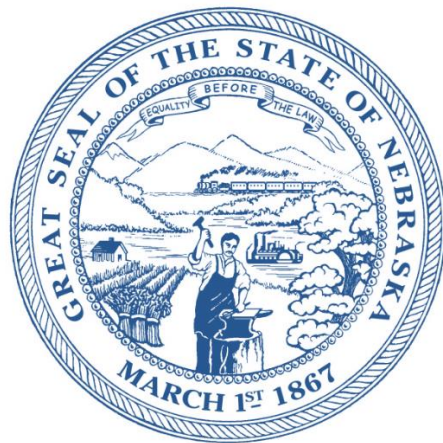


The Nebraska Foster Care Review Office Annual Report



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

December 1, 2016

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

Advisory Committee Members

(All Volunteers)

- Chair, Sandy Krubak, North Platte, local board member (term 3/2/2014-3/1/2017)
- Craig Timm, Omaha, local board member (term 8/6/2012-3/1/2018)
- Michelle Hynes, Dakota City, local board member (term 8/6/2012-3/1/2018)
- Elizabeth Neeley, Seward, data expert (term 3/2/2014-3/1/2017)
- Vacant position, citizen at large (term 11/5/2015-3/1/2018)

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

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

This report contains the Foster Care Review Office's (FCRO) independent data and analysis of the child welfare system with recommendations for system improvements. FCRO staff track children's outcomes and facilitate case file reviews. Local board members, who are community volunteers that have completed required instruction, conduct case file reviews and make required findings. In fiscal year 2015-16 (July 1, 2015-June 30, 2016), local board members:

- conducted **3,926 reviews of cases involving 3,163 NDHHS wards** in out-of-home care;^{1,2}
- conducted **268** reviews of cases involving **268** NDHSS wards who were in a trial home visit;³
- piloted reviews for **120** youth in out-of-home care under the Office of Probation Administration.

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

NDHHS State Wards in Out-of-Home Care

On June 30, 2016, there were 3,145 children (NDHHS wards) in out-of-home care in Nebraska, most of whom had experienced a significant level of trauma prior to their removal

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

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

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

from the parental home. Some of the key data indicators and relevant changes regarding NDHHS out-of-home state wards are discussed below.

- **Demographics**

- **7% increase** in the past year of children placed out-of-home. (Page 2). This is true in all regions of the State except for the Southeast Service Area which saw a slight decrease. (Page 2).
- Disproportionality in out-of-home care continues at **three times** their representation in the population for Native American and Black children. (Page 4).
- Neglect continues to be the most prevalent reason for children to be removed from their parental home.⁴ **(68%)** (Page 7).
 - Followed by parental substance abuse which was involved in approximately **44%** of the cases. (Page 7).
- **24%** (648) of the children reviewed could and should achieve permanency quickly if the system were meeting their needs. FCRO found one-fourth (152) of these children should be returned to their parent(s) and three-fourths (486) were awaiting permanency through adoption or guardianship. (Page 10).
- **21%** of children have been in out-of-home care for two years or longer. There has been no significant improvement. (Page 26).
- **28%** of children in out-of-home care on June 30, 2016, had been removed from their home more than once. (Page 33).

- **Case management**

- **One-third** of children have had 4 or more caseworkers over their lifetime. (Less than 4 preferred). There has been no improvement for the last three years. (Page 28).
- **85%** of the cases reviewed the NDHHS case plan was complete and updated which is a substantial improvement from last year. (Page 20).
- For the second year, **98%** of the cases reviewed contained documentation showing that caseworkers had contact with the children in the 60 days prior to the case file review. (Page 9).

- **Court and legal system**

- **60%** of children had their case adjudicated within 90 days. This is a significant decrease from the prior year. (Page 36).
- **87%** of the cases reviewed had a court-ordered case plan with specific services and tasks. This is a significant improvement compared to 51% in 2012. (Page 21).
- **88%** of the courts did conduct timely permanency hearings, but in only **6%** of the cases was documentation found regarding the statutorily required exception hearing being conducted. (Page 37, 38).

⁴ Neglect is a broad category of parental acts of omission or commission that result in the failure to provide for a child's basic physical, medical, education, and/or emotional needs, including the failure to provide adequate supervision.

- **23%** of the cases reviewed contained legal grounds that filing a termination of a parental rights action would be in the child's best interest, but it had not been filed. This has remained steady over the past year. (Page 39).
- **Placement**
 - **32%** of children had 4 or more placements over their lifetime. There has been no improvement in the past year. (Page 14). The main reason children changed placement was due to a request by the foster care provider or at NDHHS case manager request.
 - **93%** of children are placed in a home-like setting, with **55%** of these children placed in a relative or kinship home. There has been a significant increase in the past four years. (Page 12).
 - In **60%** of the cases reviewed it could not be determined if the children's caregivers had received health/dental care information or educational information at the time of placement. (Page 46).
- **Education**
 - **33%** of school-aged children were either not on target in school or the FCRO was unable to determine if they were on target, which has slightly improved. (Page 46).
 - Graduation rate for state wards remains less than **50%**. (Page 45).
 - **44%** of youth reviewed that had a change in caregivers also changed schools. (Page 46).
- **Mental Health**
 - **41%** of children had a professionally diagnosed mental health and/or trauma related condition. This has remained constant for the past two years. (Page 43).
 - **23%** of children were prescribed psychotropic medication at the time of their most recent FCRO review which has remained a consistent percentage. (Page 43).

NDHHS State Wards in Trial Home Visit

In 2015, the Nebraska Legislature extended the review authority for the FCRO to include children in a trial home visit. Nebraska statutes define a trial home visit (THV) as "a placement of a court-involved juvenile who goes from a foster care placement back to his or her legal parent or parents or guardian but remains as a ward of the state". The FCRO began reviewing these children in January of 2016 in order to determine expedient ways to provide permanency for children while at the same time ensuring their safety.

The FCRO conducted **269 reviews** of children in a trial home visit during FY2015-16. These are some of the findings based on the case reviews completed.

- **Safety and Progress**

- **81%** of the children reviewed were found to be safe in their parental home and progress was being made in **82%** of the parental homes. (Page 49).
- In **25%** of the cases reviewed, it was determined that the case could be closed but for reasons yet to be analyzed the case remained open. (Page 49).

Youth in Out-of-Home Care through the Office of Probation Administration

As of June 30, 2016, there were **753** probation youth in out-of-home care. Beginning in October of 2015, the FCRO began conducting case file reviews on **120 of these youth**. These are some of the findings based on the case reviews completed.

- **Reasons for Out-of-Home Care**

- Majority of youth entered out-of-home care due to probation violations or behavioral needs. (Page 53).

- **Previous Involvement with NDHHS**

- **35%** of the youth reviewed had previous involvement with the child welfare system through a child welfare court proceeding. (Page 53).

- **Youth's Legal Representation**

- **97%** of the youth had legal representation at the time of the review but the majority of the reviews were conducted for youth in Lancaster and Douglas/Sarpy County which may have impacted this. (Page 54).

- **Types of Placements**

- Over **85%** of the youth were placed in a congregate care setting and not a family-like setting. Of these youth **28%** were in a treatment congregate care placement while **57%** were in a non-treatment congregate care placement. (Page 55).
- **60%** of the youth reviewed were in the moderate risk to reoffend under the YLS/CMI while **25%** were in the high risk to reoffend. (Page 55).

- **Youth's IQ**

- Youth IQ's were available on 54 of the youth reviewed. **41%** of these youth had an IQ of below average (below 85). This percentage is substantially higher than the national population. (Page 57).
 - Nearly all of these youth were placed in group homes or even more restrictive placements. Over 50% of these youth had been placed in detention in the six months prior to the review. (Page 58).

FY2015-16 RECOMMENDATIONS

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

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

Legislative:

1. Conduct a legislative study with the assistance of the Legal Parties Taskforce for the Nebraska Children's Commission examining changes needed to the juvenile court jurisdictional statutes found at Neb. Rev. Stat. 43-247 in order to appropriately meet the best interest of children and families.
2. Conduct a legislative study with the assistance of the Legal Parties Taskforce for the Nebraska Children's Commission examining ways to improve the current prosecutorial model in juvenile court.
3. Enact legislation clarifying which court has jurisdiction to enter a change of custody order regarding children involved in juvenile court. This is commonly referred to as a bridge order.
4. Amend the statutory caseload formula to ensure calculations are meaningful and more reflective of the case management supports needed for children under NDHHS supervision. Once completed, ensure that adequate funding is available to ensure compliance with these new caseload standards.
5. Amend legislation ensuring that all youth involved with the juvenile justice system have access to court-appointed legal counsel unless waived by the youth.
6. Enact legislation requiring that all children involved in the child welfare system must attend every court hearing after adjudication. This would require all parties to be trauma-informed and sensitive to the needs of the children and youth.

Judicial System:

1. Implement the Progression Standards for the Separate Juvenile Courts and County Courts sitting as juvenile courts as recommended to the Nebraska Supreme Court Commission for the Protection of Children in the Courts.
2. Improve documentation in court orders regarding findings entered as to the statutorily required exception hearing for those children who have been in out-of-home care for 15 out of the past 22 months.
3. Conduct review hearings every three months and specify in court orders what services are required for cases to be successfully completed.

NDHHS:

1. Ensure that all relative and kinship placements are required to attend specific training programs, have an avenue by which to attain a child-specific license in order to qualify for federal IV-E funding, and have necessary agency-based supports at the same level as non-relative licensed foster homes. Contracts with providers should specify these requirements including incentives for licensing. NDHHS needs to complete implementation of internal processes to ensure contractual compliance by providers.
2. Ensure through its contracts that all services, particularly parenting time services, are goal orientated and progress-driven surrounding three core principles: strengthening core life skills, developing appropriate relationships, and reducing external sources of stress. These contracts should include the utilization of outcome-based uniform reports by all service providers to effectively gauge parental progress and ability to parent their child.
3. Conduct a fidelity study into the evidence-based Structured Decision Making assessments utilized by on-going case managers in order to ensure that NDHHS and lead agency staff are appropriately completing these tools and utilizing the results to complete their statutorily required case plans.
4. Replicate the Barriers to Permanency Project in the fall of 2017 to determine why children remain in out-of-home care for prolonged periods.

The FCRO encourages everyone involved in the child welfare system to consider all policies and practices to ensure that no more harm comes to a child and that each child is better off when he or she leaves out-of-home care than they were when they entered.

ACTION ON FY2014-15 RECOMMENDATIONS

Based on factors described through each Annual Report, the FCRO carefully analyzes and makes recommendations each year as required by statute. The following chart describes progress made on the recommendations from the 2015 Report.

2015 Recommendation	Status
The Legislature review and amend statutes regarding the computation of caseloads to ensure that required calculations are meaningful and reflect the case management supports needed for children under NDHHS supervision.	Completed: A legislative hearing was held. Next Steps: Further analysis needs to be completed including implementation of the recommendations.
The Legislature complete a collaborative study regarding the children’s mental and behavioral health system in Nebraska including the feasibility of earmarking funding for children’s mental and behavioral health needs.	Completed: Receipt of federal grant in 2016. Next Steps: Completion of collaborative study that has begun by NDHHS Behavioral Health.
Require the Nebraska Children’s Commission in the next year to develop a system of care from prevention through treatment services for the child welfare system based on relevant data and evidence-based practices to meet the specific needs of each area of the State which would include goal-driven and outcome based oversight and contracts.	Completed: Statute amended requiring NCC to complete this task. Next Steps: Preliminary work has begun by NCC. NDHHS has also begun work with a consultant looking at its current service array and areas for improvement.
Require the Nebraska Children’s Commission in the next year to complete an in-depth study and analysis regarding case management workforce issues specifically considering competitive salaries, use of incentives, and training needs.	Completed: Statutes have been amended requiring NCC to complete this task. Next Steps: Preliminary work has begun by NCC.
Require the NCC to create a committee to explore the current statutory jurisdictional basis in juvenile court and ways to improve the judicial process based upon models from other States.	Completed: NCC has created the Legal Parties Taskforce. Next Steps: Initial research has started.
Appropriately adjudicate the reasons that children enter care to ensure services can be ordered to address the root causes for abuse or neglect.	Completed: Training was held for county attorneys across the State. Next Steps: Extensive further work needs to be completed in this area.

2015 Recommendation	Status
<p>Improve documentation by the legal system regarding the findings made at permanency hearings and 15-month exception hearings.</p>	<p>Next Steps: Court Improvement Project has begun work on this issue through judicial education and amending the court orders utilized by judges.</p>
<p>Ensure that GALs (guardian ad litem) are meeting the Supreme Court Rules by completing reports, conducting independent determination as to the juvenile’s best interest and consulting with the juvenile at their placement. Failure to provide sufficient consultations should be addressed by the judge.</p>	<p>Completed: Trainings were held through the Nebraska Bar Association for guardian ad litem across the State. Next Steps: Work with the GALs, Bar Association and Supreme Court to develop processes for FCRO to have access to GAL reports either through a computer system or directly from GALs.</p>
<p>Require mandatory continuing legal education hours on the practice of juvenile law for all attorneys, not just guardian ad litem, in juvenile court.</p>	<p>Completed: Statutes were amended requiring the Nebraska Supreme Court to issue guidelines for defense attorneys in juvenile court. Next Steps: Creation of requirements for county attorneys.</p>
<p>NDHHS create a collaborative special study on children that entered care due to reasons of neglect to obtain more detail on what this encompasses. By better defining neglect, an array of services and prevention strategies can be developed to prevent removals, heal if a removal is necessary, and sustain a positive reunification.</p>	<p>Completed: NDHHS did conduct internal case reviews on this issue. Next Steps: Utilization of this information by NDHHS and its consultant into current service arrays throughout the State.</p>
<p>NDHHS through its contracts with service providers ensure that all services are goal-orientated and progress-driven based upon the findings of Structured Decision Making assessments.</p>	<p>Completed: NDHHS has contracted with National Council on Crime & Delinquency to complete a study on NDHHS fidelity to SDM assessments by initial assessment and hotline. Next Steps: This study needs to be expanded to on-going SDM assessments.</p>

ORGANIZATION OF THIS REPORT

Section 1 ISSUES IMPACTING STATE WARDS IN OUT-OF-HOME CARE

Covers major issues in the current child welfare (foster care) system for children placed out of the parental home due to abuse or neglect and provides recommendations for improvements.

Section 2 ISSUES IMPACTING STATE WARDS IN TRIAL HOME VISITS

Covers major issues in the current child welfare (foster care) system for children placed in the parental home for a trial home visit.

Section 3 ISSUES IMPACTING PROBATION YOUTH IN OUT-OF-HOME CARE

Covers an update on FCRO efforts to review children in the Probation System who are in out-of-home care, with an explanation of collaborative processes currently in place.

Section 4 ISSUES IMPACTING BRIDGE TO INDEPENDENCE YOUNG ADULTS

Covers information regarding reviews of young adults who are age 19 or 20 and who have voluntarily sought services through the Bridge to Independence program.

Further information available. The FCRO has further data and information available on its website (www.fcro.nebraska.gov), including the following:

- Purpose and case file review process utilized in all of the reviews completed for this Annual Report.
- List of the FCRO's over 340 local board members that meet each and every month providing system oversight and recommendations for children in this Annual Report.
- County level data for many of the data points discussed in this Annual Report.
- Explanation of the relevant parties in the child welfare system.
- Explanation of the court hearing process in child welfare cases.
- Article explaining the impact of removal and the importance of trauma services.
- Article explaining safety and permanency within the child welfare system.
- A map of NDHHS service areas.

TOTAL NUMBERS OF CHILDREN AND YOUTH

UNDER STATE CUSTODY THROUGH NDHHS
 (IN OUT-OF-HOME CARE OR TRIAL HOME VISIT)

or

UNDER THE OFFICE OF PROBATION ADMINISTRATION
 (IN OUT-OF-HOME CARE)

DURING FY2015-16

Per Neb. Rev. Stat. §43-1303(2)(b)(iv), the FCRO is to include in the Annual Report numbers of children supervised by the foster care programs in the state annually. At this time there are two major programs – NDHHS child welfare, and juvenile justice which includes youth under the Office of Probation and youth under the NDHHS Office of Juvenile Services (primarily youth at the Youth Rehabilitation and Treatment Centers). Due to the major changes in the juvenile justice system, comparison to previous years is not available but will be available in future years.

- **In FY2015-16 there were 5,394 children in out-of-home care in state systems for one or more days.**

Children under NDHHS in FY2015-16	4,218
Juvenile justice youth out-of-home care	
(Probation or OJS) in FY2015-16	<u>1,176</u>
TOTAL	5,394

Section One

ISSUES IMPACTING STATE WARDS (CHILDREN) IN OUT-OF-HOME CARE

This section describes Nebraska Department of Health and Human Services (NDHHS) wards (children) in out-of-home care, and includes common attributes and basic demographics.

The basic, overriding premise for all stakeholders is to “do no more harm” to any child. The overarching goal for all stakeholders is to ensure that children are benefitted by entering the child welfare system. All stakeholders must acknowledge that there are consequences for every decision they make – especially when a child is removed from his or her parents. It is the statutory and ethical charge of all stakeholders to reduce impacts of abuse and neglect when possible and to minimize all types of institutional neglect. All must work together to help children to heal.

The Foster Care Review Office (FCRO) conducted 3,926 case file reviews on 3,163 children in out-of-home care under NDHHS custody in FY2015-16.⁵ Data following was gathered from these case file reviews and related information.

⁵ For information on reviews of NDHHS wards in trial home visit see page 48. For information on reviews of youth under the Office of Probation see page 51.

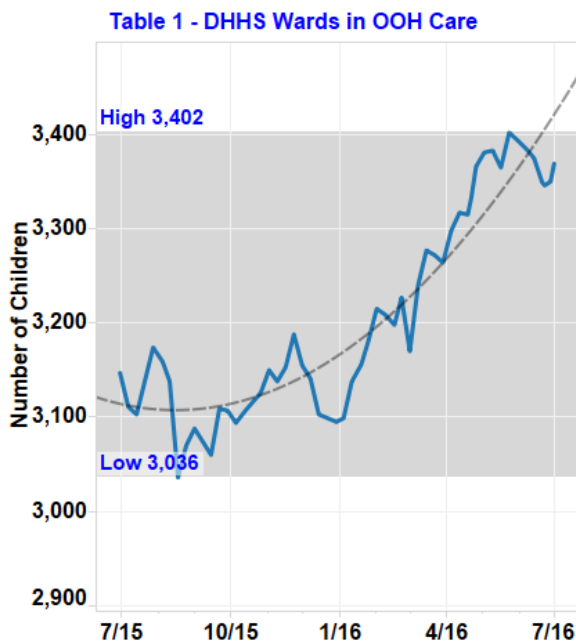
NEBRASKA STATE WARDS IN OUT-OF-HOME CARE

In these first tables, focus is on children that are under the care of the Nebraska Department of Health and Human Services (state wards) and placed in out-of-home care.⁶

On June 30, 2016, 3,369 NDHHS wards (children) were in out-of-home care in Nebraska, most of whom had experienced a significant level of trauma and abuse prior to their removal from the parental home. There has been a consistent increase for the past year.

In comparison, there were 3,145 in out-of-home care on June 30, 2015.

Table 1 shows recent trends for this group from July 2015 through July 2016.

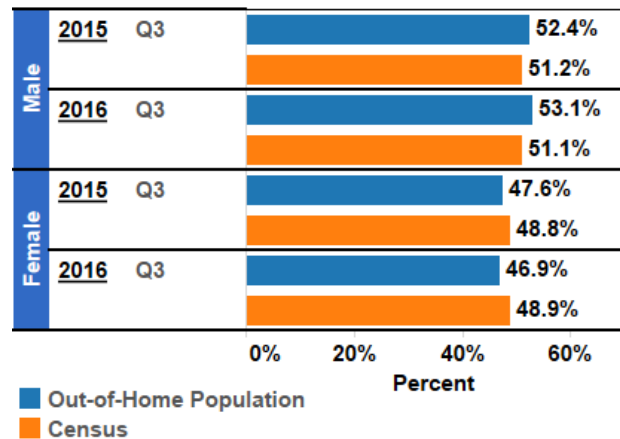


Source: Foster Care Review Office FCTS database. Compilation of points in time.

GENDER

Table 2 shows the ratio of boys to girls is the same in the general population and the out-of-home population. **This has been true for many years now.**

Table 2 - Out-of-Home Population Comparison to Census Population by Gender



Source: U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2015 & Foster Care Review Office FY2015-16 children involved with the child welfare system.

LOCATIONS

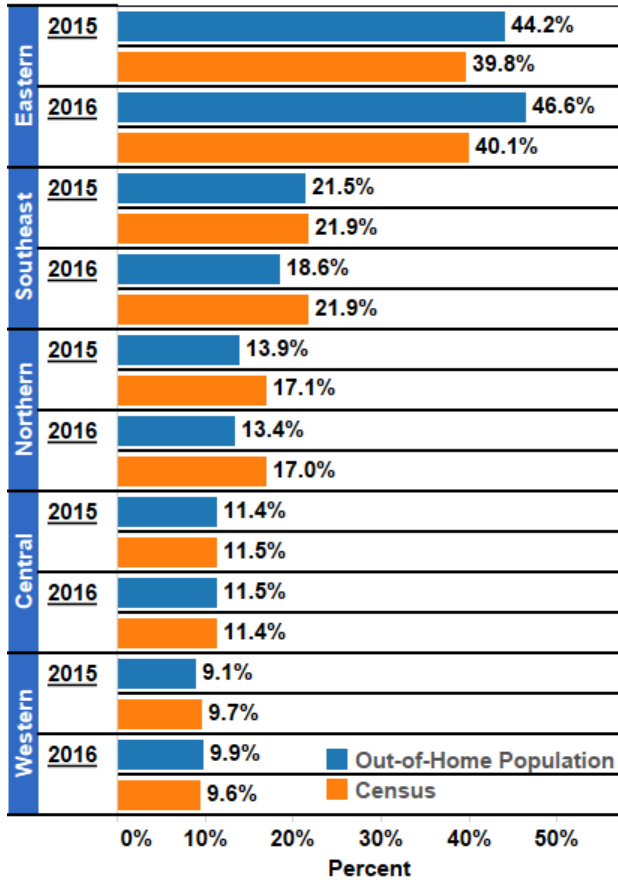
Table 3 shows the location of State Wards based on the NDHHS region of the State from which they came compared to the census population for each region. As anticipated most children in out-of-home care come from more populous areas of the State (Southeast includes Lincoln metro, which decreased this past year, and Eastern

⁶ The FCRO here purposefully excludes: children under NDHHS's Office of Juvenile Services placed out-of-home, children under the Office of Probation Administration placed out-of-home, children placed with the parents on a trial home visit, and young adults in the voluntary extension of some foster care services known as Bridge to Independence. Those are discussed in separate sections later in this Report.

that includes Omaha metro area, which increased this past year).

