

Nebraska Children's Commission

Twenty-fourth Meeting
 June 17, 2014
 9:00 AM – 12:00 PM
 Country Inn & Suites, Omaha Room
 5353 North 27th Street, Lincoln, NE

Call to Order

Karen Authier called the meeting to order at 9:09 a.m. and noted that the Open Meetings Act information was posted in the room as required by state law.

Roll Call

Commission Members present: Pam Allen, Karen Authier, Beth Baxter, Nancy Forney, Kim Hawekotte, Jennifer Nelson, Mary Jo Pankoke, Dale Shotkoski, Becky Sorensen, and Susan Staab (9:12am).

Commission Members absent: Candy Kennedy-Goergen, Janteice Holston, Gene Klein, Norman Langemach, Andrea Miller, David Newell, and John Northrop.

Ex Officio Members present: Ellen Brokofsky, Hon. Linda Porter, Thomas Pristow, Julie Rogers, and Kerry Winterer.

Ex Officio Members absent: Senator Kathy Campbell, Senator Colby Coash, Senator Jeremy Nordquist, and Vicky Weisz.

Also in attendance: Bethany Connor and Leesa Sorensen from the Nebraska Children's Commission.

Approval of Agenda

A motion was made by Mary Jo Pankoke to approve the agenda, with the addition of an action item on the Chairperson's Report. The motion was seconded by Pam Allen. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Nancy Forney, Kim Hawekotte, Jennifer Nelson, Mary Jo Pankoke, Dale Shotkoski, Becky Sorensen, and Susan Staab. Voting no: none. Candy Kennedy-Goergen, Janteice Holston, Gene Klein, Norman Langemach, Andrea Miller, David Newell, and John Northrop were absent. Motion carried.

Approval of May 20, 2014, Minutes

A motion was made by Beth Baxter to approve the minutes of the May 20, 2014, meeting with revisions. Beth noted that on the bottom of page 3 under the Foster Care Reimbursement Rate Committee Report, the report date in the 6th paragraph should be July 1, 2015, instead of 2014. The motion to approve the minutes with revisions was seconded by Pam Allen. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Nancy Forney, Kim Hawekotte, Jennifer Nelson, Mary

Jo Pankoke, Dale Shotkoski, Becky Sorensen, and Susan Staab. Voting no: none. Candy Kennedy-Goergen, Janteice Holston, Gene Klein, Norman Langemach, Andrea Miller, David Newell, and John Northrop were absent. Motion carried.

Chairperson's Report

Karen Authier provided a brief chair's report. Karen noted the June 17 meeting would be the last Commission meeting for Becky Sorensen, Nancy Forney, and Jennifer Nelson. Karen thanked each of these Commission members for their commitment to the work of the Commission. Karen also noted that she had been in communication with Senator Campbell and that it was noted that some good progress had been set in motion but that the Commission needed to focus on what still needed to be done in the next two years. Karen walked everyone through a brief overview of the strategic planning day.

Karen also noted that in reviewing the May 20, 2014, Nebraska Children's Commission minutes she felt that an action item was needed to provide a written communication to Probation regarding the Foster Care Reimbursement Rate Committee recommendations and specifically requesting the report related to Item Q of those recommendations.

At the conclusion of Karen's remarks Susan Staab made a motion to have the Nebraska Children's Commission provide a written communication to Probation including requesting a report as outlined in the Foster Care Reimbursement Rate Committee recommendations and the May 20, 2014, Nebraska Children's Commission minutes. The motion was seconded by Mary Jo Pankoke. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Nancy Forney, Kim Hawekotte, Jennifer Nelson, Mary Jo Pankoke, Dale Shotkoski, Becky Sorensen, and Susan Staab. Voting no: none. Candy Kennedy-Goergen, Janteice Holston, Gene Klein, Norman Langemach, Andrea Miller, David Newell, and John Northrop were absent. Motion carried.

Strategy Session

Karen Authier then turned the meeting over to Deb Burnight from Facilitated Resources to facilitate the strategy session. The documentation of the minutes from this section of the discussion are contained in the Strategy Session – June 17, 2014, Documentation of Strategic Work Products.

Public Comment

None.

Next Meeting Date

The next meeting is Tuesday, July 15, 2014, 9:00am-12:00pm. Country Inns & Suites – Omaha Room, 5353 N. 27th Street, Lincoln, NE

Adjourn

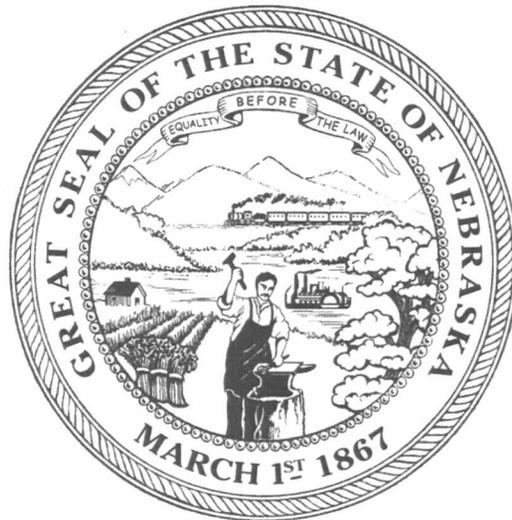
A motion was made by Beth Baxter to adjourn the meeting, seconded by Kim Hawekotte. The meeting adjourned at 3:11pm.

				2014 Bills Referenced to the HHS Committee	
Hrg Date	LB/LR Gub Appt	Introducer	Priority	One-liner	Status
2/22/13	076	Nordquist		Adopt the Health Care Transparency Act	PASSED
1/25/13	132	Nordquist		Adopt the Skin Cancer Prevention Act	PASSED
3/14/13	276	Nordquist	Kolowski	Change reimbursement provisions under the Early Intervention Act and require a medicaid state plan amendment	PASSED
2/13/13	359	Cook		Change eligibility redeterminations relating to a child care subsidy	PASSED
3/21/13	526	Howard		Change optometry licensure and certification to perform minor surgery and use pharmaceutical agents	PASSED
1/22	660	Krist	Speaker	Provide for extension of a pilot project and a contract relating to case management	PASSED
1/23	690	Bolz	Bolz	Create the Aging Nebraskans Task Force and require a grant application	PASSED VETO OVERR
1/30	728	Harms	Speaker	Change provisions relating to criminal history record information checks for certain employees of the Division of Developmental Disabilities of the Department of Health and Human Services	PASSED
1/22	853 (503 790)	McGill Coash Howard		Change and rename the Young Voluntary Services and Support Act Rename the Child Protection Act and provide for an alternative response to a report of Child abuse and neglect) Require training for case managers as prescribed)	PASSED w/ portions of LB 503 and LB 790
2/5	854	Krist		Prohibit issuance of a long-term care request for proposals before September 1, 2015	PASSED
1/24	859	Krist		Change provisions for on-site vaccinations at certain health care facilities	PASSED
1/30	901 (931)	McGill Bolz	McGill	Provide for psychology internships through the Behavioral Health Education Center Adopt the Nebraska Mental Health First Aid Training Act)	PASSED w/ portions LB 931
1/31	916	Crawford	Watermeier	Eliminate integrated practice agreements and change provisions regarding nurse practitioners	PASSED then VETOED
2/5	994	HHS Comm	Speaker	Change fees as prescribed for vital statistics	PASSED

2014 Bills Referenced to the HHS Committee					
Hrg Date	LB/LR Gub Appt	Introducer	Priority	One-liner	Status
2/6	1050	Campbell		Change provisions relating to inspections of certain child care facilities	PASSED
2/12	1072	Lathrop		Adopt the Prescription Monitoring and Health Information Exchange Act	PASSED
2/5	1076 (1078)	Campbell Nordquist	Speaker	Provide for medicaid reimbursement rates and services for home health care Change the Nebraska Telehealth Act, provide for the establishment of a patient relationship through video conferencing, and require insurance coverage for telehealth services)	PASSED as Amended to substitute LB 1078 as amended for LB 1076
2/21	LR 422	Campbell		Provide the HHS Committee, in cooperation with the BCI Committing, be designated to develop policy recommendations towards transformation of Nebraska's health care system	ADOPTED

The Nebraska Foster Care Review Office Quarterly Report

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



Issued June 15, 2014

Executive Summary

The Foster Care Review Office's (FCRO) role under the Foster Care Review Act is to independently track children in out-of-home care, review children's cases, collect and analyze data related to the children, identify conditions and outcomes for Nebraska's children in out-of-home care, and make recommendations on any needed corrective actions. The FCRO is an independent state agency, not affiliated with the Department of Health and Human Services, the Courts, the Office of Probation, or any other child welfare entity.

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

This quarterly report focuses on two main issues:

1. An analysis of children who are DHHS wards that re-entered out-of-home care after having previously been in foster care and returned to the parental home; and,
2. An analysis of data related to all DHHS wards in out-of-home care at a point in time (April 20, 2014), with some trend data.

Through an analysis of data regarding children that re-enter out-of-home care, the Foster Care Review Office has found the following concerns:

1. Although there has been a slight improvement, 36% of the children in out-of-home care on April 20, 2014, had been in foster care before. (page 6)
2. The majority of the children who re-enter out-of-home care do so following a reunification with the parent(s). (page 7)
3. The re-entry rate is a systemic issue occurring in each of the Service Areas. (page 9)
4. One-third of the children who re-entered out-of-home care were age 0-8 at the time of re-entry. (page 7)
5. Neglect issues are the most common reason for both first and second removals. (page 17)
6. Children who re-entered care are more likely to have experienced multiple changes of caseworkers, which can further delay case progression. (page 10ff)
7. Children who re-enter care are more likely to experience multiple placement changes. (page 10ff)

Through an analysis of data regarding all children in out-of-home care on April 20, 2014, the Foster Care Review Office has found the following trends:

1. Fewer children have had four or more placements over their lifetime, but still 36% of the children have had this negative experience. (page 29)
2. There are significantly fewer DHHS wards who are teenagers. (page 24) One primary reason is that DHHS Office of Juvenile Services cases are transferring to the Office of Probation. At the time of this report the Office of Probation is not reporting to the FCRO its youth in out-of-home care.
3. The majority of the DHHS wards are from the Omaha and Lincoln areas. (page 24)
4. Minority children continue to be overrepresented in the out-of-home population. (page 26)
5. For a number of reasons there are differences in the rates of eligibility for federal IV-E funding between the Service Areas. (page 25)
6. There are 83 Nebraska children in some form of group care at a facility in another state, which could include a treatment placement. (page 31)
7. More DHHS wards are in the least restrictive forms of placement. This is impacted by the DHHS/OJS transfers to Probation. (page 30)
8. Shelter care has been dramatically reduced. (page 30)

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

1. Educate all system stakeholders including the judicial system in the principles of SDM®.¹ Ensure fidelity to the SDM® model, and determine the number of and reasons for supervisory overrides of SDM®.
2. Ensure the FCRO has authority to review children's cases when they are returned to parental care for so-called "trial home visits", so there is independent oversight of these children's cases at that point. By expanding the authority of the FCRO to review cases during the first 3-6 months that a child is reunified with their parent, the FCRO can verify whether all services are implemented to ensure a successful reunification. Currently the FCRO does not have this statutory authority. Many states do include this term period within the authority of their foster care review offices.
3. Ensure that all stakeholders, including the judicial system, are timely in meeting the needs of children and families.
4. Ensure that parents are held to the same standards whether for a first removal or a second. Ensure that children removed a second time are only being removed for a sufficient safety risk that would have resulted in a first removal, not just because the parent(s) failed to fully comply with orders from a first removal in a way that did not compromise safety.
5. Ensure proper initial and subsequent filings by county attorneys to meet needs of children and families.

¹ Structured Decision Making® is a proprietary product DHHS is using to assist in determining whether children should be removed from the home and when or if it is safe for children to return to the parental home. It is further described in Appendix B.

6. Ensure the FCRO is able to track youth in out-of-home care through the Office of Probation and report on that population's outcomes.
7. Ensure relevant data is collected to meet the needs of children and families by providing for a formalized data information sharing system for all state entities.
8. Ensure resources are made available to the FCRO in order to provide predictive analytics. Predictive analytics are tools that extract current and/or historical information from existing data sets in order to determine patterns and help predict future outcomes and trends. Predictive analytics forecast what might happen in the future with an acceptable level of reliability. Predictive analytics also allow for higher level analysis of what-if scenarios and risk assessment. Therefore, use of these sophisticated tools would allow for the adjusting of resources and decision-making in order to improve future outcomes for children.
9. Ensure that there are sufficient aftercare services available statewide in order to decrease the number of children who have a return to out-of-home care.

Future changes that could impact child welfare data and are not represented in the data in this Quarterly Report:

- Under LB 561 (2013), starting October 1, 2013, the Office of Probation Administration began providing services for youth with law violations as those children come to the attention of the Courts. Currently, due to statutory interpretation, the Office of Probation is not providing tracking or review information regarding out-of-home youth under its care. The FCRO and the Office of Probation are diligently working to resolve this issue. When resolved, the FCRO will be able to track and provide outcome data on the youth in this population that are in an out-of-home placement.
- Under LB 216 (2013), youth aging out of the foster care service will be able to voluntarily continue services through their 21st birthday through what is known as the Bridge to Independence program. The FCRO and DHHS are working on the details for this program and formal federal approval is pending. The FCRO will be providing case file reviews for each of the young adults involved in this program.
- Under LB464, DHHS will be implementing an alternative response model in pilot areas in the State. Alternative response model will involve those cases of abuse or neglect that are brought to DHHS attention where certain safety risk thresholds have not been reached, allowing these cases to be non-court involved. It is a great first step towards an early prevention/intervention system. There will be a need to develop an independent oversight system.

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Section I.

Children Returned to Out-of-Home Care After a Prior Reunification

The Foster Care Review Office's special focus for this quarterly report is children who return to out-of-home care after a reunification with the parent or caregiver/guardian. Why should Nebraskans care about how many children re-enter foster care? First, there are cascading consequences to children experiencing abuse and neglect. As experts with the Institute of Medicine and National Research Council stated in the recently published book *New Directions in Child Abuse and Neglect Research*:

“Children who have experienced abuse and neglect are therefore at increased risk for a number of problematic developmental, health, and mental health outcomes, including learning problems (e.g., problems with inattention and deficits in executive functions), problems relating to peers (e.g., peer rejection), internalizing symptoms (e.g., depression, anxiety), externalizing symptoms (e.g., oppositional defiant disorder, conduct disorder, aggression), and posttraumatic stress disorder (PTSD). As adults, these children continue to show increased risk for psychiatric disorders, substance abuse, serious medical illnesses, and lower economic productivity.”²

Second, there are serious consequences when children are exposed to multiple stressors such as repeated episodes of abuse, neglect, and instability of temporary living arrangements over a long period of their childhood, the period during which the brain is developing and essential learning is taking place. Even children who by personality are more resilient may have trouble coping with such traumas, and may exhibit problems that continue into adulthood. As a society we understand that children exposed to school shootings, displacement due to hurricanes or other natural disasters, or surviving tragic car accidents can take years to recover from those traumas, even in the most well-equipped families. Children growing up in foster care can be equally affected by abuse, neglect, removals from the home, and instability.

In addition, parents who have not benefited from past interventions designed to reduce their likelihood of committing abuse or neglect may have additional children over time, placing those children at risk as well.

As a State, we need to more successfully identify, engage, and assist children and families that have experienced, or are at risk for, child abuse or neglect. The study described in the next few pages was undertaken to increase the State's understanding of why certain families appear not to benefit from some current intervention practices and repeat putting their children at risk and/or failures of the system to meet the needs of families.

² *New Directions in Child Abuse and Neglect Research*, Committee on Child Maltreatment Research, Institute of Medicine and National Research Council, c. 2014, pages 112-113.

A. Background Data on Children who Re-entered Out-of-Home Care

Where do children go when they exit out-of-home care? When we say that a child exited from out-of-home care that does NOT necessarily mean that State wardship has ended or that the case has been closed by the Courts. For the 3,944 children who left out-of-home care during calendar year 2013:

- 74% returned to the parental home (reunified).
- 12% were adopted.
- 5% reached the age of majority (legal adulthood, which is age 19).
- 5% had a finalized guardianship.
- 3% left the state's care through custody transfers (such as to a tribe).

Some children are returned to foster care after being returned home, with the time between exiting and re-entering out-of-home care ranging from a few days to a few years. Data shows that on **April 20, 2014**, there were **3,402 DHHS wards in out-of-home care** and **1,225 (36%)** had been in out-of-home care at least once before. As the next chart shows, even more concerning is that many children have been removed from the home multiple times.

<u>Removals</u>	<u>Number of Children</u>
2	740 children
3	307 children
4	99 children
5 or more	<u>79 children</u>
	1,225 Children

Clearly, for some children “permanency” has become a temporary condition. The foster care system should not become a revolving door of removal from the home, return to parents, re-abuse or neglect, removal, etc., yet that is what some children experience. To reduce child abuse and neglect, Nebraska needs to address this cycle by finding the causes of multiple removals and implementing solutions that promote long-term stability. Research clearly shows that each removal from home is a traumatic event for a child.

