

The Nebraska Foster Care Review Office Quarterly Report

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



Issued March 15, 2014

This quarterly report is provided by the Foster Care Review Office pursuant to Neb. Rev. Statute §43-1303(4) to present relevant data and other information to policy makers and child welfare stakeholders in order to improve conditions for children in out-of-home care.

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, and make recommendations on conditions and outcomes for Nebraska's children in out-of-home care, including any needed corrective actions. The FCRO is an independent state agency, not affiliated with the Department of Health and Human Services, the Courts, or any other child welfare entity.

This quarterly report is provided pursuant to Neb. Rev. Statute §43-1303(4) to provide relevant data and other information to policy makers and child welfare stakeholders in order to improve conditions for children in out-of-home care. In addition to presenting a snapshot of all children in out-of-home care on December 31, 2013, the purpose of this report is to assess the extent to which data indicate that there are signs that the child welfare system is now stabilizing.

To do so, we present data for a specific cohort of youth; namely youth who entered out-of-home care for the first time in 2013. An analysis of this specific cohort of children is important because it more accurately reflects the current system without the effects of changes (such as lead agency changes) that occurred prior to this time. Data for this 2013 cohort are then compared to the cohort of youth who entered out-of-home care for the first time in 2011 and in 2012.

Data quoted within this quarterly update to the Legislature are derived from the Foster Care Review Office's independent tracking system. Per Neb. Rev. Statute §43-1303 DHHS (whether by direct staff or contractors), courts, and child-placing agencies are required to report to the Foster Care Review Office any child's foster care placement, as well as changes in the child's status (for example, placement changes and worker changes). By comparing information from multiple sources the Foster Care Review Office 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 Report features the following sections:

- I. Analysis of All Children Who Entered Out-of-Home Care in 2013, with comparisons to 2011 and 2012.
- II. Analysis of All Children in Out-of-Home Care on December 31, 2013.

Through an analysis of recent data the Foster Care Review Office has found the following positive trends:

- **There has been a reduction in the number of placement changes.**
 - 61% of the DHHS wards in care on December 31, 2013, have experienced only one or two placement changes, compared to 49% on December 31, 2012.
- **More children have had one worker, rather than multiple workers.**
 - 17% of the DHHS wards in out-of-home December 31, 2013, had only one worker, compared to 14% of those in care December 31, 2012, and 8% of those in care December 31, 2011.
- **Fewer children are in shelters.**
 - There were 24 children in a shelter on December 31, 2013, compared to 91 children on December 31, 2012.
- **The number of children in out-of-home care declined slightly.**
 - On December 31, 2013, there were 3,903 children in out-of-home care compared to 3,962 on December 31, 2012.

However, the FCRO has also identified the following areas needing improvement:

- **More children are entering care for the first time.**
 - More children entered care for the first time during 2013 (2,250) than during 2012 (1,993).
- **Length of time in out-of-home care remains an issue.**
 - DHHS wards in care on December 31, 2013, were in an out-of-home placement an average of 500 days during this current removal.
 - 42% of DHHS wards had been out of the home for over a year during this removal.
- **The rate of re-entry into out-of-home care needs to be reduced.**
 - Re-entry here is defined as whether the child had ever in their lifetime been in out-of-home care before. Using this measure, the re-entry rate for the state was 38%, which is consistent with prior years.
- **Too many children experience multiple placement changes.**
 - Statewide data shows that 40% of DHHS wards had 4 or more placements over their lifetime.

The following issues previously identified by the Foster Care Review Office and reported on in the March 2012 Quarterly Report still remain an issue:

- The current system of recording which caseworker or lead agency worker is assigned to a child is not consistently reliable. This impacts both the reporting of number of caseworker changes and caseload ratios.
- There needs to be a conduit for the FCRO to report to DHHS and/or NFC when we identify missing or inaccurate data on children's cases so data can be corrected quickly and to facilitate communication on data issues.
- There needs to be better use of automation, edits, and quality assurance reports in the DHHS system. This would improve accuracy and would flag omitted data elements for correction.
 - The recent due date report created for workers and supervisors is an important step in the right direction.

In addition, in early 2014 as more children and youth are being placed under the Office of Probation Administration, the FCRO has identified issues with the reports issued by Probation on the children under its program in out-of-home care. The FCRO is working with Probation to address these reporting issues, and commends its willingness to meet with the FCRO to address these issues.

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

- Continue improvements to ensure that positive trends persist.
- Create collaboration with DHHS and private providers to determine why children are changing placements and what is needed to stabilize children's placements.
- Develop a plan to improve data systems.
- Complete a collaborative analysis of why youth are re-entering out-of-home care to determine next steps.
- Assure children age 13-18 and their families receive needed and age-appropriate services.
- Provide crisis stabilization services in three key areas: 1) as early intervention to prevent a child's removal from the home, 2) when youth transition home to maintain them safely in that home, and 3) to support foster homes and reduce placement disruptions.
- Complete a collaborative analysis of why time in out-of-home care is different across service areas. As part of this analysis, identify the factors that reduce time in out-of-home care.

Section I.

Analysis of All Children Who Entered Out-of-Home Care for First Time During 2013

Are there signs that Nebraska's child welfare system is stabilizing? To examine this we looked at children who entered care for the first time in 2013 and compared that to children who entered care for the first time in 2011 and in 2012.

These cohorts of youth do not include children who had been placed in out-of-home placement prior to January 1st of each year (in other words the 2013 cohort does not include any children who entered care during 2012) or children who were removed in these years but was their second or more removal to out-of-home care. An analysis of these specific cohorts of children is important since it more accurately reflects the current system without the effects of prior removals.

A. Data on Entry into Out-of-Home Care By Age of the Child

Children enter out-of-home (OOH) care for the first time at different rates based on their age at removal, as shown below. While the raw numbers have changed in comparison to 2011 and 2012, the percentages have remained consistent for all age groups. The percentages indicated below are the percent of the total children entering care for the first time during each respective calendar year.

Children Age 0-5

Children aged 0-5 comprised 39% of those who entered care for the first time, which is consistent with data from the past three years.

	Children Age 0-5 Entering OOH Care for the First Time		
	2011	2012	2013
First quarter (Jan-Mar)	254	210	183
Second quarter (Apr-June)	235	175	217
Third quarter (July-Sept)	263	173	231
Fourth Quarter (Oct-Dec)	<u>242</u>	<u>208</u>	<u>238</u>
Yearly total	994 (38%)	766 (38%)	869 (39%)

Children Age 6-12

Children aged 6-12 comprised 22% of those who entered care for the first time, which is consistent with data from the past three years.

