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**Executive Director**

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

**27TH ANNUAL REPORT OF  
THE STATE FOSTER CARE REVIEW BOARD  
2009**

Submitted Pursuant to

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

**State Foster Care Review Board**

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**WORKING TOGETHER TO IMPROVE THE LIVES OF NEBRASKA’S CHILDREN AND YOUTH IN FOSTER CARE**

**THE 27<sup>TH</sup> ANNUAL REPORT OF THE NEBRASKA STATE FOSTER CARE REVIEW BOARD**

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

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# **Working Together to Improve the Lives of Nebraska's Children and Youth in Foster Care**

**By Executive Director Carolyn K. Stitt and Data Coordinator Linda M. Cox**

During the past few years, Nebraska has experienced increased collaboration as members of the child welfare system worked together to address the challenges in the foster care system. Through the initiative of Governor Dave Heineman and Chief Justice Mike Heavican, in 2009 major collaborative efforts were underway to sharpen the focus upon the goal of improving Nebraska's child welfare system.<sup>1</sup>

As the State's IV-E review agency, the Foster Care Review Board (FCRB) knows that the child welfare system can and does work well for approximately half of the children in the system, assisting children and their families in resolving problems and providing children the security and permanency to which they are entitled.

The remaining children within the system do not fare as well.<sup>2</sup> The causes for this are complex. They include parental, social, and systemic failures including:

- A lack of adequate food and shelter, domestic violence, serious untreated mental health issues, parental cognition issues, and parental addiction to methamphetamine, crack cocaine, heroin, marijuana and/or alcohol.
- The State's slow response to investigate abuse and neglect reports as determined by local boards reviewing children's cases who must determine whether reasonable efforts were made to prevent children's removal from the home.
  - 62.5% of the cases reviewed in the 2008 federal Child and Family Services Review (CFSR) did not meet the goal of protecting children from and abuse and neglect, which includes the timeliness of investigations.
- High rates of caseworker changes within the Department of Health and Human Services (DHHS), which contributes to poorly-coordinated services and inadequate case documentation.

There is also notable documentation of the lack of a statewide service system as described throughout this Report.

The FCRB acknowledges that, due to the complexity of these problems, no single agency, organization, or branch of government can address all of the issues and implement meaningful solutions to fully resolve each problem. With that in mind, the

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<sup>1</sup> Due to the major changes that occurred in the child welfare system during 2010, which is outside the scope of this 2009 Report, the FCRB simultaneously is issuing a separate interim report specific to child welfare reform. This 2009 data and analysis, along with information from past Reports, serve as a baseline from which to measure the reform.

<sup>2</sup> This figure is based on the number of children with multiple placements, the number of children who have been in foster care for extended periods of time, and the number of children with other negative statistical indicators. Each of these indicators is described in greater detail later in this Report.

FCRB has produced a summary version of this Report for the legal system, targeting the special challenges within that arena and providing specific information and recommendations.<sup>3</sup>

This 27<sup>th</sup> annual report of the Foster Care Review Board (FCRB) covers the issues identified and the data collected throughout 2009, and is made to fulfill mandates for an analysis of the child welfare system and its recommendations for corrective actions, as required per Neb. Rev. Stat. §43-1303.

## **Basis for the FCRB's findings and recommendations**

The FCRB's mandate under Neb. Rev. Stat. §43-1303 is to track children, review their cases and annually evaluate the data the FCRB collects, report on conditions of children in foster care, and make recommendations. That mandate is the impetus for this Annual Report. The FCRB's recommendations in this Report are based on the following:

- Information staff collected from the 4,754 reviews conducted in 2009.
  - Data collected in the review process, including the local board's findings on key indicators, are recorded on the FCRB'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 the data for the 8,590 children who were in out-of-home care for some or all of 2009 as input on the FCRB's tracking system.
- The FCRB's 27-year history of analyzing the Nebraska child welfare system, (including the 2006 special study of children age birth through five, and the 2008 special study of children in care for two years or longer).
- The findings of respected national researchers.

Community-based local boards composed of between four and ten members who have successfully completed a training program review the information that FCRB staff collected regarding individual children's cases, and make recommendations about the child's current safety, health, and well-being and how to alleviate barriers to permanency.

A total of 322 local board members from a variety of disciplines, including education, business, law, nursing, pharmacy, psychology, and child development, volunteered over 33,250 hours to review children's cases during 2009, an in-kind contribution of \$673,818.75.<sup>4</sup>

In order to make the recommendations and findings on the placement, services, and plan as required by statute during the review process FCRB staff:

- Review the DHHS case files,

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<sup>3</sup> To reduce expenses this print version is abridged from the on-line version ([www.fcrb.nebraska.gov](http://www.fcrb.nebraska.gov)).

<sup>4</sup> According to The Independent Sector website, the estimated dollar value of volunteer time in 2008 was \$20.25 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.

- Gather relevant information regarding the child's welfare from a variety of interested parties,
- Provide information to local board members prior to the meetings,
- Provide means for involved parties to participate in the local board meetings, and
- Collect and verify statistical information.

At the review meeting, local board member volunteers:

- Make the prescribed findings,
- Identify the remaining barriers to achieving the permanency objective, and
- Create a comprehensive set of recommendations that are issued to all legal parties in each reviewed child's case.

This Report provides important statistical benchmarks which are from the FCRB's independent tracking system. These benchmarks help the system to gauge future progress and prioritize issues remaining in the child welfare system.

During 2009, 38.2% of the children who entered care had been removed from the home at least once before. FCRB research consistently finds that for about one-third of the children in the system it is clear from the onset that the parents will likely make the corrective actions necessary to get the children back, for another one-third of the children it is uncertain whether the parents will change behaviors, and for another one-third of the children it is clear from the beginning that the parents likely cannot or will not ever safely parent their children. Different approaches are needed for each type of case.

### **Why the FCRB recommendations should be implemented**

Implementing the FCRB's recommended improvements to the foster care system would not only create a more humane system, it would also generate long-term fiscal savings, could lessen the impact of the abuse and neglect, thus preventing or ameliorating some of the following problems because abused and neglected children:

- Are often moved from placement to placement, exacerbating the damage caused by the original abuse or neglect.<sup>5</sup> (The longer the child is in foster care, the higher the probability of placement disruption.)
- Are often in special education.<sup>6</sup>
- Have an increased likelihood of current and future drug and alcohol abuse.<sup>7</sup>
- Are more likely to have mental health needs.<sup>8</sup>

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<sup>5</sup> The American Academy of Pediatrics 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>6</sup> Children placed in out-of-home care due to abuse or neglect tended to score lower than the general population on measures of cognitive capacity, language development, and academic achievement. *National Survey of Child and Adolescent Well-Being*, U.S. Department of Health and Human Services 2003.

<sup>7</sup> According to the National Institute on Drug Abuse, as many as two-thirds of people in drug treatment programs reported being abused as children. Swan, 1998.

- Are more likely to be homeless.<sup>9, 10</sup>
- Are more likely to enter the prison population.<sup>11</sup>
- May perpetuate the cycle of abuse when they have children of their own.<sup>12</sup>

**Local board member citizen volunteers, who conducted 4,754 reviews of 3,430 children's cases in 2009,<sup>13</sup> prioritized the following recommendations to improve conditions for children in foster care. Recommendations are based on those reviews and pertinent data.**

**Recommendation 1: Address chronic familial issues such as substance abuse, mental health, and domestic violence, and make services to address these issues available statewide.**

The FCRB found that 58.3% of the children reviewed in 2009 entered care due to neglect, which often has its root in parental mental health and/or substance abuse issues, and 35.2% of the children entered care due to parental substance abuse. Parental substance abuse was cited as a barrier to permanency for 1,171 (34.1%) of the 3,430 children reviewed in 2009.

Through reviews the FCRB knows that typical mental health issues of the parents of children in foster care include chronic depression, bipolar disorder, anxiety, schizophrenia, post traumatic stress disorders, personality disorders, and others. Barriers to treatment cited in the review process include: treatment is frequently expensive, the needed treatment may not be available in the local community, treatment may not be available outside working hours, long waiting lists, treatment may not have been effective in past attempts, the nature of the illness may include a resistance to treatment, a perceived stigma to admitting mental health needs, and the burden of multiple assessments prior to receiving services.

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<sup>8</sup> Abused and neglected children have been found to be at least 25 percent more likely to experience problems such as delinquency, teen pregnancy, low academic achievement, drug use, and mental health problems. Kelley, Thornberry, & Smith, 1997.

<sup>9</sup> 53% of homeless youth in Minnesota had lived in foster homes. Minnesota Coalition for the Homeless, [www.mnhomelesscoalition.org](http://www.mnhomelesscoalition.org) (Sept. 18, 2007).

<sup>10</sup> Nationally, there is significant evidence that when young people "age out" of foster care, as many as 40 percent will become homeless. *Aging Out: From Foster Care To Homeless Shelters?* New York City Independent Budget Office.

<sup>11</sup> Being abused or neglected as a child increased the likelihood of arrest as a juvenile by 59 percent. Study of the National Institute of Justice. Abuse and neglect increased the likelihood of adult criminal behavior by 28 percent and violent crime by 30 percent. Widom & Maxfield, 2001.

<sup>12</sup> "Research suggests about one-third of all individuals who were abused or neglected as children will subject their children to maltreatment." As quoted on US Department of Health and Human Services, Administration for Children and Families, Child Welfare Information Gateway website ([www.childwelfare.gov/can/impact/longterm/abuse.cfm](http://www.childwelfare.gov/can/impact/longterm/abuse.cfm)).

<sup>13</sup> Children's cases are typically reviewed once every six months for as long as the children remain in out-of-home (foster) care. Thus, some children receive two reviews during a calendar year.

Accurate mental health and chemical abuse assessment is extremely important, but needs to be done as quickly so that treatment can begin. It is also important for the decision making process for the child that the professionals involved in making their assessments understand their responsibility to provide court testimony. To facilitate these ends, we recommend that a system be established in which such professionals be identified and contracted to provide timely and documented assessments.

Substance abuse is difficult to overcome. Parental substance abuse can also include alcohol, methamphetamine, cocaine, marijuana, heroin, prescription medications, over-the-counter medications, designer drugs, huffing (inhaling vapors from spray cans, etc.), or any combination of substances. As Table 21 shows, 24.2% of children under age two who were reviewed in 2009 came from homes with parental methamphetamine abuse.

Some children from homes with parental substance abuse were likely prenatally exposed. Children born prenatally exposed are far more likely than other children to have serious medical issues, disabilities and developmental delays that, if left undetected or unaddressed, could undermine reunification with parents or permanency in general and affect the children throughout their lifetime.

For over 10 years the FCRB has recommended that the state develop an infrastructure of services and placements, and the FCRB continues to call for the development of services, placements, and treatments for mental health and substance abuse issues of the parents and youth.

**Recommendation 2: Stabilize children's cases by addressing case management issues.** There are several inter-related recommendations as to how this can be accomplished.

- Reduce caseworker changes.
- Address documentation issues created by staff changes.
- Add support systems and mentoring for caseworkers.
- Increase caseworker's pay based on excellent performance.

Some caseworker change is inevitable; however, efforts need to be made to reduce caseworker changes from their current levels, as 1,533 (34.5%) of the DHHS wards in care on December 31, 2009, had four or more caseworkers on their cases at some point while in out-of-home care over their lifetime. As shown in Table 14, many of these children had experienced six or more caseworker changes.

Research shows that there is an increased probability that a child will be successfully reunified with the parents when there are fewer caseworker changes. Caseworker continuity can affect placement stability. Placement stability is beneficial for children's overall well-being and sense of safety, and research finds it is more cost-effective. Thus, caseworker stability increases children's well-being and decreases costs.<sup>14</sup>

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<sup>14</sup> *Literature Review of Placement Stability in Child Welfare*, University of California, Davis, Center for Human Services, August 2008.



Local board members and staff have also identified that case management continuity is critical to ensuring children's safety while in out-of-home care, and ensuring children achieve a timely and appropriate permanency.

With each caseworker change, the new worker must become familiar with the case, which may have very complicated issues. Time is needed for the new worker to establish the trust of the child and involved families. Each restart can cause the child to remain in foster care for a longer time without permanency. Caseworker changes also 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, other actions that may be court ordered, like obtaining employment and stable housing, and the history of the child's placements and needs. Evidence is time critical, and is irrelevant after the fact. Missing evidence means delays to permanency and the potential for unsafe situations.

Case management also involves supervision of contracted services and placements. Communication needs to be tightly maintained between the DHHS caseworker and the service or placement provider. Every time there is a caseworker change increases the likelihood that essential information is not maintained or shared appropriately.

Through its reviews, the FCRB has learned of several factors affecting caseworker retention. In particular caseworkers who are changing employment report that they are leaving due to one or more of the following:

- A lack of support and mentoring.
- Overwhelming caseloads.
- A lack of time to supervise contracted services and placements and a lack of ability to effectuate change with problematic contract situations.
- A lack of opportunity to move into positions of increased authority.
- Financial issues.

The FCRB acknowledges that there is a continuous and necessary effort to curtail state expenses. Being competitive and improving compensation for outstanding caseworkers is not wasteful. Quite the contrary, maintaining a career staff will create continuity in case management, improve evidentiary documentation necessary for successful court outcomes, and move children to permanency more quickly, thereby continuing the recent decline in the number of children in foster care. As the indicators in this Report show, there are costs associated with caseworker changes – such as children spending an increased length of time in out-of-home care.

Delaware and Illinois are among the states that have found that by analyzing caseload sizes, by providing supervision and mentoring, by providing pay and other incentives for outstanding performance, and by limiting caseloads, caseworker changes were reduced. These states have achieved better results for children. A similar application of time and resources would be an excellent investment, not only for the children in foster care, but also for the dedicated caseworkers striving to help them.

### **Recommendation 3: Reduce the length of time children spend in care.**

Foster care is designed to be a temporary solution to the problems of child abuse and neglect. Unfortunately, in practice, 1,472 (42.9%) of the 3,430 children reviewed during 2009 had been in out-of-home care for at least two years of their life, and 334 of those children had been in out-of-home care for over five years.

Many issues that led to removal from the parental home are long-standing, making rehabilitation difficult. Some of those deep-rooted conditions include:

- A lack of parental willingness or ability to parent, which was an identified barrier to permanency 1,710 children with plans of reunification reviewed in 2009.
- Parental substance abuse, an identified barrier to permanency for 1,171 children.
- The length of time in foster care, which can impact parent/child bonds and lead to children identifying more closely with the foster family, and which was an identified barrier for 855 children in 2009.
- A family history of violence and abuse, which indicates this is a pattern that is more difficult to resolve, identified as a barrier for 888 children.
- Economic/housing issues, which can also be a result of parental depression, educational deficits, poverty, or other chronic issues, a barrier for 757 children.

Children need stability. The Supreme Court recognized this: “A child should not be left suspended in foster care and should not be required to exist in a wholly inadequate home. Further, a child cannot be made to await uncertain parental maturity.” From *In Re Interest of JS, SC, and LS*, 224 Neb 234 (1986).

The following are some specific means to safely reduce children’s time in foster care:

Create a complete record of parental engagement. The 2008 FCRB/DHHS joint study on cases of children in care for two years or longer whose plan was reunification illustrated the need to document parental non-compliance, and identify indicators of parental unwillingness to parent. These indicators include 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 throughout the case so a complete record is available to form the basis of decisions made by courts and the department as to whether or not the parent is complying. This was an issue in 2008, and has remained a challenge for child welfare systems.

Effectively use pre-hearing conferences. At the conferences families can identify services they can utilize to begin the process of change, with the help of the professionals involved. Paternity can be established. (Paternity was not established for 653 of the 3430 children reviewed in 2009). Potential relative placements can be identified and their suitability quickly assessed. Indian Child Welfare Act (ICWA) issues can be identified. Parenting-time (visitation) schedules can be determined. Parents can be made to understand they have a short time in which to demonstrate permanent change. All of these things can facilitate expedited case progression.