Most regions are within 2% of their percentages from last fiscal year so all areas of the State except for Southeast area have shown an increase in out-of-home care.

Table 3 - Out-of-Home Population Comparison to Census Population by Location



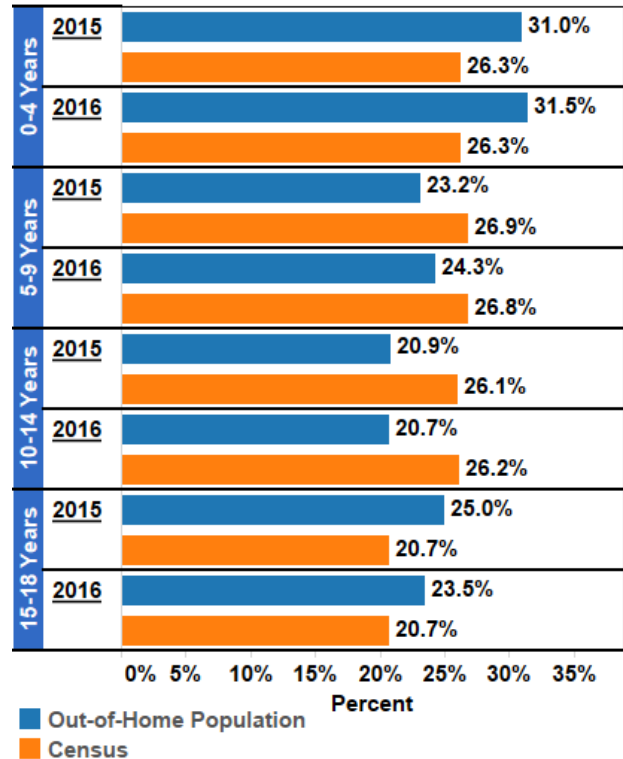
Source: U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2015 & Foster Care Review Office FY2015-16 children involved with the child welfare system.

AGE GROUPS

When considering age groups, the FCRO finds some differences in comparison illustrated by **Table 4** between general census data (bottom) and children in out-of-home care (top). However, considering the vulnerability of infants/preschoolers and their inability to protect themselves from parental abuse or neglect, it is not surprising that a larger percentage of children in out-of-home care are from that age range.

Percentages have remained consistent for the past two years.

Table 4 - Out-of-Home Population Comparison to Census Population by Age Group



Source: U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2015 & Foster Care Review Office FY2015-16 children involved with the child welfare system.

RACE

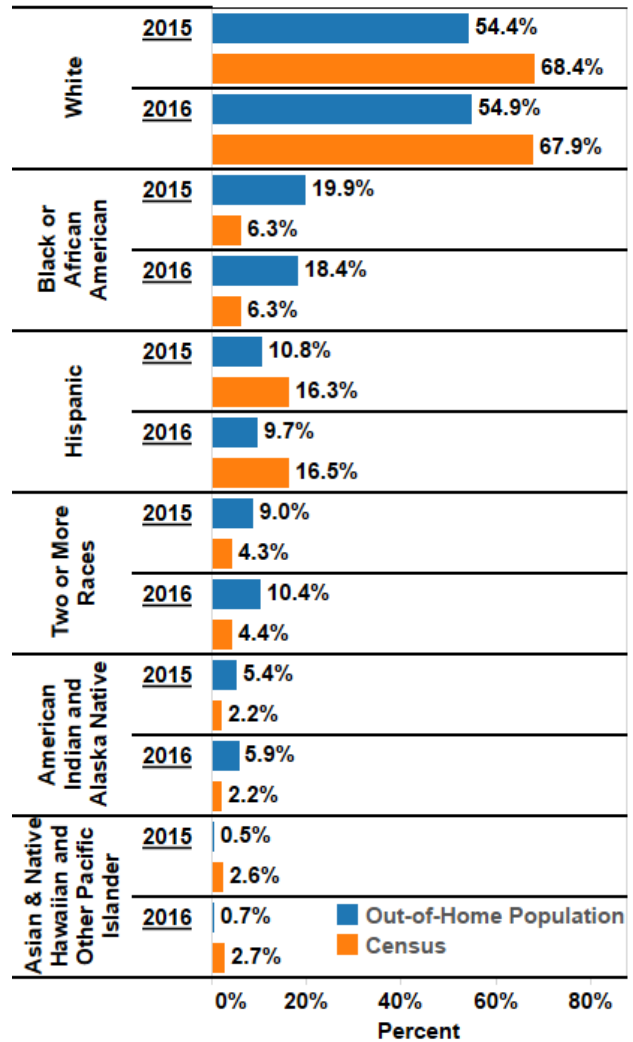
Minority children continue to be overrepresented in the out-of-home population.

Table 5 compares the percentage of each race in out-of-home to the percentage for Nebraska as a whole from the U.S. Census.

For American Indians and Black Americans, their representation in out-of-home care is three times their representation in the general population.

Race percentages have remained nearly the same compared to previous years so disproportionality continues.

Table 5 - Out-of-Home Population Comparison to Census Population by Race



Source: U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2015 & Foster Care Review Office FY2015-16 children involved with the child welfare system.

SAFETY OF NDHHS WARDS IN OUT-OF-HOME CARE

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

REASONS CHILDREN ARE REMOVED FROM PARENT(S)

To ensure that Nebraska better addresses root causes for children's removals from the parental home the Foster Care Review Office makes the following recommendations and offers a summary of its rationale.

RECOMMENDATIONS TO THE CHILD WELFARE SYSTEM

1. Create a collaborative special study on children that entered care due to reasons of neglect to obtain more detail on what this encompasses. By better defining neglect, an array of services and prevention strategies can be developed to prevent removal.
2. Services with a track record of locating families (generically referred to as "family finding") must begin at the time of removal from the parental home. Along with this, there needs to be effective use of family group decision-making involving all members of the family in order to serve the best interest of children.

RECOMMENDATIONS TO THE COURT SYSTEM

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

RECOMMENDATIONS TO THE LEGISLATURE

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

BASIS FOR RECOMMENDATIONS

Children's on-going safety, well-being, and plans for their future are all impacted by the reason(s) for which they were removed from the parental home. Reasons vary as indicated in information that follows.

It is the responsibility of the child welfare system to examine the reasons for children's current situation so that decisions can be made on the most efficacious distribution of resources to meet children's best interest.

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

ANALYSIS OF OVERALL DATA

Based on an analysis of data collected from our review process, the following relevant facts emerged:

- **Over 68% of children removed from the home enter out-of-home care following an adjudication of parental neglect.**⁷ Therefore, neglect needs to be targeted in child abuse prevention efforts.
 - For example, unsafe or unsanitary housing was adjudicated in 22% of reviews and another 5% had it identified post-adjudication.
- **Parental drug use (44% adjudicated, 12% non-adjudicated) is a heavily contributing factor in children's removals.** All stakeholders need to

⁷ "Neglect" is a broad category of parental acts of omission or commission that result in the failure to provide for a child's basic physical, medical, educational, and/or emotional needs, including the failure to provide minimally adequate supervision. Neglect is often a symptom of an underlying

condition. Some of the more common include: a parental mental health issue, parental substance abuse, parental cognitive functioning deficits, domestic violence in the home, or poverty.

- **Over 31% of children removed from the home enter out-of-home care due to domestic violence or physical abuse.** In 30% of the cases reviewed, domestic violence and physical abuse were also found present as non-adjudicated issues.

Details and definitions of these terms are below.

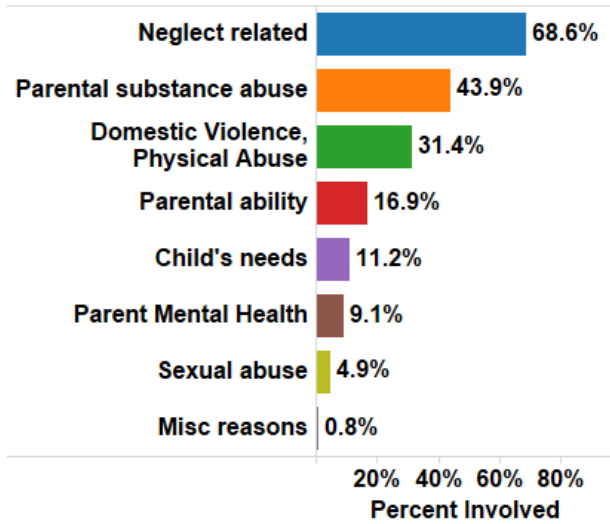
ADJUDICATED REASONS FOR CURRENT REMOVAL

Adjudication is the process whereby a court establishes it has jurisdiction for continued intervention in the family's situation.

Issues found true during the court's adjudication hearing are to subsequently be addressed by legal parties to the case and form the basis for case planning throughout the life of the case. What was adjudicated also plays a role in a termination of parental rights proceeding should that become necessary.

The FCRO conducted **3,926 reviews on 3,163 children** under NDHHS custody in FY2015-16, and **Tables 6 and 7** show **adjudicated** reasons for those children. The percentages shown are a percent of all children reviewed during the time period.

Table 6 - Major Categories of Adjudicated Reasons for Removal



Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system who were in out-of-home care at the time of review. Reasons for children reviewed more than once during the period are NOT duplicated. Multiple reasons could be identified for each child.

Frequency of major categories have barely changed since the prior fiscal year.

Table 7 provides further in-depth details. The percentages shown are a percent of all children reviewed during the time period.

Table 7 - Adjudicated Reasons For Removal Details

		%
Neglect related	Neglect	61.8%
	Housing Substandard - Unsafe	22.0%
Parental substance abuse details	Parent meth use	23.8%
	Parent marijuana use	7.9%
	Parent heroin use	0.3%
	Baby Born Affected	1.8%
Parental substance abuse - high level	Parent cocaine use	1.7%
	Parent drug use	36.8%
Domestic Violence, Physical Abuse	Parent Alcohol Use	9.3%
	Domestic Violence	14.1%
	Physical Abuse	12.0%
Child's needs	What Happened to Sibling	6.8%
	Child's Behaviors	9.6%
	Child's mental health	3.8%
	Child's disabilities	0.9%
	Child's suicide attempt	0.7%
	Child's Illness	0.6%
	Child's drug use	0.5%
	Child's Alcohol Use	0.2%
	Child's Meth Use	0.0%
	Parental ability	Parental Incarceration
Abandonment		5.4%
Par. Physical Illness, Disabilit		1.2%
Death of parent		1.0%
Relinquishment		0.9%
Child's parent in foster care		0.1%
Parent Mental Hea..	Parent Mental Health	8.3%
Sexual abuse	Sexual abuse	4.9%
Misc reasons	History Not Available	0.5%
	Reason unavailable no adjud	0.1%
	Unclear Why Removed	0.1%

Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system who were in out-of-home care at the time of review. Reasons for children reviewed more than once during the period are NOT duplicated. Multiple reasons could be identified for each child.

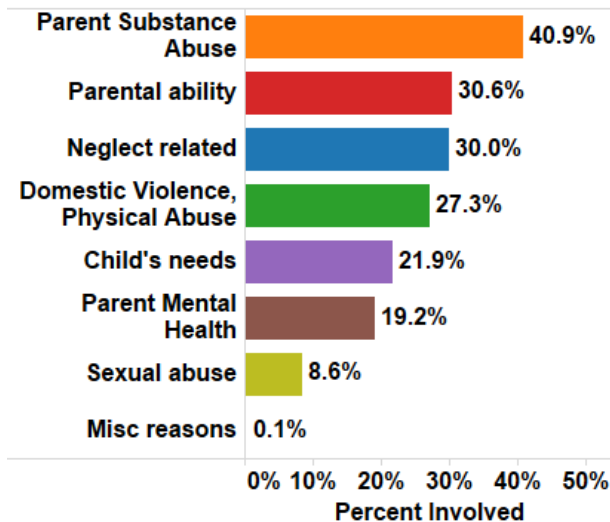
ISSUES IMPACTING CHILDREN'S CASES THAT WERE NOT ADJUDICATED

Based on case file reviews conducted by the FCRO, for 37% of children reviewed there are additional reasons for removal that the FCRO found should have been included in the case. See Tables 8 and 9 for details about those 37%.

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

The main non-adjudicated issue that still needs to be addressed that was found to be parents' substance abuse (41%).

Table 8 - Major Category - Non-Adjudicated Reasons



Source: Foster Care Review Office FY2015-16 reviews of children involved with the child welfare system who were in out-of-home care at the time of review. Factors for children reviewed more than once during the time period are not duplicated. Multiple conditions could be selected.

For more details, please see the following detailed chart (Table 9).

Table 9 - Non-Adjudicated Factors in the Case

		%
No non-adjud issue	No data	62.9%
Parental substance abuse	Parent drug use	11.6%
	Parent alcohol use	3.5%
Neglect related	Neglect	8.9%
	Housing substandard - uns..	4.9%
Parent mental health	Parent mental health	7.2%
Parental substance abuse details	Parent meth use	5.4%
	Parent marijuana use	3.7%
	Parent cocaine use	0.5%
Domestic Violence, Physical Abuse	Domestic violence	5.3%
	Physical abuse	3.8%
	What happened to sibling	2.8%
Child's needs	Child's behaviors	5.8%
	Child's mental health	3.0%
	Child's disabilities	1.5%
	Child's drug use	1.1%
	Child's illness	0.6%
	Child's alcohol use	0.3%
	Child's suicide attempt	0.3%
	Child's meth use	0.1%
	Child's parent in foster care	0.1%
	Parental Ability	Parental incarceration
Abandonment		4.7%
Relinquishment		1.3%
Parent physical illness, disa..		1.0%
Death of parent		0.7%
Baby born affected		0.3%
Sexual abuse	Sexual abuse	3.4%

Source: Foster Care Review Office FY2015-16 reviews of children involved with the child welfare system who were in out-of-home care at the time of review. Factors for children reviewed more than once during the time period are not duplicated. Multiple conditions could be selected.

CASEWORKER CONTACT WITH CHILDREN

To ensure that Nebraska continues to have important monthly caseworker – child contact the Foster Care Review Office makes the following recommendations and offers a summary of its rationale.

RECOMMENDATIONS TO NDHHS

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

BASIS FOR RECOMMENDATIONS

According to DHHS policy case workers are to have personal contact with each child every 30 days.⁸ This is an important safeguard for children, particularly young children that may not be seen outside the foster home. Some states have had tragedies occur when caseworkers did not provide this vital service. As a result, some states require workers to take pictures of children at each visit to ensure contact happened.

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

the fairest representation of what was actually happening for children and not merely a reflection of the state of the documentation.

Using that window, [the FCRO found for the second year in a row that worker/child contact was occurring for 98% of children reviewed.](#)

The FCRO congratulates all involved on that important achievement!



⁸ State IV-B agencies [child welfare] must ensure that the total number of monthly caseworker visits to children in foster care is not less than 95 percent

(ACYF-CB-IM-11-06). Federal HHS Administration for Children and Families. Nebraska is achieving that goal.

CONTINUED NEED FOR OUT-OF-HOME CARE

To ensure that children do not unnecessarily remain in out-of-home care the Foster Care Review Office makes the following recommendations and offers a summary of its rationale.

RECOMMENDATIONS TO THE CHILD WELFARE SYSTEM

1. Conduct another collaborative study to analyze the 15% where there is no longer a need for out-of-home placement to determine why permanency had not been achieved for those children. For example, why adoption/guardianship is not finalized or why return to the parent has not occurred. FCRO continues to advocate on these cases but further research is needed.

BASIS FOR RECOMMENDATIONS

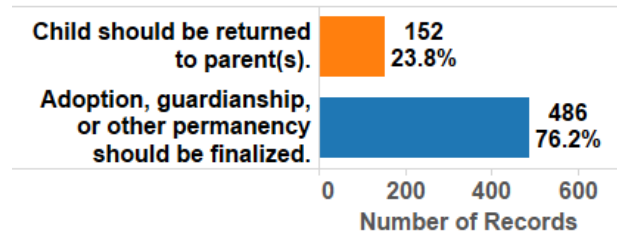
Foster care is meant to act as a safety net for children so that they can be safe and heal from abuse and trauma while adults in the family address issues that led to children’s removal. At the same time, it is imperative that children not remain in temporary care (foster care) longer than necessary.

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

In 85% of reviewed cases, out of-home care was still needed. That is nearly identical to findings made every year since 2009, so there is no change.

Table 10 illustrates the **15%** of cases where children could and should achieve permanency if the system were meeting their needs. For those **648 children, 23.8% (152) should be returned to parents, while 76.2% (486) are awaiting adoption, guardianship, or other permanency.**

Table 10 - Need to Remain in OOH Care



Source: Foster Care Review Office FY2015-16 reviews of children involved with the child welfare system who were in an out-of-home placement at the time of review.

PLACEMENT SAFETY, APPROPRIATENESS, AND STABILITY

It must be the expectation by all stakeholders that conditions in foster homes and group homes should be significantly better than those endured by the child prior to coming into care. As a result, foster homes and group homes should offer and be held to a higher standard of care for the best interest of the child. Foster parents have different skill sets and abilities just as children have different abilities and needs. Matching children with caregivers best suited to meet their needs must occur prior to placement but it is a challenge. This challenge impacts both children’s safety and well-being as well as placement stability.

To ensure that Nebraska obtains and maintains foster placements that are equipped to handle the needs of each child entrusted to that placement's care and reduce unnecessary placement changes, the Foster Care Review Office makes the following recommendations and offers a summary of its rationale.

RECOMMENDATIONS TO NDHHS AND ITS CONTRACTORS

1. Ensure that all kinship and relative placements are required to attend specific training programs; have an avenue by which to attain a child-specific license; and have necessary agency-based supports.
2. Identify appropriate paternal and maternal relative/kinship placements at the time of children's initial placement in foster care. Ensure that family finding occurs at the time of removal from the parental home.
3. Incentivize agencies providing support for foster homes to license, and thus train and support, relative/kinship foster parents. This would assist in the stability of the placement and have a positive impact on federal IV-E funding available for qualified children.
4. When a kinship placement is made, documentation must be made available to all legal parties specifying the significant relationship that this placement has to the child. Kinship placements cannot be created after placement has occurred.

BASIS FOR RECOMMENDATIONS

Nothing is more important for a child than where and with whom he or she lives. In child welfare this is known as the child's "placement." Most would agree that disrupting a child's home environment by taking that child from one set of caregivers and placing him or her with another is harmful to the child, even if the change is necessary to provide safety. Thus, it is imperative for all stakeholders to always place as a priority the safety of the placement; appropriateness of the placement; and that a child is not moved once placement has occurred. National research indicates that children experiencing **four or more placements** over their lifetime are likely to be permanently damaged by the instability and trauma of broken attachments.⁹

However, **children that have experienced consistent, stable, and loving caregivers are more likely to develop resilience to effects of prior abuse and neglect, and more likely to have better long-term outcomes.**

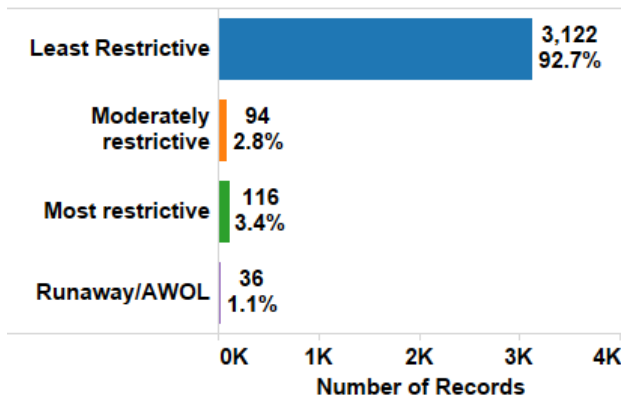
PLACEMENT TYPES

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

⁹ Examples include: Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

Table 11 shows restrictiveness of placements for NDHHS wards in out-of-home care. As previously noted, it does not include youth under OJS or the Office of Probation Administration. The vast majority of NDHHS state wards (**93%**) are placed in the least restrictive placement. This could include a relative home; a kinship home; or an agency-based foster home (see definition below).

Table 11 - Restrictiveness of Placement Type



Source: Foster Care Review Office FCTS database. Point in time for DHHS wards in out-of-home care on June 30, 2016. Definitions:

Least restrictive includes relative placements, foster family homes, agency-based foster homes, developmental disability homes, and supervised independent living.

Moderately restrictive includes group homes and boarding schools.

Most restrictive includes medical facilities, psychiatric residential treatment facilities, youth rehabilitation and treatment centers at Geneva and Kearney, youth detention centers, and emergency shelters.

RELATIVE OR KINSHIP CARE

Some children in foster care receive day-to-day care from relatives, in a practice known in Nebraska as relative care. Others receive care from persons that are like a family member, such as a coach, a teacher, a person that was legally their aunt or uncle until a divorce, etc. In Nebraska that is called kinship care.¹⁰

¹⁰ To avoid confusion it is important to recognize that in some other states all relative care may be called kinship, and in others kinship includes both relatives

Whether relative or kinship care, this type was put in place to allow children to keep intact existing and appropriate relationships and bonds with appropriate family members, and to lessen trauma of separation from the parents. If a maternal or paternal relative or family friend is an appropriate placement, children suffer less disruption and are able to remain placed with persons they already know that make them feel safe and secure. Thus, relative/kinship care can be especially beneficial when children have a pre-existing positive relationship with a particular relative/kin.

Relative/kinship placements have specific training needs. They need the type of training that other foster parents receive on workings of the foster care system and on types of behaviors that abused and neglected children can exhibit. In addition, many relatives/kinship placements have requested training on dealing with intra-familial issues present in relative care that are not present in non-family care situations. Currently, no training is required under Nebraska policy or law.

As of June 30, 2016, 55% of children in a foster home were in a relative or kinship placement. This percentage has continued to increase over the past four years.

