“WORKING TOGETHER TO IMPROVE THE LIVES OF NEBRASKA’S CHILDREN IN FOSTER CARE”

24th ANNUAL REPORT OF THE NEBRASKA STATE FOSTER CARE REVIEW BOARD

With Statistics from Calendar Year 2006

Dave Heineman
Governor

Carolyn K. Stitt
Executive Director

"WORKING TOGETHER TO IMPROVE THE LIVES OF NEBRASKA'S CHILDREN IN FOSTER CARE"

24TH ANNUAL REPORT OF

THE STATE FOSTER CARE REVIEW BOARD

2006

Submitted Pursuant to

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State Foster Care Review Board

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WORKING TOGETHER TO IMPROVE THE LIVES OF CHILDREN IN FOSTER CARE,

THE 24TH ANNUAL REPORT OF THE NEBRASKA STATE FOSTER CARE REVIEW BOARD

The Foster Care Review Board's analysis of the Nebraska child welfare system as required by statute

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Working together to improve the lives of Nebraska's children in foster care –

A preview and commentary

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

by Carolyn K. Stitt, M.S.W.

The year 2006 was an exceptional year. Governor Dave Heineman announced his ambitious initiative to improve foster care, lending to the effort his results-oriented leadership. The Governor directed, among other things, that DHHS prioritize resolving the cases of children birth to age five, focus on achieving permanent placements for children who have spent 15 of the last 22 months in state care, and build stronger relationships with other partners in the child welfare system. Throughout this Report we discuss how these directives created positive results for children.

Governor Heineman noted at the end of 2006:

> "*I've seen tremendous improvements by the Department of Health and Human Services since announcing my child welfare initiatives in 2006...I appreciate the progress that has been made and I look forward to continued improvement in the future*."

However, as the Governor said during his announcement of his initiative,

> "*Government is not the best parent, nor did we ever intend it to be. We are at best a facilitator helping to ensure the proper placement of a child in a safe and stable environment where each child can have an opportunity to flourish. We have made significant progress in recent years, but there is much more to be done*."[1]

In addition to his initiative, the Governor, in collaboration with the Nebraska Legislature and the professionals at Health and Human Services, worked to create the new Division of Children and Family Services within the Department of Health and Human Services (DHHS). Governor Heineman subsequently signed this into law in 2007.

Some of the most significant improvements in 2006 were:

- The number of Nebraska children in foster care was reduced by 16.4%, to 5,186 children in care on December 31, 2006.
- The rate of children returning to foster care was 37.8% in 2006, down from 45.5% in 2001.
- DHHS strengthened efforts to collaborate with the Board, the Courts, and the other legal parties.

> "***History's lesson is to make the most of reform opportunities when they arise, because they do not arise often and they do not last long.***"
> Christopher Bond,
> Senator from Missouri

Members and volunteers of the Foster Care Review Board were pleased to be an integral part of this important and successful effort. During 2006, the Board conducted 5,473 reviews, a significant (9.9%) increase from the previous year. Citizen reviewers contributed more than 35,000 hours in reviewing children's cases. In addition, the Board collaborated with DHHS to identify barriers to permanency and issues of concern in the cases of 948 children birth to age five. The Board then conducted a special study in

[1] June 21, 2006, Press Release.

which the Board's staff reviewed the 948 children's action plans, immediately reported to DHHS on safety and placement concerns identified, and determined the scheduling of these children's cases for review. The results of this special study, and the data collected through tracking and reviews, are provided throughout this Report. Staff attended joint case staffings with HHS on the cases of more than 500 children. HHS CEO Christine Peterson and the Board's Executive Director met regularly to discuss child welfare issues of concern.

The Judiciary responded in extraordinary fashion during 2006 as well. During 2006 Chief Justice John Hendry proposed the idea that became the "Through the Eyes of the Child" teams. With his appointment in October 2006, Chief Justice Mike Heavican led the effort and intensified implementation of the "Through the Eyes of the Child" program with County and Separate Juvenile Court Judges. This program emphasizes moving children's cases more efficiently and effectively through the court system to assure permanency for children in a more timely manner.

The Board's staff served on each of the "Through the Eyes" teams across the state. The Board also provided statistics to serve as benchmarks to the separate juvenile court judges and the county judges who serve as juvenile court judges. Staff appeared in court at least 1,098 times on cases of concern, many of which involved multiple children. The judges addressed one or more of the concerns in 75% of these cases. In some areas, the Board's staff members were an integral part of the pre-hearing conferences that served as problem-solving sessions at the beginning of each child's case.[2]

This unprecedented coalition went deep into the branches of state and local governments and the judiciary to include other significant participants in child welfare – County Attorneys, DHHS Administrators, Supervisors and Caseworkers, Guardians ad Litem, CASA workers, and Foster Care Review Board members.[3]

What Is the Good News?

Fewer Children Are in Foster Care
There were 1,018 fewer children in care on December 31, 2006, than on December 31, 2005 (down to 5,186 children)

Fewer Children Return to Foster Care
1,961 children returned to foster care in 2006, compared to 2,078 in 2005.

More Children Were Adopted
464 children were adopted in 2006, compared to 347 in 2005.

More Children Were Seen by Their Caseworker
88.8% of the children whose cases were reviewed in 2006 had been seen by their caseworker, compared to 68.5% in 2001.

More Collaboration Occurred
DHHS strengthened efforts to collaborate with the Board, the Courts, and the other legal parties.

16.4% reduction in the number of children in foster care

5.6% reduction in the rate of children returning to care

33.7% more children adopted.

Increase in children seen by caseworkers

More collaboration

[2] A list of the Board's major activities in 2006 can be found on page 15.
[3] A list of the Foster Care Review Board's commendations can be found on page 19.

The events of 2006 taught us that by creating a collaborative and problem-solving environment, much can be accomplished. This is a vital lesson. Nevertheless, while many positive things occurred for children or were started for children in 2006 – due to the leadership of the Governor and the Judiciary – the work is not finished.

The following statistics show that there are still too many children who are not having positive outcomes, and illustrate that there is more work to be done.

Work to be Done

Children are moved between placements too often. 1,881 (36.3%) of the 5,186 children have been moved to six or more foster placements, not including brief hospitalizations or temporary respite care.

36.3% of children had 6 or more lifetime placements

Children's caseworkers change too often. 2,474 (48.9%) of the 5,051 DHHS wards in care on December 31, 2006, have had four or more different caseworkers on their cases.

48.9% of children had 4 or more caseworkers

Children remain in foster care too long. 1,053 (28.2%) of the 3,728 reviewed children had been in foster care for two years or more.

28.2% of reviewed children had been in care for 2 years or more

Children's cases do not progress toward permanency as they should. In 28.9% (1,584 of 2,956) of the children reviewed in the last half of 2006 local boards found no progress was being made towards permanency.

28.9% of children reviewed found to have no progress towards permanency

Some children's cases involve issues difficult to resolve, impacting every aspect of their cases. 58.1% of the children age birth through two years reviewed during 2006 had been placed in foster care due to parental substance abuse.

58.1% of children age birth – two entered care due to parental substance abuse

Approximately half of the children in foster care struggle within the system, as evidenced by the 2,856 children who have experienced four or more placements, the 1,053 children who have been in foster care for two years or more, and the 2,474 children who have experienced four or more caseworker changes.

Half the children struggle in the system

This Report provides important benchmarks, including those listed above. They help us to gauge future progress, and recommend how to successfully address the issues remaining in the child welfare system. The following describes how the Board arrives at its recommendations.

Basis for the Board's Findings and Recommendations

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

The analyses and recommendations are based on the collected results of the **5,473 comprehensive reviews** conducted on the cases of **3,728 children** during 2006. During the review process, staff:

- Reviews the DHHS case files,
- Gathers pertinent information regarding the child's welfare from a variety of interested parties,
- Provides information to local board members prior to the meetings,
- Provides the means for pertinent parties to participate in the local board meetings, and
- Gathers and verifies statistical information.

At the review meeting, local board members make recommendations and findings on the placement, services, and plan; identify the remaining barriers to achieving the permanency objective; and create a comprehensive set of recommendations issued to all legal parties in each reviewed child's case. Three hundred forty-seven local board members from a variety of disciplines, including medicine, law, education, child development, and business, volunteered over 35,000 hours to review children's cases during 2006.

The information tracked for the 10,972 children who were in out-of-home care for some or all of 2006, together with the Board's 24-year history of analyzing the Nebraska child welfare system, provides a substantial basis for its recommendations, as does the findings of respected national researchers.[4]

Implementing the Board's recommended improvements to the foster care system would not only create a more humane system, it would also generate long-term fiscal savings. Abused and neglected children create additional costs for Nebraska's taxpayers because these children:

[4] A description of the structure of the Board and the case review process starts on page 85.

- Are often in special education,[5, 6]
- Have an increased likelihood of current and future drug and alcohol abuse,[7]
- Are more likely to have mental health needs,[8]
- Are more likely to be homeless,[9]
- Are more likely to enter the prison population,[10] and**,**
- May perpetuate the cycle of abuse as adults when they have children of their own.[11]

While we cannot mitigate all of the horrors which abused children endured, we can do more to make foster care safer, and more stable, nurturing, and healing.

In order to do more to improve conditions for the majority of children in foster care, the Board has prioritized the following three recommendations.

Recommendation 1: Reduce caseworker changes in order to stabilize management of children's cases.

When a caseworker leaves DHHS or transfers to another position within DHHS, that worker's caseload does not go away. The caseload is divided among other caseworkers or staff, thereby causing an even greater overload situation for other staff members.[12]

2,484 (47.9%) of the 5,052 DHHS wards in foster care on December 31, 2006, had four or more caseworkers during their time in out-of-home care.

After a new caseworker completes training and assumes cases, the case may be transferred again. Each new caseworker must

[5] *"30% to 41% of children and youth in care receive special education services."* Yu, 2003, quoted in Practice Notes, North Carolina Division of Social Services, September 2006.
[6] Children placed in out-of-home care due to abuse or neglect tended to score lower than the general population on measures of cognitive capacity, language development, and academic achievement. National Survey of Child and Adolescent Well-Being, U.S. Department of Health and Human Services 2003.
[7] According to report from the National Institute on Drug Abuse, as many as two-thirds of people in drug treatment programs reported being abused as children. Swan, 1998.
[8] Abused and neglected children have been found to be at least 25 percent more likely to experience problems such as delinquency, teen pregnancy, low academic achievement, drug use, and mental health problems. Kelley, Thornberry, & Smith, 1997.
[9] 53% of homeless youth in Minnesota had lived in foster homes. Minnesota Coalition for the Homeless, www.mnhomelesscoalition.org (Sept. 18, 2007). Nationally, there is significant evidence that when young people "age out" of foster care, as many as 40 percent will become homeless. Aging Out: From Foster Care To Homeless Shelters? New York City Independent Budget Office.
[10] Being abused or neglected as a child increased the likelihood of arrest as a juvenile by 59 percent. Study of the National Institute of Justice. Abuse and neglect increased the likelihood of adult criminal behavior by 28 percent and violent crime by 30 percent. Widom & Maxfield, 2001.
[11] It is estimated that as many as one-third of abused and neglect children will eventually victimize their own children. Prevent Child Abuse New York, 2003.
[12] More information about case management can be found beginning on page 53.

take time to become familiar with the case, which may have very complicated issues. Additional time is again needed to establish the trust of the child and involved families. In reality, when a caseworker leaves, a child's case often "starts over" twice – each restart causing the child to remain in foster care for a longer time without permanency. Some caseworker change is inevitable. **However, efforts need to be made to reduce caseworker changes. This can best be done by implementing these recommendations.**

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

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

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

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

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

   The Board acknowledges that there is a continuous and necessary effort to curtail state expenses. Being competitive and improving compensation for outstanding caseworkers is not wasteful. Quite the contrary, maintaining a career staff will create stability in case management, improve evidentiary documentation necessary for successful court outcomes, and move children to permanency more quickly, thereby continuing the recent decline in the number of children in foster care.

Further considerations:

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

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

Delaware and Illinois are among the other states which have found that by analyzing caseload sizes, by providing supervision and mentoring, and by limiting caseloads, caseworker changes were reduced. These states have achieved better results for children. A similar application of time and resources would be an excellent investment, not only

for the children in foster care, but also for the dedicated caseworkers striving to help them.

Recommendation 2: Recruit and develop stable placements for children to assure that they are not further traumatized by moving them from one caregiver to another.

Most would agree that disrupting a child's home environment, taking that child from one set of caregivers and placing him or her with another, is harmful to the child. Children experiencing four or more placements are likely to be permanently damaged by the instability and trauma of broken attachments.[13]

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

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

55.1% of the children in foster care on December 31, 2006, experienced four or more placement changes.

- **974 children (18.8%) had 4-5 placement changes.**
- **1,066 children (20.6%) had 6-10 placement changes.**
- **814 children (15.7%) had 11 or more placement changes.**

Further considerations:

The Board finds that the lack of appropriate placements results in children being placed where beds are available, rather than where the children's needs may best be met. Overcrowding can make it difficult for the foster parent(s) to provide each child with the care needed to heal from their past abuse or neglect experiences. In a special study completed in the fall of 2006, 219 (23.1%) of 948 children age birth to age five were in foster homes also caring for four or more other children.

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

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

[13] More information about placement issues can be found beginning on page 46.

Recommendation 3: Build a system within DHHS to assure the delivery of safe, quality services to children where contractors are utilized, and to provide for sufficient oversight of contractor performance, especially for those contractors which:

1. **Supervise/monitor court-ordered visitation between parents and children.**
2. **Transport children to those visitations and/or to other providers of services for families.**
3. **Provide children's placements, whether agency-based foster family homes or group homes.**[14]

The Board's primary concern is for the safety of children in foster care. This concern drives our recommendation for oversight of all contracts for clarity of expectations, evaluation of accountability, and consequences for non-compliance.

The ability of the courts to achieve appropriate permanency for children under their jurisdiction is only as good as the information reported to the court by the professionals and service providers in the case. This information constitutes the "evidence" the court uses as a basis for its orders and for shaping the direction in which the case proceeds.

53.5% of children ages birth to five had parental visitations supervised or monitored by a contractor.*

- **147 of those children (28.9%) had no visitation reports in their file.**
- **For the remaining 360 children, 174 (48.3%) had four or more different persons supervising/monitoring parental visitations.**
- **62 (12.2%) had eight or more persons supervising/monitoring visitations.**

37.9% of the children were driven to a visitation or other service by a contractor.*

- **85 children had 4-12 different drivers; 21 children had 11-15 different drivers, and 5 children had 16-35 different drivers!**

* These statistics come from the special study of 948 children birth to age five conducted in the fall of 2006.

How the contract system has been implemented often results in a disconnect in the communication of vital information between DHHS and its contractors, and vice-versa.

The communication gaps in the current system can result in the omission of evidentiary documentation crucial to the judge presiding over the child's case.

From its case reviews, the Board is also aware of critical safety gaps in the current system. For example:

- A family member sexually assaulted a 12-year-old female state ward during what was supposed to be a supervised visit. The contract provider, who was supposed

[14] More information about contracts can be found starting on page 69.

to be supervising the visit, drove the state ward to the visit and dropped her off, coming back only to pick her up at the end of the visit. No other family member was supposed to be at the supervised visits.

- A four-year-old child was to be transported by a contractor, who knew the child was young enough to require an approved safety seat. When the contractor's employee arrived, there was no car seat in the van, and the foster parent did not have one available. It took considerable time for the contractor to obtain a car seat so the child could be transported. The foster parent traveled down the same highway as the contractor employee, and observed the employee to be speeding, inappropriately shifting lanes, and driving erratically. The foster parent worried about the safety of the child given what she had observed.
- A larger day care center has identified concerns with drivers arriving with no identification and without age-appropriate car seats for the age of the children being transported. Drivers arrived unreasonably early, late, or not at all, disrupted children's meal and nap schedules, and caused difficulties in assuring staff coverage. Drivers were smoking in vehicles when coming to pick up children afflicted with asthma and allergies.
- During reviews, it has been found that some contractor placements, (which should be equipped to provide care for children with difficult behaviors or medical needs), have been poorly monitored or supported, or have been overcrowded, putting children at risk.

Addressing contract issues is important. These issues impact the safety and the quality of children's lives while in foster care, after leaving foster care, and later as adults. Also negatively affected are the validity and completeness of the information used by DHHS and the courts to determine case direction and the child's future.

Contract language must be clear in spelling out precisely who is responsible for what, including oversight and service provision. The contract should clarify who is in charge of the case, and how information is to be reported to the caseworker and incorporated into the child's case plan. Lack of clarity can create situations where vital services may not be performed or are substandard, necessary information may not be communicated between all the parties involved, and safety issues may not be addressed.

The currently system of reliance on contractors, with so many individuals involved, can lead to significant waste of precious time and resources, delaying a child's move to permanency, and resulting in higher costs to Nebraska taxpayers.

To help eliminate confusion and financial waste, contract oversight should:

1. **Evaluate all contracts for precise, clearly stated expectations, including consequences for non-compliance.**
2. **Specify basic qualifications required of contractor employees, including thorough background checks to be conducted at regularly-defined intervals.**

3. **Provide a clear reporting mechanism required of each contractor, as well as a clear method by which DHHS can verify that services have been performed satisfactorily prior to issuing payment for such services**
4. **Assure that DHHS has specific qualified and trained individuals in position to monitor contractor compliance on a regular basis, in order to fulfill its responsibilities to the children placed in its legal custody.**

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In every case, there should be an assessment indicating why each service is necessary. That finding must be communicated to all parties. For example, if supervised visitation is necessary, there should be an assessment that clearly delineates the purpose of the supervision (e.g., to ensure that the parent's anger is under control). Visitation reports should then center on that purpose (e.g., the reports should specify if the parent needed redirection when frustrated with the child or if the visitation had to be suspended because the parent was about to strike the child).

Further considerations:

Local board members throughout the state, by their Project Permanency visits to foster case facilities, and from testimony by participants in the review process, have heard concerns about visitation supervising/monitoring and transportation.

Foster parents report that it is often unclear when the driver will arrive and return. They comment about the number of different drivers transporting their foster child. They express fear and concern for the safety of the child placed in their care, not knowing who is driving the child, who will be monitoring/supervising the visitation, and when the child will return. The foster parent is often left to deal with a distraught child, confused by the whole process. Sadly, there are some instances when a child has been injured while being driven to a visitation. Visitation notes, which provide valuable evidence for the courts, are missing in far too many children's files.

From reviews, the Board has found that safety concerns regarding agency-based placements are frequently not addressed promptly, nor in an appropriate manner.[15] Children have been seriously injured and neglected in some contractor placements. Patterns of concern with certain contractors are not being considered when renewing contracts, or letting new contracts. There appear to be few consequences for contractors who allow children to be hurt, or who provide substandard care in their foster homes and facilities.

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

Additional Recommendations to Consider:

In addition to the top three recommendations above, local boards have identified other key recommendations, which include:

- Improving the front-end of the system by improving access to prevention services, by addressing concerns regarding response to child abuse reports, and by expanding the use of pre-hearing conferences (see page 39ff)
- Focusing on the special developmental needs of young children**,** with the goal of making permanency decisions within 15 months of the child coming into foster care (see page 59)
- Expediting permanency and using permanency hearings effectively (see page 63)
- Addressing foster children's educational issues (see page 73)
- Improving GAL Representation (see page 57)
- Holding perpetrators accountable through the criminal process (see page 77)
- Funding positions the Board lost in the budget cuts (see page 81)

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

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

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

All of the issues just discussed have a common thread – while they affect all children in out-of-home care, they especially impact the youngest children in care.

Fall 2006 Study Analyzes Nebraska's Foster Care of Children Birth to Age Five

For the last ten years the Foster Care Review Board has been especially concerned with how issues in the child welfare system impact children birth to age five because of their developmental vulnerabilities. Research on the physical and emotional development of children birth to age five shows that it is especially critical for those children to have stability and continuity of care.[16]

According to the National Clearinghouse on Child Abuse and Neglect, the brains of children at birth have literally billions of neurons, with unlimited potential just waiting for connections to be made with other neurons, thereby creating mental abilities and future skills and aptitudes. "This vital process of connectivity does not 'just happen' as a child grows older. In fact, the environment of the child is crucial to the success of this development. There must be a steady supply of attention, interaction, and cuddling with the infant in order to promote connections between neurons."[17]

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

Fundamental Building Blocks for Children[18]

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.

Others, such as the Judicial Commission on Zero to Three, have recognized this as well.

> The importance of positive early environments and stable relationships for a child's healthy development is incontrovertible. At the same time, a lack of attention to infants in or at risk of foster care placement has long-term implications for those children and our society. Children who spend their early years in foster care are more likely than other children to leave school, become parents as teenagers, enter the juvenile justice system and become adults who are homeless, incarcerated and addicted to drugs. Answering the cry of infants in foster care is an investment in their lives and the future of all children.[19]

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[16] This is described in greater detail in the Young Children's section, beginning on page 59.
[17] Understanding the Effects of Maltreatment on Early Brain Development, National Clearinghouse on Child Abuse and Neglect Information, October 2001.
[18] Dr. T. Berry Brazelton and Stanley Greenspan, "Our Window to the Future," Newsweek Special Issue, Fall/Winter 2000.
[19] Ensuring the Healthy Develop of Infants in Foster Care: A Guide for Judges, Advocates, and Child Welfare Professionals, Permanent Judicial Commission on Justice for Children, Zero to Three Policy Center, January 2004.

The Foster Care Review Board, in collaboration with the Department of Health and Human Services, and in response to the growing and critical concern for children birth to age five, conducted a special study of 948 such children during the fall of 2006.

In this study, the Board examined the action plans DHHS was to develop for the children, and other key issues, including:

- Parental substance abuse,
- Placement changes,
- The number of transportation providers, and
- The number of persons monitoring/supervising parental visitation.

The Board identified areas of concern, and collaboratively worked with DHHS to address those concerns.[20]

The study told us:

Why are children in foster care?
One major reasons is substance abuse:
352 (37.1%) had been affected by parental methamphetamine abuse
218 (23.0%) had been affected by parental alcohol abuse,
124 (13.1%) had been affected by parental cocaine abuse.

37.1% of the children had been affected by meth abuse by their parents

How many foster homes?
182 (19.2%) lived in four or more foster care placements, a level of instability that many experts find detrimental. Short term respites and hospitalizations were not counted.

19.2% of the children had been affected by 4 or more placement changes

How many caseworkers?
342 (36.0%) had their cases managed by four or more different caseworkers while in foster care, not counting intake workers, or workers filling in at court, or during another caseworker's brief absence.

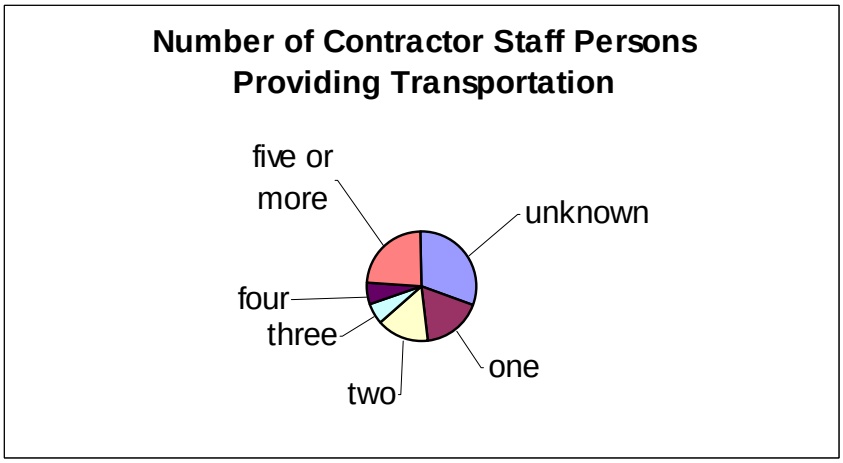
36.0% of the children had been affected by having 4 or more different caseworkers

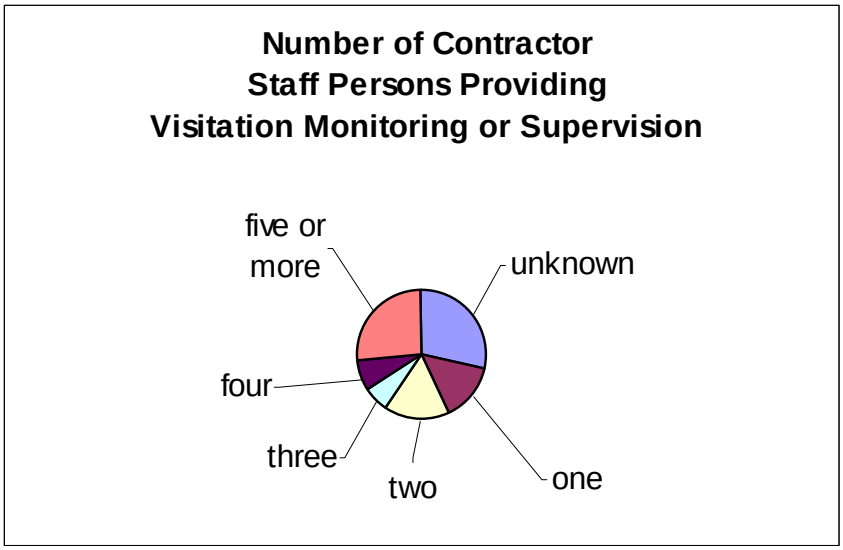
How long in foster care?
166 (17.5%) had been in foster care for two years or longer. From the point of view of a child birth to age five, 24 months is too long in foster care.

17.5% of the children had spent two years or more in foster care

[20] The report on this study is reprinted, beginning on page 175.

From the birth to age five study:





Foster Care Review Board
Major Activities During 2006

I. Tracking Children

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

A. Tracked 10,972 children who were in foster care during 2006 as reported to the Board by DHHS, the Courts, and private agencies. This was done in spite of undergoing a major change in the computer system used for tracking purposes.

B. Researched and verified the foster care status, and then closed the cases of approximately 1,272 children whose cases had been closed without DHHS issuing a report.

C. Followed the Federal Department of Health and Human Services directive that the Board's tracking system be put on the DHHS N-FOCUS computer platform. In early 2006, the Board completed testing on the new system. After the March 13, 2006, implementation date, the Board began the time and staff intensive task of rebuilding literally thousands of pieces of essential information that could not be transferred from the old operating system. The Data Coordinator began the difficult and time-consuming task of rewriting all queries for the new, more complicated operating system.

D. Assigned 7,902 children for review by citizen review boards across the state, including alternates.

E. Provided statistical and other information to researchers, grant seekers, governmental officials, the Through the Eyes of the Child teams, and child advocates, and provided the statistical information used throughout this Report.

II. Reviewing Cases

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

A. Completed 5,473 reviews on 3,728 children, a significant (9.9%) increase from the 4,980 reviews completed during 2005.

B. Issued 38,311 case specific reports with recommendations to the courts, agencies, attorneys, guardians ad litem, county attorneys, and other legal parties.

C. Facilitated local board members volunteering over 35,000 hours of service.

III. Visiting Foster Care Facilities

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

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

B. During the last half of 2006, conducted 95 visits under Project Permanency, where trained local board members visit the foster homes of children, primarily birth to age five, to assure safety and to provide additional information to the foster parents on behaviors common to young children in foster care.

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

IV. Appearing in Court, Legal Standing

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

A. Appeared in court at least 1,098 times during 2006, many of these cases involving multiple children.

B. Issued 38,311 case specific reports with recommendations to the courts, DHHS, attorneys, guardians ad litem, county attorneys, and other legal parties.

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

V. Promoting Stability, Continuity and Safety of Children in Foster Placements

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

A. Discussed the lack of accountability in the child protection system and the serious communication gaps between CPS and law enforcement.

B. Met with Governor Heineman to brief him on several concerns in the child welfare system, including the need to reduce caseworker changes, the need to reduce the number of children in foster care, how young children in foster care are especially vulnerable, delays in permanency, the length of time children spend in foster care, and the need for more placements.

C. Conducted Project Permanency visits/visits to foster care facilities. (see III above)

VI. Promoting Children's Best Interests By Working With the Following Individuals and Entities

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

A. The Governor and DHHS

1. Conducted a special study for Governor Heineman on 948 children birth to age five, and barriers to effective foster care and permanency for these children.[21]
2. Participated in regular meetings between the Board's Executive Director, the DHHS Director, and the DHHS Administrator for Protection and Safety.
3. Participated in monthly staffings on cases of concern. This included the Board's State Board Chairperson, the Executive Director, the Program Coordinator, Supervisors, and Staff, as well as administrators and staff from DHHS.
4. Discussed ways to improve CPS response.
5. Discussed problems identified with private contracts for transportation of children and supervision of visitation between parents and children.
6. Flagged cases of significant concern for the DHHS Director's attention.
7. Worked to address systemic issues that affect permanency and safety for children.
8. Encouraged increased DHHS participation in reviews.

B. Members of the Legislature

1. Provided information on Nebraska's foster care system to all newly elected Senators.
2. Continued to respond immediately to case concerns brought forward by State Senators on behalf of constituents.

C. The Attorney General

1. Met with the Attorney General to discuss child protection issues.
2. Referred cases of concern to the special unit of the Attorney General's office.

D. Members of the Judiciary

1. Met with Chief Justice Hendry to describe court-related issues and to recommend a commission on the courts. Met with Chief Justice Heavican to discuss court-related issues.
2. After years of communicating concerns regarding guardian ad litem representation, and following the Board's request that a commission be put in place to address court issues for children in foster care, Chief Justice Hendry nominated the Nebraska Supreme Court's Commission on

[21] The final report on this study is reprinted in this Report, beginning on page 175.

children, as well as the subcommittee that addressed guidelines and standards for the representation of state wards. The Board's Director served on the Commission and on the subcommittee. In 2007, the Supreme Court adopted the guidelines recommended by the subcommittee.

3. Participated in the Through the Eyes of a Child Initiative, with representatives on every team. In some areas, per judicial request, staff served on pre-hearing conferences.
4. Provided statistics on request to Juvenile Court judges prior to and after the Through the Eyes of a Child Initiative was announced. After the initiative, provided statistics to all Juvenile Court and Separate Juvenile Court Judges on the children in foster care they serve, and on the children from each county.
5. Worked with the JUSTICE computer system (the court's record keeping system) to gain additional information on dates of court reviews.

