for Bilingual Services.**

Recommendations and Rationale

A. Assure that thorough home studies are available in each child's file, including therapeutic foster home studies so that the appropriateness of the placement to meet the child's individual needs can be more accurately assessed.

B. HHS should obtain regular reports of progress and descriptions of services, both for the information they contain and for the accountability of service providers.

IX. Case Management Concerns—Case Plans

A. Case plans and court reports would be improved by containing measurable goals.

B. Case plans need to be updated when a child is moved to a different placement.

C. Parents frequently do not understand the goals of the case plan. HHS should provide goals in the case plan that are measurable and attainable. Further, HHS should ensure that the case plan is written clearly, and then go over the goals and expectations with all parents.

D. OJS wards need case plans and better documentation in their files.

X. Case Management Concerns—Communication with Foster Parents

A. Foster parents are not always provided necessary information regarding the child.

B. HHS needs to share information with foster parents, such as sexual perpetration issues, and aggressive behaviors, that is necessary to assure that the child in question, other children in the home, and foster parents safety needs are addressed.

Recommendations and Rationale

A. HHS should assure that the foster parents are provided necessary information regarding the child, including who their guardian ad litem is and how to contact him/her.

B. HHS should provide services and additional training to foster parents to help with special needs children so they can better understand and cope with the needs of children in their care.

XI. Case Management Concerns—Other Concerns

A. Children need to move through the system faster.

B. There is a gap in services for youth between ages 19 and 21 who were formerly state wards.

C. Case managers have too large a caseload. There is too much case manager turnover.

D. HHS may be involved with a family for a number of years before the children are removed from the home. Protocols need to be developed to assure children's safety.

E. Communication should improve between HHS and local schools.

Recommendations and Rationale

A. HHS should provide more supervision, worker accountability to case managers so children receive the protection and services needed.

B. HHS should allow and encourage workers to attend Foster Care Review Board case reviews. This benefits the Board by having additional information available for review and benefits HHS by allowing the case manager to meet with all the parties to the case.

XII. Paternity Concerns

A. Paternity needs to be identified early in cases.

XIII. Investigation Concerns

A. All Child Protective Service workers, police, sheriff personnel, and State Patrol personnel who receive initial calls, screen calls, and investigate child abuse/neglect and child sexual abuse cases need to be thoroughly trained on how to identify, investigate, and prosecute child abuse cases.

B. Investigative staff should be provided thorough training regarding appropriate questioning of children.

C. Agencies need to do a better job of cross reporting. Law enforcement should provide HHS with all investigative reports for inclusion in children's files so that this information can be reviewed by the Board. HHS staff should be directed not to remove investigative information from case files prior to the Board's review.

Recommendations and Rationale

A. Create a national child abuse registry to track abuse when families travel across state lines so that the history of abuse/neglect allegations is known to investigators regardless of the number of moves a family makes.

XIV. Prosecution Concerns

A. Filings for termination of parental rights often do not happen in a timely manner.

B. Original petitions do not always address all issues that lead to the removal of the child.

C. Supplemental or amended petitions are not always filed to include allegations of abuse/neglect revealed after the child has been placed in out of home care.

D. Child support is not always ordered.

Recommendations and Rationale

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

B. Take a pro-active role in assessing and filing for termination of parental rights when appropriate. File for termination of parental rights in a timely manner when it is apparent that progress is not being made by parents to safely parent their children.

XV. Court and Legal Action Concerns

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

B. Guardians ad Litem do not consistently document face-to-face contact with the child. Guardians ad litem should see the child prior to adjudication and at least every six months while the child is in out-of-home care. Guardians ad litem should take an active role in juvenile courts.

C. Guardians ad Litem do not always verify information about the services provided to children and youth and the safety of the current placement.

D. Guardians ad Litem should prepare and submit reports to the courts more frequently.

E. Courts need to appoint Guardians ad Litem in all cases, including cases involving status offenders.

F. Parents frequently report that they don't understand what is expected of them. All parties should make sure parents understand what is in the case plan; that parents are expected to comply with the plan; and what the

consequences of parental failure to comply will be, including possible termination of parental rights, contempt of court, etc.

G. Courts need to be more diligent in holding all parties accountable to the case plan.

H. The Board is concerned that termination proceedings on a child with Native American heritage become very difficult, and allow the children to remain in care for an unnecessary length of time due to the higher standards of proof necessary for terminating parental rights for Native American children under the Indian Child Welfare Act.

Recommendations and Rationale

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

B. Appoint more CASA (court appointed special advocate) volunteers to children so children have a number of parties looking out for their best interests. Provide CASAs with clear training and definition of roles.

XVI. Detention Center Concerns

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

XVII. Other Concerns

A. The death review team needs to be strengthened. There should be immediate release of records and the power to conduct autopsies.

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

Progress Seen and Commendations

- Dedication of foster parents-in going through licensing and classes.
- Sidney, Lexington and Scottsbluff GAL's really advocate by visiting children and going to meetings.
- Lexington & Broken Bow are cooperating with more home studies and medical information.
- There is more leadership and cooperation from HHS on both a statewide and regional level.
- North Platte, Ogallala, and Sidney HHS offices have gone above and beyond providing information.

FOSTER CARE REVIEW BOARD

TRACKING SYSTEM DATA

TABLE 19
REPORT FROM THE TRACKING SYSTEM REGISTRY- 2000

Number of Children reported to the State Foster Care Review Board from 1983 through 2000	59,719

Number of Children in out-of-home care on December 31, 1999	5,557
Number of Children entered care during 2000	5,281
Number of Children whose case was active anytime during 2000	10,838
Number of Children reported to have left care during 2000	4,333
Number of Children reported in 2000 to have left care in 1999	219
Number of Children in out-of-home care on December 31, 2000	6,286[4]

Number of Children reviewed by the Foster Care Review Board during 2000	3,648
Number of Reviews conducted by the Foster Care Review Board during 2000[1]	5,122

Agency with custody of children in out-of-home care Dec. 31, 2000:

Health and Human Services [2]	5,612
Correction, Detention, Probation, Parole or Courts[3]	323
Private Agencies (including pre-adoptive)	351
Total	6,286[4]

Data for this table and all other tables throughout this report are from the Foster Care Review Board's computerized tracking system.

[1]Children's cases are reviewed by the FCRB when the child has been in out-of-home care for six months and every six months thereafter until the child returns home, is adopted, or otherwise leaves care. Therefore, some children are reviewed more than once in a given calendar year.

[2]This figure includes children under Child Protective Services, the Office of Juvenile Services (including Geneva and Kearney Youth Rehabilitation and Treatment Centers and Juvenile Parole), and the Lincoln Regional Center.

[3]This figure does not include youth at either the Geneva or Kearney Rehabilitation and Treatment Centers, or Juvenile Parole.

[4]Editor's note: The number of children in out-of-home care on Dec. 31, 2001 is overstated due to problems with HHS not reporting when many children returned home or otherwise achieved permanency. Verification efforts taken during 2001 indicate that approximately 5,800 children were actually in out-of-home care at that time.

TABLE 20
GENDER OF CHILDREN
IN OUT-OF-HOME CARE ON DECEMBER 31, 2000

	No. of Children	Percentage
Males	3,448	54.9%
Females	2,771	44.1%
Not Reported	67	1.0%
Total	6,286[1]	100.0%

TABLE 21
RACE OF CHILDREN
IN OUT-OF-HOME CARE ON DECEMBER 31, 2000

	No. of Children	Percentage
White	3,727	59.3%
Black	1,090	17.3%
Hispanic	427	6.8%
Native American	478	7.6%
Asian	81	1.3%
Other or Not Reported	483*	7.7%
Total	6,286[1]	100.0%**

*The number of unknown race is overstated due to the number of reports received from the Department of Health and Human Services that did not indicate the children's race.

** Percentages are rounded to the nearest tenth, therefore some percent columns will not total 100.0% due to rounding.

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

TABLE 22
AGENCIES RESPONSIBLE FOR CHILDREN IN OUT-OF-HOME CARE ON DECEMBER 31, 2000

	No. of Children	Percentage
Dept. of Health and Human Services (HHS) – includes: • Child Welfare; • OJS—Geneva Youth Rehabilitation & Training Center, the Kearney Youth Rehabilitation & Training Center, and Juvenile Parole; and, • Lincoln Regional Center contract placements		
Total Dept. of Health and Human Services	5,612	89.3%
Courts, Probation, or local correctional facilities	323	5.1%
Private Adoption Agencies (children waiting adoption completion)	170	2.7%
Private Agencies other than adoption agencies	181	2.9%
Total	6,286[1]	100.0%

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

TABLE 23
CHILDREN IN OUT-OF-HOME CARE ON DECEMBER 31, 2000
BY AGE

Children's Age	Number of Children		Percent	
under 1 year	232		3.7%	
1 year	258		4.1%	
2 years	284		4.5%	
3 years	225		3.6%	
4 years	188		3.0%	
5 years	179		2.8%	
Subtotal ages 0-5		1,366		21.7%
6 years	194		3.1%	
7 years	214		3.4%	
8 years	211		3.4%	
9 years	215		3.4%	
10 years	220		3.5%	
11 years	223		3.5%	
12 years	284		4.5%	
Subtotal ages 6-12		1,561		24.8%
13 years	326		5.2%	
14 years	500		8.0%	
15 years	606		9.6%	
Subtotal ages 13-15		1,432		22.8%
16 years	769		12.2%	
17 years	713		11.4%	
18 years	379		6.0%	
Subtotal ages 16-18		1,861		29.6%
Age not reported	66	66	1.1%	1.1%
Total	6,286[1]	6,286[1]	100.0%	100.0%

Explanation of Table 23—This table shows the number of active children on Dec. 31, 2000, by age. The majority of children in the 0-1 age category are infants in adoptive homes awaiting finalization. Generally children up to approximately age 11 enter care due to their parent's inability to parent, abusive situations, neglect, or medical problems. After age 12, youth usually enter care because of the youth's actions in addition to the previously stated reasons. The actions of youth during the teenage years account for the increase in the number of youth entering care from age 13 to age 18.

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

NOTES:

TABLE 24
Listing of Children by COUNTY OR STATE OF PLACEMENT - 2000

This table reads across two pages and shows the number of children placed in each county, or each state if other than Nebraska. See table 27 for children by county of court commitment.

County	Total	Gender			Age					Race						
		Male	Female	Unr	0–5	6–12	13–15	16+	Unr	Black	White	Hisp.	Indian	Asian	Other	Unr
Adams	128	81	47	0	32	33	23	40	0	5	94	19	2	1	0	7
Antelope	7	5	2	0	3	1	3	0	0	0	6	0	1	0	0	0
Arthur	1	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0
Banner	2	2	0	0	0	2	0	0	0	0	1	1	0	0	0	0
Blaine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Boone	3	2	1	0	1	1	0	1	0	0	2	0	1	0	0	0
Box Butte	56	40	16	0	8	11	20	17	0	0	34	6	14	0	1	1
Boyd	11	3	8	0	2	1	4	4	0	0	11	0	0	0	0	0
Brown	1	1	0	0	0	0	0	1	0	0	1	0	0	0	0	0
Buffalo	375	315	58	2	25	43	120	187	0	29	253	46	28	3	2	14
Burt	17	9	8	0	2	5	6	4	0	0	14	0	2	1	0	0
Butler	12	7	5	0	7	2	0	3	0	0	9	0	0	3	0	0
Cass	64	46	18	0	21	17	14	12	0	1	60	2	1	0	0	0
Cedar	2	2	0	0	0	2	0	0	0	0	2	0	0	0	0	0
Chase	8	5	3	0	3	1	2	2	0	0	7	1	0	0	0	0
Cherry	1	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0
Cheyenne	32	15	17	0	8	13	5	6	0	1	20	8	2	0	0	1
Clay	6	3	3	0	6	0	0	0	0	1	1	0	0	4	0	0
Colfax	15	8	7	0	8	0	3	4	0	0	4	5	2	1	0	3
Cuming	10	3	7	0	6	2	1	1	0	0	8	1	0	0	0	1
Custer	21	10	11	0	2	11	4	4	0	1	19	0	1	0	0	0
Dakota	85	54	31	0	17	20	18	30	0	2	49	5	24	3	0	2
Dawes	25	13	12	0	4	0	0	21	0	0	17	3	5	0	0	0
Dawson	50	29	21	0	9	17	15	9	0	3	33	4	4	0	0	6
Deuel	3	2	1	0	1	0	1	1	0	0	1	2	0	0	0	0
Dixon	11	6	5	0	4	3	1	3	0	0	7	3	1	0	0	0
Dodge	130	57	73	0	29	20	37	43	1	6	104	2	1	3	0	14

Gender - male, female, unreported gender

Age group - ages 0-5 (preschool), 6-12 (grade school), 13-15 (junior high), 16+ (high school), or unreported age

Race - Black, White, Hispanic, Indian, Asian, other, unreported race

TABLE 24
Listing of Children by COUNTY OR STATE OF PLACEMENT (continued)

This table reads across two pages and shows the number of children placed in each county, or each state if other than Nebraska.