Delayed identification of relatives for placements

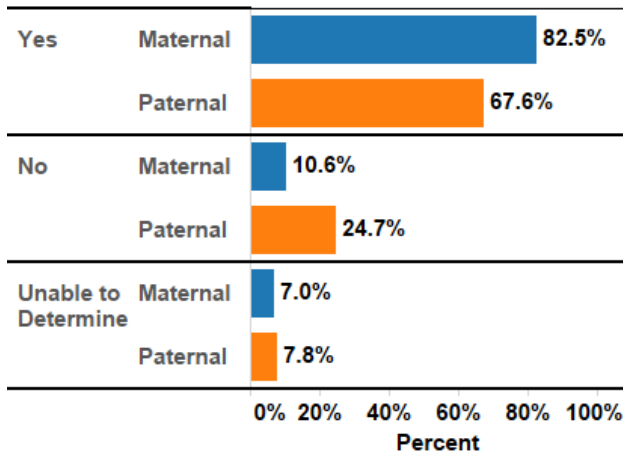
Although NDHHS policy is to quickly identify parents and relatives and determine their suitability as a placement, through reviews it appears that is not consistent in practice. The father's and paternal relative's suitability as a placement for the child cannot be considered until paternity is identified. Services with a track record of

and non-relatives. National research sometimes uses the terms interchangeably. Nebraska differentiates between the two categories.

locating families (generically referred to as “family finding”) should be utilized to help locate relatives so their suitability as a potential caregiver can be addressed.

Table 12 illustrates the search for relatives. Searches for **maternal relatives are documented for 82.5% of children** reviewed which is better than prior years but there is still room for further improvement. Searches for **paternal relatives show only in 68% of the cases was this documented.**

Table 12 - Maternal/Paternal Relative Search



Source: Foster Care Review Office FY2015-16 reviews of children involved with the child welfare system and who were in an out-of-home placement at time of review.

PLACEMENT APPROPRIATENESS

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

As a basis for the finding, the FCRO’s Review Specialists research whether any allegations have been made against the placement of children being reviewed and the system’s response to those allegations. The FCRO review specialist and local board

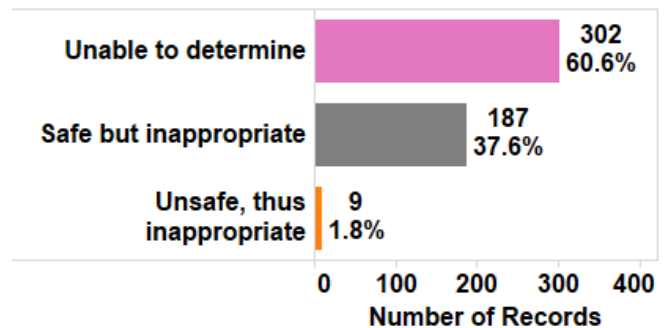
also consider the results of home studies, which measure strengths and weaknesses of each foster family placement, and the needs of the individual children receiving care by that particular caregiver including but not limited to the child being reviewed.

The FCRO does not assume children to be safe in the absence of documentation. If documentation does not exist, the “unable to determine” category would be utilized.

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

FY 2015-16, 82% of children reviewed were in safe and appropriate placements. Table 13 shows the results for the 18% that were not in safe and appropriate placements.

Table 13 - Placement Safety and Appropriateness



Source: Foster Care Review Office FY2015-16 reviews of children involved with the child welfare system and who were in an out-of-home placement at time of review.

As **Table 13** illustrates, when the FCRO reviewed these cases the main reason that safety and appropriateness were not met is that **files did not contain sufficient documentation in order to ensure the safety and appropriateness of children’s out of-home placement. This is unacceptable. This issue can easily be solved by NDHHS and its providers. How**

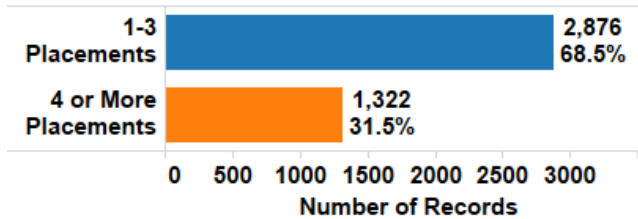
can children heal when you cannot determine if they are placed in appropriate placements?

For those placements determined to be unsafe, the FCRO **immediately** advocates for a change in placement.

LIFETIME PLACEMENT NUMBER

Consider **Table 14** which shows the number of lifetime placements for NDHHS wards in out-of-home care as independently tracked by the FCRO. Placement changes included in lifetime counts do **not** include brief hospitalizations, respite care, or returns to the parental home. **Table 14** shows that **32% of children had been documented to exceed the optimum 1-3 placements range. This is an increase from previous years.**

Table 14 - Lifetime Placements



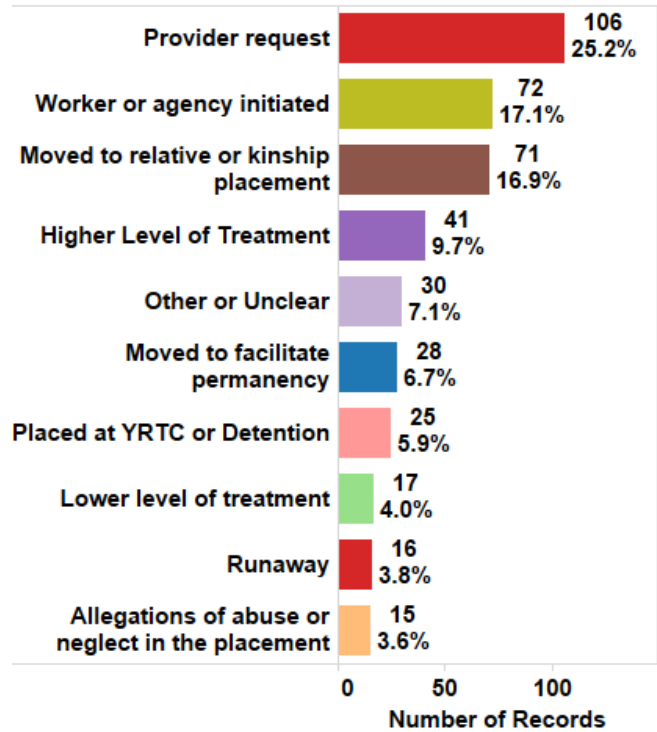
Source: Foster Care Review Office FCTS database. This is a point-in-time (June 30, 2016) measure of the number of lifetime out-of-home placements experienced by children who are wards of the state.

PLACEMENT CHANGE REASONS

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

When placement change information is available, there are a variety of reasons that primarily fall into the following categories listed on **Table 15**.

Table 15 - Reason Child Was Moved



Source: Foster Care Review Office FY2015-16 reviews. Chart includes the reasons for the child's most recent move between caregivers if the child had been moved within 6 months of the review date.

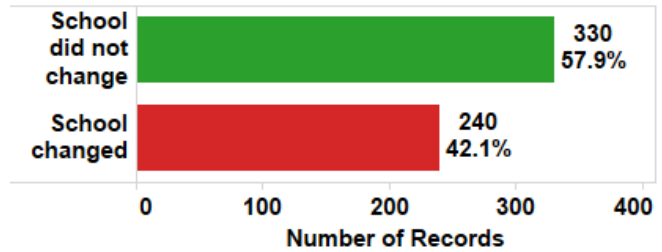
Every placement move is another traumatic experience no matter the reason. Provider requests (often due to behaviors) are the most frequent reason for changes (**25%**). Another **17%** of the changes were case manager initiated. One question that must be asked is whether the system contributed to these behaviors due to so many placement moves. Recent research shows that not meeting caregiver needs is the major reason for placement changes. Basically, if the caregiver needs are not met, how can they meet the needs of the child?

It is important that in only **4%** of the cases involved allegations of abuse/neglect in the foster home but even this is too many.

One additional item must be considered when looking at children changing placements – a placement change frequently means a change in schools.

Consider **Table 16**. For children that **changed placements within six months of case file review, 42% also changed schools with the placement move**. There has been no improvement in this data. Changes in schools greatly impact a child’s ability to improve academically.¹¹

Table 16 - Placement Changes Resulting in School Changes



Source: Foster Care Review Office FY2015-16 reviews. Includes only DHHS wards who changed placement in the last six months, and school status was known.

MAINTAINING CONNECTIONS WITH SIBLINGS - AN INTEGRAL ROLE FOR PLACEMENTS

To ensure that children who are not placed with siblings maintain these vital connections, the Foster Care Review Office makes the following recommendations and offers a summary of its rationale.

RECOMMENDATIONS TO ALL STAKEHOLDERS

1. Ensure siblings are given the priority placement by being placed together as required by Nebraska. When joint sibling placement does not occur, ensure that the legal system is making the needed findings in court orders. If it is legally determined that joint placement cannot occur, there must be appropriate and consistent contact among the siblings.

BASIS FOR RECOMMENDATIONS

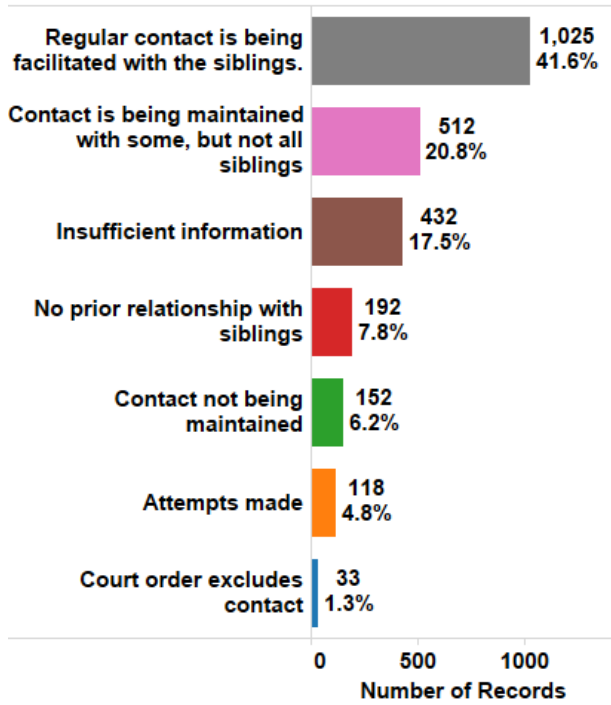
Children that have experienced abuse or neglect may have formed their strongest bonds with siblings. It is important to keep these bonds intact, or children can grow up without essential family and suffer from that loss. In the absence of being placed together, sibling bonds can be kept intact through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

In 18% of those cases there was insufficient information on sibling contacts. Documentation of efforts to meet this important requirement must be improved upon.

Due to the importance of maintaining sibling connections, local board members are required to make a finding during reviews regarding sibling contacts. **Table 17 shows children who have siblings, but who are not placed with those siblings.**

¹¹ For details on education issues see page 45.

Table 17 - Sibling Contact



Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system.

PERMANENCY FOR NDHHS WARDS

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

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

BARRIERS TO CHILDREN ACHIEVING PERMANENCY

To reduce barriers to children reaching a timely and appropriate permanent home the Foster Care Review Office makes the following recommendations and offers a summary of its rationale.

RECOMMENDATIONS TO THE CHILD WELFARE SYSTEM

1. Continue to have collaborative, in-depth examination of why children remain in out-of-home care for prolonged periods, especially surrounding the systemic issues of appropriately including fathers in the process, adjudication delays in the courts, and inappropriate case plans. This includes replicating the Barriers to Permanency Project in fall 2017.

BASIS FOR RECOMMENDATIONS

During each review conducted by the FCRO during FY2015-16, the top 1-5 current barriers to safety and permanency that existed for reviewed children are identified. A standard list is used to ensure uniformity.

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

the need for more time to complete services; or larger systemic issues.

PARENTAL BARRIERS

Table 18 shows primary barriers for children whose mother or father have been identified and have intact parental rights.

Parental issues continuing could include continued domestic violence, continued substance abuse, not attending visitation consistently, failure to obtain housing as ordered, refusal to engage in services, etc. This was found in **88%** of mothers and **38%** of the fathers. (**Table 18**).

There are also **parents who are engaged** in services but need further time to complete these services. That was found true with regard to **14%** of the mothers and **7%** of the fathers. **(Table 18).**

Issues beyond parental control would include parental illness, low functioning parents, or system failure to identify and notify the parent of the child’s removal from the home. This was found true in **3%** of the mothers and **8%** of the fathers. **(Table 18).**

There are some clear differences as to the degree to which impact mothers compared to fathers. Part of this is because the plan is for more children to return to mothers than fathers.

SYSTEM BARRIERS

There are several systemic barriers to children not receiving permanency. Some are timeliness issues and for others it is failure to provide the necessary services. For instance, children needing time to complete trauma services, or pending termination of parental rights hearings. Some are adoption slowdowns, such as paperwork incomplete, or children not in a placement that has committed to adoption.

There are also a number of systemic reasons why the primary permanency plan may not be appropriate. Two of the more frequent are: (1) that the plan remains reunification instead of adoption or guardianship although parents have had time to avail themselves of rehabilitative services but progress is not being made, or (2) the plan is guardianship for young children that would be better served by adoption, which is legally more permanent.

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

Table 18 Barriers Regarding Parents

	Mother	Father
Parental issues continuing	87.6%	38.5%
Engaged, needs time to complete	14.1%	7.4%
Incarceration - or criminal justice pending	5.5%	8.0%
Beyond parent control	3.4%	7.9%
Absent	2.8%	6.9%
Other issues	2.2%	2.4%

Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system in an out-of-home placement at time of review. Multiple issues can be identified.

CASE PLANNING AND PERMANENCY OBJECTIVES

To ensure children have complete, measurable plans that help cases progress to timely permanency, the Foster Care Review Office makes the following recommendations and offers a summary of its rationale.

RECOMMENDATIONS TO NDHHS

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

RECOMMENDATIONS TO LEGAL SYSTEM

1. Whenever feasible, ensure that court review hearings are being held every three months with all stakeholders being held accountable in ensuring "best interest" of the child remains paramount.

BASIS FOR RECOMMENDATIONS

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

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

planning should detail appropriate, realistic, and timely steps toward rehabilitation of parents (if reunification is the objective) based on reasons for court involvement, and then effectively hold parents accountable for fulfilling those steps. This should always be based upon findings of evidence-based tools utilized by NDHHS known as the Structured Decision Making assessments.¹²

Case plans and services provided must work towards these outcomes:

1. strengthen core life skills;
2. develop responsive relationships; and
3. reduce external sources of stress.

¹² Structured Decision Making is a proprietary set of evidence-based assessments that NDHHS uses.

CASE PLANS AND COURT-ORDERED PLANS

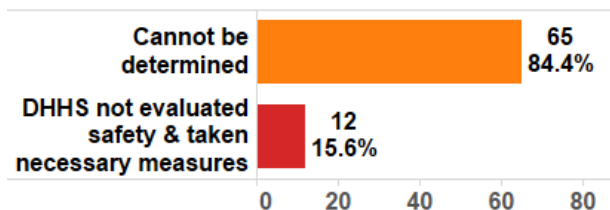
Local citizen review board volunteers report that all too often they encounter NDHHS case plans that are inappropriate, incomplete, unrealistic, or not timely. This is based on a series of findings that local boards are required to make about the NDHHS case plan for every child reviewed after a careful analysis of the plan and related documentation. Local boards also consider if courts have effectively ordered services to meet the permanency plan. **Individual findings regarding case planning for reviews conducted FY2015-16 are described next.**

A. SAFETY MEASURES IN THE NDHHS CASE PLAN

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

In **97% of cases reviewed in FY2015-16, NDHHS had taken safety measures.** Table 19 shows breakouts for the remaining 3%.

Table 19 - Reasons Safety Measures Were Not in DHHS Plan



This chart does not include the 97% of the cases where DHHS had evaluated safety and taken appropriate measures in the DHHS plan. Source: Foster Care Review Office FY2015-16 reviews of children involved with the child welfare system who were in an out-of-home placement at time of review.

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

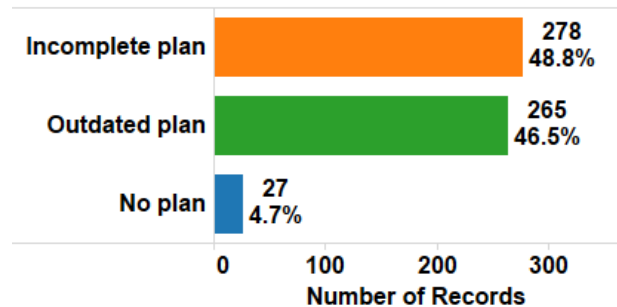
B. NDHHS CASE PLAN COMPLETENESS

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

There has been **significant improvement** in the past two years by NDHHS in the preparation of complete case plans, **with 85% having complete plans.**

Table 20 shows breakdowns for the remaining 15% for whom a NDHHS case plan was not complete.

Table 20 - Reasons for DHHS Plan Not Being Complete



Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system who were in out-of-home placement at time of review.

Areas that still need improvement include the following situations:

- A plan or concurrent plan is adoption, but all goals reflect reunification.
- A plan does not address a non-custodial parent.
- A plan does not address paternity, if not already established.
- A service to address an adjudicated issue is not included in the plan.

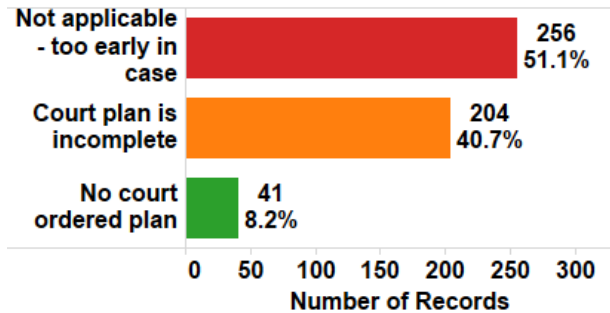
- A plan is missing goals, or timeframes, or tasks.
- A plan doesn't include all children that should be in the plan.

C. COMPLETENESS OF COURT-ORDERED PLAN

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

87% of court orders reviewed had a complete plan. **Table 21 shows the breakdown for the remaining 13%. There has been significant improvement in the past two years by the judicial system.**

Table 21 - Reasons Court Plan is Not Complete



Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system who were in out-of-home placement at time of review.

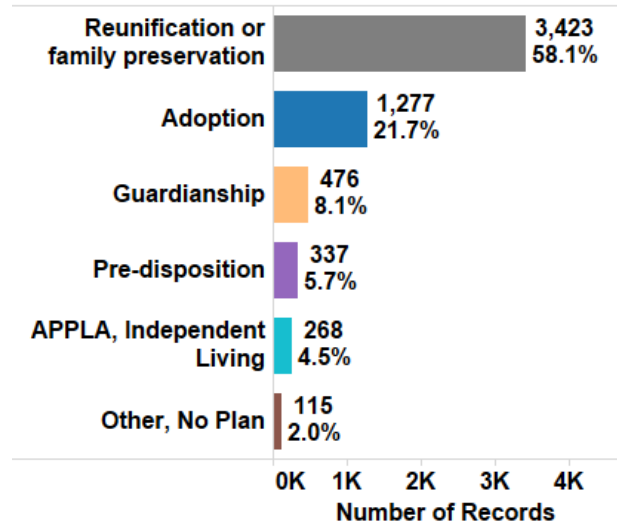
D. COURT-ORDERED PERMANENCY OBJECTIVE TYPES

Table 22 shows the primary objective entered by the court for children at time of review. The majority of children reviewed have a plan of reunification (**58%**) with one

or both parents followed by adoption and/or guardianship (**30%**).

This is simply a measure of goals, not the appropriateness of that goal. [Appropriateness is described later in Table 23.]

Table 22 - Primary Plan Objective Types



Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system who were in out-of-home placement at time of review.

E. COURT-ORDERED PERMANENCY OBJECTIVE APPROPRIATENESS

Courts are to determine the appropriate permanency objective at each and every review hearing. After a thorough analysis of available information about the child's case, local boards determine whether or not the primary permanency objective or goal (reunification, adoption, guardianship, etc.) is the most fitting for the individual child being reviewed.¹³ If the goal listed does not match circumstances then the board would find a goal inappropriate.

¹³ Unable to be determined may include when there are pending evaluations that could change case goals, or a lack of documentation regarding progress,

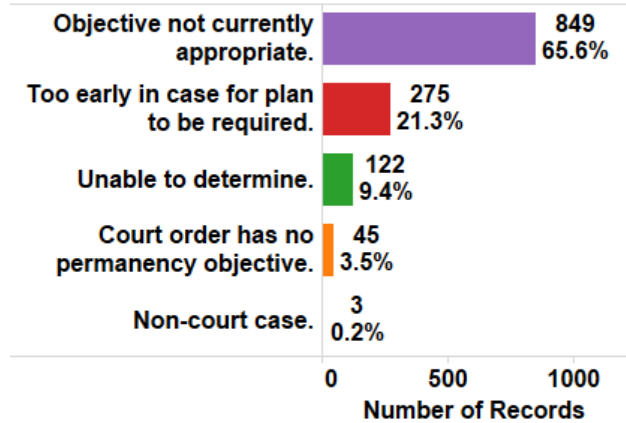
or the objective was only recently ordered by the courts and services are still being arranged.

Some examples of inappropriate goals:

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

In **67%** of the cases, local boards agreed with the court’s permanency objective. For the remaining **33%** the local board disagreed with the court-ordered plan, as shown in **Table 23**. The main reason for disagreement is that the permanency objective was not appropriate.

Table 23 - Primary Objective Appropriateness



Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system who were in out-of-home placement at time of review.

FCRO staff actively advocate with all stakeholders involved in the case in situations where a local board feels a permanency objective is not appropriate in order to ensure that the best interest of children are being met. Many times these decisions are being made not because it is in the best interest of the child but rather failure to apply relevant law and policies.

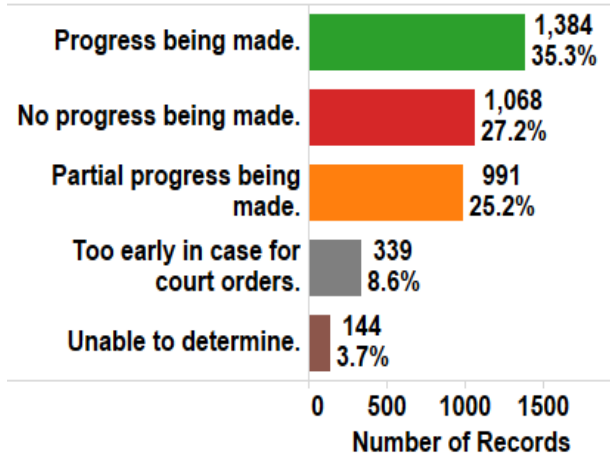
PROGRESS BEING MADE TOWARDS PERMANENCY

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

Percentages in **Table 24** have remained unchanged from the prior fiscal year. **It is unacceptable that for 4% of cases reviewed it is unclear if progress is being made (which means there is no clear progress), and for another 27% clearly no progress is being made.**

In other words **for about one-third of children reviewed, cases are stagnating and permanency is still far away.** This could be due to lack of parental engagement or necessary services not being provided. Thus, it is no surprise that many children have long stays in out-of-home care. All parts of the child welfare system should be working towards the same goal – permanency!