	Children Age 6-12 Entering OOH Care for the First Time		
	2011	2012	2013
First quarter (Jan-Mar)	136	119	118
Second quarter (Apr-June)	138	81	123
Third quarter (July-Sept)	133	103	140
Fourth Quarter (Oct-Dec)	<u>146</u>	<u>139</u>	<u>104</u>
Yearly total	553 (21%)	442 (23%)	485 (22%)

Children Age 13-18

Children aged 13-18 comprised 39% of those who entered care for the first time, which is consistent with data from the past three years. Children in this age group may be removed from the home due to their own mental health or behavioral issues as well as issues with the care being provided by their parents.

	Children Age 13-18 Entering OOH Care for the First Time		
	2011	2012	2013
First quarter (Jan-Mar)	295	218	170
Second quarter (Apr-June)	227	210	227
Third quarter (July-Sept)	276	169	228
Fourth Quarter (Oct-Dec)	<u>283</u>	<u>188</u>	<u>261</u>
Yearly total	1,081 (41%)	785 (39%)	886 (39%)

B. Data on the Time of the Year That Children Enter Out-of-Home Care

Nationally, it is not unusual for more children to enter care during the third quarter of year (July-September), possibly due to the start of the school year and teachers reporting their observations of possible abuse. The fourth quarter of the year (October-December) can also be higher, with the numbers influenced by investigations of abuse allegations received in August-September being completed and parents reacting negatively to family stresses as the holidays near. Statistically this is not the case here in Nebraska.

The data in the chart below compares the number of children placed in out-of-home care for the first time during each quarter of the year, and compares 2011, 2012, and 2013. There was an **increase** in the number entering care for the first time in 2013 when compared to 2012. Due to the upward trend in the third and fourth quarter of 2013, the FCRO will closely monitor this data for the first quarter of 2014.

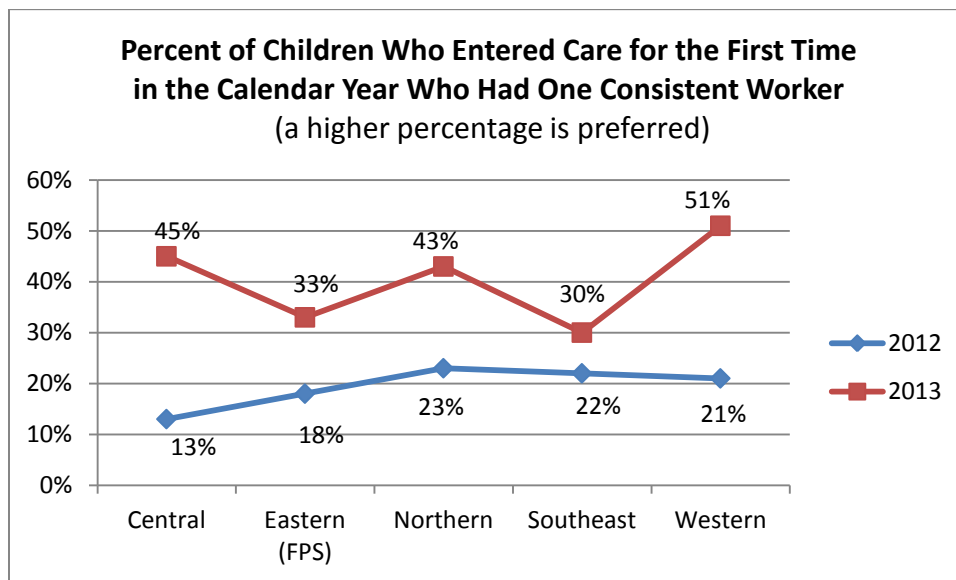
	Children of All Ages Entering OOH Care for the First Time		
	2011	2012	2013
First quarter (Jan-Mar)	682 (26%)	547(28%)	481(21%)
Second quarter (Apr-June)	600(23%)	466(23%)	567(25%)
Third quarter (July-Sept)	672(26%)	445(27%)	599(27%)
Fourth Quarter (Oct-Dec)	<u>671(25%)</u>	<u>535(27%)</u>	<u>603(27%)</u>
Yearly total	2,625(100%)	1,993(100%)	2,250(100%)

C. Data on Caseworker Changes for Children Removed in 2013

The Foster Care Review Office specifically analyzed caseworker changes for children entering out-of-home care for the first time in 2013 to better gauge current system functioning, since the transition of case management from/to lead agencies occurred prior to 2013. Caseworker stability is directly tied to better documentation and shorter lengths of stay in foster care.

The FCRO compared 2013 caseworker changes to the children who entered care for the first time during 2012. **There was a significant improvement in the percentage of children with one consistent worker.** There was also an improvement regarding the number of lifetime workers for all children in out-of-home care on December 31, 2013 (see page 17), with a number of changes impacting this outcome.

As this chart depicts, all of the Service Areas showed a marked improvement with major improvements in the Central and Western Service Areas.



We will continue to monitor this outcome measure. Historically, across the nation it has been the experience that the longer a child is placed out-of-home, the more caseworkers are likely to have been assigned to the child's case.

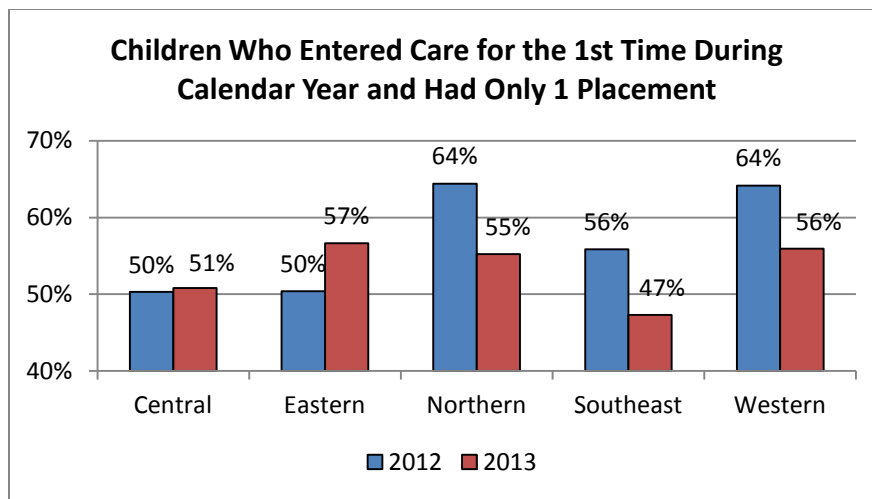
D. Data on Placement Changes for Children Removed in 2013

Nothing is more important to a child than where he or she lives. While some changes may be due to youth moving from more restrictive levels of care to more family like levels, any change in placements (foster homes, group homes, other living arrangements) can be traumatic and can impact the child's education. Many changes are also due to systemic issues.

