

# **The Nebraska Foster Care Review Office Annual Report**

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



**With Statistics from Calendar Year 2011  
And the first half of 2012**

**Issued December 2012**

***This Annual Report is dedicated to  
the 280+ Foster Care Review Office local board members  
who meet each month  
to review children's cases,  
the FCRO staff who facilitate the citizen review boards  
and the collection of the data described in this report,  
and  
everyone in the child welfare system  
who daily works to improve conditions  
for children in out-of-home care.***

Advisory Committee members effective July 2012:

Chair, Craig Timm, Omaha, local board member

Vice-Chair, Sandy Krubak, North Platte, local board member

Michelle Hynes, Dakota City, local board member

Elizabeth Neeley, Seward, data expert

Sheree Keely, Omaha, citizen at large

# 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)  
by Interim Executive Director Linda M. Cox

One of the most important functions of state government is safeguarding children’s welfare. In Nebraska the primary responsibility for this rests with the Department of Health and Human Services (DHHS). Additional responsibility is shared by the legal system and other agencies.

Since late 2009 DHHS has made an unprecedented number of significant changes to the Nebraska child welfare system.<sup>1</sup> The collective changes have been termed “reform.” Each of these revisions impacted children in out-of-home (foster) care and their families. As this report is being written in the fall of 2012, DHHS has started to implement another significant change, structured decision making, and is in the planning stage of implementing differential response. In addition to these rapid changes, the child welfare system has been impacted by the decline in the national economy and the extra stressor on many families with the continuing drought.

To better communicate how the children fare in this new reality, this report contains the Foster Care Review Office’s (FCRO) data and analysis of the current child welfare system with recommendations for system improvements. It includes a brief description of recent changes, where that helps to clarify issues or recommendations, and indicates changes being planned or whose implementation is so recent that statistics are not yet available. Progress is also noted.

FCRO staff track children’s outcomes and facilitate reviews. Local board members, who are community volunteers that have completed required instruction, conduct the reviews. In 2011 local board members conducted 4,632 reviews, and in the first half of 2012 they conducted 2,469 reviews. Staff and volunteers have collaborated to prioritize recommendations based on the data collected and information gained from reviews. These are outlined below and are described in more detail later.

<b>Recommendation</b>	<b>Quick Facts</b>
Reduce the length of time that children are in foster care (page 12).	<ul style="list-style-type: none"> <li>• The average child in out-of-home care on June 30, 2012, had been placed outside the home for 485 days.               <ul style="list-style-type: none"> <li>○ This did not include days from prior removals for the 38% who have been in care more than once.</li> </ul> </li> </ul>
Secure needed documentation/evidence so that decisions can be fact-based (page 13).	<ul style="list-style-type: none"> <li>• 21% of children’s files reviewed in the first half of 2012 lacked documentation about parental visitation with the mother.</li> </ul>

---

<sup>1</sup> A timeline of Nebraska’s recent child welfare changes can be found in Appendix A on page 124.

<p>Reduce caseworker changes to stabilize management of children’s cases (page 17).</p>	<ul style="list-style-type: none"> <li>• 50% of DHHS wards in out-of-home care on June 30, 2012, who had not been in care before have had 4 or more caseworkers while in foster care.</li> <li>• Those in care for less than six months averaged 2 workers.</li> <li>• Those in care for more than six months averaged 5 workers.</li> </ul>
<p>Write appropriate, realistic case plans that hold parents accountable and will help reduce the rate of children returning to foster care (page 24).</p>	<ul style="list-style-type: none"> <li>• 35% of children’s cases reviewed in the first half of 2012 were not making progress towards permanency.</li> <li>• 26% of children’s cases reviewed in the first half of 2012 had plan objectives that were inappropriate.</li> <li>• 38% of the children in out-of-home care on June 30, 2012, had been in care before.</li> </ul>
<p>Recruit and develop stable placements for children (page 33).</p>	<ul style="list-style-type: none"> <li>• 50% of the children in out-of-home care on June 30, 2012, had been in 4 or more foster placements over their lifetime, (excluding respite and brief hospitalizations).</li> </ul>
<p>Ensure children receive the critical services they need to heal from prior abuse and neglect (page 44).</p>	<ul style="list-style-type: none"> <li>• 18% of the children reviewed during the first half of 2012 had a DSM IV diagnosis.</li> </ul>
<p>Ensure children receive needed mental health and behavior services (page 44).</p>	<ul style="list-style-type: none"> <li>• 27% of the children reviewed during the first half of 2012 entered care due to their behavioral issues.</li> <li>• 14 of the children reviewed in the first half of 2012 entered care due to a suicide attempt.</li> </ul>
<p>Closely monitor contract service providers to ensure children’s best interests are met (page 46).</p>	<ul style="list-style-type: none"> <li>• 44% of children in out-of-home care on June 30, 2012, were in the lead agency pilot area.</li> <li>• In other areas, placements and services are also provided by contractors.</li> </ul>

Creative solutions are needed to address these issues and to ensure funding is used appropriately, wisely, and to the benefit of the maximum number of children.

## THE FOSTER CARE REVIEW OFFICE

In 2012 the Legislature passed LB 998 which made significant changes to the Foster Care Review Act.<sup>2</sup> These changes took effect on July 1, 2012, which was coincidentally the agency's 30<sup>th</sup> anniversary. The following summarizes what changed, and what remains the same.

### Key changes include:

1. The agency name changed from Foster Care Review Board (FCRB) to the Foster Care Review Office (FCRO).
2. The FCRB State Board (governance body) was replaced by the FCRO Advisory Committee – which was given different duties. Primarily, the duties involve hiring the Executive Director and serving as a resource to the agency.
  - a. Advisory Committee members, all of whom are volunteers, include Chair Craig Timm, Vice-Chair Sandy Kruback, and members Michelle Hynes, Elizabeth Neeley, and Sheree Keely.
3. The Executive Director is mandated to provide quarterly updates to the Health and Human Services Committee of the Legislature. The fourth quarter report is the FCRO Annual Report, which must be completed by December 1 each year.
4. The Annual Report and updates must include issues, policy concerns, and problems which have come to the attention of the Office, and an analysis of the data. The Director is also to recommend alternatives to the identified issues and related needs of the Office and foster care system.
5. Data Coordinator Linda M. Cox was named Interim Executive Director in statute pending the Advisory Committee completing hiring a permanent Executive Director.

**Although the agency name and details on its upper level governance were changed, the mission remains the same.** The FCRO's mission is to ensure that the best interests and safety needs of children in out-of-home care are being met through maintaining a statewide independent tracking system; conducting external citizen reviews; disseminating data, analysis, and recommendations to the public, the child welfare system, and the Legislature; and monitoring children's/youth placements.

### Also remaining the same:

- The FCRO continues to be an independent state agency not affiliated with the courts, private agencies, or with the Department of Health and Human Services.
- The FCRO continues to have the ability to appear in court on behalf of children (Neb. Rev. Stat. §§43-285(6), 43-1308(2), 43-1313).
- FCRO findings and recommendations submitted to a court continue to be admissible if provided to all other parties of record (Neb. Rev. Stat. §43-1825 (7)).
- Staff members of the former FCRB were retained by the FCRO.
- Office locations did not change.

---

<sup>2</sup> The revised Foster Care Review Act can be found in Appendix B beginning on page 129.

## BASIS FOR THE DATA/INFORMATION IN THIS REPORT

The FCRO's recommendations in this report are based on the following:

- An analysis of the data for children who were in out-of-home care for some or all of 2011 as input on the FCRO's tracking system, as well as tracking children in out-of-home care in the first half of 2012.
- Information staff collected from the 4,632 reviews conducted in 2011, as well as 2,469 reviews conducted January-June 2012.
  - Data collected during the review process, including the local volunteer board's findings on key indicators, are recorded on the FCRO's independent tracking system, along with basic information about each child who enters or leaves foster care.
  - Data is also updated each time there is a change for the child while in foster care, such as if there is a change of placement or caseworker.
- An analysis of trends from past data.

The Foster Care Review Office's (FCRO) role under the Foster Care Review Act is to independently track children in out-of-home care, review children's cases, collect and analyze data related to the children, and make recommendations on conditions and outcomes for Nebraska's children in out-of-home care, including any needed corrective actions.

Per Neb. Rev. Statute §43-1303 DHHS (whether by direct staff or contractors), courts, and child-placing agencies are required to report to the FCRO any child's foster care placement, as well as changes in the child's status (for example, placement changes and worker changes). By comparing information from many sources, the FCRO determines discrepancies. When case files of children are reviewed, this previously received information is verified and updated, and additional information is gathered. Prior to individual case reviews reports being issued, additional quality control steps are taken.

Through the above quality control steps the FCRO is aware that there are some caseworker and placement changes that are not reported as mandated under §43-1303, so the number of such changes is most likely under-reported. The FCRO continues to report these instances to the Department of Health and Human Services (DHHS) for correction.

Per the Family Policy Act (Neb. Rev. Stat. §43-533), it is the state's policy that the health and safety of the child are of paramount concern; therefore, children's health and safety are the focus of the FCRO's recommendations and this report.

## CHILDREN AND FAMILIES WHO RELY ON THE CHILD WELFARE SYSTEM

On June 30, 2012, there were 4,341 children in out-of-home care, most of whom had experienced a significant level of trauma and abuse prior to their removal from the parental home.

Some of the demographics on these children:

<u>Age group</u>	<u>Children</u>	<u>Gender</u>	<u>Children</u>	<u>Days out-of-home</u>	<u>Children</u>
Age 0-5	1,266	Male	2,368	1-180	1,385
Age 6-12	1,040	Female	<u>1,945</u>	181-364	1,042
Age 13-15	775	Total	4,341	365 or more	<u>1,886</u>
Age 16-18	<u>1,232</u>			Total	4,341
Total	4,341				

Through reviews of individual children’s cases the FCRO is aware that the reasons for children being removed from the home are varied, with many children having multiple reasons. The following are the top reasons children enter care for children reviewed Jan.-June 2012:

1. Neglect, defined as the failure to provide for a child’s basic physical, medical, educational, and/or emotional needs (59%).<sup>3</sup>
2. Parental drug abuse (41%)
3. Substandard or unsafe housing (32%).
4. Children’s behavioral issues, which are often a symptom of the child’s mental health issues (27%).
5. Domestic violence (22%).
6. Physical abuse (19%).
7. Parental incarceration (18%)
8. Parental alcohol abuse (17%)
9. Parental mental health (19%).
10. Sexual abuse (10%).

Example of a neglect case recently reviewed:

DHHS had been involved with the “N” family in a small town in Nebraska. That case closed when the parents voluntarily relinquished custody of the child who was nearly four years old. A year later, the family came to the attention of DHHS when an urban police department responded to a report that a toddler was on a major arterial wearing only a diaper and no parent was in sight. That case closed.

Six months later law enforcement was called concerning a two year old child trying to cross an intersection of two major arterial streets in a different part of town. The toddler was taken into custody. Over an hour later the father approached officers to ask if they had seen “a kid.” He stated he was playing video games and didn’t notice the child left the home. During the investigation the father tested positive for methamphetamine, marijuana, and ecstasy, the mother also tested positive for illegal drugs. The child remains in foster care.

What statistics do not adequately communicate is that many children enter the system already wounded. If conditions that led to removal are not

<sup>3</sup> Neglect’s root cause is often parental substance abuse, mental health issues, or domestic violence. All of these issues also impact whether or not the family is living in poverty.

adequately addressed, this increases these children's vulnerability for further injury because of their family's pervasive alcohol and drug issues, a lack of adequate food and shelter (extreme poverty), domestic violence, serious and often untreated mental health issues, parental intellectual limitations, and/or their own serious physical or mental conditions.

In cases where ongoing safety issues exist and/or the parents are unwilling or unable to voluntarily participate in services to prevent removal, the children are placed in a foster home, group home, or specialized facility as a temporary measure to ensure the children's health and safety.

It is the statutory charge of DHHS and the other key players of the child welfare system to reduce the impact of abuse whenever possible and to minimize the trauma of the child's removal.

This is accomplished by providing appropriate services to the family in a timely manner, obtaining written documentation of their participation and progress (or lack of progress as the case may be), and then providing those reports to the court and legal parties so that informed decisions regarding a child's permanency and future can be timely.

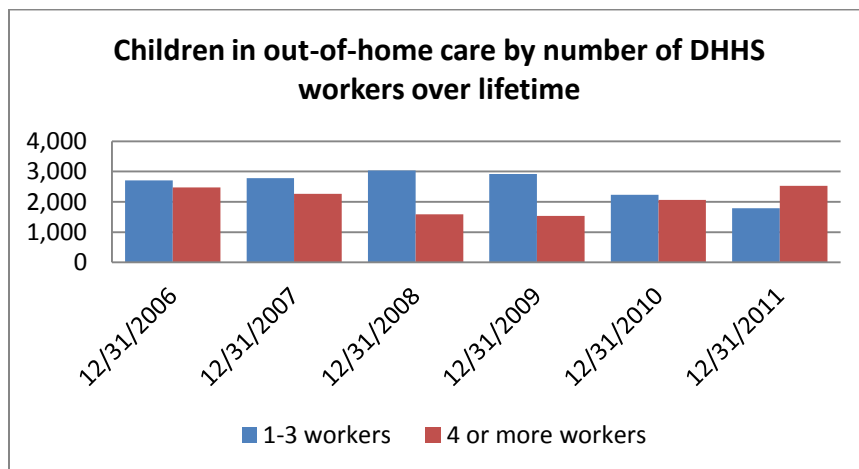
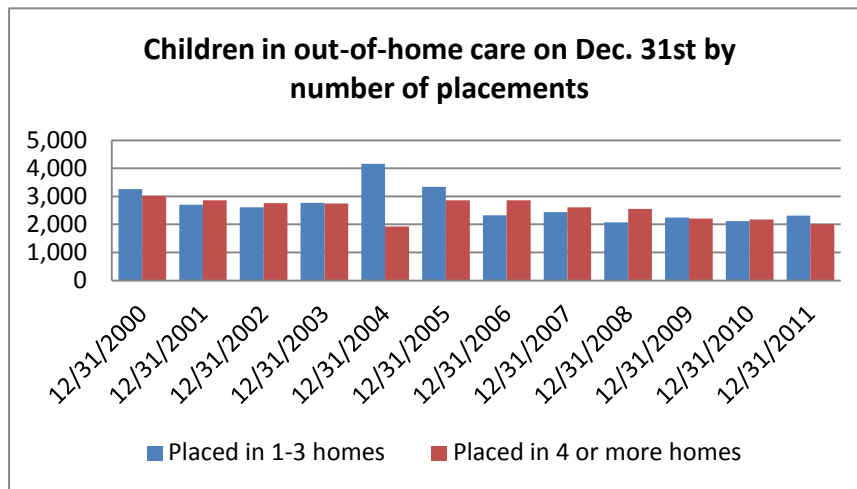
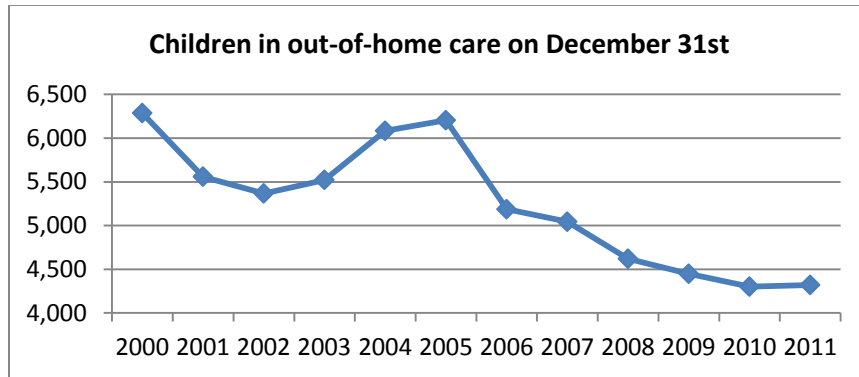
The goal is to minimize a child's time in out-of-home care. Just as there are risks to leaving a child in the parental home, there are risks to placing a child in foster care.

As Dr. Ann Coyne of the University of Nebraska Omaha, School of Social Work so eloquently stated:

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



## TREND CHARTS



## RESPONSE TO RECOMMENDATIONS PROVIDED BY THE FCRO AND OTHER CHILD WELFARE UPDATES

In December 2011 the Foster Care Review Board (now FCRO) issued its last annual report. Several of the staff's recommendations have since been acted upon and additional attention has been paid to oversight and correction of child welfare system deficits. Here is a summary of actions in the first half of 2012:

1. The Legislature enacted statutory maximums on the caseloads that DHHS caseworkers or lead agency staff could maintain.
2. The Legislature has continued to request information on what the FCRO finds regarding missing documentation.
3. The Legislature enacted a requirement that foster parents receive an additional stipend.
4. The Legislature increased oversight of the child welfare system. It created a Children's Commission charged with creating a strategic plan for child welfare, and a task force on the use of psychotropic medications by wards of the state. The OJS structure is being re-assessed. Child welfare budget reporting with specific information is now being required.
5. The Legislature created an office of Inspector General to help constituents who have identified issues with the child welfare system.
6. The Legislature allowed for a pilot of the remaining lead agency and stopped DHHS from implementing additional areas of lead agencies pending results of the study of the pilot.
7. The Legislature required a re-examination of the DHHS N-FOCUS computer system, and mandated that the evaluation by a national entity include information from the FCRO.
8. As previously stated, the Legislature created the Foster Care Review Office.
9. DHHS is working on creating a Title IV-E demonstration project seeking a federal waiver in order to utilize IV-E funds to increase prevention and out-of-home services.
10. DHHS is working to reduce the number of days children spend in shelters.
11. DHHS is developing new tools designed to make response to child abuse reports more efficient and consistent.
12. DHHS is planning to increase funding for prevention services, a move long recommended by the FCRO.
13. The Judiciary is continuing the Through the Eyes of a Child teams and workshops, and stakeholders from a variety of disciplines continue to participate on those teams.
14. DHHS, Courts, Probation, Dept. of Education, and FCRO administrators are routinely meeting to discuss child welfare issues and initiatives.

It is important to note that throughout 2011-2012 there has been significantly more dialogue and problem-solving discussions between different parts of the system and increased collaboration between stakeholders, policy-makers, and advocates.

**CHILD WELFARE/FOSTER CARE ISSUES**

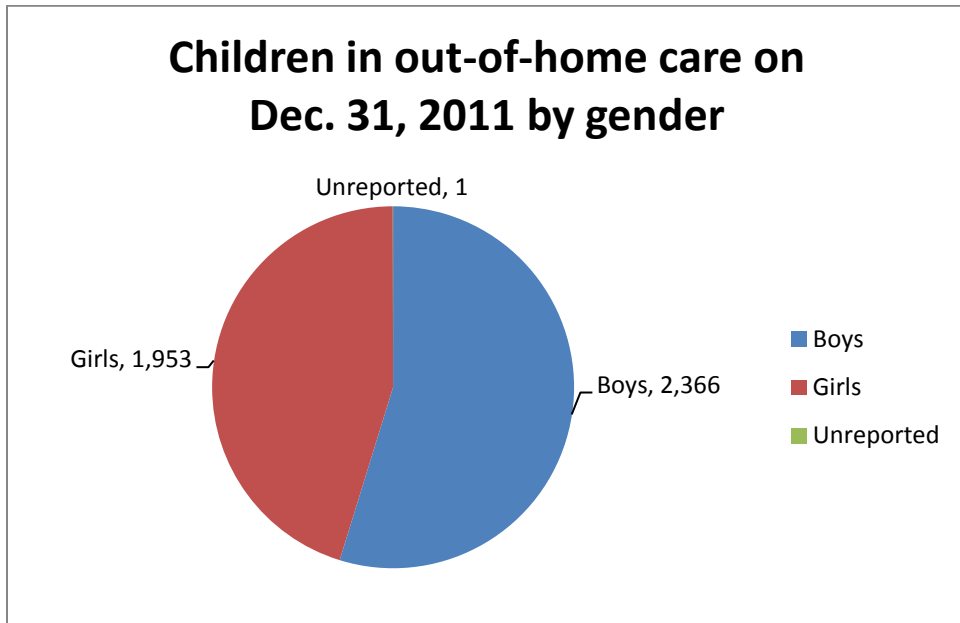
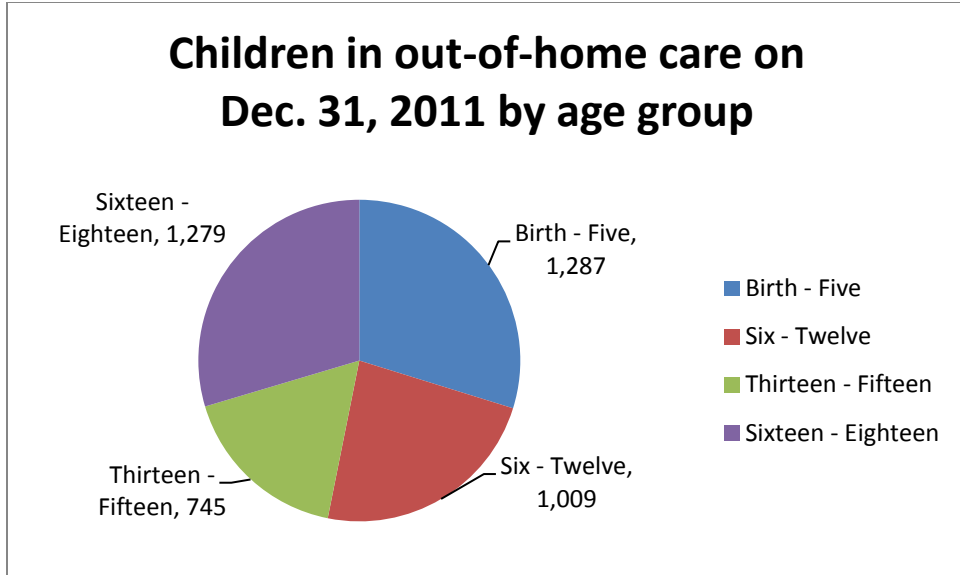
**AND**

**RECOMMENDATIONS**  
**TO IMPROVE THE SYSTEM**

The following analysis briefly describes some of the major issues in the current child welfare (foster care) system. It is not intended to be a foster care treatise.

The Foster Care Review Office has additional information available on each of the topics discussed.

Feel free to call 402-471-4420 or email [fcro.contact@nebraska.gov](mailto:fcro.contact@nebraska.gov) for further details.



## **COMPARING NUMBERS OF CHILDREN IN OUT-OF-HOME CARE**

One reason that is consistently given for the reform is that Nebraska removes more children from the home than other states. However, this is subject to interpretation. When other states give their removal numbers:

- Some states do not include removals that involve a relative placement.
- Some states do not include status offenders (youth charged with a crime that an adult could not be charged with, such as truancy or curfew violations).
- Some states do not include delinquents (law violators).
- Some states do not include youth who have runaway from foster care.
- Some states provide children and youth behavioral and mental health care without requiring a removal from the home.

Therefore, to make comparisons to other states meaningful, DHHS needs to clarify how other states are obtaining their numbers and spell out clearly how it obtains its number.

### **Once past the “how are children counted” question, there are more difficult questions:**

1. How does the state make sure that every child who needs protection gets protection?
2. How does the state make sure it does not unnecessarily intrude into families and balance that with child safety?
3. How does the state provide services that might protect children from abuse and neglect in a geographically and culturally diverse state?
4. How does the state make sure that children are in foster care as long as necessary but not longer?
5. How does the state make sure that children who have experienced abuse or neglect are given the treatments and services needed to heal from that trauma?
6. If the state must become the child’s “parent” until they become a legal adult, how does it make those children ready for that important transition?

These are the more thorny, yet important, questions that need to be asked. They are the impetus for the data and recommendations which follow.

### **Recommendations:**

1. Ensure that when DHHS compares counts of children in out-of-home care with other states that like populations are being compared.

## LENGTH OF TIME IN FOSTER CARE

It is paramount to have a consistent, relentless focus on the best interest of the child if timely, appropriate permanency<sup>4</sup> is to be achieved and if children and youth are to be safe while in foster care and have their needs met. It is also important to remember that foster care is designed to be a temporary solution to the problems of child abuse and neglect. Unfortunately, many children linger in the foster care system while their childhood slips away.



Consider this: the 2,084 children age 10 and younger who were in out-of-home care on June 30, 2012, on average had been in out-of-home care for 459 days, well over a year.

This is identical to the 459 day average for children in care on Dec. 31, 2011, and slightly less than the 485 day average for children in out-of-home care on Dec. 31, 2010.

Clearly, the length of time in foster care, which can impact parent/child bonds and lead to children identifying more closely with the foster family, affects many Nebraska children.

Many issues that lead to removal from the parental home are long-standing, making rehabilitation difficult. Some of those deep-rooted conditions were discussed earlier on page 5. Services to address those issues are often not readily available or affordable.

In other instances, parents may not be willing or able to parent their children and yet the plan remains reunification.

The good news is that there are practices described throughout this Report that can expedite case progression and result in a timely permanency.

While all of the narratives in this report deal with issues that can impact the length of time in out-of-home care, the following are issues that are very significant to the timeliness of permanency for the children. Each topic is described in more detail later in this report.

1. Missing documentation.
2. Case worker changes.
3. Case planning.
4. Court procedures.
5. Paternity identification.

---

<sup>4</sup> Permanency is a term that means exit from foster care to a rehabilitated home or to another permanent setting if reunification is not possible, such as through adoption, guardianship, or other means.

## MISSING DOCUMENTATION

Documentation is vital as it is the evidence needed in order to facilitate prudent decisions by the judiciary and others on case direction, it is used to determine that children are safe, and it forms the basis for future decisions.

There can be evidentiary or reasonable efforts issues when documentation regarding parental compliance and progress is missing or not available. Permanency may be delayed resulting in children having a greater length of time in out-of-home care. There may also be difficulty in completing some termination of parental rights trials due to a lack of documentation.



### **Pervasiveness of the missing documentation problem**

The following statistics illustrate the pervasiveness of this issue. The FCRO collected data on DHHS/Lead Agency file contents in the following categories for 2,429 children's files statewide reviewed January-June 2012. Some children's files lacked more than one type of documentation. Since not every case involves current therapy, or parental visitation, etc., the percentages listed below are based on the number of applicable cases.

*Please note that the statistics indicate only those cases where all documentation was missing; for a number of other files there was only partial documentation, which is also problematic.*

<b>Type of document not found</b>	<b>Number/percent of children's files with missing documentation</b>
Childs's therapy records	59% (827 of 1,392 applicable)
Mother's therapy records	53% (737 of 1,384 applicable)
Father's therapy records	51% (257 of 507 applicable)
Childs's assessments or evaluations	39% (489 of 1,255 applicable)
Assessments/evaluations regarding the mother	31% (401 of 1,311 applicable)
Assessments/evaluations regarding the father	30% (174 of 576 applicable)
Visitation reports regarding the father	26% (235 of 897 applicable)
Visitation reports regarding the mother	21% (360 of 1,685 applicable)
Home study/update (regarding home's strengths and ability to keep children safe)	20% (418 of 2,147 applicable)
Placement reports (re child's safety in placement)	19% (463 of 2,419 applicable)

Documentation gaps are particularly frustrating in light of what was learned from the 2008 joint FCRO/DHHS study on cases of children in care for two years or longer whose plan was reunification. An intensive review of those cases illustrated the need to document parental non-compliance, and identify indicators of parental unwillingness to parent. Indicators of unwillingness included failure to attend parenting time (visitation), inadequately or inappropriately responding to the children during parenting time, the sudden appearance of new issues or relapses just prior to a potential reunification, and/or parental statements about their children.

It is paramount to accumulate documentation of such issues throughout the case so a complete record is available on which courts and the department can base decisions whether the parent is complying or not.

As could be expected the number of caseworker changes that have occurred since reform has negatively affected the amount and quality of the documentation, such as gaps when a person leaving hasn't had time to complete documentation, when temporarily transferred to a coverage worker, and when transferred again to a new worker. Similarly, overly large caseloads are an issue which makes it difficult for workers to keep up with documentation on all the cases.

### **Issues specific to visitation documentation**

Courts order supervision of parental visitation when there is evidence that the child could be at significant risk if the 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.

Best practice is to document parental interactions during visits with the children because that is the biggest indicator of whether reunification can be successful. Without visitation reports, it is not possible to determine the appropriateness of contact, if parent/child contact should increase, and if progress is occurring.

Visitation reports also allow an assessment of consistency of the personnel providing supervision, and assist in determining if there are scheduling barriers (i.e., visitation scheduled when the parent is at work, or the child is in school, or no visit occurring because there was no visitation supervisor or transportation driver available.) Further, visitation reports are evidence needed by the courts to assure reasonable efforts are being made, to determine parental compliance and progress, and to ensure timely permanency.

The FCRO collected data on file contents/documentation regarding parental visitation for 2,469 children's files reviewed January-June 2012, and found that 21% of the files lacked documentation regarding visits with the mother, and 26% of the files lacked documentation regarding visits with the father.

<b>Documents in file</b>	<b>Mother - visitation</b>	<b>Father - visitation</b>
All documents in the file	737 (44% of those applicable)	401 (45% of those applicable)
Some documents in the file	588 (35%)	261 (29%)
No documents in the file	360 (21%)	235 (26%)
Total applicable	1,685 children's cases	897 children's cases



**Issues specific to home study documentation**

A home study is documentation which contains critical information about the foster family's history, parenting practices, social issues (drug/alcohol use), and the physical condition of the home. Missing home study documentation has always been an issue, and since reform has become an even larger issue. For example, in 2008, 19% of the files reviewed were missing home study information; in comparison during the first half of 2012, 22% of the files were lacking home study information. That said, in some parts of the state the collaboration on this issue are starting to show some effects. Again this comes down to a question of oversight.

<b>Documents in file</b>	<b>Home study</b>
All documents in the file	1,677 (78%) of those applicable)
Some documents in the file	52 (2%)
No documents in the file	418 (20%)
Total applicable	2,147 children's cases

**Recommendations:**

1. Enact oversight mechanisms to assure essential records are being gathered in a timely and expedient manner.
2. Assure visitation reports are consistently gathered and contain the needed information to determine the quality of the interactions between parent and child.
3. Continue to assess caseloads and caseworker turnover, including how it impacts documentation gathering.
4. Continue to work with the FCRO to identify gaps in documentation.

**Related topics discussed elsewhere in this report:**

- Caseworker changes (page 17). Caseworker changes can result in documentation gaps during each transition and as new workers try to catch up with their new caseloads.
- Length of time in care (page 12). Documentation is part of the evidence courts need to ensure timely case progression.
- Case planning and permanency (page 21). Documentation is needed to build effective, appropriate plans.

## COMPARING THE LEAD AGENCY PILOT TO OTHER PARTS OF THE STATE

The question is asked as to how the area with a lead agency compares to the rest of the state. For reasons stated below, this is not easily answered by statistics alone.

The lead agency in the current pilot, NFC, has cases of children from Douglas and Sarpy counties. An objective analysis shows that some of the indicators for children in the eastern part of the state include issues and events beyond NFC's control. For example:

- In late 2009 part of the eastern service area was served by Visinet, KVC, and NFC, which provided service coordination. Then in 2010, Visinet discontinued serving children.
- When Visinet discontinued those cases transferred back to DHHS staff.
- Contracts were changed effective Jan. 1, 2011, so that instead of providing service coordination the lead agencies (KVC and NFC) provided full caseworker services.
- In October 2011, DHHS discontinued case management and those cases were divided between KVC and NFC.
- In Feb. 2012, KVC discontinued as a lead agency and by March 2012 their cases transferred to NFC.
- Since these are all recent events, many of the children currently in out-of-home care had their outcomes influenced by these events.

In addition, comparisons between Omaha and the rest of the state are difficult under the best of circumstances due to number of factors, such as:

- Families in Douglas County typically have more children than other parts of the state. This makes finding foster homes willing to take all the children more difficult to find, makes finding affordable housing more difficult etc.
- There are different racial and poverty issues.
- There are substantial differences in the array of services available.
- There are differences in court delays due to the Separate Juvenile Court of Douglas County having such full dockets.

The changes that took place in service coordination and case provision in Omaha, and the differences between Omaha cases and those in the rest of the state also makes attribution of negative or positive indicators difficult.

Since as this is written it is too early to have a large enough statistical sample of children from Omaha who have had NFC as their caseworker apart from the issues with transfers of lead agencies, no statistics are offered here.

The FCRO is planning to conduct a special study regarding this issue, taking into account all the variables. It is the FCRO's intention to provide the Legislature a report of the findings when completed.

## CASEWORKER CHANGES



Retention of caseworkers, whether they work directly for DHHS or for a lead agency, is critical to ensuring children’s safety while in out-of-home care, and ensuring children achieve a timely and appropriate permanency.

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

1. Workers do not have physical contact with the children on their caseload and cannot ensure those children’s safety.
2. There are gaps in the information transfer and/or documentation, sometimes on more than one transfer.
3. New workers lack knowledge of the case history needed to determine service provision or make recommendations on case direction, especially when first learning their new cases.
4. New workers are often unfamiliar with the quality and availability of services.
5. Case progression is slowed.
6. Supervisor time is needed to continuously recruit and train new personnel.
7. Funds that could have been used for direct services are needed to pay for repeated recruitment, training, and related costs.

Caseworker changes negatively impact the ability to document and maintain an accurate history of the parent’s reactions during parenting time (visitation) and the 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. Similarly, changes negatively impact the accurate documentation and history of the child’s placements and needs.

The FCRO gathers information about the number of workers that children have had while in out-of-home care over their lifetime. In other words, that each child had worker “A” for a period of time followed by worker “B”, etc. The FCRO data on worker changes only reflects the number of case workers while children are in out-of-home care, but does not include the number of caseworkers prior to a removal or if placed under DHHS supervision in the parental home – thus the actual number is likely higher for many children.

There were 4,313 children in out-of-home care on June 30, 2012, with 2,641 (61%) having four or more DHHS caseworkers while in out-of-home care over their lifetime [which could also

★ ★ ★ ★ ★ ★ ★ ★ ★ ★  
***This is a shout-out to the many dedicated public and private caseworkers across the state who work long hours performing the most difficult job of all –***

***daily interacting with children who have experienced trauma at the hands of the persons who should have been their protectors, while also dealing with a system in constant flux.***

***Thank you for your dedication to the children.***

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

include a previous time in foster care]. This compares to 59% on Dec. 31, 2011, 48% on Dec. 31, 2010, and 35% on Dec. 31, 2008 (prior to reform).

Since 38% of the children in care on June 30<sup>th</sup> had been in care previously, it might be helpful to consider the following:

2,684 of the 4,313 children in care on June 30, 2012, were in out-of-home care for the first time

- 1,342 (50%) had 4 or more DHHS workers while in out-of-home care.
- 143 (5%) had 10 or more DHHS workers.
- 1,200 of the 2,684 children were from the area where there is a remaining lead agency. These children averaged 3 different FPS (lead agency caseworkers) in addition to the changes in DHHS staff assigned to the case. Some of these FPS changes may have been caused by previous lead agencies discontinuing as a lead agency.

To reduce the number of worker changes, it is critical that the state learns from departing workers. For example, departing workers have told FCRO staff that one of the major factors affecting retention is workloads and the number of hours they are expected to work each week, particularly if the caseworker has young children or his or her own.

Legislation requiring smaller caseloads has only recently taken effect, and the FCRO has yet to see this impacting cases being reviewed. However, in a conversation between the FCRO Interim Director and Lead Agency CEO David Newell on October 23, 2012, Mr. Newell indicated that by November his agency would be meeting the new caseload standards, and that during September 2012 he had no changes in his FPS (lead agency caseworker) staff. The FCRO encourages this trend to continue, and encourages DHHS to stabilize its direct workforce as well.

Another factor frequently named by departing workers is frustration with or lack of understanding of the court system. Lead Agency CEO David Newell indicated during the conversation of October 23<sup>rd</sup> that he has now divided his staff into teams by the juvenile court judge in charge of their case (Douglas County has five juvenile court judges, Sarpy County has two juvenile court judges). This prevents instances where the caseworker was scheduled to be in hearings in two different juvenile courts at once. The FCRO commends these types of efforts to stabilize the workforce and better serve the children.

Also impacting worker stability is insecurity over employment due to the ever changing work environment since late 2009. The following is a brief summary of the most significant of those changes:

- When service coordination was privatized there was a reduction in the number of DHHS employees, so many went to work for one of the five lead agencies.
- Shortly thereafter three lead agencies either withdrew or declared bankruptcy. Those employees had to either seek work with new companies or with DHHS.
- Where lead agencies remained, the lead agency's staff's role changed from service coordinator to being responsible for all case management, and the DHHS workers role

changed from hands on casework to becoming outcome monitors who could only provide limited oversight and no hands-on work with the cases.

- Then one of the two remaining lead agencies withdrew. In one area all casework came back to DHHS and in another area cases were assigned to the remaining lead agency. Again many workers changing employers.
- Then there is the uncertainty of calling the remaining lead agency a “pilot” and uncertainty as to the recommendations in the report due soon on whether to continue this pilot or not.<sup>5</sup>

### **How caseworker changes affect children**

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 for children to achieve a timely and appropriate permanency. A stable workforce reduces the number of times that children must discuss very private and often painful issues with a stranger. Caseworker changes can affect placement stability, with increased numbers of placements correlating with increased numbers of caseworkers.

This was echoed in the findings of a Milwaukee County, Wisconsin, study that found that children who only had one caseworker achieved timely permanency in 74.5% of the cases, as compared with 17.5% of those with two workers, and 0.1% of those having six workers.<sup>6</sup> And, the University of Minnesota found that case management turnover correlated with increased placement disruptions.<sup>7</sup> Nationally, it is found that children who have fewer workers have a greater probability of being successfully reunified with the parents.

Nebraska is not alone in dealing with case management changes and turnover; a web search shows that state after state is dealing with this issue. The FCRO encourages Nebraska to consider some of the successful measures being used in other locations as it addresses this serious issue.

### **Recommendations:**

1. Develop adequate supports and mentoring for caseworkers, whether public or private.
2. Conduct research to see if implementation of the new caseload standards results in fewer worker changes.
3. Consider increasing a caseworker’s pay based on excellent performance.
4. Stabilize the system so that workers have a realistic sense of permanency to their positions, encouraging retention.
5. Consider assigning children’s cases in Lancaster County by the judge involved as is being done by the lead agency in Omaha and Sarpy Counties to avoid conflicting schedules.

---

<sup>5</sup> See Appendix A beginning on page 124 for a more comprehensive timeline.

<sup>6</sup> *Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff*, January 2005.

<sup>7</sup> PATH Bremer Project – University of Minnesota School of Social Work, 2008.

**Related topics discussed elsewhere in this report:**

- Missing documentation (page 13), since caseworker changes can result in missing documentation.
- Placement changes (page 33) and placement safety and appropriateness (page 35). Caseworker changes can result in less support for foster parents, greater lengths of time in care, and greater number of placement changes for the children in out-of-home care.
- Case planning (page 21). Cases often “start over” with each change of worker, particularly if documentation is missing.

## CHILDRENS CASE PLANNING and PERMANENCY



Case planning should detail appropriate, realistic, and timely steps toward rehabilitation of the parents, and then effectively hold them accountable for fulfilling those steps. Local citizen review board volunteers report that all too often they encounter case plans that are inappropriate, unrealistic, or not timely.

The FCRO conducted 2,469 reviews statewide between January-June 2012. A required finding made with each review is whether or not there was a written permanency plan with services, timeframes, and tasks specified.

From the reviews the FCRO found that:

- 1,221 children (49%) had a written permanency plan with services, timeframes, and tasks specified.
- 1,029 children (42%) had an incomplete plan (lacking one or more essential element).
- 96 children (4%) had no written plan.
- 123 children (5%) had an outdated plan (over six months old as the law requires it to be updated at least once each six months).

In addition, the FCRO found that only 977 children (40%) had progress being made toward permanency on their cases. The following chart shows the breakdowns for some of the more populous counties. Notable here is that there are fewer unable to determine cases in central Nebraska and Scotts Bluff, and that progress not being made is problem throughout the state.

<b>County</b>	<b>Progress Made</b>	<b>Progress Not Made</b>	<b>Unable to Determine</b>	<b>Total children</b>
Douglas	406 (36%)	398 (35%)	319 (28%)	1123
Sarpy	36 (48%)	16 (21%)	23 (31%)	75
Lancaster	210 (39%)	198 (37%)	134 (25%)	542
Adams	15 (41%)	17 (46%)	5 (14%)	37
Hall	26 (53%)	20 (41%)	3 (6%)	49
Lincoln	40 (43%)	30 (33%)	22 (24%)	92
Madison	22 (32%)	32 (46%)	15 (22%)	69
Scottsbluff	35 (50%)	25 (36%)	10 (14%)	70

The FCRO must indicate if it agrees with the permanency objective in the plan (reunification, adoption, etc.). From the reviews:

- Local boards agreed with the objective for 1,356 children (55%).
- Local boards did not agree with the objective for 641 children (26%).
- Local boards could not make a finding for 472 children (19%) because there was no written plan, or there were conflicting plans, etc.