E. Other Efforts to Promote Best Interests

1. Advocated for children through team meetings, meetings with legal parties, special correspondence, and similar efforts.
2. Several review specialists and supervisors met regularly with their individual area's "1184 teams" (child abuse treatment teams).
3. Sponsored educational events on bonding and attachment, multi-cultural issues, termination of parental rights, and legal issues for local board members and members of the child welfare system.
4. Made numerous presentations about the Board and about the status of children in foster care, to focus groups, community organizations, service clubs, college classes, and foster parent training classes.

With this introduction, the Board wishes to make the following commendations.

2006 Commendations

The Foster Care Review Board would like to acknowledge the achievements and efforts of the following individuals and agencies:

Governor Dave Heineman is commended for utilizing his results-oriented leadership to improve the lives of children in foster care. The Governor recognized that one of the barriers to positive outcomes for children was that the lines of accountability within the DHHS system were unclear, and thus put into motion his plan to reorganize DHHS, (which was passed by the Legislature and signed into law during 2007).

The Governor worked with the DHHS leadership to begin to change the culture of DHHS to one more conducive to collaboration and problem solving. The Governor directed the Health and Human Services System to prioritize the cases of children birth to age five, the most vulnerable and impressionable children that DHHS workers encounter, and to obtain permanency for children in a timely manner. The Governor met with the Foster Care Review Board to discuss issues that affect children in foster care.

It is indisputable that the time, energy, and resources that Governor Heineman invested in these efforts has resulted in fewer children being in foster care, more collaborative work towards achieving permanency for children in a timely manner, and more attention to the needs of the children. The impact of the Governor's work cannot be over-estimated.

Chief Justice Mike Heavican is commended for continuing the Nebraska Supreme Court Commission on Children in the Courts, which has taken affirmative steps designed to reduce the length of time for processing of an appeal in cases involving the termination of parental rights, and has reviewed and made substantive practice recommendations regarding guardian ad litem representation. He is also commended for exploring ways to implement the National Council of Juvenile and Family Court Judges recommendations to improve court practice in child abuse and neglect cases, and his continuation of the *Through The Eyes of the Child* Initiative begun by his predecessor.

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

Judge Everett Inbody and Judge Douglas Johnson are commended for their co-chairmanship and leadership in the Supreme Court's Commission on Children in the Courts, which has taken affirmative steps designed to reduce the length of time for the processing of an appeal in cases involving the termination of parental rights, and has reviewed and made substantive practice recommendations regarding guardian ad litem representation.

Judge Lawrence Gendler is commended for his work coordinating the *Through the Eyes of the Child* teams.

Health and Human Services CEO Christine Peterson is commended for collaborating with the Review Board to conduct a special study of children birth to age five, for her leadership in attending and requiring other DHHS administrators to attend local board meetings to see the process first-hand and to understand the value of citizen review, and for beginning the culture shift to one of collaboration and problem solving.

Christine Peterson and Protection and Safety Administrator Todd Reckling are commended for partnering with the Board to establish statewide staffings with the Foster Care Review Board of those cases with serious concerns.

The Board also acknowledges the work of Todd Landry, Director of the Division of Children and Family Services, who was appointed in 2007, and who continues collaborative efforts.

DHHS Administrators Yolanda Nuncio and Jana Peterson are commended for working with the Foster Care Review Board to develop a process where children's cases in the DHHS Central Services Area who are birth to ten years of age and/or in foster care for 15 months or longer are jointly staffed with DHHS staff and the Board's Staff on a monthly basis. At these staffings, barriers to permanency for children are identified, a plan for the next month is developed, and at the next monthly meeting DHHS and the Board's follow up and document the progress.

Health and Human Services Caseworkers and Supervisors are commended for the increased number of children with complete written plans, for the increased number of permanency objectives the Board could find in the child's best interests, for maintaining the high rate of caseworker contact with the children, and for their service to children in foster care and their families.

Health and Human Service's Legal Department is commended for working to facilitate appropriate permanency for foster children.

Members of the Legislature are commended for creating the Division of Children and Families within the Department of Health and Human Services, and for passing the resolution resulting in the Health and Human Services Committee conducting a study to prioritize main concerns.

Foster Care Review Board Volunteers who serve on local boards are commended for their time, care, concern and commitment to Nebraska's children in foster care. These 347 volunteers from across the state donated over 35,000 hours reviewing children's cases in 2006.

Foster Parents and Placements are commended for showing their concern and dedication by providing children the nurturing care and attention they need to overcome their past traumas.

Attorney General Jon Bruning is commended for his leadership and focus on children's issues. He is also commended for his continued support of the special unit in his office that prosecutes crimes against children. In particular we commend the work of Randy Stoll, who heads the special unit.

County Attorneys are commended for their many efforts to assure that Nebraska's children are safe. In particular we commend the work of Robert Cashoili, Jennifer Chrystal-Clark, Stuart Dornan, Susanne Haas, Rebecca Harling, Kristin Huber, Sandra Markley, Carrie Strovers, Eric Strovers, Amy Schuchman, and Douglas Warner.

Gary Lacey, Lancaster County Attorney, and Alicia Henderson, Chief Deputy County Attorney of Lancaster County's Juvenile Unit, are commended for reviewing all the Lancaster County DHHS child abuse and neglect reports ("intakes"), researching those cases, and cross referencing the persons involved in the case with the Police Department's tracking computer, evaluating the child's risk based on this additional information, and determining appropriate action on behalf of the children.

Guardians ad litem who do an outstanding job of advocating for their clients are commended. In particular we commend the work of Dorothy Benton, Claude Berrickman, Jr., Jami Birkel, Jane Burke, Michael Burns, Patrick Campagna, Chris Costantakos, Rachel Daugherty, Ann Ebsen, Stephanie Flodman, Paula Fritz, Robert Goodwin, Steve Guenzel, Tom Incontro, Monica Kruger, Laura Lowe, Jacqueline Madar-Campbell, John Milligan, Rex Moats, Candice Novak, Larry Ohs, Jason Ossian, John Sellers, Scott Sidwell, Roberta Stick, Mariclare Thomas, Rebecca Tvrdik, Jeffrey Wagner, and Steve Williams.

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

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

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

Project Permanency Monetary and In-Kind Contributors are commended – particularly Project Linus, Target, the Columbus Area United Way, Reruns R Fun – for making it possible to provide the backpacks, blankets, and other materials.

Child Advocacy Centers are commended for their dedication to easing the trauma experienced by children during the investigation and interview of child abuse, neglect, and sexual abuse.

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

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

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

General Questions About Foster Care

General Questions About Foster Care

How many children are in foster care?

While the Board applauds recent efforts to decrease the number of children in foster care, Nebraska continues to have one of the highest per capita ratios of children in foster care with 10,972 children in foster care for one or more days during 2006.[22]

On December 31, 2006, there were 5,186 children in foster care, 804 more children than the same date in 1996.[23]

How do children come into foster care?

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

1. A medical professional, educator, neighbor, family member, or other person makes a report of abuse or neglect. This call can go to law enforcement or to DHHS-CPS. Reports of abuse or neglect received by law enforcement or DHHS are cross-reported to each other.
2. A decision is made whether or not to investigate the report.
3. Either law enforcement or CPS may be involved in the investigation; however, only law enforcement may remove a child from his/her parent's custody unless a petition is requested or if DHHS already has custody.
4. The County Attorney files a petition with the court detailing the allegations. The Court makes a ruling whether the evidence supports the court's jurisdiction over the child and the parents, and whether the child shall be placed out of the home.
5. DHHS develops the permanency plan for the child and presents it to the court. If there are no objections to the permanency plan, it is court ordered.
6. DHHS provides services to children and their families as specified in the court ordered permanency plan.
7. Court hearings are held at predetermined intervals as required by law.[24]
8. If the evidence shows parental compliance with the goals of the permanency plan, then reunification may continue to be pursued as a goal, and the child returned to the parents.
9. If there is no compliance, or compliance is substantially inadequate, either the state or the child's guardian ad litem may file a petition with the court requesting that the parent's rights be terminated**.** The court decides this issue at a hearing at which the parents, their lawyers, the child's guardian ad litem, and the county

[22] Rates of Children in Out-of-Home Care on the Last Day of Federal Year, 2004. http://ndas.cwla.org/data_stats. Adjusted for December 31, 2006, population in out-of-home care in Nebraska.
[23] Statistics are from the Board's tracking system unless otherwise noted.
[24] See page 153 for a description of the legal process.

attorney are present. If the Court terminates rights, and if no appeal is taken, or if the appeal is denied, then the child may be placed for adoption. Adoption is finalized by a ruling by the Court.

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

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

Why are children removed from their homes?

The following summary table demonstrates why children reviewed during 2006 were removed from their homes of origin. During the reviews, one to ten reasons for entering foster care may be identified for each child.[25] Many children enter care due to multiple issues. For example a child could enter care due to physical abuse, neglect, and parental substance abuse.

Percent of Children Reviewed	Condition	Important Facts
61.1%	Neglect	Neglect has serious consequences. Nationally, almost as many children die each year from neglect as from physical abuse.[26] If a child has not been provided for physically, medically, and/or emotionally, it is considered neglect. Neglect can include the denial of critical care, failure to provide basic and necessary medical care and hygiene, failure to supervise children enough to keep them safe, engaging in criminal activity in front of the child, abandonment, and related inattention to the child's needs. Parental substance abuse, depression, poverty, , and/or other mental health issues often contribute to neglect.
20.8%	Children's behaviors	Many child and youth behaviors stem from unrecognized abuse or neglect.
43.1% for children age birth-18 (58.1% of children under two)	Parental substance abuse	Parental substance abuse is likely seriously under-reported as a reason for removal as it is often the root of the above problems but may not be recognized upon removal (e.g., the child comes into care due to physical abuse, but the physical abuse happened during a substance abuse episode). In recent years, the methamphetamine epidemic has substantially increased the number of young children in foster care who come from families highly resistant to change. 76.8% of the children reviewed in 2005 who were under three years of age had parental substance abuse as a factor in their

[25] See Table 5 on page 120 for more details.
[26] National Clearinghouse on Child Abuse and Neglect, www.calib.com/nccanch/, July 2003.

		case.
25.7%	Physical abuse	Physical abuse can include bruises, lacerations, broken bones, concussions, and brain damage.
28.1%	Unsafe or substandard housing	Parental substance abuse, poverty, and mental health issues often contribute to housing issues.
12.9%	Abandonment	
13.5%	Sexual abuse	Sexual abuse is often not disclosed until after the children are in care. In 8.1% of the children reviewed, sexual abuse was recognized as an initial reason for entering care, with another 5.4% disclosing sexual abuse after entering care.

According to the National Clearinghouse on Child Abuse and Neglect, in 2000 nearly two-thirds of child victims nationwide suffered neglect, nearly one-fifth suffered physical abuse, and approximately one-tenth suffered sexual abuse.

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

What are the issues specific to parental methamphetamine abuse?

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

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

The use and manufacture of methamphetamine leaves a residue of the drug throughout the home. Blankets, clothing, children's toys, and even teddy bears have tested positive for the presence of methamphetamine, exposing children to the risk of long term physical injury and mental health impairments. The toxins involved cause medical problems, including anemia, respiratory illness, and neurological symptoms in children. Developmental delay and brain damage have also been linked to the toxins.[27]

[27] Sources include: Kathryn Wells, MD, Medical Director, Denver Family Crisis Center; the National Jewish Research Center on Methamphetamine Research; Research on Drug Courts: A Critical Review, Steven Belenko, PhD, the National Center on Addiction and Substance Abuse at Columbia University, New York, New York, June 2001; Painting the Current Picture: A National Report Card on Drug Courts,

Parental use of methamphetamine creates a second and perhaps more dangerous threat to children because of the drug's immediate and long term effects on the user. Addicts entrusted with the care of children display post-use behaviors that may include violence, paranoia, hallucinations, agitation, and schizophrenic-like symptoms.

Users suffer cognitive impairments such as memory loss, confusion, insomnia, depression and boredom. The cognitive impairments cause users to misinterpret body language and words, which can result in violent paranoiac reactions to perceived threats. Neurological damage and psychotic behavior can persist for months and even years after use is discontinued, and often results in children suffering gross abuse and neglect.[28]

When a methamphetamine addict stops using the drug, or when the supply is interrupted, the addict's body often "crashes," from the need for sleep. Addicts may sleep from three to five days, leaving their children unfed, unbathed, unsupervised, and often in the "care" or at the whims of fellow drug abusers. Upon awakening, the addict may suffer from severe depression, heightened cravings, or suicidal ideations. Throughout all of this, the methamphetamine addict is still "parenting" their children.[29]

Children in a methamphetamine home are victimized by the very environment in which they live. They are often victims of, or witnesses to, significant domestic violence and physical abuse. The methamphetamine culture is often sexually explicit. More than one law enforcement officer has marveled that the typical methamphetamine home lacks the basic essentials for the care of children, but contains a large screen television and ample supplies of pornographic videos. The children are exposed to both an alcohol and drug culture as friends of the users come and go. These children tend to isolate themselves from other children, and are characterized by high truancy rates from school.

When identified, "meth" homes are not quickly fixed. Mothers who are required to choose between reunification with their children or continued methamphetamine usage all too often choose their drug rather than their children.[30]

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the National Drug Court Institute, Washington, DC, May 2005, Volume I, No. 2; Treatment Methods for Women, National Institute on Drug Abuse, National Institute of Health; Methamphetamine: New Treatment for Women and Children, Kathleen M. West, Drug Endangered Children Research Center, Los Angeles, California, and Dr. Gregg Wright, MD, Med, UNL Center on Children, Families, and the Law.

[28] Ibid.

[29] Ibid.

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

How are foster care and poverty related?

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

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

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

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

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

Another concern is for youth who "age out" of the system. These youth are more likely to be impoverished, and have high rates of homelessness and incarceration. A study of Washington and Oregon youth who lived at least one year in foster care found that the vast majority spent their early adulthood struggling with poverty, homelessness, and major depression. One-third of these former foster children were living below the federal poverty level.

The following Nebraska statistics are of interest:

- About 50% of the children the Board's reviews in any month qualify for federal Title IV-E funding. To qualify, several eligibility requirements must be met. One of the eligibility requirements for this funding is that the parental income in the month prior to the children's removal from the home would have qualified for AFDC assistance at the 1996 income standards.
- 60.8% of the children reviewed in 2006 entered care, at least in part, due to neglect.
    - If a child has not been provided for physically, medically, and/or emotionally, it is considered neglect. Neglect can include the denial of critical care, failure to provide basic and necessary medical care and hygiene, failure to supervise children enough to keep them safe, engaging in criminal activity in front of the child, abandonment, and related inattention to the child's needs. Parental

substance abuse, depression, economic issues, and/or other mental health issues often contribute to neglect.

- 23.7% of the children reviewed in 2006 entered care, at least in part, due to housing issues.

Does placing a child in foster care have risks?

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

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

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

How does moving children compound the effects of abuse?

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

As noted by the American Academy of Pediatrics:

> "Adults cope with impermanency by building on an accrued sense of self-reliance and by anticipating and planning for a time of greater constancy. Children, however, especially when young, have limited life experience on which to establish their sense of self. In addition, their sense of time focuses exclusively on the present and precludes meaningful understanding of 'temporary' versus 'permanent' or anticipation of the future. For young children, periods of weeks or months are not comprehensible. Disruption in either place or with a caregiver for even 1 day may be stressful. The younger the child and the more extended the period of uncertainty or separation, the more detrimental it will be to the child's well being."[31]

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

Grief in children is not just sadness. During the grief period, children are likely to exhibit regressive behaviors, learning difficulties, mood swings, sleep disturbances, and anxiety.

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

During this time their developmental progression will also be slowed or stopped. Children may be punished in school, day care, or homes for exhibiting these predictable grief reactions, which further adds to their trauma.

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

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

What did local boards find on key child welfare indicators?

The Foster Care Review Board conducted 5,473 comprehensive reviews on 3,728 children's cases in 2006.[32] Most of these children had been in care for at least six months prior to their first review. The following data from those reviews illustrates the obstacles faced:

1. 1,053 reviewed children (28.2%) had been in foster care for at least two years of their lives. (see Table 1)
2. 1,388 children (25.4%) either did not have current written plans for reaching permanency as required by state or federal laws, or had incomplete plans that could not be used to fully measure parental compliance. This is a decrease from the 52.4% in 1996 who had no complete, written plans. (See Table 3)
3. 2,296 children (42.0%) had a plan objective which the Board found did not meet the children's best interests, a substantial decrease from the 56.6% in 1996 with plans not meeting the children's best interests. (See Table 3)
4. 296 children (5.4%) were in unsafe or inappropriate foster placements and there was insufficient documentation for 882 children (16.1%) to assure their safety. (See Table 3)[33]
5. In 1,584 reviewed children's cases (28.9%) the Board found that no progress was being made towards permanency. In another 1,372 (25.1%) children's cases it was unclear if progress was being made. (See Table 3)

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

Individuals involved in Nebraska's child welfare system worked hard to meet the needs of the 10,972 children who were in foster care during 2006. However, as the following

[32] Children are normally reviewed every six months while in foster care, thus many children have more than one review during a calendar year.
[33] The Board is required under Neb. Rev. Stat. §43-1308(1)(b) to make a finding at each review of whether the placement is safe and appropriate.

chart shows, considerable work remains to be done if safe, appropriate placements, appropriate plans, and access to needed services are to become the norm for all children.

Findings on Key Indicators

System Working for the Children

Complete, Written Plans
74.6% (4,085 of 5,473) of reviews in 2006 found a complete permanency plan as required by Nebraska statutes. According to statute this is to be updated at least every six months.[34]

Less Than TwoYears' in Care
71.8% (2,675 of 3,728) of children reviewed in 2006 had been in care for less than two years at the time of their last 2006 review.

No Prior Removals from the Home
60.6% (2,891 of 4,768) of those entering care during 2006 had been placed in foster care one time.

Stable Placements
45.0% (2,332 of 5,186) of children in foster care at the end of 2006 had experienced between one and three placement changes.

Work to Be Done to Improve System

Incomplete or No Current Written Plans
16.4% (895 of 5,473) of reviews in 2006 found the plan was incomplete, and thus not in compliance with statute. Another 9.0% (493) reviews found that there was no written plan.

More than Two Years in Care
28.2% (1,053 of 3,728) of children reviewed in 2006 had been in care for more than 2 years at the time of their last 2006 review.

Previous Removals from the Home
39.4% (1,877 of 4,768) of children entering care had been placed in foster care at least once before.

Trend data

Year	Percent with Previous Removal
1989	2.1%
1992	13.9%
1994	27.8%
1995	37.3%
1996	42.0%
2001	41.6%
2004	33.7%
2005	29.4%
2006	39.4%

Multiple Placements
55.0% (2,854 of 5,186) of children in foster care at the end of 2006 had experienced four or more placement moves.

These indicators were chosen because:

- Written case plans with a stated objective (e.g., reunification with the parents or adoption), are critical in determining whether the parents are complying as

[34] During 2006, the Board conducted 5,473 reviews on 3,728 children. Reviews are typically conducted every six months while children are in foster care, so some have multiple reviews during a calendar year.

required by state and federal law. Such written plans are the means by which to measure progress and to provide solid direction for how the case should proceed.

- Federal guidelines, as well as State law, require that when a child has been in care for 15 of the last 22 months, a decision must be made on whether reunification remains a practical goal, and whether a termination of parental rights should be pursued in order to achieve permanency for the child.
- Premature reunification can lead to additional abuse and result in yet another traumatic removal from the parental home.
    - 37.8% of the children in foster care on December 31, 2006, had been removed from the parental home more than once.
- Each placement change represents a traumatic experience for children. The cumulative effects of multiple moves can lead to permanent damage. A common standard for placement instability is four or more placements.[35]
    - 2,854 (55.0%) of the children in foster care on December 31, 2006, had four or more placements during their foster care experience(s).

What are the most frequently cited barriers to permanency?

At each review, local Board members identify the main barriers that remain to the achievement of safe, permanent homes for the children (multiple barriers are allowed).[36] The following summarizes major barriers.

Most Frequently Identified Parental Barriers to Permanency

1. Parental unwillingness or inability to safely parent their children.
   40.8% (1,733 of 4,296) reviews in 2006[37]
2. Parental substance abuse
   29.6% (1,256 of 4,296) reviews in 2006
3. Past histories of abuse, neglect and violence
   26.4% (1,119 of 4,296) reviews in 2006

Most Frequently Identified System Barriers to Permanency

1. Lack of documentation of parental compliance/non-compliance
   8.7% (370 of 4,296) reviews in 2006
2. Lack of current, written plans for the child's future
   7.8% (333 of 4,296) reviews in 2006
3. Plan inappropriate.
   5.5% (234 of 4,296) reviews in 2006

[35] Hartnett, Falconnier, Leathers & Testa, 1999; Webster, Barth & Needell, 2000.
[36] See Table 4 on page 115 for more information on identified barriers to permanency.
[37] Due to computer conversion and other activities, this was not statistically gathered for all 5,473 reviews in 2006. Barriers were, however, identified on the recommendation report sent to the legal parties following each review.

What do the above statistics mean for an individual child?

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

> *The "Allen"[38] siblings are 9, 12, 14, and 16 years old. They entered foster care over a year ago due to their mother's methamphetamine abuse and arrest for assault. The mother has had a series of different boyfriends, and currently has a live-in boyfriend. No background checks on him were found in the children's file. There was no documentation of the mother's attendance at AA/NA or parenting classes. The plan remains reunification, although little progress has been made. The children recently were moved to a different foster home. The home's approval study was not found in the children's file. In the previous foster home, the foster parents had a number of weapons, but there was no documentation that gunlocks were used or where the keys were kept. In addition, there was a period of over two months without caseworker contact with the children because the foster mother cancelled several visits.*

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

What system issues cause children to remain in foster care?

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

1. Nebraska lacks prevention programs to address problems before they are so severe that a child must be removed for the home.
    a. Vermont and Hawaii have reduced the number of children in foster care by 20 to 30 percent or more by implementing prevention measures.
    b. The Centers for Disease Control have found that, compared with controls, the median effect of home visitation programs was a reduction of approximately 40% in child abuse or neglect.
2. Nebraska does not have a single entry point for children entering care. There are more than 300 law enforcement agencies (over 200 city law enforcement agencies, 93 sheriff's offices, and 6 offices of the State Patrol), there are 65 local offices of DHHS, and there is the DHHS statewide hotline. Children may be taken into temporary custody of the State in one of two ways: either by a local law enforcement officer without a warrant or order of the court, based upon the judgment of that officer that certain conditions are present; or by means of a court

[38] Name changed to retain confidentiality.

order obtained from the juvenile court by the county attorney at the same time a petition is filed seeking the child's protection.[39]

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

Why is the system slow to self-correct?

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

1. A lack of resources,
2. An overwhelming number of inter-connected issues and structural barriers within the system,
3. Restrictions, based on confidentiality, that prevents information on individual case and systems failures from being available to those outside the system, and,
4. A lack of voluntary or compulsory accountability measures for some parts of the system.

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

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

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

Improve the Front End of the System

For clarity, this section is divided into three parts:

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

Part 1: Improve child abuse prevention

The Board's recommendations:

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

Statistical findings:

Each day an average of 13 Nebraska children and youth are removed from their home of origin, primarily due to abuse or neglect (4,768 children were removed in 2006). By the end of 2006 there were 5,186 children in out-of-home care, which does not include children remaining with the parents but under the supervision of the Courts or DHHS**.** While the number of children in foster care has been reduced, clearly too many Nebraska children have suffered child abuse, child neglect and/or child sexual abuse

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

Additional rationale:

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

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

Prevention programs need to include:

1. Early intervention, such as home visitation,
2. Intensive services over a sustained period,
3. Development of a therapeutic relationship between the visitor and parent,
4. Careful observation of the home situation,
5. Focus on parenting skills,
6. Child-centered services focusing on the needs of the child,
7. Provision of concrete services such as health care or housing,
8. Inclusion of fathers in services, and
9. Ongoing review of family needs in order to determine frequency and intensity of services.[40]

Nebraska must build on the positive experiences of other states and regions. For example, the William Penn Foundation funded 14 child abuse prevention demonstration programs in Philadelphia in the 1990's and sponsored one of the most comprehensive evaluations of parent education services. The National Committee for Prevention of Child Abuse evaluated the outcomes. They found that parents' potential for physical child abuse decreased significantly, with those at highest risk on the pre-test showing the greatest improvements. Similar gains were found in providing adequate supervision of children, and responding to children's emotional needs.[41]

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

Healthy Families Maryland had only two indicated reports of child maltreatment among 254 families served in four years of program operation (a rate of 0.8%).[42]

Vermont's Success by Six Initiative, which also involves school readiness, reports good results as well.

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

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

[40] Leventhal, as quoted by National Clearinghouse on Child Abuse and Neglect, www.calib.com/nccanch/, August 2003.
[41] National Committee for Prevention of Child Abuse, 1992, www.childabuse.com, August 2003.
[42] Children's Bureau Express, http://cbexpress.acf.hhs.gov, April 2003.

by mental health workers demonstrated a median reduction in child abuse of 44.5%"[43]

Based on the research of the CDC and the experience of other states, it is reasonable to conclude that if Nebraska consistently used proven ***prevention*** services, the incidence of child maltreatment should decrease – saving the children involved from harm, and freeing resources for families more resistant to change. The CDC studied cost savings and found "In the study subsample of low-income mothers, the analysis showed a net benefit of $350 per family."[44]

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

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

The Board's recommendations:

1. Mandate that child maltreatment reports involving children under the age of six are given priority for a response.[45]
2. Assure that all law enforcement officers who are involved in the removal of children from their homes receive specialized training to help them make the best decisions when faced with the prospect of removing a child from his or her home.
3. Assure that DHHS employees receiving reports of abuse and neglect through the hotline or local DHHS offices are well-trained professionals who are assigned this function based on expertise. Assure supervisory support is occurring.
4. Establish a system for supervision and review of all critical decisions regarding reports of abuse and neglect involving children.
5. State law should be amended to require CPS and law enforcement to investigate reports alleging that children are in the home where they witness domestic violence, or that children are in a home where drugs are used, manufactured, or available to the children. DHHS policy regarding domestic violence and substance abuse allegations should be changed accordingly.[46]

Structural problems:

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

[43] Centers for Disease Control, www.cdc.gov, October 2003.
[44] Ibid.
[45] Governor's Children's Task Force Recommendation 2.1.
[46] Governor's Children's Task Force Recommendation 2.2.

(over 200 city law enforcement agencies, 93 sheriff's offices, and 6 offices of the State Patrol).

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

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

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

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

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

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

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

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

Alicia Henderson, Chief Deputy County Attorney of Lancaster County's Juvenile Unit, has responded to the structural deficits by reviewing each of the several thousand Lancaster County DHHS child abuse and neglect reports ("intakes") received each year, researching those cases, cross referencing the persons involved in the case with the Lincoln Police Department's tracking computer, evaluating the child's risk based on this additional information, and determining appropriate action on behalf of the children.

What occurs when a child abuse report is received:

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

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

Number of reports DHHS received:

DHHS reported it received 28,358 child abuse reports in calendar year 2006, of which 24,173 involved allegations of child abuse or neglect. According to the DHHS annual report, 12,629 reports were investigated, and 3,065 cases were court substantiated.

Statistical findings from reviews:

During the 5,473 case reviews conducted in 2006, the Board made specific findings in each case on whether reasonable efforts were made to prevent the child's removal. During these comprehensive statewide reviews, the Board found that in some cases no action was taken to protect children for a considerable period of time, even though the issues had been reported to DHHS.

The Board's research on child deaths:

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

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

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

In response, Governor Johanns created the Governor's Children's Task Force in 2003 to review these deaths. Subsequent recommendations were made to improve the CPS system. HHS responded to these challenges by reinstating a supervision mechanism,

putting in place an internal accountability plan, adding additional staff approved by the legislature, and meeting with the Board to address numerous child welfare system concerns.

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

Part 3: Utilize pre-hearing conferences

The Board's recommendations:

1. If not already in place, pre-hearing conferences should be scheduled to ensure from the beginning that children who have been removed are safe while in foster care, that their essential needs are met, that services are in place for the family, and that children can exit foster care to safe, permanent homes as soon as possible.

   The Board acknowledges that many courts have already implemented this important tool.

Rationale:

Pre-hearing conferences are informal meetings where all the parties to the children's cases, including the parents, come together for the purpose of gaining the cooperation of the parent in a problem solving atmosphere.[47] These conferences can be scheduled within 30 days of the children entering out-of-home care, shortening the time that critical decisions are made and allowing the family to receive needed services immediately to address the reasons that the children entered care. Effective use of pre-hearing conferences at the initial or protective custody hearing phase of the cases can net positive gains prior to adjudication.

At the pre-hearing conference, the parents and legal parties involved may identify any issues of paternity, assure compliance with the Indian Child Welfare Act, identify relatives and explore the feasibility of a relative placement, determine the children's out-of-home placement, schedule visitation, and identify and set up services for the parents and children.

This step is critical, as studies show that parents are more motivated towards reunification and addressing the reasons their children within the first six weeks after their children are removed from their care.[48]

When critical issues are not addressed at the outset of the case, children can potentially spend more time in foster care awaiting the resolution of these critical

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[47] These conferences are also referred to as pre-adjudication conferences.

[48] One such study is "Crisis Intervention in Child Abuse and Neglect," by the U.S. Department of Health and Human Services Administration for Children and Families.

issues. Utilization of pre-hearing conferences could reduce the number of children with extended stays in foster care.

Pre-hearing conferences also address paternity. Paternity had not been established for 356 (13.7%) of 2,602 children's cases reviewed in the last half of 2006. Paternity was undocumented, and therefore likely not determined, in another 134 (5.1%) of the children's cases.[49]

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

Dodge County's Experience with Pre-Hearing Conferences

All of the legal parties of Dodge County, including Judge Kenneth Vampola, DHHS, the guardians ad litem and the county attorneys, implemented pre-hearing conferences in the second half of 2006.

According to the court records, one-third of the cases with pre-hearing conferences were dismissed, settled, or adjudicated at the first appearance before the juvenile court. Many of the children are being returned home with a safety plan in place before the first appearance. Subsequently the time required for disposition has been substantially reduced.

The number of children in out-of-home care from the Dodge County Court had been reduced by about one-third by the time this Report was being drafted in mid-2007. This is the type of success the Board wishes to build upon.

[49] Additional information on paternity can be found beginning on page 65.

Address Placement Issues

Contract issues affecting placements are discussed in a separate section, beginning on page 69.

