The Nebraska Foster Care Review Office Quarterly Report

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

Issued March 3, 2016

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I. <u>EXECUTIVE SUMMARY</u>

The Foster Care Review Office (FCRO) provides this report in order to inform the Nebraska Legislature, child welfare system stakeholders, other policy makers, and the public on identified conditions and outcomes for Nebraska's children in out-of-home [foster] care, as well as to recommend corrective actions.

A portion of this report concentrates on children who were Department of Health and Human Services (DHHS) wards in out-of-home care on February 1, 2016, (a particular point in time). The children whose outcomes we describe may have entered foster care due to parental failure to provide for basic food, clothing, medical and shelter needs; physical abuse; sexual abuse; and/or have serious physical, behavioral, or mental health needs that cannot be provided for without state intervention.

The analysis of data within this report does not include data from the Office of Probation, DHHS Office of Juvenile Services (OJS), and DHHS Trial Home Visit.

Through analysis of data regarding DHHS wards in out-of-home care on February 1, 2016, the FCRO found the following facts and trends:

1. The number of DHHS wards in out-of-home care continues to increase (page 6). In the last fiscal year more children entered out-of-home care than exited. At the same time the average length of time in out-of-home care is rising (page 8).

2. Children who exited care after their first removal in FY 15 that had 3 placements averaged being in out-of-home care for 604 days, while children that exited care that had 4 placements averaged being in out-of-home care for 765 days prior to exit (page 15).

3. Racial disparity continues to exist (page 11).

4. The Eastern Service Area continues to have a disparate number of children in out-of-home care when compared to census data (page 10). This is a long-standing issue.

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

<u>At the systems level</u>:

1. Examine why there are more entrances into out-of-home care than exits.

2. Consider the recommendations from the FCRO's December 2015 Annual Report, especially those for the Legislature, the Judicial System, and NDHHS.

<u>At the case level</u>:

1. The FCRO recommends that key stakeholders, particularly DHHS, the Lead Agency for Omaha, and contractors that provide children's placements, better identify and address placement moves that are done for system reasons rather than to meet a particular need of the child.

2. Ensure that the right services and supports are in place to ensure placement stability.

I. <u>EXECUTIVE SUMMARY</u> (cont.)

3. The FCRO recommends further analysis of children's cases filed as neglect. Neglect is a large category that has many root causes including parental and child mental health issues, substance abuse, and poverty to name a few. To reduce the number of children removed from home due to neglect, the root causes need to be better understood. This will also assist in determining why some children's cases have a greater length of time in out-of-home care than others.

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

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II. <u>INTRODUCTION & HISTORY</u>

I believe the best service to the child is the service closest to the child, and children who are victims of neglect, abuse, or abandonment must not also be victims of bureaucracy. They deserve our <u>devoted</u> attention, not our <u>divided</u> attention. -- former Nevada Governor Kenny Guin

It is to these children that the FCRO dedicates this Quarterly Report.

<u>Mission</u>
The FCRO's mission is to provide oversight of the child welfare and juvenile justice systems by tracking and reviewing children in out-of-home care, reporting on aggregate outcomes, and advocating on individual and systemic levels to ensure that children's best interests and safety needs are met.

<u>Vision</u>
Every child involved in the child welfare or juvenile justice systems becomes resilient, safe, healthy, and economically secure.

<u>Purpose for the FCRO Tracking System</u>
The FCRO is mandated to maintain an independent tracking system of all children in out-of-home placement in the State. The tracking system is used to provide information about the number of children entering and leaving care as well as data about children's needs and trends in foster care, including data collected as part of the review process, and for internal processes.

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

The FCRO's role under the Foster Care Review Act is to: 1) independently track children in out-of-home care, 2) review those children's cases, 3) collect and analyze data related to the children, 4) identify conditions and outcomes for Nebraska's children in out-of-home care, 5) make recommendations to the child welfare and juvenile justice systems on needed corrective actions, and 6) inform policy makers and the public on issues related to out-of-home care. The FCRO is an independent state agency, not affiliated with the DHHS, the Courts, the Office of Probation, or any other entity.

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

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

http://fcro.nebraska.gov/AnnualReports.html

III. <u>EXAMINATION OF THE INCREASE OF DHHS WARDS IN OUT-OF-HOME CARE</u>

To begin, **Figure 1** shows the number of DHHS wards in out-of-home care at multiple points in time. The obvious flaw in comparing the high to the low is there is no control for the seasonality of events. One should expect seasonal fluctuations, as many children leave out-of-home care just prior to the December holidays, or when the school year is over.

When examining the counts more closely one can see that there has been a 3.9% increase when examining the growth between the two fiscal years, and a 10.8% increase when comparing 02/01/2016 (high) to 12/29/2014 (low). Again these counts are only DHHS wards that are in out-of-home care -- this does not include data from the Office of Probation, DHHS OJS, and DHHS Trial Home Visit.

The obvious question is why has the number of children in out-of-home care been increasing. The following pages examine several key metrics to better understand the issue.
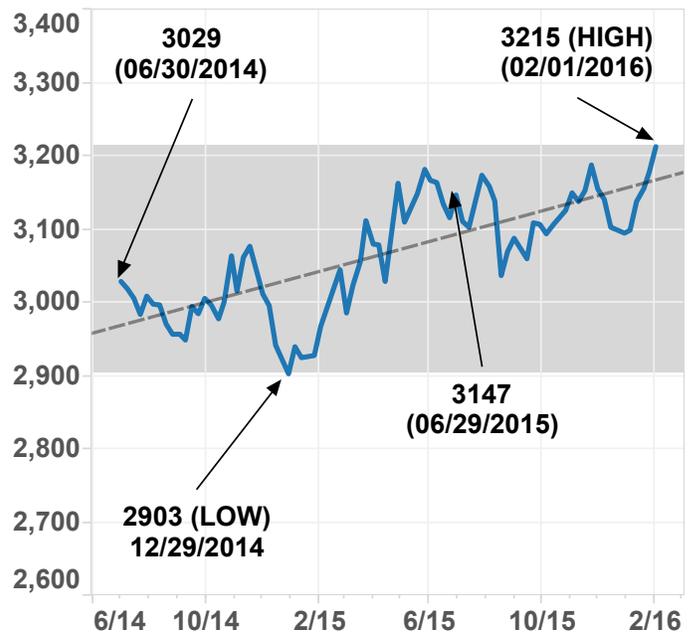
FIGURE 1. DHHS WARDS IN OUT-OF-HOME CARE

A. <u>Entries/Exits</u>

The first thing to examine is the relationship between those exiting the system and those entering the system.

Figure 2 plots the entrances into out-of-home care and the exits from out-of-home care. When examining the entrances and exits for FY 2015 the entries (2,556) have surpassed the exits (2,441) for the first time since FY 2012. This shows that the number of DHHS wards exiting out-of-home care has not maintained pace with the entrances.