County	Total	Adjudication Status								No. of Placements				Closeness to Home				
		Misd	Fel	Ab/Neg	Men	Stat	Vol	2+	Unr	1-3	4-6	7-9	10+	Same	Neigh	Non	Par	Unr
Adams	128	7	1	54	0	4	2	17	43	64	24	18	22	63	23	35	0	7
Antelope	7	0	0	7	0	0	0	0	0	4	1	0	2	4	1	2	0	0
Arthur	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	0
Banner	2	0	0	1	0	0	0	0	1	1	0	1	0	0	2	0	0	0
Blaine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Boone	3	0	0	2	0	0	0	0	1	3	0	0	0	2	0	0	0	1
Box Butte	56	7	3	10	0	3	2	3	28	32	8	9	7	7	26	17	0	6
Boyd	11	1	0	4	0	2	2	2	0	4	1	2	4	1	2	7	0	1
Brown	1	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0	0
Buffalo	375	48	21	74	0	28	3	86	115	111	77	68	119	61	63	220	11	20
Burt	17	0	0	7	0	0	1	3	6	11	4	1	1	9	0	6	0	2
Butler	12	0	0	3	0	1	2	1	5	10	1	0	1	7	2	0	0	3
Cass	64	2	1	20	0	3	0	3	35	44	8	5	7	29	15	12	0	8
Cedar	2	0	0	2	0	0	0	0	0	2	0	0	0	2	0	0	0	0
Chase	8	0	0	1	0	1	0	1	5	5	2	0	1	1	1	6	0	0
Cherry	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	0
Cheyenne	32	1	0	18	0	2	1	5	5	21	7	1	3	14	7	8	0	3
Clay	6	0	0	5	0	0	0	0	1	2	4	0	0	2	4	0	0	0
Colfax	15	1	0	7	0	1	1	1	4	11	2	2	0	11	3	0	0	1
Cuming	10	0	0	7	0	0	2	1	0	7	3	0	0	2	5	1	0	2
Custer	21	0	1	16	0	1	0	2	1	8	9	2	2	11	3	5	2	0
Dakota	85	4	0	26	0	1	0	14	40	36	20	9	20	25	22	32	1	5
Dawes	25	0	0	6	0	6	0	4	9	7	8	2	8	3	1	21	0	0
Dawson	50	2	0	20	0	2	3	6	17	31	9	1	9	27	6	7	1	9
Deuel	3	0	0	2	0	0	0	1	0	2	1	0	0	0	1	0	0	2
Dixon	11	0	0	4	0	0	0	0	7	9	1	1	0	3	6	1	1	0
Dodge	130	3	3	41	0	5	12	6	60	93	21	9	7	47	30	35	3	15

Adjudication status - misdemeanor, felony, abuse and/or neglect, mental health hold, status offender, filed under two or more categories, unreported or pre-adjudication.

Number of placements - 1-3, 4-6, 7-9, 10 or more. Note: the number of children experiencing multiple placements is understated due to a lack of reports by HHS on children's placement changes.

Closeness to Home - reflects the proximity of the child to the parent according to the child's placement. Categories include placed in same county as parent, placed in neighboring county to the parent, placed in non-neighboring county to parent, parents live out of state, unreported proximity (either parent address or child's address unreported).

TABLE 24
Listing of Children by COUNTY OR STATE OF PLACEMENT (continued)

This table reads across two pages and shows the number of children placed in each county, or each state if other than Nebraska.

County	Total	Gender			Age					Race						
		Male	Female	Unr	0–5	6–12	13–15	16+	Unr	Black	White	Hisp.	Indian	Asian	Other	Unr
Douglas	2256	1182	1026	48	536	587	496	600	37	755	1007	95	121	29	9	240
Dundy	1	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0
Fillmore	128	18	110	0	1	4	36	87	0	17	81	14	12	0	1	3
Franklin	4	2	2	0	0	3	0	1	0	0	4	0	0	0	0	0
Frontier	13	9	4	0	4	3	3	2	1	0	12	0	0	0	0	1
Furnas	27	17	10	0	7	11	4	5	0	0	19	2	6	0	0	0
Gage	41	24	17	0	7	15	8	11	0	5	28	1	5	0	0	2
Garden	6	2	4	0	1	3	1	1	0	0	4	2	0	0	0	0
Garfield	4	0	4	0	1	2	1	0	0	0	2	0	0	0	2	0
Gosper	3	3	0	0	2	0	0	1	0	0	2	0	0	0	0	1
Grant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Greeley	2	1	1	0	0	2	0	0	0	0	2	0	0	0	0	0
Hall	228	121	107	0	80	60	35	53	0	12	162	38	4	2	0	10
Hamilton	23	5	18	0	5	8	5	5	0	0	18	3	1	0	0	1
Harlan	5	5	0	0	0	3	0	2	0	0	5	0	0	0	0	0
Hayes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hitchcock	12	8	4	0	3	4	4	1	0	0	9	0	3	0	0	0
Holt	10	4	6	0	3	2	2	3	0	0	10	0	0	0	0	0
Hooker	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard	10	5	5	0	4	5	1	0	0	0	6	2	1	1	0	0
Jefferson	11	5	6	0	4	2	3	2	0	0	9	0	1	0	0	1
Johnson	4	3	1	0	3	0	1	0	0	0	4	0	0	0	0	0
Kearney	8	3	5	0	3	3	0	2	0	0	7	0	0	0	1	0
Keith	24	15	9	0	0	13	7	4	0	0	19	4	1	0	0	0
Keya Paha	1	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0
Kimball	10	4	6	0	5	3	1	1	0	0	8	0	1	0	0	1
Knox	16	8	8	0	11	1	1	3	0	0	7	2	7	0	0	0

Gender - male, female, unreported gender
Age group - ages 0-5 (preschool), 6-12 (grade school), 13-15 (junior high), 16+ (high school), or unreported age
Race - Black, White, Hispanic, Indian, Asian, other, unreported race

TABLE 24
Listing of Children by COUNTY OR STATE OF PLACEMENT (continued)

This table reads across two pages and shows the number of children placed in each county, or each state if other than Nebraska.

		Adjudication Status								No. of Placements				Closeness to Home				
County	Total	Misd	Fel	Ab/Neg	Men	Stat	Vol	2+	Unr	1-3	4-6	7-9	10+	Same	Neigh	Non	Par	Unr
Douglas	2256	47	40	1170	1	89	56	278	575	1223	465	237	331	1580	173	167	59	277
Dundy	1	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0
Fillmore	128	19	8	6	0	12	0	49	34	31	21	18	58	5	4	112	2	5
Franklin	4	0	1	2	0	0	0	0	1	1	1	0	2	0	1	2	0	1
Frontier	13	2	0	4	0	0	0	0	7	10	3	0	0	1	6	0	0	6
Furnas	27	1	0	17	0	4	0	1	4	10	8	7	2	1	9	15	0	2
Gage	41	1	0	16	0	3	3	6	12	21	4	6	10	6	18	12	0	5
Garden	6	0	0	4	0	0	0	0	2	5	1	0	0	3	3	0	0	0
Garfield	4	0	0	1	0	0	2	0	1	4	0	0	0	0	0	2	0	2
Gosper	3	0	0	1	0	0	0	1	1	2	1	0	0	0	3	0	0	0
Grant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Greeley	2	0	0	0	0	0	0	0	2	2	0	0	0	2	0	0	0	0
Hall	228	4	1	95	2	2	4	15	105	136	51	18	23	144	34	39	0	11
Hamilton	23	0	0	11	1	1	0	2	8	8	7	4	4	5	11	5	0	2
Harlan	5	0	0	2	0	0	0	1	2	4	0	0	1	2	1	2	0	0
Hayes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hitchcock	12	2	0	6	0	0	0	0	4	4	2	3	3	1	1	7	2	1
Holt	10	0	0	5	0	2	1	2	0	5	2	0	3	4	0	5	0	1
Hooker	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard	10	0	0	4	0	0	0	1	5	7	2	0	1	4	4	1	0	1
Jefferson	11	0	0	9	0	1	0	1	0	4	5	2	0	4	6	1	0	0
Johnson	4	0	0	2	0	0	0	0	2	4	0	0	0	1	0	3	0	0
Kearney	8	0	0	5	0	0	1	2	0	3	3	0	2	1	5	0	0	2
Keith	24	0	0	9	0	1	0	3	11	12	4	4	4	7	7	9	1	0
Keya Paha	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0	0
Kimball	10	0	0	7	0	1	0	0	2	6	2	2	0	4	0	3	3	0
Knox	16	0	0	11	0	0	1	0	4	9	5	2	0	7	1	5	1	2

Adjudication status - misdemeanor, felony, abuse and/or neglect, mental health hold, status offender, filed under two or more categories, unreported or pre-adjudication.

Number of placements - 1-3, 4-6, 7-9, 10 or more. Note: the number of children experiencing multiple placements is understated due to a lack of reports by HHS on children's placement changes.

Closeness to Home - reflects the proximity of the child to the parent according to the child's placement. Categories include placed in same county as parent, placed in neighboring county to the parent, placed in non-neighboring county to parent, parents live out of state, unreported proximity (either parent address or child's address unreported).

TABLE 24
Listing of Children by COUNTY OR STATE OF PLACEMENT (continued)

This table reads across two pages and shows the number of children placed in each county, or each state if other than Nebraska.

		Gender			Age					Race						
County	Total	Male	Female	Unr	0–5	6–12	13–15	16+	Unr	Black	White	Hisp.	Indian	Asian	Other	Unr
Lancaster	768	403	362	3	182	207	159	215	5	120	490	36	63	13	3	43
Lincoln	168	91	76	1	28	45	49	46	0	1	138	15	8	2	0	4
Logan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Loup	6	2	4	0	1	4	0	1	0	0	3	3	0	0	0	0
Madison	172	104	65	3	20	34	43	74	1	7	128	8	14	2	0	13
McPherson	3	0	3	0	1	2	0	0	0	0	3	0	0	0	0	0
Merrick	10	7	3	0	5	2	1	2	0	1	6	3	0	0	0	0
Morrill	15	7	8	0	4	5	5	1	0	1	8	5	1	0	0	0
Nance	2	1	1	0	0	0	0	2	0	0	2	0	0	0	0	0
Nemaha	1	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0
Nuckolls	14	5	9	0	3	2	3	6	0	0	13	1	0	0	0	0
Otoe	31	21	10	0	8	9	10	4	0	0	30	0	0	1	0	0
Pawnee	5	1	4	0	1	0	1	3	0	0	3	2	0	0	0	0
Perkins	10	6	4	0	3	1	4	2	0	0	9	1	0	0	0	0
Phelps	12	5	7	0	1	6	2	3	0	0	9	2	0	0	0	1
Pierce	3	1	2	0	1	2	0	0	0	0	3	0	0	0	0	0
Platte	46	26	20	0	11	11	10	14	0	1	35	5	0	4	1	0
Polk	4	3	1	0	4	0	0	0	0	0	4	0	0	0	0	0
Red Willow	14	5	9	0	2	4	5	3	0	0	11	3	0	0	0	0
Richardson	11	5	6	0	5	3	0	3	0	0	9	1	0	0	0	1
Rock	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Saline	14	5	9	0	2	6	3	3	0	0	11	1	0	0	2	0
Sarpy	285	150	134	1	71	84	61	65	4	53	191	12	10	3	3	13
Saunders	46	19	26	1	12	22	6	6	0	0	39	1	4	1	0	1
Scottsbluff	157	80	73	4	27	36	31	61	2	1	73	26	21	0	4	32
Seward	26	12	14	0	6	6	8	6	0	2	22	1	1	0	0	0
Sheridan	1	1	0	0	1	0	0	0	0	0	1	0	0	0	0	0
Sherman	4	2	2	0	2	2	0	0	0	0	3	0	0	1	0	0
Sioux	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Stanton	4	2	2	0	0	2	2	0	0	0	4	0	0	0	0	0

Gender - male, female, unreported gender
Age group - ages 0-5 (preschool), 6-12 (grade school), 13-15 (junior high), 16+ (high school), or unreported age
Race - Black, White, Hispanic, Indian, Asian, other, unreported race

TABLE 24
Listing of Children by COUNTY OR STATE OF PLACEMENT (continued)

This table reads across two pages and shows the number of children placed in each county, or each state if other than Nebraska.