For clarity, this section is divided into four parts:

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

Part 1: Address the shortage of foster care placements

The Board's recommendations:

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

Background:

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

Statistical findings:

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

1. **99 children reviewed in 2006 were found to be in unsafe placements**.[50] This means that one or more of the following conditions existed:
    a. A safety issue had been identified and there was not a safety plan in place.
    b. Documentation indicated there was likely abuse or neglect by the caregivers of the child being reviewed and/or another child in the placement.

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

   c. There was a combination of children with divergent needs in the placement, such as a very aggressive child in the same foster home with a child who was physically or developmentally unable to defend his or herself.
   d. There was a mix of children in shelters, foster homes, or group homes in which children who have exhibited physically or sexually aggressive behaviors are placed in the same environment, possibly even the same room, as others who are either vulnerable to, or exhibit the same behavior. The level of supervision was not enough to ensure these children's safety.
   e. The individual needs of the children were such that safety could not be assured, such as children who needed a higher level of care.
   f. The children were placed in a relative placement and that relative was unwilling or unable to keep them safe from the person who perpetrated their abuse or neglect.
2. **In the cases of 882 children who were reviewed in 2006, there was insufficient documentation available to determine if the placement was appropriate**. These cases reflected a lack of home studies, lack of out of home assessments, and no information on other children or adults living in the home.
3. **197 children reviewed in 2006 were found to be in placements that were inappropriate** in relation to the children's needs, even though the child was temporarily safe there. This means that one or more of the following conditions existed:
   a. Children remain in shelters or detention facilities because there are no appropriate placements available.
   b. Children need a higher level of care than is being provided, but remain on a waiting list due to a lack of appropriate placements.
   c. Children who require individualized attention due to their high needs are placed in homes with several other high needs children.
   d. Adoption is the plan – but placement is not willing or able to provide permanency.

Part 2: Address kinship care issues

The Board's recommendations:

1. Identify and recruit relatives and non-custodial parents within the first 60 days of a child's placement, and assess their previous relationship with the children and ability to safely care for the children, so that delayed identification of these prospective placements does not result in unnecessary moves. Identify paternity in a timely manner so the father and paternal relatives can be considered.
2. Conduct a home approval study, a reference check, background checks, fingerprinting, etc. on all relative placements, prior to the child being placed.
3. Develop a training curriculum for relative caregivers. Include information on the child welfare system and information on the intra-familial issues specific to relative care. This is a core recommendation.

4. Provide relative caregivers access to round-the-clock immediate and effective support when issues arise, and provide them with health and educational records on a timely basis. (Kin-nect Support Line created by NFAPA)
5. Ensure that a relative placement is not selected simply because of biological connections, but rather because it is *a safe, appropriate placement* that is in the child's best interest.

Background:

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

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

Statistical findings:

Nebraska is increasingly utilizing relative placements.

- 1,101 (21.2%) of the 5,186 children in out-of-home care on December 31, 2006, were placed with a relative.
- This is an increase from the 17.8% in 2005, and the 12.2% on December 31, 1996.

Additional rationale:

As discussed in the section on pre-hearing conferences, paternity had not been established for 356 (13.7%) of 2,602 children's cases reviewed in the last half of 2006. Paternity was undocumented, and therefore likely not determined, in another 134 (5.1%) of the children's cases. The father's and the paternal relative's suitability as a placement for the child cannot be considered until paternity is identified.

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

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

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

The Board finds that many children are moved to relatives who are virtual strangers due to decisions that are based only on familial ties, not on the children's attachment needs or best interests. **Many case managers have the misperception that it is DHHS policy that *whenever* a relative is found, children must be moved to the relative's home regardless** of whether it is in the child's best interest.

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

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

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

The Nebraska Foster and Adoptive Parents Association created the Kin-nect Support Line (1-888-848-4KIN). This is a 24 hour statewide, toll-free line for relative caregivers. It provides emotional support, information, and referrals for training and support groups.

Part 3: Address placement changes children experience

The Board's recommendations:

1. **Appropriate placements must be identified at the time the child is removed.**
    a. Identify and recruit relatives and non-custodial parents within the first 60 days of a child's placement so that delayed identification of prospective placements does not result in unnecessary moves.
2. **Support placements.**
    a. Provide on-going specialized training to all foster parents, case managers and supervisors regarding the importance of a child forming attachments to his or her caregiver. Provide specialized training to relative caregivers on the system and on the intra-familial issues they are likely to encounter.

b. Maintain open lines of communication between the caseworker and the placement.
c. Ensure that the mixture of children in foster homes, emergency shelters, and group facilities is considered prior to placements.
d. Provide foster parents specialized training in dealing with difficult behaviors and challenges, and ensure that they receive the services and support that they need.

Statistical findings:

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

- **55.0% (2,854 of 5,186) of the children in care on December 31, 2006, had experienced four or more placement disruptions.**
- **36.3% (1,880 of 5,186) had experienced six or more placements during their lifetimes.**
- **26.2% (347 of 1,322) of DHHS wards birth to age five had experienced four or more placements.**

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

Additional rationale:

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

1. The lack of appropriate placements.
2. Relative placements are not identified early, or were disrupted when relatives brought case concerns to the case manager's attention. There is a misconception that anytime a relative is identified, the child must be moved.[52] While placement with an appropriate family member remains a priority, the standard for assessing changes in the child's placement is the child's best interests.
3. Foster parents were unprepared for children's behaviors and needs.

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

The Washington State Institute for Public Policy, February 2001, found that: **"Many of them [children with multiple moves] appear bound and**

[51] A common standard is that three or more moves (four or more placements) constitute placement instability (Hartnett, Falconnier, Leathers & Testa, 1999; Webster, Barth & Needell, 2000).
[52] See page 47 for more information on kinship care and its appropriate use.

> **determined to force change of caregiver at 'dangerous' times of year in order to avoid having another terrible, out-of-control move take them by devastating surprise again."**[53]

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

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

> ***"Every day I would come home from school and see if my stuff was packed. That was the first thing I would check."***[54]

The Board finds that many foster parents who have provided many children quality care left the system because of the following issues:

1. Support from case managers was unavailable when problems arose.
2. Adequate background information was not provided regarding the children placed with them.
3. Sufficient respite care was unavailable.[55]
4. Kinship foster parents who care for relative children often need more help in understanding the system and intra-familial issues than they are given.

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

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

Part 4: Address safety and abuse in foster care

The Board's recommendations:

1. **Allegations of abuse, severe neglect, serious bodily injury, serious misconduct, and death occurring in any State-sponsored facility should be**

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[53] *Helping Children Cope with Separation and Loss*, Claudia Jewett Jarratt. c. 1994.
[54] March 29, 2004, editorial by a member of Pew Commission as it appeared on www.tallahassee.com.
[55] 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.

promptly and thoroughly investigated by law enforcement and/or DHS to ensure the safety of the children.

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

Rationale:

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

Under federal regulations and state law, the Board is required to make findings on the safety and appropriateness of the placement of each child in foster care. The Board's reviewers research whether any allegations have been made against the placement of the children being reviewed and the system's response to those allegations. **During 2006, the Board reviewed the cases of 99 children who were not in safe placements**.[56]

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

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

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

Address Case Management Issues

For clarity, this section is divided into two parts:

1. Reducing caseworker changes.
2. Encouraging continued contact with the children.

Part 1: Reduce caseworker changes

The Board's recommendations:

1. **Reduce caseworker changes in order to stabilize management of children's cases. This is one of the Board's top three recommendations**.
    a. Limit the number of cases for which a caseworker is responsible.
        i. Careful study of caseloads should be conducted to determine a reasonable maximum number of cases that a caseworker can handle effectively. Additional personnel may be required to provide adequate staffing to cover unforeseen situations without adding to the burden of present staff members.
    b. Add support systems and mentoring for caseworkers. This will address issues of burnout and morale, and also increase caseworker confidence when addressing difficult challenges.
    c. Increase caseworker pay based on excellence in performance.
2. **Examine and evaluate how communication presently takes place between caseworkers and contractors, and address those specific areas where there are communication breakdowns, thereby causing frustrations.**
3. **Analyze the quality of the training provided for new caseworkers. The analysis should be performed by an *independent* evaluator and should assess course duration, location, and content, as well as the experiential level of those who are providing the instruction.**
4. **Consider how Delaware, Illinois, and other states have been able to reduce caseworker turnover and improve outcomes.**

Statistical findings:

- **2,475 (49.0%) of the 5,052 DHHS wards in foster care on December 31, 2006, had four or more different caseworkers during their time(s) in foster care.**
- **342 (36.1%) of 948 children birth to age five in a special study in the fall of 2006 had four or more caseworkers.**

A Milwaukee County, Wisconsin, study found that children who only had one caseworker achieved timely permanency in 74.5% of the cases, as compared with 17.5% of those with two workers, and 0.1% of those having six workers.[57]

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

Additional rationale:

Caseworker changes can have a detrimental impact on children's cases. Caseworker changes can result in:

1. Gaps in the evidence which is available for prosecutors and the parties involved in a case;
2. Breakdowns in communication between parties involved in the case;
3. Lapses in continuity, with regard to monitoring parental compliance and the child's needs; and
4. A lack of consistency for children and families who are trying to navigate the system.

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

When a caseworker leaves DHHS or transfers to another position within DHHS, that caseworker's caseload does not go away. That caseload is temporarily redistributed to other caseworkers or staff, thereby causing an even greater overload situation for other staff members.

The case is often transferred back again when a new caseworker comes on board. Once again, this causes delay as the new caseworker must take time to become familiar with the case, which may be characterized by very complicated issues as well as a very lengthy history. Additional time must be taken in order to establish the rapports and trust with the child and the family members involved in the case.

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

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

> "Child welfare personnel are repeatedly asked to make major life decisions on behalf of children who they do not know well. They must achieve a delicate balance. On the one hand, they must never minimize the life-long impact of the decisions they make. On the other, they must not allow themselves to become paralyzed by fear of making a wrong decision. Some conclusions are made as a result of well-defined assessments of current conditions. Unfortunately, many decisions are made by default [e.g., agency policy, lack of resources]."[58]

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

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

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

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

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

Part 2: Encourage continued caseworker contact with children

The Board's recommendation:

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

Statistical findings:

The Board commends DHHS caseworkers, supervisors, and administration for continuing to maintain a high number of contacts in spite of heavy caseloads. The percentage of

reviewed children whose cases contained documentation of recent caseworker contact has increased significantly – 88.8% in 2006, compared to 68.5% in 2001, and 30.9% in 1999.

Additional rationale:

Face-to-face contact is essential to accurately assess the appropriateness and safety of placements and services. It is critical for appropriate case planning and for engaging the parents in activities designed to improve their parenting abilities. It also facilitates caseworkers' communication with the children's caregivers and other parties. Contact is especially critical for pre-school children or the severely handicapped, who may not have contact with adults who could report a possible concern with a placement. These children are more vulnerable to abuse or neglect.

The 2002 Federal Child and Family Services review found that "*the frequency and quality of face-to-face contact between caseworkers and the child and parents in their caseloads was often insufficient to monitor children's safety or promote attainment of case goals*."[59] Based on the Board's findings from reviews, the next such federal audit should find this an area in which significant improvement has been achieved.

[59] Final Report, Services Review, U.S. Department of Health and Human Services.

Increase Guardian Ad Litem Accountability

The Board's recommendations:

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

Rationale:

According to Neb. Rev. Stat. §43-272.01, the guardian ad litem is to "stand in lieu of a parent or a protected juvenile who is the subject of a juvenile court petition…" and "shall make every reasonable effort to become familiar with the needs of the protected juvenile which shall include…consultation with the juvenile."

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

The Board applauds the Nebraska Supreme Court for initiating the development of guardian ad litem practice guidelines in 2006, and in 2007, by adopting specific practice guidelines to help guardians ad litem improve their representation of children in juvenile court proceedings. However, too often local review board volunteers still hear from foster parents and children that have had no contact from the child's guardian ad litem. It is doubtful that a guardian ad litem can effectively "stand in lieu of a parent" if he or she has not seen the child, nor investigated or ascertained the situation regarding child's care and living circumstances.

As reflected in the commendation section, many guardians ad litem are doing exemplary work.[60] Yet, there are indications that throughout the State many guardians ad litem could play a more substantial role in assuring children's safety. In the Board's experience, while many guardians ad litem responded to the Board's request for information during the review process (1,657 of 5,079 requests were responded to in 2006), others did not.

Judges need to hold guardians ad litem accountable for their duties in connection with the children they represent. Guardians ad litem are required to submit reports that are independent of those submitted by the other participants in the case, and that represent the independent judgment and recommendations of the guardian ad litem regarding the child's placement and any other issues affecting the child's best interests and legal rights. Judges should ensure that their guardians ad litem have actually visited the children whom they are appointed to represent. Due to age or physical/mental condition, children who are most vulnerable to abuse and neglect often cannot speak for themselves.

[60] Commendations begin on page 19.

Focus on Young Children (Birth to Age Five)

The Board's recommendations:

1. Minimize placement disruptions by recruiting and working with foster care families for infants, toddlers and preschool children and identifying appropriate relative placements (e.g. aunt, grandmother) as early as possible in the child's case.
2. Develop specialized units within DHHS where highly trained professionals focus on providing permanency for children who have been identified as unable to return home due to parental inability or unwillingness to provide long term care.[61] Reduce the caseloads for these specialized caseworkers.
3. Offer intensive services to parents at the onset of the case, with the intent to assess their long-term willingness and ability to parent. Ensure that every assessment of the parent's on-going progress measures not only the parent's technical compliance with court orders but also true behavioral changes.
4. Caseworkers, foster parents, agencies responsible for contracted foster homes, guardians ad litem, therapists, courts, and other concerned parties should do everything possible to encourage a well-thought-out transition plan for any child that must move, especially if the child is pre-school age or developmentally delayed. The plan must be based on the children's age, developmental stage, needs, and attachments.

Background:

The first five years of a child's life are crucial for successful and healthy development. **On December 31, 2006, there were 1,333 children in foster care in Nebraska who were under six years of age.** Focusing upon children birth to age five provides a long-range solution to the number of young children in foster care, while simultaneously protecting that group of children most vulnerable to abuse and neglect.

National research:

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

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

Fundamental Building Blocks for Children[62]

1. Ongoing nurturing relationships.
2. Physical protection, safety, and regulation.

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[61] Permanency indicates that the child is in a safe, stable family situation. This could be with the parents, through adoption, or, for older children, through a guardianship.

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

3. Experiences tailored to individual differences.
4. Developmentally appropriate experiences.
5. Limit setting, structure and expectations.
6. Stable, supportive communities and culture.
7. Protection for the future.

Research has also shown that when young children must cope with prolonged or multiple stressors, these vital connections can fail to form properly, resulting in temporary or permanent changes in the children's ability to think, to develop positive inter-personal relationships, and to process future stressors. High levels of stress hormones occurring during the period of ages newborn through three have been found to create life-long problems with impulse control, anxiety, hyperactivity, and learning disorders.[63]

Instability in foster care can further exacerbate such problems. **The American Academy of Pediatrics has found that paramount in the lives of children in foster care is the children's need for continuity with their primary attachment figures** and the sense of permanence that is enhanced when placement is stable.[64]

Many children in foster care have experienced toxic stress levels

Nationally, very young children are the fastest growing segment of the child welfare population. Nearly 40 percent of them are born at low birth weight and/or premature, two factors which increase the likelihood of medical problems and developmental delay. More than half suffer from serious physical health problems. Dental problems are widespread. Over half experience developmental delays, which is four to five times the rate found among children in the general population.[65]

Statistical findings:

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

1. **On an average day in 2006 about 1,333 children ages five and under were in foster care in Nebraska.** By any standard, this number means that many preschoolers have been abused or neglected to the point of requiring removal from the parental home.
2. **640 (48.4%) of the 1,333 children ages five and under who were wards of DHHS and in foster care on December 31, 2006, had been in more than two foster homes.** This compares to 41.4% in 2005, 35.0% in 2004, 38.0% in 2003, and 36.5% in 2002.
3. **347 (26.2%) of the 1,333 DHHS children ages five and under in foster care on December 31, 2006, had been in more than three foster homes.**

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[63] Sources include Robin Karr-Morse and Meredith S. Wiley in Ghosts From the Nursery, c. 1997.
[64] Rosenfeld, Pilowsky, Fine, et al as quoted in the American Academy of Pediatrics Policy Statement on Developmental Issues for Young Children in Foster Care, November 2000.
[65] *Promoting the Emotional Well-Being of Children and Families, Improving the Odds for Healthy Development of Young Children in Foster Care*. Dicker, Gordon, Knitzer. Columbia University, 2002.

1. **201 (15.5%) of the 1,333 children ages five and under in foster care on December 31, 2006, who were DHHS wards had been removed from the home at least once before**. This compares to 13.5% in 2005, 13.8% in 2004, 13.0% in 2003, and 13.7% in 2002.

Transitions:

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

Parental substance abuse:

An additional concern is the number of young children who come into care as the result of substance abuse by their parents. Substance abuse is always difficult to overcome, and methamphetamine abuse appears to be more difficult to overcome than many other mood-altering drugs.[66]

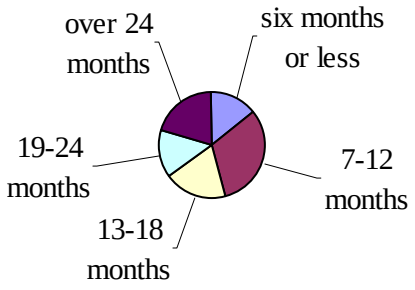
With respect to the 948 children birth to age five in the special study conducted in the fall of 2006:

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

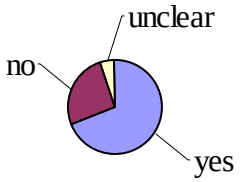
The Board strongly supports the Douglas County Family Drug Treatment Court (FDTC) that serves children birth through age three and their parents. The Court is very clear; it serves children first with a clear focus on permanency, and then the families. From the beginning parents are made aware that the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

[66] Additional information on parental methamphetamine abuse can be found starting on page 27.

Length of Time in Foster Care For Children Birth to Age Five Reviewed in 2006



Paternity Establishment for Children Birth to Age Five Reviewed in 2006



Expedite Permanency

For clarity, this section is divided into four parts:

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

Part 1: Improve case planning

The Board's recommendations:

1. Utilize pre-hearing conferences and family group conferences to identify services for the family at the onset of the case. Include biological families in the planning process and provide them and their attorneys a clear explanation of what the family must accomplish to get the children returned.
2. Write clear, appropriate plans with services, goals, and timeframes and carefully document parental compliance with the plan so that if parents are non-compliant the court will have a meaningful basis for assessing the reasons for the non-compliance and alternative permanency can be pursued, if needed.
3. Ensure that case plans are developed for ***all*** youth under OJS, including those at the Geneva and Kearney Youth Rehabilitation and Treatment Centers.
4. Utilize the statutory exceptions to the State's duty to exercise reasonable efforts towards reunification, especially in cases of extreme abuse or neglect.

Statistical findings:

DHHS has made significant progress in assuring that children have current, written case plans. The percentage of cases with plans jumped from 50.4% of the cases reviewed in 1999 to 74.6% of the cases reviewed in 2006. The Board congratulates DHHS on this important achievement, and offers additional recommendations for the children without plans, without complete plans, or with plans with inappropriate goals.

1. 25.4% of children reviewed in 2006 did not have complete written permanency plans (1,388 of 5,473 reviews).
   a. 493 children had no current written permanency plan.
   b. 895 children had written plans that were incomplete, meaning that the plans omitted one or more essential elements needed to establish what is to happen, how this will be accomplished and a timeframe within which the plan is to be completed. These plans are also missing the essential elements needed to hold parents accountable.
2. In 27.4% of the cases reviewed in 2006, the Board disagreed with the child's permanency objective as stated in the plan (1,499 of 5,473 children reviewed).
3. 40.1% (1,071 of 2,668) of the children reviewed in the last half of 2006 had been in care for at least two years without achieving permanency and 15.3% (407) had been in care for four years or more without achieving a safe, permanent home.

4. 39.4% (1,877 of 4,768) of children removed from their home during 2006 had already gone through at least one failed reunification attempt.
5. 7.8% of the children who left care in 2006 had an adoption finalized. Other states have higher rates. South Carolina was 24% in 2004. Oregon was 19% in 2003. Maryland was 18% in 2003.

What a permanency plan must contain:

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

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

Additional rationale:

Case plans outline clear expectation of what the parents and children need to accomplish in order that the permanency goal can be achieved. If there is no plan, then there is no way for the parents, the case managers, or legal parties to the case to accurately measure progress. In the case of non-compliant parents, no plan can mean that children linger in foster care without achieving permanency because the professionals lack the documentary evidence required to build a case for termination of parental rights.

The Board finds that case files for OJS often have incomplete permanency plans, lacking time frames, goals, services, and related documentation.

Through pre-hearing conferences and family group conferencing, family members are included in the development of the case plan.[67] During these meetings, parents are given the opportunity to report the services they feel they need and the services in which they are willing to participate.

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

- Meaningfully address all the reasons that the child was placed into foster care,
- Be based on the parent's individual needs and circumstances, and

[67] For more information on pre-hearing conferences, see page 44.

- Include services that are available in the community where the parent and child reside.

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

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

Part 2: Address paternity issues

The Board's recommendations:

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

Statistical findings:

The Board finds that paternity had not been established for 514 (19.3%) of 2,668 children's cases reviewed in the last half of 2006. Paternity was undocumented, and therefore likely not determined, in another 200 (7.5%) children's cases. Paternity was not yet established for 12.6% of the children who had been in foster care for 12 months or more.[68] Where paternity is not established, fathers are not included in the case planning.

Additional rationale:

Failure to identify or ascertain the issues of the child's paternity creates two major problems for the child: 1) an inability to assess the suitability of the father or any of his relatives as a prospective custodian of the child, and 2) the child cannot be free for adoption as long as the father's parental rights remain unaddressed. Both of these problems can result in a delay of permanency for the child consisting of several months

[68] See Table 6C on page 124.

or longer. If the child has had a positive relationship with a purported paternal relative, timely paternity identification can help assure that these relations remain intact.

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

Part 3: Better utilize permanency hearings

The Board's recommendations:

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

Statistical findings:

Foster care should be a temporary situation. However, in Nebraska far too many children remain in foster care for extended periods of time, with 28.2% of the children reviewed in 2006 in foster care for 24 months or more, and 2.3% in care for at least 60 months.[69]

Additional rationale:

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

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

[69] See Table 1 on page 103 for more details.

Part 4: Address service issues

The Board's recommendations:

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

Statistical findings:

The Board finds that appropriate, effective services are not made available to many children, youth, and families. As shown in Table 3 of this report, all the services in the permanency plan were in motion for only 48.7% (2,667 of 5,473) of the children reviewed in 2006.

Additional 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 due to past abuse, neglect, or behavioral issues. In addition, children sometimes remain in foster care for months during which time family issues are not being addressed due to the fact that their parents are on long waiting lists for services.

Delays in the delivery of court-ordered services are 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.

Distance, funding, and case management issues all impact whether or not children and/or their parents receive recommended services.

An additional concern is that services for parents are often available from 8 a.m-5 p.m., without the flexibility to accommodate parents whose available time does not coincide with the normal "business day" of service providers. This makes it exceptionally difficult

for parents to comply with case plans, especially where parents are “new hires” or work in positions where taking time from work is regarded with disapproval by employers, or constitutes unpaid time, further impacting families who are often already affected by poverty.

Build a System of Oversight for Contracted Services

The Board's recommendations for all contracts

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

Background:

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

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

From the Board's review data, it appears that over ***half*** of the children in foster care are impacted by contracted services or placements that are monitored by a contract provider.

Statistical findings:

From its review of foster children's cases, the Board is concerned about the effect that the current system of contracting of services and placements has on foster children.

In a special study of 948 children under age six that was conducted in the fall of 2006, the Board found the following: [70]

1. 507 (53.5%) of the 948 children had parental visitation supervised or monitored by a contractor. The Board is concerned that often caseworkers were not provided information from the contractor in a cohesive, timely manner.
    a. **Due to the lack of visitation reports, it was unknown how many different contractor staff persons supervised or monitored the visitation with parents for 147 (29.0%) of the 507 children**.
    b. For the remaining 360 children, **174 (48.3%) had four or more different persons supervising or monitoring their visitation sessions**.
        i. 133 had four to 10 different persons supervising/monitoring visitation,
        ii. 25 had 11 to 15 different persons supervising/monitoring visitation, and
        iii. 16 children had 16 to 35 persons supervising/monitoring visitation.
2. 360 (37.9%) of the 948 children in the study were transported by contractors during the six months prior to the study.
    a. **111 of the 360 children (30.8%) had no file documentation indicating the number of different staff persons who had transported the children.**
    b. This included 85 children with 4 to 10 different drivers, 21 children with 11-15 drivers, and 5 children with 16-35 different drivers.

As the above statistics illustrate, no documentation existed in the DHHS record for almost one-third of the young, vulnerable children reviewed. This gap in documentation

[70] The special study is reprinted, beginning on page 175.

affects the ability of DHHS to assure children's safety, gather evidence, and assure responsible fiscal management.

Additional rationale:

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

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

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

This problem is only exacerbated when the same employee of the contractor does not consistently render the service, but instead, there are changes within the contractor's personnel. This lack of consistency in the provision of contractor personnel is not only confusing and concerning to children, to parents, and to foster parents, but also impairs the contractor's ability to provide the court with meaningful observations and assessments formulated by the same observer over a period of time.

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

Any disconnect between the communication of vital information between contractors and HHS only impairs the quality of case management. In turn, the unavailability of crucial evidentiary documentation means that the court will lack reliable information, and decisions could be made upon an incomplete and inaccurate picture of the child and his

or her family and their needs, as well as the level of progress that has been achieved toward court-ordered goals.

Address managed care issues

The Board's recommendations:

1. Rewrite contracts with managed care to include payment for services for children and youth with a wide array of behavioral problems.
2. Establish outcome based oversight and control of this contracted service.

Rationale:

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

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

"Medically necessary" appears to be a term used to enable managed care providers to deny treatment for children based upon financial grounds alone. In addition, many children are prematurely moved from treatment placements based on whether the managed care contractor will continue to approve payments, rather than based on the children's needs.

Other children are required to go through a process involving unnecessary repeated failures in lower levels of care before Magellan will approve the higher-level placement that was originally recommended, based on the child's needs.

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

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

Address Educational Issues for Children In Foster Care

The Board's recommendations:

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

Background:

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

Further, children who are experiencing separation from their parents, adjusting to a new living environment, and often adjusting to a new school, can experience too much stress to properly concentrate on their education. This is very similar to that situation in which a person who has just lost a spouse realizes that his or her ability to make sound decisions will be impaired during active grief. This is exacerbated each time a child is moved to a new placement and a new educational setting. Frequent school changes are associated with an increased risk of failing a grade in school and of repeated behavior problems.[71]

Statistical findings:

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

In Nebraska,

- 8.7% of the foster parents of school-aged children reviewed in the last half of 2006 indicated they had not been provided the child's education records.
- In another 25.7% of the reviews there was no documentation indicating that these vital records had been provided to the persons caring for the children on a daily basis.[72]

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

[72] See Table 4B on page 119 for additional information.

Additional rationale:

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

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

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

National surveys of former foster children have found that the foster system also did not encourage high expectations for their education.[73] Numerous sources show that youth transitioning from foster care to adulthood often have significant educational deficits. These are the youth most likely to become homeless and face employment challenges.

Actions that other states have taken to address education issues for children in foster care

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

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

The law authorizes the school counselor to share this information with the principal and the child's teachers. The law also specifies that the department, or its designee, who can

[73] *No One Ever Asked Us,* Trudy Festinger, (New York: Columbia University, 1984) cited in Patrick A. Curtis, Grady Dale Jr. and Joshua C. Kendall, eds., The Foster Care Crisis: Translating Research into Policy and Practice (Lincoln, Neb.: University of Nebraska, 1999), p. 109.

be a foster parent, shall be the decision maker for all general educational matters for the child, limited only by the court with jurisdiction.

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

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

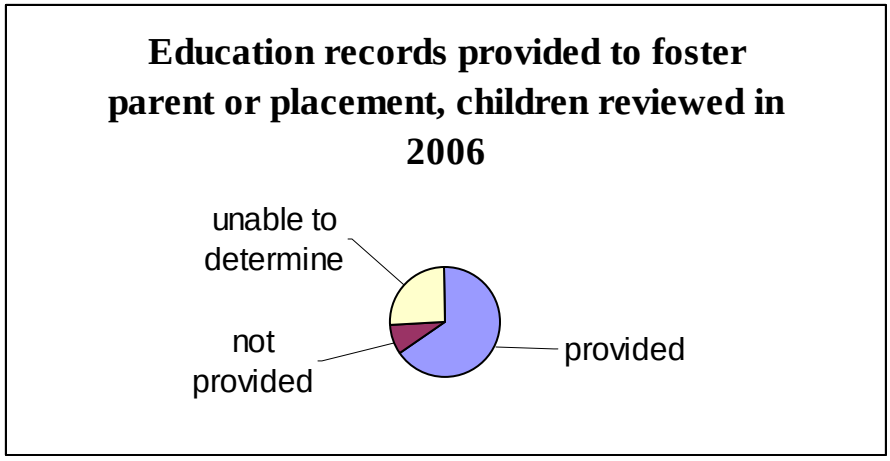
California requires educational agencies to allow children in foster care to continue to attend his or her school of origin through the duration of the school year, subject to certain exceptions. It also makes schools and child welfare agencies jointly responsible for the timely transfer of foster children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

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

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

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

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


Education records provided to foster parent or placement, children reviewed in 2006
unable to determine
not provided
provided

Hold Perpetrators Accountable, and Address Prosecution and Court Issues

The Board recommendations:

1. Prosecutors should file amended or supplemental petitions when new, substantive information arises so that the courts can address *all* the important issues in children's cases.
2. Allow the Attorney General's office to provide specialized attorneys who can file juvenile court cases to provide expertise for prosecutors. The Child Protection Unit of the Attorney General's Office has provided quality consultation and case assistance for felony child abuse cases throughout the state. The unit could be expanded or a similar unit established to provide assistance with child abuse and neglect prosecutions in juvenile courts. At the minimum, three attorneys, an investigator, and support staff are needed.
3. Increase training in child abuse prosecutions for newly elected or newly hired prosecutors. Include in this training the technical aspects of prosecution of crimes against young children and a familiarity with the various other professionals who are involved in the cases and their roles.