The following chart details the number of placement changes for children who had entered care for the first time in 2013 and remained in out-of-home care on December 31, 2013. It is difficult to compare this data to the data for all children in out-of-home care on any particular date, as the longer children and youth are in out-of-home care the more likely it is that they will experience placement changes.

Placement Changes by Service Area For DHHS Wards Removed for the First Time in 2013 and Still in Care Dec. 31, 2013						
	Central	Eastern	Northern	Southeast	Western	Statewide
1 placement	51%	57%	55%	47%	56%	53%
2 placements	33%	28%	34%	35%	35%	32%
3 placements	11%	10%	7%	10%	8%	9%
4+ placements	6%	6%	4%	8%	1%	6%
	100%	100%	100%	100%	100%	100%

Compared to 2012, there has been an improvement in the percentage of children with one stable placement since entering out-of-home care in the Eastern service area. The central service area has seen little change. In the remaining service areas the percentage has decreased.



E. Where Children Go When They Leave Out-of-Home Care

We also determined whether children who entered care for the first time during 2013 had left out-of-home care, and if so, where did these children go. The majority of those children return to the parents (91% of those who leave out-of-home care).

Entered and Exited Out-of-Home Care in 2012		
When entered	Left Care in 2012	Reunification with parents
1 st Qtr	296	260
2 nd Qtr	213	199
3 rd Qtr	154	140
4 th Qtr	96	83
Total	759	682 (90%)

Entered and Exited Out-of-Home Care in 2013		
When entered	Left care in 2013	Reunification with parents
1 st Qtr	264	239
2 nd Qtr	269	255
3 rd Qtr	217	184
4 th Qtr	162	148
Total	912	826 (91%)

The fact that most children who are able to leave out-of-home care quickly are returned to their parents is important as we examine:

- How Nebraska may be able to prevent the initial removals from home,
- What services are needed by children in out-of-home care and their parents to address past traumas, and
- What types of supports are needed to ensure that reunifications are successful so that re-entries into out-of-home care are significantly reduced?

Section II.

Analysis of All Nebraska Children in Out-of-Home Care on December 31, 2013

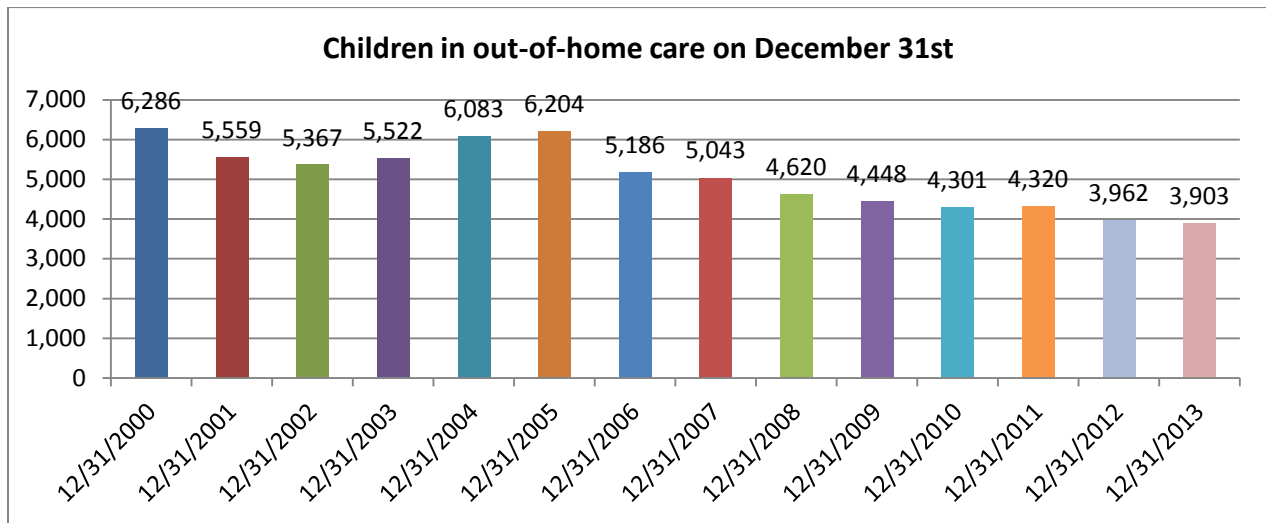
This section includes an analysis of **all** children (age 0-18) who were in out-of-home care (foster homes, group homes, specialized facilities) as of December 31, 2013. The data provided includes **all** children who were removed on or prior to December 31, 2013, and who had not left out-of-home care by that date.

Unless marked otherwise this population includes children under the Department of Health and Human Services (DHHS), the Office of Probation Administration, and those in detention centers as reported to the FCRO Independent Tracking System.

A. Trend Data

Trends - Children and Youth in Out-Of-Home Care

As shown in the following chart featuring point-in-time data, the number of children and youth in out-of-home care on December 31, 2013, declined slightly from the number in out-of-home care on December 31, 2012.¹



More detailed analysis would assist in identifying needed services for those at risk of an out-of-home placement, in an out-of-home placement, and returning home from out-of-home care. For example, what services can be put in place to prevent removals? A number of children return home quite quickly, so rapidly as to lead to questions regarding whether that child should have been removed from the home in the first place. In addition, we find that many children are re-entering care. Children re-entering care and children entering care for the first time may need different types of services. We encourage readers to consider these types of questions while contemplating the data that follows.

¹ Source for all statistics: Foster Care Review Office Independent Tracking System.