Table 24 - Progress Towards Permanency



Source: Foster Care Review Office FY2015-16 reviews of children in the child welfare system who were in an out-of-home placement at time of review.

REASONABLE EFFORTS TO ACHIEVE PERMANENCY

While the system must hold parents accountable, NDHHS is obligated to make “reasonable efforts” to preserve and reunify families if this is consistent with the health and safety of the child (unless a statutory exception of “aggravated circumstances” is found by the juvenile court, or the juvenile court has adopted another permanency objective). If the court finds that reunification of the child is not in his or her best interests, NDHHS is then required to make “reasonable efforts” to ensure that the child is placed in a permanent placement and necessary steps are in place to achieve permanency for children.

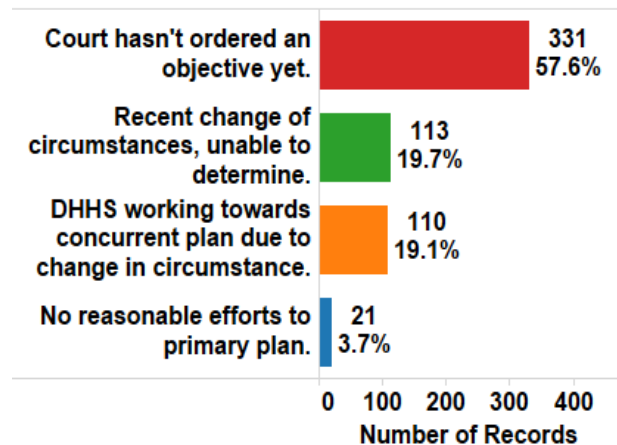
Juvenile courts make determinations of reasonable efforts on a case-by-case basis. A finding that the State has failed to provide reasonable efforts has significant consequences to NDHHS, such as disqualification from eligibility of receipt of federal foster care maintenance payments for the duration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

The FCRO makes an independent finding at each review on whether “reasonable efforts” are being made towards achieving permanency for children. **NDHHS reasonable efforts do not always translate into progress being made, as described previously.** For example, NDHHS may be offering appropriate services, doing appropriate assessments, and the like, but parents may still be disengaged.

NDHHS was making reasonable efforts in **85%** of all the cases where the FCRO was able to make the determination.

Table 25 shows the reasons for the **15%** of the cases where during the file review a determination was made reasonable efforts had not occurred. In the majority of the cases, this was due to the court not yet ordering a permanency objective.

Table 25 - Reasons Reasonable Efforts Not Made



Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system and who were in an out-of-home placement at time of review.

CONCURRENT PLANNING AND OBJECTIVES

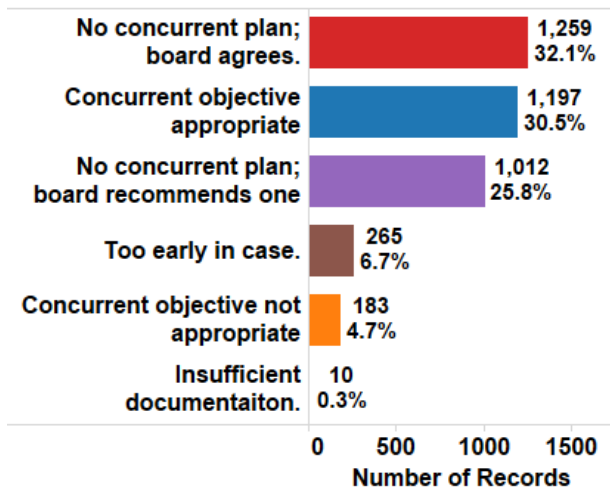
Statutes permit the court to include a concurrent permanency objective in its court-ordered plan. For example, the

primary plan may be reunification, but the concurrent plan is adoption.

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

Table 26 shows whether the court ordered a concurrent plan, and if so did it have an appropriate goal. As the table illustrates, local boards often concur with the court’s decision but in **25% of cases reviewed, a concurrent plan should have been ordered and has not been by the court.**

Table 26 - Concurrent Plan Appropriate

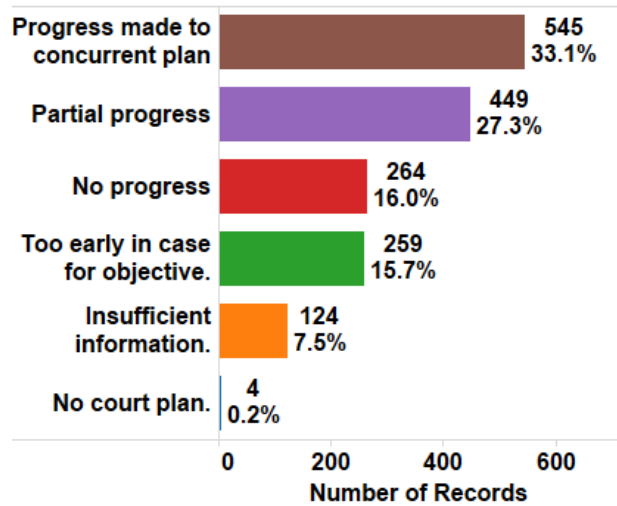


Source: Foster Care Review Office FY2015-16 reviews of children involved with the child welfare system and who were in out-of-home care placement at time of review.

Table 27 indicates if there is sufficient progress being made toward a concurrent goal. Too often the concurrent goal is in name only, with insufficient action being taken toward that goal.

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

Table 27 - Concurrent Plan Progress Made



Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system and who were in an out-of-home placement at time of review.

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

Too many times, a concurrent plan is just in name only with no services being offered to effectuate the objective.

LENGTH OF TIME IN FOSTER CARE

To reduce barriers to children reaching a timely and appropriate permanent home, the Foster Care Review Office makes the following recommendations and offers a summary of its rationale.

RECOMMENDATIONS TO THE CHILD WELFARE SYSTEM

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

BASIS FOR RECOMMENDATIONS

The length of stay in foster care is important for children because just as there are risks to leaving a child in the parental home after reports of abuse or neglect, 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.”¹⁴

Time in foster care is not a neutral event in a child's life. A trauma-informed child protection system needs to be knowledgeable about potential short- and long-term impacts on disruptions in attachment relationships, especially for the youngest children. This has been called appropriately “**institutional neglect.**”

MONTHS IN OUT-OF-HOME CARE

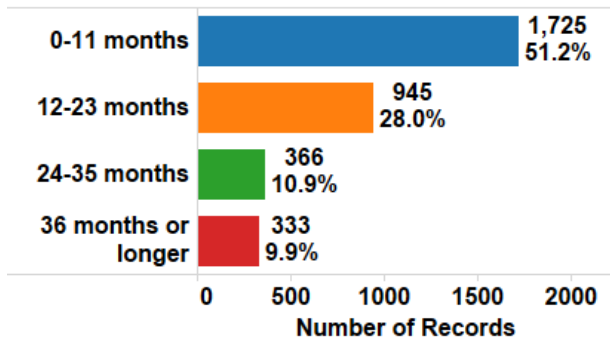
The negative effects of children living in foster care increases with the time children spend in out-of-home care. **Table 28** that follows shows the length of time from the most recent removal from the home for NDHHS wards that were in out-of-home care.

For children that have been removed from the home more than once, this does not include time in out-of-home care during past

¹⁴ Address to FCRB Volunteers, September 2006.

removals. Many children spend a significant number of months out of the home.

Table 28 - Length in OOH Care on This Removal



Source: Foster Care Review Office FCTS database, point-in-time June 30, 2016. This chart includes only DHHS wards that were placed outside the parental home as of June 30th. The timeframe measured is from the removal that led to current DHHS involvement and June 30th. It does not include time out of the home during prior removals, if any.

It is particularly concerning that 21% of children have been in out-of-home care for two years or longer. From a child’s perspective this is a very long time. Furthermore, Nebraska statutes clearly state that other permanency objectives must be considered when a child has been out-of-home for 15 out of 22 months.

There has not been any significant improvement from the past year, when it was also 21%.

CASEWORKER CHANGES - IMPACT ON PERMANENCY

To reduce the number of caseworker changes that children and families deal with, the Foster Care Review Office makes the following recommendations and offers a summary of its rationale as research clearly shows that each change can lengthen the time children spend in out-of-home care.

RECOMMENDATIONS TO THE LEGISLATURE

1. Review and amend the caseload formula to ensure calculations are meaningful and not overly complicated. Make the formula more reflective of the case management supports needed for children under NDHHS supervision.
2. Provide funding for adequate numbers of caseworkers and supervisors, and then ensure compliance with caseload standards.

RECOMMENDATIONS TO NDHHS

1. Develop adequate supports, training and mentoring for caseworkers, whether employed directly by NDHHS or by a NDHHS contractor. Ensure supervisors have adequate supports and training so they, in turn, can better support their staff.
2. Work with the Nebraska Children’s Commission as it completes an in-depth study into workforce issues as required by the Nebraska statutes.

RECOMMENDATIONS TO STAKEHOLDERS

1. Ensure that the Nebraska Children’s Commission completes an in-depth study into workforce issues as required by the Nebraska statutes.

BASIS FOR RECOMMENDATIONS

Local board members and staff have identified that stable case management is critical to ensuring children's safety while in out-of-home care, and is critical for children to achieve timely and appropriate permanency. The number of different caseworkers assigned to a case is significant because worker changes can create situations where:

1. There are gaps in information transfer and/or documentation, sometimes on more than one transfer. This includes maintaining an accurate history of the parent's reactions during parenting time (visitation) and parent's utilization of services, such as therapy, and substance abuse treatment, or other actions that may be court ordered, like obtaining employment and stable housing.
2. New workers lack knowledge of the case history needed to determine appropriate service provisions and recommendations on case direction.
3. New workers are often unfamiliar with quality and availability of services in the community.
4. Effective case management is based on the creation of relationships and trust which take time.
5. Supervisor time is needed to continuously recruit and train new personnel or cover vacant caseloads.
6. Funds that could have been used for direct services are instead needed to

pay for repeated recruitment, training, and related costs.

One often-quoted study from Milwaukee County, Wisconsin, **found that children that only had one caseworker achieved timely permanency in 74.5% of the cases, as compared with 17.5% of those with two workers, and 0.1% of those having six workers.**¹⁵ The University of Minnesota also found that caseworker turnover correlated with increased placement disruptions.¹⁶

CASEWORKER CHANGES AS REPORTED TO THE FCRO BY NDHHS¹⁷

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

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

¹⁵ Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff, January 2005.

¹⁶ PATH Bremer Project – University of Minnesota School of Social Work, 2008.

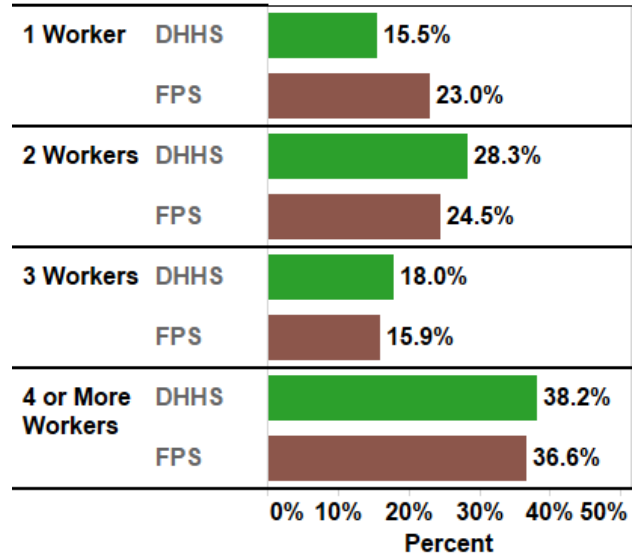
¹⁷ **The FCRO has determined that there are a number of issues with the way that NDHHS reports the number of caseworker changes. Therefore, this information is issued with the caveat "as reported by NDHHS."**

Table 29 shows the number of workers. The top bars are areas where NDHHS provides casework services, the bottom bar is for the Eastern area where NDHHS contracts for casework services (known as FPS – Family Permanency Specialists).

While there are some differences, regardless of which area of the state children come from **more than one third have had four or more workers** during their lifetime.

There has been little to no improvement on this for the last three years. This issue is one of the major concerns brought to the attention of the FCRO both by foster parents and by biological parents.

Table 29 - DHHS/FPS caseworkers over lifetime



Source: Foster Care Review Office FCTS database, DHHS wards in out-of-home care as of June 30, 2016. Shows DHHS caseworkers over lifetime of child for areas of the state that do not contract for casework services. Shows contracted caseworkers over lifetime of child for areas of the state that contracts for casework services.

VISITATION (PARENTING TIME)

Key indicator of parental engagement

To ensure that children’s vital connections to parents are maintained and enhanced through the effective use of visitation, the Foster Care Review Office makes the following recommendations and offers a summary of its rationale. **One of the clearest indicators of parental improvement and engagement are whether or not they are visiting their children.**

RECOMMENDATIONS TO NDHHS

1. NDHHS through its contracts needs to ensure that all parenting time/visitation services are goal orientated and progress-driven surrounding three core principles: 1) strengthening core life skills, 2) developing appropriate relationships, and 3) reducing external sources of stress. These contracts should include the utilization of outcome-based uniform reports by all service providers to effectively gauge a parental progress and ability to parent their child.

BASIS FOR RECOMMENDATIONS

Courts order supervision of parental visitation when there is evidence that the

child could be at significant risk if parents were allowed unsupervised contact. The purpose of supervising parent/child contact is to ensure safety as the system:

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

Research shows that children that have regular, frequent contact with their family while in foster care experience a greater likelihood of reunification, shorter stays in out-of-home care, increased chances that reunification will be lasting, and overall improved emotional well-being and positive adjustment to placement.¹⁸

Chances for reunification for children in care increase tenfold when mothers visit regularly as recommended by the court.¹⁹

There needs to be a well-trained workforce that is knowledgeable regarding parenting practices and child development. All referrals to service providers by case managers need to contain specific goals that can be measured. This ensures that parents know what is expected of them and progress can be shown. All reports by service providers should be in a uniform format based on progress made. Further, visitation reports are evidence needed by courts to ensure reasonable efforts are being made, to determine parental compliance and progress, and to ensure timely permanency.

FCRO FINDINGS ON VISITATION

The FCRO found the following regarding parent-child visitation during all reviews. There are clear differences in percentages on whether there is visitation ordered with the mother or the father.

¹⁸ Partners For Our Children, Washington State, Family Visitation in Child Welfare, April 2011.

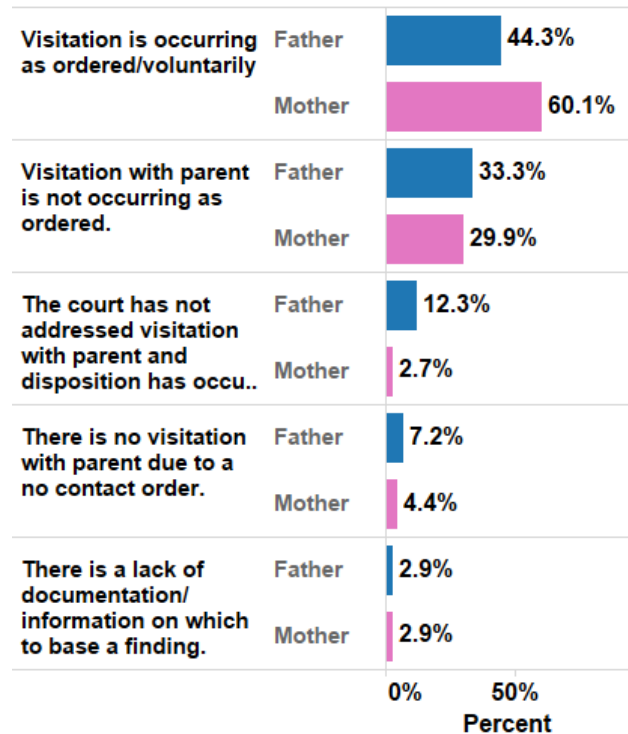
¹⁹ Davis et al, in Parent-Child Visiting, by Amber Weintraub, April 2008, National Resource Center for

Table 30 shows that as a **percentage slightly more fathers are not attending visitation as ordered by the court when compared to mothers. Still one-third of the parents were NOT consistently visiting their children.**

If parents are not consistently visiting their children, the system needs to consider other permanency objectives.

The system needs to ask “how can a healthy and permanent relationship form and grow between a parent and child when a parent does not see their child(ren)?”

Table 30 - Visitation with Parents



Source: Foster Care Review Office FY2015-16 reviews of children in the child welfare system who were in an out-of-home placement at time of review.

Family-Centered Practice and Permanency Planning, at the Hunter College School of Social Work, a service of the Children’s Bureau/ACF.

SERVICES FOR PARENTS AND CHILD

A means for reducing children’s trauma and addressing reasons children were removed from the home

To ensure that needed services to parents and children are available and properly utilized to heal trauma and the conditions that led to removal from the home, the Foster Care Review Office makes the following recommendations and offers a summary of its rationale.

RECOMMENDATIONS TO NDHHS

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

RECOMMENDATIONS TO THE LEGAL SYSTEM

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

BASIS FOR RECOMMENDATIONS

Services are not limited to parental rehabilitation; children that have experienced abuse or neglect, and removal from the home often need services to address their trauma, sometimes over a prolonged period. Even if the plan is no longer reunification, children may need a number of services to help them mature into responsible adulthood due to past abuse, neglect, or behavioral issues.

normally ordered to complete services designed to help correct the adjudicated issues that led to their children’s removal from the home.

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

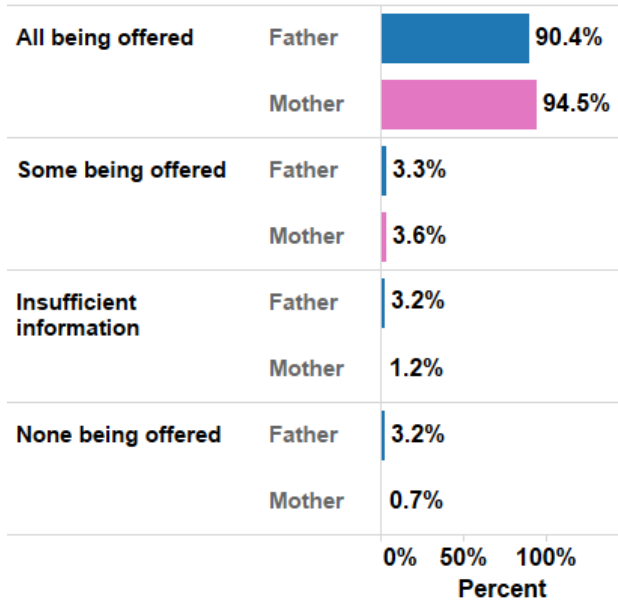
SERVICES FOR PARENTS

If parents still have parental rights and were included in the adjudication, they are

Table 31 shows that for mothers and fathers that have court- ordered services,

over 90% of them are being offered these services.

Table 31 - Services Offered to Parents



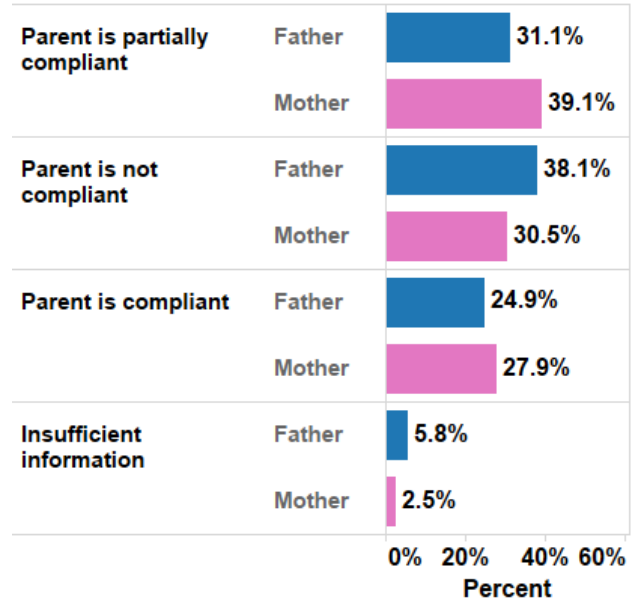
Source: Foster Care Review Office FY2015-16 reviews of children in the child welfare system who were in an out-of-home placement at time of review.

Even when services are being offered, not all parents are taking advantage of these services. **Table 32** looks at parental compliance with the court order that parents obtain services. Of **mothers** ordered to participate in services, only **67% were fully compliant or partially compliant, while 31% were non-compliant.**

Of **fathers** ordered to participate in services, only **56% were fully compliant or partially compliant, while 38% were non-compliant.**

Since compliance with services is one means for addressing progress to permanency, it is unacceptable that for **6% of fathers and 3% of mothers** there was no information on this key metric available in children’s files.

Table 32 - Parent Compliance



Source: Foster Care Review Office FY2015-16 reviews of children in the child welfare system who were in an out-of-home placement at time of review.

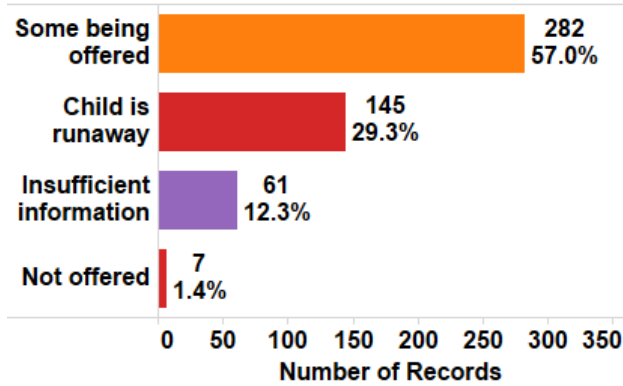
Compliance needs to be measured, and stakeholders must determine whether it is due to a lack of engagement by the parent or due to barriers beyond the parent’s control (such as timing of service availability, waiting lists, lack of transportation to and from services), so that cases can progress as quickly as possible.