B. Data Specific to Children with a Prior Return to Parent

A return to the parent does not always ensure children's stability. 1,208 (35%) of the 3,402 children in out-of-home care on April 20, 2014, had been in out-of-home care and reunified with one or both parents prior to their current removal from the home; while another 17 (<1%) of the 3,402 had re-entered care after adoption or guardianship. For this part of the report, only the 1,208 who had been reunified with a parent are being considered.

The following shows the age group at the time of their most recent entrance into foster care. That is **not** the same as their current age, as some children have been in out-of-home care for many months on this removal. The chart shows that most children (52%) who re-entered

out-of-home care after a removal were teenagers. However, **one-third** of those children were **age birth through eight** at the time of their re-entry into out-of-home care.

Age at Most Recent Removal from the Home						
Age 0-3	Age 4-5	Age 6-8	Age 9-10	Age 11-12	Teens	Total
131 (11%)	118 (10%)	145 (12%)	72 (6%)	112 (9%)	630 (52%)	1,208
Subtotal age 0-8 – 394 children (33%)			Subtotal age 9-12 – 184 children (15%)			

*The above percentages are based on the total 1,208 children.

The next chart shows the same 1,208 children with data by gender. For this group the ratio of boys to girls is 58% to 42%. When considering all DHHS wards in out-of-home care, the ratio of boys to girls is 52% to 48%. Reasons for these differences have yet to be researched but could be impacted by the teen-age population which involves more males than females.

Age group at current removal	Gender		
	Female	Male	Total
re-removed age 0-3	58	73	131
re-removed age 4-5	56	62	118
re-removed age 6-8	58	87	145
re-removed age 9-10	36	36	72
re-removed age 11-12	55	57	112
re-removed in teens	246	384	630
Total	509 (42%)	699 (58%)	1,208

The following chart shows which DHHS service area the child is from.³ The percentage by service area closely reflects the percentages for the group of all children in out-of-home care, thus there are **not** significant service area differences. Clearly, there is a systemic issue that affects all of the service areas.

Age group at current removal	Service Area							Total
	Central	Eastern	Northern	Southeast	Western	Unreported		
re-removed age 0-3	15	54	11	41	10	0	131	
re-removed age 4-5	19	51	11	24	13	0	118	
re-removed age 6-8	13	64	19	39	10	0	145	
re-removed age 9-10	9	35	7	16	5	0	72	
re-removed age 11-12	13	43	14	33	9	0	112	
re-removed in teens	64	253	65	170	56	22	630	
Total	133 (11%)	500 (41%)	127 (11%)	323 (27%)	103 (9%)	22	1,208 (100%)	
All children in out-of-home care 4/20/ 2014	370 (11%)	1490 (43%)	420 (12%)	825 (24%)	297 (9%)		3,204 (100%)	

³ See Appendix A for a chart showing the DHHS service areas as established in statute.

C. In-Depth Analysis of Children Who were Age 0-8 Who are Returned to Out-of-home Care After Reunification to their Parental Home

In the next part of this special study, the FCRO will present an in-depth analysis regarding the 394 children who were age 8 or younger when they re-entered out-of-home care, regardless of those children's current age. By concentrating on this specific population, there is the ability to analyze the most vulnerable population without focusing on the behaviors of the child.

Children in this special study were chosen based on the following criteria:

- The child had been in foster care before;
- Immediately prior to entering care this time, the child had been placed with one or both parents;
- The child was in out-of-home care as of April 20, 2014;
- The child was age birth through eight at the time of their most recent removal from the home;
- The child was adjudicated under abuse or neglect.

1. Characteristics of Children Age 0-8 at Time of Re-entry

a. Racial/ethnic makeup

The following chart indicates the racial and ethnic backgrounds of the 394 children. More than one background could be selected. A comparison to the percentage of all children in out-of-home care on April 20, 2014, is provided in the chart as well. Minority children continue to be overrepresented in the study group as they were in the group of all children in out-of-home care.⁴

	American Indian	Asian	Black	Native Hawaiian	White	Declined to Specify	Hispanic
Children	32	1	103	1	266	1	47
% of 394	(8%)	(<1%)	(26%)	(<1%)	(68%)	(<1%)	(12%)
% of all children in out-of-home care	(8%)	(1%)	(23%)	(<1%)	(68%)	(<1%)	(14%)

⁴ See page 26 for more information about the racial backgrounds of children in out-of-home care.

b. Service Area or Region of Origin

There are clearly differences in the percent of children aged 0-8 at time of re-entry in the study group based on the service area⁵ (region) of the state but the percentages for each service area for this group are nearly identical to the percentages for the entire population of children in out-of-home care for each service area. Again, this denotes a systemic issue, not an issue based upon a specific area of the State.

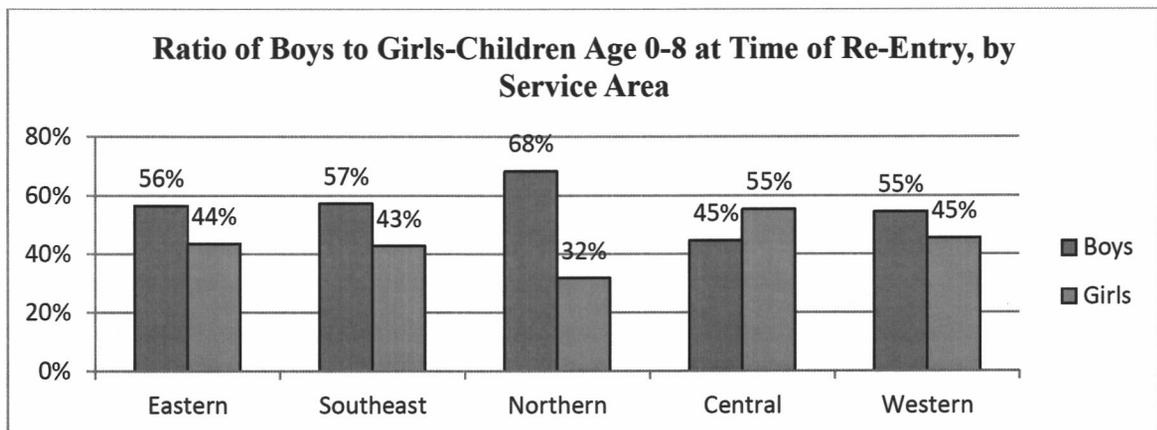
	Eastern	Southeast	Northern	Central	Western
Children	170	103	41	47	33
% of 394	43%	26%	10%	12%	8%
All children in out-of-home care	43%	24%	12%	11%	9%

c. Gender

For over a decade, boys have been over-represented in foster care in general, and they are also over-represented in the study group of children aged 0-8 at time of re-entry.

	<u>Special Study</u>	<u>All children in out-of-home</u>
Boys	222 (56%)	52%
Girls	172 (44%)	48%
	394 (100%)	

There are differences in the gender ratio based on the child's area of the state, as indicated in the following chart. Determining the reasons for these differences would require further study. For example, girls in the Central service area are 55% of that population, compared to 48% statewide, yet girls are 32% of the children from the Northern Service area.



⁵ See Appendix A for the counties in each of the DHHS service areas as defined by statute.

2. Common Experiences – Placement and Caseworker Changes

In this section two common experiences for children in out-of-home care will be described with an emphasis on the 394 children aged 0-8 in this study. Those are: 1) placement changes, and 2) caseworker changes.

National researchers have found that the following key factors greatly increase the likelihood of children moving between placements multiple times:

- the length of the out-of-home care stay;
- the number of times placed in out-of-home care; and
- the number of caseworkers.

a. Placement changes

When considering the 394 children aged 0-8 in this study, the FCRO found that

- **178 (45%)** had been in **1-3 placements** over the child's **lifetime**,
- **216 (55%)** had been in **4-40 placements over the lifetime** of the child.⁶

Yes, there are children who were age 0-8 at re-entry who have experienced **40** placement changes over their lifetime. Why are placement changes important? Placement changes, especially for children this age, usually do not involve stepping down from higher levels of treatment to lower levels; rather, they are often due to system issues.

Imagine being a child who is involuntarily moved from caregiver to caregiver. Each move means learning new rules, learning new expectations, learning what it takes to live with persons who are often strangers, having bonds to other children and pets severed, learning to sleep in a strange bed in a house with strange noises, and possibly changing schools or daycares too. Then, imagine doing this 10-19 times (15 of these children did). Or, moving 20-29 times (5 of these children did). Imagine moving 40 times (1 child did).

<u>Lifetime Placements</u>	<u># of children</u>
1-3 placements	178 children
4-9 placements	193 children
10-19 placements	15 children
20-29 placements	5 children
30-39 placements	2 children
40 placements	1 child

At the crucial time of brain development, the system has taught these children to expect instability; to expect that no one wants them “for the long haul”; and, often, to internalize that since they are ones being moved there must be something

⁶ The lifetime count does not include respite placements, temporary short-term medical hospitalizations, or returns to the parent(s).

defective about them. Children who have had multiple moves are frequently angry and hopeless. It doesn't have to be this way.

For this in-depth analysis, children's placements were examined from several different perspectives rather than just the number of lifetime placements. The FCRO wanted to compare the number of placements for the first removal and also the second removal from the parental home by Service Area. Another key factor was determining if relative placements had an impact on the re-entry rate.

i. Number of Placements First Time in Out-of-Home Care

The first step was to determine how many placements children had experienced during their prior removal from the home. There are some differences in the percentages for each area, some of which can be explained by the relatively small numbers from some areas and differences in the length of time children were in care during the first removal. Positively, the vast majority of these children had less than 4 placements during their first removal.

	Placements While in Out-of-Home Care the First Time				
	Eastern	Southeast	Northern	Central	Western
1-3 placements	149 (88%)	97 (94%)	36 (88%)	47 (100%)	33 (100%)
4+ placements	21 (12%)	6 (8%)	5 (12%)	0	0
Total children	170	103	41	47	33

ii. Relative/kinship vs Licensed Foster Care Placement

Next the FCRO looked at whether relative/kinship placements affected the number of placement changes. There are two competing hypothesis regarding these types of placements:

- First, that children in a relative placement would be at a higher rate to re-enter care as the relative is more likely the child's placement again if needed and more likely to report any new abuse or neglect; or
- Second, that parents whose children had been placed with a relative benefit from the relative's support after reunification thus lowering the rate of re-entry.

The FCRO found that 41% of the children in this sample were placed with a relative prior to returning home. The FCRO compared the 394 children aged 0-8 who had re-entered out-of-home care to all children of a similar age who were in out-of-home care as of April 20, 2014. As shown in the following chart, it appears that while each hypothesis could be true for an individual case, **relative placement alone does not play a significant role in whether**

the children in the study as a group were returned to out-of-home care. Since it does not stabilize re-entry, it appears that relative/kinship caregivers need as much if not more support as do licensed placements.

Placement type before return home	children in study	all children age 0-8 in out-of-home care
Shelter care	19 (5%)	<1%
Non-licensed foster care, which includes: 155 in relative care and 8 in child-specific foster care	163 (41%)	46%
Licensed foster care, which includes 68 in a foster home 1 in a potential adoptive home 124 in agency based foster care 4 in continuity care	197 (50%)	52%
Group care, which includes: 2 in a group home, 1 in a psychiatric facility	3 (<1%)	<1%
Medical and related facilities, which includes: 7 in an acute medical facility 1 in an assisted living level of med facility	8 (2%)	<1%
Other, which includes: 2 in independent living with their teen parent who is also in foster care 1 on runaway status with parent 1 in placement type unreported	4 (1%)	<1%

iii. Number of Placements Current Time of Removal

The third step was to analyze the number of placement changes thus far during the children’s current removal.

Many of the children have experienced four or more placements during this removal, excluding prior removals. This is significant because national researchers have found that children are likely to be temporarily or permanently impacted by the trauma of such instability if they have experienced four or more placement changes in a lifetime, and many of the children have reached this negative milestone during the initial removal alone.

There are some differences in the percentages for each area, some of which can be explained by the relatively small numbers from some areas and by the differences in the length of time children were in care during their current removal. There is an **increase in the percentage of children having four or more placements during their second removal, indicating that these children have more instability in placements.** For example:

- In the Southeast Service Area, 8% had 4 or more placements during the initial time in care, while 19% had 4 or more placements in their most recent placement to out-of-home care;

- In the Northern Service Area 12% had 4 or more placements during the initial removal while 27% had 4 or more placements for most recent removal to out-of-home care.

	Placements While in Out-of-Home Care This Time (excluding prior removals)				
	Eastern	Southeast	Northern	Central	Western
1-3 placements	146 (86%)	83 (81%)	30 (73%)	44 (94%)	29 (88%)
4+ placements	<u>24</u> (14%)	<u>20</u> (19%)	<u>11</u> (27%)	<u>3</u> (6%)	<u>4</u> (12%)
Total children	170	103	41	47	33

b. Caseworker changes

Parents of children in out-of-home care need to share and address some of the most intimate details of their lives with a variety of strangers, including the caseworker assigned to the children's cases. Thus one can reasonably expect that parental engagement can be negatively impacted by caseworker changes.

The chart below shows the number of lifetime caseworker changes experienced by the children as reported to us by DHHS as of April 20, 2014. In the Eastern area⁷ the changes are for the lead agency workers (it is the only area with a lead agency at this time), while in the other areas the chart shows changes in the DHHS workers. **In every area of the State, the majority of the children had experienced four or more worker changes.**

It would be expected that there would be some differences when comparing the sample to all children in out-of-home care based on the number of times the sample group had been in out-of-home care and the length of time the children were in out-of-home care. That said, **there are differences that appear to go beyond those two factors.** For example:

- **In the Eastern Service Area, 66% of the sample had 4 or more worker changes compared to 37% for the group of all children in out-of-home care.**
- **In Southeast Service Area, 81% of the sample had 4 or more workers, compared to 47% of the group of all children in out-of-home care.**

⁷ See Appendix A for the counties in each of the DHHS service areas as defined by statute.

	Lead Agency Workers	DHHS Case Workers by Service Area			
		Eastern	Southeast	Northern	Central
1-3 workers	58 (34%)	20 (19%)	8 (20%)	20 (44%)	14 (42%)
4+ workers	112 (66%)	83 (81%)	33 (80%)	27 (57%)	19 (58%)
Total children	170	103	41	47	33
% of all children in out-of-home care with 4+ workers	(37%)	(47%)	(43%)	(42%)	(37%)

Further, the 394 children aged 0-8 on their re-entry in this study averaged 7 caseworker changes over their lifetime. And, this figure does not include caseworker changes that may have occurred if the child was in the home under the custody of DHHS, only those while in out-of-home care. As a reminder, if these children had the optimum one caseworker for each of their two removals, the average would be two changes, not the seven changes this cohort averaged.

For parents and children that have experienced at least one failed reunification, there can be significant mistrust to overcome. It takes time for each new worker to establish trust with the children and families.

3. Time in Foster Care Prior to Reunification

The FCRO analyzed how long the 394 children aged 0-8 on re-entry in the study were in out-of-home care prior to reunification and found:

Time in out-of-home care during prior removal	Children	Percent
1-30 days	75	19%
31-60 days	38	10%
61-90 days	24	6%
91-180 days	55	14%
181-365 days	93	24%
365-730 days	92	23%
731 days or more	17	4%

35% had been in foster care less than 3 months when returned home.

What appears to be significant is that many of the children were returned to the parental home very quickly after their prior removal. For example, **19% of the children with a subsequent re-removal had been in out-of-home care for less than a month when reunited with the parents**, and 35% had been in foster care for less than three months.

This raises the question as to whether or not these children had to be removed at the very beginning of the case.

4. Time at Home Prior to Re-removal

The next question examined was how many days the 394 children who were age 0-8 at the time of re-entry were home before being removed again to determine how quickly the situation that led to second removal occurred. Some significant points to consider:

- **20%** of the children had been home **less than three months** before a re-removal was necessary.
- **65%** of the children had been home **more than 6 months** before re-removal was necessary.

The next chart gives more details.

Days at home before re-removal	Children	Percent
1-30 days	22	5%
31-60 days	28	7%
61-90 days	29	7%
91-180 days	58	15%
181-365 days	75	19%
365-730 days	91	23%
731 days or more ⁸	91	23%

35% of the children had been home less than 6 months before a removal was again necessary

Some important systemic questions to discuss include:

1. For those children that re-enter out-of-home care within three months, was the time children spent in foster care at the first removal insufficient for the parents to make permanent and often difficult changes?
2. Did parents obtain timely in-home services needed to ensure a successful reunification?
3. Why and how was the decision made to return the children home? How does the system distinguish between parents who are then able to safely parent their children after a short intervention and those that will need more time and services? Was a validated assessment tool correctly used to make these decisions?
4. Were children removed for a true safety reason or for non-compliance with a court-ordered plan?
5. How long was a child's cases open (still DHHS and/or Court involved) after the child's return home? Was this oversight a positive or negative factor?