Trends - Length of Time in Out-Of-Home Care and Placement Changes

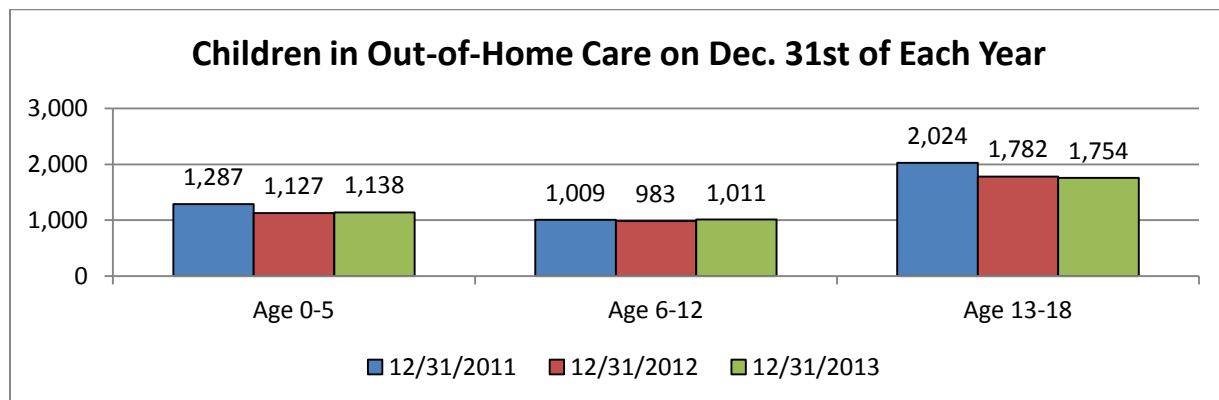
The average length of time children spend out-of-home is decreasing when compared to 2012, but increasing when compared to 2011.

Additional Statistics of Interest				
Category	12/31/2011	12/31/2012	12/31/2013	Comments
Children in out-of-home care on this date	4,320	3,892	3,903	<i>Children in out-of-home care on this particular date, not those in care throughout the calendar year.</i>
Average days children had been in out-of-home care (excluding prior removals) -- DHHS wards	459 days	515 days	500 days	<i>The 2013 figure does not include the time in care for youth who transferred to Probation during the last quarter of 2013.</i>
Median days in care (excluding prior removals) -- DHHS wards	Not available	353 days	319 days	<i>The 2013 figure does not include the time in care for youth who transferred to Probation during the last quarter of 2013.</i>
% of children with 4 or more lifetime placements – DHHS wards	46%	46%	40%	
% of children with 4 or more lifetime placements – Probation	Not available	Not available	33%	<i>Probation began limited reporting on youth in out-of-home placements in the fourth quarter of 2013.</i>

The age breakdowns of children in out-of-home care at the end of each calendar year since 2011 have remained consistent.

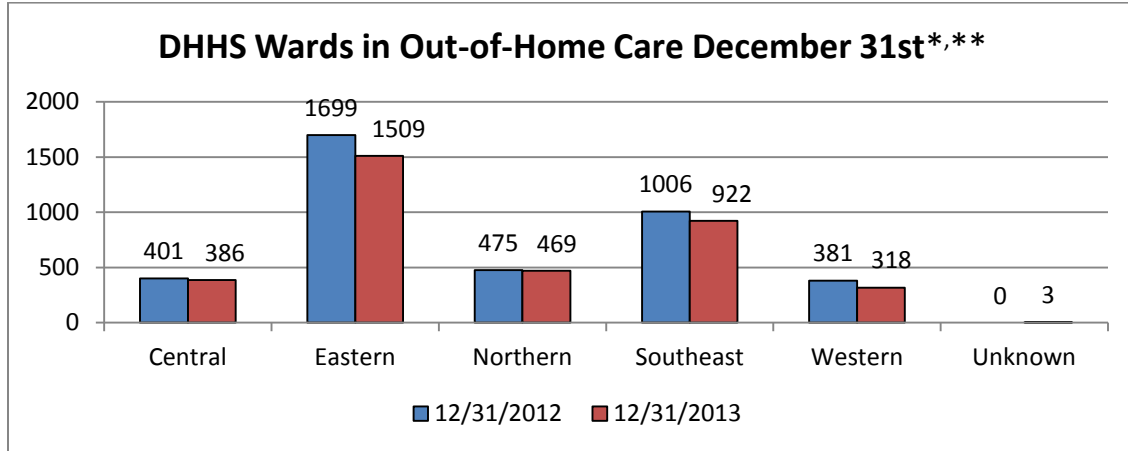
- Children of the Age 0-5 were 30%, 29%, and 29% in 2011, 2012, and 2013 respectively.
- Children of the Age 6-12 were 23%, 25%, and 26% 2011, 2012, and 2013 respectively.
- Children of the Age 13-18 was 47%, 46% and 45% 2011, 2012 and 2013 respectively.

The data clearly shows that whether children are under the care of DHHS or Probation, resources need to be developed and targeted for children in the 13-18 age group since they comprise the largest age group of children in out-of-home care, as shown below.



Trends - 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 of children from each DHHS Service Area. The percentage of children from each service area has been consistent. All charts in this document that contain a DHHS service area use the counties of each service area defined in LB 961 (2012). **The chart below does not include children and youth under the Probation Administration.**



*Throughout this document:

The Central Service Area includes Adams, Blaine, Boyd, Brown, Buffalo, Cherry, Custer, Franklin, Garfield, Greeley, Hall, Harlan, Holt, Howard, Kearney, Keya Paha, Loup, Phelps, Rock, Sherman, Valley, Webster, and Wheeler Counties.

The Eastern Service Area includes Douglas and Sarpy Counties.

The Northern Service area includes Antelope, Boone, Burt, Butler, Cedar, Colfax, Cuming, Dakota, Dixon, Dodge, Hamilton, Knox, Madison, Merrick, Nance, Pierce, Platte, Polk, Saunders, Seward, Stanton, Thurston, Washington, Wayne, and York Counties.

The Southeast Service area includes Cass, Clay, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Nuckolls, Otoe, Pawnee, Richardson, Saline, and Thayer Counties.

The Western Service Area includes: Arthur, Banner, Box Butte, Chase, Cheyenne, Dawes, Dawson, Deuel, Dundy, Frontier, Furnas, Garden, Gosper, Grant, Hayes, Hitchcock, Hooker, Keith, Kimball, Lincoln, Logan, McPherson, Morrill, Perkins, Red Willow, Scotts Bluff, Sheridan, Sioux, and Thomas Counties.