		Adjudication Status								No. of Placements				Closeness to Home				
County	Total	Misd	Fel	Ab/Neg	Men	Stat	Vol	2+	Unr	1-3	4-6	7-9	10+	Same	Neigh	Non	Par	Unr
Lancaster	768	33	8	352	0	26	33	74	242	414	140	86	128	541	47	113	0	67
Lincoln	168	8	0	46	0	20	0	24	70	89	40	22	17	113	15	20	9	11
Logan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Loup	6	0	0	5	0	0	0	1	0	1	2	3	0	0	3	3	0	0
Madison	172	15	2	33	0	16	2	29	75	78	37	24	33	63	21	66	7	15
McPherson	3	0	0	2	0	0	1	0	0	1	2	0	0	0	2	0	0	1
Merrick	10	0	0	5	0	1	0	2	2	9	0	1	0	2	7	1	0	0
Morrill	15	0	0	12	0	0	0	0	3	9	4	1	1	12	3	0	0	0
Nance	2	0	0	1	0	1	0	0	0	2	0	0	0	0	0	2	0	0
Nemaha	1	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0
Nuckolls	14	0	0	5	0	0	0	1	8	12	1	1	0	4	8	1	0	1
Otoe	31	1	0	3	0	0	1	1	25	25	5	0	1	17	4	7	0	3
Pawnee	5	0	0	4	0	0	0	0	1	3	1	1	0	2	1	1	1	0
Perkins	10	0	1	2	0	0	0	2	5	7	1	2	0	0	7	3	0	0
Phelps	12	0	0	9	0	1	1	0	1	4	6	2	0	3	5	2	1	1
Pierce	3	0	0	0	0	0	0	0	3	2	1	0	0	2	1	0	0	0
Platte	46	1	0	19	0	4	5	3	14	29	7	1	9	14	9	17	0	6
Polk	4	0	0	0	0	0	0	0	4	4	0	0	0	0	4	0	0	0
Red Willow	14	0	0	5	0	1	0	0	8	9	5	0	0	5	1	6	0	2
Richardson	11	0	0	10	0	0	0	1	0	5	5	0	1	9	1	0	1	0
Rock	1	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Saline	14	1	0	5	0	0	0	2	6	7	2	1	4	4	5	5	0	0
Sarpy	285	0	1	140	1	10	10	38	85	161	64	25	35	82	157	15	5	26
Saunders	46	0	0	32	0	0	1	5	8	24	9	8	5	8	18	16	1	3
Scottsbluff	157	9	2	64	0	4	2	18	58	81	30	16	30	96	13	23	6	19
Seward	26	3	0	8	0	0	1	3	11	15	3	2	6	3	14	6	0	3
Sheridan	1	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0
Sherman	4	0	0	3	0	0	0	0	1	1	3	0	0	1	0	2	0	1
Sioux	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Stanton	4	0	0	4	0	0	0	0	0	0	1	1	2	0	2	2	0	0

Adjudication status - misdemeanor, felony, abuse and/or neglect, mental health hold, status offender, filed under two or more categories, unreported or pre-adjudication.

Number of placements - 1-3, 4-6, 7-9, 10 or more. Note: the number of children experiencing multiple placements is understated due to a lack of reports by HHS on children's placement changes.

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TABLE 24
Listing of Children by COUNTY OR STATE OF PLACEMENT (continued)

This table reads across two pages and shows the number of children placed in each county, or each state if other than Nebraska.

		Gender			Age					Race						
County	Total	Male	Female	Unr	0–5	6–12	13–15	16+	Unr	Black	White	Hisp.	Indian	Asian	Other	Unr
Thayer	6	2	4	0	5	1	0	0	0	0	6	0	0	0	0	0
Thomas	2	0	2	0	0	1	1	0	0	0	2	0	0	0	0	0
Thurston	86	46	40	0	20	27	19	20	0	0	4	0	82	0	0	0
Valley	6	2	4	0	3	2	0	1	0	0	5	1	0	0	0	0
Washington	10	2	8	0	5	2	0	3	0	2	7	0	0	0	0	1
Wayne	16	9	7	0	3	5	3	5	0	1	12	0	0	0	0	3
Webster	10	1	9	0	1	2	4	3	0	0	9	1	0	0	0	0
Wheeler	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
York	94	62	31	1	10	32	28	22	2	5	73	6	1	1	0	8
Unreported county	46	31	13	2	5	3	11	18	9	6	23	2	1	1	0	13
Alaska	6	4	2	0	2	1	1	2	0	1	5	0	0	0	0	0
Arizona	5	5	0	0	0	2	2	1	0	2	3	0	0	0	0	0
Arkansas	2	2	0	0	0	1	1	0	0	1	1	0	0	0	0	0
California	2	1	1	0	1	0	1	0	0	0	2	0	0	0	0	0
Colorado	17	7	10	0	3	6	2	6	0	3	11	1	0	0	0	2
Delaware	1	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0
D. C.	2	2	0	0	0	2	0	0	0	2	0	0	0	0	0	0
Florida	3	2	1	0	0	1	0	2	0	1	2	0	0	0	0	0
Georgia	2	1	1	0	1	1	0	0	0	1	1	0	0	0	0	0
Idaho	2	1	1	0	1	1	0	0	0	1	1	0	0	0	0	0
Illinois	6	4	2	0	1	0	1	4	0	1	2	1	2	0	0	0
Indiana	2	2	0	0	0	0	1	1	0	2	0	0	0	0	0	0
Iowa	74	50	24	0	4	10	27	31	2	18	41	3	6	1	0	5
Kansas	5	2	3	0	4	1	0	0	0	0	5	0	0	0	0	0
Maryland	1	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0
Michigan	2	1	1	0	1	1	0	0	0	0	2	0	0	0	0	0
Minnesota	21	16	5	0	4	5	5	7	0	6	12	0	3	0	0	0

Gender - male, female, unreported gender
Age group - ages 0-5 (preschool), 6-12 (grade school), 13-15 (junior high), 16+ (high school), or unreported age
Race - Black, White, Hispanic, Indian, Asian, other, unreported race

TABLE 24
Listing of Children by COUNTY OR STATE OF PLACEMENT (continued)

This table reads across two pages and shows the number of children placed in each county, or each state if other than Nebraska.

County	Total	Adjudication Status								No. of Placements				Closeness to Home				
		Misd	Fel	Ab/Neg	Men	Stat	Vol	2+	Unr	1-3	4-6	7-9	10+	Same	Neigh	Non	Par	Unr
Thayer	6	0	0	0	0	0	0	0	6	6	0	0	0	4	1	1	0	0
Thomas	2	0	0	2	0	0	0	0	0	2	0	0	0	0	2	0	0	0
Thurston	86	2	1	19	0	0	0	0	64	58	22	4	2	63	6	11	2	4
Valley	6	0	0	5	0	0	1	0	0	4	1	0	1	1	4	0	0	1
Washington	10	1	0	5	0	0	1	1	2	4	4	1	1	3	3	1	0	3
Wayne	16	4	0	11	0	1	0	0	0	8	3	3	2	1	1	14	0	0
Webster	10	0	0	5	0	0	0	1	4	6	3	1	0	1	7	2	0	0
Wheeler	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
York	94	4	1	41	0	6	1	9	32	52	15	11	16	21	12	51	1	9
Unreported County	46	6	1	7	0	2	5	10	15	25	11	1	9	2	0	0	0	44
Alaska	6	0	0	4	0	1	0	1	0	1	3	1	1	0	0	0	6	0
Arizona	5	0	0	2	0	1	0	1	1	3	0	1	1	0	0	0	5	0
Arkansas	2	0	0	1	0	0	0	0	1	0	0	0	2	0	0	0	2	0
California	2	0	0	2	0	0	0	0	0	0	1	1	0	0	0	0	0	2
Colorado	17	0	0	9	0	1	2	0	5	7	4	0	6	0	0	0	17	0
Delaware	1	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1	0
D. C.	2	0	0	2	0	0	0	0	0	0	1	1	0	0	0	0	0	2
Florida	3	0	0	2	0	0	0	1	0	1	1	0	1	0	0	0	3	0
Georgia	2	0	0	2	0	0	0	0	0	2	0	0	0	0	0	0	2	0
Idaho	2	0	0	2	0	0	0	0	0	1	0	0	1	0	0	0	2	0
Illinois	6	0	0	4	0	0	0	1	1	1	3	1	1	0	0	0	6	0
Indiana	2	0	0	2	0	0	0	0	0	0	2	0	0	0	0	0	2	0
Iowa	74	3	7	21	0	4	0	21	18	15	26	11	22	0	0	0	73	1
Kansas	5	0	0	2	0	0	0	3	0	4	0	1	0	0	0	0	5	0
Maryland	1	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0
Michigan	2	0	0	2	0	0	0	0	0	0	1	0	1	0	0	0	2	0
Minnesota	21	1	0	9	0	1	0	5	5	6	6	4	5	4	0	0	17	0

Adjudication status - misdemeanor, felony, abuse and/or neglect, mental health hold, status offender, filed under two or more categories, unreported or pre-adjudication.

Number of placements - 1-3, 4-6, 7-9, 10 or more. Note: the number of children experiencing multiple placements is understated due to a lack of reports by HHS on children's placement changes.

Closeness to Home - reflects the proximity of the child to the parent according to the child's placement. Categories include placed in same county as parent, placed in neighboring county to the parent, placed in non-neighboring county to parent, parents live out of state, unreported proximity (either parent address or child's address unreported).

TABLE 24
Listing of Children by COUNTY OR STATE OF PLACEMENT (continued)

This table reads across two pages and shows the number of children placed in each county, or each state if other than Nebraska.

		Gender			Age					Race						
County	Total	Male	Female	Unr	0–5	6–12	13–15	16+	Unr	Black	White	Hisp.	Indian	Asian	Other	Unr
Mississippi	4	2	2	0	1	3	0	0	0	0	0	4	0	0	0	0
Missouri	33	23	10	0	1	4	16	12	0	8	21	2	1	0	0	1
Montana	5	2	3	0	2	2	1	0	0	0	2	1	1	0	1	0
New Jersey	2	0	2	0	0	0	1	1	0	0	2	0	0	0	0	0
New York	1	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0
N. Dakota	1	0	1	0	0	1	0	0	0	0	0	0	1	0	0	0
Oklahoma	4	2	1	1	1	0	0	2	1	0	1	0	2	0	0	1
Oregon	1	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0
Pennsylvania	2	2	0	0	0	0	0	2	0	0	2	0	0	0	0	0
S. Dakota	2	1	1	0	1	0	0	1	0	0	1	0	1	0	0	0
Tennessee	4	4	0	0	0	0	2	2	0	1	2	0	1	0	0	0
Texas	6	3	3	0	0	4	1	1	0	1	1	4	0	0	0	0
Utah	3	3	0	0	1	0	1	1	0	0	3	0	0	0	0	0
Virginia	11	8	3	0	0	1	5	5	0	0	10	0	0	0	1	0
Washington	1	1	0	0	1	0	0	0	0	0	1	0	0	0	0	0
Wisconsin	5	5	0	0	0	0	2	3	0	2	2	1	0	0	0	0
Wyoming	16	7	9	0	2	4	2	8	0	0	12	2	2	0	0	0

Gender - male, female, unreported gender

Age group - ages 0-5 (preschool), 6-12 (grade school), 13-15 (junior high), 16+ (high school), or unreported age

Race - Black, White, Hispanic, Indian, Asian, other, unreported race

TABLE 24
Listing of Children by COUNTY OR STATE OF PLACEMENT (continued)

This table reads across two pages and shows the number of children placed in each county, or each state if other than Nebraska.