⁸ Coincidentally, both the 365-730 day group and the 731+ day group had the same number of children (91).

6. Why were some children removed after a year or more at home? Did the court case remain open during this entire time or did a new event occur in the life of the family?

5. Does the Length of an Out-of-Home Stay Determine the Likelihood of a Subsequent Removal

The FCRO considered the available data about children with short stays in out-of-home care on a first removal to look for patterns as to how quickly those that returned to care were re-removed from the home. For example: does a longer time period of out-of-home the first time ensure more stability once the child is returned home? The FCRO was unable to determine any clear pattern in an analysis of the available data.

In order to determine these and other important system issues, there is needed a computer tracking system that allows for predictive analytics and the following of specific entry cohorts over time to determine likely outcomes. Predictive analytics is an area of data mining that deals with extracting information from data and using it to predict trends and behavior patterns. The FCRO's current database technology does not have those capabilities. The FCRO is seeking the resources needed to acquire this next generation of data analysis tools so that even more fact-based guidance can be provided to the child welfare system.

D. An Intensive Records Check of a Subset of the Children Aged 0-8

Some questions regarding the children in the study cohort could only be answered for children who were reviewed by the FCRO since they have re-entered out-of-home care. Some of the information was only available in narratives in the FCRO's Findings and Recommendations documents issued to legal parties after reviews are held, requiring further research by staff and volunteers in order to obtain statistical information. Therefore, the FCRO examined 182 (46%) of the 394 children aged 0-8 on re-entry who met the above criteria.

1. Reasons for entering foster care initially and reasons for re-entry

Most young children enter out-of-home care due to the parent's failure to cease harmful behaviors or their parent's unwillingness or inability to utilize behaviors consistent with adequate parenting. Each of the 182 children in the intensive records check group were age birth to eight on their most recent removal, thus the child's delinquent behavior is not a significant factor as it might be if older children were included.

The chart below shows for these 182 children the reason for their first removal and for their second removal. More than one reason could be selected. Some concerning findings include:

- For **two-thirds** of the children, either **neglect or substandard housing issues** were the primary reasons for removal for both the first and second removal.

- For **one-third** of these children, **parental substance use** was the primary reason for removal for both the first and second removal.
- **Domestic violence decreased** as a reason for a second removal.
- **Parental failure to follow an established safety plan** was a reason for **9%** of the children’s most recent removal.
- The FCRO also compared the reasons for the study group entering out-of-home care to the reasons for all children reviewed in 2012 entering care (2013 statistics are not yet available). **Fewer children in the study group of 182 children aged 0-8 at time of re-entry entered care due to neglect than in the group of all children reviewed in 2012**, but the other reasons were identified at a similar rate between both groups.

Reason for removal from home	Study Group		2012 % for All Children Reviewed
	First Removal	Most Recent Removal	
Neglect ⁹	72 (40%)	63 (35%)	58%
Parental substance use	63 (35%)	70 (38%)	32%
Housing substandard, unsafe, or unsanitary	45 (25%)	34 (19%)	27%
Domestic violence	35 (19%)	22 (12%)	17%
Physical abuse	21 (12%)	26 (14%)	17%
Parental mental health issue	16 (9%)	9 (5%)	9%
Parental failure to protect	14 (8%)	15 (8%)	(in neglect)
Parental incarceration	12 (7%)	6 (3%)	10%
Parental abuse to a sibling	7 (4%)	12 (7%)	<1%
Parental abandonment	3 (2%)	12 (7%)	6%
Sexual abuse	3 (2%)	6 (3%)	5%
Parental failure to follow safety plan	3 (2%)	16 (9%)	(in neglect)
Parent is a teen in foster care	2 (1%)	0	<1%
Parent’s death	1 (>1%)	2 (1%)	1%
Parental physical health or disability	0	1 (>1%)	4%
Unclear/undocumented	5 (3%)	6 (3%)	<1%
Child’s behaviors	1 (>1%)	1 (1%)	17%
Child’s disabilities	1 (>1%)	0	1%

One of the systemic issues that must be considered is whether parents are held to a different standard once they have come to the attention of the system. In other words, are some children removed for the second time due to a compliance issue on the part of their parent that would **not** have been a sufficient safety risk to result in a first removal of the child? For example, consider a case where the mother was court-ordered to continue to

⁹ “Neglect” is a technical term that often does not convey the seriousness of the situations it encompasses. Neglect can be described as an act of omission, such as not providing for basic needs such as medical care, food, clothing, and shelter; not providing emotional supports; not providing adequate supervision; not protecting children from known dangers; and not ensuring school attendance. Neglect is often seen in tandem with parental substance abuse or mental health issues. Co-occurring housing issues, physical abuse, or sexual abuse are also common.

attend AA but missed some meetings. Sometimes there was a clear safety issue, such as mother was found intoxicated, but in other cases there didn't appear to be re-use, just a failure to follow the letter of the safety plan. In those circumstances, it appears that removing the children may have been unnecessary. Perhaps all that was needed was assistance with child care or transportation.

In order to determine this issue, a detailed case specific analysis would need to be completed. One of the first steps would be to ensure the proper utilization and fidelity to the assessments contained within the Structured Decision-Making® model and that all stakeholders involved in the lives of a child are educated on these assessments.¹⁰

2. Current permanency objective for the children

The following pertains to the main permanency objective for the children at the time of their most recent review since re-entering care. Most (55%) still have an objective of reunification (reuniting with the parent), with adoption next at 37%.

This is not surprising since almost all (63 of the 67) of the children with a plan of adoption had been in out-of-home care for more than 15 of the last 22 months during their latest removal from the home, and all had been in care for 15 of the last 22 months when considering the prior time in care. In some cases the parents of these children have relinquished their rights. In others, a termination of parent rights has been or is being pursued.

<u>Main Objective</u>	<u>Children</u>
Reunification	100 (55%)
Adoption	67 (37%)
Unclear	9 (5%)
Guardianship	6 (3%)

There were 103 children that have a concurrent permanency objective. A concurrent permanency objective is not required.

<u>Concurrent Objective</u>	<u>Children</u>
Reunification with other parent	4 (4%)
Adoption	83 (81%)
Guardianship	16 (16%)

Given that the plan for most of these children who have already experienced one failed reunification is to again return to the parental home, it is essential that parental progress or lack thereof be sufficiently documented and services made available to ensure the plan's success. In addition, many children may have been in out-of-home care for 15 of the past 22 months, and thus alternative permanency may need to be pursued.

¹⁰ See Appendix B for more information on the Structured Decision Making® tools.

3. Parental rights

The current parental rights status for these 182 children as of the date of the most recent FCRO review regarding each of the parents is shown in the chart that follows. Note that, **even after a second removal from the home, many fathers have not yet been identified**, and therefore those fathers and the paternal relatives have not been assessed regarding their potential as a safe placement for the child. Also, just because the father's rights are intact, it does not mean that the father is part of the juvenile court proceedings.

Rights Status	Mother	Father
Rights intact	113	103
Relinquished	32	23
Terminated	31	25
Parent deceased	2	3
Parent not identified	0	15
Parental rights status was undocumented	4	13

Some interesting facts:

- The 31 children whose mother's rights have been terminated have all been in care over a year during this most recent removal. Regarding these 31 children:
 - 11 children re-entered care due to parental neglect.
 - 8 children re-entered care due to parental substance abuse.
 - 25 children were from families of 3 or more children.
 - 15 children had serious behavioral issues.
 - 6 children had intellectual disabilities.
 - 5 children had medical issues
 - 5 children had diagnosed mental health issues.
- For those parents whose rights have been terminated, 11 are currently awaiting the results of the TPR appeal.
- The 32 children whose mother's rights have been relinquished have all been in care more than six months on this most recent removal, and 30 of the 32 have been in out-of-home care more than a year on this current removal.

4. Did ICWA apply

ICWA, the Indian Child Welfare Act, applied to 14 (8%) of the 182 children. This is the same percentage as is true in the general population of all children in out-of-home care, but significantly higher than the percent in the population of all children in the state of Nebraska as provided by the U. S. Census.¹¹

¹¹ See page 26 for more information about racial backgrounds of children in out-of-home care.

5. Current issues impacting the children

The 182 children in the intensive file review have all endured some level of trauma because all have been removed from the parental home at least twice (once on entering foster care and then again as a re-entry) due to some form of parental abuse or neglect. Many have experienced instability while in out-of-home care.

The child welfare system needs to examine how the behaviors and actions of the professionals involved in these children's cases impact those children—both positively and negatively.

The FCRO researched to determine whether currently any issues, disabilities, or special needs were identified by a professional. More than one condition could be identified.

Of particular note:

- **More than one in four (28%) of the children with multiple removals are currently identified as having behavioral issues. For all but one of the children, behavioral issues were not identified as a reason for being placed out-of-home.**
 - 38 of the 51 children with behavioral issues had spent a cumulative lifetime total of 2 years or more in out-of-home care thus far. The other 13 children had a cumulative lifetime total of less than two years.
- **The 19 children with mental health issues averaged a cumulative lifetime total 1,399 days (3.8 years) in out-of-home care thus far.**
 - 6 of these youth are placed with relatives, 44 are placed in a foster home, 1 is in a specialized facility.
- **A substantial number of children have medical, physical, or developmental issues that render them particularly vulnerable to abuse or neglect.**

Children's Condition (multiple conditions could be chosen)	# of the 182 Children Impacted
Behavioral issues	51 (28%)
Medical or physical issues/disabilities	23 (13%)
Developmental or cognitive disabilities	20 (11%)
Mental health issues	19 (10%)
Learning issues/disabilities	14 (8%)
Sexualized behaviors	11 (6%)
Emotional issues	9 (5%)

6. How Decisions are Made to Reunify

The Department of Health and Human Services utilizes a tool called SDM®¹² (Structured Decision Making) to assist in decision-making on many levels, including decisions as to when children can be safely and appropriately reunified with their parents. Caseworkers/lead agency workers complete an SDM® scoring sheet, and based on the analysis of the scores to a number of questions it determines what it considers the likelihood of children being able to safely return home.

There are provisions for supervisory overrides because some human interactions are difficult to quantify. For example how many overrides are made and under what circumstances. It is also not known how many, if any, of the children in the study were sent home after an override of SDM® scoring indicating that children should not have been returned. These key data points are an important part of a continuous quality improvement process.

Another important piece to ensure the proper utilization of SDM® is the education for all stakeholders, specifically attorneys and judges within the judicial system. The FCRO will be partnering with the Nebraska State Bar Association, staff of Nebraska Judicial Branch Education and others to provide such training in the future. Through better understanding of the validated tool and the application of the tool, all stakeholders can effectively advocate for the best interest of the children and families involved in the child welfare system.

7. Recommendations

- Under an interpretation of Nebraska statutes, the FCRO lacks authority to review children's cases when they are returned to parental care for so-called "trial home visits", so there is no independent oversight of these children's cases at that point. By expanding the authority of the FCRO to review cases during the first 3-6 months that a child is reunified with their parent, the FCRO can report on whether all needed services are implemented to ensure a successful reunification. Many states do include this term period within the authority of their foster care review offices.
- The FCRO is also seeking the technological resources to acquire predictive analytic tools to further assist the child welfare system in determining how changes can positively or negatively impact children in out-of-home care.
- Ensure fidelity to SDM®¹³, including an examination of the number of and reasons for supervisory overrides.

¹² See Appendix B for a more complete description of SDM®.

¹³ Ibid.

- Ensure that all parties to the children's cases have an opportunity to receive basic training on SDM®¹⁴ protocols and what that means to cases from the perspective of their roles in the child welfare system.

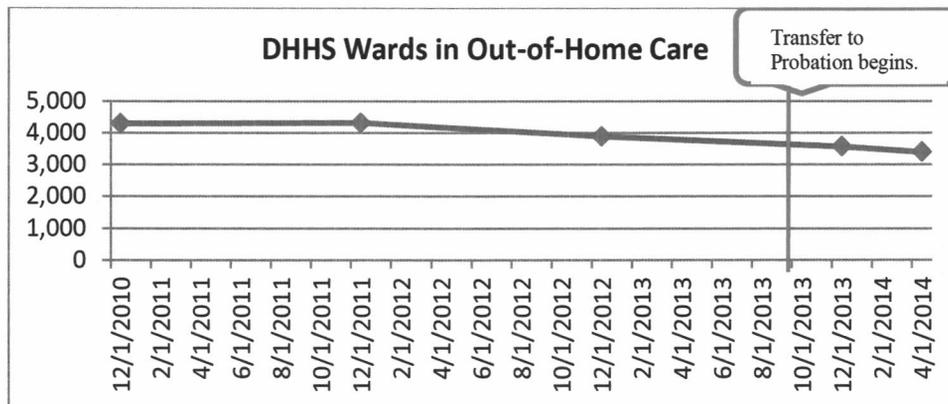
¹⁴ Ibid.

Section II.

Analysis of Children in Out-of-Home Care on April 20, 2014

This section contains some basic facts about Nebraska's children in out-of-home care as of April 20, 2014, as detailed in the box below. Important facts to note:

- The number of children in out-of-home care under DHHS care is declining.
- Per statutory changes, beginning October 1, 2013, children formerly under the DHHS/Office of Juvenile Services began transferring to the Office of Probation. Transfer is to be complete by June 30, 2014. Some of the decline in the numbers detailed below is due to these transfers.
- Currently, due to statutory interpretation, the Office of Probation is not providing tracking or review information regarding out-of-home youth under its care. The Office of Probation and FCRO are diligently working to resolve this issue. Therefore, the chart below is **ONLY for DHHS Wards**.



Key Outcomes

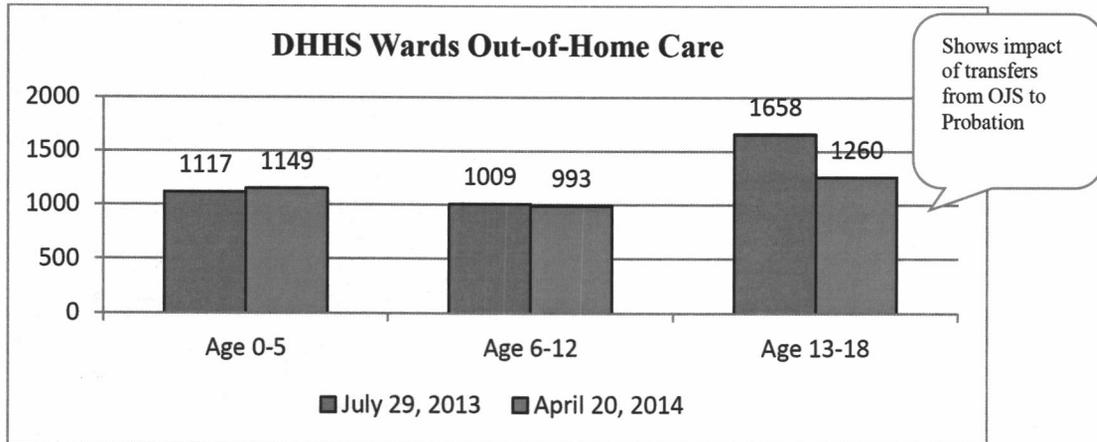
Although the number of children in out-of-home care has been decreasing, **the average length of time children spent in out-of-home has not decreased from a year ago.**

Category	July 29, 2013	April 20, 2014	Comments
# DHHS wards in out-of-home care	3,784	3,402	Point-in-time.
Average [mean] number of days children had been in out-of-home care (excluding time during prior removals)	500 days	519 days	The April 20 th median was 347 days. The July 29 th median was 335 days. ¹⁵
% of children with 4 or more lifetime placements	42%	36%	This is a significant improvement and a 14% reduction. The impact due to transfer of OJS cases to Probation could be part of the reason for this change.

¹⁵ Median means the mid-point, with as many over and under that number.

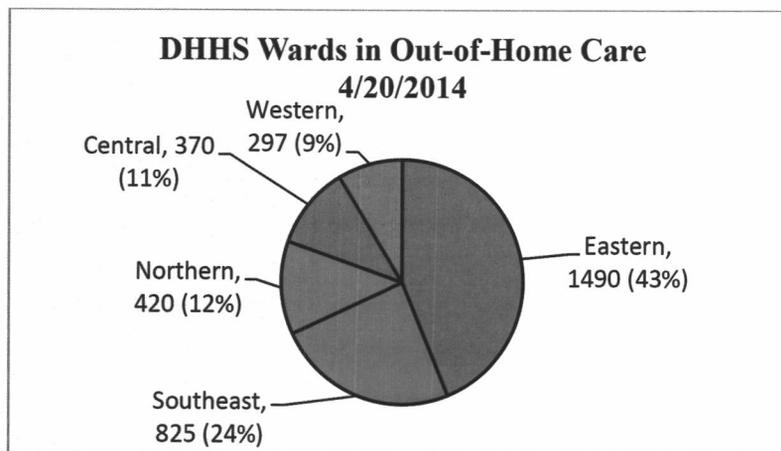
A. Out-of-Home Care by Age

The chart below shows DHHS wards by age group.^{16, 17} There are still more children in the 13-18 year old age group than the other two age groups. However, due to the transfer of OJS cases from DHHS to Probation, there are significantly fewer DHHS wards age 13-18 in out-of-home care now than was true prior to the legislation.