**In the last quarter of 2013, some youth were transferred from DHHS-OJS to Probation. This chart only shows children and youth under DHHS custody as of December 31st of each year.

B. Data on Re-entry Rates

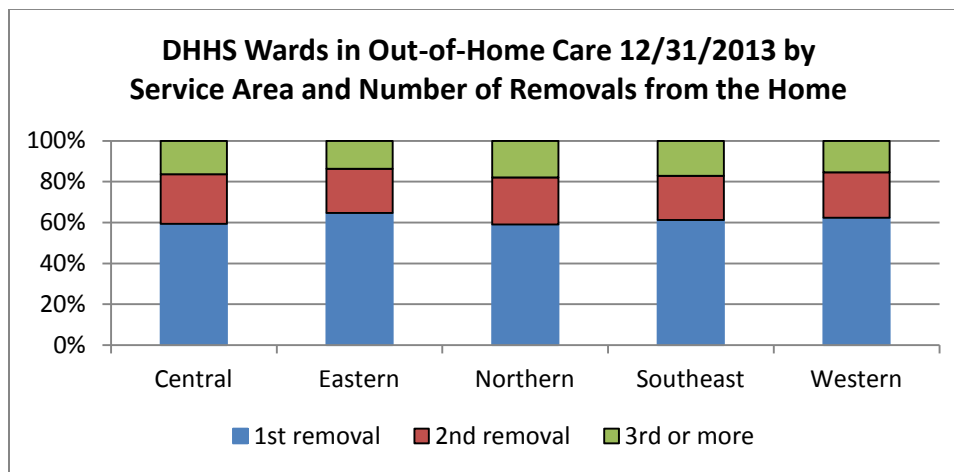
Next, we reviewed how many of the 3,903 children in out-of-home care on December 31, 2013, had previously been in out-of-home care. Every out-of-home entry can cause additional trauma for the child. There can be a number of reasons for re-entry, such as premature reunification, multiple mental health episodes, or the need for adolescents to develop appropriate coping mechanisms as they re-examine earlier abuse or neglect traumas from an adolescent perspective.

There are a number of different ways that re-entry can be measured. For example, some states measure this by how many children re-entered care during a set amount of months following a return to home. The number of months varies, with 6, 12, or 18 months being common. The Foster Care Review Office considered how to best measure re-entries. Because each additional entry into out-of-home care impacts the children regardless of the time span between returning home and re-entering care, the FCRO determined that it would consistently measure re-entries as any re-entry into care throughout a childhood. The following statistics use the FCRO’s measure.

For **38% of the children** in out-of-home on December 31, 2013, **it was their second or more times placed in out-of-home care**. The data below shows that this issue is not new. More collaborative efforts are needed to determine the reasons for re-entry so as to avoid unnecessary repeat episodes of “in care.”

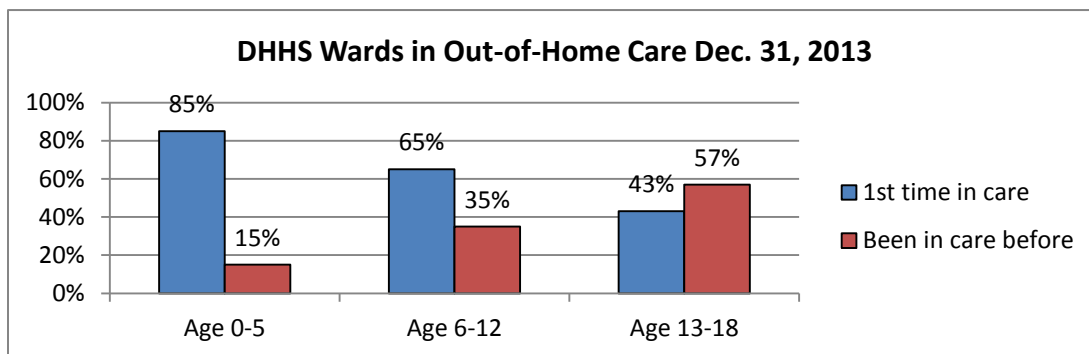
Statewide Percent of Children in Out of Home Care on Dec. 31 st who had been in Out-of-Home Care Before					
2008	2009	2010	2011	2012	2013
40%	39%	39%	37%	38%	38%

Re-entries occur in each of the DHHS Service Areas. The chart that follows illustrates re-entries by geographic region and shows that children are re-entering out-of-home care at about the same rate in each of those regions. In the last quarter of 2013, some youth were transferred from DHHS-OJS to Probation. This chart only shows children and youth under DHHS custody as of December 31st.



Data on the chart below illustrates that **there are stark contrasts between the different age groups in terms of re-entry into out-of-home care.**

- It is positive that fewer very young children (0-5 age group) experience multiple removals.
- Youth age 13-18 are experiencing a higher re-entry rate, signaling the need to develop age appropriate services.
- The percentages in the chart below are statistically unchanged from 2012.



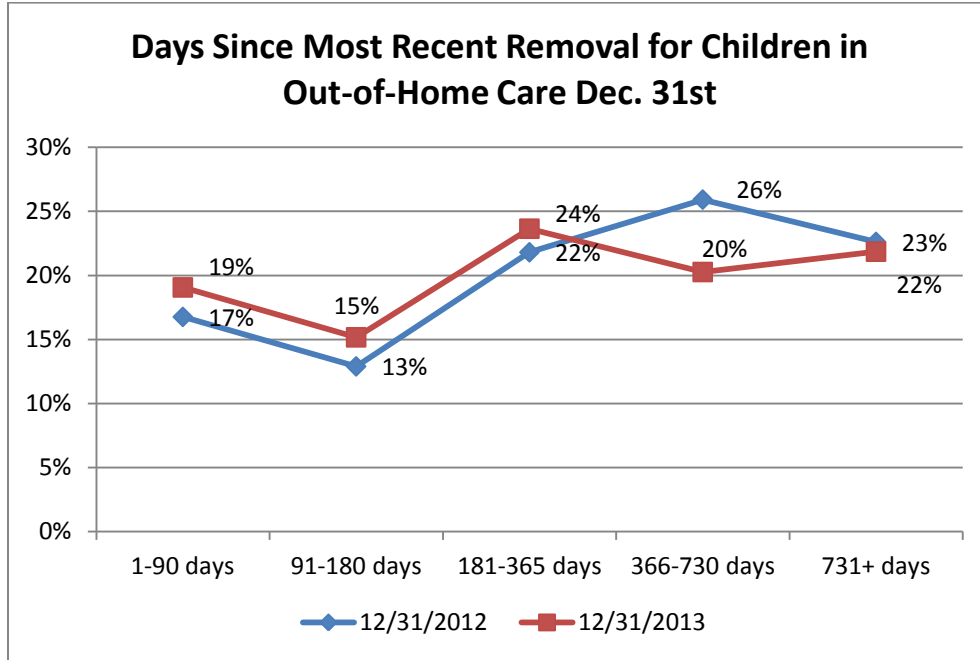
C. Data on Length of Time in Out-of-Home Care