One should also consider the dynamics of the youth involved in this entry/exit scenario. There were approximately 360 youth that exited DHHS in FY 2013 and 2014 as they gradually transferred to the Office of Probation after a legal change regarding which agency was charged with handling the majority of cases involving status offenders and delinquents. Transfers from DHHS to Probation were completed prior to FY 2015.

FIGURE 2.
ENTRY AND EXITS FROM DHHS OUT-OF-HOME CARE
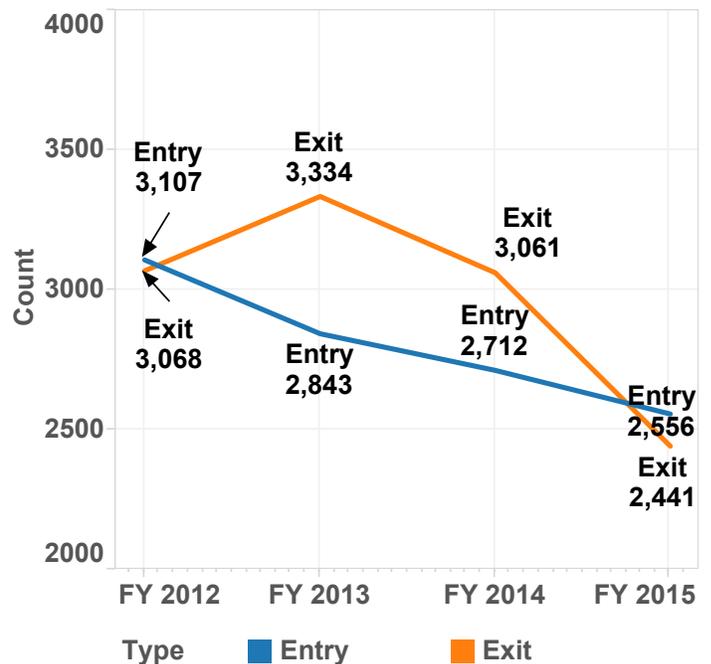
III. <u>EXAMINATION OF THE INCREASE OF DHHS WARDS OUT-OF-HOME (cont.)</u>

B. <u>Service Areas</u>

Continuing the examination of the entry to exit relation-ship, this page reviews the entry/exit figures by DHHS Service Area.

When examining the entries in **Figure 3**, the Northern Service Area is the only area that has seen significant in-crease (26.5%) when comparing FY14 to FY15. But in **Figure 4,** it is worth noting that the Northern Service Area also saw a significant increase in the amount of exits.

The increase in volume of entry and exits by the Northern Service Area are worth noting, but it is also important to examine the entry verus exit numbers by service area. **Figure 5** below visually explains the gaps between the en-try and exit figures. The <u>gray</u> segment of the chart out-lines those entries and exits that cancel out, the <u>green</u> outlines a decline (more exits than entries), and the <u>red</u> outlines a increase (more entries then exits).

In FY 15 the Southeast Service Area is the only area that had more exits than entries. (33) Also, in FY14 the South-east Service Area saw 194 more exits then entries, and the Eastern Service Area saw 90 more exits then entries. The percentages of reductions or growth vary significantly between the service areas. The FCRO will continue to monitor these metrics and examine changes over time.

Regardless of the exit to entry ratio, it must be noted that both the entry and exit figures are declining while the number of DHHS wards in care is increasing -- leading us to be concerned about the length of time DHHS wards are remaining in out-of-home care.
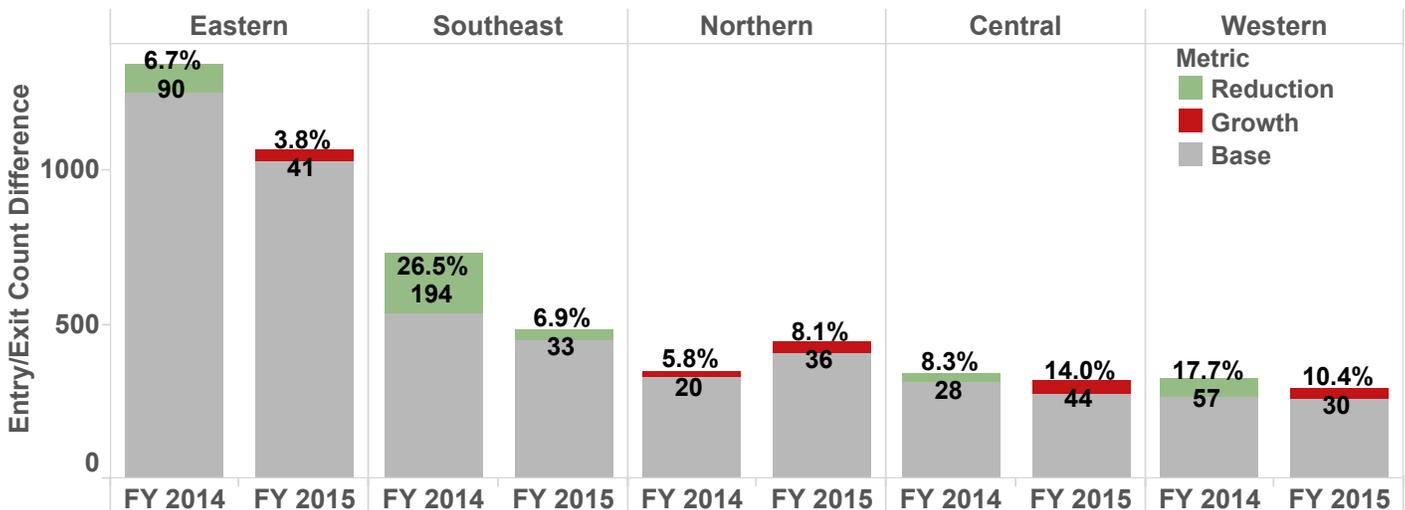
FIGURE 3. DHHS ENTRY INTO OUT-OF-HOME (FY14/FY15)
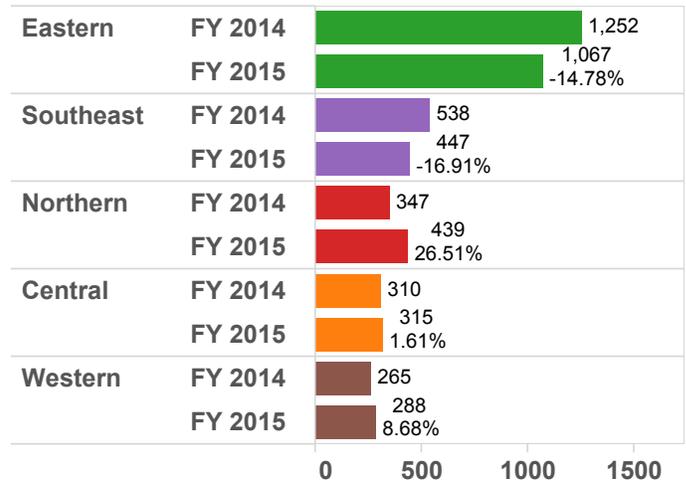
FIGURE 4. DHHS EXIT OUT-OF-HOME (FY14/FY15)
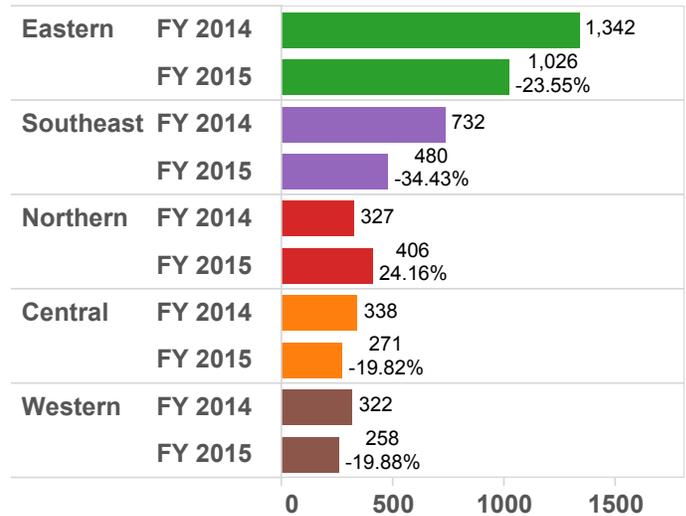
FIGURE 5. EXIT TO ENTRY COMPARISON BY DHHS SERVICE AREA (FY14 & FY15)