B. Out-of-Home Care by Service Area

Children in out-of-home care come from every area of the state. The chart below shows the number and percentage of children from each DHHS Service Area. The percent from each area has remained nearly constant. Most of the wards continue to be from the metro Omaha (Eastern) and Lincoln (Southeast) areas.¹⁸

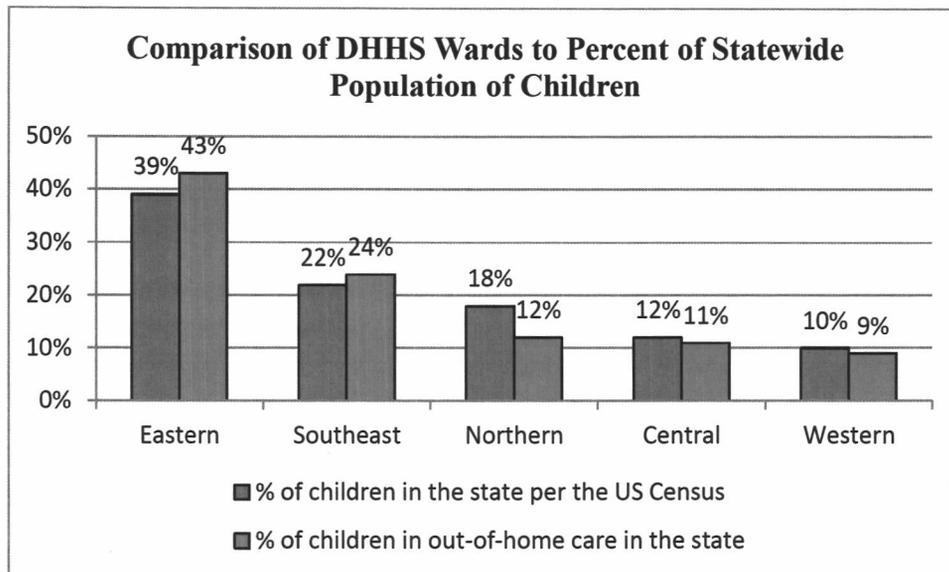


¹⁶ The chart includes only DHHS wards due to the issue with Probation not reporting on their youth.

¹⁷ The statistics in this Report do not include the voluntary Bridge to Independence Program for youth age 19 or 20. Implementation of the Bridges Program will not occur until later in 2014 or early in 2015, depending on the timing of official federal approval.

¹⁸ See the map in Appendix A for the counties of the service areas.

The next chart compares the percentage of the statewide population of children in each service area to the percent of the total population of Nebraska children in out-of-home care in order to see if discrepancies exist.¹⁹



In the Eastern and Southeast areas the percent in out-of-home care continues to be larger than their respective percentages of the statewide population of children. There are many possible explanations for this discrepancy. For example:

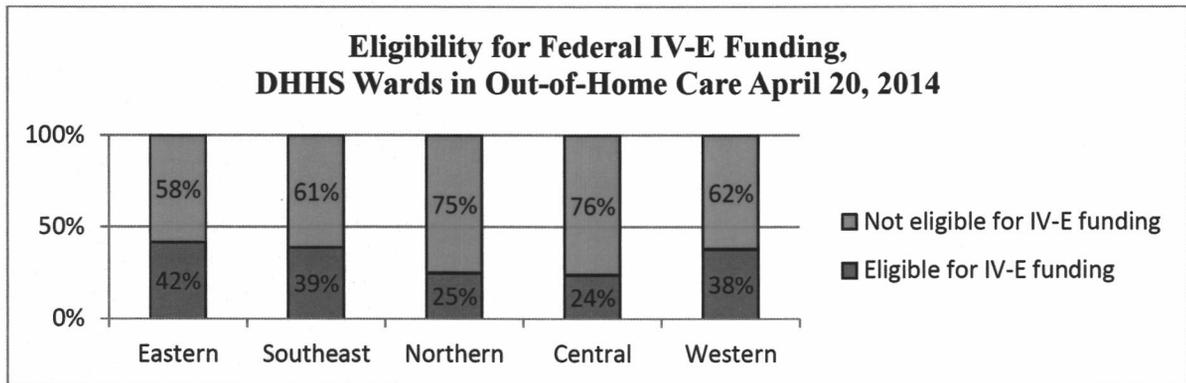
- One theory is that because these areas have more services available there may be a difference as to whether children are removed from the home and how long those who are removed stay in out-of-home care.
- Another theory is that there may be a difference in the rates of reporting of child abuse depending on whether the child is in the more urban areas or the more rural areas.
- Another theory is that there are differences in the judicial response in the separate juvenile courts as compared to county courts acting as juvenile courts.

C. Federal IV-E Funding by Service Area

Federal IV-E funds (part of the Social Security Act) can be used to recoup the cost of room and board and some other services for children in out-of-home care. There are strict criteria for eligibility, including the family must have met an income/deprivation test (be in poverty based on 1996 AFDC guidelines), there must be certain language in court orders, certain court hearings must have been held in a timely manner, the child must be in an eligible type of out-of-home placement, etc.

¹⁹ Source for the statewide population of all children: U.S. Census Bureau, 2011 Population Estimates Program, as found in the Kids Count in Nebraska Report 2012, page 65.

There are some interesting differences by service area²⁰, as shown in the chart below:



Staff of the Foster Care Review Office, the Department of Health and Human Services, and the Court Improvement Project are working together to improve the identification of eligible children, to ensure more court orders are correctly written so as to qualify, and to ensure that DHHS records dates for certain court hearings promptly so that the eligibility indicator is properly set.

If the original court order does not contain the correct language, the child is ineligible for IV-E funding for the remaining of that removal from the home; therefore, it may be some time before a statistical change is apparent for all areas, especially the Northern and Central areas. There may also be differences in the numbers who meet the strict poverty levels required to be eligible. The FCRO will be taking this and other identified issues to the Collaborative as we work together for solutions.

D. Race

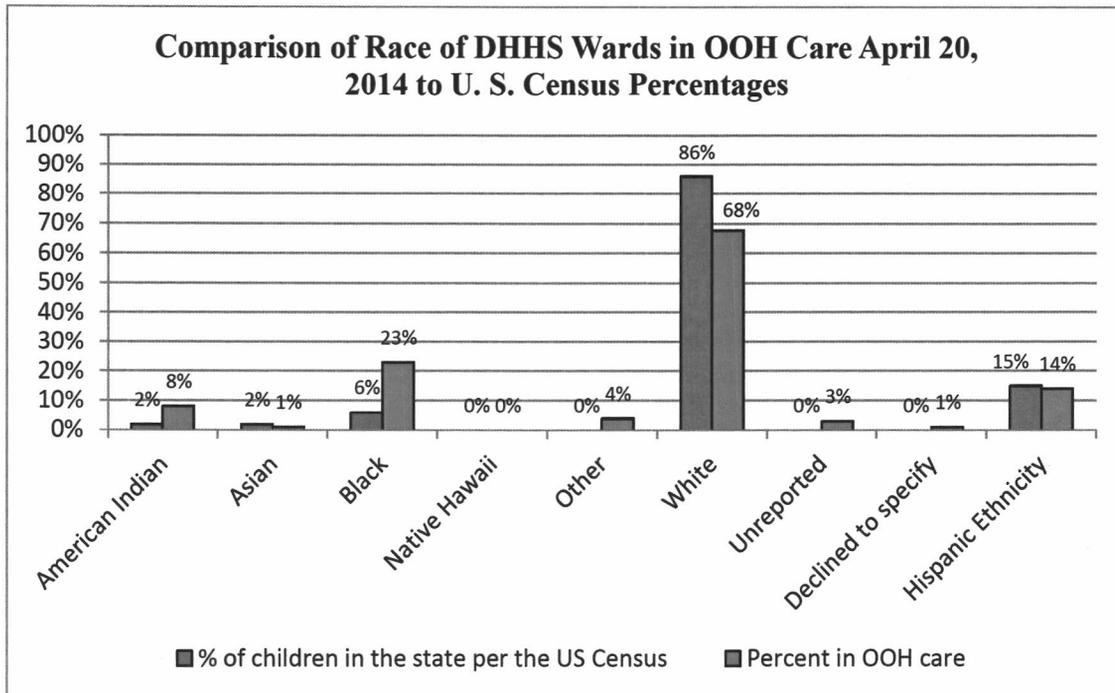
Over and under-representation of certain racial groups does not occur in a vacuum. There is an intersection of issues regarding race, poverty, education, access to services, family makeup and stressors, substance abuse, criminal activities, mental health challenges, and other issues related to the response to child abuse and neglect that makes isolation of any one factor difficult. **The focus should be on if the state is providing child welfare services and interventions proportionate to the children’s needs regardless of the individual child’s race or ethnicity.**

Minority children continue to be overrepresented in the out-of-home population as a whole, as shown below.^{21,22}

²⁰ See the map in Appendix A for the counties of the service areas.

²¹ The source for the general population of children in Nebraska was www.census.gov/popest/data/national/asrh/2012/index.html.

²² The numbers of children in the chart labeled in out-of-home care do not add up to 100% because some children are multi-racial and thus included in each identified race.



Studies such as that conducted by Chapin Hall in 2007 indicate that overrepresentation of children of color in the foster care system is a national issue.²³

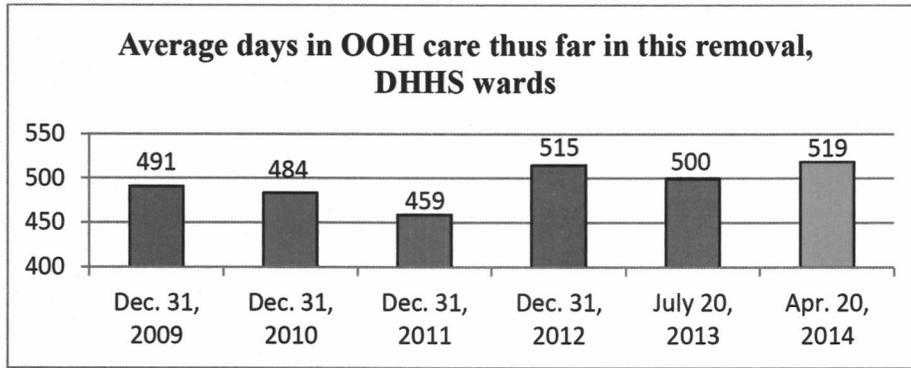
E. Length of Time in Out-of-Home Care

An analysis of the number of days children have been in out-of-home care since their last removal shows that many children have been in out-of-home care for a considerable period of time. The current average is 519 days or 1.4 years. In addition, that time calculation in the chart below does not include previous times in foster care (36% of the children had been removed at least once before).

There are two ways to interpret the data on this chart:

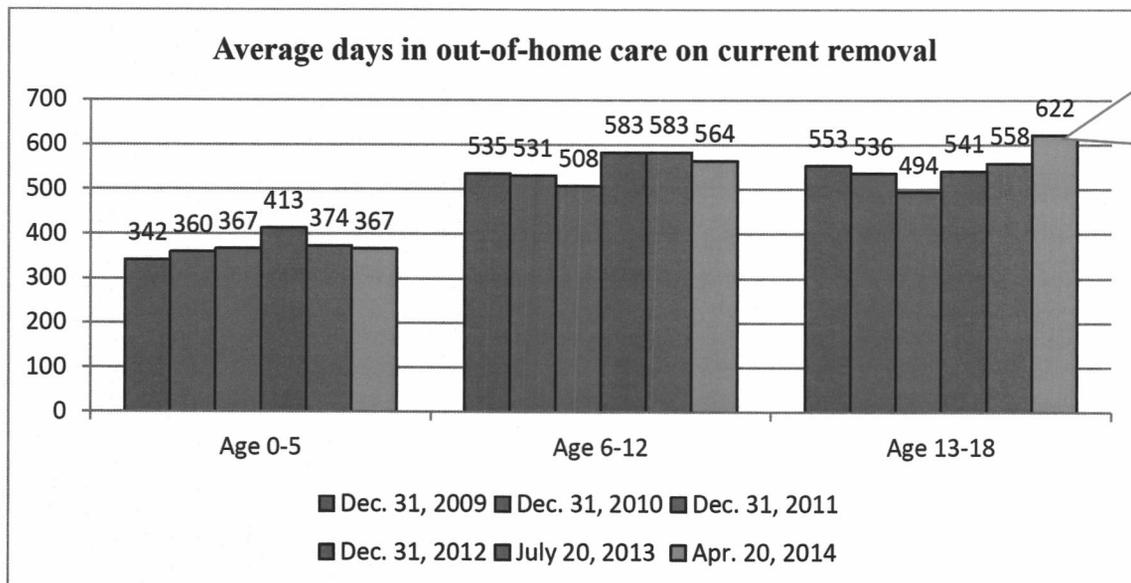
- 1) The number of days is increasing, so the indicator has worsened; or
- 2) There are fewer children in out-of-home care so only the children from cases with the most entrenched issues remain - thus the average days in care could be expected to increase and comparisons to prior averages would be difficult because they would be to a different population of children.

²³ *Racial Disparity in Foster Care Admissions*, by Fred Wulczyn and Bridgett Lery, Chapin Hall, September 2007.



The next graph presents the difference in the average days in out-of-home care by age group. In the past few months:

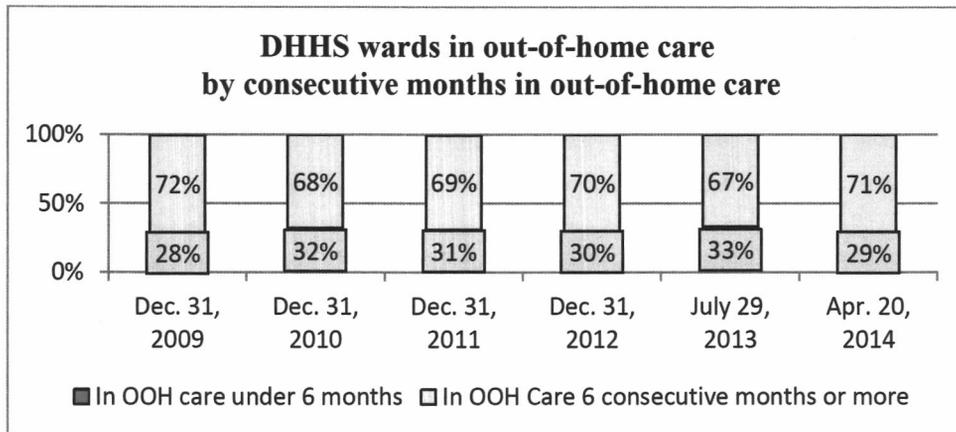
- The average for the 0-5 age group **decreased slightly** (367 on April 20, 2014, compared to 374 days on July 20, 2013).
- The average for the 6-12 age group also **decreased slightly** (564 on April 20, 2014, compared to 583 on July 20, 2013).
- The average for the 13-18 age group **increased significantly** (622 days on April 20, 2014, compared to 558 on July 20, 2013).
 - Much of this can be attributed to the transfer from OJS to Probation. Many of the OJS wards (status offenders and delinquents) had shorter out-of-home stays when compared to the abuse/neglect population; thus, removing them from the population affected the average.



Impacted by the transfer of cases from OJS to Probation

The next chart shows the percentages of the children that had been in care for six months or more on the date specified. While the number of children in care on any given day has

decreased, there has not been significant progress in reducing the percentage of children who remained in out-of-home care for more than six months.



F. Placement Changes

Children may be moved between placements (foster homes, group homes, special facilities) while in out-of-home care. Moves might be a positive thing in the case of a child who needed a high level of care when he/she first entered care and is now progressing toward less restrictive, more family like care. Often moves are due to issues within the system rather than children's needs. In some instances, the cumulative additional turmoil of changing who they live with can be temporarily or permanently harmful for children. Thus, the number of placements for the 3,402 children that were in out-of-home care as of April 20, 2014, is relevant. Most experts find that children will experience serious trauma from four or more placement moves yet, **36% of the children in out-of-home care on April 20, 2014, had reached this level of trauma.**

However, there is some good news.

- The percentage with only one or two lifetime placements has increased.
- The percentage with four or more placements has decreased.

Lifetime Placements (foster homes, group homes, or specialty facilities)				
	In Out-of-Home Care on July 29, 2013		In Out-of-Home Care on April 20, 2014	
	# of children	%	# of children	%
1 placement	992	26%	987	29%
2 placements	741	20%	756	22%
3 placements	472	12%	424	12%
4 placements	315	8%	249	7%
5-9 placements	736	19%	585	17%
10-19 placements	406	11%	297	9%
20-29 placements	92	2%	85	2%
30-39 placements	28	1%	16	>1%
40+ placements	2	0%	3	>1%
Total	3,784	100%	3,402	100%



The FCRO recommends that key stakeholders, particularly DHHS, the Lead Agency for Omaha, and contractors that provide children’s placements, better identify and address placement moves that are done for system reasons rather than to meet a particular need of the child. Collaborative efforts are needed to ensure that children find stability in who is providing their day-to-day care.