**Accountability and expectations**

While the system must hold the parents accountable, DHHS is obligated to make “reasonable efforts” to preserve and reunify the family 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. Aggravated circumstances include abandonment, chronic abuse, sexual abuse, involuntary termination of parental rights to a sibling of the child, serious bodily injury or the murder of a sibling. If it is found that reunification of the child is not in his or her best interests, DHHS is then required to make “reasonable efforts” to ensure that the child is placed in a permanent placement and the necessary steps are in place to achieve permanency for the child(ren). (Neb. Rev. Stat. § 43-283.01)

There is a federal requirement that the FCRO make a finding at each review on whether there are “reasonable efforts” being made towards achieving permanency for the children. While the specifics of what constitutes “reasonable efforts” has not been defined by statute, the DHHS case plan must include a rehabilitative strategy that reflects the issues that led to the removal of the children from the home, the services that DHHS is providing to ameliorate these concerns and the requirements of the parents to address the adjudication. The juvenile court makes the determination of reasonable efforts on a case-by-case basis. A finding that the State has failed to provide reasonable efforts has significant consequences to DHHS, 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 DHHS case plan must also be material to the juvenile court’s jurisdiction and the measures of accountability must be fair. Otherwise, parents and children can wind up in no-win situations, such as parents being forced to choose between having visitation with their children (if there is no flexibility in visitation hours) or holding a job as required to get their children back.

Sometimes the issue is not scheduling, but other expectations. Often the parents have come from backgrounds of abuse or neglect themselves, so they do not have a basis for understanding how the system expects them to respond to their children. Thus, tasks for the parents must be clear, concrete, and measurable. Parenting instruction likewise should be concrete, direct, and relevant to the situation. The best is one-on-one instruction in which the parent can see modeled the behavior needed and then demonstrate their ability to act appropriately over a period of time without additional intervention by the instructor.

**Adoption requires specialized support services**

To successfully complete an adoption of a child from foster care, there needs to be one or more workers who understand all the legal implications to facilitate the completion of adoption paperwork, including subsidies, who can support the on-going worker.

**Returns to care**

There were 2,719 children in out-of-home care on Dec. 31, 2011, who had entered care due to abuse or neglect, not due to their own actions. More than one-third (974 or 36%) had been in out-of-care at least once previously.



Effective planning and appropriate precautions are needed to prevent children from experiencing re-abuse and future removal from the home, and appropriate services would help children who re-enter care due to unmet mental or behavioral health needs.

The FCRO recognizes that no one can accurately predict the future wellbeing of any child who has been returned home. However, actions can be taken to decrease the likelihood of children needing to return to foster care, including:

- Plans need to be specific and match the reasons that the child entered care.
- Plans need to be practical and measurable.
- Parental behaviors, such as during parenting-time, or whether or not the parents are attending court ordered therapy, substance abuse treatment and support, etc., needs to be accurately measured. This forms the basis of determining the safety/risk to the child when considering when, and whether, children should be reunified with their parents.
- Parents need to demonstrate sustained changes in the behaviors that led to the children's removal.
- Children and parents need easier access to services and treatments, such as for mental health issues.

With increased vigilance and focus, Nebraska can reduce the number of children returning to foster care.

### **Recommendations:**

1. Assure case plans are complete, appropriate to the circumstances, and timely.
2. Assure adoptions are completed by persons with expertise in this intricate area of juvenile law, and address causes for delays.
3. Put in place processes to assure that paternity is addressed promptly after children come to the attention of the system. (see separate section that follows)

### **Related topics discussed elsewhere in this report:**

- Caseworker changes (page 17). Caseworker changes can leave some children with incomplete plans or plans that have not been updated in the prescribed timelines. Caseworker changes also can lead to an absence of documentation. In the absence of good documentation of case progress or lack thereof plans may be written that do not serve children's best interests.
- Missing documentation (page 13). In the absence of good documentation of case progress or lack thereof plans may be written that do not serve children's best interests.
- Also mental health services (page 44), special needs of ages birth through five (page 48), education (page 51), Juvenile Services Delivery Project (page 54), and foster care to 21 (page 56).

## **PATERNITY IDENTIFICATION**

Most children in out-of-home care are removed from their mother's care. Unfortunately, the system often does not consider the possibility that the father could be an appropriate caregiver.

The federal Fostering Connections to Success and Increasing Adoptions Act (PL 110-351, 2008) requires that DHHS apply “due diligence” in identifying relatives within the first 30 days after a child is removed from the home. Due diligence is not defined.

From reviews, the FCRO found that paternity was not established for 371 (15%) of the 2,469 children reviewed in the first half of 2012, and the father had not been identified for an additional 159 (6%). This is statistically the same as children reviewed in 2010 and 2011.

Often paternity is not addressed until after the mother’s rights are relinquished or terminated instead of addressing the suitability of the father as placement earlier in the case. This can cause serious delays in children achieving permanency because the case must start from the beginning with reasonable efforts to reunify with the father.

Lack of paternity identification has been linked to excessive lengths of time in care for children. Delays in identifying paternity can also result in delays in determining if the father or any of the paternal relatives are appropriate placements for the child.

### **Recommendations:**

1. Put in place processes to assure that paternity is addressed promptly after children come to the attention of the system.
2. Recognize that early paternity identification should be the practice norm.

### **Related topics discussed elsewhere in this report:**

- Caseworker changes (page 17). Caseworker changes can leave gaps in the documentation of paternity.
- Missing documentation (page 13). There must be documentation in order to legally establish children’s paternity.
- Kinship placements (page 39). If paternity is not established in a timely manner, then placement with the father or paternal relatives cannot be considered and assessed for appropriateness.

## COURT PRACTICES THAT CAN REDUCE TIME IN CARE

The FCRO encourages the child welfare system to consider how the following legal system practices can be maintained and improved.

### **Pre-hearing conferences.**

Many courts are successfully using pre-hearing conferences to:

1. Help families identify services they can utilize to begin the process of change, with the help of the professionals involved.
2. Establish paternity early in the case.
3. Identify potential relative placements and assess their suitability.
4. Identify ICWA (Indian Child Welfare Act) issues.
5. Work out parenting-time (visitation) schedules.
6. Help parents understand they have a short time in which to demonstrate permanent change.
7. Set up evaluations, pre-treatment assessments, mental health, and substance abuse services early on to avoid delays to arranging needed services.



### **12-month permanency hearings.**

The 12-month permanency hearing is a pivotal point in each child's case at 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.

Whenever possible this hearing should be the moment where case direction is decided. Even if there are good reasons for waiting before making the final decisions, such as a brief wait for parents or child to complete a particular service or have a particular evaluation, the permanency hearing can and must serve a useful function. In those cases the hearing should reinforce that the only delays to permanency the court will tolerate are those that are in the child's best interests, and that children not only deserve permanency, it is a basic developmental need.

Courts that are setting the dates for this hearing at the beginning of the case, informing parents of the need for timely compliance, and using the hearings to set case direction are seeing an improvement in timely permanency.

### **Aggravated circumstance findings.**

In cases where the parent has subjected a juvenile to "aggravated circumstances," prosecutors (county attorneys) can request a finding from the court that will excuse the State from its duty to make reasonable efforts to preserve and unify the family, if it can be shown that this would be in the child's best interests.

The phrase “aggravated circumstances” has been judicially interpreted to mean that the nature of the abuse or neglect is so severe or so repetitive (e.g., involvement in the murder of a sibling, parental rights to a sibling have been involuntarily terminated for a similar condition, felonious assault of the child or a sibling, some forms of sexual abuse, etc.) that reunification with the child’s parents jeopardizes and compromises the child’s safety and well-being. About 25% of the cases involve the type of parental behaviors that might provide a basis for a court to find an exception.

This was put into the law so that children do not unnecessarily linger in foster care while efforts are made to rehabilitate parents whose past actions have indicated will likely never be able to safely parent their children. Efforts to reunify in these types of cases can expose children to further trauma, particularly when forced to spend time with the offending parent(s).

When the court grants an exception, the prosecutor can begin the process for a termination of parental rights trial, and DHHS can create a plan of adoption or guardianship. This finding does not circumvent the parent’s due process rights, and a termination of parental rights trial is still necessary before the children can be placed for adoption. Parents still have a right to appeal a termination finding.

The FCRO recommends that all involved in children’s cases, especially caseworkers and supervisors, recognize and advocate for appropriate action in these cases.

### **Recommendations:**

1. Make good use of pre-hearing conferences to quickly identify paternity and enable services to begin, and to hold parents accountable for timely change.
2. Make it standard practice to use the 12-month permanency hearings to reach critical decisions regarding children’s cases.
3. Utilize aggravated circumstance provisions in applicable cases.

### **Related topics discussed elsewhere in this report:**

- Caseworker changes (page 17). Caseworker changes can result in documentation gaps during each transition and as new workers try to catch up with their new caseloads.
- Missing documentation (page 13). Documentation is part of the evidence courts need to ensure timely case progression.
- Juvenile Services Delivery Project (page 54).

## GUARDIAN AD LITEM ACCOUNTABILITY

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

Unfortunately, there are indications that throughout the State many guardians ad litem could play a more substantial role in assuring children's safety. According to Neb. Rev. Stat. §43-272.01, the guardian ad litem is to "*stand in lieu of a parent or a protected juvenile who is the subject of a juvenile court petition...*" and "*shall make every reasonable effort to become familiar with the needs of the protected juvenile which shall include...consultation with the juvenile.*"

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

The FCRO respectfully requests that judges inquire of guardians ad litem whether they have seen the children they represent, and under what circumstances. The FCRO also requests that judges continue the progress made holding guardians ad litem accountable for the quality of their representation of children. This can be done by ensuring that, per the Supreme Court's guidelines, the guardian ad litem:

- Submits a report to the court at the disposition hearing and dispositional review hearings, based on their independent research and judgment and consultation with the child. This report shall include when they visited the children and with whom else they have consulted.
- Consults with the juveniles they represent within two weeks of appointment and at least once every six months thereafter, including visiting the children's placements.
- Interviews the foster parents, other custodians, and current DHHS case workers, and interviews others involved in the case such as parents, teachers, physicians, etc.
- Attends all hearings regarding the child, unless excused by the Court.
- Makes every effort to become familiar with the needs of the children they represent, including determining whether the children's placement is safe and appropriate.

### **Recommendations:**

1. Assure that guardians ad litem are following the Supreme Court's guidelines by conducting independent determination as to the juvenile's best interests, and consulting with the juvenile at least once in the placement (an important safety provision).
2. Upon appointment, the court should provide the guardian ad litem a job description and a list of items that need to be completed and included in the guardian ad litem report. This job

description and list should include, at a minimum, all of the authorities and duties of the guardian ad litem set forth in Neb. Rev. Stat. §43-272 and 43-272.01, and the Supreme Court Guidelines.

3. Prior to the payment of an invoice for guardian ad litem services, the billing should be reviewed by the judge, the clerk magistrate, or by a staff person designated by the judge. Bills for services should correspond to the work accomplished on behalf of the children. Failure to provide sufficient consultations should be addressed by the judge.

**Related topics discussed elsewhere in this report:**

- Court practices (page 25).

## ADJUDICATION HEARING DELAYS

An adjudication hearing is the court hearing where facts are presented to prove the allegations in the petition. It is to protect the interests of the juvenile, not to punish the parents. Punitive charges would be in criminal court, a separate matter entirely. In an adjudication hearing the burden of proof is on the state, through the County Attorney. Because parents have a fundamental interest in the relationship with their children, due process must be followed. If the parents deny the allegations, then a fact-finding hearing like a trial is held, where the parents have a right to counsel.

At the hearing the finding of fact occurs, the allegations in the petition are found to be true or false, and the child is either made a state ward or not. The Court cannot order the parents to services prior to completion of the adjudication hearing. Sometimes attorneys will advise parents not to voluntarily begin services prior to adjudication as that could be interpreted as an admission of guilt, while other attorneys may encourage the parents to participate in voluntary services and evaluations to show that they are pro-active about getting their children back.

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.

As shown in the chart below, in practice adjudication with 90 days does not always occur. The following is from the review of 2,450 children's cases in which there was court involvement from Jan.-June 2012:

<b>Time</b>	<b>Number of children</b>
3 months or less	1,854 (76%)
4 months	204 (8%)
5 months	138 (6%)
6 months	48 (2%)
Over 6 months	206 (8%)

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

- There could be delays while waiting for the completion of assessments or evaluations.
- There could be delays due to caseworker changes.
- There could be a delay if the court docket is full.
- There may be motions for continuance made to prevent admissions, testimony, and factual determinations made at the adjudication from being used by the state in order to enhance a pending criminal prosecution.
- There may be motions for continuance due to parental incarceration.
- There may be motions for continuance due to parental transportation issues.
- The caseworker may be waiting to see if the parents will resolve the issue(s) promptly so the case can be dismissed.

While some of these may be “good cause,” both parents and child are entitled to a prompt adjudication hearing. Motions for continuations may be particularly problematic in areas with heavy court dockets or where courts only meet as juvenile courts on specific days during the month. Courts need to weigh motions for continuation carefully to avoid prolonged delays.

**Recommendations:**

1. Enable parents or youth to complete needed assessments or evaluations in a timely manner so work can begin to correct the conditions that led to the child’s removal early in the case when the parents are more likely to be highly motivated to succeed.
2. Weigh motions for continuation against the need for a prompt adjudication. If a continuation must occur, do so for the shortest time possible.
3. Provide adequate resources to ensure timely adjudication and case progression.

**Related topics discussed elsewhere in this report:**

- Court practices (page 25).



## OTHER LEGAL ISSUES

Through reviews, the FCRO has identified a number of steps that courts can, and have, made to reduce the length of time children spend in foster care. We acknowledge that the courts have made significant efforts in this area, particularly the use of pre-hearing conferences, focusing the parents on the decisions needed and the timeframes for completion, and focusing on permanency at the 12-month hearings.

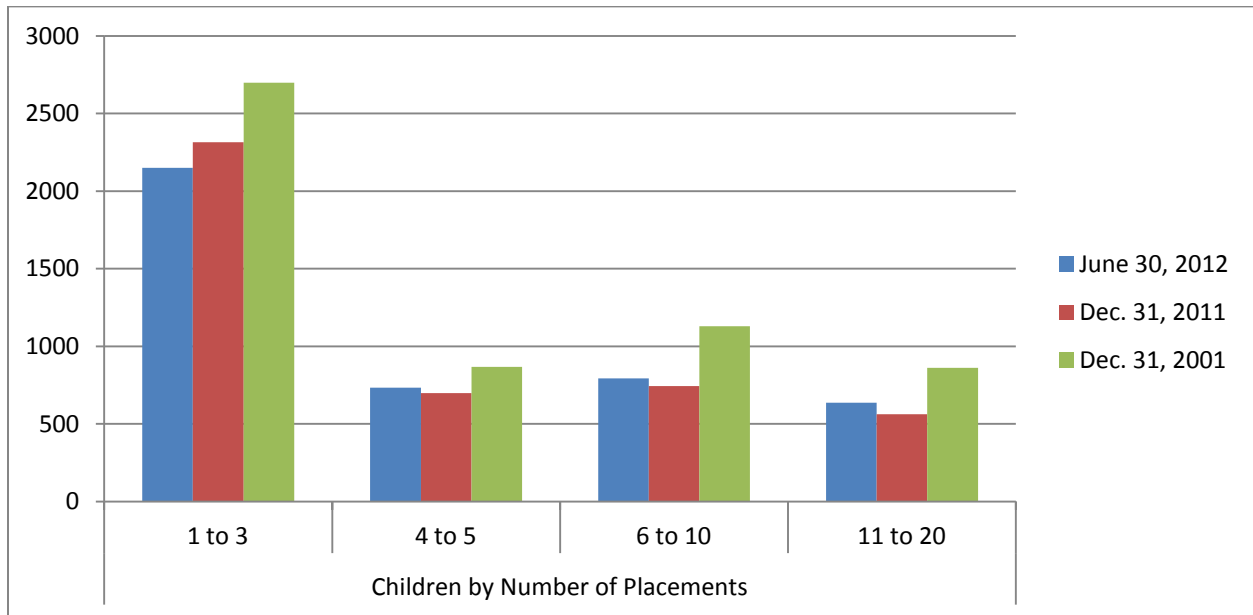
The FCRO has also identified missed opportunities for permanency. In the recommendations below are some of the ways the judiciary, guardians ad litem, and/or county attorneys can better recognize and act on those opportunities.

### **Recommendations:**

1. Insist on appropriate case plans that detail specific and timely improvements that parents need to demonstrate to show that a return of the child(ren) to the parent's care could be safe and successful.
2. Hold DHHS accountable to ensure that children receive needed treatments and services.
3. Verify through supporting evidence that the parents have been provided the services and visitation opportunities needed by either DHHS or one of the private providers with which it contracts.
4. Order parenting time to reinforce the attachments between parent and child, and promote timely reunification by measuring willingness and ability to parent.
5. Specify in court orders that services are to be successfully completed so that services and treatments are not ended prematurely.
6. Assure timely adjudications so that parents begin services to correct the reasons why children were placed into out-of-home care.
7. Continue to use FCRO recommendations and reports which identify the major issues in each case reviewed and offer recommendations alleviating those issues and other major barriers to permanency.
8. Continue to work with the Through the Eyes of the Child teams to increase understanding and collaboration among entities that make up the child welfare system.

### **Related topics discussed elsewhere in this report:**

- Court practices (page 25).
- GAL performance (page 27).
- Adjudication delays (page 29).



## NUMBER OF PLACEMENTS



**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, 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. 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.

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

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

50% of the 4,313 children in foster care on June 30, 2012, had experienced four or more placement changes over their lifetime.

- 734 children (17%) had 4-5 lifetime placement changes.
- 793 children (18%) had 6-10 lifetime placement changes.
- 637 children (15%) had 11 or more lifetime placement changes.

This summarizes some of the reasons for children moving from one foster home or group home to another.

1. There may not be an appropriate placement available that is equipped to meet that child's particular needs when the child needs to be removed, so inevitably these children end up being moved, sometimes multiple times.
2. Some foster parents have been overcrowded, making it difficult to provide each child with the care needed to heal from their past abuse or neglect experiences.
3. Sometimes the mixture of children in a placement is inappropriate, leading to moves. For example, an aggressive older child in the same home as a vulnerable child confined to a wheelchair or an infant, or children who are sexually acting out with other children.
4. Some children are moved because after months in care a relative has been identified.
5. Some relative placements have not been given explicit information about whether, or to what extent, parents can have contact with the children while under the relative's supervision, or on how to deal with other common inter-familial issues. This has led to some children being moved from the relative's care.

6. Sometimes there are delays in making permanency decisions. This increases the probability that the child will experience more transitions to different placements. “Placement drift” has detrimental effects to children’s sense of stability, to their educational progress, and to their mental and physical health. Therefore, any delay to decision-making needs to be purposeful and temporary.
7. There may be issues with getting approvals for children to be in higher level and thus more expensive, treatment placements.
8. Some youth with law breaking behaviors may move back and forth between detention and home several times.
9. Some are transitions from higher levels of care into lower levels of care as children’s behaviors or needs are successfully addressed.
10. Some are due to foster parents giving notice due to frustrations with DHHS over not providing needed information when children are placed and not providing needed supports.

After this section will be some more details on issues impacting the number of placements children experience, specifically on the availability of placement options and kinship care.

### **Recommendations:**

1. Utilize a more individualized approach to foster care recruitment.
2. Improve monitoring and supports for placements.
3. Identify appropriate kinship placements at the time of the children’s placement in foster care, and provide those placements with needed supports.
4. Provide kinship caregivers explicit information on whether, or what extent, parents can be in contact with the children and on how to deal with inter-familial issues.

### **Related topics discussed elsewhere in this report:**

- Availability, safety, and appropriateness of placements (page 35).
- Kinship care (page 39).
- Maintaining connections with siblings (page 38). The more moves a child experiences the more likely there are to be disruptions of contacts with siblings.

## **PLACEMENT AVAILABILITY, SAFETY and APPROPRIATENESS**

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

### **FCRO findings on children's placements**

Under 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 the placement.

As a basis for the finding, the FCRO's reviewers research whether any allegations have been made against the placement of the children being reviewed and the system's response to those allegations. The FCRO's reviewers also consider the results of home studies, which measures the 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 issue of there being insufficient documentation to determine a substantial number of children's safety is an on-going one that the FCRO continues to address with DHHS and with the lead agency if it is involved in the child's case. The FCRO does not assume children to be safe in the absence of required documentation.

After carefully considering the available information, the FCRO found for 2,469 children reviewed January-June 2012:

- 594 children's files statewide (24%) did not contain the documentation needed to make a determination of the safety and appropriateness.
- 92 children were in inappropriate placements as designated by the FCRO at the time of the review. The placement was found to be safe, but not able to meet the individual child's needs.
- Thankfully no children were found to be in unsafe placements as designated by the FCRO (in need of immediate removal) at the time of these reviews. In making this finding the FCRO considers the type of placement, the mixture of children in the placement, the individual needs of the children, and whether or not a safety plan is in place.

### **Safety**

Most children enter care due to abuse or neglect. The system has a statutory obligation to place those children in a safe placement and provide needed services and supports to the caregivers.

As recently as 2011 the FCRO has been contacted by stakeholders and/or learned through reviews that some placements have a lack of supervision that places children and youth at significant risk. The FCRO will contact caseworkers, administrators, and/or the CPS hotline as appropriate when such information comes to light.

The FCRO is aware of two group facilities that were closed down during 2012 because a lack of supervision led to a failure to keep youth safe.

### **Appropriateness**

Regarding 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.

An example of a safe, but inappropriate, placement would be placing a teenager in a home that was best suited for an infant. When a placement willing to take a teenager becomes available, then the teen will be moved, or the teen may end up in another inappropriate placement if the caregivers are not equipped or willing to deal with issues of an adolescent who has experienced early childhood trauma while the system looks for a more beneficial placement. Even if not specifically told about the caregiver's preference, teens and older children likely sense the caregiver's reservations regarding caring for an older child.

### **Availability and placement array**

Foster parents have different skill sets and abilities to provide appropriate care for the varied needs of Nebraska's foster children. Matching children and youth with the care givers best suited to meet their needs is a challenge given the shortage of homes, the proximity of an "open bed" and services, training and supports available.

DHHS provided the following statistics, dated September 2012, regarding the number of foster homes available.

<b>DHHS Service Area</b>	<b>Counties in the DHHS service area</b>	<b>Licensed Homes</b>	<b>Approved Homes<sup>8</sup></b>
Central Service Area	Adams, Boyd, Brown, Buffalo, Cherry, Custer, Franklin, Greeley, Hall, Harlan, Holt, Howard, Kearney, Loup, Phelps, Valley, Webster	163	114
Eastern Service Area	Douglas, Sarpy	730	579
Northern Service Area	Antelope, Boone, Burt, Butler, Cedar, Colfax, Cuming, Dakota, Dixon, Dodge, Hamilton, Knox, Madison, Merrick, Nance, Pierce, Platte, Polk, Saunders, Seward, Stanton, Thurston, Washington, Wayne, York	280	167
Southeast Service Area	Cass, Clay, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Nuckolls, Otoe, Pawnee, Richardson, Saline, Thayer	393	214
Western Service Area	Banner, Box Butte, Chase, Cheyenne, Dawes, Dawson, Dundy, Frontier, Furnas, Garden, Gosper, Grant, Hayes, Hitchcock, Hooker, Keith, Kimball, Lincoln, Logan, Morrill, Perkins, Red Willow, ScottsBluff, Sheridan, Thomas	166	178
Out of state		6	93
<b>Total</b>		<b>1,738</b>	<b>1,345</b>

<sup>8</sup> See the section on licensing issues on page 40 for an explanation of this column.

Prior to Reform the FCRO reported the need to develop more placements for children with specific needs (i.e., homes that are willing to take in children with behavioral and mental health conditions, certain physical conditions, older children and teens, pregnant girls, and large sibling groups).

DHHS awarded significant funding to the Lead Agencies to defray start-up expenditures to build capacity (\$7 million).<sup>9</sup> Through reviews it appears there are still challenges with finding the right placement for individual children when they need an out-of-home placement.

### **Recommendations:**

1. Utilize a more individualized approach to foster care recruitment.
2. Improve monitoring and support for placements.
3. Identify appropriate kinship placements at the time of the children's placement in foster care, and provide those placements with needed supports.

### **Related topics discussed elsewhere in this report:**

- Kinship care (page 39). A substantial number of children receive their care through kinship or relative caregivers.
- Maintaining connections with siblings (page 38).
- Mental health treatment, which may include specialized placements (page 44).
- Caseworker changes (page 17).
- Case planning (page 21).

---

<sup>9</sup> Attestation Report of the DHHS Child Welfare Reform Contract Expenditures, State Auditor of Public Accounts, September 2011, page 99.

## MAINTAINING CONNECTIONS WITH SIBLINGS



Children who have experienced abuse or neglect may have formed their strongest bonds with siblings. If bonds exist it is important to keep them intact, or children can grow up without essential family and suffer from that loss.

It can be difficult for the state to find placements willing to take large sibling groups, especially if one or more of the children have significant behavioral issues. In the absence of being placed together, sibling bonds can be kept intact through sibling visitation.

Due to the importance of maintaining sibling connections, local board members are required to make a finding during reviews regarding sibling contacts. In reviewing 2,469 cases from January-June 2012, the FCRO found that for 1,254 children sibling visitation was not applicable because either the child had no siblings or the siblings were placed together. For the remaining 1,215 children:

- For 795 children (65%) sibling visitation was occurring.
- For 196 children (16%) sibling visitation was not occurring.
- For 220 children (18%) information on sibling visitation was not available.
- For 4 children (under 1%) sibling visitation was not occurring due to court order, such as in cases where one sibling had sexual contact with another.

### **Recommendations:**

1. Look for placements willing to take sibling groups.
2. Improve oversight and support for placements with sibling groups.
3. Assure children who are unable to be placed with siblings can keep their vital ties intact.

### **Related topics discussed elsewhere in this report:**

- Placement availability, safety, and appropriateness (page 35).
- Kinship care (page 39).



## KINSHIP (RELATIVE) CARE

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



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

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

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

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

Nebraska has been increasingly utilizing relative placements, with 24% (1,041) of the 4,313 children in out-of-home care on June 30, 2012, placed with a relative. This nearly doubles the 13% of children reviewed in 1998 who were in a relative placement.

The Nebraska Family Policy Act (Neb. Rev. Stat. §43-533) states that when a child cannot remain with their parent, preference shall be given to relatives as a placement resource.

It also requires that the number of placement changes that a child experiences shall be minimized and that all placements and placement changes shall be in the child's best interest.

### **Delayed identification of relatives**

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

Sometimes there are delays in identifying relatives, sometimes there are delays in assessing relatives as potential placements, sometimes relatives who appear to be suitable placements are not utilized, sometimes children are placed with persons not yet proven to be relatives, and sometimes children are placed with relatives that appear to not meet minimal standards for care giving.

### **Licensing issues**

In order for states to receive federal payments for foster care and adoption assistance, federal law under title IV-E of the Social Security Act requires that states “consider giving preference to an adult relative over a nonrelated caregiver when determining the placement for a child, provided that the relative caregiver meets all relevant State child protection standards.”<sup>10</sup>

Title IV-E further requires states to exercise due diligence to identify and provide notice to all grandparents and other adult relatives of the child (including any other adult relatives suggested by the parents) that the child is being removed from the custody of his or her parents, explain the options the relative has to participate in the care and placement of the child, and describe the requirements to become a foster parent to the child.<sup>11</sup>

DHHS policy dictates that relatives should become licensed foster homes whenever possible. In order for a relative foster home to become licensed, certain criteria must be met.<sup>12</sup>

1. A licensed foster parent must submit to background checks, to include a National Criminal History Check, (certain crimes automatically preclude licensing), Central Register of child and adult protection cases, (denied if not expunged), and State Patrol Sex Offenders Registry.
2. All adult members must also provide three favorable character references.
3. Applicants must also present a Health Information Report, and if requested, the applicant may be required to provide a written physician’s statement regarding the effect of prescribed medication on the applicant’s ability to provide care for children.
4. The applicant may also have to submit to a physical examination if the Health Information Report or DHHS agent observation indicates that an applicant has a potential health problem which may interfere with ability to care for a child.
5. The maximum of children, both biological and foster, that can be residing in the home is 9, with no more than 6 children under the age of 12.
6. There must be a minimum 35 square feet of living space per individual in the home excluding bedrooms, bathrooms and kitchen.
7. Bedrooms must meet a minimum of 35 square feet for each child occupying them.
8. Rooms that are primarily used for other purposes cannot be used as bedrooms and all bedrooms must be able to be accessible directly without having to go through another bedroom.
9. Children of opposite sexes must have separate bedrooms.
10. There must be two exits from the home on grade level.
11. Toilets must be on same floor as children’s sleeping rooms.
12. Sleeping rooms must have natural light.

<sup>10</sup> 42 U.S.C. § 671(a)(19), Placement refers to the placing of a child in the home of an individual other than a parent or guardian or in a facility other than a youth services center.

<sup>11</sup> 42 U.S.C. § 671(a)(29), as amended by the Fostering Connections to Success and Increasing Adoptions Act of 2008.

<sup>12</sup> Nebraska Health and Human Services Manual letter #75-2002.

13. The State Fire Marshal's office will conduct an inspection on the potential foster home for any potential safety risks.
14. If the applicant is caring for seven or more children, the applicant's residence must meet the requirements for Small Residential Board and Care Facilities.
15. The home that is seeking approval for licensing for care of seven or more children must also undergo a sanitation inspection.
16. Potential foster parent applicants have to attend 21 hours of DHHS-Approved pre-service training (PRIDE), and 12 hours in-service training annually.

The Department of Health and Human Services may waive, in whole or in part, foster care training requirements when a relative is the foster care provider. Such waivers shall be granted on a case-by-case basis upon assessment by the department of the appropriateness of the relative foster care placement.<sup>13</sup>

If a relative cannot meet the minimum expectations to become a licensed foster home or the relatives do not want to become licensed, certain requirements must still be met. Completion of background checks on all household members age 13 and over on the CPS Central Register and Adult Protective Services Central Registry and any household member age 18 and over, a background check through the Sex Offender Registry, local and national law enforcement checks must be conducted. If background checks find that a household member is on either the CPS or APS Central Registry, has a felony conviction or is listed on the Sex Offender Registry a "Request for Relative Approval Exception" must be signed by DHHS Administration.<sup>14</sup>

Newly passed legislation stipulates that after July 1, 2012 "*no person shall furnish or offer to furnish foster care for one or more children not related to such person by blood, marriage, or adoption without having in full force and effect a written license issued by the department ...*"<sup>15</sup> This newly passed legislation therefore prohibits "child specific" foster placement other than relative foster parents, and all other potential foster homes must be licensed.<sup>16</sup>

This is problematic in instances where there is a potential caregiver that is known to the children and with whom the children have a natural relationship but may not meet all licensing criteria. Examples of common scenarios include a parent of a half-sibling that is only related to one of the children or a step-parent that is no longer married to the biological parent of the children.

Children in these scenarios must be placed elsewhere. Even if the step-parent or parent of half-sibling pursues licensing, it takes time to go through all the licensing steps and to complete the required training. Then children who have just began adjusting to life in the placement they needed while the relative pursued licensing may be moved again, this time to the newly licensed relative and start the adaptation process over again. This certainly was not the intent of the legislation.

---

<sup>13</sup> Neb. Rev. Stat. 7§1-1904.

<sup>14</sup> Division of Children and Family Services Administrative Memo #16-2012 issued June 15, 2012.

<sup>15</sup> Neb. Rev. Stat. §71-1902 (1).

<sup>16</sup> Neb. Rev. Stat. §71-1904.

Formerly there was an ability to create a provisional license while the potential foster home completed licensing requirements; that is no longer the case. “Any reference to considering, assessing, or making placement of a child in an unlicensed foster home, unless the child and foster parent are related by blood, marriage, or adoption, in existing administrative memos or Guidebooks is no longer applicable based on the new statute” and, “Beginning July 1, 2012, DHHS will not place children in the home of a foster or adoptive parent who does not have an operational license for foster care unless the foster or adoptive parent is related to the child by blood, marriage, or adoption. This statute applies to emergency and non-emergency placements.”<sup>17</sup>

At a meeting on November 1, 2012, DHHS Children and Family Services Director Thomas Pristow indicated that the department was in process of standardizing the training curricula for foster homes, regardless of which contractor provides the foster home’s training and supports. The FCRO supports this move to ensure that all caregivers are provided the essential information needed to provide care to children who have experienced abuse, neglect, or other trauma in their home of origin.

### **Specific information relative caregivers need**

Relative placements have specific training needs. They need the type of training that other foster parents receive on the workings of the foster care system and on the types of behaviors that abused and neglected children can exhibit. In addition, many relatives have requested training on dealing with the intra-familial issues present in relative care that are not present in non-family care situations.

### **National findings**

Nationally, children in foster care who are placed with relatives are more likely to reunite with parents, have fewer total foster care placements<sup>18,19</sup> and a lower probability of return to foster care after removal.<sup>20</sup> Children in relative placement settings, however, tend to remain in foster care longer and are less likely to resolve their foster-care stay via adoption.<sup>21</sup>

### **Recommendations:**

1. Ensure that a relative placement is not selected simply because of biological connections, but rather because it is a safe, appropriate placement that is in the child’s best interest.
2. Identify and recruit relatives and non-custodial parents within the first 60 days of a child’s placement. Assess their previous relationship with the children and ability to safely care for the children, so that delayed identification of these prospective placements does not result in unnecessary moves.
3. Identify paternity in a timely manner so the father and paternal relatives can be considered.

<sup>17</sup> Division of Children and Family Services Administrative Memo #16-2012 issued June 15, 2012.

<sup>18</sup> Kinship Care: Supporting Those who Raise Our Children. Annie E. Casey Foundation, 2005.

<sup>19</sup> Center for Law and Social Policy, Is Kinship Good for Kids, March 2007.

<sup>20</sup> Kinship Care in the United States: A systematic Review of Evidence-Based Research, School of Social Work, Colorado State University, July 2005.

<sup>21</sup> Kinship Care in the United States: A systematic Review of Evidence-Based Research, School of Social Work, Colorado State University, July 2005.

4. Develop a training curriculum for relative caregivers. Include information on the child welfare system and information on the intra-familial issues specific to relative care.
5. Provide kinship caregivers explicit information on whether, or what extent, parents can be in contact with the children and on how to deal with inter-familial issues.
6. Provide relative caregivers access to round-the-clock immediate and effective support when issues arise, and provide them with health and educational records on a timely basis.
7. Clarify that a step-parent or parent to a child's partial sibling is considered a relative for purposes of foster care licensing.

**Related topics discussed elsewhere in this report:**

- Maintaining connections with siblings (page 38). The more moves a child experiences the more likely there are to be disruptions of contacts with siblings.
- Placement availability (page 35).
- Paternity identification (page 24).

## ACCESS TO MENTAL HEALTH SERVICES and MANAGED CARE CONTRACT ISSUES

The FCRO found that 18% (448 of 2,469) of the children reviewed in the first half 2012 had a DSM IV (psychiatric) diagnosis, which indicates that a significant number of children are impacted by the managed care system. Some additional statistics of note: 215 children had a documented diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), 149 had Oppositional Defiant Disorder (ODD), and 61 had a diagnosis of Emotionally Disturbed. All of these are common diagnosis for children who have experienced trauma.

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 as a means to control the costs of treatment and psychiatric placements. Nebraska contracts with Magellan Behavioral Health to determine what and whether Medicaid will pay for mental health treatment, because these are often expensive services.



Behavioral issues can be an anticipated consequence of a child having been abused or neglected and/or from the trauma of removal from his or her home and family. Other children enter the system with behavioral issues.

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 DHHS or the Lead Agencies; otherwise the child goes without. DHHS often requires the court to order services if denied by Magellan, which delays the receipt of needed services since it could be several months until the child's next court hearing.

Children may be prematurely moved from treatment placements based on whether the managed care contractor will continue to approve payments, rather than based on the children's needs. Therapeutic services are frequently limited to a specific number of sessions. Delays to therapy can occur while appealing for additional sessions, if needed.

### **Treatment not accessible to some specific populations**

There can be many reasons for children not receiving services, such as: their needs not being properly identified, a lack of treatment providers or facilities in the children's area of the state, a lack of facilities equipped to handle an individual child's specific issues, or a lack of funding for needed services.

Some children have additional issues that make finding treatment for behavioral/mental health needs even more complicated, even if funding was not a factor. Some examples include:

children with serious physical conditions, pregnant teens, and children with language barriers, sight or hearing impairments, or developmental delays.

Sometimes the only treatment facility available to meet a particular child's needs is out of state, which makes maintaining the family bonds during treatment very difficult. Waiting lists can also be problematic. The situation is compounded by the number of treatment facilities recently lost in our state (see prior FCRO annual report). Oversight of the children's care and ability of parents to maintain contact or participate in family therapy would be enhanced if children remained in Nebraska at a facility that could meet their needs.

### **Lack of services can increase the length of time in foster care**

Children who 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.

### **Treatment reports not available**

While the Magellan contract states that there are to be therapy or assessment reports from the provider prior to Magellan paying for the therapy or assessments, in practice in 59% of the cases of children who were to be in therapy that were reviewed January-June 2012, therapy reports were not found in the children's files. During some file reviews FCRO staff found that workers had made multiple requests for these documents, but apparently had not received them.

### **Recommendations:**

1. Address managed care denials of services based on behaviors to ensure children receive needed services.
2. Assure payment sources are available for children and youth with a wide array of behavioral problems.
3. Provide continual evaluations of the quality of services received.
4. Establish outcome based oversight and control of contracted managed care services.
5. Change the appeals process so that denials can be reasonably appealed without the burden of overly restrictive timeframes.
6. Assure that reports from the service provider are received prior to making payment.

### **Related topics discussed elsewhere in this report:**

- Case planning (page 21).
- Number of placements (page 33) and array of placements (page 35). Children with mental health or behavioral issues tend to have a higher number of placements and be more difficult to find an appropriate placement for.
- Oversight section (page 46).

## OVERSIGHT

The FCRO's primary focus is for the safety of children in foster care. The way contracting has been implemented to date has affected children's safety, the amount of resources available for direct services to parents and families, and the stability of the system.

DHHS has the ultimate responsibility for the children's safety and well-being, regardless of whether a placement or service is provided through a contract or through a direct purchase, and needs to provide vigilant oversight accordingly.

Oversight is critical in order to stabilize the system and provide better outcomes for children. In addition to Judicial, FCRO, and Legislative oversight DHHS must provide vigorous oversight of its own performance and that of its contractors and their subcontractors, including but not limited to the pilot lead agency.

In the area with the lead agency, Children and Family Outcome Monitors (CFOMs) are DHHS staff designated to provide case level oversight. This methodology is problematic because:

- these individuals do not have personal knowledge of the cases they oversee,
- they monitor based on information provided by the Lead Agencies rather than through case knowledge,
- they do not see the children and cannot monitor their safety, and
- they are unable to address larger issues with the lead agency or one of its subcontractors.

There can also be a missing link between DHHS' receipt of a report of child abuse or neglect ("intake") and providing that information to the appropriate agency.

As of October 2012, in Douglas and Sarpy Counties there were about 12 CFOM to oversee about 1,900 children in out-of-home care.

The area with the lead agency is not the only place where oversight is needed. In the balance of the state there are numerous contracts and subcontracts for children's placements and services. These too need oversight to ensure children's safety, to ensure that services are received and are of adequate quality, and to ensure good fiscal control.

DHHS in the fall of 2012 indicated that it is implementing performance based contracting. This is a step in the right direction towards improving oversight. The FCRO has appreciated the frank dialogue that has recently occurred on oversight and related issues and looks forward to collaborating with DHHS to address such issues in the future.

### **Recommendations:**

1. Address managed care issues discussed elsewhere in this report.
2. Ensure children are safe in their placements and while receiving services.



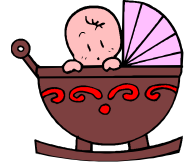
3. Ensure safety issues are effectively dealt with, and consequences for failure to ensure children's protection are proportionate.
4. Make sure the system is structured to not be dependent on any particular contractor, so that poor performance and/or safety issues can effectively be addressed.
5. Provide sufficient oversight of contractor performance, including setting clear expectations and proportional consequences for non-compliance.
6. Ensure that there are specific qualified and trained individuals in position to monitor contractor compliance on a regular basis and provide timely response to enforce standards and consequences. These persons should be responsive whether DHHS staff, the FCRO, the Inspector General, or other professionals identify issue(s).
7. Consider and resolve any performance issues prior to signing a new contract with any particular agency.
8. Regardless of whether the work is done by a state employee or a DHHS contractor, ensure financial and other resources are used in the most responsible and effective manner, with DHHS recognizing its accountability for the health, safety, and well-being of all state wards in its legal custody.
9. Continue to utilize the information that the Foster Care Review Office provides on the issues as identified through tracking and case reviews.