C. Length of Stay

The following data visualizations illustrate the length of time in out-of-home care for the children that **exited out-of-home care** by Service Area for the past four fiscal years. The stacked bar-chart on the right (**Figure 6**) examines DHHS ward exits by length of stay cohort. For example, there were 841 DHHS wards that exited their out-of-home event in FY15 that had a length of stay under 6 months.

The visualization at the bottom (**Figure 7**) is important, as it outlines the average length of time a DHHS ward is out-of-home. This also includes an average across all of the service areas. The average length of time out-of-the home has increased for exits in FY15. Eastern and Southeast Service Areas have the highest length of time out-of-home, and there is large disparity between service areas throughout the state.

Again it is important to recognize that the FY12, 13 and 14 numbers were impacted by the comingling of OJS youth with DHHS Wards. OJS youth typically had shorter out-of-home care stays than Wards.

The FCRO will continue to monitor and report on numbers of children in out-of-home care. We will also be working collaboratively with partners to address the issue of children not always achieving timely permanency and the resultant stressors on the child welfare system. We need to research whether in each group we have the same types of cases with the same reasons for entry. If so, increases in length of time in out-of-home care must be due to something yet to be determined.

FIGURE 6.
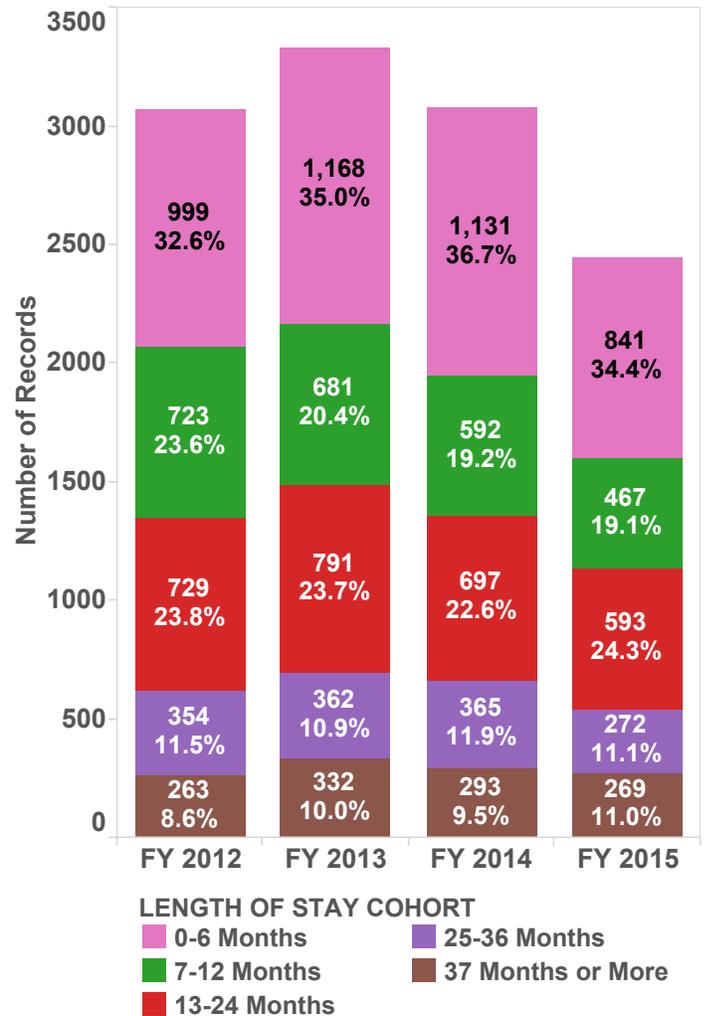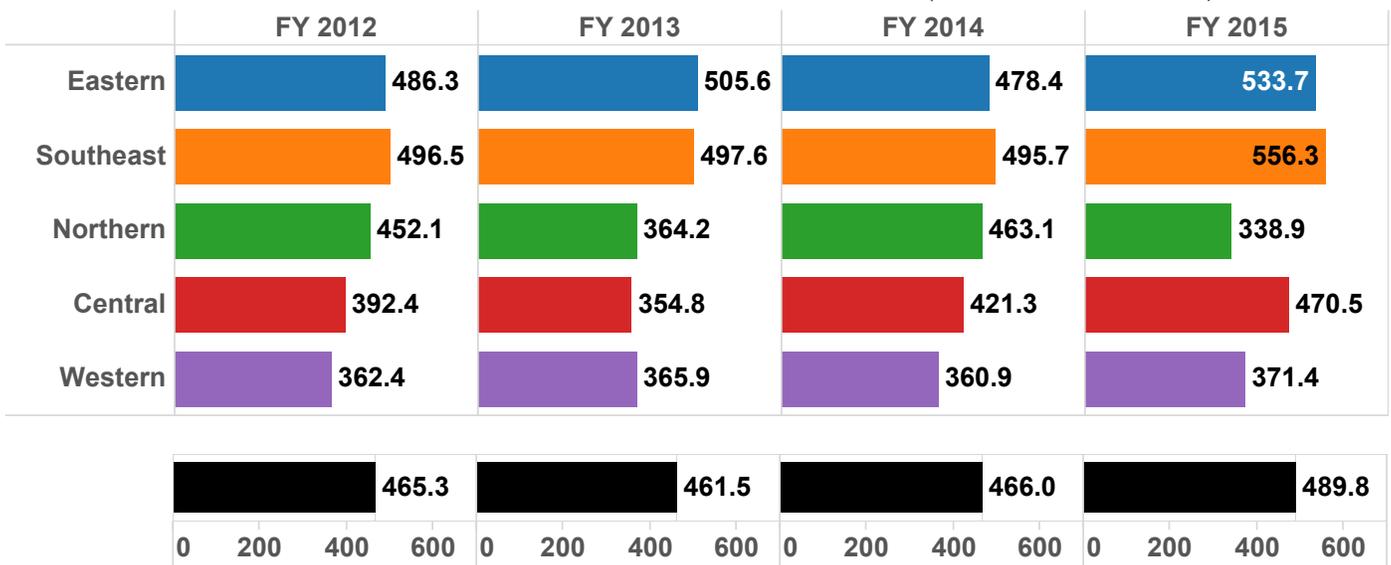### EXITING DHHS WARDS BY LENGTH OF STAY COHORT