The Foster Care Review Office analyzed length of time in out-of-home placements for youth who were out-of-home on December 31, 2013. We did not include the number of days in out-of-home placement for the 38% percent of children previously described who had been in out-of-home care more than once.

The data on number of days in care during most recent removal shows a “mixed-bag” regarding whether the system is showing signs of improvement.

- **Fewer children have been in out-of-home care for over a year.**
 - 42% of children in care on Dec. 31, 2013, had been in out-of-home care for over a year. This compares to 46% of those in care on Dec. 31, 2012.
- The average number of days varied significantly by the child’s age group.
 - Children age 0-5 averaged **fewer** days in out-of-home care than the previous year.
 - 354 days for 12/31/2013 compared to 367 days for 12/31/2012.
 - Children age 6-12 averaged **more** days in out-of-home care than the previous year.
 - 548 days for 12/31/2013 compared to 508 days for 12/31/2012.
 - Children age 13-18 averaged **more** days in out-of-home care than the previous year.
 - 513 days for 12/31/2013 compared to 494 days for 12/31/2012.

Here is another way to compare the 2012 and 2013 data:



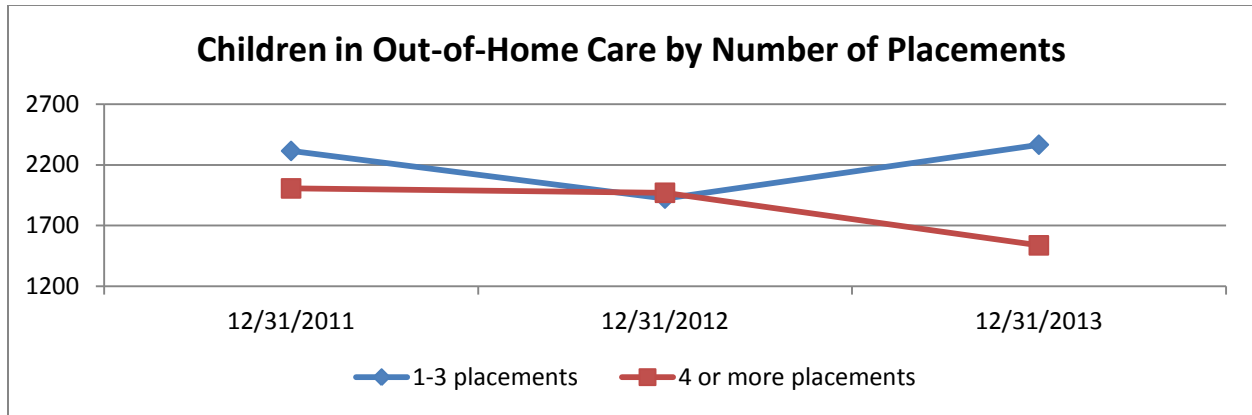
Even with some recent improvements, length of time in out-of-home care has been an issue for many years, and it continues to be an issue for many children and youth.

D. Data on the Number of Placements

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 youth 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.

The following chart shows the 3,903 children in out-of-home care on December 31, 2013, by the number of placements they have experienced in their lifetime. This is compared to the population in care on December 31st of both 2011 (4,320) and 2012 (3,982).

The chart shows that there has been a **decrease in the number of lifetime placement changes** experienced for children in out-of-home care on December 31, 2013, when compared to prior years. **This is a positive development.**

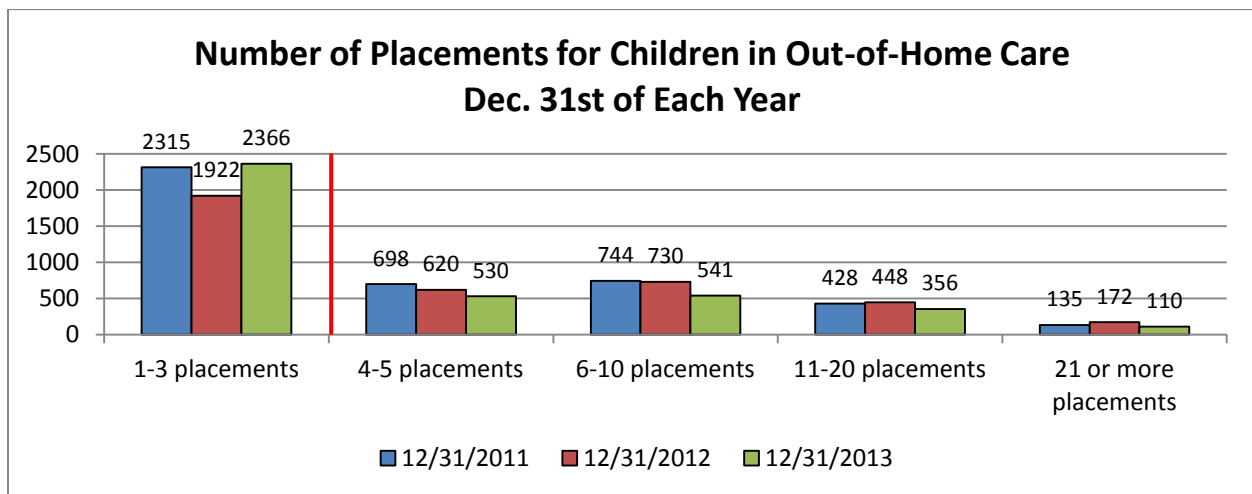


Also positively, there was a slight **increase** in the number of children having only one placement, and **decrease** in those with four or more placements.