**Related topics discussed elsewhere in this report:**

- Managed care (page 44).

## SPECIAL ISSUES OF CHILDREN AGE BIRTH THROUGH FIVE

The first five years of a child's life are crucial for successful and healthy development. Providing the right conditions for early childhood development is far more effective than trying to fix problems later in life. Unfortunately many children do not have this type of healthy environment.



*“The largest problem we have in terms of vulnerability of children is low-income, highly stressed environments. Environments where the impact of daily stress, particularly if compounded by exposure to violence, or mental illness in the family, particularly maternal depression or substance abuse, that level of stress, that kind of toxic stress in the environment of a young child is actually interfering with the development of the brain.”*

-Dr. Jack Shonkoff, Founding Director  
Center on the Developing Child, Harvard University

On June 30, 2012, there were 1,266 children in out-of-home care in Nebraska who were under six years of age, the period during which brain functionality is being formed. Focusing upon children birth through age five provides a long-range solution to the number of young children in foster care, while simultaneously protecting that group of children most vulnerable to abuse and neglect.

Research has shown that when young children must cope with prolonged or multiple stressors, vital connections can fail to form properly, resulting in temporary or permanent changes in the children's ability to think, to develop positive inter-personal relationships, and to process future stressors. High levels of stress hormones occurring during the period of ages newborn through three have been found to create life-long problems with impulse control, anxiety, hyperactivity, and learning disorders.<sup>22</sup>

Instability in foster care can further exacerbate such problems. The American Academy of Pediatrics has found that paramount in the lives of children in foster care is the children's need for continuity with their primary attachment figures and the sense of permanence that is enhanced when placement is stable.<sup>23</sup>

When a child is removed from the family home due to abuse or neglect, he or she is often not clear as to why this essential bond has been interrupted or broken, and why he or she is placed in the care of strangers. This disruption is especially harmful for younger children, layering additional levels of confusion and anger on top of the trauma of initially experiencing abuse and/or neglect in the toxic home environment.

After children are removed from the home, many experience multiple placements and/or failed reunification attempts with their parents, and thus have a lack of the ongoing nurturing

<sup>22</sup> Sources include *Ghosts From the Nursery*, Robin Karr-Morse and Meredith S. Wiley c. 1997.

<sup>23</sup> Rosenfeld, Pilowsky, Fine, et al as quoted in the American Academy of Pediatrics Policy Statement on Developmental Issues for Young Children in Foster Care, November 2000.

relationships and attachments required for them to grow and thrive. The following statistics indicate the prevalence of this issue.

1. On an average day in 2012 about 1,200 children ages five and under were in foster care in Nebraska. By any standard, this number means that too many preschoolers have been abused or neglected to the point of requiring removal from the parental home.
2. 447 (35%) of the 1,266 children in this age group in foster care on June 30, 2012, had been in more than two foster homes. This compares to 37% in 2002.
4. 206 (16%) of the 1,266 children in this age group in foster care on June 30, 2012 had been removed from the home at least once before. This compares to 14% in 2002.

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

The following are some of the things to be considered when planning for young children:

#### **A Checklist for the Healthy Development of Infants in Foster Care<sup>24</sup>**

1. What are the medical needs of this infant?
2. What are the developmental needs of this infant?
3. What are the attachment and emotional needs of this infant?
4. What challenges does this caregiver face that could impact his or her capacity to parent this infant?
5. What resources are available to enhance this infant's health development and prospects for permanency?

Also, informed medical decisions and preventive care are critical to healthy development in the earliest years. The American Academy of Pediatrics recommends that all children in foster care have a "medical home" – an approach to providing comprehensive primary care that facilitates partnerships between patients and their personal physicians. The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and the Early Intervention Program (Part C of IDEA) are the strongest medical, developmental and mental health entitlements to services for eligible children in the earliest years.

An additional issue is the number of young children who come into care as the result of substance abuse by their parents. For children under age two who were reviewed in 2012, 55% came from homes with parental substance abuse. Substance abuse is always difficult to overcome, and methamphetamine abuse, which is often the drug of choice, appears to be more difficult to for parents to overcome than many other mood-altering drugs. Children born prenatally exposed to an abused substance are far more likely than other children to have serious

---

<sup>24</sup> *Ensuring the Healthy Development of Infants in Foster Care: A Guide for Judges, Advocates and Child Welfare Professionals*, Dicker, Sheryl and Elysa Gordon, January 2004.

medical issues, disabilities and developmental delays that if left undetected or unaddressed could undermine reunification with parents or permanency in general.

### **Recommendations:**

1. Minimize placement disruptions by recruiting and working with foster care families for infants, toddlers and preschool children, by promptly identifying appropriate relative placements (e.g. aunt, grandmother) and by attaining all appropriate health and development entitlements as early as possible in the child's case.
2. Offer intensive services to parents at the onset of the case, with the intent to assess their long-term willingness and ability to parent. Ensure that every assessment of the parent's on-going progress measures not only the parent's technical compliance with court orders but also true behavioral changes.
3. Caseworkers, foster parents, agencies responsible for contracted foster homes, guardians ad litem, therapists, courts, and other concerned parties should do everything possible to encourage a well-thought-out transition plan for any child that must move, especially if the child is pre-school age or developmentally delayed. The plan must be based on the children's age, developmental stage, needs, and attachments.
4. Ensure children are safe in their placements and while receiving services, such as supervised visitation with the parent(s).

### **Related topics discussed elsewhere in this report:**

- Number of placements (page 33).
- Placement appropriateness (page 35).
- Case planning (page 21).
- Kinship care (page 39).

## EDUCATION and FOSTER CARE



Most children in foster care have lived in chaotic, stressful environments prior to their removal from the home. Some have had pre-natal and/or post-natal exposure to alcohol and/or drugs. Some 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 assure their regular school attendance.<sup>25</sup> These children often begin their formal education at a significant disadvantage.

Further, children who are experiencing separation from their parents, adjusting to a new living environment, and often adjusting to a new school, can experience too much stress to properly concentrate on their education.

This is very similar to that situation in which a person who has just lost a spouse realizes that his or her ability to make sound decisions will be impaired during active grief. The 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.<sup>26</sup>

### **FCRO findings regarding education**

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 has received educational background information on the child at the time the child was placed. Foster parents, group homes and other placements are charged with ensuring that children placed with them receive all necessary educational services. Educational information is essential for this to occur.

In Nebraska,

- 7% of the foster parents/group home staff of school-aged children reviewed in the first half of 2012 indicated they had not been provided the child's education records. This number is likely low due to the lack of documentation shown in the bullet below.
- In another 46% of the reviews there was no documentation indicating whether these vital records had been provided to the persons caring for the children on a daily basis.
- The FCRO was able to determine the special education status for 806 children who were between the ages of 6 and 15 reviewed in the first half of 2012. File documentation showed that 250 (31%) of the 806 children were enrolled in special education, while 556 children were not enrolled. Nationally about 9% of the general population of school

<sup>25</sup> 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.

<sup>26</sup> *Impact of family relocation on children's growth, development, school function, and behavior*, Wood, D., Halfon, N. Scarlata, D., Newacheck, P., & Nessim, S. (1993), *Journal of the American Medical Association*, 270(11), 1134-1338. As quoted in the Legal Center for Foster Care and Education Fact Sheet on Educational Stability, [www.abanet.org](http://www.abanet.org).

children received special education.<sup>27</sup> Thus, it could be said that Nebraska's foster children were more than three times as likely to be in special education when compared to children in the general population.

- It should also be noted that documentation was not available regarding the special education status of another 206 children in this age group.
- 110 of the 2,469 children reviewed in the first half of 2012 had a documented diagnosis of Learning Disabled.

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

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

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

Parents must consent to an Early Development Network referral for children age birth through three years of age. A child is eligible for Early Development Network services if he or she is not developing typically, or has been diagnosed with a health condition that will affect his or her development. Often parents refuse to provide their consent.

### **National studies**

National surveys of former foster children have found that the foster system also did not encourage high expectations for their education.<sup>28</sup> Numerous sources show that youth transitioning from foster care to adulthood often have significant educational deficits. These are the youth most likely to become homeless and face employment challenges.

---

<sup>27</sup> *The Condition of Education 2009*, US Dept. of Education.

<sup>28</sup> *No One Ever Asked Us*, Trudy Festinger, (New York: Columbia University, 1984) cited in Patrick A. Curtis, Grady Dale Jr. and Joshua C. Kendall, eds, *The Foster Care Crisis: Translating Research into Policy and Practice* (Lincoln, Neb.: University of Nebraska, 1999), p. 109.

**Federal requirements**

The federal Fostering Connections to Success and Increasing Adoptions Act of 2008 included a requirement that child welfare agencies must include a plan for ensuring the educational stability of the child while in foster care as a part of every child's case plan. As part of this plan, the agency must include assurances that the placement of the child in foster care takes into account the appropriateness of the currently education setting and the proximity to the school in which the child was enrolled at the time of placement, and the child welfare agency has coordinated with appropriate local educational agencies to ensure that the child remains in the school in which the child is enrolled at the time of placement unless remaining in that school is not in the child's best interest.<sup>29</sup>

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

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

These federal provisions were put in place to improve educational outcomes for children in out-of-home care. The FCRO encourages everyone who works with children in foster care to be aware of these provisions and apply them whenever appropriate.

**Recommendations:**

1. Continue to address school stability and discourage moves that would create a change of school during a school term.
2. Continue collaborative efforts between local schools districts, the Department, foster parents, guardians ad litem, and other interested parties to reduce communication gaps and encourage school engagement by children, youth, and their caregivers. Consider a pilot to increase communication and school engagement.
3. Ensure that any foster child who qualifies for special education services receives that service, regardless of where he or she is attending school.
4. Provide foster care services to age 21 for those youth who want or need such services to better provide for their educational needs.

---

<sup>29</sup> *Fostering Connections to Success and Increasing Adoption Act, Frequently Asked Questions*, National Foster Care Coalition, 2009.

## THE NEBRASKA JUVENILE SERVICE DELIVERY PROJECT

The FCRO offers it thanks to one of our professional partners, Corey Steel, Assistant Deputy Administrator at the Office of Probation Administration, for authoring this update:

Beginning in January of 2009, the Office of Probation Administration (OPA) and the Department of Health and Human Services Office of Juvenile Services (DHHS-OJS) came together to discuss creative strategies for providing access to services for juveniles and their families involved in Juvenile Justice System. There was a shared belief that providing appropriate access to services while on probation and in their natural environment, versus state care, would improve juvenile outcomes. The Nebraska Juvenile Service Delivery Project (NJSDP) was born from this collaboration.

Implemented first in the Douglas County Separate Juvenile Court, Judicial District 4 in July 2009, the project has demonstrated positive results. Juveniles were able to access needed services sooner, decreasing the need for out-of-home care. The project enabled one state entity (OPA) to provide case management eliminating duplication of state resources. A continuum of services was developed and accessible through community-based providers.

In January 2012, Senator Bob Krist introduced legislative bill 985 to enhance and solidify the NJSDP in Douglas County. The bill also expanded the project to encompass Judicial District 11. A second round amendment by Senator John Harms expanded the project further to incorporate Judicial District 12. On April 5, 2012, Governor Dave Heineman signed legislative bill 985 into law. The passage of this bill codifies the NJDSP and provides an appropriation for services, staff and a comprehensive program evaluation.

Historically the Nebraska Juvenile Justice System was forced to penetrate a juvenile deeper than necessary into the state's health and human service system in order to access needed services. This outcome was not driven by behaviors but instead by the lack of funding and community-based service options. Likewise, it became common place to utilize state care for juveniles versus strengthening communities to care for their own. Effecting prolonged, positive change in the delinquent behavior of juveniles is what ultimately reduces recidivism and promotes safe communities.

With the NJSDP, Probation has the ability to delineate financial options and overcome barriers to fund needed services. Probation's evidence-based approach allows for targeted interventions to be identified through assessment and investigation. As a result, the Court is provided comprehensive case management and access to service options. Serving the juvenile while residing in their family home is a priority to the project. The NJSDP also looks to cultivate new, evidence-based services to be offered by community providers. This community-based process facilitates an effective environment of change for the juvenile, while seeking to maintain the family's self-reliance and promoting responsible state resource management.

The success of the project will rely heavily on systemic collaboration and strong support within the community. Healthy communities, while difficult to measure, are the optimum outcome. Other outcomes anticipated will include reduction in the use of the Youth Rehabilitation and Treatment Center (YRTC),



fewer juveniles being made state wards, and reduced penetration into the juvenile justice system. Rehabilitative services are critical tools in accomplishing this change. NJDSP is designed to remove financial barriers for

juveniles in need of services. The project broadens probation as a dispositional option for judges and preserves the Juvenile Justice mantra of least intrusive state involvement.

The FCRO looks forward to continuing work with the project to ensure that eligible children are tracked and reviewed.

**Recommendations:**

1. Continue work to provide youth needed treatment and services in the least restrictive environment therapeutically possible.

**Related topics discussed elsewhere in this report:**

- Foster care to 21 (page 56)
- Mental and behavioral health (page 44).

## FOSTER CARE TO AGE 21

The transition from childhood to adulthood can be rough for many adolescents, but for young persons who have experienced abuse and neglect, mental health issues, or seriously dysfunctional families it becomes even more of a challenge.

- Some of these young people have been hampered by educational gaps, thus some have not yet received a high school diploma at age 19, which is the current age of majority in Nebraska.
- Some lack the basics on how to get and keep a job.
- Some lack knowledge of financial management, such as leases, credit, taxes, and car payments.
- Many do not have the first and last month's rent required as a deposit on an apartment, and many will have not references that may be needed to obtain an apartment.
- Some do not have access to the basics needed for apartment living, such as towels, bedding, kitchen ware, furniture etc.
- Many lose their source of medical insurance when they "age out."
- Some may not know how to drive or have access to car or reliable transportation.
- Some need assistance with obtaining further education.
- Many will not have a relationship with a responsible adult who is willing to provide advice and counsel when issues arise or have a place to come to on the holidays.
- Some have been dropped off at a homeless shelter on their 19<sup>th</sup> birthday as they can no longer stay in their foster placement once they become a legal adult.

Recognizing this pattern across the nation, the federal Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351) was signed into law on October 7, 2008. The Act's requirements were intended to achieve better outcomes for children. Some of its many provisions were aimed at older youth who were about to "age out" of the system – that is, to reach the legal age of majority while still in out-of-home care.

These include:

- Allowing states to extend federally funded foster care, adoption and guardianship assistance to age 21 for Title IV-E eligible young adults enrolled in school, employed, or unable to participate in employment or education due to documented medical condition.
- Mandating the development of a transition plan for youth about to age out of foster care (must be done no later than 90 days prior to aging out).
- Extending resources for Education and Training Vouchers.
- Extending Independent Living services.
- Providing federal grants for programs to help children and youth maintain connections with their families.

- Expanding the use of federal Title IV-E training funds.<sup>30</sup>

As this report is being written there has been an interim hearing on the need for Nebraska to voluntarily expand foster care assistance to age 21. The FCRO Interim Director was part of the group that was meeting throughout 2012 on this issue. Cost estimates were provided at the October 25, 2012, hearing.

Some points to clarify regarding projected costs that were provided at the hearing: The federal Affordable Care Act requires states to provide Medicaid coverage to youth who have aged out of foster care until age 26 beginning in 2014, and Nebraska will incur the cost for Medicaid (medical insurance) at that point whether it extends foster care to age 21 or not.

There was also a cost estimate for the required reviews. As a reminder, the FCRO will likely have reviewed these youth's cases prior to their reaching this age group. Thus, the FCRO will have the history and the continuity to help these youth achieve the best outcomes. The FCRO is the state's IV-E review agency, and has a statewide infrastructure that could quickly provide high quality reviews for these youth.

### **Recommendations:**

1. Provide foster care services to age 21 for those youth who want or need such services.
2. Put the reviews of all children in out-of-home care under the FCRO.

### **Related topics discussed elsewhere in this report:**

- Managed care (page 44) as some of these youth have continuing mental health issues.
- Length of time in care (page 12).

---

<sup>30</sup> Sources include: National Foster Care Coalition, 2009; Center for Law and Social Policy 2009; CWLA, 2009; and Casey Family Programs 2009.

## PREVENTING ABUSE AND RESPONSE TO CHILD ABUSE REPORTS

Sadly, child abuse is a daily occurrence in Nebraska. Every day an average of 10 children and youth are removed from their home of origin, primarily due to abuse or neglect (3,810 children were removed in 2011). Clearly too many Nebraska children have suffered child abuse, child neglect and/or child sexual abuse. Unfortunately, these grim statistics represent only a small fraction of the true population of children in Nebraska who suffer abuse or neglect each year.

There is a need for proven prevention and intervention programs to lessen the number of children suffering abuse, and to reduce the numbers of children entering the system. Prevention needs to represent activities that stop a negative action/behavior, and activities to promote positive actions or behaviors. These can be a buffer to help parents who might otherwise be at risk of abusing their children to find resources, supports, or coping strategies.

***Each day around 10  
Nebraska children or  
youth are removed  
from their home of  
origin***

Prevention programs need to include:

1. Early intervention, such as home visitation,
2. Intensive services over a sustained period,
3. Development of a therapeutic relationship between the visitor and parent,
4. Careful observation of the home situation,
5. Focus on parenting skills,
6. Child-centered services focusing on the needs of the child,
7. Provision of concrete services such as health care or housing,
8. Inclusion of fathers in services, and
9. Ongoing review of family needs in order to determine frequency and intensity of services.<sup>31</sup>

In Emerging Practices In the Prevention of Child Abuse and Neglect, from the federal Office on Child Abuse and Neglect (2004), several of the programs with noteworthy aspects included voluntary services provided to families at a point when they are most amenable to addressing identified issues.

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

*“On the basis of strong evidence of effectiveness, the [CDC] Task Force recommends early childhood home visitation for the prevention of child abuse and neglect in families at risk for maltreatment, including disadvantaged populations and families with low-birth weight infants. Compared with controls,*

---

<sup>31</sup> Leventhal, as quoted by National Clearinghouse on Child Abuse and Neglect, [www.calib.com/nccanch/](http://www.calib.com/nccanch/), August 2003.

*the median effect size of home visitation programs was reduction of approximately 40% in child abuse or neglect...Programs delivered by nurses demonstrated a median reduction in child abuse of 48.7%...programs delivered by mental health workers demonstrated a median reduction in child abuse of 44.5%” And, “In the study subsample of low-income mothers, the analysis showed a net benefit of \$350 per family.”<sup>32</sup>*

Based on the research of the CDC and the experience of other states, it is reasonable to conclude that if Nebraska consistently used proven prevention services, the incidence of child maltreatment should decrease – saving the children involved from harm, and freeing resources for families more resistant to change. A service network could prevent the removal of some children and, where children have already been removed, could also support children’s safe return to the parents, and thus enable reunification to occur in a timely manner.

### **Response to child abuse reports**

When the FCRO conducts a review it is required to make a determination of whether reasonable efforts were made to prevent that child’s removal from the home. In doing so it is not uncommon to find that there were a number of reports alleging abuse and neglect made over a period of time prior to the first investigation and by the time the first investigation occurred the situation had deteriorated to the point that an emergency removal was necessary. This may explain some of the following statistics:

For the 2,469 children reviewed Jan.-June 2012:

- 1,440 (58%) had reasonable efforts to prevent removal made.
- 951 (39%) were removed due to an emergency situation, so at that point no efforts to prevent removal could be made.
- 55 (2%) it was unclear what efforts to prevent removal had been made.
- 17 (under 1%) did not have reasonable efforts to prevent removal made.
- 6 cases (under 1%) involved a judicial determination of aggravated circumstances, where efforts to prevent removal were not necessary.

As background, Nebraska law requires all persons who have reasonable cause to believe that a child has been subjected to abuse or neglect to report the incident to DHHS or an appropriate law enforcement agency (Neb. Rev. Stat. §28-711). The current system diffuses responsibility for decision-making in response to those reports between the CPS hotline, the 65 local offices of DHHS, and the more than 300 law enforcement agencies (over 200 city law enforcement agencies, 93 sheriff’s offices, and 6 offices of the State Patrol).

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

---

<sup>32</sup> Centers for Disease Control, [www.cdc.gov](http://www.cdc.gov), October 2003.

unsafe situation, yet DHHS may not believe that the child needs to be removed. The number of child abuse and neglect reports received and the number of potential responders further impacts the system.

Investigation timeliness and quality can literally make the difference between life and death for children, and can also dramatically affect the children's quality of life and future productivity so prompt, effective response is critical.

Based on this information, the FCRO encourages DHHS to build in greater oversight to the new Structured Decision Making process and require a timely review of any decision not to investigate a report alleging abuse or neglect.

DHHS is also in process of implementation of Differential Response, which would, if statutory changes were made, allow for two paths after the receipt of an abuse report – one would be the traditional investigation for serious allegations or allegations involving injuries, the other would allow for the exploration of whether voluntary services could safely resolve the issues that led to the report.

The FCRO encourages there to be careful consideration of the type of oversight needed of these critical decisions. There also needs to be careful articulation of the expected benefits and analysis of whether those benefits are received. One such expected benefit currently being discussed is whether this would increase the ability of the state to provide interventions prior to abuse or neglect reaching such a severity level that a removal from the home is required for the child's safety.

### **Recommendations:**

1. Continue and expand current efforts to identify the prevention and support services needed across the state, and work on developing means of financing and implementing services where gaps exist.
2. Conduct a multi-disciplinary examination of the CPS system, looking specifically at how decisions regarding removal are made, who makes those decisions, and under what circumstances. This should include how decisions are made as to whether or not to accept a report alleging abuse or neglect.

### **Related topics discussed elsewhere in this report:**

- Length of time in care (page 12).

## SUMMARY

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

That said the state has entered a very promising time for some real positive changes in its child welfare system. Now, more than ever there is dialogue and problem-solving discussions between different parts of the system and increased collaboration between stakeholder, policy-makers, and advocates. Creative and pragmatic solutions are being sought.

The Foster Care Review Office will continue to play its part in these important deliberations. The FCRO will continue to track children and their outcomes, analyze and report on the data, point to deficits in the system and make well-reasoned recommendations for system improvement.



## Comparison of the Role of the Foster Care Review Office, DHHS, and the Courts

### Role of Citizen Review

#### **Federal and State Mandated Review System**

- Local Boards conduct reviews that meet state and federal mandates, and that focus on children’s best interests

#### **Review Function**

- Focus on child’s best interest per statute ‘to determine the physical, psychological, and sociological circumstances of such foster child’
- Review all documents in the placement agency’s file and seek additional information from other concerned parties
- Analyze plan based on variety of backgrounds and expertise available through multi-disciplinary boards
- Make recommendations to be shared with all legal parties based on knowledge of community services, clearly listing main concerns
- Seek legal intervention when the case review indicates a child is in danger
- Tour facilities per mandate and report concerns to appropriate authorities
- Gather information through reviewing children from all placement agencies and provide a statewide picture of all children in out-of-home care

#### **Tracking Function**

- Track all children in out-of-home care per statute (FCRO Tracking System)
- Provide statewide picture of all children in out-of-home care

### Role of DHHS

#### **Risk Assessment**

- If not an emergency removal, assesses family to determine child’s risk if allowed to remain in the home

#### **Case Management and Planning**

- Assures case management
- Develops the child’s case plan, and presents the plan to the courts, updating the plan at least every 6 months
- Initiates action toward termination of parental rights, if in child’s best interests
- Facilitates court orders

#### **Places Children**

- Places children in a foster home, relative’s home, or group home that is to meet the child’s needs or places the child with the parent(s)
- Provides oversight of the placement and services for the child

#### **Provides Assessments & Services**

- Assesses the child and family in order to determine needed services to support family reunification
- Provides for services for children in out-of-home care, such as counseling, medical, dental, and treatment services
- Provides for services to children and families where children are able to remain in the home of origin with HHS supervision
- Informs the courts of services offered and accepted

#### **Reports to the FCRO**

- Informs the FCRO of child’s removals from the home, placement or case management changes, and case closings, per statute (using DHHS N-FOCUS)

### Role of the Court

#### **Due Process**

- Assure due process rights are protected
- Assure all parties are present and have legal advice

#### **Fact Finding and Decision Making**

- Act as fact finder
- Provide adjudication and disposition of case
- Monitor parental compliance
- Order services based on facts presented as evidence
- Makes judicial record for permanency plan if child is not able to return home
- Makes review that is on record and may be appealed
- Acts as ultimate decision-maker on family reunification, adoption, independent living, termination of parental rights

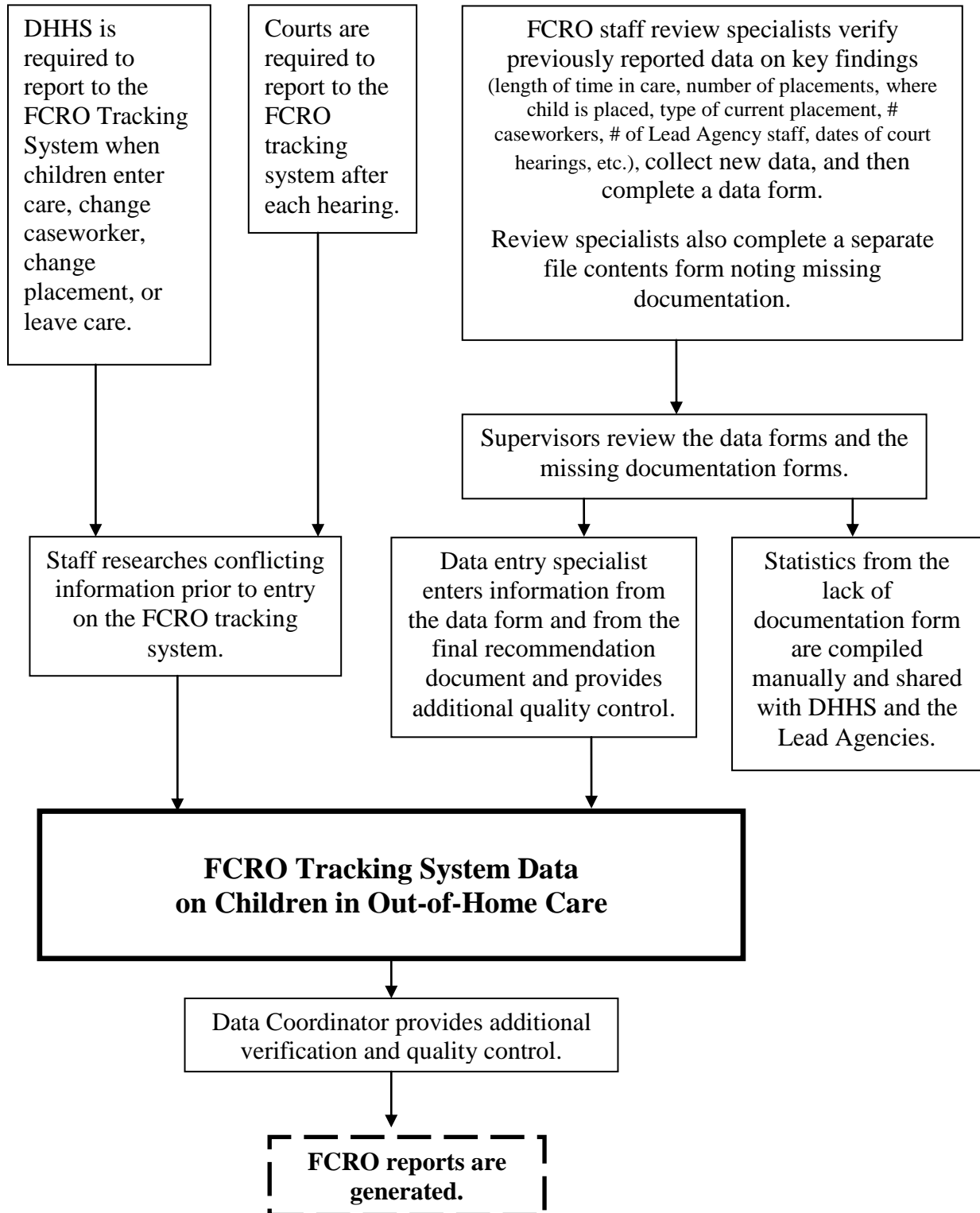


## **TABLES WITH STATISTICS FROM CALENDAR YEAR 2011**

**These tables describe the Nebraska child welfare system and provide a comparison with the prior 30 years of calendar year statistics provided by the FCRO.**

Prior annual reports with calendar year statistics are available on [www.fcro.nebraska.gov](http://www.fcro.nebraska.gov).

### The FCRO Tracking Process



**TABLE 1****SOME CHARACTERISTICS OF CHILDREN IN FOSTER CARE**

(A Ten-Year and One-Year Comparison)

**Number of children in foster care on December 31st**

Dec. 31, 2001	Dec. 31, 2010	Dec. 31, 2011
5,559 children	4,301 children	4,320 children

**Age groups of children in foster care on December 31<sup>st</sup>**

2001		2010		2011		Age group
1,293	23%	1,247	29%*	1,287	30%*	Infants & preschoolers (0-5)
1,271	23%	954	22%	1,009	23%	Elementary school (6-12)
1,285	23%	773	18%	745	17%	Young teens (13-15)
1,670	30%	1,327	31%	1,279	30%	Older teens (16+)
<u>40</u>	<u>1%</u>	<u>0</u>	<u>0%</u>	<u>0</u>	<u>0%</u>	Age not reported
5,559	100%	4,301	100%	4,320	100%	Total

\* The percentage of young children (age 0-5) in out-of-home care has increased significantly in the last decade, with 30% of the children in out-of-home care being in this age group in 2011, compared to 23% in 2001.

**Gender of children in foster care on December 31<sup>st</sup>**

2001		2010		2011		Gender
3,050	55%	2,408	56%	2,366	55%	Male
2,431	44%	1,893	44%	1,953	45%	Female
<u>78</u>	<u>1%</u>	<u>0</u>	<u>0%</u>	<u>1</u>	<u>0%</u>	Gender not reported
5,559	100.0%	4,301	100%	4,320	100%	Total

**Lifetime number of placements of children in foster care on December 31<sup>st</sup>**

For children who had experienced multiple removals from the home, the figures below include all placements from earlier removals as well as from the current removal from the home.

Respite care and brief hospitalizations are not included in the counts below.

2001		2010		2011		Number of Lifetime Placements <sup>33</sup>
2,699	49%	2,120	49%	2,315	54%	1-3 foster homes/placements
868	16%	728	17%	698	16%	4-5 foster homes/placements
1,130	20%	859	20%	744	17%	6-10 foster home/placements
654	12%	458	11%	428	10%	11-20 foster home/placements
<u>208</u>	<u>4%</u>	<u>136</u>	<u>3%</u>	<u>135</u>	<u>3%</u>	21 or more foster home/placements
5,559	100%	4,301	100%	4,320	100%	Total

*continued...*

<sup>33</sup> Additional details on the number of placements can be found in Table 17 (page 106).

**TABLE 1 (continued)**

**Race of children in foster care on December 31<sup>st</sup>  
With Hispanic as an ethnicity<sup>34</sup>**

2001	2010		2011		Racial Designation
See below	2,390	56%	2,569	59%	White
	961	22%	914	21%	Black
	236	6%	245	6%	Native Indian
	29	<1%	30	<1%	Asian/Native Hawaiian
	195	4%	195	5%	Multiple designations <sup>35</sup>
	<u>490</u>	<u>12%</u>	<u>367</u>	<u>8%</u>	Other or race not reported
	4,301	100%	4,320	100%	Total
	570	13%	555	12%	Hispanic as ethnicity

**Race of children in foster care on December 31<sup>st</sup>  
With Hispanic as a race**

2001	2010		2011		Racial Designation	
3,332	60%	2,238	52%	2,366	55%	White, Non-Hispanic
993	18%	950	22%	899	21%	Black, Non-Hispanic
295	5%	570	13%	555	12%	Hispanic as race
383	7%	212	5%	221	5%	American Indian, Non-Hispanic
99	2%	29	<1%	27	<1%	Asian, Non-Hispanic
Not available		145	182	163	4%	Multiple, Non-Hispanic
<u>457</u>	<u>8%</u>	<u>120</u>	<u>3%</u>	<u>89</u>	<u>3%</u>	Other/not reported, Non-Hispanic
5,559	100%	4,301	100%	4,320	100%	Total

continued...

<sup>34</sup> Beginning in 2006 there is a separate category for multiple racial designations.

<sup>35</sup> The “multiple designation” category was not available in 2001.

**TABLE 1 (continued)**

**Children in foster care on December 31<sup>st</sup> by type of placement**

2001		2010		2011		Placement Type
2,422	44%	1,879	44%	1,987	46%	Foster home & fos/adopt homes
690	12%	1,016	24%	1,053	24%	Relatives
1,220	22%	752	18%	650	15%	Group homes, residential treatment facilities, or center for developmentally disabled
573	10%	370	9%	369	9%	Jail/youth development center
126	2%	125	3%	72	2%	Emergency shelter
112	2%	73	2%	99	2%	Runaway, whereabouts unknown
45	1%	47	1%	44	1%	Independent living
74	1%	14	<1%	27	<1%	Psychiatric treatment or inpatient substance abuse facility
43	1%	6	<1%	14	<1%	Medical facility
43	1%	19	<1%	5	<1%	Other or type not reported
<u>5,559</u>	<u>100%</u>	<u>4,301</u>	<u>100%</u>	<u>4,320</u>	<u>100%</u>	Children in care December 31 <sup>st</sup>

Some regional variances for children in care Dec. 31, 2011:

<b>County of origin</b>	<b>% of the total children in care statewide</b>	<b>% of those on runaway status</b>
Douglas County	40%	59%
Lancaster County	21%	22%
Hall County	3%	5%

<b>County of origin</b>	<b>% of the total children in care statewide</b>	<b>% of those in a shelter placement</b>
Douglas County	40%	36%
Lancaster County	21%	19%
Lincoln County	4%	8%
Madison County	2%	4%
Sarpy County	4%	4%
Scottsbluff County	2%	6%

<b>County of origin</b>	<b>% of the total children in care statewide</b>	<b>% of those in a relative placement</b>
Douglas County	40%	44%
Lancaster County	21%	17%
Lincoln County	4%	5%
Madison County	2%	2%
Sarpy County	4%	5%
Scottsbluff County	2%	2%

*continued...*

**TABLE 1 (continued)**

**Children in foster care on December 31<sup>st</sup> by proximity to home<sup>36</sup>**

2001		2010		2011		Closeness to Home
2719	49%	2,353	55%	2,405	56%	In same county
866	16%	786	18%	766	18%	In neighboring county
1084	20%	869	20%	868	20%	In non-neighboring county
219	4%	164	4%	126	3%	Child in other state
<u>671</u>	<u>12%</u>	<u>129</u>	<u>3%</u>	<u>155</u>	<u>3%</u>	Proximity not available, including runaways
5,559	100%	4,301	100%	4,320	100%	Total

**Prior removals for children in foster care on December 31<sup>st</sup>**

2001		2010		2011		
3,292	59%	2,625	61%	2,732	63%	Initial removal
<u>2,267</u>	<u>41%</u>	<u>1,676</u>	<u>39%</u>	<u>1,588</u>	<u>37%</u>	<u>Had prior removal</u>
5,559	100%	4,301	100%	4,320	100%	Total entered care

**Prior removals for children who entered out-of-home care during calendar year\***

2001		2010		2011		
2,994	57%	2,321	61%	2,443	63%	Initial removal
<u>2,238</u>	<u>43%</u>	<u>1,488</u>	<u>39%</u>	<u>1,427</u>	<u>37%</u>	<u>Had prior removal</u>
5,232	100%	3,809	100%	3,870	100%	Total entered care

\*This is an unduplicated number. Some children entered care more than once in a year. Their cases would be in the "had prior removal" category. This shows improvement in the period 2001-2011.

**Children reviewed by the FCRO, total reviews conducted, local boards<sup>37</sup>**

2001	2010	2011
4,092 children reviewed	3,387 children reviewed	3,272 children reviewed
6,015 reviews conducted	4,730 reviews conducted	4,632 reviews conducted <sup>38</sup>
59 local boards	48 local boards	48 local boards

**Reviewed children by lifetime length of time in foster care**

2001		2010		2011		Length of Time in Care
2,094	51%	2,157	64%	2,024	62%	In care less than 2 years
1,445	35%	777	23%	1,009	31%	In care from 2-4 years
<u>553</u>	<u>14%</u>	<u>453</u>	<u>13%</u>	<u>239</u>	<u>7%</u>	In care at least 5 years in lifetime
4,092	100%	3,387	100%	3,272	100%	Individual children reviewed

<sup>36</sup> Closeness to home is measured by the relationship between the child's county of placement and the county of the court of jurisdiction.

<sup>37</sup> Children are typically re-reviewed every six months for as long as in out-of-home care, therefore some children will be reviewed more than once during a calendar year.

<sup>38</sup> During the period of economic downturn in the early 2000's, the FCRO's budget was cut by over 16%; therefore, there were fewer reviews conducted in 2010 and 2011 than in 2001 (which was prior to the cuts).

**TABLE 1 (continued)**

**Length of time in foster care**

Excluding previous times in care for the 1,588 children who had been in care before, the average length of time in out-of-home care since the date of the most recent removal from the home for the 4,320 children in out-of-home care on Dec. 31, 2011, was 459 days, down from 485 days the prior year.

- 1,574 of the children had been in out-of-home care for less than 180 days,
- 2,746 of the children had been in care for 180 days or more.

The following are some regional variances for children in care Dec. 31, 2011 from the most populous counties. The average from the prior year is in parenthesis.

<b>County of origin</b>	<b>Average days since most recent removal from the home</b>	<b>County of origin</b>	<b>Average days since most recent removal from the home</b>
Adams County	543 days (672)	Hall County	359 days (400)
Buffalo County	316 days (386)	Lancaster County	477 days (480)
Dakota County	279 days (383)	Lincoln County	354 days (384)
Dawson County	285 days (209)	Madison County	318 days (361)
Dodge County	543 days (443)	Sarpy County	179 days (378)
Douglas County	534 days (561)	Scottsbluff County	408 days (406)

**Reason for leaving out-of-home care**

Some children exit out-of-home care more than once in a year. For those children, each reason for leaving care is counted in the table.

2001		2010		2011		Reason for Leaving Care
2,373	50%	3,200	74%	3,137	72%	Returned to parents
874	18%	32	1%	50	1%	Released from YRTC or detention (presumably to parents)
225	5%	395	9%	495	11%	Adopted
383	8%	275	6%	305	7%	Reached age of majority (19 <sup>th</sup> birthday or date of judicial emancipation)
107	2%	258	6%	242	6%	Guardianship
140	3%	37	1%	28	<1%	Court terminated (no specific reason given)
2	<1%	100	2%	107	2%	Custody transferred
1	<1%	2	0%	2	<1%	Marriage or military
657	14%	3	<1%	9	<1%	Other/reason not reported
4,762	100%	4,302	100%	4,375	100%	Total left care

**TABLE 2**  
**REASONS CHILDREN ENTERED FOSTER CARE**  
**FOR CHILDREN REVIEWED DURING 2011**

This chart shows the reason(s) identified upon removal from the home for the 3,272 children and youth reviewed by the FCRO during 2011. The chart on the next page shows conditions identified after the removal and gives the combined number of children significantly affected by the condition. Multiple reasons (up to 10) are allowed for each child. These numbers are not duplicated for children reviewed more than once.

Category	Reasons for entering foster care that were identified upon removal					
	Total		By number of removals			
			In foster care for the first time <sup>39</sup>		Had been in foster care before	
Neglect <sup>40</sup>	1,955	60%	1,241	58%	714	58%
Parental drug abuse <sup>41</sup>	1,115	34%	697	32%	418	34%
Housing substandard/unsafe	842	17%	557	26%	285	23%
Domestic Violence	557	17%	387	18%	170	14%
Physical abuse	552	17%	324	15%	228	18%
Parental alcohol abuse	394	12%	228	11%	166	13%
Parental incarceration	318	10%	219	10%	99	8%
Parental Mental Health	306	9%	226	11%	80	6%
Sexual abuse <sup>42</sup>	197	6%	113	5%	84	7%
Abandonment	209	6%	121	6%	88	7%
Parental illness/disability	162	5%	75	3%	87	7%
Abuse of sibling	193	6%	165	8%	28	2%
Death of parent(s)	20	<1%	6	<1%	14	1%
Relinquishment	12	<1%	2	<1%	10	1%
Parent also in foster care	9	<1%	8	<1%	1	<1%
Child's behaviors <sup>43</sup>	603	18%	253	12%	350	28%
Child's mental health	91	3%	34	2%	57	5%
Child's drug abuse	69	2%	29	1%	40	3%
Child's disabilities	45	1%	19	1%	26	2%
Child's alcohol abuse	25	1%	9	<1%	16	1%
Child's illness	39	1%	27	1%	12	1%
Child's suicide attempt	17	<1%	10	<1%	7	<1%
Born affected			15	<1%	3	<1%
(drugs/alcohol)*	18	<1%				
Child meth <sup>7</sup> abuse	1	<1%	1	<1%	0	n/a

<sup>39</sup> 2,149 reviewed children were in their first time in care, 1,238 children had been in care before.