FIGURE 7. AVERAGE DAYS OUT-OF-HOME BY SERVICE AREA (EXITING DHHS WARDS)

	FY 2012	FY 2013	FY 2014	FY 2015
Eastern	486.3	505.6	478.4	533.7
Southeast	496.5	497.6	495.7	556.3
Northern	452.1	364.2	463.1	338.9
Central	392.4	354.8	421.3	470.5
Western	362.4	365.9	360.9	371.4
	465.3	461.5	466.0	489.8

IV. DISTRIBUTION & PROPORTIONALITY

FIGURE 8. DHHS WARDS IN OUT-OF-HOME CARE BY SERVICE AREA

The area chart to the right (**Figure 8**) shows numbers of children from each DHHS Service Area. This data is compiled by combining weekly snapshots over the time period, and aggregating data to better illustrate volume.

Roughly 65% of the DHHS wards come from the Eastern and Southeast Service Areas. The chart also includes the same labels from the previous page -- showing the increase in the amount of DHHS wards that are out-of-home. The chart also allows the viewer to better understand the volume of cases, and the size of each service area.

Below (**Figure 9**) is a map outlining the DHHS Service Areas as defined in statute.

FIGURE 8. DHHS WARDS IN OUT-OF-HOME CARE BY SERVICE AREA

Labels in figure:
3029 (06/30/2014)
3147 (06/29/2015)
3215 (HIGH) (02/01/2016)
2903 (LOW) 12/29/2014
Eastern
Southeast
Northern
Central
Western

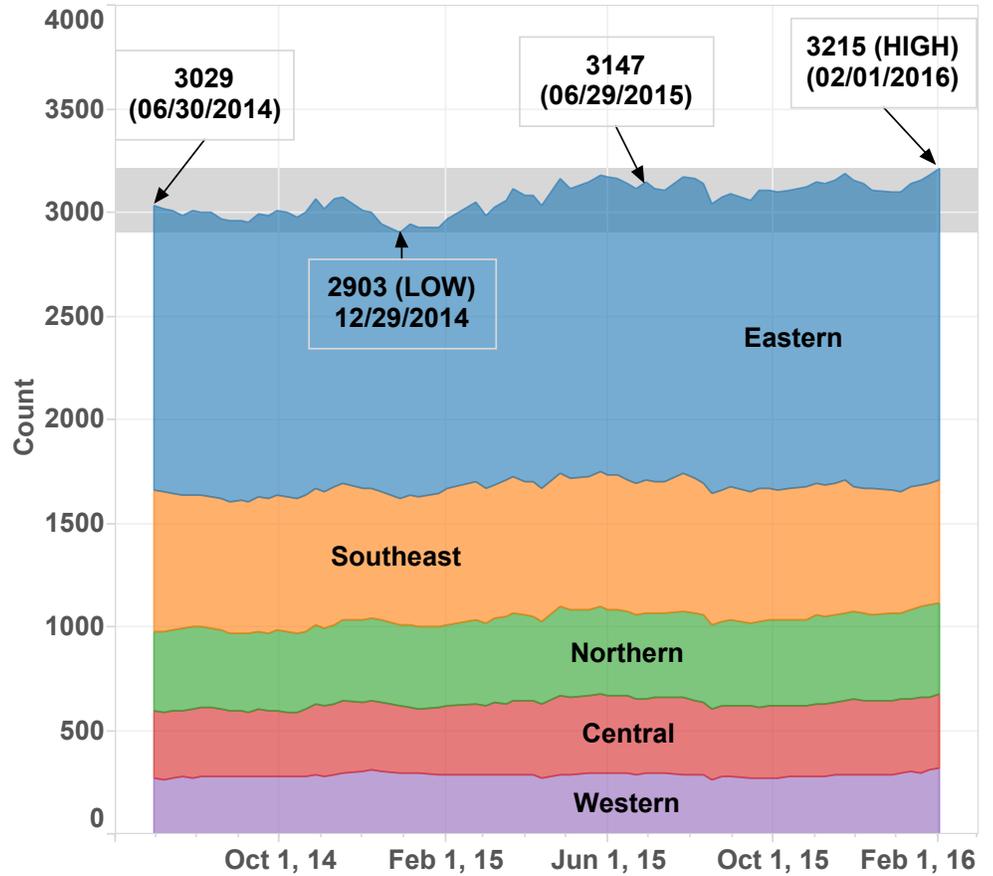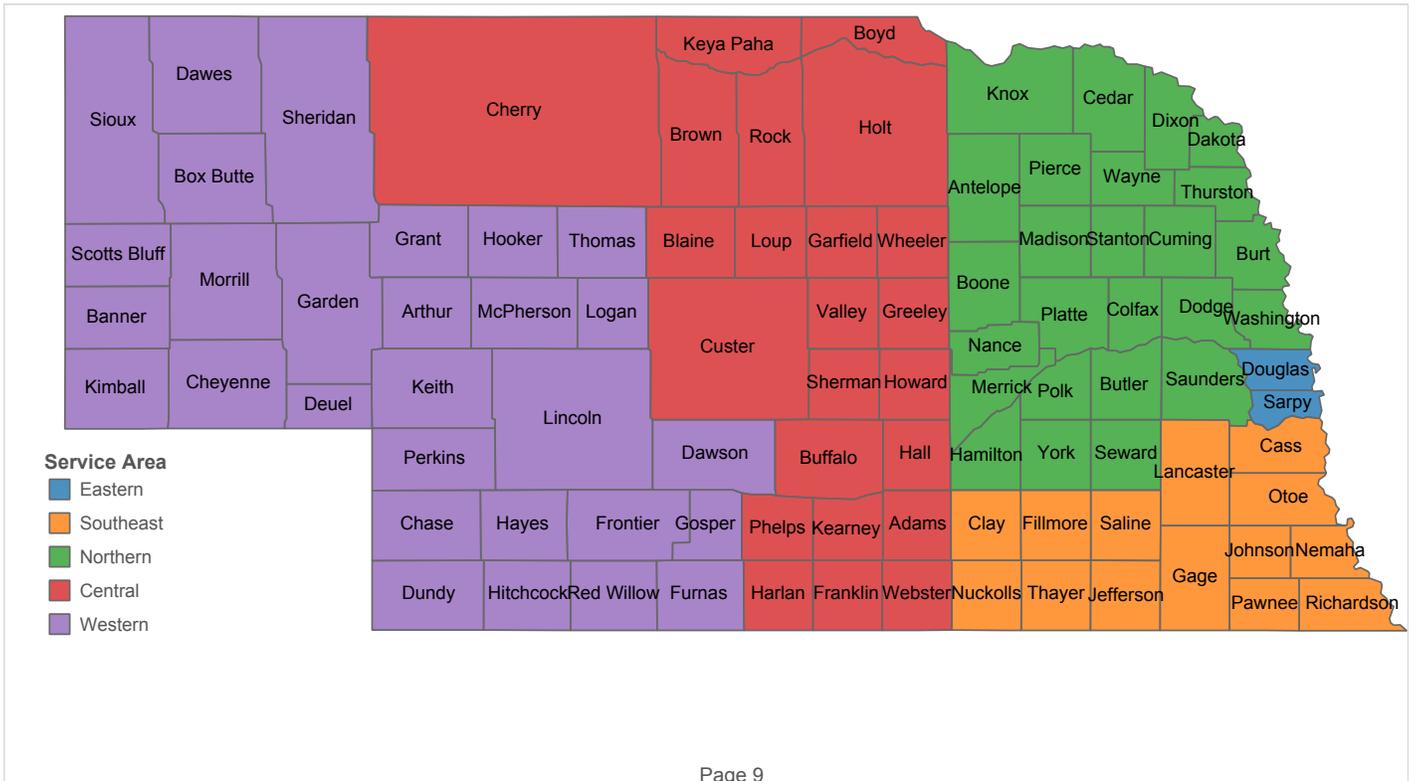## FIGURE 9. DHHS SERVICE AREA BY COUNTY