State	Total	Adjudication Status: Misd	Fel	Ab/Neg	Men	Stat	Vol	2+	Unr	No. of Placements: 1-3	4-6	7-9	10+	Closeness to Home: Same	Neigh	Non	Child	Par	Unr
Mississippi	4	0	0	4	0	0	0	0	0	2	2	0	0	0	0	0	4	0	0
Missouri	33	2	1	10	0	3	1	12	4	4	9	2	18	0	0	0	32	0	1
Montana	5	0	0	2	0	0	1	0	2	3	1	1	0	0	0	0	4	0	1
N. Jersey	2	0	0	2	0	0	0	0	0	0	1	0	1	0	0	0	2	0	0
N. York	1	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1
N. Dakota	1	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0
Oklahoma	4	0	0	1	0	0	0	0	3	1	2	0	1	0	0	0	4	0	0
Oregon	1	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0
Pennsylvania	2	0	0	2	0	0	0	0	0	0	0	0	2	0	0	0	2	0	0
S. Dakota	2	0	0	1	0	0	0	1	0	0	1	1	0	0	0	0	2	0	0
Tennessee	4	0	0	1	0	1	0	1	1	0	2	2	0	0	0	0	4	0	0
Texas	6	0	0	6	0	0	0	0	0	4	1	0	1	0	0	0	6	0	0
Utah	3	0	0	1	0	1	0	0	1	1	1	0	1	0	0	0	3	0	0
Virginia	11	0	0	5	0	1	0	4	1	1	4	2	4	0	0	0	10	0	1
Washington	1	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0
Wisconsin	5	0	0	2	0	0	0	2	1	2	0	0	3	0	0	0	4	1	0
Wyoming	16	0	1	5	0	1	0	4	5	7	1	1	7	0	0	0	16	0	0

Adjudication status - misdemeanor, felony, abuse and/or neglect, mental health hold, status offender, filed under two or more categories, unreported or pre-adjudication.

Number of placements - 1-3, 4-6, 7-9, 10 or more. Note: the number of children experiencing multiple placements is understated due to a lack of reports by HHS on children's placement changes.

Closeness to Home - reflects the proximity of the child to the parent according to the child's placement. Categories include placed in same county as parent, placed in neighboring county to the parent, placed in non-neighboring county to parent, parents live out of state, unreported proximity (either parent address or child's address unreported).

TABLE 25
TOTAL LIFETIME PLACEMENTS
(individual foster homes, group homes, specialized facilities)
FOR CHILDREN IN OUT-OF-HOME CARE
ON DECEMBER 31, 2000

Number of Placements	Ages Newborn to 5	Ages 6 –12	Ages 13- 15	Age 16+	Age Unreported	Total
1	580	347	257	256	29	1,469
2	342	283	185	174	23	1,007
3	185	249	173	173	4	784
4	128	155	127	128	5	543
5	56	121	97	137	1	412
6	41	99	106	98	2	346
7	13	88	77	106	1	285
8	11	49	67	83	0	210
9	5	45	42	96	0	188
10	4	22	46	73	0	145
11-20	1	91	202	382	0	676
21-30	0	12	46	119	0	177
31-40	0	0	4	31	0	35
over 40	0	0	3	6	0	9
Total	1,366	1,561	1,432	1,862	65	6,286[1]

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

Explanation of Table 25—Both parts of this table shows the number of lifetime placements the children and youth who were in out-of-home care as of December 31, 2000 have experienced. The first part is by age group. The Board is especially concerned for the number of preschool children who have had multiple placements. **Brain development experts have indicated that young children are permanently damaged by multiple broken attachments to care givers, yet 444 (32.5%) of the 1,366 preschoolers have lived in three or more different homes, and an alarming number (131) have lived in five or more homes.**

The second part follows on the next page. The second part of this table is divided by wardship category: wards in the custody of the Department of Health and Human Services and "other" children. Health and Human Services wards include children under Child Protective Services, the Office of Juvenile Services (including Geneva and Kearney Youth Rehabilitation and Treatment Centers and Juvenile Parole), and the Lincoln Regional Center. "Other" children include infants in pre-adoptive placements, children/youth placed with private agencies, children/youth in private mental health facilities, and youth sentenced to local detention/correctional facilities.

TABLE 25
TOTAL LIFETIME PLACEMENTS
FOR CHILDREN IN OUT-OF-HOME CARE
ON DECEMBER 31, 2000
(continued)

Number of Placements	HHS Wards	Other Children	Total
1	1,073	396	1,469
2	944	63	1,007
3	732	52	784
4	507	36	543
5	389	23	412
6	326	20	346
7	271	14	285
8	202	8	210
9	180	8	188
10	138	7	145
11-20	658	18	676
21-30	176	2	178
31-40	34	0	34
over 40	9	0	9
Total	5,639	647	6,286[1]

2,890 (51.3%) Department of Health and Human Services children whose case was active as of 12-31-2000 had experienced 4 or more placements.

877 (15.6%) Department of Health and Human Services children whose case was active as of 12-31-2000, had experienced more than 10 placements.

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

Explanation of Table 25—Both parts of this table shows the number of lifetime placements the children and youth who were in out-of-home care as of December 31, 2000 have experienced. The second part of this table is divided by wardship category: wards in the custody of the Department of Health and Human Services and "other" children. Health and Human Services wards include children under Child Protective Services, the Office of Juvenile Services (including Geneva and Kearney Youth Rehabilitation and Treatment Centers and Juvenile Parole), and the Lincoln Regional Center. "Other" children include infants in pre-adoptive placements, children/youth placed with private agencies, children/youth in private mental health facilities, and youth sentenced to local detention/correctional facilities.

NOTES:

TABLE 26
NUMBER OF CHILDREN
IN OUT-OF-HOME CARE ON DECEMBER 31, 2000
BY PLACEMENT TYPE

Placement Type	HHS Wards	Other Children	Total
Foster Family Home	2,466	35	2,501
Group Home	912	211	1,123
Relative	835	49	884
Emergency Shelter	227	40	267
Jail/Youth Development Centers/Parole	492	91	583
Adoptive Home - Not Final	9	180	189
Psychiatric Facility	105	2	107
Other/Unknown/School	348	21	369
Drug/Alcohol Facility (HHS wards only)	1	0	1
Runaway/Whereabouts Unknown	112	6	118
Center for Developmentally Disabled	21	12	33
Independent/Semi-Independent Living	62	0	62
Foster Adoptive Home	23	0	23
Child Care Agency	9	0	9
Long-Term Foster Home	0	0	0
Medical Facility	17	0	17
Total	5,639	647	6,286[1]

Explanation of Table 26—This table shows the number of children in each placement type on December 31, 2000. The table is divided in two categories: wards in the custody of the Department of Health and Human Services and "other" children.

Health and Human Services wards include children under Child Protective Services, the Office of Juvenile Services (including Geneva and Kearney Youth Rehabilitation and Treatment Centers and Juvenile Parole), and the Lincoln Regional Center. "Other" children include infants in pre-adoptive placements, children/youth placed with private agencies, children/youth in private mental health facilities, and youth sentenced to local detention/correctional facilities.

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

TABLE 27
Listing of Children by COUNTY OF COURT COMMITMENT

This table reads across two pages and shows the number of children according to the county of the court that placed the child in care.

		# Times Removed		Gender			Age					Race						
County	**Total**	**1st**	**2+**	**Male**	**Female**	**Unr**	**0–5**	**6–12**	**13–15**	**16+**	**Unr**	**Blk**	**Wht**	**Hsp**	**Ind**	**Asn**	**Oth**	**Unr**
Adams	139	64	75	75	64	0	29	31	33	46	0	1	123	7	0	0	0	8
Antelope	10	9	2	4	6	0	4	1	3	2	0	0	9	0	1	0	0	0
Arthur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Banner	3	2	1	1	2	0	0	0	2	1	0	0	3	0	0	0	0	0
Blaine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Boone	10	4	6	4	6	0	0	2	1	7	0	0	10	0	0	0	0	0
Box Butte	25	14	8	11	14	0	1	6	5	13	0	1	14	0	10	0	0	0
Boyd	1	1	0	1	0	0	0	0	0	1	0	0	1	0	0	0	0	0
Brown	5	3	2	3	2	0	0	3	0	2	0	0	5	0	0	0	0	0
Buffalo	109	54	55	75	34	0	27	24	19	38	1	3	87	11	4	1	0	3
Burt	21	13	8	8	13	0	0	2	8	11	0	0	18	0	2	0	0	1
Butler	29	16	10	12	17	0	11	5	7	6	0	0	28	0	0	0	0	1
Cass	56	30	25	32	24	0	18	19	9	9	1	0	54	1	1	0	0	0
Cedar	12	8	4	8	4	0	1	6	1	4	0	0	11	0	1	0	0	0
Chase	1	0	1	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0
Cherry	1	0	1	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0
Cheyenne	59	40	19	29	28	2	8	15	10	24	2	1	42	5	2	0	0	9
Clay	29	16	13	22	7	0	5	11	3	10	0	1	24	4	0	0	0	0
Colfax	24	15	9	15	9	0	7	5	5	7	0	0	8	9	4	0	0	3
Cuming	8	7	1	2	6	0	1	0	4	3	0	0	6	1	0	0	0	1
Custer	26	10	16	13	13	0	4	11	7	4	0	0	26	0	0	0	0	0
Dakota	49	31	18	36	13	0	14	5	10	20	0	0	29	10	5	3	1	1
Dawes	3	3	0	2	1	0	0	1	1	1	0	0	2	0	1	0	0	0
Dawson	99	51	48	52	47	0	11	20	37	31	0	2	59	23	8	0	0	7
Deuel	13	9	4	6	7	0	2	4	3	4	0	0	13	0	0	0	0	0
Dixon	17	8	9	11	6	0	2	7	3	5	0	0	17	0	0	0	0	0
Dodge	160	64	95	98	62	0	35	31	31	61	2	2	139	8	2	1	0	8

 # Times Removed – 1st is a first removal from the parental home, 2+ indicates the child had experienced one or more failed, premature reunifications and prior removals from the parental home

Gender - male, female, unreported gender

Age group - ages 0-5 (preschool), 6-12 (grade school), 13-15 (junior high), 16+ (high school), or unreported age

Race - Black, White, Hispanic, Indian, Asian, other, unreported race

TABLE 27
Listing of Children by COUNTY OF COURT COMMITMENT (continued)

This table reads across two pages and shows the number of children according to the county of the court that placed the child in care.