<sup>40</sup> Neglect is failure to provide for a child's basic physical, medical, educational, and/or emotional needs.

<sup>41</sup> The parental drug abuse number includes 543 who abused methamphetamine.

<sup>42</sup> Children and youth often do not disclose sexual abuse until after removal from the home. This chart includes only sexual abuse identified as an initial reason for removal and does not reflect later disclosures.

<sup>43</sup> Many of the behaviors identified as a reason for children and youth to enter foster care are predictable responses to prior abuse or neglect.



**TABLE 2 (continued)**

Up to 10 reasons for entering foster care could be identified for each of the 3,272 children reviewed in 2011. Similarly, up to 10 later identified conditions could be recorded for each of the children reviewed. These numbers are not duplicated for children reviewed more than once.

The following are two common examples of later identified conditions: 1) child is removed due to neglect, and later parental drug abuse is identified, or 2) child is removed for physical abuse, and later the child discloses that sexual abuse also was occurring.

<b>Conditions affecting children in out-of-home care</b>				
<b>Category</b>	<b>Reviewed children significantly affected by the condition</b>		<b>Condition identified at Removal</b>	<b>Condition identified or occurred after removal</b>
Neglect <sup>44</sup>	2,035	62%	1,955	80
Parental drug abuse <sup>45</sup>	1,457	45%	1,115	342
Housing substandard/unsafe	981	30%	842	139
Physical abuse	634	19%	552	82
Parental incarceration	544	17%	318	226
Domestic Violence	713	22%	557	156
Parental alcohol abuse	564	17%	394	170
Sexual abuse	325	10%	197	128
Abandonment	362	11%	209	153
Parental Mental Health	481	15%	306	175
Parental illness/disability	236	7%	162	74
Abuse of sibling*	212	6%	193	19
Relinquishment	107	3%	12	95
Death of parent(s)	47	1%	20	27
Parent also in foster care	13	<1%	9	4
Child's behaviors	993	30%	603	390
Child's mental health	325	10%	91	234
Child's drug abuse	130	4%	69	61
Child's disabilities	140	5%	45	95
Child's alcohol abuse	58	2%	25	33
Child's illness	62	2%	39	23
Child's suicide attempt	33	1%	17	16
Born affected (drugs/alcohol)	24	1%	18	6
Child methamphetamine	2	<1%	1	1

<sup>44</sup> Neglect is failure to provide for a child's basic physical, medical, educational, and/or emotional needs.

<sup>45</sup> The parental drug abuse number includes the subcategories of 414 with methamphetamine abuse (305 known at removal and 109 identified after), 129 with cocaine abuse (76 known at removal and 53 identified after), 4 with heroin abuse (3 known at removal and 1 identified after), and 263 marijuana (127 known at removal, 136 identified after).

### TABLE 3

#### PARENTAL SUBSTANCE ABUSE IN CASES OF CHILDREN REVIEWED IN 2011

The following chart shows the number of children reviewed in 2011 whose parental substance abuse was either recognized prior to entering foster care or was recognized after removal from the home. A common example of being recognized after the child is in foster care is a case where the initial removal was due to neglect with it later learned that substance abuse was a factor. Parental substance abuse here includes alcohol abuse, abuse of prescriptions, and abuse of street drugs. Meaningful intervention for parents seems like an appropriate strategy.

1,699 reviewed children were in out-of-home care due to parental substance abuse.

- 241 of those children's cases involved parental alcohol abuse, but not drug abuse
  - 176 identified upon removal
  - 65 identified after removal
- 1,135 of those children's cases involved parental drug abuse but not alcohol abuse
  - 872 identified upon removal
  - 263 identified after removal
- 323 of those children's cases involved both parental drug and parental alcohol abuse.
  - 231 identified upon removal
  - 92 identified after removal

The following describes the 1,699 children by age group

<b>Age group at time of review</b>	<b>Parental substance abuse factor</b>	<b>Children reviewed</b>	<b>Percent with p. subs. abuse</b>
Under 2	211	381	55%
2-3 yrs	329	511	64%
4-5 yrs	277	435	64%
6-8 yrs	294	478	62%
9-12 yrs	264	494	53%
13-18 yrs	324	973	33%
Total	1,699	3,272	52%

**TABLE 4****PERMANENCY OBJECTIVE OF REVIEWED CHILDREN**

It is important to recognize that while a permanency objective may be established for a particular child, a full written permanency plan to accomplish that objective may not have been created (see table 9 on page 80 regarding findings on the plan).

<b>Permanency objective</b>	<b>Children</b>	<b>Percent</b>
Return to parent	3,168	68%
Adoption non-relative	589	13%
Adoption relative	228	5%
Guardianship	364	8%
Independent living	116	3%
No current objective	82	2%
Live with relative	70	2%
Supervised living	11	<1%
Other	<u>4</u>	<u>&lt;1%</u>
<b>Total</b>	<b>4,632</b>	<b>100%</b>

\*Some children are reviewed more than once during the year. Since there could be a different permanency objective for each of those reviews, all reviews conducted in 2011 are included.

**Pre-Reform Comparisons:**

In 2008, 65% of reviews were of children with a plan of reunification.

In 2008, 21% of reviews were of children with a plan of adoption.

In 2008, 3% of reviews were of children with no current objective.

**Target date for permanency**

The following indicates where the permanency objective target date had been updated on the plan or not.

<b>Finding</b>	<b>Number of children</b>
Date is current	3791
Date is not current	649
There is no date	130
Date is not applicable	60
Unable to determine	<u>2</u>
<b>Total reviews</b>	<b>4,632</b>

**TABLE 5****PERCENTAGE OF LIFE SPENT IN FOSTER CARE  
FOR CHILDREN REVIEWED IN 2011**(USING THE PERCENTAGE AS OF THE LAST REVIEW IN 2011  
FOR CHILDREN REVIEWED MORE THAN ONCE IN THE YEAR)

<b>Percent of life in care</b>	<b>Total children reviewed</b>	<b>Ages 0-5</b>	<b>Ages 6-12</b>	<b>Ages 13-15</b>	<b>Ages 16-18</b>
1-24% group	1,638 (50%)	292 (22%)	605 (62%)	337 (78%)	404 (75%)
25-49% group	838 (26%)	366 (28%)	284 (29%)	80 (18%)	108 (20%)
50-74% group	387 (12%)	279 (21%)	70 (7%)	13 (3%)	25 (5%)
75-99% group	245 (7%)	226 (17%)	13 (1%)	4 (1%)	2 (<1%)
100% group	<u>164</u> (5%)	<u>164</u> (12%)	<u>0</u> (0%)	<u>0</u> (0%)	<u>0</u> (0%)
Total	3,272*	1,327	972	434	539

\*Some children receive more than one review during a calendar year. In the above table rather than duplicating those children, the percent as of the last review in 2011 was used.

- **796 (24.3%) of the reviewed children have spent more than half of their lives in foster care.** This includes
  - 669 preschool children (ages 0-5),
  - 83 elementary school aged children (ages 6-12),
  - 17 middle school/junior high aged children (ages 13-15), and
  - 27 youth age 16 and older who will be becoming adults soon and creating families of their own.
- 409 children and youth have spent the majority (75%+) of their lives in foster care, including 143 reviewed children who have spent every day of their lives (100%) in foster care.
- Children reviewed in 2011 averaged having spent 34% of their life in foster care.

Explanation—The percentage of life in care is determined by dividing the number of months the child has been in foster care at the time of the FCRO's review by the child's age, in months, at the time of the review. For example, a 24 month old child who has been in care 6 months would have been in care 25% of his life (6 divided by 24).

While 6 months, 12 months, 18 months, or more in foster care may not seem long from an adult perspective, from the child's perspective it is a long and significant period of time.

## TABLE 6

### CASE MANAGER CONTACT WITH CHILDREN

During the review process FCRO staff members document whether or not the child's case manager has visited the child within the 60 days prior to the most recent review as this can be an important safeguard for the children, particularly young children who may not be seen outside the foster home.

The following data was collected during the 4,632 reviews conducted in 2011\*.

\*Some children are reviewed more than once during the year. Since workers should have contact with the children every 60 days, all reviews conducted in 2011 are included.

- 2,835 (61%) of the reviews found documented case manager contact within 60 days prior to the review.
- 1,075 (23%) of the reviews found documentation showing that no case manager contact had taken place within 60 days of the review.
- 358 (8%) of the reviews found no documentation regarding case manager/child contacts and thus likely did not have any contact.
- 364 (8%) of the reviews involved parole or probation cases for which no DHHS caseworker was assigned or a recent caseworker change.

#### Case manager contact within 60 days prior to the review

	All	Omaha	Percent	Rest of the State	Percent
Yes	2,835	956	49%	1,879	74%
No	1,075	844	40%	231	13%
No (due to recent caseworker change)	364	57	2%	307	12%
Not in file	<u>358</u>	<u>227</u>	8%	<u>131</u>	5%
Total	4,632	2,084		2,548	

**TABLE 7****MONTHS IN FOSTER CARE FOR CHILDREN REVIEWED DURING 2011**

The following chart shows the number of months that children have spent in out-of-home care over their lifetime, including prior episodes of being in foster care, if any.

<b>Months in care</b>	<b>Children reviewed</b>	<b>Ages 0-5</b>	<b>Ages 6-12</b>	<b>Ages 13-15</b>	<b>Ages 16-18</b>
0-6 months	560 (17%)	301 (23%)	154 (16%)	55 (13%)	50 (9%)
7-12 months	583 (18%)	300 (23%)	140 (14%)	70 (16%)	73 (14%)
13-18 months	563 (17%)	271 (20%)	165 (17%)	68 (16%)	59 (11%)
19-24 months	404 (12%)	180 (14%)	116 (12%)	48 (11%)	60 (11%)
25-30 months	355 (11%)	134 (10%)	121 (12%)	40 (9%)	60 (11%)
31-36 months	196 (6%)	56 (4%)	64 (7%)	34 (8%)	42 (8%)
37-40 months	107 (3%)	37 (3%)	40 (4%)	12 (3%)	18 (3%)
41-48 months	151 (5%)	34 (3%)	56 (6%)	30 (7%)	31 (6%)
49+ months	<u>353 (11%)</u>	<u>14 (1%)</u>	<u>116 (12%)</u>	<u>77 (18%)</u>	<u>146 (27%)</u>
<b>Totals</b>	<b>3,272</b>	<b>1,327</b>	<b>972</b>	<b>434</b>	<b>539</b>

- **1,566 (48%) of the 3,272 reviewed children have spent more than 18 months of their lives in foster care.** This includes:
  - 455 preschool children (birth- age 5),
  - 513 elementary school aged children (ages 6-12),
  - 241 middle school/junior high aged children (ages 13-15), and
  - 357 youth age 16 and older who will soon become adults and create families of their own.
- **611 (19%) of the reviewed children and youth have spent over 3 years of their lives in foster care.**
- **353 (11%) of the children and youth have spent over 4 years of their lives in foster care.**

Explanation—the FCRO conducted 4,632 reviews on 3,272 children during 2011. As explained previously, some children receive more than one review during a calendar year. In the above table rather than duplicating those children, the months in care as of the last review in 2011 were used.

## TABLE 8

### PROVISION OF RECORDS TO THE CAREGIVERS

The FCRO is required under federal regulations to attempt to determine if health and educational records had been provided to the foster parents or other care providers at the time of the placement.<sup>46</sup> This is done for all reviews and noted for the legal parties in the local board's recommendation report.

#### HEALTH RECORDS

Health records given to foster parent or caregiver	Total reviews		Ages 0- 5	Ages 6-12	Ages 13-15	Age 16+
Yes	2,400	52%	1,044	685	326	345
No	308	7%	151	107	32	18
Unable to determine	1,862	40%	758	590	236	278
Not applicable	<u>62</u>	<u>1%</u>	<u>10</u>	<u>8</u>	<u>1</u>	<u>43</u>
Total	4,632*	100%	1,963	1,390	595	684

\*Some children are reviewed more than once during the year. Since children could be with a different caregiver at each review, all reviews conducted in 2011 are included.

#### EDUCATION RECORDS

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

Education records given to foster parent or caregiver	Reviews of school-aged children*		Children Ages 6-12	Children Ages 13-15
Yes	1,015	51%	681	334
No	130	7%	103	27
Unable to determine	822	45%	589	233
Not applicable	<u>18</u>	<u>1%</u>	<u>17</u>	<u>1</u>
Total	1,985	100%	1,390	595

\*Some children are reviewed more than once during the year. Since children could be with a different caregiver at each review, all reviews conducted on school-aged children during 2011 are included.

<sup>46</sup> Due to time restrictions, FCRO Review Specialists attempt to contact the foster parents or other caregivers at least twice prior to each review. "Unable to determine" indicates there was no documentation in the DHHS case file indicating records had been provided, and the caregiver did not return calls. Not applicable would include children on runaway status, youth in independent living, and children absconded by parents.

## Basis for the findings in Table 9

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

1. Each child in foster care shall have a case plan that is written and complete with services, timeframes, and tasks identified within 60 days of placement. [Neb. Rev. Stat. §43-1308, §43-1312, Section 475 (1) of the Social Security Act (SSA) and 390 NAC 5-004.02A, 8-001.11]. A written plan will be developed following the assessment of family or child's needs. Case plan evaluation and revision will then occur at least every six months. [390 NAC 5-004.02] The plan shall contain at least the following:
  - a. The purpose for which the child has been placed in foster care.
  - b. The estimated length of time necessary to achieve the purposes of the foster care placement.
  - c. The person or persons who are directly responsible for the implementation of such plan, and
  - d. A complete record of the previous placements of the foster child. [Neb. Rev. Stat. §43-1312].
  - e. If a child is 16 years of age or older, the plan shall include services designed to assist the youth in acquiring independent living skills. [Neb. Rev. Stat. §43-285(2) and 390 NAC 5-004.02A].
  - f. A visitation plan is to be developed for the child and parents to ensure continued contact when appropriate. [390 NAC 7-001.02A ]
  
2. Per Neb. Rev. Stat. §43-1308, the FCRO is to determine:
  - a. What efforts have been made to carry out the plan, including the progress or lack thereof towards meeting the case plan objective.
  - b. Whether reasonable efforts to accomplish permanency are being made.
  - c. Whether there is a continued need for foster placement.
  - d. Whether the child's current placement is safe and appropriate.
  - e. Whether reasonable efforts were made to prevent the removal (this is also a requirement for federal IV-E reviews).
  - f. Whether grounds for termination of parental rights appear to exist.
  - g. Whether the child is likely to be returned to their parent's care and if not, recommend an alternative plan.
  - h. Any other recommendations it chooses to makes regarding the child.
    - i. Each child's placement shall receive educational and health information at the time of placement. [Section 475 (5) of the Social Security Act (SSA) ]
    - ii. The custodial agency, normally DHHS, is to evaluate the safety of the child and take the necessary measures in the plan to protect the child. [Adoption and Safe Families Act]
    - iii. Visits between siblings are to be arranged, when appropriate, if they cannot be placed together. [U.S. Dept. of Health and Human Services, Child Welfare Information Gateway, Fostering Connections Act]



**TABLE 9**

**COMPLIANCE WITH THE FOSTER CARE REVIEW ACT  
LOCAL BOARD FINDINGS  
FOR CHILDREN REVIEWED DURING 2011**

<b>Is the current foster placement safe and appropriate</b>	<b>Reviews</b>	<b>Percent</b>
Current placement appears <u>safe and appropriate</u>	2,937	64%
<u>Unsafe</u> , thus inappropriate	6	<1%
Child/youth is a <u>runaway</u> , thus safety cannot be assured	35	1%
<u>Safe, but not appropriate</u>	157	4%
<u>No documentation</u> or home study on which to base finding	<u>1,497</u>	<u>32%</u>
Total	4,632	100%

In comparison,

- Local boards found the placement safe and appropriate for 64% of the reviews in 2011, compared to 77% of the 2008 reviews (pre-reform).
- There was no documentation for 32% of the 2011 reviews, compared to 19% of the children reviewed in 2008 (pre-reform).

<b>Is there a written permanency plan</b>	<b>Reviews</b>	<b>Percent</b>
There is a <u>written plan</u> with services, timeframes, and tasks	2,518	54%
There is <u>no plan</u>	164	4%
There is a plan, but it is <u>incomplete</u>	1,755	38%
There is a <u>plan</u> , but it is <u>outdated</u>	<u>195</u>	<u>4%</u>
Total	4,632	100%

In comparison,

- Local boards found there was a complete written plan for 74% of the reviews in 2008 (pre-reform) and 58% of the reviews in 2001 (10 years ago).
- Local boards found the written plan was incomplete for 21% of the reviews in 2008 (pre-reform) and 17% of the reviews in 2001 (10 years ago).

*continued...*

Explanation—this table shows compliance with the Foster Care Review Act (Neb. Rev. Stat. §43-1301-1318) as determined by the local boards that conducted 4,632 reviews on 3,272 children during 2011. Children are typically reviewed every six months while in out-of-home care; therefore, some children were reviewed twice during the year. A description of the basis for the findings precedes this table.

**TABLE 9** (continued)

<b>Board agreement with the child's permanency objective</b>	<b>Reviews</b>	<b>Percent</b>
The Board <u>agrees</u> with the child's permanency objective	2,587	56%
The Board <u>does not agree</u> with the objective	1,267	27%
There <u>is no current plan</u>	135	3%
The Board <u>cannot agree or disagree</u> due to [reason]	643	14%
Total	4,632	100%

In comparison,

- Local boards agreed with the children's plans in 58% of the reviews in 2008 (pre-reform) and 48% of the reviews in 2001 (10 years ago).

<b>Progress being made toward permanency plan objective</b>	<b>Reviews</b>	<b>Percent</b>
<u>Progress being made</u> towards the permanency objective	1,907	41%
<u>No progress</u> towards permanency	1,535	33%
<u>Unclear</u>	1,190	26%
Total	4,632	100%

In comparison,

- Local boards found progress being made in 47% of the reviews conducted in 2008 (pre-reform), and in 53% of the reviews conducted in 2001 (10 years ago).

<b>Safety evaluation by department or custodial agency</b>	<b>Reviews</b>	<b>Percent</b>
Custodial agency <u>evaluated the safety of the child and took the necessary measures</u> in the plan to protect the child	4,277	92%
Custodial agency did <u>not take action</u>	48	1%
Board <u>cannot make a finding</u>	307	7%
Total	4,632	100%

In comparison,

- Local boards found DHHS evaluated the safety for 90% of the reviews conducted in 2008 (pre-reform), and 64% in 2001 (10-years ago).

*continued...*

**TABLE 9** (continued)

In previous years, services listed in the plan for the mother and for the father were not broken out separately.

- In 2008 (pre-reform), local boards found that all services were in motion for the primary parent in 50% of the cases reviewed, and some services in motion for 17%.

<b>Services in the permanency plan - mother</b>	<b>Reviews</b>	<b>Percent</b>
<u>All services</u> in the plan are presently in motion	2,494	54%
<u>Some services</u> are in motion	183	4%
Services are <u>offered, but not utilized</u>	1,794	39%
<u>Unclear</u> what is being provided	112	2%
Services to mother <u>not applicable</u> (example: deceased, not ordered)	<u>49</u>	<u>1%</u>
Total	4,632	100%

<b>Services in the permanency plan – father</b>	<b>Reviews</b>	<b>Percent</b>
<u>All services</u> in the plan are presently in motion	1,337	29%
<u>Some services</u> are in motion	117	3%
Services are <u>offered, but not utilized</u>	2,598	56%
<u>Unclear</u> what is being provided	135	3%
Services to father <u>not applicable</u> (example: deceased, not ordered)	<u>445</u>	<u>9%</u>
Total	4,632	100.0%

<b>Services in the permanency plan - child</b>	<b>Reviews</b>	<b>Percent</b>
<u>All services</u> in the plan are presently in motion	3,247	70%
<u>Some services</u> are in motion	529	12%
Services are <u>offered, but not utilized</u>	3	<1%
<u>Unclear</u> what is being provided	161	3%
Services <u>not applicable</u> (example: deceased, not ordered)	<u>692</u>	<u>15%</u>
Total	4,632	100%

*continued...*

**TABLE 9** (continued)

In previous years, services that were in place (as opposed to being listed in the plan) for the mother and for the father were not broken out separately.

<b>Needed services in place - mother</b>	<b>Reviews</b>	<b>Percent</b>
<u>All needed services</u> are place	774	17%
<u>Some needed services</u> are in place	629	13%
Needed services are <u>offered, but not utilized</u>	1,097	24%
<u>Unclear</u> what services are in place	371	8%
Services to mother <u>not applicable</u> (example: deceased, not ordered)	<u>1,761</u>	<u>38%</u>
Total	4,632	100%

<b>Needed services in place – father</b>	<b>Reviews</b>	<b>Percent</b>
<u>All needed services</u> are place	344	7%
<u>Some needed services</u> are in place	352	8%
Needed services are <u>offered, but not utilized</u>	640	14%
<u>Unclear</u> what services are in place	549	12%
Services to mother <u>not applicable</u> (example: deceased, not ordered)	<u>2,747</u>	<u>59%</u>
Total	4,632	100.0%

<b>Needed services in place - child</b>	<b>Reviews</b>	<b>Percent</b>
<u>All needed services</u> are place	3,002	65%
<u>Some needed services</u> are in place	1,187	26%
Needed services are <u>offered, but not utilized</u>	55	1%
<u>Unclear</u> what services are in place	375	8%
Services to mother <u>not applicable</u> (example: deceased, not ordered)	<u>13</u>	<u>&lt;1%</u>
Total	4,632	100%

*continued...*

**TABLE 9** (continued)

<b>Parent-child visitation arrangements re the mother</b>	<b>Reviews</b>	<b>Percent</b>
Visitation with mother is <u>occurring as ordered</u>	1,784	39%
Visitation with mother <u>not occurring</u> as ordered	852	18%
The court has <u>ordered no contact</u> with the mother	126	3%
Visitation with mother is <u>unclear</u>	369	8%
Visitation with mother is <u>not applicable</u> due to [reason, such as rights not intact or deceased]	1,439	31%
Court has not addressed visitation with the mother	<u>62</u>	<u>1%</u>
Total	4,632	100%

In comparison,

- Visitation was occurring as ordered for the mother in 46% of the reviews in 2008 (pre-reform).

<b>Parent-child visitation arrangements re the father</b>	<b>Reviews</b>	<b>Percent</b>
Visitation with father is <u>occurring as ordered</u>	925	20%
Visitation with father <u>not occurring</u> as ordered	568	12%
The court has <u>ordered no contact</u> with the father	190	4%
Visitation with father is <u>unclear</u>	374	8%
Visitation with father is <u>not applicable</u> due to [reason, such as rights not intact, paternity not established, or deceased]	2,171	47%
Court has not addressed visitation with the father	<u>404</u>	<u>9%</u>
Total	4,632	100%

In comparison,

- Visitation was occurring as ordered for the father in 38% of the reviews in 2008 (pre-reform).

<b>Sibling visitation arrangements</b>	<b>Reviews</b>	<b>Percent</b>
Sibling visitation <u>occurring</u>	1,540	33%
Sibling visitation is <u>not occurring</u>	324	8%
Sibling visitation <u>information was not available</u>	485	11%
Court ordered no sibling visitation	17	<1%
Sibling visitation is <u>not applicable</u> (examples: no siblings, or siblings placed together)	<u>2,266</u>	<u>49%</u>
Total	4,632	100%

In comparison,

- Visitation was occurring as ordered for the siblings in 38% of the reviews in 2008, and it was not applicable due to no siblings or siblings placed together for 40% of the 2008 reviews.

*continued....*

**TABLE 9 (continued)**

<b>Reasonable efforts toward reunification</b>	<b>Reviews</b>	<b>Percent</b>
Reasonable Efforts to reunify <u>are being made</u>	3,115	67%
Reasonable Efforts to reunify are <u>not being made</u>	36	1%
Reasonable Efforts are <u>no longer being made because the plan is no longer reunification or reasonable efforts are otherwise not required</u>	<u>1,481</u>	<u>32%</u>
Total	4,632	100%

In comparison,

- Local boards found reasonable efforts to reunify in 51% of the reviews conducted in 2008 (pre-reform).

<b>Continued need to be in the foster care system</b>	<b>Reviews</b>	<b>Percent</b>
There is a <u>continued need</u>	3,965	86%
<u>No longer a need for foster placement; child should return to parents</u>	125	3%
<u>No longer a need for foster placement; child’s adoption, guardianship or other permanency should be finalized</u>	<u>542</u>	<u>11%</u>
Total	4,632	100%

<b>Reasonable efforts to prevent the removal</b>	<b>Reviews</b>	<b>Percent</b>
Reasonable efforts <u>were made</u> to prevent the child’s removal from the home or could not have prevented the child’s removal	4,489	97%
Reasonable efforts <u>were not made</u> to prevent the child’s removal from the home.	27	1%
It was <u>unclear</u> what efforts were made to prevent removal	105	2%
Reasonable efforts to prevent removal were <u>not necessary due to a judicial determination</u>	<u>11</u>	<u>&lt;1%</u>
Total	4,632	100%

In comparison,

- Local boards found reasonable efforts to prevent removal in 97% of the reviews conducted in 2008 (pre-reform).

*continued....*

**TABLE 9 (continued)**

<b>Grounds for termination of parental rights per §43-1308(1)(b)</b>	<b>Reviews</b>	<b>Percent</b>
The Board finds grounds for TPR <u>appear to exist</u>	1,084	33%
The Board finds grounds for TPR <u>do not appear to exist</u>	2,297	50%
The Board finds that grounds for TPR appears to exist, but TPR is <u>not in the child’s best interests</u>	407	9%
A finding on grounds for termination is <u>not applicable</u> because the parents are deceased or the rights have already been relinquished or terminated	<u>844</u>	<u>18%</u>
Total	4,632	100%

<b>The Board’s recommended plan if return of the children to the parents is unlikely</b>	<b>Reviews</b>	<b>Percent</b>
The Board finds that return is not likely and recommends referral for <u>TPR and/or adoption</u>	1,748	38%
The Board finds that return is not likely and recommends referral for <u>guardianship</u>	555	12%
The Board finds that return is not likely and recommends placement with a <u>relative</u> (without adoption or guardianship)	26	<1%
The Board finds that return is not likely and recommends a planned, permanent living arrangement <u>other than</u> adoption, guardianship, or placement with a relative	303	7%
The Board finds that <u>return to the parents is likely</u>	<u>2,000</u>	<u>43%</u>
Total	4,632	100%

**TABLE 10**  
**BARRIERS TO PERMANENCY**  
**FOR CHILDREN REVIEWED DURING 2011**

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

Multiple barriers may be identified for each child reviewed. There is a different list of barriers for each permanency objective. The following are the barriers for the 4,632 reviews conducted during 2011.

<b><u>Barriers where the plan is Reunification</u></b>	<b><u># of Reviews</u></b>
Lack of parental willingness/ability	1,900 <sup>47</sup>
Substance abuse by the parents	1,498 <sup>48</sup>
Economic-employment issues	1,221
History of family abuse/violence	1,181
Economic – housing issues	1,091
Length of time in foster care	1,019
Lack of parental visitation	975
Child's behavioral issues	959
Other reunification barriers	924
Parents need more time to complete services	825
HHS/Agency lacks documentation regarding progress	638
Paternity not established	587
Parental mental illness	541
Parental incarceration	526
Child's mental health issues	376
Parental whereabouts unknown	293
Caseworker changes or turnover	281
Child's history of violent and/or abusive behaviors	278
Severity of abuse makes safe reunification unlikely	223
Not in best interests due to child's attachments	218
Low functioning parent/cognitive deficits	179

continued...

<sup>47</sup> Lack of parental willingness/ability and parental substance abuse were top barriers in 2008, before Reform.

<sup>48</sup> See Table 3 on page 72 for more information about parental substance abuse. The number where parental substance abuse remains a barrier is less than the number who entered care due to substance because some parents have of reviewed children appear to have obtained sobriety.



**TABLE 10** (continued)

<b><u>Barriers where the plan is Reunification continued...</u></b>	<b><u># of Reviews</u></b>
Child's substance abuse issues	145
Child's educational needs/lack of special education in child's area	117
Cultural barriers	105
Language barriers (ex. translators not readily available)	99
No current written case plan	97
Child's disability	96
Parental illness or health issues	78
Child's illness	68
Parent/purported parent's immigration status	58
Court continuances	41
Public assistance needed before child goes home	40
HHS pressure to return home prematurely	29
Services have not been provided to parents	32
Parent not notified	13
Lack of home based services – other	5
Lack of home based services – substance abuse	4
Lack of home based services – mental health	3
No Barriers to Reunification	61
<b><u>Barriers where the plan is Adoption</u></b>	<b><u># of Reviews</u></b>
Adoption paperwork not complete	414
Other adoption barriers	400
Child's behavioral issues	252
Child is not in a placement willing to adopt	174
No barriers to adoption	121
Child's mental health issues	133
Paternity has not been addressed	127
A petition to terminate parental rights has been filed and the hearing is pending	101
Child's history of violent and/or abusive behaviors	77
A request to file a petition to terminate parental rights has not been sent to the County Attorney	59
Parents whereabouts is unknown	56
Court continuances	51
Child's education issues	47

*continued...*

**TABLE 10** (continued)

<b><u>Barriers where the plan is Adoption continued...</u></b>	<b><u># of Reviews</u></b>
Child's disability	33
Issues regarding separating the siblings	28
No current written case plan	19
A request to file was given to the County Attorney, but a petition was not filed	16
Court did not terminate parental rights	17
Child's illness	13
County Attorney lacks evidence to terminate parental rights	10
HHS lacks documentation regarding the lack of parental progress	8
HHS policy	7
Child's substance abuse issues	6
<b><u>Barriers where the plan is Guardianship s</u></b>	<b><u># of Reviews</u></b>
Other guardianship barriers	188
Child's behavioral issues	172
Child's mental health	114
Placement not willing to accept guardianship	110
Guardianship subsidy paperwork not completed	102
Child's history of violent and/or abusive behaviors	76
No barriers to Guardianship	47
Child's educational issues	56
Child's substance abuse issues	37
Child's disability	30
An exception to guardianship has not been made by the Dept (child is younger than 13)	15
No current written case plan	12
Child's illness	7

*continued...*

**TABLE 10** (continued)

<b><u>Barriers where the plan is Independent living</u></b>	<b><u># of Reviews</u></b>
Child's behavioral issues	83
Other independent living barriers	58
Child's mental health issues	53
No independent living skills training	48
Child's educational issues	43
Child's history of violent and/or abusive behaviors	34
Child's substance abuse issues	34
No barriers to independent living	15
Case plan does not address a permanency goal of independent living	11
No current written case plan	10
Child's disability	8
Child's illness	6
<b><u>Barriers where the objective is unclear</u></b>	<b><u># of Reviews</u></b>
Plan is Incomplete	861
Plan is Outdated	94
No Case Plan	62
Other case plan barriers	13

**TABLE 11**

**DELAYS TO ADJUDICATION  
FOR CHILDREN REVIEWED DURING 2011**

By law these children’s adjudication hearing should have taken place within 90 days (3 months) of the child’s removal from the home, unless already under the supervision of the court at time of removal. The following shows the length of time to these children’s adjudication hearing.

Number of Months to Adjudication	Children
Adjudicated prior to removal	71
Less than 1 month	971
1 month	556
2 months	544
3 months	493
4 months	256
5 months	163
6 months	76
7 months	49
8 months	35
9 months	12
10 months	11
11 months	16
12 months	2
Over 12 months	17

Explanation— At the adjudication hearing, facts are presented to prove the allegations in the petition. The burden of proof is on the state, through the County Attorney. If the parents deny the allegations, then a fact-finding hearing like a trial is held, where the parents have a right to counsel. At this hearing the finding of fact occurs, the allegations in the petition are found to be true or false, and the child is either made a state ward or not. The Court cannot order the parents to services prior to completion of the adjudication hearing.

By law (Neb. Rev. Stat. 43-278) this hearing must occur within 90 days of the child entering out-of-home care unless there is good cause. As shown above, in practice the 90-day rule is not always followed. This is often attributed to delays in arranging and completing assessments and evaluations.

**TABLE 12**  
**PATERNITY ESTABLISHMENT**  
**FOR CHILDREN REVIEWED DURING 2011**

Paternity established	Children	
Established		
Rights intact	1,904	
Rights terminated	292	
Rights relinquished	249	
Father deceased	<u>99</u>	
<b>Total paternity established</b>	<b>2,544</b>	<b>78%</b>
Not established		
Paternity not established	522	
Father not identified	<u>178</u>	
<b>Total paternity not established</b>	<b>700</b>	<b>21%</b>
<b>Undocumented</b>	<b>28</b>	<b>1%</b>
<b>Grand total</b>	<b>3,272</b>	

When considering children with no paternity established or whose paternity is undocumented, **it is likely that paternity has not been established for over a fifth of the children reviewed** (728 of 3,272 – 21 %).

Explanation—the FCRO conducted 4,632 reviews on 3,272 children during 2011. Some children receive more than one review during a calendar year. In the above table rather than duplicating those children, the months in care as of the last review in 2011 were used.

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

### TABLE 13

#### AGGRAVATED CIRCUMSTANCES IDENTIFIED IN CASES OF CHILDREN REVIEWED IN 2011

Aggravated circumstances are reasons per Neb. Rev. Stat. §43-283.01 under which a court could determine that efforts to reunify are not necessary. This would be in extreme cases such as those involving torture, sexual abuse, or felonious assault of the child or a sibling.

This provision of statute was designed to help children who had suffered serious or chronic abuse/neglect, and whose parents could/would likely never safely parent, to achieve permanency in a timely manner.

- Aggravated circumstance conditions, as identified by FCRO staff, were present for 276 (5%) of the 3,272 children reviewed in 2011.

### TABLE 14

#### GUARDIAN AD LITEM CONTACT WITH CHILDREN

At each review, the FCRO determines whether or not there is documentation (including from questionnaires sent to GALs prior to reviews) that the GAL has seen the children within the 180 days prior to review, as this can be an important safeguard for the children, particularly young children who may not be seen outside the foster home. Per Supreme Court guidelines, guardians ad litem (attorneys appointed to represent children’s best interests) are to visit the children they represent at least once every six months.

The following data was collected during the 4,632 reviews\* conducted in 2011.

Children	Finding
2,355 (51%)	GAL contact within 180 days prior to the review
352 (8%)	Documentation showing that no GAL contact had taken place within 180 days of the review
1,662 (36%)	Found no documentation regarding GAL/child contacts (while lack of documentation was a statewide issue, this was disproportionately true in Lancaster and Sarpy Counties)
263 (6%)	Cases for which no GAL was assigned

\*Some children are reviewed more than once during the year. Since GALs are to meet with the children every six months, all reviews conducted during 2011 are included.

**TABLE 15**

**CHILDREN IN OUT-OF-HOME CARE ON DECEMBER 31, 2011  
BY AGE**

Children's age	# of Children	Subtotal	Subtotal %	
under 1 year	150			
1 year	243			
2 years	243			
3 years	240			
4 years	202			
5 years	209			
		1,287	30%	Ages birth – 5
6 years	186			
7 years	144			
8 years	143			
9 years	139			
10 years	136			
11 years	125			
12 years	136			
		1,009	23%	Ages 6-12
13 years	164			
14 years	251			
15 years	330			
		745	17%	Ages 13-15
16 years	452			
17 years	495			
18 years	332			
		1,279	30%	Ages 16-18
Unreported age	<u>0</u>	<u>0</u>	<u>0%</u>	Unreported Age
Total	4,320	4,320	100%	

Generally, children up to approximately age 11 enter care due to their parent's inability to parent, neglect, abusive situations, or medical problems. Youth age 12-18 may also enter foster care because of actions they have taken in addition to the previously stated reasons.

**TABLE 16**

**CHILDREN BY COUNTY OF COURT COMMITMENT**

This table reads across pages and shows the number of children in out-of-home care on December 31, 2011, according to the county of the court that placed them in care.

County	Total Children	Age Group					Race						
		age 0-5	age 6-12	age 13-15	age 16+	age unk	Amer. Indian	Asian	Black	Other/Unknown	White	Multiple	Hispanic Ethnicity
Adams	63	21	9	11	22		1	1	6	5	48	2	8
Antelope	8	1	1	4	2						8		
Arthur	1				1						1		
Banner	0												
Blaine	0												
Boone	4			2	2						4		
Box Butte	11	3	5	1	2		6			1	4		
Boyd	1			1							1		
Brown	3	2	1								3		
Buffalo	80	22	25	14	19		3		2	9	61	5	10
Burt	2	1			1						2		
Butler	13	2	4	4	3						13		1
Cass	37	6	10	7	14					1	36		
Cedar	5			1	4						5		
Chase	5	2		1	2						5		
Cherry	8	1	4	2	1		3				5		
Cheyenne	13	6	1	2	4		1	1	1	1	9		1
Clay	6	2	1	2	1						6		
Colfax	23	10	9	1	3					8	15		11
Cuming	23	7	6	4	6					4	19		4
Custer	8	1	2	4	1		1				7		1
Dakota	41	18	8	8	7				1	19	21		20
Dawes	5		2	2	1		1				4		
Dawson	58	18	11	13	16		3		13	6	36		15
Deuel	4	3		1							4		1
Dixon	3	1			2						3		
Dodge	73	14	13	16	30		1		4	6	57	5	20
Douglas	1728	538	410	270	510		97	3	689	161	690	82	199
Dundy	2		2								2		
Fillmore	10	2	2	3	3					2	8		1



**TABLE 16** (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

County	Total Children	Gender		Number of Placements				Removals	
		Male	Female	1-3 Placements	4-6 Placements	7-9 Placements	10 or more Placements	1st removal	2+ removal
<b>Adams</b>	63	38	25	36	9	3	15	40	23
<b>Antelope</b>	8	3	5	2	0	4	2	3	5
<b>Arthur</b>	1	1					1		1
<b>Banner</b>	0								
<b>Blaine</b>	0								
<b>Boone</b>	4	2	2	1	2	1		3	1
<b>Box Butte</b>	11	5	6	10	1			7	4
<b>Boyd</b>	1		1	1				1	
<b>Brown</b>	3	1	2	3	0			2	1
<b>Buffalo</b>	80	44	36	44	16	9	11	49	31
<b>Burt</b>	2	1	1	1			1		2
<b>Butler</b>	13	9	4	7	2	3	1	6	7
<b>Cass</b>	37	16	21	12	4	11	10	14	23
<b>Cedar</b>	5	4	1	5				4	1
<b>Chase</b>	5	4	1	3	1		1	4	1
<b>Cherry</b>	8	5	3	6	1		1	6	2
<b>Cheyenne</b>	13	9	4	5	4	2	2	5	8
<b>Clay</b>	6	5	1	2	4			3	3
<b>Colfax</b>	23	12	11	18	3	1	1	18	5
<b>Cuming</b>	23	16	7	16	1	1	5	20	3
<b>Custer</b>	8	3	5	6	1	1		6	2
<b>Dakota</b>	41	24	17	33	2	3	3	36	5
<b>Dawes</b>	5	3	2	1	4			1	4
<b>Dawson</b>	58	28	30	34	14	2	8	38	20
<b>Deuel</b>	4	1	3	3	1			2	2
<b>Dixon</b>	3	3		2			1	2	1
<b>Dodge</b>	73	42	31	37	14	4	18	42	31
<b>Douglas</b>	1728	953	775	894	401	180	253	1099	629
<b>Dundy</b>	2		2	2				2	
<b>Fillmore</b>	10	5	5	5	2	1	2	8	2

**TABLE 16** (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

County	Total Children	Placement Proximity to Home County					Other		
		Same County	Neighboring County	Non-Neighboring County	Child Placed Out of State	Unreported	More Than 2 Years in Care	More than 4 DHHS Workers	3 or More Lead Agency Workers <sup>49</sup>
Adams	63	31	15	16		1	13	30	3
Antelope	8	2	3	3				4	
Arthur	1			1				1	
Banner	0								
Blaine	0								
Boone	4		3	1				2	
Box Butte	11	3	4	4				5	
Boyd	1	1						1	
Brown	3	3						3	
Buffalo	80	36	26	18			6	26	5
Burt	2		1	1				2	
Butler	13	3	2	8			3	16	4
Cass	37	6	15	12	2	2	12	27	17
Cedar	5	1		4					
Chase	5		2	3				1	
Cherry	8	2	2	4			1	1	
Cheyenne	13	6	2	4	1			3	5
Clay	6	1	1	4			1	2	
Colfax	23	10	4	9			4	13	1
Cuming	23	8	2	13			6	7	2
Custer	8	1	2	5				3	1
Dakota	41	17	10	13	1		3	5	
Dawes	5		3	1	1		1	3	1
Dawson	58	13	20	20	4	1		26	
Deuel	4	3	1					1	
Dixon	3			3				1	
Dodge	73	16	23	27	7		20	29	13
Douglas	1728	1261	194	146	52	75	456	1,217	872
Dundy	2		2						
Fillmore	10	2	2	6			1	4	4

<sup>49</sup> Designates lifetime experience, so may include lead agency workers prior to the withdrawal of lead agencies in some areas.