Effectively use 12-month permanency hearings. DHHS files had documentation about the permanency hearings for only 45.2% of the children reviewed in 2009 who had been in care for over 12 months. As required by law, the 12-month permanency hearing presents 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.

Courts that have made it standard practice to use the 12-month permanency hearings to reach critical decisions regarding children's cases are commended. 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.

Utilize provisions regarding aggravated circumstances. "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.

The cases of a significant number Nebraska children appear to qualify for this provision:

- 38.2% of the children in care on Dec. 31, 2009, had a previous time in care (chronic issues).
- 35.2% of the children reviewed in 2009 entered care due to parental substance abuse.
- 12.4% of the children reviewed in 2009 had experienced physical abuse.
- 8.1% of the children reviewed in 2009 had experienced sexual abuse.
- 8.0% of the children reviewed in 2009 had been abandoned.

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. When the court grants an exemption from reunification, 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 FCRB recommends that all involved in children's cases, especially caseworkers and supervisors, recognize and advocate for appropriate action in these cases.

**Recommendation 4: Assure children have realistic case plans that reflect current circumstances and parental willingness and ability to safely parent.**

Per Neb. Rev. Stat. §43-1308 the FCRB reviews the case plans that DHHS is required to make under §43-1312. Nebraska statute clearly states the elements required of case plans and local board members make findings on each of those elements. In doing so, local citizen review board volunteers report that all too often they encounter case plans that are inappropriate, unrealistic, or not timely. The local boards agreed with the case plan objectives for 2,830 (59.5%) of the 4,754 reviews conducted in 2009, and disagreed with the plan objective for 1,385 (29.1%) of the reviews.

Local boards found progress being made towards the plan's objective for 2,283 (48.0%) of the reviews, no progress being made for 1,602 (33.7%) of the reviews, and insufficient documentation to make a progress finding for 869 (18.3%) of the reviews.

Most children's plans have a goal of reunification. In 2009, 72.1% of the children who left care reunified with parents. Case plans with a goal of reunification should detail appropriate, realistic, and timely steps toward rehabilitation of the parents, and then effectively hold them accountable for fulfilling those steps. Some courts have ordered DHHS to change the plan to better match the reasons that children entered care and the facts in the case, and to revise impractical recommendations.

The case planning process has several components that are summarized here. Documentation of parental compliance or non-compliance is critical to assuring the permanency objective is appropriate given case circumstances. Prosecutors and the courts need to utilize the documentation evidence when making permanency decisions for the children. Cases where parents will likely not be able to safely parent (e.g., aggravated circumstances) or where parents are unwilling to parent, need to be identified and case plan objectives changed accordingly.

A well written case plan holds parents accountable and shows that expectations for the parents are reasonable. There is a federal requirement that the FCRB make a finding at each review on whether there are "reasonable efforts" being made toward permanency. To be reasonable, case plans need to reflect the issues that lead to children's removal and the services to ameliorate such conditions need to be available and accessible. Measures of accountability must be fair.

Scheduling for services and visitation to accomplish that plan must be realistic, as must 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. Evidence informed research suggests that the best instruction is individually focused and includes parents seeing appropriate behavior modeled and then given the opportunity to practice that behavior with feedback provided by the instructor. This needs to occur over a significant period of time.

**Recommendation 5: Reduce the number of children returned to parents too soon or to uncorrected situations.**

Through tracking the FCRB found that an alarming 38.2% of the children who entered care during 2009 had been previously removed from their home. Effective case planning, tighter scrutiny, and appropriate precautions are needed to prevent children from experiencing re-abuse and future removal from the home; and, having access to appropriate services would help children and youth who re-enter care due to unmet mental or behavioral health needs.

The FCRB recognizes that no one can accurately predict the future wellbeing of any child who has been returned home. However, the actions described in the previous sections if taken would decrease the likelihood of children needing to return to foster care. With increased vigilance and focus, Nebraska can reduce the number of children returning to foster care.

**Recommendation 6: Build a system of rigorous oversight and accountability measures within DHHS to ensure:**

- 1. Children are safe in their placements and while receiving services.**
- 2. Safety issues are immediately and effectively dealt with, and consequences for failure to ensure children's protection are proportionate.**
- 3. Children receive quality services and placements that meet their individual needs.**
- 4. Contractor performance expectations are clear, as are the proportional consequences for non-compliance.**
- 5. There are specific qualified and trained individuals in position to monitor contractor compliance on a regular basis who are empowered to provide timely response to enforce standards and consequences.**
- 6. Contractor performance issues are considered and resolved prior to signing any new contracts with a particular agency.**
- 7. Methods are developed and utilized to assure that services are performed satisfactorily prior to issuing payments. Financial and other resources are used in the most responsible and effective manner, regardless of whether the work is done by a state employee or a DHHS contractor, with DHHS recognizing its accountability for the health, safety, and well-being of all state wards in its legal custody.**

The FCRB's primary focus is for the safety of children in foster care. 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.

Based on the 15-year record of DHHS contracting for some services or placements for children without implementing adequate accountability for safety and outcomes or fiscal controls, the FCRB and a number of other groups have expressed justifiable apprehension of DHHS expanding the use of contracts. Through 2009 there had not been evidence that DHHS corrected the situation confirmed by the 2008 Legislative Performance Audit which found, "DHHS does not have a comprehensive system in place to review contract performance."

During 2009 DHHS contractors were:

1. Providing the supervision or monitoring that Courts ordered DHHS to provide of parenting time (visitation) between parents and children.
2. Transporting some children to visitations with parents or siblings, and/or to other providers of services for families and children.
3. Providing some children's placements, at different levels that included agency-based foster family homes and group homes.
4. Providing mental health or behavioral services, and/or funding approvals.

The following is a summary of major issues the FCRB identified in 2009 with contracted placements and services through its reviews of children's cases:

1. Placement contract issues. [The FCRB is required under Neb. Rev. Stat. §43-1308(1)(b) to make a finding at each review of whether the child's placement is safe and appropriate.]
2. Visitation supervision contract issues. Courts order supervision of parental visitation when there are indications that the child could be at significant risk, and DHHS contracts for this service. [Visitation is examined during reviews as it is part of reasonable efforts to reunify, is part of the plan, and impacts child safety.]
  - a. Frequently there are no visitation reports documenting the interactions between parents and children, whether the parents had to be redirected, or whether visits had to be stopped due to inappropriate actions by the parents. Some visitation monitors have reported they are not allowed to record any negative interactions between child and parent.
  - b. When there is no documentation there is no proof that the parenting time was actually supervised per the court order.
  - c. Visitation monitoring has been inadequate where the visit has not been supervised or closely monitored.
3. Transportation contract issues. The following is a case example of how transportation contractors can affect children's safety:

The following are additional examples of issues the FCRB has seen through reviews or that have been reported to the FCRB by foster parents, guardians ad litem, parent's attorneys, etc.

- a. Transportation contractors have arrived to pick up babies, infants, and young children without having a car seat available. This has occurred in

- different parts of the state, and involved different contractor organizations. Seat belts are sometimes not functional.
- b. Drivers smoked in the vehicle with children who have asthma or other serious health issues, even though it was prohibited.
  - c. Foster parents comment about the number of different drivers transporting their foster child, and about the lack of uniform driver identification. Drivers have arrived with other, unidentified adults in the vehicle.
  - d. Drivers are frequently late picking up children for appointments and returning them after appointments.
  - e. Some children have not been picked up after appointments as previously arranged. Some of these children have abandonment issues, so these types of occurrences are particularly traumatic for them.
  - f. Until the Legislature intervened, the transportation contracts had no provision requiring that a background check be conducted before a driver could transport children. We commend the Legislature for this action.
  - g. The use of taxicabs to transport children needs to be reconsidered. The Legislature conducted a performance audit of transportation, and from their findings in 2008 put into statute that background checks must be performed on contracted drivers who transport state wards. While a good first step, many children, some very young, are transported by taxicab, and there are no background checks for these drivers.
4. Patterns of issues with certain contractors are not considered when renewing contracts or issuing new contracts.

**Recommendation 7: Improve access to treatment for children with mental health and behavioral issues, and assure older youth are prepared for adulthood.**

A 2009 Legislative review of children dropped off at hospitals in 2008 under the Safe Haven Act found most had multiple reports of abuse or neglect or calls for help from parents/guardians prior to caretakers resorting to dropping them off under Safe Haven, and most of these children had behavioral needs.<sup>15</sup>

In the 2009 legislative session, senators passed a package of bills to deal with children's behavioral issues. The bills included an additional \$16 million in funding for a statewide, 24-hour hot line for families with children needing behavioral health services, peer navigators to help families, help for parents who adopted state wards or became guardians, expansion of children's health insurance, and a program to increase the number of mental health workers in the state.<sup>16</sup> The Children's Behavioral Health

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<sup>15</sup> In 2008, the Legislature met during a special session and amended the Safe Haven law to apply only to infants up to 30 days old.

<sup>16</sup> Some of these initiatives were not scheduled to begin operation until 2010.

Oversight Committee was also created to monitor implementation of the new laws and report its findings to the full Legislature.

In 2009, the FCRB found that 1,119 (32.6%) of the 3,430 children reviewed had serious behaviors that needed to be addressed. This included 784 children who entered care due at least in part to their own behaviors. Some of these children were not receiving needed services. There can be many reasons for children not receiving mental health or behavioral 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.

**Children who need mental health services fall into four groups:**

- 1) **Children who enter foster care because they have existing mental health issues.**  
784 (22.9%) of the 3,236 children reviewed in 2009 entered care due to their own behaviors. These children need mental health or therapeutic placements, reliable visitation monitoring, and therapeutic respite care. The contract with managed care should be examined so that behavioral health issues are covered and the appeals process is made more manageable.
- 2) **Children who experience abuse or neglect in their homes and need help recovering.**  
274 (8.4%) of the 3,430 children reviewed in 2009 had been abandoned.  
1,062 (49.8%) of 2,131 children reviewed who were under age thirteen entered care due to parental substance abuse.  
Access is needed to substance abuse, domestic violence, and mental health treatment for the parents. Continued reform is needed for the system, with assurance that all children in out-of-home care receive needed treatments and services.
- 3) **Children who need help coping with the many adjustments experienced in the child welfare system.**  
Caseloads need to be addressed to give caseworkers more time to help these children in out-of-home care cope with the changes in their lives, such as multiple placements, separation from siblings and parents, educational disruptions causing them to fall behind their peers, and disappointments if parents fail to appear for visitation or comply with services.
- 4) **Children who had been in foster care and were adopted or placed into guardianship.**  
The majority of children adopted may need mental health services, especially in the years of adolescence. Access to post-adoptive services needs to be made readily available.

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.

In this series of circumstances, the child, sensing that all these changes are beyond his or her control may begin to act out, that is, begins to display behavioral and discipline problems. Why? Children feeling powerless over their circumstances will sometimes rebel against foster parents, care giver, teacher, therapist, etc. – any authority – as if to



say, “I am not in control of my life, you are not going to have control either.” Other children may withdraw, becoming isolated and overly compliant. This is similar to what happens to children in families experiencing a traumatic divorce, serious marital disharmony, death of a parent, displacement due to fire or flood, or other significant event.

Behavioral and/or mental health issues can easily be an anticipated consequence of a child’s abuse and neglect, and/or removal from his or her home and family. Other children enter the system with behavioral issues.

#### Managed care issues

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.

The FCRB through its reviews has identified the following issues with the current managed care system, and the lack of infrastructure for these youth:

1. 129 (11.5%) of the 1,119 children who entered care due to their behaviors did not have services in place when reviewed in 2009.
2. Children’s behavioral disorders do not routinely receive 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. Additionally, there appears to be little or no alternative source of payment for these much-needed services. While child welfare funds could be used for such services, it is not the routine practice. Consequently, children are denied the appropriate services to meet their behavioral problems based on financial grounds.
  - The FCRB found that 490 (14.2%) reviewed children had a DSM IV Diagnosis.
  - Due to staff reporting that they frequently found that children they reviewed did not receive professionally recommended treatment placements, in 2009 plans were developed so that data on this issue can be tracked and the reported in 2010.
3. It appears that some children go through a process involving unnecessary repeated failure in lower levels of care (placement changes) before the managed care contractor will approve the higher-level treatment placement that was originally recommended by a professional after assessing the child’s needs.
  - Due to staff reporting that they found that some children they reviewed did not receive professionally recommended treatment placements at the level recommended, in 2009 plans were developed so that data on this issue can be tracked and the reported in 2010.
4. 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.

- Due to staff reporting that they frequently found that children they reviewed were moved prematurely from treatment placements, in 2009 plans were developed so that data on this issue can be tracked and the reported in 2010.
5. There can be a fiscal incentive for private agencies contracted with for children's placements to not treat or to treat children at a lesser level than professionals have determined are needed for the children's treatment to be successful if they are not reimbursed for providing a placement at the level recommended.

The FCRB has reviewed children impacted by these issues in a variety of ways:

- Judges have ordered children to a treatment placement based on a professional recommendation. However, because the judge did not specifically order completion of the treatment program children have been moved because the managed care contractor did not authorize payment. It is unclear why other funding was not utilized when the managed care contractor denied the payment.
- Children and youth have been moved from a treatment placement due to funding issues when they were within days of completing a semester, causing educational disruptions as well.
- Children have been moved multiple times in a short period of time based on funding rather than best interests.

#### Treatment not accessible to some specific populations

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

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.

#### Possible funding sources

Based on reports from the FCRB's professional review staff, too many children in foster care are not receiving recommended behavioral disorder or mental health treatments. This situation will, predictably, result in troubled adults later in life. The FCRB recommends a more humane approach to mental health, including statewide development and support of community mental health centers, and better support following adoption of children from out-of-home care.

### **Recommendation 8: Assure all guardians ad litem provide quality representation of the children.**

Many guardians ad litem (GAL) are doing exemplary work that greatly benefits the children they represent. The recommendation here in no way minimizes their efforts. Unfortunately, there are indications that throughout the State many guardians ad litem

could play a more substantial role in assuring children's safety. In 2009, 645 (14.4%) of 3,430 reviewed children's guardians ad litem had not visited the child in the six months prior to the review.

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." In July 2007, the Nebraska Supreme Court adopted guidelines to define best practices. Since that time, as part of the review process the FCRB is identifying cases where guardians ad litem appear to not be meeting those minimum standards and reporting them to the judge.

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 FCRB respectfully requests that judges inquire of guardians ad litem whether they have seen the children they represent, and under what circumstances, and will continue to point out instances in which the guardian ad litem appears to not be following the Supreme Court's guidelines.

**Recommendation 9: Create an adequate infrastructure of placements and treatment placements.** There are several inter-related recommendations as to how this can be accomplished.

- Recruit and develop stable placements for children to ensure that children are not further traumatized by moving from one caregiver to another.<sup>17</sup>
- Increase monitoring and support.
- Place children age birth to five with foster families willing to adopt.
- Identify appropriate kinship placement at the time of the child's placement in care, and provide those placements with needed supports.

Nothing is more important for a child than where and with whom he or she lives. 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 traumatic to the child. Children experiencing four or more placements are likely to need considerable therapeutic help in overcoming the instability and trauma of broken attachments.

For the 4,448 children in out-of-home care on Dec. 31, 2009:

- 2,241 (50.3%) had been in 1-3 foster homes/placements over their lifetime.
- 706 (15.8%) had been in 4-5 foster homes/placements over their lifetime.
- 844 (19.0%) had been in 6-10 foster homes/placements over their lifetime.
- 523 (11.8%) had been in 11-20 foster homes/placements over their lifetime.

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<sup>17</sup> The federal CFSR review also found a need for better recruitment of foster parents/group placements.

- 134 (3.0%) had been in 21 or more foster homes/placements over their lifetime.

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.”

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

The FCRB finds that the lack of appropriate placements results in children being placed where beds are available, rather than where the children’s needs may best be met. Overcrowding can make it difficult for the foster parent(s) to provide each child with the care needed to heal from their past abuse or neglect experiences.