FIGURE 9. DHHS SERVICE AREA BY COUNTY

IV. DISTRIBUTION & PROPORTIONALITY (cont.)

The top right bar-chart (**Figure 10**) compares the proportion of DHHS wards in out-of-the home care to the State of Nebraska population [1] under the age of 18.

In the Eastern Service Area the percentage of children in out-of-home care is larger (46.8% to 40.0%) than its respective percentage of the statewide population. Conversely, in the Northern Service Area the percentage of children in out-of-home care is smaller (13.7% to 17.4%) than its respective percentage of the statewide population.

There are a number of theories for why this may be, all of which need further research.

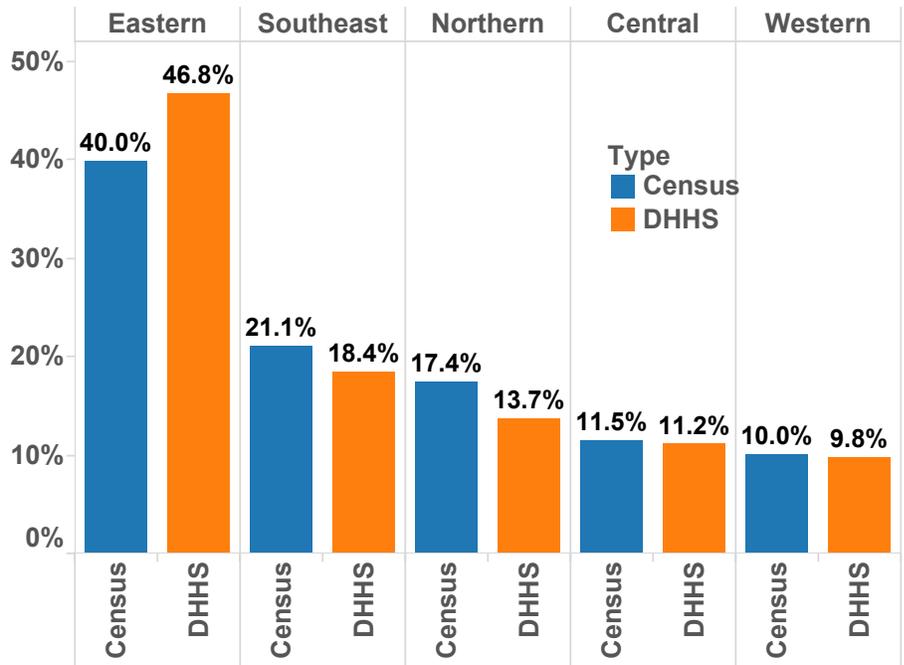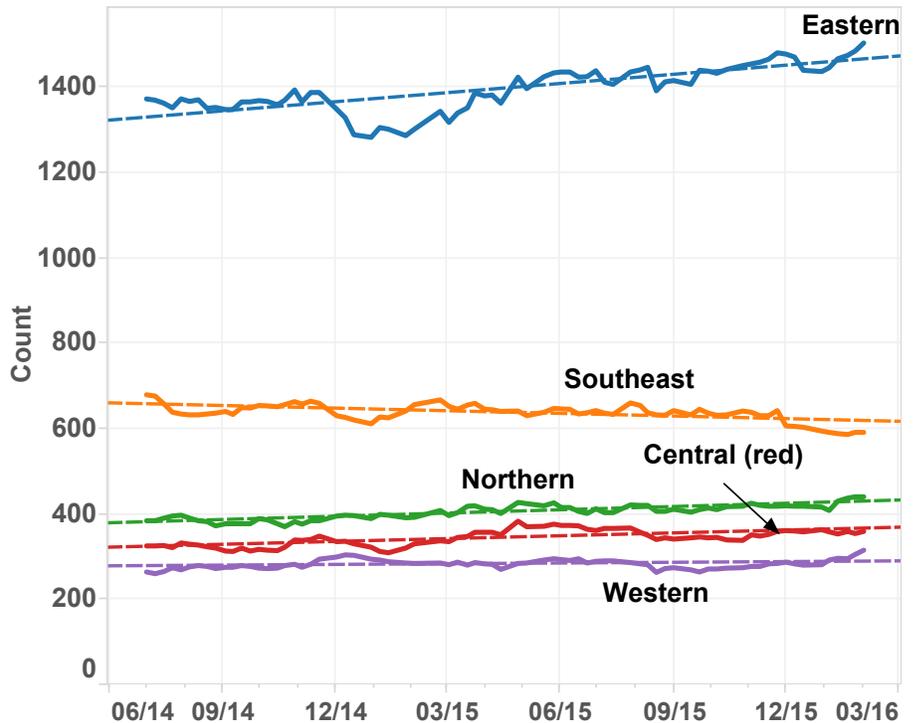**FIGURE 10. DHHS WARDS IN OUT-OF-HOME CARE COMPARISON TO STATEWIDE POPULATION BY SERVICE AREA**

Figure 11 shows numbers of DHHS wards in out-of-home care by Service Area plotted since June of 2014. As you can see proportions of children in each service area have not remained the same. Northern, Central, and Western Service Areas have seen slight growth in numbers in the past year and a half. The Southeast Service Area has seen a slight decrease, and the Eastern Service Area has seen a moderate increase.