Background:

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

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

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

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

Criminal court:

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

the admissibility of children's testimony to law enforcement, medical personnel, and others outside of a court hearing.[74]

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

From a child's perspective, it is important that prosecutions occur. **Without prosecutions the perpetrators bear few consequences for the child's suffering.** A resolution or closure to the abuse is needed, as well as an assurance to the public that it will not happen again. Numerous research studies have found both disabled and very young children are often capable of testifying in court if the people working with the children know how to proceed.[75]

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

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

Juvenile court:

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

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

In some instances, the most difficult issues to prove might not be addressed if the child can be brought under the jurisdiction of the juvenile court on other grounds. Thus, it sometimes happens that the county attorney will pursue adjudication on grounds that are readily provable, while at the same time declining to pursue adjudication upon grounds that are much more difficult to prove, based upon the prosecutor's belief that an easily-secured adjudication will be enough to guarantee the safety of the child.

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[74] *Crawford v. Washington*, #02-9410, Argued Nov. 10, 2003. Decided Mar. 8, 2004.

[75] Among the researchers making this finding was Dr. Patricia Sullivan, currently at the Creighton School of Medicine Center for the Study of Children's Issues, in Omaha Nebraska.

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

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

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

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

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

Termination of parental rights:

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

1. The child has been in foster care for 15 of the most recent 22 months.
2. The child has been abandoned; or the parent has murdered a sibling; or the parent has committed voluntary manslaughter of a sibling; or the parent aided and abetted murder or manslaughter of a sibling; or the parent has committed felony assault result in serious bodily injury to the child or sibling.
3. Statutory exceptions relieve the State of the duty to file a petition to terminate parental rights when:
    a. The sole factual basis for the termination is that the parents are financially unable to provide health care for the child.
    b. If the sole factual basis for the termination is that the parent or parents are incarcerated.

c. The child is being cared for by a relative.
d. DHHS has documented in the case plan or permanency plan a compelling reason for determining that filing a petition for termination would not be in the child's best interest.
e. Parents have not had a reasonable opportunity to avail themselves of services necessary in the approved case plan to correct the reasons the child is in care, but only if such reasonable efforts to preserve and reunify the family are required.

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

A termination can occur if the State proves two things by clear and convincing evidence: 1) at least one of the grounds for termination identified in Neb. Rev. Stat. §43-292 and 2) that termination is in the child's best interests. Under subsections 1-6 and 8-10, the same evidence used to establish the existence of the statutory grounds will often constitute sufficient proof of "best interest," that is, that the parent is unfit. For example, clear and convincing evidence that the parents come within the meaning of §43-292(4), (which deals with debauchery), can also be used to establish that the parents are unfit. Under §43-292(7) which authorizes termination upon the ground that the child has been in an out-of-home placement for 15 or more of the most recent 22 months, the State must specifically prove by clear and convincing evidence that the parent is unfit in order to establish that it is in the best interest of the child for parental rights to be terminated.

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

Fund the Positions the Foster Care Review Board Lost Due to the State's Budget Issues

During the budget cuts in the early 2000's the Foster Care Review Board lost five review specialist positions (a 16 percent cut in funding). Despite the fact that the number of children in care now is approximately the same as the number of children who were in care just prior to the budget cuts, these review positions have not been restored.

Shortly after the budget cuts were implemented, the State Board adopted a prioritization schedule due to the staff cuts and the resultant inability to review all children to meet its mandates. Special priority is given to children's cases where the Board has received a special request, children who are federal IV-E funding eligible, and children birth to age five who are not IV-E eligible. Staffing shortfalls have resulted in some children not being reviewed – primarily children who are age 6-18 and who are not federal fund IV-E eligible.

By statute, the Foster Care Review Board is required to review the cases of all HHS wards that have been in out-of-home care for six months, and to re-review the children's cases at least every six months for as long as the ward remains in out-of-home care.

Due to the staff reductions necessitated by the budget cuts in the early 2000's, the Board continued to be unable to review all children in 2006.

In order to give an additional 800 children the protection of citizen review, the Foster Care Review Board is requesting funding for an additional four review specialists.

The protections of citizen review include:

- Reviewing each child's plan to determine if it is in the child's best interest,
- Sharing case concerns with legal parties prior to court so concerns can be addressed,
- Oversight to assure safety and appropriateness of child's placement through citizen review, visits and observations of child caring facilities, and/or Project Permanency visits,
- Advocating to address concerns that affect children's best interests, and
- Tracking all children in out-of-home care in an accurate and timely fashion.[76]

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

[76] For more information about the Board's creation and structure, see page 85.

The following cases illustrate the importance of the Board's reviews:

- *A local board reviewed three children, ages 5, 3, and 2, who came into care due to neglect and an unsanitary house. During the course of the review the review specialist found that several years prior, the mother, who went by a different name at that time, was involved in the system due to similar issues with the children's two older siblings. The mother failed to correct the issues, and relinquished her rights to those children. Neither the guardian ad litem nor the Court were aware of the services that had been provided to the mother at that time, nor of the mother's significant mental health diagnoses. As a result of the reviewer's work in coordinating the necessary information, the court was able to move much more quickly towards permanency for the three children.*

- *During the course of a review, the Board found that two young children were unsafe in their foster placement. The information was immediately shared with DHHS and the child's guardian ad litem (attorney). As a result, the children were moved to safe placement. The unsafe placement is longer providing foster care.*

- *A local board sought out and found a mentor for a 15-year-old foster child without parents. He was placed in a residential treatment program and received no visits over the weekend. The Board acted on its awareness that each child needs an enduring relationship with a caring adult to help facilitate development.*

- *A DHHS Administrator thanked the Board for bringing to her attention during the course of a review that a child had not been visited or assigned to an DHHS worker for 5 months. DHHS assigned a worker and visited the child the day they were alerted to the problem.*

In order to be able to provide this type of service to an additional 800 children, the Board respectfully requests that the aforementioned review specialist staff positions be funded.

Conclusion

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

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

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

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

THE FOSTER CARE REVIEW BOARD

Why citizen review was enacted in Nebraska

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

- Many children had languished in the child welfare system for years,
- Many children had no written plans for their future,
- Court reviews were not routinely occurring, and
- Many children had been "lost" in system; that is, due to poor tracking methods no one knew where some of the children in foster care were placed. Some of these children were never found.
    - In 1982, DSS estimated that there were about 1,800 children in foster care in Nebraska.
    - By the end of 1983 (the Review Board's first year of tracking foster children), the Board had tracked 4,071 children in foster care in Nebraska.

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

Structure of the Foster Care Review Board

The Board was structured to give the agency the independence necessary to highlight breakdowns that can occur at every stage of a child's case, and to provide input to policy-makers on what is needed to promote best practices for children and families involved in the foster care system.

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

The Board's mission statement

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

The Board attempts to accomplish this by and through:

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

The Board's agency vision

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

The State Board

In Nebraska, a State Board whose members are appointed by the Governor and approved by the Legislature governs the agency and determines policy. The terms of office of each Board member are staggered in order to assure continuity. By law, the State Board must include representatives from each of the State's congressional districts. The State Board oversees the agency, whose staff facilitates local Foster Care Review Boards in communities across the State and manages the Board's tracking system (an extensive database of all children in foster care).

During 2006, the State Board consisted of eleven members selected by the Governor and approved by the Legislature. By law, the composition of the membership must consist of:

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

The responsibilities of the State Board include:

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

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

The Board's independent tracking system

The Board is required under Nebraska statute to maintain an independent tracking system. The Nebraska system is a national model for the information compiled. The independent tracking system enables the Board to both track and report on indicators of how the system is responding to children's needs.

Information from this system is used to measure outcomes for children and to appropriately schedule children's reviews. It is used to compile the statistics for the agency's statutorily required Annual Report and to compile statistics for special reports and fact sheets.

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

Nebraska's Foster Care Review Board was invited to give testimony before Congress due to the Board's data on recidivism and the practice of mandatory reunification, even in cases of extreme or chronic abuse. This became part of the 1997 federal Adoption and Safe Families Act.

The Board's independent computerized tracking system is housed in its main office in Lincoln. Up to 130 articles of information are maintained on children once they enter foster care. After a local board has reviewed the child's case, an additional 93 items of data are added. Information on the Board's tracking system includes a description of why and when the child entered care; court dates and results; the local board's findings regarding the plan, the permanency objective, the safety and appropriateness of the placement, and barriers to permanency; the amount of time in foster care; sibling information; adoption data; and other pertinent data. Information on the children is continually updated as changes occur.

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

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

The case review process

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

A. Cases are assigned to a review specialist (staff person) using the Foster Care Review Board's tracking system.

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

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

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

D. Legal parties are given several opportunities to provide additional information:
- All legal parties are invited to attend and give information at the review meetings.
- All legal parties are sent questionnaires with questions designed specifically for their role in the case that they can return if unable to attend the meeting.
- All legal parties are given the opportunity to provide information to the review specialist, who then shares the information with the local board reviewing the case.
- Other interested parties, such as teachers, counselors, are also provided questionnaires and the opportunity to respond via telephone. When time allows they may also be invited to give information at the review meeting.

E. After careful review and research by the Board review specialists (staff), materials are presented to multi-disciplinary trained community-based boards. The board members study the written information, review the plan according to their statutory duty, listen to the parties invited to present additional information at the review meeting, and identify their concerns and recommendations for the ongoing care and safety of the child from their multi-disciplinary perspectives. These concerns and recommendations are incorporated into a formal document that is distributed to the judge and to all legal parties. Local board structure and makeup is discussed in greater detail later in this section.

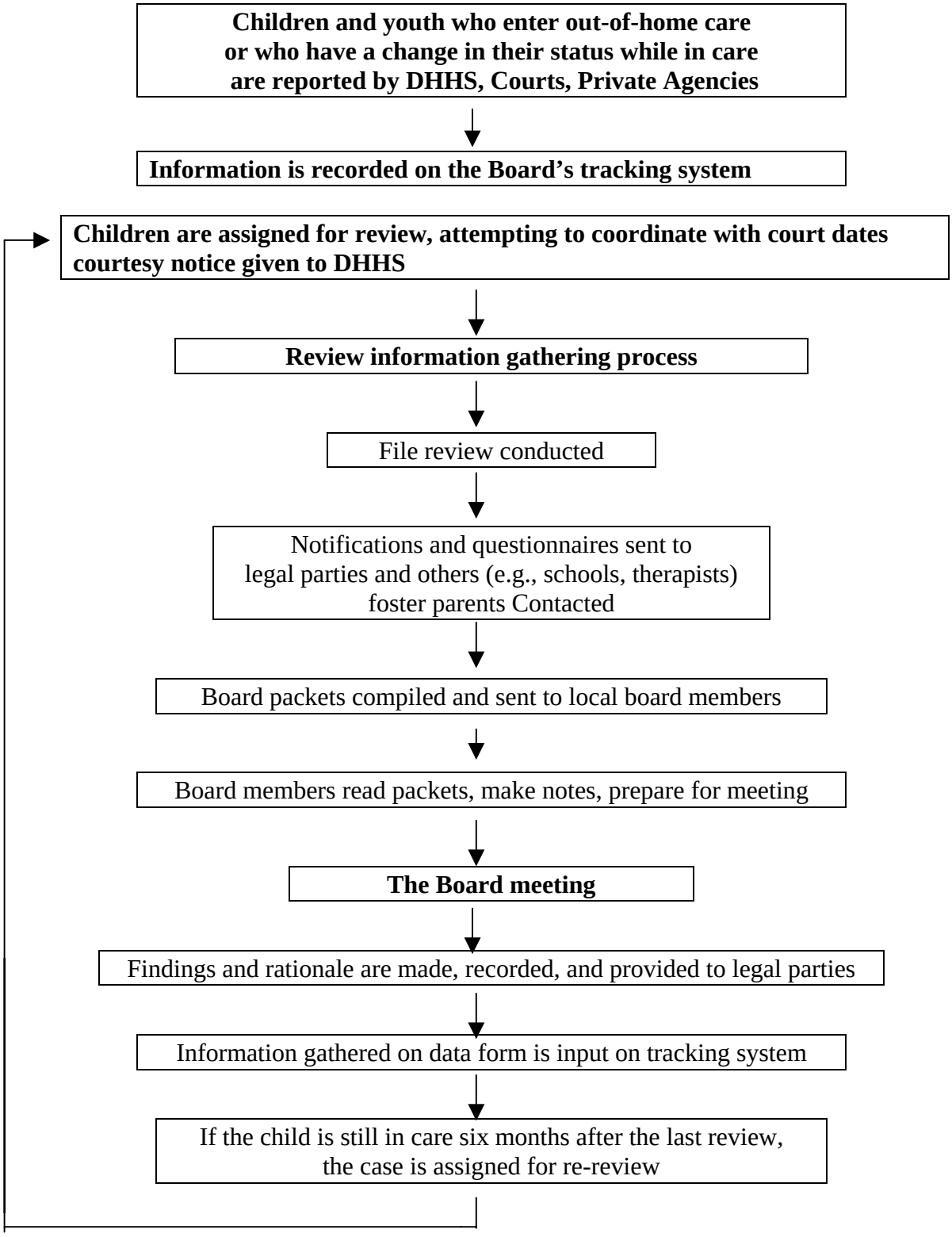
F. These reports are then forwarded to the judge and all legal parties.

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

The Foster Care Review Board completed 5,473 reviews on 3,728 children in 2006, and issued approximately 38,311 reports with recommendations regarding reviewed children's cases to courts, agencies, guardians ad litem, attorneys, and county attorneys.

Each report included a case history of the child, along with an explanation of the reasons why the child was placed in foster care; court dates; information on services, education, and visitation; recommendations and findings on the placement, services, and plan; and remaining barriers to permanency. The following chart shows the case review process in graphic format.

The Review Process



Use of legal standing

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

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

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

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

- the child's safety,
- the child's basic needs are being met, and
- the child's case is moving toward the goal of a safe, permanent placement.[77]

During 2006, the Board utilized legal standing as follows:

- Hired an attorney for 18 cases, some involving multiple children.
- Attended over 1,098 hearings on cases of concern, many of which involved more than one child.
- Addressed case concerns through staffing meetings with the 1184 teams, the county attorneys, and/or DHHS caseworkers and supervisors.
- Forwarded children's cases that involved serious concerns to the DHHS CEO and/or Protection and Safety and Safety Administrator for review.

During 2006, the Board continued a concerted effort to dramatically increase its presence in court hearings. This increased presence has resulted in increased receptivity to the Board's concerns by many legal parties, and has better enabled the court to address significant or critical issues identified by the Board.

In addition, due to the Board's authority under §43-1313, many potentially problematic cases have been resolved without resort to the costly and time-consuming court process.

[77] For explanation of the steps in a child case, see Appendix A on page 153.

A local board review may be held instead, followed by a case status meeting with representatives from the responsible agency and other legal parties.

The Board retains attorneys when other avenues have been unsuccessful in addressing the concerns of local board members, or if there is insufficient time to respond to situations of immediate concern. The process for engaging an attorney begins when local boards/staff identify problem cases for which utilization of an attorney might be appropriate. In these cases, the local board's review specialist compiles the case information, which is, in turn, submitted to his/her supervisor. The identified cases along with an outline of the objectives to be accomplished by taking legal standing are then submitted to the Executive Committee of the State Board for further review.

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

Local foster care review boards

At the end of 2006 there were 48 Local Boards (some part-time) composed of 347 unpaid volunteer citizens from the community who have completed required training and meet monthly to review the cases of children in foster care. These board members completed 5,473 reviews on 3,728 children in 2006.

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

Backgrounds of the Local Foster Care Review Board Members Who Served at the End of 2006

3	Accountants
7	Administrative professionals
3	Adoptive parents of former foster children
1	Architect
6	Attorneys
3	Banking/Finance
5	Business
5	CASA Volunteers or Directors
5	Child Development
8	Civic or Religious Organizations
2	Computing
19	Counselors/Therapists
49	Community Volunteers
1	County Commissioner
1	Custodian
61	Educators/Teachers (including many with special endorsements and/or advanced degrees)

1	Emergency Room Physician
5	Entrepreneurs
1	Export certification professional
1	Food Service
1	Former Foster Parent Trainer
7	Former Foster Parents
2	Former HHS employees
1	Government Investigator
5	Governmental Agencies
18	Homemakers
3	Human Resources
1	Insurance representative
1	Interpreter for the Hearing Impaired
3	Journalism/broadcasting
10	Law enforcement officers (city, county, and state patrol)
1	Legal Assistant
2	Library Sciences
29	Nursing or Medical Technologists
3	Para-Educators
1	Pediatrician
10	Pharmacists
1	Physical Therapist
7	Principals/School Administrators
2	Probation Officers
1	Professional Advocate
15	Professional Volunteers
5	Professors or Higher Education Professionals
6	Psychologists
2	Real Estate agents
8	Retail/Sales
2	Service Representative
4	Social Workers
4	Speech/language pathologists
1	State Senator
3	Students obtaining advanced degrees
1	Telemarketing

As the chart indicates, local board members bring a variety of perspectives to case reviews. Each board of 4-10 persons 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:

1. The history and role of the Foster Care Review Board;
2. Information on the need for permanency planning;
3. The importance of bonding and attachment;

4. The effect of separation and loss on children at various ages;
5. How a child enters the legal system;
6. The roles of the judge, county attorney, guardian ad litem, child-caring agency, and foster parent;
7. Reviewing a case and comparing the review conducted by the new board with the recommendation of an existing board;
8. The importance of confidentiality;
9. Visitation of foster care facilities, and,
10. Observation of a local board meeting.

The following is a list of the cities as of the end of 2006 that have one or more local foster care review boards (number of local boards in parentheses):

Alliance (1), Columbus (1), Fremont (1), Grand Island (2), Hastings (2), Kearney (1), Lexington (1), Lincoln (9), Norfolk (1), North Platte (2), Omaha (20), Papillion (2), Pierce (1), Tecumseh (1), Scottsbluff/Gering (2), South Sioux City (1), and York (1).

Thousands of unpaid hours are donated annually

The Foster Care Review Board in Nebraska exists due to the time and efforts of its volunteers. **State and Local Board members are unpaid volunteers.**

- State Board members, who may drive up to 400 miles each way to attend State Board meetings, may receive reimbursement for mileage and any needed overnight accommodations.
- Many local board members drive up to 60 miles or more (one way) to attend regular board meetings; however, they do not receive any compensation due to budgetary considerations.

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

Local and state board members donated over 35,000 hours of service during 2006. These hours would have been greater if the Board had not been forced to reduce the number of boards due to budget cuts.

State and local board members represent a variety of professions and occupations, including law, education, medicine, business, and social services. **The fair-market value of the time that State and local board members donated in 2006 to assist the abused and neglected children of Nebraska, taken at a very conservative estimate of $20 per hour** (see previous chart of professional backgrounds) **would have been $700,000.**

Important milestones in the Board's history

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

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

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

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

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

In the 1980's Dr. Ann Coyne, who is affiliated with the School of Social Work at the University of Nebraska at Omaha, conducted three separate studies of the efficacy of case reviews. The studies revealed that children whose parents were unable or unwilling to provide care and whose case had the benefit of citizen review were two to four times more likely to have adoption as a plan, when compared to other cases that were similar in every way, but without the benefit of citizen review.

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

The Board is required to provide training to its local board members, and it provides those board members with continuing education. When the Board began the continuing education programs, many local board members commented on how helpful they thought the programs would be for others in the child welfare system. In particular, some of the local board members who were attorneys recommended that the Board provide education programs for guardians ad litem. As a result, the Board began offering programs for a variety of disciplines.

Since 1985, the Board has sponsored, co-sponsored, and/or presented at numerous education programs on topics identified as concerns through reviews, including:

- Accessing services for children and youth,
- Adoption and Safe Families Act (ASFA),
- Adoption issues,

- Bonding and attachment, separation and loss,
- Child development issues,
- Children's ability to be witnesses,
- Children and youth with aggression issues,
- Developmental disabilities,
- How to interview children,
- How to recognize, investigate, and gather evidence in cases of child abuse,
- Indian Child Welfare Act (ICWA),
- Juvenile court procedures,
- Permanency planning,
- Reasonable efforts,
- Role of the guardian ad litem,
- Sexual abuse,
- Termination of parental rights, and
- Other child welfare system issues.

Some issues have been the topic of educational programs several times over the course of the last twenty years.

Audiences for the Board's programs have included guardians ad litem, judges, county attorneys, state senators, law enforcement, caseworkers, foster parents, local foster care review board members, child advocates, and community members.

For some presentations, the Board would select a topic and then tailor a program on that topic for each of several professions (such as guardians ad litem, judges, and county attorneys). Over a course of a few weeks or months, the Board would provide the program for each discipline on the specific topic of concern. Other times, the Board designed its programs for a multi-disciplinary audience, often including a session on understanding each other's role in addressing the topic of concern.

One of the noteworthy programs the Board conducted was a two-day program on child sexual abuse, which became a National Council of Juvenile and Family Court Judges model program. Another program of note was for members of the Nebraska's Legislature, which had a rare adjournment to attend the event.

In addition, the Board's Director has presented at educational programs of the National Council of Juvenile and Family Court Judges, the National Council for Adoptable Children, the National Association of Foster Care Reviewers, the Nebraska County Judges Association, the Nebraska County Attorneys Association, the Nebraska Bar Association, the Nebraska Court Administrator's office, other state's review boards, and a number of other organizations.

E. Additional mandatory findings on placement appropriateness - 1990

In 1990, the Legislature expanded the Board's responsibilities to include determining if the child's placement is appropriate, and if there is a continued need for foster placement.

F. Legal standing - 1990

The Legislature granted the Board the ability to take legal standing in children's cases in 1990.

G. Legislature adjourns to attend Board's child sexual abuse symposium - 1990

In a rare move, the Nebraska Legislature cancels committee hearings so senators can attend a Board-sponsored symposium on child sexual abuse, which was also attended by district and county court judges and child welfare professionals.

H. Organized and facilitated Legislative caucuses – 1993-1994

The Board organized and facilitated 29 Legislative Caucuses on children's issues during 1993-1994, and submitted a report to the Legislature.

I. Legislative study – 1994

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

J. Hosted the National Association of Foster Care Reviewers Convention - 1995

The Board hosted the 10th annual NAFCR National Conference in 1995. Volunteers raised over $8,000 to defray the costs.

K. Full implementation of the Foster Care Review Act - 1996

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

LB 642 facilitated the original intent of the Legislature when the Foster Care Review Act was passed in 1982. [From the time the Board was created in 1982 until mid-1996, the Board received ***less*** funding than it needed to review all of the State wards in foster care. Therefore, during this period it was possible to review about only 60 percent of the wards.]

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

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

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

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

L. Board's Executive Director asked to assist with federal Adoption and Safe Families Act - 1997

The Board was the only one in the country asked to testify before a congressional committee on what became the federal Adoption and Safe Families Act. This was because the Board was the only entity to have an independent, statewide tracking system of data on children in foster care, including data on children returning to foster care. Because of this data, and the Board's stance that reunification was not appropriate for some children, the Board's Executive Director was asked to assist in the writing of this Act. The federal Act became law in 1997.

M. Additional mandatory findings added - 1998

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

N. Budgets cut for state agencies – 2000-2004

During the budget cuts in the early 2000's, the Foster Care Review Board lost five review specialist staff positions and a portion of the operating budget. As of 2006, the majority of these cuts in State appropriations for the Foster Care Review Board had yet to be restored.

O. Project Permanency began – 2003-2004

The Board has statutory authority to visit and observe foster care facilities. The Board also has a statutory obligation to make findings on whether children's placements are safe and appropriate. The Board found that in a number of cases the home study information about foster homes was outdated, and that the Board's findings would not be accurate without more current information. At the same time, foster parents were approaching the Board for more information and the courts were entrusting the Board more than ever to provide clear, accurate information on how the child was doing. Thus, in 2003, the Board implemented Project Permanency, in which specially trained members of local boards visit the foster homes of young children as part of the review process to ensure children are safe and to provide foster parents additional information on child development and the supports available.

P. Board staff reviewers began attending court hearings on cases of concern - 2003

Upon the request of a number of courts, and in response to the unprecedented rate of caseworker changes in the cases of children in foster care, the Board's staff began appearing in court in cases of the most serious concern. In 2003, the Board's staff appeared in court 60 times. By 2006, the Board's staff attended court 1,098 times, with many of the cases involving multiple children.

Q. Researched child deaths – 2003-2004

In 2003-2004, after years of the Board raising concerns regarding the child welfare system, the Board's concerns about children's safety increased dramatically as news reports carried more and more stories of the death of children, some of whom were apparently known to the system. Working with the Governor, the Board researched child deaths. In response, the Governor named a Task Force, and the Legislature appropriated an addition $3.5 million for 120 additional child protective services workers.

R. Worked with Supreme Court's Commission on guidelines for guardian ad litems – 2005-2007

After years to communicating concerns regarding guardian ad litem representation, and following the Board's request that a commission be put in place to address court issues for children in foster care, Chief Justice Hendry nominated the Nebraska Supreme Court's Commission on children, as well as the subcommittee that addressed guidelines and standards for the representation of state wards. The Board's Director served on the Commission and on the subcommittee. In 2007, the Supreme Court adopted the guidelines recommended by the subcommittee.

S. Board's tracking system placed on N-FOCUS platform - 2006

In 2006, as a result of a federal mandate, the Board's independent tracking system was placed on the DHHS N-FOCUS computer platform. Based upon the Board's compliance, the State of Nebraska was not penalized or forced to refund

$12.7 million in development fees utilized in the implementation of N-FOCUS plus approximately $4 million of on-going federal monies. The conversion was able to be accomplished without significant loss of data.

T. Birth to age five study conducted - 2006

In the fall of 2006, following the Governor's announcement of his initiative to improve foster care and the Supreme Court's initiative to improve the court's response to cases of child abuse and neglect, the Board conducted an unprecedented review of the cases of 948 children birth to age five. This study is reprinted, beginning on page ___, and quoted throughout this report.

Some of the major education programs sponsored or co-sponsored by the Board

Multi-disciplinary programs	each year since 1987
Programs for guardian ad litem	1985, 1986, 1988, 1989, 1990, 1993, 1994, 1995, 1999, 2000
Programs for county attorneys	1986, 1989, 2006
Programs for county/juvenile court judges	1987, 1988, 1991, 2000, 2007
Programs for state senators	1990, 1991, 1993

Child Welfare System Performance Measures

Statistical Tables

TABLE 1

SOME CHARACTERISTICS OF CHILDREN IN FOSTER CARE

(A Ten-Year and One-Year Comparison)

Who are the Children?

A Comparison of the Number of Children in Foster Care on December 31st

Dec. 31, 1996	Dec. 31, 2005	Dec. 31, 2006
4,382 children	6,204 children	5,186 children

The 2006 figure is a 16.4% decrease from 2005, and an 18% increase from 1996.

Age of Children in Foster Care on December 31st

1996		2005		2006		
1,045	23.8%	1,388	22.4%	1,333	25.7%	Infants & Preschoolers (0-5)
1,172	26.7%	1,456	23.5%	1,181	22.8%	Elementary School (6-12)
973	22.2%	1,315	21.2%	1,031	19.9%	Young Teens (13-15)
1,146	26.2%	2,040	32.9%	1,630	31.4%	Older Teens (16+)
46	0.1%	5	>0.1%	11	>0.1%	Age not reported
4,382	100.0%	6,204	100.0%	5,186	100.0%	Total

The percentage of young children in foster care in Nebraska is increasing. This mirrors what is being reported on a national level.

Gender of Children in Foster Care on December 31st

1996		2005		2006		
2,347	53.6%	3,375	54.4%	2,835	54.7%	Male
2,000	45.6%	2,801	45.1%	2,346	45.2%	Female
35	0.8%	28	0.5%	5	> 0.1%	Gender not reported
4,382	100.0%	6,204	100.0%	5,186	100.0%	Total

continued...

Explanation of Table—This table compares some characteristics of children in foster care from 1996, 2005, and 2006. Some percentages in this table may not equal 100% due to rounding. All statistics on this table are from the Foster Care Review Board Tracking System.

TABLE 1 (continued)

SOME CHARACTERISTICS OF CHILDREN IN FOSTER CARE

(A Ten-Year and One-Year Comparison)

Race of Children in Foster Care on December 31st

1996		2005		2006		Racial Designation
2,643	60.3%	4,084	65.8%	3,212	61.9%	White
867	19.8%	1,026	16.5%	946	18.2%	Black
249	5.7%	447	7.2%	334	6.4%	Native American[78]
64	1.5%	28	0.5%	23	0.4%	Asian
Not applicable		Not applicable		87	1.7%	Multiple designations[79]
243	5.5%	Not applicable		Not Applicable		Hispanic as race
316	7.2%	619	10.0%	584	11.3%	Other or Race Not Reported
4,382	100.0%	6,204	100.0%	5,186	100.0%	Total
Not applicable		686	11.0%	502	9.7%	Hispanic as ethnicity[80]

18.2% of the Nebraska children are minority according to Census data reported in the 2006 Kids Count report. On December 31, 2006, 38.1% of the children in out-of-home care were minority.

Lifetime Number of Placements of Children in Foster Care on December 31st

Respite Care and brief hospitalizations are not included in the counts below. For children who had experienced multiple removals from the home, the figures below includes all placements from earlier removals as well as from the current removal from the home.

1996		2005		2006[81]		
2,271	51.8%	3,355	54.1%	2,330	44.9%	1-3 foster homes/placements
803	18.3%	934	15.1%	975	18.8%	4-5 foster homes/placements
860	19.6%	1,119	18.0%	1,067	20.6%	6-10 foster home/placements
373	8.5%	614	9.9%	629	12.1%	11-20 foster home/placements
75	1.7%	182	2.9%	185	3.6%	21 or more foster home/placements
4,382	100.0%	6,204	100.0%	5,186	100.0%	Total

From 2005 to 2006 and from 1996 to 2006 there was a significant increase in the number of children experiencing multiple moves while in foster care.

continued...

[78] 29 of the 87 children with multiple designations had Native American heritage as one of their racial designations.
[79] Beginning in 2006 there is a separate category for multiple racial designations.
[80] Beginning in 2003, Hispanic was counted as an ethnicity, not as a separate race. Hispanic children's race could be identified as White, Black, Native American, Asian or "other" race, and thus are distributed in the racial categories above. Prior to 2003, it was considered a separate race.
[81] Additional details on the number of placements can be found in Table 9 on page 128.