49.7% of the children in foster care on December 31, 2009, experienced four or more placement changes.

On Dec. 31, 2009, 1,000 (22.5%) of the 4,448 children in out-of-home care were placed with relatives, which face some special challenges. 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. 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, requires that the number of placement changes that a child experiences shall be minimized and requires that all placements and placement changes shall be in the child’s best interest.

Through reviews the FCRB has found that some relative placements are not in the child’s best interests. 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 FCRB finds that some 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.

The federal Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351, 2008) requires “due diligence” in identifying relatives within the first 30 days after a child is removed from the home.

An additional issue with relative placements is that many relatives do not go through the full licensure process, as they are given “approved” status. Thus, they do not receive the type of training that other foster parents receive on the foster care system and the types of behaviors that abused and neglected children can exhibit. These placements also mean that children who would otherwise be eligible for federal IV-E funding are disqualified because the placement is not licensed.

Many relative caregivers who have gone through the foster parent licensing process have commented on how helpful this information has been to them. Relatives have indicated that special training on the intra-familial issues present in relative care would be very helpful as well.

The FCRB also finds that 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.

### **Additional recommendations to consider:**

While the above recommendations are the most pressing, local boards have also identified other recommendations, which are summarized below:

- Improve the front-end of the system by improving access to prevention services, by addressing deficits regarding response to child abuse reports, and by expanding the use of pre-hearing conferences.
- Focus on the special developmental needs of young children, with the goal of making permanency decisions within 15 months of the child coming into foster care.
- Address foster children’s unique educational issues.
- Hold perpetrators accountable through the criminal process.

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

1. Increase prevention efforts by creating a statewide system of services to assist families and prevent removal of some children.
  - Vermont and Hawaii have reduced the number of children in foster care by 20-30 percent or more by implementing prevention measures.
2. Put cases on a fast track to permanency when parents cannot or will not safely parent their children.
  - Washington State has achieved success by working on the front-end of the system. This included intensive family assessments and moving children who

suffered severe abuse onto a fast track for permanency<sup>18</sup> Washington State also shortened the time to six months for parents in cases of serious abuse or neglect to demonstrate an ability to correct the conditions that led to the children's removal from the home.

- Missouri requires placement with relatives whenever a child is placed in foster care AND a court has ruled that the relative placement is not contrary to the child's welfare. Relative providers complete nine hours of agency-approved training. They must also pass a comprehensive background check. Missouri identifies relatives early, and supports relative placements.<sup>19</sup>

Additional information about issues described in this Report is available in the on-line version, at [www.fcrb.nebraska.gov](http://www.fcrb.nebraska.gov).

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<sup>18</sup> *National Study of Child Protective Service Systems and Reform*. U.S. Department of Health and Human Services, March 2001. From <http://aspe.hhs.gov/hsp/protective01/index.htm>.

<sup>19</sup> From [www.abanet.org](http://www.abanet.org).

## **Indicators of Progress Being Made For Children in Foster Care**

### **System-wide accomplishments**

92.8% of the caseworkers for cases reviewed by the FCRB during 2009 had maintained regular contact with the children.

### **FCRB /DHHS collaboration**

FCRB staff collaborated with DHHS to work toward resolving the issues identified in over 585 children's cases, by jointly discussing the issues and through discussions with caseworkers, supervisors, and area administrators.

### **Court/FCRB/DHHS collaboration**

County and Separate Juvenile Court Judges served on the regional teams which were a part of Chief Justice Mike Heavican's ongoing support of the Through the Eyes of a Child initiative.

### **Court/GAL efforts**

Courts are holding guardians ad litem (GALs) accountable by using the Supreme Court Guidelines for their representation of children. The FCRB reports to the judges when it finds ineffective guardian representation so issues can be addressed. FCRB staff listed many guardians ad litem to be commended for exemplary work on behalf of children.

### **Legislative attention to foster children's issues**

The Legislature addressed the need for background checks for drivers transporting children in out-of-home care.

### **FCRB accomplishments**

Nebraska citizen review volunteers conducted 4,754 reviews of children's cases, and donated more than 33,250 hours – an in-kind donation of over \$673,818.75 plus about \$19,400 in unreimbursed mileage.

FCRB staff appeared in court 497 times to address issues with children's plans and the lack of services. The judges addressed one or more of the issues in 70% of these cases.

FCRB staff and local volunteers visited foster homes and facilities.

FCRB staff also contributed to "1184" team meetings, and community forums, and began preparing for the challenges of tracking and reviewing children in the 2010 reform environment.

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

## Work to be Done

### Case management

Children’s caseworkers change too often: 1,533 (34.5%) of the DHHS wards in care on Dec. 31, 2009, had four or more different caseworkers on their cases while in out-of-home care, excluding intake workers.

### Time in foster care/case progress

Children remain in foster care too long: 1,472 (42.9%) of the 3,430 reviewed children had been in foster care for at least 2 years in their lifetime

Children’s cases do not progress toward permanency as they should: In 33.7% of the 4,754 reviews in 2009, local boards found no progress was being made towards permanency, often due to a lack of parental willingness or ability.

### Placement Issues

Reviewers and local FCRB Boards found some children are in unsafe or inappropriate placements: 25 of the children reviewed were considered in unsafe placements, and another 193 were considered to be in placements that could not meet their needs. 2,726 of the children reviewed were not placed with their brothers and sisters.

Children are moved between placements too often: 1,501 (33.7%) of the 4,448 children in care on December 31, 2009, have been moved to six or more foster placements over their lifetime, not including brief hospitalizations or temporary respite care

### Services for parents and children

Some children’s cases involve issues difficult to resolve, impacting every aspect of their cases: 54.6% of the children age birth through two years reviewed during 2009 were placed in care due to parental substance abuse

To access services needed for children and youth with behavioral issues, overtaxed caseworkers must interact with a cumbersome system designed to reduce the costs of obtaining services. Behavioral issues are often brought on by the abuse or neglect children have suffered. Reviewers consistently report that some children are required to go through a process of repeated failure in lower levels of care before managed care will approve the originally recommended level of treatment.

Reviewers, judges, guardians ad litem, and caseworkers consistently report issues with managed care denials.

### Case Plans

Children’s plan objective often is inappropriate: Local boards disagreed with the plan objective in 1,385 (29.1%) of the cases reviewed in 2009.

### Half do not fare well

Children who stay in foster care for a long time without permanent homes, experience increased trauma, as evidenced by children who have experienced 4 or more placements, children who have been in foster care for 2 years or more, and the children who have experienced 4 or more caseworker changes.

**1,533 DHHS wards had 4 or more caseworkers over their lifetime**

**1,472 reviewed children were in care for 2 years**

**For 1,602 reviewed children there was no progress towards permanency**

**25 reviewed children were found to be in an unsafe placement**

**1,501 children had 6+ lifetime placements**

**54.6% of children age birth – two entered care due to parental substance abuse. Parents have trouble accessing treatment services.**

**Children “fail up” in order to access mental health/behavior services, causing them further damage**

**FCRB staff were in court 497 times, often to seek appropriate services, placements, or plans for children**

**The plan objective was inappropriate for 1,385 children reviewed**

**Half of the children do not fare well in the system**



## Foster Care Review Board Major Activities During 2009

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; children in the placement are appropriately matched in terms of ages, and behavioral issues);
- Children's case plans are current 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 this transition, and,
- Termination of parental rights is advocated for where appropriate.

### Key statistics for 2009

- Tracked 8,590 children who were in care at some point during the year.
- Conducted 4,754 reviews on 3,430 children's cases.
- Appeared in court 497 times during the year.

The following describes some of the major activities undertaken during 2009 in order to accomplish the above goals.

### **I. Tracking children in out-of-home care**

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

- A. Tracked 8,590 children who were in foster care during 2009 as reported to the FCRB by DHHS, the Courts, and private agencies.
- B. Assigned 6,183 children for review by citizen review boards across the state, including alternates.
- C. Provided 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, and child advocates, and also provided the statistical information used throughout this Report

## II. Reviewing children's cases

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

A. Completed 4,754 reviews on 3,430 children.

1. Reviewing a child's case includes:

- FCRB staff reviews DHHS case files, gathers additional pertinent information regarding the child's welfare, provides information to local board members prior to local board meetings, and provides the means 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.
- FCRB staff conduct follow-up, such as:
  - Contacting DHHS case managers, 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 Governor Case Reviews,
  - Notifying County Attorneys, 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.

2. For each of the 4,754 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 33,375 reports being issued.

3. Unfortunately due to on-going staffing shortages caused by previous budget cuts, which forced the FCRB to lay off staff and permanently lose staff positions, 500 Nebraska children did not receive the benefits of oversight and another 325 children's reviews were delayed. The budget cuts amounted to about 21% and included:

- 2002 Special Session – 4% (\$48,544)
- 2003 – 5%, 3%, 2.62% (a total of \$128,005)
- 2004 – 6.3% (\$71,581)
- 2009 – 2.5% (\$35,698)
- 2010 – 5% (\$73,216)

B. Facilitated local board members volunteering over 33,250 hours of service.

- C. Jointly staffed (met to find solutions to serious issues) with HHS the cases of 585 children.

### **III. Visiting foster care facilities**

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

- A. Visited group homes, shelters, and detention facilities to ensure that the individual physical, psychological, and sociological needs of the children are being met.
- B. Conducted 32 visits on 36 children under Project Permanency, 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.
- C. Secured funding for Project Permanency from a number of corporate and public donations. Used this funding for the informational books given to foster parents, for a gesture of appreciation for the foster parents, and for the backpacks, blankets, and toys given to the children.

### **IV. Appearing in Court, using legal standing**

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

- A. Appeared in court at least 497 times during 2009, with about half of these cases involving multiple children.
- B. Issued 33,275 case specific reports with recommendations to the courts, DHHS, attorneys, guardians ad litem, county attorneys, and other legal parties.
- C. Participated in the Through the Eyes of a Child initiative, working in cooperation with courts and other legal parties.
- D. Met with the Douglas County Attorney's office on prosecution issues.
- E. Participated in a number of "1184" team meetings.

### **V. Responding to lawsuit brought by DHHS contractor**

- A. Responded to the lawsuit OMNI Behavioral Health filed against the Foster Care Review Board. OMNI sought a ruling from the District Court to prevent the Board from fulfilling its statutory mandate to review children's files, to report to law enforcement, the judiciary, and any state or federal monetary funding payers, including state senators, any issues found with contractor's facilities, and to visit foster care facilities.

The District Court dismissed the OMNI lawsuit in its entirety prior to trial. In its order dismissing the case, the Court concluded that the plaintiffs' lawsuit in actuality constituted *a direct challenge* to the purpose and duties of the Foster Care Review Board; and *a direct challenge* to the ability of the courts to insure that children under their jurisdiction are receiving appropriate care and

services, as several juvenile court judges have ordered that children's placements be available for and cooperate with announced as well as unannounced visits by the case manager, guardian ad litem, CASA, and the Foster Care Review Board. OMNI appealed this ruling.

The Nebraska Supreme Court affirmed the District Court's decision in April 2009.

**VI. Promoting stability, continuity and safety of children in foster placements**

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

- A. Met with Senators to brief them on child welfare issues.
- B. Worked with the Chief Justice, and provided lists of children in care for two years or more to judges with juvenile court jurisdiction.
- C. Conducted visits to foster care facilities (see item III).

**VII. Promoting children's best interests by working with the following individuals and entities**

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

**A. The Governor and DHHS**

- 1. Participated in meetings between the FCRB's Executive Director, the DHHS Director of Children and Family Services., and the DHHS Administrator for Protection and Safety.
- 2. Participated in monthly meetings with the DHHS Director of Children and Family Services.
- 3. Participated in monthly staffings on 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.
- 4. Discussed problems identified with private contracts for transportation of children and supervision of parenting time (visitation) between parents and children.
- 5. Flagged cases of significant concern for the DHHS Director's attention.
- 6. Worked to address systemic issues that affect permanency and safety for children.
- 7. Encouraged increased DHHS participation in reviews.

**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. Served on the task force formed after the changes to the Safe Haven law.

4. Responded to individual case issues brought forward by State Senators.

### **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 served on 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 gain additional information on dates of court reviews.

### **E. Other efforts to promote best interests**

1. Advocated for children through team meetings, meetings with legal parties, special correspondence, and similar efforts.
2. Several review specialists and supervisors met regularly with their individual area's "1184 teams" (child abuse treatment teams), which was previously discussed in section IV.
3. The FCRB's Data Coordinator serves as a member of the Department of Education's Subcommittee on Education of Children in Out-of-Home Care.
4. Sponsored educational events on bonding and attachment, termination of parental rights, aggravated circumstances, and legal issues for local board members and members of the child welfare system.
5. Staff and local board members made over 50 presentations about the FCRB and about the status of children in foster care, to focus groups, community organizations, service clubs, college classes, and foster parent training classes and helped recruit potential foster parents.

## **IX. Maximizing agency resources**

- A. Facilitated, recruited, trained and supported local board members volunteering 33,250 hours reviewing cases on community-based multi-disciplinary boards. This is an in-kind contribution of \$673,818.<sup>20</sup>

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<sup>20</sup> According to The Independent Sector website, the estimated dollar value of volunteer time in 2008 was \$20.25 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.

- B. Facilitated local board members donation of their mileage. It is estimated that local board members annually donate about \$19,440 in mileage.<sup>21</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 \$22,650.
- D. Secured donations for Project Permanency. Used this for the informational books given to foster parents, for a gesture of appreciation for the foster parents, and for the backpacks, blankets, and toys given to the children.

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<sup>21</sup> Based on the 2009 state employee mileage reimbursement rate, which was 55 cents per mile.

## 2009 Commendations

**The staff and volunteers who serve on local boards would like to acknowledge the achievements and efforts of the following individuals and agencies.**

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**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.

**Foster Care Review Board Volunteers** who serve on local boards are commended for their time, care, and commitment to Nebraska’s children in foster care. These 322 volunteers from across the state donated over 33,250 hours reviewing children’s cases in 2009.

**Local Foster Care Review 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.

**Public Libraries and Churches across the State** are commended for allowing the FCRB to use their facilities at no cost for local board meetings and educational programs. This partnership has helped extend the work of the FCRB by allowing the FCRB’s budget resources to be stretched farther.



# **Child Welfare System Performance Measures**

## **Statistical Tables**





## TABLE 1

### SOME CHARACTERISTICS OF CHILDREN IN FOSTER CARE

(A Ten-Year and One-Year Comparison)

#### Who are the children?

##### A comparison of the number of children in foster care on December 31st

Dec. 31, 1999	Dec. 31, 2008	Dec. 31, 2009
5,557 children	4,620 children	4,448 children

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

1999		2008		2009		Age group
1,125	20.2 %	1,199	26.0%	1,233	27.7%	Infants & preschoolers (0-5)
1,307	23.5%	1,002	21.7%	994	22.3%	Elementary school (6-12)
1,380	24.8 %	847	18.3%	802	18.0%	Young teens (13-15)
1,609	29.0 %	1,556	33.7%	1,419	31.9%	Older teens (16+)
<u>136</u>	<u>2.5 %</u>	<u>16</u>	<u>0.3%</u>	<u>0</u>	<u>0.0%</u>	Age not reported
5,557	100.0%	4,620	100.0%	4,448	100.0%	Total

The percentage of young children (age 0-5) in out-of-home care has increased significantly in the last decade, with 27.7% of the children in out-of-home care being in this age group in 2009, compared to 20.2% in 1999.

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

1999		2008		2009		Gender
3,120	56.1%	2,614	56.6%	2,507	56.4%	Male
2,408	43.3%	2,003	43.4%	1,941	43.6%	Female
<u>29</u>	<u>0.5%</u>	<u>3</u>	<u>&gt; 0.1%</u>	<u>0</u>	<u>0.0%</u>	Gender not reported
5,557	100.0%	4,620	100.0%	4,448	100.0%	Total

continued...