**TABLE 16** (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

County	Total Children	Adjudication Status					
		Abuse Neglect Dependency (3a)	Status Offense (3b)	Mental Health (3c)	Misdemeanor (1)	Felony (2)	More Than One Type or Unreported
<b>Adams</b>	63	39	7		5	2	10
<b>Antelope</b>	8	5	2			1	
<b>Arthur</b>	1				1		
<b>Banner</b>	0						
<b>Blaine</b>	0						
<b>Boone</b>	4	1				2	1
<b>Box Butte</b>	11	8	1			1	1
<b>Boyd</b>	1	1					
<b>Brown</b>	3						3
<b>Buffalo</b>	80	52	11	1	7		9
<b>Burt</b>	2	2					
<b>Butler</b>	13	7	1		2		3
<b>Cass</b>	37	19	6		3	2	7
<b>Cedar</b>	5		2		1		2
<b>Chase</b>	5	2	3				
<b>Cherry</b>	8	3				1	4
<b>Cheyenne</b>	13	6	1		1	3	2
<b>Clay</b>	6	3	2		1		
<b>Colfax</b>	23	20	2			1	
<b>Cuming</b>	23	14	3	1	2	2	1
<b>Custer</b>	8	4	1		2		1
<b>Dakota</b>	41	27			11		3
<b>Dawes</b>	5	3			1		1
<b>Dawson</b>	58	33	11		6	2	6
<b>Deuel</b>	4	4					
<b>Dixon</b>	3	1			2		
<b>Dodge</b>	73	42	4	1	14	1	11
<b>Douglas</b>	1728	1181	122		153	26	246
<b>Dundy</b>	2	2					
<b>Fillmore</b>	10	4			3		3

**TABLE 16** (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

County	Total Children	Age Group					Race						
		age 0-5	age 6-12	age 13-15	age 16+	age unk	Amer. Indian	Asian	Black	Other/Unknown	White	Multiple	Hispanic Ethnicity
Franklin	4		1	1	2				1		3		
Frontier	2			1	1						2		
Furnas	6	1	2	1	2						6		
Gage	24	7	2	6	9		1			1	22		
Garden	0												
Garfield	2	1		1							2		
Gosper	3	1	1		1						3		
Grant	0												
Greeley	2			2							2		
Hall	128	37	18	28	45		3		11	13	100	1	48
Hamilton	7			3	4						7		
Harlan	6		1	3	2						6		1
Hayes	0												
Hitchcock	3			1	2						3		
Holt	9	2	1	1	5					1	8		1
Hooker	0												
Howard	7		1	2	4		1				6		
Jefferson	6	1		3	2						6		
Johnson	3				3						3		1
Kearney	19	3	6	2	8						18	1	
Keith	10	3	3	2	2					4	6		7
Keya Paha	0												
Kimball	3	2		1							3		
Knox	2			1	1		1				1		1
Lancaster	904	275	210	141	278		74	17	151	58	543	61	84
Lincoln	170	53	43	39	35		5		5	14	143	3	25
Logan	1				1						1		
Loup	0												
Madison	94	32	25	13	24		9		7	17	59	2	19
McPherson	0									0	0		
Merrick	10	3		3	4		1			1	8		1
Morrill	7	2	1	3	1					3	4		3
Nance	4	2		1	1						4		

**TABLE 16** (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

County	Total Children	Gender		Number of Placements				Removals	
		Male	Female	1-3 Placements	4-6 Placements	7-9 Placements	10 or more Placements	1st removal	2+ removal
Franklin	4	3	1	3			1	3	1
Frontier	2		2	1	1			1	1
Furnas	6	3	3	4			2	3	3
Gage	24	15	9	12	4	2	6	15	9
Garden	0								0
Garfield	2		2	1			1	1	1
Gosper	3	1	2	2			1	2	1
Grant	0								
Greeley	2	1	1	2				2	
Hall	128	72	56	56	36	13	23	59	69
Hamilton	7	5	2	2	2		3	4	3
Harlan	6	3	3	4	1	1		4	2
Hayes	0								
Hitchcock	3		3	1		2		2	1
Holt	9	6	3	4	3	1	1	4	5
Hooker	0								
Howard	7	5	2	3	1	1	2	4	3
Jefferson	6	4	2	4			2	5	1
Johnson	3	2	1			2	1	2	1
Kearney	19	12	7	13	2	1	3	14	5
Keith	10	6	4	6	2	1	1	4	6
Keya Paha	0								
Kimball	3	2	1	2		1		2	1
Knox	2	2			1		1	1	1
Lancaster	904	490	414	478	188	87	151	575	329
Lincoln	170	87	83	104	36	12	18	120	50
Logan	1	1		1				1	
Loup	0								
Madison	94	40	54	52	20	7	15	65	29
McPherson	0								
Merrick	10	7	3	6	1	1	2	7	3
Morrill	7	4	3	7				6	1
Nance	4	1	3	3			1	3	1

**TABLE 16 (continued)****CHILDREN BY COUNTY OF COURT COMMITMENT**

County	Total Children	Placement Proximity to Home County					Other		
		Same County	Neighboring County	Non-Neighboring County	Child Placed Out of State	Unreported	More Than 2 Years in Care	More than 4 DHHS Workers	3 or More Lead Agency Workers <sup>50</sup>
Franklin	4		3	1			1	1	
Frontier	2			2					
Furnas	6	3	2	1				2	1
Gage	24	9	8	7			1	12	15
Garden	0								
Garfield	2		2				1	2	
Gosper	3	1	1	1				2	
Grant	0								
Greeley	2	2							
Hall	128	44	44	34		6	14	41	12
Hamilton	7	1	4	2			2	1	
Harlan	6		1	3	2		1	1	
Hayes	0								
Hitchcock	3			2		1	1	1	
Holt	9	5	1	3				4	
Hooker	0								
Howard	7	4	1	2			1	2	2
Jefferson	6	2	1	2	1		2	3	3
Johnson	3		1	2			2	3	3
Kearney	19	2	11	5	1		6	3	
Keith	10	6	1	3			2	2	2
Keya Paha	0								
Kimball	3	2		1				1	
Knox	2			2			1	2	
Lancaster	904	504	106	228	25	41	152	644	625
Lincoln	170	91	30	41	1	7	25	48	8
Logan	1			1					
Loup	0								
Madison	94	40	24	23	5	2	8	29	8
McPherson	0								
Merrick	10	3	4	2		1		2	
Morrill	7	2	5					2	
Nance	4	1	1	2			1	1	

<sup>50</sup> Designates lifetime experience, so may include lead agency workers prior to the withdrawal of lead agencies in some areas.

**TABLE 16** (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

County	Total Children	Adjudication Status					
		Abuse Neglect Dependency (3a)	Status Offense (3b)	Mental Health (3c)	Misdemeanor (1)	Felony (2)	More Than One Type or Unreported
Franklin	4	1	2		1		
Frontier	2		2				
Furnas	6	5	1				
Gage	24	10	3		5	2	4
Garden	0						
Garfield	2	1	1				
Gosper	3	1	1				1
Grant	0						
Greeley	2	2					
Hall	128	61	4	3	28	5	27
Hamilton	7		1	1	2		3
Harlan	6	2	2				2
Hayes	0						
Hitchcock	3	1	1				1
Holt	9	2			1	1	5
Hooker	0						
Howard	7	1		2	2		2
Jefferson	6	4	1				1
Johnson	3		1				2
Kearney	19	10	2	1	2		4
Keith	10	7				1	2
Keya Paha	0						
Kimball	3	3					
Knox	2	1	1				
Lancaster	904	589	61		125	17	112
Lincoln	170	103	35	1	11	3	17
Logan	1		1				
Loup	0						
Madison	94	60	7		8	2	17
McPherson	0						
Merrick	10	2	3		2		3
Morrill	7	4	1				2
Nance	4	3					1

**TABLE 16** (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

County	Total Children	Age Group					Race						
		age 0-5	age 6-12	age 13-15	age 16+	age unk	Amer. Indian	Asian	Black	Other	White	Multiple	Hispanic Ethnicity
Nemaha	12	3	6		3		1	1			10		
Nuckolls	3		1		2					3			
Otoe	31	6	13	4	8				1	29	1	1	
Pawnee	2	1			1					2			
Perkins	2				2					2			
Phelps	12	5	1	1	5					12			
Pierce	5	3		2						5			
Platte	55	11	14	12	18		4		2	2	42	5	12
Polk	7	3	1	1	2		2			5			
Red Willow	18		4	6	8					18			
Richardson	15	6	3	2	4		1			14			
Rock	2			1	1					2			
Saline	13	1	3	5	4				2	11		2	
Sarpy	179	40	42	31	66		5	1	13	6	139	15	12
Saunders	26	11	8	3	4				2	24		5	
Scotts Bluff	92	36	24	10	22		17			4	64	7	30
Seward	20	4	7	4	5				2	17	1		
Sheridan	4		1	1	2		1			3		1	
Sherman	2		1		1					2			
Sioux	0												
Stanton	2	2								2			
Thayer	7	4		1	2					7			
Thomas	1				1					1			
Thurston	5	3	1		1					4	1		
Valley	17	3	2	9	3				1	15	1	2	
Washington	23	4	5	7	7					23			
Wayne	5	1	1	1	2				1	3		1	
Webster	2			1	1					2			
Wheeler	0												
York	29	9	10	4	6				2	25		3	
Voluntary	55	25	20	6	4		2		7	9	35	2	8
<b>Total</b>	<b>4320</b>	<b>1287</b>	<b>1009</b>	<b>745</b>	<b>1279</b>	<b>0</b>	<b>245</b>	<b>30</b>	<b>914</b>	<b>367</b>	<b>2569</b>	<b>195</b>	<b>555</b>



**TABLE 16** (continued)**CHILDREN BY COUNTY OF COURT COMMITMENT**

County	Total Children	Gender		Number of Placements				Removals	
		Male	Female	1-3 Placements	4-6 Placements	7-9 Placements	10 or more Placements	1st removal	2+ removal
Nemaha	12	5	7	8	1	2	1	7	5
Nuckolls	3		3	1	1	1		1	2
Otoe	31	13	18	14	9	5	3	15	16
Pawnee	2	1	1	2				2	
Perkins	2	1	1				2		2
Phelps	12	8	4	5	1	3	3	6	6
Pierce	5	2	3	2	1	2		2	3
Platte	55	31	24	34	10	3	8	39	16
Polk	7	3	4	4	2	1		6	1
Red Willow	18	11	7	3	7	3	5	7	11
Richardson	15	7	8	7	7		1	8	7
Rock	2		2	1	1			1	1
Saline	13	9	4	4	6		3	6	7
Sarpy	179	98	81	96	36	16	31	111	68
Saunders	26	15	11	15	6	2	3	16	10
Scotts Bluff	92	61	31	50	21	9	12	53	39
Seward	20	11	9	14	2	1	3	15	5
Sheridan	4	4		1	1		2	2	2
Sherman	2	2				2			2
Sioux	0			2					
Stanton	2		2	1			1	2	
Thayer	7	5	2	4	3			4	3
Thomas	1	1				1			1
Thurston	5	3	2	2	2		1	3	2
Valley	17	6	11	9	4	2	2	12	5
Washington	23	17	6	10	7	3	3	14	9
Wayne	5	2	3	1	2	1	1	3	2
Webster	2	1	1	1		1		1	1
Wheeler	0								
York	29	16	13	17	5	2	5	20	9
Voluntary	55	26	29	48	4	3		48	7
<b>Total</b>	<b>4320</b>	<b>2368</b>	<b>1952</b>	<b>2314</b>	<b>924</b>	<b>421</b>	<b>661</b>	<b>2734</b>	<b>1586</b>

**TABLE 16 (continued)**

**CHILDREN BY COUNTY OF COURT COMMITMENT**

County	Total Children	Placement Proximity to Home County					Other		3 or More Lead Agency Workers <sup>51</sup>
		Same County	Neighboring County	Non-Neighboring County	Child Placed Out of State	Unreported	More Than 2 Years in Care	More than 4 DHHS Workers	
Nemaha	12	4	2	6				4	
Nuckolls	3	1		2				1	
Otoe	31	9	8	14			9	18	11
Pawnee	2	2						2	
Perkins	2			1	1		1	2	1
Phelps	12	5	2	5			2	4	2
Pierce	5		3	2				2	
Platte	55	21	14	18	1	1	7	23	5
Polk	7		2	5				6	2
Red Willow	18	3	5	9	1		1	7	1
Richardson	15	5		10				5	
Rock	2		1	1					
Saline	13	1	7	4		1	1	8	6
Sarpy	179	69	73	21	7	9	27	117	109
Saunders	26	4	11	9	1	1		13	18
Scotts Bluff	92	63	6	16	4	3	9	44	4
Seward	20	8	6	4	1	1	2	2	7
Sheridan	4	1		3				1	
Sherman	2		2					1	
Sioux	0								
Stanton	2		2						
Thayer	7		1	6			1	5	1
Thomas	1			1				1	
Thurston	5	3	0	2			3		
Valley	17	0	10	6	1		3	6	2
Washington	23	3	8	11	1		5	6	4
Wayne	5	1	1	2	1		3	2	1
Webster	2		1	1					
Wheeler	0								
York	29	17	5	5	2		6	17	20
Voluntary	55	37	5	9	2	2		12	12
<b>Total</b>	<b>4320</b>	<b>2405</b>	<b>765</b>	<b>869</b>	<b>126</b>	<b>155</b>	<b>828</b>	<b>2551</b>	<b>1813</b>

<sup>51</sup> Designates lifetime experience, so may include lead agency workers prior to the withdraw of lead agencies in some areas.

**TABLE 16 (continued)****CHILDREN BY COUNTY OF COURT COMMITMENT**

County	Total Children	Adjudication Status					
		Abuse Neglect Dependency (3a)	Status Offense (3b)	Mental Health (3c)	Misdemeanor (1)	Felony (2)	More Than One Type or Unreported or N.A
Nemaha	12	10			1		1
Nuckolls	3	1	2				
Otoe	31	24	2		1	1	3
Pawnee	2	1					1
Perkins	2		1				1
Phelps	12	8	1	1	1		1
Pierce	5	3	1				1
Platte	55	34	1		6	5	9
Polk	7	5					2
Red Willow	18	5	6		4		3
Richardson	15	10	1		1		3
Rock	2	1	1				
Saline	13	2			2	1	8
Sarpy	179	110	19		21	8	21
Saunders	26	19			2		
Scotts Bluff	92	60	6	2	5	1	18
Seward	20	11	1		4	2	2
Sheridan	4			1	1		2
Sherman	2	1					1
Sioux	0						
Stanton	2	2					
Thayer	7	4					3
Thomas	1		1				
Thurston	5	1	1				3
Valley	17	10	2		1	1	3
Washington	23	14	3		1	2	3
Wayne	5	1	1		1		2
Webster	2	1					1
Wheeler	0						
York	29	20	3		3	2	1
Voluntary	55						55
<b>Total</b>	<b>4320</b>	<b>2719</b>	<b>363</b>	<b>15</b>	<b>457</b>	<b>98</b>	<b>668</b>

**TABLE 17**

**TOTAL LIFETIME PLACEMENTS**  
**(individual foster homes, group homes, specialized facilities)**

**FOR CHILDREN IN OUT-OF-HOME CARE ON DECEMBER 31, 2011**

<b>Number of Placements</b>	<b>Total</b>	<b>Ages 0-5</b>	<b>Ages 6-12</b>	<b>Ages 13-15</b>	<b>Ages 16-18</b>	<b>Age Unk.</b>
1	1,071	540	303	110	118	none
2	734	336	152	98	148	none
3	511	196	128	68	119	none
4	392	87	128	66	111	none
5	306	58	96	58	94	none
6	226	35	59	62	70	none
7	170	21	42	44	63	none
8	146	8	27	38	73	none
9	102	3	18	37	44	none
10	100	1	10	30	59	none
11-20	428	1	45	115	267	none
21-30	106	1	0	18	87	none
31-40	23	0	1	0	22	none
41-61	5	0	0	0	5	none
Total	4,320	1,287	1,009	744	1,280	none

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

- 2,004 (47%) of the children had experienced 4 or more placements.
- 662 (16%) of the children had experienced 10 or more placements.

It is particularly troubling that so many preschool children have had multiple placements. Brain development experts have indicated that young children are permanently damaged by multiple broken attachments to care givers, yet an alarming number of young children have this experience.

- 411 (32%) of the preschoolers had lived in 3 or more different homes.
- 70 (6%) of the preschoolers had lived in 6 or more homes.

Explanation— this chart shows the number of placements for children in out-of-home care on December 31<sup>st</sup>. The Foster Care Review Office counts each move to different foster homes, group homes, or facilities throughout the child's lifetime. Brief hospitalizations or respite care are not included in the counts, nor are changes in the placement level (such as a foster home becoming a pre-adoptive home). The ideal is for children placed in out-of-home care to experience consistency in placement. A common standard indicating detrimental placement instability is four placements (Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000).

**TABLE 18**

**LIFETIME DHHS CASEWORKER/STAFF CHANGES EXPERIENCED  
BY DHHS AND DHHS-OJS WARDS  
WHO WERE IN FOSTER CARE ON DECEMBER 31, 2011**

<b># of Caseworkers in Child's Lifetime</b>	<b>Children</b>	<b># of Caseworkers in Child's Lifetime</b>	<b>Children</b>
1 caseworker	344	13 caseworkers	42
2 caseworkers	726	14 caseworkers	20
3 caseworkers	718	15 caseworkers	14
4 caseworkers	608	16 caseworkers	15
5 caseworkers	499	17 caseworkers	13
6 caseworkers	388	18 caseworkers	7
7 caseworkers	303	19 caseworkers	2
8 caseworkers	202	20 caseworkers	1
9 caseworkers	172	21 caseworkers	3
10 caseworkers	113	22 caseworkers	0
11 caseworkers	88	23 caseworkers	4
12 caseworkers	38	24 or more caseworkers	0
		<b>Total wards</b>	<b>4,320</b>

## Additional Facts:

- 2,532 (59%) of the children above had experienced 4 or more different caseworkers handling their case during their lifetime. This compared to 35% in 2008.
- 1,425 (33%) had experienced 6 or more different caseworkers. (19% in 2008)
- 360 (8%) had experienced 10 or more different caseworkers. (5% in 2008)

**TABLE 19**

**LIFETIME LEAD AGENCY WORKER/STAFF CHANGES  
EXPERIENCED BY CHILDREN  
WHO WERE IN FOSTER CARE ON DECEMBER 31, 2011**

# of Lead Agency workers in Child's Lifetime	Children
No lead agency workers	811
1 lead agency worker	833
2 lead agency workers	862
3 lead agency workers	721
4 lead agency workers	383
5 lead agency workers	344
6 lead agency workers	150
7 lead agency workers	101
8 lead agency workers	71
9 lead agency workers	27
10 lead agency workers	10
11 lead agency workers	3
12 lead agency workers	4
<b>Total</b>	<b>4,320</b>

Designates lifetime experience, so may include lead agency workers prior to the withdrawal of lead agencies in some areas. In 2011, there were active lead agencies in Douglas, Sarpy, Lancaster and the counties of southeast Nebraska.

**TABLE 20****2011 REPORT FROM THE  
TRACKING SYSTEM REGISTRY**

Per Neb. Rev. Stat. §43-1303(2)(b)(iv) the FCRO is to include in the annual report the number of children supervised by the foster care programs in the state.

This is calculated as follows:

Children in out-of-home care at the beginning of the year per last annual report	4,301
Children who entered or re-entered care during calendar year	+ <u>3,870</u> <sup>52</sup>
Children whose case was active anytime during calendar year	8,171
Children who left foster care during the year	- 3,937 <sup>53</sup>
Adjustments for children who entered or left care in prior years but were not reported until 2011	<u>+86</u>
Children in out-of-home care on December 31, 2011	4,320

---

<sup>52</sup> Some children enter foster care more than once during a calendar year; they are not duplicated in this number.

<sup>53</sup> Some children leave care more than once during a calendar year; they are not duplicated in this number.

**TABLE 21**  
**CHILDREN ENTERING OUT-OF-HOME CARE**  
**DURING THE YEAR, BY AGE**

Age of child as of December 31st	Entering care in 2011			Prior years	
	First removal from home	Removed previously	Total children entering care	Children entering 2010	Children entering 2009
Under 1	302	11	313	227	223
1 year	161	24	185	217	196
2 years	145	44	189	172	199
3 years	125	38	163	149	161
4 years	113	35	148	175	163
5 years	111	38	149	136	134
6 years	89	28	117	115	131
7 years	87	26	113	118	112
8 years	74	24	98	97	104
9 years	71	32	103	89	124
10 years	59	31	90	101	79
11 years	72	32	104	98	98
12 years	92	39	131	101	159
13 years	93	67	160	150	146
14 years	152	123	275	203	211
15 years	189	181	370	310	340
16 years	228	230	458	465	464
17 years	225	284	509	475	506
18 years	55	140	195	344	357
19 + years	0	0	0	67	63
<b>TOTAL</b>	<b>2,443</b>	<b>1,427</b>	<b>3,870</b>	<b>3,809</b>	<b>3,970</b>

# with prior removals	1,427	1,488	1,876
Rate*	37%	39%	47%

\*Rate here is computed as the percent of children entering care in the year who had been removed from the home at least once before, as in  $1,427/3,870 = 37\%$ )

Explanation—the table shows the number of children who entered out-of-home care through both public and private agencies, and includes past years for comparison. This chart is based on the child’s December 31st age, so children in the 19+ age group would have entered care while age 18 (19 is the age of majority). Most children who enter care when age newborn through pre-adolescence enter care due to the parent’s inability to parent, an abusive situation, neglect, or medical problems. Older children may also enter care because of their own actions. The number of young children experiencing premature, failed reunification is significant due to brain research indicating that there can be physical changes to brain physiology caused by abuse, neglect, and separations from parents/caregivers.



**TABLE 22**  
**CASES TERMINATED IN 2011 BY REASON**

There were 3,937 children who left out-of-home care during 2011.

- 3,694 exited out-of-home care one time during 2011,
- 243 children left more than once.

This chart shows reasons for each time children left care during the year.

Reason left care	Children	Percent
Reunification		
Custody returned to parent	2,759	70%
Released from corrections with no other information given (presumably returned to parents)	49	1%
Adoption		
Adoption finalized	461	12%
Age of majority or other emancipation		
Reached age of majority	299	7%
Emancipated by military service or marriage	1	<1%
Guardianship		
Guardianship established	230	6%
Other Reasons		
Court terminated (with no specifics given)	28	<1%
Custody transfer (to tribes or another state)	101	3%
Other/Unknown	5	<1%
Death of child	4	<1%
Total	3,937	100%

**Trend data:**

395 adoptions were completed during 2010  
 487 adoptions were completed during 2009,  
 572 adoptions were completed in 2008 (the year of the joint special study), and  
 462 adoptions were completed in 2007.

## SPECIAL REPORT ON RACIAL DIFFERENCES

In September 2012 the FCRO was asked to provide data and testimony at a hearing about Nebraska and the Indian Child Welfare Act (ICWA). The following is from that testimony and illustrates racial disparity in regard to children of native heritage:

### Information on Children with at least some American Indian Heritage

On Dec. 31, 2011, there were 308 children with some or full American Indian heritage in out-of-home care in Nebraska. This figure does not include children under the jurisdiction of tribal courts. The Foster Care Review Office cannot review after tribal court takes jurisdiction. The figures below include children of all adjudication types (abuse/neglect/abandonment, status offenders, and delinquents).

The following provides details on the gender, ages, and outcome indicators for these children and provides a comparison to the children in out-of-home care who have other racial heritages.

Gender	Children with some American Indian heritage		Children with other racial heritage		Total in out-of-home care	
Female	129	42%	1,824	45%	1,953	45%
Male	<u>179</u>	58%	<u>2,187</u>	55%	<u>2,366</u>	55%
Total	308		4,012		4,320	

Age group	Children with some American Indian heritage		Children with other racial heritage		Total in out-of-home care	
Age 0-5	96	31%	1,191	30%	1,287	30%
Age 6-12	62	20%	947	24%	1,009	23%
Age 13-15	68	22%	677	17%	745	17%
Age 16-18	<u>83</u>	27%	<u>1,196</u>	30%	<u>1,279</u>	30%
Total	308		4,012		4,320	

<b>Number of Removals</b>	<b>Children with some American Indian heritage</b>		<b>Children with other racial heritage</b>		<b>Total in out-of-home care</b>	
1 <sup>st</sup> time in care	166	54%	2,566	64%	2,732	63%
2 or more removals	<u>142</u>	46%	<u>1,446</u>	36%	<u>1,588</u>	37%
Total	308		4,012		4,320	

\*Number of removals refers to the number of times that children were removed from the home of origin. In addition to these disruptions, children may also experience multiple changes in the placement (see table below), and school.

Further details on number of removals:

<b>Number of Removals*</b>	<b>Children with some American Indian heritage</b>		<b>Children with other racial heritage</b>		<b>Total in out-of-home care</b>	
1 <sup>st</sup> time in care	166	54%	2,566	64%	2,732	63%
2 <sup>nd</sup> time in care	95	31%	889	22%	984	23%
3 <sup>rd</sup> time in care	27	9%	366	9%	393	9%
4 <sup>th</sup> time in care	10	3%	118	3%	128	3%
5 <sup>th</sup> time in care	5	2%	45	1%	50	1%
6 <sup>th</sup> time in care	3	1%	19	0%	22	1%
7 <sup>th</sup> time in care	2	1%	5	0%	7	0%
8 <sup>th</sup> time in care	0	0%	1	0%	1	0%
9 <sup>th</sup> time in care	0	0%	1	0%	1	0%
10 <sup>th</sup> time in care	0	0%	1	0%	1	0%
11 <sup>th</sup> time in care	<u>0</u>	0%	<u>1</u>	0%	<u>1</u>	0%
Total	308		4,012		4,320	

\*Number of removals refers to the number of times that children were removed from the home of origin. In addition to these disruptions, children may also experience multiple changes in the placement (see table below), and school.

<b>Number of Placements (foster homes, group homes, etc.)</b>	<b>Children with some American Indian heritage</b>		<b>Children with other racial heritage</b>		<b>Total in out-of- home care</b>	
1 <sup>st</sup> placement	61	20%	1,010	25%	1,071	25%
2 placements	45	15%	688	17%	733	17%
3 placements	29	9%	482	12%	511	12%
4 or more placements	<u>173</u>	56%	<u>1,832</u>	46%	<u>2,005</u>	46%
Total	308		4,012		4,320	

\*Placements are calculated over the child's lifetime. Placements include individual foster homes, group homes, emergency shelters, relative care, and specialized placements. The cumulative effects of multiple moves can lead to permanent damage. A common standard for placement instability is four or more placements.<sup>54</sup>

The American Academy of Pediatrics in a November 2000 policy statement affirmed, "*children need continuity, consistency, and predictability from their caregiver. Multiple foster home placements can be injurious.*" Similarly, as a result of a 2004 study, Children's Hospital in Philadelphia reported, "*Multiple placements...increased the predicted probability of high mental health service use.*"

Details on number of placements:

<b>Number of Placements*</b>	<b>Children with some American Indian heritage</b>		<b>Children with other racial heritage</b>		<b>Total in out-of- home care</b>	
1 <sup>st</sup> placement	61	20%	1,010	25%	1,071	25%
2 placements	45	15%	688	17%	733	17%
3 placements	29	9%	482	12%	511	12%
4 placements	35	11%	357	9%	392	9%
5 placements	22	7%	284	7%	306	7%
6 placements	23	7%	203	5%	226	5%
7 placements	16	5%	154	4%	170	4%
8 placements	6	2%	140	3%	146	3%
9 placements	6	2%	96	2%	102	2%
10 placements	9	3%	91	2%	100	2%
11-20 placements	39	13%	389	10%	428	10%
21+ placements	<u>17</u>	6%	<u>118</u>	3%	<u>135</u>	3%
Total	308		4,012		4,320	

<sup>54</sup> Hartnett, Falconnier, Leathers & Testa, 1999; Webster, Barth & Needell, 2000.

Placement proximity to home*	Children with some American Indian heritage		Children with other racial heritage		Total in out-of-home care	
Same county	165	54%	2240	52%	2,405	56%
Neighboring county	55	18%	711	16%	766	18%
Non-neighboring county	63	20%	805	19%	868	20%
Out of state	8	3%	118	3%	126	3%
Unknown (ex. Runaway)	<u>16</u>	5%	<u>139</u>	3%	<u>155</u>	4%
Total	308		4,320		4,320	

\*Proximity to home is based on the location of the child’s placement on December 31<sup>st</sup> as compared to the county of court commitment. Close proximity is important as it can better facilitate parenting time and school stability.

Type of placement	Children with some American Indian heritage		Children with other racial heritage		Total in out-of-home care	
Relative	65	21%	988	25%	1,053	24%
Foster family home	152	49%	1,835	46%	1,987	46%
Group home	28	9%	640	16%	668	15%
Runaway	12	4%	87	2%	99	2%
YRTC/detention	43	14%	326	8%	369	9%
Emergency shelter	3	1%	69	2%	72	2%
Independent living	3	1%	41	1%	44	1%
Other	<u>2</u>	1%	<u>26</u>	1%	<u>28</u>	1%
Total	308		4,012		4,320	

\*Type of placement is based on the child’s placement on December 31<sup>st</sup>.

Racial backgrounds for the 152 foster family home placements of children with American Indian heritage:

American Indian	2
Black	19
Hispanic	2
Multiple	20
Unreported	19
White	<u>90</u>
Total foster homes	152

<b>Number of DHHS Workers</b>	<b>Children with some American Indian heritage</b>		<b>Children with other racial heritage</b>		<b>Total in out-of-home care</b>	
1-3 workers	107	35%	1,681	42%	1788	41%
4 or more workers	<u>201</u>	65%	<u>2,331</u>	58%	<u>2532</u>	59%
Total	308		4,012		4,320	

Details on number of workers:

<b>Number of DHHS Workers</b>	<b>Children with some American Indian heritage</b>		<b>Children with other racial heritage</b>		<b>Total in out-of-home care</b>	
1 worker	16	5%	328	8%	344	8%
2 workers	35	11%	691	17%	726	17%
3 workers	56	18%	662	17%	718	17%
4 workers	42	14%	566	14%	608	14%
5 workers	43	14%	456	11%	499	12%
6 workers	31	10%	357	9%	388	9%
7 workers	15	5%	288	7%	303	7%
8 workers	20	6%	182	5%	202	5%
9 workers	16	5%	156	4%	172	4%
10 or more workers	<u>34</u>	11%	<u>326</u>	8%	<u>360</u>	8%
Total	308		4,012		4,320	

\*The figures in these columns are the lifetime number of DHHS workers that children have had while in out-of-home care. These figures do not include any worker changes that children may have experienced if in the parental home but under the supervision of DHHS.

<b>Days in care since most recent removal</b>	<b>Children with some American Indian heritage</b>		<b>Children with other racial heritage</b>		<b>Total in out-of-home care</b>	
1-30 days	11	4%	267	7%	278	6%
31-60 days	12	4%	272	7%	284	7%
61-90 days	18	6%	290	7%	308	7%
91-180 days	57	19%	647	16%	704	16%
181-364 days	62	20%	897	22%	959	22%
365-730 days	80	26%	879	22%	959	22%
731 days or more	<u>68</u>	22%	<u>760</u>	19%	<u>828</u>	19%
	308		4,012		4,320	

<b>Children in Out-of-Home Care on Dec. 31, 2011, Who were in Out-of-Home Care for the First Time</b>											
	<b>In care 1-30 days (entered care in Dec. 2011)</b>		<b>In care 31-60 days (entered care in Nov. 2011)</b>		<b>In care 61-90 days (entered care in Oct. 2011)</b>		<b>In care 91-180 days (entered care in July-Aug. 2011)</b>		<b>In care 181 days or more (entered care prior to July 1, 2011)</b>		
<b>AGE ON DEC. 31st</b>											
Birth - Five	70	40.7%	54	30.5%	76	38.8%	189	41.5%	697	40.2%	
Six - Twelve	35	20.3%	47	26.6%	41	20.9%	99	21.8%	437	25.2%	
Thirteen - Eighteen	67	39.0%	76	42.9%	79	40.3%	167	36.7%	598	34.5%	
Total children	172		177		196		455		1732		
<b>GENDER</b>											
Female	97	56.4%	81	45.8%	79	40.3%	222	48.8%	834	48.2%	
Male	75	43.6%	96	54.2%	117	59.7%	233	51.2%	898	51.8%	
Unreported	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
Total children	172		177		196		455		1732		
<b>RACE</b>											
American Indian	3	1.7%	7	4.0%	7	3.6%	33	7.3%	82	4.7%	
Asian	1	0.6%	0	0.0%	0	0.0%	1	0.2%	9	0.5%	
Black	3	1.7%	33	18.6%	20	10.2%	67	14.7%	406	23.4%	
Multiple races	6	3.5%	2	1.1%	5	2.6%	14	3.1%	95	5.5%	
Other	18	10.5%	29	16.4%	30	15.3%	70	15.4%	64	3.7%	
Unreported	35	20.3%	6	3.4%	10	5.1%	12	2.6%	33	1.9%	
White	106	61.6%	100	56.5%	124	63.3%	258	56.7%	1043	60.2%	
Total Children	172		177		196		455		1732		
<b>HISPANIC</b>											
Hispanic ethnicity	24	14.0%	20	11.3%	24	12.2%	72	15.8%	211	12.2%	
No Hispanic ethnicity	148	86.0%	157	88.7%	172	87.8%	383	84.2%	1521	87.8%	
Total children	172		177		196		455		1732		

Children in Out-of-Home Care on Dec. 31, 2011, Who were in Out-of-Home Care for the First Time										
	In care 1-30 days (entered care in Dec. 2011)		In care 31-60 days (entered care in Nov. 2011)		In care 61-90 days (entered care in Oct. 2011)		In care 91-180 days (entered care in July-Aug. 2011)		In care 181 days or more (entered care prior to July 1, 2011)	
<b>PLACEMENTS WHILE IN OUT-OF-HOME CARE</b>										
1 placement	127	73.8%	102	57.6%	95	48.5%	230	50.5%	515	29.7%
2 placements	40	23.3%	59	33.3%	72	36.7%	128	28.1%	430	24.8%
3 placements	3	1.7%	12	6.8%	15	7.7%	60	13.2%	271	15.6%
4 placements	2	1.2%	2	1.1%	9	4.6%	26	5.7%	152	8.8%
5 placements	0	0.0%	1	0.6%	2	1.0%	8	1.8%	95	5.5%
6 placements	0	0.0%	0	0.0%	2	1.0%	1	0.2%	62	3.6%
7 placements	0	0.0%	1	0.6%	1	0.5%	0	0.0%	46	2.7%
8 placements	0	0.0%	0	0.0%	0	0.0%	0	0.0%	26	1.5%
9 placements	0	0.0%	0	0.0%	0	0.0%	0	0.0%	21	1.2%
10 placements	0	0.0%	0	0.0%	0	0.0%	1	0.2%	19	1.1%
11+ placements	0	0.0%	0	0.0%	0	0.0%	1	0.2%	95	5.5%
Total children	172		177		196		455		1732	
<b>PROXIMITY TO HOME FROM CURRENT PLACEMENT</b>										
Same County as Court	121	70.3%	104	58.8%	112	57.1%	265	58.2%	1074	62.0%
Neighboring County	31	18.0%	38	21.5%	37	18.9%	101	22.2%	298	17.2%
Non-Neighboring County	18	10.5%	29	16.4%	38	19.4%	79	17.4%	260	15.0%
Placed out of state	0	0.0%	2	1.1%	3	1.5%	8	1.8%	60	3.5%
Unknown proximity (ex: runaway)	2	1.2%	4	2.3%	6	3.1%	2	0.4%	40	2.3%
Total children	172		177		196		455		1732	

Children in Out-of-Home Care on Dec. 31, 2011, Who were in Out-of-Home Care for the First Time										
	In care 1-30 days (entered care in Dec. 2011)		In care 31-60 days (entered care in Nov. 2011)		In care 61-90 days (entered care in Oct. 2011)		In care 91-180 days (entered care in July-Aug. 2011)		In care 181 days or more (entered care prior to July 1, 2011)	
<b>#DHHS WORKERS SINCE ENTERING CARE</b>										
1 worker	54	31.4%	36	20.3%	45	23.0%	74	16.3%	72	4.2%
2 workers	81	47.1%	95	53.7%	101	51.5%	183	40.2%	171	9.9%
3 workers	33	19.2%	40	22.6%	39	19.9%	154	33.8%	299	17.3%
4 workers	4	2.3%	4	2.3%	10	5.1%	30	6.6%	324	18.7%
5 workers	0	0.0%	2	1.1%	1	0.5%	8	1.8%	296	17.1%
6 workers	0	0.0%	0	0.0%	0	0.0%	6	1.3%	197	11.4%
7 workers	0	0.0%	0	0.0%	0	0.0%	0	0.0%	152	8.8%
8 workers	0	0.0%	0	0.0%	0	0.0%	0	0.0%	80	4.6%
9 workers	0	0.0%	0	0.0%	0	0.0%	0	0.0%	51	2.9%
10 workers	0	0.0%	0	0.0%	0	0.0%	0	0.0%	27	1.6%
11+ workers	0	0.0%	0	0.0%	0	0.0%	0	0.0%	63	3.6%
Total children	172		177		196		455		1732	



<b>Children in Out-of-Home Care on Dec. 31, 2011, Who Had Been in Out-of-Home Care Before (Returns to Care)</b>											
	In care 1-30 days (re-entered care in Dec. 2011)		In care 31-60 days (re-entered care in Nov. 2011)		In care 61-90 days (re-entered care in Oct. 2011)		In care 91-180 days (re-entered care in July-Aug. 2011)		In care 181 days or more (re-entered care prior to July 1, 2011)		
<b>AGE ON DEC. 31st</b>											
Birth - Five	12	11.3%	11	10.3%	15	13.4%	35	14.1%	128	12.6%	
Six - Twelve	13	12.3%	14	13.1%	16	14.3%	42	16.9%	265	26.1%	
Thirteen - Eighteen	81	76.4%	82	76.6%	81	72.3%	172	69.1%	621	61.2%	
Total children	106		107		112		249		1014		
<b>GENDER</b>											
Female	45	42.5%	28	26.2%	42	37.5%	96	38.6%	429	42.3%	
Male	60	56.6%	79	73.8%	70	62.5%	153	61.4%	585	57.7%	
Unreported	1	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
Total children	106		107		112		249		1014		
<b>RACE</b>											
American Indian	3	2.8%	4	3.7%	8	7.1%	20	8.0%	78	7.7%	
Asian	2	1.9%	1	0.9%	1	0.9%	2	0.8%	6	0.6%	
Black	20	18.9%	21	19.6%	20	17.9%	51	20.5%	243	24.0%	
Multiple races	3	2.8%	0	0.0%	10	8.9%	9	3.6%	51	5.0%	
Other	7	6.6%	10	9.3%	10	8.9%	24	9.6%	30	3.0%	
Unreported	1	0.9%	1	0.9%	0	0.0%	2	0.8%	12	1.2%	
White	70	66.0%	70	65.4%	63	56.3%	141	56.6%	594	58.6%	
Total Children	106		107		112		249		1014		
<b>HISPANIC</b>											
Hispanic ethnicity	15	14.2%	11	10.3%	20	17.9%	42	16.9%	116	11.4%	
No Hispanic ethnicity	91	85.8%	96	89.7%	92	82.1%	207	83.1%	898	88.6%	
Total children	106		107		112		249		1014		

Children in Out-of-Home Care on Dec. 31, 2011, Who Had Been in Out-of-Home Care Before (Returns to Care)										
	In care 1-30 days (re-entered care in Dec. 2011)		In care 31-60 days (re-entered care in Nov. 2011)		In care 61-90 days (re-entered care in Oct. 2011)		In care 91-180 days (re-entered care in July-Aug. 2011)		In care 181 days or more (re-entered care prior to July 1, 2011)	
<b>PLACEMENTS OVER LIFETIME (INCLUDING PRIOR REMOVALS)</b>										
1 placement	1	0.9%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
2 placements	0	0.0%	1	0.9%	1	0.9%	1	0.4%	1	0.1%
3 placements	18	17.0%	16	15.0%	16	14.3%	32	12.9%	68	6.7%
4 placements	12	11.3%	20	18.7%	14	12.5%	35	14.1%	120	11.8%
5 placements	9	8.5%	16	15.0%	16	14.3%	35	14.1%	124	12.2%
6 placements	10	9.4%	14	13.1%	16	14.3%	29	11.6%	92	9.1%
7 placements	9	8.5%	9	8.4%	5	4.5%	20	8.0%	79	7.8%
8 placements	10	9.4%	4	3.7%	11	9.8%	15	6.0%	80	7.9%
9 placements	6	5.7%	4	3.7%	4	3.6%	16	6.4%	51	5.0%
10 placements	7	6.6%	3	2.8%	5	4.5%	10	4.0%	55	5.4%
11+ placements	24	22.6%	20	18.7%	24	21.4%	56	22.5%	343	33.8%
Total children	106		107		112		249		1014	
<b>PROXIMITY TO HOME FROM CURRENT PLACEMENT</b>										
Same County as Court	52	49.1%	54	50.5%	52	46.4%	105	42.2%	466	46.0%
Neighboring County	17	16.0%	16	15.0%	15	13.4%	50	20.1%	163	16.1%
Non-Neighboring County	24	22.6%	26	24.3%	36	32.1%	69	27.7%	289	28.5%
Placed out of state	1	0.9%	1	0.9%	3	2.7%	5	2.0%	43	4.2%
Unknown proximity (ex: runaway)	12	11.3%	10	9.3%	6	5.4%	20	8.0%	53	5.2%
Total children	106		107		112		249		1014	

Children in Out-of-Home Care on Dec. 31, 2011, Who Had Been in Out-of-Home Care Before (Returns to Care)											
	In care 1-30 days (re-entered care in Dec. 2011)		In care 31-60 days (re-entered care in Nov. 2011)		In care 61-90 days (re-entered care in Oct. 2011)		In care 91-180 days (re-entered care in July-Aug. 2011)		In care 181 days or more (re-entered care prior to July 1, 2011)		
<b>#DHHS WORKERS WHILE IN OUT-OF-HOME CARE (INCLUDES PRIOR REMOVALS)</b>											
1 worker	12	11.3%	15	14.0%	8	7.1%	10	4.0%	18	1.8%	
2 workers	10	9.4%	10	9.3%	14	12.5%	14	5.6%	47	4.6%	
3 workers	18	17.0%	18	16.8%	18	16.1%	40	16.1%	59	5.8%	
4 workers	23	21.7%	21	19.6%	24	21.4%	58	23.3%	110	10.8%	
5 workers	22	20.8%	16	15.0%	12	10.7%	26	10.4%	116	11.4%	
6 workers	4	3.8%	6	5.6%	10	8.9%	26	10.4%	139	13.7%	
7 workers	5	4.7%	8	7.5%	6	5.4%	17	6.8%	115	11.3%	
8 workers	4	3.8%	3	2.8%	12	10.7%	18	7.2%	85	8.4%	
9 workers	4	3.8%	1	0.9%	5	4.5%	16	6.4%	95	9.4%	
10 workers	1	0.9%	4	3.7%	2	1.8%	7	2.8%	72	7.1%	
11+ workers	3	2.8%	5	4.7%	1	0.9%	17	6.8%	158	15.6%	
Total children	106		107		112		249		1014		

Key differences between children in care for the first time and those with prior removals

- Children entering care for the first time are as likely to be in the birth through 5 age group (with 41%) or the 13 through 18 age group (with 39%); but children re-entering care are much more likely to be teens (11% for young children and 76% for teens).
- Girls outnumber boys on first removals (56% for girls compared to 44% for boys), but boys outnumber girls for re-removals (43% for girls to 57% for boys).
- Comparisons between children on a first removal to those with prior removals is difficult due to the understandable number of “unreported” or “other” for children initially removed from the home.
- Children on an initial removal from the home are much more likely to be placed in the same county (70%) compared to children with prior removals (50%).
  - If placements are not close to the home the distance can be a barrier to visitation with parents and siblings, and can increase the likelihood that the child will experience a change of schools on top of all the other changes inherent in being removed from the home.
  - Some of that differences between the two populations include:
    - Children with prior removals are more likely to have mental health, behavioral or delinquency issues, that require higher or other levels of care that are not available in every county.
    - Some difference may be due to the location of the two Youth Rehabilitation and Treatment Centers.
- Children are still experiencing a lot of placement changes. While it might be acceptable to have an initial emergency placement, followed by an on-going placement, some children experience more than that.
  - For children in care 1-30 days, 3 had been moved three times in that time period, and 2 children had been moved four times.
  - For children in care 31-60 days, 16 had been moved more than twice.
  - For children in care 61-90 days, 29 had been moved more than twice.
  - That is a lot of change for children to assimilate who have just recently been removed from their parents.
- Similarly, there is a lot of change in the DHHS worker assigned to children’s case. Only 31% of the children in care for under a month who were on their first removal had just one worker in that timeframe.