FIGURE 11. DHHS WARDS IN OUT-OF-HOME CARE BY SERVICE AREA


[1] U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates; Table S0101; generated by M. Fargen; using American FactFinder; (Feb. 2016).

V. <u>DEMOGRAPHICS</u>

This section includes some basic demographics, after which we describe the out-of-home care experiences for many children in Nebraska.

Figure 12 show DHHS wards by age group. While the number of children in out-of-home care has risen in the last year, counts and percentages in each age group have remained the same.

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

FIGURE 12.
DHHS WARDS IN OUT-OF-HOME CARE BY AGE GROUP

Age Group
■ Age 0-5   ■ Age 6-12   ■ Age 13-18
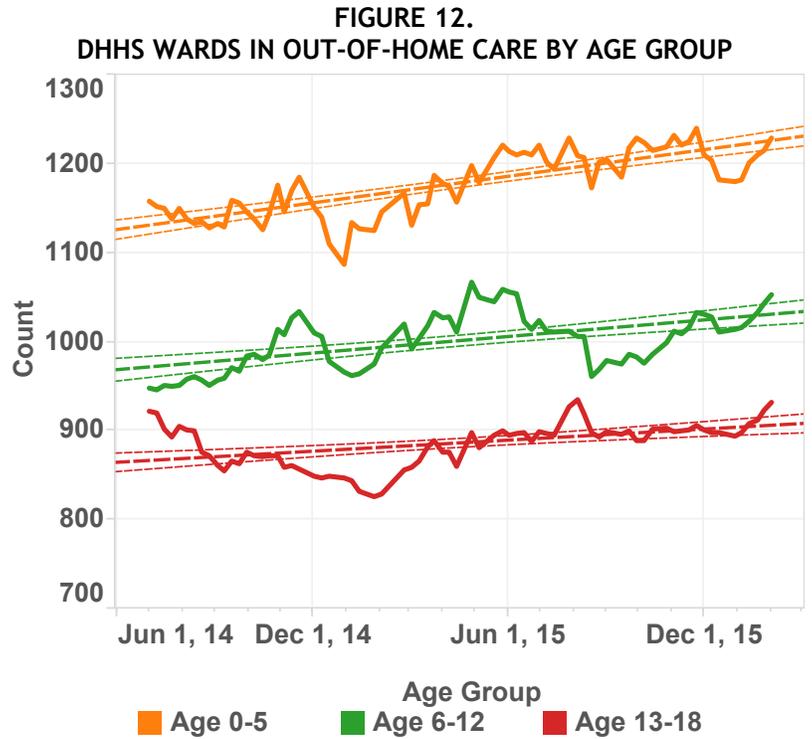
Figure 13 shows gender breakdowns by age group for children in out-of-home care since November of 2014. In general boys make up about 51% of children in out-of-home care, girls are 49%. Gender ratios have remained relatively constant for many years, but does see some minor fluctuations.

There is not a significant difference in the gender ratio of children in out-of-home care when compared to U.S. Census Data for all Nebraska children in each age group.

FIGURE 13.
DHHS WARDS IN OUT-OF-HOME CARE BY GENDER

Gender
■ F   ■ M
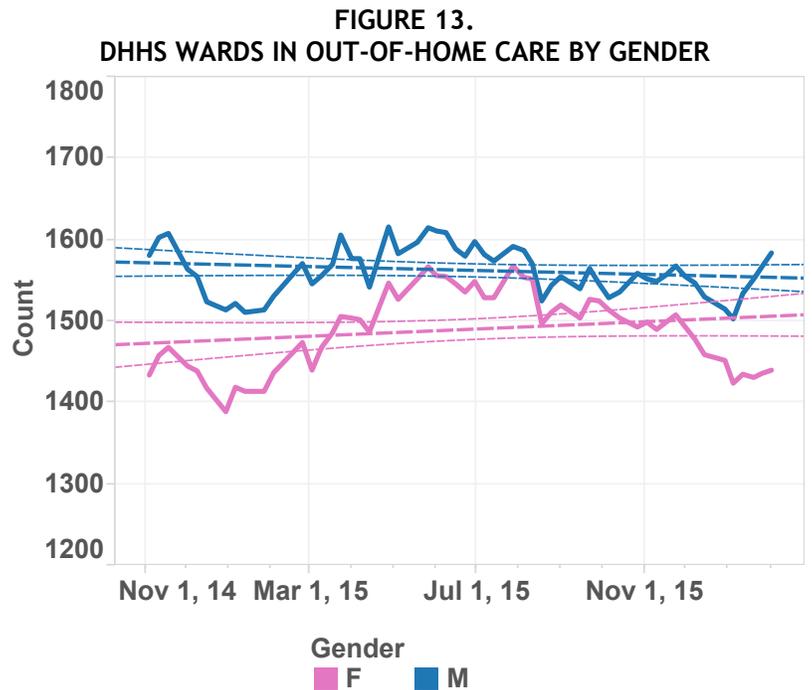
V. DEMOGRAPHICS (cont.)

The table to the top-right (**Figure 14**) shows numbers of children in out-of-home care on February 1, 2016, by race and ethnicity.

There is an intersection of issues regarding race, poverty, education, access to services, family makeup and stressors, substance abuse, criminal activities, mental health challenges, law enforcement responses to child endangerment, and other issues related to response to reports of child abuse and neglect that makes isolation of any one factor difficult. All parts of the child welfare system should focus on whether the state is providing child welfare services and interventions proportionate to children's needs regardless of the individual child's race or ethnicity.

Nebraska is not alone in struggling with racial disparities – it is a national issue. In Nebraska minority children continue to be over-represented in the out-of-home population as a whole.