As a reminder, national research suggests that children who are moved four or more times tend to have more significant mental health challenges as a result of continued instability in their lives.

- 11% of children ages 0-5 have been in four or more placements over their lifetime.
- 31% of children ages 6-12 have been in four or more placements over their lifetime.
- 61% of children ages 13-18 have been in four or more placements over their lifetime.

There are many children who have experienced multiple changes, as illustrated in the chart below. The vertical red line separates those with 4 or more placements, since experts have found that number of changes can be detrimental to many children.



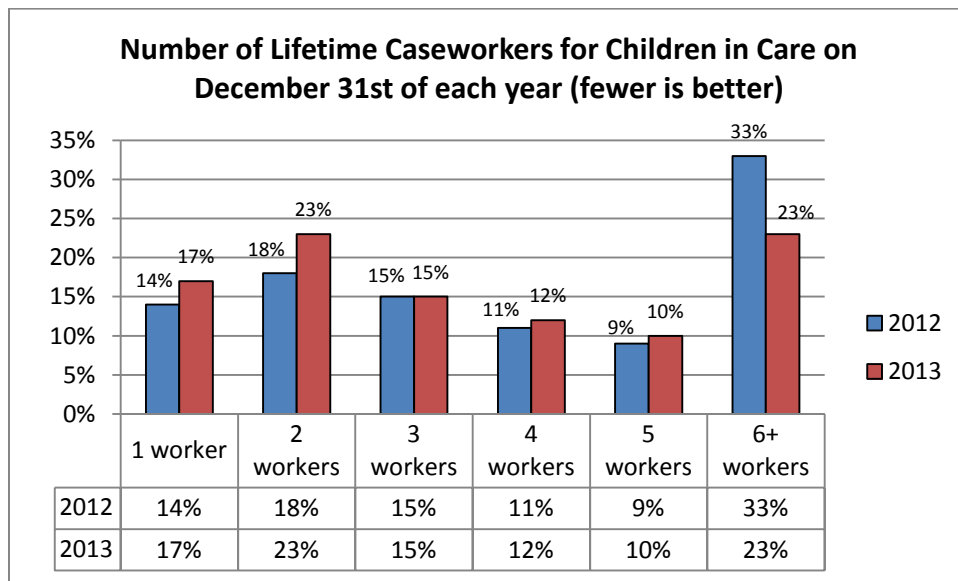
Analysis will continue each quarter to gauge improvements, and the Foster Care Review Office continues to advocate for children to experience placement stability.

E. Data on Caseworker Changes per Child

Some level of caseworker turnover is inevitable, but recent years have greatly increased the number of caseworker changes that children and families have experienced. Each change increases the likelihood of lost documentation and delays as caseworkers become familiar with the individual needs of those involved in each of their new cases. Therefore it is important to consider this data.

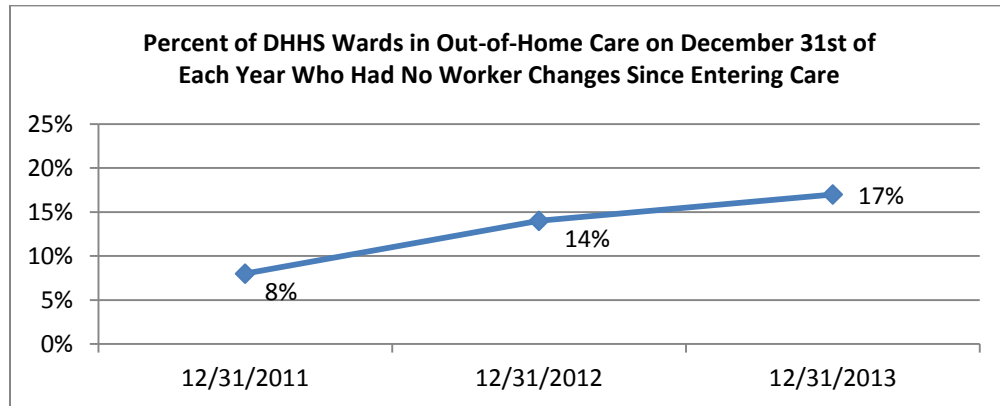
The following shows the lifetime number of caseworker changes (or FPS changes for the Eastern area) that DHHS wards in care on December 31, 2013, had experienced as reported by DHHS to the Foster Care Review Office.² This was compared to DHHS wards in out-of-home care on December 31, 2012. The charts in this section do not include youth under Probation, only DHHS wards.

The percentage of children who have experienced caseworker stability has increased statewide, which is a positive thing. For example, 17% have had only one worker compared to 14% in the prior year.



² *Important consideration:* There are issues with how DHHS reports caseworker and FPS changes to the Foster Care Review Office. This information is generated by DHHS from their N-FOCUS system. There is no clear audit trail of case manager or FPS changes currently available on the N-FOCUS system. This leads to the concern of the potential inaccurate reporting of changes, either under or over. DHHS must create a cleaner, clearer audit trail on N-FOCUS or develop a manual process to properly report on this very important systems issue.

The next chart shows the improvements in cases with one worker consistently throughout the child’s out-of-home care experience.