The FCRO will continue to monitor progress. In the future, actions such as the Foster Care Rate Committee of the Children’s Commission agreement on foster care rates, the impact of using assessment tools such as Children and Adolescents Needs and Strengths and Nebraska Caregiver Responsibility tool to better match children to caregivers who can provide for their needs, and continued collaborative efforts may positively impact this indicator.

G. Placement Types

If children cannot safely live at home, then they need to live in the least restrictive, most home-like temporary placement possible in order for them to grow and thrive. The chart below compares where children in out-of-home care were living at three points in time. There has been little change since the last quarterly report.

On April 20, 2014, **foster and relative homes, the least restrictive placement types, accounted for 82% of DHHS wards that are placed out-of-home.** The following chart shows how the transfer of many status offenders and delinquents to Probation has changed the percentages in the most restrictive settings, in particular the cells marked in yellow.

Types of Placement for DHHS Wards in Out-of-Home Care						
Type	12/31/2011		12/31/2012		4/20/2014	
Least restrictive *	3,084	71%	2,840	72%	2,782	82%
Moderately restrictive **	650	15%	434	11%	305	9%
Most restrictive ***	468	11%	555	14%	255	7%
Runaway	99	2%	80	2%	51	1%
Other	19	<1%	53	1%	9	>1%
Total	4,320	100%	3,962	100%	3,402	100%

Improvement is partially due to the transfer of some children to Probation.

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

** Moderately restrictive includes group homes and boarding schools.

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

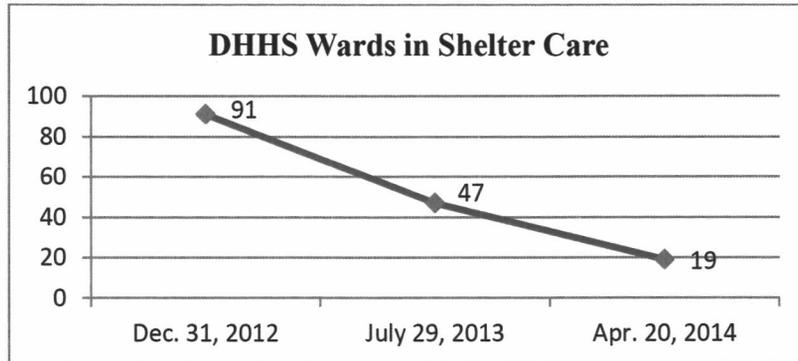
H. Shelter Care

Some children are placed in an emergency shelter pending a more permanent foster placement. Best practice is for shelters to be used for a short period of time. The chart below shows trends in the number of children in shelter placement.

When looking at these trends it is important to consider a major policy change implemented by DHHS effective July 1, 2013. Since that time shelter placements are to add a triage and

assessment component to assist in determining the placement best suited to meet the individual child's needs. And, children can only remain in shelter placement for 20 days. Shelter care placements longer than 20 days require the DHHS Director's approval.

These changes have resulted in a reduction in the total number of children in shelter care as well as the length of time that children remain in shelters. The FCRO commends DHHS for these positive changes.



I. Placement Location

Children in out-of-home care are not always placed within the state of Nebraska. Sometimes this is related to availability of treatment services but other times it is to ensure placement with relatives. Excluding the 57 children who were placed with relatives out of state, as of April 20, 2014, there are **83 children** in some form of congregate (group) care out of state, which does include treatment placements. The following lists the states where these 83 children in group care have been sent.

Arizona	18 children	Minnesota	1 child
Colorado	10 children	Missouri	3 children
Iowa	24 children	Montana	1 child
Idaho	2 children	Ohio	1 child
Illinois	6 children	Oklahoma	1 child
Indiana	1 child	Pennsylvania	1 child
Kansas	10 children	Utah	4 children

Distance between the placement and the parents can be a barrier to continued contact, if such contact is deemed to be beneficial. It also makes it more difficult for case workers and guardians ad litem to continue their oversight of the children's health and safety.

J. Caseworker and Lead Agency Worker Changes

Some level of caseworker turnover is inevitable, but recent years have greatly increased the number of caseworker changes that children and families have experienced. Worker instability decreases the likelihood of complete documentation of parental progress or lack thereof, which is important information that forms the evidence used by courts, DHHS, and other stakeholders to determine case direction. National research clearly shows that under stable case management children's cases tend to progress through the system faster.

The following are some pertinent facts about the lifetime number of caseworker changes DHHS wards in out-of-home care have experienced as reported by DHHS to the Foster Care Review Office.²⁴

- Best practice is to have only one or two caseworkers.
 - In the areas that do not have a lead agency, the FCRO found that:
 - 42% (809 of 1,913) have had two workers or less.
 - 58% (1,104 of 1,913) have had three or more workers.
 - In the Eastern area that does have a lead agency, the FCRO found that:
 - 45% (674 of 1,489) have had two workers or less.
 - 55% (815 of 1,489) have had three or more workers.

One of the chief findings in the oft-quoted *Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff* (2005) was that “increases in the number of worker changes correlated to lessening the chance of permanency achievement.”²⁵

As stated in previous FCRO annual and quarterly reports, worker changes impact case progression. When agencies lack a sufficient number and qualified staff, there is an increase in caseloads causing higher stress levels for those workers who remain in the system. Furthermore, miscommunication and mistakes can occur when children's cases are transferred between workers.

It takes time for a new worker to establish trust with the children and families. Higher levels of worker changes result in a substantial portion of the workforce not being experienced and not having had the chance to develop skills and proficiencies over time.

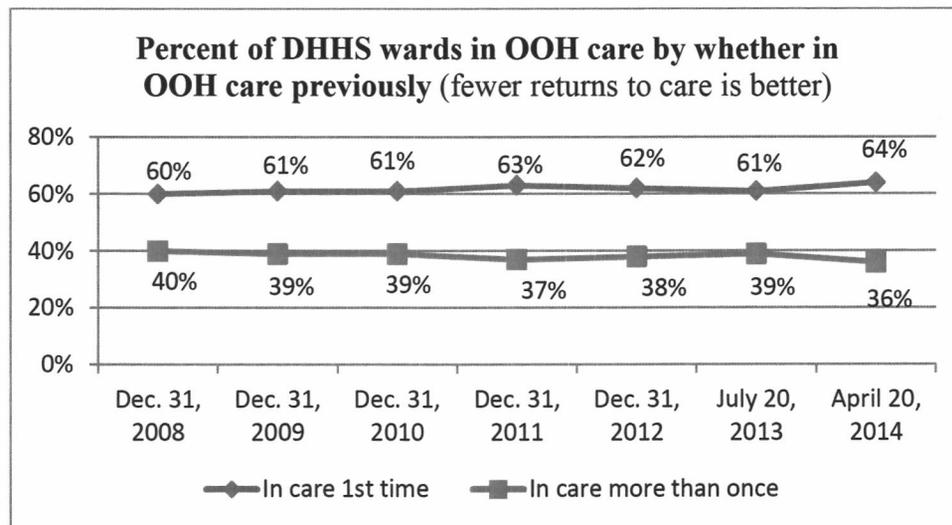
²⁴ There are multiple ways in which DHHS can assign the primary DHHS worker and the lead agency worker to an individual child's case on their N-FOCUS computer system. Each is flawed and affects the accuracy and completeness of the reports on worker changes that DHHS sends the FCRO. It is our understanding that as long as DHHS uses its current methodology these issues will continue. Therefore, the statistics below are issued with the caveat that the number of workers is “as reported by DHHS.”

²⁵ *Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff*, Connie Flow, Jess McDonald, and Michael Sumski, January 2005.

K. Re-entry Rates (see section I for a detailed analysis)

Many children had previously been in out-of-home care at some point during their lifetime. The FCRO measures this over the **child's lifetime** as opposed to within the past 6-12 months because every out-of-home entry may cause additional trauma for the child. There can be a number of reasons for re-entry, such as premature reunification, multiple mental health episodes, or the need for children to reintegrate prior abuse or neglect as they become adolescents. Data indicate that the number of removals is fairly consistent across service areas.

As the next chart indicates, the ratio of single removals to multiple removals has remained constant for many years, and recently had a slight improvement. The FCRO will continue to monitor to see if progress can be made on this issue.



Appendix A Definition of Service Areas

The following map showing the Service Areas is courtesy of the Department of Health and Human Services. Service Areas are defined by statute.



Appendix B

Structured Decision Making (SDM®)

Structured Decision Making (SDM®)²⁶ is a proprietary set of tools now being utilized by the Department of Health and Human Services in order to determine the need for an out-of-home placement and the potential viability of returning children to the parental home.

SDM® is based on research that shows that for complex decisions, structured frameworks often result in more reliable and accurate decisions than clinical judgment alone, even for highly skilled professionals. Decisions in child protection and foster care are among the most complex in the social services field, requiring workers to consider short-term safety and long-term risk. These are critical decisions for both children and families.

Recognizing these complicating factors, DHHS chose to adopt the SDM® structured assessment tools to guide key decisions at critical points during its involvement with children and families.

Potential benefits of SDM® include:

- Crucial decisions can be made with consistency and accuracy.
- The tools utilize national research to reach findings of child vulnerabilities, safety threats, safety interventions, and decisions regarding placement safety and suitability.
- Findings have been validated through national research and the experience of the many other states that are using this product.
- Workers can use the information organized in the structured tools to explain to families how they will make decisions and to explain why they have made a decision to which the family disagrees.
- The tool prioritizes information gathering and fact-based decision-making.
- The tool improves decisions in “borderline” cases. While decisions at the extremes of the spectrum can be easily made, cases that fall closer to the middle can sometimes be difficult to decide. The assessments help clarify criteria and allow workers to make decisions more swiftly with greater confidence.
- It provides a common language for discussing decision making, and helps focus case narrative.
- The tool can help verify and support decision-making.
- If fidelity to the model is maintained, it provides for greater transparency in decision-making with community stakeholders.
- Families can be ensured that decisions are based on established protocols that are consistently used to assess all families. By sharing how decisions are to be derived, families may have less anxiety, resentment, and/or resistance.

²⁶ This page is derived from a variety of materials provided by DHHS during stakeholder informational meetings.

Appendix C Foster Care Review Office

Mission Statement

The Foster Care Review Office's mission is to ensure the best interests and safety needs of children in out-of-home care are being met through maintaining a statewide independent tracking system; conducting external citizen reviews; disseminating data, analysis, and recommendations to the public, the child welfare system, and the Legislature; and monitoring youth placements.

Vision

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

Purpose for Tracking System

The Foster Care Review Office is mandated to maintain an independent tracking system of all children in out of-home placement in the State. The tracking system is used to provide information about the number of children entering and leaving care as well as other data regarding children's needs and trends in foster care, including data collected as part of the review process, and for internal processes.

Purpose of Reviews

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

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

Foster Care Review Office
Kim B. Hawekotte, J.D., Director
521 S. 14th, Suite 401
Lincoln NE 68508
402.471.4420

email: fcro.contact@nebraska.gov
www.fcro.nebraska.gov

NEBRASKA CONTINUOUS QUALITY IMPROVEMENT (CQI)



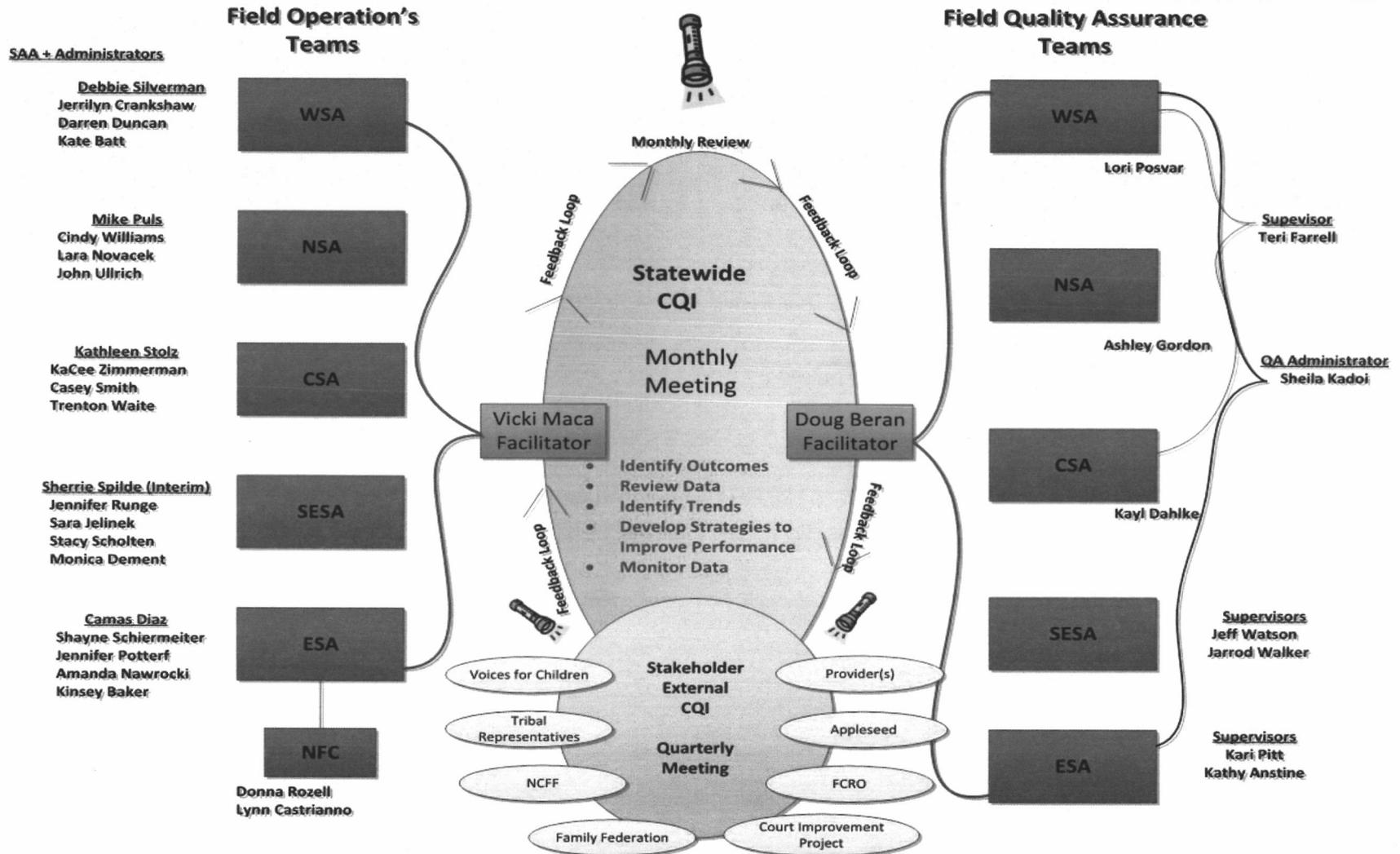
Child Protection & Safety

Our Vision: Children are safe and healthy and have strong, permanent connections to their families.