There are statistically significant disparities for American Indian, Black, and White children, with American Indian and Black children being over-represented and White children being under-represented. These disparities have remained relatively constant over past years. The Children in Out-of-Home Care by Race bar chart (**Figure 15**) does not include the percentages where parents decline to answer the racial background question or it is otherwise unknown. Categories in Figure 15 are compared to comperable Census figures.[2]

Hispanic children are not overrepresented in out-of-home care as 15.6% of the children in out-of-home care are Hispanic, compared to 16.5% of all Nebraska children. (**Figure 16**)

FIGURE 14. CHILDREN IN OUT-OF-HOME CARE BY RACE & ETHNICITY (02/01/2016)

Race	Non-Hispanic or Unknown		Hispanic		Total	
	Count	Percent	Count	Percent	Count	Percent
White	1,657	61.1%	288	57.6%	1,945	60.5%
Black	584	21.5%	9	1.8%	593	18.5%
Multi-racial	220	8.1%	30	6.0%	250	7.8%
American Indian	154	5.7%	36	7.2%	190	5.9%
Unreported	63	2.3%	42	8.4%	105	3.3%
Other	8	0.3%	88	17.6%	96	3.0%
Declined to Specify	3	0.1%	3	0.6%	6	0.2%
Asian/Native Hawaiian	25	0.9%	4	0.8%	29	0.9%
Total	2,714	100.0%	500	100.0%	3,214	100.0%

FIGURE 15. CHILDREN IN OUT-OF-HOME CARE BY RACE (02/01/2016)
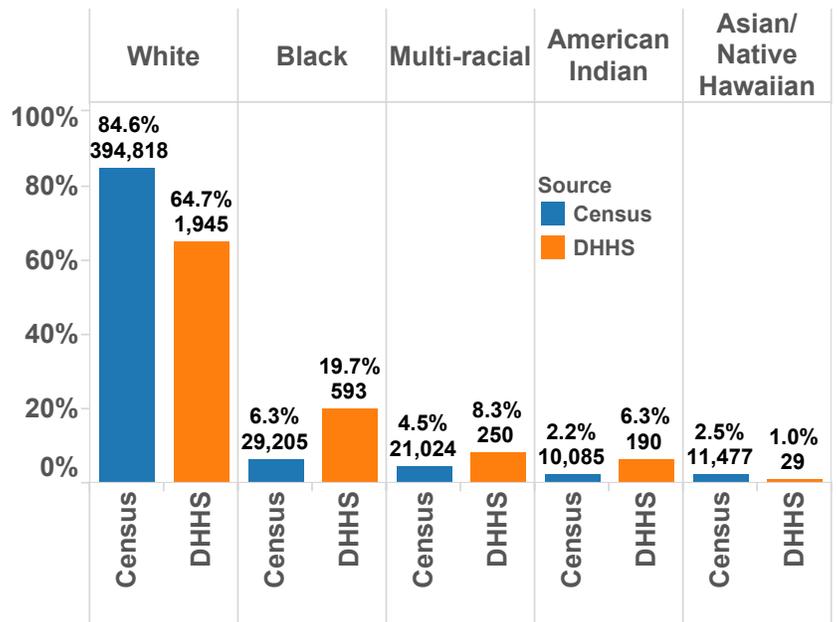
FIGURE 16. CHILDREN IN OUT-OF-HOME CARE BY ETHNICITY (02/01/2016)
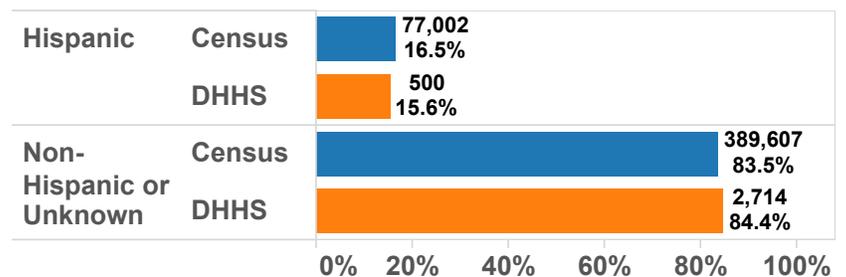
[2] U.S. Census Bureau, Population Division ; Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2014, Table PEPASR6H; generated by M. Fargen; using American FactFinder; (Feb. 2016).

VI. <u>PLACEMENT REVIEW</u>

Children are often moved between placements (i.e., foster homes, group homes, special facilities) while in out-of-home care.[3] Moves might be a positive thing in the case of a child who needed a high level of care when he/she first entered care and is now progressing toward less restrictive, more family like care. However, **moves are often due to issues within the system rather than children's needs and are or could be considered negative.**

National research has confirmed that the risk of placement disruption increases with a child's age and time placed out-of-home. Children with behavioral problems were the least likely to achieve placement stability. [4]

It is important to remember that **behavioral issues can be an understandable reaction to past traumatic experiences**. This would include experiences in the home of origin, and also experiences in the foster care system, such as:

- · Separation from the parents.
- · Movement from foster caregiver to caregiver.
- · Having to discuss sensitive details of their lives over and over again every time the caseworker assigned to their case changes.
- · Involved adults not explaining what is happening at a level the child can understand.
- · Uncertainty of when, or if, they will see their parents and siblings.
- · Frustration over educational delays or being behind their classmates.
- · The stigma and abnormal nature of foster care (needing background checks to attend a sleepover, needing permission to camp with foster parents, needing multiple agreements to go on a class field trip, etc.).

Behavioral issues are not always related to a mental health diagnosis, though they can be linked in some cases. These issues can make it more difficult to parent the child, and can create issues in finding persons to adopt or provide guardianship if the parents are unable or unwilling to provide care. Thus, it is essential that foster parents receive adequate training and support not only to prevent placement disruptions, but also to assist children in healing.

Evidence shows that **placement instability** is associated with attachment disorders, poor educational outcomes, mental health and behavior problems, poor preparation for independent living as children become older, and negative adult outcomes. Many children lose contact with their siblings and relatives, leaving them without a natural support system once they are no longer in the care of the child welfare system. [5]

Children with more than one placement move in the first year of foster care were more likely to not experience placement stability over the long-term. Placements with case worker contact, support, and training were less likely to disrupt. Conversely, cases lacking stability were more likely to have a higher number of caseworkers assigned to a case over its lifetime and shorter caseworker tenures (less experience). [6]

There can be financial and psychological costs when placements change.

- · **Financial costs** can include the costs of recruiting and training foster parents, as well as the costs for providing higher levels of care such as specialized facilities if children subsequently need those types of services to cope with the many uncertainties they have experienced prior to and while in the foster care system.
- · **Psychological costs** can be incurred by the children, as well as by the caseworkers, foster parents, and support staff persons who struggle to provide children stable placements.

In some instances, the cumulative additional turmoil of changing who they live with can be temporarily or permanently harmful for children by adding to their trauma. [7] Thus, the number of placements for children that are in out-of-home care is relevant.