SERVICES FOR CHILDREN

All children in out-of-home care are normally court-ordered services, which can range from physical and dental care to higher level services.

The majority (87%) of children were getting all needed services. Table 33 shows the reasons why the remaining 13% were not receiving all of the needed services in the six month period prior to FCRO reviews. **The “some” category may include children on wait lists or with pending arrangements.**

Table 33- Services not offered



Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system who were in an out-of-home placement at time of review.

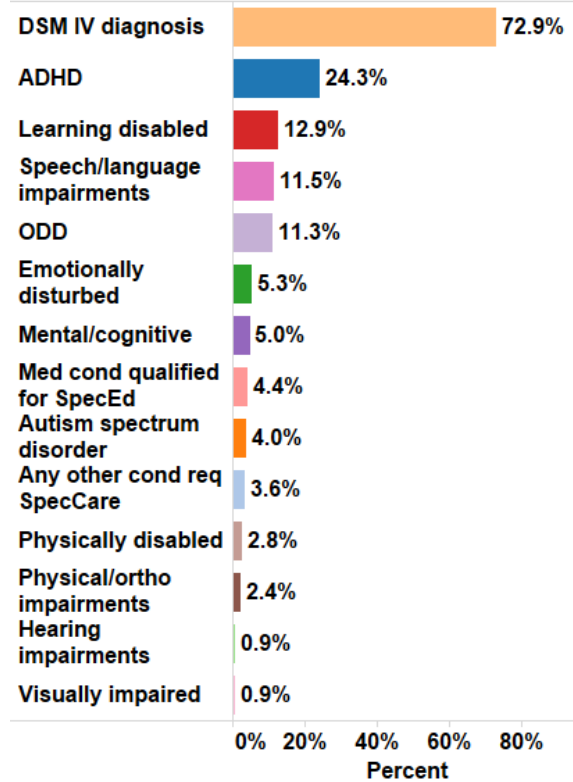
CHILDREN WHO ARE ALSO DEVELOPMENTALLY DISABLED

Many (26%) children in the child welfare system have one or more verified disabilities.

Table 34 shows the types of disabilities for the 800 reviewed children with such a diagnosis. Over 73% of those children had a DSM-IV diagnosis. The most common are ADHD, Oppositional Defiant Disorder, and speech/language.

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

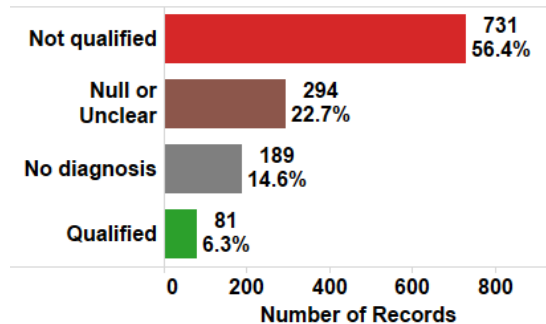
Table 34 - Disability Types



Children may have several diagnosed disability types. Source: Foster Care Review Office FY2015-16 reviews of children in the child welfare system who were placed out-of-home. Percents are based on percentage of child with one or more identified disabilities.

Among the most vulnerable among children who experienced abuse and neglect are those that also meet the strict criteria for qualification for Developmental Disabilities Services but these are only 6% of children that were reviewed. (Table 35). This means that the majority are not receiving the needed disability services through NDHHS Division of Disability Services.

Table 35 - Qualified for DD Services



Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system who were in out-of-home placement at time of review. Includes only children who had a diagnosed disability at time of review.

RE-ENTRY TO OUT-OF-HOME CARE

To reduce the number of children who experience re-entry into out-of-home care and the trauma that causes, the Foster Care Review Office makes the following recommendations and offers a summary of its rationale.

RECOMMENDATIONS TO THE CHILD WELFARE SYSTEM

1. Continue collaborative efforts to address the issue of adoption and guardianship disruptions both within the child welfare and probation system.

BASIS FOR RECOMMENDATIONS

Many children enter foster care, return home, and then are removed from home again.

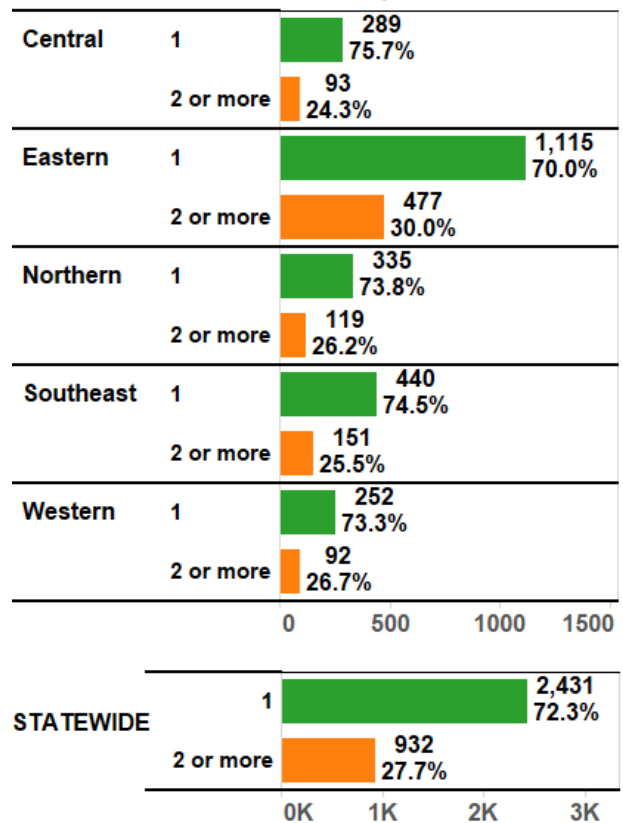
Repeat removals²⁰ from home can be damaging to children for many reasons. Children may have experienced another episode of abuse or neglect. Children may have unmet needs (such as treatment for trauma). While there has been some progress; there is still substantial room for improvement.

Table 36 shows that 28% of NDHHS wards in care on June 30, 2016, had been removed from home more than once. That is an improvement from June 30, 2015, when 31% had prior removals.

The table also answers the question on whether there were differences in rates of re-entries between different NDHHS service areas.

Table 36 shows only minor variations in the percentage of children with prior removals between the areas, some of which is due to the lower numbers of children in some areas.

Table 36 - Times in Care By Service Area



Source: Foster Care Review Office FCTS database point-in-time data from June 30, 2016. This chart includes only children (DHHS wards) involved with the child welfare system that were in out-of-home placement on that date.

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

²⁰ Re-removals here include children removed from adoptive, guardianship, or biologic parents – including on trial home visits.

PATERNITY (FATHER) IDENTIFICATION

To reduce the number of children who linger unnecessarily in foster care pending a legal identification of the father, the Foster Care Review Office makes the following recommendations and offers a summary of its rationale.

RECOMMENDATIONS TO THE LEGISLATURE

1. Clarify the issue of which court has jurisdiction to enter a change of custody order involving children involved in juvenile court.

RECOMMENDATIONS TO NDHHS AND THE LEGAL SYSTEM

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

BASIS FOR RECOMMENDATIONS

The federal *Fostering Connections to Success and Increasing Adoptions Act* (PL 110-351, 2008) requires that NDHHS apply “due diligence” in identifying relatives within the first 30 days after a child is removed from home. In spite of this requirement, for many children paternity is not identified promptly, if at all. Whether or not the father is a suitable caregiver for his child, the father’s due process and constitutional parental rights must be addressed if the child’s well-being is to be adequately addressed.

Some national researchers have noted:

“The lack of engagement by non-resident fathers²¹ might, at least in part,

reflect the fact that caseworkers do not have the same expectations for fathers as they do for mothers. Perhaps non-resident fathers are simply responding to low expectations – expectations that likely mirror those of the community and society in general.”²²

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

“Children whose non-resident²³ fathers were contacted by child welfare had shorter periods of time in the child welfare system compared to children with unknown non-resident fathers, or children whose non-resident fathers were known, but not contacted.”²⁴

²¹ Non-resident father refers to fathers that were not living in the same home as the child.

²² Malm et al (2006), as quoted in Bringing Back the Dads: Changing Practice in Child Welfare Systems, American Humane Association with funding and support from the U.S. Dept. of Health of Human Services, 2011. Page 34.

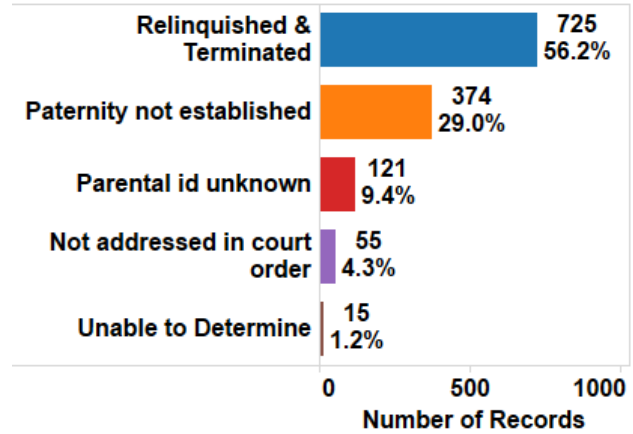
²³ Non-resident here means a father that was not living with the child’s mother at the time of removal.

²⁴ Malm and Zielewski (2009), as quoted in Bringing Back the Dads: Changing Practice in Child Welfare Systems, American Humane Association with funding and support from the U.S. Dept. of Health of Human Services, 2011. Page 31.

Two thirds (69%) of fathers in the cases reviewed by the FCRO were known to the stakeholders and their parental rights were intact. **Table 37** shows the issues that surround the other **31%** not included in their child’s case.

For those where the father was identified but not included in the court proceeding, paternity was either not established or addressed by the court in 33% of the cases. All stakeholders need to diligently pursue these father’s legal rights.

Table 37 - Father’s Rights



Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system who were in out-of-home care at the time of review.

COURT AND LEGAL SYSTEM ISSUES

To reduce the number of children who are experiencing adjudication delays or other court issues, the Foster Care Review Office makes the following recommendations and offers a summary of its rationale.

RECOMMENDATIONS TO THE LEGAL SYSTEM

1. Implement the Progression Standards for juvenile courts created by the Supreme Court Commission for the Protection of Children in the Courts.
2. Provide adequate judicial resources to ensure timely adjudication and case progression.
3. Ensure that guardian ad litem are following the Nebraska statutes by conducting an independent determination as to the juvenile’s best interests, and consulting with the juvenile at least once in the placement including sending a copy of their report to the FCRO. Failure to provide sufficient consultations should be addressed by the judge.
4. Improve documentation by the legal system regarding findings of permanency hearings and 15 month exception hearings.

BASIS FOR RECOMMENDATIONS

Under Neb. Rev. Stat. §43-178, the adjudication hearing must occur within 90 days of the child entering out-of-home care, unless there is a showing of good cause. This is considered a guideline rather than a mandate. **Table 38** shows length of time to adjudication for NDHHS wards.

Based upon our case file review process, the FCRO finds that in practice **adjudication within 90 days (3 months) did not occur for 39.6% of children** reviewed in FY2015-16.

There are a number of explanations as to why adjudications may not happen within 90

days. Here are a few more common reasons:

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

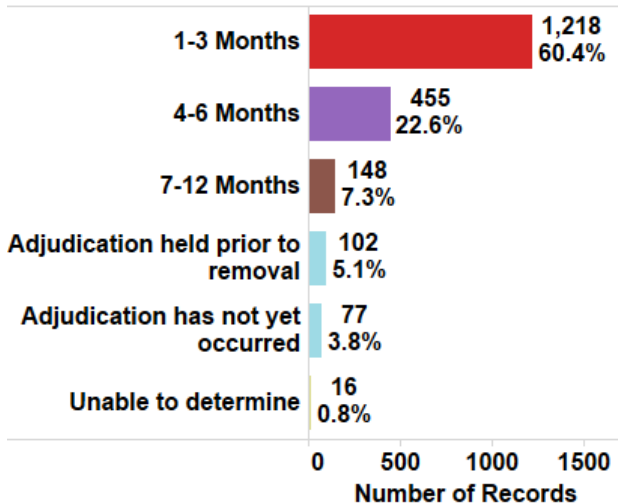
Rev. Stat. §43-272.01 the guardian ad litem is to “*stand in lieu of a parent or a protected juvenile who is the subject of a juvenile court petition...*” and “*shall make every reasonable effort to become familiar with the needs of the protected juvenile which shall include...consultation with the juvenile.*”

For each case file review, the FCRO obtains information on whether the GAL has contacted children within 180 days prior to review. Per Nebraska statutes, guardian ad litem are to visit children they represent at least once every six months in their placement.

The FCRO attempts to derive this information from a variety of sources, including:

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

Table 38 - Length of Time to Adjudication



Statute recommends that adjudication be done within 90 days (3 months) of removal from the home unless there are compelling reasons to delay.

Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system who were in out-of-home placement at the time of review.

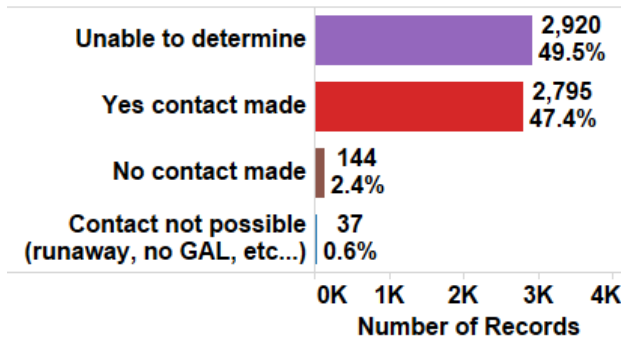
GUARDIAN AD LITEM PRACTICES

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

After all these attempts, **GAL contact was unable to be determined for 50% of children reviewed** as shown in **Table 39**.

This is a flawed system, and recent statutory changes have not yet led to improvement in this area. The FCRO will be closely monitoring this over the next year.

Table 39 - GAL Contact with Child Within 6 Months of FCRO Review



Source: Foster Care Review Office FY2015-16 reviews of children involved with the child welfare system who were in out-of-home care at time of review.

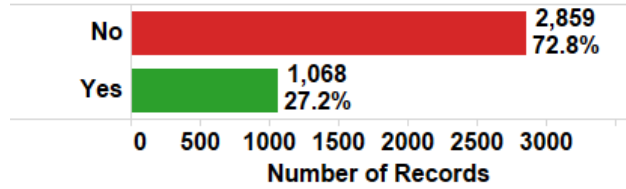
CASA VOLUNTEERS

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

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

The FCRO finds that CASA volunteers can be a wealth of information on children’s cases. However, as the **Table 40** shows, there are not enough CASA volunteers for all children who could benefit from their service. **Only about 27% of children reviewed had a CASA appointed.**

Table 40 - CASA Appointed



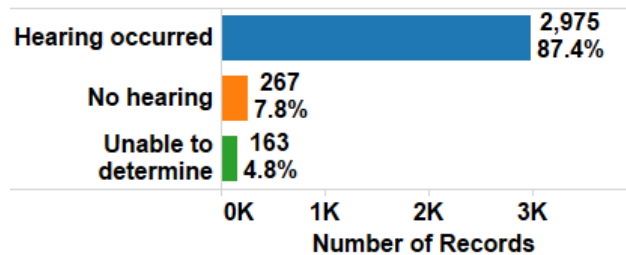
Source: Foster Care Review Office FY2015-16 reviews of children involved with the child welfare system who were in out-of-home care at time of review.

COURT HEARINGS

Under Neb. Rev. Stat. §43-1312(3), courts shall have a **permanency hearing** no later than 12 months after the date the child enters foster care and annually thereafter. The 12-month permanency hearing is a pivotal point in each child’s case during which the court should determine whether the pursuit of reunification remains a viable option, or whether alternative permanency for the child should be pursued. To make this determination, adequate evidence is needed, as well as a clear focus on the purpose of these special hearings.

Table 41 shows the status of permanency hearings for reviewed children that had been in out-of-home care for 12 continuous months or longer. In the **majority (88%)** of cases, a permanency hearing had occurred. However for about **12% of the children that court hearing either had not occurred or the documentation was such that it was unable to be determined whether it occurred or not.**

Table 41 - Permanency Hearing Occurred

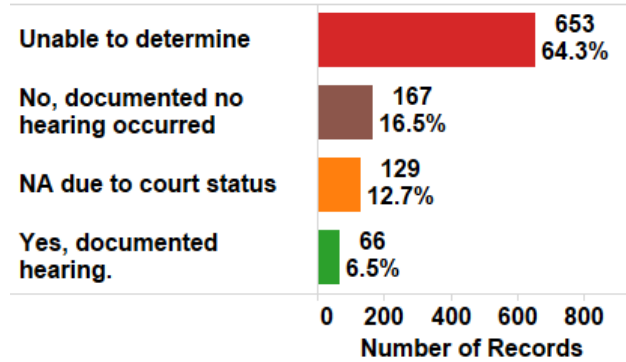


Source: Foster Care Review Office FY 2015-16 reviews of children that were involved with the child welfare system for 12 months or longer and were in an out-of-home placement at time of review.

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

Exception hearings only occurred in 7% of the cases reviewed. (Table 42). In 81% of cases reviewed, the FCRO was unable to locate any documentation regarding whether an exception hearing had occurred as required under Nebraska law or express documentation that it had not occurred. FCRO will continue to work with the legal system to improve on this requirement.

Table 42 - Occurrence of Exception Hearing



Source: Foster Care Review Office FY2015-16 reviews of children in out-of-home care for at least 15 months.

TERMINATION OF PARENTAL RIGHTS

To ensure case progression in cases where parents cannot or will not address the reasons that children were removed from their care and where it is unsafe to return children to the home, the Foster Care Review Office makes the following recommendations and offers a summary of its rationale.

RECOMMENDATIONS TO THE COURTS

1. Require through Supreme Court Rule that **all** attorneys, not just guardian ad litem who practice in juvenile court, to complete mandatory continuing legal education hours on juvenile law, including abuse/neglect and termination of parental rights.

RECOMMENDATIONS TO THE LEGISLATURE

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

BASIS FOR RECOMMENDATIONS

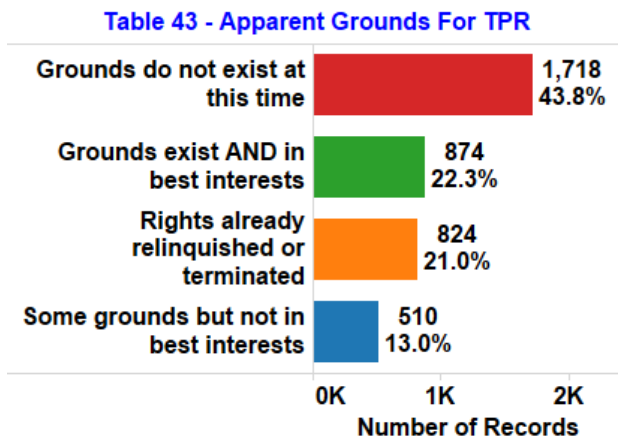
Parents have a fundamental right to the care, custody, and control of their children – but that right must be balanced with children’s critical need for safety, stability, and permanency.

Termination of parental rights is the most extreme remedy for parental deficiencies. With a termination, parents have lost all rights, privileges, and duties regarding their children and children’s legal ties to the parent are permanently severed. Severing parental ties can be extremely hard on

children, who in effect become legal orphans; therefore, in addition to proving parental unfitness under Neb. Rev. Stat. §43-292 prosecution (county attorney) must also prove that the action is in children’s best interests.

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

Table 43 illustrates the findings, starting with the status of apparent grounds for termination of parental rights. In about **22% of children’s cases grounds for a termination of rights appears to exist. For about 44% grounds did not exist at time of review.**



Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system and who were in out-of-home placement at time of review.

In about **43% of the cases local boards found reunification likely.**

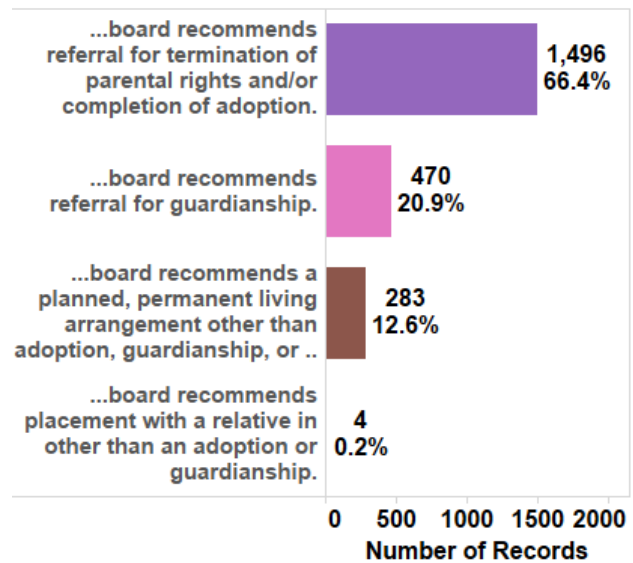
For children that are unlikely to return to parents, the FCRO is required to make a

recommendation on an alternative goal. For the **remaining 57%, Table 44** shows the boards’ recommendation when return to the parent is unlikely.

Adoption, being the most permanent alternative, is generally what is recommended. **(66%)** In some cases, such as where children do not want to completely sever ties to the parents, guardianship may be the best option. **(21%)** The “other permanency” category could include preparing for adult living for youth age 16 or older. **(13%).**

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

Table 44 - Recommended permanency where return to parent is unlikely



Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system and who were in an out-of-home placement.

REASONS FOR EXITS FROM WARDSHIP

BASIS FOR RECOMMENDATIONS

Most (**52%**) Nebraska children that leave the foster care system return to their parents. Others are adopted, reach the legal age of majority (adulthood), have a legal guardianship finalized, or a custody transfer (to another state or a tribe).

Table 45 shows exits by numbers and percent of children. It also compares to last year. This year there have been more adoptions and guardianships.

Further research is needed to determine the reason(s) for these variances. One theory is that as cases involving less serious concerns are diverted from out-of-home care, therefore, only the more serious cases remain in court. This would increase the number of adoptions and guardianships.