**Explanation of Table**—This table compares some characteristics of children in foster care from 1999, 2008, and 2009. Some percentages in this table may not equal 100% due to rounding. All statistics in this table are from the Foster Care Review Board Tracking System.

**TABLE 1 (continued)****SOME CHARACTERISTICS OF CHILDREN IN FOSTER CARE**

(A Ten-Year and One-Year Comparison)

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

1999		2008		2009		Racial Designation
3,124	56.2%	2,651	57.4%	2,567	57.7%	White
946	17.0%	882	19.1%	971	21.8%	Black
335	6.0%	n/a	n/a	Not applicable		Hispanic as race
409	7.4%	328	7.1%	232	5.2%	American Indian
80	1.5%	30	0.6%	36	0.8%	Asian/Native Hawaiian
Not applicable		133	2.9%	145	3.3%	Multiple designations <sup>22</sup>
<u>663</u>	<u>11.9%</u> <sup>23</sup>	<u>616</u>	<u>13.3%</u>	<u>497</u>	<u>11.2%</u>	Other or race not reported
5,557	100.0%	4,620	100.0%	4,448	100.0%	Total
Not applicable		502	10.8%	572	12.9%	Hispanic as ethnicity

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

1999		2008		2009		Racial Designation
3,124	56.2%	2,591	56.1%	2,399	53.9%	White, Non-Hispanic
946	17.0%	881	19.1%	960	21.6%	Black, Non-Hispanic
335	6.0%	503	10.9%	572	12.9%	Hispanic as race
409	7.4%	322	7.0%	212	4.8%	American Indian, Non-Hispanic
80	1.5%	30	0.6%	35	0.8%	Asian, Non-Hispanic
Not applicable		95	2.0%	145	3.3%	Multiple designations, Non-Hispanic
<u>663</u>	<u>11.9%</u> <sup>24</sup>	<u>203</u>	<u>4.4%</u>	<u>125</u>	<u>2.8%</u>	Other or race not reported
5,557	100.0%	4,620	100.0%	4,448	100.0%	Non-Hispanic
						Total

continued...

<sup>22</sup> Beginning in 2006 there is a separate category for multiple racial designations.<sup>23</sup> DHHS implemented the N-FOCUS computer system in 1998. As a result of caseworkers needing to re-enter all information about existing cases, by the end of the year there were still serious deficiencies in the information available and reported.<sup>24</sup> DHHS implemented the N-FOCUS computer system in 1998. As a result of caseworkers needing to re-enter all information about existing cases, by the end of the year there were still serious deficiencies in the information available and reported.

**TABLE 1 (continued)**

**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 includes 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.**

1999		2008		2009		Number of Lifetime Placements <sup>25</sup>
2,840	51.1%	2,069	44.8%	2,241	50.3%	1-3 foster homes/placements
807	14.5%	833	18.0%	706	15.8%	4-5 foster homes/placements
1,070	19.3%	951	20.6%	844	19.0%	6-10 foster home/placements
673	12.1%	598	12.9%	523	11.8%	11-20 foster home/placements
<u>167</u>	<u>3.0%</u>	<u>169</u>	<u>3.7%</u>	<u>134</u>	<u>3.0%</u>	21 or more foster home/placements
5,557	100.0%	4,620	100.0%	4,448	100.0%	Total

**Number of Local Foster Care Review Boards on December 31st**

1999	2008	2009
50 local boards	43 local boards <sup>26</sup>	43 local boards

**Children reviewed by the FCRB and total reviews conducted**

1999	2008	2009
3,834 children reviewed	3,236 children reviewed	3,430 children reviewed
5,816 reviews conducted <sup>27</sup>	4,457 reviews conducted	4,754 reviews conducted <sup>28</sup>

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

1999		2008		2009		Length of Time in Care
1,789	46.7%	1,837	56.8%	1,958	57.1%	In care less than 2 years
1,444	37.7%	1,109	34.2%	1,138	33.2%	In care from 2-4 years
<u>601</u>	<u>15.7%</u>	<u>290</u>	<u>9.0%</u>	<u>334</u>	<u>9.7%</u>	In care at least 5 years in lifetime
3,834	100.0%	3,236	100.0%	3,430	100.0%	Individual children reviewed

continued...

<sup>25</sup> Additional details on the number of placements can be found in Table 9 .

<sup>26</sup> During the period of economic downturn in the early 2000's, the Boards budget was cut by over 16%. This necessitated staffing cuts, which required eliminating support for some local boards. Therefore, there were more local boards in 1999.

<sup>27</sup> During the period of economic downturn in the early 2000's, the Boards budget was cut by over 16%. This necessitated staffing cuts. Therefore more reviews were conducted in 1999 than in 2009.

<sup>28</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.

**TABLE 1 (continued)****Where are the children?****Children in foster care on December 31<sup>st</sup> by proximity to home**

1999		2008		2009		Closeness to Home <sup>29</sup>
2,740	49.3%	2,454	53.1%	2,456	55.2%	In same county
740	13.3%	769	16.6%	660	14.8%	In neighboring county
1,058	19.0%	1,041	22.5%	1,009	22.7%	In non-neighboring county
129	2.4%	163	3.5%	166	3.7%	Child in other state
<u>890</u>	<u>16.0%</u>	<u>193</u>	<u>4.2%</u>	<u>157</u>	<u>3.5%</u>	Proximity not available, including runaways
5,557	100.0%	4,620	100.0%	4,448	100.0%	Total

**Children in foster care on December 31<sup>st</sup> by type of placement<sup>30</sup>**

1999		2008		2009		Placement Type
2,250	40.5%	1,956	42.3%	1,931	43.4%	Foster home & fos/adopt homes
630	11.3%	965	20.9%	1,000	22.5%	Relatives
1,085	19.5%	865	18.7%	845	19.0%	Group homes, residential treatment facilities, or center for developmentally disabled
558	10.0%	407	8.8%	340	7.6%	Jail/youth development center
327	5.9%	170	3.7%	227	5.1%	Emergency shelter
79	1.4%	131	2.8%	106	2.3%	Runaway, whereabouts unknown
34	0.6%	49	1.1%	35	0.8%	Independent living
107	1.9%	30	0.6%	16	0.4%	Psychiatric treatment or inpatient substance abuse facility
14	0.3%	17	0.4%	15	0.3%	Medical facility
<u>473</u>	<u>8.5%</u>	<u>30</u>	<u>0.6%</u>	<u>3</u>	<u>&gt;0.1%</u>	Other or type not reported
5,557	100.0%	4,620	100.0%	4,448	100.0%	Children in care December 31st

continued...

<sup>29</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>30</sup> Additional details on placement types can be found in Table 2.

**TABLE 1 (continued)****Have the children been in foster care before?****Children in foster care on December 31<sup>st</sup>**

1999		2008		2009		
3,207	57.7%	2,774	60.0%	2,744	61.7%	Initial removal
<u>2,350</u>	<u>42.3%</u>	<u>1,846</u>	<u>40.0%</u>	<u>1,704</u>	<u>38.3%</u>	<u>Had prior removal</u>
5,557	100.0%	4,620	100.0%	4,448	100.0%	Total entered care

**Children who entered out-of-home care during the calendar year\***

1999		2008		2009		
2,862	58.6%	2,393	59.0%	2,452	61.8%	Initial removal
<u>2,022</u>	<u>41.4%</u>	<u>1,664</u>	<u>41.0%</u>	<u>1,518</u>	<u>38.2%</u>	<u>Had prior removal</u>
4,884 <sup>31</sup>	100.0%	4,057	100.0%	3,970	100.0%	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. For additional information see Table 12.

**What happened to the children?****Reason for leaving out-of-home care\*\***

1999		2008		2009		Reason for Leaving Care
2,653	59.1%	3,445	69.6%	3,154	70.6%	Returned to parents
628	14.0%	221	4.5%	66	1.5%	Released from corrections (presumably to parents as no out-of-home placement type was indicated)
380	8.5%	572	11.6%	487	10.9%	Adopted
257	5.7%	329	6.6%	319	7.1%	Reached age of majority (19 <sup>th</sup> birthday or date of judicial emancipation)
187	4.2%	249	5.0%	293	6.6%	Guardianship
237	5.3%	36	0.7%	44	1.0%	Court terminated (no specific reason given)
19	0.4%	81	1.6%	97	2.2%	Custody transferred
0	0.0%	9	0.2%	4	0.1%	Marriage or military
<u>128</u>	<u>2.8%</u>	<u>10</u>	<u>0.2%</u>	<u>4</u>	<u>0.1%</u>	<u>Other/reason not reported</u>
4,489	100.0%	4,952	100.0%	4,468	100.0%	Total left 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 above table. 4,172 children left out-of-home care one time during 2009, 249 children left twice, 22 children left three times, and 1 child left four times. For addition information see Table 13.

<sup>31</sup> 1999 numbers were likely understated due to issues with the implementation of the N-FOCUS computer program and reporting delays.

**TABLE 2****MINIMUM COST OF FOSTER CARE ROOM AND BOARD**

**Explanation– The costs below reflect only the basic board rate for the 4,448 children in foster care on 12-31-2009** – medical expenses, counseling fees, special needs amounts, school tuition, transportation provided by contractors, case worker/supervisor salaries, judicial system costs, and other non-room and board costs are not included, with the exception of children in assisted living nursing facilities and hospitals where nursing care is part of the daily rates. Costs are calculated to be representative of the number of children, ages, and mix of placements on any given day. **The estimates likely under represent the true costs.**

<b>Placement type</b>	<b>Children</b>	<b>Monthly cost or range<sup>32</sup></b>	<b>Monthly</b>
Foster home – level unspecified	769	\$226 - \$1,224, \$1,913, or \$3,021	\$1,451,725 <sup>33</sup>
Fos/adopt	88	\$226 - \$1,224, \$1,913, or \$3,021	63,800 <sup>34</sup>
Agency based foster home	845	\$1,913	1,616,485
Continuity care foster home	223	\$1,224	272,952
Treatment foster care home	6	\$3,021	18,126
Relative placement	1,000	\$226 - \$1,224, \$1,913, or \$3,021	725,000 <sup>35</sup>
Group home – level unspecified	302	\$1,974, \$2,723, \$4,799, \$6,083	1,180,591 <sup>36</sup>
Group home level “A”	43	\$2,723	117,089
Treatment level group home	177	\$4,799	849,423
Enhanced treatment level g. home	8	\$6,083	48,664
Residential treatment center level	209	\$8,734	1,825,406
Center for development disabled	36	\$2,723 (est.)	98,028
Jail/youth development center	340	\$4,350 - \$6,675	1,479,000 <sup>37</sup>
Emergency shelter	227	\$855, \$1,820, or \$3,290	453,955 <sup>38</sup>
Runaway/whereabouts unknown	106	not applicable	n/a
Independent & semi-ind. living	35	\$359	12,565
Psychiatric treatment facility	16	\$16,288	260,608
Assisted living facility	11	\$8,234-\$18,009	90,574 <sup>39</sup>
Medical facility	4	\$15,000	60,000
Special school	2	\$3,000 (est.)	6,000
Other	1	\$359 (est.)	359
<b>Children in care on Dec. 31, 2009</b>	<b>4,448</b>	<b>Minimum monthly total</b>	<b>\$10,630,350</b>

**Minimum annual cost for room and board only - \$127,564,200**

<sup>32</sup> See the explanation of rates on the following page for more details.

<sup>33</sup> 256 children x \$725 per month which is the average of standard foster payment range + 256 children x \$1,913 per month + 257 children x \$3,021 per month (\$185,600 + \$489,728 + \$776,397).

<sup>34</sup> Computed at 88 children x \$725 per month (the average of standard foster payment range).

<sup>35</sup> 1,000 children x \$725 per month which is the average of standard foster payment range.

<sup>36</sup> 75 children x \$1,974 (\$148,050) + 75 children x \$2,723 (\$204,225) + 75 children x \$4,799 (\$359,925) + 77 children x \$6,083 (\$468,391).

<sup>37</sup> 340 children x \$4,350 per month.

<sup>38</sup> 75 children x \$855 per month (\$64,125) + 75 children x \$1,820 per month (\$136,500) + 77 children x \$3,290 per month (\$253,330).

<sup>39</sup> 11 children x \$8,234 per month.

## Table 2 (continued)

### *Details Regarding Payment Rates*

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

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

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

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

**Residential treatment centers:** according to the Medicaid managed care facility rates effective July 1, 2006, days 1-90 are reimbursed at \$291.14 per day (about \$8,734 per month during the first three months of care); days 271+ are reimbursed at \$259.95 per day (about 7,798 per month).

**Rehabilitation centers/youth jails:**

- Kearney Youth Rehabilitation and Treatment Center - \$123.63 (\$3,709 per month).
- Geneva Youth Rehabilitation and Treatment Center - \$141.51 (\$4,245 per month).
- Douglas County Youth Center - \$123.60 for Douglas County wards (about \$3,708 per month), \$170.00 for state wards (about \$5,100 per month).
- Lancaster County Youth Service Center contract for state wards is \$222.50 (\$6,675 per month).
- Northeast Nebraska Juvenile Services in Madison ranges from \$110 to \$250 depending on the contract and the level. The contract for state wards is \$145.00 per day (\$4,350 per month)
- Western Nebraska Juvenile Services contract for state wards is \$170.00 per day (\$5,100 per month).

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

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

**In-patient psychiatric/substance abuse:** according to the Medicaid managed care facility rates effective July 1, 2006, the per diem is based on which day of hospitalization, with the first two days being reimbursed at the highest rate, \$618.67 per day, varying until days 7+ are reimbursed at \$519.89 per day (about \$16,288 per month).

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

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



### **Basis for the findings in Table 3**

The FCRB 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 FCRB'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 FCRB 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].

### TABLE 3

## COMPLIANCE WITH THE FOSTER CARE REVIEW ACT LOCAL BOARD FINDINGS FOR CHILDREN REVIEWED DURING 2009

<b>Is the current foster placement safe and appropriate</b>	<b>Reviews</b>	<b>Percent</b>
•Current placement appears <u>safe and appropriate</u>	3,426	72.1%
• <u>Unsafe</u> , thus inappropriate	25	0.5%
Child/youth is a <u>runaway, thus safety cannot be assured</u>	70	1.4%
• <u>Safe, but not appropriate</u>	193	4.1%
• <u>No documentation</u> or home study on which to base finding	<u>1,040</u>	<u>21.9%</u>
Total	4,754	100.0%

In comparison,

Local boards found the placement safe and appropriate for 77.0% of the reviews conducted in 2008.

<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	3,285	69.1%
•There is <u>no plan, or it is outdated</u>	1,199	25.2%
•There is a plan, but it is <u>incomplete</u>	<u>270</u>	<u>5.7%</u>
Total	4,754	100.0%

In comparison,

The percentage of children with a complete written plan in 2008 was 73.9%.

The percentage of children with a complete written plan in 1999 was 50.4%.

<b>Board agreement with the child's permanency plan</b>	<b>Reviews</b>	<b>Percent</b>
•The Board <u>agrees</u> with the child's permanency plan	2,830	59.5%
•The Board <u>does not agree</u> with the plan	1,385	29.1%
•There is <u>no current plan</u>	227	4.8%
•The Board <u>cannot agree or disagree due to [reason]</u>	<u>312</u>	<u>6.5%</u>
Total	4,754	100.0%

In comparison,

The local boards agreed with the children's plans in 57.6% of the reviews conducted in 2008.

The local boards agreed with the children's plans in 43.2% of the reviews conducted in 1999.

continued...

**Explanation of Table**—This table shows compliance with the Foster Care Review Act (Neb. Rev. Stat. §43-1301-1318) as determined by the local Foster Care Review Boards that conducted 4,754 reviews on 3,430 children during 2009. Children are typically reviewed every six months while in out-of-home care; therefore, some children were reviewed twice during the year. A description of the basis for the findings precedes this table.