County	Total	Adjudication Status							No. of Placements				Closeness to Home					
		Misd.	Fel.	Ab/N	Stat.	2+	Unr	Men.	1-3	4-6	7-9	10+	Same	Neigh	Non	0-C	O-P	Unr
Adams	139	7	0	64	6	18	44	0	67	22	13	37	66	39	27	1	1	5
Antelope	10	0	1	7	0	0	2	0	5	5	0	0	4	2	4	0	0	0
Arthur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Banner	3	0	0	3	0	0	0	0	3	0	0	0	0	2	0	0	1	0
Blaine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Boone	10	0	0	3	3	0	4	0	4	1	4	1	2	2	6	0	0	0
Box Butte	25	2	1	5	1	6	10	0	11	4	3	7	6	4	11	3	0	1
Boyd	1	0	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0	0
Brown	5	0	0	2	0	2	1	0	3	0	1	1	2	1	1	0	1	0
Buffalo	109	11	9	44	3	18	24	0	49	25	11	24	53	18	29	1	0	8
Burt	21	0	0	6	1	4	10	0	12	8	0	1	9	4	7	0	0	1
Butler	29	3	1	10	1	2	12	0	19	6	3	1	10	9	10	0	0	0
Cass	56	1	0	12	2	2	39	0	37	9	7	3	30	11	10	0	0	5
Cedar	12	0	0	5	3	1	3	0	7	2	1	2	2	4	6	0	0	0
Chase	1	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	0	0
Cherry	1	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0
Cheyenne	59	0	0	23	7	16	13	0	36	9	9	5	16	8	28	0	0	7
Clay	29	0	0	16	2	3	8	0	11	6	6	6	4	17	5	2	0	1
Colfax	24	0	0	16	2	3	3	0	17	2	4	1	11	9	4	0	0	0
Cuming	8	3	0	1	0	1	3	0	6	1	0	1	1	0	6	0	0	1
Custer	26	2	1	17	0	3	3	0	11	9	3	3	8	9	7	0	0	2
Dakota	49	3	0	18	0	10	18	0	28	4	7	10	22	4	12	5	4	2
Dawes	3	0	2	1	0	0	0	0	2	0	0	1	0	0	2	0	0	1
Dawson	99	6	1	30	13	20	29	0	46	27	10	16	33	16	30	3	6	11
Deuel	13	0	0	2	1	1	9	0	7	5	0	1	0	2	5	4	0	2
Dixon	17	1	0	3	2	1	10	0	7	5	2	3	4	9	4	0	0	0
Dodge	160	18	4	73	6	33	26	0	59	40	27	34	51	46	40	9	1	13

Adjudication status - misdemeanor, felony, abuse and/or neglect, status offender, filed under two or more categories, unreported or pre-adjudication, mental health hold

Number of placements - 1-3, 4-6, 7-9, 10 or more. [note: the number of children experiencing multiple placements is understated due to a lack of reports by the Department of Health and Human Services on children's placement changes]

Closeness to home - reflects the proximity of the child to the parent according to the child's placement. Categories include placed in same county as parent, placed in neighboring county to the parent, placed in non-neighboring county to parent, child placed out of state (O-C) so proximity difficult to determine, parents live out of state (O-P) so proximity difficult to determine, or unreported proximity (either parent address unreported or child's address unreported).

TABLE 27
Listing of Children by COUNTY OF COURT COMMITMENT (continued)

This table reads across two pages and shows the number of children according to the county of the court that placed the child in care.

County	Total	# Times Removed 1st	2+	Gender Male	Female	Unr	Age 0–5	6–12	13–15	16+	Unr	Race Blk	Wht	Hsp	Ind	Asn	Oth	Unr
Douglas	2149	1282	876	1165	949	35	496	580	477	568	28	840	910	89	121	6	8	175
Dundy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fillmore	7	4	3	6	1	0	1	1	3	2	0	0	6	0	1	0	0	0
Franklin	4	2	2	2	2	0	0	0	1	3	0	0	4	0	0	0	0	0
Frontier	2	2	1	1	1	0	0	1	0	1	0	0	2	0	0	0	0	0
Furnas	6	5	1	3	3	0	0	0	3	3	0	0	5	0	1	0	0	0
Gage	33	16	17	24	9	0	4	6	11	12	0	0	31	1	0	0	0	1
Garden	10	10	0	5	5	0	1	5	4	0	0	0	4	6	0	0	0	0
Garfield	2	2	0	2	0	0	0	1	1	0	0	0	2	0	0	0	0	0
Gosper	5	4	1	2	3	0	1	3	0	1	0	1	0	4	0	0	0	0
Grant	1	1	0	1	0	0	0	0	1	0	0	0	1	0	0	0	0	0
Greeley	5	3	2	2	3	0	0	3	1	1	0	5	0	0	0	0	0	0
Hall	262	155	106	150	112	0	88	66	54	53	1	10	173	50	11	6	0	12
Hamilton	17	8	9	9	8	0	2	1	6	8	0	1	14	0	1	0	0	1
Harlan	2	2	0	2	0	0	0	2	0	0	0	0	2	0	0	0	0	0
Hayes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hitchcock	5	3	2	4	1	0	1	0	1	2	1	0	5	0	0	0	0	0
Holt	31	14	17	19	12	0	2	7	14	8	0	0	30	0	1	0	0	0
Hooker	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard	19	13	6	6	13	0	7	5	3	4	0	1	17	0	0	0	0	1
Jefferson	20	15	5	11	9	0	1	7	11	1	0	0	17	0	3	0	0	0
Johnson	6	5	1	4	2	0	0	0	2	4	0	0	5	1	0	0	0	0
Kearney	16	7	9	4	12	0	2	7	5	2	0	2	14	0	0	0	0	0
Keith	31	16	15	21	10	0	2	10	8	11	0	0	28	2	1	0	0	0
Keya Paha	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kimball	19	13	6	9	10	0	5	3	6	5	0	0	18	0	0	0	0	1
Knox	18	9	9	11	7	0	2	3	4	9	0	0	13	0	5	0	0	0

 # Times Removed – 1st is a first removal from the parental home, 2+ indicates the child had experienced one or more failed, premature reunifications and prior removals from the parental home
Gender - male, female, unreported gender
Age group - ages 0-5 (preschool), 6-12 (grade school), 13-15 (junior high), 16+ (high school), or unreported age
Race - Black, White, Hispanic, Indian, Asian, other, unreported race

APPENDICES

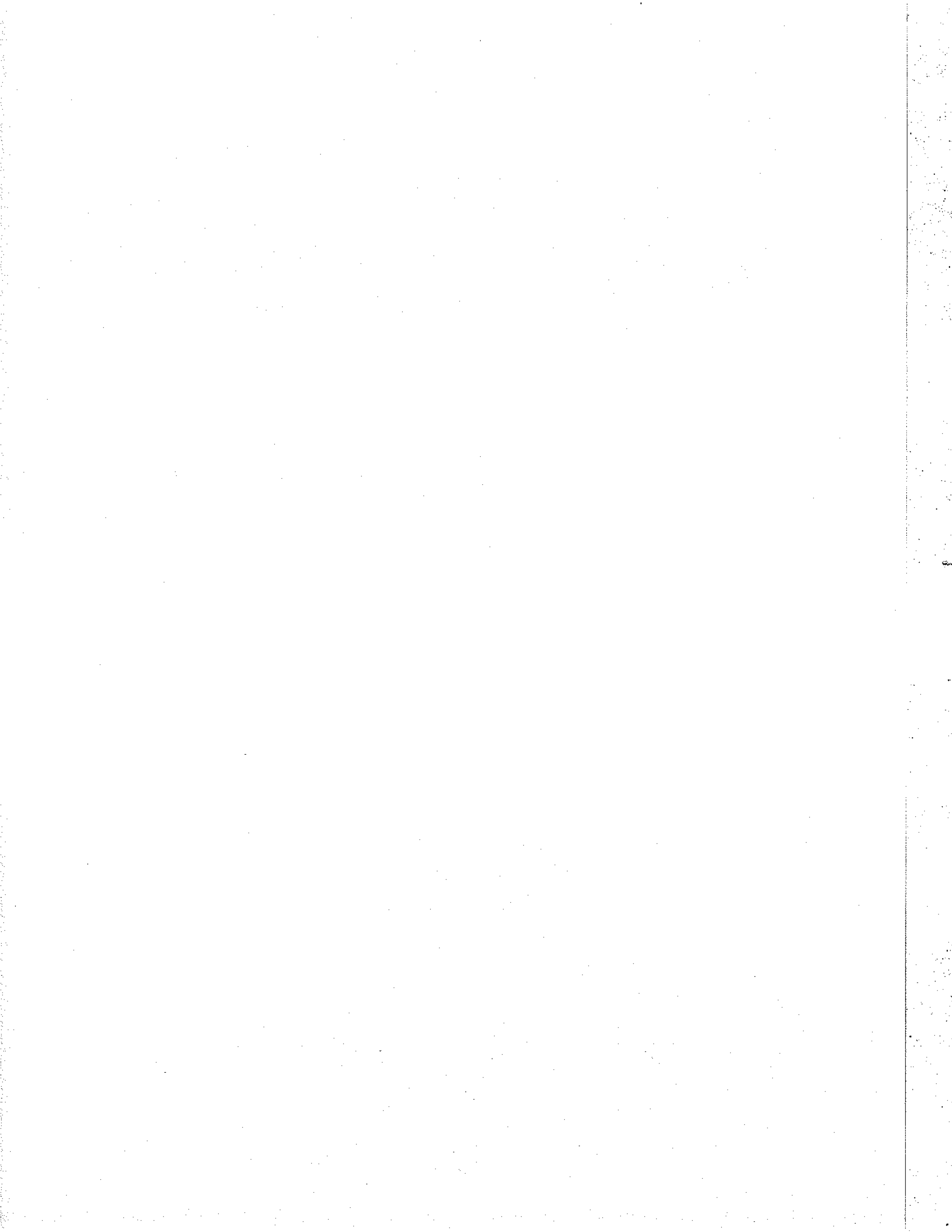

TABLE 27
Listing of Children by COUNTY OF COURT COMMITMENT (continued)

This table reads across two pages and shows the number of children according to the county of the court that placed the child in care.

		Adjudication Status							No. of Placements				Closeness to Home					
County	**Total**	**Misd.**	**Fel.**	**Ab/N**	**Stat.**	**2+**	**Unr.**	**M.**	**1-3**	**4-6**	**7-9**	**10+**	**Same**	**Neigh**	**Non**	**0-C**	**O-P**	**Unr**
Douglas	2149	38	53	1258	75	279	445	1	1046	482	254	367	1502	175	151	99	42	180
Dundy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fillmore	7	1	0	1	0	1	4	0	4	2	0	1	1	2	3	0	0	1
Franklin	4	0	0	0	0	1	3	0	2	1	0	1	1	1	2	0	0	0
Frontier	2	0	0	0	0	1	1	0	1	1	0	0	1	0	1	0	0	0
Furnas	6	0	0	0	0	2	4	0	3	2	0	1	0	1	3	0	0	2
Gage	33	3	0	11	4	5	10	0	16	6	4	7	6	11	9	5	0	2
Garden	10	0	0	9	0	0	1	0	6	3	0	1	3	2	2	2	0	1
Garfield	2	0	0	0	1	1	0	0	2	0	0	0	0	1	0	0	0	1
Gosper	5	0	0	4	0	0	1	0	2	2	1	0	0	0	1	4	0	0
Grant	1	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0
Greeley	5	0	0	1	0	0	4	0	5	0	0	0	2	1	2	0	0	0
Hall	262	11	2	125	4	18	102	0	125	68	23	46	135	46	69	7	1	4
Hamilton	17	2	0	2	3	3	6	1	9	2	1	5	4	6	3	0	0	4
Harlan	2	0	0	2	0	0	0	0	2	0	0	0	2	0	0	0	0	0
Hayes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hitchcock	5	0	0	2	0	0	3	0	3	2	0	0	0	0	2	0	0	3
Holt	31	2	1	19	0	7	2	0	11	4	8	8	4	2	24	1	0	0
Hooker	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard	19	1	0	7	0	1	10	0	14	2	1	2	8	9	1	0	1	0
Jefferson	20	1	0	9	0	2	8	0	11	2	4	3	5	3	11	1	0	0
Johnson	6	0	0	0	0	1	5	0	3	2	0	1	1	0	5	0	0	0
Kearney	16	0	0	9	1	4	2	0	5	4	6	1	5	5	4	1	0	1
Keith	31	1	0	7	4	8	11	0	16	3	5	7	9	14	7	1	0	0
Keya Paha	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kimball	19	0	0	12	2	2	3	0	9	5	3	2	5	1	6	2	4	1
Knox	18	0	1	4	1	2	10	0	9	4	3	2	10	3	3	1	0	1

Adjudication status - misdemeanor, felony, abuse and/or neglect, status offender, filed under two or more categories, unreported or pre-adjudication, mental health hold

Number of placements - 1-3, 4-6, 7-9, 10 or more. [note: the number of children experiencing multiple placements is understated due to a lack of reports by the Department of Health and Human Services on children's placement changes]

Closeness to home - reflects the proximity of the child to the parent according to the child's placement. Categories include placed in same county as parent, placed in neighboring county to the parent, placed in non-neighboring county to parent, child placed out of state (O-C) so proximity difficult to determine, parents live out of state (O-P) so proximity difficult to determine, or unreported proximity (either parent address unreported or child's address unreported).