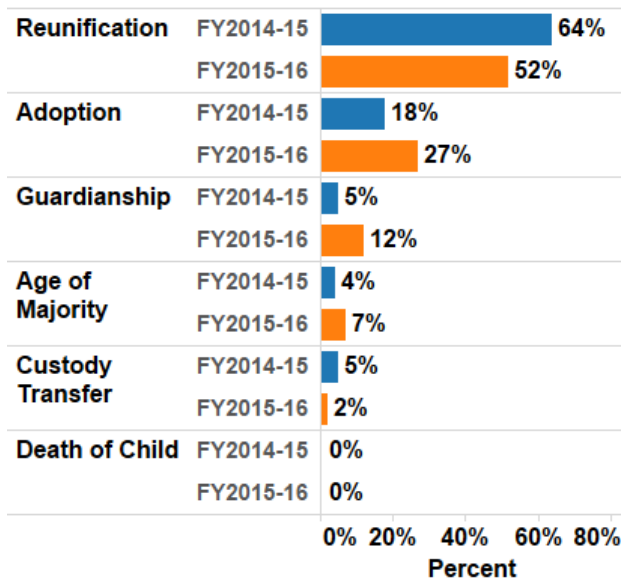
Comparison to national statistics

The following chart compares Nebraska percentages with national percentages for three of the categories, as those are the only comparable categories for which national data is available.

<u>Exit Reason</u>	<u>Nebraska</u>	<u>National</u>
Reunification	52%	51%
Adoption	27%	21%
Guardianship	12%	7%

For FY2015-16, Nebraska data closely mirrors the national averages.

Table 45 - Reasons of Exited Care



Source: Foster Care Review Office FCTS database. This chart includes all DHHS wards who left the child welfare system during FY2015-16 & FY2014-15.

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

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

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

To ensure caregivers are provided essential information about children they are being entrusted with, the Foster Care Review Office makes the following recommendations and offers a summary of its rationale.

RECOMMENDATIONS TO NDHHS AND SERVICE PROVIDERS

1. Ensure that all foster parents, no matter the type of foster home, are required to complete monthly reports which include all health, education and dental information.
2. Enact oversight mechanisms requiring medical information be promptly and accurately supplied to foster parents or other caregivers upon the child’s placement, and that this transfer of information is documented. Ensure that caregivers understand it is their responsibility to request medical information when providing care for a child so that no important information “falls through the cracks”.
3. Develop a process with NDHHS whereby the FCRO can immediately report to the appropriate NDHHS staff when serious medical issues are identified and receive prompt feedback on whether children’s medical and dental needs have been addressed.
4. Explore how the use of braided or blended funding alternatives can assist children in receiving needed help.

BASIS FOR RECOMMENDATIONS

The following describes important information about children’s physical, mental, and dental health issues.

HEALTH AND EDUCATIONAL RECORDS PROVIDED TO CAREGIVERS

Due to the impact on safety and well-being, the FCRO is required under federal regulations to attempt to determine whether medical records were provided to the caregivers at the time of the placement and if medical needs are being met while placed

in out-of-home care. FCRO Review Specialists carefully analyze all case documentation for indication of whether this occurred.

To meet this federal regulation, during the FCRO’s review of children’s cases, attempts are made to contact the child’s placement per federal requirement to determine whether the placement received medical background information on the child at the time the child was placed.²⁵ Caregivers are not required to respond to the FCRO – and many do not. Contact is attempted for all reviews and results found for the legal parties in the local board’s recommendation report.

Table 46 shows whether information was shared with the caregivers.²⁶ In about **60%** of the cases, the foster parents were given medical information regarding the child and in **55%** of the cases they were given educational information.

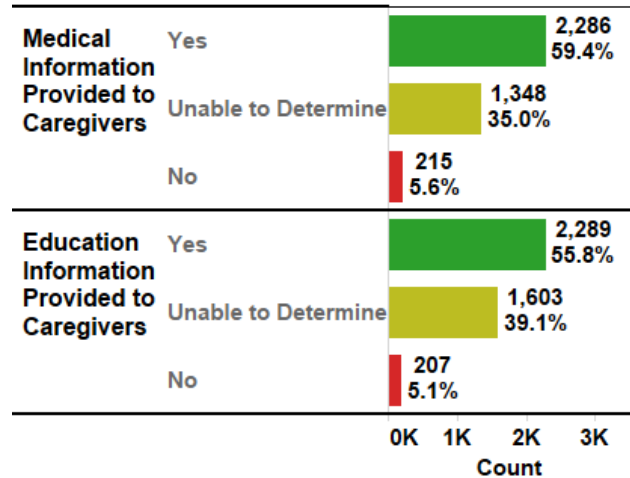
Last year (FY2014-15) 49% of children’s cases reviewed did not have documentation; this year (FY2015-16) that percentage has been reduced to **35%**.

While that is an impressive improvement, **it is still concerning that one third of children’s cases did not have documentation on whether caregivers had been provided children’s essential medical information or educational information.**

²⁵ Foster parents are provided the opportunity to attend the FCRO review, along with the phone number and email address for the Review Specialists. Foster parents can complete a questionnaire, which is sent to each of them or available online. Review specialists also attempt to

Further, **5% of the cases where documentation was available showed that caregivers had not received health or educational records** when children entered the foster home or facility.

Table 46 - Information Sharing



Source: Foster Care Review Office FY2015-16 reviews of children involved with the child welfare system who were in an out-of-home placement at the time of review.

HEALTH AND DENTAL CARE NEEDS MET OR UNMET

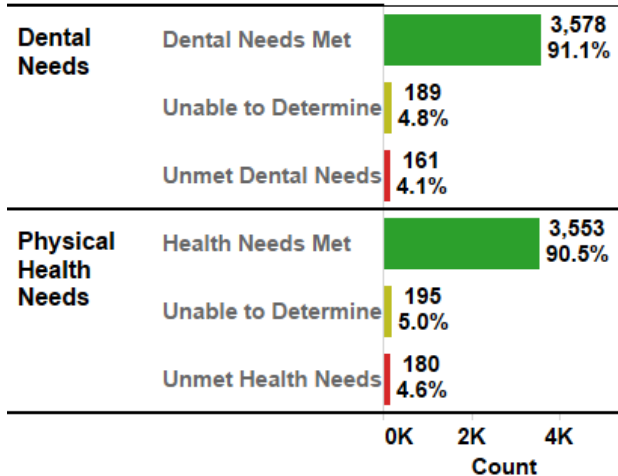
As **Table 47** shows, **90%** of children had their health and dental needs met. It is still concerning that **10%** had either unmet health or dental needs or it was unclear.

The percentages are virtually the same as during the last fiscal year.

contact the placement via phone or email prior to the local board meeting.

²⁶ Unable to determine includes (a) the foster parents were unable to be reached or did not communicate back when messages were left or (b) there is no documentation from the foster parents in the child’s file indicating whether they received information.

Table 47 -- Health Related Issues



Source: Foster Care Review Office FY2015-16 reviews of children involved with the child welfare system who were in an out-of-home placement at the time of review.

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

During FY2015-16 reviews, 80% of children’s health records were available in the NDHHS system of record. This means that in over 20% of the cases, reviewers had to go to other sources for health status information.

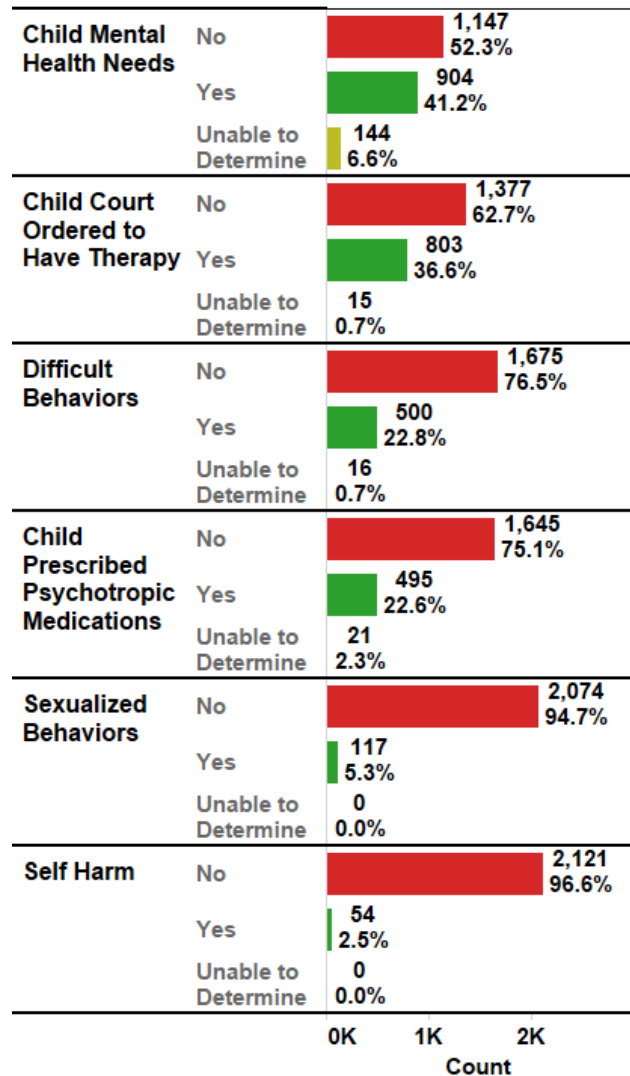
This situation needs to improve in order to ensure caseworkers and their supervisors have instant access to this critical information should emergencies arise, or if a case must transfer to different personnel.

Access to Mental Health Services

During reviews the FCRO looks at whether children had a diagnosed mental health or trauma related condition. **Over 40%** of children reviewed had such a diagnosis.

Table 48 indicates that a significant number of children in out-of-home care are impacted by the managed care and behavioral health systems.

Table 48 - Child Related Issues



Source: Foster Care Review Office FY2015-16 reviews of children involved with the child welfare system who were in an out-of-home placement at the time of review.

Some children are on some very potent prescriptions for their mental health needs.

In fact, almost one-fourth of children were prescribed psychotropic medications at the time of the review. Also, 54 children had committed or attempted intentional self-injury in the same period.

Through reviews it appears that getting needed services, especially for behavioral issues, is chronically difficult. Much of the treatment for children with mental health needs is paid for through a managed care contractor with Medicaid as a means to control the costs of treatment and psychiatric placements. Nebraska uses the regional behavioral health network for those not qualified for Medicaid. The regions must provide access or assistance to those individuals.

Children's behavioral disorders do not routinely receive needed treatment because they are not deemed by the managed care contractor to meet the Medicaid criteria for "medically necessary" services that it

requires before it will pay for services. When found to not be "medically necessary" by the managed care provider, there appears to be little or no alternative source of payment for these much-needed services. The service, if provided, must be paid for by NDHHS or the Lead Agency; otherwise the child goes without.

Children that do not receive needed services often remain in foster care for extended periods of time. Their behaviors can put themselves and those around them at risk. Parents may be unable to cope with these children's needs or behaviors. It may be difficult to find families willing to make the financial commitment necessary to adopt such children and provide for their specialized needs.

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

EDUCATION OF CHILDREN IN FOSTER CARE

To minimize educational barriers for children in out-of-home care, the Foster Care Review Office makes the following recommendations and offers a summary of its rationale.

RECOMMENDATIONS FOR CROSS-SYSTEMS COLLABORATION

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

BASIS FOR RECOMMENDATIONS

Many children in foster care have lived in a chaotic and stressful environment prior to their removal from the home. Some have had pre-natal and/or post-natal exposure to alcohol and/or drugs. Some have moved often, even during the school year. Some did not get the early childhood stimulation needed to grow and thrive – such as parents reading to children or teaching concepts like colors, letters, and numbers. Some, even in early elementary school, had parents that did not ensure their regular school attendance. These children often begin their formal education at a significant disadvantage.²⁷

Further, children that 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. Grief effects are exacerbated each time a child is moved to a new placement and a new educational setting.

National research shows that frequent school changes are associated with an increased risk of failing a grade in school and of repeated behavior problems.²⁸

In June 2012 the Nebraska Department of Education issued a *State Ward Statistical Snapshot*.²⁹ That report was an eye-opener. It was updated in 2015. The following are some of the key findings from the 2015 update:

- **44% of state wards in 12th grade graduated high school, compared to 84% of the non-wards.**
- **24% of state wards were found to be highly mobile – that is, in two or**

²⁷ The Nebraska Department of Education found in school year 2011-12 that fourth grade students who were absent less than 10 days averaged a score of 108/200 in their standardized math test, while children who were absent over 20 days averaged 83/200. Similarly in reading children absent less than 10 days scored 113/200 while students absent over 20 days averaged 91/200. By grade 8 the differences are even more pronounced.

²⁸ Wood, D., Halfon, N. Scarlata, D., Newacheck, P., & Nessim, S., Impact of family relocation on

children's growth, development, school function, and behavior, Journal of the American Medical Association, (1993) as quoted in the Legal Center for Foster Care and Education Fact Sheet on Educational Stability, www.abanet.org.

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

more public schools during a calendar year. This compares to 4% of non-wards.

- Wards who entered care due to abuse or neglect missed an average 12 days during the school year compared to 7 days for non-wards.
- 35% of state wards qualified for special education, compared to 16% of non-wards.
- 24% of state wards had a verified behavioral disorder disability, compared to 4% of non-wards.

EDUCATION RECORDS SHARED WITH CAREGIVER

Foster parents, group homes and other placements are charged with ensuring that children placed with them receive all necessary educational services. Educational information is essential for this to occur. During the FCRO’s review of children’s cases, attempts are made to contact the child’s placement per federal requirement to determine whether the placement had received educational background information on the child at the time the child was placed.³⁰ **It is concerning that only 55% of the caregivers received educational information. (see Table 46³¹).**

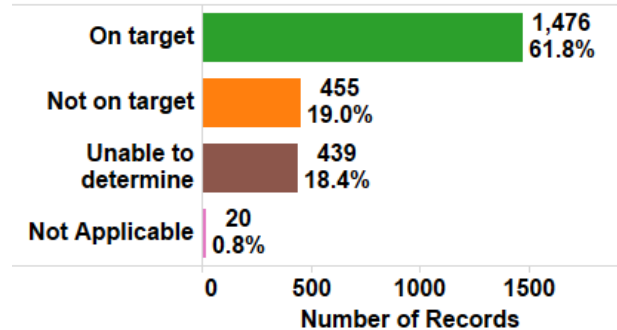
SCHOOL PERFORMANCE

During the FCRO’s review of school-aged children’s cases, reviewers consider whether children being reviewed are on target for core classes. This is the finding:

³⁰ Foster parents are provided the opportunity to attend the review, along with the phone number and email address for the review specialists. Foster parents are provided a questionnaire to complete if attending the review conflicts with their schedules.

Table 49 shows that 18% of those children’s files did not contain sufficient information to determine if they were academically on target, or whether services were needed in this vital area that will impact the child’s entire life. **It further shows that 19% of children were academically behind.**

Table 49 - Academic Performance



Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system. **This chart only includes children age 6-18, mandatory age for school attendance.**

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

SCHOOL CHANGES

The FCRO finds that many school-aged children have been moved to a new placement in the six months prior to the review. Often a change in the foster home or other caregiver can result in a school change. **As previously discussed in Table 16, a school change occurred for 44% of those moved within six months of the case file review.** By definition a school

Review specialists also attempt to contact the placement via phone or email.

³¹ Table 46 is on page 42.

change did NOT include normal transitions from elementary to middle school, or middle school to high school.

EARLY DEVELOPMENT NETWORK

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

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

The FCRO found EDN referrals were **completed for 87% of children age 0-3 reviewed in FY2015-16 for whom a referral was made.** For children for whom a referral was made, 89% of the EDN assessments were completed.

Section Two

REVIEWS OF NDHHS WARDS WHO ARE ON A TRIAL HOME VISIT

In 2015, the Nebraska Legislature defined a trial home visit (THV) as “a placement of a court-involved juvenile who goes from a foster care placement back to his or her legal parent or parents or guardian but remains as a ward of the state.” Reviews of children who are in this status were authorized beginning in late August 2015. There were several purposes for the reviews:

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

As soon as authorizing legislation took effect, NDHHS worked cooperatively with the FCRO to report on children who were in a trial home visit. Thanks to the NDHHS technical staff for prioritizing this important work. While working on the reports, the FCRO also developed the process for THV reviews, including the data tracking instrument. Reviews were piloted, and by spring 2016 were underway. **Therefore the FCRO is providing statistics from the first (partial) year of THV reviews. This program will continue with more information available in the future years.**

This is a very important program in order to determine expedient ways to provide permanency for children while at the same time ensuring their safety.

During FY2015-2016 **the FCRO conducted 269 reviews of children in a trial home visit.** The reviews were equally split between girls (134) and boys (135). Based on rationale that follows, the Foster Care Review Office (FCRO) makes the following recommendations regarding children in a trial home visit.

RECOMMENDATIONS TO THE LEGISLATURE

1. Clarify the issue of which court has jurisdiction to enter a change of custody order involving children involved in juvenile court so that cases can close in the best interest of children.

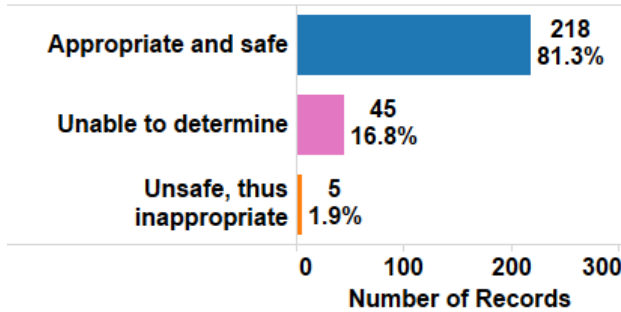
PLACEMENT SAFETY

Children in trial home visit were found to be **safe 81%** of the time. As Table 50 shows, for the remaining **19%** when safety could not

be determined, it was due to a lack of information. **For the few children (5) found unsafe at home, FCRO staff worked with stakeholders to ensure issues could be**

quickly resolved, thereby, keeping children safe.

Table 50 - Placement Safety and Appropriateness (THV)

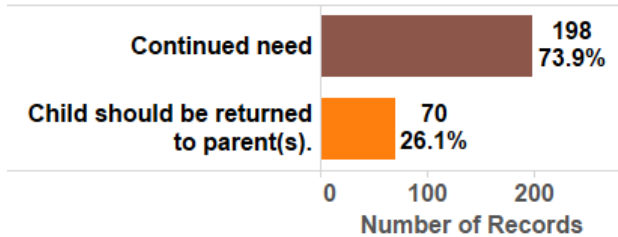


Source: Foster Care Review Office FY2015-16 reviews of children involved with the child welfare system and who were in trial home visit at time of review.

NEED FOR CONTINUED COURT OVERSIGHT

Table 51 shows that in 74% of the cases reviewed, continued court oversight was found appropriate mainly because more time was needed to complete services. In 26% of the cases it was felt that permanent return to the parents would be appropriate.

Table 51 - Need to Remain in OOH Care (THV)



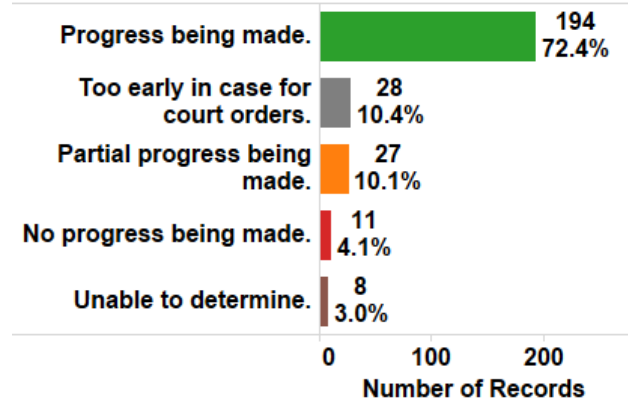
Source: Foster Care Review Office FY2015-16 reviews of children involved with the child welfare system who were in a trial home visit at the time of review.

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

CASE PROGRESS

As shown in Table 52, in 72% of the cases it was clear that progress towards permanency was being made and in only 4% if the cases was no progress being made.

Table 52 - Progress Towards Permanency (THV)



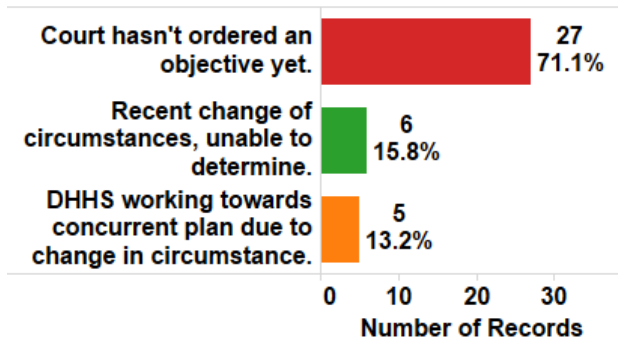
Source: Foster Care Review Office FY2015-16 reviews of children in the child welfare system who were in a trial home visit at time of review.

REASONABLE EFFORTS

For 85% of children in trial home visit, it was clear that reasonable efforts towards permanency were being made.

For the 15% when reasonable efforts were not being provided, Table 53 shows that the main reasons was that the court had not yet ordered a change in the permanency objective.

Table 53 - Reasons Reasonable Efforts Not Made (THV)



Source: Foster Care Review Office FY2015-16 reviews of children involved in the child welfare system and who were in a trial home visit at time of review. This table includes only those for whom reasonable efforts had not been made.

NEXT STEPS

In the future, the FCRO will continue to collect additional data on children in trial home visits.

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

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

Section Three

YOUTH IN OUT-OF-HOME CARE THROUGH THE OFFICE OF PROBATION ADMINISTRATION

Significant changes to the Nebraska Juvenile Justice system were brought about by LB 561, many of which took effect in October 2013. One of the key changes was transferring youth³² from the NDHHS Office of Juvenile Services (OJS) to the Office of Probation Administration.

Following that change there were conflicting interpretations of Nebraska statute regarding whether the Foster Care Review Office had authority to conduct reviews of youth in out-of-home care who were under the Office of Probation Administration. That was resolved by the Legislature in 2015, becoming effective in the summer of 2015.

Thus, beginning July 2015, through a collaborative process, the Office of Probation Administration began to provide weekly information on youth entering out-of-home care and leaving out-of-home care while under their supervision to the FCRO.