TABLE 1 (continued)

Number of Local Foster Care Review Boards on December 31st

1996	2005	2006
50 local boards	52 local boards	48 local boards[82]

Children Reviewed by the Foster Care Review Board and Total Reviews

1996[83]	2005	2006
2,732 children reviewed	3,309 children reviewed	3,728 children reviewed
3,871 reviews conducted	4,984 reviews conducted	5,473 reviews conducted [84]

Reviewed Children by Lifetime Length of Time in Foster Care

1996		2005		2006		
1,325	48.5%	1,288	38.9%	2,675	71.8%	In care less than 2 years
1,041	38.1%	1,115	33.7%	994	26.7%	In care from 2-4 years
366	13.4%	906	27.4%	59	1.6%	In care at least 5 years in lifetime
2,732	100.0%	3,309	100.0%	3,728	100.0%	Individual children reviewed

Where are the Children?

Children in Foster Care on December 31st By Proximity to Home

1996		2005		2006		Proximity
2,203	50.3%	3,247	52.3%	2,522	48.6%	In same county
558	12.7%	953	15.4%	711	13.7%	In neighboring county
570	13.0%	1,422	22.9%	862	16.6%	In non-neighboring county
51	1.2%	203	3.3%	165	3.2%	Child in other state
267	6.1%	166	2.7%	65	1.3%	Parent moved to other state
733	16.7%	213	3.4%	861	16.6%	Proximity not reported or recorded[85]
4,382	100.0%	6,204	100.0%	5,186	100.0%	Total

continued...

[82] During the period of economic downturn in the early 2000's, the Boards budget was cut by over 16%. This necessitated staffing cuts, which required eliminating support for some local boards.
[83] LB 642 increased the scope and funding for the FCRB, effective July 1, 1996.
[84] Children are typically re-reviewed every six months for as long as in out-of-home care, therefore some children will be reviewed more than once during a calendar year.
[85] Due to the mandatory change of the Foster Care Review Board's tracking system to a new computer system during 2006, this field needed to be re-entered for each child. Re-entry was incomplete on December 31, 2006, thus the higher number in the "not reported or recorded" category.

TABLE 1 (continued)

Children in Foster Care on December 31st By Type of Placement

1996		2005		2006		Placement Type[86]
1,802	41.1%	2,767	44.6%	2,204	42.5%	Foster home & fos/adopt homes (at various levels)
536	12.2%	1,104	17.8%	1,101	21.2%	Relatives
531	12.1%	1,005	16.2%	934	18.0%	Group homes, residential treatment facilities, or center for developmentally disabled
461	10.5%	566	9.1%	411	7.9%	Jail/Youth Development Center
336	7.7%	362	5.8%	222	4.3%	Emergency Shelter
42	1.0%	159	2.6%	165	3.2%	Runaway, whereabouts unknown
Not available		13	0.2%	2	>0.1%	Adoptive home, not final (private)
18	0.4%	81	1.3%	23	0.4%	Medical facility
12	0.3%	93	1.5%	74	1.4%	Independent living
185	4.2%	54	0.9%	23	0.4%	Psychiatric Treatment or inpatient substance abuse facility
459	10.5%	0	0.0%	27	0.5%	Other or type not reported
4,382	100.0%	6,204	100.0%	5,186	100.0%	Children in care December 31st

Have the Children Been In Foster Care Before?

Children in Foster Care on December 31st

1996 figures were not available for this category.

2000		2005		2006		
3,693	58.7%	4,126	66.5%	3,225	62.2%	Initial removal
2,593	41.3%	2,078	33.5%	1,961	37.8%	Had prior removal
6,286	100.0%	4,724	100.0%	5,186	100.0%	Total entered care

Children Who Entered Care During the Calendar Year

1996		2005		2006		
2,861	62.7%	3,328	70.4%	2,891	60.6%	Initial removal
1,702	37.3%	1,396	29.6%	1,877	39.4%	Had prior removal
4,563	100.0%	4,724	100.0%	4,768	100.0%	Total entered care[87]

continued...

[86] Additional details on placement types can be found in Table 2.

[87] This is an unduplicated number. Some children entered care more than once in a year. In their cases, they would be in the "had prior removal" category.

TABLE 1 (continued)

What Happened to the Children?

Reason For Leaving Foster Care

1996		2005		2006		Reason for Leaving
3,281	65.9%	2,412	63.8%	2,693	59.7%	Returned to parents
0	0.0	1	>0.1%	455	10.1%	Released from corrections (presumably to parents, although no further information was given or found in research[88])
353	7.1%	347[1]	9.2%	463	10.3%	Adopted[89]
324	6.5%	655	17.3%	443	9.8%	Reached Age of Majority (19th birthday or judicial emancipation)
100	2.0%	189	5.0%	232	5.1%	Guardianship
35	0.7%	107	2.8%	82	1.8%	Court terminated (no specific reason given)
100	2.0%	0	0.0%	35	0.8%	Custody transferred
15	0.3%	1	>0.1%	4	>0.1%	Marriage or Military
770	15.5%	66	1.7%	107	2.4%	Other/reason not reported
4,978	100.0%	3,778	100.0%	4,514	100.0%	Total left care during year[9]

[88] Due to computer conversion activities staff were unable to research as many of these instances as in the past.
[89] The number of adoptions completed may be somewhat understated due to the number of reports from DHHS indicating children left care, but not indicating the reason for leaving care.
[90] This is an unduplicated number of children. Some children leave care more than once in a year. In their cases, the last reason for leaving care is used.

TABLE 2

MINIMUM COST OF FOSTER CARE ROOM AND BOARD

Explanation– The costs below reflect only the basic board rate for the 5,186 children in foster care on 12-31-2006 – medical expenses, counseling fees, special needs amounts, school tuition, transportation provided by contractors, case worker/supervisor salaries, judicial system costs, and other non-room and board costs are not included in the above minimum monthly costs, with the exception of children in assisted living nursing facilities and hospitals where nursing care is part of the daily rates**.** Costs are calculated to be representative of the number of children, ages, and mix of placements on any given day. **The estimates below likely under represent the true costs.**

Placement Type	Children	Monthly Cost or Range[91]	Monthly
Foster Home – level unspecified	1,494	$226 - $1,224, $1,913, or $3,021	$2,818,182[92]
Agency Based Foster Home	667	$1,913	1,275,971
Continuity Care Foster Home	23	$1,224	28,152
Treatment Foster Care Home	20	$3,021	60,420
Relative Placement	1,101	$226 - $1,224, $1,913, or $3,021	798,225[93]
Group Home – level unspecified	544	$1,974, $2,723, $4,799, $6,083	2,118,744[94]
Group Home level "A"	40	$2,723	108,920
Treatment level G.H.	39	$4,799	187,161
Enhanced treatment level G.H.	27	$6,083	164,241
Residential treatment center level	234	$8,734	2,043,756
Jail/Youth Development Center	411	$4,350 - $6,675	1,787,850[95]
Emergency Shelter	222	$855, $1,820, or $3,290	441,410[96]
Runaway/Whereabouts Unknown	165	not applicable	n/a
Independent & Semi-Ind. Living	74	$359	26,566
Center for Development Disabled	50	$2,400 (est.)	120,000
Psychiatric Treatment Facility	23	$14,630	336,490
Assisted Living Facility	13	$8,234-$18,009	107,042[97]
Medical Facility	10	$15,000	150,000
Special School	7	$3,000 (est.)	21,000
Private Institution	1	$3,000 (est.)	3,000
Adoptive Home Not Final - Private	2	---	n/a
Other	19	$359 (est.)	6,821
Children in Care on Dec. 31, 2006	**5,186**	**Minimum monthly total**	**$12,603,951**

Minimum Annual Cost for Room and Board Only $151,485,560

[91] See the explanation of rates on the following page for more details.
[92] 498 children x $725 per month (average of standard foster payment range) + 498 children x $1,913 per month + 498 children x $3,021 per month ($361,050 + $952,674 + $1,504,458).
[93] 1,101 children x $725 per month (average of standard foster payment range).
[94] 136 children x $1,974 + 136 children x $2,723 + 136 children x $4,799 + 136 children x $6,083.
[95] 411 children x $4,350 per month.
[96] 74 children x $855 per month + 74 children x $1,820 per month + 74 children x $3,290 per month.
[97] 13 children x $8,234 per month.

Table 2 (continued)
Details Regarding Payment Rates

Foster Home/Relative Foster Care rates: DHHS determines the maintenance payment for a child in foster family home or in relative care by the age of the child and the child's needs as scored on the FCPAY Checklist, which is completed by the foster parents. Rates for state fiscal year 2006 are as follows:

- Foster home payments for children from age 0-5 ranged from $226.44 - $1,091.40 per month.
- Foster home payments for children age 6-11 ranged from $359.04-$1,186.06 per month.
- Foster home payments for children age 12-18 ranged from $359.04-$1,224.00 per month
- Agency based foster care began reimbursement at $63.75 per day (about $1,913 per month), with continuity care at $40.80 per day (about $1,224 per month).
- Treatment foster care is paid the minimum foster home payment for the child's age plus $100.71 per day (about $3,021.30 per month)

DHHS Group Home rates: are determined by the group home level. Rates for state fiscal year 2006:

- Basic group homes are paid $65.79 per day (about $1,973.70 per month),
- Group Home A's are paid $90.78 per day (about $2,723.40 per month),
- Treatment Group Homes are paid $159.95 per day ($4798.50 per month
- Enhanced Treatment Group Homes are paid $202.76 per day ($6,082.80 per month).

Residential Treatment Centers: according to the Medicaid managed care facility rates effective July 1, 2006, days 1-90 are reimbursed at $291.14 per day; days 271+ are reimbursed at $259.95 per day (about $8,734 per month during the first three months of care).

Rehabilitation Centers/Youth Jails:

- Kearney Youth Rehabilitation and Treatment Center - $123.63 ($3,709 per month).
- Geneva Youth Rehabilitation and Treatment Center - $141.51 ($4,245 per month).
- Douglas County Youth Center - $123.60 for Douglas County wards, $170.00 for state wards (about $5,100 per month).
- Lancaster County Youth Service Center contract for state wards is $222.50 ($6,675 per month).
- Northeast Nebraska Juvenile Services in Madison ranges from $110 to $250 depending on the contract and the level. The contract for state wards is $145.00 per day ($4,350 per month)
- Western Nebraska Juvenile Services contract for state wards is $170.00 per day ($5,100 per month).

Emergency Shelters: DHHS emergency shelter rates are determined by the level. Rates for state fiscal year 2006:

- Individual Emergency Shelter homes are paid $28.51 per day ($855.00 per month).
- Agency Based Emergency Shelter homes are paid $60.69 per day ($1,820.70 per month).
- Emergency Shelter Centers are paid $109.65 per day ($3,289.50).

In-Patient Psychiatric/Substance Abuse: according to the Medicaid managed care facility rates effective July 1, 2006, the per diem is based on which day of hospitalization, with the first two days being reimbursed at the highest rate, $618.67 per day, and days 7+ reimbursed at $519.89 per day (about $14,629.71 per month).

Assisted Living Nursing Facilities: is based on the 2006 per diem rate that ranges from $274.47-$600.31 per day ($8,234.10-$18,009.30 per month) depending on level of care needed, which includes provision of skilled nursing care.

Hospitalization of Newborns: The Nebraska Hospital Association provided the following statistics: The average hospital charge for normal newborns was $1,502 for CY 2005, while the average hospital charge for newborns with problems was $6,102. Costs are figured based on a three-day stay for normal newborns. ($1,502/3 or $500 per day).

Basis for the Findings in Table 3

The Foster Care Review Board is required under state and federal law and regulations to make a number of findings regarding the children it reviews. The results of these findings, along with important trend data, are listed in the following table. Some pertinent statutes and regulations regarding the Board's findings include:

1. Each child in foster care shall have a case plan that is written and complete with services, timeframes, and tasks identified within 60 days of placement. [Neb. Rev. Stat. §43-1308, §43-1312, Section 475 (1) of the Social Security Act (SSA) and 390 NAC 5-004.02A, 8-001.11]. A written plan will be developed following the assessment of family or child's needs. Case plan evaluation and revision will then occur at least every six months. [390 NAC 5-004.02] The plan shall contain at least the following:
    a. The purpose for which the child has been placed in foster care.
    b. The estimated length of time necessary to achieve the purposes of the foster care placement.
    c. The person or persons who are directly responsible for the implementation of such plan, and
    d. A complete record of the previous placements of the foster child. [Neb. Rev. Stat. §43-1312].
    e. If a child is 16 years of age or older, the plan shall include services designed to assist the youth in acquiring independent living skills. [Neb. Rev. Stat. §43-285(2) and 390 NAC 5-004.02A].
    f. A visitation plan is to be developed for the child and parents to ensure continued contact when appropriate. [390 NAC 7-001.02A]

2. Per Neb. Rev. Stat. §43-1308, the Board is to determine:
    a. What efforts have been made to carry out the plan, including the progress or lack thereof towards meeting the case plan objective.
    b. Whether reasonable efforts to accomplish permanency are being made.
    c. Whether there is a continued need for foster placement.
    d. Whether the child's current placement is safe and appropriate.
    e. Whether reasonable efforts were made to prevent the removal (this is also a requirement for federal IV-E reviews).
    f. Whether grounds for termination of parental rights appear to exist.
    g. Whether the child is likely to be returned to their parent's care and if not, recommend an alternative plan.
    h. Any other recommendations it chooses to makes regarding the child.
        i. Each child's placement shall receive educational and health information at the time of placement. [Section 475 (5) of the Social Security Act (SSA)]
        ii. The custodial agency, normally DHHS, is to evaluate the safety of the child and take the necessary measures in the plan to protect the child. [Adoption and Safe Families Act]
        iii. Visits between siblings are to be arranged between siblings, when appropriate, if they cannot be placed together. [U.S. Dept. of Health and Human Services, Child Welfare Information Gateway].

TABLE 3

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT LOCAL BOARD FINDINGS FOR CHILDREN REVIEWED DURING 2006

Is there a written permanency plan	**2006 Reviews**	**2006 Percent**	**1996 Percent**
•There is a written plan with services, timeframes, and tasks	4,085	74.6%	52.4%
•There is no plan…….	493	9.0%	12.5%
•There is a plan, but it is incomplete……...	895	16.4%	25.8%
Total	5,473	100.0%	

Board agreement with the child's permanency plan	**2006 Reviews**	**2006 Percent**	**1996 Percent**
•The Board agrees with the child's permanency plan…….	3,177	58.0%	43.4%
•The Board disagrees with the plan…….	1,499	27.4%	21.7%
•There is no current plan…….	405	7.4%	11.9%
•The Board cannot agree or disagree due to [reason]…….	392	7.2%	13.1%
Total	5,473	100.0%	

Services in the permanency plan	**2006 Reviews**	**2006 Percent**	**1996 Percent**
•All services in the plan are presently in motion……	2,677	48.9%	38.9%
•Some services are in motion……..	948	17.3%	17.5%
•Services are offered, but not utilized…….	939	17.2%	16.8%
•Unclear what is being provided…….	367	6.7%	14.9%
•There is no plan, and no services being provided……..	542	9.9%	1.4%
Total	5,473	100.0%	

continued…

Explanation of Table—This table shows compliance with the Foster Care Review Act (Neb. Rev. Stat. §43-1301-1318) as determined by the local Foster Care Review Boards that reviewed the children's cases during 2006. It also shows comparison percentages from 10 years ago (n/a indicates not available because the question was not asked or because there were differences in the available choices for answers).

There were 5,473 reviews conducted during 2006 on 3,728 children. Children are typically reviewed every six months while in out-of-home care; therefore, some children were reviewed twice during the year. A description of the basis for the findings precedes this table.

TABLE 3 (continued)

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT
LOCAL BOARD FINDINGS
FOR CHILDREN REVIEWED DURING 2006

Progress being made toward permanency plan objective	**2006 Reviews**	**2006 Percent**	**1996 Percent**
•Progress is being made towards the permanency objective	2,517	46.0%	56.8%
•No progress towards permanency…….	1,584	28.9%	18.0%
•Unclear……...	1,372	25.1%	24.7%
Total	5,473	100.0%	

Continued need to be in the foster care system	**2006 Reviews**	**2006 Percent**	**1996 Percent**
•There is a continued need……..	5,026	91.8%	n/a
•There is no longer a need for foster placement…….	447	8.2%	n/a
Total	5,473	100.0%	

Is the current foster placement safe and appropriate	**2006 Reviews**	**2006 Percent**	**1996 Percent**
•Current placement appears safe and appropriate……...	4,294	78.5%	61.2%
•Unsafe, thus inappropriate…….	99	1.8%	n/a
•Safe, but not appropriate……	197	3.6%	3.5%
•No documentation or homestudy on which to base finding	883	16.1%	24.8%
Total	5,473	100.0%	

Safety evaluation by department or custodial agency	**2006 Reviews**	**2006 Percent**	**1996 Percent**
•Custodial agency evaluated the safety of the child and taken the necessary measures in the plan to protect the child	4,648	84.9%	n/a
•Custodial agency evaluated the safety/taken action……..	163	3.0%	n/a
•The Board cannot make a finding due to a lack of written plan……..	662	12.1%	n/a
Total	5,473	100.0%	

continued…

TABLE 3 (continued)

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT LOCAL BOARD FINDINGS FOR CHILDREN REVIEWED DURING 2006

Reasonable efforts toward reunification	**2006 Reviews**	**2006 Percent**	**1996 Percent**
•Reasonable Efforts to reunify are being made……...	3,545	64.8%	39.3%
•Reasonable Efforts to reunify are not being made…….	183	3.3%	2.6%
•Reasonable Efforts are no longer being made because the plan is no longer reunification or reasonable efforts are otherwise not required…….	1,745	31.9%	44.5%
Total	5,473	100.0%	

Parent-child visitation arrangements	**2006 Reviews**	**2006 Percent**	**1996 Percent**
•Parental visitation occurring as ordered……	2,315	42.3%	n/a
•Parental visitation not occurring as ordered……..	1,003	18.3%	n/a
•Parental visitation is unclear……..	453	8.3%	12.2%
•Parental visitation was not ordered……	407	7.4%	3.0%
•Parental visitation is not applicable due to [reason]……	1,295	23.7%	19.2%
Total	5,473	100.0%	

Sibling visitation arrangements	**2006 Reviews**	**2006 Percent**	**1996 Percent**
•Sibling visitation occurring……	1,822	33.3%	n/a
•Sibling visitation is not occurring……..	763	13.9%	n/a
•Sibling visitation information was not available……...	656	12.0%	30.3%
•Sibling visitation is not applicable (no siblings or placed together)……..	2,232	40.8%	31.0%
Total	5,473	100.0%	

Additional Information on Contact with Siblings

For the 2,668 children reviewed in the last half of 2006:

- 227 children had no file documentation regarding contact with siblings who are not placed with them.
- 311 children had documentation that no sibling contact was taking place.
- 351 children had contact with some, but not all, siblings.
- 1,247 children had documented contact with siblings.
- 532 children were placed with all siblings, and thus had contact.

continued…

TABLE 3 (continued)

COMPLIANCE WITH THE FOSTER CARE REVIEW ACT
LOCAL BOARD FINDINGS
FOR CHILDREN REVIEWED DURING 2006

Reasonable efforts to prevent the removal	**2006 Reviews**	**2006 Percent**	**1996 Percent**
•Reasonable efforts were made to prevent the child's removal from the home……...	5,087	92.9%	88.4%
•Reasonable efforts were not made to prevent the child's removal from the home……..	106	1.9%	0.4%
•It was unclear what efforts were made to prevent removal	134	2.4%	9.7%
•Reasonable efforts to prevent removal were not necessary due to a judicial determination……..	146	2.7%	n/a
Total	5,473	100.0%	

Grounds for termination of parental rights per §43-1308(1)(b)	**2006 Reviews**	**2006 Percent**	**1996 Percent**
•The Board finds that grounds for termination of parental rights appear to exist……...	1,326	24.2%	n/a
•The Board finds that grounds for termination of parental rights do not appear to exist……	2,279	41.6%	n/a
•The Board finds that grounds for tpr rights appears to exist, but it would not be in the child's best interests……..	758	13.8%	n/a
•A finding on grounds for termination is not applicable because the parents are deceased or the rights have already been relinquished or terminated……..	1,110	20.3%	n/a
Total	5,473	100.0%	

The Board's recommended plan if return of the children to the parents is unlikely	**2006 Reviews**	**2006 Percent**	**1996 Percent**
•The Board finds that return is not likely and recommends referral for termination of parental rights and/or adoption	2,075	37.9%	n/a
•The Board finds that return is not likely and recommends referral for guardianship…….	691	12.6%	n/a
•The Board finds that return is not likely and recommends placement with a relative……	139	2.5%	n/a
•The Board finds that return is not likely and recommends a planned, permanent living arrangement other than adoption, guardianship, or placement with a relative…….	489	8.9%	n/a
•The Board finds that return to the parents is likely……...	2,079	38.0%	n/a
Total	5,473	100.0%	

TABLE 4(a)

BARRIERS TO PERMANENCY FOR CHILDREN REVIEWED DURING 2006

During each review, local boards identify barriers to children's case plans being implemented and children achieving safe, permanent homes. The barriers are reported to all the legal parties of the children's cases in the final recommendation reports issued after completion of each review.

There were 5,473 reviews conducted during 2006, with the following information gathered on 4,246 of those children. Categories appear in order of the number of barriers identified. The most frequently identified barriers are parental barriers.

Parental Barriers to Permanency Category	Reviews	Percent
Ability/willingness to parent	1733	40.8%
Parental substance abuse	1256	29.6%
History of abuse/violence/neglect	1119	26.4%
Resistant/uncooperative to services	806	19.0%
Lack of visitation	591	13.9%
Relationships between family members	425	10.0%
Inadequate housing	382	9.0%
Incarceration	370	8.7%
Noncompliance Court Order	310	7.3%
Economic stress	234	5.5%
Parent(s) whereabouts unknown	213	5.0%
Mental illness	192	4.5%
Lack of job training/skills	191	4.5%
Possible sexual abuse if returned	151	3.6%
Low functioning parent	127	3.0%
Inability to cope with child's disability	117	2.8%
Parental chronic health problems	62	1.5%
Number of times child in foster care	5	0.1%
Bonding problems	4	0.1%
Distance between family	3	0.1%
Illiteracy	1	0.0%
Other parental barriers	165	3.9%

continued…

Explanation of Table– This table compiles the barriers to permanency identified by the local boards for 4,246 of the 5,473 reviews conducted during 2006. There can be up to 10 barriers identified for each child reviewed. Barriers may be in any of the categories, and more than one barrier can be in the same category.

TABLE 4(a) (continued)

BARRIERS TO PERMANENCY FOR CHILDREN REVIEWED DURING 2006

Implementation Barriers to Permanency Category	Reviews	Percent
Lack of independent living skills training	79	1.9%
Lack of adoptive homes for special needs children	50	1.2%
Lack specialized foster homes	47	1.1%
Support services not available	15	0.4%
Lack of adoptive resources	5	0.1%
Group homes not available	3	0.1%
Residential treatment facility not available	1	0.0%
Other resource barriers	60	1.4%

Planning Barriers to Permanency Category	Reviews	Percent
No plan	333	7.8%
Plan inappropriate	234	5.5%
Inappropriate timeframes	128	3.0%
No timeframe	28	0.7%
No objectives	5	0.1%
No parent/agency agreement with mom	4	>0.1%
Plan unclear	3	>0.01%
Other plan barriers	73	1.7%

Legal Barriers to Permanency Category	Reviews	Percent
Parents rights override children's rights	334	7.9%
GAL not taking active role	211	5.0%
Lack of legal action to pursue permanency	172	4.1%
Court delays	75	1.8%
Need clarification of child's legal status	27	0.6%
No guardian ad litem	9	0.2%
Court orders conflict with agency plan	6	0.1%
Court does not enforce orders	3	0.1%
Conflict with ICWA	1	0.0%
No objectives in court order	1	0.0%
Other legal barriers	160	3.8%

continued…

Explanation of Table– This table compiles the barriers to permanency identified by the local boards for 4,246 of the 5,473 reviews conducted during 2006. There can be up to 10 barriers identified for each child reviewed. Barriers may be in any of the categories, and more than one barrier can be in the same category.

TABLE 4(a) (continued)

BARRIERS TO PERMANENCY FOR CHILDREN REVIEWED DURING 2006

Case Management Barriers to Permanency Category	Reviews	Percent
Lack of documentation	370	8.7%
Case transfer interrupts service	39	0.9%
Caseload too large	23	0.5%
Poor monitoring of contracting agencies	20	0.5%
Inadequate supervision of caseworker	1	0.0%
Other management barriers	48	1.1%

Case Manager Contact with Children

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

The following data was collected during the 2,668 reviews conducted in the last half of calendar year 2006.

- 135 (5.1%) of the 2,668 reviews found documentation showing that no case manager contact had taken place within 60 days of the review.
- 163 (6.1%) of the 2,668 reviews found n*o* documentation regarding case manager/child contacts and thus likely did not have any contact.
- 2,370 (88.8%) of the 2,668 reviews found documented case manager contact within 60 days prior to the review.

Local Boards have expressed concern that many case managers are not visiting the children and witnessing the interaction of the children with their caregivers. It is concerning that 135 children's files had no documentation on this vital safety indicator.

continued…

Explanation of Table– This table compiles the barriers to permanency identified by the local boards for 4,246 of the 5,473 reviews conducted during 2006. There can be up to 10 barriers identified for each child reviewed. Barriers may be in any of the categories, and more than one barrier can be in the same category.

TABLE 4(a) (continued)

BARRIERS TO PERMANENCY FOR CHILDREN REVIEWED DURING 2006

Resource Barriers to Permanency Category	Reviews	Percent
Lack of independent living skills training	79	1.9%
Lack of adoptive homes for special needs children	50	1.2%
Lack specialized foster homes	47	1.1%
Support services not available	15	0.4%
Lack of adoptive resources	5	0.1%
Group homes not available	3	0.1%
Residential treatment facility not available	1	0.0%
Other resource barriers	60	1.4%

Placement Barriers to Permanency Category	Reviews	Percent
Problems in foster home	89	2.1%
Placement not meet sp. needs	44	1.0%
Other placement barriers	173	4.1%

Coordination Barriers to Permanency Category	Reviews	Percent
Inadequate communication within agency	35	0.8%
Inadequate communication between parties	5	0.1%
Other coordination barriers	4	0.1%

Other Barriers in Categories Not Listed Above	909 children	(21.4%)
No Barriers Identified	360 children	(8.5%)

Explanation of Table– This table compiles the barriers to permanency identified by the local boards for 4,246 of the 5,473 reviews conducted during 2006. There can be up to 10 barriers identified for each child reviewed. Barriers may be in any of the categories, and more than one barrier can be in the same category.

TABLE 4(b)

PROVISION OF HEALTH AND EDUCATION RECORDS TO THE CAREGIVERS FOR CHILDREN REVIEWED DURING THE LAST HALF OF 2006

Health Records Given to Foster Parent or Caregiver	**Reviews**		**Ages 0- 5**	**Ages 6-12**	**Ages 13-15**	**Age 16+**
Yes	1,704	63.9%	663	548	240	253
No	228	8.5%	104	75	30	19
Unable to determine	671	25.1%	198	179	127	167
Not applicable	65	2.4%	7	10	10	38
Total	2,668	100.0%	972	812	407	477

For the chart on education records below, only reviewed children ages 6-15 are included, as all of these children should be of school age.

Education Records Given to Foster Parent or Caregiver	**Reviews**		**Ages 6-12**	**Ages 13-15**
Yes	768	63.0%	528	240
No	106	8.7%	77	29
Unknown	313	25.7%	186	127
Not applicable	32	2.6%	21	11
Total	1,219	100.0%	812	407

Explanation of Table– 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 is done for all reviews and noted for the legal parties. Due to computer conversion, statistical data for the first half of 2006 was not available.

TABLE 5

SUMMARY OF REASONS CHILDREN ENTERED FOSTER CARE FOR CHILDREN REVIEWED DURING 2006

This table includes two charts. The first shows the reason(s) identified upon removal from the home for the 2,668 children and youth reviewed by the Foster Care Review Board during the last half of 2006. Each could have multiple reasons identified.

The chart on the next page shows conditions that were identified after the removal and gives the combined number of children significantly affected by the condition.

Reasons for Entering Foster Care Identified Upon Removal[98]

Category	All Children Reviewed		Children By Number of Removals: Reviewed children who were in foster care for the first time	Children By Number of Removals: Reviewed children who had been in foster care at least once previously
Neglect[99]	1622	60.8%	1105	517
Parental Drug Abuse	916	34.3%	679	237
Parental Meth Abuse	243	9.1%	202	41
Parental Alcohol Abuse	428	16.0%	304	124
Housing substandard/unsafe	633	23.7%	405	228
Physical Abuse	600	22.5%	373	227
Parental Incarceration	288	10.8%	175	113
Abandonment	244	9.1%	155	89
Sexual Abuse[100]	217	8.1%	134	83
Parental Illness/Disability	206	7.7%	121	85
Death of Parent(s)	27	1.0%	11	16
Relinquishment	23	0.9%	3	20
Child's Behaviors[101]	454	17.0%	201	253
Child's Mental Health	97	3.6%	40	57
Child's Disabilities	53	2.0%	27	26
Child's Drug Abuse	52	1.9%	21	31
Child's Meth Abuse	2	0.1%	2	0
Child's Alcohol Abuse	41	1.5%	15	26
Child's Illness	33	1.2%	20	13
Child's Suicide Attempt	14	0.5%	4	10

[98] Up to ten reasons for entering foster care could be identified for each child reviewed. See the next page for reasons discovered after removal from the home.
[99] Neglect is failure to provide for a child's basic physical, medical, educational, and/or emotional needs.
[100] Children and youth often do not disclose sexual abuse until after removal from the home. The chart on this page includes only sexual abuse identified as an initial reason for removal and does not reflect later disclosures.
[101] Many of the behaviors identified as a reason for children and youth to enter foster care are predictable responses to prior abuse or neglect. Also, due to budget cuts the Board is prioritizing the review of children age birth to five, and those that qualify for federal IV-E funding; thus many troubled adolescents are not being reviewed.

TABLE 5 (continued)

Each of the 2,668 children reviewed during the last half of 2006 could have multiple reasons identified for entering foster care throughout their lifetimes, and multiple conditions identified after removal(s).