# APPENDICES

## **Appendix A – Child Welfare Change Timeline**

### **Governor Heineman Announces Directives**

June 21, 2006: Governor Heineman announced new child welfare directives. At that time Nebraska had an all-time high number of children in out-of-home care (over 6,200). The Governor ordered DHHS to prioritize cases of children age five and younger and work to resolve cases more quickly. He asked for all professionals involved with children in out-of-home care to collaborate on resolving children's issues.

September 2006: The Supreme Court held the first Through the Eyes of a Child Summit, and regional teams formed for collaboration.

Dec. 31, 2006: The number of children in out-of-home care had been reduced from 6,204 at the beginning of the year to 5,186.

Dec. 31, 2007: The number of children in out-of-home care was reduced to 5,043.

July 2008: The federal Child and Family Services Review (CFSR) indicated that Nebraska was not meeting seven standards of child safety, permanency, and well-being.

July 10, 2008: Governor Heineman, Chief Justice Heavican, and the FCRB Chair Georgina Scurfield, held a press conference to announce that the FCRB and DHHS would be conducting a joint study of children who had been in out-of-home care 2 years or longer. As a result, both agencies instituted routine joint meetings on cases of concern.

September 2008: DHHS unveiled its plan for child welfare and juvenile services reform, including contracting for in-home services.

Dec. 31, 2008: The number of children in out-of-home care was reduced to 4,620.

Through 2008, adoptions were at an all-time high – 572 children were adopted in 2008.

### **Private Agencies Assume Service Coordination**

July 2009: Current child welfare change efforts began.

July 2009: State and Federal funds totaling \$7 million were given to the Lead Agencies for recruitment of staff, locating work sites, leasing of equipment, and any other purposes reasonably necessary to prepare for full implementation.

August 2009: Training of Service Coordinators began. 25 days of initial caseworker training was provided to Service Coordinators, with additional training to be provided by the Department and Lead Agency.

Summer 2009: Concerted effort made by DHHS to train caseworkers and Service Coordinators regarding Roles and Responsibilities; licensed foster parents contacted by DHHS regarding the impending change and the need to be licensed under a Lead Agency or sub-contractor.

October 2009: Contracts amended for service delivery to begin on November 1, 2009 with full statewide implementation by April 1, 2010.

October 2009: FCRB began planning on child welfare change data to be collected.

- November 2009: Service contracts are signed by DHHS and the Lead Agencies totaling \$149,515,887 for services through June 30, 2011.
- November 2009: FCRB began training staff on the additional data collection.
- November 1, 2009: Weekly transfer of child welfare cases began in Douglas and Sarpy County. Individual case staffing occurred and one year's worth (not the entire file) of the families' case file documentation was copied and given to the Contractor.
- December 31, 2009: Contracts are amended, increasing payments by \$9,677,246.
- December 31, 2009: There were 4,448 children in out-of-home care.
- Jan. 1, 2010: FCRB began collecting data on child welfare changes.
- April 2010: Transfer of child welfare cases to Lead Agencies complete.
- April 2, 2010: CEDARS announced its intention to withdraw from their contract by June. The cases of 300 children reverted to DHHS for case management.
- April 16, 2010: Visinet declared bankruptcy. The cases of 1,000 children reverted to DHHS for case management. (The court later overturns this bankruptcy).
- April 2010: FCRB began working with DHHS on documentation deficits and how best to report them to DHHS for correction.
- May 2010: DHHS and Visinet sign an agreement that DHHS will directly pay Visinet foster parents and subcontracts, and pay Visinet \$627,270 to pay its former employees.
- June 2010: The process for recording documentation deficits was in place, and the FCRB began reporting individual cases to DHHS and the Lead Agencies.
- July 2010: Change of contracts. Sets monthly amounts. DHHS agrees to make payments for independent living and former wards instead of contracts. KVC contract increased as Cedars and Visinet are no longer providing services. Contract revised to front load July through September payments.
- September 2010: DHHS and Boys and Girls announce they have mutually ended the contract. BGH is to be responsible for services prior to October 1.
- October 15, 2010: Boys and Girls ceased operations. The cases of 1,400 reverted to DHHS for case management.
- October 15, 2010: DHHS issued a press release titled *DHHS Announces Next Steps to Strengthen Child Welfare/Juvenile Services Reform*. In this announcement it stated that \$9.86 million in emergency federal funding for TANF (formerly aid to dependent children) and \$6 million dollars of state general funds was received. DHHS also announced a reduction of staff and transfer of more responsibilities to the remaining service agencies by January 1, 2011, further accelerating the Reform effort. Contracts changed that when non-medically necessary treatment is ordered by the court, the parties will work together to identify alternatives.
- October 2010: Caseworkers reported they are seeking alternative employment in response to the announcement of reductions in staff.
- November 8, 2010: There were 4,508 children in out-of-home care.

November 15, 2010: Governor Heineman weighed in, noting that both state and Lead Agencies have to do a better job in the future.

November 17, 2010: Seven Lincoln area State Senators hold a town hall meeting on child welfare changes.

December 2010: Contracts add case management services effective January 2011. Payment to NFC increased by \$7 million and KVC by \$12 million.

December 2010: FCRB releases a report on child welfare changes to date.

December 2010: DHHS brings in the Casey Foundation to assist with improvements to the child welfare system. DHHS and Casey met with stakeholders who identified a wide range of issues with the child welfare changes.

December 31, 2010: There were 4,301 children in out-of-home care.

### **Private Agencies Assume Case Management**

January 1, 2011: The two remaining Lead Agencies (Nebraska Family Collaborative-NFC and KVC) assume case management duties for the children already assigned to their agencies. Lead Agency Service Coordinators become Family Permanency Specialists (FPS). DHHS caseworkers become DHHS Children and Family Outcome Monitors (CFOM's).

January 2011: The Legislature introduces a number of bills and resolutions designed to improve the child welfare system and to address the systems issues brought to the members by constituents. Proposals included:

- LB 80, which would remove section requiring another party to object to the department's plan and prove not in best interests for the court to disapprove the plan, (amended into LB 648 and passed.)
- LB 177, which would require a transition plan for youth age 16 and older, require reasonable efforts to accomplish sibling visitations, and adopt other provisions of the federal Fostering Connections Act, (passed).
- LB 199, which would require DHHS to develop a method to determine reimbursement rates, (hearing held, no further action pending LR 37).
- LB 433, which would require oversight of child welfare contracts, (held after the Governor announced a voluntary moratorium on new contracts).
- LB 598, which would reduce the length of time to permanency hearings, (hearing held, no further action).
- LB 651, which would require the FCRB to study foster parents, (hearing held, no further action).
- LR 37, which would require a legislative study of child welfare changes. (passed)

June 2011: DHHS announces KVC will get \$5.5 million more in fiscal year 2011 and \$7 million in fiscal year 2012. NFC will receive \$14.2 million in fiscal 2012 up from \$13.8 million.

June 2011: KVC announces layoffs of 75 workers.



June 17, 2011: DHHS announces Vicki Maca has been appointed as administrator of Families Matter.

June 2011: The DHHS Southeast Area Administrator resigned effective June 3, 2011, and the DHHS Eastern Service Area Administrator resigned effective July 26, 2011. These are the two areas with Lead Agencies.

June 30, 2011: There are 4,272 children in out-of-home care.

July 2011: Providers due payments from Boys and Girls receive letters from DHHS with an offer to payout 35% of what is owed to each by Boys and Girl

August 17, 2011: DHHS issued a news release that case management for an additional 620 families would be assigned to NFC by October 15, 2011. The contract increases by \$53,366,735.

### **State Auditor releases report**

Sept. 7, 2011: State Auditor Mike Foley releases a scathing report on the state's child welfare system.

Oct. 15, 2011: Scot Adams becomes Interim Director of the DHHS Division of Children and Family Services following the Sept. 16, 2011, resignation of Todd Reckling due to health problems.

Fall 2011: LR 37 hearings are held across the state.

Nov. 16, 2011: Uta Halee Girls Village closes their residential treatment center due to declining revenue under reform.

January 6, 2012: KVC renegotiates its contract to receive an additional \$1.8 million. It withdraws as a lead agency on Feb. 22, 2012.

Jan. 18, 2012: LB 998, which changes the governance of the FCRB, was introduced.

Jan. 20, 2012: Former FCRB Director Carol Stitt resigns.

### **KVC withdraws as lead agency**

Feb. 22, 2012: KVC announces it is withdrawing as a lead agency effective March 1, 2012. This leaves only NFC as a lead agency.

Mar. 7, 2012: Thomas Pristow was named Director of DHHS Children and Family Services Division.

### **Child welfare bills advance**

Spring 2012: A series of child welfare bills (LB 821 on Children's Commission & Inspector General, LB 1060 on data, LB 949 on fiscal monitoring, LB 961 creating a lead agency pilot, and LB 820 on a IV-E waiver) plus LB 998, on the makeup of the FCRO, all advance.

May 30, 2012: Governor Heineman names Nebraska Children's Commission.

**Changes to Foster Care Review Office take effect**

July 1, 2012: The Foster Care Review Board becomes the Foster Care Review Office (FCRO).  
Data Coordinator Linda M. Cox is named in the bill as interim executive director.

Aug. 7, 2012: Governor Heineman names members of the FCRO Advisory Committee.

**Federal officials notify state regarding child welfare fines**

Aug. 21, 2012: Federal officials notified DHHS that the state would be penalized for failing to  
following regulations regarding the use of foster care funds. The penalty is for 2010  
and additional penalties are likely for fiscal years 2011 and 2012.

Aug. 30, 2012: The Foster Care Review Office Advisory Committee meets for the first time.

Fall 2012: Legislative hearings regarding the child welfare system continue.

All children in out-of-home care have been impacted by child welfare changes and related  
system issues such as the number of changes in the Lead Agency staff and DHHS workers  
assigned to individual children's cases, interruptions in services, and services not being  
documented.



## APPENDIX B

### Statutes pertaining to the Foster Care Review Office As revised effective July 1, 2012

#### **Foster Care Review Act (43-1301-43-1318)**

##### **Section 43-1301**

##### ***Terms, defined.***

For purposes of the Foster Care Review Act, unless the context otherwise requires:

(1) Local board means a local foster care review board created pursuant to section 43-1304;

(2) Office means the Foster Care Review Office created pursuant to section 43-1302;

(3) Foster care facility means any foster home, group home, child care facility, public agency, private agency, or any other person or entity receiving and caring for foster children;

(4) Foster care placements means all placements of juveniles as described in subdivision (3)(b) of section 43-247, placements of neglected, dependent, or delinquent children, including those made directly by parents or by third parties, and placements of children who have been voluntarily relinquished pursuant to section 43-106.01 to the Department of Health and Human Services or any child placement agency licensed by the Department of Health and Human Services;

(5) Person or court in charge of the child means (a) the Department of Health and Human Services, an association, or an individual who has been made the guardian of a neglected, dependent, or delinquent child by the court and has the responsibility of the care of the child and has the authority by and with the assent of the court to place such a child in a suitable family home or institution or has been entrusted with the care of the child by a voluntary placement made by a parent or legal guardian, (b) the court which has jurisdiction over the child, or (c) the entity having jurisdiction over the child pursuant to the Nebraska Indian Child Welfare Act;

(6) Voluntary placement means the placement by a parent or legal guardian who relinquishes the possession and care of a child to a third party, individual, or agency;

(7) Family unit means the social unit consisting of the foster child and the parent or parents or any person in the relationship of a parent, including a grandparent, and any siblings with whom the foster child legally resided prior to placement in foster care,

except that for purposes of potential sibling placement, the child's family unit also includes the child's siblings even if the child has not resided with such siblings prior to placement in foster care;

(8) Child-caring agency has the definition found in section 71-1902;

(9) Child-placing agency has the definition found in section 71-1902; and

(10) Siblings means biological siblings and legal siblings, including, but not limited to, half-siblings and stepsiblings.

##### **Source:**

Laws 1982, LB 714, § 1

Laws 1985, LB 255, § 40

Laws 1985, LB 447, § 36

Laws 1987, LB 239, § 1

Laws 1990, LB 1222, § 4

Laws 1996, LB 1044, § 194

Laws 1997, LB 307, § 75

Laws 2012, LB 998, § 3

##### **Cross References:**

Nebraska Indian Child Welfare Act, see section 43-1501

##### **Section 43-1301.01**

##### ***Entering foster care; determination of time.***

For the purpose of determining the timing of review hearings, permanency hearings, and other requirements under the Foster Care Review Act, a child is deemed to have entered foster care on the earlier of the date of the first judicial finding that the child has been subjected to child abuse or neglect or the date that is sixty days after the date on which the child is removed from the home.

##### **Source:**

Laws 1998, LB 1041, § 35

**Section 43-1302*****Agency and Advisory Committee established; members; terms; expenses.***

(1)(a) The Foster Care Review Office is hereby established. The purpose of the office is to provide information and direct reporting to the courts, the Department of Health and Human Services, and the Legislature regarding the foster care system in Nebraska; to provide oversight of the foster care system; and to make recommendations regarding foster care policy to the Legislature. The executive director of the office shall provide information and reporting services, provide analysis of information obtained, and oversee foster care file audit case reviews and tracking of cases of children in the foster care system. The executive director of the office shall, through information analysis and with the assistance of the Foster Care Advisory Committee, (i) determine key issues of the foster care system and ways to resolve the issues and to otherwise improve the system and (ii) make policy recommendations.

(b) All equipment and effects of the State Foster Care Review Board on the operative date of this act shall be transferred to the Foster Care Review Office, and all staff of the board, except the executive director and interim executive director, shall be transferred to the office. The State Foster Care Review Board shall terminate on the operative date of this act. Beginning on the operative date of this act, the data coordinator of the board, as such position existed prior to such date, shall serve as the executive director of the office until the Foster Care Advisory Committee hires an executive director as prescribed by this section. It is the intent of the Legislature that the staff of the board employed prior to the operative date of this act shall continue to be employed by the office until such time as the executive director is hired by the committee.

(c) It is the intent of the Legislature that the funds appropriated to the State Foster Care Review Board be transferred to the Foster Care Review Office for FY2012-13.

(2)(a) The Foster Care Advisory Committee is created. The committee shall have five members appointed by the Governor. The members shall have no pecuniary interest in the foster care system and shall not be employed by the office, the Department of Health and Human Services, a county, a child-caring agency, a child-placing agency, or a court.

(b) The Governor shall appoint three members from a list of twelve local board members submitted by the Health and Human Services Committee of the Legislature, one member from a list of four persons with data analysis experience submitted by the Health and Human Services Committee of the Legislature, and one member from a list of four persons who are

residents of the state and are representative of the public at large submitted by the Health and Human Services Committee of the Legislature. The Health and Human Services Committee of the Legislature shall hold a confirmation hearing for the appointees, and the appointments shall be subject to confirmation by the Legislature, except that the initial members and members appointed while the Legislature is not in session shall serve until the next session of the Legislature, at which time a majority of the members of the Legislature shall approve or disapprove of the appointments.

(c) The terms of the members shall be for three years, except that the Governor shall designate two of the initial appointees to serve initial terms ending on March 1, 2014, and three of the initial appointees to serve initial terms ending on March 1, 2015. The Governor shall make the initial appointments within thirty days after the operative date of this act. Members shall not serve more than two consecutive terms, except that members shall serve until their successors have been appointed and qualified. The Governor shall appoint members to fill vacancies in the same manner as the original appointments to serve for the remainder of the unexpired term.

(d) The Foster Care Advisory Committee shall meet at least four times each calendar year. Each member shall attend at least two meetings each calendar year and shall be subject to removal for failure to attend at least two meetings unless excused by a majority of the members of the committee. Members shall be reimbursed for their actual and necessary expenses as provided in sections 81-1174 to 81-1177.

(e) The duties of the Foster Care Advisory Committee are to:

(i) Hire and fire an executive director for the office who has training and experience in foster care; and

(ii) Support and facilitate the work of the office, including the tracking of children in foster care and reviewing foster care file audit case reviews.

(3) The executive director of the office shall hire, fire, and supervise office staff and shall be responsible for the duties of the office as provided by law, including the annual report and other reporting, review, tracking, data collection and analysis, and oversight and training of local boards.

**Source:**

Laws 1982, LB 714, § 2  
Laws 1987, LB 239, § 2  
Laws 1990, LB 1222, § 5  
Laws 2005, LB 761, § 1  
Laws 2007, LB 463, §1133  
Laws 2009, LB 679, §1

Laws 2012, LB 998, § 4

**Section 43-1303**

***Registry; reports required; rules and regulations; visitation of facilities.***

(1) The office shall maintain the statewide register of all foster care placements occurring within the state, and there shall be a monthly report made to the registry of all foster care placements by the Department of Health and Human Services, any child-placing agency, or any court in a form as developed by the office in consultation with representatives of entities required to make such reports. For each child entering and leaving foster care, such monthly report shall consist of identifying information, placement information, and the plan or permanency plan developed by the person or court in charge of the child pursuant to section 43-1312. The department and every court and child-placing agency shall report any foster care placement within three working days. The report shall contain the following information:

- (a) Child identification information, including name, social security number, date of birth, gender, race, and religion;
- (b) Identification information for parents and stepparents, including name, social security number, address, and status of parental rights;
- (c) Placement information, including initial placement date, current placement date, and the name and address of the foster care provider;
- (d) Court status information, including which court has jurisdiction, initial custody date, court hearing date, and results of the court hearing;
- (e) Agency or other entity having custody of the child;
- (f) Case worker; and
- (g) Permanency plan objective.

(2)(a) The office shall designate a local board to conduct foster care file audit case reviews for each case of children in foster care placement.

(b) The office may adopt and promulgate rules and regulations for the following:

- (i) Establishment of training programs for local board members which shall include an initial training program and periodic inservice training programs;
- (ii) Development of procedures for local boards;
- (iii) Establishment of a central record-keeping facility for all local board files, including foster care file audit case reviews;
- (iv) Accumulation of data and the making of annual reports on children in foster care. Such reports shall include (A) personal

data on length of time in foster care, (B) number of placements, (C) frequency and results of foster care file audit case reviews and court review hearings, (D) number of children supervised by the foster care programs in the state annually, (E) trend data impacting foster care, services, and placements, (F) analysis of the data, and (G) recommendations for improving the foster care system in Nebraska;

(v) To the extent not prohibited by section 43-1310, evaluation of the judicial and administrative data collected on foster care and the dissemination of such data to the judiciary, public and private agencies, the department, and members of the public; and

(vi) Manner in which the office shall determine the appropriateness of requesting a court review hearing as provided for in section 43-1313.

(3) A local board shall send a written report to the office for each foster care file audit case review conducted by the local board. A court shall send a written report to the office for each foster care review hearing conducted by the court.

(4) The office shall report and make recommendations to the Legislature, department, local boards, and county welfare offices. Such reports and recommendations shall include, but not be limited to, the annual judicial and administrative data collected on foster care pursuant to subsections (2) and (3) of this section and the annual evaluation of such data. In addition, the office shall provide copies of such reports and recommendations to each court having the authority to make foster care placements. The executive director of the office or his or her designees from the office may visit and observe foster care facilities in order to ascertain whether the individual physical, psychological, and sociological needs of each foster child are being met. The executive director shall also provide, at a time specified by the Health and Human Services Committee of the Legislature, regular updates regarding child welfare data and information at least quarterly, and a fourth-quarter report which shall be the annual report. The executive director shall include issues, policy concerns, and problems which have come to the office and the executive director from analysis of the data. The executive director shall recommend alternatives to the identified problems and related needs of the office and the foster care system to the committee. The Health and Human Services Committee shall coordinate and prioritize data and information requests submitted to the office by members of the Legislature. The annual report of the office shall be completed by December 1 each year, beginning December 1, 2012.

**Source:**

Laws 1982, LB 714, § 3  
 Laws 1990, LB 1222, § 6  
 Laws 1996, LB 1044, § 195  
 Laws 1998, LB 1041, § 36  
 Laws 1999, LB 240, § 1  
 Laws 2012, LB 998, § 5

**Section 43-1304*****Local foster care review boards; established; members.***

There shall be local foster care review boards to conduct the foster care file audit case reviews of children in foster care placement and carry out other powers and duties given to such boards under the Foster Care Review Act. Members of local boards serving on the operative date of this act shall continue to serve the unexpired portion of their terms. The executive director of the office shall select members to serve on local boards from a list of applications submitted to the office. Each local board shall consist of not less than four and not more than ten members as determined by the executive director. The members of the local board shall reasonably represent the various social, economic, racial, and ethnic groups of the county or counties from which its members may be appointed. A person employed by the office, the Department of Health and Human Services, a child-caring agency, a child-placing agency, or a court shall not be appointed to a local board. A list of the members of each local board shall be sent to the department.

**Source:**

Laws 1982, LB 714, § 4  
 Laws 1987, LB 239, § 3  
 Laws 1996, LB 1044, § 196  
 Laws 1999, LB 240, § 2  
 Laws 2012, LB 998, § 6

**Section 43-1305*****Local board; terms; vacancy.***

All local board members shall be appointed for terms of three years. If a vacancy occurs on a local board, the executive director of the office shall appoint another person to serve the unexpired portion of the term. Appointments to fill vacancies on the local board shall be made in the same manner and subject to the same conditions as the initial appointments to such board. The term of each member shall expire on the second Monday in July of the appropriate year.

Members shall continue to serve until a successor is appointed.

**Source:**

Laws 1982, LB 714, § 5  
 Laws 1999, LB 240, § 3  
 Laws 2012, LB 998, § 7

**Section 43-1306**

Repealed.

**Source:**

Laws 1982, LB 714, § 6  
 Laws 2012, LB 998, § 20

**Section 43-1307*****Child placed in foster care; court; duties.***

(1) Each court which has placed a child in foster care shall send to the office (a) a copy of the plan or permanency plan, prepared by the person or court in charge of the child in accordance with section 43-1312, to effectuate rehabilitation of the foster child and family unit or permanent placement of the child and (b) a copy of the progress reports as they relate to the plan or permanency plan, including, but not limited to, the court order and the report and recommendations of the guardian ad litem.

(2) The office may provide the designated local board with copies of the information provided by the court under subsection (1) of this section.

**Source:**

Laws 1982, LB 714, § 7  
 Laws 1998, LB 1041, § 37  
 Laws 2012, LB 998, § 8

**Section 43-1308*****Powers and duties.***

(1) Except as otherwise provided in the Nebraska Indian Child Welfare Act, the designated local board shall:

(a) Conduct a foster care file audit case review at least once every six months for the case of each child in a foster care placement to determine what efforts have been made to carry out the plan or permanency plan for rehabilitation of the foster child and family unit or for permanent placement of such child pursuant to section 43-1312;

(b) Submit to the court having jurisdiction over such child for the purposes of foster care

placement, within thirty days after the foster care file audit case review, its findings and recommendations regarding the efforts and progress made to carry out the plan or permanency plan established pursuant to section 43-1312 together with any other recommendations it chooses to make regarding the child. The findings and recommendations shall include whether there is a need for continued out-of-home placement, whether the current placement is safe and appropriate, the specific reasons for the findings and recommendations, including factors, opinions, and rationale considered in the foster care file audit case review, whether the grounds for termination of parental rights under section 43-292 appear to exist, and the date of the next foster care file audit case review by the designated local board;

(c) If the return of the child to his or her parents is not likely, recommend referral for adoption and termination of parental rights, guardianship, placement with a relative, or, as a last resort, another planned, permanent living arrangement; and

(d) Promote and encourage stability and continuity in foster care by discouraging unnecessary changes in the placement of foster children and by encouraging the recruitment of foster parents who may be eligible as adoptive parents.

(2) When the office or designated local board determines that the interests of a child in a foster care placement would be served thereby, the office or designated local board may request a court review hearing as provided for in section 43-1313.

**Source:**

Laws 1982, LB 714, § 8  
Laws 1985, LB 255, § 41  
Laws 1990, LB 1222, § 7  
Laws 1998, LB 1041, § 38  
Laws 2012, LB 998, § 9

**Cross References:** Nebraska Indian Child Welfare Act, see section 43-1501.

**Section 43-1309**

***Records; release; when.***

Upon the request of the office or designated local board, any records pertaining to a case assigned to such local board, or upon the request of the Department of Health and Human Services, any records pertaining to a case assigned to the department, shall be furnished to the office or designated local board or department by the agency charged with the child or any public official or employee of a political subdivision having relevant contact with the child. Upon the request of the office or designated local board, and if such information is not

obtainable elsewhere, the court having jurisdiction of the foster child shall release such information to the office or designated local board as the court deems necessary to determine the physical, psychological, and sociological circumstances of such foster child.

**Source:**

Laws 1982, LB 714, § 9  
Laws 1990, LB 1222, § 8  
Laws 1996, LB 1044, § 197  
Laws 2012, LB 998, § 10

**Section 43-1310**

***Records and information; confidential; unauthorized disclosure; penalty.***

All records and information regarding foster children and their parents or relatives in the possession of the office or local board shall be deemed confidential. Unauthorized disclosure of such confidential records and information or any violation of the rules and regulations adopted and promulgated by the Department of Health and Human Services or the office shall be a Class III misdemeanor.

**Source:**

Laws 1982, LB 714, § 10  
Laws 1990, LB 1222, § 9  
Laws 1996, LB 1044, § 198  
Laws 2012, LB 998, § 11

**Section 43-1311**

***Child removed from home; person or court in charge of child; duties.***

Except as otherwise provided in the Nebraska Indian Child Welfare Act, immediately following removal of a child from his or her home pursuant to section 43-284, the person or court in charge of the child shall:

(1) Conduct or cause to be conducted an investigation of the child's circumstances designed to establish a safe and appropriate plan for the rehabilitation of the foster child and family unit or permanent placement of the child;

(2) Require that the child receive a medical examination within two weeks of his or her removal from his or her home; and

(3) Subject the child to such further diagnosis and evaluation as is necessary.

**Source:**

Laws 1982, LB 714, § 11  
Laws 1985, LB 255, § 42

Laws 1998, LB 1041, § 39  
Laws 2012, LB 998, § 12

**Cross References:** Nebraska Indian Child Welfare Act, see section 43-1501.

### **Section 43-1312**

***Plan or permanency plan for foster child; contents; investigation; hearing.***

(1) Following the investigation conducted pursuant to section 43-1311 and immediately following the initial placement of the child, the person or court in charge of the child shall cause to be established a safe and appropriate plan for the child. The plan shall contain at least the following:

- (a) The purpose for which the child has been placed in foster care;
- (b) The estimated length of time necessary to achieve the purposes of the foster care placement;
- (c) A description of the services which are to be provided in order to accomplish the purposes of the foster care placement;
- (d) The person or persons who are directly responsible for the implementation of such plan; and
- (e) A complete record of the previous placements of the foster child.

(2) If the return of the child to his or her parents is not likely based upon facts developed as a result of the investigation, the Department of Health and Human Services shall recommend termination of parental rights and referral for adoption, guardianship, placement with a relative, or, as a last resort, another planned permanent living arrangement.

(3) Each child in foster care under the supervision of the state shall have a permanency hearing by a court, no later than twelve months after the date the child enters foster care and annually thereafter during the continuation of foster care. The court's order shall include a finding regarding the appropriateness of the permanency plan determined for the child and shall include whether, and if applicable when, the child will be:

- (a) Returned to the parent;
- (b) Referred to the state for filing of a petition for termination of parental rights;
- (c) Placed for adoption;
- (d) Referred for guardianship; or
- (e) In cases where the state agency has documented to the court a compelling reason for determining that it would not be in the best interests of the child to return home, (i) referred for termination of parental rights, (ii) placed for adoption with a fit and willing relative, or (iii) placed with a guardian.

### **Source:**

Laws 1982, LB 714, § 12  
Laws 1998, LB 1041, § 40

### **Annotations:**

Under subsection (3) of this section, a permanency hearing considers the appropriateness of a plan for a child in foster care with respect to the plan's likelihood of providing, inter alia, a safe, stable, and nurturing environment. Pursuant to subsection (3) of this section, a permanency hearing must be conducted no later than twelve months after the child enters foster care. In re Interest of Sarah K., 258 Neb. 52, 601 N.W.2d 780 (1999).

### **Section 43-1313**

***Review of dispositional order; when; procedure.***

When a child is in foster care, the court having jurisdiction over such child for the purposes of foster care placement shall review the dispositional order for such child at least once every six months. The court may reaffirm the order or direct other disposition of the child. Any review hearing by a court having jurisdiction over such child for purposes of foster care placement shall be conducted on the record as provided in sections 43-283 and 43-284, and any recommendations of the office or designated local board concerning such child shall be included in the record. The court shall review a case on the record more often than every six months and at any time following the original placement of the child if the office or local board requests a hearing in writing specifying the reasons for the review. Members of the office or local board or its designated representative may attend and be heard at any hearing conducted under this section and may participate through counsel at the hearing with the right to call and cross-examine witnesses and present arguments to the court.

### **Source:**

Laws 1982, LB 714, § 13  
Laws 1990, LB 1222, § 10

### **Section 43-1314**

***Review of dispositional order; right to participate; notice.***

(1) Except as otherwise provided in the Nebraska Indian Child Welfare Act, notice of the court review or hearing and the right of participation in all court reviews and hearings pertaining to a child in a foster care placement shall be provided by the court having jurisdiction over such child for the purposes of



foster care placement. The Department of Health and Human Services or contract agency shall have the contact information for all child placements available for all courts to comply with the notification requirements found in this section. The department or contract agency shall each have one telephone number by which any court seeking to provide notice may obtain up-to-date contact information of all persons listed in subdivisions (2)(a) through (h) of this section. All contact information shall be up-to-date within seventy-two hours of any placement change.

(2) Notice shall be provided to all of the following parties that are applicable to the case: (a) The person charged with the care of such child; (b) the child's parents or guardian unless the parental rights of the parents have been terminated by court action as provided in section 43-292 or 43-297; (c) the foster child if age fourteen or over; (d) the foster parent or parents of the foster child; (e) the guardian ad litem of the foster child; (f) the office and designated local board; (g) the preadoptive parent; and (h) the relative providing care for the child. Notice of all court reviews and hearings shall be mailed or personally delivered to the counsel or party, if the party is not represented by counsel, five full days prior to the review or hearing. The use of ordinary mail shall constitute sufficient compliance. Notice to the foster parent, preadoptive parent, or relative providing care shall not be construed to require that such foster parent, preadoptive parent, or relative is a necessary party to the review or hearing.

(3) The court shall inquire into the well-being of the foster child by asking questions, if present at the hearing, of any willing foster parent, preadoptive parent, or relative providing care for the child.

**Source:**

Laws 1982, LB 714, § 14  
Laws 1985, LB 255, § 43  
Laws 1988, LB 948, § 1  
Laws 1990, LB 1222, § 11  
Laws 1998, LB 1041, § 41  
Laws 2012, LB 998, § 13

**Cross References:** Nebraska Indian Child Welfare Act, see section 43-1501.

**Annotations:**

A foster parent does not have an interest in the placement of an adjudicated child sufficient to warrant intervention in juvenile proceedings as a matter of right, but is entitled to notice and an opportunity to participate in all court reviews pertaining to a child in foster care placement. *In re Interest of Destiny S.*, 263 Neb. 255, 639 N.W.2d 400 (2002).

Under this section and section 43-285, foster parents have standing to participate in foster care placement review hearings. *In re Interest of Jorius G. & Cheralée G.*, 249 Neb. 892, 546 N.W.2d 796 (1996).

**Section 43-1314.01**

***Six-month case reviews; duties.***

1) The office shall be the only entity responsible for the conduct of periodic foster care file audit case reviews which shall be identified as reviews which meet the federal requirements for six-month case reviews pursuant to the federal Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272. The office shall be fiscally responsible for any noncompliance sanctions imposed by the federal government related to the requirements for review outlined in the federal Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272.

(2) It is the intent of the Legislature that any six month court review of a juvenile pursuant to sections 43-278 and 43-1313 shall be identified as a review which meets the federal requirements for six-month case reviews pursuant to the federal Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272.

(3) The office may assist the Department of Health and Human Services as to eligibility under Title IV-E for state wards and eligibility for Supplemental Security Income, Supplemental Security Disability Income, Veterans Administration, or aid to families with dependent children benefits, for child support orders of the court, and for medical insurance other than medicaid.

**Source:**

Laws 1996, LB 642, § 1  
Laws 1997, LB 307, § 76  
Laws 1999, LB 240, § 4  
Laws 2012, LB 998, § 14

**Section 43-1315**

***Status and permanency plan review; placement order.***

In reviewing the foster care status and permanency plan of a child and in determining its order for disposition, the court shall continue placement outside the home upon a written determination that return of the child to his or her home would be contrary to the welfare of such child and that reasonable efforts to preserve and reunify the family, if required under section 43-283.01, have been made. In making this determination, the court shall consider the goals of the foster care placement and the safety and

appropriateness of the foster care plan or permanency plan established pursuant to section 43-1312.

**Source:**

Laws 1982, LB 714, § 15  
Laws 1987, LB 635, § 4  
Laws 1998, LB 1041, § 42

**Annotations:**

The Legislature intended that the issue of reasonable efforts required under section 43-283.01 must be reviewed by the juvenile court (1) when removing from the home a juvenile adjudged to be under subsections (3) or (4) of section 43-247 pursuant to section 43-284, (2) when the court continues a juvenile's out-of-home placement pending adjudication pursuant to section 43-254, (3) when the court reviews a juvenile's status and permanency planning pursuant to this section, and (4) when termination of parental rights to a juvenile is sought by the State under subsection (6) of section 43-292. *In re Interest of DeWayne G., Jr. & Devon G.*, 263 Neb. 43, 638 N.W.2d 510 (2002).

This section only applies to situations where the foster care status of a child is being reviewed, not all orders which are dispositional in nature. *In re Interest of Gloria F.*, 254 Neb. 531, 577 N.W.2d 296 (1998).

**Section 43-1316**

***Status review; child's needs; determination.***

The court shall, when reviewing the foster care status of a child, determine whether the individual

physical, psychological, and sociological needs of the child are being met. The health and safety of the child are of paramount concern in such review.

**Source:**

Laws 1982, LB 714, § 16  
Laws 1998, LB 1041, § 43

**Section 43-1317**

***Training for local board members.***

The office shall establish compulsory training for local board members which shall consist of initial training programs followed by periodic inservice training programs.

**Source:**

Laws 1982, LB 714, § 17  
Laws 2012, LB 998, § 15

**Section 43-1318**

***Act, how cited.***

Sections 43-1301 to 43-1318 shall be known and may be cited as the Foster Care Review Act.

**Source:**

Laws 1982, LB 714, § 18  
Laws 1996, LB 642, § 2  
Laws 1998, LB 1041, § 44

## Other Related Statutes

### **Section 43-1321**

#### ***Foster Care Review Office Cash Fund; created; use; investment.***

There is hereby created the Foster Care Review Office Cash Fund. The fund shall be administered by the Foster Care Review Office. The office shall remit revenue from the following sources to the State Treasurer for credit to the fund:

(1) Registration and other fees received for training, seminars, or conferences fully or partially sponsored or hosted by the office;

(2) Payments to offset printing, postage, and other expenses for books, documents, or other materials printed or published by the office; and

(3) Money received by the office as gifts, grants, reimbursements, or appropriations from any source intended for the purposes of the fund. The fund shall be used for the administration of the Foster Care Review Office. The State Treasurer shall transfer any funds in the Foster Care Review Board Cash Fund on the operative date of this act to the Foster Care Review Office Cash Fund. Any money in the fund available for investment shall be invested by the state investment officer pursuant to the Nebraska Capital Expansion Act and the Nebraska State Funds Investment Act.