The Office of Probation Administration and the FCRO also began collaborative work in late summer 2015 developing FCRO case review processes, which includes the process whereby the Office of Probation Administration will provide file and other information needed for reviews and assist in obtaining the necessary court orders to do so. Simultaneously, a FCRO internal workgroup developed a draft statistical data collection tool, and this was provided to the Office of Probation Administration for their review and suggestions.

It was, and is, the FCRO's intent to assist Probation in its internal quality control processes as well as providing oversight to the system. The review process was piloted in October 2015. Statistics that follow are primarily from those reviews.

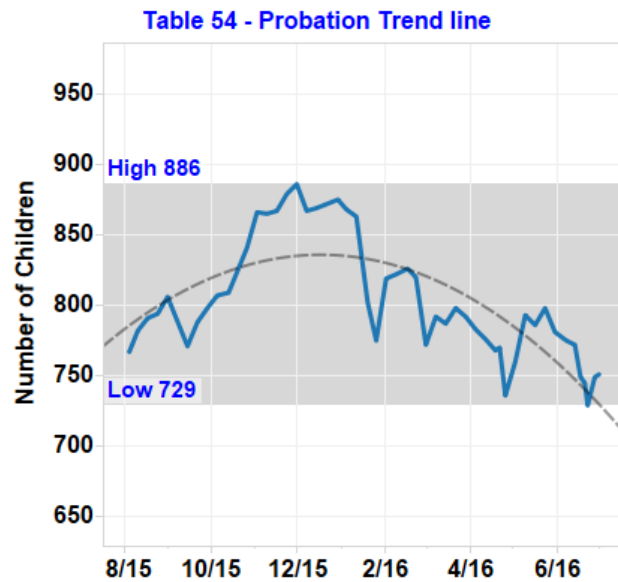
Since October 2015, the FCRO has completed 120 case file reviews. Acknowledging this low number of reviews, the following is the data.

³² The majority of youth involved with the Office of Probation are age 14-18, therefore in deference to their developmental stage we will refer to them as "youth" rather than "children".

TREND LINES

As described above, the FCRO began receiving reports on youth in Probation in late summer 2015. By September 2015 all had been entered on the FCRO system.

Table 54 shows the number of probation youth in out-of-home care during FY2015-16 who did not have simultaneous involvement with NDHHS.



Source: Foster Care Review Office FCTS database. Compilation of points in time.

REASONS ON PROBATION

There were a number of different reasons why these youth were involved with Probation. Based upon the completed case file reviews, reasons for the youth entering probation were the following:

- **28%** had a status offense (an offense a youth can be charged with that an adult cannot, such as truancy).
- **75%** had a misdemeanor offense.
- **26%** had a felony offense.
- **14%** had been involved with Probation in the past.

REASONS FOR ENTERING OUT-OF-HOME CARE

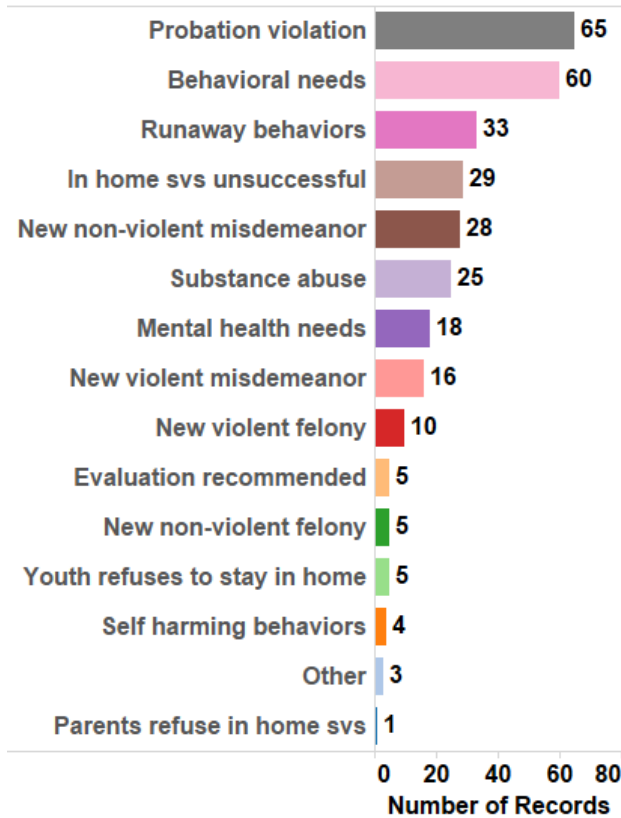
For the majority of youth placed on probation by the courts, services are provided prior to a youth being placed out-of-home. Therefore, it is important to consider the reasons that a youth was placed in out-of-home care.

As shown in **Table 55**, for the vast majority of these youth it is due to their behaviors (either their actions or inactions) and not due to the committing of new offenses.

Meeting a youth’s behavioral, mental health and substance use issues is key to effectively addressing the needs of the youth.

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

Table 55 - Reasons For Entering Out-of-Home Care



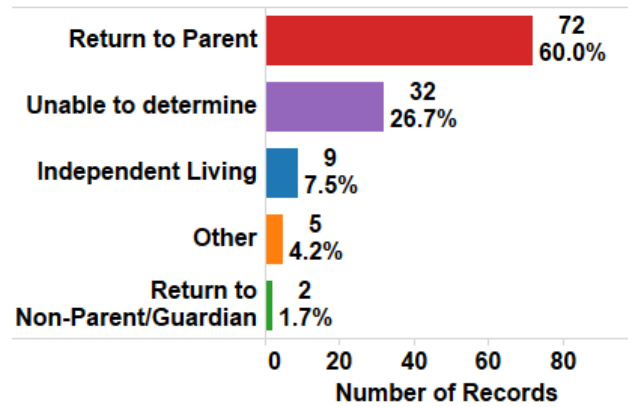
Source: Foster Care Review Office FY2015-16 reviews of youth in out-of-home care through the Probation system who were not involved with the child welfare system at the time of review.

Multiple reasons could apply to an individual youth.

PLANS FOR YOUTH ON PROBATION

As shown in **Table 56**, most (62%) youth reviewed had a plan to return to parents or guardians, *however* that might not reflect all cases since a significant percentage (27%) did not have a current written team plan/goal.

Table 56 - Plan for youth under Probation

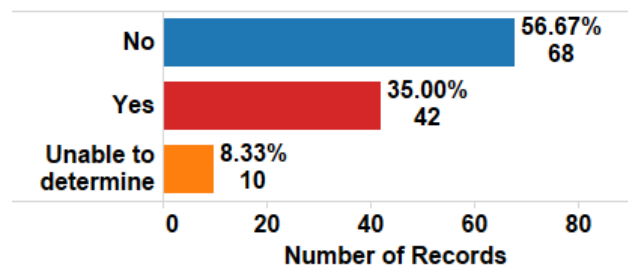


Source: Foster Care Review Office FY2015-16 reviews of youth in out-of-home care through the Probation system who were not involved with the child welfare system at the time of review.

PREVIOUS INVOLVEMENT WITH NDHHS

Many (35%) youth reviewed had previous involvement with the child welfare system through a child welfare court proceeding. (**Table 57**). Thus, some behaviors that led to involvement with the Office of Probation may stem from untreated trauma.

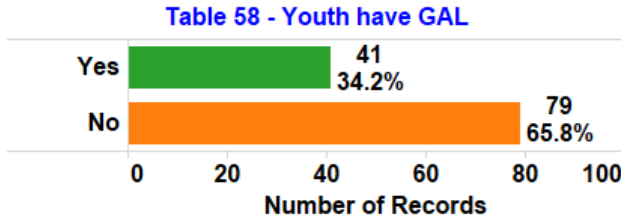
Table 57 - Past Involvement with DHHS



Source: Foster Care Review Office FY2015-16 reviews of youth in out-of-home care through the Probation system who were not involved with the child welfare system at the time of review.

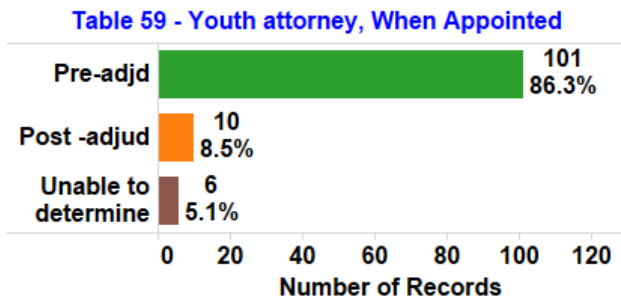
YOUTH LEGAL REPRESENTATION

Roughly **one-third** of the youth reviewed had a guardian ad litem (**Table 58**). None of the youth reviewed had a CASA. Since the same percentage of youth had involvement with the child welfare system, many of these youth had a guardian ad litem in the abuse/neglect proceeding which is also then appointed in the delinquency/status case.



Source: Foster Care Review Office FY2015-16 reviews of youth in out-of-home care through the Probation system who were not involved with the child welfare system at the time of review.

Most (**97%**) of the youth had a court appointed attorney (**Table 59**). During reviews we attempted to determine at what stage they had access to that legal counsel. Most (86%) was prior to adjudication, 8% was after the adjudication hearing, and for 5% we were unable to determine when the appointment was made. **The majority of cases reviewed were from Douglas and Lancaster County, which explains the higher number of appointed attorneys.**

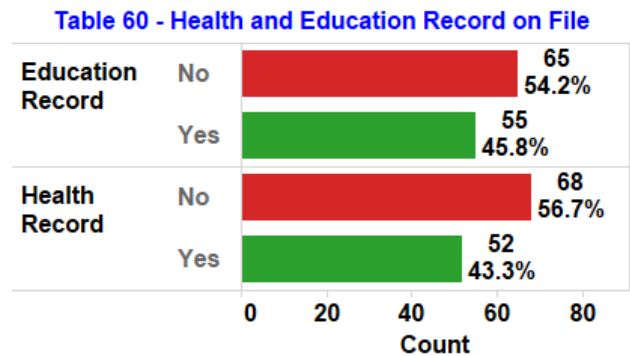


*Source: Foster Care Review Office FY2015-16 reviews of youth in out-of-home care through the Probation system who were not involved with the child welfare system at the time of review. **This table includes only youth who had a non-guardian ad litem attorney.***

HEALTH AND EDUCATION RECORDS IN FILE

Looking at the well-being of youth in out-of-home care through Probation we find that **medical information was not available in the file for more than half** of the youth.

Regarding education records, **over half** of the youth had no education record in the file. (**Table 60**)



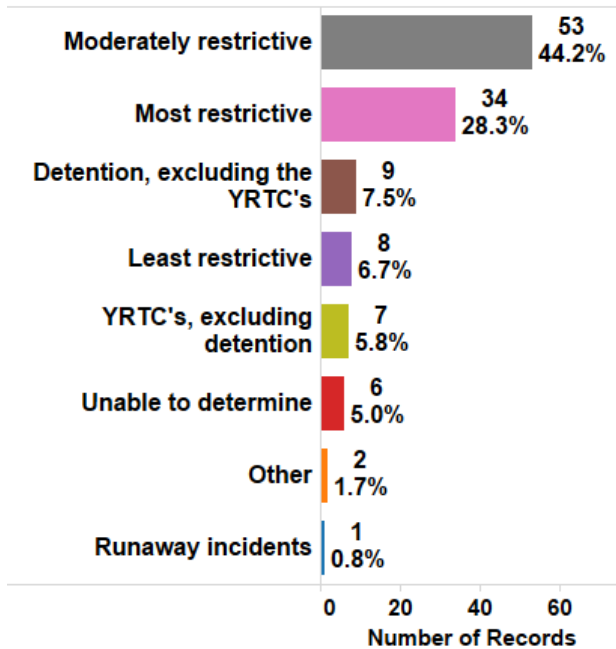
Source: Foster Care Review Office FY2015-16 reviews of youth in out-of-home care through the Probation system who were not involved with the child welfare system at the time of review.

PLACEMENT RESTRICTIVENESS

During reviews staff determined the level of restrictiveness of placement for youth in out-of-home care through Probation. As **Table 61** indicates, **most were in some form of moderately or most restrictive placement.**

- Only 7% were in a home-like setting.
- Over 85% were in a congregate care settings
 - Treatment placement was 28% and
 - Non-treatment was 57%.

Table 61 - Restrictiveness of Placement At Time of FCRO Review



Source: Foster Care Review Office FY2015-16 reviews of youth in out-of-home care through the Probation system who were not involved with the child welfare system at the time of review.

Most restrictive (treatment gh, PRTF, mh trtmnt, behavioral trt, substance abuse trt, medical,....)

Moderately restrictive (non-treatment group homes, boarding homes, DD gh, schools....)

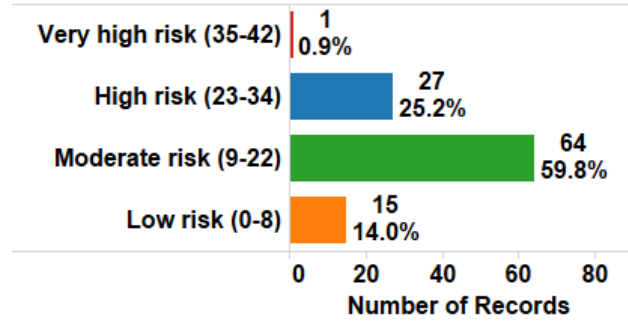
Least restrictive (relative, kinship, foster family homes, DD enhanced family homes, ind lvg)

YLS SCORES

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

Table 62 shows that 59% of the youth were in the moderate risk to reoffend and 25% were in the high risk to reoffend. There were still low risk to reoffend youth in out-of-home care. Further analysis needs to be completed because low and moderate risk youth should be placed in a family setting with in-home services.

Table 62 - YLS Scores

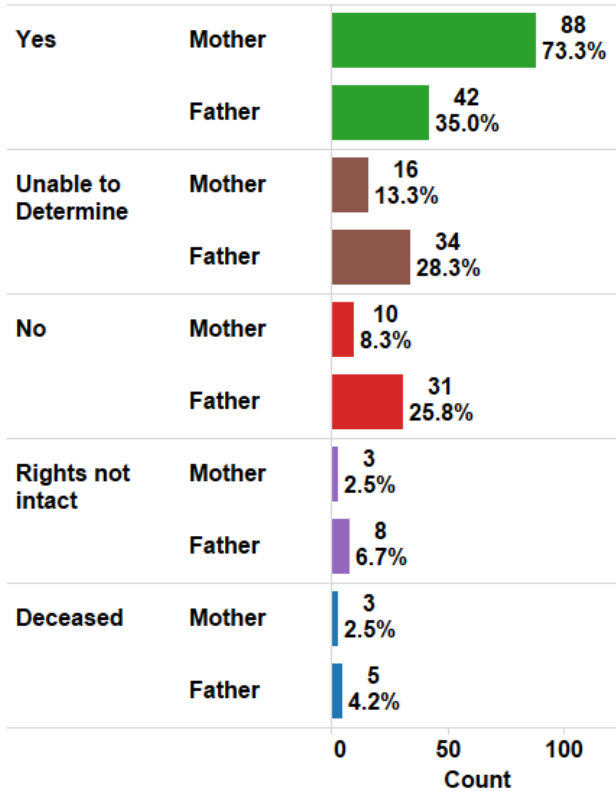


Source: Foster Care Review Office FY2015-16 reviews of youth in out-of-home care through the Probation system who were not involved with the child welfare system at the time of review.

CONTACT WITH PARENTS AND SIBLINGS

Contact with parents or siblings can be an indicator of future success reintegrating into families and communities. **Table 63** shows that three in four (**73%**) youth have contact with their mother while in out-of-home care. Fewer youth (**35%**) have contact with the father.

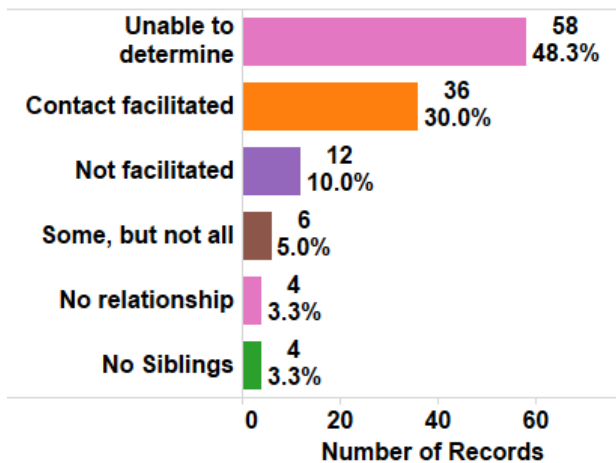
Table 63 - Youth Contact With Parents



Source: Foster Care Review Office FY2015-16 reviews of youth in out-of-home care through the Probation system who were not involved with the child welfare system at the time of review.

Sibling connections can be important to the youth also. Only **35% had contact facilitated with some or all of their siblings. (Table 64).**

Table 64 - Youth Contact With Siblings



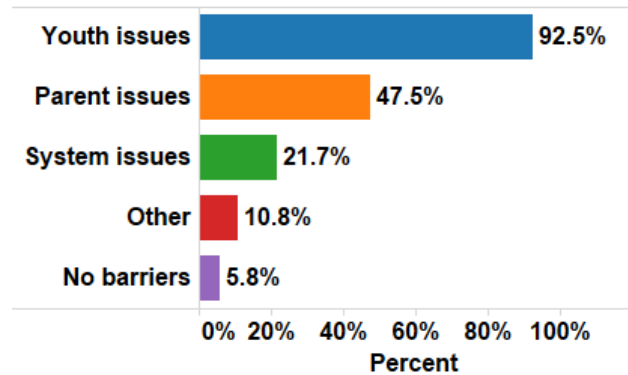
Source: Foster Care Review Office FY2015-16 reviews of youth in out-of-home care through the Probation system who were not involved with the child welfare system at the time of review.

BARRIERS TO SUCCESSFUL COMPLETION OF PROBATION

A number of different barriers to the successful completion of Probation were noted, as shown in the following table. The two main barriers included the finding that the youth needed time to complete his/her treatment and the parent lacks the skills to manage their youth.

Table 65 does show the need for the development of in-home services to work with the parent and the youth.

Table 65 - Major Barriers to Success



Source: Foster Care Review Office FY2015-16 reviews of youth in out-of-home care through the Probation system who were not involved with the child welfare system at the time of review. **Multiple barriers could be identified for each youth reviewed.**

Table 66 shows more details.

Table 66 - Barriers to Successful Completion of Probation (Details)

Youth issues	Needs time to complete services	86	30.6%
	Not completed probation contract	27	9.6%
	Youth needs to complete education	25	8.9%
	Not benefitting from services	11	3.9%
	Youth does not want to return home	8	2.8%
	Needs transitional visits	7	2.5%
	Language or cultural barriers	3	1.1%
	Runaway/awol - needs to be located	3	1.1%
	Needed service is not available	2	0.7%
	Payment for service issues	1	0.4%
Parent issues	Parents lack skills to manage youth	51	18.1%
	Parent unwilling to accept/care	5	1.8%
	No caregiver available	4	1.4%
System issues	Need transition plan	14	5.0%
	Needs home based services	4	1.4%
	Need 3a no fault petition	3	1.1%
	Plcmnt distance to parents	2	0.7%
	ICPC issues	1	0.4%
	ICWA issues	1	0.4%
	Inappropriate plan or goal	1	0.4%
	Need 3a fault petition	1	0.4%
	Youth employment issues	1	0.4%
Other	Other	13	4.6%
No ba..	No barriers	7	2.5%

Source: Foster Care Review Office FY2015-16 reviews of youth in out-of-home care through the Probation system who were not involved with the child welfare system at the time of review. **Multiple barriers could be identified for each youth reviewed.**

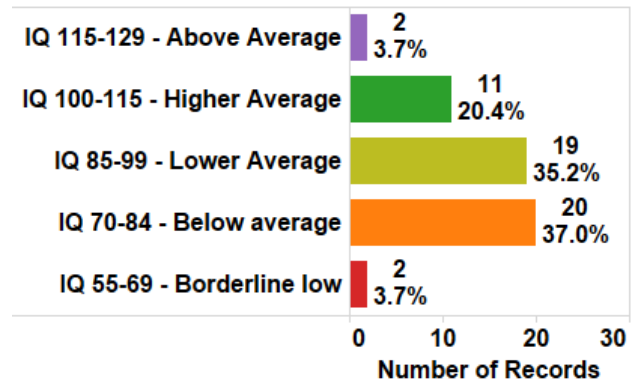
YOUTH IQ

One of the areas considered by the FCRO is the reported IQ of the youth on probation. The FCRO found a **surprising number of the youth reviewed had a below average IQ**. While the numbers are small, this situation has major implications as to how these youth can best be served.

IQ can be a controversial measure of learning ability, but can be useful in determining the best means to help youth law violators to self-regulate their behaviors and keep communities safe.

Tests regarding a youth’s IQ were available for **54 of the youth reviewed**. **Table 67** shows the IQ level for the 54 youth, using nationally recognized categories. Granted, it is a small sample, but in it a significant number of youth appeared to have at least some level of cognitive difficulties.

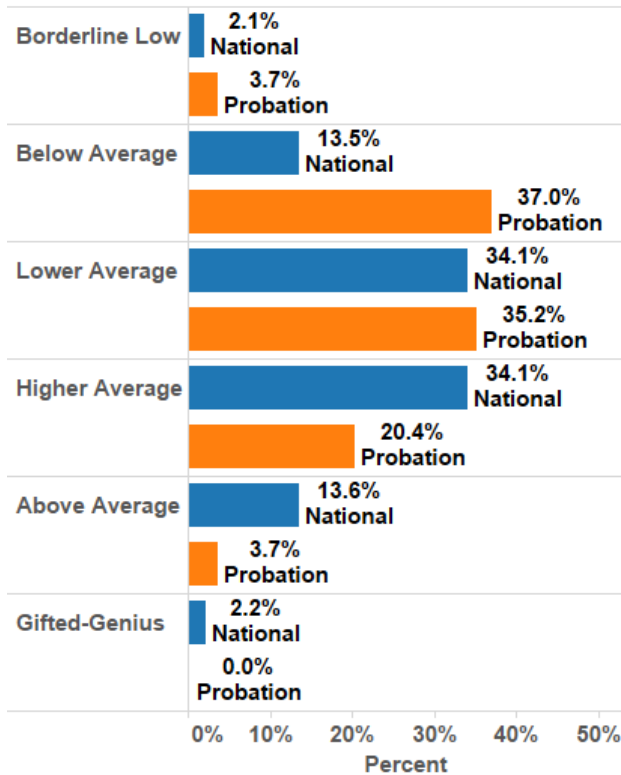
Table 67 - Youth IQ (where IQ was available)



Source: Foster Care Review Office FY2015-16 reviews of youth in out-of-home care through the Probation system who were not involved with the child welfare system at the time of review.