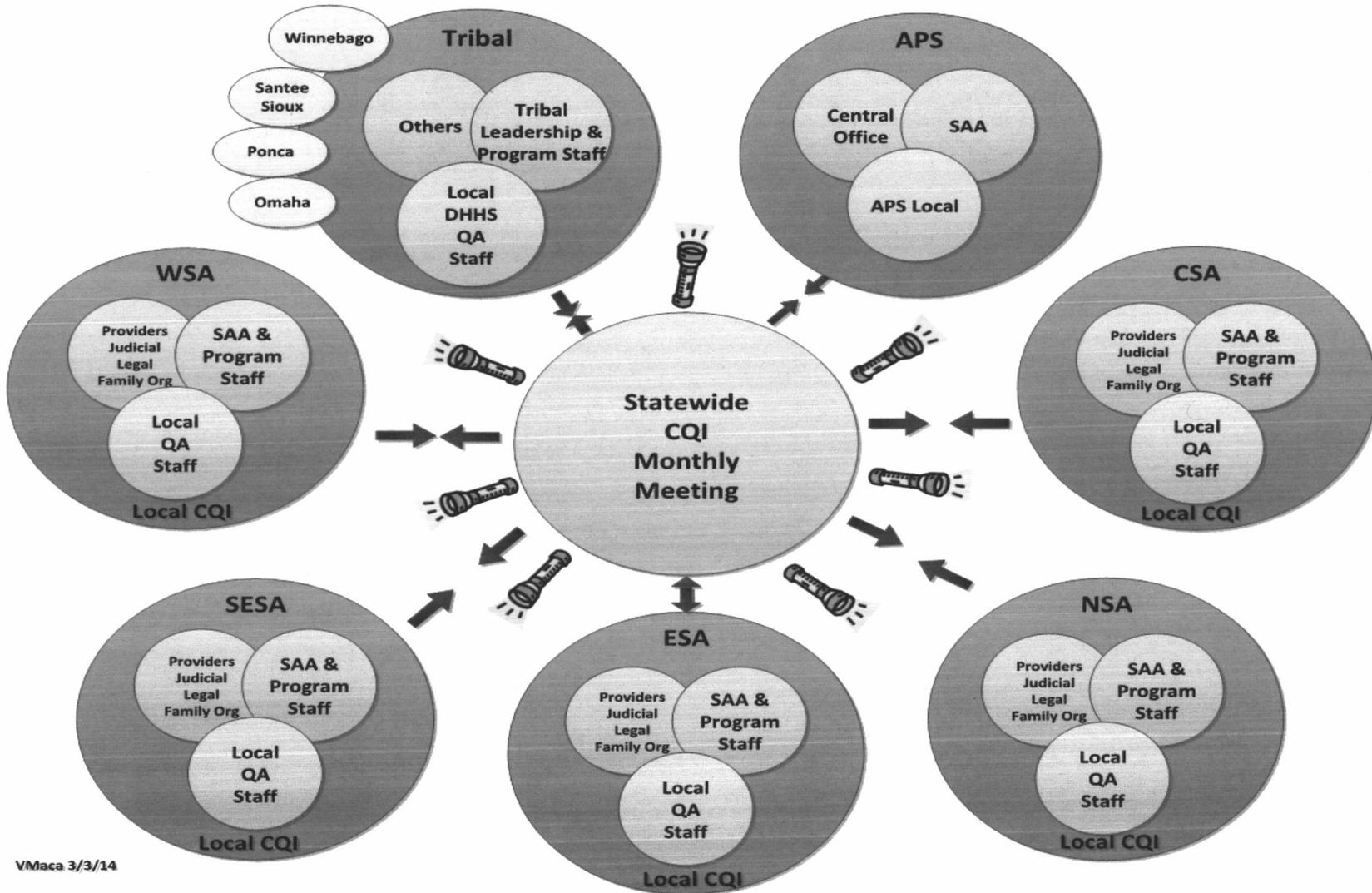
Our Commitments:

1. Children are our #1 priority
2. We respect and value parents and families
3. We value partnerships
4. We are child welfare professionals

Statewide CQI Process



Local CQI Process



DCFS Child Protection and Safety

Operations Meetings (Wednesday)

- Half day each month in Lincoln
 - Focused on field operations, policy and leadership development
 - Field = All Administrators, 1 or 2 supervisors and 2 workers
 - Central Office = Program Specialists and Administrators
 - NFC = Leadership and 1 or 2 Supervisors / Workers

Continuous Quality Improvement Meetings (Thursday)

- One full day in Lincoln x 8 year
 - Focused on review of Operations Plan and corresponding CQI Data
 - Strategy development
 - Combination of Program S=staff and Quality Assurance staff
 - Includes NFC staff
- Exteranal Stakeholder CQI Meeting x 4 year

Federal IM 12-07

- **CQI Structure**
 - Statewide Quality Assurance program with autonomous oversight and dedicated staff
 - Continual training of CQI staff is occurring and QA is collaboratively working with Policy, Training and Administrators to ensure QA's decisions are based upon common policy and to help policy with Administrator's situations
 - Written policies and procedures are being updated and produced where they don't exist
- **Quality Data Collection**
 - Common data collection and measuring process statewide
 - All QA staff are trained and utilize the same QA Tools
 - CFSR reviews are performed by the same staff and reported consistently
 - 2nd level reviews occur on all processes to ensure consistent QA and learning opportunities
- **Case Record Review Data and Process**
 - Quality unit is responsible for all case reviews
 - Case review system has been developed to randomly select cases statewide, provide the QA person with correct review questions and stores results in a non-editable location.
 - Case review system has been modified to allow for testing of specific CFSR questions by service area as needed and generate an email to the worker.
 - Inter-rater reliability testing is ongoing to ensure consistent scoring.
- **Analysis and Dissemination of Quality Data**
 - Statewide case review system has been developed to review all cases selected for review
 - Data is reported statewide and by service area
 - An extensive array of performance reports are created and distributed at monthly CQI meeting
- **Feedback to Stakeholders**
 - Results are used to inform training, policy, stakeholders, community partnerships and others as a means to identify and communicate improvement opportunities and areas of strength
 - Supervisors and field staff understand how results link to daily casework practices; results are used by supervisors and field leadership to assess and improve practice.
 - First stage of CQI communications is monthly Statewide CQI meeting. Second stage of CQI communications is local CQI meetings. At the local level 4-6 areas of improvement have been selected and structured teams created to analyze the results and identify improvement opportunities.

Safely Decrease the Number of State Wards

Strengths/Opportunities:

Lower number of entries than exits.

LB-561 became effective Oct 1, 2013. This results in 3b and OJS youth being cared for by probation rather than CFS

Barriers:

Action Items:

***Completed:**

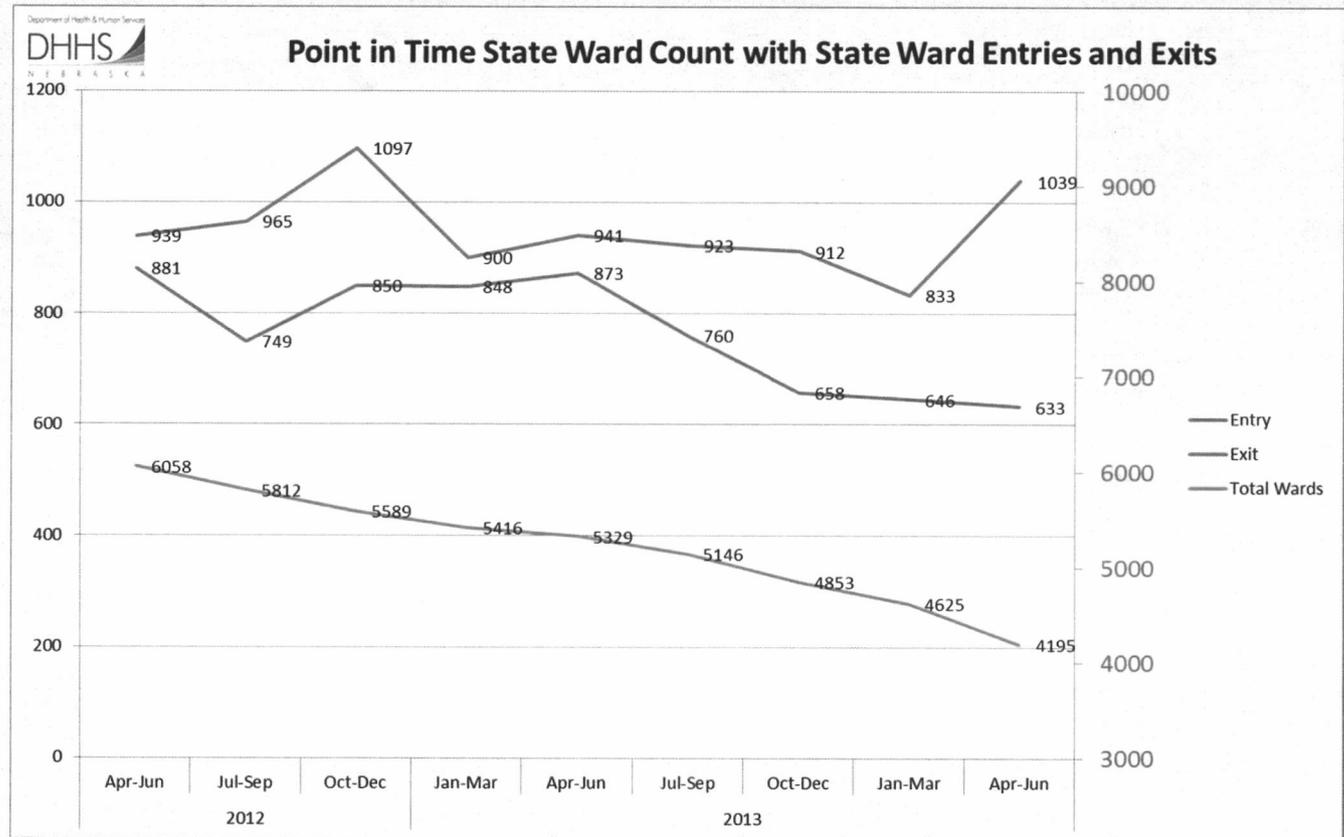
- 40 Day Focus Initiatives
 - A.) All wards living at home 60 days or more. 421 wards achieved permanency as a result of this initiative.
 - B.) All wards in out of home care over 180 days. 123 wards achieved permanency as a result of this initiative.
 - C.) OJS & 3B Youth. 228 wards achieved permanency as a result of this initiative.

***Planned:**

CQI Team Priority:

* Statewide

OUTCOME STATEMENT: Children and Family Will Have Timely Access to the Services and Support They Need



Safely Decrease the Number of State Wards

Strengths/Opportunities:

NSA continues to have fewer wards per 1,000 than what is expected compared to the national average of 5.2/1,000.

Barriers:

Action Items:

**Completed:*

- 40 Day Focus Initiatives
 - A.) All wards in out of home care over 180 days. 123 wards achieved permanency as a result of this initiative.
 - B.) OJS & 3B Youth. 228 wards achieved permanency as a result of this initiative.

**Planned:*

CQI Team Priority:

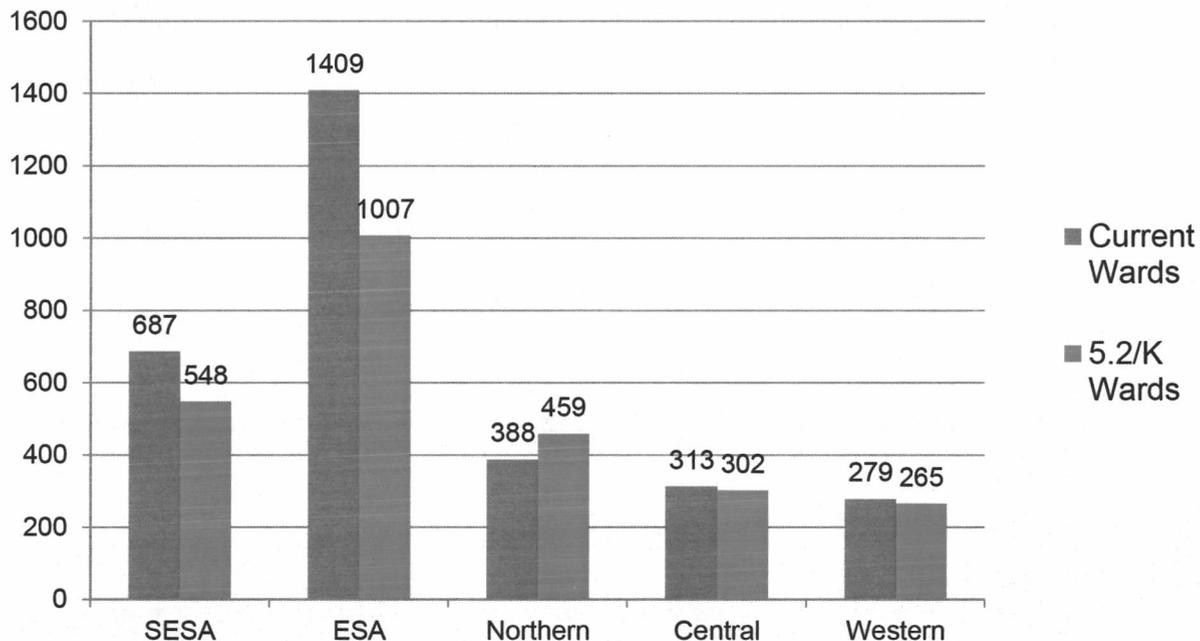
* Statewide

Data Review Frequency: Monthly

OUTCOME STATEMENT: Children and Family Will Have Timely Access to the Services and Support They Need



OOH Wards Currently and with of 5.2/1,000 Population - 7/9/2014



Data Source: Point in time report 7/9/2014. Out of Home Court wards using 2012 Claritas youth population < 19 yrs. of age.

Note: Count by County Report is now available.

OUTCOME STATEMENT: Children Involved in the Child Protection System are Safe

IA – Contact Timeframes

Strengths/Opportunities:

May 2014: Decrease in P1, P2 & P3. The most common reason for missed contacts is due to No SDM Found.

Note: Intakes accepted for APSS or OH investigations were included in this measure for the first time in November 2013.

Barriers:

- Intakes not tied to Assessments
- ARP ID # errors

Action Items:

***Completed:**

- Direction was given to hotline staff to restart N-Focus at midnight in order to reset the clock used to calculate timeframes.

-4/30/13 Doug Beran emailed document to all CFS Admin/Supervisors providing guidance accessing the report to identify items not tied. Not tied includes instances where the ARP ID on Assessment does not match ARP ID on Intake.

-Reminders and Directions were given to IA staff regarding the following:

* P1 time is based on 24 hours from the time the call is closed by the hotline, so 8:00 am means we must respond by 8:00 am the following day.

* When a meeting occurs prior to the hotline received date, the worker should either notify the hotline that the received date was in the past review the SDM report and set the received date to the proper date

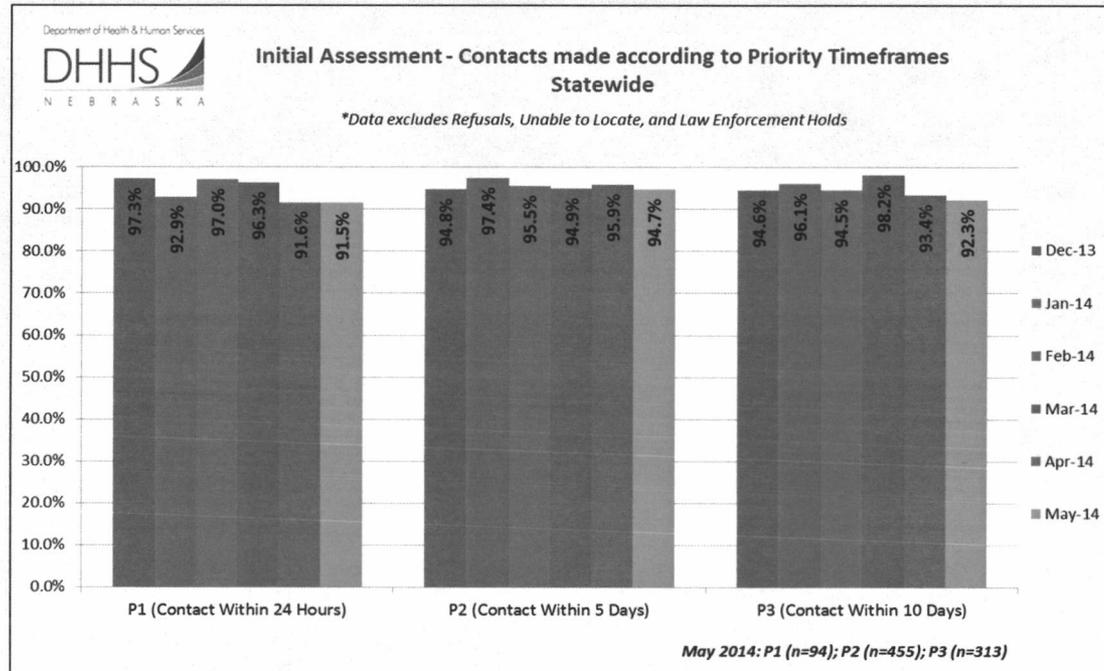
* Quick Tip Captivate Video was produced with instructions on how to access reports on InfoView and specifically how to use weekly Intake and SDM Reports.

***Planned:**

- CQI Team Priority:

- Statewide
- Western Service Area

*Refer to Local Service Area Action Plan Forms for detailed Action Items and Strategies for each Service Area.



Count Missed by Admin	
Tribal	11
Schiermeister	3
Bro	12
Zimmerman	7
Baker	4
Jelinek	6
Crankshaw	2
Spilde	1
Stolz	1
Unknown Central	2
Duncan	2
Potterf	1
Runge	1
Steuter	3
Total	56

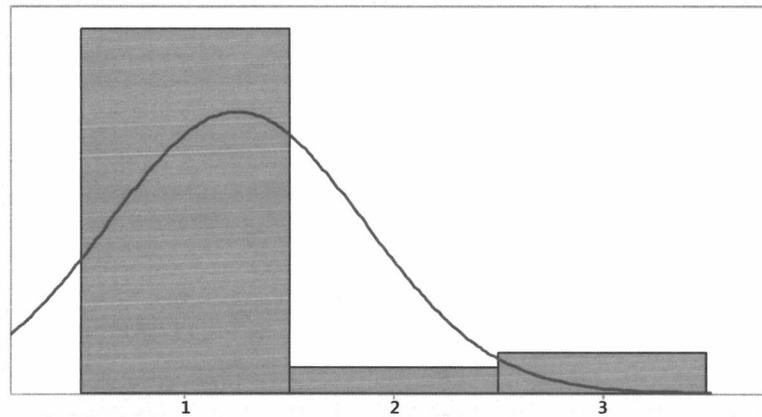
Reason for Missed Contacts	
Not Tied - No Safety Assessment Found	20
Not Timely	17
Contact Date Prior Intake Date	1
No Victim in the Intake/Assessment	3
No Contact Documented	9
No exception narrative	1
Accepted for OHA-No Assessment	3
Duplicate ARP	2
Total	56

Note: Intakes accepted for APSS or OH investigations were included in this measure for the first time in November 2013.