**TABLE 3** (continued)

**COMPLIANCE WITH THE FOSTER CARE REVIEW ACT  
LOCAL BOARD FINDINGS  
FOR CHILDREN REVIEWED DURING 2009**

<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	830	17.5%
• <u>Some services</u> are in motion	585	12.3%
•Services are <u>offered, but not utilized</u>	953	20.0%
• <u>Unclear</u> what is being provided	190	4.0%
•Services have <u>not been defined</u> in a plan	447	9.4%
Services are not offered as <u>parental rights are not intact</u>	1,117	23.5%
Services are not offered, <u>mother has not been identified</u>	2	>0.1%
Services <u>not offered due to child's adjudication status</u>	420	8.8%
Services to mother <u>not applicable</u> (example: deceased)	<u>210</u>	<u>4.4%</u>
Total	4,754	100.0%

<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	356	7.5%
• <u>Some services</u> are in motion	233	4.9%
•Services are <u>offered, but not utilized</u>	568	11.9%
• <u>Unclear</u> what is being provided	167	3.5%
•Services have <u>not been defined</u> in a plan	1,160	24.4%
Services are not offered as <u>parental rights are not intact</u>	1,012	21.3%
Services are not offered, <u>father has not been identified</u>	637	13.4%
Services <u>not offered due to child's adjudication status</u>	367	7.7%
Services to father <u>not applicable</u> (example: deceased)	<u>74</u>	<u>1.6%</u>
Total	4,754	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	3,061	64.4%
• <u>Some services</u> are in motion	560	11.8%
•Services are <u>offered, but not utilized</u>	120	2.5%
• <u>Unclear</u> what is being provided	143	3.0%
•Services have <u>not been defined</u> in a plan	<u>670</u>	<u>14.1%</u>
Total	4,754	100.0%

continued...

**TABLE 3 (continued)**

**COMPLIANCE WITH THE FOSTER CARE REVIEW ACT  
LOCAL BOARD FINDINGS  
FOR CHILDREN REVIEWED DURING 2009**

<b>Parent-child visitation arrangements re the mother</b>	<b>Reviews</b>	<b>Percent</b>
•Visitation with mother is <u>occurring</u> as ordered	2,139	45.0%
•Visitation with mother <u>not occurring</u> as ordered	915	19.2%
•The court has <u>ordered no contact</u> with the mother	133	2.8%
•Visitation with mother is <u>unclear</u>	320	6.7%
•Visitation with mother is <u>not applicable</u> due to [reason, such as rights not intact or deceased]	<u>1,274</u>	<u>26.8%</u>
Total	4,754	100.0%

<b>Parent-child visitation arrangements re the father</b>	<b>Reviews</b>	<b>Percent</b>
•Visitation with father is <u>occurring</u> as ordered	1,010	21.2%
•Visitation with father <u>not occurring</u> as ordered	985	20.7%
•The court has <u>ordered no contact</u> with the father	160	3.4%
•Visitation with father is <u>unclear</u>	572	12.0%
•Visitation with father is <u>not applicable</u> due to [reason, such as rights not intact, paternity not established, or deceased]	<u>2,027</u>	<u>42.6%</u>
Total	4,754	100.0%

<b>Sibling visitation arrangements</b>	<b>Reviews</b>	<b>Percent</b>
•Sibling visitation <u>occurring</u>	1,687	35.5%
•Sibling visitation is <u>not occurring</u>	454	9.5%
•Sibling visitation <u>information was not available</u>	585	12.3%
Court ordered no sibling visitation	19	0.4%
•Sibling visitation is <u>not applicable</u> (examples: no siblings, or siblings placed together)	<u>2,009</u>	<u>42.3%</u>
Total	4,754	100.0%

<b>Progress being made toward permanency plan objective</b>	<b>Reviews</b>	<b>Percent</b>
• <u>Progress being made</u> towards the permanency objective	2,283	48.0%
• <u>No progress</u> towards permanency	1,602	33.7%
• <u>Unclear</u>	<u>869</u>	<u>18.3%</u>
Total	4,754	100.0%

Local boards found progress in 46.5% of the reviews conducted in 2008.

continued....

**TABLE 3 (continued)**

**COMPLIANCE WITH THE FOSTER CARE REVIEW ACT  
LOCAL BOARD FINDINGS  
FOR CHILDREN REVIEWED DURING 2009**

<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 taken the necessary measures</u> in the plan to protect the child	4,383	92.2%
•Custodial agency <u>evaluated the safety and not taken action</u>	57	1.2%
•Board <u>cannot make a finding due to a lack of written plan</u>	<u>314</u>	<u>6.6%</u>
Total	4,754	100.0%

Local boards found the agency (DHHS) evaluated the safety for 90.4% of the reviews conducted in 2008.

<b>Reasonable efforts toward reunification</b>	<b>Reviews</b>	<b>Percent</b>
•Reasonable Efforts to reunify <u>are being made</u>	2,878	60.5%
•Reasonable Efforts to reunify are <u>not being made</u>	79	1.7%
•Reasonable Efforts are <u>no longer being made because the plan is no longer reunification or reasonable efforts are otherwise not required</u>	<u>1,797</u>	<u>37.8%</u>
Total	4,754	100.0%

<b>Continued need to be in the foster care system</b>	<b>Reviews</b>	<b>Percent</b>
•There is a <u>continued need</u>	4,009	84.3%
•There is <u>no longer a need</u> for foster placement	<u>745*</u>	<u>15.7%</u>
Total	4,754	100.0%

\* 126 could return to parents, 619 had other plans, such as adoption or guardianship.

This number may reflect the delays caused by DHHS disbanding the specialized adoption unit.

In comparison,

Local boards found no need to be in foster care for 10.6% of the reviews conducted in 2008.

Local boards found no need to be in foster care for 7.4% of the reviews conducted in 2007.

<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	4,586	96.5%
•Reasonable efforts <u>were not made</u> to prevent the child's removal from the home.	39	0.8%
•It was <u>unclear</u> what efforts were made to prevent removal	87	1.8%
•Reasonable efforts to prevent removal were <u>not necessary due to a judicial determination</u>	<u>42</u>	<u>0.9%</u>
Total	4,754	100.0%

continued....

**TABLE 3 (continued)**

**COMPLIANCE WITH THE FOSTER CARE REVIEW ACT  
LOCAL BOARD FINDINGS  
FOR CHILDREN REVIEWED DURING 2009**

<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>	1,060	22.2%
•The Board finds grounds for TPR <u>do not appear to exist</u>	2,066	43.5%
•The Board finds that grounds for TPR appears to exist, but TPR is <u>not in the child's best interests</u>	523	11.0%
•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>1,105</u>	<u>23.2%</u>
Total	4,754	100.0%

<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>	1,898	39.9%
•The Board finds that return is not likely and recommends referral for <u>guardianship</u>	619	13.0%
•The Board finds that return is not likely and recommends placement with a <u>relative</u> (without adoption or guardianship)	24	0.5%
•The Board finds that return is not likely and recommends a planned, permanent living arrangement <u>other</u> than adoption, guardianship, or placement with a relative	509	10.7%
•The Board finds that <u>return to the parents is likely</u>	<u>1,704</u>	<u>35.8%</u>
Total	4,754	100.0%

## TABLE 4

### BARRIERS TO PERMANENCY FOR CHILDREN REVIEWED DURING 2009

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 reviews conducted during 2009.

<b><u>Reunification barriers</u></b>	<b><u># of Reviews</u></b>
Lack of parental willingness/ability	1,710
Parental substance abuse	1,171
Child's behavioral issues	905
History of family abuse/violence	888
Length of time in foster care	855
Economic-employment issues	826
Parents need more time to complete services	759
Economic – housing issues	757
Lack of parental visitation	732
Other reunification barriers	659
Parental incarceration	404
Paternity not established	372
Child's mental health issues	352
Parental mental illness	349
Child's history of violent and/or abusive behaviors	276
Parental whereabouts unknown	259
Not in best interests due to child's attachments	187
HHS/Agency lacks documentation regarding progress	186
Child's substance abuse issues	184
Severity of abuse makes safe reunification unlikely	157
Caseworker changes or turnover	154
Low functioning parent	154
No current written case plan	153

continued...

**TABLE 4 Barriers to Permanency (cont.)**

<b><u>Reunification barriers continued...</u></b>	<b><u># of Reviews</u></b>
Child's disability	122
Child's educational needs/lack of special education in child's area	93
Parental illness or health issues	93
Parent/purported parent's immigration status	90
No Barriers to Reunification	67
Language barriers	63
Cultural barriers	44
Public assistance needed before child goes home	42
Court continuances	37
Services have not been provided to parents	32
Child's illness	29
HHS pressure to return home prematurely	28
Lack of home based services – other	25
Parent not been notified	5
Lack of home based services – mental health	4
<b><u>Adoption barriers</u></b>	<b><u># of Reviews</u></b>
Other adoption barriers	391
Adoption paperwork not complete	331
Child's behavioral issues	253
Child is not in a placement willing to adopt	235
No barriers to adoption	195
Child's mental health issues	128
Child's history of violent and/or abusive behaviors	96
Paternity has not been addressed	85
A petition to terminate parental rights has been filed and the hearing is pending	84
No current written case plan	39
A request to file a petition to terminate parental rights has not been sent to the County Attorney	37
Child's education issues	35
Court continuances	32
Child's disability	31
Parents whereabouts is unknown	29

continued...



**TABLE 4 Barriers to Permanency (cont.)**

<b><u>Adoption barriers continued...</u></b>	<b><u># of Reviews</u></b>
Issues regarding separating the siblings	27
A request to file was given to the County Attorney, but a petition was not filed	17
Court did not terminate parental rights	13
HHS lacks documentation regarding the lack of parental progress	7
Child's substance abuse issues	6
HHS policy	4
Mental health professional unwilling to testify TPR in child's best interests	4
Child's illness	2
County Attorney lacks evidence to terminate parental rights	2
<b><u>Guardianship barriers</u></b>	<b><u># of Reviews</u></b>
Child's behavioral issues	212
Other guardianship barriers	174
Placement not willing to accept guardianship	116
Child's mental health	102
Child's history of violent and/or abusive behaviors	98
Guardianship subsidy paperwork not completed	61
No barriers to Guardianship	60
Child's educational issues	56
Child's substance abuse issues	33
Child's disability	31
No current written case plan	26
An exception to guardianship has not been made by the Dept (child is younger than 13)	10
Child's illness	1

continued...

**TABLE 4 Barriers to Permanency (cont.)**

<b><u>Independent living barriers</u></b>	<b># of Reviews</b>
Child's behavioral issues	146
Other independent living barriers	89
No independent living skills training	80
Child's mental health issues	70
Child's educational issues	69
Child's history of violent and/or abusive behaviors	60
Child's substance abuse issues	50
No barriers to independent living	45
Child's disability	32
No current written case plan	9
Child's illness	5
Case plan does not address a permanency goal of independent living	3
<b><u>Barriers for children where the objective is unclear</u></b>	<b># of Reviews</b>
Plan is Incomplete	126
No Case Plan	119
Plan is Outdated	58
Other case plan barriers	22
No Plan Barriers	4

**TABLE 5****REASONS CHILDREN ENTERED FOSTER CARE  
FOR CHILDREN REVIEWED DURING 2009**

This chart shows the reason(s) identified upon removal from the home for the 3,430 children and youth reviewed by the FCRB during 2009. 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.

<b>Reasons for entering foster care that were identified upon removal</b>				
<b>Category</b>	<b>Total</b>		<b>By number of removals</b>	
			<b>In foster care for the first time <sup>40</sup></b>	<b>Had been in foster care before</b>
Neglect <sup>41</sup>	1,999	58.3%	1,218	781
Parental drug abuse <sup>42</sup>	1,209	35.2%	794	415
Housing substandard/unsafe	796	23.2%	456	340
Physical abuse	424	12.4%	387	37
Parental alcohol abuse	403	11.7%	232	171
Parental incarceration	349	10.1%	211	138
Parental illness/disability	325	9.5%	191	134
Sexual abuse <sup>43</sup>	279	8.1%	175	104
Abandonment	274	8.0%	166	108
Death of parent(s)	46	1.3%	24	22
Relinquishment	24	0.7%	3	21
Domestic Violence	21	0.6%	11	10
Parental Mental Health*	18	0.5%	11	7
Abuse of sibling*	4	0.1%	3	1
Parent also in foster care*	1	>0.1%	1	0
Child's behaviors <sup>44</sup>	784	22.9%	326	458
Child's mental health	113	3.3%	36	77
Child's drug abuse	88	2.6%	41	47
Child's disabilities	71	2.1%	29	42
Child's illness	40	1.2%	25	15
Child's alcohol abuse	32	9.3%	14	18
Child's suicide attempt	10	0.3%	2	8
Born affected (drugs/alcohol)*	1	0.1%	1	0

\*Reason code added during the year.

<sup>40</sup> 2,134 reviewed children were in their first time in care, 1,296 had been in care at least once before.

<sup>41</sup> Neglect is failure to provide for a child's basic physical, medical, educational, and/or emotional needs.

<sup>42</sup> The parental drug abuse number includes 543 who abused methamphetamine.

<sup>43</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>44</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 5 (continued)**

Up to 10 reasons for entering foster care could be identified for each of the 3,430 children reviewed in 2009. Similarly, up to 10 later identified conditions could be recorded for each of the children reviewed.

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>45</sup>	2,092	61.0%	1,999	93
Parental drug abuse <sup>46</sup>	1,542	45.0%	1,209	333
Housing				
substandard/unsafe	886	25.8%	796	90
Physical abuse	534	15.6%	424	110
Parental alcohol abuse	549	16.0%	403	146
Parental incarceration	579	16.8%	349	230
Parental illness/disability	460	13.4%	325	135
Sexual abuse	486	14.2%	279	207
Abandonment	432	12.6%	264	168
Death of parent(s)	88	2.6%	46	42
Relinquishment	114	3.3%	24	90
Domestic Violence*	31	0.9%	21	10
Parental Mental Health*	26	0.8%	18	8
Abuse of sibling*	5	0.1%	4	1
Parent also in foster care*	2	>0.1%	1	1
Child's behaviors	1,119	32.6%	784	335
Child's mental health	279	8.1%	113	166
Child's drug abuse	164	4.7%	88	76
Child's disabilities	184	5.3%	71	113
Child's illness	64	1.9%	40	24
Child's alcohol abuse	62	1.8%	32	30
Child's suicide attempt	30	0.9%	10	20
Born affected (drugs/alcohol)*	1	>0.1%	1	0

\*Reason code added during the year.

<sup>45</sup> Neglect is failure to provide for a child's basic physical, medical, educational, and/or emotional needs.

<sup>46</sup> The parental drug abuse number includes 543 who abused methamphetamine.

## TABLE 6

### PERCENTAGE OF LIFE SPENT IN FOSTER CARE FOR CHILDREN REVIEWED DURING 2009

Percent of life in care	Total children reviewed	Ages 0-5	Ages 6-12	Ages 13-15	Ages 16-18
1-24%	1,718	223	553	319	623
25-49%	880	296	316	96	172
50-74%	441	260	101	20	60
75-99%	245	213	23	3	6
<u>100%</u>	<u>146</u>	<u>146</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Total</b>	<b>3,430</b>	<b>1,138</b>	<b>993</b>	<b>438</b>	<b>861</b>

- **832 (24.3%) of the reviewed children have spent more than half of their lives in foster care.** This includes
  - 619 preschool children (ages 0-5),
  - 124 elementary school aged children (ages 6-12),
  - 23 middle school/junior high aged children (ages 13-15), and
  - 66 youth age 16 and older who will be becoming adults soon and creating families of their own.
- **391 children and youth have spent the majority (75%+) of their lives in foster care, including 146 reviewed children who have spent every day of their lives (100%) in foster care.**
- Children reviewed in 2008 averaged having spent 33.3% of their life in foster care.

**Explanation of Table**— The FCRB conducted 4,754 reviews on 3,430 children during 2009. 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 2009 was used.