Conditions Affecting Children Foster Care[102]

Category	Children Significantly Affected by the Condition		Condition Identified at Removal	Condition Identified After Removal
Neglect[103]	1737	65.1%	1622	115
Parental Drug Abuse	1149	43.1%	916	233
Parental Meth Abuse	279	10.5%	243	36
Parental Alcohol Abuse	537	20.1%	428	109
Housing substandard/unsafe	750	28.1%	633	117
Physical Abuse	686	25.7%	600	86
Parental Incarceration	417	15.6%	288	129
Sexual Abuse	361	13.5%	217	144
Abandonment	343	12.9%	244	99
Parental Illness/Disability	285	10.7%	206	79
Relinquishment	57	2.1%	23	34
Death of Parent(s)	43	1.6%	27	16
Child's Behaviors[104]	555	20.8%	454	101
Child's Mental Health	207	7.8%	97	110
Child's Disabilities	86	3.2%	53	33
Child's Drug Abuse	86	3.2%	52	34
Child's Alcohol Abuse	63	2.4%	41	22
Child's Illness	45	1.7%	33	12
Child's Suicide Attempt	26	1.0%	14	12
Child's Meth Abuse	3	0.1%	2	1

[102] Up to ten reasons for entering foster care could be identified for each of the children reviewed. Similarly, up to ten later identified conditions could be recorded for each of the children reviewed. The following are two common examples of later identified conditions: 1) a child is removed from the home due to neglect, and later parental drug abuse is identified, or 2) a child is removed from the home for physical abuse, and later the child discloses that sexual abuse also was occurring.

[103] Neglect is the failure to provide for a child's basic physical, medical, educational, and/or emotional needs.

[104] The percentage of children who enter foster care due to their behaviors is greater in the total foster care population than is true in reviewed population. Due to budget cuts that forced a reduction in staff, the Board is prioritizing reviews of children who are age birth to five, and children who qualify for federal IV-E funds. Therefore, older youth and youth who are in the Kearney or Geneva Youth Rehabilitation and Treatment Centers are somewhat under-represented.

TABLE 6(a)

PERCENTAGE OF LIFE SPENT IN FOSTER CARE FOR CHILDREN REVIEWED DURING THE LAST HALF OF 2006

Percent of Life In Care	Total Children Reviewed	Ages 0-5	Ages 6-12	Ages 13-15	Ages 16-18
1-24%	1,251	197	454	286	314
25-49%	715	260	252	89	114
50-74%	319	175	79	24	41
75-99%	171	131	24	8	8
100%	212	209	3	0	0
Total	2,668	972	812	407	477

- **702 (26.3%) of the reviewed children have spent more than half of their lives in foster care.** This includes
  - 515 preschool children (ages 0-5),
  - 106 elementary school aged children (ages 6-12),
  - 32 middle school/junior high aged children (ages 13-15), and
  - 49 youth over age 16 who have aged out or soon will be aging out of the system and creating families of their own.

- **383 children and youth have spent the majority (75%+) of their lives in foster care, including 212 reviewed children who have spent every day of their lives (100%) in foster care.**

Explanation of Table—This table shows the percentage of the child's life that has been spent in foster care. The percentage of life in care is determined by dividing the number of months the child has been in foster care at the time of the 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).

While 6 months, 12 months, 18 months, or more in foster care may not seem long from an adult perspective, from the child's perspective it is a long and significant period of time. Many children have experienced even longer periods in foster care (see next page).

TABLE 6(b)

MONTHS IN FOSTER CARE FOR CHILDREN REVIEWED DURING THE LAST HALF OF 2006

Months In Care	Children Reviewed	Ages 0-5	Ages 6-12	Ages 13-15	Ages 16-18
0-6 months	297	144	79	41	33
7-12 months	585	301	148	68	68
13-18 months	377	184	109	47	37
19-24 months	338	142	106	40	50
25-30 months	245	91	80	35	39
31-36 months	177	47	63	33	34
37-40 months	90	21	44	15	10
41-48 months	152	23	60	33	36
49+ months	407	19	123	95	170
Totals	2,668	972	812	407	477

- **1,409 (52.8%) of the 2,668 reviewed children have spent more than 18 months of their lives in foster care.** This includes:
    - 343 preschool children (birth- age 5),
    - 476 elementary school aged children (ages 6-12),
    - 251 middle school/junior high aged children (ages 13-15), and
    - 339 youth over age 16 who will soon be aging out of the system and creating families of their own.
- **649 (24.3%) of the reviewed children and youth have spent over 3 years of their lives in foster care.**
- **407 (15.3%) children and youth have spent over 4 years of their lives in foster care.**

Explanation of Table—This table shows the number of months of the child's life that has been spent in foster care.

TABLE 6(c)

PATERNITY ESTABLISHMENT FOR CHILDREN REVIEWED DURING THE LAST HALF OF 2006

Paternity Established	Children	Age 0-5	Age 6-12	Age 13-15	Age 16+
Yes	1,954	664	651	308	331
No	514	256	105	66	87
Unclear	200	52	56	33	59
Total	2668	972	812	407	477

Details

Paternity Established	Children	Age 0-5	Age 6-12	Age 13-15	Age 16+
Yes, established	1,469	527	472	221	249
Yes & Rights Terminated	271	68	111	52	40
Yes & Rights Relinquished	140	59	48	20	13
Yes & Father deceased	74	10	20	15	29
No, Paternity Not Est.	356	180	81	42	53
No, Parental ID Unknown	158	76	24	24	34
Undocumented	134	36	35	20	43
Unable to determine	66	16	21	13	16
Total	2668	972	812	407	477

Paternity and Young Children (children under age 6)

- **30.5% (292 of the 956 young children) did not have paternity established**
  - 118 of the children had been in care between 12-23 months (1 year)
  - 40 of the children had been in care between 24-35 months (2 years)
  - 20 of the children had been in care for 36 months or more (3 years or more)
    - 11 of the 20 children had no purported father identified, and paternity had not been established by publication.

Of the 1,839 reviewed children who had been foster care for 12 months or more:

- 12.6% (232) did not have paternity established.
- 4.3% (80) had no file documentation about paternity establishment.
- 6.5% (119) had not yet had a father/purported father identified.

When considering children with no paternity established or whose paternity is undocumented, it is likely that paternity has not been established for over a fourth of the children reviewed (714 of 2,668 – 26.8 %)– this includes children where it was documented as yet to be determined and children who had no documentation of paternity.

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

TABLE 7

2006 REPORT FROM THE TRACKING SYSTEM REGISTRY

Per Neb. Rev. Stat. §43-1303(2)(d)(iv) the Board is to include in the annual report **the number of children supervised by the foster care programs in the state**. This is calculated as follows:

Children in out-of-home care on December 31, 2005	6,204
Children who entered or re-entered care during 2006	+ 4,768 [105]
Children whose case was active anytime during 2006	10,972

The number of children in care on December 31st can be calculated as follows:

Children whose case was active anytime during 2006	10,972
Children reported to have left foster care during 2006	- 4,514
Children who left care before 2006, but not disclosed until 2006	- 1,272 [106]
Children in out-of-home care on December 31, 2006	5,186

Agency with custody of children in out-of-home care on December 31, 2006:

The Department of Health and Human Services	**5,052**
This 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.	
Correction, Detention, Probation, Parole or Courts	**55**
This excludes the Kearney and Geneva Youth Rehabilitation & Training Centers, and those children under the Office of Juvenile Services, all of which are under the Department of Health and Human Services	
Private Agencies (including pre-adoptive)	**79**
Total	5,186

[105] Some children entered and/or left foster care more than once in a year. Those children are not duplicated here.

[106] DHHS sometimes does not report when children leave out-of-home care or reports the case closure several weeks or months after the fact. In addition, due to computer conversion activities, some November and December 2005 exits from care were not recorded until 2006.

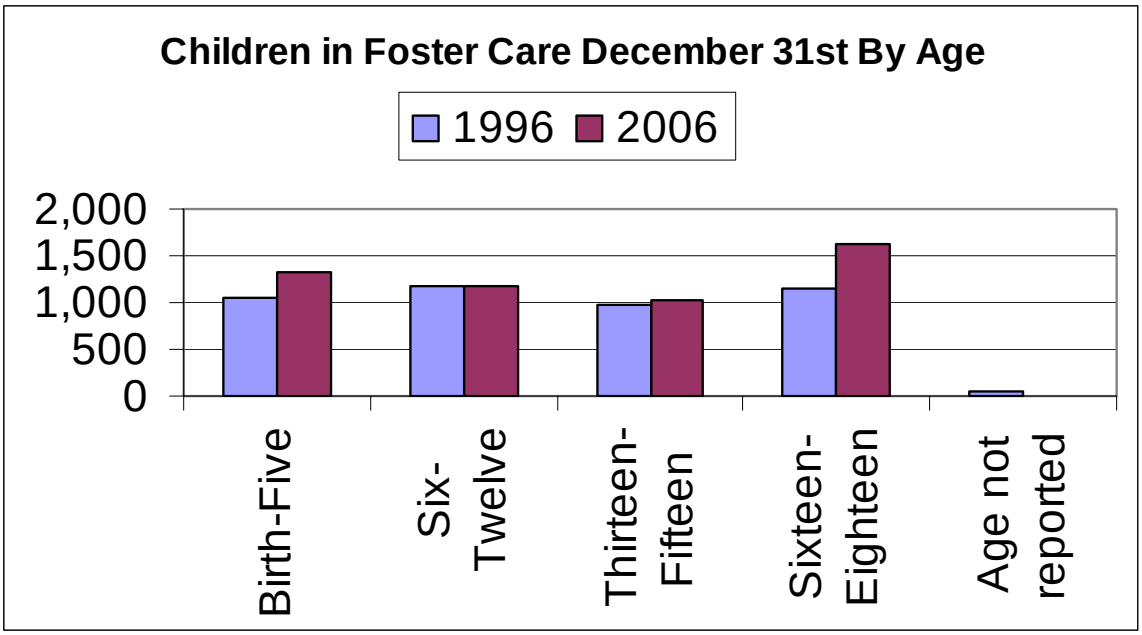

Children in Foster Care December 31st By Age
1996
2006
2,000
1,500
1,000
500
0
Birth-Five
Six-Twelve
Thirteen-Fifteen
Sixteen-Eighteen
Age not reported

TABLE 8

CHILDREN IN OUT-OF-HOME CARE ON DECEMBER 31, 2006 BY AGE

Children's Age	# of Children	Subtotal	Subtotal %	
under 1 year	205			
1 year	258			
2 years	238			
3 years	218			
4 years	200			
5 years	214			
		1,333	25.7%	Ages birth - 5
6 years	196			
7 years	172			
8 years	180			
9 years	146			
10 years	138			
11 years	162			
12 years	187			
		1,181	22.8%	Ages 6-12
13 years	201			
14 years	343			
15 years	487			
		1,031	19.9%	Ages 13-15
16 years	600			
17 years	615			
18 years	415			
		1,630	31.4%	Ages 16-18
Unreported Age	11	11	>0.1%	Unreported Age
Total	5,186		100.0%	

Explanation of Table—This table shows the number of active children on December 31, 2006, by age. Generally, children up to approximately age 11 enter care due to their parent's inability to parent, neglect, abusive situations, or medical problems.[107] Youth age 12-18 may also enter foster care because of actions they have taken in addition to the previously stated reasons.

[107] If a child has not been provided for physically, medically, and/or emotionally, it is considered neglect. Neglect can include the denial of critical care, failure to provide basic and necessary medical care and hygiene, failure to supervise children enough to keep them safe, engaging in criminal activity in front of the child, abandonment, and related inattention to the child's needs. Parental substance abuse and mental health issues often contribute to neglect.

TABLE 9(a)

TOTAL LIFETIME PLACEMENTS

(individual foster homes, group homes, specialized facilities)

FOR CHILDREN IN OUT-OF-HOME CARE ON DECEMBER 31, 2006 WHO ARE WARDS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)[108]

Number of Placements	Total	Ages 0 to 5	Ages 6 –12	Ages 13- 15	Age 16+	Age Unk.
1	639	310	163	74	91	1
2	851	372	205	123	151	0
3	733	293	199	101	140	0
4	567	144	141	127	155	0
5	400	97	103	84	116	0
6	305	40	86	78	101	0
7	256	31	74	58	93	0
8	190	20	44	59	67	0
9	172	4	31	47	90	0
10	133	3	31	28	71	0
11-20	622	8	91	176	347	0
21-30	142	0	3	29	110	0
31-40	35	0	0	6	29	0
over 40	7	0	0	2	5	0
Total	5,052	1,322	1,171	992	1,566	1

Children of any age can be damaged by multiple caregiver changes, yet:

- 2829 (56.0%) of DHHS children had experienced 4 or more placements.
- 939 (18.6%) of DHHS children had experienced 10 or more placements.

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 an alarming number of young children have this experience.

- **640 (48.4%) of the 1,322 DHHS preschoolers have lived in 3 or more different homes**
- **106 (8.0%) of the 1,322 DHHS preschoolers have lived in 6 or more homes.**

Explanation of Table—Both parts of this table shows the number of lifetime placements the children and youth who were in out-of-home care as of December 31, 2006 have experienced, the difference between the tables is the type of agency with custody.

[108] Health and Human Services wards include children under Child Protective Services, the Office of Juvenile Services (including Geneva and Kearney Youth Rehabilitation and Treatment Centers and Juvenile Parole), and the Lincoln Regional Center.

TABLE 9(b)

TOTAL LIFETIME PLACEMENTS

(individual foster homes, group homes, specialized facilities)

FOR CHILDREN IN OUT-OF-HOME CARE ON DECEMBER 31, 2006 AND ARE *NOT* WARDS OF DHHS [1]

[1] These children include infants in pre-adoptive placements, children/youth placed with private agencies, children/youth in private mental health facilities, and youth sentenced to local detention/correctional facilities.

Number of Placements	Total	Ages 0 to 5	Ages 6 –12	Ages 13- 15	Age 16+	Age Unknown
1	84	11	3	23	40	7
2	14	0	5	3	6	0
3	11	0	1	1	8	1
4	4	0	0	2	0	2
5	3	0	0	2	1	0
6	5	0	1	2	2	0
7	2	0	0	1	1	0
8	1	0	0	0	1	0
9	2	0	0	1	1	0
10	0	0	0	0	0	0
11-20	7	0	0	4	3	0
21-30	0	0	0	0	0	0
31-40	0	0	0	0	0	0
over 40	1	0	0	0	1	0
Total	134	11	10	39	64	10

Explanation of Table—Both parts of this table shows the number of lifetime placements the children and youth who were in out-of-home care as of December 31, 2006 have experienced, the difference is the type of agency with custody.

TABLE 10

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Age Group						Race							
County	Total Children	Birth-Five	6-8	9-12	13-15	16-18	Age Unk.	Black	White	Indian	Asian	Other	Undoc.	Multiple	Hispanic Ethnicity
Adams	101	24	9	6	19	43	0	1	85	1	2	6	0	6	13
Antelope	6	1	0	0	1	4	0	0	5	0	0	0	0	1	1
Arthur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Banner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blaine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Boone	5	0	0	0	0	5	0	0	5	0	0	0	0	0	0
Box Butte	20	3	3	1	3	10	0	3	11	5	0	1	0	0	0
Boyd	4	0	0	1	3	0	0	1	3	0	0	0	0	0	0
Brown	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0
Buffalo	69	15	8	11	8	27	0	2	52	2	0	10	0	3	10
Burt	10	2	3	1	2	2	0	0	10	0	0	0	0	0	0
Butler	30	13	2	6	4	5	0	0	30	0	0	0	0	0	0
Cass	37	6	8	6	6	11	0	0	37	0	0	0	0	0	0
Cedar	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0
Chase	6	1	0	3	0	2	0	0	5	0	0	0	0	1	1
Cherry	4	1	0	0	0	3	0	0	2	2	0	0	0	0	0
Cheyenne	25	7	2	4	8	4	0	0	22	0	0	3	0	0	3
Clay	8	2	1	2	1	2	0	0	8	0	0	0	0	0	0
Colfax	10	2	0	1	3	4	0	0	5	2	0	3	0	0	2
Cuming	7	2	1	0	3	1	0	0	6	0	0	1	0	0	0
Custer	16	1	2	4	4	5	0	0	16	0	0	0	0	0	1
Dakota	64	18	7	9	13	17	0	2	17	19	0	23	0	3	20
Dawes	8	1	0	0	2	5	0	0	4	4	0	0	0	0	0
Dawson	59	23	3	1	13	19	0	1	31	5	0	22	0	0	19
Deuel	3	0	0	0	0	3	0	0	1	0	0	2	0	0	1
Dixon	12	2	1	1	2	6	0	0	11	1	0	0	0	0	0
Dodge	106	20	10	18	21	37	0	3	86	5	1	11	0	0	13
Douglas	1926	546	219	231	353	576	1	705	908	91	5	181	6	30	148
Dundy	2	1	0	0	1	0	0	0	2	0	0	0	0	0	0
Fillmore	15	4	1	2	5	3	0	1	14	0	0	0	0	0	0
Franklin	8	0	0	1	1	6	0	2	6	0	0	0	0	0	1
Frontier	3	2	0	0	0	1	0	0	3	0	0	0	0	0	0
Furnas	11	1	0	2	6	2	0	0	11	0	0	0	0	0	0

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Gender					Removals		# of Placements			
County	Total Children	Male	Female	Unk	Had 4 or more Caseworkers	In foster care for at least the last 24 months	Removed once	Removed more than once	1-3 Placements	4-6 Placements	7-9 Placements	10+ Placements
Adams	101	52	49	0	48	29	58	43	45	22	12	22
Antelope	6	4	2	0	3	2	2	4	1	3	0	2
Arthur	0	0	0	0	0	0	0	0	0	0	0	0
Banner	0	0	0	0	0	0	0	0	0	0	0	0
Blaine	0	0	0	0	0	0	0	0	0	0	0	0
Boone	5	2	3	0	0	2	2	3	1	4	0	0
Box Butte	20	11	9	0	11	9	9	11	10	5	2	3
Boyd	4	2	2	0	0	0	3	1	1	3	0	0
Brown	1	1	0	0	0	0	0	1	1	0	0	0
Buffalo	69	38	31	0	30	16	36	33	27	21	8	13
Burt	10	5	5	0	2	4	6	4	6	3	1	0
Butler	30	16	14	0	7	6	23	7	20	5	2	3
Cass	37	21	16	0	6	4	14	23	11	6	7	13
Cedar	1	0	1	0	0	0	1	0	1	0	0	0
Chase	6	4	2	0	1	0	4	2	4	1	1	0
Cherry	4	2	2	0	2	0	2	2	2	1	0	1
Cheyenne	25	14	11	0	8	6	19	6	14	5	0	6
Clay	8	7	1	0	2	0	6	2	6	2	0	0
Colfax	10	5	5	0	2	0	4	6	5	2	1	2
Cuming	7	4	3	0	4	0	5	2	4	2	1	0
Custer	16	9	7	0	14	10	8	8	4	6	1	5
Dakota	64	38	26	0	19	10	44	20	30	21	3	10
Dawes	8	8	0	0	4	2	3	5	3	1	2	2
Dawson	59	30	29	0	14	12	31	28	29	11	5	14
Deuel	3	2	1	0	2	1	1	2	0	1	2	0
Dixon	12	7	5	0	5	4	10	2	7	1	1	3
Dodge	106	53	53	0	44	29	52	54	41	20	12	33
Douglas	1926	1051	874	1	1057	567	1216	710	809	503	246	368
Dundy	2	1	1	0	2	1	2	0	1	0	1	0
Fillmore	15	7	8	0	1	5	12	3	8	4	3	0
Franklin	8	5	3	0	2	3	3	5	2	3	0	3
Frontier	3	1	2	0	2	2	2	1	2	0	0	1
Furnas	11	9	2	0	5	3	7	4	4	3	2	2

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Placement Proximity to Home					
County	Total Children	Same County	Neighbor County	Non-Neighbor County	Child Out of State	Parents Now Out of State	Unknown
Adams	101	40	27	22	1	1	10
Antelope	6	1	1	2	1	0	1
Arthur	0	0	0	0	0	0	0
Banner	0	0	0	0	0	0	0
Blaine	0	0	0	0	0	0	0
Boone	5	0	3	1	0	0	1
Box Butte	20	7	4	7	0	0	2
Boyd	4	1	1	2	0	0	0
Brown	1	0	1	0	0	0	0
Buffalo	69	29	14	13	1	0	12
Burt	10	7	0	3	0	0	0
Butler	30	13	9	6	0	1	1
Cass	37	14	12	8	1	0	2
Cedar	1	1	0	0	0	0	0
Chase	6	3	1	2	0	0	0
Cherry	4	0	1	2	0	1	0
Cheyenne	25	12	1	4	2	1	5
Clay	8	0	6	2	0	0	0
Colfax	10	2	4	2	0	1	1
Cuming	7	2	0	4	0	0	1
Custer	16	4	4	5	0	1	2
Dakota	64	29	5	12	1	6	11
Dawes	8	0	0	6	1	0	1
Dawson	59	19	17	10	1	2	10
Deuel	3	0	0	2	1	0	0
Dixon	12	2	2	6	0	1	1
Dodge	106	28	28	27	5	1	17
Douglas	1926	1222	193	167	58	12	274
Dundy	2	1	0	0	1	0	0
Fillmore	15	5	7	1	1	0	1
Franklin	8	2	0	1	0	0	5
Frontier	3	0	2	1	0	0	0
Furnas	11	1	1	4	0	1	4

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Adjudication Status							
County	Total Children	Mis-demeanor (1)	Felony (2)	Abuse Neglect Dependency (3a)	Status Off. (3b)	Mental Health (3c)	More Than One Type	Other	Unreported
Adams	101	12	2	49	15	0	22	0	1
Antelope	6	0	0	2	1	0	3	0	0
Arthur	0	0	0	0	0	0	0	0	0
Banner	0	0	0	0	0	0	0	0	0
Blaine	0	0	0	0	0	0	0	0	0
Boone	5	2	0	1	1	0	1	0	0
Box Butte	20	3	2	12	1	0	2	0	0
Boyd	4	0	0	1	0	2	1	0	0
Brown	1	0	0	0	1	0	0	0	0
Buffalo	69	14	3	36	7	0	9	0	0
Burt	10	2	1	7	0	0	0	0	0
Butler	30	1	2	25	1	1	0	0	0
Cass	37	5	0	26	3	0	3	0	0
Cedar	1	0	0	1	0	0	0	0	0
Chase	6	0	0	3	1	0	2	0	0
Cherry	4	0	0	2	1	0	1	0	0
Cheyenne	25	0	0	17	1	1	4	0	2
Clay	8	1	1	5	0	1	0	0	0
Colfax	10	2	0	5	1	0	2	0	0
Cuming	7	0	1	5	1	0	0	0	0
Custer	16	0	0	9	2	0	4	0	1
Dakota	64	23	2	36	0	0	3	0	0
Dawes	8	3	4	1	0	0	0	0	0
Dawson	59	6	1	32	4	0	16	0	0
Deuel	3	0	0	1	1	0	1	0	0
Dixon	12	2	1	7	0	0	2	0	0
Dodge	106	14	2	64	5	0	20	1	0
Douglas	1926	244	23	1357	93	1	205	1	2
Dundy	2	0	0	1	0	0	1	0	0
Fillmore	15	0	0	14	1	0	0	0	0
Franklin	8	0	0	3	3	0	2	0	0
Frontier	3	1	0	2	0	0	0	0	0
Furnas	11	0	0	4	4	0	3	0	0

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Age Group						Race							
County	Total Children	Birth-Five	6-8	9-12	13-15	16-18	Age Unk.	Black	White	Indian	Asian	Other	Undoc.	Multiple	Hispanic Ethnicity
Gage	55	14	10	8	10	13	0	1	50	2	0	2	0	0	2
Garden	2	0	0	0	2	0	0	0	1	0	0	1	0	0	1
Garfield	3	0	0	0	2	1	0	0	3	0	0	0	0	0	0
Gosper	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0
Grant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Greeley	5	1	1	1	1	1	0	1	3	0	0	1	0	0	1
Hall	154	59	9	17	27	42	0	4	112	2	2	32	0	2	25
Hamilton	11	0	1	3	4	3	0	0	9	0	0	2	0	0	1
Harlan	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0
Hayes	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0
Hitchcock	5	1	1	0	0	3	0	0	5	0	0	0	0	0	0
Holt	14	0	0	2	5	7	0	1	13	0	0	0	0	0	0
Hooker	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0
Howard	7	0	1	2	2	2	0	0	7	0	0	0	0	0	0
Jefferson	21	3	2	1	8	7	0	0	21	0	0	0	0	0	0
Johnson	9	2	0	2	5	0	0	1	7	0	1	0	0	0	0
Kearney	8	2	2	0	2	2	0	0	8	0	0	0	0	0	0
Keith	12	1	2	0	4	5	0	0	10	0	0	2	0	0	1
Keya Paha	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kimball	19	6	2	3	4	4	0	0	19	0	0	0	0	0	0
Knox	3	0	0	1	1	1	0	0	2	1	0	0	0	0	0
Lancaster	1057	295	124	136	197	304	1	160	679	66	10	111	3	28	83
Lincoln	170	28	17	28	45	52	0	6	135	8	0	20	0	1	24
Logan	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
Madison	113	33	17	13	18	32	0	8	66	14	0	22	0	3	20
McPherson	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Merrick	16	3	2	1	4	6	0	0	16	0	0	0	0	0	0
Morrill	14	2	2	2	3	5	0	0	12	2	0	0	0	0	0
Nance	6	0	0	1	3	2	0	0	6	0	0	0	0	0	0

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Gender					Removals		# of Placements			
County	Total Children	Male	Female	Unk	Had 4 or more Caseworkers	In foster care for at least the last 24 months	Removed once	Removed more than once	1-3 Placements	4-6 Placements	7-9 Placements	10+ Placements
Gage	55	31	24	0	14	6	37	18	25	19	6	5
Garden	2	2	0	0	1	2	2	0	0	1	0	1
Garfield	3	1	2	0	2	0	0	3	2	1	0	0
Gosper	1	1	0	0	0	0	1	0	1	0	0	0
Grant	0	0	0	0	0	0	0	0	0	0	0	0
Greeley	5	2	3	0	4	2	3	2	1	2	1	1
Hall	154	95	59	0	58	26	97	57	82	23	22	27
Hamilton	11	6	5	0	5	0	7	4	5	2	3	1
Harlan	1	0	1	0	0	0	1	0	0	1	0	0
Hayes	1	0	1	0	1	0	0	1	0	1	0	0
Hitchcock	5	2	3	0	4	0	1	4	1	2	0	2
Holt	14	7	7	0	5	6	8	6	5	3	1	5
Hooker	1	1	0	0	0	0	0	1	0	0	0	1
Howard	7	3	4	0	3	0	3	4	4	2	0	1
Jefferson	21	10	11	0	9	5	13	8	11	6	2	2
Johnson	9	4	5	0	8	5	8	1	3	2	2	2
Kearney	8	4	4	0	3	1	5	3	5	0	1	2
Keith	12	8	4	0	1	0	5	7	3	5	2	2
Keya Paha	0	0	0	0	0	0	0	0	0	0	0	0
Kimball	19	13	6	0	9	13	15	4	6	7	1	5
Knox	3	2	1	0	2	2	2	1	0	0	1	2
Lancaster	1057	573	484	0	616	242	668	389	478	270	141	168
Lincoln	170	88	82	0	78	32	99	71	79	29	17	45
Logan	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
Madison	113	63	50	0	43	25	65	48	32	44	17	20
McPherson	0	0	0	0	0	0	0	0	0	0	0	0
Merrick	16	6	10	0	6	1	9	7	8	4	1	3
Morrill	14	7	7	0	5	7	10	4	8	5	1	0
Nance	6	4	2	0	0	0	3	3	3	2	0	1

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Placement Proximity to Home					
County	Total Children	Same County	Neighbor County	Non-Neighbor County	Child Out of State	Parents Now Out of State	Unknown
Gage	55	20	10	12	4	0	9
Garden	2	0	0	0	0	0	2
Garfield	3	0	1	1	0	0	1
Gosper	1	0	0	1	0	0	0
Grant	0	0	0	0	0	0	0
Greeley	5	1	1	3	0	0	0
Hall	154	64	30	35	2	4	19
Hamilton	11	2	5	2	0	0	2
Harlan	1	0	0	0	0	0	1
Hayes	1	0	0	1	0	0	0
Hitchcock	5	1	1	3	0	0	0
Holt	14	5	1	4	2	0	2
Hooker	1	0	0	1	0	0	0
Howard	7	3	2	2	0	0	0
Jefferson	21	4	8	3	0	3	3
Johnson	9	0	3	4	0	0	2
Kearney	8	0	5	0	0	1	2
Keith	12	1	1	7	0	0	3
Keya Paha	0	0	0	0	0	0	0
Kimball	19	5	2	4	0	0	8
Knox	3	0	0	2	0	1	0
Lancaster	1057	589	63	178	39	4	184
Lincoln	170	79	19	40	4	3	25
Logan	0	0	0	0	0	0	0
Loup	0	0	0	0	0	0	0
Madison	113	33	23	24	10	0	23
McPherson	0	0	0	0	0	0	0
Merrick	16	4	11	0	0	0	1
Morrill	14	4	0	6	2	0	2
Nance	6	1	0	3	1	0	1

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Adjudication Status							
County	Total Children	Mis-demeanor (1)	Felony (2)	Abuse Neglect Dependency (3a)	Status Off. (3b)	Mental Health (3c)	More Than One Type	Other	Unreported
Gage	55	6	0	36	7	0	6	0	0
Garden	2	1	0	1	0	0	0	0	0
Garfield	3	1	0	2	0	0	0	0	0
Gosper	1	0	1	0	0	0	0	0	0
Grant	0	0	0	0	0	0	0	0	0
Greeley	5	0	0	4	0	0	1	0	0
Hall	154	17	8	105	7	1	16	0	0
Hamilton	11	1	0	3	4	2	1	0	0
Harlan	1	0	0	0	1	0	0	0	0
Hayes	1	0	0	0	1	0	0	0	0
Hitchcock	5	0	0	3	1	0	1	0	0
Holt	14	2	1	8	3	0	0	0	0
Hooker	1	0	0	1	0	0	0	0	0
Howard	7	0	1	4	0	2	0	0	0
Jefferson	21	7	1	8	0	0	5	0	0
Johnson	9	1	0	6	0	0	2	0	0
Kearney	8	0	0	6	1	0	1	0	0
Keith	12	1	1	6	1	0	3	0	0
Keya Paha	0	0	0	0	0	0	0	0	0
Kimball	19	0	1	15	2	0	1	0	0
Knox	3	1	0	1	0	0	1	0	0
Lancaster	1057	168	13	738	23	0	110	0	5
Lincoln	170	20	3	85	37	0	25	0	0
Logan	0	0	0	0	0	0	0	0	0
Loup	0	0	0	0	0	0	0	0	0
Madison	113	15	1	71	4	0	21	1	0
McPherson	0	0	0	0	0	0	0	0	0
Merrick	16	2	0	6	2	1	5	0	0
Morrill	14	0	2	11	0	0	1	0	0
Nance	6	0	2	0	0	0	4	0	0