Table 68 shows that **there are significant differences from the general population**, with more youth in Probation having a **below average IQ (37% compared to 13.5% nationally)**, and more having a **borderline low (4% compared to 2% nationally)**.

Table 68 - IQ Comparison Probation to General Population



Source: Foster Care Review Office FY2015-16 reviews of youth in out-of-home care through the Probation system who were not involved with the child welfare system at the time of review. National comparison through the MENSA website.

While there is no question that law violating behaviors need to be addressed, the state needs to ask itself which system is better able to serve lower functioning youth -- Probation or NDHHS.

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

- **IDEA and juvenile justice**
The Individuals with Disabilities Education Act (IDEA) is the Federal Government’s special education law. IDEA provides supplementary Federal funds to assist States and local communities in providing educational

opportunities for approximately 6 million students with varying degrees of disability who participate in special education. As a requirement for receiving IDEA Federal funding, States must offer free, appropriate public education in the least restrictive environment.³³ Youth with below average IQ may certainly be covered under IDEA.

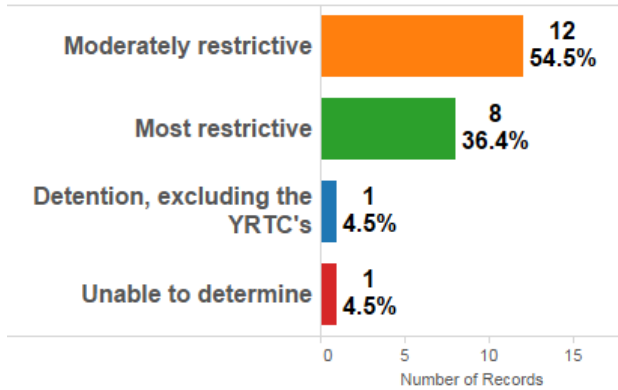
- **Appropriateness of interventions**
Information about the disability often helps to explain behavior in a way that facilitates constructive intervention, and it is essential to arriving at a disposition that will meet the youth’s rehabilitative needs at a level that can be internalized by the youth.
- **Validity of YLS with lower IQ youth**
The YLS is an assessment of the risk to reoffend that is used by Probation in making decisions regarding youth assigned to them. Further research needs to include whether their YLS scores are valid considering their IQ.
- **Appropriateness of placement type**
Table 69 shows the placement type for youth with an **IQ of 55-84**. Nearly all were in group homes or even more restrictive placements. A question remains as to whether those types of placement are able to handle youth with cognitive issues.

Although PRTF’s and other therapeutic models may be evidence-based practice, it is important to recognize that most evidence-based practice (EBP) testing is based on youth with a 90 IQ or

³³ National Technical Assistance Center for the Education of Neglected or Delinquent Children and Youth.

better – a full 8 points above the least-impacted in this IQ group.

Table 69 - Below Average IQ and placement



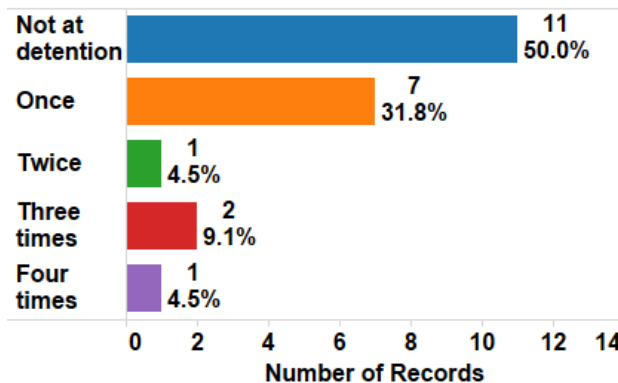
Source: Foster Care Review Office FY2015-16 reviews of youth in out-of-home care through the Probation system who were not involved with the child welfare system at the time of review. **This table includes only children with IQ's of 55-84 and shows the placement type at the time of review.**

Moderately restrictive (non-treatment group homes, boarding homes, DD gh, schools....)

Most restrictive (treatment gh, PRTF, mh trtmnt, behavioral trt, substance abuse trt, medical,...)

Another factor that was reviewed was whether these youth had been placed in detention. **Half had been in a detention facility** other than the YRTC's in the six months prior to review. **(Table 70).**

Table 70 - Times in Detention Last 6 months



Source: Foster Care Review Office FY2015-16 reviews of youth in out-of-home care through the Probation system who were not involved with the child welfare system at the time of review. **This table includes only children with IQ's of 55-84.**

NEXT STEPS

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

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

Section Four

YOUNG ADULTS IN THE BRIDGE TO INDEPENDENCE PROGRAM (b2i)

Bridge to Independence (b2i) allows qualifying young adults to enter into a voluntary foster care agreement with the Department of Health and Human Services for extended services up to their 21st birthday. The b2i program began serving young adults in October 2014, shortly after federal approval was granted to use federal Title IV-E funds for certain qualifying expenditures. NDHHS administers the program. The FCRO has been given the responsibility to provide oversight by the Legislature to ensure that the program is meeting the needs of young adults enrolled. The FCRO developed its review process after consultation with young adults who were formerly in out-of-home care, NDHHS, the Children's Commission and committees within the b2i program to ensure data collection aligned with program goals.

In February of 2015 the FCRO piloted reviews of the young adults in the program. Those first selected for review had been enrolled in the program for at least four months. Since that time a total of **255** reviews on **176** young adults' cases have been conducted.³⁴

QUALIFICATIONS TO PURSUE THE PROGRAM AND ELIGIBILITY REQUIREMENTS

To qualify, the young adult must have been a ward as a child due to abuse or neglect and must now be either age 19 or 20. Further, they must have been in out-of-home care on the 19th birthday, or adopted from out-of-home care at age 16 or older, or in a guardianship from out-of-home care at age 16 or older.

For qualified young adults to then be **eligible**, they must have met one of the following requirements:

- Employed for 80 hours per month,
- Enrolled in a recognized educational program, or
- Incapable of meeting requirements due to a verified medical/cognitive condition.

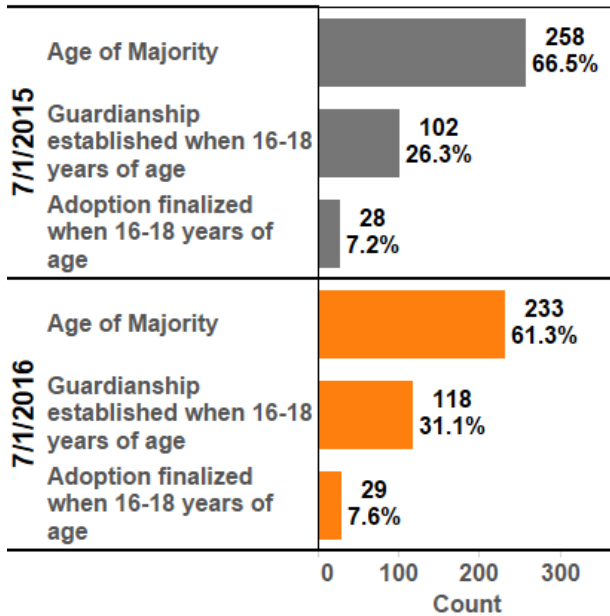
³⁴ The FCRO's goal is to review the cases of young adults who are active in the program at least every six months.

POTENTIAL PARTICIPANTS

Table 71 describes the potential pool of those who qualify.

Overall, on 7/1/2015 there were 388 who potentially qualified, on 7/1/2016 there were 380 who potentially qualified.

Table 71- b2i Qualification Summary



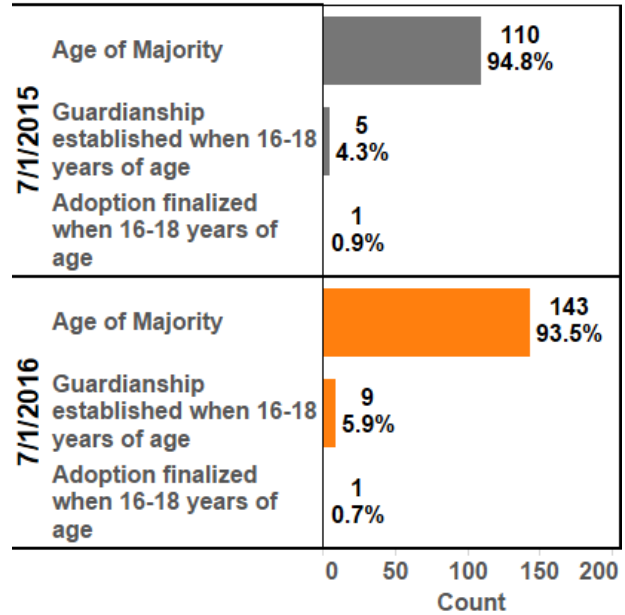
Source: Foster Care Review Office. This table shows on specific dates those who would be age 19 or 20 and thus qualifying for the b2i program.

QUALIFICATIONS OF THOSE IN THE PROGRAM

Table 72 shows the qualification for those who actually applied to the program.

Overall, on 7/1/2015 there were 116 who were active in the program, on 7/1/2016 there were 153 active in the program – a 31.9% increase.

Table 72- b2i Active Involvement Summary



Source: Foster Care Review Office. This table shows on specific dates those who are actively involved in the b2i program

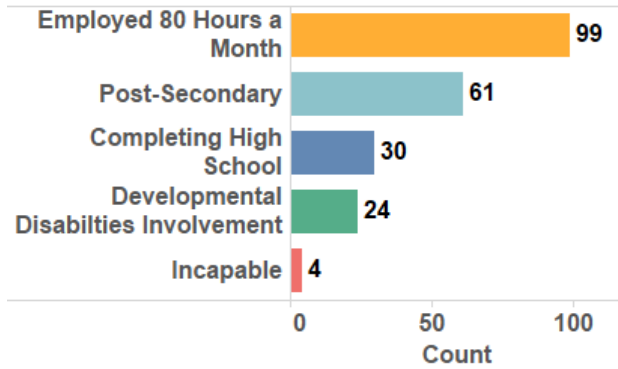
More who were in out-of-home care on their 19th birthday are applying than those from adoptions or guardianships.

REASONS FOR ELIGIBILITY

Table 73 shows how those found eligible met their eligibility requirements.

Most (45.4%) are employed, followed closely by the 41.7% completing education either at the high school or post-secondary level. And, 11% of the participants had some level of developmental disability.

Table 73 - b2i Eligibility at Entry

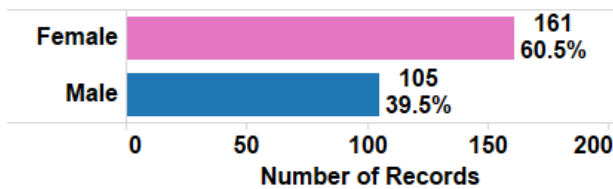


Source: Foster Care Review Office. Includes all young adults 1st reviews from 02/01/2015-09/30/2016. Note: A young adult may meet more than one of the eligibility criteria.

GENDER

The gender ratio of program participants was surprising. **A disproportionate number of females are involved in b2i, at 61%. In comparison, in the general population of children in out-of-home care only 47% are female.** Some of the disparity may be explained by the number parenting, which follows.

Table 74 b2i Active Involvement Gender

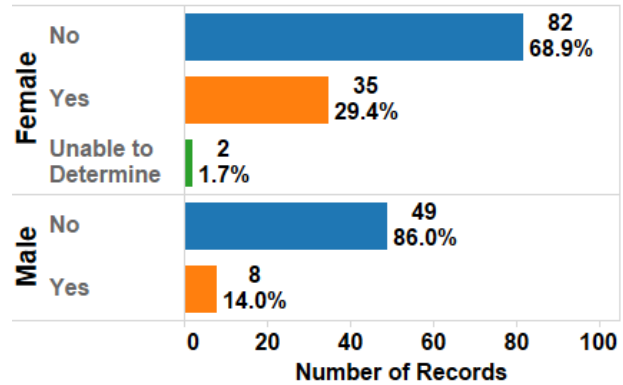


Source: Foster Care Review Office. This table shows all individuals that have been actively involved in the b2i program.

PARENTING

Parenting was a consideration for **31%** of the female b2i participants, including 35 who were parenting, and 15 who were pregnant at time of review.

Table 75 - b2i Parenting (1st Review)

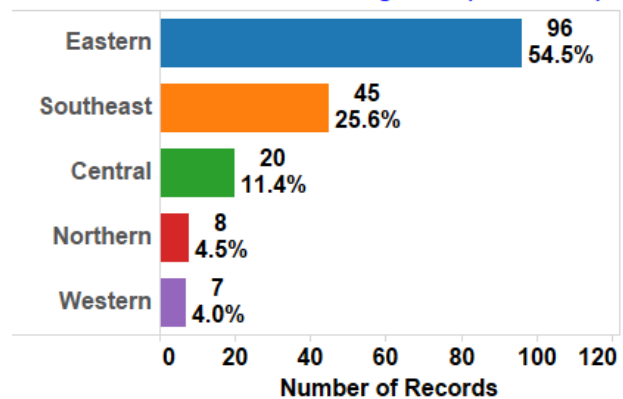


Source: Foster Care Review Office. Includes all young adults 1st reviews from 02/01/2015-09/30/2016.

LOCATION

Most of the young adults in the program are being served from the Eastern and Southeastern parts of the state, which is the largest populated areas. Far fewer are from the rest of the state.

Table 76 - b2i Location of Young Adult (1st Review)



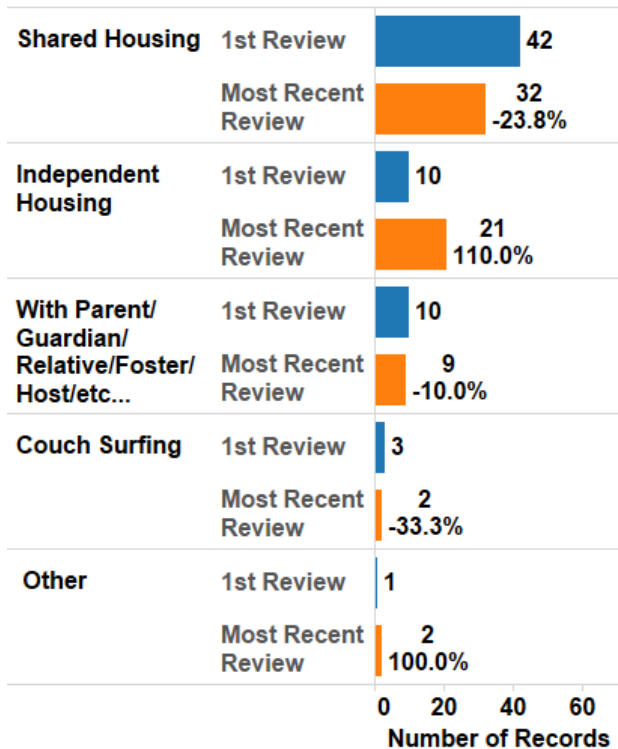
Source: Foster Care Review Office. Includes all young adults 1st reviews from 02/01/2015-09/30/2016.

HOUSING

One of the primary services in the b2i program is funding for safe housing.

Per **Table 77**, the number of young adults that went from shared housing to independent housing increased slightly between review one and review two. This may reflect the normal tendency of young adults to begin to live independently as they become a bit older.

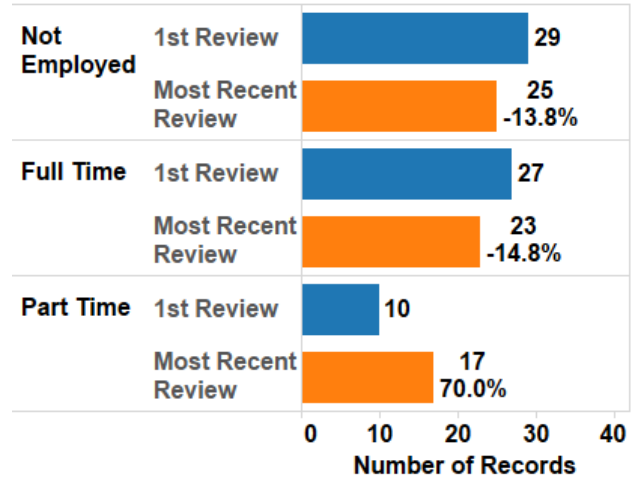
Table 77 - b2i Housing Status



EMPLOYMENT STATUS

As **Table 78** shows, between review one and review two, more young adults are employed. This may reflect those that were completing high school on review one and are now in the labor force.

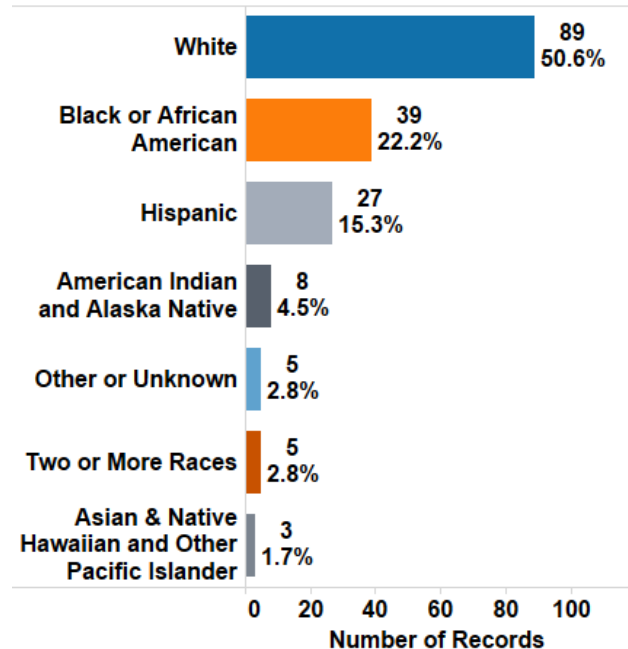
Table 78 - b2i Employment Status



RACE AND ETHNICITY OF PROGRAM PARTICIPANTS

Since the population in out-of-home care is disproportionately minority, it is not surprising that per **Table 79** the population in the b2i program reflects this.³⁵

Table 79 - b2i Race of Young Adult (1st Review)



Source: Foster Care Review Office. Includes all young adults 1st reviews from 02/01/2015-09/30/2016.

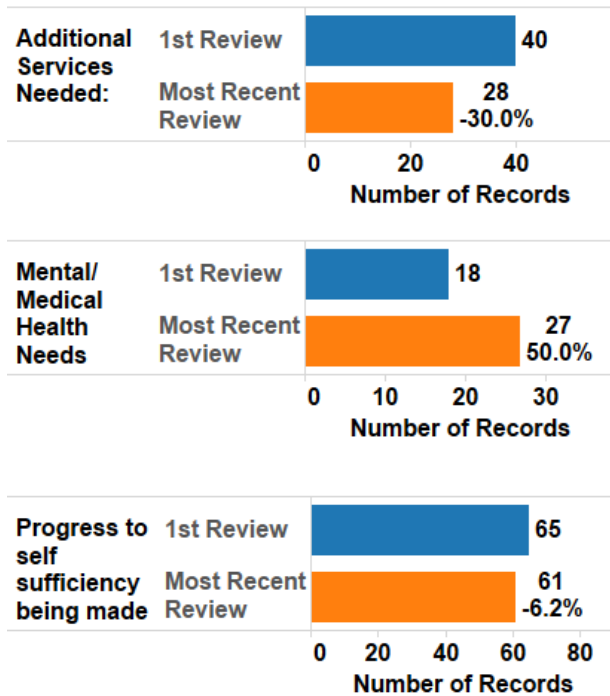
³⁵ See Table 5 for statistics on race and census data.

BARRIERS TO SELF-SUFFICIENCY

Young adults were asked to self-identify barriers to their successful independence. **Table 80** reflects those barriers and whether progress is being made.

Slightly fewer felt they were making progress by their second b2i review.

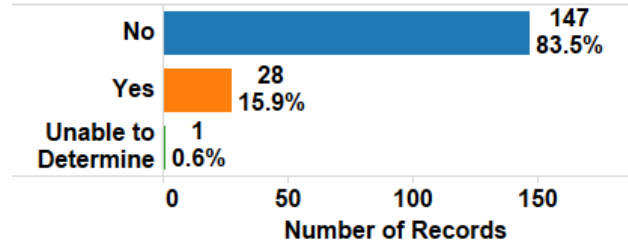
Table 80 - b2i Barriers and Findings



FEDERAL IV-E FUNDING

As **Table 81** illustrates, few young adults qualify for federal IV-E funding (**16%**). That means that more expenditures than anticipated will need to come from state sources.

Table 81 - b2i IV-E (1st Review)



Source: Foster Care Review Office. Includes all young adults 1st reviews from 02/01/2015-09/30/2016.

NEXT STEPS

As this program continues, some important next steps include the following:

- Develop a comparison group of non-foster care involved young persons from similar economic backgrounds to determine what is normal progression to adulthood versus a progression that is marked by a trauma history of out-of-home care.
- Examine Medicaid or other health insurance coverage for these young adults to ensure that mental and medical needs are being met.
- Examine how the number of placements in out-of-home care as a state ward impacts outcomes as young adults. For example, does young adults with fewer placement moves and/or less time in out-of-home care fare better, worse, or the same as their peers in this program?
- Determine how the mental health status of the young adults prior to entering the program impacts their outcomes.

- Determine which specific services have the most positive impact on outcomes so that scarce resources can be most effectively utilized. This should include the availability of parenting services for young adults.
- Analyze the reasons why the federal IV-E penetration rate is so low in order to increase federal IV-E funding for this population and decrease the burden on state funds.
- Examine what skill sets and resiliency factors prior to leaving foster care promote better long-term outcomes for former wards. This should incorporate their educational status.
- Examine if outcomes differ depending on which part of the State the young adult lived in as a child.
- Assess how the program is being described to those obtaining adoption and guardianship.
- Apply what is learned from these young adults, to then use for children in out-of-home care ages 14-18 ensuring that they have appropriate transition plans, preparation for employment or education, and essential life skills such as budgeting, nutrition, etc. It is imperative that b2i does not just “move the cliff” but provide practical assistance to all children prior to their qualification for the program.
- Examine the appropriateness of young adults receiving services both from the adult disability system and b2i.

SUMMARY

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



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