This table shows the percentage of the child's life that has been spent in foster care. The percentage of life in care is determined by dividing the number of months the child has been in foster care at the time of the FCRB'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 7

### 2009 REPORT FROM THE TRACKING SYSTEM REGISTRY

Per Neb. Rev. Stat. §43-1303(2)(d)(iv) the FCRB 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	4,620
Children who entered or re-entered care during calendar year	+ <u>3,970</u> <sup>47</sup>
Children whose case was active anytime during calendar year	8,590
Children who left foster care during the year	- 4,444 <sup>48</sup>
Adjustments for children who had left care in prior years but that were not reported until 2009 and for children who had entered care in 2008 but that were not reported until 2009	<u>+302</u>
Children in out-of-home care on December 31, 2009	4,448

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<sup>47</sup> 356 children entered foster care more than once during 2009; they are not duplicated in this number.

<sup>48</sup> 272 children left care more than once in 2009; they are not duplicated in this number.

**TABLE 8**  
**CHILDREN IN OUT-OF-HOME CARE**  
**ON DECEMBER 31, 2009**  
**BY AGE**

Children's age	# of Children	Subtotal	Subtotal %	
under 1 year	189			
1 year	254			
2 years	228			
3 years	196			
4 years	203			
5 years	163			
		1,233	27.7%	Ages birth - 5
6 years	169			
7 years	153			
8 years	136			
9 years	136			
10 years	106			
11 years	123			
12 years	171			
		994	22.3%	Ages 6-12
13 years	175			
14 years	255			
15 years	372			
		802	18.0%	Ages 13-15
16 years	486			
17 years	567			
18 years	366			
		1,419	31.9%	Ages 16-18
<u>Unreported age</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>	Unreported Age
<b>Total</b>	4,448	4,448	100.0%	

**Explanation of Table**—This table shows the number of active children on December 31, 2009, by age. Generally, children up to approximately age 11 enter care due to their parent's inability to parent, neglect, abusive situations, or medical problems. Youth age 12-18 may also enter foster care because of actions they have taken in addition to the previously stated reasons.

**TABLE 9****TOTAL LIFETIME PLACEMENTS**  
**(individual foster homes, group homes, specialized facilities)****FOR CHILDREN IN OUT-OF-HOME CARE ON DECEMBER 31, 2009**

<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	1,015	520	258	97	140	none
2	713	309	161	99	144	none
3	513	170	121	86	136	none
4	424	107	133	76	108	none
5	282	57	71	66	88	none
6	243	30	74	67	72	none
7	205	23	45	56	81	none
8	168	11	33	51	73	none
9	116	3	21	34	58	none
10	112	0	18	29	65	none
11-20	523	3	55	119	346	none
21-30	108	0	4	22	82	none
31-40	23	0	0	0	23	none
41-59	<u>3</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3</u>	none
Total	4,448	1,233	994	802	1,419	none

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

- 2,207 of the children had experienced 4 or more placements.
- 769 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.

- 404 (32.7%) of the preschoolers had lived in 3 or more different homes.
- 70 (5.7%) of the preschoolers had lived in 6 or more homes.

**Explanation of Table**— This chart shows the number of placements for children in out-of-home care on December 31<sup>st</sup>. The Foster Care Review Board 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 10****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, 2009, according to the county of the court that placed them in care.

County	Total Children	Age Group						Race						Hispanic Ethnicity
		age 0-5	age 6-8	age 9-12	age 13-15	age 16+	age unk	American Indian	Asian	Black	Other	White	Multiple	
Adams	92	16	8	12	14	42	0	1	2	2	11	67	9	11
Antelope	6	1	1	0	1	3	0	0	0	0	1	5	0	1
Arthur	1	0	0	0	1	0	0	0	0	0	0	1	0	0
Banner	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blaine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Boone	3	0	0	1	1	1	0	0	0	0	1	2	0	1
Box Butte	4	0	0	1	1	2	0	1	0	0	0	3	0	0
Boyd	3	3	0	0	0	0	0	0	0	0	0	3	0	0
Brown	3	1	1	0	1	0	0	2	0	0	0	1	0	0
Buffalo	79	24	3	7	19	26	0	1	0	0	14	60	4	14
Burt	4	2	1	0	1	0	0	0	0	0	0	4	0	0
Butler	24	7	6	3	2	6	0	0	0	0	0	24	0	0
Cass	32	6	1	4	9	12	0	0	0	0	0	32	0	1
Cedar	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chase	5	2	0	0	1	2	0	0	0	0	1	4	0	1
Cherry	2	0	0	1	0	1	0	0	0	0	0	2	0	0
Cheyenne	13	3	1	2	2	5	0	2	0	0	0	11	0	1
Clay	8	2	0	1	1	4	0	0	0	1	1	6	0	1
Colfax	11	3	0	2	3	3	0	0	0	0	5	6	0	5
Cuming	17	2	2	2	6	5	0	0	0	0	1	15	1	1
Custer	12	2	0	2	5	3	0	0	0	0	0	12	0	2
Dakota	19	4	2	2	6	5	0	4	0	2	4	8	1	7
Dawes	1	0	0	0	1	0	0	1	0	0	0	0	0	0
Dawson	56	8	3	3	14	28	0	0	0	1	25	28	2	23
Deuel	1	1	0	0	0	0	0	0	0	0	0	1	0	0
Dixon	4	1	0	0	1	2	0	0	0	0	0	3	1	3
Dodge	87	27	5	12	17	26	0	1	0	3	13	68	2	19
Douglas	1829	540	210	247	287	545	0	80	5	756	231	716	41	207
Dundy	2	0	0	0	0	2	0	0	0	0	0	2	0	0
Fillmore	11	1	1	3	1	5	0	0	0	0	0	11	0	0

**TABLE 10** (continued)**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, 2009, according to the county of the court that placed them in care.

County	Total Children	Gender			Number of Placements				Removals	
		Male	Female	Unk	1-3 Placements	4-6 Placements	7-9 Placements	10 or more Placements	1st removal	2+ removal
<b>Adams</b>	92	56	36	0	32	18	20	22	47	45
<b>Antelope</b>	6	3	3	0	3	1	1	1	2	4
<b>Arthur</b>	1	1	0	0	0	0	0	1	1	0
<b>Banner</b>	0	0	0	0	0	0	0	0	0	0
<b>Blaine</b>	0	0	0	0	0	0	0	0	0	0
<b>Boone</b>	3	2	1	0	3	0	0	0	3	0
<b>Box Butte</b>	4	3	1	0	3	0	0	1	4	0
<b>Boyd</b>	3	3	0	0	0	3	0	0	0	3
<b>Brown</b>	3	0	3	0	3	0	0	0	3	0
<b>Buffalo</b>	79	43	36	0	39	10	12	18	44	35
<b>Burt</b>	4	0	4	0	3	0	0	1	4	0
<b>Butler</b>	24	10	14	0	13	5	4	2	13	11
<b>Cass</b>	32	15	17	0	15	8	3	6	19	13
<b>Cedar</b>	0	0	0	0	0	0	0	0	0	0
<b>Chase</b>	5	3	2	0	1	1	0	3	0	5
<b>Cherry</b>	2	2	0	0	0	0	2	0	1	1
<b>Cheyenne</b>	13	7	6	0	6	3	1	3	7	6
<b>Clay</b>	8	4	4	0	5	0	1	2	6	2
<b>Colfax</b>	11	6	5	0	7	2	0	2	7	4
<b>Cuming</b>	17	9	8	0	9	2	1	5	10	7
<b>Custer</b>	12	7	5	0	5	3	0	4	8	4
<b>Dakota</b>	19	12	7	0	8	4	5	2	13	6
<b>Dawes</b>	1	1	0	0	0	1	0	0	0	1
<b>Dawson</b>	56	28	28	0	24	12	7	13	27	29
<b>Deuel</b>	1	1	0	0	0	1	0	0	1	0
<b>Dixon</b>	4	3	1	0	3	1	0	0	4	0
<b>Dodge</b>	87	48	39	0	44	13	12	18	53	34
<b>Douglas</b>	1829	1012	817	0	893	428	194	314	1145	684
<b>Dundy</b>	2	2	0	0	0	0	1	1	2	0
<b>Fillmore</b>	11	2	9	0	3	1	4	3	5	6

**TABLE 10 (continued)****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, 2009, according to the county of the court that placed them in care.

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 Workers
<b>Adams</b>	92	27	33	27	1	4	28	36
<b>Antelope</b>	6	1	0	3	1	1	2	2
<b>Arthur</b>	1	0	0	1	0	0	0	1
<b>Banner</b>	0	0	0	0	0	0	0	0
<b>Blaine</b>	0	0	0	0	0	0	0	0
<b>Boone</b>	3	0	0	3	0	0	0	0
<b>Box Butte</b>	4	0	0	3	0	1	0	0
<b>Boyd</b>	3	0	0	3	0	0	0	0
<b>Brown</b>	3	3	0	0	0	0	0	0
<b>Buffalo</b>	79	35	13	28	0	3	16	23
<b>Burt</b>	4	3	0	1	0	0	3	1
<b>Butler</b>	24	9	11	4	0	0	5	4
<b>Cass</b>	32	14	5	12	0	1	8	9
<b>Cedar</b>	0	0	0	0	0	0	0	0
<b>Chase</b>	5	0	1	4	0	0	1	3
<b>Cherry</b>	2	1	0	1	0	0	1	2
<b>Cheyenne</b>	13	5	1	7	0	0	3	6
<b>Clay</b>	8	1	4	3	0	0	1	3
<b>Colfax</b>	11	4	2	4	0	1	0	7
<b>Cuming</b>	17	2	3	12	0	0	6	8
<b>Custer</b>	12	3	3	6	0	0	3	4
<b>Dakota</b>	19	3	0	14	2	0	3	5
<b>Dawes</b>	1	0	0	1	0	0	0	0
<b>Dawson</b>	56	11	16	24	4	1	4	11
<b>Deuel</b>	1	1	0	0	0	0	1	0
<b>Dixon</b>	4	0	3	1	0	0	1	1
<b>Dodge</b>	87	25	22	27	12	1	11	41
<b>Douglas</b>	1829	1334	172	156	90	77	432	695
<b>Dundy</b>	2	1	0	1	0	0	2	2
<b>Fillmore</b>	11	1	0	7	2	1	4	4

**TABLE 10 (continued)****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, 2009, according to the county of the court that placed them in care.

County	Total Children	Adjudication Status						
		Abuse Neglect Dependency (3a)	Status Offense (3b)	Mental Health (3c)	Misdemeanor (1)	Felony (2)	More Than One Type	Unreported
Adams	92	47	19	0	16	7	3	0
Antelope	6	4	0	0	1	0	1	0
Arthur	1	0	0	0	1	0	0	0
Banner	0	0	0	0	0	0	0	0
Blaine	0	0	0	0	0	0	0	0
Boone	3	0	1	0	1	1	0	0
Box Butte	4	1	0	0	2	1	0	0
Boyd	3	3	0	0	0	0	0	0
Brown	3	3	0	0	0	0	0	0
Buffalo	79	45	9	1	15	6	3	0
Burt	4	4	0	0	0	0	0	0
Butler	24	17	4	0	2	0	1	0
Cass	32	17	8	0	4	1	2	0
Cedar	0	0	0	0	0	0	0	0
Chase	5	3	2	0	0	0	0	0
Cherry	2	1	1	0	0	0	0	0
Cheyenne	13	7	1	0	2	1	0	2
Clay	8	4	3	1	0	0	0	0
Colfax	11	4	2	0	3	2	0	0
Cuming	17	12	2	1	1	0	1	0
Custer	12	6	3	0	1	1	1	0
Dakota	19	6	0	1	10	1	1	0
Dawes	1	0	0	0	1	0	0	0
Dawson	56	15	23	1	10	4	3	0
Deuel	1	1	0	0	0	0	0	0
Dixon	4	2	0	0	1	1	0	0
Dodge	87	58	5	0	17	5	2	0
Douglas	1829	1295	73	0	253	18	81	109
Dundy	2	1	0	0	0	0	1	0
Fillmore	11	7	1	0	3	0	0	0

**TABLE 10 (continued)**

**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, 2009, according to the county of the court that placed them in care.

County	Total Child ren	Age Group						Race						Hispanic Ethnicity
		age 0-5	age 6-8	age 9-12	age 13-15	age 16+	age unk	American Indian	Asian	Black	Other	White	Multiple	
Franklin	2	0	0	0	1	1	0	0	0	0	0	2	0	0
Frontier	6	2	0	0	3	1	0	0	0	0	0	5	1	0
Furnas	14	3	5	3	1	2	0	0	0	0	0	14	0	0
Gage	29	6	0	2	5	16	0	3	0	4	0	22	0	1
Garden	1	0	0	0	0	1	0	0	0	0	0	1	0	0
Garfield	3	1	0	0	0	2	0	0	0	0	0	3	0	0
Gosper	2	0	0	0	0	2	0	0	0	1	0	1	0	0
Grant	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Greeley	6	0	1	0	3	2	0	0	0	1	0	4	1	0
Hall	197	62	23	29	35	48	0	5	1	16	23	144	8	56
Hamilton	10	2	0	0	5	3	0	0	0	1	0	9	0	0
Harlan	4	0	0	1	1	2	0	0	0	0	0	4	0	0
Hayes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hitchcock	2	0	0	0	1	1	0	0	0	0	0	2	0	0
Holt	18	2	1	4	6	5	0	0	0	0	2	16	0	2
Hooker	1	0	0	0	0	1	0	1	0	0	0	0	0	0
Howard	7	1	0	0	3	3	0	0	0	0	0	7	0	0
Jefferson	10	1	0	2	4	3	0	0	0	0	0	10	0	0
Johnson	6	1	0	0	3	2	0	0	0	0	0	6	0	0
Kearney	13	4	1	2	4	2	0	0	0	0	0	13	0	0
Keith	12	0	0	1	3	8	0	0	0	0	0	12	0	1
Keya Paha	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kimball	8	3	2	0	1	2	0	1	0	0	0	7	0	0
Knox	1	0	0	0	1	0	0	1	0	0	0	0	0	1
Lancaster	879	241	100	96	139	303	0	91	26	146	82	497	37	86
Lincoln	136	48	12	13	30	33	0	8	0	5	12	109	2	14
Logan	2	2	0	0	0	0	0	0	0	0	1	1	0	0
Loup	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Madison	83	27	12	11	13	20	0	3	0	3	20	57	0	15
McPherson	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Merrick	10	3	0	0	2	5	0	0	0	0	0	10	0	0
Morrill	4	1	1	0	1	1	0	0	0	0	0	4	0	1
Nance	6	1	0	1	2	2	0	0	0	0	0	6	0	0

**TABLE 10 (continued)****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, 2009, according to the county of the court that placed them in care.

County	Total Children	Gender			Number of Placements				Removals	
		Male	Female	Unreported	1-3 Placements	4-6 Placements	7-9 Placements	10 or more Placements	1st removal	2+ removal
Franklin	2	1	1	0	0	0	1	1	0	2
Frontier	6	3	3	0	5	0	0	1	5	1
Furnas	14	11	3	0	6	6	1	1	8	6
Gage	29	18	11	0	11	5	3	10	11	18
Garden	1	1	0	0	1	0	0	0	1	0
Garfield	3	1	2	0	3	0	0	0	1	2
Gosper	2	1	1	0	0	0	0	2	0	2
Grant	0	0	0	0	0	0	0	0	0	0
Greeley	6	4	2	0	0	2	2	2	2	4
Hall	197	117	80	0	101	43	22	31	114	83
Hamilton	10	7	3	0	3	2	2	3	6	4
Harlan	4	2	2	0	1	1	2	0	1	3
Hayes	0	0	0	0	0	0	0	0	0	0
Hitchcock	2	1	1	0	1	1	0	0	1	1
Holt	18	12	6	0	12	2	3	1	13	5
Hooker	1	1	0	0	1	0	0	0	1	0
Howard	7	6	1	0	2	3	0	2	2	5
Jefferson	10	6	4	0	4	1	4	1	5	5
Johnson	6	5	1	0	1	2	0	3	3	3
Kearney	13	7	6	0	11	1	0	1	12	1
Keith	12	8	4	0	6	3	2	1	9	3
Keya Paha	0	0	0	0	0	0	0	0	0	0
Kimball	8	7	1	0	6	1	1	0	6	2
Knox	1	1	0	0	0	0	0	1	1	0
Lancaster	879	519	360	0	481	176	92	130	566	313
Lincoln	136	68	68	0	67	33	10	26	76	60
Logan	2	0	2	0	2	0	0	0	2	0
Loup	0	0	0	0	0	0	0	0	0	0
Madison	83	51	32	0	47	19	3	14	59	24
McPherson	0	0	0	0	0	0	0	0	0	0
Merrick	10	6	4	0	6	2	0	2	7	3
Morrill	4	3	1	0	3	0	0	1	3	1
Nance	6	4	2	0	2	1	1	2	3	3

**TABLE 10** (continued)**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, 2009, according to the county of the court that placed them in care.