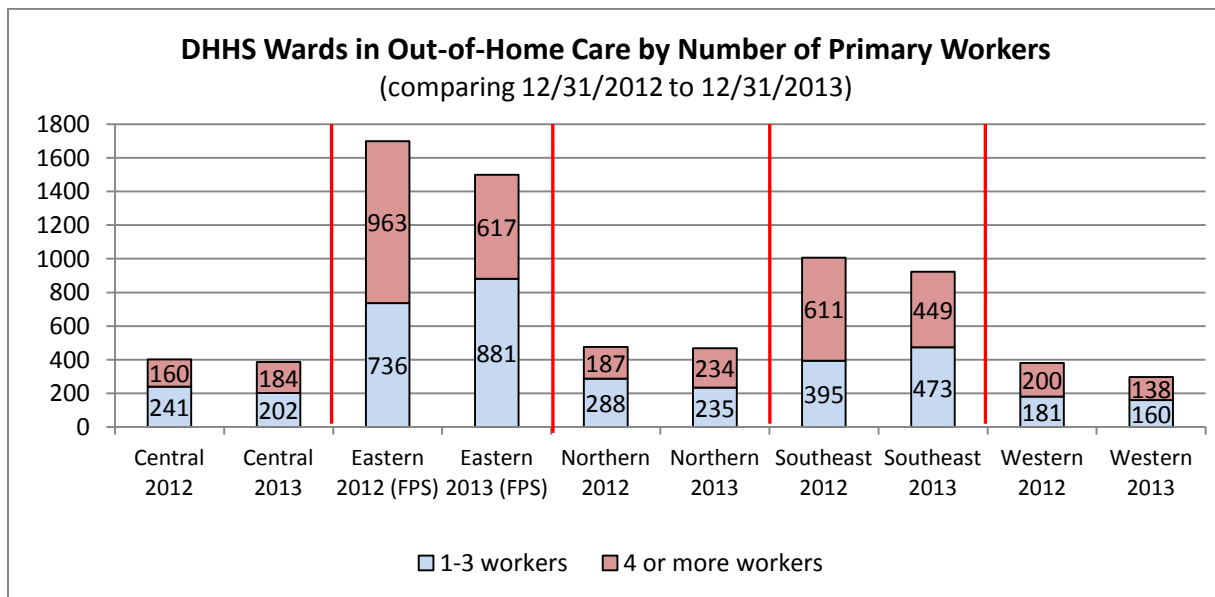


By service area

The data was then sorted by DHHS service area in order to determine if the improvements were isolated to a particular geographic area. The next chart includes both the number of children by worker changes and also the percent of the total cases for that service area. The category FPS (Family Permanency Specialist) change refers to changes in lead agency workers who serve as children’s primary workers in the Eastern area of the state.

In the two most populous areas of the state there have been some marked improvements.

- In the Eastern area, last year only 43% had 1-3 workers, this year 58% had 1-3 workers.
- In the Southeast area, last year only 39% had 1-3 workers, this year 51% had 1-3 workers.



By age

Changes in persons with whom they interact can be more traumatic for younger children, so we also looked at the number of caseworker changes specifically for children under age six. **We found improvement in the number of children age 0-5 with one worker** (15% in 2012 and an increase to 20% in 2013), **and in the number of children age 0-5 with only two workers** (23% in 2012 and an increase to 33% in 2013).

Benefits of worker stability

Worker stability increases 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.

A possible side benefit of greater workforce stability is that more workers are able to meet with the children on their caseload at least once every month. Monthly contacts can promote the children's safety in placement and during visitation, as well as assist the child in healing from any trauma caused by abuse, neglect, and removal from the parents. The federal goal is 95% compliance.

According to DHHS statistics regarding documented monthly caseworker-child contacts:

- **In October 2011 the rate was 45%**
- **In October 2012 the rate was 85%**
- **In October 2013 the rate was 95%.**

The FCRO congratulates DHHS on this achievement.

Reasons for workforce related improvements

There are a number of factors that, in combination, have led to greater workforce stability. A few of these include:

1. A slight lowering of caseloads by DHHS, which may lead to greater worker job satisfaction and retention.
2. DHHS no longer changing workers when children go from in-home to out-of-home care.
3. The DHHS CQI (Continual Quality Improvement) process, where there is a continual review of statistics and case management activity, and input by the Foster Care Review Office and other stakeholders.
4. The SDM (Structured Decision Making) processes that DHHS is using to help guide caseworker decisions and improve worker contacts with their supervisors.
5. The slight decrease in the length of time children are in out-of-home care, since the longer a child is placed out-of-home the greater the likelihood that he or she will experience worker changes.
6. Stabilization regarding state utilization of a lead agency in the Eastern area, so both state and lead agency workers may feel more job security.
7. Increased scrutiny by the Children's Commission and the Legislature.

The Foster Care Review Office commends everyone who has worked to reduce the number of worker changes that children and families experience.

F. Data on Type of Placements

When children cannot safely live at home they need to live in the least restrictive placement, most home-like temporary foster placement possible in order for them to grow and thrive. The chart below compares where children in out-of-home care were living on December 31st of 2011, 2012, and 2013.

- In 2013, foster and relative homes, the least restrictive, accounted for 70% of the children who are placed in out-of-home care. This is comparable to previous years.
- There has been a decrease in the use of group homes, going from 15% in 2011 to 11% in 2013.
- There has also been a decrease in the use of shelter care, which is explained in the section following this chart.

Types of Placement for Children in Out-of-Home Care						
Placement Type	Children 12/31/2011		Children 12/31/2012		Children 12/31/2013	
Foster homes	1,987	46%	1,855	47%	1,749	45%
Relatives	1,053	24%	945	24%	1,062	27%
Group homes	650	15%	434	11%	428	11%
Detention/YRTC	369	9%	314	8%	362	9%
Psychiatric Residential Treatment Facility (PRTF)	27*	< 1%	129	3%	101	3%
Institute for Mental Disease	n/a	n/a	2	< 1%	6	< 1%
Other psychiatric	n/a	n/a	19	< 1%	5	< 1%
Emergency shelter	72	2%	91**	2%	24**	1%
Runaway	99	2%	80	2%	67	2%
Independent living	44	1%	40	1%	48	1%
Other	19	<1%	53	1%	51	1%
Total	4,320	100%	3,962	100%	3,903	100%

* PRTF became a placement type in July 2011, with some placements meeting that licensing criteria thereafter.

** See section on shelter care below.

G. Data on Shelter Care Placements

Some children are placed in an emergency shelter pending a more permanent foster placement. Best practice would be for shelters to be used for a short period of time. **There is some good news in regard to use of shelters: On December 31, 2013, there were 24 children in a shelter placement, as compared to 91 children on December 31, 2012.** The FCRO finds this is a positive change and commends everyone who helped to make this happen.

Some practice changes to note: Per DHHS, as of July 1, 2013, shelter placements are to provide a triage and assessment component to assist in determining appropriate placement matches for the children. In other words they are to help determine which caregiver characteristics are best

suited to meet the individual child's needs. Also, children can only remain in shelter placement for 20 days. Any longer time period requires the DHHS Director's approval. The FCRO finds these are positive changes that likely have contributed to recent improvements.

Summary

The Foster Care Review Office looks forward to continuing collaboration with the Department of Health and Human Services, the Office of Probation Administration, the Inspector General, the Courts and staff of the Court Improvement Process, the Lead Agency, the Nebraska Children's Commission, the Legislature, Service Providers, Foster Parents, and other stakeholders/interested advocates and members of the public, in order to address the child welfare system issues identified in this update and in our previous annual report.

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.

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