TABLE 27
Listing of Children by COUNTY OF COURT COMMITMENT (continued)

This table reads across two pages and shows the number of children according to the county of the court that placed the child in care.

County	Total	# Times Removed		Gender			Age					Race						
		1st	2+	Male	Female	Unr	0–5	6–12	13–15	16+	Unr	Blk	Wht	Hsp	Ind	Asn	Oth	Unr
Lancaster	777	463	312	411	363	3	153	213	173	231	7	143	472	47	63	6	7	39
Lincoln	216	107	109	128	87	1	30	63	55	67	1	2	186	15	8	1	0	4
Logan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Loup	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Madison	122	68	54	62	60	0	26	33	24	38	1	3	86	13	15	0	0	5
McPherson	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Merrick	20	13	7	12	8	0	5	5	2	8	0	0	15	4	0	0	0	1
Morrill	23	10	13	10	13	0	3	7	5	8	0	1	16	5	1	0	0	0
Nance	9	3	6	5	4	0	0	2	2	5	0	0	8	0	0	0	0	1
Nemaha	8	3	5	5	3	0	1	1	0	6	0	0	8	0	0	0	0	0
Nuckolls	10	8	2	6	4	0	0	1	4	5	0	0	10	0	0	0	0	0
Otoe	32	21	11	21	11	0	7	7	5	13	0	0	32	0	0	0	0	0
Pawnee	2	2	0	0	2	0	0	0	1	1	0	0	2	0	0	0	0	0
Perkins	2	1	1	0	2	0	1	0	0	1	0	0	2	0	0	0	0	0
Phelps	28	10	18	18	10	0	3	5	6	14	0	0	24	3	0	0	0	1
Pierce	8	3	5	3	5	0	1	2	2	3	0	0	7	0	1	0	0	0
Platte	63	26	37	41	22	0	9	8	20	26	0	1	51	8	2	0	0	1
Polk	12	8	4	6	6	0	0	8	4	0	0	1	9	0	0	0	0	2
Red Willow	40	28	12	26	14	0	6	7	16	11	0	0	35	5	0	0	0	0
Richard-son	27	13	14	17	10	0	6	7	5	9	0	0	23	2	1	0	0	1
Rock	1	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Saline	29	19	10	17	12	0	7	5	6	11	0	0	25	4	0	0	0	0
Sarpy	332	171	155	166	156	10	30	61	95	136	10	38	239	12	9	1	3	30
Saunders	43	21	22	18	24	1	7	12	13	11	0	0	36	1	4	0	0	2
Scotts Bluff	200	82	118	108	92	0	34	57	40	69	0	2	85	54	38	0	5	16
Seward	34	17	17	19	15	0	3	6	10	15	0	1	31	1	0	0	0	1
Sheridan	16	9	7	11	5	0	6	3	2	5	0	0	3	0	12	0	0	1

 # Times Removed – 1st is a first removal from the parental home, 2+ indicates the child had experienced one or more failed, premature reunifications and prior removals from the parental home

Gender - male, female, unreported gender

Age group - ages 0-5 (preschool), 6-12 (grade school), 13-15 (junior high), 16+ (high school), or unreported age

Race - Black, White, Hispanic, Indian, Asian, other, unreported race

TABLE 27
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This table reads across two pages and shows the number of children according to the county of the court that placed the child in care.

County	Total	Adjudication Status							No. of Placements				Closeness to Home					
		Misd.	Fel.	Ab/N	Stat.	2+	Unr.	M.	1-3	4-6	7-9	10+	Same	Neigh	Non	0-C	O-P	Unr
Lancaster	777	42	5	360	21	82	267	0	398	146	89	144	514	42	176	12	4	29
Lincoln	216	13	1	69	23	36	74	0	97	52	26	41	110	26	60	5	4	11
Logan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Loup	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Madison	122	9	0	43	9	18	43	0	53	29	11	29	58	10	43	6	2	3
McPherson	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Merrick	20	1	1	3	1	4	8	2	15	2	1	2	6	7	6	0	0	1
Morrill	23	0	0	15	3	1	4	0	12	5	2	4	11	3	6	2	1	0
Nance	9	0	0	5	1	2	1	0	3	2	3	1	2	3	4	0	0	0
Nemaha	8	1	0	2	1	3	1	0	1	4	1	2	3	2	3	0	0	0
Nuckolls	10	0	0	5	0	1	4	0	5	2	2	1	4	1	3	1	0	1
Otoe	32	2	0	1	2	3	24	0	20	7	1	4	16	9	5	1	0	1
Pawnee	2	0	0	2	0	0	0	0	2	0	0	0	2	0	0	0	0	0
Perkins	2	0	0	1	1	0	0	0	1	0	0	1	0	0	1	0	1	0
Phelps	28	0	0	10	3	8	7	0	10	8	3	7	4	8	15	0	0	1
Pierce	8	1	0	0	0	1	6	0	4	1	0	3	4	3	1	0	0	0
Platte	63	6	0	14	9	8	26	0	26	14	7	16	14	4	35	5	2	3
Polk	12	0	0	2	0	0	10	0	8	1	3	0	3	2	7	0	0	0
Red Willow	40	1	1	10	4	3	21	0	22	11	4	3	6	14	14	5	0	1
Richardson	27	0	0	13	1	8	5	0	12	5	3	7	9	0	14	2	1	1
Rock	1	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Saline	29	2	0	7	1	3	16	0	18	4	5	2	6	13	5	1	0	4
Sarpy	332	6	2	100	30	89	104	1	168	77	27	60	121	118	34	20	8	31
Saunders	43	4	3	13	1	4	18	0	16	16	5	6	10	13	15	2	0	3
Scotts Bluff	200	20	6	90	10	13	61	0	75	50	31	44	88	27	55	15	8	7
Seward	34	4	2	10	5	6	7	0	12	8	6	8	4	15	12	2	0	1
Sheridan	16	1	0	4	1	2	8	0	11	1	2	2	3	3	6	0	2	2

Adjudication status - misdemeanor, felony, abuse and/or neglect, status offender, filed under two or more categories, unreported or pre-adjudication, mental health hold

Number of placements - 1-3, 4-6, 7-9, 10 or more. [note: the number of children experiencing multiple placements is understated due to a lack of reports by the Department of Health and Human Services on children's placement changes]

Closeness to home - reflects the proximity of the child to the parent according to the child's placement. Categories include placed in same county as parent, placed in neighboring county to the parent, placed in non-neighboring county to parent, child placed out of state (O-C) so proximity difficult to determine, parents live out of state (O-P) so proximity difficult to determine, or unreported proximity (either parent address unreported or child's address unreported).

TABLE 27
Listing of Children by COUNTY OF COURT COMMITMENT (continued)

This table reads across two pages and shows the number of children according to the county of the court that placed the child in care.

		# Times Removed		Gender			Age					Race						
County	Total	1st	2+	Male	Female	Unr	0–5	6–12	13–15	16+	Unr	Blk	Wht	Hsp	Ind	Asn	Oth	Unr
Sherman	10	6	4	3	7	0	1	4	3	2	0	0	10	0	0	0	0	0
Sioux	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Stanton	6	4	2	2	4	0	1	2	1	2	0	0	6	0	0	0	0	0
Thayer	14	7	7	8	6	0	4	3	4	3	0	0	14	0	0	0	0	0
Thomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Thurston	16	9	7	9	7	0	2	3	5	6	0	0	3	0	13	0	0	0
Valley	4	4	0	3	1	0	1	1	1	1	0	0	4	0	0	0	0	0
Washington	21	9	12	13	8	0	1	4	4	12	0	1	17	1	1	0	0	1
Wayne	6	4	2	4	2	0	2	0	1	3	0	0	6	0	0	0	0	0
Webster	7	6	0	6	1	0	3	0	2	2	0	6	0	1	0	0	0	0
Wheeler	2	0	2	1	1	0	0	0	1	1	0	0	2	0	0	0	0	0
York	55	33	24	31	23	1	12	18	10	14	1	1	51	1	1	0	0	1
Tribal	97	54	43	51	46	0	21	32	17	27	0	0	0	0	96	0	0	1
Un-reported	204	179	29	108	82	14	32	38	61	65	8	18	76	3	21	1	0	85
Voluntary	211	203	7	115	96	0	153	22	14	21	1	11	92	16	5	55	7	25

 # Times Removed – 1st is a first removal from the parental home, 2+ indicates the child had experienced one or more failed, premature reunifications and prior removals from the parental home
Gender - male, female, unreported gender
Age group - ages 0-5 (preschool), 6-12 (grade school), 13-15 (junior high), 16+ (high school), or unreported age
Race - Black, White, Hispanic, Indian, Asian, other, unreported race

TABLE 27
Listing of Children by COUNTY OF COURT COMMITMENT (continued)

This table reads across two pages and shows the number of children according to the county of the court that placed the child in care.

		Adjudication Status							No. of Placements				Closeness to Home					
County	Total	Mis	Fel.	Ab/N	Stat	2+	Unk	M	1-3	4-6	7-9	10+	Same	Neigh	Non	O-C	O-P	Unr
Sherman	10	0	0	9	0	0	1	0	7	2	0	1	1	5	4	0	0	0
Sioux	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Stanton	6	1	0	2	0	0	3	0	3	2	1	0	2	3	1	0	0	0
Thayer	14	1	0	3	1	1	8	0	7	3	0	4	5	2	6	0	1	0
Thomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Thurston	16	1	1	3	0	2	9	0	9	3	1	3	6	3	4	3	0	0
Valley	4	0	1	2	0	1	0	0	2	2	0	0	1	1	1	1	0	0
Washington	21	2	2	3	0	2	12	0	11	3	3	4	5	7	6	1	0	2
Wayne	6	0	0	3	1	1	1	0	3	1	0	2	2	0	4	0	0	0
Webster	7	1	0	1	0	1	4	0	5	0	2	0	1	3	3	0	0	0
Wheeler	2	0	0	1	0	1	0	0	0	0	1	1	1	0	1	0	0	0
York	55	3	0	23	1	12	16	0	31	6	6	12	18	10	24	0	1	2
Tribal	97	4	1	27	2	1	62	0	58	23	7	9	57	10	18	2	4	6
Unreported	204	3	3	7	1	2	188	0	178	17	4	5	50	19	35	1	22	77
Voluntary	211	0	0	0	0	0	211	0	204	5	2	0	11	8	8	2	3	179

Adjudication status - misdemeanor, felony, abuse and/or neglect, status offender, filed under two or more categories, unreported or pre-adjudication, mental health hold

Number of placements - 1-3, 4-6, 7-9, 10 or more. [note: the number of children experiencing multiple placements is understated due to a lack of reports by the Department of Health and Human Services on children's placement changes]

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TABLE 28
NUMBER OF CHILDREN
IN OUT-OF-HOME CARE ON DECEMBER 31, 2000
BY PLAN

Plan	HHS	Other Children
Return to Parent	1,801	48
Long Term Foster Care	358	6
Adoption	350	19
No Plan	323	2
Guardianship	186	6
Independent Living	124	0
Multiple Plans	105	0
Permanency	30	4
Semi-Independent Living	15	0
Relative Placement	6	2
Long Term Group	3	8
Plan in Transition	1	0
Other/Unknown	2,337	552
Total	5,639	647

Explanation of Table 28—This table shows the permanency plans for the children in out-of-home care and the number of children with each plan as of December 31, 2000. Children in the HHS column include children under Child Protective Services, children and youth under the Office of Juvenile Services (including Geneva and Kearney Youth Rehabilitation and Treatment Centers and Juvenile Parole), and children and youth at the Lincoln Regional Center.