#### **Source:**

Laws 1994, LB 1194, § 9  
Laws 1995, LB 7, § 38  
Laws 2012, LB 998, § 16

#### **Cross References:**

Foster Care Review Act, see section 43-1318.  
Nebraska Capital Expansion Act, see section 72-1269.  
Nebraska State Funds Investment Act, see section 72-1260.

### **Section 28-726**

#### ***Information; access.***

Except as provided in this section and sections 28-722 and 81-3126, no person, official, or agency shall have access to information in the tracking system of child protection cases maintained pursuant to section 28-715 or in records in the central register of child protection cases maintained pursuant to section 28-718 unless in furtherance of purposes directly connected with the administration of the Child Protection Act. Such persons, officials, and agencies having access to such information shall include, but not be limited to:

(1) A law enforcement agency investigating a report of known or suspected child abuse or neglect;

(2) A county attorney in preparation of a child abuse or neglect petition or termination of parental rights petition;

(3) A physician who has before him or her a child whom he or she reasonably suspects may be abused or neglected;

(4) An agency having the legal responsibility or authorization to care for, treat, or supervise an abused or neglected child or a parent, a guardian, or other person responsible for the abused or neglected child's welfare who is the subject of the report of child abuse or neglect;

(5) Any person engaged in bona fide research or auditing. No information identifying the subjects of the report of child abuse or neglect shall be made available to the researcher or auditor;

(6) The Foster Care Review Office and the designated local foster care review board when the information relates to a child in a foster care placement as defined in section 43-1301. The information provided to the office and local board shall not include the name or identity of any person making a report of suspected child abuse or neglect;

(7) The designated protection and advocacy system authorized pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. 15001, as the act existed on January 1, 2005, and the Protection and Advocacy for Mentally Ill Individuals Act, 42 U.S.C. 10801, as the act existed on September 1, 2001, acting upon a complaint received from or on behalf of a person with developmental disabilities or mental illness;

(8) The person or persons having custody of the abused or neglected child in situations of alleged out-of-home child abuse or neglect; and

(9) For purposes of licensing providers of child care programs, the Department of Health and Human Services.

#### **Source:**

Laws 1979, LB 505, § 14  
Laws 1982, LB 522, § 9  
Laws 1988, LB 463, § 47  
Laws 1990, LB 1222, § 1  
Laws 1992, LB 643, § 2  
Laws 1994, LB 1035, § 7  
Laws 1997, LB 119, § 4  
Laws 2001, LB 214, § 2  
Laws 2002, LB 642, § 8  
Laws 2005, LB 116, § 18  
Laws 2012, LB 998, § 1

**Section 43-285*****Care of juvenile; authority of guardian; placement plan and report; when; FCRO legal standing; participation authorized; immunity.***

1) When the court awards a juvenile to the care of the Department of Health and Human Services, an association, or an individual in accordance with the Nebraska Juvenile Code, the juvenile shall, unless otherwise ordered, become a ward and be subject to the guardianship of the department, association, or individual to whose care he or she is committed. Any such association and the department shall have authority, by and with the assent of the court, to determine the care, placement, medical services, psychiatric services, training, and expenditures on behalf of each juvenile committed to it. Such guardianship shall not include the guardianship of any estate of the juvenile.

(2) Following an adjudication hearing at which a juvenile is adjudged to be under subdivision (3) of section 43-247, the court may order the department to prepare and file with the court a proposed plan for the care, placement, services, and permanency which are to be provided to such juvenile and his or her family. The health and safety of the juvenile shall be the paramount concern in the proposed plan. The department shall include in the plan for a juvenile who is sixteen years of age or older and subject to the guardianship of the department a written independent living transition proposal which meets the requirements of section 43-1311.03. The court may approve the plan, modify the plan, order that an alternative plan be developed, or implement another plan that is in the juvenile's best interests. In its order the court shall include a finding regarding the appropriateness of the programs and services described in the proposal designed to assist the juvenile in acquiring independent living skills. Rules of evidence shall not apply at the dispositional hearing when the court considers the plan that has been presented.

(3) Within thirty days after an order awarding a juvenile to the care of the department, an association, or an individual and until the juvenile reaches the age of majority, the department, association, or individual shall file with the court a report stating the location of the juvenile's placement and the needs of the juvenile in order to effectuate the purposes of subdivision (1) of section 43-246. The department, association, or individual shall file a report with the court once every six months or at shorter intervals if ordered by the court or deemed appropriate by the department, association, or individual. The department, association, or individual shall file a report and notice of placement

change with the court and shall send copies of the notice to all interested parties at least seven days before the placement of the juvenile is changed from what the court originally considered to be a suitable family home or institution to some other custodial situation in order to effectuate the purposes of subdivision (1) of section 43-246. The court, on its own motion or upon the filing of an objection to the change by an interested party, may order a hearing to review such a change in placement and may order that the change be stayed until the completion of the hearing. Nothing in this section shall prevent the court on an ex parte basis from approving an immediate change in placement upon good cause shown. The department may make an immediate change in placement without court approval only if the juvenile is in a harmful or dangerous situation or when the foster parents request that the juvenile be removed from their home. Approval of the court shall be sought within twenty-four hours after making the change in placement or as soon thereafter as possible. The department shall provide the juvenile's guardian ad litem with a copy of any report filed with the court by the department pursuant to this subsection.

(4) The court shall also hold a permanency hearing if required under section 43-1312.

(5) When the court awards a juvenile to the care of the department, an association, or an individual, then the department, association, or individual shall have standing as a party to file any pleading or motion, to be heard by the court with regard to such filings, and to be granted any review or relief requested in such filings consistent with the Nebraska Juvenile Code.

(6) Whenever a juvenile is in a foster care placement as defined in section 43-1301, the Foster Care Review Office or the designated local foster care review board may participate in proceedings concerning the juvenile as provided in section 43-1313 and notice shall be given as provided in section 43-1314.

(7) Any written findings or recommendations of the Foster Care Review Office or the designated local foster care review board with regard to a juvenile in a foster care placement submitted to a court having jurisdiction over such juvenile shall be admissible in any proceeding concerning such juvenile if such findings or recommendations have been provided to all other parties of record.

(8) The executive director and any agent or employee of the Foster Care Review Office or any member of any local foster care review board participating in an investigation or making any report pursuant to the Foster Care Review Act or participating in a judicial proceeding pursuant to this section shall be immune from any civil liability that would otherwise be incurred except for false statements negligently made.

**Source:**

Laws 1981, LB 346, § 41  
 Laws 1982, LB 787, § 17  
 Laws 1984, LB 845, § 31  
 Laws 1985, LB 447, § 25  
 Laws 1989, LB 182, § 12  
 Laws 1990, LB 1222, § 3  
 Laws 1992, LB 1184, § 14  
 Laws 1993, LB 103, § 1  
 Laws 1996, LB 1044, § 133  
 Laws 1998, LB 1041, § 26  
 Laws 2012, LB 998, § 2

**Annotations:**

Pursuant to subsection (3) of this section, when a separate juvenile court or county court sitting as a juvenile court awards custody of a minor to the Department of Health and Human Services, the court has authority to award custody to a family the department has designated as suitable guardians without resorting to a proceeding under section 30-2608. In re Guardianship of Rebecca B. et al., 260 Neb. 922, 621 N.W.2d 289 (2000).

The terms "care" and "custody" as used in this section are not synonymous. In re Interest of Jeremy T., 257 Neb. 736, 600 N.W.2d 747 (1999).

A dispositional order in which a juvenile court declines to order a rehabilitation plan for parents of a child adjudicated under section 43-247(3)(a) is a final, appealable order. A juvenile court is not required to order or implement a rehabilitation plan for the parent of a child adjudicated under section 43-247(3)(a) if the plan has very little chance of success and is not in the best interests of the child. Where a child's substantial medical needs resulting from injury caused by parental abuse necessitated 24-hour daily nursing care for the child, the juvenile court did not err in accepting recommendation of the Department of Health and Human Services that no rehabilitation plan be implemented to reunite a child with his or her parents. In re Interest of Tabatha R., 255 Neb. 818, 587 N.W.2d 109 (1998).

Because statutory provisions do not overcome constitutional rights, the provisions of subsection (6) of this section do not apply to proceedings brought under the Nebraska Juvenile Code to terminate parental rights. Despite subsection (6) of this section, the hearsay report of the State Foster Care Review Board is not necessarily admissible in a hearing on termination of parental rights. In re Interest of Constance G., 254 Neb. 96, 575 N.W.2d 133 (1998).

Pursuant to subsection (1) of this section, deciding whether to remove one from life support measures and whether to resuscitate one constitute medical services. In re Tabatha R., 252 Neb. 687, 564 N.W.2d 598 (1997).

Where a proceeding to obtain the juvenile court's assent to the medical services determined by the department under subsection (1) of this section results in the functional equivalent of a proceeding to terminate parental rights, the same due process must be afforded in the assent proceeding as is required in a proceeding to terminate parental rights. In re Interest of Tabatha R., 252 Neb. 687, 564 N.W.2d 598 (1997).

Where the department's determination under subsection (1) of this section is likely to result in the juvenile's death, the juvenile court's assent is the functional equivalent of a judgment terminating parental rights. In re Tabatha R., 252 Neb. 687, 564 N.W.2d 598 (1997).

Pursuant to subsection (4) of this section (now subsection (5) of this section), the Department of Social Services acquires standing as a party only after a juvenile has been placed in its care. In re Interest of Archie C., 250 Neb. 123, 547 N.W.2d 913 (1996).

Foster parents are interested parties for the purposes of this section. Foster parents have standing to participate in foster care placement review hearings. In re Interest of Jorius G. & Cheralee G., 249 Neb. 892, 546 N.W.2d 796 (1996).

Standing alone, subsection (2) of this section appears to entitle the Department of Social Services to obtain an expedited review in any case; however, its reach is limited by the requirements set forth in sections 43-287.01 and 43-287.03, which require the application of a disjunctive test: First, the order must implement a different plan than that proposed by the department. Second, there must exist a belief in the department that the court-ordered plan is not in the best interests of the juvenile. Where this test is met, expedited review is the sole avenue of review available to the department. In re Interest of M.J.B., 242 Neb. 671, 496 N.W.2d 495 (1993).

When the Department of Social Services has custody of a child, the department retains authority similar to a guardian's authority. In re Interest of C.A., 235 Neb. 893, 457 N.W.2d 822 (1990).

The provision of this section which provides that the "Department of Social Services shall have the authority to determine the care, placement, medical services, psychiatric services, training, and expenditures on

behalf of each child committed to it" by a juvenile court, does not contravene the distribution of powers clause contained in Neb. Const., art. II, sec. 1. In re Interest of G.B., M.B., and T.B., 227 Neb. 512, 418 N.W.2d 258 (1988).

This section provides standing for the Department of Social Services to file any pleading or motion or to seek review or relief, when the juvenile court orders a juvenile to the care of the department. In re Interest of C.G. and G.G.T., 221 Neb. 409, 377 N.W.2d 529 (1985).

When the court awards a juvenile to the Department of Health and Human Services, an association, or an individual in accordance with the Nebraska Juvenile Code, the juvenile shall, unless otherwise ordered, become a ward and be subject to the guardianship of the department, association, or individual to whose care he or she is committed. In re Interest of Eric O. and Shane O., 9 Neb. App. 676, 617 N.W.2d 824 (2000).

Pursuant to subsection (3) of this section, although the language of this section appears to authorize an expedited review in any case, its reach is limited by the requirements set forth in sections 43-287.01 and 43-287.03. In re Interest of Tanisha P. et al., 9 Neb. App. 344, 611 N.W.2d 418 (2000).

This section gives the court the power to assent and, by implication, to dissent from the placement and other decisions of the Department of Health and Human Services, as well as of other entities to whom the court might commit the care of a minor. This section indicates the Legislature's intent to remove from the Department of Health and Human Services the complete control of a minor whose care is given to the department under the Nebraska Juvenile Code. In re Interest of Crystal T. et al., 7 Neb. App. 921, 586 N.W.2d 479 (1998).

A juvenile court may not delegate to the Department of Social Services or any other third party the authority to determine the time, manner, and extent of parental visitation. In re Interest of Teela H., 3 Neb. App. 604, 529 N.W.2d 134 (1995).

### **Section 43-3001**

(1) Notwithstanding any other provision of law regarding the confidentiality of records and when not prohibited by the federal Privacy Act of 1974, as amended, juvenile court records and any other pertinent information that may be in the possession of school districts, school personnel, county attorneys, the

Attorney General, law enforcement agencies, child advocacy centers, state probation personnel, state parole personnel, youth detention facilities, medical personnel, treatment or placement programs, the Department of Health and Human Services, the Department of Correctional Services, the Foster Care Review Office, local foster care review boards, child abuse and neglect investigation teams, child abuse and neglect treatment teams, or other multidisciplinary teams for abuse, neglect, or delinquency concerning a child who is in the custody of the state may be shared with individuals and agencies who have been identified in a court order authorized by this section.

(2) In any judicial proceeding concerning a child who is currently, or who may become at the conclusion of the proceeding, a ward of the court or state or under the supervision of the court, an order may be issued which identifies individuals and agencies who shall be allowed to receive otherwise confidential information concerning the child for legitimate and official purposes. The individuals and agencies who may be identified in the court order are the child's attorney or guardian ad litem, the parents' attorney, foster parents, appropriate school personnel, county attorneys, the Attorney General, authorized court personnel, law enforcement agencies, state probation personnel, state parole personnel, youth detention facilities, medical personnel, court appointed special advocate volunteers, treatment or placement programs, the Department of Health and Human Services, the Office of Juvenile Services, the Department of Correctional Services, the Foster Care Review Office, local foster care review boards, child abuse and neglect investigation teams, child abuse and neglect treatment teams, other multidisciplinary teams for abuse, neglect, or delinquency, and other individuals and agencies for which the court specifically finds, in writing, that it would be in the best interest of the juvenile to receive such information. Unless the order otherwise states, the order shall be effective until the child leaves the custody of the state or until a new order is issued.

(3) All information acquired by an individual or agency pursuant to this section shall be confidential and shall not be disclosed except to other persons who have a legitimate and official interest in the information and are identified in the court order issued pursuant to this section with respect to the child in question. A person who receives such information or who cooperates in good faith with other individuals and agencies identified in the appropriate court order by providing information or records about a child shall be immune from any civil or criminal liability. The provisions of this section granting immunity from liability shall not be extended to any person alleged to have committed an act of child abuse or neglect.

(4) In any proceeding under this section relating to a child of school age, certified copies of school records relating to attendance and academic progress of such child are admissible in evidence.

(5) Except as provided in subsection (4) of this section, any person who publicly discloses information received pursuant to this section shall be guilty of a Class III misdemeanor.

**Source:**

Laws 2012, LB 998, § 17

## Appendix C

### The Juvenile Court Process For Abuse or Neglect Cases

Note: The FCRO has the authority to review children's cases any time after the removal from the home. Typically the FCRO schedules reviews so that information gathered from the review can be shared with all legal parties just prior to a Court hearing, so that the Court can address the issues identified by the FCRO.

**Report of abuse or neglect** (also called a complaint)– is made by medical personnel, educators, neighbors, foster parents, social workers, policy, and/or others. State law requires anyone with reason to believe abuse or neglect is occurring to report this to authorities. This may be reported to the Department of Health and Human Services (DHHS-CPS) or a local law enforcement agency. Each of these agencies is to cross report to the other.

**Report accepted or screened out** – after CPS receives a report, it assesses the nature of the complaint and assigns a prioritization for investigation. Serious flaws in this system exist. (See the section on CPS response to child abuse reports for additional details.)

**Investigation**– law enforcement and/or CPS (child protective services division of DHHS) investigates the allegations or issues identified in the report. The investigation provides the evidence for the County Attorney to file a petition. The child may be removed from the home if an emergency situation exists.

**County Attorney files a petition** – detailing all of the abuse or neglect allegations. This is done within 48 hours of an emergency removal; if not an emergency removal, the County Attorney files a petition requesting removal from the home or requesting DHHS supervision of the home. Nothing is determined, found, or ordered at this point, that is done at the hearings described below. Parents who abuse their children can be tried in adult courts for the criminal part of their actions as well as being involved in a juvenile court action about the child and the child's future.

**Petition definitions** – petitions must contain specific allegations related to specific statutes in the Nebraska Juvenile Code. These are:

- §43-247 (3a) – children who are neglected, abused, or abandoned.
- §43-247 (3b) – children who have exhibited behaviors problems such as being disobedient, truant, or runaways
- §43-247 (3c) – juveniles who are mentally ill and dangerous as defined in §83-1009.
- §43-247 (1) – juveniles who have committed a misdemeanor other than a traffic offense.
- §43-247 (2) – juveniles who have committed a felony.

**Detention hearing is held** – legal rights are explained to the parents, a Guardian ad litem (special attorney) is appointed to represent the child's best interests, counsel may be appointed for the parents. This hearing determines if probable cause exists to warrant the continuance of



Court action or the child remaining in out-of-home care. The Court can only rule on the allegations in the petition. Affidavits and testimony can also be used.

If an emergency removal did not occur, the child may be removed from the home or may remain in the home under the supervision of DHHS. Services may be offered to the child and/or the parents after the detention hearing. Parents are frequently advised by their counsel not to accept services, as this may be an admission of guilt for the adjudication hearing to come.

**DHHS is given custody at the detention hearing** – and is then responsible for the child’s placement, plan, and services, if the court finds grounds for adjudication. DHHS is responsible for developing the child’s case plan, submitting the plan to the court, and updating the plan at least every six months while the child remains in care. The Court must adopt the DHHS case plan unless other legal parties present evidence that the plan is not in the child’s best interest or the Court amends the case plan based on its own motion.

**DHHS makes a placement** – the child’s needs are to be evaluated and the child is to be placed in the most home-like setting possible that meets the child’s needs, whether through direct foster parents, relatives, or agency-based care. This may occur either before or after the detention hearing, depending on circumstances.

**Plea-bargaining** – because allegations can be hard to prove, many serious allegations are sometimes removed from the petition in an agreement between the County Attorney and the parents so that parents or youth will admit to lesser charges.

**Adjudication hearing is held** – facts are presented to prove the allegations in the petition. The burden of proof is on the state, through the County Attorney. If the parents deny the allegations, then a fact-finding hearing like a trial is held, where the parents have a right to counsel.

At this hearing the finding of fact occurs, the allegations in the petition are found to be true or false, and the child is either made a state ward or not. The Court cannot order the parents to services prior to completion of the adjudication hearing. By law this must occur within 90 days of the child entering out-of-home care. In practice the 90-day rule is not always followed.

**Dispositional hearing is held** – the Court sets the adjudication status for the case, if the parent admits the allegations or is adjudicated, the Court adopts the DHHS rehabilitation plan for the parents (case plan) and orders services based on this plan. There is a statutory presumption that the DHHS plan is in the best interests of the child. The onus is put on any other party to the proceedings to prove that a plan is not in the child’s best interests.

**Dispositional review hearings** – these court hearings occur at least once every six month to determine whether any progress is being made towards permanency for the child. The child’s plan should be updated to reflect the current situation. The FCRO has legal standing to file as a party to any pleading or motion to be heard by the court at these hearings. The FCRO attempts to schedule its reviews in advance of this court hearing so that the Court can act on the issues the FCRO has identified.

**Permanency hearing** – after the child has spent 12 months in foster care, the Court is to hold a special dispositional hearing to determine the most appropriate permanency plan for the child.

**When a child has been in care for 15 of the last 22 months** – the County Attorney is required to file a motion for a hearing either for a termination of parental rights, or to explain why termination is not in the best interest of the child.

**Permanency** – is obtained through any of the following: 1) a safe return to the parent’s home, 2) adoption, 3) guardianship, 4) a long-term foster care agreement, or 5) by reaching adulthood. Adoption or guardianship can occur following either a relinquishment of parental rights or by a Court-ordered termination of parental rights.

**Termination of parental rights hearings**– if the state through a county attorney proceeds to a termination of parental rights action, the parents have the right to counsel. In such a trial the burden of proof is greater than the level of proof needed in juvenile court proceedings. Many county attorneys have equated the time to establish grounds and proceed to trial as being equal to involvement in a murder trial. The role of the defense counsel is adversarial—that is the parental attorney has an obligation to defend the client against the allegations in the petition. There is a right to appeal, and many parental attorneys automatically appeal any decision to terminate parental rights.

**Relinquishments** – relinquishments are actions of the parents to give DHHS the rights to the child. DHHS will only accept relinquishments if both parents sign, or the other parent’s parental rights have been terminated, or the other parent is deceased. This is sometimes done to facilitate an open adoption.

**Open adoption** – a legally enforceable exchange of information contract between biological parents who have relinquished rights and adoptive parents that is agreed to by both parties. This is only applicable for children who are state wards.



## APPENDIX D

### 2011 Commendations

The staff and volunteers who serve on local boards would like to acknowledge the achievements and efforts of the following individuals and agencies.

**Public Libraries, Hospitals, Police Departments, Fire Stations, Facilities, and Churches across the State** are commended for allowing the FCRO to use their facilities at no cost for local board meetings and educational programs. This partnership has helped extend the work of the FCRO by allowing the FCRO's budget resources to be stretched farther. In 2011, these included:

Alliance Public Library - Alliance  
Bergen Mercy Hospital - Omaha  
Calvary United Methodist Church - Lincoln  
Carol Yokum Resource Center - Lincoln  
Christ United Methodist Church - Lincoln  
Columbus Police Dept. - Columbus  
Dundee Presbyterian Church - Omaha  
Durham Outpatient Care Center - Omaha  
Fire Station 1 - Grand Island  
First Lutheran Church - South Sioux City  
First United Methodist Church - Omaha  
Fremont Presbyterian Church - Fremont  
Garden Café - Omaha  
Independent Living Center - Grand Island  
Landmark Center - Hastings  
LaVista Community Center - LaVista  
Law Enforcement Center - Kearney  
Lexington Library - Lexington  
Lutheran Church of the Masters - Omaha  
Madonna Rehab. Center - Lincoln  
Make-A-Wish Office - Omaha  
New Life Baptist Church - Bellevue  
Norfolk Public Library - Norfolk  
North Platte Community College – North Platte  
Odyssey III Counseling -Norfolk  
Omaha State Office Building - Omaha  
Pacific Hills Lutheran Church - Omaha  
Presbyterian Church of the Cross - Omaha  
Region IV Building - Norfolk  
Regional West Med Center - Scottsbluff  
St Andrew's Episcopal Church - Omaha  
St. Elizabeth Ann Catholic Church - Omaha

St. John's Lutheran Church- Tecumseh  
St. Stephens Building - Grand Island  
State Office Building - Omaha  
Sump Memorial Library - Papillion  
Swanson Library - Omaha  
United Lutheran Church - Lincoln  
VerMeer Center - Lincoln  
Willard Community Center - Lincoln  
York General Hospital -York

**Foster Parents and Placements** are commended for their understanding, empathy, and dedication as shown by providing children the nurturing care and attention they need to overcome their past traumas.

**Local Board Volunteers** are commended for their time, care, and commitment to Nebraska's children in foster care. These 352 volunteers from across the state donated over 37,040 hours reviewing children's cases in 2011.

**Local Board Members who Conduct Facility Visits** are commended for their contributions, including bringing educational materials to foster parents, providing them with a small "thank-you" for their service, and/or providing toys, blankets, and backpacks for the children.

**Project Permanency Monetary and In-Kind Contributors** are commended – particularly Project Linus, and Center for People in Need – for making it possible to provide the backpacks, blankets, and other materials to the children for Adoption Day and when conducting child-specific visits.



## APPENDIX E

### Foster Care Review Office Major Activities During 2011

Like other parts of the child welfare system, the Foster Care Review Office has had to rapidly adapt in order to stay relevant in an ever-changing child welfare environment. Reform significantly impacted how the FCRO did its work and impacted FCRO staff member's workloads.

Through the process of tracking children and reviewing their cases, agency staff and volunteers work to ensure that:

- Children's placements are safe and appropriate (i.e., number of children in the placement; distance from school, children in the placement are appropriately matched in terms of ages and behavioral issues);
- Children's case plans are current, complete, and appropriate;
- Services are appropriate and provided for the child and their family in a timely manner as laid out in the case plan and/or court ordered;
- Transportation services are provided on a consistent basis to support the child and family's plan for visitation and services;
- Children are not returning home prematurely, yet ensuring that children are not lingering in the foster care system beyond the time necessary;
- Paternity is established and family connections are made in a timely manner;
- Relative placements are appropriate, provided the same level of support and meeting the goals and expectations;
- Children's cases are being reviewed in court at six-month intervals;
- Children and family's services are not disrupted by changes in the system;
- Termination of parental rights is advocated for where appropriate; and
- the Foster Care Review Office meets statutory requirements.

The following describes some of the major activities undertaken during 2011 in order to accomplish the above goals.

#### Tracking children in out-of-home care

**Objectives - Maintain a computerized tracking system on all children and youth in out-of-home care and Collect and verify information on children and youth in out of home care.** pursuant to Neb. Rev. Stat. §43-1303 (1), "*The Office shall maintain the statewide register of all foster care placements occurring within the state ...*"

Strategies used to meet the objectives include:

1. Continue timely, accurate input of collected information on all children in foster care throughout the state as provided by DHHS, child placing agencies and the Courts.
2. Continue quality control of children's computerized records by periodically assessing key data elements for errors and omissions and by.
  - a. Gathering and verifying basic identifying demographics, placement histories, case managers during the review process.
  - b. Attempting to contact foster parents during the review process to verify placement information on the child.
  - c. Seeking clarification of incomplete, inaccurate, or conflicting information received from DHHS with a second source of information regarding the date a child enters out of home care, the child's current placement, and the child's identifying information.
  - d. Obtaining information from courts when children are removed from the home.
  - e. Contacting DHHS to verify the children's information when the courts report children in care that DHHS had not reported.
  - f. Contacting DHHS case workers to verify conflicting or omitted pieces of information.
  - g. Verifying information on children's status through the process of assigning cases for review.
  - h. Having the FCRO Data Coordinator periodically assess key data elements for errors and omissions.
3. Collect pertinent information to share with decision makers to assure effective policy and pertinent laws are in place.
4. Periodically review all data collected, and issues affecting children's experience in foster care. (Another such review is scheduled for 2013). Adjust data collected accordingly to assure the most critical issues affecting children in out-of-home care are being tracked, analyzed and reported to assure the best possible outcomes for children, as was recently done to track issues with child welfare reform.

**Items of note:**

- Tracked 8,121 children who were in foster care during 2011 as reported to the FCRO by DHHS, the Courts, and private agencies.
- Flagged about 250 cases for special process due to issues impacting child safety or well-being.
- Entered comprehensive data gathered during 4,632 reviews.
- Met with the technical team for the first phase of the electronic data transfer of reports from DHHS to the FCRO tracking system. Originally it was to occur in spring 2012; currently this is scheduled to be implemented with the March 2013 N-FOCUS release (changes).

Assure the most critical issues affecting children in out-of-home care are being tracked, analyzed and reported to assure the best possible outcomes for children.

5. Work to efficiently enter and retrieve data.
6. Evaluate the FCRO's tracking system on the N-FOCUS platform and make requests to DHHS for improvements and enhancements when required by federal law and/or policy and as otherwise necessary.
7. Initiate studies on specific subjects concerning foster children as needed.
8. Provide ongoing trainings to staff on data collection to assure consistency.
9. Work with entities such as DHHS, lead agencies, the courts, and private care providers to verify information and assure it correct, timely, and complete as possible.
10. Adapt to the changing environment under reform.

**Review the plans of children in foster care** (Neb. Rev. Stat. §43-1304, §43-1308, §43-1312, §43-285)

Reviewing a child's case includes:

- FCRO staff reviews DHHS and Lead Agency physical and computerized case files, gathers additional pertinent information regarding the child's welfare, provides information to local board members prior to local board meetings, and provides for pertinent parties to participate in the local board meetings.
- Local board members make recommendations and findings on the placement, services and plan, and identify barriers to achieving the permanency objective. A comprehensive recommendation report is issued to all legal parties to the child's case.
- FCRO staff conduct follow-up, such as:
  - Contacting DHHS/lead agency caseworkers, supervisors, legal staff, adoption workers, or administration as well as guardians ad litem, investigators, or prosecutors on behalf of an individual child's case.
  - Arranging case status meetings between the legal parties to the case on behalf of a child or children to address critical issues.
  - Arranging and participating in the joint case reviews.
  - Notifying County Attorneys, and/or requesting the filing of termination of parental rights.
  - Working with guardians ad litem on case concerns.
  - Bringing cases to "1184" meetings to facilitate meeting the child's needs through discussion of the case with the legal parties.
  - Working to monitor, ensure safety and appropriateness, and address placement issues through citizen review, tours of child caring facilities, and/or child specific facility visits.
  - Taking additional advocacy measures as necessary.

**Objective - Review the plan, services, and placements of children in out of home care by multi-disciplinary, community based, trained citizen volunteers.** Pursuant to Neb. Rev. Stat. §43-1304. *“there shall be local foster care review boards to conduct the foster care file audit case reviews of children in foster care placement...”* ...Neb. Rev. Stat. §43-1308 (1)(a) *“conduct a foster care file audit case review at least once every six months...”*; and Neb. Rev. Stat. §43-1314.01 (1) *“The office shall be the only entity responsible for the conduct of periodic foster care file audit case reviews...pursuant to the federal Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272”*

Strategies used to meet the objectives include:

1. Assign cases and review children’s cases based on the FCRO’s priority list.
2. Schedule case reviews such that reviews occur just prior to pertinent court hearings to assure the timeliness of the information provided the legal parties so that the recommendations may be considered at the judicial review of the case.
3. Review children’s cases by obtaining physical and computer file information, and contacting foster parents/ placements, the guardians ad litem, case managers, lead agency staff, and other professionals in the case to gain more information.
4. Facilitate local board members making recommendations and findings on the placement, services and plan, and identifying barriers to achieving the permanency objective.
5. Maintain 4-10 members for each local board. Recruit and train local board members from various social, economic, racial, and ethnic groups to serve on multi-disciplinary community-based local boards across the State of Nebraska as vacancies occur.
6. Provide initial and on-going training for local board members and staff on pertinent topics.
7. Assure continuity and consistency is maintained.
8. Adapt to the changing environments, such as DHHS reform.

**Items of interest:**

- Assigned over 5,000 children for review by citizen review boards across the state, (including alternates in case an assigned child had left care.)
- Completed 4,631 reviews on 3,272 children in 2011. This was 108 percent of the goal (361 more reviews). The goal was set at the beginning of 2011 when anticipating the impact of Reform on the ability to track and review children’s cases. In spite of those challenges tracking children and reviewing their cases continued.
- Made 9,460 collateral contacts as part of the review process.
- Facilitated local board members volunteering over 37,040 hours of service.

**Objective Make findings based on the review and provide the specific rationale for those findings.** Pursuant to **Neb. Rev. Stat. §43-1308 (1)** ... (b) *Submit to the court having jurisdiction over such child for the purposes of foster care placement, within thirty days after the review, its findings and recommendations regarding the efforts and progress made to carry out the plan or permanency plan established pursuant to section*



*43-1312 together with any other recommendations it chooses to make regarding the child. The findings and recommendations shall include whether there is a need for continued out-of-home placement, whether the current placement is safe and appropriate, the specific reasons for the findings and recommendations, including factors, opinions, and rationale considered in the foster care file audit case review, whether the grounds for termination of parental rights under section 43-292 appear to exist, and the date of the next foster care file audit case review by the designated local board; (c) If the return of the child to his or her parents is not likely, recommend referral for adoption and termination of parental rights, guardianship, placement with a relative, or, as a last resort, another planned, permanent living arrangement...”*

Strategies used to meet the objectives include:

1. Assure staff who work with the local boards are knowledgeable regarding the statutory requirements for case plans.
2. Provide training to local board members and staff on the findings to assure continuity and consistency is maintained
3. Facilitate local board members making recommendations and findings on the placement, services and plan, and identifying barriers to achieving the permanency objective
4. Monitor federal and state legislation to assure required findings are being made.
5. Clearly and concisely identify the local board’s top recommendations to alleviate barriers to permanency and ensure that recommended next steps with rationale are provided to all legal parties.
6. Monitor work and timeframes to assure consistency, completeness, and timeliness.

**Objective Share the findings with all legal parties to the case including the court.** Pursuant to Neb. Rev. Stat. §43-1308 (1)(b) *(b) Submit to the court having jurisdiction over such child for the purposes of foster care placement, within thirty days after the review, its findings and recommendations regarding the efforts and progress made to carry out the plan or permanency plan established pursuant to section 43-1312 together with any other recommendations it chooses to make regarding the child...”* and Neb. Rev. Stat. §43-285 “...(7) Any written findings or recommendations of the Foster Care Review Office or the designated local foster care review board with regard to a juvenile in a foster care placement submitted to a court having jurisdiction over such juvenile shall be admissible in any proceeding concerning such juvenile if such findings or recommendations have been provided to all other parties of record.”

Strategies used to meet the objectives include:

1. Issue child specific comprehensive recommendation reports to all legal parties, such as the courts, agencies, attorneys, guardians ad litem, county attorneys, and other legal parties to the child’s case within 30 days of the child’s review as outlined by statute.
2. Identify the FCRO’s top recommendations and barriers for permanency for the court to specifically outline next steps for the legal parties
3. Schedule case reviews such that reviews occur just prior to court hearings to assure the timeliness of the information provided the legal parties so that the recommendations may be considered at the judicial review of the case.
4. Work with legal parties to have the FCRO’s recommendations submitted in court.

**Items of interest**

- For each of the 4,631 reviews conducted, a report with case-specific recommendations was issued to the legal parties in the case, such as the courts, agencies (e.g., DHHS), parental attorneys, guardians ad litem, county attorneys, and other legal parties. This resulted in a total of approximately 33,110 reports being issued.
- Jointly staffed (met to find solutions to serious issues) with DHHS/Lead agencies the cases of 503 children.
- Identified a substantial increase in the time it took staff to obtain and verify current child-specific case information.
- Developed, in collaboration with DHHS and the Lead Agencies, a means to gather and share statistics on documentation deficits.

**Promote the best interests of children placed in foster care** (Neb. Rev. Stat. 43-1303, 43-1308, Neb. Rev. Stat. 43-1313, & Neb. Rev. Stat. 43-1317)

**Objective - Promoting safety, security and permanency for children.** (Neb. Rev. Stat. §43-1303, Neb. Rev. Stat. 43-1308, Neb. Rev. Stat. 28-711 (1) *“When any ... social worker, or other person has reasonable cause to believe that a child has been subjected to child abuse or neglect or ... being subjected to conditions or circumstances which reasonably would result in child abuse or neglect, he or she shall report such incident...”*

Strategies used to meet the objectives include:

1. Promoting safety, security and permanency for children by:
  - a. Ensuring that if any staff member has reasonable cause to believe that a child has been subjected to abuse or neglect in their out-of-home placement, that a child abuse report is made as required by statute, and that the staff person advocates for the child to be in a safe placement. Similarly if any staff receives information that a child in an in-home placement is currently being abused or at imminent risk of abuse, that a report is made to CPS, the hotline, and/or law enforcement promptly.

- b. Identifying issues of concern through tracking children and flag these cases for immediate review.
  - c. Prioritizing cases of concern for review as requested by the public.
  - d. Immediately communicating identified issues related to safety, appropriateness, and stability of foster care placements in each case reviewed, to legal parties assigned to the case and advocate for change.
  - e. Working to monitor, ensure safety and appropriateness, and address placement issues through citizen review, tours of child caring facilities, and/or facility visits.
  - f. Arrange case status meetings, court hearings, staffing the case with DHHS, or use other means to communicate issues of concern child welfare system staff on behalf of an individual child.
  - g. Recognizing, reporting and advocating for appropriate action on children's cases where aggravated circumstances may apply.
  - h. Communicating case deficits such as lack of documentation, barriers to case progression, etc. to DHHS.
  - i. Bringing cases to "1184" meetings to facilitate meeting the child's needs through discussion of the case with the legal parties.
2. Meet with Senators to brief on child welfare issues.
  3. Work with the Chief Justice and judges with juvenile court jurisdiction.
  4. Conduct visits to foster care facilities (described elsewhere in this appendix).
  5. Staff participate in Adoption Day and Reunification Day plans and events.

**Item of interest:**

- In addition to the reviews, additional advocacy on children's best interests was taken for 600+ children.

**Objective - Improve the foster care experience for children,** pursuant to Neb. Rev. Stat. §43-1308(1)(b) "...*The findings and recommendations shall include...whether the current placement is safe and appropriate...*", Neb. Rev. Stat. §43-1308 (1) (d) "*promote and encourage stability and continuity in foster care by discouraging unnecessary changes in the placement of foster children and by encouraging the recruitment of foster parents who may be eligible as adoptive parents.*" and statutes previously cited:

Strategies used to meet the objectives include:

1. Collect, analyze, report and provide data concerning the welfare of foster children on an ongoing basis as a means to advocate for children, on an annual basis through an Annual Report, and as requested. (See also section of this appendix on dissemination of information)
2. Partner with the Governor, Legislature, the Judiciary, DHHS and other public agencies, contracted child caring agencies, the press, commissions and work

groups, and the public to work effectively to improve the foster care experience for children and advocate for their best interests.

3. Engage in ongoing communication regarding issues of concern and policy and practice changes to the Governor, Legislature, the Judiciary, DHHS and other public agencies, contracted child caring agencies, the press, and the public to facilitate overall understanding and to advocate for change.
4. Research and monitor potential legislation affecting the FCRO or children in out-of-home care and communicate the FCRO’s position on the legislation.
5. Encourage appropriate foster placement recruitment by communicating this need to persons interested in becoming foster parents and by partnering with public and private contracted child caring agencies, the press and the public.
6. Assist the State of Nebraska in implementing the Fostering Connections Act, including exploration of the possibility of expanding foster care to age 21 in certain circumstances.

**Objective - Take legal standing and/or attend court on cases where the FCRO believes the child’s best interests are not being met which includes requesting and/or participating in children’s review hearings when necessary to ensure the child’s safety, the child’s basic needs are being met, and the child’s case is moving toward the goal of a safe, permanent placement.** Pursuant to Neb. Rev. Stat. §43-1313 *“Members of the office or its designated representative may attend and be heard at any hearing conducted under this section and may participate through counsel at the hearing with the right to call and cross-examine witnesses and present arguments to the court.”*

Strategies used to meet the objectives include:

1. Attend and participate in court hearings on cases of concern to assure a child’s safety and best interests are addressed by the court.
2. Participate in the Through the Eyes of a Child initiative, working in cooperation with courts and other legal parties to help improve the court’s response to children in foster care.
3. Participate in “1184” team meetings in counties where these meetings are held.
4. Work with legal parties to introduce the FCRO’s findings and recommendations into the record

**Items of interest:**

- Appeared in court 533 times during 2011, often on behalf of multiple children in the same family.
- Conducted 493 staffing meetings with legal parties so issues could be resolved prior to the court hearing.

**Objective - Visits to foster care facilities** pursuant to Neb. Rev. Stat. 43-1303 (4) *“...The executive director...or his or her designees... may visit and observe foster care facilities in order to ascertain whether the individual physical, psychological, and*

*sociological needs of each foster child are being met”, Neb. Rev. Stat. §43-1308(b) “The findings and recommendations shall include ... whether the current placement is safe and appropriate...”:*

Strategies used to meet the objectives include:

1. Train local board members to visit foster care facilities.
2. Work to monitor, ensure safety and appropriateness, and address placement issues through citizen review, and tours of child caring facilities.
3. Conduct visits to foster care facilities to ensure that the individual physical, psychological, and sociological needs of the children are being met.
4. Visit foster homes of young children in foster care across the State to ensure safety and to provide additional information to the foster parents on behaviors common to that age group of foster children.
5. Continue to secure funding for visits from a number of corporate and public donations and use those funds to support the informational books given to foster parents, and the backpacks, blankets, or toys given to the children.

**Items of interest:**

- Visited 14 group homes, shelters, and detention facilities to ensure that the individual physical, psychological, and sociological needs of the children are being met.
- Conducted 17 visits on 31 children under Project Permanency during 2011, where trained local board members visit the foster homes of children, primarily birth to age five, to ensure safety and to provide additional information to the foster parents on behaviors common to young children in foster care.