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[3] Statistics on placement changes provided here do not include temporary respite care, or children's moves back to the parental home.
[4] Sources include: Holtan, Amy, et al, Placement Disruption in Long-term Kinship and Nonkinship Foster Care, Children and Youth Services Review 2013, and Fisher, Philip, et al, Foster Placement Disruptions Associated with Problem Behavior, Oregon Social Learning Center and University of Oregon, 2011.
[5] Supporting Reunification and Preventing Reentry Into Out-of-Home Care, Child Welfare Information Gateway, a service of the Children's Bureau, February 2012.
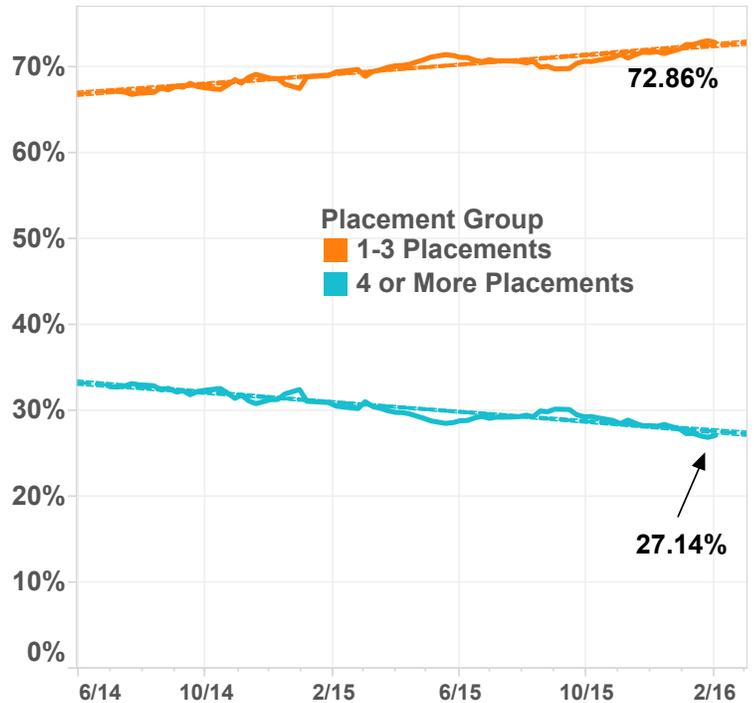[6] Holtan, Amy, et al, Placement Disruption in Long-term Kinship and Nonkinship Foster Care, Children and Youth Services Review 2013.
[7] Fisher, Philip, et al, Foster Placement Disruptions Associated with Problem Behavior, Oregon Social Learning Center and University of Oregon, 2011.

VI. <u>PLACEMENT REVIEW (cont.)</u>

FIGURE 17. DHHS WARDS IN OUT-OF-HOME CARE BY LIFETIME PLACEMENT GROUP (PERCENT)

The line-graph to the top-right (**Figure 17**) shows that progress has been made in reducing the number of placements. On June 30, 2014, 32.9% of the DHHS wards in out-of-home placements had experienced 4 or More Placements. When examing the data for February 1, 2016 the percent had decreased to 27.1% -- a four percent decrease.


Placement Group
- 1-3 Placements
- 4 or More Placements

72.86%

27.14%

Furthermore, **Figure 18** examines the placement group cohort by the age of the child. It is clear that as the age goes up the '4 or More Placement' cohort grows also.

Most experts find that children will experience serious trauma from four or more placement moves.[8] Many of these children led transient lifestyles prior to removal from the home, and may have difficulties in forming relationships. Frequent caregiver changes can add to their trauma, especially for very young children who are more dependent on adults for their physical and emotional well-being. To better understand how this metric should guide us, we go one step further.

FIGURE 18. DHHS WARD AGE BY PLACEMENT GROUP (ON 02/01/2016)
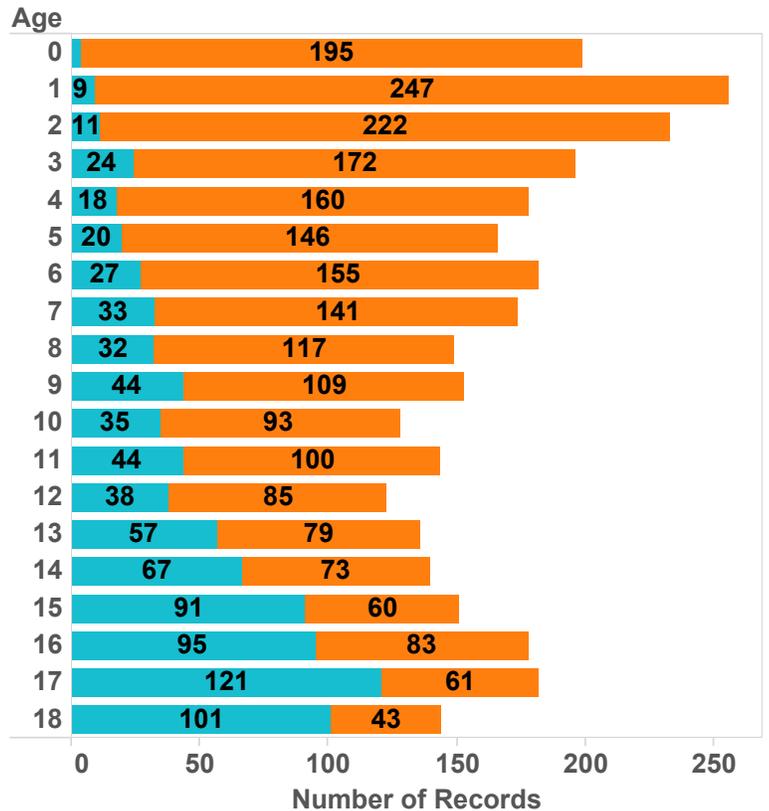
[8] Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000 were among the first to report this.

VI. PLACEMENT REVIEW (cont.)

Figure 19 is a simple table, but its properties are worth noting. This table indicates average length of stay for **DHHS wards exiting out-of-home care** for the past four fiscal years. This calculation includes a distinction by number of placements group, and **only includes those in out-of-home care for the first time**. With that being said, this metric is a good indicator to assess risk of serious trauma caused by multiple placements.

To interpret the metric, **during FY15 children exiting care who had 3 placements averaged 604 days (1 yr 8 months) in out-of-home care while children experiencing 4 placements averaged 765 days in out-of-home care (2 yr 2 months).**

Clearly there is a correlation between length of time in out-of-home care and the number of placement changes children experience. However, further research is needed to determine whether other factors may also be present that can result in or intensify that correlation.

FIGURE 19.
LENGTH OF STAY (LOS) FOR DHHS WARDS EXITING OUT-OF-HOME
(BY PLACEMENT GROUP (1st TIME IN CARE ONLY))

		1 Placement	2 Placements	3 Placements	4 Placements	5+ Placements	Grand Total
FY 2012	Avg LOS	291.0	444.7	504.6	563.5	762.1	501.4
	Child Count	928	460	337	240	788	2,753
FY 2013	Avg LOS	337.3	452.2	488.0	614.1	862.5	515.4
	Child Count	1,097	499	339	212	620	2,767
FY 2014	Avg LOS	275.2	440.3	598.8	678.6	984.9	511.9
	Child Count	972	529	285	165	456	2,407
FY 2015	Avg LOS	308.8	471.2	604.4	765.0	1,231.3	518.6
	Child Count	947	472	203	103	250	1,975