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 Workers
Franklin	2	0	0	2	0	0	0	1
Frontier	6	1	2	3	0	0	0	0
Furnas	14	2	6	6	0	0	1	6
Gage	29	10	7	9	1	2	4	9
Garden	1	0	1	0	0	0	0	0
Garfield	3	0	2	1	0	0	2	2
Gosper	2	0	0	1	1	0	0	1
Grant	0	0	0	0	0	0	0	0
Greeley	6	1	1	4	0	0	3	4
Hall	197	111	44	37	3	2	31	77
Hamilton	10	3	2	5	0	0	2	1
Harlan	4	1	1	2	0	0	0	0
Hayes	0	0	0	0	0	0	0	0
Hitchcock	2	0	0	2	0	0	0	1
Holt	18	9	0	9	0	0	2	4
Hooker	1	0	0	0	0	1	0	0
Howard	7	1	2	4	0	0	2	2
Jefferson	10	0	7	3	0	0	3	3
Johnson	6	0	2	4	0	0	2	3
Kearney	13	0	8	5	0	0	1	2
Keith	12	4	0	8	0	0	3	4
Keya Paha	0	0	0	0	0	0	0	0
Kimball	8	1	4	2	1	0	4	2
Knox	1	0	0	1	0	0	1	1
Lancaster	879	492	69	262	25	31	179	299
Lincoln	136	74	12	47	2	1	26	43
Logan	2	2	0	0	0	0	0	0
Loup	0	0	0	0	0	0	0	0
Madison	83	37	10	33	1	2	12	19
McPherson	0	0	0	0	0	0	0	0
Merrick	10	0	6	4	0	0	0	1
Morrill	4	0	3	1	0	0	0	1
Nance	6	1	0	5	0	0	2	3

**TABLE 10** (continued)**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, 2009, according to the county of the court that placed them in care.

County	Total Children	Adjudication Status						
		Abuse Neglect Dependency (3a)	Status Offense (3b)	Mental Health (3c)	Misdemeanor (1)	Felony (2)	More Than One Type	Unreported
Franklin	2	1	1	0	0	0	0	0
Frontier	6	1	4	0	1	0	0	0
Furnas	14	11	2	0	0	1	0	0
Gage	29	11	2	0	10	4	2	0
Garden	1	1	0	0	0	0	0	0
Garfield	3	3	0	0	0	0	0	0
Gosper	2	0	1	1	0	0	0	0
Grant	0	0	0	0	0	0	0	0
Greeley	6	4	1	0	0	1	0	0
Hall	197	146	14	2	23	8	3	1
Hamilton	10	3	5	0	1	0	0	1
Harlan	4	1	2	0	1	0	0	0
Hayes	0	0	0	0	0	0	0	0
Hitchcock	2	1	1	0	0	0	0	0
Holt	18	11	4	1	2	0	0	0
Hooker	1	0	0	0	0	1	0	0
Howard	7	2	0	3	2	0	0	0
Jefferson	10	5	0	0	3	0	2	0
Johnson	6	6	0	0	0	0	0	0
Kearney	13	11	1	0	1	0	0	0
Keith	12	4	2	0	3	1	1	1
Keya Paha	0	0	0	0	0	0	0	0
Kimball	8	6	1	0	1	0	0	0
Knox	1	1	0	0	0	0	0	0
Lancaster	879	601	50	0	179	25	24	0
Lincoln	136	76	42	0	6	3	9	0
Logan	2	2	0	0	0	0	0	0
Loup	0	0	0	0	0	0	0	0
Madison	83	54	8	3	13	3	2	0
McPherson	0	0	0	0	0	0	0	0
Merrick	10	3	3	0	1	1	0	2
Morrill	4	2	0	0	1	0	0	1
Nance	6	4	1	0	1	0	0	0



**TABLE 10 (continued)**

**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, 2009, according to the county of the court that placed them in care.

County	Total Child ren	Age Group						Race						Hispanic Ethnicity
		age 0-5	age 6-8	age 9-12	age 13-15	age 16+	age unk	American Indian	Asian	Black	Other	White	Multiple	
Nemaha	8	1	1	1	2	3	0	0	0	0	0	8	0	0
Nuckolls	4	2	0	1	1	0	0	0	0	0	0	4	0	0
Otoe	38	15	5	4	5	9	0	0	0	0	1	37	0	1
Pawnee	1	1	0	0	0	0	0	0	0	0	0	1	0	0
Perkins	2	0	0	0	1	1	0	0	0	0	0	2	0	0
Phelps	19	6	1	0	5	7	0	0	0	0	0	18	1	0
Pierce	4	2	0	0	0	2	0	0	0	0	1	3	0	0
Platte	42	8	5	2	12	15	0	0	0	1	12	28	1	17
Polk	4	0	1	1	2	0	0	0	0	0	3	1	0	3
Red Willow	18	3	1	2	5	7	0	0	0	0	1	17	0	1
Richardson	9	4	0	1	2	2	0	0	0	0	0	9	0	0
Rock	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Saline	16	1	2	0	7	6	0	0	0	1	3	12	0	2
Sarpy	237	51	19	28	48	91	0	3	2	24	20	174	14	17
Saunders	22	10	1	3	2	6	0	0	0	0	0	22	0	2
Scotts Bluff	103	36	12	9	26	20	0	16	0	0	0	70	17	48
Seward	28	6	0	2	4	16	0	2	0	1	0	25	0	0
Sheridan	7	0	0	0	3	4	0	4	0	0	0	3	0	1
Sherman	5	0	0	2	0	3	0	0	0	0	0	5	0	0
Sioux	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Stanton	5	1	1	1	0	2	0	0	0	0	0	5	0	0
Thayer	1	0	0	0	0	1	0	0	0	0	0	1	0	0
Thomas	1	0	0	0	0	1	0	0	0	0	0	1	0	0
Thurston	7	4	1	0	1	1	0	1	0	0	0	5	1	0
Valley	5	1	0	1	2	1	0	0	0	0	0	5	0	0
Washington	14	1	0	2	4	7	0	0	0	0	0	14	0	0
Wayne	12	2	2	2	2	4	0	0	0	0	5	7	0	1
Webster	1	0	0	0	0	1	0	0	0	0	0	1	0	0
Wheeler	0	0	0	0	0	0	0	0	0	0	0	0	0	0
York	33	11	3	4	5	10	0	0	0	2	3	27	1	4
Unreported or tribal	1	0	0	0	1	0	0	0	0	0	0	1	0	0
<b>Total</b>	<b>4448</b>	<b>1233</b>	<b>458</b>	<b>536</b>	<b>802</b>	<b>1419</b>	<b>0</b>	<b>232</b>	<b>36</b>	<b>971</b>	<b>497</b>	<b>2567</b>	<b>145</b>	<b>572</b>

**TABLE 10 (continued)****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, 2009, according to the county of the court that placed them in care.

County	Total Children	Gender			Number of Placements				Removals	
		Male	Female	Unk	1-3 Placements	4-6 Placements	7-9 Placements	10 or more Placements	1st removal	2+ removal
Nemaha	8	3	5	0	3	1	2	2	3	5
Nuckolls	4	1	3	0	0	4	0	0	0	4
Otoe	38	15	23	0	22	11	1	4	23	15
Pawnee	1	1	0	0	0	1	0	0	0	1
Perkins	2	1	1	0	0	1	1	0	0	2
Phelps	19	11	8	0	9	5	2	3	12	7
Pierce	4	3	1	0	3	1	0	0	3	1
Platte	42	22	20	0	25	6	5	6	24	18
Polk	4	2	2	0	2	1	1	0	2	2
Red Willow	18	8	10	0	8	4	4	2	13	5
Richardson	9	4	5	0	5	2	2	0	6	3
Rock	0	0	0	0	0	0	0	0	0	0
Saline	16	9	7	0	7	4	1	4	9	7
Sarpy	237	133	104	0	117	43	31	46	143	94
Saunders	22	12	10	0	15	4	2	1	15	7
Scotts Bluff	103	56	47	0	57	15	10	21	69	34
Seward	28	12	16	0	12	8	3	5	19	9
Sheridan	7	6	1	0	2	1	0	4	3	4
Sherman	5	1	4	0	5	0	0	0	5	0
Sioux	0	0	0	0	0	0	0	0	0	0
Stanton	5	5	0	0	3	0	1	1	3	2
Thayer	1	1	0	0	1	0	0	0	0	1
Thomas	1	1	0	0	1	0	0	0	1	0
Thurston	7	3	4	0	4	2	0	1	6	1
Valley	5	4	1	0	1	2	2	0	2	3
Washington	14	9	5	0	7	1	1	5	5	9
Wayne	12	8	4	0	6	5	0	1	8	4
Webster	1	0	1	0	0	0	0	1	0	1
Wheeler	0	0	0	0	0	0	0	0	0	0
York	33	21	12	0	20	6	3	4	22	11
Unreported or tribal	1	1	0	0	1	0	0	0	1	0
<b>Total</b>	<b>4448</b>	<b>2507</b>	<b>1941</b>	<b>0</b>	<b>2241</b>	<b>949</b>	<b>489</b>	<b>769</b>	<b>2744</b>	<b>1704</b>

**TABLE 10 (continued)****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, 2009, according to the county of the court that placed them in care.

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 Workers
Nemaha	8	0	4	4	0	0	3	5
Nuckolls	4	0	4	0	0	0	0	0
Otoe	38	10	11	17	0	0	0	3
Pawnee	1	0	1	0	0	0	0	1
Perkins	2	0	0	2	0	0	0	1
Phelps	19	6	7	4	0	2	4	5
Pierce	4	0	2	2	0	0	0	0
Platte	42	10	11	19	1	1	6	14
Polk	4	0	0	4	0	0	2	0
Red Willow	18	5	3	9	1	0	0	3
Richardson	9	5	0	4	0	0	0	1
Rock	0	0	0	0	0	0	0	0
Saline	16	5	3	7	1	0	4	4
Sarpy	237	88	104	30	7	8	27	64
Saunders	22	6	10	4	1	1	1	2
Scotts Bluff	103	59	5	26	4	9	30	36
Seward	28	6	5	13	1	3	4	5
Sheridan	7	0	0	7	0	0	0	2
Sherman	5	2	1	2	0	0	4	4
Sioux	0	0	0	0	0	0	0	0
Stanton	5	0	3	2	0	0	1	1
Thayer	1	0	1	0	0	0	0	1
Thomas	1	0	0	1	0	0	0	0
Thurston	7	1	3	2	1	0	1	3
Valley	5	1	0	4	0	0	2	4
Washington	14	3	3	6	1	1	3	7
Wayne	12	2	0	10	0	0	0	4
Webster	1	0	0	0	0	1	0	1
Wheeler	0	0	0	0	0	0	0	0
York	33	13	1	17	2	0	9	6
Unreported or tribal	1	0	0	0	0	1	0	0
<b>Total</b>	<b>4339</b>	<b>2428</b>	<b>627</b>	<b>969</b>	<b>164</b>	<b>151</b>	<b>916</b>	<b>1534</b>

**TABLE 10 (continued)****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, 2009, according to the county of the court that placed them in care.

County	Total Children	Adjudication Status							Unreported
		Abuse Neglect Dependency (3a)	Status Offense (3b)	Mental Health (3c)	Misdemeanor (1)	Felony (2)	More Than One Type		
Nemaha	8	4	1	0	2	0	1	0	
Nuckolls	4	4	0	0	0	0	0	0	
Otoe	38	28	3	0	6	1	0	0	
Pawnee	1	1	0	0	0	0	0	0	
Perkins	2	0	2	0	0	0	0	0	
Phelps	19	10	1	0	6	0	2	0	
Pierce	4	2	2	0	0	0	0	0	
Platte	42	27	3	0	12	0	0	0	
Polk	4	4	0	0	0	0	0	0	
Red Willow	18	6	8	0	4	0	0	0	
Richardson	9	5	2	0	2	0	0	0	
Rock	0	0	0	0	0	0	0	0	
Saline	16	5	0	1	6	0	3	1	
Sarpy	237	156	39	0	32	3	2	5	
Saunders	22	14	2	0	2	0	0	4	
Scotts Bluff	103	77	14	0	8	3	1	0	
Seward	28	13	3	2	6	3	1	0	
Sheridan	7	2	0	0	3	1	1	0	
Sherman	5	4	0	0	1	0	0	0	
Sioux	0	0	0	0	0	0	0	0	
Stanton	5	3	0	0	2	0	0	0	
Thayer	1	1	0	0	0	0	0	0	
Thomas	1	0	1	0	0	0	0	0	
Thurston	7	5	1	0	0	0	0	1	
Valley	5	3	1	0	0	1	0	0	
Washington	14	8	3	0	2	1	0	0	
Wayne	12	7	1	0	4	0	0	0	
Webster	1	0	0	0	1	0	0	0	
Wheeler	0	0	0	0	0	0	0	0	
York	33	22	0	0	8	3	0	0	
Unreported or tribal	1	0	0	0	0	0	0	1	
<b>Total</b>	<b>4448</b>	<b>2945</b>	<b>389</b>	<b>18</b>	<b>700</b>	<b>113</b>	<b>154</b>	<b>129</b>	

**TABLE 11**  
**NUMBER OF REVIEWED CHILDREN**  
**BY PERMANENCY OBJECTIVE**

<b>Permanency objective</b>	<b>Children</b>	<b>Percent</b>
Return to parent	3,005	63.2%
Adoption	957	20.1%
Guardianship	402	8.5%
Independent living	215	4.5%
No current objective	121	2.5%
Live with relative	28	0.6%
Supervised living	22	0.5%
Other	<u>4</u>	<u>&gt;0.1%</u>
<b>Total</b>	<b>4,754</b>	<b>100.0%</b>

\*The objective of adoption above includes 708 children with an objective of non-relative adoption and 249 children with a plan of relative adoption.

**Comparisons:**

This year, 20.1% of reviews were of children with a plan of adoption  
Last year, 21.0% of reviews were of children with a plan of adoption.

This year, 63.2% of reviews were of children with a plan of reunification  
Last year, 65.4% of reviews were of children with a plan of reunification.

This year, 2.5% of reviews were of children with no current objective.  
Last year, 3.1% of reviews were of children with no current objective.

**Explanation of Table**—This table shows the permanency objectives for children reviewed during 2009. 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 3, finding on the plan).