"Other Children" would include non-HHS babies in pre-adoptive placements, children placed with private agencies, children privately placed in mental health facilities, and youth sentenced to county detention, correctional or probation facilities. For the Review Board's purposes, "Permanency" means adoption or guardianship is being considered; however, the legal process for termination of parental rights or relinquishment has not been completed.

TABLE 29
CHILDREN ENTERING OUT-OF-HOME CARE DURING THE YEAR BY AGE

Age of child when entering care	Children entering care during 1998	Children entering care during 1999	Children entering care during 2000	Subtotals for 2000: First Removal from the Home	Subtotals for 2000: Prior Premature, Failed Reunifications
Under 1	291	233	287	277	10
1 year	179	191	201	172	29
2 years	143	151	194	157	37
3 years	122	109	142	103	39
4 years	138	104	143	103	40
5 years	127	102	125	88	37
6 years	137	106	117	74	43
7 years	144	111	144	98	46
8 years	142	120	146	90	56
9 years	124	110	143	93	50
10 years	202	112	152	94	58
11 years	137	117	161	92	69
12 years	176	146	208	131	77
13 years	294	233	252	145	107
14 years	495	342	433	214	219
15 years	672	510	585	311	274
16 years	692	637	699	294	405
17 years	835	742	686	238	448
18 years	385	377	337	58	279
19 + years	33	36	52	4	48
Unknown age	517	295	74	40	34
TOTAL	5,985	4,884	5,281	2,876	2,405
# removed more than once	2,364	2,022	2,405		
Recidivist Rate*	39.5%	41.4%	45.5%		

*Recidivism rate here is computed as the percent of children entering care in the year who had been removed from the home at least once before, as in 2,405/5,281 = 45.5%)

Explanation of Table 29—This table shows the number of children who entered out-of-home care through both public and private agencies, and includes past years for comparison. Most children who enter care when age newborn through pre-adolescence enter care due to the parent's inability to parent, an abusive situation, neglect, or medical problems. Some are infants placed for adoption whose adoption has not been finalized. Older children may also enter care because of their own actions.

The Board is particularly concerned with the number of young children experiencing premature, failed reunifications, due to brain research indicating that there can be physical changes to brain physiology caused by abuse, neglect, and separations from parents/caregivers.

TABLE 30
CASES TERMINATED IN 2000 BY REASON

Reason Left Care	No. of Children
Custody Returned to Parent	2,209
Released from Corrections (to Parents)	844
Reached Age of Majority	379
Court Terminated (with no specifics given)	268
Adoption Finalized	261
Guardianship Established	96
Custody Transferred to Another Agency/State/Tribe	7
Death	3
Emancipated by Military Service	2
Other or no reason reported	259
Total cases terminated during 1998	4,328

Explanation of Table 30—This table shows the number of children whose cases were terminated (closed) for each reason during 2000.

TABLE 31

LIFETIME NUMBER OF TIMES IN FOSTER CARE BY AGE OF CHILDREN IN OUT-OF-HOME CARE ON DECEMBER 31, 2000

# of Times in Foster Care	Ages 0-5	Ages 6 –12	Ages 13- 15	Age 16+	Age Unreported	Totals	
1	1,164	987	737	753	52	3,693	
2	180	390	385	511	11	1,477	Failed Reunification Attempts
3	19	129	191	302	1	642	
4	3	37	66	148	1	255	
5	0	13	32	63	0	108	
6	0	2	12	40	0	54	
7	0	1	7	27	0	35	
8	0	1	1	8	0	10	
9	0	1	1	7	0	9	
10	0	0	0	1	0	1	
10 or more	0	0	0	2	0	2	
Total	1,366	1,561	1,432	1,862	65	6,286[1]	

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

Explanation of Table 31 – This table shows the lifetime number of times the child or youth has been returned from the parental home. Any number of times in care that is greater than one indicates that the child has experienced a premature, failed reunification attempt with the parents.

The Foster Care Review Board is greatly concerned for the 180 preschool age children (birth through five years old) who have experienced one failed reunification attempt (2 times in foster care), the 19 preschool children who have experienced two failed reunifications (3 times in foster care), and the 3 preschool children who have experienced three failed reunifications (4 times in foster care).

Research shows that repeated early childhood traumas can impede normal growth and development, and can cause permanent changes in the physical makeup of children's brains. These changes can cause lifelong deficits in cognitive functions and response to normal stresses.

TABLE 32

CHILD SUPPORT ORDERED FOR CHILDREN REVIEWED DURING 2000

	Age of Child in Care			
	Ages 0-5	Ages 6-12	Ages 13-15	Age 16+
Child support ordered	78	128	136	246
Child support not ordered	310	354	255	379
Child support not applicable (e.g., deceased parents, parent's rights terminated)	175	363	184	294
Child support not documented	162	211	144	229
Total	725	1,056	719	1,148

Explanation of Table 32 – This table shows whether or not child support has been ordered for children in out-of-home care. Parents need to be held accountable for their decisions regarding their children, and should be asked to contribute toward their support, even if the financial amount is small.

TABLE 33

CHILDREN REVIEWED DURING 2000 WHO WERE ADJUDICATED AS STATUS OFFENDERS

Child Was Prior Victim of Abuse	141 (34.1%)
Child Was Not Prior Victim of Abuse According to Documentation Available	101 (24.5%)
Not Documented Whether Child Was Prior Victim of Abuse	171 (41.4%)
Total	413

Child is Currently Acting Out Aggressively	72 (17.4%)
Child is Not Currently Acting Out Aggressively	208 (50.4%)
Not Documented If Child is Currently Acting Out Aggressively	133 (32.2%)
Total	413

If the child is aggressive, is the aggression towards (list all that apply)....

Other People	62
Property	35
Self	30

Explanation of Table 33 –Status offenders are juveniles who are charged with an offense that an adult could not be charged with (such as truancy, failure to obey parents, failure to obey curfews and the like). The FCRB is concerned that because it is often easier to charge a juvenile with an offense than it is to prove child abuse or neglect against the parents, many cases of abuse or neglect may go untreated and the root causes of the youth's poor behaviors may not be addressed.

As the chart above shows, for the 242 youth where documentation exists, 141 (58.3%) have documented histories of abuse or neglect. It is particularly concerning that nearly half the youth's files did not document whether abuse or neglect has ever been alleged against these youth's parents/guardians, since it is clearly a contributing cause to anti-social behaviors.

NOTES:

GLOSSARY OF TERMS and LIST OF COMMON ACRONYMNS

Adjudication - The hearing at which the court determines whether a child has been maltreated or whether there is some other basis for the court to take jurisdiction of the child.

A.G. – see Attorney General

Age of Majority – The age where a child becomes a legal adult, age 19.

Agency-Based Foster Care (ABFC) contractors - Private organizations that contract with HHS and are responsible for recruiting, assessing, screening, training, supervising, and providing 24-hour support for many foster homes, therapeutic foster homes and group homes.

Agency-Based Placements – Foster homes and facilities that are recruited, monitored, and retained by private organization that have contracts with HHS for these types of services.

AOM – see Age of Majority

Appeal - Resort to a superior or appellate court to review the decision of a lower court.

Approval Study - Before or within 30 days of placing children in a proposed foster placement, an approval study is done which is to include a visit to the home, a Central Registry check, a law enforcement check, three non-relative references, and an evaluation of the placement's ability to meet the needs of the child.

Attorney General - The Child Protective Division of the Attorney General's office assists county attorneys in the preparation of cases involving crimes against children.

Best Interests of the Child - Used by courts and child welfare agencies in determining whether to undertake specific acts regarding a child.

CASA – see Court Appointed Special Advocate

Case Plan – see Plan

Case Status Meeting - A meeting of two or more of the legal parties to a child's case to address one or more particularly concerning aspects of the case.

Central Registry - A database kept by the Department of Health and Human Services where each report of suspected child abuse and/or neglect is filed. Persons alleged to have committed child abuse and/or neglect whose allegations are found to be agency substantiated ("inconclusive") or court substantiated ("substantiated") are listed on the

central register. Names on the central register may be revealed to employers or volunteer coordinators if the employment or volunteering would involve working with children.

Child Abuse and Neglect - The Federal Child Abuse Prevention, Treatment and Adoption Reform defines child abuse and neglect as having four elements: "(1) physical injury, mental injury, sexual abuse or exploitation, negligent treatment or maltreatment, (2) of a child, (3) by a person who is responsible for the child's welfare, (4) under circumstances which indicate that the child's health or welfare is harmed or threatened."

Child Protective Services - A division of the Department of Health and Human Services responsible for receiving and investigating reports of child abuse and neglect in conjunction with law enforcement.

Counselors – Counselors (licensed or certified), clinical social workers, and marriage and family therapists are master's level professionals. These mental health professionals often work with psychiatrists or psychologists on the diagnoses and treatment of patients. Certified alcohol and drug abuse counselors specialize in providing services to individuals with chemical or substance abuse dependence (addictions).

Court Appointed Special Advocate - A person appointed by the court to represent the needs and interests of the child to the court or to the guardian ad litem.

CPS – see Child Protective Services –

Department of Public Institutions - Division of state government now under

Dispositional Hearing - The finding by the court of the validity of the report of child maltreatment.

DPI – see Department of Public Institutions

Department of Health and Human Services - A state agency responsible for assisting troubled and dysfunctional families, providing foster care placement and services, administering medically handicapped children's services, and administering child support enforcement, among other duties.

Department of Social Services - Division of state government now under HHS, the Department of Health and Human Services.

DSS – see Department of Social Services

FCRB – see Foster Care Review Board

Foster Care - Out of home placement of the child or youth, which could include placement in a foster family home, in a kinship or relative's home, group home, emergency shelter, youth detention center, psychiatric treatment facility, etc.

Foster Care Review Board - The state agency responsible for reviewing cases of children placed in out of home care and making recommendations to the courts, custodial agency, county attorney, child's attorney, and parents' attorney(s).

GAL – see Guardian ad Litem

Geneva Youth Rehabilitation and Treatment Center - A non-secure treatment center for female juvenile offenders that also does assessments for both male and female youth under the Department of Health and Human Services.

Guardian ad Litem - Attorney appointed by the Court to represent the best interests of the child.

GYRTC – see Geneva Youth Rehabilitation and Treatment Center

HHS – see Department of Health and Human Services

Homestudy - A study of the conditions of a foster home, including the makeup of the family, and caregiver strengths.

Independent Living Plan - A plan for services to help the juvenile in acquiring skills, such as managing personal finances, necessary to live a successful adult life.

Kearney Youth Rehabilitation and Treatment Center - A non-secure treatment center for male juvenile offenders under the Department of Health and Human Services.

KYRTC – see Kearney Youth Rehabilitation and Treatment Center

L.B. - Legislative Bill + number - Method of identifying proposed legislation as it passes through the hearing and debate process prior to becoming law. Some laws retain the bill number after becoming law, e.g., LB 1184 teams (the name by which child abuse investigation and treatment teams are also known)

Legal Standing - The Foster Care Review Board was granted limited legal standing by the legislature in 1990. The statute (§43-1313) allows the Board to request and participate in review hearings at the dispositional level. Local Boards identify problem cases which might be eligible for legal standing actions and bring these cases to the attention of the State Board by submitting the identified cases to the Executive Committee of the State Board for review. In most cases a Local Board review is held, including participation by interested parties, followed by a case status meeting with representatives from the agency responsible for the child and the county attorney's office. The Review Board may request legal standing under any of the following conditions:

a. Reasonable efforts were not made to prevent a child from entering care,
b. There is no permanency plan,

c. The permanency plan is inappropriate,
d. The placement is inappropriate,
e. Regular court hearings are not being held,
f. Appropriate services are not being offered,
g. The best interest of the child is not being met, or,
h. The child is in imminent danger.

This process has proven very successful in addressing the concerns the Local Boards have expressed regarding the children.