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Age Group						Race							
County	Total Children	Birth-Five	6-8	9-12	13-15	16-18	Age Unk.	Black	White	Indian	Asian	Other	Undoc.	Multiple	Hispanic Ethnicity
Nemaha	6	3	0	1	0	2	0	0	6	0	0	0	0	0	0
Nuckolls	3	0	0	0	0	3	0	0	2	0	0	1	0	0	0
Otoe	15	2	1	1	5	6	0	0	12	1	0	2	0	0	1
Pawnee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Perkins	2	0	0	1	1	0	0	0	1	1	0	0	0	0	0
Phelps	28	5	3	1	6	13	0	0	28	0	0	0	0	0	0
Pierce	11	3	1	0	2	5	0	0	11	0	0	0	0	0	0
Platte	59	14	4	10	13	18	0	2	43	1	0	13	0	0	17
Polk	2	1	0	0	1	0	0	0	2	0	0	0	0	0	0
Red Willow	31	4	2	2	10	13	0	0	31	0	0	0	0	0	0
Richardson	13	1	0	2	3	7	0	0	9	3	0	0	0	1	0
Rock	1	0	0	1	0	0	0	0	1	0	0	0	0	0	0
Saline	28	8	2	2	7	9	0	1	20	0	0	6	0	1	6
Sarpy	227	45	18	24	46	93	1	24	173	4	0	22	3	1	16
Saunders	31	9	3	4	3	12	0	0	27	0	0	3	1	0	3
Scotts Bluff	187	43	23	33	40	48	0	0	99	50	0	34	0	4	57
Seward	30	3	3	4	5	15	0	1	27	0	0	2	0	0	2
Sheridan	9	0	0	1	4	4	0	0	2	6	0	1	0	0	0
Sherman	5	0	1	1	2	1	0	0	5	0	0	0	0	0	0
Sioux	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Stanton	5	2	1	0	0	2	0	0	4	0	0	1	0	0	1
Thayer	11	1	0	0	4	6	0	0	9	0	0	2	0	0	1
Thomas	3	3	0	0	0	0	0	1	2	0	0	0	0	0	0
Thurston	23	5	3	2	6	7	0	0	4	18	0	0	0	1	0
Valley	11	1	2	2	2	4	0	0	8	1	0	2	0	0	1
Washington	23	2	1	3	6	11	0	3	19	0	0	1	0	0	0
Wayne	6	4	0	0	0	2	0	0	6	0	0	0	0	0	0
Webster	5	0	0	2	2	1	0	0	5	0	0	0	0	0	0
Wheeler	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
York	43	16	2	1	12	12	0	2	38	0	0	2	0	1	2
Unreported	83	10	5	3	20	37	8	9	32	17	2	4	19	0	4
GRAND TOTAL	**5186**	**1333**	**548**	**633**	**1031**	**1630**	**11**	**946**	**3212**	**334**	**23**	**552**	**32**	**87**	**502**

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Gender					Removals		# of Placements			
County	Total Children	Male	Female	Unk	Had 4 or more Caseworkers	In foster care for at least the last 24 months	Removed once	Removed more than once	1-3 Placements	4-6 Placements	7-9 Placements	10+ Placements
Nemaha	6	1	5	0	2	0	5	1	3	3	0	0
Nuckolls	3	1	2	0	1	1	2	1	2	0	0	1
Otoe	15	11	4	0	5	1	7	8	5	4	2	4
Pawnee	0	0	0	0	0	0	0	0	0	0	0	0
Perkins	2	2	0	0	0	1	2	0	0	0	1	1
Phelps	28	15	13	0	13	1	13	15	14	2	4	8
Pierce	11	5	6	0	5	4	10	1	9	1	0	1
Platte	59	31	28	0	17	14	43	16	34	10	8	7
Polk	2	1	1	0	1	0	1	1	1	0	1	0
Red Willow	31	19	12	0	8	2	19	12	13	7	7	4
Richardson	13	5	8	0	6	2	3	10	4	7	0	2
Rock	1	1	0	0	1	0	0	1	0	1	0	0
Saline	28	17	11	0	10	4	15	13	11	11	2	4
Sarpy	227	116	111	0	86	46	139	88	106	60	27	34
Saunders	31	19	12	0	12	9	14	17	15	8	4	4
Scotts Bluff	187	104	83	0	87	60	122	65	84	39	19	45
Seward	30	16	14	0	9	10	18	12	15	7	1	7
Sheridan	9	4	5	0	3	2	6	3	4	3	1	1
Sherman	5	1	4	0	0	0	5	0	5	0	0	0
Sioux	0	0	0	0	0	0	0	0	0	0	0	0
Stanton	5	4	1	0	0	2	3	2	2	2	1	0
Thayer	11	7	4	0	2	1	9	2	7	1	2	1
Thomas	3	2	1	0	1	0	3	0	2	1	0	0
Thurston	23	9	14	0	5	5	11	12	8	4	4	7
Valley	11	6	5	0	5	4	7	4	5	3	1	2
Washington	23	14	9	0	9	7	15	8	12	4	2	5
Wayne	6	2	4	0	1	1	6	0	5	1	0	0
Webster	5	2	3	0	1	0	3	2	4	1	0	0
Wheeler	0	0	0	0	0	0	0	0	0	0	0	0
York	43	26	17	0	12	7	28	15	23	13	3	4
Unreported	83	52	27	4	8	12	69	14	76	3	1	3
GRAND TOTAL	**5186**	**2835**	**2346**	**5**	**2484**	**1298**	**3225**	**1961**	**2330**	**1286**	**623**	**947**

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Placement Proximity to Home					
County	Total Children	Same County	Neighbor County	Non-Neighbor County	Child Out of State	Parents Now Out of State	Unknown
Nemaha	6	1	3	1	0	1	0
Nuckolls	3	0	1	2	0	0	0
Otoe	15	6	6	1	0	0	2
Pawnee	0	0	0	0	0	0	0
Perkins	2	0	0	2	0	0	0
Phelps	28	8	8	7	0	0	5
Pierce	11	3	6	1	0	1	0
Platte	59	10	19	21	2	0	7
Polk	2	1	0	0	1	0	0
Red Willow	31	5	4	13	0	1	8
Richardson	13	5	0	5	0	1	2
Rock	1	0	0	1	0	0	0
Saline	28	4	8	3	0	2	11
Sarpy	227	67	76	27	2	6	49
Saunders	31	11	12	4	0	1	3
Scotts Bluff	187	88	3	56	13	3	24
Seward	30	7	10	4	1	4	4
Sheridan	9	1	0	6	1	0	1
Sherman	5	4	1	0	0	0	0
Sioux	0	0	0	0	0	0	0
Stanton	5	0	1	3	0	0	1
Thayer	11	0	3	7	0	0	1
Thomas	3	2	0	1	0	0	0
Thurston	23	9	1	5	2	0	6
Valley	11	1	5	2	0	0	3
Washington	23	2	4	7	3	0	7
Wayne	6	5	0	1	0	0	0
Webster	5	2	1	1	0	0	1
Wheeler	0	0	0	0	0	0	0
York	43	13	7	20	1	0	2
Unreported	83	6	2	3	0	0	72
GRAND TOTAL	**5186**	**2522**	**711**	**862**	**165**	**65**	**861**

TABLE 10 (continued)

CHILDREN BY COUNTY OF COURT COMMITMENT

This table reads across pages and shows the number of children according to the county of the court that placed them in care.

		Adjudication Status							
County	Total Children	Mis-demeanor (1)	Felony (2)	Abuse Neglect Dependency (3a)	Status Off. (3b)	Mental Health (3c)	More Than One Type	Other	Unreported
Nemaha	6	1	0	4	1	0	0	0	0
Nuckolls	3	1	0	2	0	0	0	0	0
Otoe	15	2	1	7	3	0	2	0	0
Pawnee	0	0	0	0	0	0	0	0	0
Perkins	2	1	0	1	0	0	0	0	0
Phelps	28	2	0	13	5	0	8	0	0
Pierce	11	0	0	9	1	0	1	0	0
Platte	59	10	0	36	5	1	7	0	0
Polk	2	0	0	2	0	0	0	0	0
Red Willow	31	7	2	9	7	0	6	0	0
Richardson	13	0	1	8	1	0	3	0	0
Rock	1	0	0	1	0	0	0	0	0
Saline	28	2	1	22	0	1	2	0	0
Sarpy	227	13	0	142	25	0	45	0	2
Saunders	31	3	1	21	3	0	3	0	0
Scotts Bluff	187	18	4	131	8	0	24	2	0
Seward	30	4	0	17	4	1	4	0	0
Sheridan	9	4	2	1	0	1	0	0	1
Sherman	5	0	0	4	1	0	0	0	0
Sioux	0	0	0	0	0	0	0	0	0
Stanton	5	1	0	3	0	0	1	0	0
Thayer	11	5	0	5	0	0	1	0	0
Thomas	3	0	0	1	0	0	2	0	0
Thurston	23	0	0	13	2	0	8	0	0
Valley	11	1	0	9	1	0	0	0	0
Washington	23	6	0	12	2	0	3	0	0
Wayne	6	0	0	6	0	0	0	0	0
Webster	5	0	0	4	0	0	1	0	0
Wheeler	0	0	0	0	0	0	0	0	0
York	43	6	3	26	1	0	7	0	0
Unreported	83	0	2	11	0	0	70	0	0
GRAND TOTAL	**5186**	**665**	**97**	**3368**	**312**	**16**	**709**	**5**	**14**

TABLE 11

NUMBER OF REVIEWED CHILDREN BY PLAN

Permanency Plan	Number of children with plan		
Return to Parent	3,469		63.4%
Adoption	1,077		19.7%
Includes:			
Adoption (unspecified if relative or not)		929 children	
Relative Adoption		148 children	
Guardianship	402		7.3%
No Plan	271		5.0%
Independent Living	199		3.6%
Supervised Living	16		0.3%
Long Term Foster Care	8		0.1%
Live with Relative	3		>0.1%
Institution	1		>0.1%
Job Corp/Military	1		>0.1%
Other/Unknown	26		0.5%
Total	**5,473**		**100.0%**

Explanation of Table—This table shows the permanency plans for children reviewed during 2006.

TABLE 12

CHILDREN ENTERING OUT-OF-HOME CARE DURING THE YEAR, BY AGE

	Entering Care in 2006			**Prior Years**	
Age of child as of December 31st	First Removal from home In 2006	Prior premature, failed reunifications	Total Children Entering Care In 2006	Children Entering Care In 2005	Children Entering Care In 2004
Under 1	242	14	256	343	315
1 year	192	26	218	278	243
2 years	139	43	182	218	200
3 years	123	42	165	201	219
4 years	118	38	156	220	195
5 years	121	37	158	132	172
6 years	99	41	140	156	183
7 years	78	43	121	168	142
8 years	97	33	130	139	149
9 years	78	40	118	117	144
10 years	78	34	112	129	151
11 years	96	42	138	136	145
12 years	86	57	143	148	172
13 years	99	78	177	222	230
14 years	159	133	292	321	322
15 years	252	207	459	451	439
16 years	338	306	644	495	574
17 years	264	355	619	563	523
18 years	173	241	414	238	285
19 + years	22	57	79	37	36
Unknown age	37	10	47	2	0
TOTAL	2,891	1,877	4,768	4,714	4,839
	# removed more than once		1,877	1,386	1,631
	recidivist rate*		39.4%	29.4%	35.2%

*Recidivism rate here is computed as the percent of children entering care in the year who had been removed from the home at least once before, as in 1,386/4,714 = 29.4%)

Explanation of Table—This table shows the number of children who entered out-of-home care through both public and private agencies, and includes past years for comparison. Most children who enter care when age newborn through pre-adolescence enter care due to the parent's inability to parent, an abusive situation, neglect, or medical problems. Some are infants placed for adoption whose adoption has not been finalized. Older children may also enter care because of their own actions. This chart is based on the child's December 31st age, so children in the 19+ age group would have entered care while age 18 (19 is the age of majority).

The 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 13

CASES TERMINATED IN 2006 BY REASON

Reason Left Care	Number of Children	
Reunification or Presumed Reunification		
Custody Returned to Parent	3,801	64.0%
Released from Corrections with no other information given (presumably returned to parents)	712	12.0%
Age of Majority or Other Emancipation		
Reached Age of Majority	452	7.6%
Emancipated by Military Service or Marriage	4	> 0.1%
Adoption		
Adoption Finalized	464	7.8%
Guardianship		
Guardianship Established	252	4.2%
Other Reasons		
Court Terminated (with no specifics given)	91	1.5%
Custody Transferred to Another Agency/State/Tribe	37	0.6%
Death of Child	3	> 0.1%
No reason reported or other	122	2.1%
Total cases terminated	5,938[109]	

Explanation of Table—This table shows the number of children whose cases were terminated (closed) for each reason during 2006. (This does not include children who left during 2005, but who weren't reported until 2006).

[109] There were 5,938 cases closed on 5,098 children during 2006. 840 children left foster care more than once during the calendar year.

TABLE 14

LIFETIME CASEWORKER CHANGES EXPERIENCED By DHHS AND DHHS-OJS WARDS WHO WERE IN FOSTER CARE ON DECEMBER 31, 2006

Number of Caseworkers in Child's Lifetime	**# of Children**
1 caseworker	689
2 caseworkers	987
3 caseworkers	905
4 caseworkers	631
5 caseworkers	511
6 caseworkers	366
7 caseworkers	270
8 caseworkers	219
9 caseworkers	142
10 caseworkers	115
11 caseworkers	58
12 caseworkers	36
13 caseworkers	37
14 caseworkers	23
15 caseworkers	20
16 caseworkers	14
17 caseworkers	15
18 caseworkers	1
19 caseworkers	6
20 caseworkers	2
21 caseworkers	3
22 caseworkers	1
23 caseworkers	1
Total DHHS or DHHS/OJS wards	**5,052**

- 2,471 (48.9%) of the 5,052 children had experienced four or more different caseworkers handling their case at some time during their lifetime.
- 1,840 (36.4%) had experienced five or more different caseworkers.
- 570 of the 1,333 DHHS wards under age six had experienced four or more different caseworkers handling their case at some time during their lifetime.

Explanation of Table—This table shows the number of DHHS caseworkers who have been assigned to children over their lifetime.

TABLE 15

2006 FACTS ON CHILDREN IN NEBRASKA'S CHILD WELFARE SYSTEM

Number of children in foster care

There were 5,186 children in foster care on December 31, 2006.

- This is a decrease of 1,108 children from the 6,204 in foster care on December 31, 2005.
- This was an increase of 804 children from the 4,382 children in foster care on December 31, 1996.

Number of reviews conducted

- Local boards conducted 9.8% more reviews in 2006 than in 2005 (5,473 in 2006, 4,984 in 2005).
- Local board conducted 41.4% more reviews in 2006 than in 1996 (5,473 in 2006, 3,871 in 1996).
    - Starting July 1, 2006, the Foster Care Review Board was made the official IV-E review agency for Nebraska, and funded to conduct more reviews.

Demographic information

Minorities

- On December 31, 2006, 38.1% of the children in out-of-home care were minority.
- 18.2% of the general population of Nebraska children are minority according to Census data reported in the 2006 Kids Count report.

Ratio of females/males

The ratio of males/females in out-of-home care has remained constant during the last 10 years (about 55% male, 45% female).

Children soon to become adults

There were 415 youth age 18 in out-of-home care on December 31, 2006. [There is a bill to change the age of majority currently in the Nebraska legislature.]

TABLE 15 (continued)

Census data percents compared to foster care percents

- Statewide, there were 450,242 children under age 18 according to the 2000 census data found on http://factfinder.census.gov.
- The following compares the 2000 census data/percentages for the counties that are the most populous for foster children to the percent in foster care on December 31, 2006.

	Census Data			
Region	**# of children under 18**	**% of State population**	**Foster Children Dec. 31, 2006**	**Foster children as % of county census total**
Adams County	7,616	1.7%	101	1.3%
Dodge County	8,922	2.0%	106	1.2%
Douglas County	123,221	27.4%	1,926	1.6%
Hall County	14,535	3.2%	154	1.1%
Lancaster County	58,828	13.1%	1,057	1.8%
Lincoln County	9,085	2.0%	170	1.9%
Madison County	9,450	2.1%	113	1.2%
Sarpy County	37,367	8.3%	227	0.6%
Scotts Bluff County	9,588	2.1%	187	2.0%

Time in foster care

Average days in foster care

Children who were in out-of-home care on December 31, 2006, had been in foster care an average of 561 days since their most recent removal from the home. For children who have had more than one removal, this does not include previous episodes in foster care. The average is over one year in out-of-home care for all age groups, except for the age unreported who have recently entered foster care.

Age birth to five	412 days
Age 6-12	509 days
Age 13-15	562 days
Age 16-18	643 days
Age unreported	41 days
Age 0-18	561 days on average

Percent of lifetime in foster care

The average lifetime percent of life in foster care for children reviewed during the last half of 2006 is 36%.

TABLE 15 (continued)

Placement issues

Multiple placements

- Over half – 55.0% (2,856 children) of the children ages birth-18 in foster care on December 31, 2006, had experienced four or more placement changes during their lifetime.
- 36.3% (1,881 children) had experienced six or more placements during their lifetime.
- 642 (48.2%) of the 1,333 children age birth-five in foster care on December 31, 2006, had experienced three or more placement changes in their lifetime.
- 349 (26.2%) of the 1,333 children age birth-five in foster care on December 31, 2006, had experienced four or more placement changes in their lifetime.

Safety in placement

- Local boards found that the child's placement was unsafe for 1.8% of the cases reviewed, and that the placement was inappropriate for another 3.6% of cases reviewed.
- Documentation or home studies needed to make the finding were lacking for 16.1% of the cases reviewed.

Relative or kinship care

- 1,101 (21.2%) of the 5,186 children in out-of-home care on December 31, 2006, were placed with relatives, as compared to 17.8% of the children in out-of-home care on December 31, 2005.

Contact with siblings

For the 2,668 children reviewed in the last half of 2006:

- 1,247 children had documented contact with siblings.
- 532 children were placed with all siblings, and thus had contact.
- 351 children had contact with some, but not all, siblings.
- 311 children had documented that no sibling contact was taking place.
- 227 children had no file documentation regarding contact with siblings not placed with them.

TABLE 15 (continued)

Permanency issues

Progress towards permanency

Local boards found that there was no progress being made to permanency in 28.9% of the cases reviewed.

Multiple removals

- 2,368 (45.7%) of the 5,186 children in foster care on December 31, 2006, had prior removals from the home.
    - 1,192 (23.0%) had been removed twice from home.
    - 453 (8.7%) had been removed three times.
    - 723 (13.9%) had experienced four or more removals from the home.
- 203 (15.2%) of the 1,333 children age birth-five in foster care on December 31, 2006, had been removed from the home at least once before.

Paternity establishment

For 2,602 children reviewed in the last half of 2006:

- 1,469 had file documentation that paternity had been established.
- 356 had documentation that paternity was not established.
- 271 had documentation that paternity was severed by termination of parental rights.
- 158 had documentation that no purported father had been identified.
- 140 had documentation that paternity was severed by a voluntary relinquishment of parental rights.
- 134 had no file documentation of whether paternity had been established.
- 74 had documentation that the father was deceased.

Parental drug abuse

The following statistics are from children reviewed during the last half of 2006.

- 54.0% of the children age birth through eight have parental drug abuse as a factor in their case.
    - 58.1% of the children under age two (151 of 260) had parental drug use as a factor in their case.
    - 52.1% of the children age two through three (177 of 340) had parental drug use as a factor in their case.
    - 52.0% of the children age four through five (155 of 298) had parental drug abuse as a factor in their case.
    - 54.6% of the children age six through eight (206 of 377) had parental drug use as a factor in their case.

Appendices

Appendix A

The Juvenile Court Process For Abuse or Neglect Cases

Note: The Foster Care Review Board has the authority to review children's cases any time after the removal from the home. Typically the Board schedules reviews so that information gathered from the review can be shared with all legal parties just prior to a Court hearing, so that the Court can address the Board's concerns.

Report of abuse or neglect (also called a complaint)– is made by medical personnel, educators, neighbors, foster parents, social workers, policy, and/or others. State law requires anyone with reason to believe abuse or neglect is occurring to report this to authorities. This may be reported to the Department of Health and Human Services (DHHS-CPS) or a local law enforcement agency. Each of these agencies is to cross report to the other.

Report accepted or screened out – after CPS receives a report, it assesses the nature of the complaint and assigns a prioritization for investigation. Serious flaws in this system exist. (See the section on CPS response to child abuse reports for additional details.)

Investigation– law enforcement and/or CPS (child protective services division of DHHS) investigates the allegations or concerns in the report. The investigation provides the evidence for the County Attorney to file a petition. The child may be removed from the home if an emergency situation exists.

County Attorney files a petition – detailing all of the abuse or neglect allegations. This is done within 48 hours of an emergency removal; if not an emergency removal, the County Attorney files a petition requesting removal from the home or requesting DHHS supervision of the home. Nothing is determined, found, or ordered at this point, that is done at the hearings described below. Parents who abuse their children can be tried in adult courts for the criminal part of their actions as well as being involved in a juvenile court action about the child and the child's future.

Petition definitions – petitions must contain specific allegations related to specific statutes in the Nebraska Juvenile Code. These are:

- §43-247 (3a) – children who are neglected, abused, or abandoned.
- §43-247 (3b) – children who have exhibited behaviors problems such as being disobedient, truant, or runaways
- §43-247 (3c) – juveniles who are mentally ill and dangerous as defined in §83-1009.
- §43-247 (1) – juveniles who have committed a misdemeanor other than a traffic offense.
- §43-247 (2) – juveniles who have committed a felony.

Detention hearing is held – legal rights are explained to the parents, a Guardian ad litem (special attorney) is appointed to represent the child's best interests, counsel may be appointed for the parents. This hearing determines if probable cause exists to warrant the continuance of Court action or the child remaining in out-of-home care. The Court can only rule on the allegations in the petition. Affidavits and testimony can also be used.

If an emergency removal did not occur, the child may be removed from the home or may remain in the home under the supervision of DHHS. Services may be offered to the child and/or the parents after the detention hearing. Parents are frequently advised by their counsel not to accept services, as this may be an admission of guilt for the adjudication hearing to come.

DHHS is given custody at the detention hearing – and is then responsible for the child's placement, plan, and services, if the court finds grounds for adjudication. DHHS is responsible for developing the child's case plan, submitting the plan to the court, and updating the plan at least every six months while the child remains in care. The Court must adopt the DHHS case plan unless other legal parties present evidence that the plan is not in the child's best interest or the Court amends the case plan based on its own motion.

DHHS makes a placement – the child's needs are to be evaluated and the child is to be placed in the most home-like setting possible that meets the child's needs, whether through direct foster parents, relatives, or agency-based care. This may occur either before or after the detention hearing, depending on circumstances.

Plea-bargaining – because allegations can be hard to prove, many serious allegations are sometimes removed from the petition in an agreement between the County Attorney and the parents so that parents or youth will admit to lesser charges.

Adjudication hearing is held – facts are presented to prove the allegations in the petition. The burden of proof is on the state, through the County Attorney. If the parents deny the allegations, then a fact-finding hearing like a trial is held, where the parents have a right to counsel.

At this hearing the finding of fact occurs, the allegations in the petition are found to be true or false, and the child is either made a state ward or not. The Court cannot order the parents to services prior to completion of the adjudication hearing. By law this must occur within 90 days of the child entering out-of-home care. In practice the 90-day rule is not always followed.

Dispositional hearing is held – the Court sets the adjudication status for the case, if the parent admits the allegations or is adjudicated, the Court adopts the DHHS rehabilitation plan for the parents (case plan) and orders services based on this plan. There is a statutory presumption that the DHHS plan is in the best interests of the child. The onus is put on any other party to the proceedings to prove that a plan is not in the child's best interests.

Dispositional review hearings – these court hearings occur at least once every six month to determine whether any progress is being made towards permanency for the child. The child's plan should be updated to reflect the current situation. The State Foster Care Review Board has legal standing to file as a party to any pleading or motion to be heard by the court at these hearings. The Review Board attempts to schedule its reviews in advance of this court hearing so that the Court can act on the Board's concerns.

Permanency hearing – after the child has spent 12 months in foster care, the Court is to hold a special dispositional hearing to determine the most appropriate permanency plan for the child.

When a child has been in care for 15 of the last 22 months – the County Attorney is required to file a motion for a hearing either for a termination of parental rights, or to explain why termination is not in the best interest of the child.

Permanency – is obtained through any of the following: 1) a safe return to the parent's home, 2) adoption, 3) guardianship, 4) a long-term foster care agreement, or 5) by reaching adulthood. Adoption or guardianship can occur following either a relinquishment of parental rights or by a Court-ordered termination of parental rights.

Termination of parental rights hearings – if the state through a county attorney proceeds to a termination of parental rights action, the parents have the right to counsel. In such a trial the burden of proof is greater than the level of proof needed in juvenile court proceedings. Many county attorneys have equated the time to establish grounds and proceed to trial as being equal to involvement in a murder trial. The role of the defense counsel is adversarial—that is the parental attorney has an obligation to defend the client against the allegations in the petition. There is a right to appeal, and many parental attorneys automatically appeal any decision to terminate parental rights.

Relinquishments – relinquishments are actions of the parents to give DHHS the rights to the child. DHHS will only accept relinquishments if both parents sign, or the other parent's parental rights have been terminated, or the other parent is deceased. This is sometimes done to facilitate an open adoption.

Open adoption – a legally enforceable exchange of information contract between biological parents who have relinquished rights and adoptive parents, that is agreed to by both parties. This is only applicable for children who are state wards.

Local Foster Care Review Board members come from a variety of backgrounds. If you would be interested in serving on a local board, please complete the form found in Appendix B.

Appendix B

STATE OF NEBRASKA
FOSTER CARE REVIEW BOARD
521 S. 14th Street, Suite 401
Lincoln, NE 68508-2707
(402) 471-4420

Applications for volunteers to serve on a local Foster Care Review Board as set in Nebraska Statue, Section 43-1301 to 43-1319, R.R.S. Employees of the State Foster Care Review Board or child caring and placing agencies or the Courts are ineligible to serve on local boards.

_____
Name

_____
Address City ZIP Phone No.

_____
Occupation Address ZIP Phone No.

I am available for <u>training</u> on the following (check all that apply)					**I am available to <u>serve on a Board</u> that meets on the following (check all that apply)**			
<u>Day</u>	Morning	Afternoon	Evening		Day	Morning	Afternoon	Evening
Mon.					Mon.			
Tues.					Tues.			
Wed.					Wed.			
Thurs.					Thurs.			
Fri.					Fri.			
Sat.			NA		Sat.			NA

Regular exceptions to the above schedule: _____

Nebraska Statute 43-1304 states: "The members of the Board shall reasonably represent the various social, economic, racial, and ethnic groups of the county or counties from which its members may be appointed." In order to comply with the Act, please answer the following:

Your age: 19-30 _____
31-45 _____
46 & older _____

Family income: $ 4,000-10,000 _____
$11,000-20,000 _____
$21,000-39,000 _____
$40,000 - above _____

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 Health and Human Services shall be a Class III misdemeanor.

Class III misdemeanor:	Maximum -	three months imprisonment, or five hundred dollars fine, or both
	Minimum -	none

CONSENT FORM

I, _____, agree to the rules and regulations set by the
(*please print*)
State Foster Care Review Board.

In particular, I promise not to disclose any information obtained from my participation in the Foster Care Reviews in accordance with confidentiality provisions.

I further promise not to use any information or data for my own personal, professional, or monetary advantage.

_____ _____
signature *date*

_____
address

_____, NE _____

Signed in the Presence of:

_____ _____
Signature *date*

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 authorize the Nebraska Department of Health and Human Services to release specific and detailed information contained on the Adult or Child Protective Services Central Register including the information that a record has been found to:

The State Foster Care Review Board
521 S. 14th, Suite 401
Lincoln NE 68508

_____ _____
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 10-2006

Other addresses, other names, other children residing with you (continued from front page of the form, if necessary):

Appendix C

ACKNOWLEDGEMENTS – 2006

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

Alliance Library, Alliance
Beatrice Community Hospital, Beatrice
Bergan Mercy Hospital, Omaha
Brooke Valley School, Omaha
Carol Yokum Resource Center, Lincoln
Christ United Methodist Church, Lincoln
Columbus Police Department, Columbus
Dundee Elementary School, Omaha
Educational Service Unit #16, Ogallala
First Lutheran Church, South Sioux City
Fremont Presbyterian Church, Fremont
Grand Generation Center, Lexington
Granton Township Library, O'Neill
Hastings Police Department, Hastings
Immanuel Alegent, Omaha
Independent Living Center, Grand Island
Landmark Center, Hastings
LaVista Community Center, LaVista
Law Enforcement Center, Kearney
Lexington Public Library
Lutheran Church of the Master, Omaha
Madonna Rehabilitation Center, Lincoln
Make-A-Wish Offices, Omaha
Midtown Business Center, Kearney
Morning Star Lutheran Church, Omaha
Nebraska State Bar Association, Lincoln
New Life Baptist Church, Bellevue
North Platte Community College, North Platte
Pacific Hills Lutheran Church, Omaha
Presbyterian Church of the Cross, Omaha
Regional West Medical Center, Scottsbluff
St. Andrews Episcopal Church, Omaha
St. John's Lutheran Church, Tecumseh
St. Paul's United Methodist Church, Lincoln
St. Stevens Building, Grand Island
St. Wenceslaus Catholic Church, Omaha
State Office Building, Omaha
Sump Memorial Library, Papillion
Trinity Lutheran Church, Auburn
United Lutheran Church, Lincoln
United Methodist Church, Norfolk
University of Nebraska Medical Center, Omaha
York General Hospital, York

Appendix D

PROJECT PERMANENCY QUESTIONS

BOARD MEMBER QUESTIONS FOR FOSTER PARENTS

FCRB Home Visit of the _____ home

Child's Name _____Age _____

Board members _____ & **_____**

Date _____ **Time _____** AM PM

[Be sure that the opening statement has been read]

Key Information About The Child

1. What date was _____ placed in your home? _____

2. When he/she was placed with you, did you receive adequate information regarding:

the child's development	Yes	No
the child's educational needs	Yes	No
the child's medical needs	Yes	No
if the child has allergies	Yes	No
any diet considerations such as which formula	Yes	No

3. What do you understand is the current plan for the child?
   (on sheet in the pocket of the binder)

01-Reunification	02-Kinship Care
03-Adoption	04-Long Term Foster Care
11-Guardianship	00-Unreported/unknown
Other: _____	

4. Can you tell me about the child's temperament, personality, and response to stress?

Grief

Research clearly shows that in foster children ages birth through five, most of their behaviors are a result of the grief they experienced because they have been separated from their parents or from a trusted caregiver. Research shows this grief can last for many years.