**Objective - Organize, sponsor and participate in educational programs**, pursuant to Neb. Rev. Stat. § 43-1317. *“The office shall establish compulsory training for local board members which shall consist of initial training programs followed by periodic inservice training programs.”*

Strategies used to meet the objectives include:

1. Provide statutorily required ongoing educational programs for local board members and invite other child welfare professionals to assure that all legal parties are aware of legal, developmental issues concerning children so appropriate recommendations, plans and orders may be made.
2. Assist in and or co-sponsor educational programs for other child welfare professionals where the best interests of children may be served.

**Item of interest:**

- Provided five educational programs during 2011, including on best interests, evidentiary issues, psychological issues, developmental aspects, and an overview of the legal framework.

## Report information on children in foster care (Neb. Rev. Stat. §43-1303)

**Objectives - Disseminating information on children in out-of-home care, and releasing an annual report containing the data collected, an evaluation of such data and recommendations.** Pursuant to Neb. Rev. Stat. §43-1303 (2) (b) (iv), “*Accumulation of data and the making of annual reports on children in foster care...*” Neb. Rev. Stat. §43-1303 (2) (b) (v), “*... evaluation of the judicial and administrative data collected on foster care and the dissemination of such data to the judiciary, public and private agencies, the department, and members of the public;*” Neb. Rev. Stat. 43-1308 (1) (d) “*Promote and encourage stability and continuity in foster care...*”

Strategies used to meet the objectives include:

1. Provide data, evaluate the data, identify issues, and provide recommendations in an Annual Report as required by State law.
2. Provide statistics, data, and analyses requested by the Governor, senators, the Supreme Court, the judiciary as specified by the Chief Justice, other state and governmental agencies, advocacy groups, researchers, grant-seekers, the press, and the public. Update these individuals and groups on trends and continuing issues as necessary.
3. Communicate specific system recommendations reported by area by the local board members each year to the Legislature, DHHS, the courts, guardians ad litem, schools, the media, private agencies, OJS, the Attorney General, county attorneys, investigators, law enforcement, and the public.
4. Share information from special studies and reports with the appropriate parties.
5. Provide data and lists from the tracking system for internal and external use (as appropriate).
6. Participate in the Through the Eyes of a Child initiative, working in cooperation with courts and other legal parties, and disseminate information through that means.
7. Participate in a number of “1184” team meetings and disseminate information through that means.
8. Participated in the Partnering 4 Children initiative and provided information through that coalition.
9. Provide information to and from the National Coalition of Foster Care Reviewers.
10. Load reports, fact sheets, and other information onto the FCRO website.

### Items of interest:

- Provided information on children in out-of-home care for the Through the Eyes of the Child teams, the Kids Count Report, the United Way, and CASA officials.
- The prior annual report was disseminated.

**Promote children's best interests by working with the following individuals and entities** (Neb. Rev. Stat. §43-1303, §43-1308, §43-1313, §43-1317)

**A. The Governor, DHHS, and/or Lead Agencies**

1. Participated in meetings between the FCRO's Director, the DHHS Director and Deputy Director of Children and Family Services.
2. Participated in staffings (problem-solving meetings) on a total of 493 individual children's cases with significant barriers to permanency or problems identified regarding the child's care. This included the Executive Director, the Program Coordinator, Supervisors, and Staff, as well as administrators and staff from DHHS and/or lead agencies.
3. Discussed problems identified with private contracts for transportation of children and supervision of parenting time (visitation) between parents and children.
4. Flagged cases of significant concern for the DHHS Director's attention.
5. Worked to address systemic issues that affect permanency and safety for children.
6. Encouraged increased DHHS participation in reviews.
7. The Director and staff participated in the Partner's Council, a collaborative group organized by DHHS.
8. The Director is a member of the Governor's Commission on the Protection of Children.
9. The FCRO's Data Coordinator participated in a stakeholders group discussing changes needed to group home statutes.

**B. Members of the Legislature**

1. Provided information on Nebraska's foster care system to Senators.
2. Responded to requests for data and other information.
3. Responded to individual case issues brought forward by State Senators.
4. The Appropriations Committee was briefed on Reform. They subsequently arranged for the FCRO to have discussions with DHHS regarding an electronic data transfer of DHHS reports to the FCRO tracking system.
5. The FCRO was invited to testify regarding LR 37 at five hearings, and issued important reports on Reform. The FCRO 2010 annual report was released to the Health and Human Services LR 37 Committee.
6. Senators were offered the opportunity to attend a data orientation to learn more about the ways the FCRO safeguards and collects data.

**C. The Attorney General**

1. Provided information on child protection issues to the Attorney General.

**D. Members of the Judiciary**

1. Met with Chief Justice Heavican to discuss court-related issues.
2. Identified cases where it appeared that guardians ad litem were not following the Supreme Court guidelines for representation for the appropriate judge's attention.
3. Participated in the Through the Eyes of a Child Initiative, with representatives on every team. In some areas, per judicial request, staff attended pre-hearing conferences.
4. Provided statistics on request to Juvenile Court.
5. Worked with the JUSTICE computer system (the court's record keeping system) to continue to receive additional information on dates of court reviews.
6. The Director served on the Supreme Court Commission on Children and subcommittee on GAL performance.

**E. Other efforts to promote best interests**

1. Advocated for children through team meetings, meetings with legal parties, special correspondence, and similar efforts.
2. Responded to special requests for assistance with cases involving 146 children.
3. Several review specialists and supervisors met regularly with their individual area's "1184 teams" (child abuse treatment teams), which was previously discussed in section IV.
4. The FCRO's Data Coordinator serves as a member of the Department of Education's Subcommittee on Education of Children in Out-of-Home Care.
5. In collaboration with DHHS and the lead agencies, training programs were held across the state as required for local board members and invited other professionals in the child welfare system. Guardian ad litem CEU credit was made available.
6. Staff and local board members made over 50 presentations about the FCRO and about the status of children in foster care to focus groups, community organizations, service clubs, faith-based groups, college classes, CASA training, and foster parent training classes and helped recruit potential foster parents.
7. The Data Coordinator participates in the monthly conference calls of the National Foster Care Review Coalition.



## Maximize agency resources

- A. Facilitated, recruited, trained and supported local board members volunteering over 37,040 hours reviewing cases on community-based multi-disciplinary boards. This is an in-kind contribution of \$807,101.<sup>55</sup>
- B. Facilitated local board members donation of their mileage. It is estimated that local board members annually donate about \$18,000 in mileage.<sup>56</sup>
- C. Facilitated libraries and churches donating the use of their facilities for over 400 local board meetings plus at least 10 educational programs. At a modest rate of \$50 per meeting, this is an annual donation of \$22,700.

### Item of interest:

- The combined donation of volunteer time, mileage, and voluntary use of facilities totaled over **\$847,801** during 2011.

## Other activities

- A. Completed steps necessary to promulgate new rules and regulations (which were subsequently withdrawn due to the changes created by LB 998 in 2012).
- B. Worked on a strategic plan for the agency.
- C. Prepared the budget request documents and determined how the FCRO would implement the proposed 10 percent cut in funding.
- D. Met with the technical team for the first phase of the electronic data transfer of reports from DHHS to the FCRO tracking system. Originally it was to occur in spring 2012; currently this is scheduled to be implemented with the March 2013 N-FOCUS release (changes).
- E. The previous FCRO Director was invited to attend the fall 2011 Salt Lake City conference on child welfare. The Nebraska group continues to meet to address child welfare concerns, and the Interim Director has been made part of this group.
- F. The previous FCRO Director was invited to attend a fall 2011 national conference on child deaths and extreme abuse in Washington to help draft a plan to improve states response.
- G. The FCRO Data Coordinator was one of a handful of persons from across the nation selected to attend the Chapin Hall Advanced Analytics course in Chicago in the fall of 2011.
- H. Casey Foundation found the FCRO's work important enough to pay for the transportation and lodging for these three events (Salt Lake City, Washington, and Chicago).

<sup>55</sup> According to The Independent Sector website, the estimated dollar value of volunteer time for Nebraska in 2009 (last year available) was \$16.67 per hour (nationally it was \$21.36 per hour). This is the base amount that the Financial Accounting Standards Board allows for use on financial statements. A higher rate per hour is allowed for persons serving in their professional capacities.

<sup>56</sup> Based on the 2010 state employee mileage reimbursement rate, which was 50 cents per mile.

- I. Assured day-to-day accounting and other functions continued, and that internal and external protocols were followed. Continue to be a pre-audit agency in regard to state accounting.

These types of accomplishments would only happen with a strong, steady, hard-working, and dedicated staff that works collaboratively with the amazing group of 300+ citizen reviewers from across the state who each year donate thousands of hours reviewing children's cases and advocating for community resources to reduce the incidence of abuse and neglect.



## APPENDIX F

### THE FOSTER CARE REVIEW OFFICE 2012-2014 STRATEGIC PLAN

#### **Immediate goals for the next one to two fiscal years:**

1. Ensure a stable transition and successful implementation of the Advisory Committee and new permanent Executive Director.
2. Begin and complete the process of promulgating revised FCRO's Rules and Regulations to reflect statutory and other changes.
3. Upgrade certain staff member positions to be reflective of the types of professional decisions being made by those individuals and their current duties as their position classifications are not reflective of the work being performed on a day-to-day basis.
4. Augment ongoing partnerships and collaborative efforts to improve the foster care experience for children by facilitating the Data Coordinator's participation at meetings regarding the future of the N-FOCUS system and working with the Nebraska Children's Commission. Assure that DHHS and policy-makers are aware of the deficits with the current N-FOCUS system and how that system, which the FCRO must use, does not meet the needs of the FCRO.
5. Maximize the effectiveness of the Office's statutory mandate to issue quarterly reports to the Legislature to ensure senators have the information they need to direct legislative policy and oversight of the child welfare system.
6. Pursue the electronic transmission of data from DHHS to the FCRO, as recommended by the Appropriations Committee. This was in process to be implemented starting with the July 2012 N-FOCUS release, but DHHS tabled the project in spring 2012. As of late 2012 it was to be completed in 2013.
7. Use technology to effectively bring cost effective and easily obtainable education programs to volunteers who already give so much of their time serving children.
8. Explore other means of using technology to improve productivity and ability to relate conditions for children in out-of-home care to policy makers.
9. Improve working conditions by improving office furniture and adding space.
10. Purchase or create local board membership software that could be used to more efficiently update records, keep track of terms of office and re-appointments, etc., than the manual processes which are currently in place.
11. Augment internal control procedures to assure continual quality improvement and to maximize efficiencies.
12. Ensure compliance with mandates, as outlined below.

**Ongoing goals to ensure compliance with mandates:**

1. Ensure high-quality data is maintained on the FCRO's independent tracking system of all children in out-of-home care.
  - a. Continue the timely, accurate input of collected information as provided by DHHS, child placing agencies and the Courts.
  - b. Continue quality control of children's computer records by periodically assessing key data elements for errors and omissions.
  - c. Provide ongoing trainings to staff on data collection to assure consistency.
  - d. Work with entities such as DHHS, the courts, and private care providers to verify information and assure it is correct, timely, and complete as possible.
  - e. Contact DHHS and/or lead agency workers to verify conflicting or omitted pieces of information.
  - f. Periodically review all data collected, and issues affecting children's experience in foster care. Adjust data collected accordingly to assure the most critical issues affecting children in out-of-home care are being tracked, analyzed and reported to assure the best possible outcomes for children.
  - g. Evaluate the FCRO's tracking system on the N-FOCUS platform and make requests to DHHS for improvements and enhancements as required by federal law and/or policy and as necessary.
  - h. Adapt to the changing environments, such as DHHS reform and respond to changes in the child welfare system and the impact of those changes on obtaining accurate data, reviewing children's cases, and outcomes for children
  - i. Initiate studies on specific beneficiary subjects concerning foster children as needed.
2. Ensure review of the plan, services, and placements of children in out-of-home care utilizing multi-disciplinary, community based, trained citizen volunteers supported by professional staff.
  - a. Assign cases and review children's cases based on the agency's priority list.
  - b. Schedule case reviews such that reviews occur just prior to pertinent court hearings to assure the timeliness of the information provided the legal parties so that the recommendations may be considered at the judicial review of the case.
  - c. Review children's cases by obtaining file information, contact foster parents/placements, the guardians ad litem, case managers, lead agency staff, and other professionals in the case to gain more information.
  - d. Gather and verify basic identifying demographics, placement histories, and the number and names of case managers during the review process.
  - e. Facilitate local board members making recommendations and findings on the placement, services and plan, and identifying barriers to achieving the permanency objective. Monitor federal and state legislation to assure required findings are being made.

- f. Identify the local board's top recommendations to alleviate barriers for permanency concisely and ensure that recommended next steps with rationale are provided to all legal parties.
  - g. Issue child specific comprehensive recommendation reports to all legal parties, such as the courts, agencies, attorneys, guardians ad litem, county attorneys, and other legal parties to the child's case within 30 days of the child's review as outlined by statute.
  - h. Monitor work and timeframes to assure consistency, completeness, and timeliness.
  - i. Work with legal parties to have recommendations submitted in Court.
  - j. Verify information on children's status through the process of assigning cases for review, through the review process, and as information is entered from DHHS and/or court reports.
  - k. Maintain 4-10 members for each local board.
  - l. Recruit and train local board members from various social, economic, racial, and ethnic groups to serve on multi-disciplinary community-based local boards across the State of Nebraska. Provide initial and on-going training for local board members and staff on topics of pertinence and to assure continuity and consistency is maintained.
  - m. Adapt to the changing environments, such as DHHS reform.
3. Promote children's safety, security and permanency.
- a. Ensure that if any staff member has reasonable cause to believe that a child has been subjected to abuse or neglect in their out-of-home placement, that a child abuse report is made as required by statute, and that the staff person advocates for the child to be in a safe placement. Similarly if any staff receives information that a child in an in-home placement is currently being abused or at imminent risk of abuse, that a report is made to CPS and/or law enforcement promptly.
  - b. Identify issues of concern and flag these cases for immediate review.
  - c. Immediately communicate identified issues related to safety, appropriateness, and stability of foster care placements in each case reviewed to the legal parties assigned to the case and advocate for change.
  - d. Arrange case status meetings, court hearings, meetings to discuss the case with DHHS, or use other means to communicate issues of concern child welfare system staff on behalf of an individual child.
  - e. Recognize, report, and advocate for appropriate action on children's cases where aggravated circumstances may apply.
  - f. Communicate case deficits such as lack of documentation, action, etc. to DHHS.
  - g. Bring cases to "1184" meetings to facilitate meeting the child's needs through discussion of the case with the legal parties

4. Utilize legal standing and/or attend court on cases where the FCRO believes a child's best interests are not being met.
  - a. Attend and participate in court hearings on cases of concern to assure a child's safety and best interests are addressed by the court.
  - b. Participate in the Through the Eyes of a Child initiative, working in cooperation with courts and other legal parties to help improve the court's response to children in foster care.
  - c. Work with legal parties to introduce the local board findings and recommendations into the record.
5. Conduct visits to foster care facilities to ensure that the individual physical, psychological, and sociological needs of the children are being met.
  - a. Train local board members to visit foster care facilities.
  - b. Work to monitor, ensure safety and appropriateness, and address placement issues through citizen review, and tours of child caring facilities.
  - c. Visit the foster homes of young children in foster care across the State to ensure safety and to provide additional information to the foster parents on behaviors common to that age group of foster children.
  - d. Secure funding from a number of corporate and public donations and use this funding to support the provision of informational books given to foster parents, and backpacks, blankets, and toys given to the children at visits.
6. Organize, sponsor and participate in educational programs.
  - a. Provide statutorily required ongoing educational programs for local board members and invite other child welfare professionals to assure that all legal parties are aware of legal, trauma, and developmental issues concerning children in foster care so appropriate recommendations, plans and orders may be made.
  - b. Assist in and/or co-sponsor educational programs for other child welfare professionals where the best interests of children may be served.
7. Disseminate information on children in out-of-home care, including through quarterly updates to the Legislature and the releasing of an annual report containing the data collected, an evaluation of such data and recommendations.
  - a. Provide statistics, data, and analyses requested by the Governor, senators, the Supreme Court, the judiciary, other state and governmental agencies, advocacy groups, researchers, the press, and the public. Update these individuals and groups on trends and continuing issues as necessary.
  - b. Communicate specific system recommendations reported by area by the local board members each year to the Legislature, DHHS, the courts, guardians ad litem, schools, the media, private agencies, OJS, the Attorney General, county attorneys, investigators, law enforcement, and the public.
  - c. Communicate issues of concern and recommend action to improve the foster care system.

- d. Share information from special studies and reports with the appropriate parties.
  - e. Provide data and lists from the tracking system for internal and external use (as appropriate).
  - f. Provide statistical and other information to researchers, grant seekers, governmental officials, the judiciary as specified by the Chief Justice, the Through the Eyes of the Child teams, the Kids Count Report, United Way, CASA officials, child advocates, and the public.
  - g. Load reports, fact sheets, and other information onto the FCRO website.
8. Effectively communicate the data maintained on the FCRO independent tracking system, the information gathered through the review process, and their analysis to the FCRO's professional partners, policy-makers, and the public.
- a. Collaborate with professional partners through routine meetings on systemic issues and individual children's cases.
9. Strive to improve the foster care experience for children through statewide and legislative partnerships.
- a. Partner with the Governor, Legislature, the Judiciary, DHHS and other public agencies, contracted child caring agencies, the press, commissions and work groups, and the public to work effectively to improve the foster care experience for children and advocate for their best interests.
  - b. Engage in ongoing communication regarding issues of concern and policy and practice changes to the Governor, Legislature, the Judiciary, DHHS and other public agencies, contracted child caring agencies, the press, and the public to facilitate overall understanding and to advocate for change.
  - c. Collect, analyze, report on, and provide data concerning the welfare of foster children on an ongoing basis as a means to advocate for children, on an annual basis through an Annual Report, and as requested.
  - d. Research and monitor potential legislation affecting the FCRO or children in out-of-home care and communicate the agency's position on the legislation.
  - e. Encourage appropriate foster placement recruitment by communicating this need to persons interested in becoming foster parents and by partnering with public and private contracted child caring agencies, the press and the public.
  - f. Assist the State of Nebraska in implementing the Fostering Connections Act, including exploration of the possibility of expanding foster care to age 21 in certain circumstances.
10. Attract, motivate, and retain a workforce, professional and volunteer, to conduct the work of the FCRO.
- a. Attract and retain the best professional and volunteer work force.
  - b. Invest in the competencies of the workforce.
    - i. Organize, sponsor, and participate in educational programs.

- ii. Identify and participate in appropriate programs for staff, volunteers, and partners.
  - c. Improve morale by ensuring all staff maintain consistent adherence to agency policy, procedures, and productivity standards and make staff aware that failure to do so may result in disciplinary action.
  - d. Endeavor to balance workloads.
11. Maximize resources while promoting children's best interests.
- a. Review and assess staff allocation, local board rotations, and staff workloads, the costs of goods and services, and how best to impact children's cases.
  - b. Select or maintain technologies that reduce operational costs, increase productivity, and optimize human resources.





## APPENDIX G

### 2011 LOCAL FOSTER CARE REVIEW BOARD MEMBERS

The Foster Care Review Office gratefully acknowledges the perseverance and dedication of each local board member citizen reviewer.

<p><b>IA1 SARPY COUNTY BOARD</b></p> <p>MaryLou Hegarty Pam Root Minnie Sasser <b>Tani Spacher</b> Joyce Stranglen Nancy Thompson Betty Vaught</p>	<p><b>IA3 SARPY COUNTY BOARD</b></p> <p>Ron Dupell Peg Eledge <b>Rosemary Kracht</b> Bev Kruger Karen Shramek Shannon Sorensen Jan Wagner</p>	<p><b>IB1 OMAHA BOARD</b></p> <p>Kay Lynn Goldner Amy Harrington Robert Kruger M.D. Carolyn McDonald <b>Christine Ott</b> Elaine Pugel Cathy Schweitzer Jennifer Shuman</p>
<p><b>IB2 OMAHA BOARD</b></p> <p>Lynette Dvorak Kara Legrow Pam Nogel Harriet Ostler Terese Pekelder Kirsten Schenck Craig Timm <b>Dee Valenti</b></p>	<p><b>IB3 OMAHA BOARD</b></p> <p><b>Nancy Brune</b> Paula Hazelrigg Jim Pauly Martine Quartey Mark Schulze Tara Stafford Kelly Young</p>	<p><b>IB4 OMAHA BOARD</b></p> <p>Katherine Dyche Kathleen Kaiser <b>Cathy Lindmier</b> Mary Mollner Wilma Richard Debbie Salomon <b>Beth Wilson</b></p>

The list above includes all persons who served on a particular local board at any time during calendar year 2011, including those who have resigned, served on multiple boards, or changed board during the year. Names in **bold** are persons who served as Local Board Chairperson for some or all of the year.

**2011 LOCAL FOSTER CARE REVIEW BOARD MEMBERS (continued)**

<p><b>IB5 OMAHA BOARD</b></p> <p>Matt Aksamit                  Joe Bizarri                  Katie Dethlefs  <b>Mary Gallardo</b>                  Emily Zetterman</p>	<p><b>IB6 OMAHA BOARD</b></p> <p>Judy Combs                  Peg Eledge                  Gloria Leiferman                  Patti Magni                  Sharon Mendlick                  Charlotte Schenken  <b>Linda Sims</b></p>	<p><b>IB7 OMAHA BOARD</b></p> <p>Judith Bencker                  Yvonne Hatcher                  Cookie Patricia Katskee                  Kara Legrow                  Elizabeth Rupp  <b>Peggy Shaffer</b>                  Judy Slater                  Lisa Smith                  Robert Vana                  Debra Weihing</p>
<p><b>IB8 OMAHA BOARD</b></p> <p>Carolyn Anderson                  Donna Coltrane  <b>Ruby Larson</b>                  Catherine Payne                  Christine Watson</p>	<p><b>IB9 OMAHA BOARD</b></p> <p>Dr. William Collamer                  Mary Beth Gust                  Sarah Ann Kotchian                  Mary Newman  <b>Dr. Tina Scott</b>                  Nancy Wilson</p>	<p><b>IB10 OMAHA BOARD</b></p> <p>Jacquelyn Baker                  Kourtney Brodin  <b>Tony Deeb</b>                  Pamela Johnson                  Jennifer Peterson                  Julie Rannells                  Mark Suing                  Lisa Zysset</p>
<p><b>IB12 OMAHA BOARD</b></p> <p>Bridget Bergman                  Mayce Bergman                  Jane Crudup  <b>Chantalle Galbraith</b>                  Sherry Moore                  Mary Stiverson                  Bridget Weber</p>	<p><b>IB13 OMAHA BOARD</b></p> <p>Melissa Humphrey                  Kay McMeen                  Martha Nielsen                  Laura Pham  <b>Sarah Williams</b></p>	<p><b>IB14 OMAHA BOARD</b></p> <p><b>Judy Anderson</b>                  Twyla Cadotte                  Diane Lausterer                  Loey Minske                  Iola Mullins  <b>John Seyfarth</b>                  Cathy Schraeder</p>

**2011 LOCAL FOSTER CARE REVIEW BOARD MEMBERS (continued)**

<b>IB15 OMAHA BOARD</b>  Judith Bencker Samantha Cosgrove <b>Jeff Haunton</b> <b>Curt Harrington</b> Traci Hawk Kay McMeen Elizabeth Rupp Deb Wesselmann	<b>IB16 OMAHA BOARD</b>  Kourtney Brodin <b>Karla Dubisar</b> Rev. Jason Emerson <b>Meg Fricke</b> Deb Hopkins Ruth Kruse Jaci Monahan Jennifer Peterson Jeannie Pluhacek	<b>IB17 OMAHA BOARD</b>  <b>Maureen Fitzgerald</b> Joy Higgins Janet Rogers Mark Suing <b>Sue Trigg</b> Lisa Walker Roberta Wilhelm
<b>IB19 OMAHA BOARD</b>  Marcia Anderson Mary Bozak Linda Farho Polly Goecke Denise LeClair Mary Ellen Lynch <b>Sallie Schnieders</b>	<b>IB23 OMAHA BOARD</b>  <b>Jeff Foote</b> Rev. Ernesto Medina Nancy Peterson Cathy Rupprecht Wauneta Warwick Al Wooley	<b>SBO1 OMAHA BOARD</b>  Phyllis Brown <b>The late Mickey Dodson</b> Kay Lynn Goldner Mary Lou Hegarty Sally Lusk Charlotte Schenken
<b>IIB1 LINCOLN BOARD</b>  Keith Freeouf Hobart Gay Jessie Heldenbrand <b>Marie Jensen</b> Jerry Parsons Joshua Shasserre Nancy Tegeler	<b>IIB2 LINCOLN BOARD</b>  Sarah Ashley Barbara Burr Joanna Davis-Yoakum Tina Dykes Jennifer Irvine Tracey McChargue <b>Myrna Schmid</b> Dina VonRenzell	<b>IIB3 LINCOLN BOARD</b>  Dawn Andersen Marilyn Bernthal <b>Kathy Bratt</b> Stacey Dieckman Brandy Johnson Desiree Mauch Ashley Olson Deb Owens Roberta Woody

**2011 LOCAL FOSTER CARE REVIEW BOARD MEMBERS (continued)**

<p><b>IIB4 LINCOLN BOARD</b></p> <p>Julie Burton                  Elaine Kersten                  Whitney Kuhn  <b>Diane Lydick</b>                  Anela Meza                  Tom Nider                  Molly Parde                  Candice Tombs</p>	<p><b>IIB5 LINCOLN BOARD</b></p> <p><b>Rebecca Barnes</b>                  Sharon Cirone                  Cheryl Dubas                  Kathy Hunter                  Barbara Lockhart                  Jareldine Mays                  Noelle Petersen                  Susan Staab</p>	<p><b>IIB6 LINCOLN BOARD</b></p> <p>Erin Duggan Pemberton                  Linda Eley  <b>Teresa Jacobs</b>                  Ruth Lake                  Kim Moore                  Amy O'Brien                  Sandra Quathamer                  Patricia Ruth</p>
<p><b>IIB7 LINCOLN BOARD</b></p> <p><b>Diane Brown</b>                  Candace Campbell                  Vera Engdahl                  Paul Lepard                  Joellen McGinn                  Nicole Sherer</p>	<p><b>IIB9 LINCOLN BOARD</b></p> <p>Donna Aksamit  <b>Bruce Baker</b>                  Laureen Barnett Botts                  Margaret Bartle                  Tom Hare                  Rebecca Koller                  Pat Sim</p>	<p><b>IIB10 LINCOLN BOARD</b></p> <p>Sara Bharwani  <b>Sheryl Harig</b>                  Kelly Hasenauer                  Cathryn Linscott                  Pat Sim                  Jerene Vandewege                  Linda Wolfe</p>
<p><b>SBL1 LINCOLN BOARD</b></p> <p><b>Sara Bharwani</b>                  Kathy Bratt  <b>Aldo Campbell</b>                  Candace Campbell                  Jeanne Dryburgh                  Doug Koebernick                  Scott Sherer</p>	<p><b>SBL2 LINCOLN BOARD</b></p> <p>Dave Forsythe                  Kathy Huner  <b>Diane Lydick</b>                  Shelisa Minnifield                  Joellen McGinn                  Susan Staab</p>	<p><b>IIC1 SOUTHEAST BOARD</b></p> <p>Evelyn Buethe                  Donna DeFreece                  Laura Gonnella                  Debbie Jicha                  Mark Jicha  <b>Bob Kohles</b>                  Sue Kohles                  Charlene Schuetz</p>

**2011 LOCAL FOSTER CARE REVIEW BOARD MEMBERS (continued)**

<p><b>IIIB GRAND ISLAND BOARD</b></p> <p>Terry Eyler                  Peg Hadenfeldt                  Kristen Halpine                  Jackie Kuskie                  Willa Lemburg                  Sue (Fredricksen) Schmer                  Dawn Urban                  Nanna Wieck  <b>Bev Wolfe</b></p>	<p><b>IIIC GRAND ISLAND BOARD</b></p> <p>Kristen Halpine                  Mary Harder                  Staci Hargens                  Mary Jane Hinrichsen                  Lola Hoover                  Laurie Johnson  <b>Sandi O'Brien</b>                  Candy Zywiec</p>	<p><b>IIID HASTINGS BOARD</b></p> <p><b>James Brown</b>                  Georgie Evans                  Janet Hibbs                  Patricia Hinrikus                  LaVonne Richardson</p>
<p><b>IVA COLUMBUS BOARD</b></p> <p>Jennifer Calahan                  Mandy Daugherty                  Jolaine Edwards  <b>Patricia Hoffman</b>                  Amy Mazankowski                  Dr, Nila Novotny                  Jennifer Snyder                  Candy Wombacher</p>	<p><b>IVB NORFOLK BOARD</b></p> <p>LuEtta Clark  <b>Teresa Gebers</b>                  Vickie Gillespie                  Terry Larson                  Dana Mimick                  Jacquelyn Polak                  Alfredo Ramirez                  Lisa Wilke</p>	<p><b>IVC SOUTH SIOUX CITY BOARD</b></p> <p>Connie Albrecht                  LuEtta Clark                  Yvonne C. Downs  <b>Michelle Hynes</b>                  LaVonne Henry                  Terry Larson                  Marilyn Linberry                  Kendra Victor                  Lisa Wilke</p>
<p><b>IVD FREMONT BOARD</b></p> <p>Connie Bottger  <b>Marcia Fouraker</b>  <b>Willie Jamison</b>                  Susie May                  Sandy Peterson                  Bill Saeger</p>	<p><b>IVE YORK BOARD</b></p> <p><b>Barb Buller</b>                  Marie Jensen                  Shirley Knorr                  Sharon Miller                  Lori Sheehan</p>	<p><b>IVG NORFOLK BOARD</b></p> <p>Brooke Byer                  Cassandra Christensen                  Ruthie Kollmar                  Lisa Moser                  Julie Redwing                  Amy Weber</p>

**2011 LOCAL FOSTER CARE REVIEW BOARD MEMBERS (continued)**

<p><b>VA KEARNEY BOARD</b></p> <p>Robert Anderson                  Patricia Candy                  Glenda Fraber                  James Ganz Jr.  <b>Darlynn Gerhart</b>  <b>Rebecca Tvrdik</b>  <b>Greg Urbanek</b>                  Jody VanLaningham</p>	<p><b>VB NORTH PLATTE BOARD</b></p> <p>Mary Ambrose                  Sue Boyer                  Thomas Cabbage  <b>Colleen Lembke</b>                  Paulette Stefka                  Bev Titkemeier</p>	<p><b>VC LEXINGTON BOARD</b></p> <p>Sheila Adams                  Linda Benjamin                  Judith Geiger                  Myra Gronewald  <b>Jeanine Kline</b>                  Jan Lipska                  Dave Schroeder</p>
<p><b>VD NORTH PLATTE BOARD</b></p> <p>Lisa Cluck                  Patricia Hanson                  Sandra Kruback  <b>Marge Thomas</b></p>	<p><b>VIA SCOTTSBLUFF BOARD</b></p> <p>Linda Broderick  <b>Nancy Griffith</b>                  John Randall                  Barbara Schaneman                  Lindsay Snyder                  Cheryl Svoboda                  Mindy Nepper</p>	<p><b>VIC GERING BOARD</b></p> <p>Rob Barney                  Elizabeth Bourn                  Jim Ganitsch                  Earlynn Lawrence                  Judy Meter  <b>Greg Rein</b>                  Denise Wright</p>



## APPENDIX H

At the end of 2011 there were 48 Local Boards (some part-time) composed of 352 unpaid volunteer citizens from the community who have completed required training and meet monthly to review the cases of children in foster care. These local board members completed 4,632 reviews on 3,272 children in 2011.

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

### BACKGROUNDS OF THE LOCAL FOSTER CARE REVIEW BOARD MEMBERS WHO SERVED AT THE END OF 2011

<u>Type</u>	<u>No.</u>	<u>Comments</u>
Administrative and Support	7	(Includes 2 administrative assistants, 1 in administration or management, 1 clerical/secretarial, and 3 office managers.)
Architecture	1	
Attorney, paralegal	7	
Business, Banking, Finance, Insurance	39	(Includes 4 in banking and finance, 3 managers/Directors, 6 business owners, 2 marketing staff, 1 accountant, 1 consultant, 2 human resources professional, 3 in insurance, 2 in real estate, 1 fitness trainer, 13 staff persons, and 1 in retail.)
CASA	14	(Includes 2 directors, 1 Program Coordinator, 9 volunteers and 2 former volunteers.)
Clergy	3	
Community organizers and advocates	21	(Includes 18 advocates or community volunteers, 1 Lutheran family Services, 1 hospice, 1 volunteer for the homeless)
Counseling/Mental Health/ Psychology (non-education)	21	(Includes 6 counselors, 1 drug/alcohol counselors, 6 mental health care professionals, 2 psychologists, and 6 therapists.)
Day Care Provider	4	
Education	84	(Includes 6 school counselors, 15 unspecified educators, 1 school human resources, 2 speech Pathologists, 1 school nurse, 2 para-educator, 4 principals/assistant principals, 2 post-secondary, 3 professors, 1 school psychologist, 1 school resource officer, 1 art teacher, 1 early childhood development teacher, 1 infant/toddler teacher, 33 teachers with unspecified levels, 9 special education teachers, and 1 tutors.)

<u>Type</u>	<u>No.</u>	<u>Comments</u>
Foster parents, former foster parents, or foster-adopt parents	23	
Government or civil service	19	(Includes 1 county commissioner, 1 city administrator, 10 state employees, 5 legislative aides, and 2 federal employee s.)
Homemaker	11	
Journalist	2	
Law enforcement (PD/sheriff/state patrol)	8	
Medical	47	(Includes 13 healthcare workers, 1 healthcare provider, 1 laboratory technicians, 7 nurses with unspecified levels, 1 assistant nurse, 1 home health nurse, 2 LPN, 1 pediatric nurse, 10 RN's, 2 RN's with OB-GYN specialty, 1 pediatrician, 5 pharmacists, 1 physical therapist, and 1 surgical coordinator.)
Military	3	
Pilot	1	
Probation Officers	2	
Social work (see education for school social workers)	11	(Includes 2 masters of social work, 1 former CPS worker, 1 social work professor, and 7 social workers.)
Students at a post-secondary level	2	

As the chart indicates, local board members bring a variety of perspectives to case reviews.





## **APPENDIX I**

### **ADVISORY COMMITTEE MEMBERS Effective July 1, 2012**

Chair Craig Timm, local board member, Omaha

Vice-Chair Sandy Kruback, local board member, North Platte

Michelle Hynes, local board member, Dakota City

Elizabeth Neeley, data expert, Seward

Sheree Keely, citizen at large, Omaha



## APPENDIX J

### FOSTER CARE REVIEW OFFICE

#### Application to Serve as a Volunteer on a Local Review Board

Per Neb. Rev Stat. §43-1304, "A person employed by the Office, the Department of Health and Human Services, a child-caring agency, a child-placing agency, or a court shall not be appointed to a local board". This includes persons employed by a contractor or sub contractor of the above noted entities.

→ → → → → → → → → → → → →

Name → → → → → → → →

Home Address → → → → City → → ZIP → → Home Phone

Email Address → → → → → → → → Cell Phone

Occupation/Professional Background

→ → → → → → → → → → → → →

Occupation Address (if applicable) → → → ZIP → → Business Phone

I am available for training on the following (check all that apply)				I am available to serve on a Board that meets on the following (check all that apply)			
Day	Morning	Afternoon	Evening	Day	Morning	Afternoon	Evening
Mon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat	<input type="checkbox"/>	<input type="checkbox"/>	NA	Sat	<input type="checkbox"/>	<input type="checkbox"/>	NA

Regular exceptions to the above schedule: \_\_\_\_\_

I am interested in serving on a local board in (City/Town): \_\_\_\_\_

Neb. Rev. Stat. §43-1304 states: "The members of the local board shall reasonably represent the various social, economic, racial, and ethnic groups of the county or counties from which its members may be appointed." In order to comply with the Act, please answer the following:

Your age: → 19-30 → → → Family income: → \$ 4,000-10,000 →  
 → → 31-45 → → → → → \$11,000-20,000 →  
 → → 46-64 → → → → → \$21,000-39,000 →  
 → → 65+ → → → → → \$40,000 -above →

Race: (Circle all Applicable) → Caucasian → Black → Hispanic → Indian → Asian → Other

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Marital status: \_\_\_\_\_ Number of children: \_\_\_\_\_

*Continued on the back...*

I am presently a foster or a doptive parent (*this is not a requirement*): Yes \_\_\_\_\_ No \_\_\_\_\_ ¶

Please indicate any potential conflicts of interest that you might have that the FCRO should be aware of. (Use an additional sheet if more room is needed). ¶

Please list current and past volunteer activities (use an additional sheet if more room is needed). ¶

Please list the name, address, phone number and email address (*preferred*) of two references. ¶

1. → \_\_\_\_\_ ¶

2. → \_\_\_\_\_ ¶

Please write a short paragraph to explain why you would like to serve on a local review board. ¶

Foster Care Review Office  
521 S. 14th Street, Suite 401  
Lincoln, NE 68508-2707 -- (402) 471-4420  
Fax: 402-471-4437  
Email: fcro.contact@nebraska.gov

<b>FOR OFFICE USE ONLY:</b>
Dates Documents Received: _____
Application: _____ → Background Check: _____ Confidentiality Statement: _____
Training Completed: Three Parts: _____
Part I: _____ Part II: _____ Part III: Observe Board Meeting: _____
Date appointed: _____ Board Assigned: _____

**STATE OF NEBRASKA  
FOSTER CARE REVIEW OFFICE  
AGREEMENT REGARDING CONFIDENTIALITY**

Neb. Rev.Stat §43-1310. Records and information; confidential; unauthorized disclosure; penalty. All records and information regarding foster children and their parents or relatives in the possession of the office or local board shall be deemed confidential. Unauthorized disclosure of such confidential records and information or any violation of the rules and regulations adopted and promulgated by the Department of Health and Human Services or the office shall be a Class III misdemeanor.

Class III misdemeanor: Maximum - Three months imprisonment, or five hundred dollars fine, or both.  
Minimum - None

I, \_\_\_\_\_, agree to Nebraska Statute and the rules and regulations of confidentiality set forth by DHHS and the Foster Care Review Office (FCRO).

I understand that I will be required to adequately secure and protect confidential materials from unauthorized access while these materials are in my personal possession and I further promise to return all confidential information to the FCRO per policy.

I promise not to disclose any information obtained from my participation in local board meetings, case meetings, court hearings, Project Permanency visits, and/or any other duties performed on behalf of the FCRO with anyone for any reason outside FCRO staff and Administration.

I understand that confidentiality rules are applied equally to verbal, written and electronic communication and I am subject to statutory penalties if FCRO protocols and/or rules and regulations are not upheld.

I further promise not to use any information or data for my own personal, professional, or monetary advantage.

By signing below I promise to uphold this agreement.

\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City* *State/ Zip*

Received by the FCRO:

\_\_\_\_\_  
*Signature* *Date*

*Revised 7-9-2012*



Division of Children and Family Services

State of Nebraska

Dave Heineman, Governor

AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: [Redacted]

Please do not use abbreviations

Address and Phone Number: [Redacted]

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) [Redacted]

[Redacted]

Signature (applicant)

[Redacted]

Date

Current Address: [Redacted]

(Street/City/State/Zip)

Applicant Date of Birth [Redacted]

Applicant Social Security Number [Redacted]

Other names previously used such as former married names, maiden name and nick names. Please Print.

[Redacted lines for other names]

Names and birth dates of your children and children who have lived with you. Please Print.

[Redacted lines for children names and birth dates]

Any Address at which you have resided during the past 20 years. Please Print.

[Redacted lines for past addresses]

Helping People Live Better Lives
An Equal Opportunity/Affirmative Action Employer
printed with soy ink on recycled paper

(back side of CPS background check release, purposely blank)

**APPENDIX K**  
**FOSTER CARE REVIEW OFFICE**  
**FINANCIAL STATEMENT**

**Fiscal Year 2011-2012**

**Appropriations**

General Fund	\$1,355,920
Cash Fund	\$5,700
Federal Funds	<u>\$400,000</u>
TOTAL	\$1,761,620

**Expenditures**

Staff Salaries & Benefits	\$1,443,625
Postage	\$29,957
Telephone and Communications	\$25,669
Data Processing Fees	\$13,772
Publications and Printing	\$21,408
Rent	\$58,871
Legal Fees	\$9,960
Office Supplies	\$24,065
Travel Expenses	\$41,370
Computer Hardware/Software	\$18,027
Other Miscellaneous	<u>\$47,242</u>
TOTAL	\$1,733,966

The Foster Care Review Office can be reached at:

521 S. 14<sup>th</sup>, Suite 401  
Lincoln NE 68508  
402.471.4420

email: [fcro.contact@nebraska.gov](mailto:fcro.contact@nebraska.gov)

[www.fcro.nebraska.gov](http://www.fcro.nebraska.gov)