Safety Assessments for the Purpose of Initial Assessment 10/01/2013 to 05/31/2014

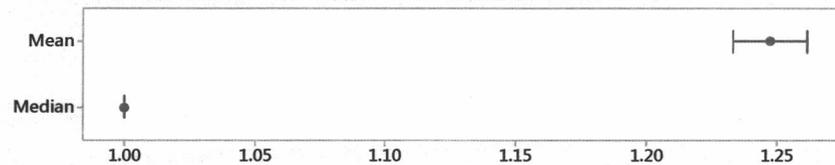
- 1=Safe
- 2=Conditionally Safe
- 3= Unsafe
- The statewide mean is 1.2.

Summary Report for Safety Level



Anderson-Darling Normality Test	
A-Squared	1951.66
P-Value	<0.005
Mean	1.2477
StDev	0.6116
Variance	0.3740
Skewness	2.26354
Kurtosis	3.48906
N	7066
Minimum	1.0000
1st Quartile	1.0000
Median	1.0000
3rd Quartile	1.0000
Maximum	3.0000
95% Confidence Interval for Mean	
	1.2334 1.2619
95% Confidence Interval for Median	
	1.0000 1.0000
95% Confidence Interval for StDev	
	0.6017 0.6218

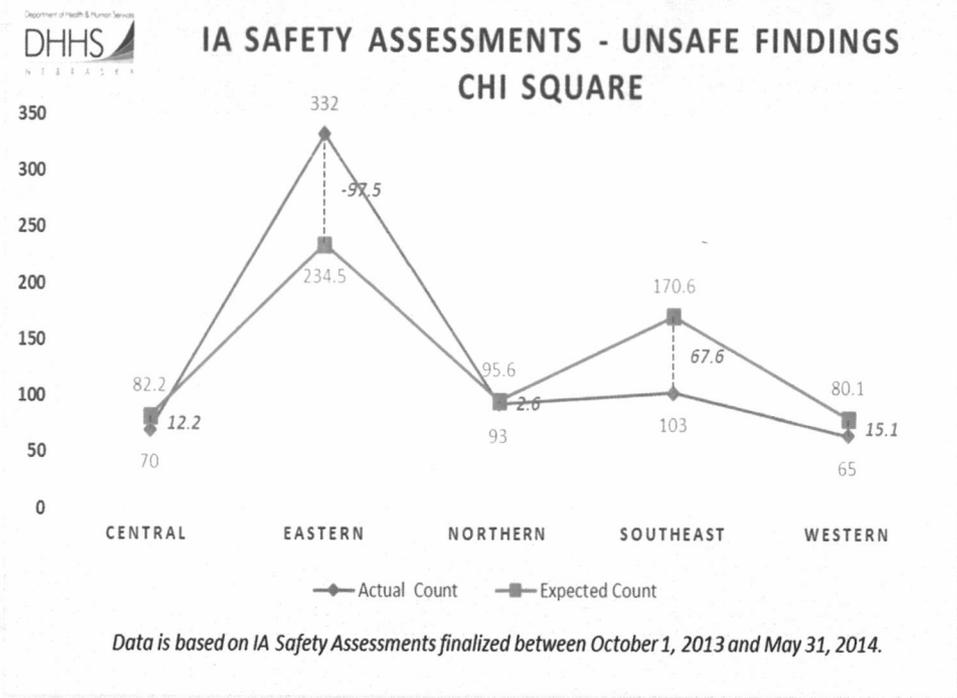
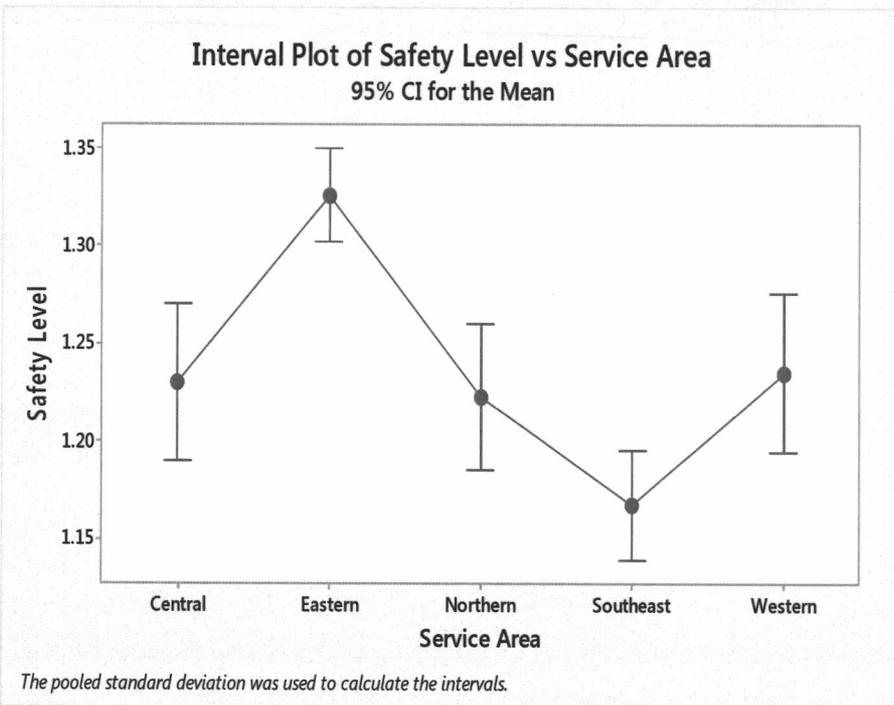
95% Confidence Intervals



- 1 = Safe
- 2 = Conditionally Safe
- 3 = Unsafe

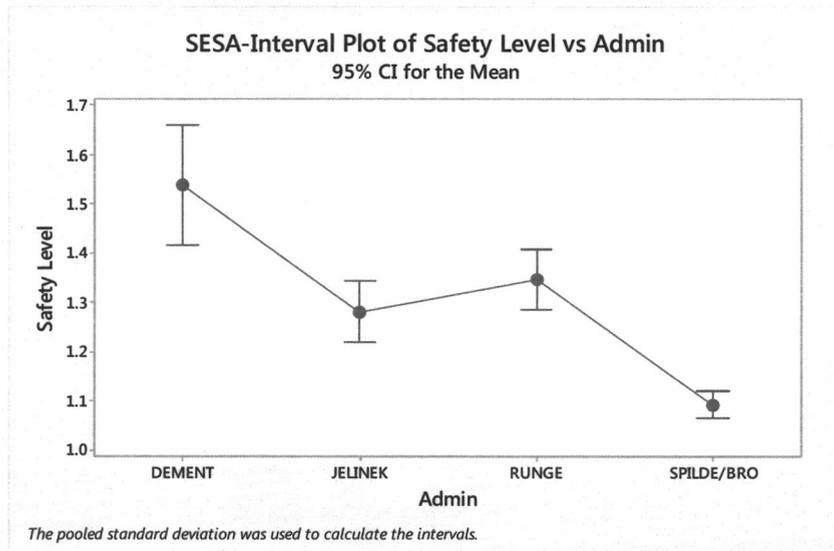
Safety Assessment Analysis

- There is difference between the service areas safety assessment scores. Analysis indicates youth in SESA are more likely to be safe, and ESA youth are more likely to be unsafe.
- Statewide CQI meeting is used to assess and discuss these differences.



ANOVAs by Administrator

Southeast Service Area

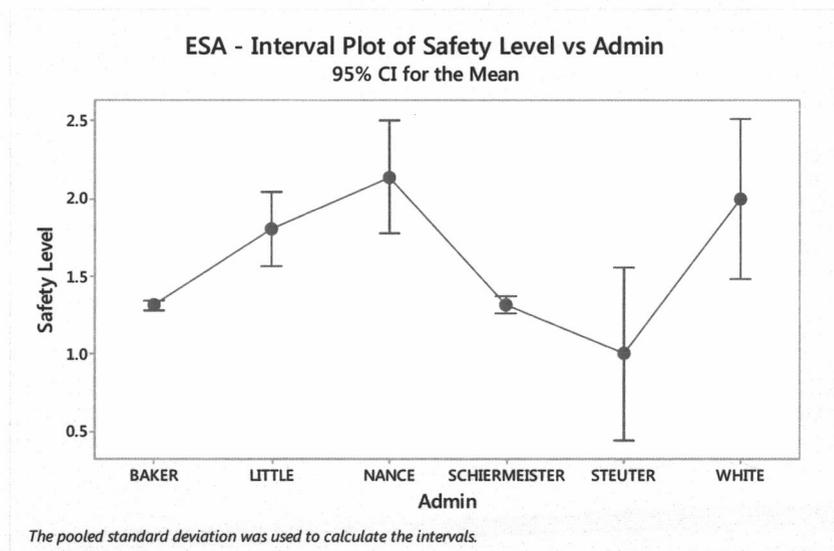


Means P-Value = 0.000

Admin	N	Mean	StDev	95% CI
DEMENT	61	1.5410	0.7433	(1.4187, 1.6633)
JELINEK	234	1.2821	0.6331	(1.2196, 1.3445)
RUNGE	241	1.3485	0.7151	(1.2870, 1.4101)
SPILDE/BRO	1280	1.0938	0.3759	(1.0670, 1.1205)

Pooled StDev = 0.487144

Eastern Service Area



Means P-Value = 0.000

Admin	N	Mean	StDev	95% CI
BAKER	1827	1.3136	0.6876	(1.2819, 1.3454)
LITTLE	31	1.806	0.910	(1.563, 2.050)
NANCE	14	2.143	1.027	(1.780, 2.505)
SCHIERMEISTER	613	1.3165	0.6819	(1.2617, 1.3713)
STEUTER	6	1.000	0.000	(0.446, 1.554)
WHITE	7	2.000	1.000	(1.487, 2.513)

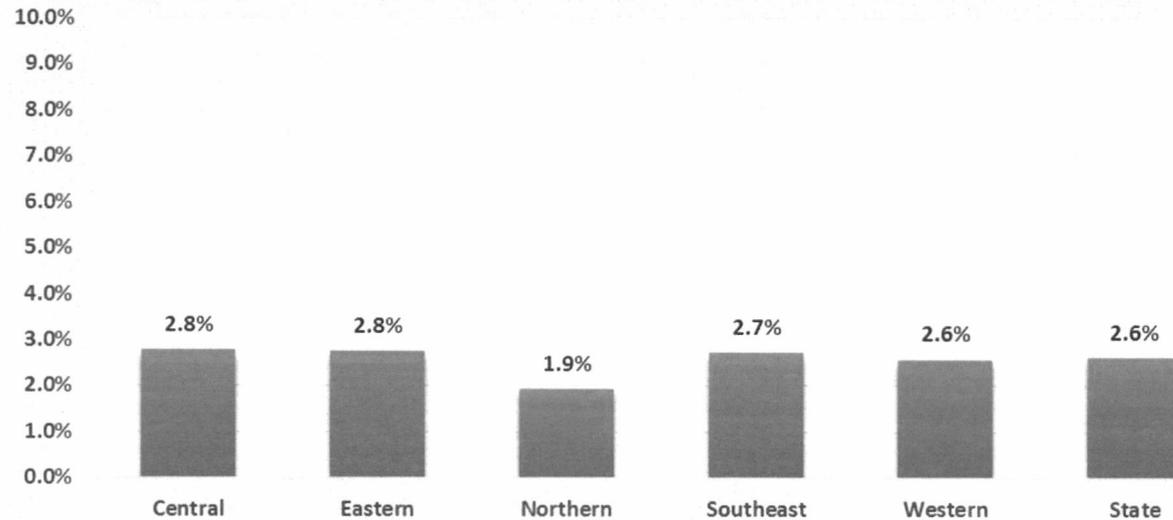
Pooled StDev = 0.691744

IA Safety Assessments completed between 10/01/2013 and 05/31/2014 with a subsequent substantiation.

The Southeast Service Area has a lower percent than the Central and Eastern Service Areas.



% with a Subsequent Substantiation



Data is based on a Count of Children assessed from October 1, 2013 to June 8, 2014 who experienced a subsequent substantiation following an initial substantiation.

SDM Analytical and Case Reviews

- Case review of assessments where DCFS has a scoring variance between service areas, e.g., Well-being, Safety Assessment, FSNA
- Youth that are discharged with a reason of 'Custody Returned to Custodial Parent' and 'Non-Court Involved Children' (Risk Re and Safety Assessment or Reunification Assessment)
- Youth in Home 6 months or more AND most recent Risk Re Score of Low or Moderate (Trial Home Visit Youth)
- Youth out of Home 6 months or more AND most recent reunification shows Low/Moderate Risk, Acceptable Parenting Time, Safe or Conditionally Safe
- Youth out of Home AND most recent safety assessment or reunification shows conditionally safe
- Youth placed out of state in congregate care with high FSNA Well-Being Scores (well-being scores indicating no needs for the youth).

SDM Family Strengths and Needs Assessment (FSNA)

Strengths/Opportunities:

# of State Wards with NO Finalized FSNA			
	Apr	May	Jun
State	43	14	16
CSA	4	1	0
ESA	10	2	1
NSA	16	1	1
SESA	3	3	2
WSA	10	7	12

Barriers:

Action Items:

**Completed:*

- 10 Week SDM Refresher Trainings were implemented statewide.
- Full Day SDM Training Sessions facilitated by Training, CQI and Policy staff for CFS Administrators and Supervisors
- Local CQI SDM workgroups implemented different strategies to improve staff proficiency in SDM (i.e. collaborative training with DHHS Legal staff, etc.)
- Quick Tip video instructions made available to CFSS Staff (1. Introduction to Infoview reports and 2.) How to use SDM Weekly reports to manage SDM assessments.

**Planned:*

- Supervisory Training will be implemented to assist supervisors to be able to coach and supervise to the SDM model.
- Workgroup will be meeting to put together materials to help staff use SDM tools to drive case plan goals and reflect progress in Court Reports.

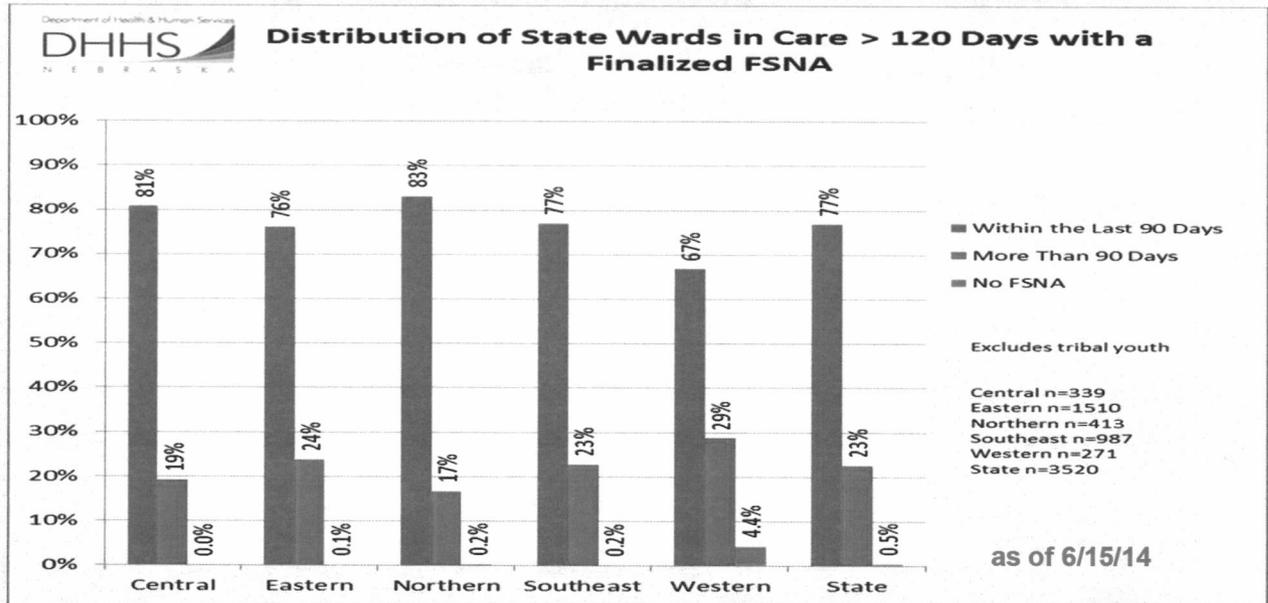
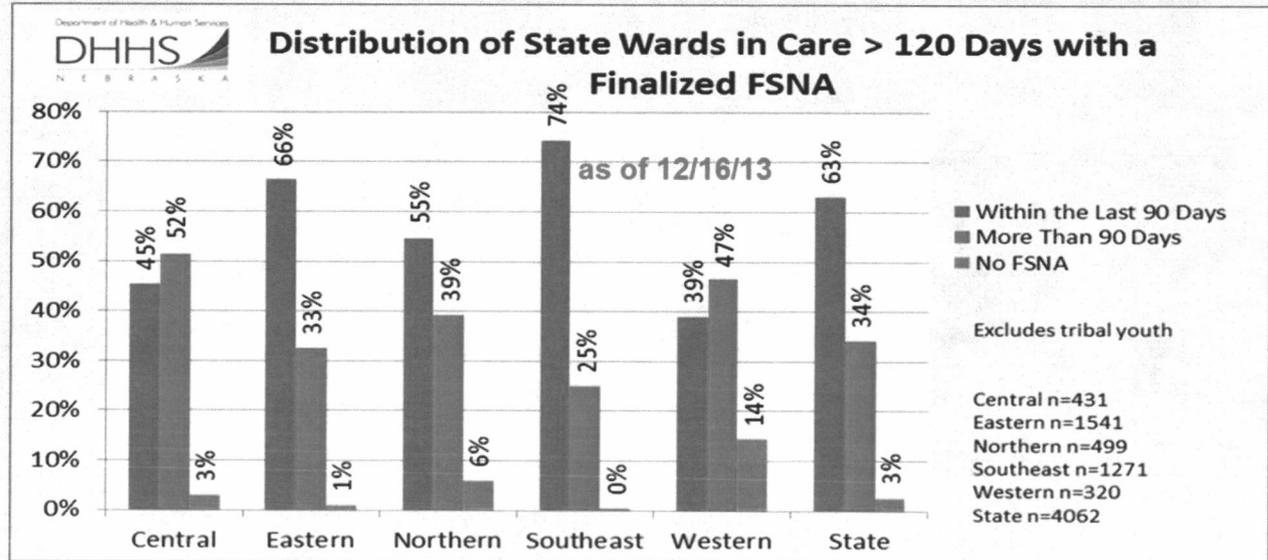
CQI Team Priority:

* ALL Service Areas

***Refer to Local Service Area Action Plan Forms for detailed Action Items and Strategies for each Service Area.**

Data Review Frequency: Monthly

OUTCOME STATEMENT: Children Involved in the Child Protection System are Safe



Youth Placed Out of State

Strengths/Opportunities:

July 2014: On July 11th, 2014 – there were 131 youth placed outside of Nebraska. 52% of these youth are placed in congregate care.