1. What information, if any, have you been given about childhood grief? What questions do you have about how children respond to separation from parents or from trusted caregivers?
   (Refer to section _____)

2. Next I'll be asking you about some behaviors that are typical of grief. This will help us, on the Board, to better understand what the child's needs are and will help us make better recommendations. Is the child showing…

   Regressive behaviors (soiling self when formerly toilet trained, return to baby talk, use of pacifier when previously weaned, etc.).....Yes No

   Not listening or spacey behaviors.....Yes No

   Sleep Disturbances.....Yes No

   Food issues (hoarding, refusal to eat).....Yes No

   Rhythmic behavior (rocking self excessively.).....Yes No

   Rages beyond normal tantrums.....Yes No

   Bothered by nothing – flat emotions.....Yes No

   Impulse control weak for their age .....Yes No

   Lack of energy .....Yes No

   Over active, without a physical cause.....Yes No

Overly clinging .....Yes No

Too affectionate with strangers.....Yes No

Intense control battles .....Yes No

Significant learning delays.....Yes No

Destructive to self .....Yes No

Destructive to others .....Yes No

Refuses touch or comforting.....Yes No

3. How do you decide which of the child's behaviors need to be responded to, and how do you to respond to those behaviors?

Services to the Child

1. What is the child's daily routine?

2. Is the child in daycare or an early childhood program?

Day Care	Yes	No
Program	Yes	No

3. Has the child received a comprehensive health assessment since being placed in your home? Yes No

4. Are the child's immunizations up to date? Yes No Partial

5. When was the child's last visit to the doctor? _____

    1. Who was present at the appointment? _____
    2. What was the reason for the appointment? _____

6. Is the child receiving regular dental exams? Yes No

7. What other services, such as physical therapy, occupational therapy, speech, individual or family counseling, does the child participate in?

8. Are there any services that you feel the child needs that he/she is not receiving?

Visitation Questions

1. Is visitation occurring with the parents? Mother Yes No
   Father Yes No

2. How often are visits occurring?

3. Is visitation supervised? Yes No If yes, by whom? _____

4. Who is transporting the child to visits?

5. Is the child visiting his/her siblings?

6. Do you get reports of how the visits went?

Number In the Home

1. It has been reported to us that the following foster children are currently placed in your home. Can you please confirm if this is accurate?

   1. _____ Age _____

   2. _____ Age _____

   3. _____ Age _____

   4. _____ Age _____

   5. _____ Age _____

2. Are there any other children in the home? Who are they?

   1. _____ Age _____
      Foster child? Yes No If yes, when Placed _____

   2. _____ Age _____
      Foster child? Yes No If yes, when Placed _____

   3. _____ Age _____
      Foster child? Yes No If yes, when Placed _____

   4. _____ Age _____
      Foster child? Yes No If yes, when Placed _____

   5. _____ Age _____
      Foster child? Yes No If yes, when Placed _____

3. Are you a daycare provider? Yes No
   If so, for how many children? _____

4. Are there any disabled adults in the home? Yes No
   If so, how many? _____

5. Do you have respite care available? Is the quality of the respite care acceptable?

Training, Experience

1. How many years have you been a foster placement? _____

2. Has anyone talked to you about basic child development and what is to be expected as "normal" at each stage of growth? Yes No
   (refer to page ___)

Contact with Legal Parties

1. When was the last time the case manager was at your home? _____
   How much contact does the child have with the case manager?

2. When was the last time the child's guardian ad litem was at your home? How much contact do you or the child have with the guardian ad litem? (*refer to page _____ for GAL definition, to contact page for name)*

Other Questions or Comments

Do you have any other concerns that you want the board to be aware of?

Thank you

"Thank you for assisting the Board. At the end of the binder is an envelope containing some coupons that local sponsors have given us to say "thank you" for your service.

If you think of anything you would like to add or have any other questions, please feel free to contact us. The Board's information is on the contact sheet in the inside pocket of the binder."

Form revised 8-14-2003

Appendix E

Group Home Information Visit Questions

Youth Detention, Group Home, or other facility questions:

Facility

- What is the Capacity of your facility? How full is it usually?
- What age range of youth are commingled?
- What is the percentage of minority youth?
- How young a child will be admitted here?
  What is the age limit?
- Please describe what will occur when a youth is admitted?
  How long is the youth allowed to stay?
- Describe contact with family, friends, etc.
- Will the youth be given a copy of rules, consequences for certain behaviors, etc.
- What programs and services are available to the youth?
- How is discipline be handled?
  Will there be a time out room and what criteria will there be for placing a youth there.
  Is there a policy limiting the amount of time a youth can be there?
  Is the main focus of the facility on control or on positive guidance?
  Are handcuffs or shackles used for discipline?
  What is the most common method of discipline?
- How are serious incidents (suicide, assaults) handled?
  How often do they occur?
  Is law enforcement contacted?
- Does a citizen advisory board exist to monitor the facility, educate the public, recommended appropriate changes?
- Do you report to the Foster Care Review Board?
- Are children assessed before being accepted to the respite care program?

Staff

- What are the qualifications of the staff?
- What type of training do they receive?
- What is the staff to youth ratio?

- Are social workers, psychologists, certified teachers on staff and available to individual youth at convenient hours?
- Is medical care available at all times? Weekends? Who supervises medications?
- Who supervises the children who are here for respite care?
  How long do they usually stay?
- What opportunity kids have for interaction with staff? Is there any counseling, one on one consultation, etc.

Education

- What is a typical day's schedule?
  Are waking hours filled with productive activities?
- Is the school accredited? By whom?
  How many hours are spent in class work?
  Are School Materials forwarded from children's schools?
- During the education hours when are they in the classroom, and when in recreation?
  How much pure education time do they get per day or week?
  Where will the teachers come from?
- Is there a library? When will they go the the library?
- Exactly where will they be when they're not in classrooms or lunch? Locked in their room? TV room? Any other activities?. Will they go outside? Where?
- What will they do on weekends? Any organized activity? When in rooms?

APPENDIX F

STAFF WHO SERVED DURING SOME OR ALL OF 2006

Carolyn K. Stitt, Executive Director

Kathleen Stolz, Program Coordinator

Lincoln Area Supervisor
Kari Pitt

Omaha Supervisor
Tammy Peterson

Rural-West Supervisor
Tami Gangwish

Lincoln Area Review Staff
Terra Bentley
Jodi Borer
Michele Harp Blodgett
Amy Lauritsen
Tony Menard
Sarah Schwartz
Lynda Todd
Jessie Zuniga

Omaha Review Staff
Rachael Andrews
Erin Bader
Benjamin Gray
Jelina Linyonga
Anna Nelson
Tammy Oswald
Sarah Schwartz
Stacey Sothman
Michelle Wehenkel
Pauline Williams

Rural-West Review Staff
Jackie Lucas
Karen Olsen
Dawn Paulsen
Sarah Schwartz
Ramona Tarin
Evelyn York

Heidi Ore, Administrative Coordinator **Linda Cox, Special Projects Coordinator**

Lincoln Office Staff
Christina Baker
Lydia Daniel
Rachel Francis
Pat Kuhns
Dora May
Holly Powell
Abby Webben
Jessie Zuniga

Student Interns
Abby Dethlefs Webben
Brooke Spath
Angela Vasa

CONSULTANTS DURING 2006
Dr. Ann Coyne, Bonding & Attachment Advisor
Karen Kilgarin, Communication Advisor
Nancy Thompson, LMHP, Bonding & Attachment Advisor

APPENDIX G

The following is a reprint of the

Foster Care Review Board's report to

Governor Heineman

on the results of a special study

conducted in the fall of 2006

on 948 children in foster care

age birth to five.

Report to Governor Dave Heineman on the Special Research Project on Young Foster Children Conducted by the Foster Care Review Board August 2006 – January 2007

The Foster Care Review Board conducted a special review of the cases of 948 children age birth through five. The Board's review specialists conducted the reviews and collected the data. A further explanation of the methodology appears at the end of this report.

The following are the key findings from this special project.

Demographics

This special study involved 948 children (464 female, 484 males) who were born on or after Jan. 1, 2001.

The majority (563) of these children came from the Eastern DHHS Service Area, which incorporates the Omaha metro area. The next largest group of children (282) came from the Southeast area, which includes Lincoln and towns within Southeast Nebraska, such as Beatrice and Falls City. The remainder included 20 children from the Northern service area, 57 children from the Central service area, and 26 children from the Western service area.

The racial background of these children included: 589 Caucasian, 181 African American, 49 Native American, 7 Asian, 5 Pacific Islander, 31 multiple races, and 86 other or unknown backgrounds.

There were 108 children (11.4%) in this group who had recognized disabilities.

DHHS Action Plan

You had directed DHHS to develop special action plans for young children and children who have been in foster care for 15 months or more. After the Board had entered information about DHHS action plans onto the computer system, it appeared that 66% of the young children had no action plans. The Board provided DHHS a list of these children.

In a follow-up meeting between the Board's Director and Todd Reckling and Sherri Haber, it was explained that DHHS started with children in this age group who had already been in foster care for 15 months, and were working on completing the remaining plans. DHHS subsequently provided 104 children's additional plans. These plans are included in the following statistics.

There were 364 children age birth to five who had been in care for 15 months or more, and 310 of them (85.2%) at the time of our review had action plans. For the 310 children with action plans:

- 177 (57.1%) had plans that addressed the major barriers to permanency.
- 137 (44.2%) had plans that contained goals and timeframes.
- Regarding progress towards the DHHS action plan goals:
    - For 199 children (64.2%) progress was being made towards the DHHS plan goals.
    - For 99 children (32.0%) no progress was being made.
    - For 12 children (3.8%) it was unable to determined if progress was being.

For the 54 young children who had been in foster care for 15 months, and who did not have an action plan:

- 23 children (42.6%) have had between 4-7 caseworkers.
- 12 children (22.2%) have been removed from the home more than once.

The Board examined a number of conditions that could impact permanency for children. An explanation of these follows.

Children Who Could Go Home or Maintain a Relative Placement

The Board examined each of the 948 children's cases to determine if any of these children could go home, or maintain a relative placement, with services.

- **68 (7.2%) of the children could go home with services.**

A list of these children was shared with DHHS, and has been the point of discussion in meetings between FCRB and DHHS top management.

Primary Barriers to Permanency

Reviewers identified the primary barriers to permanency based on the permanency objective in the plan for each child. Multiple barriers could be identified for each child. It should be noted that 631 (66.6%) of the 948 children have a current, written plan. The remaining children have incomplete plans, outdated plans, or no plans. The majority of children have plans of reunification.

Barriers to Reunification

The following are the barriers to permanency identified for children with a plan of reunification:

Number of Children Affected	**Barrier**
351 children	Parental substance abuse
346 children	Parents need more time to complete services (this included 250 children in care less than 15 months, and 96 children in care 15 months or more)
208 children	Lack of parental willingness to parent
202 children	Economic-housing issues
150 children	Parental lack of visitation
136 children	History/Chronic nature of family abuse/violence
140 children	Parental economic-employment issues
85 children	Parent incarcerated
77 children	Parental mental illness
65 children	Paternity not established
57 children	DHHS lacks documentation regarding progress
46 children	Parental whereabouts unknown
40 children	Parents are low-functioning
31 children	Public assistance needed before child goes home
25 children	Severity/chronic nature of past abuse
17 children	Services have not been provided to the parents

Barriers to Guardianship

Due to the young age of children in this study, few (7) have a plan of guardianship.

- For children under age 13, an exception is required for a guardianship. 4 of the 7 exceptions have been finalized.
- 1 of the 7 children's guardianship paperwork has been completed.

Termination of Parental Rights (TPR) Needed

- Reviewers found that for 302 of the 948 children (31.9%) a termination of parental rights was in the child's best interests.
- The legal filings had not been completed for 202 of these 302 children, (66.9% of those needing a TPR filing).
    - 70 (34.7%) of the 202 children had four or more caseworkers.
    - 123 (60.9%) of the 202 children had been in foster care for 12 months or more at the time of the review.
        - 59 of the 123 children were from the Eastern Service Area.
        - 51 of the 123 children were from the Southeast Service Area.

The following are the barriers to TPR that were identified for the 302 children. Children could have more than one barrier identified.

Number of Children	Barrier
101 children	Request to file not sent to County Attorney
39 children	Request given to County Attorney, but not filed
25 children	Paternity not addressed
23 children	Petition filed, awaiting hearing
19 children	County attorney lacks evidence to TPR
17 children	DHHS lacks documentation regarding parental progress
11 children	Court did not terminate parental rights
10 children	Parental whereabouts unknown
6 children	DHHS policy
5 children	Issues regarding splitting siblings apart
5 children	Child not in placement willing to adopt
4 children	Number of court continuances
1 child	Mental health professional unwilling to testify

Barriers to Adoption

Adoption is the plan for 216 of the 948 children (22.8%).

- 88 (40.7%) of the 216 have not had their adoptive home studies completed.
- 53 (24.5%) of the 216 children have been free for adoption for over six months.
- 35 (16.2%) of the 216 children are not in placements willing to adopt.
- 15 (6.9%) of the 216 children need to complete services prior to an adoption.
- 11 of the 216 children's termination of parental rights are currently on appeal.

- 70 (73.7%) of the 95 children to have subsidized adoptions have not had the paperwork completed.

- 24 (27.3%) of the 88 children in the Omaha adoption unit have been in the unit for over 6 months.

Adoption is the concurrent plan for 412 (43.4%) of the 948 children.

Contracting for Monitoring Parental Visitation and/or Transportation

DHHS has entered into contracts with many different private organizations for the transportation of some children to and from visitation with the parents, and into contracts for the monitoring of some children's visitation. Contractors also transport some children to and from school and/or therapy appointments.

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 person who monitors parental reactions and keeps children safe during visitation must understand the case dynamics and have regular communication with the caseworker so that concerns can be accurately described in a timely manner. Observations must be documented effectively for the Courts to use when determining whether reunification with the parents remains a viable plan for the child.

In some instances, the same contractor provides both transportation and visitation monitoring, in other cases there are separate contractors involved. In cases where visitation is not monitored, contracted transportation workers may be the only ones who know whether the parents attended the visitation or not, since they are the ones who take the children to and from the arranged contact with the parents. The Board is concerned that some contracted providers change drivers or monitors on every visit; therefore, the caseworker does not get accurate information on which to base case decisions.

The Board is recommending that DHHS be allowed to hire permanents drivers and monitors who would be assigned to particular workers and particular cases.

Regarding monitoring of parental visitation:

- **507 (53.5%) of the 948 children had parental visitation supervised by a contractor.** The Board is concerned that often caseworkers were not provided information from the contractor in a cohesive, timely manner.
  - It was undocumented how many different contractor staff persons monitored their visitation for 147 of the 507 children.
  - For the remaining 360 children, **174 had four or more different persons monitoring their visitation sessions**.
    - 133 had four to 10 different persons monitoring visitation,
    - 25 had 11 to 15 different monitors, and
    - 16 children had 16 to 35 different monitors.

The following chart, which continues on the next page, shows how many children have experienced multiple visitation monitors.

Number of Children	**Number of Different Staff Monitoring Visitations**
147 children	Unknown Number
70 children	1 Monitor
82 children	2 Monitors
34 children	3 Monitors
38 children	4 Monitors
33 children	5 Monitors
26 children	6 Monitors
7 children	7 Monitors
3 children	8 Monitors
13 children	9 Monitors

5 children	10 Monitors
5 children	11 Monitors
10 children	12 Monitors
5 children	13 Monitors
2 children	14 Monitors
3 children	15 Monitors
1 child	16 Monitors
1 child	17 Monitors
1 child	19 Monitors
2 children	20 Monitors
2 children	21 Monitors
1 child	22 Monitors
4 children	23 Monitors
2 children	27 Monitors
1 child	29 Monitors
1 child	35 Monitors

The contractors that have had five or more persons monitoring children's parental visitation include:

- Owens (64 children)
- Visinet (44 children)
- Cedars (13 children)
- Better Living (7 children)
- Pathfinder (6 children)
- OMNI (2 children)

Regarding children's transportation:

- **360 (37.9%) of the 948 children in the study were transported by contractors during the six months prior to the study. Most of this involved parental visitation.**
    - This included 85 children with 4 to 10 different drivers, 21 children with 11-15 drivers, and 5 children with 16-35 different drivers.

The following chart shows how many children have experienced multiple drivers.

Number of Children	**Number of Different Drivers**
111 children	Undocumented
61 children	1 Driver
56 children	2 Drivers
21 children	3 Drivers
24 children	4 Drivers
25 children	5 Drivers
15 children	6 Drivers
7 children	7 Drivers

2 children	8 Drivers
10 children	9 Drivers
2 children	10 Drivers
5 children	11 Drivers
7 children	12 Drivers
2 children	13 Drivers
4 children	14 Drivers
3 children	15 Drivers
1 child	16 Drivers
1 child	17 Drivers
2 children	23 Drivers
1 child	35 Drivers

The contractors that have had five or more persons transporting children include:

- Owens (38 children)
- Visinet (31 children)
- Cedars (6 children)
- Pathfinder (6 children)
- Better Living (3 children)
- OMNI (2 children)

Contracts for Placements

Agency-Based Foster Care contractors are private organizations that have a contract with DHHS to provide the recruiting, assessing, screening, training, supervising, and 24-hour support for agency-based foster homes, which are the next step up from standard foster homes, therapeutic foster homes, which are the next step up from agency-based foster homes, and higher level group homes. The placements they provide are to be well equipped to meet the needs of children with more difficult behavioral or physical challenges.

Under statute, DHHS retains the responsibility for proper care, custody, and control of state wards, regardless of whether a contractor provides the children's placements or the child is in a "standard" placement.

Costs

Contractors are paid significantly more for the higher levels of care they are to provide, as the following chart on foster homes shows.

1. Standard foster care is paid between $226-$1,224 per month per child, depending on the child's needs.
2. Agency based foster care is paid $1,913 per month per child.
3. Treatment foster care is paid about $3,021 per month per child, depending on the child's age.

- **206 of the 948 children were in placements obtained through contracts**. These could be at different levels of care and payment.
    - 121 of these children were in agency based foster care placements
        - This would be a payment of $231,473 per month for 121 children's care.
    - 61 were in standard level foster care (where the payment level would vary)
    - 9 were in foster/adoptive homes
    - 8 were in emergency shelter care
    - 1 was in a medical facility
    - 1 was in a specialized group home with the child's teen mother

Contractors for these placements included:

- Cedars – 28 children
- OMNI – 25 children
- NOVA – 24 children
- Sigma – 24 children
- Visinet – 24 children
- Child Saving Institute – 22 children
- Christian Heritage – 16 children
- Child Connect – 13 children
- Nebraska Children's Home – 8 children
- Mid Plans – 3 children
- SCBS – 3 children
- Camelot – 2 children
- Lutheran Family Services – 2 children
- Ambassador – 1 child
- APEX – 1 child
- Building Blocks – 1 child
- Heritage ABFC – 1 child
- Salvation Army – 1 child
- Unclear – 1 child

A list with the estimated payments per month to each contractor will be provided at a later time.

Caseworker Changes

Caseworker changes effect evidence, as the new worker must take time to familiarize themselves with the cases, some of which have very complicated issues, and to establish the trust of the child and family. When the caseworker changes, the case in effect often "starts over," causing children to spend more time in care. A stable DHHS workforce will stabilize children and their foster care placements.

- **146 of the 948 children have had only one caseworker.**
- **460 of the children have had 2-3 caseworkers.**
- **305 of the children have had 4-7 caseworkers.**
- **33 of the children have had 7-9 caseworkers.**
- **4 of the children have had 10-11 caseworkers.**

Due to contracting out the children's placements, transportation, and visitation monitoring, caseload sizes and worker changes, there are also often communication gaps that affect the ability to create a plan in the children's best interests. The Board is recommending that the State fund additional DHHS caseworkers and case aides, lower caseloads, and provide more support in order to stabilize the workforce and expedite cases. A pilot program could be evaluated to determine if there are better outcomes for children.

The following chart shows the number of case manager changes that these children have experienced.

Number of Children	**Number of Case Managers**
146 children	1 case manager
239 children	2 case managers
221 children	3 case manager
149 children	4 case managers
90 children	5 case managers
66 children	6 case managers
18 children	7 case managers
10 children	8 case managers
5 children	9 case managers
2 children	10 case managers
2 children	11 case managers

Children with Multiple Case Managers Show Other Indicators of Case Instability

Many children experience multiple child welfare issues simultaneously. For example, regarding the 342 children who had four or more caseworkers:

- 136 children have had four or more caseworkers and did not have paternity documented. When fathers have not been identified, paternal relatives usually have not been considered as placements. Also, parental rights cannot be terminated; therefore, adoption cannot occur.
- 108 children had experienced four or more caseworkers and have been in care for 15 months or more.
- 76 children had experienced four or more caseworkers and four or more contractor staff monitoring parental visitation. With this number of changes communication and evidentiary gaps are often the result.
- 65 children had experienced four or more caseworkers and four or more placement changes while in foster. This is a lot of change for young children to absorb while trying to heal from the abuse or neglect that led to their removal from the home.
- 32 children with developmental disabilities had experienced four or more caseworkers. 5 of these children also had 4 or more persons monitoring their parental visitations. These are children with special vulnerabilities.

- 23 children had experienced four or more caseworkers, plus 4 or more placement changes, plus four or more changes in staff monitoring parental visitation.
- 14 children had experienced four or more caseworkers and had placement safety issues identified.

Foster Placement Changes

Research has also shown that when young children must cope with prolonged or multiple stressors, vital brain connections can fail to form properly, resulting in temporary or permanent changes in the children's ability to think, to develop positive inter-personal relationships, and to process future stressors. High levels of stress hormones occurring during the period of ages newborn through three have been found to create life-long problems with impulse control, anxiety, hyperactivity, and learning disorders.[110]

Broken attachments and prolonged grief can cause serious, possible irreparable, damage to children's brains, affecting normal growth and development. This compounds the significant cognitive, language, and developmental delays that occurs for many young children as a result of the abuse or neglect they experienced in the parental home.

The American Academy of Pediatrics has found that paramount in the lives of foster children is the children's need for continuity with their primary attachment figures and the sense of permanency that is enhanced when placement is stable.[111]

Young children are at risk because the people who care for them change too often and because they are frequently placed where beds are available rather than where their needs can best be met. The placements frequently do not meet the needs of individual children, causing difficulties, conflict, and eventual removal from the placement. In addition, many placements are overcrowded, leading to further stress on children already stressed by the abuse and neglect they have endured.

The Board is recommending funding additional placements to eliminate overcrowding and to ensure more children are placed where their needs could best be met, and better monitoring of children's placements.

The following statistics illustrate the number of children impacted by placement moves and concerns:

- 182 (19.2%) of the 948 young children had experienced four or more placement changes while in foster care.
- 219 (23.1%) of the 948 children were in placements that were caring for four or more other children.

[110] Sources include Karr-Morse, Robin, and Wiley, Meredith S. in Ghosts From the Nursery, c. 1997.
[111] Rosenfeld, Pilowsky, Fine, et al as quoted in the American Academy of Pediatrics Policy Statement on Developmental Issues for Young Children in Foster Care, November 2000.

- 40 children who have a recognized disability were placed in a foster home caring for at least three other children.
- 43 children (4.5%) had an issue identified with safety in the placement, including some children for whom multiple safety issues were identified. Safety issues were immediately reported to DHHS.
- 64 (6.8%) of the children had a placement quality issue identified, including some children for whom there were multiple issues.

The number of placement changes negatively affects many children, as the chart indicates.

Number of Children	Number of Placements
262 children	1 placement
332 children	2 placement
172 children	3 placements
90 children	4 placements
50 children	5 placements
24 children	6 placements
13 children	7 placements
4 children	8 placements
None	9 placements
1 child	10 placements

Another factor affecting the safety and quality of care is the number of other children in the foster placement. As the chart below indicates, many children are placed with caregivers who provide 24/7 care to a number of children. The number of additional children in the home does not include children who receive daycare services from the foster parents.

Number of Children	Number of Other Children in the Foster Home
10 children	Unable to determine
168 children	No other children in the foster home
206 children	1 other child in the placement
215 children	2 other children in the placement
140 children	3 other children in the placement
111 children	4 other children in the placement
67 children	5 other children in the placement
22 children	6 other children in the placement
16 children	7 other children in the placement
3 children	8 other children in the placement

Children with disabilities in foster homes with many other children

Foster children with disabilities appear to be disproportionately placed in foster homes caring for many other children. This is especially concerning given these children's vulnerability and needs for physical and emotional care.

- 40 children who have a recognized disability were placed in a foster home caring for at least 3 other children.
- 17 children who have a recognized disability were placed in a foster home caring for at least 5 other children.
- 5 children who have a recognized disability were placed in a foster home caring for at least 7 other children.

Court Information

Although the information below is not always under the control of DHHS, it affects the ability of everyone in the system to keep children safe and help children achieve a timely, appropriate permanency.

Aggravated Circumstances *(*defined in statute as including abandonment, torture, sexual abuse, chronic abuse, parent involved in murder/manslaughter/felonious assault of a sibling, or parent having rights to sibling terminated involuntarily*)*

If the Court rules that aggravating circumstances are present, it relieves DHHS of the necessity of attempting reunification. This clause was put in the federal and state Adoption and Safe Families Act as a means of expediting permanency for victims of extreme abuse or severe neglect.

- 49 (5.2%) of the 948 children had documentation of aggravated circumstances present when they entered foster care.
    - 15 (30.6%) of the 49children had expedited permanency sought as allowed by statute.

Time in Foster Care/Permanency Hearings

Courts are to hold a permanency hearing when children have been in care for 12 months. At this hearing, it should be determined if reunification remains a viable plan for the children.

- 465 of the 948 children (49.1%) had been in foster care for 12 months or more.
    - 159 (34.2%) children's files had documentation in the DHHS file of a permanency hearing occurring.
    - 113 (24.3%) children's files had documentation that no permanency hearing was held.
    - 193 (41.5%) children's files had no documentation in the DHHS file regarding whether a permanency hearing had been held.

For the 159 children with documentation of a permanency hearing occurring:

- 122 (76.7%) children's permanency hearing occurred with a regular review hearing.

Results of the Most Recent Court Review

- 278 of the 465 children in care for 12 months or more had the case plan adopted.
- 91of the 465 children had the case plan modified.

Parental Substance Abuse

The very nature of substance abuse victimizes not only the addicts, but also the children within their care.

- 103 (10.9%) of the 948 children were born substance affected.

- For children whose parents had a substance abuse issue the substance(s) of choice were identified, as indicated below.

    - 352 (37.1%) children were affected by parental "meth" abuse.
    - 218 (23.0%) children were affected by parental alcohol abuse.
    - 124 (13.1%), children were affected by parental cocaine abuse.
    - 60 (6.3%) children were affected by parental marijuana abuse.
    - 9 (0.9%) children were affected by parental heroin abuse.

Methodology

The following briefly describes the methodology used to obtain the statistics that follow. After you announced your reforms, the Foster Care Review Board's Director conferred with DHHS Administrator of Protection and Safety Todd Reckling and DHHS Deputy Administrator Sherri Haber to discuss which data to track regarding your directives. From this discussion the Board developed the statistical measures that would be collected.

The Board's Director conferred with Dr. Ann Coyne of the UNO School of Social Work to ensure that the questions on the data collection instrument were being asked in a statistically meaningful way. The questions centered on determining whether DHHS had developed the Action Plan as you had directed, identifying the fact-based primary barriers to permanency, and ensuring that the children were safe while in foster care.

The Board's highly trained Review Specialists, Supervisors, and Program Coordinator conducted the reviews after receiving training on how to correctly collect the data.

In the Lincoln and Omaha DHHS districts, the Board's supervisors coordinated the availability of the children's files with DHHS supervisors. This was done in order to complete the maximum number of special reviews possible in the least amount of time while providing minimum disruption to the DHHS staff. It was determined that the best schedule would be to devote a week to these special reviews.

The Board's supervisors re-arranged their staff schedules to allow staff to conduct the reviews. In Lincoln/Southeast Nebraska the special reviews occurred primarily during the week of Oct. 10, 2006, in Omaha and Papillion this occurred mainly during the week of Oct. 23, 2006, and in the rest of the state most occurred during December 2006.

All children age birth through five from Lincoln, Omaha, and Papillion were reviewed. Every child found to be in an unsafe living arrangement was immediately reported to DHHS and scheduled for a follow-up regular review by the Board.

In the rest of the state, the Board's staff participated with DHHS caseworkers and supervisors to develop the action plans for young children. Based on the results of this collaborative effort, Todd Reckling has asked the Board's staff to join in developing the DHHS action plans for children in the Lincoln area, and this is being coordinated.

APPENDIX H

STATE FOSTER CARE REVIEW BOARD
FINANCIAL STATEMENT
Fiscal Year 2006-2007

Appropriations

General Fund	$1,226,214
Cash Fund	$8,940
Federal Funds	$555,249
TOTAL	$1,790,403

Expenditures

Staff Salaries & Benefits	$1,357,775
Postage	$37,364
Telephone and Communications	$25,009
Data Processing Fees	$8,201
Publications and Printing	$35,198
Rent	$56,205
Legal Fees	$19,584
Office Supplies & Miscellaneous	$29,732
Travel Expenses	$62,361
Data Processing & Office Equipment	$15,223
TOTAL	$1,646,652

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