Mandatory Reporting - §28-711 reads in part "when a physician, medical institution, nurse, school employee, social worker, or other person has reasonable cause to believe that a child has been subject to abuse and neglect, or observed such persons being subjected to condition or circumstances which reasonably would result in abuse or neglect, he or she shall report such incidents or cause a report to be made to the proper law enforcement agencies."

Out-of-Home Care - Placement of the child or youth outside the home of origin, which could include placement in a foster family home, in a kinship or relative's home, group home, emergency shelter, youth detention center, psychiatric treatment facility, etc.

Permanency – Term used to indicate that a former foster child is in a safe, stable family situation. This could come about as the result of a reunification with the parents, through completion of an adoption, or through a guardianship being established.

Permanency Planning - The process by which a child welfare agency with responsibility for a child in foster care develops a plan for implementing the most permanent long-term situation possible in the best interests of the child.

Petition - A formal, written request to the court which contains the facts and circumstances upon which a court is asked to provide certain relief as well as detailing the relief being sought.

P.L. - Public Law + number - Method of identifying federal legislation when it becomes law. For example, PL 96-272 is the Federal Adoption Assistance and Child Welfare Act of 1980, which is the basis for much of the Nebraska law and policy related to children in out-of-home care.

Plan or Case Plan - Under §43-1312, the case plan is to include a description of the services which are to be provided in order to accomplish the purposes of foster care placement and the estimated length of time necessary to achieve the purposes of the foster care placement. These plans are to be updated at minimum once per six months.

Placement – An individual foster home, kinship home, group home or other specialized facility, or the act of moving a child to a new caregiver from one of these categories.

Psychiatrist – A medical doctor (MD) or doctor of osteopathy (DO) who specializes in the prevention, diagnosis and treatment of behavior health disorders. Psychiatrists can conduct medical exams, prescribe medication, and admit patients to a treatment facility. They also direct the care of inpatients or provide consultative services to primary care physicians or other behavioral health providers.

Psychologist – A doctorate level provider (PhD or PsyD) who is specially trained in the psychological assessment, diagnosis and therapy of patients.

Recidivism Rate - The percentage of children who have been removed from the home due to abuse/neglect, left care (usually by returning to the parents, but could also have been adopted or been in guardianship), then re-entered care.

Respite Care – Limited time away from the children in order to complete actions where the children cannot or should not be present, such as care of the foster children in a home while the foster parents attend continuing education classes.

Restraints - Actions such as physical holds, takedowns, use of certain physical devices, certain medications (such as tranquilizers), isolation, and/or solitary confinement, that result in the child's loss or limitation of liberty.

Reunification - Placing a child that has been in foster care back with the parents.

Review Hearing - Hearings to be held by the court at least every six months following the dispositional hearing until the court releases jurisdiction of the case.

Statute - A law passed by a legislative body.

Therapists –Therapists are master's level mental health professionals who often work with psychiatrists or psychologists on the diagnoses and treatment of patients.

TPR - Termination of Parental Rights - The legal process that severs the legal relationship between parents and a child.

Vacancy Case Manager - A case manager who temporarily assumes the cases of a case manager who has resigned until a newly hired case manager is able to assume the cases.

ValueOptions – The private company that has the state contract to manage the costs of mental health care services for children and youth.

YRTC—Youth Rehabilitation and Treatment Centers - A non-secure treatment center for juvenile offenders, under the Department of Health and Human Services. The facility for girls is at Geneva, the facility for boys is at Kearney.

Following a Case
of Alleged Child Abuse/Neglect
Through Juvenile Court

REPORT & INVESTIGATION -- A Case enters Juvenile court when a report of child abuse and/or neglect has been received by law enforcement, investigated, and substantiated. If the case is not diverted through voluntary services, law enforcement gives the evidence to the County Attorney.

PETITION -- The County Attorney decides whether to file a petition. For abuse/neglect a petition would be filed under §43-247(3a). At this time the allegations of the problem/crime are stated. Nothing is determined, found, or ordered at this point. A petition must be filed within 48 hours of a child being removed or the child goes home.

DETENTION HEARING -- Finds if probable cause exists to warrant the continuance of court action or the child remaining in out of home care. The case is either set for an adjudication hearing or the child is returned home and charges dropped. If set for adjudication, a Guardian ad Litem, also known as a GAL, [attorney representing the child's best interests] should be appointed at this time.

ADJUDICATION HEARING -- By law this must occur within 90 days of the child entering out of home care. In practice the 90 day rule is not always adhered to. An adjudication hearing can be either contested or noncontested. Contested means that the parents deny the allegations and full trial with evidence ensues. At this hearing the finding of fact occurs, the allegations of the petition are found to be either true or false, and the child is either made a state ward or not.

DISPOSITIONAL HEARING -- At this time a plan is ordered which addresses the reasons why the court action began. A rehabilitation plan for the parents is ordered.

DISPOSITIONAL REVIEW HEARINGS -- Per PL 96-272, this hearing is to occur at least every six months to review the progress made on the dispositional order until conditions warrant the court terminating jurisdiction. The focus should be on whether progress is being made to correct the problem that brought the child into care or not. A Journal Entry should be filed recording what was ordered.

Following a Case
When the Case Involves the Actions of the Child
Through Juvenile Court

REPORT & INVESTIGATION -- A Case enters Juvenile court when a report of one of the following is received by law enforcement, investigated, and substantiated: status offense [an offense that would not be an offense for an adult, such as truancy], misdemeanor, or felony offense. If the case is not diverted through voluntary services, law enforcement gives the evidence to the County Attorney.

PETITION -- The County Attorney decides whether to file a petition. For a status offense a petition would be filed under §43-247(3b). For a misdemeanor it would be under §43-247(1), for a felony under §43-247(2). At this time the allegations of the problem/crime are stated. Nothing is determined, found, or ordered at this point. A summons and charge could be issued, and a court date could be set.

DETENTION HEARING -- Finds if probable cause exists to warrant the continuance of court action or the child remaining in out of home care. The case is either set for an adjudication hearing or the child is returned home and charges dropped. An attorney for the child may be appointed at this time.

ADJUDICATION HEARING -- By law this must occur within 90 days of the child entering out of home care. In practice the 90 day rule is not always adhered to. At this hearing the finding of fact occurs, the allegations of the petition are found to be either true or false. At this hearing, the youth can admit or deny the allegation.

DISPOSITIONAL HEARING -- At this time a plan is ordered which addresses the reasons why the court action began. A rehabilitation plan is ordered.

DISPOSITIONAL REVIEW HEARINGS -- Per PL 96-272, this hearing is to occur at least every six months to review the progress made on the dispositional order until conditions warrant the court terminating jurisdiction. The focus should be if progress is being made to correct the problem that brought the child into care. A Journal Entry should be filed recording what was ordered.

STATE OF NEBRASKA
FOSTER CARE REVIEW BOARD
521 S. 14th Street, Suite 401
Lincoln, NE 68508-2707
(402) 471-4420

Applications for volunteers to serve on a local Foster Care Review Board as set in Nebraska Statue, Section 43-1301 to 43-1319, R.R.S. Employees of the State Foster Care Review Board or child caring and placing agencies or the Courts are ineligible to serve on local boards.

Name

Address City ZIP Phone No.

Occupation Address ZIP Phone No.

I am available for <u>training</u> on the following (check all that apply)					**I am available to <u>serve on a Board</u> that meets on the following (check all that apply)**			
Day	Morning	Afternoon	Evening		Day	Morning	Afternoon	Evening
Mon.					Mon.			
Tues.					Tues.			
Wed.					Wed.			
Thurs.					Thurs.			
Fri.					Fri.			
Sat.			NA		Sat.			NA

Regular exceptions to the above schedule: ____________________

Nebraska Statute 43-1304 states: "The members of the Board shall reasonably represent the various social, economic, racial, and ethnic groups of the county or counties from which its members may be appointed." In order to comply with the Act, please answer the following:

Your age: 19-30 ______
31-45 ______
46 & older ______

Family income: $ 4,000-10,000 _________
$11,000-20,000 _________
$21,000-39,000 _________
$40,000 - above _________

Race: Caucasian ____ Black _____ Hispanic _____ Indian _____ Asian ____ Other _____

Marital status: ________________ Number of children ________________

I am presently a foster parent [this is not a requirement]: yes ____ no ______

continued➔

Please list current and past activities (you can use an additional sheet if more room is needed).

Please list the name, address, and phone number of three references.

1. ____

2. ____

3. ____

Please write a short paragraph of why you would like to serve on a local Foster Care Review Board.

FOR OFFICE USE ONLY:

Date application received ______________

Part I Training __________ Part II Training ______

Date appointed to Board ____________ Appointed to Board ________________

STATE OF NEBRASKA

FOSTER CARE REVIEW BOARD

CONFIDENTIALITY

Foster Care, Chapter 43-1310. Records and information; confidential; unauthorized disclosure; penalty. All records and information regarding foster children and their parents and relatives in possession of the state board or local board shall be deemed confidential. Unauthorized disclosure of such confidential records and information and any violation of the rules and regulations of the Department of Social Services shall be a Class III misdemeanor.

Class III misdemeanor:	Maximum -	three months imprisonment, or five hundred dollars fine, or both
	Minimum -	none

CONSENT FORM

I, ______________________________, agree to the rules and regulations set by the
(please print)
State Foster Care Review Board.

In particular, I promise not to disclose any information obtained from my participation in the Foster Care Reviews in accordance with confidentiality provisions.

I further promise not to use any information or data for my own personal, professional, or monetary advantage.

__________________________ __________
signature *date*

____
address

__________________________, NE ________

Signed in the Presence of:

__________________________ __________
Signature *date*

NEBRASKA STATE FOSTER CARE REVIEW BOARD

521 S. 14th Street, Suite 401
Lincoln, NE 68508-2707
(402) 471-4420

Child Abuse/Neglect Central Register Release of Information

I hereby apply to serve on the Foster Care Review Board. I hereby give my permission and authorize any law enforcement agency, child protective service agency, governmental agency, or court to release to the State Foster Care Review Board, its agents or representatives, any documents, records, or other information pertaining to me.

I understand my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registers. The purpose of this check will be to determine if my name is being maintained on either register as a result of previous abuse/neglect allegations that have been investigated and have not been determined to be unfounded. To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment perpetration, neither have I been convicted of a crime involving moral turpitude.

I understand that my refusal to authorize the release of the above-mentioned information may adversely affect my application to serve as a member of the Foster Care Review Board.

I hereby release, discharge, and exonerate the State Foster Care Review Board, its agents and representatives, and any agency, court, or person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information, or the investigation made by the Foster Care Review Board.

______________________________ ______________
Signature Date

Current Address ______________ City__________ State____ How Long? _____

Current Employer ______________________________ How Long? _____

______________________ ____________ ______________
Printed Name Birth Date Social Security Number

Other Names Used in Past Twenty (20) Years →
(Please Print or Type)
Use back of sheet if necessary

1. ______________________
2. ______________________
3. ______________________

1. ______________________
2. ______________________
3. ______________________

← Other Addresses Used in Past Twenty (20) Years
(Please Print or Type)
Use back of sheet if necessary

Names of Children Who Have Lived With You →
in Past Twenty (20) Years (Please Print or Type)
Use back of sheet if necessary

1. ______________________
2. ______________________
3. ______________________

Form revised 5-21-2001

STATE FOSTER CARE REVIEW BOARD
FINANCIAL STATEMENT
Fiscal Year 1999-2000

Appropriations

General Fund	$1,063,335.00
Cash Fund	$6,000.00
Federal Funds	$318,871.00
TOTAL	$1,388,206.00

Expenditures

Staff Salaries & Benefits	$1,057,871.56
Postage	$34,889.66
Telephone and Communications	$23,174.51
Data Processing Fees	$41,624.89
Publications and Printing	$40,385.69
Rent	$56,764.41
Legal Fees	$1,151.92
Office Supplies & Miscellaneous	$44,053.34
Travel Expenses	$42,734.41
Data Processing & Office Equipment	$17,656.46
Other Administrative & Contractual	$16,233.01
TOTAL	$1,376,485.86