Total Number of Youth Out of State:

March 2014 = 199

June 2014 = 150

July 2014 = 131

Barriers:

Action Items:

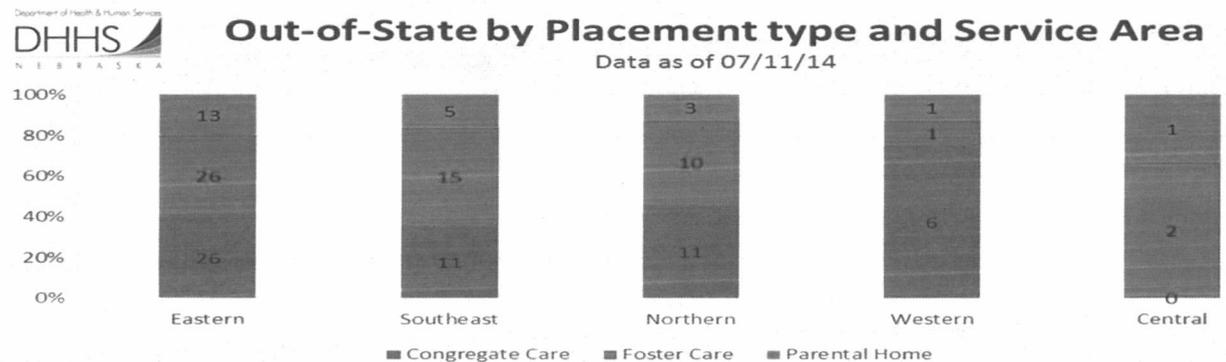
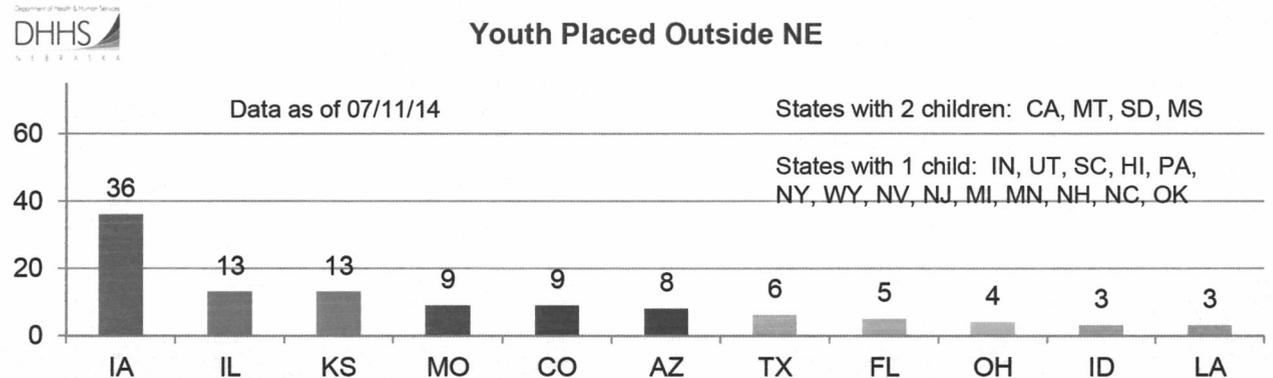
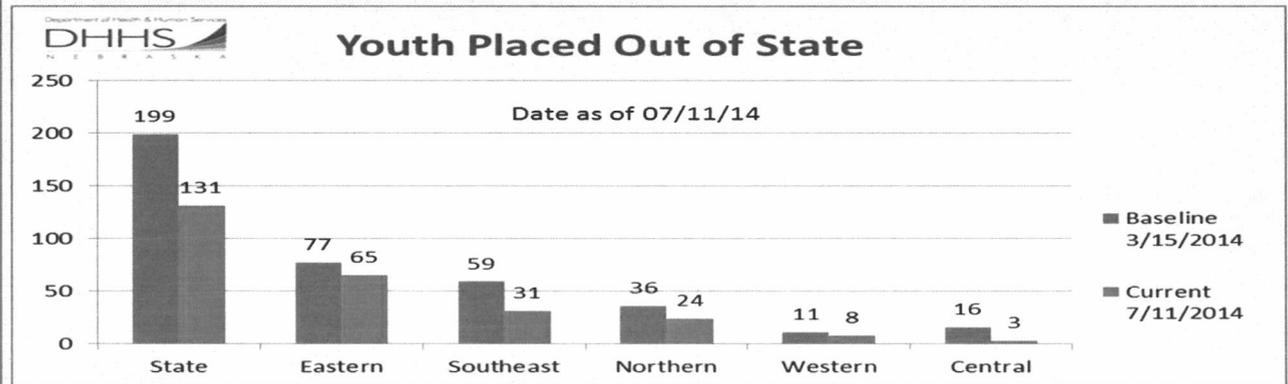
Foster home = Relative, Kinship, Traditional,

*Refer to Local Service Area or Tribal Action Plan Forms for detailed Action Items and Strategies for each Area/Tribe.

Data Review Frequency: Monthly

www.dhhs.ne.gov

OUTCOME STATEMENT: Children Will Achieve Timely Permanency



*Includes all youth and all placements out of Nebraska (parent/congregate/foster).

Federal Visitation with State Wards

Strengths/Opportunities:

May 2014: New Fed Fiscal Year began in October 2013. The Federal Measure is 90%, this will increase to 95% in 2015. NE has set goal at 95% in preparation for the change with the federal measure. **State performance remains at 95% this month. Performance is 98% and above for all Service Areas but at 24% for Tribal Cases.**

Note: In SFY11, NE reported 48.4% monthly child contact with this federal measure! WOW!!!

Barriers:

-Lack of documentation in tribal cases

Action Items:

**Completed:*

-Case Management Due Date Report includes Monthly Child Contact.

-Sherri Haber and Sherri Eveleth will work with Vicki Maca to identify and provide support to the tribes

-SAA/CFS Admin have been submitting a list and reasons for all missed worker visits with the child to the Deputy Director for review.

-SAA/CFS Admin have been coordinating visits with all youth placed out of state to ensure visits are taking place every month.

**Planned:*

-Some Service areas are planning to implement quality reviews and training with their staff on the quality of face to face contact.

-CQI Team will provide captivate and instructions on the new/improved required contact fields on N-FOCUS.

CQI Team Priority:

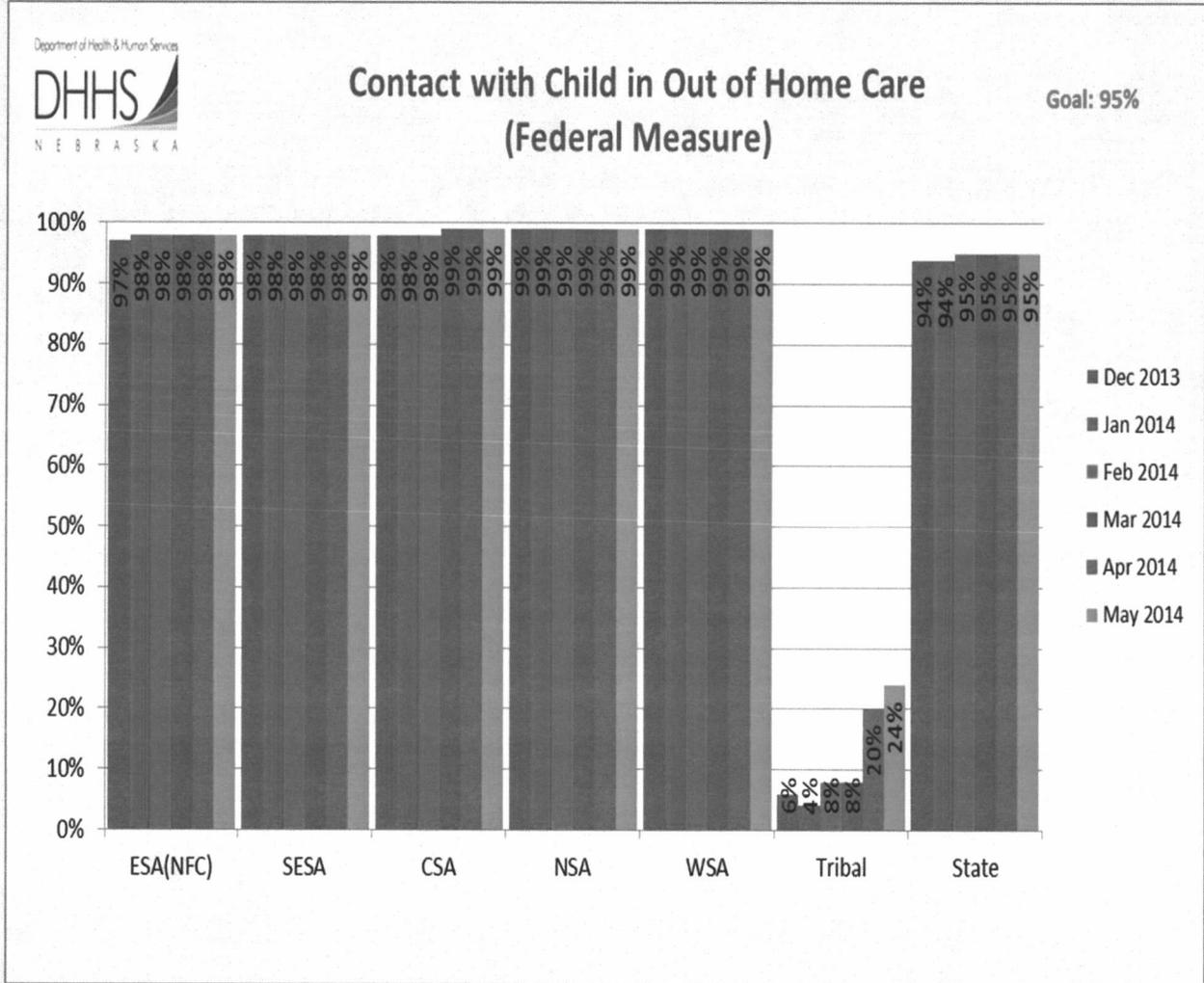
*Central and Southeast Service Areas

*Tribes

***Refer to Local Service Area or Tribal Action Plan Forms for detailed Action Items and Strategies for each Area/Tribe.**

Data Review Frequency: Monthly

OUTCOME STATEMENT: Children Will Achieve Timely Permanency



Case manager will have monthly face to face contact with the child. This federal visitation requirement is a cumulative measure for the federal fiscal year (October to December). Youth are required to be visited 95% of the months they are in out of home care. Data includes OJS Wards. (Data Source: Federal Visitation Data - NFOCUS/InfoView Reports).

Nebraska Federal Indicators Matrix May 2014

 Department of Health & Human Services NEBRASKA	Absence of Maltreatment Recurrence	Absence of Maltreatment in Foster Care	Timeliness and Permanency of Reunification	Timeliness of Adoption	Permanency for Children in Foster Care	Placement Stability
Federal Target:	94.60%	99.68%	122.6	106.4	127.7	101.5
Eastern	97.3%	99.37%	117.8	132.6	151.0	104.1
Southeast	97.2%	99.94%	126.9	137.9	155.9	100.3
Central	95.1%	100.00%	112.8	114.7	159.5	102.0
Northern	96.1%	99.88%	119.1	126.9	158.7	110.2
Western	96.0%	99.83%	111.6	141.0	145.8	101.7
State	96.6%	99.70%	118.5	127.7	154.4	103.0

= Passing the Federal Indicator
 = Not Passing the Federal Indicator

* This chart was added to the CQI document in June 2014

Federal CFSR Review Round 3

Strengths/Opportunities:

Review will be performed during summer/fall 2017

Barriers:

The CFSR exam is very comprehensive, detailed and requires near perfection in all case management facets to pass.

Review includes contacts with worker, youth, foster parents, parents to ascertain final score.

Action Items:

At each CQI meeting for the next 20 months, we will be discussing in detail each of the measures with the goal of passing the Federal Measure the first time and avoiding the required, and arduous, Program Improvement Plan.

CQI Team Priority:

OUTCOME STATEMENT: Successful Completion of Federal Review measuring Safety, Permanency and Well-Being of youth in our care

	CFSR and NE-CFSR Findings by Item								
	February/March 2013 Reviews			May/October 2013 Reviews			December 2013/February 2014		
	PUR: 2/1/2012 - 2/1/2013			PUR: 5/1/2012 - 10/1/2013			PUR: 12/1/2013 - 2/1/2014		
	Strength	ANI	%	Strength	ANI	%	Strength	ANI	%
Item 1: Timely Response	35	6	85.4%	0	0	N/A	100	7	93.5%
Item 2: Repeat Maltreatment	25	3	89.3%	0	0	N/A	57	11	83.8%
Item 3: Safety Services	49	5	90.7%	0	0	N/A	112	5	95.7%
Item 4: Intial/Ongoing Risk & Safety Assessments	107	43	71.3%	312	78	80.0%	210	30	87.5%
Item 5: Foster Care ReEntries	26	1	96.3%	0	0	N/A	62	0	100.0%
Item 6: Stability of Foster Care	81	8	91.0%	0	0	N/A	133	22	85.8%
Item 7: Permanency Goals	52	37	58.4%	54	31	63.5%	118	38	75.6%
Item 8: Reunification & Guardianship	51	22	69.9%	0	0	N/A	107	26	80.5%
Item 9: Adoption	56	18	75.7%	0	0	N/A	38	27	58.5%
Item 10: Other planned permanent living arrangement	7	5	58.3%	0	0	N/A	19	8	70.4%
Item 11: Proximity of Foster Care	74	3	96.1%	0	0	N/A	142	2	98.6%
Item 12: Placement with Siblings	28	6	82.4%	0	0	N/A	60	2	96.8%
Item 13: Visits with Parents and Siblings	39	39	50.0%	0	0	N/A	92	52	63.9%
Item 14: Preseving Connections	67	22	75.3%	0	0	N/A	134	22	85.9%
Item 15: Relative Placement	32	40	44.4%	0	0	N/A	84	30	73.7%
Item 16: Relationship of child with parents	29	46	38.7%	0	0	N/A	94	51	64.8%
Item 17: Needs & Services to child, parent, and foster parent	75	75	50.0%	198	192	50.8%	255	225	53.1%
Item 18: Case planning	72	77	48.3%	183	195	48.4%	238	230	50.9%
Item 19: Caseworker visits with child	100	50	66.7%	268	122	68.7%	356	124	74.2%
Item 20: Caseworker visits with parent	36	101	26.3%	99	255	28.0%	145	304	32.3%
Item 21: Educational needs	98	12	89.1%	181	6	96.8%	158	11	93.5%
Item 22: Physical Health needs	77	21	78.6%	149	28	84.2%	141	32	81.5%
Item 23: Mental Health needs	89	14	86.4%	175	8	95.6%	155	9	94.5%