**TABLE 12**  
**CHILDREN ENTERING OUT-OF-HOME CARE**  
**DURING THE YEAR, BY AGE**

Age of child as of December 31st	Entering care in 2009			Prior years	
	First removal from home	Removed previously <sup>49</sup>	Total children entering care	Children entering 2008	Children entering 2007
Under 1	212	11	223	244	243
1 year	180	16	196	214	245
2 years	164	35	199	172	204
3 years	127	34	161	150	160
4 years	121	42	163	135	137
5 years	88	46	134	134	146
6 years	94	37	131	135	153
7 years	76	36	112	111	126
8 years	73	31	104	100	131
9 years	78	46	124	90	103
10 years	50	29	79	88	117
11 years	67	31	98	114	96
12 years	106	53	159	115	130
13 years	80	66	146	149	163
14 years	128	83	211	230	247
15 years	163	177	340	381	430
16 years	235	229	464	517	577
17 years	244	262	506	538	561
18 years	147	210	357	351	362
19 + years	19	44	63	54	71
Unknown age	0	0	0	35	35
<b>TOTAL</b>	<b>2,452</b>	<b>1,518</b>	<b>3,970</b>	<b>4,057</b>	<b>4,437</b>

# with prior removals	1,876	1,664	1,701
Rate*	47.3%	41.0%	38.3%

\*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  $1,876/3,970 = 47.3\%$

**Explanation of Table**—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.

<sup>49</sup> 356 children entered care more than once during 2009. They are not duplicated in the chart. (323 entered twice, and 33 entered three times).

## TABLE 13

### CASES TERMINATED IN 2009 BY REASON

There were 4,444 children who left out-of-home care during 2009.

- 4,172 exited out-of-home care one time during 2009,
- 249 children left twice,
- 22 children left three times, and
- 1 child left four times.

For the 272 children that left care multiple times in 2009, 27 aged out of the system, 11 transferred court (some to adult courts), 6 the court terminated without giving specifics, 5 left due to guardianship, and the rest returned home.

This chart shows reasons for each time children left care, including the multiple left.

Reason left care	Children	Percent
Reunification		
Custody returned to parent	3,154	70.6%
Released from corrections with no other information given (presumably returned to parents)	66	1.5%
Adoption		
Adoption finalized	487	10.9%
Age of majority or other emancipation		
Reached age of majority	319	7.1%
Emancipated by military service or marriage	4	0.1%
Guardianship		
Guardianship established	293	6.6%
Other Reasons		
Court terminated (with no specifics given)	44	1.0%
Custody transfer (to tribes or another state)	97	2.2%
Death of child	3	>0.1%
Other	1	>0.1%

Trend data:

There were 487 adoptions completed during 2009, 572 adoptions were completed in 2008, 462 adoptions were completed in 2007.

**Explanation of Table**—This table shows the number of children whose cases were terminated (closed) for each reason during 2009.

**TABLE 14**

**LIFETIME CASEWORKER CHANGES EXPERIENCED  
BY DHHS AND DHHS-OJS WARDS  
WHO WERE IN FOSTER CARE ON DECEMBER 31, 2009**

<b># of Caseworkers in Child's Lifetime</b>	<b>Children</b>	<b># of Caseworkers in Child's Lifetime</b>	<b>Children</b>
1 caseworker	903	13 caseworkers	16
2 caseworkers	1,169	14 caseworkers	9
3 caseworkers	836	15 caseworkers	10
4 caseworkers	482	16 caseworkers	3
5 caseworkers	289	17 caseworkers	1
6 caseworkers	230	18 caseworkers	9
7 caseworkers	155	19 caseworkers	4
8 caseworkers	110	20 caseworkers	2
9 caseworkers	78	21 caseworkers	3
10 caseworkers	58	22 caseworkers	2
11 caseworkers	43	23 caseworkers	0
12 caseworkers	29	24 or more caseworkers	<u>0</u>
<b>Total DHHS or DHHS/OJS wards</b>		<b>4,441</b>	

## Additional Facts:

- 1,533 (34.5%) of the children above had experienced 4 or more different caseworkers handling their case during their lifetime. This compared to 34.9% in 2008.
- 762 (17.2%) had experienced 6 or more different caseworkers. (19.2% in 2008)
- 189 (4.3%) had experienced 10 or more different caseworkers. (5.1% in 2008)

**Explanation of Table**—This table shows the number of DHHS caseworkers who have been assigned to children over their lifetime in out-of-home care.



## TABLE 15

### CASE MANAGER CONTACT WITH CHILDREN

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

The following data was collected during the 4,754 reviews conducted in 2009.

- 4,414 (92.8%) of the reviews found documented case manager contact within 60 days prior to the review.
- 248 (5.2%) of the reviews found documentation showing that no case manager contact had taken place within 60 days of the review.
- 81 (1.7%) of the reviews found no documentation regarding case manager/child contacts and thus likely did not have any contact.
- 11 (0.2%) of the reviews involved parole or probation cases for which no DHHS caseworker was assigned.

**Explanation of Table**– At each review, the FCRB determines whether or not caseworkers have seen the children within the 60 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.

## TABLE 16

### DELAYS TO ADJUDICATION FOR CHILDREN REVIEWED DURING 2009

701 (20.4%) of the 3,430 children reviewed in 2009 had an adjudication that took over 90 days to complete, as shown below:

Number of Months	Children Reviewed
4 months	269
5 months	163
6 months	116
7 months	49
8 months	28
9 months	24
10 months	18
11 months	10
12 months	9
13 months	3
14 months	1
15 months	0
16 months	7
17 months	0
18 months	0
19 months	2
20 months	0
21 months	0
22 months	0
23 months	0
24 months	2

**Explanation of Table**— 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. As shown above, in practice the 90-day rule is not always followed. The next page shows a sample by county of court commitment.

**TABLE 17**  
**PATERNITY ESTABLISHMENT**  
**FOR CHILDREN REVIEWED DURING 2009**

<b>Paternity established</b>	<b>Children</b>	<b>Age 0-5</b>	<b>Age 6-12</b>	<b>Age 13-15</b>	<b>Age 16+</b>
Established & rights intact	1,953	625	543	252	533
Established & rights terminated	367	88	156	59	64
Established & rights relinquished	328	131	115	32	50
Established & father deceased	<u>109</u>	<u>10</u>	<u>23</u>	<u>21</u>	<u>55</u>
<b>SUBTOTAL</b>	<b>2,757</b>	<b>854</b>	<b>837</b>	<b>364</b>	<b>702</b>
Paternity not established	509	222	132	50	105
Father not identified	<u>144</u>	<u>61</u>	<u>24</u>	<u>18</u>	<u>41</u>
<b>SUBTOTAL</b>	<b>653</b>	<b>283</b>	<b>156</b>	<b>68</b>	<b>146</b>
<b>UNDOCUMENTED</b>	<b><u>20</u></b>	<b><u>1</u></b>	<b><u>0</u></b>	<b><u>6</u></b>	<b><u>13</u></b>
<b>GRAND TOTAL</b>	<b>3,430</b>	<b>1,138</b>	<b>993</b>	<b>438</b>	<b>861</b>

**Paternity and young children** (children under age 6)

- **24.2% (282 of the 1,167 young children) did not have paternity established**

When considering children with no paternity established or whose paternity is undocumented, **it is likely that paternity has not been established for nearly a fifth of the children reviewed** (653 of 3,430 – 19.6 %).

**Explanation of Table**– The FCRB conducted 4,754 reviews on 3,430 children during 2009. 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 2009 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 18

### MONTHS IN FOSTER CARE FOR CHILDREN REVIEWED DURING 2009

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.

Months in care	Children reviewed	Ages 0-5	Ages 6-12	Ages 13-15	Ages 16-18
0-6 months	504	271	141	36	56
7-12 months	601	264	146	87	104
13-18 months	551	244	144	62	101
19-24 months	381	150	103	42	86
25-30 months	344	102	127	34	81
31-36 months	222	51	74	31	66
37-40 months	128	22	57	16	33
41-48 months	202	23	62	40	77
49+ months	<u>497</u>	<u>11</u>	<u>139</u>	<u>90</u>	<u>257</u>
<b>Totals</b>	<b>3,430</b>	<b>1,138</b>	<b>993</b>	<b>438</b>	<b>861</b>

- **1,774 (51.7%) of the 3,430 reviewed children have spent more than 18 months of their lives in foster care.** This includes:
  - 410 preschool children (birth- age 5),
  - 562 elementary school aged children (ages 6-12),
  - 253 middle school/junior high aged children (ages 13-15), and
  - 600 youth age 16 and older who will soon become adults and create families of their own.
- **827 (24.1%) of the reviewed children and youth have spent over 3 years of their lives in foster care.**
- **497 (14.5%) children and youth have spent over 4 years of their lives in foster care.**

**Explanation of Table**— The FCRB conducted 4,754 reviews on 3,430 children during 2009. 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 2009 were used. This table shows the number of months of the child's life that has been spent in foster care.

**TABLE 19**  
**PROVISION OF HEALTH RECORDS**  
**TO THE CAREGIVERS**  
**FOR CHILDREN REVIEWED DURING 2009**

Health records given to foster parent or caregiver	Total reviews		Ages 0-5	Ages 6-12	Ages 13-15	Age 16+
Yes	3,181	66.9%	1,118	989	392	682
No	272	5.7%	106	107	23	36
Unable to determine <sup>50</sup>	1,183	24.9%	357	319	186	321
Not applicable <sup>51</sup>	118	2.5%	16	5	9	88
Total	4,754	100.0%	1,597	1,420	610	1,127

Additional facts:

- 128 of the 272 (47.1%) of the cases where health records were not provided involved children who had four or more case managers over their lifetime.
- 550 of the 1,183 (46.5%) of the cases where it was unable to be determined if health records were provided involved children who had four or more case managers over their lifetime.

**Explanation of Table**– The FCRB is required under federal regulations to attempt to determine if health records had been provided to the foster parents or other care providers at the time of the placement. This is done for all reviews and noted for the legal parties in the Board’s recommendation report. Some children are reviewed more than once in a year, and each of their 2009 reviews is counted in the above table as they could have been in different placements at each review.

<sup>50</sup> Due to time restrictions, FCRB Review Specialists attempt to contact the foster parents or other caregivers twice prior to each review. For these 1,183 reviews, there was no documentation in the DHHS case file indicating records had been provided, and the caregiver did not return calls.

<sup>51</sup> Not applicable would include such conditions as children on runaway status, youth in independent living, young children absconded by parents, and newborns.

**TABLE 20**

**PROVISION OF EDUCATION RECORDS  
TO THE CAREGIVERS  
FOR CHILDREN REVIEWED DURING 2009**

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

<b>Education records given to foster parent or caregiver</b>	<b>Reviews of school-aged children</b>	<b>Children Ages 6-12</b>	<b>Children Ages 13-15</b>
Yes	1,351	964	387
No	121	97	24
Unable to determine <sup>52</sup>	510	323	187
Not applicable <sup>53</sup>	48	36	12
Total	2,030	1,420	610

Additional facts:

- 52.1% of the cases (63 of 121 children) where education records were not provided involved children who had four or more case managers over their lifetime.
- 50.2% of the cases (256 of 510 children) where it was unable to be determined if education records were provided involved children who had four or more case managers over their lifetime.

**Explanation of Table**– The FCRB is required under federal regulations to attempt to determine if educational records had been provided to the foster parents or other care providers at the time of the placement. This is done for all reviews and noted for the legal parties in the FCRB’s recommendation report. Some children are reviewed more than once in a year, and each of their 2009 reviews is counted in the above table as they could have been in different placements at each review.

<sup>52</sup> Due to time restrictions, FCRB Review Specialists attempt to contact the foster parents or other caregivers twice prior to review. For these 510 reviews, there was no documentation in the DHHS case file indicating records had been provided, and the caregiver did not return calls.

<sup>53</sup> Not applicable would be cases where the caregiver is unknown, such as children on runaway or children absconded by the parents.

## TABLE 21

### PARENTAL SUBSTANCE ABUSE IN CASES OF CHILDREN REVIEWED IN 2009

#### Parental substance abuse

The following chart shows the number of children reviewed in 2009 who entered care due to any form of parental substance abuse, including alcohol abuse and the abuse of prescriptions and/or street drugs.

1,378 children entered care due to parental substance abuse.

- 170 children entered care due to parental alcohol abuse,
- 233 children entered care due to parental drug abuse, and
- 976 children entered care due to both parental drug and parental alcohol abuse.

The following describes the 1,378 children by age group

Age group	Entered care due to parental substance abuse	Children reviewed	Percent with p. subs. abuse
Under 2	165	302	54.6%
2-3 yrs	246	462	53.2%
4-5 yrs	187	374	50.0%
6-8 yrs	225	493	45.6%
9-12 yrs	239	500	47.8%
13-18 yrs	<u>316</u>	<u>1,299</u>	<u>24.3%</u>
<b>Total</b>	<b>1,378</b>	<b>3,430</b>	<b>40.2%</b>

#### Parental methamphetamine abuse

The following chart shows the number of children who entered care due to parental methamphetamine abuse. These parents may also be abusing other substances as well. This is a subset of the children above.

Age group	In care due to parental meth abuse	Number of children reviewed	% in care due to meth
Under 2 yrs	73	302	24.2%
2-3 years	121	462	26.2%
4-5 years	94	374	25.1%
6-8 years	96	493	19.5%
9-12 yrs.	83	500	16.6%
13-18 years	<u>76</u>	<u>1,299</u>	<u>5.9%</u>
<b>Total</b>	<b>543</b>	<b>3,430</b>	<b>15.8%</b>

**Explanation of Table**— The tables above show the frequency of parental substance abuse as a factor in the cases of children reviewed during 2009.

## TABLE 22

### Statistics Related to Specific Court Hearings

#### Aggravated circumstances

Aggravated circumstances are reasons per Neb. Rev. Stat. 43-283.01 under which a court could determine that efforts to reunify are not necessary, such as torture, sexual abuse, 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 were present for 259 (7.6%) of the 3,430 children reviewed in 2009 (children ages birth-18).
- For children age birth through five, aggravated circumstances were present for 109 (9.5%) of the 1,138 children reviewed.

#### Permanency hearings

Courts are mandated to conduct a special permanency hearing when children have been in out-of-home care for 12 months, and every 12 months thereafter. There were 3,092 reviews conducted in 2009 that involved children who had been in foster care for 12 consecutive months or longer.

- 1,398 children (45.2%) had documented permanency hearings.
- 291 (9.4%) of the children had documentation that indicated they had not had a permanency hearing. A request for such a hearing was documented for 96 of these children.
- For the remaining 1,403 children (45.4%) there was no DHHS file documentation of the hearing, or the documentation was unclear.

For the 1,398 children who had documented permanency hearings...

- In 802 cases the plan submitted by DHHS was in the child's best interests.
- In 393 cases the plan was not in the child's best interests.
- In 203 cases it was unable to be determined if the plan was in the child's best interests.

#### “15 month”/“Exception” hearings

Courts are to hold an “exception” hearing when children have been in care for 15 months to determine if a termination of parental rights hearing needs to be held. There were 2,474 reviews of children in care for 15 months or longer conducted in 2009. 936 of these cases had a termination of parental rights petition filed and/or completed. In 145 of the remaining 1,538 cases there was documentation of an exception hearing being held.



## Appendices

## **Appendix A**

### **The Juvenile Court Process For Abuse or Neglect Cases**

Note: The FCRB has the authority to review children's cases any time after the removal from the home. Typically the FCRB 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 FCRB.

**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, 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 FCRB has legal standing to file as a party to any pleading or motion to be heard by the court at these hearings. The FCRB attempts to schedule its reviews in advance of this court hearing so that the Court can act on the issues the FCRB 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. Some 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 B****STATE FOSTER CARE REVIEW BOARD  
FINANCIAL STATEMENT****Fiscal Year 2009-2010**  
**(July 1, 2009-June 30, 2010)****Appropriations**

General Fund	\$1,465,176.82
Cash Fund	\$11,713.30
Federal Funds	<u>\$400,000.00</u>
TOTAL	\$1,876,890.12

**Expenditures**

Staff Salaries & Benefits	\$1,384,437.83
Postage	\$28,916.55
Telephone and Communications	\$30,056.28
Data Processing Fees	\$7,372.86
Publications and Printing	\$30,004.62
Rent	\$62,629.48
Legal Fees	\$1,269.00
Office Supplies & Miscellaneous	\$16,844.75
Travel and Mileage Expenses	<u>\$53,239.85</u>
TOTAL	\$1,687,108.33

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